1   **Patient-derived mutations impact pathogenicity of SARS-CoV-2**

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18   **Summary (130 words)**

19   The sudden outbreak of the severe acute respiratory syndrome–coronavirus

20   (SARS-CoV-2) has spread globally with more than 1,300,000 patients diagnosed and a

21   death toll of 70,000. Current genomic survey data suggest that single nucleotide variants

22   (SNVs) are abundant. However, no mutation has been directly linked with functional

23   changes in viral pathogenicity. We report functional characterizations of 11

24   patient-derived viral isolates. We observed diverse mutations in these viral isolates,

25   including 6 different mutations in the spike glycoprotein (S protein), and 2 of which are

26   different SNVs that led to the same missense mutation. Importantly, these viral isolates

27   show significant variation in cytopathic effects and viral load, up to 270-fold differences,

28   when infecting Vero-E6 cells. Therefore, we provide direct evidence that the

29   SARS-CoV-2 has acquired mutations capable of substantially changing its pathogenicity.

30

31   **Introduction**

32   Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; previously referred to as

33   2019-nCoV), associated with the ongoing outbreak of atypical pneumonia, has already

34   caused a global pandemic, despite China's extensive systematic effort to contain the

35   outbreak. As of April 7, 2020, SARS-CoV-2 has infected more than 1.3 million people

36   around the world with a death toll of 70,000. The numbers are still increasing rapidly.

37   The estimate of the incubation period of SARS-CoV-2 (mean, 5.1 days; range, 4.5 to 5.8

38   days) (Lauer et al., 2020) is in line with those of other known human coronaviruses, such

39   as SARS (mean, 5 days; range, 2 to 14 days) (Varia et al., 2003) and MERS (mean, 5 to 7

40   days; range, 2 to 14 days) (Virlogeux et al., 2016). The reproductive number of

41   SARS-CoV-2 is likely to be from 1.4 to 6.5, with a mean of 3.3 (Liu et al., 2020), which

42   is slightly higher than SARS, i.e., 2-5 (Bauch et al., 2005; Lipsitch et al., 2003) and

43   MERS, i.e., 2.7-3.9 (Lin et al., 2018). More than half of patients with SARS-CoV-2

44   showed no signs of fever before hospitalization (Guan et al., 2020). Strikingly,

45   Coronavirus Diease-2019 (COVID-19) can be transmitted by asymptomatic patients, who

46   show no fever, gastrointestinal or respiratory symptoms, and have normal chest computed

47   tomography (Bai et al., 2020; Hu et al., 2020), making it much more challenging to

48   prevent the spread of COVID-19. Moreover, SARS-CoV-2 can remain viable and

49   infectious in aerosols for multiple hours and up to 7 days on surfaces (van Doremalen et

50   al., 2020). Although multiple *in vitro* studies or clinical trials on inhibitors or drugs were

51   carried out, no effective cures or vaccines have been found so far (Cao et al., 2020;

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52   Hoffmann et al., 2020; Wang et al., 2020). The World Health Organization (WHO)

53   declared COVID-19 a Public Health Emergency of International Concern on 30 January

54   2020, and raised the threat of the SARS-CoV-2 pandemic to the "very high" level on

55   February 28, 2020.

56   SARS-CoV-2 is the seventh member of enveloped RNA beta-coronavirus

57   (Sarbecovirus subgenus) (Zhu et al., 2020); SARS-CoV-2, SARS-CoV and MERS-CoV

58   can lead to devastating diseases, while HKU1, NL63, OC43 and 229E are related with

59   mild symptoms (Corman et al., 2018). So far, no recombination events were detected (Yu,

60   2020), although this could be at least partially due to the fact that most viral isolates were

61   sequenced with short-reads platform. The transmembrane spike (S) glycoprotein mediates

62   viral entry into host cells through homotrimers protruding from the viral surface. The S

63   protein includes two domains: S1 for binding to the host cell receptor and S2 for fusion of

64   the viral and cellular membranes, respectively (Tortorici and Veesler, 2019). Both

65   SARS-CoV-2 and SARS-CoV use the angiotensin converting enzyme 2 (ACE2) to enter

66   target cells (Walls et al., 2020). ACE2 is expressed in human nasal epithelial cells and

67   lung, spermatogonia, leydig, sertoli, gastric, duodenal, and rectal epithelial cells (Wang

68   and Xu, 2020; Xiao et al., 2020; Zhao et al., 2020). The receptor binding domain (RBD)

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69   in the S protein is the most variable genomic part in the betacoronavirus group (Wu et al.,

70   2020; Zhou et al., 2020), and some sites of S protein might be subjected to positive

71   selection (Lv et al., 2020). Despite the abundant variability of SARS-CoV-2, one key

72   question remains as to whether these mutations have any real functional impact on the

73   pathogenicity of SARS-CoV-2. This is crucial in our understanding of the viral infectious

74   mechanisms and dictates the strategy of drug and vaccine development in preparation for

75   the next stage of the pandemic.

76   To address this, we characterized 11 SARS-CoV-2 viral isolates from patients

77   admitted to Zhejiang University-affiliated hospitals in Hangzhou, China, situated 757

78   KMs to the east of Wuhan (see Materials and Methods). Super-deep sequencing of the 11

79   viral isolates on the Novaseq 6000 platform identified 1-5 mutations in the coding

80   sequences among the viral isolates. Mixed viral populations (representing quasi-species)

81   were also observed. We infected Vero-E6 cells with 11 viral isolates and quantitatively

82   assessed their viral load at 1, 2, 4, 8, 24, and 48 hours post infection (P.I.) and their viral

83   cytopathic effects (CPE) at 48 and 72 hours P.I.. Our results show that the observed

84   mutations can have a direct impact on the viral load and CPE when infecting Vero-E6

85   cells, as much as 270-fold differences between the extremities. This finding suggests that

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86   the observed mutations in our study, and possibly in the viral isolates collected around

87   the world, can significantly impact the pathogenicity of SARS-CoV-2.

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89   **Results**

90   **Summary of the epidemiological history of the patients**

91   The samples of the 11 patients involved in this study were collected during the early

92   phase of the COVID-19 breakout in China, dates ranging from 1/22/2020 to 2/4/2020

93   (Table 1). 10 of the 11 patients had clear connections with Wuhan city, where the

94   SARS-CoV-2 was originally identified. 5 of the 11 people either worked in or traveled to

95   Wuhan before they were diagnosed, and another 5 had close contact with people who

96   lived in Wuhan, and the remaining person had contact with people who were COVID-19

97   victims. Notably, patients ZJU-4, -5, -9 attended the same business conference where a

98   few colleagues from Wuhan were present. These patients therefore constitute 1st and 2nd

99   generations of the viral victims based on their epidemiological history. The 11 patients

100   include 8 males and 3 females, with ages ranging from 4 months to 71 years old. There

101   are no clear criteria in selecting these patients other than the fact that they were all

102   admitted into Zhejiang University-affiliated hospitals in Hangzhou. All except one of the

103   patients had moderate or worse symptoms. 3 patients had co-morbidity conditions and

104   one patient needed ICU treatment. Luckily, all of the patients have recovered as of the

105   time of writing this article.

ID	Sex	Age	Sample	Sample collection date	Virus isolating date	Epide-miology	Viral gen	Onset sypmtoms	Severity	Blood presure	ICU	Onset date	Admission	Discharge
ZJU_1	M	30-40	Sputum	1.25	1.29	Contact with people from Wuhan	2	Fever	Moderate	0	0	1.23	1.25	2.23
ZJU_2	M	30-40	Sputum	1.26	1.29	Lived in Wuhan	1	Fever	Severe	0	0	1.23	1.24	2.23
ZJU_3	M	30-40	Sputum	1.25	1.30	Traveled to Wuhan	2	Fever	Severe	0	0	1.18	1.19	2.12
ZJU_4	M	30-40	Sputum	1.24	1.28	Conference with colleagues from Wuhan	2	Fever, fatigue	Moderate	0	0	1.17	1.21	2.9
ZJU_5	F	20-30	Sputum	1.22	1.26	Conference with colleagues from Wuhan	2	Fever	Severe	0	0	1.21	1.22	2.9
ZJU_6	M	70-80	Sputum	2.2	2.6	Contact with people who had COVID19 Wuhan.	2 or 3	Fever, fatigue	Severe	1	0	1.22	1.26	2.19
ZJU_7	F	0-1	Nasopharyngeal swab	2.3	2.8	Contact with people from Wuhan	2	Fever	Mild	0	0	1.29	1.29	2.20
ZJU_8	M	50-60	Sputum	1.26	1.30	Lived in Wuhan	1	Fever, fatigue	Critical	1	1	1.17	1.22	2.19
ZJU_9	M	30-40	Stool	1.28	2.7	Conference with colleagues from Wuhan	2	Fever	Severe	0	0	1.18	1.21	2.5
ZJU_10	F	30-40	Stool	2.3	2.8	Lived in Wuhan	1	Fever	Severe	0	0	1.19	1.27	2.12
ZJU_11	M	60-70	Stool	2.4	2.9	Lived in Wuhan	1	Coughing	Severe	1	0	1.19	1.26	3.15

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107   **Table 1.** A summary of the epidemiological information of the 11 patients involved in

108   this study. The "Viral gen" (viral generation) was inferred based on their exposure

109   history.

