

AN EHEC OUT BREAK SITUATION IN GERMANY – THE ROLE OF LAB DIAGNOSTIC

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The story of the *E. coli* outbreak in Germany

- A novel strain of *Escherichia coli* O104.H4 (the "O" in the serological classification identifies the cell wall lipopolysaccharide antigen, and the "H" identifies the flagella antigen) bacteria caused a serious outbreak of foodborne illness focused in northern Germany in May through June 2011.
- The illness was characterized by bloody diarrhea, with a high frequency of serious complications, including hemolytic uremic syndrome (HUS), a condition that requires urgent treatment.
- The outbreak was originally thought to have been caused by an enterohemorrhagic (EHEC) strain of *E. coli*, but it was later shown to have been caused by an enteroaggregative verocytotoxin-producing *E. coli* (EAaggEC VTEC) O104:H4 strain that had acquired the genes to produce Shiga toxins.

The story of the *E. coli* outbreak in Germany

- On 30 June 2011, the Institut de veille sanitaire announced that the results of the analyses performed by the French national reference centre for *E. coli* and Shigella showed that the *E. coli* O104:H4 strain that caused the outbreak in Germany was also responsible for a small epidemic episode in France .
- The *E. coli* causing the outbreak in France in June is genetically related to the German outbreak strain. This strengthens the evidence pointing to a common source behind these outbreaks.
- Epidemiological fieldwork suggested fresh vegetables were the source of infection. The agriculture minister of Lower Saxony identified an organic farm in Bienenbüttel, Lower Saxony, Germany, which produces a variety of sprouted foods, as the likely source of the *E. coli* outbreak

The story of the E. coli out break in Germany

- The same time the German *Bundesinstitut für Risikobewertung* (BfR) (*Federal Institute for Risk Assessment*), announced that seeds of fenugreek imported from Egypt were likely the source of the outbreak.
- In addition to Germany, where 3,785 cases and 45 deaths had been reported as of 27 July, a handful of cases were reported in several countries including Switzerland, Poland, the Netherlands, the UK, Canada and the USA.
- Essentially all affected people had been in Germany or France shortly before becoming ill.

The story of the *E. coli* outbreak in Germany

- Initially German officials made incorrect statements on the likely origin and strain of *E. coli*.
- The German health authorities, without results of ongoing tests, incorrectly linked the O104 serotype to cucumbers imported from Spain.
- Later, they recognized that Spanish greenhouses were not the source of the *E. coli* and cucumber samples did not contain the specific *E. coli* variant causing the outbreak.

The story of the *E. coli* outbreak in Germany

- Spain consequently expressed anger about having its produce linked with the deadly *E. coli* outbreak, which cost Spanish exporters 200M € per week.
- Russia banned the import of all fresh vegetables from the European Union until June 22.



Global situation of *E. coli* O104:H4 infections, 30. June 2011

Country	HUS		EHEC	
	Cases	Deaths	Cases	Deaths
Austria	1	0	4	0
Canada	0	0	1	0
Czech Republic	0	0	1	0
Denmark	9	0	14	0
France	8	0	10	0
Germany	845	31	3154	17
Greece	0	0	1	0
Luxembourg	1	0	1	0
Netherlands	4	0	7	0
Norway	0	0	1	0
Poland	2	0	1	0
Spain	1	0	1	0
Sweden	18	1	35	0
Switzerland	0	0	5	0
United Kingdom	3	0	3	0
United States of America	4	1	2	0
Total	896	33	3241	17

The table below shows the total number of globally reported cases and deaths from *E. coli* (EAggEC VTEC) O104:H4 infection since the beginning of the outbreak in Germany on 1 May 2011. In total, 16 countries in Europe and North America have reported 4137 cases of *E. coli* O104:H4 infection, including 50 fatalities.

<http://www.euro.who.>

- *Escherichia coli* O104:H4 is a rare enterohemorrhagic strain of the E. coli.
- Analysis of genomic sequences obtained by BGI (<http://bgiamericas.com>) Shenzhen show that the O104:H4 outbreak strain is an EAEC or EAggEC type E. coli that has acquired Shiga toxin genes, presumably by horizontal gene transfer.

