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## Comparative evaluation of the transmissibility of SARS-CoV-2 variants of concern

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1           **Comparative evaluation of the transmissibility of**  
2                           **SARS-CoV-2 variants of concern**

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13      **Keywords**

14      COVID-19, SARS-CoV-2, lineage, transmissibility

15

## 16 **Abstract**

17 Since the start of the SARS-CoV-2 pandemic in late 2019, several variants of concern  
18 (VOC) have been reported, such as B.1.1.7, B.1.351, P.1, and B.1.617.2. The exact  
19 reproduction number  $R_t$  for these VOCs is important to determine appropriate control  
20 measures. Here, we estimated the transmissibility for VOCs and lineages of  
21 SAR-CoV-2 based on genomic data and Bayesian inference under an epidemiological  
22 model to infer the reproduction number ( $R_t$ ). We analyzed data for multiple VOCs  
23 from the same time period and countries, in order to compare their transmissibility  
24 while controlling for geographical and temporal factors. The lineage B had a  
25 significantly higher transmissibility than lineage A, and contributed to the global  
26 pandemic to a large extent. In addition, all VOCs had increased transmissibility when  
27 compared with other lineages in each country, indicating they are harder to control  
28 and present a high risk to public health. All countries should formulate specific  
29 prevention and control policies for these VOCs when they are detected to curve their  
30 potential for large-scale spread.

31

## 32 **Introduction**

33 As the seventh coronavirus which could infect humans and then caused Coronavirus  
34 Disease 2019 (COVID-19), SARS-CoV-2 (also known as 2019-nCoV, or HCoV-19)<sup>1</sup>  
35 was first identified in Wuhan China, in late 2019<sup>2-4</sup>. Within a few weeks,  
36 SARS-CoV-2 spread all over the world, and caused a global pandemic<sup>5</sup> declared by  
37 the World Health Organization (WHO), which is the only pandemic caused by a  
38 coronavirus to date. As of 8<sup>th</sup> June 2020, there are more than 172 million confirmed  
39 cases from more than 200 countries with more than three million deaths<sup>6</sup>, posing a  
40 global threat to public health. Furthermore, the global spread of COVID-19 has also  
41 thoroughly taxed the medical systems and global economies.

42

43 The transmissibility of infectious diseases can be measured by the basic reproduction  
44 number  $R_0$ , which indicates how many secondary infectees could, on average, be  
45 directly caused by one infector in a susceptible population. The higher the  $R_0$ , the  
46 higher the transmissibility of the infectious disease, which also means that the  
47 infectious disease is more difficult to be controlled. By extension, the temporal  
48 reproduction number  $R_t$  can be defined as the average number of secondary infections  
49 at time  $t$ . Traditionally,  $R_t$  is estimated using epidemiological data, which can be either  
50 individual contact tracing data or population-scale incidence data fitted with systems  
51 of ordinary differential equations and that represents a population-level  
52 epidemiological model<sup>7</sup>. However, getting unbiased datasets to apply these methods  
53 can be challenging. Here we used an alternative which is to use sequencing data to

54 reconstruct a transmission tree which is informative about  $R_t$ . As previous described,  
55 mutations in the genome of the SARS-CoV-2 have frequently occurred and  
56 accumulated during the epidemic. Some of these mutations may have increased the  
57 transmissibility, whereas the majority would likely have had no effect, but are still  
58 useful to reconstruct transmission trees. The assessment of the effect of mutations on  
59 transmissibility has been mainly based on non-human experimental animals (like  
60 hamsters *etc*), and it is still controversial whether these conclusions apply to humans.  
61 Besides, the timely adjustment of epidemic prevention and control strategies also  
62 requires a rapid assessment of the impact of newly emerging important mutations  
63 within pathogens' genomes on transmission. Furthermore, several types of  
64 SARS-CoV-2 variants of concern (VOC) emerged during the pandemic, such as  
65 B.1.1.7 (WHO label: Alpha), B.1.351 (WHO label: Beta), P.1 (WHO label: Gamma),  
66 and B.1.617.2 (WHO label: Delta) *etc*. Under these circumstance, novel methods are  
67 needed that can quickly evaluate the impact of mutations on transmissibility.

68

69 Here, we estimated  $R_t$  for different lineages of SARS-CoV-2 based on genomic data  
70 and Bayesian inference under an epidemiological model, and then inferred the  
71 offspring distribution. The mean of the offspring distribution is the temporal  
72 reproductive number  $R_t$ , which depends on both the pathogen transmissibility and the  
73 conditions in the host population (for example the proportion of immunized  
74 individuals or the control measures in place). To account for this, we compared the  $R_t$   
75 of different lineages in the same country and during same periods to quantify the

76 difference transmissibility between different lineages, especially for the previous  
77 described VOCs.

