



One Health status on *Campylobacter* in Denmark

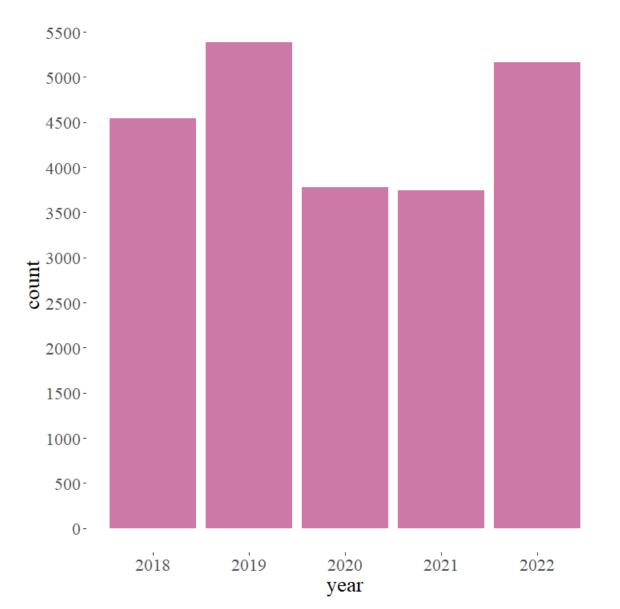
Katrine Grimstrup Joensen

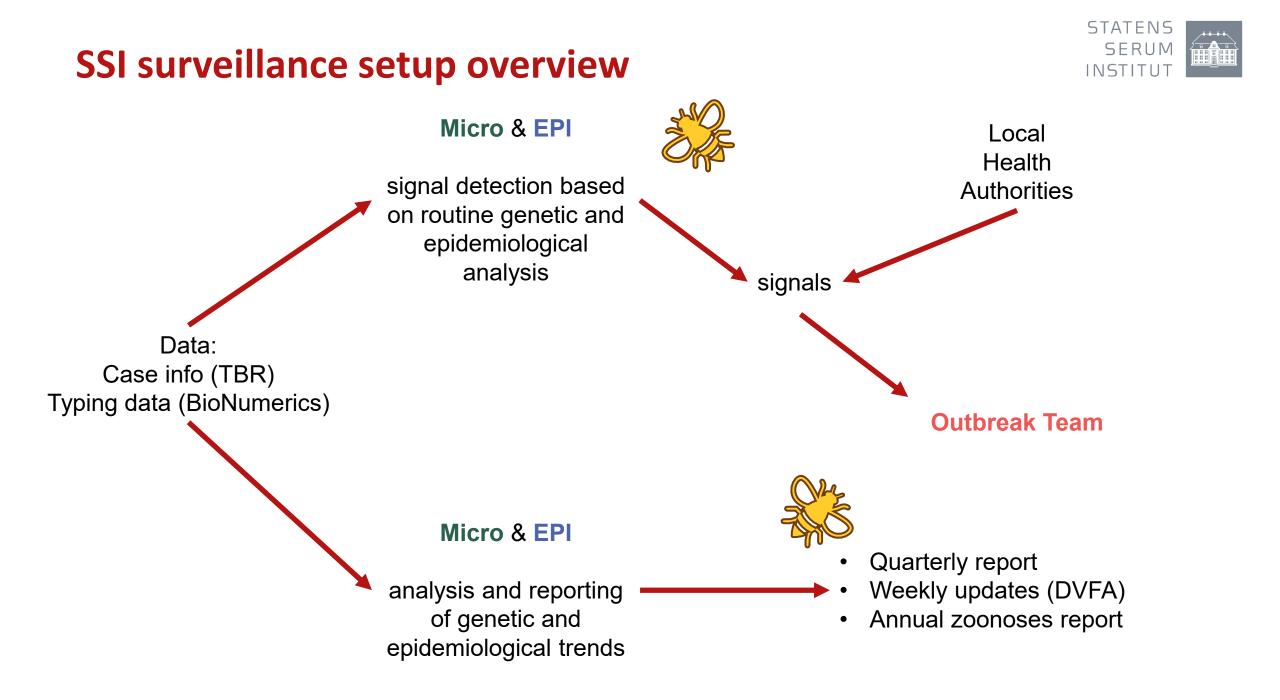


Campylobacter cases

 Over the last five years the number of registered humane *Campylobacter* cases in Denmark has ranged from 3,740 to 5,389 yearly cases

 In 2022 the number of registered *Campylobacter* cases was at 5,142
 28 % were travel-related