- Genome assembly and copy number analysis both confirmed that two copies of the Shiga toxin stx2 prophage gene cluster are a distinctive characteristic of the out break strain.
- The O104:H4 strain is characterized by the following genetic markers:
 - Shiga toxin stx2 positive;
 - terE positive (tellurite resistance gene cluster) ;
 - eae negative (intimin adherence gene) ;
 - β -lactamases ampC, ampD, ampE, ampG, ampH are present;

The relation of age and sex of HUS affected persons

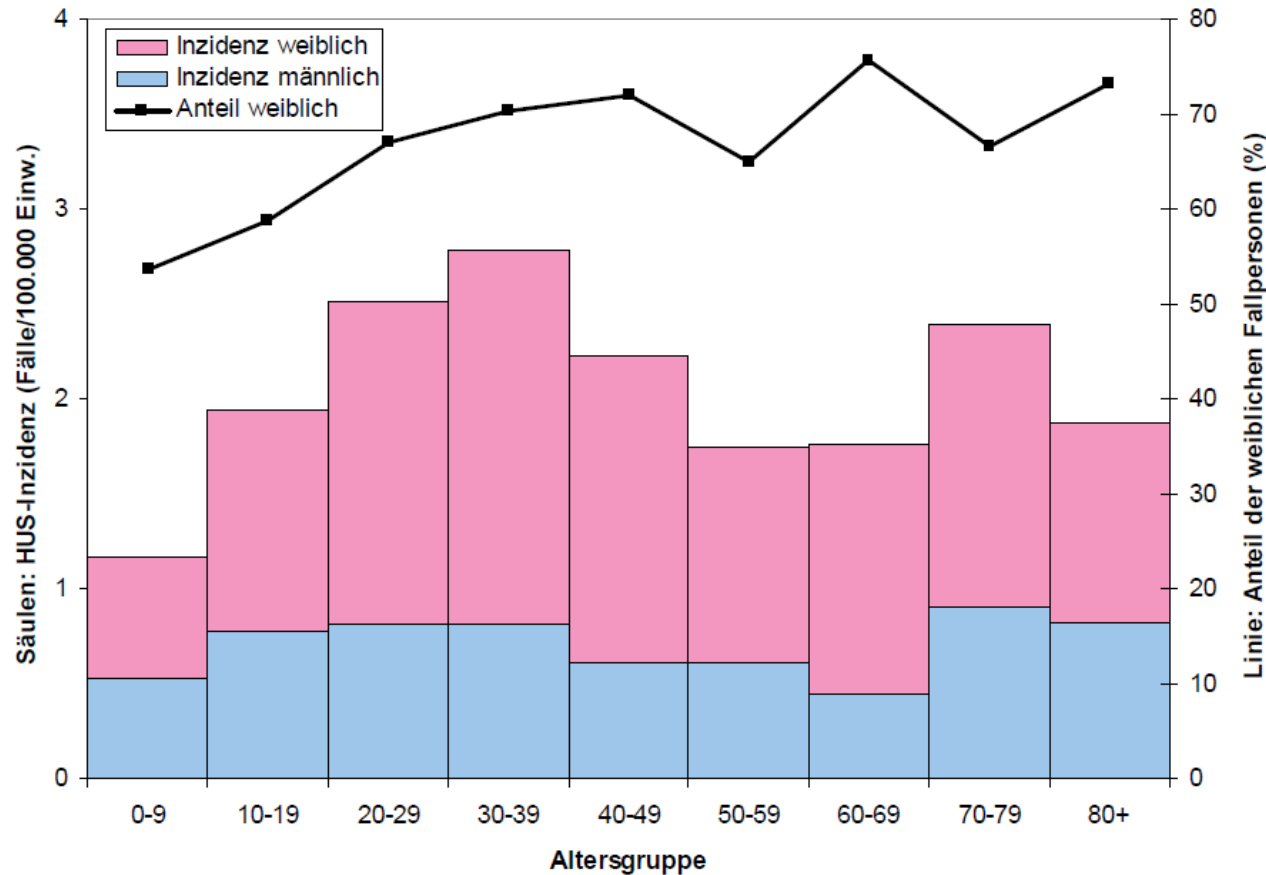


Abbildung 1: Inzidenz von HUS nach Altersgruppe und Geschlecht (linke Y-Achse) sowie Anteil der weiblichen Fallpersonen (rechte Y-Achse) pro Altersgruppe (n=855 HUS-Fälle).

