

Clinical Infectious Diseases

Whole Genome Sequencing for National Surveillance of Shiga Toxin Producing Escherichia coli O157

--Manuscript Draft--

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Abstract:	<p>Background National surveillance of gastrointestinal pathogens, such as Shiga toxin-producing Escherichia coli O157 (STEC O157), is key to rapidly identifying linked cases in the distributed food network to facilitate public health interventions. In this study we use whole-genome sequencing (WGS) as a tool to inform national surveillance of STEC O157 in terms of identifying linked cases, clusters and guiding epidemiological investigation.</p> <p>Methods We retrospectively analysed 334 isolates randomly sampled from 1002 strains of</p>

	<p>STEC O157 received by the Gastrointestinal Bacteria Reference Unit (GBRU) at Public Health England, Colindale in 2012. The genetic distance between each isolate, as estimated by WGS, was calculated and phylogenetic methods used to place strains in an evolutionary context.</p> <p>Results Estimates of linked clusters representing STEC outbreaks in England and Wales increased by two fold when WGS was used instead of traditional typing techniques. The previously unidentified clusters were often widely geographically distributed and small in size. Phylogenetic analysis facilitated identification of temporally distinct cases sharing common exposures and delineating those that shared epidemiological and temporal links. Comparison with Multilocus Variable Analysis (MLVA) showed that while MLVA is as sensitive as WGS, WGS provides a more timely resolution to outbreak clustering.</p> <p>Conclusions WGS has come of age as a molecular typing tool to inform national surveillance of STEC O157; it can be used in real-time to provide the highest strain level resolution for outbreak investigation. WGS allows linked cases to be identified with unprecedented specificity and sensitivity that will facilitate targeted and appropriate public health investigations.</p>
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Opposed Reviewers:	

Dear Sir

We would like to submit our research article 'Whole genome sequencing for National Surveillance of Shiga Toxin Producing Escherichia coli O157' for your consideration. Whole genome sequencing has the potential to revolutionise outbreak investigation and infectious disease surveillance by providing unprecedented strain level resolution. Recently, a number of excellent articles have been published in your journal on the impact of WGS on outbreak investigations. In our study, we show the impact of WGS on national surveillance for the first time using the clinically important gastrointestinal pathogen, STEC O157, as an exemplar.

STEC O157 can be transmitted via food and water, direct contact with animals or contact with a contaminated environment and, therefore, determining the source of outbreaks is challenging. Current typing methods have relatively low strain discrimination or are labour-intensive and time-consuming. Therefore, for STEC O157 surveillance, WGS represents the ultimate in typing; rapidly identifying linked cases with unprecedented sensitivity and specificity. We show that by routinely sequencing STEC O157, twice as many clusters of STEC O157 will be identified in England, compared to the number identified using current methods. The detection of foodborne outbreaks that are currently occurring "under the radar" will have a major impact on food safety interventions and public health policy.

We believe that routine WGS characterisation of dispersed infectious disease, such as STEC O157 will give rise to a paradigm shift in how public health centres perform national surveillance as linked cases will be identified on genomic similarity alone. This will rapidly inform appropriate and targeted public health investigations. WGS presents an effective method to monitor the movement of pathogens in the global food distribution networks.

We believe this research article is pertinent to the [Clinical Infectious Disease](#) journal as the adoption of this methodology for national and global surveillance will have such a dramatic impact in public health surveillance practices. Thank you for your time and we look forward to receiving your feedback.

Yours sincerely,

Dr Tim Dallman

1 **Whole Genome Sequencing for National Surveillance of Shiga Toxin Producing**

2 *Escherichia coli* O157

3

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38 **Summary**

39 **Background**

40 National surveillance of gastrointestinal pathogens, such as Shiga toxin-producing *Escherichia coli* O157 (STEC
41 O157), is key to rapidly identifying linked cases in the distributed food network to facilitate public health
42 interventions. In this study we assess the use of whole-genome sequencing (WGS) as a tool to inform national
43 surveillance of STEC O157 in terms of identifying linked cases, clusters and guiding epidemiological investigation.

44 **Methods**

45 We retrospectively analysed 334 isolates randomly sampled from 1002 strains of STEC O157 received by the
46 Gastrointestinal Bacteria Reference Unit (GBRU) at Public Health England, Colindale in 2012. The genetic
47 distance between each isolate of STEC O157 as estimated by WGS was calculated and phylogenetic methods used
48 to place strains in an evolutionary context.

49 **Findings**

50 Estimates of linked clusters representing STEC outbreaks in England and Wales increased by two fold when WGS
51 was used instead of traditional typing techniques. The previously unidentified clusters were often widely
52 geographically distributed and small in size. Phylogenetic analysis facilitated the identification of temporally
53 distinct cases that shared common exposures as well as delineating those that shared epidemiological and temporal
54 links. Comparison with MLVA the current gold standard molecular epidemiology tool showed that while MLVA is
55 as sensitive in linking cases the method fails to resolve clusters as timely as WGS.

56 **Interpretation**

57 WGS has come of age as a molecular typing tool to inform national surveillance of STEC O157; it can be used in
58 real-time to provide the highest strain level resolution information for outbreak investigation. WGS will allow
59 linked cases to be identified with unprecedented specificity and sensitivity that will facilitate targeted and
60 appropriate public health investigations.

61 **Funding**

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75 **Introduction**

76 Gastrointestinal disease is an important public health problem in England with up to 20% of the population
77 experiencing at least one episode of acute gastroenteritis each year ¹. An effective national surveillance program for
78 gastrointestinal diseases is imperative to identify cases with linked exposures; this is especially pertinent for
79 pathogens which may enter nationally distributed food networks. Whilst conventional epidemiological investigation
80 using detailed questionnaires and contact tracing is vital, to achieve optimal surveillance we must complement these
81 activities with a rapid and robust molecular typing method to accurately discriminate between linked cases and
82 sporadic infections.

83
84 With over 1000 presumptive isolates submitted to the Gastrointestinal Bacteria Reference Unit (GBRU) annually ²
85 infections with Shiga toxin-producing *Escherichia coli* O157 (STEC O157) continue to exert a public health burden
86 in England, both economically and in terms of morbidity and mortality. Symptoms of STEC infections range from
87 mild to severe but typically include bloody diarrhoea. Approximately 6% of cases develop haemolytic uraemic
88 syndrome ³ a disease which affects the blood and kidneys and most frequently affects children. In some cases the
89 disease can be fatal.

90
91 The main reservoir of STEC in England is cattle, although it is carried by other animals, mainly ruminants ^{4, 5}.
92 Transmission to humans occurs through direct or indirect contact with animals or their environments; consumption
93 of contaminated food or water, and through person-to-person contact ⁶⁻⁸. Contamination of the food-supply can
94 cause large-scale national and multinational outbreaks ⁹⁻¹¹.