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111   **Ultra-deep sequencing reveals diverse mutations in the patient-derived viral isolates**

112   To assess the mutational spectrum of these 11 viral isolates, ultra-deep sequencing of the

113   isolated viral genomic RNA was performed on the Illumina Novaseq 6000 platform,

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114   generating on average 245 million post-cleaning reads/67.16 Gb per sample (Table S1;

115   average coverage exceeding 2,000,000 X). This extraordinary depth is partially due to the

116   small genome of the SARS-CoV-2, which enables us to identify mutations with high

117   confidence. Moreover, in cases where the viral populations are not homogenous, the

118   depth could help us to characterize alleles with very low frequency.

119   In total, 33 mutations were identified (including 10 mutations observed in

120   mixed-populations), and 19 of these mutations were novel, according to the comparison

121   with 1111 genomic sequences available at GISAID on 3/24/2020 (Fig. 1, S1, and S2).

122   Specifically, G11083T and G26144T were found in ZJU-1, and both of these mutations

123   are known as founding mutations for a large group of viruses (Capobianchi et al., 2020).

124   C8782T and T28144C were found in two of our viral isolates, ZJU-2 and ZJU-8, and

125   these two are known as the founding mutations for another large group of viral isolates

126   (Capobianchi et al., 2020). Interestingly, mutation T22303G was found in five viral

127   isolates (ZJU-2, -5, -9, -10, and -11) and ZJU-5 and ZJU-9 were exposed to the same

128   potential source of infection during a business conference (Table 1). Previously, only one

129   viral isolate identified in Australia had the T22303G mutation. Strikingly, the viral isolate

130   from patient ZJU-4, who attended the same conference as ZJU-5 and ZJU-9, has a novel

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131   mutation, A22301C, which causes the same missense mutation at the protein level

132   (S247R in the S protein) as T22303G, mutating the 1st instead of the 3rd position in the

133   respective codon. Observations of these two single nucleotide variants can only be

134   coincidental, albeit very unexpected. Finally, the ZJU-11 has 4 mutations in the ORF7b

135   gene, 3 of which are consecutive and introduce 2 mutations at the protein level.

136   Di-nucleotide and Tri-nucleotide mutations are of course rarer than SNV, but not

137   exponentially so, according to previous mutational accumulation studies in prokaryotes

138   (Lynch, 2007).

139   It is important to note that while the sequence data deposited in GISAID are very

140   helpful in tracking inter-personal variation of the virus, we still do not know much about

141   intra-personal viral evolutionary dynamics. For example, in ZJU-4 and ZJU-10, alleles of

142   two separate sites have very similar frequency distributions, indicating that these two

143   sites are probably linked, representing at least two haplotypes within the viral populations.

144   And as revealed by this study, 6 of the identified mutations would have been ignored if

145   using the consensus sequences for analyses. Taken together, despite only 11

146   patient-derived isolates being analyzed in this study, we observed abundant mutational

147   diversity, including several founding mutations for different major clusters of viruses

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148   now circulating globally. This diverse mutational spectrum is consistent with their

149   relatively early sampling time and relative proximity to Wuhan city, where the first viral

150   strain was identified. The full mutational diversity of the virus in Wuhan city in the early

151   days is still unknown to this day, due to limited sampling (Lu et al., 2020; Zhou et al.,

152   2020).
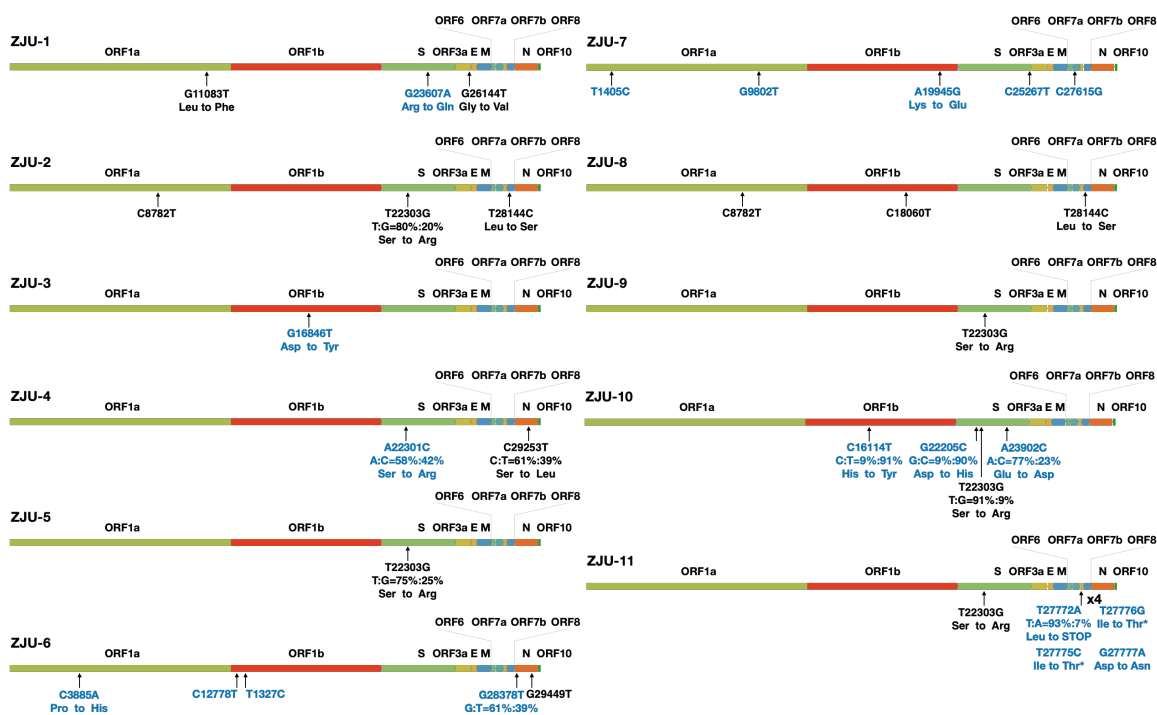
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154   **Fig. 1.** A summary of the mutations identified in each of the 11 viral isolates. Each ORF

155   of the viral genome was denoted based on the annotations of NC_045512.2 as provided

156   by NCBI. If a mutation was observed in the context of a mixed population, the respective

157   percentages of the top two alleles are provided. Changes at the amino acid level are

158   provided if applicable. Blue color indicates novel mutation at the time of writing the

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159   article.

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Phylogenetic analysis of the patient-derived viral isolates reveals their diverse

evolutionary history

163   To understand the phylogenetic context of 11 viral isolates with respect to the corpus of

164   available SARS-CoV-2 sequencing data, we acquired 725 high quality and high coverage

165   SARS-CoV-2 genomes from GISAID (downloaded on 3/21/2020), including the Yunnan

166   RaTG13 viral strain and the Guangdong pangolin viral strain as the outgroup. We aligned

167   the 736 genomic sequences with MAFFT (see Materials and Methods) and trimmed the

168   full-length alignment with trimAL (see Materials and Methods) to remove any spurious

169   parts of the alignment. We used iqtree (see Materials and Methods) to construct a

170   1000-times bootstrapped maximum-likelihood phylogenic tree of the 736 viral sequences

171   based on 835 parsimony informative sites (Fig. 2A). The resulting phylogenetic tree is

172   largely consistent with the phylogenetic analysis being updated on GISAID (Fig. S3). We

173   want to emphasize that due to the rapidly developing COVID-19 situation, tens or even

174   hundreds of new sequences are being uploaded to the GISAID every day. As a result,

