Study On Genome Sequence of Novel Coronavirus (SARS-CoV-2) Strains in Different Countries

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In Present time Novel coronavirus (SAR-CoV-2) was the biggest outbreak on human kind. SARS recognized febrile respiratory illness. It was first discovered in southern China in November 2002, and spread all other countries.Now SARS-CoV-2 was also originated from Wuhan, china. It was transmitted from human to human. For developing a molecular diagnostic for 2019-nCoV a PCR detection assay was developed. Sanger, Illumina, and Oxford nanopore techniques are used for sequencing analysis for 2019-nCoV.Based on different types of data base it was concluded that the SARS-CoV-2 was less mutated than other seasonal flu. This study shows the complete genome sequence and characteristic of SAR-CoV-2. SAR-CoV-2 has 29,903 nucleotides in length which is quite similar to others coronavirus. A complete genome sequence of different-different countries was studied.

Keywords: Coronavirus (SAR-CoV-2), PCR detection, Complete genome sequencing and characterizations.

2019-nCoV are large about 120 to 160nm long, spherical particles with a linear, nonsegmented, capped, and polyadenylated positivesense.^{1,2} It is a single-stranded RNA genome that is encapsulated in a helical nucleocapsid. The envelope is made up of intracellular membranes and have a characteristic crown of widely spaced club-shaped spikes that are 12 to 24 nmlong.^{3,4} Based ongenetic and serological relationships coronavirus can be classified into three groups.^{5,6} The coronavirus genomes are the largest of the known RNA viruses (27 to 31.5 kb) and are polycistronic, generating a nested set of subgenomic RNAs with common 5 and 3 sequences.^{7,8} The 5 two-thirds of the genome consists of two large replicase open reading frames (ORFs), ORF1a and ORF1b. The ORF1a polyprotein (pp1a) can be extended with ORF1b-encoded sequences via a 1 ribosomal frame shift at a conserved slippery site, generating the 7,000-amino-acid polyprotein

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pp1ab, which includes the putative RNA-dependent RNA polymerase (RdRp) and RNA helicase (HEL) activity.^{9,10,11}

Virus isolation

A Pathogen free human airway epithelial (HAE)cells were used for virus isolation.¹² Briefly, bronchoalveo larlavage fluids or throat swabs from the patients were inoculated into the HAE cells through the apical surfaces. HAE cells were maintained in an air–liquid interface incubated at 37°C. The cells were monitored daily for cytopathic effects by light microscopy and the cells upernatants were collected for use in quantitative RT-PCR assays.^{13,14,15} After three passages, apical samples were collected for sequencing.¹⁶

Genome Sequences of SAR-CoV-2

The genome of SARS-CoV-2 is a 29,903nucleotide, polyadenylated RNA, and 41% of the residues are G or C.17 The genomic organization of coronaviruses, having the characteristic gene order [5replicase (rep), spike (S), envelope (E), membrane (M), and nucleocapsid (N)-3] and short untranslated regions at both termini.^{18,19} The SARS-CoV-2 rep gene, which comprises approximately two-thirds of the genome, is predicted to encode two polyproteinsORF1a and ORF1b that undergo cotranslational proteolytic processing.²⁰ Downstream of four open reading frames (ORFs)are used to encode the structural proteins S, E, M, and N, which are common to all known coronaviruses.21,22 Hemagglutininesterase, are present between ORF1b and S of coronaviruses. These coronaviruses encoded non-structural proteins which are located between S and E, between M and N, or downstream of N.^{23,24}The genome of SARS-CoV-2 contains ORFs for five potential non-structural proteins that are more than 50 amino acids long in these intergenic regions.²⁵overlapping of ORFs encoding show the proteins of 274 and 154 amino acids are located between S and E. Three non-structural genes, X3, X4, and X5 are located between M and N.^{26,27} GenBank database (BLAST and FastA) show that there is no significant sequence similarity between these potential non-structural proteins ofSARS-CoV-2 and any other proteins.^{28,29} ORFs encoding proteins are more than 50 amino acids long in the structuralgenes of SARS-CoV-2 (such as N, S, and rep).^{30,31}SARS-CoV-2 repgene products have genomic RNA, and the remainingviral proteins are translated from sub genomicm RNAs that form a 3-coterminal nested set, each with a 5-end derived from the genomic 5leader sequence.32,33Sub genomicm RNAs are synthesized from a discontinuous transcription process. The SARS-CoV-2 leader sequence was mapped by comparing the sequence of rapid amplification of cDNA ends.^{34,35}The products which are synthesized from the N gene mRNA with those synthesized from genomic RNA.36 A sequence, AAACGAAC (genomic nucleotides 65to 72), was identified where the N gene mRNA and genomic sequences diverged.37 This sequence was also present upstream of ORF1a and immediately upstream of five other ORFs suggesting that it functions as the conserved core of the transcription-regulating sequences (TRSs).^{38,39} The nucleotides required for TRS function must be identified experimentally.40Theproduction of sub genomic mRNAs of SAR-CoV-2 proposes that