95
96 Outbreaks, involving two or more cases in different households or residential institutions, vary in number annually
97 but since 2009 have contributed between 9% and 25% of isolates in England and Wales (GBRU/ Department of
98 Gastrointestinal Emerging and Zoonotic Infections (GEZI) (in-house data) with the majority of cases occurring
99 within households or are, apparently, sporadic. All isolates received by GBRU are routinely phage typed ¹², but in
100 England, the majority (60%) of isolates are either PT8 or PT21/28, and so the ability of this method to discriminate
101 between cases resulting from separate exposures is very low (GBRU in-house data) leading to the hypothesis that
102 additional “outbreaks” are occurring under the surveillance radar. Multi Locus Variable Number Tandem Repeat
103 Analysis (MLVA) has previously been used reactively when an exceedance of a particular phage type has been
104 detected and is now been used in real-time by GBRU.

105
106 The utility of whole genome sequencing for the investigation of outbreaks has already been demonstrated for several
107 bacterial pathogens ^{13, 14} and there is increasing evidence in the literature for the positive contribution of WGS to
108 outbreaks involving gastrointestinal pathogens ¹⁵⁻¹⁹. The aim of this study was to expand the use of WGS by
109 evaluating for the first time a whole genome sequencing approach to inform national surveillance of a major
110 pathogen. Firstly, by validating the WGS approach using clearly defined outbreak and sporadic cases of STEC

111 O157 and, secondly, by investigating the insights WGS can provide additional insights into outbreak definition,
112 transmission networks, and other aspects of the underlying epidemiology of this pathogen.

113 **Methods**

114 **Strain selection**

115 A total of 425 isolates were selected for sequencing; 334 isolates were randomly selected from 1002 STEC O157
116 culture positive isolates received by GBRU from cases in England, Wales and Northern Ireland during 2012. An
117 additional 91 English historical isolates received between 1990 and 2011 were selected to provide context as a
118 sample of the background population. The total collection contained strains from known outbreaks, household
119 clusters, serial strains isolated from the same patient and strains from apparently sporadic cases. A total of 18 phage
120 types²⁰ were represented.

121

122 **Genome Sequencing and Sequence Analysis**

123 Genomic DNA was fragmented and tagged for multiplexing with Nextera XT DNA Sample Preparation Kits
124 (Illumina) and sequenced at the AHVLA using the Illumina GAII platform with 2x150bp reads. Short reads were
125 mapped to the reference STEC O157 strain *Sakai*²¹ using BWA-SW²². The Sequence Alignment Map output from
126 BWA was sorted and indexed to produce a Binary Alignment Map (BAM) using Samtools²³. GATK2²⁴ was used
127 to create a Variant Call Format (VCF) file from each of the BAMs, which were further parsed to extract only single
128 nucleotide polymorphism (SNP) positions which were of high quality in all genomes (MQ>30, DP>10, GQ>30,
129 Variant Ratio >0.9). Pseudosequences of polymorphic positions were used to create approximate maximum
130 likelihood trees using FastTree²⁵ under the Jukes-Cantor model of nucleotide evolution. Pair-wise SNPS distances
131 between each pseudosequence (normalised by size of the shared core genome) were calculated. FASTQ sequences
132 were deposited in the NCBI Short Read Archive under the bioproject PRJNA248042.

133

134 **Data Handling**

135 Local Laboratories reported presumptive isolates of STEC directly to PHE Centres who arrange for STEC Enhanced
136 Surveillance Questionnaires (SESQ) to be administered to patients. The SESQ collects demographic details; risk
137 status; clinical condition (including progression to HUS); household or other close contact details; exposures
138 including travel, food and water consumption, contact with animals and environmental factors; epidemiological case
139 classification; and outbreak /cluster status. Completed questionnaires are forwarded for inclusion in the National
140 Enhanced Surveillance System for STEC (NESSS) in England which is managed by GEZI. SESQ data were
141 reviewed for each selected strain and strains classified in respect to known outbreak status, known household cluster
142 status or whether multiple isolates originated from the same patient. Any strains fulfilling these criteria were
143 designated as having a known epidemiological link.

144 Pair-wise SNP distances were calculated for all strains in this study. In previously reported outbreaks, onset of
145 illness in cases occur a median of 39 days from another linked case with a mode of 1 (in-house data). Using
146 specimen dates of isolates, temporality between isolates of different genetic distances were compared. The pair-wise

147 SNP distribution and temporal links between known linked cases was examined and a relatedness threshold
148 determined accordingly. As related strains are likely to originate from a common source the threshold was termed
149 the Common Source Threshold (CST). This threshold was then applied to all other strains in the dataset and
150 evaluated for epidemiological context.

151 Related strains within the CST were classified into clusters on the basis of having at least one SNP distance within
152 the CST to another isolate in the dataset. Clusters not previously identified were designated WGS linked clusters.
153 Temporal and geographic links between cases in clusters were examined and comparisons made between
154 epidemiologically identified and WGS linked clusters.

155 Deeper phylogenetic relationships were also investigated to ascertain whether they provided epidemiologically
156 useful information or associations. Clusters of 25 SNP genetic distance were constructed (herby referred to as
157 phylogenetic clusters (PCs) and those with more than one CST cluster within each PC were investigated for shared
158 epidemiological associations.

159 All STEC O157 isolates reported between 1 May 2012 and 31 December 2013 which have been both typed through
160 MLVA and whole genome sequenced were used to investigate clustering dynamics for each method. Survival
161 analysis was used to test the null hypothesis that there is no difference in timeliness and completeness of clustering
162 related isolates using the two methods. For survival analysis, an isolate clustering with another isolate based on ≤ 1
163 Locus Variant for MLVA or $< \text{CST}$ for WGS represented a failure. Across the study period, isolates will enter at
164 various time points based on laboratory report date. At that point the isolate is at risk of clustering with other isolates
165 already in the study population or isolates entering the study at a later date. Kaplan-Meier estimates of the survivor
166 function was estimated for both methods and displayed as cumulative survival curves with accompanying tables
167 present those at risk at specific time points. The proportional hazards assumption (PHA) was tested by plotting the
168 log cumulative hazard in both groups, where the PHA applied, the survival function in the two groups was compared
169 by calculating a hazard ratio using Cox regression.

170 **Results**

171 **Distribution of pair-wise distance between closely related isolates**

172 For 183 out of 425 strains used in this study an epidemiological link to at least one other case was known. This
173 included 16 where multiple isolates were sequenced from the same person, 43 isolates part of 26 separate household
174 clusters, and 124 cases part of 14 known outbreaks. The remaining 242 strains had no common link previously
175 identified. The pair-wise SNP distance distribution revealed that no pair of epidemiologically linked isolates had
176 greater than 5 SNP differences with a mean of 1 SNP in isolates from same household ($SD=0.99$) or known common
177 source ($SD=1.04$) and 0.3 SNPs ($SD=0.60$) from isolates from the same person (see Figure 1).

178
179 There were 136 cases with no known epidemiological link that were within 5 or less SNPs to another case. The
180 majority (87%) of pairs that fell within the 5 SNP threshold, comprised strains isolated within 30 days of each other
181 with a mean interval between pairs of samples being 11 days. Between a genetic distance of 5-10 SNPS the mean

182 interval between pairs of samples increased to 258 days (Figure 2). As all previously linked isolates fell within a 5
183 SNP threshold and the majority of pairs of cases within this threshold were temporally linked we hypothesis a
184 threshold of 5 SNP to categorise isolates as related. As related in this context alludes to a common source of
185 infection, strains that are within 5 SNPs of another are referred to as within the Common Source Threshold (CST).

