

The Future of LIBS-Based Pathogen Identification

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There are plenty of advanced ideas
(especially at FACSS/SCIX) to rapidly
identify pathogenic bacteria optically.

And yet...



Cantaloupe deaths and illnesses expected to rise

Federal health officials said Wednesday more illnesses and possibly more deaths may be linked to an outbreak of *listeria* in cantaloupe in coming weeks.

So far, the outbreak has caused at least 100 illnesses — including up to 18 deaths* — in 18 states, making it the deadliest food outbreak in the United States in more than a decade.

*CDC, Wednesday



What's Lurking in Your Meat and Poultry? Probably Staph

Researchers were surprised to find that nearly half of samples of beef, pork and poultry tested from popular grocery stores were contaminated with *Staphylococcus aureus*, a bacteria that the USDA doesn't even monitor in the food source, because it's not known as a common food-borne pathogen. And of the bacteria found, nearly all were strains that were resistant to more than one antibiotic

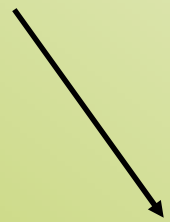
The History of LIBS-Based Pathogen Identification

2003-2004

early days

feasibility; proof of concept

*Samuels, DeLucia, Jr., Morel, Leone,
Amoroux, Miziolek, Harmon, Hybl, Buckley*



2005-2008

advanced days

**advanced chemometrics;
single particle/bioaerosals;
double pulse; femtosecond;
use of molecules; stand-off;
man-portable**

*Baudelet, Wolf, Laloi,
Gottfried, Dixon, Hahn*



2008-2011

current days

**discrimination of
strains; microbiological
diversity to simulate
clinical specimens;
realistic tests;
chemometrics.**

*Multari & Cremers, Caceres
& Marcos-Martinez,
Baudelet, Rehse & Mohaidat*

Future Days...

2011-?

future days

testing of ever greater
numbers of bacterial species;
testing of clinical specimens;
translation of technology to
clinical medicine;
commercial benchtop
instruments;
in vivo measurements

Why Do I Think This?

Based on where we are now...