78

## 79 **Results**

### 80 **Lineage B has a higher transmissibility than lineage A**

81 Since only the United States and Australia contained sufficient numbers of viral  
82 genomes from both lineage A and B during the early phase of the COVID-19  
83 pandemic, we used data from these two countries to compare the transmissibility  
84 between lineages A and B. The mean  $R_t$  for lineage A from Australia and USA were  
85 estimated as 1.75 (95% credible intervals (CI) 1.43-2.11) and 1.74 (95% CI 1.61-1.89),  
86 respectively (Figure 1A). However, the mean  $R_t$  for lineage B from Australia and USA  
87 were estimated as 2.33 (95% CI 2.05-2.64) and 3.18 (95% CI 2.76-3.63), respectively  
88 (Figure 1A). Firstly, the  $R_t$  of lineage B is significantly greater than that of lineage A,  
89 indicating higher transmissibility of lineage B compared to lineage A. This might be  
90 the reason why strains from lineage B rapidly became dominantly all over the world  
91 (Figure 1B). Secondly, the  $R_t$  of lineage A from the two countries are very close,  
92 however, the  $R_t$  of lineage B varied greatly between Australia and USA. We then  
93 found that the composition of lineage was significantly different between the datasets  
94 from these two countries (Figure 1C and D,  $p < 0.01$ , Fisher's exact test, two-sided).  
95 We speculated that different sub-lineages within lineage B might have different  
96 transmissibility and then tested the hypothesis by conducting further analysis. Since  
97 the data from lineage A was limited, the evaluation of transmissibility for each

98 sub-lineage was mainly focused on those from lineage B and other emerging lineages  
99 in the same country during the same periods. In order to reduce the amount of  
100 calculation but at the same time be able to test the above hypothesis, only the  
101 dominant lineages showing exponential growth in each country were selected to  
102 perform the further analysis and comparison.

103

#### 104 **B.1.1.7 has a higher transmissibility than other dominant lineages in UK**

105 The composition of lineages in UK is shown in Figure 2A. B.1.177 was the dominant  
106 strain before 2021. We also found that the number of viral genomes from England far  
107 exceeds that from other parts of the UK (Figure 2B). Besides, according to the  
108 accumulation of number of viral genomes from each lineage in England, we could  
109 find that only three lineages (B.1.177, B.1.1.37, B.1.1.7) grew exponentially after  
110 October 2020 (Figure 2B). Taken together, only transmissibility of these three  
111 lineages were evaluated during October 2020 to January 2021 in this study, so that the  
112 impact of non-pharmaceutical interventions on the estimation of  $R_t$  will be consistent  
113 for different lineages. The  $R_t$  for B.1.177, B.1.1.37, B.1.1.7 were estimated as 1.08 (95%  
114 CI 1.072-1.09), 1.068 (95% CI 1.05-1.086), and 1.186 (95% CI 1.158-1.213) (Figure  
115 2C). The B.1.177, B.1.1.37 had similar  $R_t$  which were both close to 1. However,  
116 B.1.1.7 had a significantly higher transmissibility than these two lineages. We next  
117 tested if the significantly high  $R_t$  could be affected by sampling bias. After five  
118 independently repeated sampling and subsequent analysis, we found that all these  $R_t$   
119 for B.1.1.7 were close to each other, ranging from 1.178 to 1.194. Besides, all the 95%

120 credible intervals from repeated sampling also did not have any intersection with  
121 those from lineage B.1.177 and B.1.1.37. Thus, the sampling bias had limited effect  
122 on the estimation of  $R_t$  for each lineage. We also found that B.1.177 had a similar  
123 transmissibility than B.1.1.37 (Student's t test, two-sided with Holm–Bonferroni  
124 adjusted  $p = 0.1$ ) (Figure 2D).

125

### 126 **Slightly higher transmissibility for B.1.351 than B.1.1.54 in South Africa**

127 The composition of lineages in South Africa is shown in Figure 3A. Lineage B.1.1.54  
128 was the dominant strain before October 2020. Since then, the dominant strain in South  
129 Africa was switched to lineage B.1.351 gradually. According to the accumulation of  
130 number of viral genomes from each lineage in South Africa, we could find that only  
131 lineage B.1.1.54 and B.1.351 grew exponentially after July 2020 (Figure 3B). In this  
132 case, only transmissibility of these two lineages were evaluated during July 2020 to  
133 February 2021 in this study, so that the impact of non-pharmaceutical interventions on  
134 the estimation of  $R_t$  will be consistent for these two lineages. We could find the  $R_t$  for  
135 B.1.351 and B.1.54 during July 2020 and February 2021 were estimated as 1.05 (95%  
136 CI 1.044-1.065) and 1.02 (95% CI 1.011-1.034), respectively (Figure 3C). The  
137 difference of transmissibility between B.1.351 and B.1.54 was also significant  
138 (Student's t test, two-sided  $p < 0.001$ ) (Figure 3D). In this case, isolates from B.1.351  
139 had a slightly higher transmissibility than those from B.1.154.