175   new observations may be generated when more data are available.
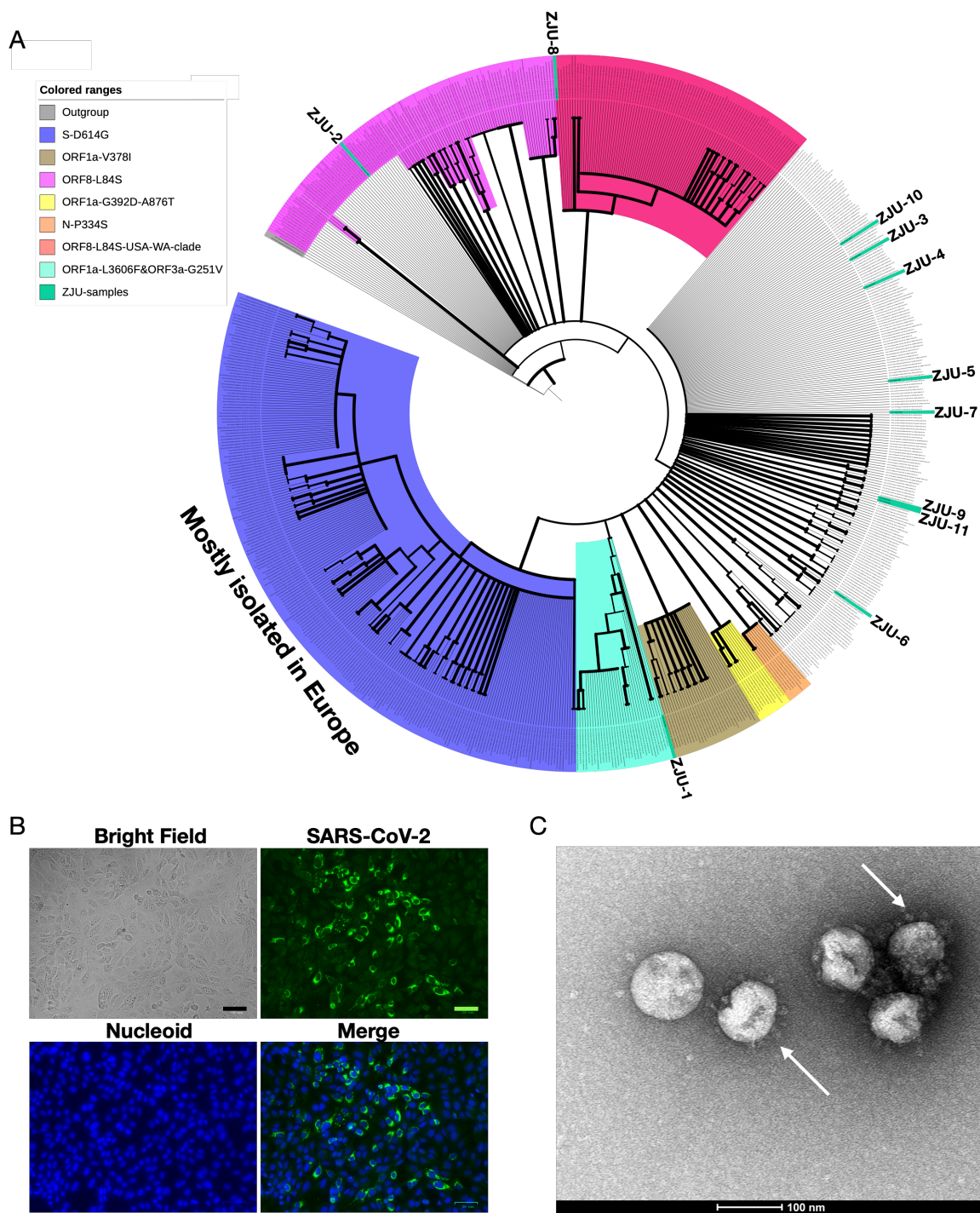
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Fig. 2. Characterizations of the patient-derived SARS-CoV-2 isolates. (A) Phylogenetic

analyses of the 11 viral isolates in the context of 725 SARS-CoV-2 sequences

179   downloaded from GISAID. The 1000-times bootstrapped maximum likelihood tree was

180   constructed to demonstrate the phylogenetic context of the 11 viral isolates. Major and

181   minor clusters were color-coded and denoted as shown in the "colored ranges" inset box.

182   All ZJU- samples were color-codded as green. The width of a branch indicates bootstrap

183   supporting level. (B) Fluorescent labeling of the viral S protein indicates that isolated

184   SAR-CoV-2 viral particles (Green) bind to the peripherals of the Vero-E6 cells (DNA

185   stained as Blue) prior to entry. Scale bars, 50 μm. (C) A representative TEM picture of

186   the isolated SAR-CoV-2 viral particles, arrows indicate the iconic "crown" consisted of S

187   proteins (Spike). Scale bar, 100 nm.

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189   We observed quite a few sets of founding mutations. Specifically, we note the

190   following three biggest clusters in our phylogenetic analysis: 1. Three nucleotide

191   mutations C241T (silent), C14408T (silent), and A23403G (D614G in S) found a group

192   of 231 viral sequences (Fig. 2A; S-D614G cluster), most of which were isolated in

193   Europe; 2. Two nucleotide mutations C8782T (silent) and T28144C (L84S in ORF8),

194   found a group of 208 viral sequences (Fig. 2A; ORF8-L84S cluster), which is not

195   monophyletic in our analysis (Fig. 2A and S3). However, a distinct monophyletic

196   subclade of 92 sequences within the ORF8-L84S cluster can be observed, mainly

197   composed of viral sequences isolated from Seattle, USA (Fig. 2A;

198   ORF8-L84S-USA-WA-clade); 3. Two nucleotide mutations, G11083T (L3606F in

199   ORF1a), and G26144T (G251V in ORF3a) found a group of 34 viral sequences, most of

200   which were from Netherlands and England. Several smaller monophyletic clusters,

201   defined by different sets of founding mutations (bootstrap supporting value >95), can be

202   observed. For examples: 1. the G1937A (V378I in ORF1a) mutation founds a cluster of

203   31 viral sequences; 2. the G1440A and G2891A mutations, resulting in G392D and

204   A876T mutations in the ORF1a gene, founds a cluster of 12 viral sequences, mostly from

205   Germany or Netherlands; 3. the C15325T and C29303T mutations, resulting in P344S

206   mutation in the N gene, founds a small cluster of 8 sequences, all of which are from

207   China or Japan. When integrating the characterized 11 viral isolates into the phylogenetic

208   analysis, they are dispersed across the entire phylogenetic space. ZJU-1 clusters with the

209   ORF1a-L3606F & ORF3a-G251V groups, as it has both of the two defining mutations

210   (Fig. 2A). ZJU-2 and ZJU-8, on the other hand, cluster with the ORF8-L84S cluster

211   because they both have the two founding mutations (Fig. 2A). ZJU-9 and ZJU-11 cluster

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212   with an Australian isolate because of the aforementioned T22303G mutation. The rest of

213   the group either have few mutations or novel mutations that do not cluster with any

214   known sizable groups, reflecting the extensive diversity within our 11 samples. Taken

215   together, some monophyletic clusters of viruses do show obvious geographic patterns

216   (Europe and WA-USA especially), but this could be due to the founding effect of

217   respective mutations that happened early during the initial phase of the pandemic.

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219   **Patient-derived SARS-CoV-2 isolates show significant variation in viral copy**

220   **number and cytopathic effects when infecting Vero-E6 cells**

221   There is much speculations and many theories behind the observed mutations in

222   sequenced viral isolates. Theoretically, one usually needs not often invoke selection

223   arguments in explaining the origin of these mutations, as the human to human infection

224   process is a series of repeated naturally-occurring bottlenecking events, in which the

225   seeding viral population can be as little as hundreds of viral copies (Forni et al., 2017).

226   Therefore, a significant portion of the genetic diversity or even population-specific

227   fixations could be due to this process, where selection plays a small role (Renzette et al.,

228   2017). We conducted Tajima's test of neutrality using the constructed alignment of viral

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229   sequences and Taijima's D is -2.8874 with a nucleotide diversity (π) of 0.000641 (p <

230   0.05 according to simulations performed in (Tajima, 1989), indicating that the

231   SARS-CoV-2 genome has an excess of low-frequency alleles due to recent population

232   expansions, consistent with the repeated bottlenecking events during viral infections.

233   However, certain mutations do provide selection advantages or disadvantages under

234   specific circumstances, as shown by the discovery that adaptive mutations are highly

235   enriched in the interface between the S protein and the human ACE2 receptor (Ou et al.,

236   2020).

237   To examine the mutational impact of the patient-derived SARS-CoV-2 isolates, we

238   conducted *in vitro* infectivity assay. We chose *in vitro* assay because COVID-19 patients

239   show a wide variety of clinical symptoms ranging from asymptotic to death, and

240   epidemiological research have shown that the clinical outcomes are heavily influenced by

241   individual's age, complications, and other potential unknown parameters (Guan et al.,

242   2020). We first examined whether the viral isolates could successfully bind to Vero-E6

243   cells as expected (Fig. 2B), and visually identified the viral particles with the iconic

244   "crown" formed by S proteins (Fig. 2C and S4A). We then infect the Vero-E6 cells with

245   all 11 patient-derived viral isolates and harvest the cells at 1, 2, 4, 8 (in quadruplicates),

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246   24, and 48 (in duplicates) hours P.I. (see Materials and Methods); we included the

247   supernatant because cell death releases viral particles. DIC micrographs of the cells at 48

248   hours and 72 hours P.I. were also taken to assess the CPE. We used specific real-time

249   reverse transcriptase–polymerase chain reaction (RT-PCR) targeting ORF1a, E, and N

250   genes to detect the presence of SARS-CoV-2 (see Materials and Methods). Cycle

251   threshold values, C_t, were used to quantify the viral load, with lower values indicating

252   higher viral load. Because the results based on the three genes are highly consistent (R >

253   0.99, p < 2.2e-16), we will only discuss the results of the ORF1a gene (Fig. 3A). We

254   failed to detect any significant signals from our negative controls, hence we simply

255   assigned a C_t value of 40 for all them.

