# Another Novel Subgenotype of Hepatitis B Virus Genotype C From Papuans of Highland Origin

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Hepatitis B virus (HBV) genotypes and subtypes have been identified worldwide. As HBV genotypes/subtypes, the HBV subgenotypes seem to be associated with their geographical distribution and ethnic origin. A previous study showed the novel HBV subgenotype C6 based on the complete genome sequences of isolates in Papua, Indonesia. In the present study, further characterization of HBV in Jayapura (capital of Papua Province), particularly from native people of Papua originating from the highland (highland Papuans) and those from the lowland (lowland Papuans) were examined. Of 32 HBV isolates from both highland and lowland Papuan blood donors with HBsAg positive, part of the S gene and the core gene sequences were analyzed. Analyses of some isolates from highland Papuans were confirmed by the complete genome sequences. Most HBV isolates were classified into genotype C (78.1%), followed by genotype B (18.8%), and genotype D (3.1%). The subtype adr was predominant (71.9%), followed by adw2 (25.1%), and ayw2 (3.1%). As with previous findings, phylogenetic analyses revealed that most HBV isolates from Papuans, C/adr, belonged to subgenotype C6. Interestingly, some C/adr isolates from highland Papuans formed a distinct cluster from all reported subgenotypes of HBV/C, and they differed from HBV/C1-C10 by 4.2-7.2% over the complete genome. SimPlot analysis showed no evidence of recombination with HBV/C1-C10. The isolated life and closed social systems of highland Papuans, even though some have been moving to Jayapura, likely contribute to the formation of this unique cluster of infection with a novel subgenotype of HBV, named C11. J. Med. Virol. 83:225-234, **2011.** © 2010 Wiley-Liss, Inc.

# **KEY WORDS:** hepatitis B virus; genotypes; novel subgenotypes; subtypes

### **INTRODUCTION**

Hepatitis B virus (HBV) infection is a serious global health problem. Indonesia belonged to the moderate-tohigh hepatitis B endemic region [Khan et al., 2004]. Carrier rates among blood donors ranged from 2.1% to 9.5% in 11 large cities and even up to 10.5% in Jayapura, Papua Province [Sastrosoewignjo et al., 1991; Khan et al., 2004].

Ten genotypes (from A to J) of HBV have been identified worldwide, based on a divergence of 8% or more of the complete genome, and more than 4% at the level of the S gene [Okamoto et al., 1988; Norder et al., 1994; Magnius and Norder, 1995; Hannoun et al., 2000; Stuyver et al., 2000; Arauz-Ruiz et al., 2002; Kramvis et al., 2005; Olinger et al., 2008; Tatematsu et al., 2009]. Nine HBV subtypes (*adw2*, *adw4*, *adrq-*, *adrq+*, *ayw1-4*, *ayr*) were defined by two mutually exclusive determinant pairs, *d/y* and w(w1-4)/r, and a common determinant 'a' of HBsAg [Magnius and Norder, 1995; Kramvis et al., 2005]. HBV isolates of different geno-

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types and subtypes show different geographical distribution, virological characteristics, and possibly, clinical outcomes [Kao et al., 2000; Orito et al., 2001; Kao, 2002; Kidd-Ljunggren et al., 2002]. They could also provide historical information on the migration pattern of the ancestors of the local population [Magnius and Norder, 1995; Orito et al., 2001].

Subgenotypes have been identified for certain HBV genotypes. HBV/C has been classified into ten subgenotypes (C1–C10) [Sugauchi et al., 2001; Huy et al., 2004; Chan et al., 2005; Sakamoto et al., 2006; Lusida et al., 2008; Mulyanto et al., 2009, 2010], HBV/D into six subgenotypes (D1–D6) [Norder et al., 2004; Bozdayi et al., 2005; Banerjee et al., 2006; Schaefer, 2007; Lusida et al., 2008], and HBV/B into eight subgenotypes (B1– B8) [Sugauchi et al., 2001; Nagasaki et al., 2006; Sakamoto et al., 2006; Sakamoto et al., 2007; Nuraeny et al., 2008; Mulyanto et al., 2009]. As HBV genotypes/ subtypes, the HBV subgenotypes seem to be associated with their geographical distribution and ethnic origin.