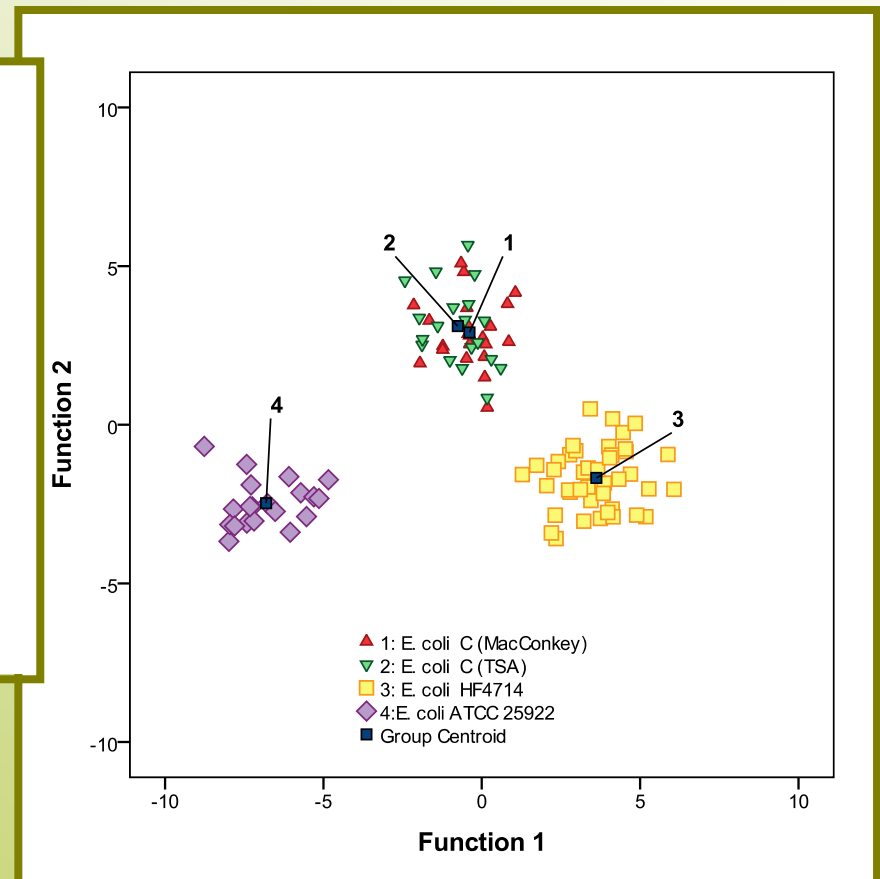
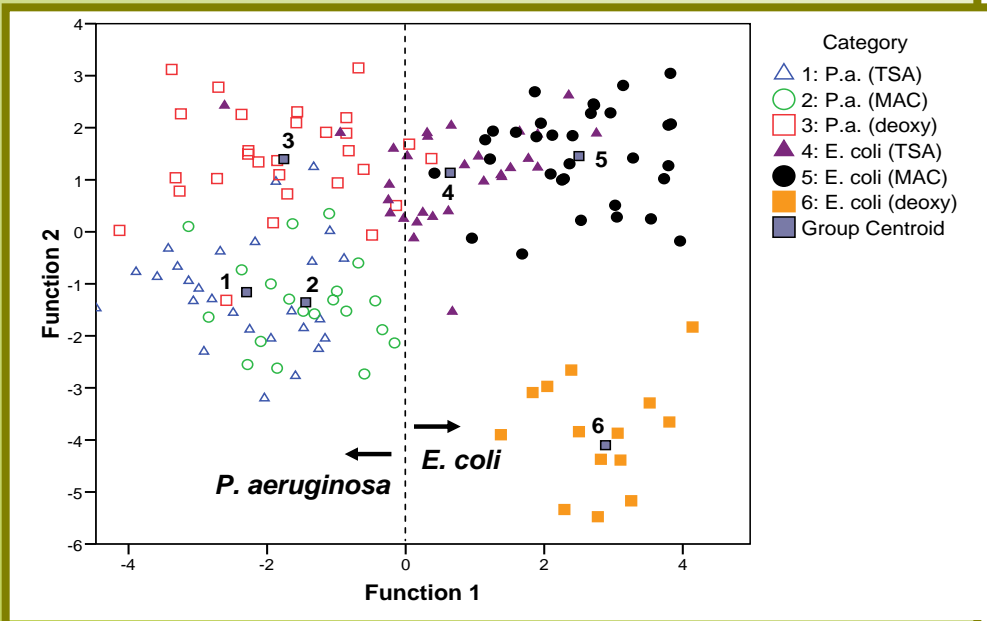
...past trajectory and current position indicate the way forward

You are not what you eat (if you are a bacterium)

growth medium tests

2011

2009



Confirmation by Caceres Group

Talanta 84 (2011) 730–737

Identification and discrimination of bacterial strains by laser induced breakdown spectroscopy and neural networks