140

### 141 **P.1 had a slightly higher transmissibility than P.2 in Brazil**



142 The composition of lineages in Brazil is shown in Figure 4A. Lineage B.1.1.33 and  
143 B.1.1.28 were the dominated before January 2021. Both of them grew exponentially  
144 after their first appearance in Brazil. However, their growth rate has slowed down  
145 since July 2020. Since October 2020, two novel lineages (P.1 and P.2) had gradually  
146 appeared and had shown exponential growth (Figure 4B). In this case, only  
147 transmissibility of these two lineages (P.1 and P.2) were evaluated during December  
148 2020 to February 2021 in this study, so that the impact of non-pharmaceutical  
149 interventions on the estimation of  $R_t$  will be consistent for these two lineages. We  
150 could find the  $R_t$  for P.1 and P.2 during December 2020 to February 2021 were  
151 estimated as 1.07 (95% credible intervals 1.054-1.084) and 1.06 (95% credible  
152 intervals 1.049-1.070) (Figure 4C), respectively. The difference of transmissibility  
153 between P.1 and P.2 was also significant (Student's t test, two-sided  $p=0.016$ ) (Figure  
154 4D). In this case, isolates from P.1 had a slightly higher transmissibility than those  
155 from P.2.

156

#### 157 **B.1.617.2 has a higher transmissibility than other dominant lineages in India**

158 The top five dominant lineages and their corresponding proportion in India are shown  
159 in Figure 5A. The B.1.306 was the dominated lineage in India. Since July 2020,  
160 several other lineages, like B.1, B.1.36, B.1.36.29, emerged and grew exponentially in  
161 India (Figure 5B). B.1.617.1 and B.1.617.2 were detected in India at late 2020, and  
162 then they both grew exponentially in India (Figure 5B). Lineage B.1.617.2 has already  
163 been considered as VOC by WHO. We also found lineage B.1, B.1.36, B.1.36.29,

164 B.1.617.1, B.1.617.2 grew exponentially after 1<sup>st</sup> January 2021. In order to reduce the  
165 calculation, only data collected after 1<sup>st</sup> January 2021 were used to perform the further  
166 analysis so that the impact of non-pharmaceutical interventions on the estimation of  $R_t$   
167 will be consistent for these lineages. In this case, only these five lineages were used to  
168 estimate their  $R_t$ . The  $R_t$  was estimated as 1.013 (95% CI 1.006-1.021), 1.018 (95% CI  
169 1.009-1.027), 1.019 (95% CI 1.010-1.027), 1.033 (95% CI 1.026-1.040), 1.123 (95%  
170 CI 1.106-1.140) for B.1, B.1.36, B.1.36.29, B.1.617.1, B.1.617.2, respectively (Figure  
171 5C). After 5 independently repeated sampling and followed analysis for each lineage,  
172 we found that both B.1.617.1 and B.1.617.2 had significantly higher transmissibility  
173 than B.1, B.1.36, and B.1.36.29 (all Student's t test, two-sided with Holm–Bonferroni  
174 adjusted  $p < 0.001$ ) (Figure 5D). Furthermore, B.1.617.2 also had a significantly higher  
175 transmissibility than B.1.617.1 (Student's t test, two-sided with Holm–Bonferroni  
176 adjusted  $p < 0.001$ ). In addition, the transmissibility of both B.1.36, and B.1.36.29 is  
177 significantly higher than that of B.1 (both Student's t test, two-sided with  
178 Holm–Bonferroni adjusted  $p < 0.001$ ) (Figure 5D). However, similar transmissibility  
179 was found between B.1.36 and B.1.36.29 (Student's t test, two-sided with  
180 Holm–Bonferroni adjusted  $p = 0.057$ ) (Figure 5D).

181

## 182 **Discussion**

183 Assessing the transmissibility of pathogens is essential to tailor prevention and control  
184 strategies. As the COVID-19 pandemic spread, several VOC have been found, such as  
185 B.1.1.7 (WHO label: Alpha), B.1.351 (WHO label: Beta), P.1 (WHO label: Gamma),