Previous studies of genotype-subtype distribution of HBV in Jayapura, Papua, reported that C/adr was the most predominant [Sastrosoewignjo et al., 1991; Mulyanto et al., 1997]. It was speculated that the ancestors of HBV/adr-infected inhabitants of the eastern-most part of Indonesia, like Papua, came most likely from Melanesia where *adr* is largely found [Mulyanto et al., 1997]. Norder et al. [1994] found that C/adr isolates in Melanesia and Polynesia (HBV/C3) had no q determinant, differed from C/adr isolates in Far East Asia (HBV/C2) [Kramvis et al., 2005] and in South East Asia (HBV/C1) [Huy et al., 2004] which had the qdeterminant. Recently, based on part of the S gene and the core gene, Lusida et al. [2008] reported that most C/adr isolates of HBV from Papua had no q determinant (A159/A177), but they belonged to a novel subgenotype (HBV/C6). This finding was confirmed by Utsumi et al. [2009] based on the complete HBV genome.

The aim of this study was to characterize further HBV isolates from Papua, particularly from its native highland and lowland Papuans.

#### MATERIALS AND METHODS

# **Collection of Field Samples**

Serum samples were taken from both highland and lowland Papuan blood donors, who visited the Blood Transfusion Unit—Indonesian Red Cross in Jayapura, Papua Province, from July 2006 to September 2006, and were screened for HBsAg using the immunochromatography method (entebe HBsAg strip, Hepatika Laboratory, Mataram, Indonesia). Thirty-two (4.63%) of the 691 sera tested positive for HBsAg were subsequently analyzed. The descent of each Papuan carrier was carefully documented for three previous generations, both maternally and paternally. All sera were stored at  $-20^{\circ}$ C until transported to the Institute of Tropical Disease in Surabaya, where they were stored at  $-80^{\circ}$ C. Ethical clearance of this study was obtained from the ethics committee of the School of Medicine, Airlangga University in Surabaya, Indonesia. Informed consent for participation in this study was obtained from each individual.

# Viral DNA Extraction, PCR Amplification, and Sequencing

HBV DNA was extracted from 100  $\mu$ l serum samples using DNAzol reagent (Invitrogen, Carlsbad, CA). The extracted DNA was used as a template for the amplification of the respective gene regions. PCRs were performed with the PCR master mix (Fermentas, Foster City, CA). The reactions contained 25  $\mu$ l PCR master mix, 10  $\mu$ l DNA, and 0.5  $\mu$ l of each primer with a concentration of 20 pmol/ $\mu$ l, in a total reaction volume of 50  $\mu$ l. The thermocycling condition included a 5-min denaturation step of 94°C, followed by 40 cycles of 1 min at 94°C, 1 min at 55°C, and 2 min at 72°C.

Part of the S gene was amplified in the first round using primers P7 (5'-GTG GTG GAC TTC TCT CAA TTT TC-3', nt 256–278) and P8 (5'-CGG TAW $^{[A/T]}$  AAA GGG ACT CAM<sup>[A/C]</sup> GAT-3', nt 796-776). If the first round PCR was negative, the second round PCR was performed using primers HBs1 (5'-CAA GGT ATG TTG CCC GTT TG-3', nt 455-474) and HBs2 (5'-AAA GCC CTG CGA ACC ACT GA-3', nt 713-694). Part of the core gene was amplified using primers HBc1 (5'-TTA CAT AAG AGG ACT CTT GG-3', nt 1650-1669) and HBc2 (5'-TAA AGC CCA GTA AAG TTT CC-3', nt 2494-2475) [Lusida et al., 2008]. For confirmation of analyses of part of the S gene and the core gene of some isolates, the amplification of the complete HBV genome was determined by the method reported previously [Sugauchi et al., 2001].

Nucleotide sequences of the amplified fragments were determined using the BigDye Deoxy Terminator cycle sequencing kit with an ABI Prism 310 Genetic Analyzer (Applied Biosystems, Foster City, CA).