The relation between HUS and confirmed EHEC outbreak cases

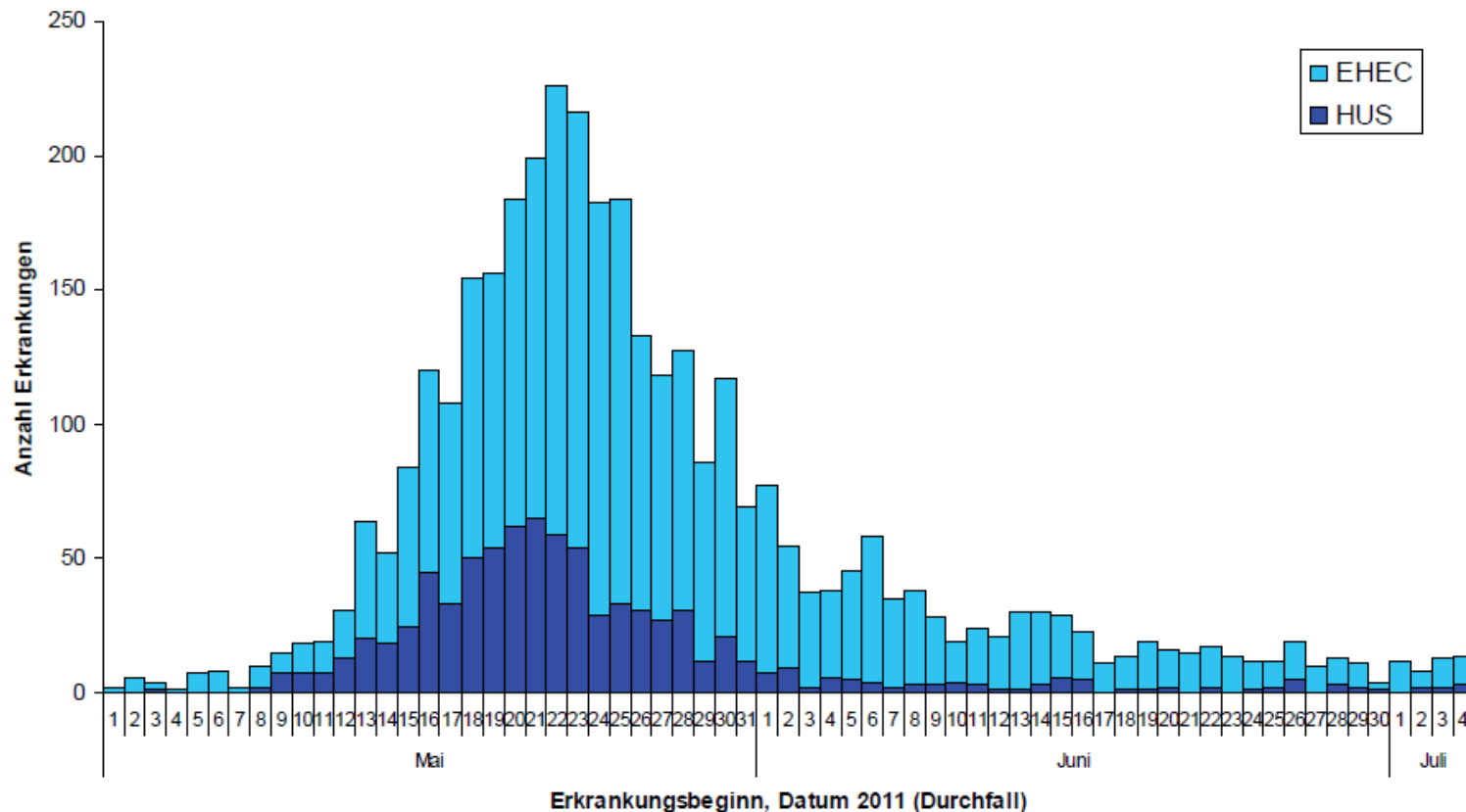
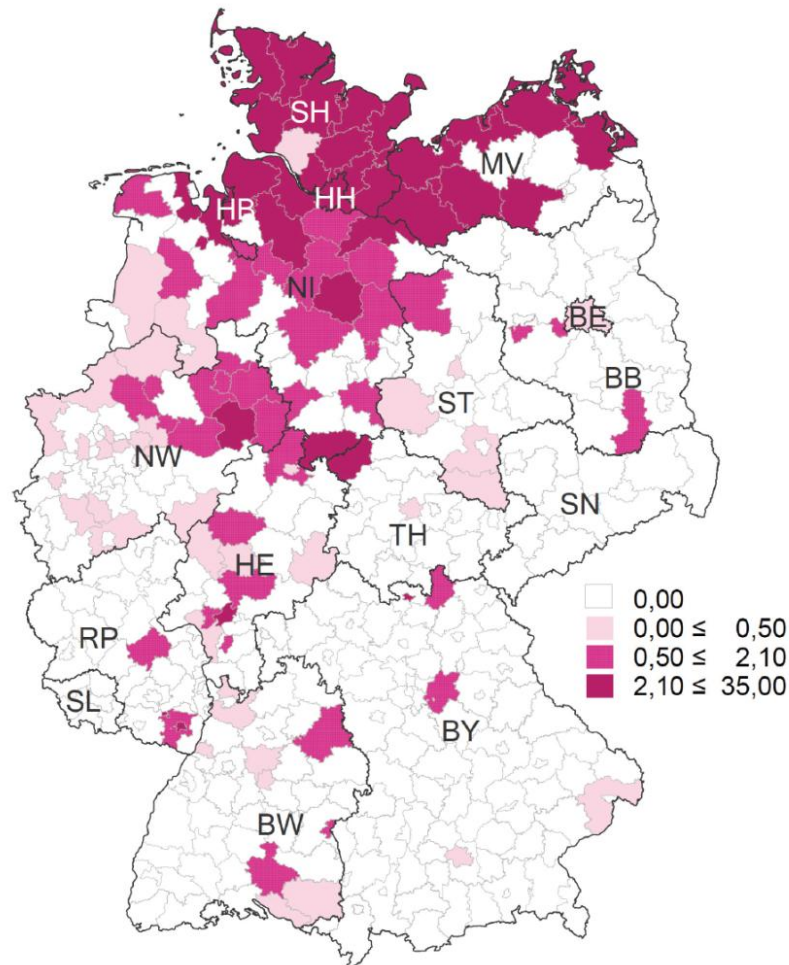