186

187 **Applying the Common Source Threshold**

188

189 160 strains isolated during 2012 fell within the CST. These strains can be formed into 53 clusters where members of
190 the cluster must share at least one link within the CST. Twenty of the clusters (46 strains) represented either
191 household outbreaks or multiple strains from the same patient. The remaining 33 of 114 strains represented 34% of
192 the dataset. Routine public health investigation previously undertaken had not identified 20/33 clusters and were
193 designated "WGS linked" clusters. Of the 20 WGS linked clusters, 18 comprised between two and four cases, while
194 two larger clusters comprised 12 and 7 cases. Overall, if we conclude that all cases within the CST are part of
195 epidemiologically linked clusters this corresponds to an increase in sensitivity of greater than 50% in detecting
196 linked cases outside the household setting when using whole genome sequencing to supplement the current
197 approach.

198

199

200 **Epidemiology of WGS linked clusters**

201

202 The 20 WGS linked clusters were statistically more geographically dispersed than the 13 epidemiologically linked
203 clusters (Figure 3a) with a mean residential distance of 169km (standard deviation, 111km) for the former and 29km
204 (standard deviation, 34km) for the later ($p=6.0e^{-5}$ one tailed T-Test). Strains of STEC O157 associated with a large
205 national foodborne PT8 outbreak from 2011⁹ and a petting farm PT21/28 outbreak²⁶ were included for context
206 (Figure 3b). The geographical dispersal of cases linked by WGS mirrors the distribution of the national PT8
207 outbreak as well as encompassing the distribution of a geographically restricted outbreak. Conversely the
208 epidemiologically linked clusters most closely mirrored the geographically restricted outbreak highlighting the
209 difficulty in recognising national distributed cases without high resolution strain discrimination such as WGS.

210

211 Retrospective epidemiological follow-up was undertaken for cases in the two larger clusters. One cluster comprised
212 12 nationally distributed cases with onset dates all within 15 days of each other. No common exposure factors were
213 identified through review of the SESQs, however the epidemic curve and national distribution of cases was
214 indicative of a food-borne source of infection. Nine cases were re-interviewed using a bespoke follow-up
215 questionnaire focusing on food consumption. The only common exposure among reported was the consumption of a
216 specific pre-packed foodstuff from different branches of one major supermarket chain. Due to the limited number of
217 cases, it was not possible to undertake further analytical epidemiology.

218

219 The second largest cluster contained seven cases. Four cases were from separate English public health regions with
220 onset dates spanning a two-week period. SESQs were again reviewed and it was identified that 3 cases had visited
221 the same village, where another case was resident, within the incubation period. These four cases reported visiting
222 the same public house within a three day period but shared no common foodborne exposure. All four cases had
223 engaged in recreational activities (e.g. walking in a national park) putting them at risk of environmental exposure.
224 Three additional cases in this cluster (0 SNP difference) later reported onset dates between three and four weeks
225 after the first four cases. These three cases came from different regions, did not report travel to the same location as
226 the first four and shared no obvious exposures suggesting the cases were exposed to the same source of infection but
227 via different routes and/or vehicles.

228

229 **Outbreak detection MLVA vs WGS**

230 Clustering based on the WGS defined common source threshold increased sensitivity in identifying linked cases,
231 however it is also necessary to compare this approach to other fine-typing methods deployed for STEC O157, e.g.
232 MLVA. Using a survival analysis of X samples typed by both methods in 2012 survival (i.e. not clustering with
233 another isolate) showed no significant difference with MLVA vs WGS CST based on clustering a single isolate with
234 another (Log rank test for equality of survivor function: $p=0.101$ Cox Hazard Ratio=0.89, $p=0.198$) (Figure 4). This
235 indicates there is no difference in timeliness of clustering between the two methods. However, when we consider
236 the time to cluster completion from the cluster event this is a significant speed increase in time to completion of
237 clusters with WGS CST apposed to MLVA (Log rank test for equality of survivor function: $p=0.0006$, Cox Hazard
238 Ratio=1.44, $p=0.001$) (Figure 5).

239

240 **Epidemiological Context of Phylogenetic Clusters**

241

242 Cases within the CST represent temporally linked cases and these have been shown to include cases with common
243 epidemiological exposures. Although the temporal relationship between pairs quickly dissipated as the genetic
244 distance moved outside the CST, we investigated whether deeper phylogenetic relationships also provided
245 epidemiologically useful information or associations. Nineteen PCs (see Methods) were identified, and 10 had no
246 geographical association or common exposures between the CST clusters within as assessed through the SESQ.
247 One PC contained 3 CST clusters sharing a common exposure to a national park in the midlands (Figure 6). The
248 different CST clusters within this PC correlated with year of isolation highlighting the potential to identify the
249 persistence of strains in the environment over time. Conversely, several temporally related isolates associated with
250 this national park fall into two separate CST clusters, separated phylogenetically with a non-temporally related
251 strain, highlighting the ability of WGS to delineate closely related circulating strains from the same environmental
252 source.

253

254 Two PCs contained CST clusters where the majority of strains were of Northern Irish provenance. Those cases that
255 were not resident in N. Ireland reported travel to various parts of the province in their enhanced surveillance

256 questionnaire. Similarly, PCs were identified with cases associated with Wales and travel to the Middle East.
257 Figure 7 shows the distribution of PC's and CST's on a maximum likelihood phylogeny.

258

259

260 **Discussion**

261

262 In this study, the potential of WGS in national surveillance of STEC O157 was assessed for its ability to improve
263 outbreak detection, and provide additional insights over conventional epidemiological investigations. WGS
264 confirmed that strains from the same patient, from cases within the same household and from cases with known
265 epidemiological links had little or no difference in their core genomes. These cases fell within a 5 SNP threshold
266 within which we found strong temporal correlations suggestive of epidemiological linkage. Using this empirically
267 observed cut-off of 5 SNPs we could determine with unprecedented clarity which strains of STEC O157 were likely
268 to be epidemiologically linked. WGS detected linked cases of STEC O157 in 334 representative strains from an
269 annual season with twice the sensitivity of current methods. This suggests that current outbreak detection is highly
270 specific, but comparatively insensitive, and that the previous estimate of outbreaks, involving two or more cases in
271 different households or residential institutions, contributing between 9% and 25% of isolates in England and Wales
272 is conservative. Previously elusive clusters were often more geographically dispersed than those identified using the
273 traditional approach. It is suggested that these geographically dispersed outbreaks with no obvious common
274 exposures are foodborne. This type of outbreak profiling will facilitate outbreak investigations through focusing
275 hypothesis generation on food-borne exposures at an early stage.

276 Two previously unidentified clusters were re-examined in light of the WGS sequence analysis. One cluster showed
277 common exposure to a specific foodstuff from one super-market chain. Another cluster showed common exposure
278 in several cases to a public house in the NW of England although later cases within the cluster did not share this
279 exposure indicating a possible different route of transmission.