Group 1	Group 2	Group 3
• Porcine epidemic diarrhea virus (PEDV)	• Murine hepatitis virus (MHV)	• Avian infectious bronchitis virus (IBV)
• Porcine transmissible gastroenteritis virus (TGEV)	• Bovine coronavirus (BCoV)	• Turkey coronavirus
 Canine coronavirus (CCoV) Feline infectious peritonitis virus (FIPV) Human coronavirus 229E (HCoV-229E) 	 Human coronavirus OC43 (HCoV-OC43) Rat sialodacryoadenitis virus (SDAV) Porcine hemagglutinating encephalomyelitis virus (PHEV) 	(TCoV)
• Human coronavirus NL63 (HCoV-NL63)	Canine respiratory coronavirus (CRCoV)Equine coronavirus (ECoV)	

Table 1. Classification of Coronavirus

discontinuous transcription has occurs during the synthesis of negative strand. Sub-genomic negative strands containing a complimentary copy of the leader sequence at their 3termini serve as templates for synthesis of sub-genomic mRNAs.41,42At the site of 5terminus of the genome, the TRS conserved core sequence appears six times in the remainder of the genome.43 The positions of TRS in the genome of SARS-CoV-2 predict that subgenomic mRNAs of 8.3, 4.5, 3.4, 2.5, 2.0, and 1.7 kb, not including the poly(A) tail. Atleast five subgenomic mRNAs were detected byhybridization of RNA from SARS-CoV-2 infected cells.44,45 Sizes of the five predominant bands correspond to the sizes of five of the predicted sub genomic mRNAs of SARS-CoV-2. Full-length of genomic RNA was not detected, probably because it is the least prevalent viral RNA in infected cells.46,47 The predicted 2.0-kb transcript was also not detected, which suggests that the consensus TRS at 27,771 to 27,778 is not used or that it is a low-abundance mRNA.48 Byanalogy with other coronaviruses, the 8.3-kband 1.7-kb sub-genomic mRNAs are predicted tobe monocistronic, directing translation of S and N, respectively, whereas multiple proteins could be translated from the 4.5-kb,3.4-kb and 2.5-kb mRNAs. It is possible that the 3.4-kb band contained more than one mRNA species that was not resolved in the gel or that the monocistronicmRNA.^{49,50,51}

CDC sequencing strategy

The whole-genome sequences of SAR-CoV-2 were generated by a combination. Sanger, Illumina, and Oxford nanopore sequencing were used for this detection.52 In this CDC sequencing strategy at First viral RNAs were extracted directly from clinical samples with the QIAamp Viral RNA Mini Kit, and then used to synthesise cDNA with the Super Script III Reverse Transcriptase and N6 random primers, followed by second-strand synthesis with DNA Polymerase I, Large Fragment.53,54 Viral cDNA libraries were prepared with use of the Nextera XT Library Prep Kit (Illumina), then purified with Agen court AMPure XP beads followed by quantification with an Invitrogen Oubit 2.0Fluorometer.55,56 The resulting DNA libraries were sequenced on either the MiSeq or iSeq platforms (Illumina) using a300-cycle reagent kit. About 1.2-5 GB of data wereobtained.57The raw fastQ files were filtered then subjected tode novo assembly with the CLCBio software. Mapped assemblies



Fig. 1. Genomic sequence done on COVID19 in different countries

Table 2. Effect of	different genome	sequences on	different	countries

Countries	Total cases	Active cases	Total recovered	Total death
Europe	1,322,784	7,36,539	4,59,814	1,26,431
North America	1,120,597	8,79,941	1,76,244	64,412
Asia	4,95,108	2,30,909	2,46,272	17,927
South America	1,55,592	93,708	54,294	7,590
Africa	35,779	22,383	11,868	1,528
Oceania	8,314	1,274	6,933	107

were also done using the batderived SARSlike coronavirus isolate bat-SL-CoVZC45 as a reference. Variant calling, genome alignments, and sequence illustrations were generated with CLCBio software, and the assembled genome sequences were confirmed by Sangersequencing.58,59Rapid amplification of cDNA ends (RACE) was done to obtain the sequences of the 5¹ and 3¹ termini, using the Invitrogen 5¹ RACE System and 3¹ RACE System, according to the manufacturer's instructions.⁶⁰ Gene-specific primers for 5¹ and 3¹ RACE PCR amplification were designed to obtain a fragment of approximately 400-500 bp for the two regions. Purified PCR products were cloned into thepMD18-T Simple Vector and chemically competent Escherichia coli. PCR products were sequenced with use of M13 forward and reverse primers.61,62,63

Development of molecular diagnostics for 2019nCoV

COVID-19 disease is spreads all over the world. IAEA and FAO (Food and Agriculture Organization)are supporting the most important laboratory technique Real time reverse transcription–Polymerase Chain Reaction (real time RT-PCR)for detecting, tracking, and studying of COVID-19. ^{64,65,66}