# **Analyses of Sequences**

HBV genotypes were determined based on the homologous percentage of >96% in the S gene compared with HBV isolates from International DNA databases (DDBJ/EMBL/GenBank) [Magnius and Norder, 1995; Arauz-Ruiz et al., 1997], using the program Genetyx-Win version 9.0 (Genetyx Corporation, Tokyo, Japan).

Nucleotide sequences of HBV were aligned by the program CLUSTAL X version 1.83 and analyzed further as belows. HBV subtypes were deduced on the basis of the predicted amino acid sequence substitutions at positions 122, 127, 134, 159, 160, 177 in the S gene [Okamoto et al., 1988; Norder et al., 1994; Kramvis et al., 2005]. Phylogenetic trees were constructed by the Neighbor-Joining method and bootstrap resampling was performed 1,000 times, using the Molecular Evolutionary Genetic Analysis (MEGA) version 4.1 (http:// www. megasoftware.net). HBV subgenotypes were assigned as described previously [Sugauchi et al., 2001; Huy et al., 2004; Norder et al., 2004; Chan et al., 2005; Kramvis et al., 2005; Banerjee et al., 2006; Novel Subgenotype of HBV Genotype C From Papuans

Nagasaki et al., 2006; Sakamoto et al., 2006; Schaefer, 2007].

#### **Examination of Evidence for Recombination**

Possible HBV genetic recombination events were investigated using the bootscan analysis implemented in the SimPlot software program, version 3.5.1 [Robertson et al., 1995; Lole et al., 1999].

#### **Nucleotide Sequence Accession Numbers**

The nucleotide sequence data reported in this study have been assigned DDBJ/EMBL/GenBank accession numbers AB495096-AB495106, AB495108-AB495115, AB495117-AB495122 for 25 partial S gene sequences of HBV/C isolates, AB537944-AB537951 for 8 partial core gene sequences of HBV/C isolates, and AB560661-AB560662 for two complete genome sequences of HBV/C isolates.

#### RESULTS

A total of 32 HBsAg-positive sera were obtained from native Papuan blood donors (all male; aged 18–52 years, mean 29.4 years). Twenty-five were lowland Papuans and the rest (21PU, 22PU, 23PU, 43PU, 48PU, 58PU, and 60 PU) were highland Papuans.

The distribution of HBV genotypes among 32 Papuans indicated that most isolates (78.1%) were classified into genotype C, followed by genotype B (18.8%) and D (3.1%) (Table I).

The HBV subtypes were determined by aligning 32 amino acid sequences from Papuans and 43 reported HBV sequences (A–J genotypes) including those of reported Papua sequences, at the amino acids positions 117-180 of the S gene (Fig. 1). By analyzing amino acid substitutions at positions 122, 127, 134, and 160, it was found that subtype adr (71.9%) was predominant, followed by adw2 (25.1%) and ayw2 (3.1%) (Table I). Of the 23 adr isolates, 17 isolates (74%) had alanine (A) at position 159 and valine (V) at position 177, and this combination was considered important for the expression of the q determinant. The other adr isolates (26%) from Papuans had no q determinant (A159/A177), which had different combination from adrq-isolates

TABLE I. HBV Genotypes and Subtypes Among HBsAg-Positive Sera From Papuan Blood Donors in Jayapura

HBV genotypes/ subtypes	No. of Papuan blood donors (%)	Total (%)
В		
adw2	6 (18.8)	6 (18.8)
С		
adw2	2(6.3)	25(78.1)
adrq+	17(53.1)	
adrq-	6 (18.8)	
D		
ayw2	1 (3.1)	1(3.1)
Total	32 (100)	32 (100)

in Melanesia and Polynesia (V159/A177) (Fig. 1 and Table I).

All HBV isolates with subtype adr belonged to genotype C, adw2 to genotype B or C, and ayw2 to genotype D (Table I).