280

281 MLVA is the current gold standard fine-typing method for STEC O157. In this study we show that for identifying
282 linked cases the current thresholds of one locus variant or less for clustering provides the same sensitivity as using
283 the WGS CST. This is an important finding as it not only gives confidence in the interpretation of MLVA to those
284 public health laboratories not yet ready to adopt WGS methodologies but also allows cross communication of results
285 between practitioners of these two techniques. An important distinction between the two methods is the time it takes
286 to resolve the complete clusters of cases within an outbreak with WGS CST completing clusters significantly faster
287 than MLVA. This feature can be explained by the fact all linked cases tend to fall within the CST for all cases
288 where as in a large MLVA cluster several isolates will only be joined via an intermediately isolate i.e. double locus
289 variants joined by a shared single locus variant. This phenomena has implications in accurately defining the
290 microbiological case definition at the start of an outbreak investigation as outbreaks that resolve themselves to a
291 single cluster may appear as multiple clusters until intermediate isolates are sampled.

292

293 The phylogenetic context of common source clusters was analysed to see if there was any epidemiological signal
294 between separate but related common source events. Several regional or travel associated PCs were identified
295 highlighting the geographical isolation of STEC O157 even within the British Isles. The geographical signal
296 observed in the WGS of STEC O157 has been described previously ²⁷ and has obvious implications in facilitating
297 outbreak investigations. For example, isolates could be linked to food sourced from specific regions of the world or
298 cases could be ruled out of a point source outbreak by confirming their strain originated from further afield, given
299 adequate sampling of potential source populations. This highlights the potential of WGS to not only identify linked
300 cases with high sensitivity and accuracy but also to provide long term epidemiological context through strains that
301 are phylogenetically related

302
303 A PC was also identified where the close contact clusters represented temporally distinct cases that shared a
304 common exposure to a national park. This highlights the potential to identify recurrence of infection from a
305 common environmental source over time as well as persistence of a strain over a number of years. Within this
306 cluster, WGS could also discriminate between closely related temporally conserved strains highlighting different
307 exposures of related strains from the same environment.

308
309 The primary aims of gastrointestinal disease surveillance are to identify outbreaks, monitor long term trends and
310 inform the effectiveness of policy and other public health interventions. These results show that the impact of whole
311 genome sequencing of STEC O157 on national surveillance is considerable. Clusters of infection provide windows
312 of opportunity for investigation and WGS demonstrates unparalleled sensitivity and accuracy in identifying linked
313 cases coupled with phylogenetic clustering of how strains are related over time and space. At the same time, its
314 ability to accurately define sporadic cases over time enables better characterization of the population at risk and to
315 assess the relative importance of exposures leading to these infections, which may differ from those leading to
316 outbreaks.

317
318 Timely analysis and interpretation of WGS data will inform public health interventions by identifying linked cases
319 (i.e. early warning of outbreaks) as well as inferring epidemiological context through evolutionary relationships.
320 Furthermore the ability to unambiguously rule out associations will prevent inappropriate public health actions from
321 being taken saving resources at the health protection and local authority level. Whilst this study highlights the
322 impact based on the sequencing of clinical isolates, for the true potential of the WGS approach to be realised,
323 parallel efforts need to be initiated in the agriculture, veterinary and food industries. Good communication and rapid
324 sharing of real-time STEC WGS data with colleagues working across these industries will allow evidence-based
325 trace back of isolates to their source and reveal specific risk factors in the food chain and environment, thus
326 facilitating the targeting of resources and public health interventions in order to have maximum impact on reducing
327 the burden of STEC O157 disease in England.

328
329 **Acknowledgments**

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417
418
419 Figure 1. Histogram showing proportion of pairs against SNP distance of cases with a known epidemiological link.
420

421 Figure 2. Histogram showing frequency of pairs against SNP distance. Each bar is coloured as a proportion of pairs
422 isolated within 7 days, 7 to 30 days and greater than 30 days.

423

424 Figure 3a. Scatter diagram showing the average pairwise residential distance of each close contact cluster against the
425 size in number of cases. The colouring represents whether the cluster was already identified through
426 epidemiological investigation or if identified by whole genome sequencing alone. Figure 3b. Histogram showing
427 the distribution of residential distance for WGS linked clusters and epidemiologically linked clusters. PT8 National
428 and PT21/28 Farm represent distributed food-borne and point source outbreaks respectively.

429 Figure 4. Maximum likelihood phylogeny of 15 isolates associated with cases that visiting the same national park.
430 The clusters represent 3 different common source threshold clusters within a single phylogenetic cluster. The level
431 of resolution allows the delineation of strains from different years. The strain in red was temporally related to the
432 strains in blue but significantly different genomically to suggest a different source of STEC exposure.

433 Figure 5. Maximum likelihood phylogeny of X isolates. Common source threshold clusters identified through
434 WGS alone are coloured red and those identified through traditional methods coloured blue. Phylogenetic clusters
435 that contained strains with related exposures are shaded green.

436

Figure 1
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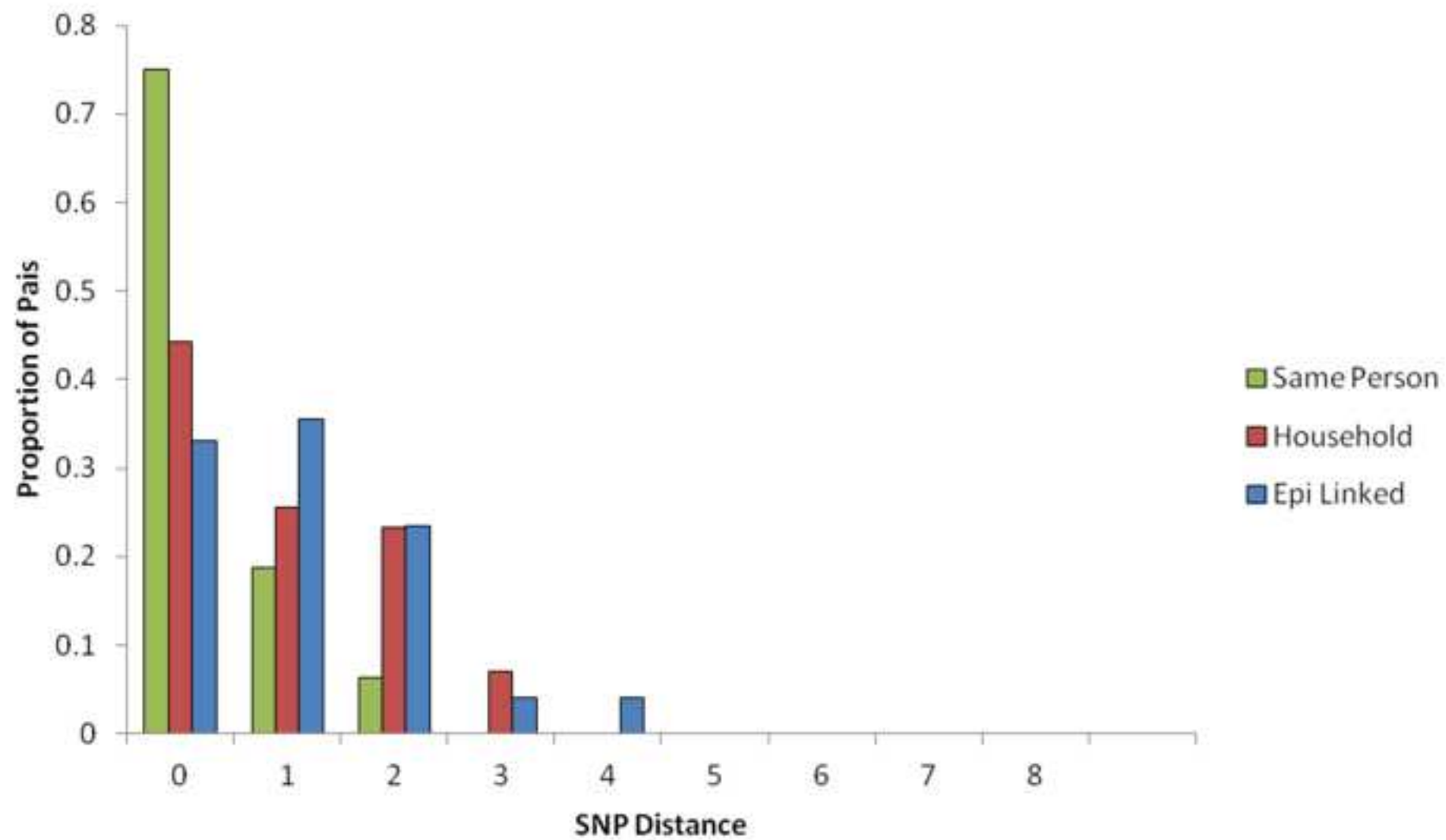


