

# Looking Ahead: The Impact of Occupational Exposure and Health on the Human Microbiome

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COLLEGE  
OF PUBLIC HEALTH



# Outline:

- **Introduction**
- Human microbiome vs. the exposome
- Current technology: exposure assessment to biologicals
- The future: advancements in monitoring and technology
  - microbiome and exposome
- Conclusions: cautionary tale

# Introduction

- Graduate School – Industrial Hygiene
  - NIOSH ERC
- Faculty – Assistant Professor (2007 – 2011)
  - K01 Award – NIOSH Biotechnology
  - Thank you, mentors – S. Reynolds and J. Levin
- Faculty – Associate Professor (2011 – 2022)
- Faculty – Professor (2023 – Current)



# Mentor – Steve Reynolds, PhD, CIH





# Acknowledgments: CDC/NIOSH!!!

- CDC/NIOSH ERC T42OH008491 – Heartland Center (Many PIs – Sprince, O’Shaughnessy)
- NIOSH/CDC: - 1K01OH009674, Measures of Dust, Endotoxin, and Exhaled Nitric Oxide among Dairy Farm Workers (Nonnenmann, PI)
- NIH/NIEHS - P30 ES005605 Environmental Health Sciences Research Center, Determining concentrations of aerosolized influenza A (H1N1) utilizing RNAlater® as a sampling matrix. (Nonnenmann, PI)
- CDC/NIOSH - U54OOH007541 Southwest Center for Agricultural Health, Injury Prevention and Education (Center PI – Levin) Educational Approach to Increase Respirator Use among Broiler Chicken Workers. (Nonnenmann, PI)
- CDC/NIOSH - 2U54OH007548 - Great Plains Center for Agricultural Health and Safety (Center PI – Anthony) Air Quality Improvements in Livestock Production Buildings (Project PI - Nonnenmann)
- CDC/NCEZID – University of Chicago, COVID Supplement (CK000557/CK18-001). Evaluation of the effectiveness of face shield personal protective equipment when challenged with virus aerosol. (PI: Nonnenmann)
- CDC/NCEZID - 1 NU50 CK000623 Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States (Herwaldt, PI) Role: Project PI – Nonnenmann
- CDC/NIOSH – 2 U54OH007548 - Great Plains Center for Agricultural Health and Safety (Anthony, Center PI) - Design and Evaluation of a Control Technology for Dust and Bioaerosol in Swine Buildings: Project PI – Nonnenmann
- *CDC/NIOSH - 1U54OH010162 – Central States Center for Agricultural Safety and Health (Rautiainen, Center PI) - Distribution of worker educational materials and personal protective equipment in response to Highly Pathogenic Avian Influenza (HPAI) in dairy and poultry production – Project PI - Nonnenmann*

# Research Focus

- Characterizing bioaerosols
  - Occupational and environmental
    - 16s Pyrosequencing - 2010
    - Application of DNA sequencing technology to inhalable samples - 2016
    - Field characterization – agricultural workers/health care 1997 - current
- Developing and evaluating bioaerosol exposure control technology – PPE, Administrative and Engineering Controls

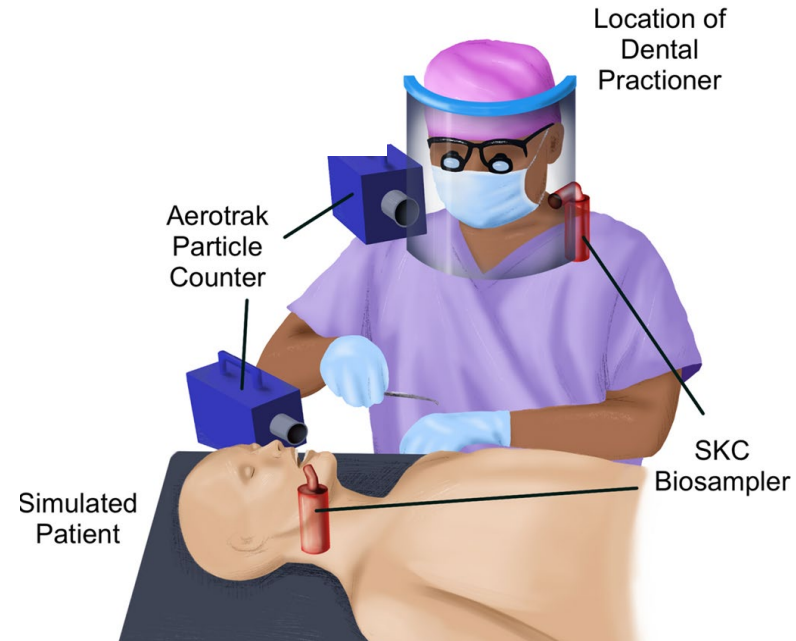
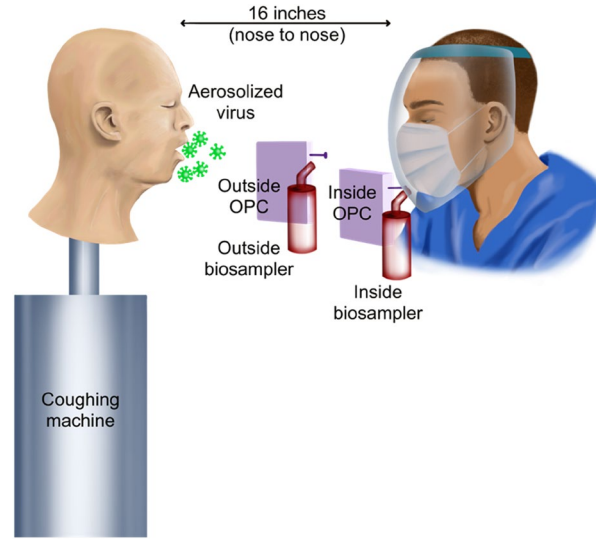
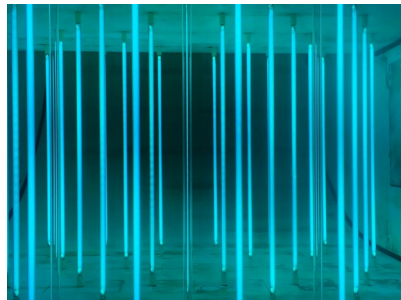


