A supervised statistical learning approach for accurate

Legionella pneumophila source attribution during outbreaks

Andrew H. Buultjens[1,2], Kyra Y. L. Chua[3], Sarah L. Baines[1], Jason Kwong[1,2,3], Wei Gao[1], Zoe Cutcher[4,5],

Stuart Adcock[4], Susan Ballard[3], Mark B. Schultz[3], Takehiro Tomita[3], Nela Subasinghe[3], Glen P. Carter[1,2],

Sacha J. Pidot[1], Lucinda Franklin[4], Torsten Seemann[3,6], Anders Gonçalves Da Silva[2,3], Benjamin P.

Howden[1,2,3,*], Timothy P. Stinear[1,2,*]

Affiliations:

[1]Department of Microbiology and Immunology at the Peter Doherty Institute for Infection and Immunity, The

University of Melbourne, Victoria, Australia

[2]Doherty Applied Microbial Genomics, The Peter Doherty Institute for Infection and Immunity, Victoria, Australia

[3]Microbiological Diagnostic Unit Public Health Laboratory at the Peter Doherty Institute for Infection and Immunity,

The University of Melbourne, Victoria, Australia.

[4]Health Protection Branch, Department of Health and Human Services, Victoria, Australia

[5]National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australia

[6]Victorian Life Sciences Computational Initiative, The University of Melbourne, Victoria, Australia

*To whom correspondence may be addressed: tstinear@unimelb.edu.au, bhowden@unimelb.edu.au

Abstract

Public health agencies are increasingly relying on genomics during Legionnaires' disease investigations. However, the causative bacterium (*Legionella pneumophila*) has an unusual population structure with extreme temporal and spatial genome sequence conservation. Furthermore, Legionnaires' disease outbreaks can be caused by multiple *L. pneumophila* genotypes in a single source. These factors can confound cluster identification using standard phylogenomic methods. Here, we show that a statistical learning approach based on

L. pneumophila core genome single nucleotide polymorphism (SNP) comparisons eliminates ambiguity for defining outbreak clusters and accurately predicts exposure sources for clinical cases. We illustrate the performance of our method by genome comparisons of 234 *L. pneumophila* isolates obtained from patients and cooling towers in Melbourne, Australia between 1994 and 2014. This collection included one of the largest reported Legionnaires' disease outbreaks, involving 125 cases at an aquarium. Using only sequence data from *L. pneumophila* cooling tower isolates and including all core genome variation, we built a multivariate model using discriminant analysis of principal components (DAPC) to find cooling tower-specific genomic signatures, and then used it to predict the origin of clinical isolates. Model assignments were 93% congruent with epidemiological data, including the aquarium Legionnaires' outbreak and three other unrelated outbreak investigations. We applied the same approach to a recently described investigation of Legionnaires' disease within a UK hospital and observed model predictive ability of 86%. We have developed a robust means to breach *L. pneumophila* genetic diversity extremes and provide objective source attribution data for outbreak investigations.

Importance

Microbial outbreak investigation is moving to a paradigm where phylogenomic trees and core genome multilocus typing schemes are sufficient to identify infection sources with high certainty. We show by studying 234 *Legionella pneumophila* genomes collected over 21 years, that it is critically important to have a detailed understanding of local bacterial population diversity or risk misidentifying an outbreak source. We propose statistical learning approaches that can accommodate all core genome variation and link clinical *L. pneumophila* isolates back to environmental sources, at both the inter- and intra-institutional levels, eliminating the ambiguity of inferring transmission from phylogenies. This information is critical in outbreak investigations, particularly for *L. pneumophila*, which spreads via aerosols causing Legionnaires' disease.

Introduction

Legionellae are Gram-negative bacteria that replicate within free-living aquatic amoebae and are present in aquatic environments worldwide. These bacteria can proliferate in man-made water systems and cause large outbreaks of pneumonia known as Legionnaires' disease when contaminated water is aerosolized and inhaled (1). The majority of human infections are caused by *Legionella pneumophila* serogroup 1 (2). Public health investigations of Legionnaires' disease outbreaks are typically supported by molecular typing methods to establish the likely source of the bacteria and the extent of the outbreak. Investigations usually proceed with the assumption that a single *Legionella* genotype is responsible for an environmental point source reservoir (3). Traditional molecular typing methods described for fingerprinting Legionellae include pulsed-field gel electrophoresis (PFGE) and sequence-based typing (SBT) (4). Increasingly, whole genome sequencing (WGS) is being employed to investigate individual *Legionella* outbreaks and the insights obtained from these high-resolution comparisons are challenging our expectations regarding common-source outbreaks, which usually are characterized by a single strain or genotype (5-9). It is becoming evident that outbreaks can be caused by multiple co-circulating *L. pneumophila* genotypes (5, 10) and that *L. pneumophila* core genomes can be surprisingly conserved across space and time (8, 11-13).

Melbourne is in the state of Victoria and it is the second largest city in Australia with a population approaching five million inhabitants, and considered the ninth largest city in the Southern Hemisphere. Legionellosis has been a notifiable disease in Victoria since 1979 and there are 50-100 cases reported each year, most occurring in the greater metropolitan region of Melbourne (14). The Microbiological Diagnostic Unit Public Health Laboratory (MDU PHL) is Victoria's State Reference Laboratory for the characterization and typing of *Legionella* spp. The laboratory's collection includes isolates from a particularly noteworthy outbreak at the Melbourne Aquarium in April 2000. This was the largest single episode of Legionellosis reported in Australia (15), approximately three months after the aquarium was opened to visitors, with construction of the site completed in December 1999. It resulted in 125 confirmed cases, with positive cultures obtained from 11 patients. Our isolate collection also spanned 28 other potential legionellosis outbreaks or infection clusters, for which at least one culture isolate had been obtained.