Phylogenetic analysis of part of the S gene (nt 503-694) of the HBV genome revealed that most C/adr isolates (19/23) from Papuans were classified into subgenotype C6. Two C/adr isolates (21PU and 43PU) from highland Papuans and all C/adr isolates from lowland Papuans belonged to C6 of a Papua cluster. However, the other C/adr isolates (22PU, 23PU, 58PU, and 60PU) from highland Papuans formed a single cluster, distinct from all reported subgenotypes of HBV/ C, including C6 (Fig. 2). Phylogenetic analysis of part of the core gene (nt 1916-2401) also showed that three isolates from highland Papuans (23PU, 58PU, and 60PU) were classified into a distinct cluster from all subgenotypes C1-C10 (Fig. 3). Consistently, phylogenetic analysis of the complete HBV genome of two isolates from highland Papuans (58PU and 60PU) confirmed these results, with a bootstrap value of 100% at its bifurcation, indicating that these isolates were classifiable into a new subgenotype (provisionally designated C11) (Fig. 4).

Divergences in the complete genome sequences of the novel subgenotype HBV/C11 were examined by comparing with the reported sequences of previous subgenotypes of HBV/C (C1–C10). The two HBV/C11 isolates (58PU and 60PU) showed 3.0% divergence from each other. On the other hand, they showed divergences of 5.2-5.7% with HBV/C1, 4.8-5.1% with HBV/C2, 4.2-5.1% with HBV/C3, 6.3-6.6% with HBV/C4, 6.1-6.4% with HBV/C5, 4.2-7.2% with HBV/C6, 5.6-6.1% with HBV/C7, 4.6-5.1% with HBV/C8, 4.3-4.9% with HBV/C9, and 6.6-6.7% with HBV/C10.

To investigate possible recombination in the 58PU genome, a bootscan analysis of aligned complete HBV genomes was performed using SimPlot software. Figure 5 shows the bootscanning plots and the genome-wide similarity score for the 58PU isolate (HBV/C11) in comparison with a reference set consisting of reported subgenotypes of HBV/C (Fig. 5). It showed no significant evidence of recombination between C11 and previous subgenotypes of HBV/C (C1–C10).

#### DISCUSSION

Papua, the western part of New Guinea, is a part of Indonesia. The native people of Papua, called Papuans, are divided into more than 271 different tribes, which show a great variety of cultures and languages [Djoht, 2002]. They spread into two major different geographic zones. Papuans who live in central mountainous region/ highland zones are called highland Papuans, and Papuans who live in swampy and malarial coastal regions/lowland zones are called lowland Papuans. Unlike the lowland people, highland Papuans are firmly attached to their traditions and have not responded to government modernization programs [Feil, 1995]. This

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AB074756	Cl	agra4	Thailand	STGPCKT
X01587	C2	adrq+	Japan	
AF533983	C2	agad4	China	
X75656	СЗ	agad-	Polynesia	
X75665	C3	adrq-	Melanesia	· · · · · · · · ·
AB048704	C4	ayns	Australia	R.
AB241111	C5	adw2	Philippines	
4 opu	С	adv2		
44PU	С	adw2		
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AB354890	C6	aqud-		
AB354900	C6	aqud-	(Papua, Indonesia	
AB354882	C6	agad4	ſ	
AB354887	C6	agad4		T
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24PU,46PI	1	8 8	C6 adzq+	
28PU	C6	agadt		
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34190	C6	agad+		R
4720	C6	agad+		
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AP011107	C8	adrq+	Mataram, Indonesia	
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AB078033	DZ	ayna	Japan	. VR.
AB090269	DZ	aywa	India Contra Dása	. VR.
091809	D3	ayus	Losta Rica	R.
AB048702	D4	ayw2	Australia	R.
DQ315779	DS	aywa	India	R.
AB354886	DB	ayw2	Papua, Indonesia	R.
820	5	a ywz	7	R.
000329	DI	20002	Japan	
D00330	BZ DO	200/2	Japan Jama Tudawasia	
BF4/39/1	B3	20342	Java, Indonesia	
AB354899	B3	201/2	Papua, Indonesia	
AB073835	B4	aywi	Vietnam Dhiliminas	R.
AB241116	BS DC	aywi	Philippines	· · · · · . R.
PR403700	<b>DD</b>	20002	Alex Indensatio	· · · · · · · · · · · · · · · · · · ·
BF4/39/6	B/	aywi	Alor, Indonesia	R.
AP011096	Be	aywi	Sumba, Indonesia	R.
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Fig. 1. Alignment of amino acid sequences of HBV isolates from 32 Papuans (code: PU, shown in bold), and 43 reported sequences of all HBV genotypes (A–J) and subgenotypes including C6 of a Papua cluster. Reported isolates downloaded from the databases are indicated with the accession numbers, genotypes/subgenotypes/subtypes and region/country origins. PU samples were obtained from lowland Papuans and PU\* were from highland Papuans. The sequences correspond to amino acids 117–180 of the S gene.