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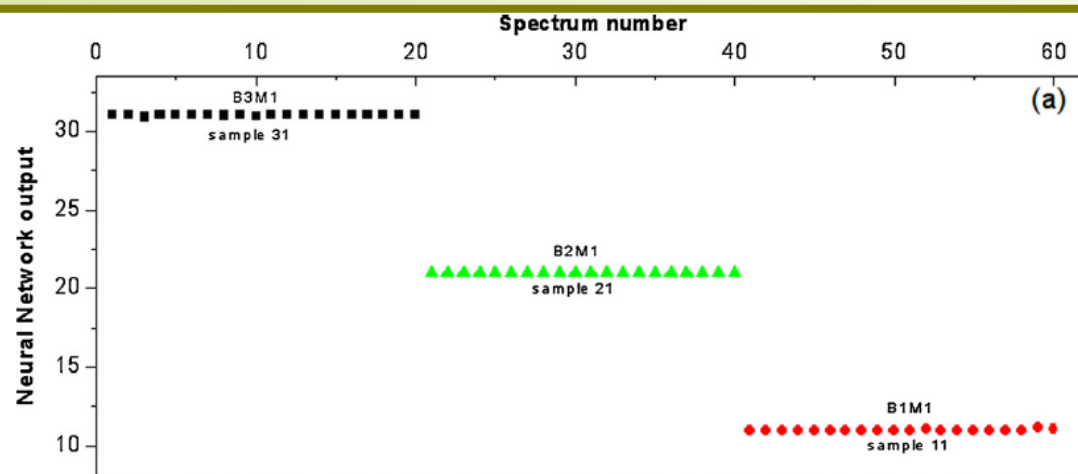
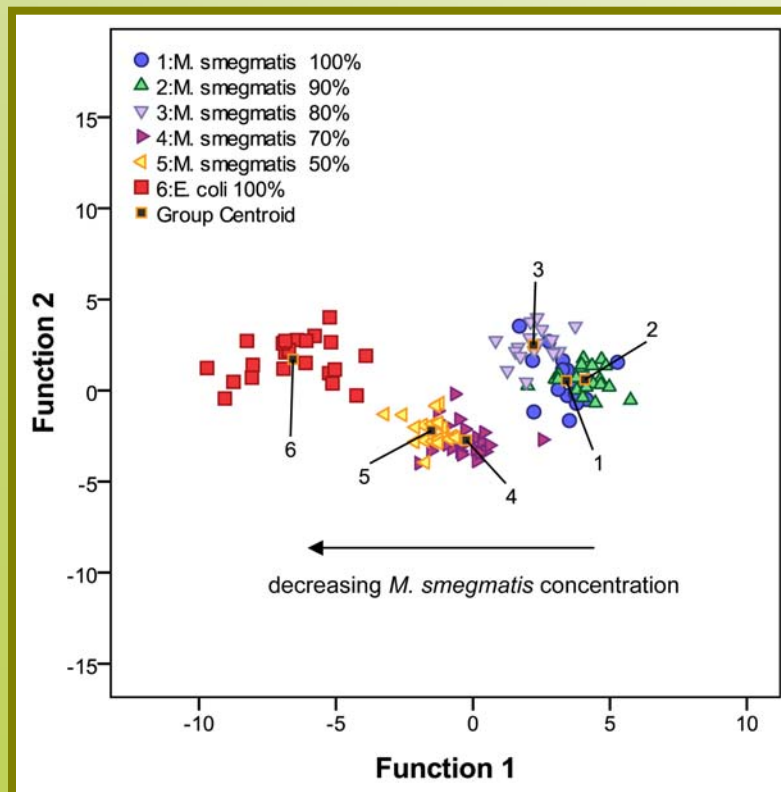


Table 1
Nomenclature used for the samples.

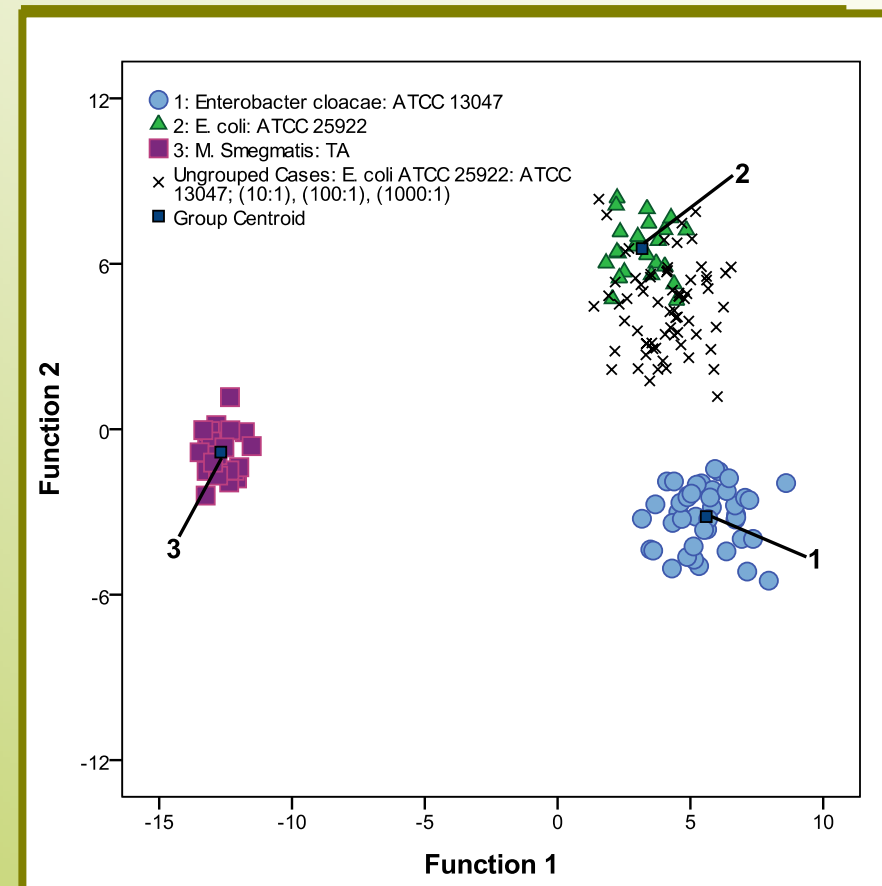
Bacterial strains	Culture media 1 LB agar	Culture media 2 MacConkey agar	Culture media 3 Brucella anaerobic agar
<i>Pseudomonas aeruginosa</i> (B1)	B1M1 (11)	B1M2 (12)	B1M3 (13)
<i>Escherichia coli</i> (B2)	B2M1 (21)	B2M2 (22)	B2M3 (23)
<i>Salmonella typhimurium</i> (B3)	B3M1 (31)	B3M2 (32)	B3M3 (33)