In this study, we used comparative genomics to explore the population structure of 234 *Legionella pneumophila* isolates recovered from human and environmental sources submitted to the MDU PHL in Melbourne over a 21-year period. This collection included 11 clinical and 14 environmental isolates from the Aquarium outbreak and 42 clinical and 50 environmental isolates from 28 other likely point source case clusters. We also assessed genomic data from a recently described investigation of Legionnaires' cases at a

89 UK hospital (8). The aim of this project was to develop a robust genomic approach that would surmount the

90 unusual population structure of

91 *L. pneumophila* and assist identification of case clusters and source tracking efforts during Legionnaires'

92 disease outbreak investigations.

Materials and Methods

Bacterial strains, growth conditions, case definitions. *Legionella pneumophila* serogroup 1 isolates were

resuscitated from -80°C storage and assessed. Duplicate isolates from the same patient were excluded

from the study. Isolates were cultured for 48-72 h at 37°C on BCYE agar and re-confirmed serogroup 1 by

latex agglutination (Oxoid). Metadata collected on all isolates included year of isolation and country or city

of isolation. Cases resident in the state of Victoria, Australia, were assessed by the Victorian State

Government public health unit in accordance with national guidelines and an outbreak investigation was

initiated when common exposures were reported by different cases whose onset dates occurred within a

two-week window. (http://www.health.gov.au/internet/main/publishing.nsf/content/cdna-song-

legionella.htm, accessed 31 August 2015). In this manner, we were able to determine the human cases

epidemiologically linked to each other. Many of the outbreaks/infection clusters contained a greater

number of cases than there were isolates as the diagnosis of Legionellosis was made by culture-

independent methods. Complete, closed genomes of *L. pneumophila* that were publicly available were

obtained from GenBank for inclusion in the analysis (Table S1).

Sequence based typing. This was performed as previously described according to the European

Legionnaires' Disease Surveillance Network (ELDSNet) method

(http://bioinformatics.phe.org.uk/legionella/legionella_sbt/php/sbt_homepage.php, accessed 31 August

2015) (16).

DNA sequencing. DNA libraries were prepared using the NexteraXT DNA preparation kit (Illumina) and

whole genome sequencing was performed on the NextSeq platform (Illumina) with 2x150 bp chemistry. For

single molecule real-time (SMRT) sequencing (Pacific Biosciences), genomic DNA was extracted from

agarose plugs using the CDC Pulsenet Protocol to allow for recovery of high molecular weight, intact DNA

(http://www.cdc.gov/pulsenet/pathogens, accessed 31 August 2015). Size-selected 10kb DNA libraries

were prepared according to manufacturers' instructions and sequenced on the RS II platform (Pacific

Biosciences) using P6-C4 chemistry. All sequence reads and the completed genome are available (GenBank

BioProject ID: PRJEB13594)

***Legionella pneumophila* serogroup 1 isolate Lpm7613 assembly and closure.** A high quality finished ST 30

reference genome was established for *L. pneumophila* serogroup 1 clinical isolate Lpm7613 using the

SMRT® Analysis System v2.3.0.140936 (Pacific Biosciences). Raw sequence data were *de novo* assembled

using the HGAP v3 protocol with a genome size of 4 Mb. Polished contigs were error corrected using Quiver

v1. The resulting assembly was then checked using BridgeMapper v1 in the SMRT® Analysis System, and the

consensus sequence corrected with short-read Illumina data, using the program Snippy

(https://github.com/tseemann/snippy). Whole genome annotation was performed using Prokka (17),

preferentially using the *L. pneumophila* Paris strain annotation (18). BRIG was used to visualize BLASTn

DNA:DNA comparisons of *L. pneumophila* Lpm7613 against other *L. pneumophila* genomes (19).

Nomenclature of the genomic islands demonstrated in *L. pneumophila* Lpm7613 was based on previously

described islands (20). CRISPR databases were used to search for CRISPR sequences

(http://crispi.genouest.org and http://crispr.u-psud.fr/Server/, accessed 14 February 2016).

Variant detection and phylogenetic analysis. The genomes of ten publicly available complete *L.*

pneumophila genomes (Table S1) were shredded to generate short *in silico* sequence reads of 250bp and all

244 *L. pneumophila* reads sets were mapped against the Lpm7613 reference genome using Snippy v3.2. An

alignment file from pairwise comparisons of core genome SNPs (with inferred recombining sites removed)

was used as input to FastTree v2.1.8 with double precision (21) to infer a maximum likelihood phylogenetic

tree using the general time reversible model of nucleotide substitution. Branch support was estimated

using 1,000 bootstrap replicates. Resulting trees were visualized in FigTree v1.4.2

(http://tree.bio.ed.ac.uk/software/figtree/). Single nucleotide polymorphism (SNP) differences between

isolates were tabulated and visualized using a custom R-script (https://github.com/MDU-

PHL/pairwise_snp_differences). The core genome SNPs were also used as the input into a Bayesian analysis

of population structure (BAPS) using iterative clustering to a depth of 10 levels and a pre-specified

maximum of 20 clusters (22).

Recombination and molecular clock analysis. Recombination detection was performed using

ClonalFrameML (23), taking as input a full genome alignment (included invariant sites) prepared using

Snippy as above and the ML phylogeny as a guide tree with polytomies removed from the FastTree tree

using a custom python script (https://github.com/kwongj/nw_multi2bifurcation). Results were visualized

using a custom Python script to render separate and superposable images of extant and ancestral inferred
recombination regions (https://github.com/kwongj/cfml-maskrc). Molecular clock-likeness of the ML tree
with ClonalFrameML-adjusted branch lengths was assessed using TempEst v1.5
(http://tree.bio.ed.ac.uk/software/tempest/).