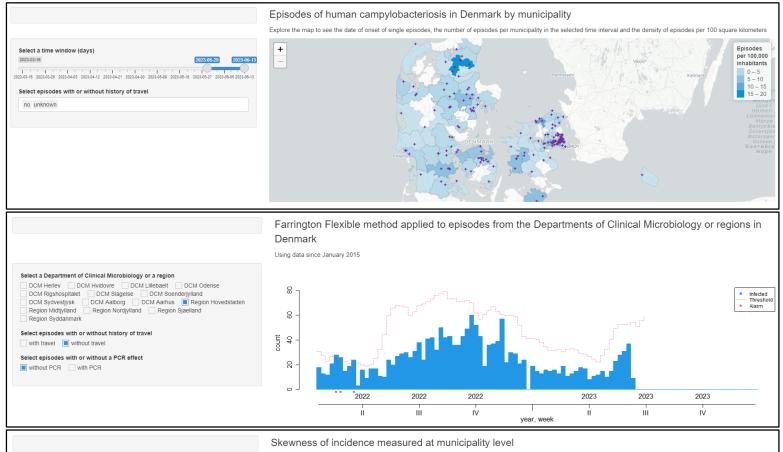
STATENS SERUM INSTITUT

Surveillance of cases

 The patterns of cases are examined 3 times weekly to find unusual patterns

 In time and

geography



The	table sho	w 'extreme	' right-sk	ewed incidence.

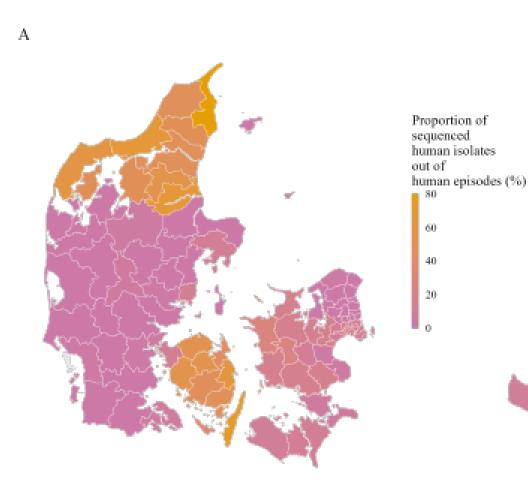
Select a time window (days)
60 days 30 days 15 days
Select episodes with or without history of travel
without travel with travel

	municipality inhabitants	lower incidence	median incidence	higest incidence	skewness	highest value	second highest value	third highest value
	<20,000 (8 municipalities)	5.2	6.00	6.8	0.0	Dragør incidence: 6.8 cases: 1	Lemvig incidence: 5.2 cases: 1	NA incidence: NA cases: NA
	20-60,000 (65 municipalities)	1.7	3.65	16.3	1.7	Rebild incidence: 16.3 cases: 5	Halsnæs incidence: 12.8 cases: 4	Albertslund incidence: 10.9 cases: 3
	60-100,000 (18 municipalities)	1.2	2.65	8.1	1.0	Gentofte incidence: 8.1 cases: 6	Slagelse incidence: 5 cases: 4	Guldborgsund incidence: 5 cases: 3
	>100,000 (7 municipalities)	0.9	3.40	3.9	-0.4	Frederiksberg incidence: 3.9 cases: 4	København incidence: 3.6 cases: 23	Esbjerg incidence: 3.5 cases: 4

WGS-based typing



- Done routinely in Denmark since 2019
- 10-15% of the humane cases; isolates from 4 regions
- To find genetic clusters/outbreaks among patients
- For AMR surveillance

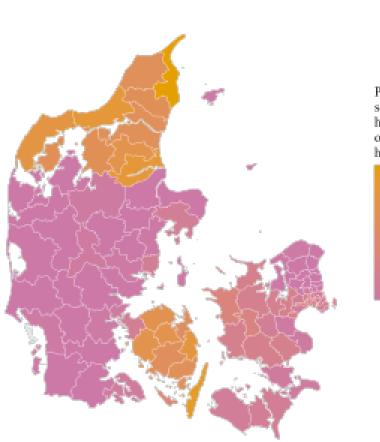


WGS-based typing





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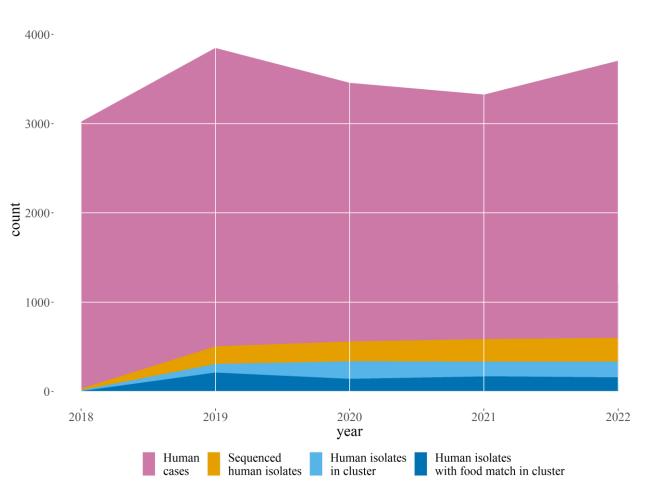
Proportion of sequenced human isolates out of human episodes (%) 60 40 20 0