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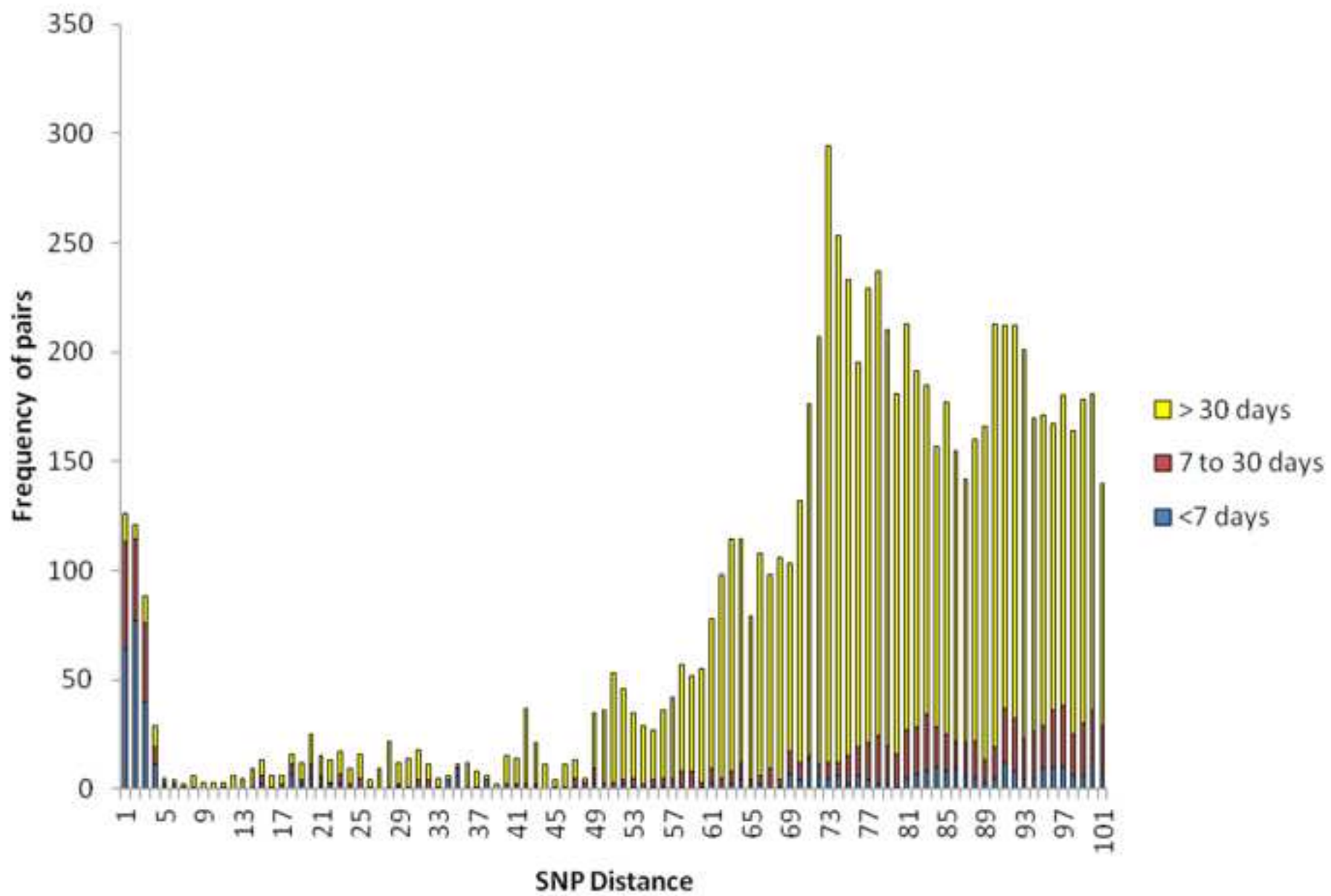


