

1 Title page

2 **Title:** International expansion of a novel SARS-CoV-2 mutant

3 **Authors:** Minjin Wang, MD

4 Mengjiao Li, MD

5 Ruotong Ren, PhD

6 Andreas Bråve, PhD

7 Sylvie van der Werf, PhD

8 En-Qiang Chen, PhD

9 Zhiyong Zong, PhD

10 Weimin Li, PhD

11 Binwu Ying, PhD

12 Minjin Wang, Mengjiao Li, Ruotong Ren contributed equally to this letter.

13 **Author Affiliations:**

14 Department of Laboratory Medicine, West China Hospital of Sichuan University, Chengdu,
15 China (Minjin Wang, Mengjiao Li, Binwu Ying).

16 Department of Hematology, The First Hospital of Lanzhou University, Lanzhou, and Genskey
17 Biotechnology Co., Ltd., Beijing, China (Ruotong Ren).

18 Department of microbiology, Public Health Agency of Sweden (Andreas Bråve).

19 Department of Virology, Molecular Genetics of RNA Viruses unit, CNRS UMR-3569,
20 University of Paris, National Reference Center for Respiratory Viruses Institut Pasteur (Sylvie
21 van der Werf).

22 Center of Infectious Diseases, West China Hospital of Sichuan University, Chengdu, China
23 (En-Qiang Chen)

24 Department of Infection Control and Center of Infectious Diseases, West China Hospital of
25 Sichuan University, Chengdu, China (Zhiyong Zong)

26 Department of Respiratory and Critical Care Medicine, West China Hospital of Sichuan
27 University, Chengdu, China (Weimin Li)

28

29 **Corresponding author:**

30 Binwu Ying, PhD, Department of Laboratory Medicine, West China Hospital of Sichuan

31 University, Chengdu, China.

32 Email: binwuying@126.com, Tel: (0086)85423559

33 Address: Number 37 Guoxue Alley in the wuhou District, Chengdu, Sichuan, China

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International expansion of a novel SARS-CoV-2 mutant

TO THE EDITOR:

SARS-CoV-2 has inevitably mutated during its pandemic spread¹ to cause unpredictable effects on COVID-19 and complicate epidemic control efforts. Here we report that a novel SARS-CoV-2 mutation appears to be spreading worldwide, which deserves close attention.

We detected 95 SARS-CoV-2 samples from Sichuan Province of China using next generation sequencing and acquired 13 whole genomes sequences, which were analyzed for sequence variation and evolution against 199 SARS-CoV-2 genomes publicly released in the GISAID EpiFluTM database (<https://www.gisaid.org/>) and 7 genomes download from NGDC database (<https://bigd.big.ac.cn/ncov>). This study was approved by the Biomedical Research Ethics Committee of West China Hospital of Sichuan University (reference no. 193, 2020) and written informed consent was obtained from all patients.

Based on 10 high frequency mutations (mutant allele frequency >5%), these SARS-CoV-2 genomes can be classified into 5 main groups: original strain 1 and 4 variants with different mutations groups and clustering. The most common variants (Figure A, Group 1) exhibited both a missense mutation (ORF8:c.251tTa>tCa; present in 31.58% of the isolates) and a synonymous mutation (orf1ab:c.8517agC>agT; found in 30.62% of the isolates), suggesting a possible linkage between these two sites. Also, 3 subgroups were evolved in the main Group 1 by other 3 mutations. Group 2 was clustered together with 3 mutants including missense variant S: c.1841gAt>gGt, orf1ab upstream gene variant and synonymous_variant orf1ab: c.2772ttC>ttT. Group 3 viral isolates were much less frequent (11.48%) and characterized by a missense mutation (orf1ab:c.10818ttG>ttT). Group 4 viral isolates contained a novel missense mutation (ORF3a:c.752gGt>gTt) first found in a Chinese family. Notably, however, Group 4 viral isolates were most frequently found outside mainland China (23.28%; 27/116; $p<0.01$ by Fisher's exact test). Additionally, Group 2 and Group 4 showed obvious aggregation in non-Chinese countries and regions.

The family in which the Group 4 variant was first observed in China (an older female

65 and two young family members) returned to their hometown in Sichuan from Wuhan
 66 on January 20, 2020. By January 23, the mother had a fever and cough, and her two
 67 children developed these symptoms in the following days. Nucleic acid assays
 68 performed on their throat swabs tested positive for SARS-CoV-2 on January 25. None
 69 of these individuals traveled outside of China between the start of the COVID-19
 70 epidemic and their return to Sichuan, but there the Group 4 variant first observed in
 71 this family has now demonstrated global dissemination.