study not only yielded the anticipated HBV isolates clustered into HBV/C6, but also revealed a novel subgenotype unique to highland Papuans.

This study found that 78.1% HBV isolates of 32 Papuan blood donors were classified into genotype C, followed by genotype B (18.8%) and D (3.1%) (Table I).

No HBV isolates were found with genotypes A, E, F, G, H, I, or J. These results confirmed the previous studies [Sastrosoewignjo et al., 1991; Usuda et al., 1999; Lusida et al., 2008]. Each HBV genotype has a characteristic geographic distribution, even within a single country, as has been observed in China, India, USA, and Indonesia

FJ023672 I2 ayw2 Laos

AB486012 J ayw4 Japan

Novel Subgenotype of HBV Genotype C From Papuans

# S gene



Fig. 2. Neighbor-joining phylogenetic tree of C/adr HBV isolates from 23 Papuans (code: PU, shown in bold) together with all reported HBV genotypes and subgenotypes of HBV/C, including C6 of a Papua cluster (indicated with the accession numbers); on the basis of partial S genes (nt 503–694). PU samples were obtained from lowland Papuans and PU\* samples were from highland Papuans. The genotypes are indicated on the branches, and the subgenotypes are on the right. Bootstrap values are indicated for each branch.

as well. The genotype distribution can be influenced by the ethnic background and the country origin of the individual carriers of the virus [Kramvis et al., 2005]. Indonesia has hundreds of ethnic groups and languages [Sofro, 1982]. It is characterized by its national motto— "Bhinneka Tunggal Ika" or "unity in diversity." The diversity in this country can now be assessed also in the light of the HBV genotypes. In the western part of



Fig. 3. Neighbor-joining phylogenetic tree of C/adr HBV isolates from nine Papuans (code: PU, shown in bold) together with all reported HBV genotypes and subgenotypes of HBV/C, including C6 of a Papua cluster (indicated with the accession numbers); on the basis of part of the core genes (nt 1916–2401). All PU samples were obtained from lowland Papuans and PU\* were from highland Papuans. The genotypes are indicated on the branches, and the subgenotypes are on the right. Bootstrap values are indicated for each branch.

Indonesia, the HBV genotype B is predominant, while the HBV genotype C is predominant in the eastern part of Indonesia, especially in Papua [Sastrosoewignjo et al., 1991; Mulyanto et al., 1997; Usuda et al., 1999; Lusida et al., 2008]. It should be noted that patients who were infected with HBV genotype C tend to contract hepatocellular carcinoma and are associated with a higher frequency of core promoter mutation and with a lower response rate to lamivudine and IFN- $\alpha$ therapy than those infected with HBV genotype B [Kao, 2002].

The subtype adr (71.9%) was predominant in HBV isolates from Papuan blood donors, followed by adw2 (25.1%), and ayw2 (3.1%) (Table I). These findings confirmed the observation of Mulyanto et al. [1997],

that 76.9% of 13 isolates from adult population of Papuan in Jayapura belonged to subtype adr, and Lusida et al.'s [2008] finding, that 85.2% of 23 isolates from blood donors in Papua belonged to subtype adr. Again, these data agreed with the HBV subtypedistribution map in eastern part of Indonesia and the fact that Jayapura is within the adr-zone.

All HBV isolates with subtype adr belonged to genotype C, adw2 to genotype B or C and ayw2 to genotype D. These were consistent with HBV genotypes and subtypes relationship. What is more, as reported, subtype adr can rarely be found in genotype B, subtype adw2 can be found in genotypes A, C, F, G, and subtype ayw2 can be found in genotypes A and C [Kramvis et al., 2005].