Contamination of samples will not degrade specificity

2010



2011



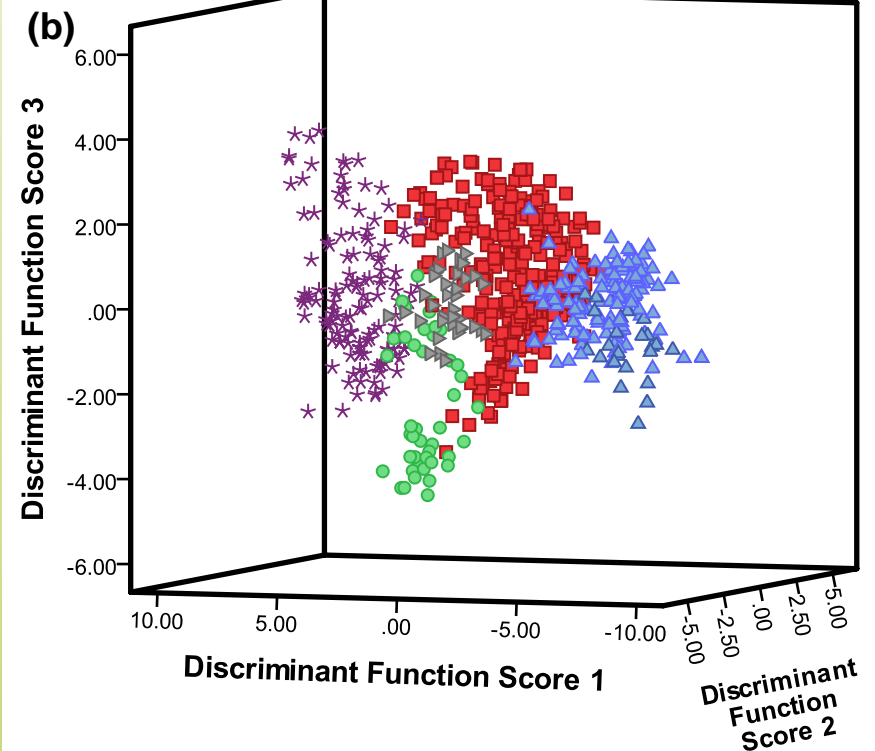
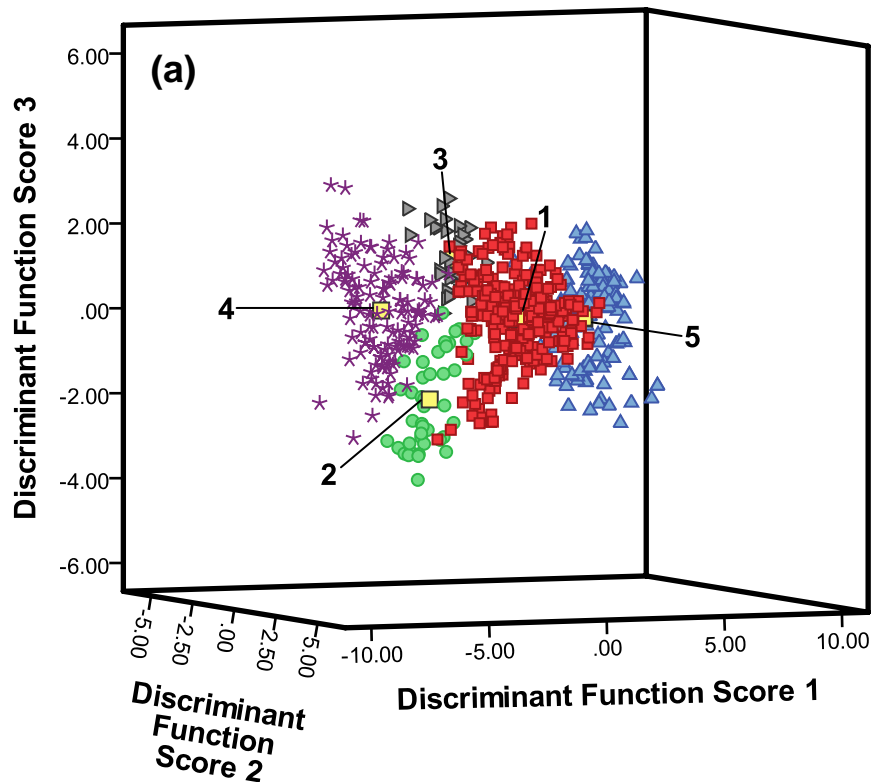
Selectivity: A five genus test