On the basis of the genome sequences obtained, a real-time PCR detection assay was developed. PCR primers and probes were designed using Applied Biosystems Primer Express Software on the basis of our sequenced virus genomes. Primers and probes were synthesised by BGI. RT-PCR was done with an Applied Biosystems 7300 Real-Time PCR.67,68 It is a nuclear-derived method for detection of genetic material from any pathogen. Radioactive isotope markers are used to detect targeted genetic materials. Fluorescent dyes were used to replace the isotopic labelling. While real time RT-PCR is now the most widely used method for detecting coronaviruses in many countries.69,70,71(SARS-CoV-2) only contains RNA. In SARS-CoV-2 RNA take control and reprogrammed the cells so that they multiple and make more viruses. SAR-CoV-2 detected in the body using real time RT-PCR. In which a sample is taken from infected person body like nose or throat.^{72,73,74} The taken sample is treated with several chemical solutions that remove substances only the RNA is been extracted from the taken sample. The RNA is reverse transcription process. By using specific enzymes this RNA was converted into DNA. short fragments of DNA are added that are complementary to specific parts of the transcribed viral DNA. These fragments of DNA to target sections of the viral DNA.75,76,77 The genetic fragments are for building DNA strands during amplification, while the others are for building the DNA and adding marker labels to the strands, which are then used to detect the virus.



Fig. 2. Coronavirus death in top ten countries

These mixers then placed in a RT-PCR machine.78,79 The machine cycles heat and cool the mixture chemical reactions this create new, identical copies of the target sections of viral DNA. This cycle can repeat over and over to continue copying the target sections of viral DNA. Each cycle doubles the amount: two copies become four, four copies become eight, and so on.^{80,81} A standard real time RT-PCR setup goes through 35 cycles, which means that by the end of the process, around 35 billion new copies of the sections of viral DNA are created. the marker labels and a fluorescent dye were used to measured.82,83Computer's has been used for tracking the amount of fluorescence in the taken sample after each cycle. If the amount of fluorescencegoes over a certain level, it gives the conformation of virus present.84This technique is highly sensitive and specific. It can deliver a reliable diagnosis as fast as three hours. by Comparing with other available virus isolation methods, real time RT-PCR is much faster and it has a lower potential for contamination or errors. the entire process can be done within a closed tube. It is the most accurate method available for detection of the SAR-CoV-2.85,86,87

Effects of Genome sequence COVID-19 on different countries

This study shows the effects on changing in genomic sequences of COVID 19 on different countries. It was stated from Wuhan city, china and spread all over the world. In December 2019, an outbreak of apparently viral pneumonia of unknown ethology emerged in the city of Wuhan, in the Chinese province of Hubei. Chinese scientist done 7,700 genome sequences of COVID-19. These genome sequences help to vital tracking, how the virus mutates time by time as it spread and also used for development of diagnostic tests and vaccines.⁸⁸

Data shows that Africa and south America has only 1% of genome sequencing done on COVID-19. Whereas Europe and north America has the highest genome sequencing done. There should be more genomic data from Africa and south America for vaccine development.⁸⁹

9 January, 2020, health authorities of Chinese and the World Health Organization (WHO) found and announces the novel coronavirus, known as SAR-CoV-2, these agents responsible for the pneumonia cases. On 11 and 12 January, the health authorities of Chinese shared the full genome sequence of SAR-CoV-2. The genome sequences of SAR-CoV-2 is crucial for the development of specific diagnostic tests and the identification of potential treatment options. Chinese scientists claim there are two main strain of SAR-CoV-2 in humans, indicating that the virus is mutating. Researchers of china say the COVID-19 virus, which has since been renamed SARS-CoV2, has evolved into two major lineages, known as "L" and "S" types. The newer and more aggressive L type strain accounted for about 70 per cent of the analysed cases, the researchers said, while the rest were linked to the older S type version.^{90,91}

On Friday 24 January, 2020, detection of the corona virus was confirmed in France.

India researchers [National Institute of Virology (NIV), Pune and Gujarat Biotechnology Research Centre (GBRC)] decoding the entire genome sequence of the novel coronavirus, and confirmed that there are three new mutations has occurred. These viruses mutate in order to adapt to and survive in different situations. It was mutated when it will try to control by medicines. This virus is mutating fast. After establishing the genome sequence then analyse the genome in them and after that formulate a strategy to fight the virus.