186 and B.1.617.2 (WHO label: Delta) *etc.* The emergence of these VOCs has caused a  
187 significant threat to public health. Since vaccination is the key to global containment  
188 of the COVID-19 pandemic, a reduced vaccine efficacy against some VOCs would  
189 increase the risk of infection in immunized individuals thereby increasing the  
190 difficulty of containing the spread of the pandemic. For example, B.1.1.7 has been  
191 documented to have reduced neutralization by original strain convalescent and  
192 vaccine sera<sup>8-10</sup>. B.1.351 and P.1 also had reduced neutralization by mAbs and sera  
193 induced by early SARS-CoV-2 isolates<sup>11-13</sup> and B.1.351 might also increase the risk of  
194 infection in immunized individuals<sup>14</sup>. However, novel VOCs might emerge at any  
195 time and anywhere in the future. In order to deal with a novel VOC, it is necessary to  
196 quickly evaluate its transmissibility and use this as a basis to determine whether  
197 prevention and control strategies need to be adjusted to control the epidemic. A  
198 previous study had documented that B.1.1.7 has an advanced transmissibility  
199 compared to other lineages circulating in UK (43%-90% with 95% confidence  
200 intervals ranging from 38% to 130%)<sup>15</sup>. Another study illustrated that P.1 also had an  
201 increased transmissibility by 54%-79% compared to non-P.1 lineage<sup>16</sup>. These results  
202 show that different lineage can have different transmissibility. Together with the  
203 changes in transmissibility for B.1.351 and B.1.617.2 which had not been previously  
204 elucidated, here we estimated the lineage-specific transmissibility for each lineage,  
205 especially for these VOCs.

206

207 The results show that lineage B has a significantly higher transmissibility than lineage

208 A (Figure 1A). Together with the fact that lineage B was the dominant types of  
209 SARS-CoV-2 all over the world, it seems that the high transmissibility of lineage B  
210 contributed to the global pandemic to a large extent. However, we also found that the  
211 transmissibility for lineage B from Australia and USA differed significantly.  
212 Considering the significantly different composition of sub-lineages among these two  
213 countries, we speculated that different sub-lineage within lineage B would have  
214 different transmissibility. We estimated the transmissibility of VOCs and the dominant  
215 lineages with exponential growth during same period in each country, so that the  
216 impact of non-pharmaceutical interventions on the estimation of  $R_t$  will be consistent  
217 among different lineages. We estimated  $R_t$  for different lineages of SARS-CoV-2  
218 based on genomic data and Bayesian inference under an epidemiological model, and  
219 then inferred the mean of offspring distribution ( $R_t$ ). Since limited variants among  
220 each lineage would lead to uncertainty on phylogeny and the estimation of  $R_t$  was  
221 solely based on dated-phylogenetic tree, it is necessary to assess how the phylogenetic  
222 uncertainty affect the estimation of  $R_t$ . The estimation of  $R_t$  from random selected tree  
223 from MCMC chain were always lower than for the MCC tree (Figure S1). As the  
224 MCC tree is more accurate than to trees sampled in MCMC chains, this result  
225 suggested that the uncertainty of the phylogeny would cause an underestimation of the  
226  $R_t$ . In this case, the use of MCC tree for estimation of  $R_t$  would reduce the impact of  
227 phylogenetic uncertainty on the results as much as possible. In addition, the sampling  
228 bias could also affect the phylogeny.

229

230 B.1.1.7 had a significant advance in transmissibility than B.1.37 and B.1.177 in UK.  
231 The result was consistent with the previous report that B.1.1.7 had a higher  
232 transmissibility than other lineages<sup>15</sup>. However, the increase in transmissibility of  
233 B.1.1.7 estimated in this study was not as much as previous reported<sup>15</sup>, presumably  
234 because the increase of transmissibility of B.1.1.7 was based on comparison to the  
235 superimpose state of all other lineages for previous report. On the other hand, the  
236 increase of transmissibility of B.1.1.7 was based on comparison to two other lineages  
237 (B.1.1.37 and B.1.177) in the UK. Since B.1.1.37 and B.1.177 grew exponentially in  
238 the UK, the transmissibility for these two lineages could be higher than those lineages  
239 without exponentially growth. In this case, the increase of B.1.1.7 was not as much as  
240 higher than previous report<sup>15</sup>. The transmissibility of B.1.1.7 has indeed increased and  
241 is in line with the results from other reports, which further proves the accuracy of our  
242 method. We also found that P.1 had a higher transmissibility than P.2 in Brazil, and  
243 B.1.351 had a higher transmissibility than B.1.1.54 in South Africa. However, the  
244 extent of increased transmissibility for P.1 and B.1.351 against to other dominant  
245 lineages with exponential growth was not as much as for B.1.1.7. In India, we found  
246 that both B.1.617.1 and B.1.617.2 had significant increase in transmissibility  
247 compared to other lineages with exponential growth. Furthermore, B.1.617.2 also had  
248 a significantly higher transmissibility than B.1.617.1. In addition, B.1.36 and  
249 B.1.36.29 had similar transmissibility, both higher than B.1.