Airborne Influenza A Is Detected in the Personal Breathing Zone of Swine Veterinarians

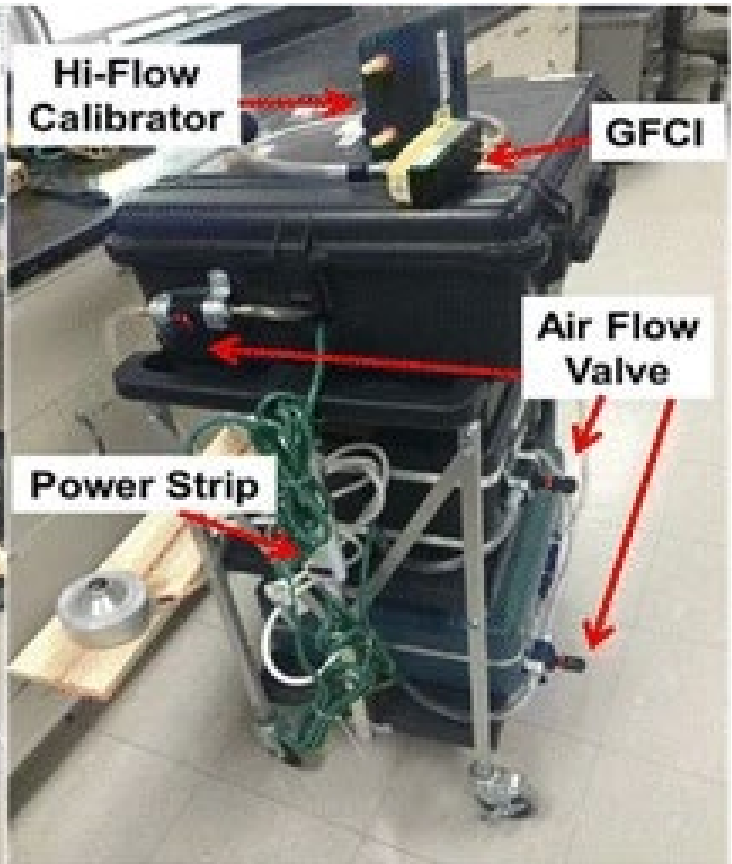
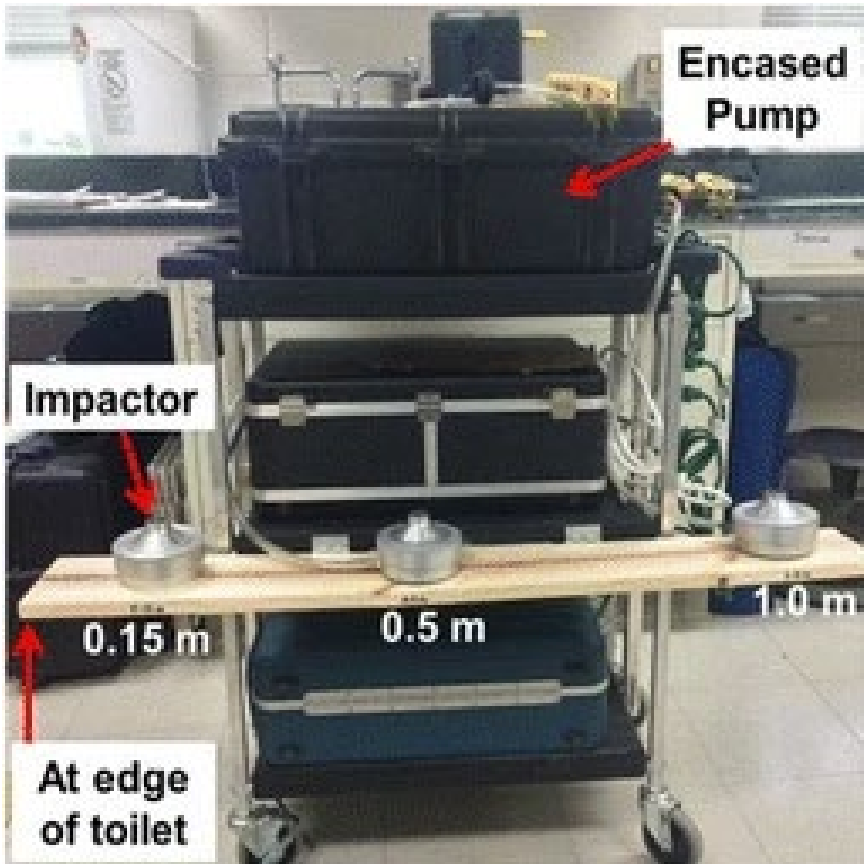
Kate M. O'Brien, Matthew W. Nonnenmann\*

Department of Occupational and Environmental Health, College of Public Health, University of Iowa, Iowa City, Iowa, United States of America

# Research Focus



# Research Focus





# Research Focus – Dairy Industry





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# Human Microbiome vs. Exposome



As Dr. Boles mentioned...