World Health Organization, confirmed that the diagnosis of COVID-19 should be done by RT-PCR or gene sequencing.92The RT-PCR test is a highly sensitive. It is a gene based diagnostic test. It is much more reliable and much better than the conventional test. In united states of America, Researchers have examined the genomes sequences of coronavirus say the similarities between the cases suggest that the virus may have been spreading in the state for weeks. On 20 January, by the analysis of genome sequences, centre of disease control announced that Washington had the United States' first confirmed case of coronavirus. Peoples who live in the same county, but did not known to have any contact with one another. By the study of genomic sequences, it has been concluded that the virus has been spreading through other people in the community. U.S.A. scientist also concluded that these viruses are independently would arrive in the same geographical area and be genetically related unless they were connected.93

In united states death rate is very much high as compared to another countries. In

USA, Human-to-human transmission has been reported too much. On 27 February, the first case of community spread in the US was reported, a person who did not have any travel history to the coronavirus-affected regions. New York has reported the highest number of coronavirus cases and deaths in the US and also accounts for 40% of deaths in the country. The government announced a disaster declaration for the state and the National Guard has been activated. The US passed a bill on 13 March making coronavirus tests free for its residents. The CDC developed the RT-PCR diagnostic panel for testing patient specimens for COVID-19. It was approved for emergency use by the U.S. Food and Drug Administration (FDA) under Emergency Use Authorization (EUA). The CDC later announced that it would use its existing seasonal influenza surveillance system for testing coronavirus cases in five states including Los Angeles, San Francisco, Seattle, Chicago, and New York. 94,95

India has recorded 78,194 confirmed cases, 2,551deaths, 26,400 cured cases, according to the latest update released by the Union Ministry for Health and Family Welfare.

Covid-19 is not easy to diagnose. Real Time-PCR can be used for virus testing followed by gene fingerprinting. There are 15 labs in India were the test has been done so far and Nineteen will be made operational as soon as possible. So far, specimens of suspected novel coronavirus patients are tested at the National Centre for Disease Control (NCDC) in Delhi, Indian Council of Medical Research (ICMR)'s laboratories at Alappuzha, Bengaluru, Hyderabad and Mumbai, besides the National Institute of Virology (NIV), Pune. Under the guidance of NIV these labs are worked. In this test, a nucleic acid amplification-based assay called polymerase chain reaction (PCR) are used and a more sensitive form called reverse-transcriptionpolymerase chain reaction(RTPCR). According to recommendations by the World Health Organization. COVID-19 diagnosis must be confirmed by RT-PCR or gene sequencing for respiratory or blood specimens. It is much more reliable and much better than the conventional test.96

China take immediate precautions to stop the spread of the virus and provide diagnosis and treatment in-time for reduction the impacts. On 23 January, the Chinese Civil Aviation Administration guided foreign airlines to reduce their scheduled flights to Wuhan, when necessary, to prevent and control the spread of pneumonia caused by coronavirus. Chinese's government take a number of steps to stop the outbreak, which are: -

• Pooling trained medical personnel from across the country

• Ensuring supplies to the most vulnerable and affected areas

• Construction of new temporary coronavirus hospitals on a war-footing

• Extending holidays for schools and businesses as well as the Chinese Lunar New Year holiday

Researchers has allowed for gene testing, epidemic control and research institutions to use Linear Fold, its RNA structure algorithm that will help to understand the virus and screening compounds in less than half-a-minute compared to approximately an hour earlier. Bangkok (Thailand) is currently at risk from a spread of the virus. Hong Kong (China) is second on the list, followed by Taipei (Taiwan, the Republic of China).

The most 'at-risk' countries or regions worldwide are Sydney, New York, London, Thailand, Japan and Hong Kong. USA, Australia and the UK. In mainland of China, the cities of Beijing, Guangzhou, Shanghai, Chongqing, Guangdong, Zhejiang, Sichuan and Henan are all identified as high-risk by the researchers. A common factor behind the deaths recorded in china was smoking, those who with already damaged lungs are more likely to succumb to pneumonia. According to WHO, Italy has been hit so badly, because of the age of its population. The country has the oldest average age in Europe, second oldest in the world and coronavirus disproportionately affects the elderly, whose immune system may not strong enough to stave off the pneumonia the virus causes.97,98

First confirmed cases in Brazil came from Italy. On 28 January, the first Brazilian sequence closely resembles to the sequenced in Germany and it was different from the genome sequenced in Wuhan, the epicentre of the epidemic in China. This virus mutates relatively little, once a month on average, so there's no point in sequencing small pieces of the genome. on February 29, the researchers isolated the sequence of whole genome of the coronavirus from the second Brazilian patient diagnosed with COVID-19. Completed only 24 hours after confirmation of the case in Brazil, the study shows that there are differences between the genomes of the viruses isolated from the first and second patients. "The second genomic sequence of Brazilian is more similar to the genome sequenced in the United Kingdom, and it both differ from the Chinese sequences. This show that the COVID-19 epidemic is maturing in Europe in the sense that internal transmission is already occurring in European countries.