250

251 These results indicated that different lineages of SARS-CoV-2 have different

252 transmissibility, with some differences being more significant than others. The  
253 transmissibility of four types of VOCs also increased to varying degrees. All countries  
254 should formulate corresponding prevention and control policies for these VOCs to  
255 avoid large-scale outbreaks in their countries.

256

## 257 **Methods**

### 258 **Data collection, selection and pre-processing**

259 The transmission could be significantly affected by the stringent prevention and  
260 control strategies. Only data collected before the implementation of stringent  
261 epidemic control measures in each country were used for lineages A and B, so as to  
262 minimize the impact of prevention and control strategies on the estimation of  $R_t$ , and  
263 reflect the real situation at the same time. SARS-COV-2 genomic sequences were  
264 download from GISAID several times (data for estimating lineage A and B was  
265 downloaded at 9<sup>th</sup> April 2020, data for UK was downloaded at 21<sup>st</sup> December 2020,  
266 data for South Africa and Brazil was downloaded at 16<sup>th</sup> March 2021, data for India  
267 was downloaded at 13<sup>th</sup> May 2021). Before estimating transmissibility of lineage A  
268 and B during the early phase of COVID-19 pandemic, we first filtered data. Only  
269 those viral genomes collected before the implementation of national  
270 non-pharmaceutical interventions would be included in the analysis. In addition, those  
271 countries that include lineage A and B, and the number of completely viral genomes  
272 within each lineage  $\geq 80$  would be included in the subsequent analysis. Since only the  
273 United States and Australia met the above criteria, the estimation of the

274 transmissibility of lineage A and B was only based on the data of these two countries.  
275 The cut-off dates for the collection time in the USA and Australia are 20<sup>th</sup> and 25<sup>th</sup>  
276 January 2020, respectively, as there were no nationwide epidemic prevention  
277 measures were implemented before the date. Due to the high volume of genomic data  
278 from sub-lineages in UK, South Africa, Brazil, and India, the amount of calculation  
279 would be too large, especially for reconstruction of dated phylogeny. In this case, we  
280 filtered and also sub-sampled the data for datasets from each sub-lineage. First, the  
281 viral genomes of patients who had not had a history of international travel are retained,  
282 according to their epidemiological data. Second, the viral genomes should also meet  
283 the criteria as follow: length  $\geq 29$  KB, and the ratio of N in the genome  $\leq 1\%$ . Third,  
284 based on the collection date, if more than 10 genomes were available in a specific date,  
285 we randomly select 10 of them, otherwise all genomes would be included. Genomic  
286 sequences were aligned using Mafft v7.310<sup>17</sup>. Then, we trimmed the uncertain regions  
287 in 3' and 5' terminals and also masked 30 sites (Supplementary Table 1) that are  
288 highly homoplastic and have no phylogenetic signal as previous noted  
289 (<https://virological.org/t/issues-with-sars-cov-2-sequencing-data/473>).

290

### 291 **Reconstruction of dated phylogeny**

292 As recombination could impact the evolutionary signal, we searched for  
293 recombination events in these SARS-CoV-2 genomes using RDP4<sup>18</sup>. No evidence for  
294 recombination was found in our dataset. We used jModelTest v2.1.6<sup>19</sup> to find the best  
295 substitution model for each dataset from different countries according to the Bayesian

296 Information Criterion. The best substitution model for each dataset were listed in  
297 Supplementary Table 2. The list of genomic sequences used in this study were  
298 provided in Supplementary Table 3. The list of genomic sequences used in this study  
299 were openly shared via the GISAID initiative<sup>20</sup>. We then used the Bayesian Markov  
300 Chain Monte Carlo (MCMC) approach implemented in BEAST v1.10.4<sup>21</sup> to derive a  
301 dated phylogeny for SARS-CoV-2. Three replicate runs for each 100 million MCMC  
302 steps, sampling parameters and trees every 10,000 steps. For data from lineage A and  
303 B in USA and Australia during the early phase of COVID-19, the estimation of the  
304 most appropriate combination of molecular clock and coalescent models for Bayesian  
305 phylogenetic analysis was determined using both path-sampling and stepping-stone  
306 models<sup>22</sup>. The model comparison result for datasets from lineage A and B in USA and  
307 Australia were listed in Supplementary Table 4. In order to reduce the amount of  
308 calculation, we assumed that data from sub-lineages followed a strict molecular clock  
309 and with an exponential population growth tree prior, as genomic sequences used in  
310 each dataset were all from the same sub-lineage and they all had an exponential  
311 growth. Tracer 1.7.1<sup>23</sup> was then used to check the convergence of MCMC chain  
312 (effective sample size >200) and to compute marginal posterior distributions of  
313 parameters, after discarding 10% of the MCMC chain as burn-in. Bayesian evaluation  
314 of temporal signal (BETS)<sup>24</sup> was used to evaluate the temporal signal in each dataset.  
315 BETS relies on the comparison of marginal likelihoods of two models: the  
316 heterochronous (with tip date) and isochronous (without tip date) models. Analyses  
317 were performed with at least three independent replicates of 100 million MCMC steps