- The human microbiota is the collection of all the microbes living in association with the human body
    - Includes archaea, bacteria, viruses, and some unicellular eukaryotes
- [NIEHS, 2025](#)



Source: [Nathalie Riaux](#)

# Human Microbiome vs. Exposome

- The exposome “includes chemical, physical, and biological stressors as well as lifestyle and social environments.”
  - [NIEHS, 2025](#)
- NIEHS Laboratory (@ Duke) has been created for environmental sampling for exposome research
  - Not aware of work including biological exposures





# Natural Questions(?)

- What happens to the microbiome of people are exposed to occupational hazards?
- What is a “normal” microbiome in the lung, gut, oral cavity?
- Microbiome characterization includes concepts from biomonitoring
  - Biomarkers of exposure (e.g., manure)
    - e.g., presence of organisms from exposure to occupational environment (e.g., *E. coli*)
  - Biomarkers of effect
    - Exposure to a hazard (e.g., irritant gases) results in changes in the distribution of organisms the lung microbiome
    - Presence of antibodies (e.g., H5N1)
  - Biomarkers of susceptibility
    - **Abnormal** distribution of lung microbiome (e.g., presence of lung inflammation/disease)



Source: Wiki

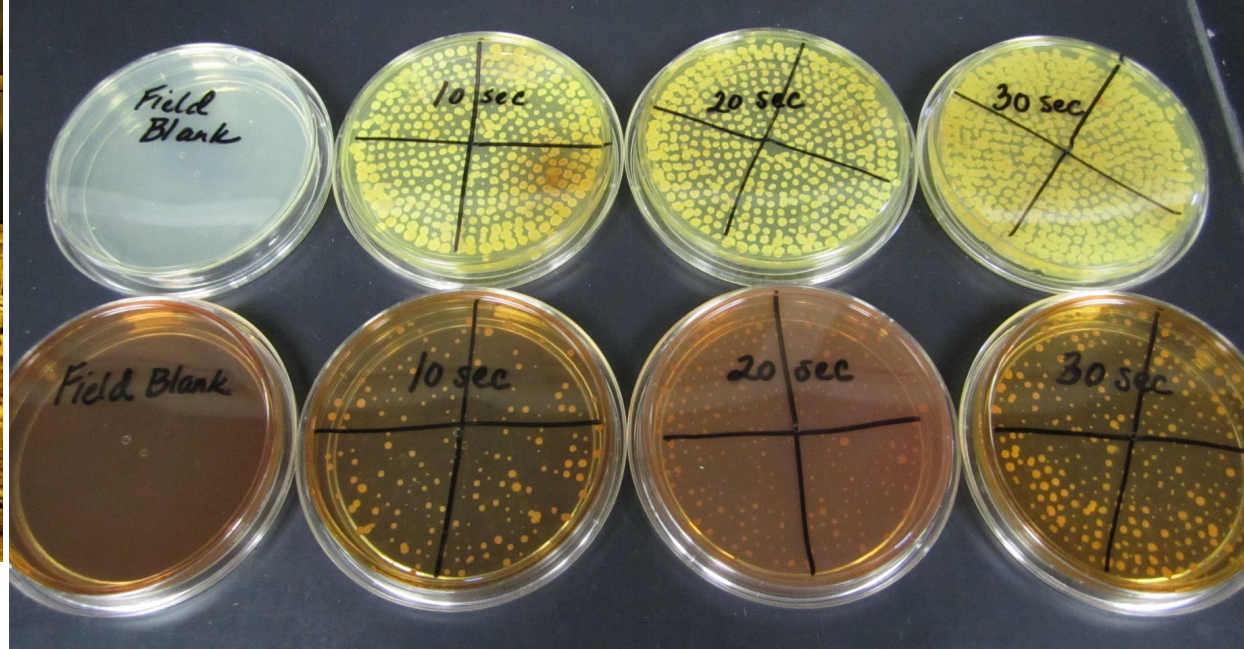


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# Current Technology: Biases?