The main advantage of real-time epidemic monitoring. It is used to exactly identifying, where the virus came from. This information is useful to guide containment actions and help reduce dissemination of the disease. on February 26, the first case of COVID-19 was diagnosed in Brazil by molecular biology.^{99,100}

REFERENCES

- 1. Weiss SR, Navas-Martin S. Coronavirus pathogenesis and the emerging pathogen severe acute respiratory syndrome coronavirus. *Microbiol Mol Bio Rev*; **69**: 635-64 (2005).
- Cui J, Li F, Shi ZL. Origin and evolution of pathogenic coronaviruses. *Nat Rev Microbial*; 17: 181-92 (2019).
- Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, *et al*. A novel coronavirus from patients with pneumonia in China, 2019. *New Engl J Med*; 382: 727-33 (2020).
- Lu H, Stratton CW, Tang YW. Outbreak of pneumonia of unknown etiology in Wuhan, China: The mystery and the miracle. *J Med Virol*; 92: 401-2 (2020).
- Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *Lancet*; 395: 507-13 (2020).
- Lu R, Zhao X, Li J, Niu P, Yang B, Wu H, et al. Genomic characterisation and epidemiology of 2019 novel coronavirus: Implications for virus origins and receptor binding. *Lancet*; **395**: 565-74 (2020).
- Gorbalenya AE, Baker SC, Baric RS, de Groot RJ, Drosten C, Gulyaeva AA, *et al.* The species Severe acute respiratory syndrome-related coronavirus: Classifying 2019-nCoV and naming it SARS-CoV-2. *Nature Microbiology Nature Publishing Group*; 5: 536-44 (2020).
- 8. Paraskevis D, Kostaki EG, Magiorkinis G,Panayiotopoulos G, Sourvinos G, Tsiodras

S. Full-genome evolutionary analysis of the novel corona virus (2019-nCoV) rejects the hypothesis of emergence as a result of a recent recombination event. *Infect Genet Evol*; **79**: 104212 (2020).

- Letko M, Marzi A, Munster V. Functional assessment of cell entry and receptor usage for SARS-CoV-2 and other lineage B beta coronaviruses. *Nat Microbiol* (2020). doi: 10.1038/s41564-020-0688-y.
- Li F, Li W, Farzan M, Harrison SC. Structure of SARS coronavirus spike receptor-binding domain complexed with receptor. *Science*; 309: 1864-8 (2005).
- Wan Y, Shang J, Graham R, Baric RS, Li F. Receptor recognition by novel coronavirus from Wuhan: An analysis based on decade-long structural studies of SARS. *J Virol*; 94 (2020). pi: e00127-20.
- World Health Organization. Coronavirus disease(COVID-2019) situation reports. WHO; 2020? February 29, 2020.
- World Health Organization. Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans. February 29: (2020).
- 14. Ministry of Health & Family Welfare, Government of India; 2020.
- Yadav PD, Albariño CG, Nyayanit DA, Guerrero L, Jenks MH, Sarkale P, *et al*. Equine Encephalosis Virus in India, 2008. *Emerg Infect Dis*; 24: 898-901 (2018).
- Yadav PD, Whitmer SLM, Sarkale P, Ng TFF, Goldsmith CS, Nyayanit DA, et al. Characterization of novel reoviruses [Wad Medani virus (Orbivirus) and Kundal (Coltivirus)] collected from hyalommaantolicum ticks in India during surveillance for Crimean Congo Haemorrhagic fever. J Virol. (2019) doi:10.1128/ JVI.00106-19.
- Elbe S, Buckland-Merrett G. Data, disease and diplomacy: GISAID's innovative contribution to global health. *Glob Chall*; 1: 33-46 (2017).
- Kumar S, Stecher G, Tamura K. MEGA7: Molecular evolutionary genetics analysis version 7.0 for bigger datasets. *Mol Biol Evol*; 33: 1870-4 (2016).
- 19. Andersen K, Rambaut A, Lipkin I, Holmes EC, Garry R. The proximal origin of SARS-CoV2.
- Pan Y, Zhang D, Yang P, Poon LLM, Wang Q. Viral load of SARS-CoV-2 in clinical samples. *Lancet Infect Dis.* pi: S1473-3099(20)30113-4 (2020).
- 21. To KK, Tsang OT, Chik-Yan Yip C, Chan KH, Wu TC, Chan JMC, *et al.* Consistent detection of 2019 novel coronavirus in saliva. *Clin Infect*

Dis. pii: ciaa149 (2020).