318 each, sampling parameters and trees every 10,000 steps with the best substitution  
319 model and most appropriate combination of molecular clock and coalescent models  
320 determined above for each dataset. The marginal likelihoods were estimated by PS.  
321 The Bayes factor (BF) was then calculated based on the likelihoods of two models  
322 (heterochronous and isochronous). If the  $\log BF > 30$  (heterochronous model against  
323 isochronous model), it indicated there was sufficient temporal signal in this dataset.  
324 For dataset without sufficient temporal signal, we specified a clock rate following  
325 uniform distribution ranging from 0.0004 to 0.0012 with a mean of 0.0008, otherwise  
326 we specified a noninformative continuous-time Markov chain (CTMC) reference prior.  
327 The log BF for each dataset was listed in Supplementary Table 5.

328

### 329 **Estimation of transmissibility using partially sampled viral genomic sequences**

330 As viral genomes were incompletely sampled and the pandemic is currently ongoing,  
331 TransPhylo v1.4.4<sup>25</sup> was used to infer the transmission tree using the dated phylogeny  
332 generated above as input. The generation time (i.e., the time gap from infection to  
333 onward transmission, denoted as  $G$ ) of COVID-19 was previously estimated as  $7.5 \pm$   
334  $3.4$  days<sup>26</sup> and we used these values to compute the shape and scale parameter of a  
335 gamma distribution of  $G$  using the R package *epitrix*<sup>27</sup>. This parameter was used when  
336 estimating the transmissibility of lineages A and B in USA and Australia during the  
337 early phase of COVID-19 pandemic. However, it was reported that the  $G$  was shorten  
338 over time by nonpharmaceutical interventions<sup>28</sup>. In this case, we used  $4.8 \pm 1.7$  days<sup>29</sup>  
339 estimated by previous study as  $G$  when estimating the transmissibility of sub-lineages

340 in UK, South Africa and Brazil. The distribution of sampling time (*i.e.* the time gap  
341 from infection to detection and sampling) was set equal to the distribution of  
342 generation time. We performed the TransPhylo analysis with 100,000 iterations  
343 estimating the the offspring distribution (which represents the number of secondary  
344 cases caused by each infection). The  $R_t$  then could be inferred as the median of the  
345 offspring distribution. All results were generated after discarding the first part of the  
346 MCMC chains as burn-in. The MCMC mixing and convergence was assessed based  
347 on the effective sample size of each parameter (>200) and by visual examination of  
348 the MCMC traces. The effective sample size and value of  $R_t$  for each dataset was  
349 listed in Supplementary Table 6.

350

### 351 **Evaluating the robustness of the estimation**

352 Since dated phylogeny was used to estimate the transmissibility for each lineage, we  
353 should test whether and how the phylogenetic uncertainty and sampling bias affect the  
354 estimation. We first tested how the phylogenetic uncertainty affect the result, because  
355 only MCC tree was used to estimate the transmissibility. We used data from our  
356 previous study<sup>30</sup>. Ten dated phylogenetic trees were randomly selected from the  
357 MCMC chains. The parameter setting was the same as previous study description. In  
358 addition, the sampling bias was also a key factor affecting the phylogenetic  
359 uncertainty. In order to test the robustness of the estimation of  $R_t$ , we also repeatedly  
360 randomly sub-sampled the data five times for each dataset and then performed the  
361 same analysis.

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429

## 430 **Figure Legend**

431 Figure 1. Difference in transmissibility between lineages A and B.

432 A. The distribution of  $R_t$  for each lineage. The black line in each distribution  
433 indicated the 95% CI.

434 B. The cumulative number of SARS-CoV-2 genomes for each lineage all over the  
435 world.

436 C. The heatmap of number of viral genomes for each sub-lineage in lineage A.

437 D. The heatmap of number of viral genomes for each sub-lineage in lineage B.

438 Figure 2. Lineage B of SARS-CoV-2 has a higher transmissibility than lineage A.

439 A. The pie chart of SARS-CoV-2 lineage composition in UK. The circle size was  
440 proportion to the number of SARS-CoV-2 genomes.

441 B. The cumulative number of SARS-CoV-2 genomes for each lineage in different  
442 region in UK. The dash line indicated the earliest collection date of the data used  
443 for estimating the transmissibility for each lineage.

444 C. The distribution of  $R_t$  for each lineage. The black line in each distribution  
445 indicated the 95% CI.

446 D. The boxplot of repeated estimation of transmissibility by using 5 independent  
447 re-sampling data for each lineage. Upper bound, center, and lower bound of box  
448 represent the 75th percentile, the 50th percentile (median), and the 25th percentile,  
449 respectively.