Human episodes 🧧 Sequenced human isolates



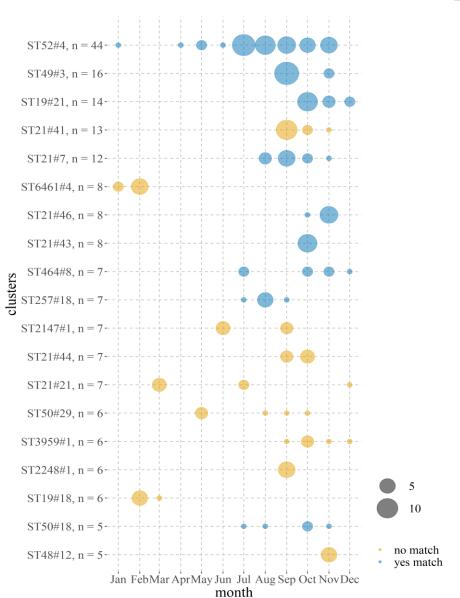
WGS-based typing

- At SSI we recieve WGS data from DVFA and compare in real-time to find food matches
- Clusters with isolates from cases detected within a 3-month period:
- Clusters with ≥ 5 isolates (+/- food match)
 -> registered in the FUD database.
- Clusters with ≥ 10 isolates (+/- food match)
 -> reported to the Outbreak Team
- If no food match
 -> patients are interviewed
- Clusters are monitored in time/place/person



WGS-based typing (2022)

- Sample-based surveillance (10-15%)
 captures only the tip of the iceberg
- The outbreak clusters that are reported represent minimum 40-50 diagnosed humane cases





Genetic clusters over time

- Many clusters
- Primarily small with few cases
- ~50% of human isolates in clusters
- 62 large (≥5 cases) in 2018-2022
- Many persistent clusters
- Clusters generally have patients in more regions

		2018	2019	2020	2021	2022	
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	#4, n = 5 17, n = 5						
	19, $n = 5$						
ST257#	11, n = 5						60
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	17, n = 5 #5, n = 5						20
	#2, n = 5	- +	<u> </u>				
ST48#	12, $n = 5$	- 1					
	19, n = 5					·	
	25, n = 5 19, $n = 5$						
	#1, n = 6	- 					
ST45#	18, n = 6						
	23, $n = 6$ 10, $n = 6$						
	29, $n = 6$						
ST19#	12, n = 7	- <u>+</u>					
	44, n = 7						
ST2248 ST2147	#1, n = 7 #1, n = 7					X	
ST257#	18, n = 7						
ST257	#2, $n = 7$						
	#8, n = 7 #2, n = 7						
	#1, n = 7						
ST122	#2, n = 8						
	43, n = 8						
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	8, n = 60	- +					
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ST52#	, n = 123 4, n = 68						SERUM

Matches to the DVFA surveillance



- In general we find food matches to the large genetic clusters
- 20-30% of humane *C. jejuni* isolates have a DVFA match (27% in 2022)
- Primarily Danish chicken (26% of human *C. jejuni* isolates in 2022)

cluster size	cluster match	human isolates
Small (2-4 cases)	no match, n: 149	365 (71%)
n: 199	food match, n: 50	147 (29%)
Large (≥5 cases)	no match, n: 27	249 (30%)
n: 62	food match, n: 35	593 (70%)
Sporadic cases	no match	1060 (96%)
	food match	45 (4%)

C. jejuni-clusters in 2019-2022 with and without source matches

WGS for Campylobacter surveillance



- Has provided new knowledge and greater understanding of epidemiological data
- Allows for finding matches to foods (and gives clear answers for outbreaks!)
- Allows authorities to intervene
- The synergy between microbiology and epidemiology is essential
- Expands the One Health approach in finding sources of disease



Many thanks



- A Special thanks to Guido Benedetti
- Laboratory for Foodborne Infections, Statens Serum Institut
- Department for Bacteria, Parasites and Fungi, Statens Serum Institut
- Department for Infectious Disease Epidemiology & Prevention, Statens Serum Institut
- The Departments of Clinical Microbiology at the Danish Hospitals
- The Danish Veterinary and Food Administration (DVFA)





Questions?



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