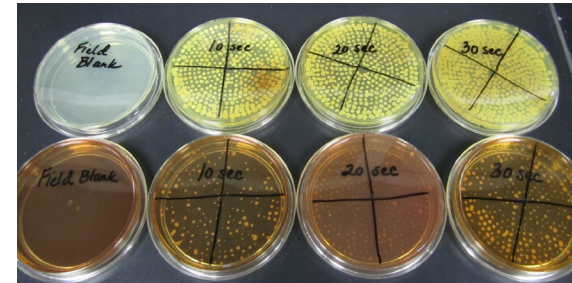


*Concentrations range from  $10^6$  –  $10^9$  cfu/m<sup>3</sup>*



# Current Technology: Biases?

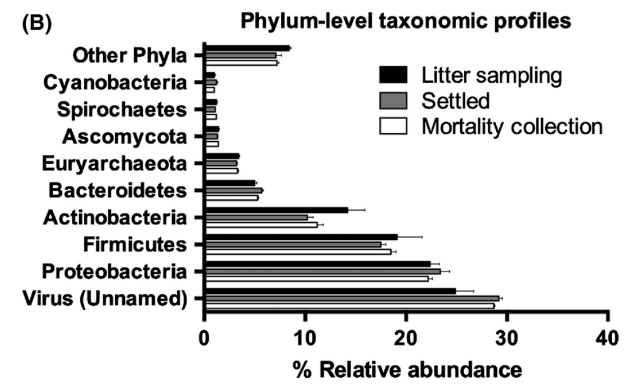
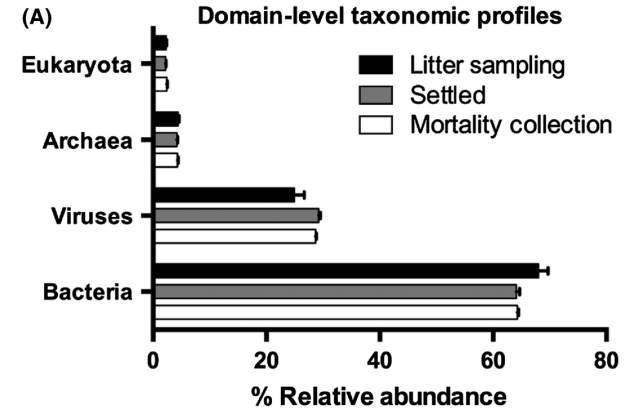
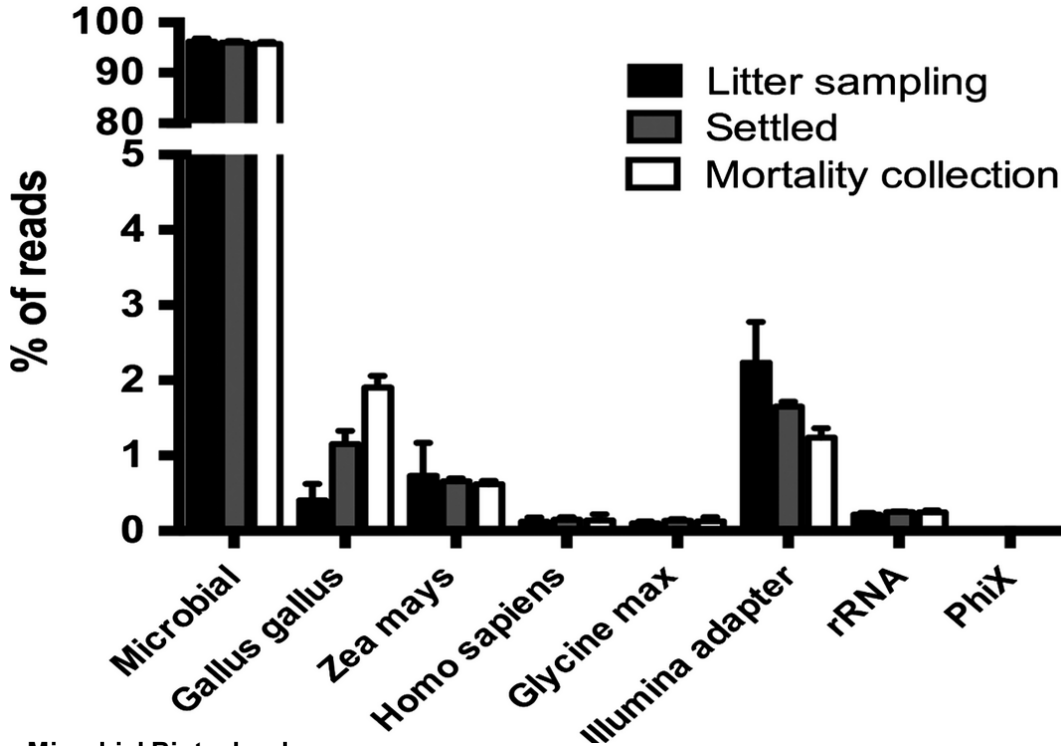
- What organisms are intact after sampling (-)
- What grows on the media (*i.e.*, food to eat) (-)
- What grows under the culture conditions (*i.e.*, temp, oxygen) (-)
- Sampling frame (10 seconds) (-)
- Breathing Zone (-)
- Personal inhalation exposure (-)
- Only bacteria/archaea (-)
- What grows the fastest (*i.e.*, 12 hours) (+)