Category

- 1: Escherichia
- 2: Enterobacter
- ▴ 3: Staphylococcus
- ✱ 4: Streptococcus
- ▲ 5: Mycobacteria

Category

- 1: E. coli: 25922
- 2: E. coli: O157:H7
- 3: E. coli: C
- 4: E. coli: HF
- 5: E. coli: K12
- 6: E. cloacae: 13047
- ▴ 7: S. saprophyticus
- ▴ 8: S. aureus
- ✱ 9: S. mutans
- ✱ 10: S. viridans
- ▲ 11: M. smegmatis: WT
- ▲ 12: M. smegmatis: TE
- ▲ 13: M. smegmatis: TA



Selectivity: A five genus test

truth tables for external and cross validation

DFA classification of 669 bacterial LIBS spectra (acquired over 3 years) in a five-genus DFA model.

External validation

<i>Escherichia</i>	TRUE	FALSE
Positive	89.97%	4.28%
Negative	95.72%	10.03%

<i>Staphylococcus</i>	TRUE	FALSE
Positive	62.16%	2.55%
Negative	97.45%	37.84%

<i>Streptococcus</i>	TRUE	FALSE
Positive	83.82%	2.04%
Negative	97.96%	16.18%

<i>Mycobacterium</i>	TRUE	FALSE
Positive	89.61%	1.27%
Negative	98.73%	10.39%

Cross validation (LOO)