- 22. Volz E, Baguelin M, Bhatia S, Boonyasiri A, Cori A, Cucunuba Z, *et al.* Report 5: Phylogenetic analysis of SARS-CoV-2.
- 23. Kirchdoerfer RN, Ward AB. Structure of the SARS-CoV nsp12 polymerase bound to nsp7 and nsp8 co-factors. *Nat Commun*; **10**: 2342 (2019).
- 24. Buchholz UJ, Bukreyev A, Yang L, Lamirande EW, Murphy BR, Subbarao K, *et al.* Contributions of the structural proteins of severe acute respiratory syndrome coronavirus to protective immunity. *Proc Natl Acad Sci U S A*; **101**: 98049 (2004).
- O'Neil D, Swanton C, Jones A, Medd PG, Rayment N, Chain B. IFN-ã down-regulates MHC expression and antigen processing in a human B cell line. *J Immunol*; 162: 791-8 (1999).
- Janice Oh HL, Ken-En Gan S, Bertoletti A, Tan YJ.Understanding the T cell immune response in SARScoronavirus infection. *Emerg Microbes Infect*; 1: E23 (2012).
- Baruah V, Bose S. Immunoinformatic-aided identification of T cell and B cell epitopes in the surface glycoprotein of 2019-nCoV. *J Med Virol*; 92: 495-500 (2020).
- 28. Gao GF. From "A" IV to "Z" IKV: attacksfrom emerging and re-emerging pathogens. *Cell*; **172**: 1157-9 (2018).
- Weiss SR, Leibowitz JL. Coronaviruspathogenesis. Adv Virus Res; 81:85-164 (2011).
- Masters PS, Perlman S. Coronaviridae.In: Knipe DM, Howley PM, eds. Fields virology. 6th ed. Lippincott Williams & Wilkins, 825-58 (2013).
- 31. Su S, Wong G, Shi W, *et al.* Epidemiology, genetic recombination, and pathogenesis of coronaviruses. *Trends Microbiol*; **24**: 490-502 (2016).
- Cui J, Li F, Shi ZL. Origin and evolution of pathogenic coronaviruses. *Nat Rev Microbiol*; 17: 181-92 (2019).
- Zhong NS, Zheng BJ, Li YM, *et al.* Epidemiology and cause of severe acute respiratorysyndrome (SARS) in Guangdong, People's Republic of China, in February, 2003. *Lancet*; 362: 1353-8 (2003).
- Ksiazek TG, Erdman D, Goldsmith CS, *et al*. A novel coronavirus associated with severe acute respiratory syndrome. *N Engl J Med*; **348**: 1953-66 (2003).
- 35. Drosten C, Günther S, Preiser W, *et al.* Identification of a novel coronavirus in patients with severe acute respiratory syndrome. *N Engl J Med*; **348**: 1967-76 (2003).
- Zaki AM, van Boheemen S, BestebroerTM, Osterhaus AD, Fouchier RA. Isolation of a novel coronavirus from a man with pneumonia in Saudi

Arabia. N Engl J Med; 367: 1814-20 (2012).

- Wong G, Liu W, Liu Y, Zhou B, Bi Y,Gao GF. MERS, SARS, and Ebola: the roleof superspreaders in infectious disease. *Cell Host Microbe*; 18: 398-401 (2015).
- 38. Report of clustering pneumonia ofunknown etiology in Wuhan City. *Wuhan Municipal Health Commission*, (2019).
- Liu GS, Li H, Zhao SC, Lu RJ, Niu PH, Tan WJ. Viral and bacterial etiology ofacute febrile respiratory syndrome amongpatients in Qinghai, China. *Biomed Environ Sci*; 32: 438-45 (2019).
- 40. Palacios G, Druce J, Du L, *et al.* A newarenavirus in a cluster of fatal transplants associated diseases. *N Engl J Med*; **358**: 991-8 (2008).
- Tan WJ, Zhao X, Ma XJ, *et al*. A novelcoronavirus genome identified in a cluster of pneumonia cases — Wuhan, China 2019-2020. *China CDC Weekly*; 2: 61-2 (2020).
- Armstrong GL, MacCannell DR, Taylor J, et al. Pathogen genomics in public health. N Engl J Med; 381: 2569-80 (2019).
- 43. Report of novel coronavirus-infected pneumonia in Wuhan City. Wuhan Municipal Health Commission, (2020).
- J. S. M. Peiris, Y. Guan, and K. Y. Yuen, "Severe acute respiratory syndrome," *NatureMedicine*, 10(12): pp. S88–S97 (2004).
- P. A. Rota, M. S. Oberste, S. S. Monroe et al., "Characterization of a novel coronavirusassociated with severe acute respiratory syndrome," *Science*, 300(5624): pp. 1394–1399 (2003).
- Z. Shi and Z. Hu, "A review of studies on animal reservoirs of the SARS coronavirus," *VirusResearch*, 133(1): 74–87 (2008).
- A. Balboni, A. Palladini, G. Bogliani, and M. Battilani, "Detection of a virus related to beta coronaviruses in Italian greater horseshoe bats," *Epidemiology and Infection*, 139(2): pp. 216–219 (2011).
- J. F. Drexler, F. Gloza-Rausch, J. Glende et al., "Genomic characterization of severe acute respiratory syndrome-related coronavirus in European bats and classification of coronaviruses based on partial RNA-dependent RNA polymerase gene sequences," Journal of Virology, 84(21): pp. 11336–11349, 2010.
- W. Li, Z. Shi, M. Yu *et al.*, "Bats are natural reservoirs of SARS like coronaviruses," *Science*, 310: 5748: pp. 676–679 (2005).
- 50. P. L. Quan, C. Firth, C. Street *et al.*, "Identification of a severe acute respiratory syndrome coronavirus-like virus in a leafnosed bat in Nigeria," *mBio*, 1(4): article e00208-10 (2010).
- 51. D. Rihtaric, P. Hostnik, A. Steyer, J. Grom,

2022

and I. Toplak, "Identification of SARS-like coronaviruses in horseshoe bats (*Rhinolophus hipposideros*) in Slovenia," *Archives of Virology*, **155**(4): pp. 507–514 (2010).