256   Briefly, the C_t values of samples remained mostly flat with small fluctuations for all

257   of the viral isolates at 1, 2, and 4 hours P.I. (Fig. 3A and B). During these early hours,

258   viral particles are binding to gain access into the cells, and replications would rarely

259   occur (Schneider et al., 2012). At 8 hours P.I., we observed significant decreases in Ct

260   value (increases in viral load) for ZJU-6, ZJU-7, ZJU-9, ZJU-10, and ZJU-11. At 24

261   hours P.I., we observed significant decreases in C_t values for all of the viral isolates

262   except for ZJU-2 and ZJU-7, although some of the viral isolates, namely ZJU-10 and

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263   ZJU-11, decreased much faster than the others (Fig. 3A and B). At 48 hours P.I., we

264   observed small decreases for all viral isolates except for ZJU-10 and ZJU-11, both of

265   which had presumably already plateaued at 24 hours P.I. (Fig. 3A and B). Notably, at 24

266   hours P.I., ZJU-2 and ZJU-8, members of the ORF-8-L84S cluster (majority of USA

267   WA-Seattle isolates are in this group), showed considerably lower viral loads (Fig. 4A).

268   On the other hand, ZJU-1, which clusters with the S-D614G clade (mostly found in

269   Europe), has a viral load 19 times ($2^{4.25}$) higher than ZJU-2 and ZJU-8 (Fig. 4A). In

270   addition, a near 270-fold difference ($2^{8.09}$) in viral load was observed between ZJU-10

271   and ZJU-2 at 24 hours P.I. (Fig. 4A). These differences became statistically significant at

272   48 hours P.I., and are reproducible when analyzing data on gene E and N (Fig. S4B and C;

273   Fig. S5A). Therefore, different viral isolates, which are defined by different mutations in

274   their genomes, exhibit a significant variation of viral load when infecting Vero-E6 cells.

275   We next examined whether a higher viral load leads to more cell death (Fig. 4B).

276   When examining these cell lines under a microscope at 48 hours and 72 hours P.I., the

277   CPE, or the cell death rate, are highly consistent with the viral load data (Fig. 4C and S5B,

278   C, and D; at 48 hours P.I., C_t vs CPE, R = -0.72, p = 0.015), indicating that a higher viral

279   load leads to a higher cell death ratio. Note that the C_t numbers are negatively correlated

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280   with the CPE because a lower C_t number means a higher viral load.
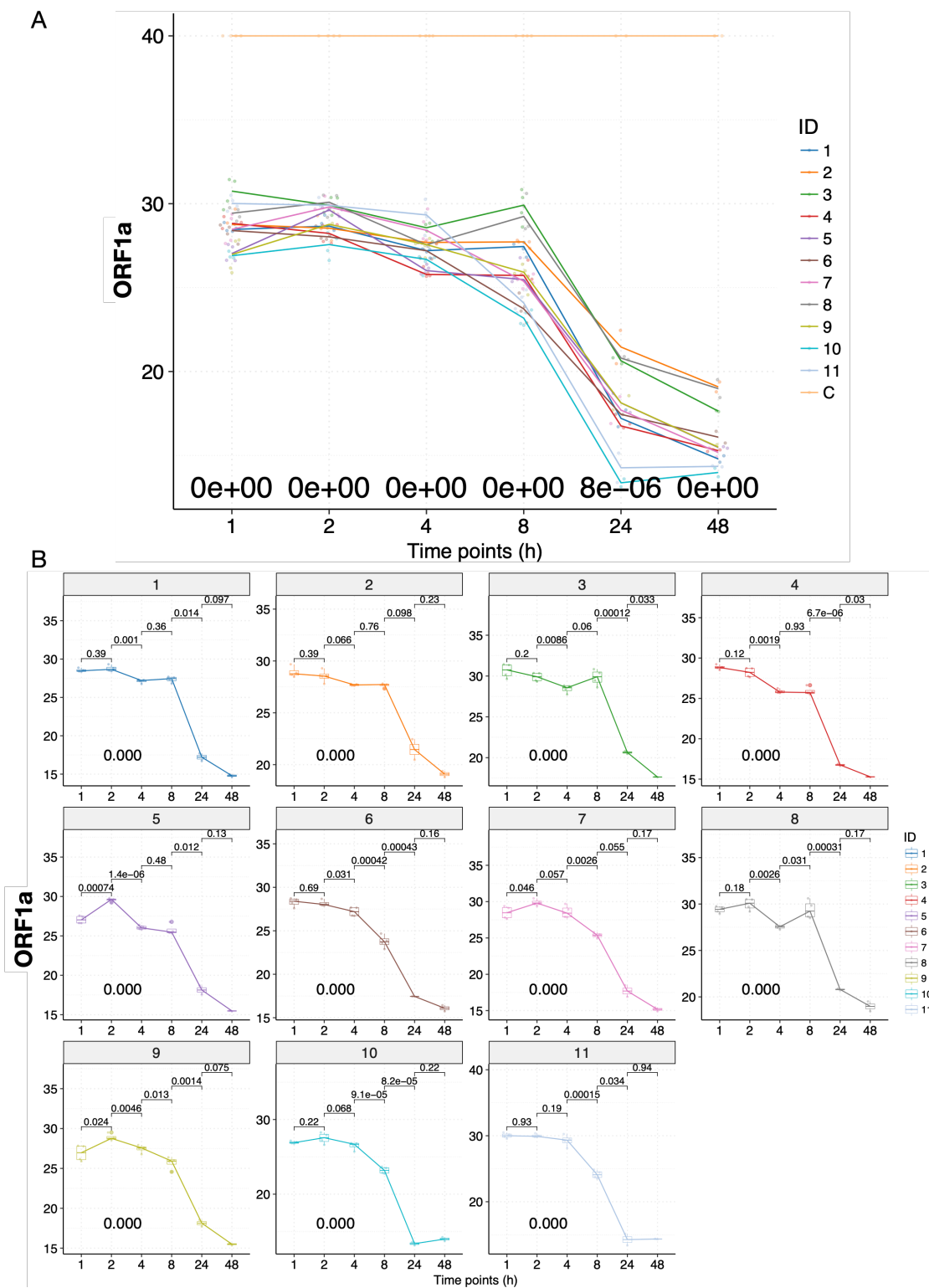
282   **Fig. 3.** The infectivity assay reveals temporal variation in the viral load of the

283   patient-derived SARS-CoV-2 isolates when infecting Vero-E6 cells. (A) Time-series

284   plots of the C_t values (corresponding to the multiplicative inverse of viral load) of the

285   SAR-CoV-2 ORF1a gene over the course of infectivity assay. Each viral isolate plus the

286   negative control "C" was color-coded accordingly. P-values were calculated using the

287   ANOVA method to compare the means of all 11 viral isolates at each time point,

288   excluding the negative control "C". (B) Time-series plots of the C_t values of the

289   SAR-CoV-2 ORF1a gene for each of the 11 patient-derived viral isolates. P-values were

290   calculated between consecutive time points using the t-test and adjusted p-values are

291   shown.