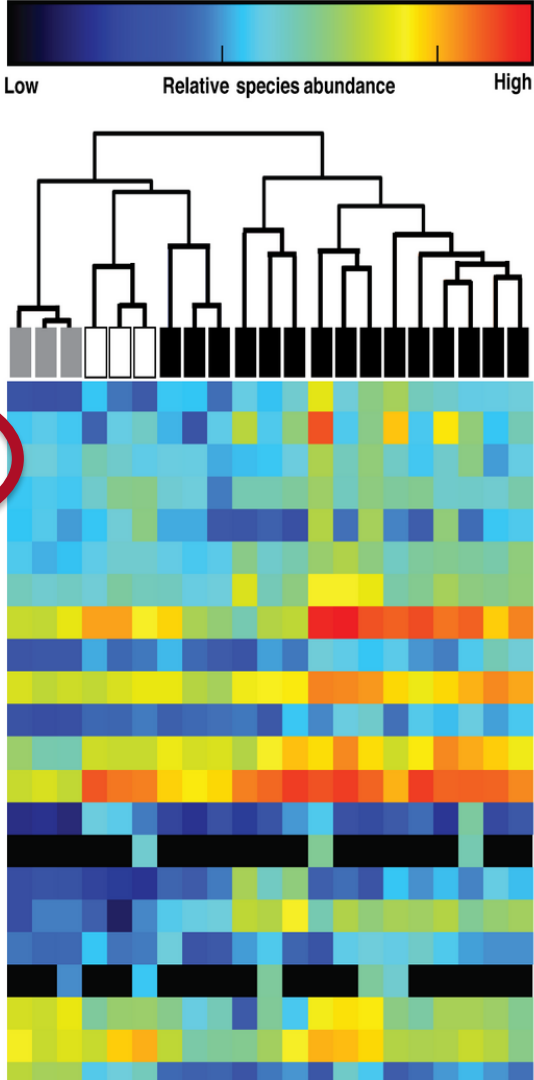


# New Methods: Metagenomics

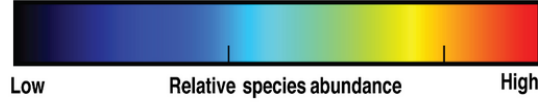


# Metagenomics

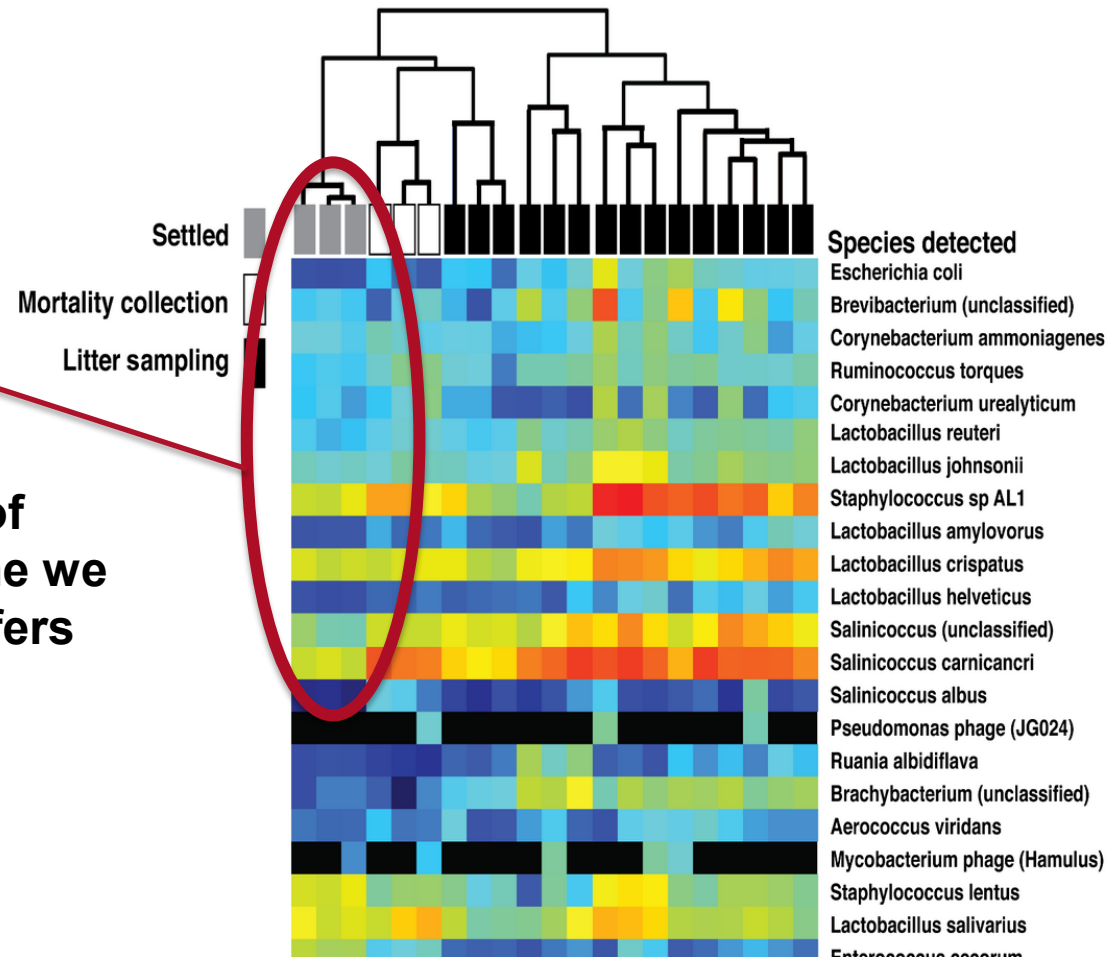
Tasks



# Metagenomics



Dust collected for toxicology studies



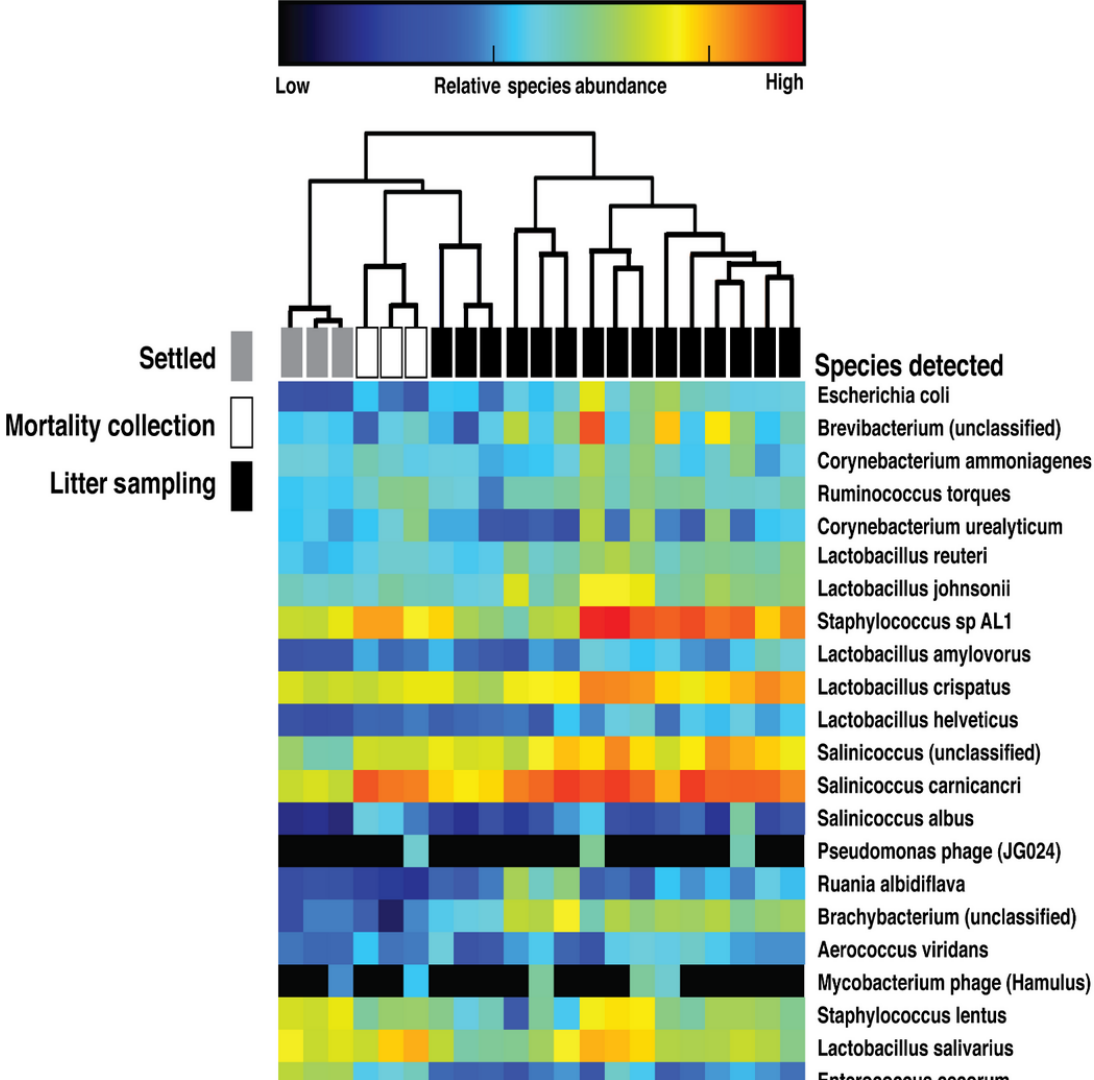
How do we assess the impact of exposure if the dust microbiome we use in toxicological studies differs from the workplace?

Challenge with establishing NOAEL.

# Metagenomics

Biases?

Challenge with establishing  
NOAEL.



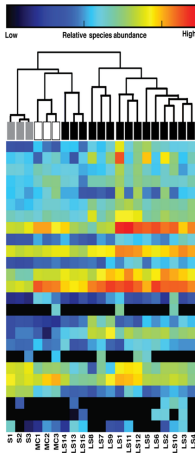
# Dynamic, fast paced, work environments: Dairy Parlor





# Metagenomic Technology: Biases?

- All DNA sequenced no culture bias – yes!
- Personal inhalation exposure, full shift sampling – yes!
- All organisms that contain DNA – yes!
- Greater specificity - identify many organisms that have not been previously identified – Yes!
- Do we know if the organisms are active – No! ☹️
- Can we calculate concentration – No! ☹️
  - Tried using 16s technology - Nonnenmann, 2010