- S. Tong, C. Conrardy, S. Ruone *et al.*, "Detection of novel SARS-like and other coronaviruses in bats from Kenya," *Emerging Infectious Diseases*, 15(3): 482–485 (2009).
- S. K. P. Lau, P. C. Y. Woo, K. S. M. Li et al., "Severe acute respiratory syndrome coronavirus-like virus in Chinese horseshoe bats," *Proceedings of the National Academy* of Sciences of the United States of America, 102(39): pp.14040–14045 (2005).
- 54. S. K. P. Lau, P. C. Y. Woo, K. S. M. Li *et al.*, "Complete genome sequence of bat coronavirus HKU2 from Chinese horseshoe bats revealed a much smaller spike gene with a different evolutionary lineage from the rest of the genome," *Virology*, 367(2): pp. 428–439 (2007).
- S. K. P. Lau, K. S. M. Li, Y. Huang *et al.*, "Ecoepidemiology and complete genome comparison of different strains of severe acute respiratory syndrome-related Rhinolophus bat coronavirus in China reveal bats as a reservoir for acute, self-limiting infection that allows recombination events," *Journalof Virology*, 84(6): pp. 2808–2819 (2010).
- S. Watanabe, J. S. Masangkay, N. Nagata *et al.*, "Bat coronaviruses and experimental infection of bats, the Philippines," *Emerging Infectious Diseases*, 16(8): pp. 1217–1223 (2010).
- P. C. Y. Woo, S. K. P. Lau, K. S. M. Li *et al.*, "Molecular diversity of coronaviruses in bats," *Virology*, 351(1): pp. 180–187 (2006).
- P. C. Y. Woo, M. Wang, S. K. P. Lau *et al.*, "Comparative analysis of twelve genomes of three novel group 2c and group 2d coronaviruses reveals unique group and subgroup features," *Journal of Virology*, **81**(4), pp. 1574–1585 (2007).
- J. Yuan, C. C. Hon, Y. Li *et al.*, "Intraspecies diversity of SARS like coronaviruses in *Rhinolophus sinicus* and its implications for the origin of SARS coronaviruses in humans," *Journal of General Virology*, **91**(4): pp. 1058– 1062 (2010).
- S. Escutenaire, N. Mohamed, M. Isaksson *et al.*, "SYBR Green real-time reverse transcriptionpolymerase chain reaction assay for the generic detection of coronaviruses," *Archives of Virology*, 152(1): pp. 41–58 (2007).
- 61. US Environmental Protection Agency, Quality Assurance/ Quality Control Guidance for Laboratories Performing PCR Analysis on Environmental Samples, US Environmental

Protection Agency, Washington, DC, USA, (2004).

- M. Battilani, T. Coradin, A. Scagliarini *et al.*, "Quasispecies composition and phylogenetic analysis of feline coronaviruses (FCoVs) in naturally infected cats," *FEMS Immunology and Medical Microbiology*, **39**(2): pp. 141–147 (2003).
- 63. M. Battilani, A. Balboni, M. Ustulin, M. Giunti, A. Scagliarini, and S. Prosperi, "Genetic complexity and multiple infections with more Parvovirus species in naturally infected cats," *Veterinary Research*, 42(1), article 43 (2011).
- S. M. Poutanen*et al.*, *N. Engl. J. Med.*, available 17 April 2003 at<u>http://nejm.org/earlyrelease/sars</u>. asp#4-2.
- 65. Centers for Disease Control and Prevention, Morb.Mortal. Wkly. Rep. **52**, 357 (2003).
- T. G. Ksiazek*et al., N. Engl. J. Med.* 348, 1947 (2003).
- 67. J. S. Peiris et al., Lancet **361**, 1319 (2003).
- M. M. C. Lai, K. V. Holmes, in *Fields Virology*, D. M. Knipe, P. M. Howley, Eds. (Lippincott Williams & Wilkins, New York, ed. 4, 2001), chap. 35.9. L. Enjuanes*et al.*, in *Virus Taxonomy*, M. H. V. van Regenmortal *et al.*, Eds. (Academic Press, New York, 2000), pp. 835–849.
- K. V. Holmes, in *Fields Virology*, D. M. Knipe, P. M. Howley, Eds. (Lippincott Williams & Wilkins, New York, ed. 4, 2001), chap. 36.
- 70. Materials and methods are available as supportingmaterial on *Science* Online.
- 71. Although the match was not statistically significant, the C half of potential protein X1 contains a region of similarity with calcium-transporting adenosine triphosphatases.
- G. S. Sawicki, D. L. Sawicki. Adv. Exp. Med. Biol. 440,215 (1998).
- 73. The sequence immediately upstream of the ORFcoding for the predicted E protein is GTACGAAC anddiffers from the sequence of the consensus TRS at thefirst two positions.
- 74. D. X. Liu, S. C. Inglis, J. Virol. 66, 6143 (1992).
- 75. V. Thiel, S. G. Siddell, J. Gen. Virol. 75, 3041 (1994).
- 76. K. S. Loleet al., J. Virol. 73, 152 (1999).
- J. Ziebuhr, E. J. Snijder, A. E. Gorbalenya, J. Gen. Virol. 81,853 (2000).
- S. G. Siddell, Ed., *The Coronaviridae*(Plenum, New York, 1995).
- D. Escors, J. Ortego, H. Laude, L. Enjuanes, J. Virol. 75, 1312 (2001).
- H. Garoff, R Hewson, D.-J. E. Opstelten, *Microbiol. Mol. Biol. Rev.* 62, 1171 (1998).
- 81. C. M. Sanchez et al., J. Virol. 73, 7607 (1999).
- 82. I. Leparc-Goffartet al., J. Virol. 72, 9628 (1998).