Fig. 4. Neighbor-joining phylogenetic tree of C/adr HBV isolates from two highland Papuans (code: PU\*, shown in bold) together with all reported HBV genotypes and all subgenotypes of HBV/C, including C6 of a Papua cluster (indicated with the accession numbers); on the basis of the complete genome. The genotypes are indicated on the branches, and the subgenotypes are on the right. Bootstrap values are indicated for each branch.

HBV isolates from Papuans were dominated by C/adr (71.9%). It was speculated that the ancestors of HBV/ *adr*-infected inhabitans of that eastern-most part of Indonesia, most likely came from Melanesia where *adr* is largely found [Mulyanto et al., 1997]. Nevertheless, based on phylogenetic analyses of part of the S and core genes, as Lusida et al.'s [2008] finding, it was found that most Papuan isolates (C/adr) belonged to subgenotype HBV/C6 (Indonesia: Papua), distinct from HBV/C1 (Vietnam and Thailand), HBV/C2 (Japan, Korea, and China), HBV/C4 (Australia), HBV/C5 (Philippines), HBV/C7 (Philippines), HBV/C8 (Indonesia: Bali, Mataram, Kalimantan), HBV/C9 (Indonesia: Timor), HBV/C10 (Indonesia: Timor) and especially from HBV/C3 (Melanesia and Polynesia) (Fig. 2). This result was consistent with finding of the Indonesian



Fig. 5. Complete genome scanning carried out by the SimPlot program for the 58PU\* isolate from one highland Papuan versus 25 selected genotype C HBV isolates, grouped by subgenotype and genotype F HBV isolate as an outgroup. **Top panel**: Bootscanning of HBV sequence. The *y*-axis shows the percentage of permuted trees using a sliding window 200-bp wide centered on the position plotted, with a step size between plots of 20 bp. **Bottom panel**: The results from SimPlot analysis are shown. The *y*-axis shows the percentage of identity within a sliding window 200-bp wide centered on the position plotted, with a step size between plots of 20 bp.

anthropologists, Koentjaraningrat and Bachtiar, that Papuan languages are not grouped into Melanesian languages. In addition, although most *adr* isolates (74%) from Papuans had the *q* determinant (Table I), they were not clustered into HBV/C1 and HBV/C2 which were frequently found with the same subtype, *adrq*+ [Huy et al., 2004; Kramvis et al., 2005].

Interestingly, based on phylogenetic analysis of part of the S gene, four C/adr isolates (22PU, 23PU, 58PU, and 60PU) from highland Papuans belonged to a distinct cluster from all reported subgenotypes of HBV/C, including C6 of a Papua cluster (Fig. 2). This unique cluster was also shown on the basis of part of the core gene (Fig. 3). All these results were confirmed by phylogenetic analysis based on the complete genome sequences, with a significant bootstrap value (100%) at its bifurcation (Fig. 4). The finding of the novel subgenotype (provisionally designated C11) was also confirmed on the basis of divergences of the complete genome sequences by 4-8% with other known subgenotypes of HBV/C (C1-C10). Furthermore, no significant evidence of recombination was found between the 58PU genome (subgenotype C11) and the other 10 subgenotypes of HBV/C (Fig. 5). The isolated life and closed social systems of highland Papuans in the central mountainous region/highland zones likely contribute to this finding.

It was found also that two other C/adr isolates (21PU and 43PU) from highland Papuans were grouped together with all C/adr isolates from lowland Papuans into C6 cluster, not into C11 cluster (Fig. 2). Some highland Papuans have descended to more open and Novel Subgenotype of HBV Genotype C From Papuans

cultivated areas in the lowland zones and adjusted to a new life. This migration is ongoing, and it is possible that there are many horizontal transmissions of HBV from lowland Papuans to highland Papuans.

In conclusion, a novel HBV subgenotype, C11, from highland Papuans, was identified. This study also confirmed that most HBV/C isolates in Papua were classified into subgenotype C6. The isolated life of highland Papuans could be the reason for the new finding of subgenotype C of HBV (C11).

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