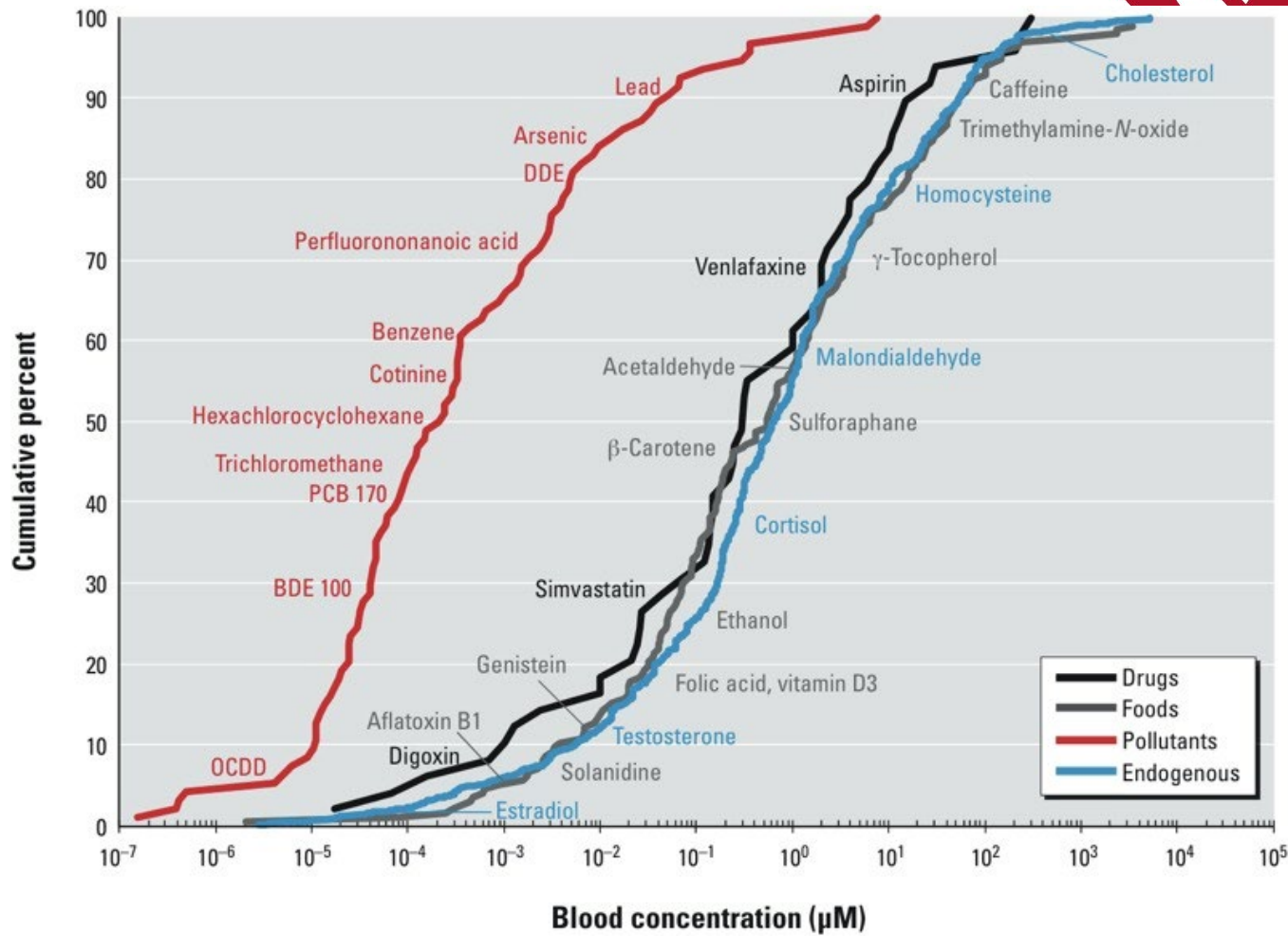
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# The Future: Microbiome and Exposome

- Single exposure model really doesn't apply

Rappaport,  
2014







# The Future: Microbiome and Exposome

## Exposome:

- High throughput hazard characterization (Dix et al., 2007, Collins et al., 2008)
- High throughput exposure forecasts (Wambaugh et al., 2013)
- High throughput toxicokinetics (i.e., dose-response relationship) linking hazard and exposure (Wetmore et al., 2012)
- Use metagenomic “biome” data to personalize medicine
  - – **Do we know what a normal microbiome is?**



# The Future: Microbiome and Exposome

**Incorporate microbiome data collection into national health surveys**

## **CDC - National Health and Nutrition Examination Survey (NHANES)**

- Ongoing survey representative of the US population
  - demographic, body measures, medical exam, biomonitoring (e.g., health and biomarkers of exposure)
  - reverse dosimetry possible based on biomarkers

## **Future directions**

- microbiome characterizations are not included, but needed for benchmarking (e.g., “normal” microbiome)
- identify *associations* of microbiome patterns with participant characteristics (e.g., diet, sleep, occupational exposures)
- characterize building “biome” data to understand environmental exposures and drive medical decisions



# The Future: Microbiome and Exposome

## Culturomics

- Advance throughput of microbiological techniques to study the diversity, composition, and function of microbial communities
  - Example: Lung microbiome changes based on exposures
    - Complex bioaerosols – remember  $10^6$  -  $10^9$
    - Gases, (e.g.,  $\text{CO}_2$ , irritant gases)
    - Gases, bioaerosol and risk of infectious disease
- Incorporate “representative” microbiomes into animal models for toxicology testing



# The Future: Microbiome and Exposome

## Artificial Intelligence

- “Big data” analysis
- Machine learning algorithms integrate and analyze data from multiple sources
- Future of AI in IH
  - Example – use AI to integrate data by target organ system, identify exposure duration, “recovery” periods, and personal factors (e.g., age, gender, medication use, comorbidities, etc.)
  - “Brief and Scala 5000” – Ha ha...