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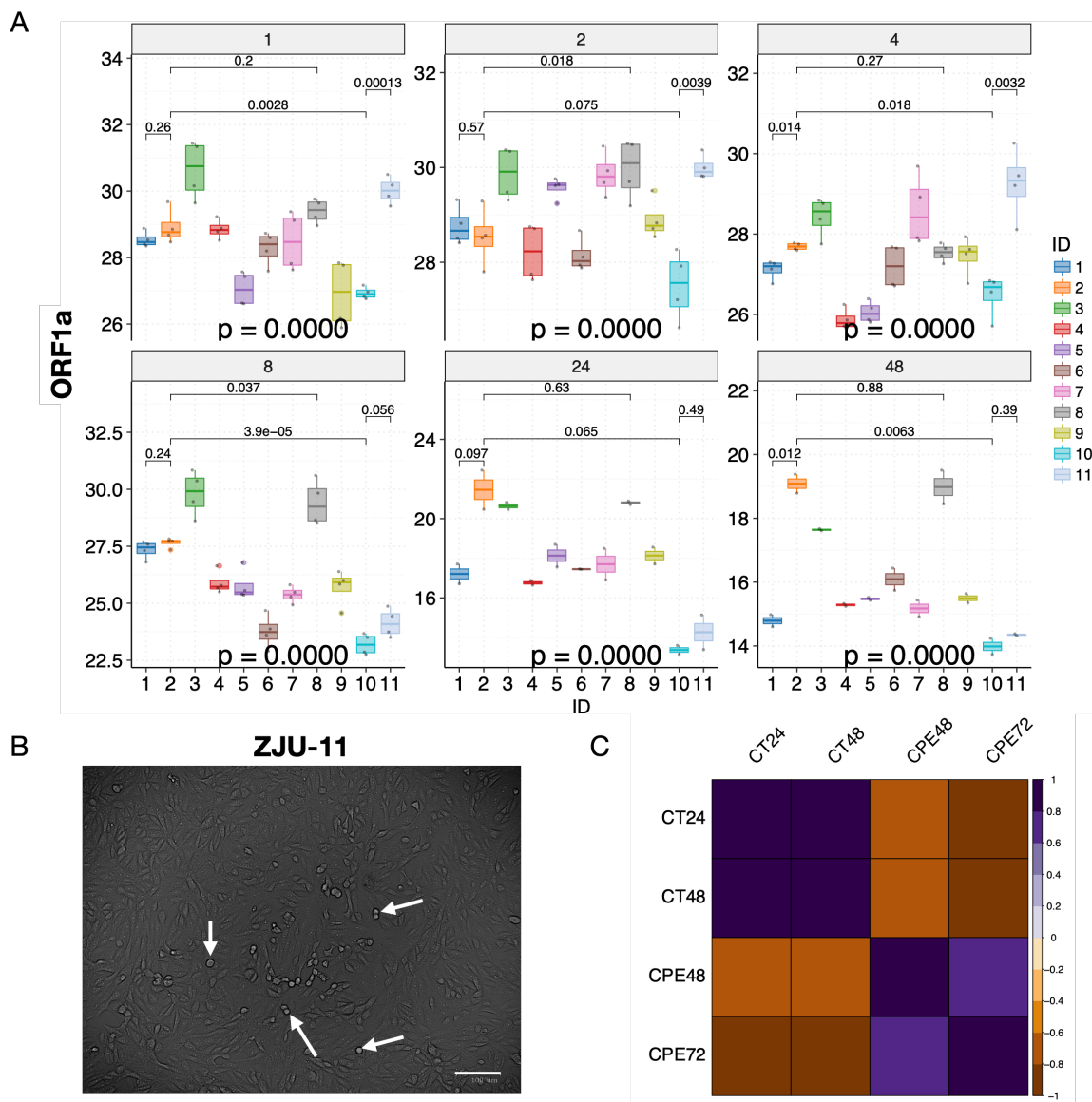
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Fig. 4. The changes in CPE and viral load are highly correlated. (A) Significant variations in viral load were observed at each time point. Mean C_t values of selected viral isolates are displayed and color-coded, respectively. P-values were calculated using the ANOVA method to compare the means of all 11 viral isolates at each time point. Pair-wise p-values were calculated between isolates using the t-test and adjusted p-values

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299   are shown. (B) Cytopathic effects were visible under the microscope 48 hours P.I., white

300   arrows indicate representative cells undergoing lysis. (C) Cytopathic effects (CPE) were

301   highly correlated with viral load (CT) in viral infectivity assay. Pearson correlations were

302   calculated and p-values were adjusted accordingly; only correlations with adjusted

303   p-value < 0.05 are shown. Note that the CT values are negatively correlated with CPE

304   values because CT values represent the inverse number of viral loads.

305

Discussion

307   The quickly-developing COVID-19 pandemic has already infected millions of victims

308   and caused 70,000 deaths globally. While many ongoing research projects are attempting

309   to track the evolutionary origin of the virus, find the mechanisms of infection, and

310   produce vaccines or drugs against the virus, we sought to establish the

311   genotype-phenotype link behind the abundant diversity being observed as a result of

312   global sequencing efforts (GISAID). Due to the extremely wide variety of clinical

313   symptoms shown in the patients, establishing a genotype-phenotype link in patients

314   would be very difficult. The *in vitro* cell line provides an ideal system to examine the

315   mutational impact of different isolates of viruses, when all other confounding factors are

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316   removed. Although the Vero-E6 cell line was not derived from human, the ACE2 protein

317   of the Vero-E6 cell line is highly similar to that of Human (Fig. S6) and we provided

318   direct evidence that the SARS-CoV-2 can infect the cell line (Fig. 2B).

319   Several findings stand out in our study: 1. A diverse collection of mutations was

320   identified in the 11 viral isolates, including two sets of founding mutations for two major

321   clusters of viruses currently infecting the world population. In addition, 19 of the 31

322   identified mutations are novel, despite the relatively early sampling dates, indicating that

323   the true diversity of the viral strains is still largely underappreciated; 2. remarkably, the

324   T22303G and A22301C mutations result in the same S247R mutation in the S protein

325   (Fig. 1 and S1), mapping to the existing structure revealed that this residue is located in a

326   flexible loop region within the N-terminal domain of the S1 subunit of S protein,

327   although the exact position of S247 could not be determined (Fig. S7, red arch). While

328   the N-terminal domain is not directly involved with binding to ACE2 (Walls et al., 2020)

329   we note that this domain is positioned right next to the C-terminal domain, which binds to

330   ACE2. Interestingly, the T22303G mutation was observed in 5 viral isolates, albeit in

331   different proportions, indicating that this specific mutation was already present in the

332   early days of pandemic, and probably in a significant number of people of Wuhan,

23

333   despite the fact that it is still largely missing from current GISAID collection. This could

334   be due to the founding effect of mutations, in which case the T22303G mutation was not

335   transmitted out of the China during the early days; 3. The tri-nucleotide mutation in

336   ZJU-11 is unexpected; we note that this specific viral isolate is quite potent in our viral

337   load and CPE assay, and its patient remained positive for an astounding period of 45 days

338   and was only recently discharged from the hospital (Table 1). Investigating the functional

339   impact of this tri-nucleotide mutation would be highly interesting. We note that in the

340   current database, another trinucleotide mutation (G28881A, G2882A and G28883C) has

341   been identified, which also results in two missense mutations at the protein level (Fig. S8).

342   It leads to a cluster of more than 300 viral strains as of the time of writing this article, and

343   its mutational impact on the viral pathogenicity would be worth investigating. Finally, in

344   contrary to the recent report that a viable viral isolate could not be obtained from stool

345   samples, three of our viral isolated were extracted from stool samples, indicating that the

346   SARS-CoV-2 is capable of replicating in stool samples (Woelfel et al., 2020).

347   In short, our study provides direct evidence that mutations currently occurring in the

348   SARS-CoV-2 genome have the functional potential to impact the viral pathogenicity.

349   Therefore, viral surveillance should be also performed at the cellular level when possible,

24

350   in addition to the accumulating genomic sequencing data. Furthermore, characterizations

351   of all founding mutations in the major geo-based clusters of viruses could be very useful

352   in helping determining if there are actionable pathogenicity differences to aid the current

353   battle against the virus. Finally, similar to flu, drug and vaccine development, while

354   urgent, need to take the impact of these accumulating mutations, especially the founding

355   mutations, into account to avoid potential pitfalls.

356

357   **Figure legends**

358   **Table 1.** A summary of the epidemiological information of the 11 patients involved in

359   this study. The "Viral gen" (viral generation) was inferred based on their exposure

360   history.

361   **Fig. 1.** A summary of the mutations identified in each of the 11 viral isolates. Each ORF

362   of the viral genome was denoted based on the annotations of NC_045512.2 as provided

363   by NCBI. If a mutation was observed in the context of a mixed population, the respective

364   percentages of the top two alleles are provided. Changes at the amino acid level are

365   provided if applicable. Blue color indicates novel mutation at the time of writing the

366   article.

367　**Fig. 2.** Characterizations of the patient-derived SARS-CoV-2 isolates. (A) Phylogenetic

368　analyses of the 11 viral isolates in the context of 725 SARS-CoV-2 sequences

369　downloaded from GISAID. The 1000-times bootstrapped maximum likelihood tree was

370　constructed to demonstrate the phylogenetic context of the 11 viral isolates. Major and

371　minor clusters were color-coded and denoted as shown in the "colored ranges" inset box.

372　All ZJU- samples were color-codded as green. The width of a branch indicates bootstrap

373　supporting level. (B) Fluorescent labeling of the viral S protein indicates that isolated

374　SAR-CoV-2 viral particles (Green) bind to the peripherals of the Vero-E6 cells (DNA

375　stained as Blue) prior to entry. Scale bars, 50 μm. (C) A representative TEM picture of

376　the isolated SAR-CoV-2 viral particles, arrows indicate the iconic "crown" consisted of S

377　proteins (Spike). Scale bar, 100 nm.

378　**Fig. 3.** The infectivity assay reveals temporal variation in the viral load of the

379　patient-derived SARS-CoV-2 isolates when infecting Vero-E6 cells. (A) Time-series

380　plots of the C_t values (corresponding to the multiplicative inverse of viral load) of the

381　SAR-CoV-2 ORF1a gene over the course of infectivity assay. Each viral isolate plus the

382　negative control "C" was color-coded accordingly. P-values were calculated using the

383   ANOVA method to compare the means of all 11 viral isolates at each time point,

384   excluding the negative control "C". (B) Time-series plots of the C_t values of the

385   SAR-CoV-2 ORF1a gene for each of the 11 patient-derived viral isolates. P-values were

386   calculated between consecutive time points using the t-test and adjusted p-values are

387   shown.