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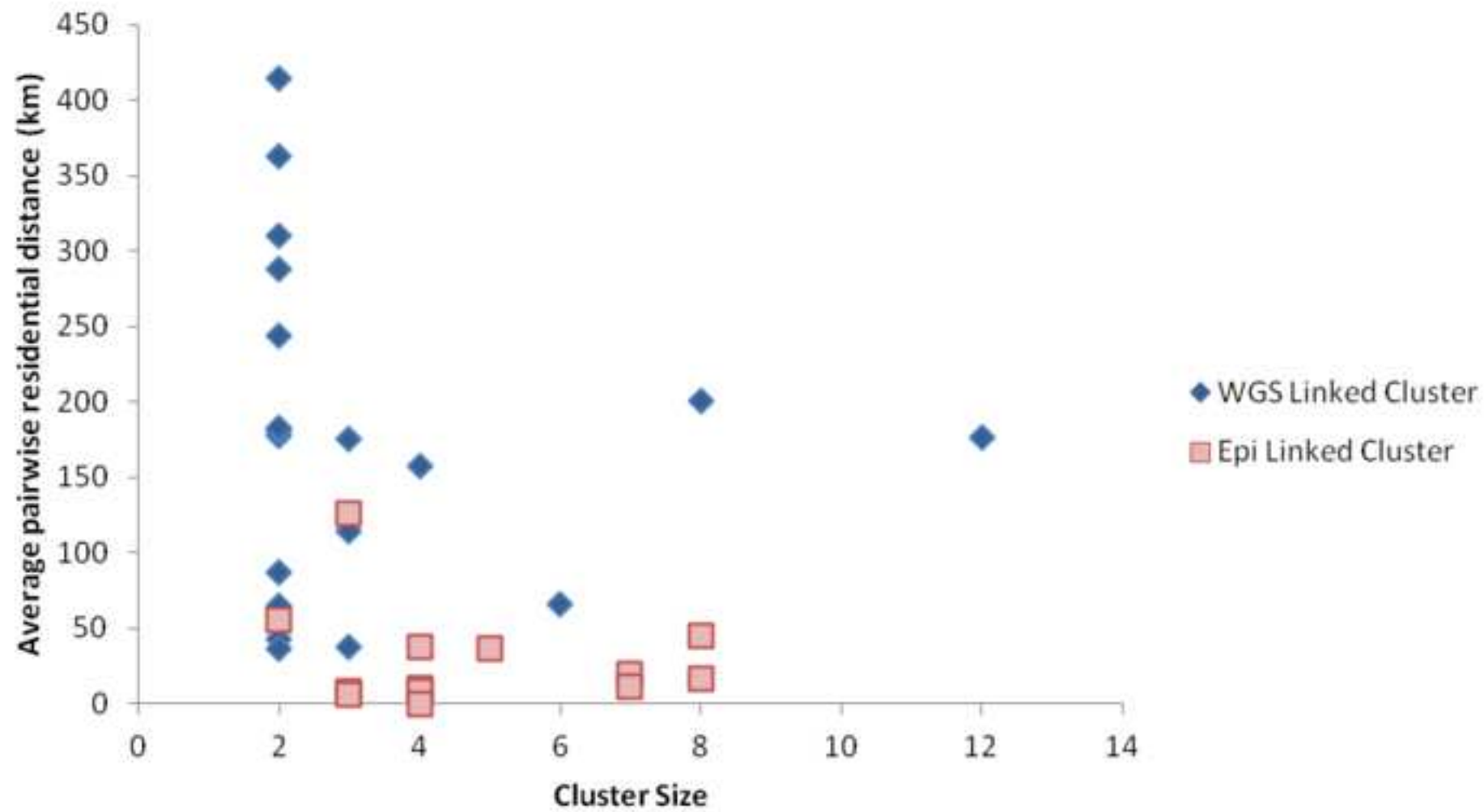


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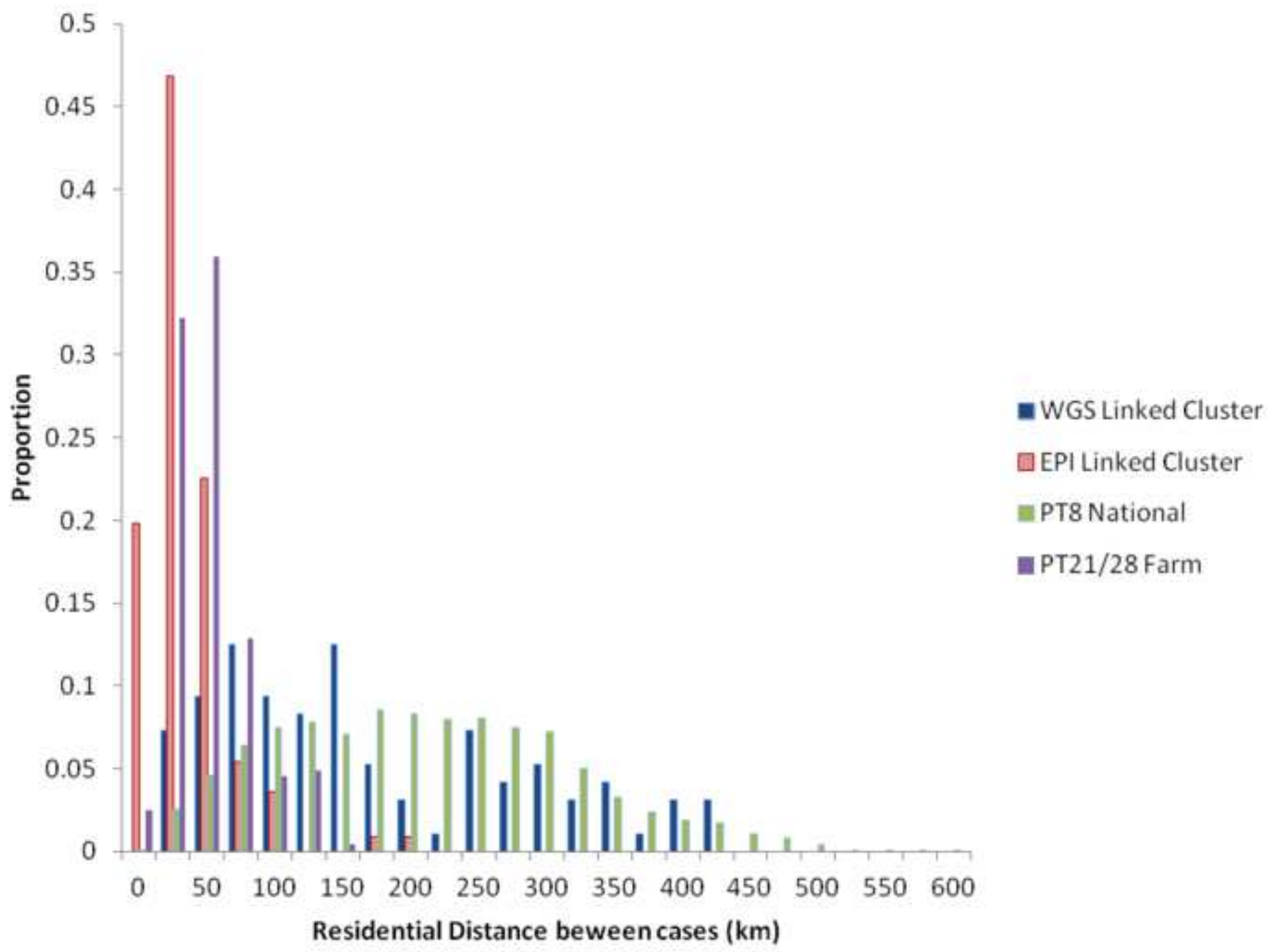