# The Future: Microbiome and Exposome



Example of  
Personalized  
Medicine: Skin  
Allergy Testing



# American Academy of Allergy Asthma and Immunology – skin test recommendations



## Standard Panel

1. *Alternaria alternata* (7)
2. *Cladosporium*  
herbarum (1), cladosporoides (3),  
sphaerospermum (10)
3. *Penicillium chrysogenum* (20)
4. *Drechslera/Curvularia* or *helminthosporium*  
*bipolaris*
5. *Epicoccum nigrum* (6)
6. *Aspergillus fumigatus* (30)

## Expanded Panel

1. *Aspergillus* mix (13, 14, 21, 22)  
A *flavus* (common in indoor settings) (35)
2. *Penicillium* mix or *P. expansum*, (28)
3. *Fusarium roseum*
4. *Aureobasidium pullulans* (2)
5. *Chaetomium globosum* (29)
6. *Mucor* species/*Rhizopus* species (often cross-reactive).(19)
7. *Trichophyton tonsurans*: identified as being associated with asthma and nail infections

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Metagenomic  
data – fungal  
targets in dust

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Not  
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# Exposure Control and Worker Resiliency Studies:

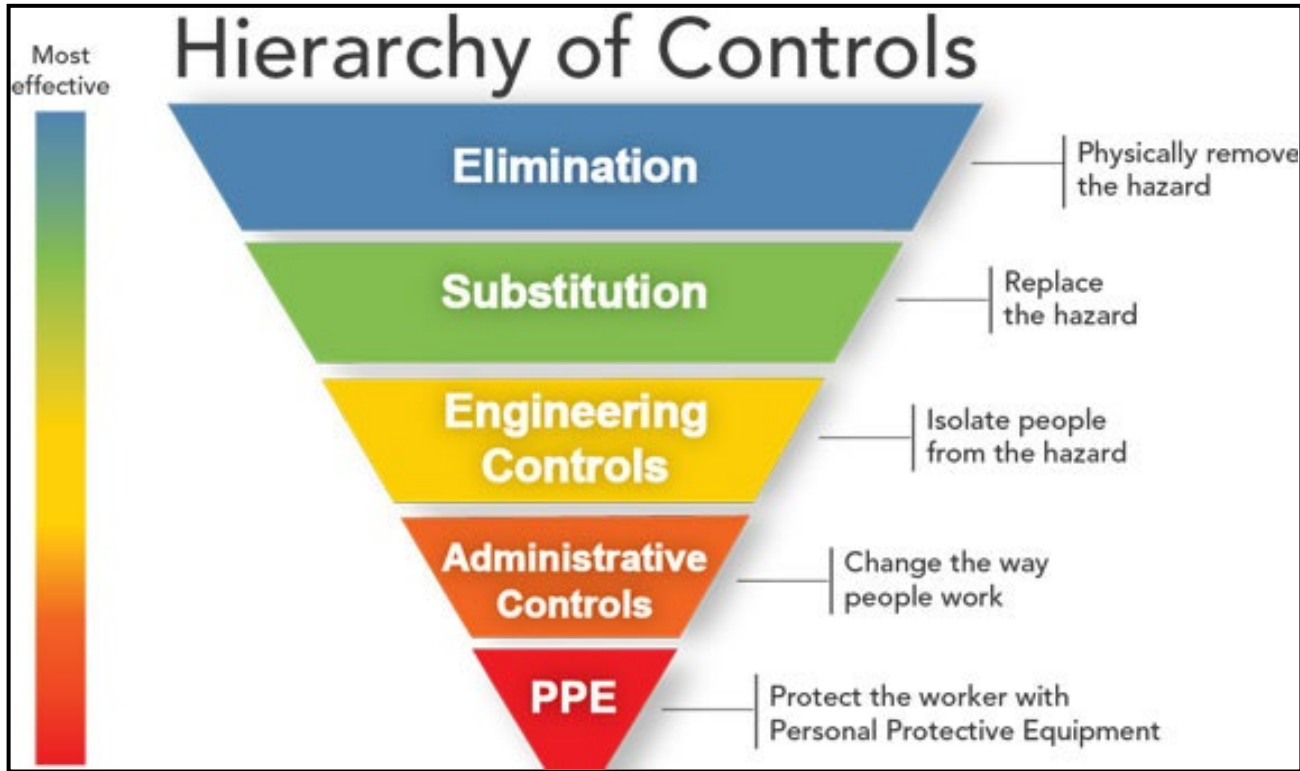


- Do exposure control studies include “baseline” microbiome?
- How does the use of cleaning products impact the worker microbiome?
  - Example: Use of alcohol-based hand sanitizer
- The “kill all the bugs we can” approach – pathway to failure

# Exposure Control and Worker Resiliency Studies:



- Therapeutics – probiotic treatments, problematic pathogen treatments (e.g., phage) and nutrition resiliency (e.g., zinc), vaccinations
- Worker wellness – diet, exercise, sleep hygiene effects, Total Worker Health
- How does the use of PPE impact microbiome (?)
  - Barrier clothing and respirators, disposable gloves impact skin microbiome(?)



**National Institute for Occupational Safety and Health (CDC)**



# Conclusions

- The exposome and microbiome overlap
- Methods for measurement we have include many sources of error – one hazard model
- Advancements in exposure science are needed and available
- We need to integrate tools such as AI and use exposure control approaches that are more complex than PPE or the “kill all microbes” method

**“If there is one thing about your job you could change, what would it be?”**





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UNIVERSITY OF  
**Nebraska**  
Medical Center



# References



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