Phylogeographic analysis. Variant detection for the 64 environmental genomes was undertaken by running
snippy-core. Core SNPs were used to reconstruct a phylogenomic tree with FastTree that was overlaid upon
a base map in GenGIS (24). Victorian population mesh data was downloaded from the Australia Bureau of
Statistics webpage
(http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.001July%202016?OpenDocument)
and Local Government Area data was downloaded from the Victorian Government Data Directory webpage
(https://www.data.vic.gov.au/data/dataset/lga-geographical-profiles-2014-beta/resource/f6c49074-0679-
4c79-a0db-04dac8eda364).

DAPC model building using core SNPs. DAPC was implemented in the R package *adegenet* v2.0.1 (25). For
input, we used a matrix of single nucleotide polymorphisms (SNP) for all genomes originating from disease
clusters that possessed at least one environmental and clinical representative (Table S1). SNP detection was
undertaken by running Snippy and sites that were recombinogenic and or invariant among the
environmental genomes were discarded. The input matrix was used to generate a *genind* (data structure
class) object in *adegenet* that was subsequently separated into two subset *geninds*. The first subset
consisted of environmental isolates (hereon referred to as the training set) and the second *genind*
consisted of the clinical isolates from groups in common with validation set groups (hereon referred to as
the validation set). The training set was used to develop a DAPC model using the training set disease
clusters (Table S1) to define discriminant functions (26). The ability of the model to predict the source
attribution of the validation set genomes was simulated across the first to the 20th principal components,
allowing an optimal number of principal components to be identified. The optimized model was then used
to predict the groupings of validation set clinical isolate genomes.

DAPC model building using cgMLST variation. In order to detect variants within the recently described
cgMLST regions, reads were mapped to the Lp_Philadelphia chromosome (NC_002942.5) using snippy. SNP
profiles from within the cgMLST regions were reduced to allelic integers, with all genes containing zero
coverage or uncertain base-calls, excluded. Allelic integers were concatenated into a matrix and, using the
same DAPC model-building method as mentioned above, models were established using the training set

genomes and used to predict the groupings of the validation set clinical isolate genomes.

Results

Isolates and epidemiology. There were 234 *Legionella pneumophila* serogroup 1 (Lpn-SG 1) isolates
obtained across a 21-year period between 1994 and 2014. Initial MLST analysis indicated that 180 isolates
(77%) belonged to ST30. The collection comprised 180 clinical isolates of respiratory origin (sputum or
bronchoscopy specimens) and 64 environmental isolates recovered from cooling tower water samples. All
isolates were collected in the state of Victoria with the exception of six isolates from patients who were
exposed elsewhere. Further information for each isolate is available in Table S1, including NCBI SRA
accession numbers. One hundred and ten of the 234 isolates were epidemiologically associated with 29
formally investigated case clusters or outbreaks, designated as outbreaks A-AC (Table S1). The majority of
these cases occurred within a 42 km radius of Melbourne city center and over a 16-year period. Outbreak
A, the Melbourne Aquarium outbreak, was the largest (15).

Complete genome sequence of *Legionella pneumophila* serogroup 1 isolate Lpm7613. Before this study,
there were no closed, fully assembled ST30 *L. pneumophila* genomes. Thus, to ensure identification of
maximum genetic variation among this dominant ST in our collection, we first established a ST30 reference
genome sequence, selecting a clinical isolate from the Melbourne Aquarium outbreak (Lpm7613). The
finished genome consisted of a single circular 3,261,562 bp chromosome (38.3% GC) and a 129,875 bp
circular plasmid (pLpm7613) (Fig. S1). Although the chromosome indicated this genome belonged to the
same lineage as *L. pneumophila* Philadelphia (Fig. 1A), the plasmid shared 100% nucleotide identity with
pLPP reported in *L. pneumophila* Paris, but 2kb shorter in length (18). A total of 2,891 chromosomal
protein-coding sequences (CDS), 43 tRNA genes and nine rRNA loci were predicted using Prokka (17).
CRISPR-Cas regions were not detected (27).

Assessment of *L. pneumophila* population structure. Sequence reads from the other 233 genomes and the
ten selected publicly available completed genomes were mapped to the chromosome of reference strain
Lpm7613. Approximately 90% of the Lpm7613 genome was present in all genomes (*i.e.*, core), with 188,049
variable core nucleotide positions identified. Population structure analyses using an unsupervised Bayesian
clustering approach revealed six distinct groups (BAPS groups) (Fig. 1A). Comparison of intra- and inter-
BAPS group pairwise SNP distances confirmed the validity of these clusters and highlighted the extensive
genetic variation among this Lpn-SG1 population (Fig. 1C). The exceptions were BAPS groups 3 and 4, which
classified isolates across two clades, and is likely explained by recombination. Most striking, however, was

the lack of diversity within the 186 genomes comprising BAPS group 5 (hereafter referred to as BAPS-5),

with a median core SNP distance of only 5 SNPs (IQR 3 − 7). Isolates dispersed across time and space

(including isolates from England, New South Wales, South Australia and Tasmania) were scattered

throughout the entire phylogeny. All 180 ST30 isolates were encompassed by BAPS-5, as was ST37 *L.*

pneumophila Philadelphia (Philadelphia, USA), ST211 *L. pneumophila* ATCC 43290 (Denver, USA) and ST733

L. pneumophila Thunder Bay (Ontario, Canada) (Fig. 1A,B). The median inter-BAPS group distances ranged

between 27,506 to 63,136 SNPs (Fig. 1C), highlighting that there is also substantial genetic diversity among

Lpn-SG1 isolates circulating in Melbourne.