72 We performed a timeline analysis using the sample collection dates reported in the
 73 GISAID EpiFlu™ database, and found that individuals infected with SARS-CoV-2
 74 strain containing the Group 4 ORF3a mutant had reached the West Coast of the
 75 United States (Orange County, California) by January 22, 2020 at the latest.
 76 Immediately afterwards, and preceding or at nearly the same time as first Group 4
 77 cases in Sichuan, additional isolates (Figure B) of this strain were reported in China
 78 (Taiwan), France (Paris), and Australia (Sydney and Clayton). According to the
 79 official records, these individuals either traveled from Wuhan, or traveled
 80 internationally prior to their disease onset. Group 4 ORF3a mutants were
 81 subsequently found in several other countries, including Singapore, South Korea, the
 82 United Kingdom and Italy. It should be noted that this mutant virus strain appears to
 83 be the most prevalent form of SARS-COV-2 in France, Italy, Brazil, and Singapore
 84 (Figure C).

85 Virus genome data from France indicate that SARS-CoV-2 strains carrying
 86 ORF3a:c.752gGt>gTt often have a S:c.1099Gtc>Ttc mutation in their S gene, which
 87 interacts with ACE2 to mediate viral entry into its host cells³, and is regarded as a
 88 critical factor for viral transmission and virulence^{4, 5}. It is not clear if this mutation
 89 enhances host cell entry but this information would be of great importance in
 90 assessing the potential for increased virulence of Group 4 SARS-CoV-2 strains
 91 carrying this mutation. It is also not known how common this mutation is in Group 4
 92 viral isolates from different geographical regions. Given the prevalence of Group 4
 93 isolates in multiple countries, including France, Italy and South Korea, which is
 94 experiencing a rapidly growing epidemic, this information should be of significant

95 interest.

96 At present, the SARS-CoV-2 epidemic in China seems to be diminishing in response

97 to control efforts, but the rapid global spread of this new virus, and its mutants, has

98 become a major health concern. Very little is known about how rapidly the

99 SARS-CoV-2 genome mutates and how this affects transmission or disease severity.

100 Better understanding of these factors should be useful in efforts to curtail the global

101 and regional spread of this virus.

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110 **Reference :**

- 111 1. www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/
- 112 2. Shu Y, McCauley J. GISAID: Global initiative on sharing all influenza data -
- 113 from vision to reality[J]. Euro surveillance : bulletin European sur les maladies
- 114 transmissibles = European communicable disease bulletin. 2017,22(13).
- 115 doi:org/10.2807/1560-7917.es.2017.22.13.30494
- 116 3. Letko M, Marzi A, Munster V. Functional assessment of cell entry and receptor
- 117 usage for SARS-CoV-2 and other lineage B betacoronaviruses[J]. Nature
- 118 microbiology. 2020. doi:org/10.1038/s41564-020-0688-y
- 119 4. Lu G, Wang Q, Gao GF. Bat-to-human: spike features determining 'host jump' of
- 120 coronaviruses SARS-CoV, MERS-CoV, and beyond[J]. Trends in microbiology.
- 121 2015,23(8):468-478. doi:org/10.1016/j.tim.2015.06.003
- 122 5. Hamming I, Timens W, Bulthuis ML, Lely AT, Navis G, van Goor H. Tissue

123 distribution of ACE2 protein, the functional receptor for SARS coronavirus. A first
124 step in understanding SARS pathogenesis[J]. The Journal of pathology.
125 2004,203(2):631-637. doi:org/10.1002/path.1570

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128 **Figure legend :**

129 **Figure: Maximum likelihood tree based on the whole genome sequences of 221** 130 **viral strains.**

131 A) 199 high quality genomes were collected from GISAID EpiFlu™ database,
132 including 1 *Rhinolophus affinis* isolate, 6 *Manis javanica* isolates and 2 environmental
133 isolates. 22 additional genomes were collected from other resource, including 7
134 genomes from NGDC (<https://bigd.big.ac.cn/ncov>), 13 genomes from WCH.
135 SARS-CoV (NC_004718.3) and MERS-CoV (NC_019843.3) genomes sequence
136 were downloaded from NCBI RefSeq database. MAFFT (version 7.543) was used for
137 sequence alignment, and PhyML (version 3.0) was used to construct the evolutionary
138 tree. Variation information of human SARS-CoV-2 genome was derived from NGDC.
139 Mutations of 13 WCH genomes were analyzed using NGDC online tools
140 (<https://bigd.big.ac.cn/ncov/tool/variation-identify>).

141 B) Location and collection time of ORF3a:c.752gGt>gTt variant genomes.

142 C) Composition of variant and non-variant genomes of ORF3a:c.752gGt>gTt in
143 different countries.