- 83. Cleavage sites in the S proteins of coronaviruses are RRFRR, RRSRR, RRSRR, RSRR, RARS, and RARR (26) in infectious bronchitis virus, bovine coronavirus, human coronavirus OC43, porcine hemagglutinating encephalomyelitis virus, mouse hepatitis virus, and rat coronavirus, respectively.
- 84. Single-letter abbreviations for the amino acid residues are as follows: A, Ala; C, Cys; D, Asp; E, Glu; F, Phe; G, Gly; H, His; I, Ile; K, Lys; L, Leu; M, Met; N, Asn; P, Pro; Q, Gln; R, Arg; S,Ser; T, Thr; V,Val; W, Trp; and Y, Tyr.
- 85. C. A. M. de Haanet al., Virus Res. 82, 77 (2002).
- C. A. M. de Haan, L. Kuo, P. S. Masters, H. Vennema, P. J. M. Rottier, *J. Virol.* 72, 6838 (1998).
- As of this writing, complete genomic sequences ofthree additional SARS-CoV isolates were available atGenBank (Tor-2 strain, Canada, accession no.ay274119; CUHK-W1 isolate, Hong Kong, accessionno. ay278554; and HKU-39849 isolate, Hong Kong,accession no. ay278491).
- M. A. Marraet al., Science 300, 1399 (2003); published online 1 May 2003 (10.1126. science.1085953).
- Akin A, Lin TL, Wu CC, Bryan TA, Hooper T, Schrader D. Nucleocapsid protein gene sequence analysis reveals close genomic relationshipbetween Turkey coronavirus and avian infectious bronchitis virus. *Acta Virol*; 45:31–8 (2001).
- Drosten C, Gunther S, Preiser W, Van der Werf S, Brodt HR, Becker S, *et al.* Identification of a novel coronavirus in patients with severe acute respiratory syndrome. *New Engl J Med*; 348:1967–76 (2003).
- Hiscox JA, Caavanagh D, Britton P. Quantification of individual subgenemic mRNA species during replication of the coronavirus transmissiblegastroenteritis. *Virus Res*; 36:119– 30 (1995).

- Keck JG, Hogue BG, Brian DA, Lai MMC. Temporal regulation of bovine coronavirus RNA synthesis. *Virus Res*; 9:343–56 (1988).
- Poon LL, Wong OK, Chan KH, Luk W, Yuen KY, Peiris JS, *et al.* Rapid diagnosis of coronavirus associated with severe acute respiratory syndrome (SARS). *Clin Chem*; 49: 953–5 (2003).
- Rota PA, Oberste MS, Monroe SS, Nix WA, Campagnoli R, *et al.* Characterization of a novel coronavirus associated with severe acute respiratory syndrome. *Science*; **300**: 1394–9 (2003).
- Arbour, N., R. Day, J. Newcombe, and P. J. Talbot. Neuroinvasion by human respiratory coronaviruses. *J. Virol.* 74: 8913–8921 (2000).
- Gorbalenya, A. E., E. V. Koonin, A. P. Donchenko, and V. M. Blinov. Coronavirus genome: prediction of putative functional domains in the nonstructural polyprotein by comparative amino acid sequence analysis. *Nucleic Acids Res.* 17: 4847–4861 (1989).
- Kiemer, L., O. Lund, S. Brunak, and N. Blom. Coronavirus 3CL-pro proteinase cleavage sites: possible relevance to SARS virus pathology. *BMC Bioinformatics* 5: 72 (2004).
- 98. Thompson, J. D., D. G. Higgins, and T. J. Gibson. CLUSTAL W: improving the sensitivity of progressive multiple sequence alignment through sequence weighting, position-specific gap penalties and weight matrix choice. *Nucleic Acids Res.* 22: 4673–4680 (1994).
- 99. Ziebuhr, J., V. Thiel, and A. E. Gorbalenya. The autocatalytic release of a putative RNA virus transcription factor from its polyprotein precursorinvolves two paralogous papain-like proteases that cleave the same peptide bond. *J. Biol. Chem.* **276:** 33220–33232 (2001).
- Jonsdottir HR, Dijkman R. Coronaviruses and the human airway: a universal system for virus-host interaction studies. *Virol J*; 13: 24 (2016).

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