<i>Escherichia</i>	TRUE	FALSE
Positive	94.31%	0.61%
Negative	99.39%	5.69%

<i>Staphylococcus</i>	TRUE	FALSE
Positive	100.00%	0.51%
Negative	99.49%	0.00%

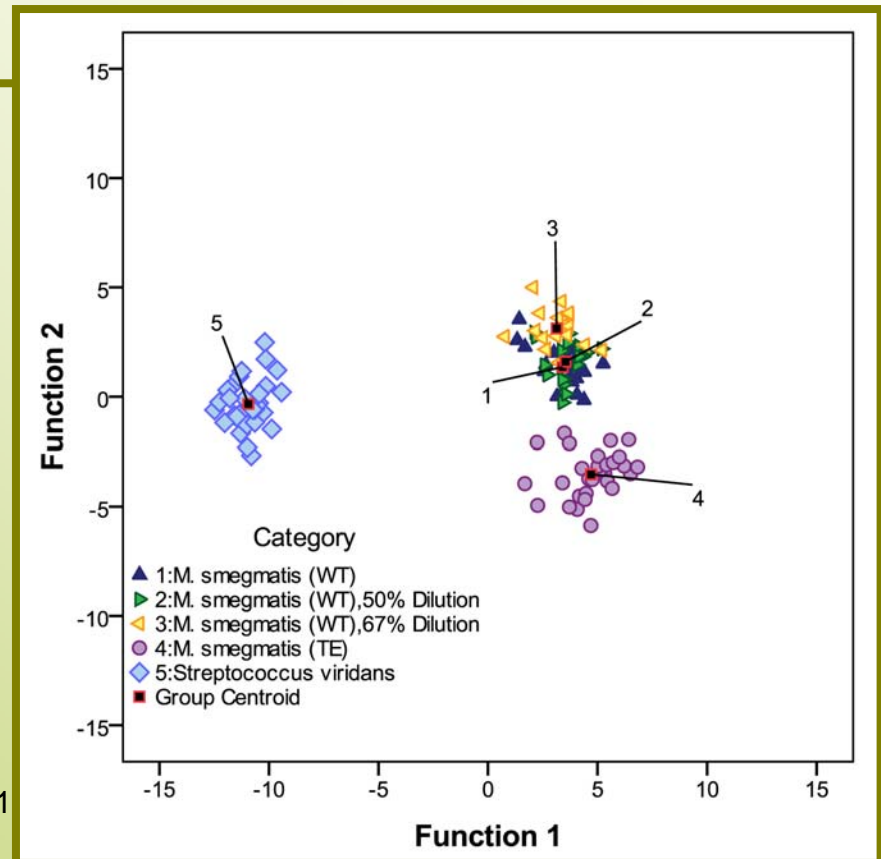
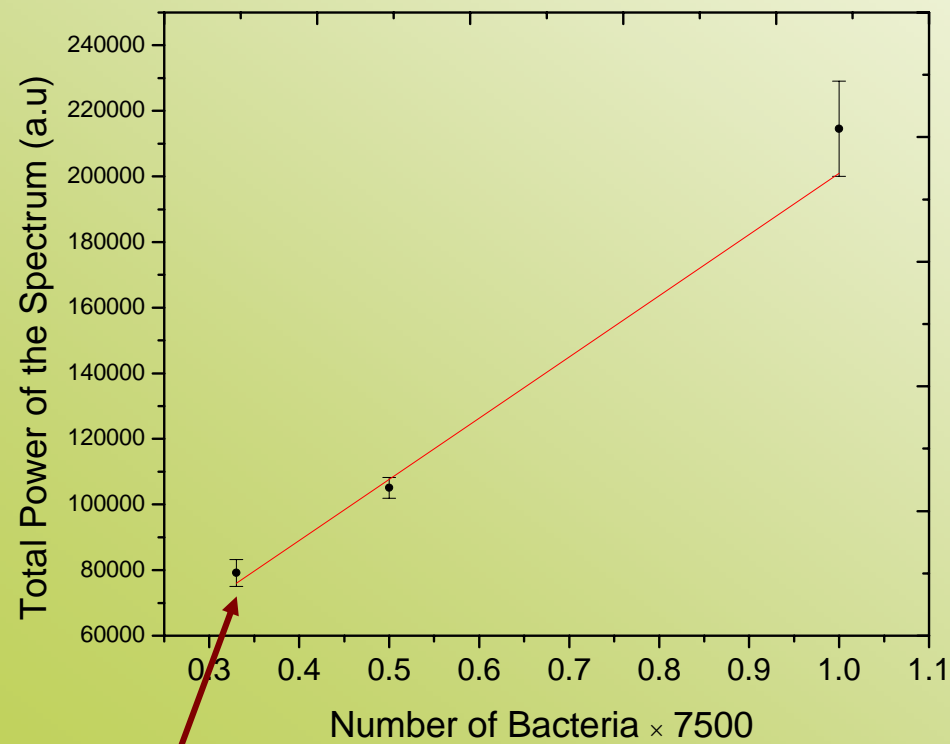
<i>Streptococcus</i>	TRUE	FALSE
Positive	95.59%	0.00%
Negative	100.00%	4.41%