450 Figure 3. Difference in transmissibility for lineages in South Africa.

451 A. The donut chart of SARS-CoV-2 lineage composition in South Africa.

452 B. The cumulative number of SARS-CoV-2 genomes for each lineage in South  
453 Africa. The dash line indicated the earliest collection date of the data used for  
454 estimating the transmissibility for each lineage.

455 C. The distribution of  $R_t$  for each lineage. The black line in each distribution  
456 indicated the 95% CI.

457 D. The boxplot of repeated estimation of transmissibility by using 5 independent  
458 re-sampling data for each lineage. Upper bound, center, and lower bound of box  
459 represent the 75th percentile, the 50th percentile (median), and the 25th percentile,  
460 respectively.

461 Figure 4. Difference in transmissibility for lineages in Brazil.

462 A. The donut chart of SARS-CoV-2 lineage composition in Brazil.

463 B. The cumulative number of SARS-CoV-2 genomes for each lineage in Brazil. The  
464 dash line indicated the earliest collection date of the data used for estimating the  
465 transmissibility for each lineage.

466 C. The distribution of  $R_t$  for each lineage. The black line in each distribution  
467 indicated the 95% CI.

468 D. The boxplot of repeated estimation of transmissibility by using 5 independent  
469 re-sampling data for each lineage. Upper bound, center, and lower bound of box  
470 represent the 75th percentile, the 50th percentile (median), and the 25th percentile,  
471 respectively.

472 Figure 5. Difference in transmissibility for lineages in India.

473 A. The donut chart of SARS-CoV-2 lineage composition in India.



- 474 B. The cumulative number of SARS-CoV-2 genomes for each lineage in India. The  
475 dash line indicated the earliest collection date of the data used for estimating the  
476 transmissibility for each lineage.
- 477 C. The distribution of  $R_t$  for each lineage. The black line in each distribution  
478 indicated the 95% CI.
- 479 D. The boxplot of repeated estimation of transmissibility by using 5 independent  
480 re-sampling data for each lineage. Upper bound, center, and lower bound of box  
481 represent the 75th percentile, the 50th percentile (median), and the 25th percentile,  
482 respectively.
- 483

## 484 **Supplementary Information**

485 Figure S1. The 95% CI distribution of  $R_t$  using MCC tree and ten randomly selected  
486 trees from the MCMC chains.

487 Supplementary Table 1. List of 30 masked sites in SARS-CoV-2 genome.

488 Supplementary Table 2. The best substitution model for dataset from each country.

489 Supplementary Table 3. The acknowledgement table of viral genomes used in this  
490 study.

491 Supplementary Table 4. Log-marginal likelihood estimates from model selection by  
492 using the path-sampling (PS) and stepping-stone (SS) approaches for lineage A and B.

493 Supplementary Table 5. Bayesian evaluation for the temporal signal of dataset from  
494 each dataset.

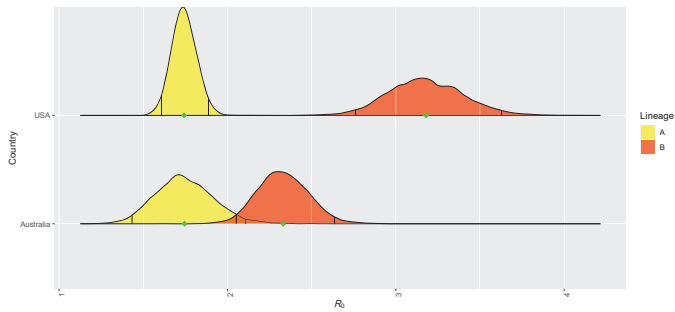
495 Supplementary Table 6. The estimation of  $R_t$  and corresponding effective size of each  
496 dataset.