Abbildung 2: Epidemiologische Kurve der HUS- und EHEC-Ausbruchsfälle (809 HUS- und 2.717 EHEC-Fälle mit bekanntem Erkrankungsbeginn an Durchfall im Ausbruchszeitraum).

The relation between incidence of HUS and the location the infection occurred



<http://www.rki.de>

Abbildung 3: Inzidenz (Fälle pro 100.000 Einwohner) von HUS im Ausbruch, abgebildet nach Kreis, in dem die Infektion wahrscheinlich stattgefunden hat (Wohnortkreis, oder bei Reiseanamnese Aufenthaltskreis zum Zeitpunkt der Infektion).

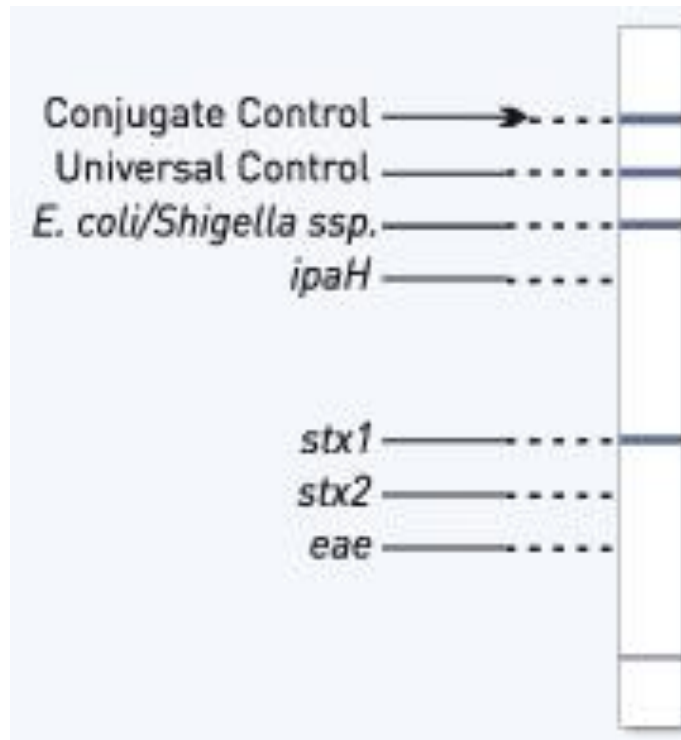
Pathogenic *E. coli*

<i>E.coli</i> -Pathotype	Clinical syndrom
Enterotoxic <i>E.coli</i> (ETEC)	Travel diarrhoea
Enteroinvasive <i>E.coli</i> (EIEC)	<i>Shigellose</i> -like illness
Enteropathogenic <i>E.coli</i> (EPEC)	Diarrhoea especially in children
Enterohämorrhagic <i>E.coli</i> (EHEC)	Hemorrhagic colitis, HUS
Enteroaggregative <i>E.coli</i> (EAEC)	Diarrhoea especially in children
Diffuse adhaerent <i>E.coli</i> (DAEC)	Diarrhoea especially in children

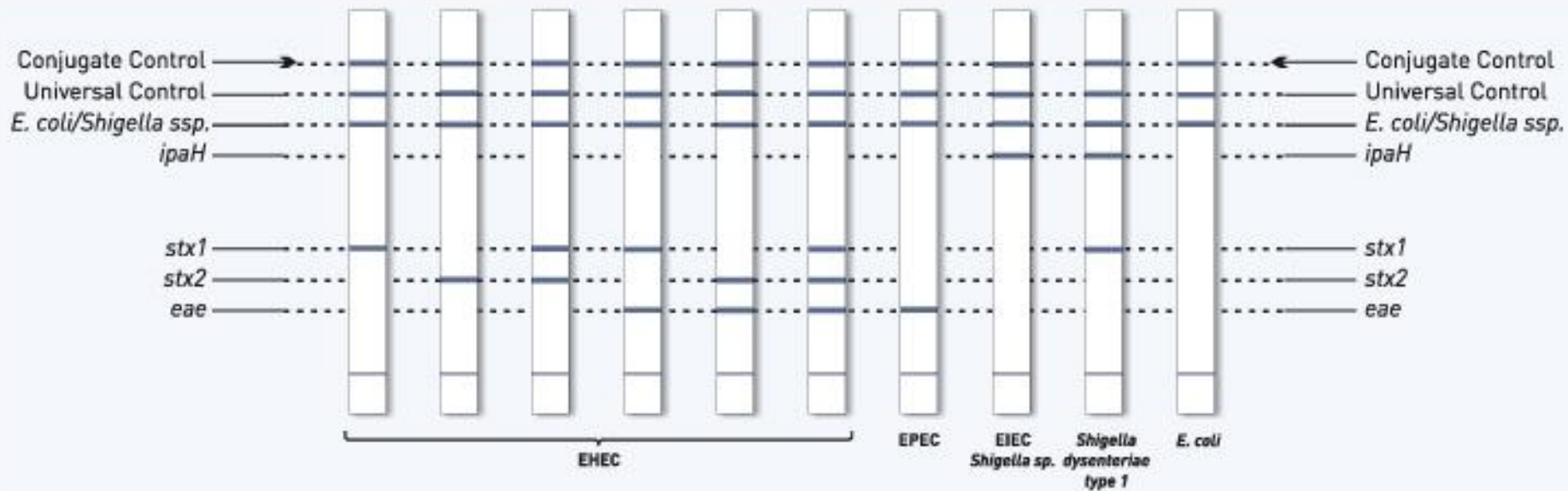
- Smear infection from fecal contaminated food e.g. meat, salad, sausage, milk, sprouted food, fruit juice and tap water.
- Smear infections from human to human or animal to human.
- Low infection dose of 10 –100 germs.