388   **Fig. 4.** The changes in CPE and viral load are highly correlated. (A) Significant

389   variations in viral load were observed at each time point. Mean C_t values of selected viral

390   isolates are displayed and color-coded, respectively. P-values were calculated using the

391   ANOVA method to compare the means of all 11 viral isolates at each time point.

392   Pair-wise p-values were calculated between isolates using the t-test and adjusted p-values

393   are shown. (B) Cytopathic effects were visible under the microscope 48 hours P.I., white

394   arrows indicate representative cells undergoing lysis. (C) Cytopathic effects (CPE) were

395   highly correlated with viral load (CT) in viral infectivity assay. Pearson correlations were

396   calculated and p-values were adjusted accordingly; only correlations with adjusted

397   p-value < 0.05 are shown. Note that the CT values are negatively correlated with CPE

398   values because CT values represent the inverse number of viral loads.

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399

400

STAR Methods

Experimental Model and Subject Details

The study was approved by the Clinical Research Ethics Committee of The First Affiliated Hospital, School of Medicine, Zhejiang University (Approval notice 2020-29) for emerging infectious diseases. Patients with confirmed COVID-19 were admitted in the First Affiliated Hospital from Jan 19 to Mar 5, 2020. The First Affiliated Hospital, located in Hangzhou, Zhejiang Province, China, is one of the major provincial hospitals designated to receive patients with COVID-19 infection across the Zhejiang Province; therefore, patients with severe symptoms outside of Hangzhou were also admitted. Starting Jan 10, 2020, all patients presenting to the hospital's fever clinic were screened by clinical staff for COVID-19 infection utilizing criteria for suspected cases as defined by the National Health Commission of China's clinical diagnosis and management guideline for COVID-19 (China National Health Committee, 2020). Briefly, patients were screened based on their clinical symptoms and their risk of epidemiological exposure, including past travel to Hubei Province or close contact with people who had visited Hubei Province during the COVID-19 outbreak. As the pandemic continued to spread, the probability of transmission outside of Hubei Province increased. The epidemiological exposure to Hubei Province was not a prerequisite for suspected cases.

28

419   All suspected cases were determined by laboratory tests and based on positive results of

420   qRT-PCR assay for COVID-19. Patients were excluded if two qRT-PCR tests 24 hours

421   apart both suggested negative results. Patients' clinical samples which PCR test C_t value

422   less than 28 were collected to isolate SARS-Cov-2.

423

Method Details

425   **Sample collection, Viral isolation, cell infection, and electron microscopy**

426   All samples, sources including sputum, nasopharyngeal swab, and stool, were collected

427   from patients with COVID-19 with consent from all patients. All collected samples were

428   sent to BSL-3 lab for viral isolation within 4 hours. The sputum, stool, and

429   nasopharyngeal swab samples were pre-processed by first mixing with appropriate

430   volume (Sputum, 5-10 volumes; Stool, 2 ml/100 mg; Nasopharyngeal swab, 1 volume) of

431   MEM medium with 2% FBS, Amphotericin B (100 ng/ml), Penicillin G (200 units/ml),

432   Streptomycin (200 μg/ml), and TPCK-trypsin (4 μg/ml). The supernatant was collected

433   after centrifugation at 3000 rpm at room temperature. Before infecting Vero-E6 cells, all

434   collected supernatant was filtered using a 0.45 μm filter to remove cell debris etc.

435   For viral infection and isolation, 3 ml of filtered supernatant was added to Vero-E6

436   cells in a T25 culture flask. After incubation at 35°C for 2h to allow binding, the

437   inoculum was removed and replaced with fresh culture medium. The cells were incubated

438   at 35°C and observed daily to evaluate cytopathic effects (CPE). The supernatant was

439   tested for SARS-CoV-2 by qRT-PCR (see below for qRT-PCR protocol). Once the

440   qRT-PCR test shows positive (typically after 4-5 days of incubation), the viral particles

441   were collected from culture supernatant by ultra-speed centrifugation (100,000x g for 2

442   hours) for downstream sequencing, infectivity assay, and were observed under 200 kV

443   Tecnai G2 electron microscope.

444

445   **Immunofluorescence staining**

446   Vero-E6 Cells were infected by SARS-CoV-2 for 24 hours, and then fixed in 80%

447   acetone (chilled at -20°C) at room temperature for 10 min. The cells were washed three

448   times with ice-cold PBS, blocked with 1% BSA for 30 min, and incubated with

449   SARS-CoV-2 Spike rabbit monoclonal antibody (dilution ratio 1:200) at room

450   temperature for 1 hour. The cells were again washed three times in ice-cold PBS, and

451   then stained with the Alexa Fluor488®-conjugated Goat Anti-rabbit IgG secondary

452   antibody (Abcam, Cat No. ab150077) for 1 hour at room temperature in the dark. The

453   cells were washed three times and then incubated in 0.5 μg/mL DAPI (nuclear DNA stain)

454   for 5 min. Immunofluorescence was detected and picture were taken using the IX81

455   Olympus microscope equipped with a fluorescence apparatus.

456

457   **Viral infectivity assay**

458   Vero-E6 cells were grown in a 24-well plate and infected with different SARS-CoV-2

459   isolates in duplicates at MOI of 0.5. The inoculum was removed at 1 hours P.I. for the

460   1-hour timepoint group and at 2 hours P.I. for other timepoint groups. After incubation,

461   the cultures were rinsed with PBS for three times and replenished with 1mL fresh culture

462   medium. Then, the cultures were subjected to freezing immediately at -80°C for the 1-

463   and 2-hours samples, or continued to grow for the other groups (4, 8, 24 and 48 hours)

464   until harvest. Finally, all frozen samples from each timepoint were thawed together and

465   the viral nucleic acid abundance was measured with SARS-CoV-2 qRT-PCR Kits,

466   targeting ORF1a, E, and N genes (Liferiver Biotech, Shanghai). Results from the first

467   two time points reflect the capacity of viral attachment or entry into the target cells, while

468   results from the latter four time points represent the viral replication dynamics.

469

470   **Cytopathic effect (CPE) evaluation**

471   Vero-E6 cell monolayers were grown and infected by different patient-derived

472   SARS-CoV-2 isolates as described in the viral infectivity assay. At 24, 48, and 72 hours

473   P.I., virus induced cytopathic effects were observed with a digital microscope (Bio-Rad)

474   and pictures were taken. No obvious CPE was observed at 24 hours P.I.. Pictures taken at

475   48 and 72 hours P.I. were evaluated first by expert opinions and then quantitated by cell

476   death ratio.

477

Sequencing library construction

The total RNA in each deactivated viral sample was extracted using a viral RNA mini kit (Qiagen, Germany). The sequencing library was constructed using the Total RNA-Seq Kit (Kapa, Switzerland) and deep-sequenced on the illumina Novaseq 6000 platform (2 x 151 bases; Illumina Inc., San Diego, CA) by BGI genomics.

Quantification and Statistical Analysis

Statistical Analyses and visualization

The majority of statistical analyses and visualizations were done in Rstudio and R (at the time of writing, 1.0143 for Rstudio and 3.4.0 for R), with necessary aid from customized python scripts (2.7.4) and shell scripts (Linux). The primary R packages are mostly maintained by the Bioconductor project (https://www.bioconductor.org/, along with all their dependencies). The essential ones used are ggplot2 (2.2.1), reshape2 (1.4.3), RColorBrewer (1.1-2), scales (0.5.0), corrplot (0.84), Hmisc (4.1-1), ggrepel (0.7.0), cluster (2.0.6), factoextra (1.0.5), plyr (1.8.4), dplyr (0.7.4), psych (1.7.8), devtools (1.13.4), ggpubr (0.1.6), tidyverse (1.2.1), gridExtra (2.3), ggsci (2.8), ggbeeswarm (0.6.0), ggpmisc (0.2.16), colorspace (1.3-2).

495   In general, parametric statistical tests (t-test, Anova, and Pearson correlation) were

496   used when the data distribution conforms to normality distribution (such as qPCR

497   measurements), and non-parametric statistical tests (Wilcoxon test, Kruskal-Wallis, and

498   Spearman correlation) were used when datasets do not conform to the normality

499   assumption. We adjust the p values using the Benjamini & Hochberg (BH) method

500   (Benjamini and Yekutieli, 2001) to control for False Discovery Rate (FDR), when

501   multiple comparisons are concerned, including p value matrix constructed when

502   calculating correlations matrix among different features or samples.

503   The 3D structure of the S protein was visualized and downloaded from

504   https://www.rcsb.org/3d-view/6VSB/1.

505

506   **Sequence data processing, de novo assembling, and mutation identifications**

507   Sequencing data was generated from Novaseq 6000 and first filtered of low quality and

508   high barcode contamination by Soapnuke and then mapped to 43 complete genome

509   references of 2019-nCoV (SARS-CoV-2) by BWA-MEM (Li and Durbin, 2009).