A rooted maximum likelihood phylogeny of the population was then inferred using the 181,633 non-

recombining core SNP loci. The phylogenomic tree reflected the BAPS clusters with BAPS-5 forming a

distinct, well-supported lineage (Fig. 1A). The separation of the three North American reference isolates

from the Melbourne ST30 isolates is suggestive of contemporaneous global dispersal of this BAPS-5 lineage

(Fig. 1A,B). All BAPS groups displayed monophyletic origins with the exception of BAPS-3 and BAPS-4. BAPS-

3 had a single isolate of paraphyletic origin that shared a most recent common ancestor (MRCA) with BAPS-

2 while BAPS-4 contained two paraphyletic sub-clades, one of which shared a MRCA with the majority of

BAPS-3 isolates.

Impact of recombination. Recombination is a driving force in the evolution of the Legionellae (5, 7, 28-31).

Therefore, to further understand the structure and evolution of this Lpn-SG1 population we assessed the

impact of DNA exchange. There was evidence of extensive recombination among isolates across BAPS

groups 1-4, and 6 with approximately 3% of variable nucleotide sites impacted relative to the Lpm7613

reference chromosome. The detection of two paraphyletic groups (BAPS-3 and BAPS-4) is likely explained

by ancestral recombination among the component sub-clades. In comparison, there was little

recombination evident among BAPS-5 isolates (Fig. S2), in accord with the core SNP phylogeny described

above, and suggesting the relatively recent emergence of this *L. pneumophila* lineage. After removal of

putative sequences affected by recombination, the ClonalFrameML-adjusted tree branch lengths showed

no correlation with isolation dates (r^2=0.116). This observation indicates that nucleotide substitutions in the

population have not been evolving under a molecular clock model, thus limiting estimates for dates of

emergence for particular lineages.

Genomic molecular epidemiology of local outbreaks. We next compared only the 180 ST30 genomes to

our Lpm7613 reference genome, and again confirmed the very restricted genomic diversity within this

lineage (median core SNP distance was 6 SNPs (IQR 4 – 9), with five outlier genomes, impacted by recombination. (Fig. 1B,C Fig. S2). Within this reconstructed core-genome ST30-specific phylogeny, many but not all epidemiologically-related isolates formed distinct, well-supported, monophyletic clades. In some instances, epidemiologically-associated isolates spanned multiple clades (outbreaks A, B, C, D and K) (Fig. 1B). In addition, Outbreak A (the Melbourne aquarium outbreak), which was previously considered to represent infections caused by a single clone (Table S1) (15), actually contained five distinct genotypes (A1-A5) (Fig 1B,C).

The analysis of environmental surveillance isolates provided an ideal means to gain insights into the diversity within potential reservoirs of Lpn-SG1 - diversity that might enable prospective source tracking. A phylogeographic analysis was therefore undertaken to assess the relationship between 64 environmental Melbourne metropolitan isolates against their 11 cooling tower sampling locations. Based on variation in core SNPs, striking geographical structure was observed, with the majority of isolates from common cooling towers tightly clustering in the phylogeny (Fig. 2A). Comparisons of pairwise core SNPs depicted smaller within group diversity and larger between location group diversity, further indicating the existence of geographical population structure (Fig. 2B). This structure among the environmental Lpn-SG1 isolates suggested it might be possible to use the genome data to build models predictive of environmental source to assist epidemiological efforts during outbreak investigations.

A multivariate statistical model for source attribution. To enhance resolution and try to detect outbreak-specific genomic signals, a supervised statistical learning approach called Discriminant Analysis of Principal Components (DAPC) (26) was employed. DAPC is a linear discriminant analyses (LDA) that accommodates discrete genetic-based predictors by first transforming the genetic data into continuous Principal Components (PC) and builds predictive classification models. The PCs are used to build discriminant functions (DF) under the constraint that they must minimize within group variance, and maximize variance between groups. Infection clusters are specified *a priori* from the epidemiological findings, and training isolates are used to define the discriminant functions. The model can then be used to estimate the posterior probability of membership for unknown (*e.g.* clinical) isolates to each pre-specified infection cluster given the training data. Here, we used 43 of the 64 environmental isolates as our training set (cooling tower isolates originating from epidemiologically defined infection clusters that possessed at least one environmental and clinical representative), under the assumption that each outbreak was caused by exposure to a point source of Lpn-SG1. We used core genome SNPs from only environmental Lpn-SG1 genomes to build the classifier, in order to maximize our discriminatory power (32).

Outbreak-associated environmental Lpn-SG1 were grouped *a priori* into training set groups based on the
origin of the cooling towers from which they were isolated (see model building details in methods). The DFs
were then used to classify 15 clinical isolates that had been independently assigned based on
epidemiological data to the training set groups, hereon referred to as the validation genomes (Table S1).
The input matrix for DAPC was an alignment of 714 non-recombinogenic SNPs variable among the 43
environmental genomes. Plots depicting the separation of isolates according to the first two discriminant
functions and the amount of variation explained is shown (Fig. 3). A model was trained using the first four
principal components (PC), as this was found to be optimal (see methods). We next classified our clinical
validation genomes using the model and found a 93% match between our model's assignment and that
proposed by the epidemiological data (Fig. 4A,B). These data show that despite the high level of genome
conservation, it is possible to utilize signature differences in core genome SNPs to build predictive
probabilistic classification models. The single discrepancy between model predictions and epidemiological
groupings was an infection cluster C genome that was predicted as originating from the Aquarium.
Interestingly, cluster C was located closest to the Melbourne Aquarium at a distance of approximately 500
metres. Given the proximity of clusters A and C, these data may indicate cooling towers seeded from a
common *L. pneumophila* source. In order to appraise the utility of this method beyond a large urban setting
and the ST30 genotype, we built a sister model using 31 ST1 environmental *L. pneumophila* genomes from
a previously published hospital investigation in Essex, UK, and used it to predict the origins of seven
nosocomial clinical isolates (Fig. 3A, Table S1) (8). Here, the model was trained using the first 15 PCs, as this
was found to be optimal. As with the Melbourne disease clusters, the model performed very well. For 86%
of the clinical isolates there was a match between the model's ward assignment and the origin suggested
by epidemiology (Fig. 4A,B). Again, a single discrepancy occurred with a ward G genome predicted to
originate from ward A. Wards A and G were co-located on the same corner and level of a common building,
again suggesting a common *L. pneumophila* source (8). As before, isolates from a common source would be
miss-assigned by the model, owing to the lack of location-specific genomic variants.