- Shigatoxin genes are a common signature for all EHECs.
- Production of shigatoxin is the main cause of HUS.
- We distinguish between Stx1 und variants of Stx2: Stx2c, Stx2d, Stx2e und Stx2f
- In EHEC-strains Stx1 and/or Stx2 are found.

GenoType® EHEC, Hain Lifescience



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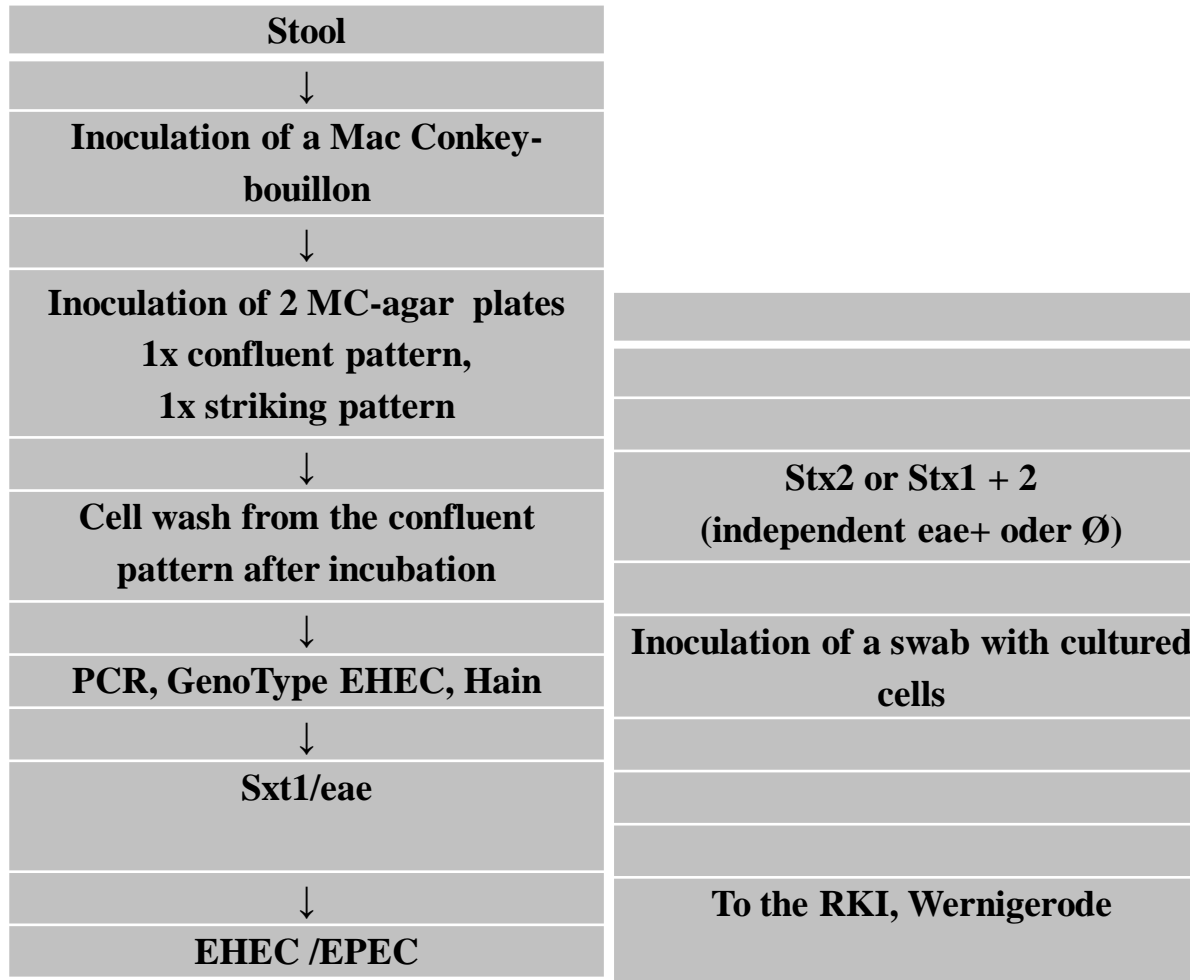


- Laboratory Limbach investigated between 21. May to 26. July 2011, 2407 stool specimens. This was ten times more compared to previous months.
- In 122 (5%) samples pathogenic E. coli was detected
- In a first period all positive samples containing stx 2 were send to the German Reference Center (RKI), Wernigerode.
- Later on an in house PCR based on published primer for specific detection of O104:H4 were additional implemented to the Hain GenoType EHEC PCR.