510   References of SARS-CoV-2 were downloading from NCBI on date February 28th, 2020.

511   Further, mapping reads that longer than 100nt were extracted for de novo assembly by

512   SPAdes (Bankevich et al., 2012) (v3.1.3) using an iterative short-read genome assembly

513   module for pair-end reads. K-values were selected automatically at 33nt, 55nt and 77nt

514   for these samples. After assembling, contigs was blasted to nt database (20190301) to

515   confirm their origins, and only contigs belonging to coronavirus were retained for base

516   correction. Next, filtering reads of each sample were mapped back to retained assembled

517   contigs and bam-readcount was applied (--min-mapping-quality=5, other parameter was

518   set default) to calculate the base frequency of every post of each assemble contigs.

519   Meanwhile, Haplotypecaller of gatk was applied to call snp/indel based on the assembled

520   contigs with reads quality higher than 20. Finally, bam files were inspected in igv

521   manually to verify each mutation based on the number of reads mapped, the balance

522   between reads mapped to plus and minus strands of the reference genome, and the

523   relative positions of the mutations on these reads.

524

525   **Phylogenetic analysis**

526   We acquired 725 high quality and high coverage SARS-CoV-2 genomes from GISAID

527   (downloaded on 3/21/2020), including the Yunnan RaTG13 viral strain and the

528   Guangdong pangolin viral strain as the outgroup. We aligned the 736 genomic sequences

34

529   with MAFFT (Katoh and Standley, 2013) with options --thread 16 --globalpair

530   --maxiterate 1000 and trimmed the full-length alignment with trimAL (Capella-Gutiérrez

531   et al., 2009) using the -automated1 option to remove any spurious parts of the alignment,

532   which could introduce noise to the phylogenetic analysis process. We used iqtree

533   (Nguyen et al., 2015) with options -bb 1000 -alrt 1000 -nt 64 -asr to construct a

534   1000-times bootstrapped maximum-likelihood phylogenic tree of the 736 viral sequences

535   based on 835 parsimony informative sites. The resulting phylogenetic tree was imported

536   in iTOL and visualized (Letunic and Bork, 2011). We conducted Tajima's test of

537   neutrality based on the constructed alignment of viral sequences using MEGA 7 (Kumar

538   et al., 2016).

539

540   **Data and Software Availability**

541   The full-genome sequences of the 11 viral isolates have been deposited to the GISAID

542   collection with the following IDs: EPI_ISL_415709, EPI_ISL_416042, EPI_ISL_416044,

543   EPI_ISL_416046,   EPI_ISL_415711,   EPI_ISL_416047,   EPI_ISL_416425,

544   EPI_ISL_416473, EPI_ISL_416474, EPI_ISL_418990, and EPI_ISL_418991.

545 **Supplementary Figure Legends**

546 **Table S1.** A summary of the sequencing statistics of the 11 viral isolates involved in the

547 study, Related to Figure 1. Note that ZJU_10 and ZJU_11 were sequenced in a different

548 batch.

549 **Fig. S1.** A summary of the nucleotide mutations that lead to the S247R mutations

550 observed in the 11 patient-derived isolates, Related to Figure 1. Note that some of the

551 mutations are in the form of minor alleles. Images were produced by IGV.

552 **Fig. S2.** A summary of additional mutations in the S gene and the tri-nucleotide mutation,

553 Related to Figure 1. Note that some of the mutations are in the form of minor alleles.

554 Images were produced by IGV.

555 **Fig. S3.** Phylogenetic analyses produced from GISAID using time (top) or number of

556 mutations (bottom) as the branch length, Related to Figure 2. Note that all three major

557 clusters described in the study are labeled accordingly. The major distinction is that the

558 ORF8-L84S clade is not monophyletic in our more computationally intensive and

559 bootstrapping-supported approach.

560   **Fig. S4.** The characterizations of the 11 viral isolates, Related to Figure 2 and Figure 4.

561   (A) A representative TEM picture of the isolated SAR-CoV-2 viral particles, arrows

562   indicate the iconic "crown" consisted of S proteins (Spike). (B) Time-series plots of the

563   C_t values (corresponding to the multiplicative inverse of viral load) of the SAR-CoV-2 E

564   gene (top) and N gene (bottom) over the course of infectivity assay. Each viral isolate

565   plus the negative control "C" was color-coded accordingly. P-values were calculated

566   using the ANOVA method to compare the means of all 11 viral isolates at each time

567   point, excluding the negative control "C". (C) Time-series plots of the C_t values of the

568   SAR-CoV-2 E gene (left) and N gene (right) for each of the 11 patient-derived viral

569   isolates. P-values were calculated between consecutive time points using the t-test and

570   adjusted p-values are shown.

571   **Fig. S5.** Significant variations were observed in viral load and viral CPE among the 11

572   patient-derived isolates, Related to Figure 4. (A) Significant variations in viral load can

573   be observed based on E gene (left) and N gene (right). (B) CPE at 48h and 72h P.I. as

574   evaluated by an expert's opinions. (C) CPE at 48h and 72h P.I. evaluated by quantitively

575   calculating the cell death ratio (ratio.dead) for 1-3 images per viral isolate. The results

37

576   from (B) and (C) are highly correlated (R > 0.89, p < 0.001). (D) Representative images

577   used for CPE evaluation, arrows indicate cells facing immediate death. Scale bars, 100

578   μm.

579   **Fig. S6.** The alignment of ACE2 protein sequences from human (Homo), Chimpanzee,

580   and green monkey (from which the Vero-E6 cell line was derived), Related to Figure 2.

581   Note that overall the ACE2 proteins are highly similar to each other. The alignment and

582   image were produced by Jalview.

583   **Fig. S7.** The 3D structure of the S-protein with the S247R overlay, Related to Figure 1.

584   The top (A), bottom (B), side (C), and close-up view (D) were provided. Note that the

585   actual position of S247 was not determined in the original structure, hence a small red arc

586   was in place to represent to the potential flexible loop conformation for (C) and (D). Also

587   note that the protein complex is trimeric, but only one of the three mutations was labeled.

588   The   3D   structure   of   the   S   protein   was   visualized   and   downloaded   from

589   https://www.rcsb.org/3d-view/6VSB/1.

590   **Fig. S8.** The trinucleotide mutation (G28881A, G28882A, and G28883C) was identified

591   in the GISAID dataset and is the founding mutation for a large cluster of viral isolates

592   within the S-D614G group (European clade), Related to Figure 1.

593   **Author Contributions**

594   M.Z., C.J., N.W., and L.L conceived and supervised the study. H.Y. and X.L. performed

595   all the experiments, with help from K.X., Y.C., L.C., F.L., Z.W., H.W., and C. Jin. C.J.,

596   M.Z., and Q.C. performed all the data analyses. C.J., Q.C., H.Y., and M.Z. drafted and

597   revised the manuscript with input from all authors.

605   (2018ZX10711001, 2018ZX10102001, 2018ZX10302206), and start-up funds from Life

606   Sciences Institute at Zhejiang University.

607   **Declaration of Interests**

608   None

609   **References**

610   Bai, Y., Yao, L., Wei, T., Tian, F., Jin, D.Y., Chen, L., and Wang, M. (2020). Presumed Asymptomatic

611   Carrier Transmission of COVID-19. JAMA - J. Am. Med. Assoc.

612   Bankevich, A., Nurk, S., Antipov, D., Gurevich, A.A., Dvorkin, M., Kulikov, A.S., Lesin, V.M., Nikolenko,

613   S.I., Pham, S., Prjibelski, A.D., et al. (2012). SPAdes: A new genome assembly algorithm and its

614   applications to single-cell sequencing. J. Comput. Biol. *19*, 455–477.

615   Bauch, C.T., Lloyd-Smith, J.O., Coffee, M.P., and Galvani, A.P. (2005). Dynamically modeling SARS and

616   other newly emerging respiratory illnesses: Past, present, and future. Epidemiology *16*, 791–801.

617   Benjamini, Y., and Yekutieli, D. (2001). The control of the false discovery rate in multiple testing under

618   dependency. Ann. Stat. *29*, 1165–1188.

619   Cao, B., Wang, Y., Wen, D., Liu, W., Wang, J., Fan, G., Ruan, L., Song, B., Cai, Y., Wei, M., et al. (2020). A

620   Trial of Lopinavir-Ritonavir in Adults Hospitalized with Severe Covid-19. N. Engl. J. Med. 1–13.

40

621   Capella-Gutiérrez, S., Silla-Martínez, J.M., and Gabaldón, T. (2009). trimAl: A tool for automated

622   alignment trimming in large-scale phylogenetic analyses. Bioinformatics.

623   Capobianchi, M.R., Rueca, M., Messina, F., Giombini, E., Carletti, F., Colavita, F., Castilletti, C., Lalle, E.,

624   Bordi, L., Vairo, F., et al. (2020). Molecular characterization of SARS-CoV-2 from the first case of

625   COVID-19 in Italy. Clin Microbiol Infect *0*.

626   China National Health Committee (2020). COVID-19 clinical diagnosis and management guideline issued

627   by National Health Commission of China, the 5th edition.