Core genome multilocus sequence typing (cgMLST) has reduced discrimination. In order to evaluate the
utility of the recently described cgMLST scheme for source tracking (33, 34), we trained new DAPC models
for both the Melbourne and Essex hospital datasets using a matrix of allelic integers derived from SNP
profiles of the 1,529 cgMLST loci (Fig. 3B). When using the first one and seven PCs, we observed only 60%
and 71% concordance between our model's assignment and that predicted by the epidemiological data for
the Melbourne and Essex hospital datasets, respectively (Fig. 4A,C).

Discussion

In this study, we have retrospectively examined a large collection of 234 clinical and environmental isolates

Lpn-SG1 isolates spanning 29 defined outbreaks. Isolates were collected over wide temporal and spatial

scales and detailed genomic comparisons revealed wide extremes Lpn-SG1 genetic diversity among distinct

genomic populations; a phenomenon not fully appreciated from previous genomic investigations that have

sampled less extensively and focused on single outbreaks (5, 6, 35). Most striking in our collection was the

high sequence conservation and dominance of a single genotype (BAPS-5, ST30), shared by 77% of isolates

with a median core SNP distance of only 5 SNPs across 21 years. In agreement with our findings, two recent

population genomic investigations of Lpn-SG1 also describe the unusual restriction in core genome diversity

(8, 12).

Based on our previous experience with other bacterial pathogens (36) and reports in the literature of

Legionnaires' disease outbreak investigations using genomics (35, 37) - we expected to be able to use Lpn-

SG1 genomic comparisons and develop genetic rule-in or rule-out criteria to guide outbreak assessment

and source attribution. For example, we recently proposed a 'traffic-light' system for *Listeria*

monocytogenes based on SNP difference cutoffs of 'likely related', 'possibly-related' and 'not-related' (36).

This approach has also been proposed for *L. pneumophila* (33). A comparison of genotyping approaches

using 335 Lpn isolates, including 106 from the European Society for Clinical Microbiology Study Group's

Legionella Typing Panel, proposed an escalating, hierarchical approach to genotyping, beginning with an

extended 50-gene MLST scheme up to a 1529-gene cgMLST (33, 34).

The analysis of the population structure of Lpn-SG1 presented here indicates that SNP-based typing with

threshold cut-offs, whether they are based on seven genes, 50 genes, 1500 genes or whole genomes will

not necessarily provide sufficient discriminative power. These genotyping approaches will be confounded

by the presence of (i) indistinguishable Lpn-SG1 genotypes present in unrelated cases and (ii) polyclonal

outbreaks. Our retrospective analysis of the Melbourne Aquarium outbreak illustrates clearly both these

issues, where five distinct subtypes were recovered from 25 clinical and environmental isolates (Fig. 1B).

There is a growing awareness of single source, polyphyletic Lpn-SG1 outbreaks (8, 10, 13, 38, 39). These

data all point to the need for a different approach in order to use molecular epidemiology and genomics in

support of *Legionella* outbreak investigations.

We address this issue by exploiting all core genome information to train probabilistic classification models.

Our DAPC analysis demonstrates that it is possible to build predictive models based on Lpn-SG1

environmentally derived genomes that help in identifying the source of clinical isolates during complex

outbreak investigations in both the community and hospital environments (Fig. 4). By including all core SNP

variation, DAPC was able to identify outbreak-specific genotypes, even when the source of the outbreak

was polyclonal. This enabled us to build robust models that assigned validation set genomes, with known

provenance, back to their original groupings with high concordance. The fact that this model was built

purely from environmental surveillance isolates demonstrates that such approaches can be developed

prospectively and be preexisting, ready to deploy at the onset of outbreaks.

In contrast to the high performance of the DAPC model developed from core genome SNPs, the model built

using variants identified by cgMLST scheme had a lower matching rate when assigning validation genomes

back to their putative epidemiological groupings (Fig. 4C). Despite cgMLST being a useful tool for broad

Lpn-SG1 population structure assessment, our analysis suggests it may have insufficient resolution and thus

predictive capacity for outbreak investigations.

The DAPC approach however, while promising, does not permit discrimination among isolates that do not

belong to defined clusters. This is because the model assumes that the world is composed of only the k

groups used to train it, and therefore assigns unknown isolates to one of these groups, even if the isolate is

known not to be part of any of the groups. One way to address this issue would be to create a single group

classifier, which is trained with environmental samples. Isolates with low probability of membership to this

single large group would then be excluded before being analyzed with the multi-group model. Future

models could be further improved by adding epidemiological evidence (*e.g.* patient zip codes), and assess

how that improves our assignment of a clinical isolate to a particular location. An advantage of a

classification-based model is that its output could be distilled down to a zip code (or group of zip codes) and

a probability that a clinical isolate is associated with the zip code (indicating uncertainty about the

classification). This would obviate the need to interpret, and explain phylogenetic trees. Interpreting trees

is often not intuitive and trees may fail to communicate what action is required from a public health

perspective. Crucial for such a classification approach to work however, is an extensive and temporally

dynamic database of environmental Lpn-SG1 genotypes. That is, there would need to be ongoing

surveillance and isolation of Lpn-SG1 from environmental sources. We are currently investigating how to

implement such models.