<i>Mycobacterium</i>	TRUE	FALSE
Positive	97.40%	0.00%
Negative	100.00%	2.60%

Dilution

specimens of various titer

2010

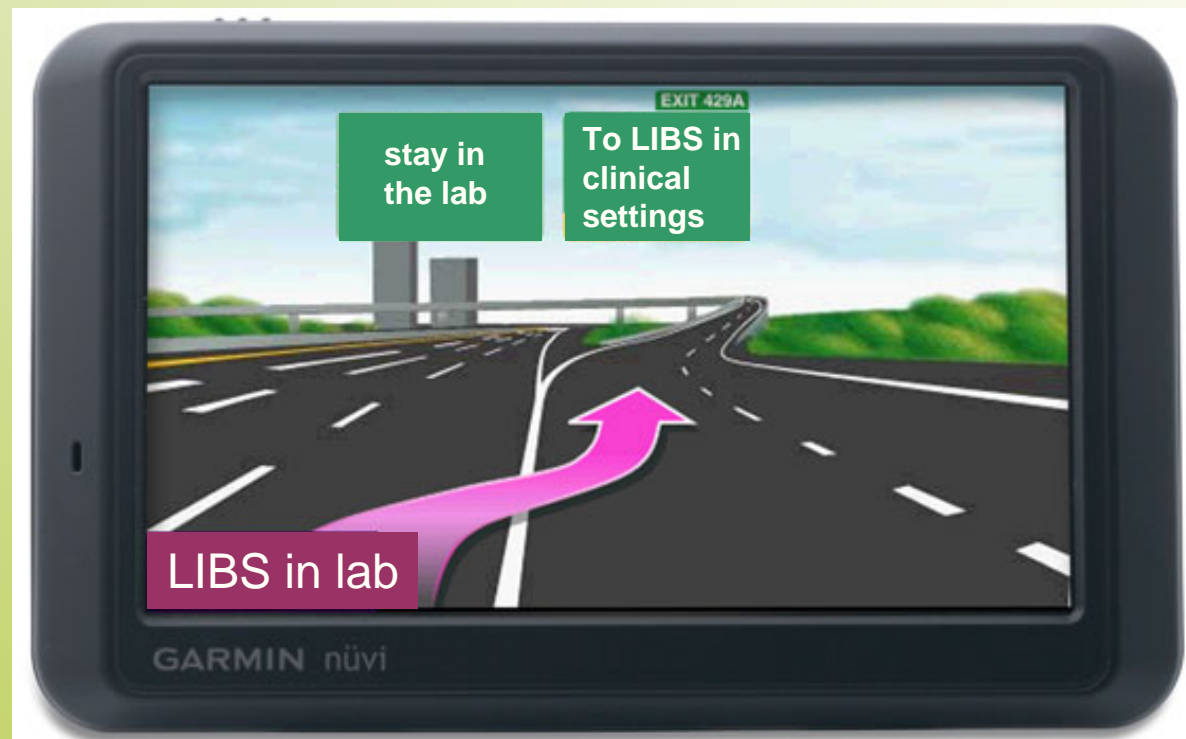


5 laser sampling locations

~500 bacteria per locations

Where Should We Go Now?

“Recalculating...”