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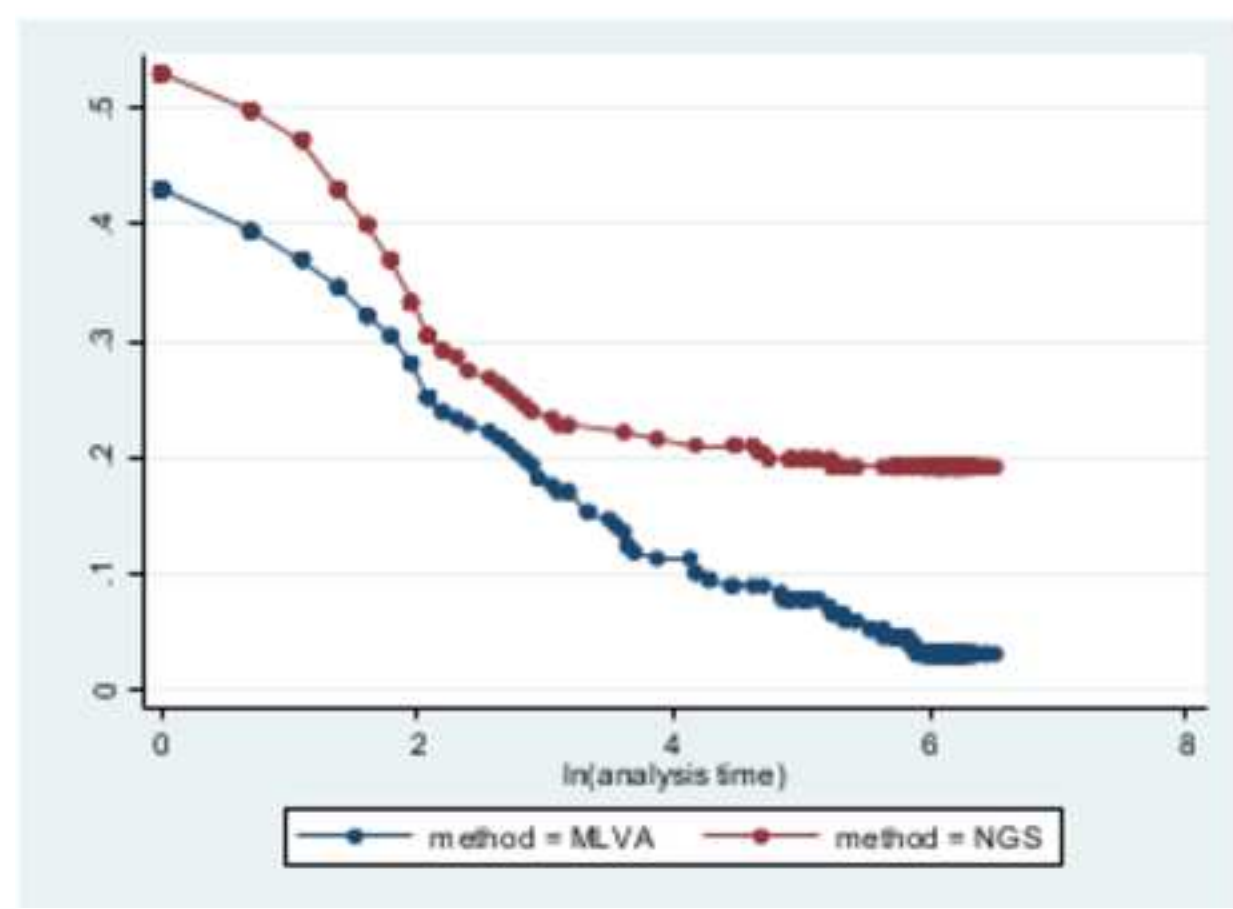
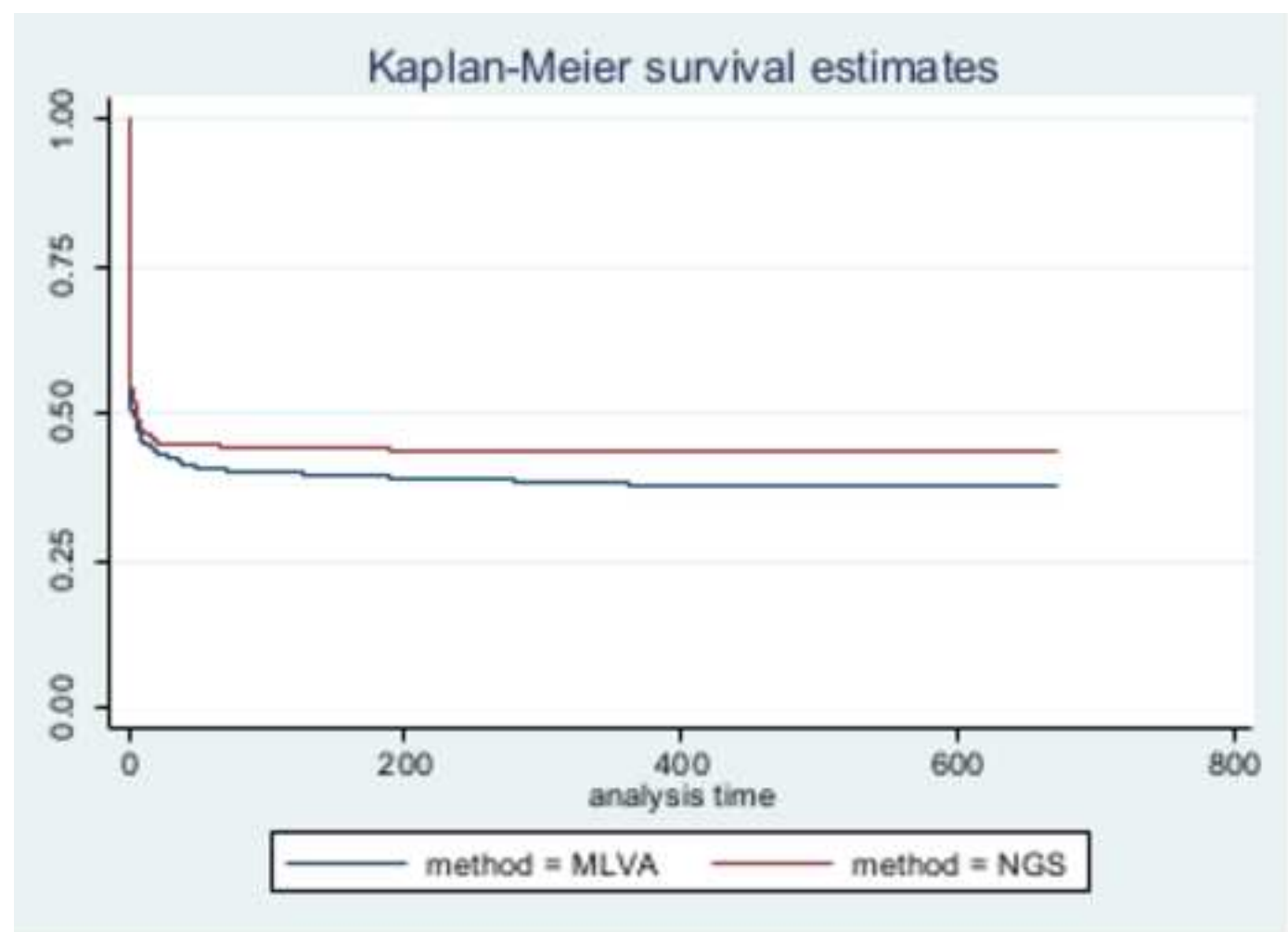