The modeling approach, is not intended to be used in isolation, but rather employed as an adjunct to

traditional epidemiological investigations. In this way, insights gained through epidemiological

investigations can be informed by microbiological evidence from our predictive models. A limitation of our

current models are the relatively small sample sizes. Performance measures for validation sets this small

are often sensitive to slight perturbations in the data and may be influenced by small features of the data.

However, as a proof-of-concept implementation of our approach, we have built two models from

independent datasets, and both demonstrate high predictive capacity. More robust appraisals of model

performance will require validation with larger datasets, collected prospectively.

From a biological perspective, the lack of genetic diversity in Lpn-SG1 over such coarse temporal and spatial

scales is potentially explained by a reservoir of latent-state bacteria intermittently seeding warm water

sources in the greater Melbourne region and is supported by the frequently-reported and widespread

presence of *Legionella* species in drinking water supply systems (DWSS) (40-42). Independent studies

propose similar hypotheses to explain the surprisingly high sequence conservation among some *L.*

pneumophila genomes (8, 12).

This study is, to our knowledge, the largest genomic investigation of environmental and clinical Legionella

reported to date from a single jurisdiction and confirms that Lpn-SG1 is an unusual 'edge case' in the

application of genomics in public health microbiology. In the absence of a deep understanding of local *L.*

pneumophila population structure (both clinical and environmental) the combination of extreme genomic

monomorphism combined with outbreaks caused by mixed pathogen populations could easily lead to

erroneous conclusions regarding source attribution. Thus, we require new approaches that can better

utilize the genomic information available, and harmoniously combine it with epidemiological evidence, in

order to provide public health officials with useful and timely information.

References

1.   **Fields BS, Benson RF, Besser RE.** 2002. *Legionella* and Legionnaires' disease: 25 years of

investigation. Clin Microbiol Rev **15**:506-526.

2.   **Yu VL, Plouffe JF, Pastoris MC, Stout JE, Schousboe M, Widmer A, Summersgill J, File T, Heath CM,**

Paterson DL, Chereshsky A. 2002. Distribution of *Legionella* species and serogroups isolated by

culture in patients with sporadic community-acquired legionellosis: an international collaborative

survey. J Infect Dis **186**:127-128.

3.   **Luck C, Fry NK, Helbig JH, Jarraud S, Harrison TG.** 2013. Typing methods for *Legionella*. Methods

Mol Biol **954**:119-148.

4. **Mercante JW, Winchell JM.** 2015. Current and emerging *Legionella* diagnostics for laboratory and
outbreak investigations. Clin Microbiol Rev **28**:95-133.

5. **McAdam PR, Vander Broek CW, Lindsay DS, Ward MJ, Hanson MF, Gillies M, Watson M, Stevens
JM, Edwards GF, Fitzgerald JR.** 2014. Gene flow in environmental *Legionella pneumophila* leads to
genetic and pathogenic heterogeneity within a Legionnaires' disease outbreak. Genome Biol
15:504.

6. **Reuter S, Harrison TG, Koser CU, Ellington MJ, Smith GP, Parkhill J, Peacock SJ, Bentley SD, Torok
ME.** 2013. A pilot study of rapid whole-genome sequencing for the investigation of a *Legionella*
outbreak. BMJ Open **3**.

7. **Sanchez-Buso L, Comas I, Jorques G, Gonzalez-Candelas F.** 2014. Recombination drives genome
evolution in outbreak-related *Legionella pneumophila* isolates. Nat Genet **46**:1205-1211.

8. **David S, Afshar B, Mentasti M, Ginevra C, Podglajen I, Harris SR, Chalker VJ, Jarraud S, Harrison
TG, Parkhill J.** 2017. Seeding and Establishment of *Legionella pneumophila* in Hospitals:
Implications for Genomic Investigations of Nosocomial Legionnaires' Disease. Clin Infect Dis
64:1251-1259.

9. **Weiss D, Boyd C, Rakeman JL, Greene SK, Fitzhenry R, McProud T, Musser K, Huang L, Kornblum J,
Nazarian EJ, Fine AD, Braunstein SL, Kass D, Landman K, Lapierre P, Hughes S, Tran A, Taylor J,
Baker D, Jones L, Kornstein L, Liu B, Perez R, Lucero DE, Peterson E, Benowitz I, Lee KF, Ngai S,
Stripling M, Varma JK, South Bronx Legionnaires' Disease Investigation T.** 2017. A Large
Community Outbreak of Legionnaires' Disease Associated With a Cooling Tower in New York City,
2015. Public Health Rep **132**:241-250.

10. **Sanchez-Buso L, Guiral S, Crespi S, Moya V, Camaro ML, Olmos MP, Adrian F, Morera V, Gonzalez-
Moran F, Vanaclocha H, Gonzalez-Candelas F.** 2015. Genomic Investigation of a Legionellosis
Outbreak in a Persistently Colonized Hotel. Front Microbiol **6**:1556.

11. **Underwood AP, Jones G, Mentasti M, Fry NK, Harrison TG.** 2013. Comparison of the *Legionella
pneumophila* population structure as determined by sequence-based typing and whole genome
sequencing. BMC Microbiol **13**:302.

12. **David S, Rusniok C, Mentasti M, Gomez-Valero L, Harris SR, Lechat P, Lees, J., Ginevra C, Glaser C,
Ma L, Bouchier C, Underwood A, Jarraud S, Harrison TG, Parkhill J, Buchrieser C.** 2016. Multiple
major disease-associated clones of *Legionella pneumophila* have emerged recently and
independently. Genome Res **In press**.