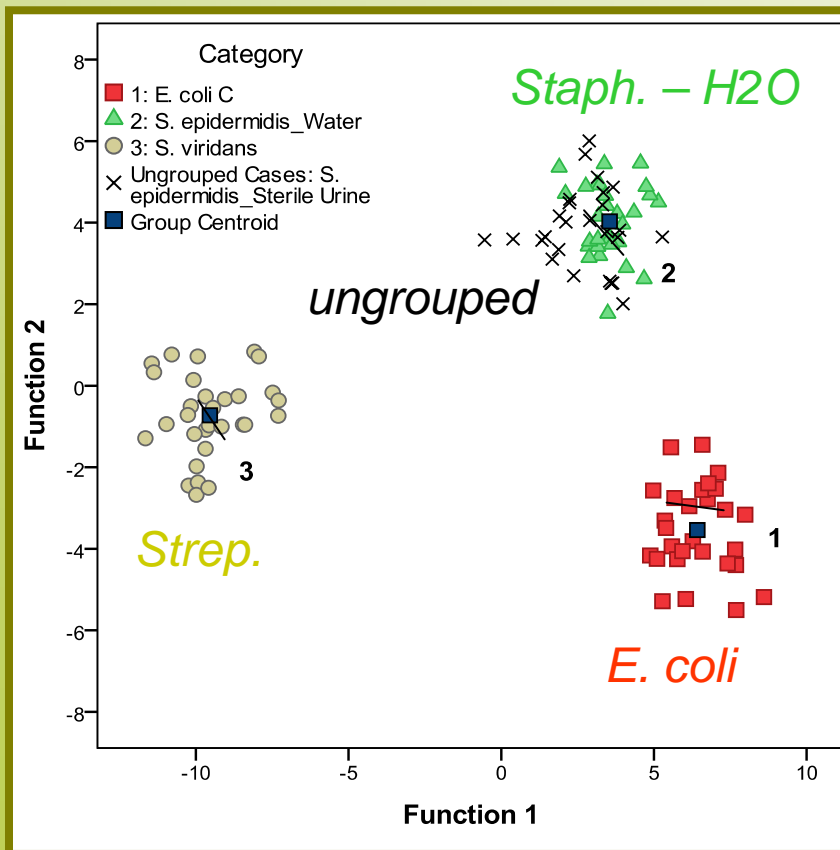


Where I Think We Should Go

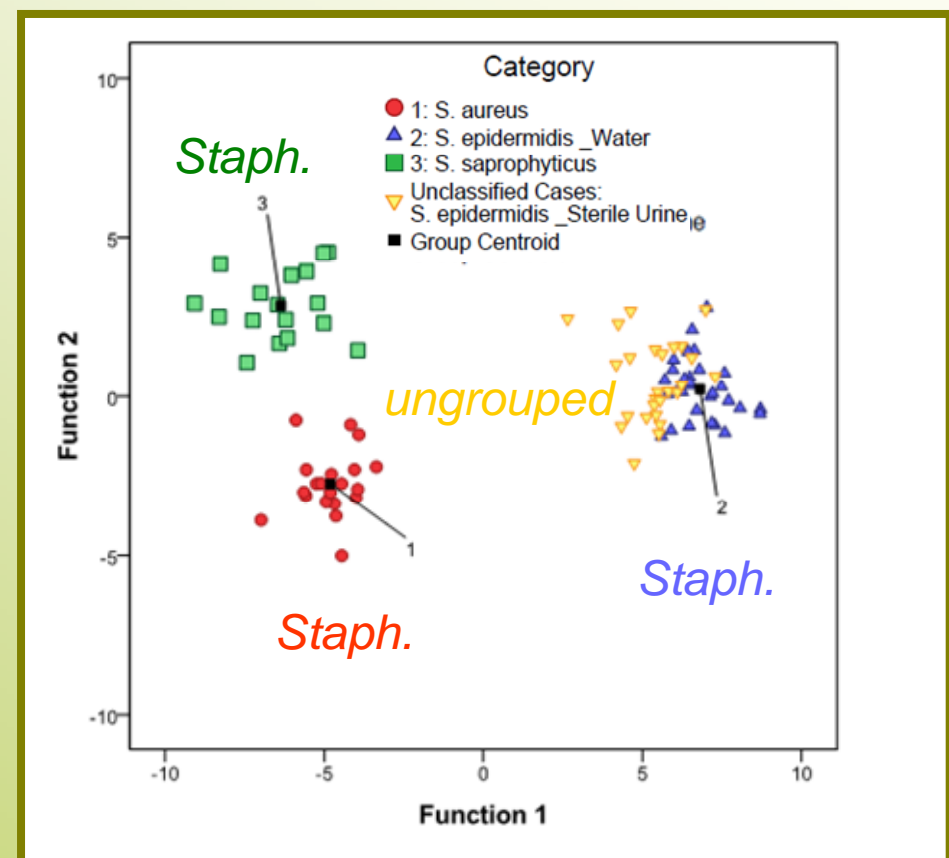
- (1) Clinical specimens that should be normally sterile and contain minimal other cellular components (i.e. urine, cerebral spinal fluid)
 - detect the presence of bacteria
 - make a rapid classification of that bacteria.

Simulated Clinical Specimens: *S. epidermidis* in sterile urine

2011



2011



Where I Think We Should Go

- (1) Clinical specimens that should be normally sterile and contain minimal other cellular components (i.e. urine, cerebral spinal fluid)
 - detect the presence of bacteria
 - make a rapid classification of that bacteria.

- (2) Strain classification (particularly antibiotic-resistant pathogen strains such as MRSA).

These two applications alone (MRSA infections and UTI's) are responsible for over \$2 billion of medical costs worldwide every year.

Most deaths from meningitis occur in less than a day from onset of the fever. It is most commonly caused by one of three types of bacteria: *Haemophilus influenzae*, *Neisseria meningitidis*, and *Streptococcus pneumoniae*.

Long-Term Objectives

- (1)** LIBS-based pathogen identification must be applicable to [blood samples](#).
 - The cellular components of blood?
 - More complex sample-preparation steps for bacterial separation and identification needed.
 - New sample-handling techniques needed.
 - Advances made in the application of LIBS to liquid samples should be integrated to allow the rapid testing of the bacteria in fluid media.

- (2)** In all cases, efforts should now be made to include [clinical collaborators](#).
 - Allows the testing of clinical specimens in blind tests.
 - All results initially confirmed by more traditional but rigorous microbiological (genetic and molecular microbiology) methods.

- (3)** Results published in [medical journals](#).

Motivation of Long-Term Objectives

- Only in this way will the technique gain acceptance and the required traction in the medical community.
- We've got an important story to tell; let's tell it!

Thank you.