(http://www.ehec.org/pdf/LaborInfo_30052011.pdf).

- The RKI investigated during the outbreak-period 3244 specimens, sent with a first diagnosis of a pathogenic E. coli to the reference center.
- 1023 contained strain O104:H4
- 702 were pathogenic E. coli, not related to the outbreak strain.
- In 209 cases strain typing failed for unknown reasons.
- 590 specimens were Stx negative.

The diagnostic pattern for diagnosing EHEC, laboratory Limbach



* Contains two specimens of one patient ;

** 5 specimens not confirmed by the RKI were repeatedly send to the RKE.

Two samples could be confirmed as O104:H4, 3 were repeated not confirmed.

61x EHEC stx 2	50xO104:H4*	O104:H4 → 32 ♀ and 18 ♂ Stx2+, eaeØ, ESBL+	49/50 confirmed RKI
	1xO157:H7	O157:H7, Stx2+	RKI
	1xEHEC 2	Stx2+, not related to the out brake strain, no typing result	RKI
	1xEHEC 2	Stx2+, no typing result	RKI
	1xEHEC 2	Stx2+, eae+, ESBLØ, not related to the out brake strain	Laboratory Limbach
	7xEHEC 2**	Not confirmed by the RKI	RKI
11x EHEC stx 1+2	1xEHEC 1+2	O157:H-, Stx1+2 +	RKI
	1xEHEC 1+2	O5:H-, Stx1+2 +	RKI
	4xEHEC 1+2	Stx1+2+, no typing result	RKI
	5xEHEC 1+2	Not confirmed by the RKI	RKI

Case reports

- A couple was having dinner in a Northgerman restaurant. The husband ordered a beef steak which was decorated with sprouts.
- He passed over the sprouts to his wife.
- The lady acquired a O104:H4 infection.



- Six persons with an outbreak strain infection had lunch in a factory canteen, which offered sprouts delivered by the company Sodexo from Lower Saxonia contaminated with O104:H4 .



Case reports

- A family including two kids (4 and 7 years) were all infected with O104:H4.
- In one kid O104:H4 was detectable for 55 days, the other for 49 days.



What is the diagnostic situation today?

- We see a slight increase in EHEC requests, but EHEC is still underdiagnosed.
- We still lack reimbursement figures for EHEC diagnosis.
- As PCR has to be part of EHEC diagnosis methods, we have increased lab costs.

What is the diagnostic situation today?

- EHEC PCR from stool specimen is possible, but when compared to PCR from pre-cultured cells it is discrepant in some cases (like with pre-cultured specimens).
- Value of speed is yet not clearly quantified.
- Mostly, sensitivity for bacteria detection from stool specimens is improved, when more than one stool aliquot is tested.

Conclusions



- This was the most severe EHEC outbreak in Germany and regarding the numbers of HUS the most prevalent world wide.
- We have to notice that after the identification of the contaminated sprouts the number of cases declaimed to normal levels.
- Epidemiological investigations were the most important weapon to stop the infection chain.
- The outbreak strain was not able to establish itself in Germany.



- The RKI strengthens the efforts to improve hygiene procedures especially in the public food sector (canteens, restaurants etc.)
- All identified cases of EHEC gastroenteritis and/or HUS has to be reported to the RKI [Infektionsmeldegesetz(IfSG) §6 and §7]
- A laboratory has to report a EHEC case after **molecular** detection of toxin genes. Serological typing is optional.

Conclusions



- The good thing what we learned from this dramatic outbreak is, that we learned how to act against similar situations in the future.
- The most effective weapon in a outbreak situation is epidemiology and diagnostic.
- But we also learned, that we can never be 100% save from epidemic bacterial outbreaks also in countries with an excellent hygiene standard.

Thank you for attention!



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