13. **Schjorring S, Stegger M, Kjelso C, Lilje B, Bangsborg JM, Petersen RF, David S, Uldum SA,**
Infections ESGfL. 2017. Genomic investigation of a suspected outbreak of *Legionella pneumophila*
ST82 reveals undetected heterogeneity by the present gold-standard methods, Denmark, July to
November 2014. Euro Surveill **22**.

14. **Anon.** 2014. Communicable Disease Surveillance, Victoria, Oct-Dec 2014. Victorian Infectious
Diseases Bulletin **17**:22-23.

15. **Greig JE, Carnie JA, Tallis GF, Ryan NJ, Tan AG, Gordon IR, Zwolak B, Leydon JA, Guest CS, Hart**
WG. 2004. An outbreak of Legionnaires' disease at the Melbourne Aquarium, April 2000:
investigation and case-control studies. Med J Aust **180**:566-572.

16. **Gaia V, Fry NK, Afshar B, Luck PC, Meugnier H, Etienne J, Peduzzi R, Harrison TG.** 2005. Consensus
sequence-based scheme for epidemiological typing of clinical and environmental isolates of
Legionella pneumophila. J Clin Microbiol **43**:2047-2052.

17. **Seemann T.** 2014. Prokka: rapid prokaryotic genome annotation. Bioinformatics **30**:2068-2069.

18. **Cazalet C, Rusniok C, Bruggemann H, Zidane N, Magnier A, Ma L, Tichit M, Jarraud S, Bouchier C,**
Vandenesch F, Kunst F, Etienne J, Glaser P, Buchrieser C. 2004. Evidence in the *Legionella*
pneumophila genome for exploitation of host cell functions and high genome plasticity. Nat Genet
36:1165-1173.

19. **Alikhan NF, Petty NK, Ben Zakour NL, Beatson SA.** 2011. BLAST Ring Image Generator (BRIG):
simple prokaryote genome comparisons. BMC Genomics **12**:402.

20. **D'Auria G, Jimenez-Hernandez N, Peris-Bondia F, Moya A, Latorre A.** 2010. *Legionella*
pneumophila pangenome reveals strain-specific virulence factors. BMC Genomics **11**:181.

21. **Price MN, Dehal PS, Arkin AP.** 2010. FastTree 2--approximately maximum-likelihood trees for large
alignments. PLoS One **5**:e9490.

22. **Cheng L, Connor TR, Siren J, Aanensen DM, Corander J.** 2013. Hierarchical and spatially explicit
clustering of DNA sequences with BAPS software. Mol Biol Evol **30**:1224-1228.

23. **Didelot X, Wilson DJ.** 2015. ClonalFrameML: efficient inference of recombination in whole bacterial
genomes. PLoS Comput Biol **11**:e1004041.

24. **Parks DH, Mankowski T, Zangooei S, Porter MS, Armanini DG, Baird DJ, Langille MG, Beiko RG.**
2013. GenGIS 2: geospatial analysis of traditional and genetic biodiversity, with new gradient
algorithms and an extensible plugin framework. PLoS One **8**:e69885.

25. **Jombart T, Ahmed I.** 2011. adegenet 1.3-1: new tools for the analysis of genome-wide SNP data.
Bioinformatics **27**:3070-3071.

26. **Jombart T, Devillard S, Balloux F.** 2010. Discriminant analysis of principal components: a new
method for the analysis of genetically structured populations. BMC Genet **11**:94.

27. **Rao C, Guyard C, Pelaz C, Wasserscheid J, Bondy-Denomy J, Dewar K, Ensminger AW.** 2016. Active
and Adaptive *Legionella* CRISPR-Cas reveals a recurrent challenge to the pathogen. Cell Microbiol
doi:10.1111/cmi.12586.

28. **Coscolla M, Gonzalez-Candelas F.** 2007. Population structure and recombination in environmental
isolates of *Legionella pneumophila*. Environ Microbiol **9**:643-656.

29. **Coscolla M, Gonzalez-Candelas F.** 2009. Comparison of clinical and environmental samples of
Legionella pneumophila at the nucleotide sequence level. Infect Genet Evol **9**:882-888.

30. **Gomez-Valero L, Rusniok C, Jarraud S, Vacherie B, Rouy Z, Barbe V, Medigue C, Etienne J,**
Buchrieser C. 2011. Extensive recombination events and horizontal gene transfer shaped the
Legionella pneumophila genomes. BMC Genomics **12**:536.

31. **Costa J, Teixeira PG, d'Avo AF, Junior CS, Verissimo A.** 2014. Intragenic recombination has a critical
role on the evolution of *Legionella pneumophila* virulence-related effector sidJ. PLoS One
9:e109840.

32. **McNally A, Oren Y, Kelly D, Pascoe B, Dunn S, Sreecharan T, Vehkala M, Valimaki N, Prentice MB,**
Ashour A, Avram O, Pupko T, Dobrindt U, Literak I, Guenther S, Schaufler K, Wieler LH, Zhiyong Z,
Sheppard SK, McInerney JO, Corander J. 2016. Combined Analysis of Variation in Core, Accessory
and Regulatory Genome Regions Provides a Super-Resolution View into the Evolution of Bacterial
Populations. PLoS Genet **12**:e1006280.

33. **David S, Mentasti M, Tewolde R, Aslett M, Harris SR, Afshar B, Underwood A, Fry NK, Parkhill J,**
Harrison TG. 2016. Evaluation of an optimal epidemiologic typing scheme for *Legionella*
pneumophila with whole genome sequence data using validation guidelines. J Clin Microbiol
doi:10.1128/JCM.00432-16.