628   Corman, V.M., Muth, D., Niemeyer, D., and Drosten, C. (2018). Hosts and Sources of Endemic Human

629   Coronaviruses. In Advances in Virus Research, pp. 163–188.

630   van Doremalen, N., Bushmaker, T., Morris, D.H., Holbrook, M.G., Gamble, A., Williamson, B.N., Tamin,

631   A., Harcourt, J.L., Thornburg, N.J., Gerber, S.I., et al. (2020). Aerosol and Surface Stability of

632   SARS-CoV-2 as Compared with SARS-CoV-1. N. Engl. J. Med.

633   Forni, D., Cagliani, R., Clerici, M., and Sironi, M. (2017). Molecular Evolution of Human Coronavirus

634   Genomes. Trends Microbiol. *25*, 35–48.

635   Guan, W., Ni, Z., Hu, Y., Liang, W., Ou, C., He, J., Liu, L., Shan, H., Lei, C., Hui, D.S., et al. (2020).

636   Clinical characteristics of 2019 novel coronavirus infection in China. N. Engl. J. Med.

637   Hoffmann, M., Kleine-Weber, H., Schroeder, S., Krüger, N., Herrler, T., Erichsen, S., Schiergens, T.S.,

638   Herrler, G., Wu, N.-H., Nitsche, A., et al. (2020). SARS-CoV-2 Cell Entry Depends on ACE2 and

639   TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor. Cell 1–10.

640   Hu, Z., Song, C., Xu, C., Jin, G., Chen, Y., Xu, X., Ma, H., Chen, W., Lin, Y., Zheng, Y., et al. (2020).

641   Clinical characteristics of 24 asymptomatic infections with COVID-19 screened among close contacts in

642   Nanjing, China. Sci. China Life Sci.

643   Katoh, K., and Standley, D.M. (2013). MAFFT Multiple Sequence Alignment Software Version 7:

644   Improvements in Performance and Usability. Mol. Biol. Evol. *30*, 772–780.

645   Kumar, S., Stecher, G., and Tamura, K. (2016). MEGA7: Molecular Evolutionary Genetics Analysis

646   Version 7.0 for Bigger Datasets. Mol. Biol. Evol.

647   Lauer, S.A., Grantz, K.H., Bi, Q., Jones, F.K., Zheng, Q., Meredith, H.R., Azman, A.S., Reich, N.G., and

648   Lessler, J. (2020). The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly

649   Reported Confirmed Cases: Estimation and Application. Ann. Intern. Med.

650   Letunic, I., and Bork, P. (2011). Interactive Tree of Life v2: Online annotation and display of phylogenetic

651   trees made easy. Nucleic Acids Res. *39*, W475–W478.

652   Li, H., and Durbin, R. (2009). Fast and accurate short read alignment with Burrows-Wheeler transform.

653   Bioinformatics *25*, 1754–1760.

654   Lin, Q., Chiu, A.P.Y., Zhao, S., and He, D. (2018). Modeling the spread of Middle East respiratory

655   syndrome coronavirus in Saudi Arabia. Stat. Methods Med. Res. *27*, 1968–1978.

656   Lipsitch, M., Cohen, T., Cooper, B., Robins, J.M., Ma, S., James, L., Gopalakrishna, G., Chew, S.K., Tan,

657   C.C., Samore, M.H., et al. (2003). Transmission dynamics and control of severe acute respiratory syndrome.

658   Science (80-.). *300*, 1966–1970.

659   Liu, Y., Gayle, A.A., Wilder-Smith, A., and Rocklöv, J. (2020). The reproductive number of COVID-19 is

660   higher compared to SARS coronavirus. J. Travel Med.

661   Lu, R., Zhao, X., Li, J., Niu, P., Yang, B., Wu, H., Wang, W., Song, H., Huang, B., Zhu, N., et al. (2020).

662   Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and

663   receptor binding. Lancet *395*, 565–574.

664   Lv, L., Li, G., Chen, J., Liang, X., and Li, Y. (2020). Comparative genomic analysis revealed specific

665   mutation pattern between human coronavirus SARS-CoV-2 and Bat-SARSr-CoV RaTG13. BioRxiv

666   2020.02.27.969006.

667   Lynch, M. (2007). The Origins of Genome Architecture.

668   Nguyen, L.T., Schmidt, H.A., Von Haeseler, A., and Minh, B.Q. (2015). IQ-TREE: A fast and effective

669   stochastic algorithm for estimating maximum-likelihood phylogenies. Mol. Biol. Evol.

670   Ou, J., Zhou, Z., Zhang, J., Lan, W., Zhao, S., Wu, J., Seto, D., Zhang, G., and Zhang, Q. (2020). RBD

671   mutations from circulating SARS-CoV-2 strains enhance the structure stability and infectivity of the spike

672   protein. BioRxiv 2020.03.15.991844.

673   Renzette, N., Pfeifer, S.P., Matuszewski, S., Kowalik, T.F., and Jensen, J.D. (2017). On the Analysis of

674   Intrahost and Interhost Viral Populations: Human Cytomegalovirus as a Case Study of Pitfalls and

675   Expectations. J. Virol. *91*, e01976-16.

676   Schneider, M., Ackermann, K., Stuart, M., Wex, C., Protzer, U., Schätzl, H.M., and Gilch, S. (2012). Severe

677   Acute Respiratory Syndrome Coronavirus Replication Is Severely Impaired by MG132 due to

678   Proteasome-Independent Inhibition of M-Calpain. J. Virol. *86*, 10112–10122.

679   Tajima, F. (1989). Statistical method for testing the neutral mutation hypothesis by DNA polymorphism.

680   Tortorici, M.A., and Veesler, D. (2019). Structural insights into coronavirus entry. In Advances in Virus

681   Research, pp. 93–116.

682   Varia, M., Wilson, S., Sarwal, S., McGeer, A., Gournis, E., Galanis, E., and Henry, B. (2003). Investigation

683   of a nosocomial outbreak of severe acute respiratory syndrome (SARS) in Toronto, Canada. Cmaj *169*,

684   285–292.

685   Virlogeux, V., Fang, V.J., Park, M., Wu, J.T., and Cowling, B.J. (2016). Comparison of incubation period

686   distribution of human infections with MERS-CoV in South Korea and Saudi Arabia. Sci. Rep. *6*.

687   Walls, A.C., Park, Y.-J., Tortorici, M.A., Wall, A., McGuire, A.T., and Veesler, D. (2020). Structure,

688   Function, and Antigenicity of the SARS-CoV-2 Spike Glycoprotein. Cell.

689   Wang, Z., and Xu, X. (2020). scRNA-seq profiling of human testes reveals the presence of ACE2 receptor,

690   a target for SARS-CoV-2 infection, in spermatogonia, Leydig and Sertoli cells. Viruses 1–16.

691   Wang, C., Li, W., Drabek, D., Okba, N.M.A., Haperen, R. van, Osterhaus, A.D.M.E., Kuppeveld, F.J.M.

692   van, Haagmans, B.L., Grosveld, F., and Bosch, B.-J. (2020). A human monoclonal 1 antibody blocking

693   SARS-CoV-2 infection. BioRxiv 2020.03.11.987958.

694   Woelfel, R., Corman, V.M., Guggemos, W., Seilmaier, M., Zange, S., Mueller, M.A., Niemeyer, D., Vollmar,

695   P., Rothe, C., Hoelscher, M., et al. (2020). Clinical presentation and virological assessment of hospitalized

696   cases   of   coronavirus   disease   2019   in   a   travel-associated   transmission   cluster.   MedRxiv

697   2020.03.05.20030502.

698   Wu, F., Zhao, S., Yu, B., Chen, Y.M., Wang, W., Song, Z.G., Hu, Y., Tao, Z.W., Tian, J.H., Pei, Y.Y., et al.

699   (2020). A new coronavirus associated with human respiratory disease in China. Nature *579*, 265–269.

700   Xiao, F., Tang, M., Zheng, X., Liu, Y., Li, X., and Shan, H. (2020). Evidence for gastrointestinal infection

701   of SARS-CoV-2. Gastroenterology.

702   Yu, W.-B. (2020). Decoding evolution and transmissions of novel pneumonia coronavirus (SARS-CoV-2)

703   using the whole genomic data Comparative analyses of the chloroplast genome in carnivorous plants View

704   project. ChinaXriv.

705   Zhao, Y., Zhao, Z., Wang, Y., Zhou, Y., Ma, Y., and Zuo, W. (2020). Single-cell RNA expression profiling

706   of ACE2, the putative receptor of Wuhan 2019-nCov. BioRxiv 2020.01.26.919985.

707   Zhou, P., Yang, X. Lou, Wang, X.G., Hu, B., Zhang, L., Zhang, W., Si, H.R., Zhu, Y., Li, B., Huang, C.L.,

708   et al. (2020). A pneumonia outbreak associated with a new coronavirus of probable bat origin. Nature *579*,

709   270–273.

710   Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., Zhao, X., Huang, B., Shi, W., Lu, R., et al. (2020).

711   A novel coronavirus from patients with pneumonia in China, 2019. N. Engl. J. Med. *382*, 727–733.

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