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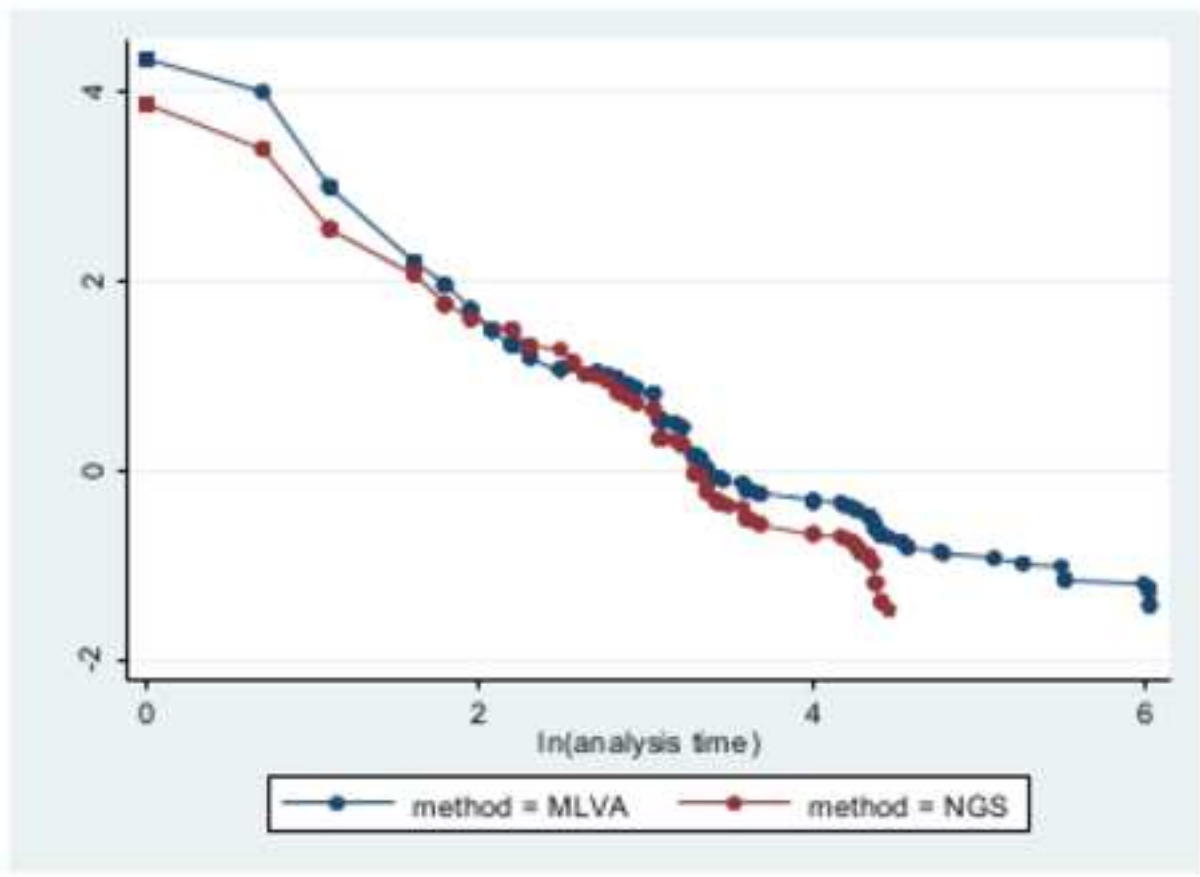
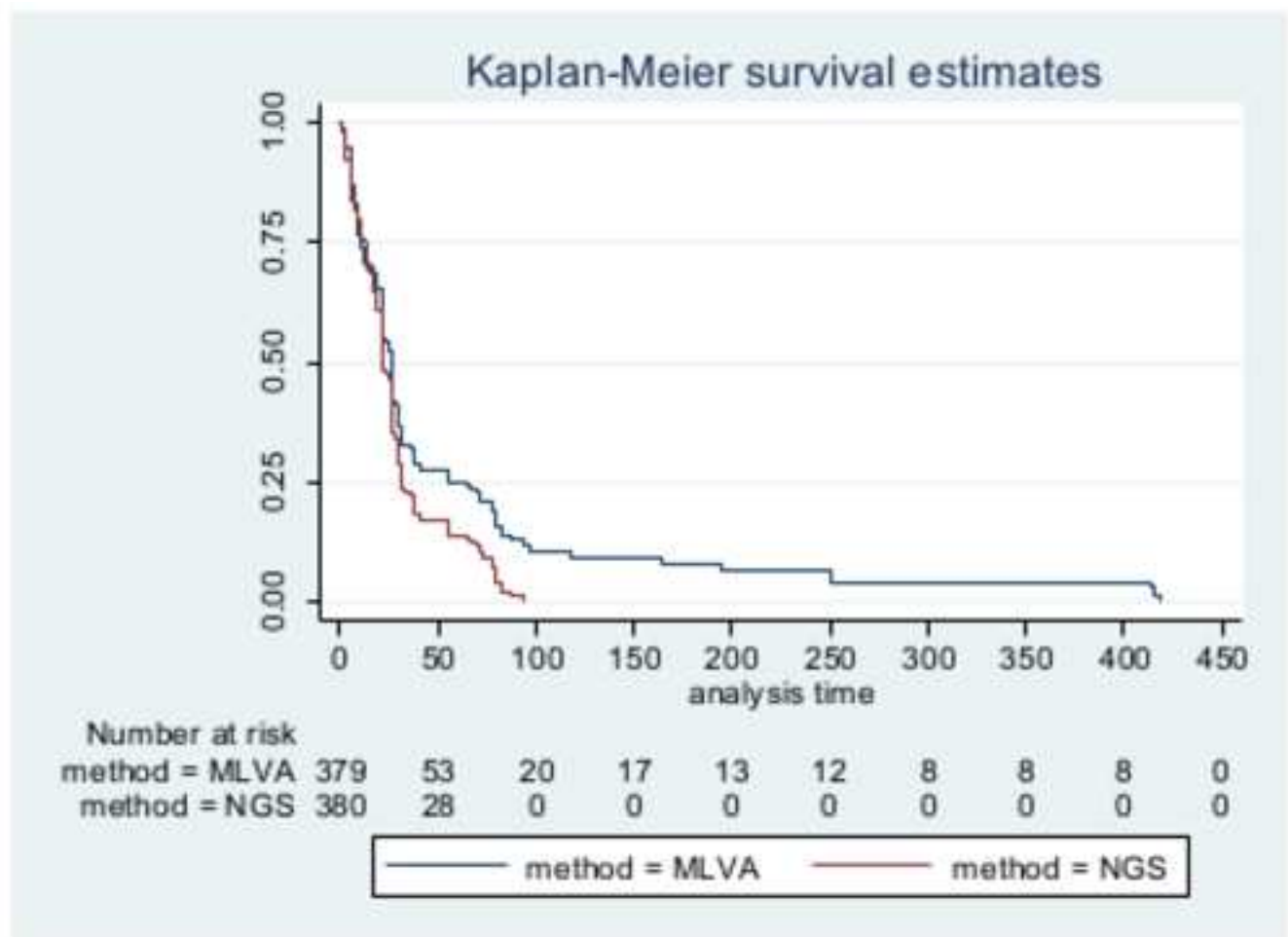


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