34. **Moran-Gilad J, Prior K, Yakunin E, Harrison TG, Underwood A, Lazarovitch T, Valinsky L, Luck C,**
Krux F, Agmon V, Grotto I, Harmsen D. 2015. Design and application of a core genome multilocus
sequence typing scheme for investigation of Legionnaires' disease incidents. Euro Surveill **20**.

35. **Bartley PB, Ben Zakour NL, Stanton-Cook M, Muguli R, Prado L, Garnys V, Taylor K, Barnett TC,**
Pinna G, Robson J, Paterson DL, Walker MJ, Schembri MA, Beatson SA. 2016. Hospital-wide

Eradication of a Nosocomial *Legionella pneumophila* Serogroup 1 Outbreak. Clin Infect Dis **62**:273-
279.

36. **Kwong JC, Mercoulia K, Tomita T, Easton M, Li HY, Bulach DM, Stinear TP, Seemann T, Howden**
BP. 2016. Prospective Whole-Genome Sequencing Enhances National Surveillance of *Listeria*
monocytogenes. J Clin Microbiol **54**:333-342.

37. **Graham RM, Doyle CJ, Jennison AV.** 2014. Real-time investigation of a *Legionella pneumophila*
outbreak using whole genome sequencing. Epidemiol Infect **142**:2347-2351.

38. **Sanchez-Buso L, Olmos MP, Camaro ML, Adrian F, Calafat JM, Gonzalez-Candelas F.** 2015.
Phylogenetic analysis of environmental *Legionella pneumophila* isolates from an endemic area
(Alcoy, Spain). Infect Genet Evol **30**:45-54.

39. **Coscolla M, Fernandez C, Colomina J, Sanchez-Buso L, Gonzalez-Candelas F.** 2014. Mixed infection
by *Legionella pneumophila* in outbreak patients. Int J Med Microbiol **304**:307-313.

40. **Diederen BM, de Jong CM, Aarts I, Peeters MF, van der Zee A.** 2007. Molecular evidence for the
ubiquitous presence of *Legionella* species in Dutch tap water installations. J Water Health **5**:375-
383.

41. **Rivera JM, Aguilar L, Granizo JJ, Vos-Arenilla A, Gimenez MJ, Aguiar JM, Prieto J.** 2007. Isolation of
Legionella species/serogroups from water cooling systems compared with potable water systems in
Spanish healthcare facilities. J Hosp Infect **67**:360-366.

42. **Storey MV, Langmark J, Ashbolt NJ, Stenstrom TA.** 2004. The fate of legionellae within distribution
pipe biofilms: measurement of their persistence, inactivation and detachment. Water Sci Technol
49:269-275.

Figures

Fig. 1: **Global *Legionella pneumophila* population clustering, phylogenomics and genomic molecular**

epidemiology of local outbreaks. (A) Core genome phylogeny estimated using maximum likelihood

corresponds with six BAPS groups. Branches with less than 70% bootstrap support were collapsed and scale

indicates the number of core SNPs. The locations of the ten international genomes are labeled. (B) ST30

core genome phylogeny. Tree tips are labeled with outbreak codes. Environmental and clinical isolates are

colored according to the key. Polyclonal outbreaks/case clusters are highlighted with blue boxes. Branch

lengths have been transformed and are proportional to the number of nodes under each parent node. (C)

Core genome pairwise SNP comparisons of within and between BAPS groups. All groups had smaller within

group diversity compared to comparisons between groups.

Fig. 2: **Phylogeography of 64 Lpn-SG1 environmental isolate genomes.** (A) Map of the greater Melbourne
area, showing the location of the 11 cooling towers assessed during Legionellosis outbreaks, designated by
colored circles. 'A' (light blue) represents the location Melbourne aquarium outbreak and is close to the
centre of Melbourne. Inset shows the location of Melbourne (red circle) within the State of Victoria in
south east Australia. Overall the phylogeny aligns closely with the geography of originating cooling towers.
For several outbreak codes polyclonality is apparent, as some common origins have connecting lines drawn
from different sub-clades of the phylogeny. Red coloration on the base map represents population density
within the greater Melbourne region. The branch lengths of the trees have been transformed and are
proportional to the number of nodes under each parent node. (B) Core genome pairwise SNP comparisons
of within, and between, cooling tower isolate groups. Comparisons of specific epidemiologically defined
groups are indicated with color codes as defined in the key. All groups had smaller within group diversity
than between groups.

Fig. 3. Scatterplots resulting from discriminant analysis of principal components (DAPC). (A): Core genome single nucleotide polymorphisms (SNP) based models of the Melbourne (top left) and Essex (top right) datasets and; (B): core genome MLST (cgMLST) based models of the Melbourne (bottom left) and Essex (bottom right) datasets. The membership of each point within an epidemiologically defined group is indicated by the colored circles and the corresponding labeled squares. The amount of variation explained by the first and second discriminant functions are specified on the axes of each plot.

Fig. 4: **Discriminatory analysis of principal components (DAPC) modeling of Lpn-SG1 genomic data.** (A) Model comparison plots depicting the percentage of matches between the predicted and epidemiologically determined groupings of the validation set genomes across a range of 1-20 principal components for single nucleotide polymorphisms (SNP) and core genome MLST (cgMLST) DAPC models for the Melbourne and Essex datasets. The retention of four and one principal components was found to be optimal for the SNP (93% match) and cgMLST (60% match) models in Melbourne, respectively, while 15 and seven principal components were found to be optimal for the SNP (86% match) and cgMLST (71% match) models in the Essex hospital, respectively. (B) Assignment plots depicting the ability of the SNP models to predict the source attribution of the validation set clinical isolate genomes for the Melbourne and Essex hospital datasets. (C) Assignment plots depicting the ability of the cgMLST models to predict the source attribution of the validation set clinical isolate genomes for the Melbourne and Essex hospital datasets.