497

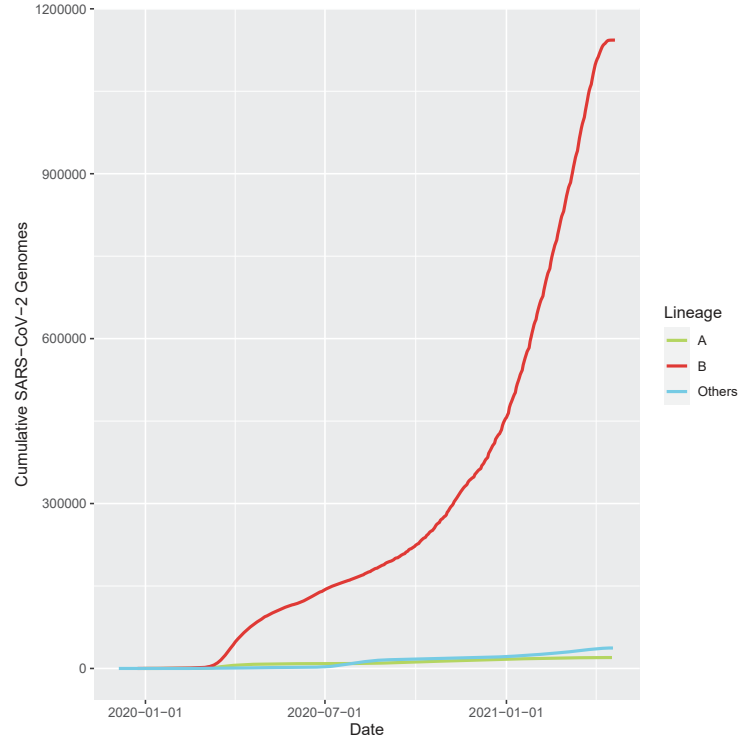
# Figure 1

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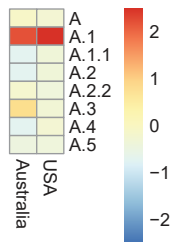
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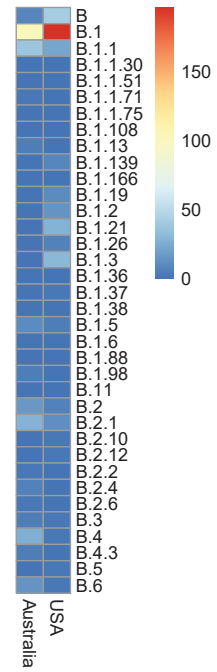
**B**



**C**

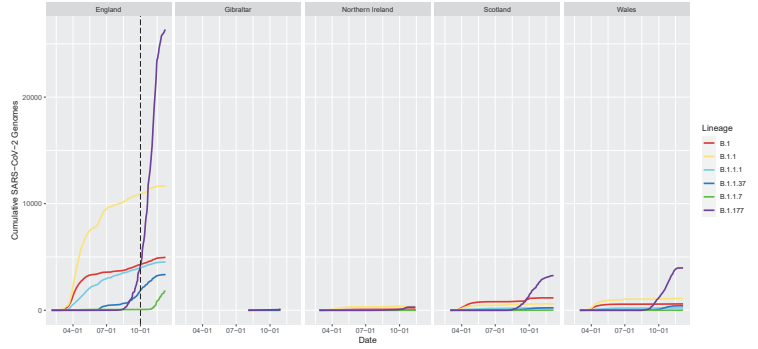
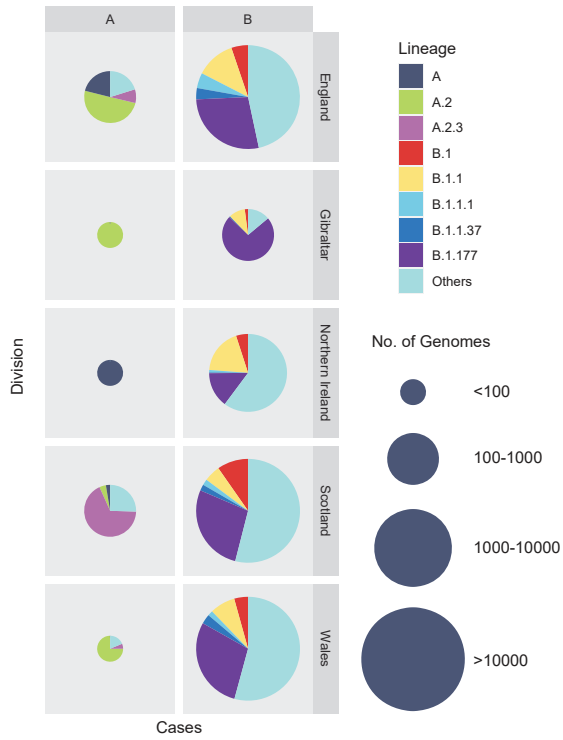


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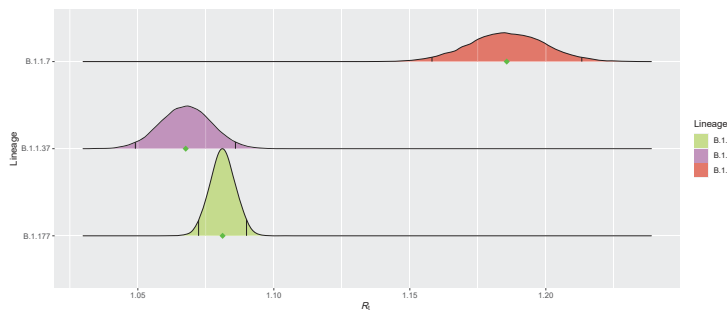


# Figure 2

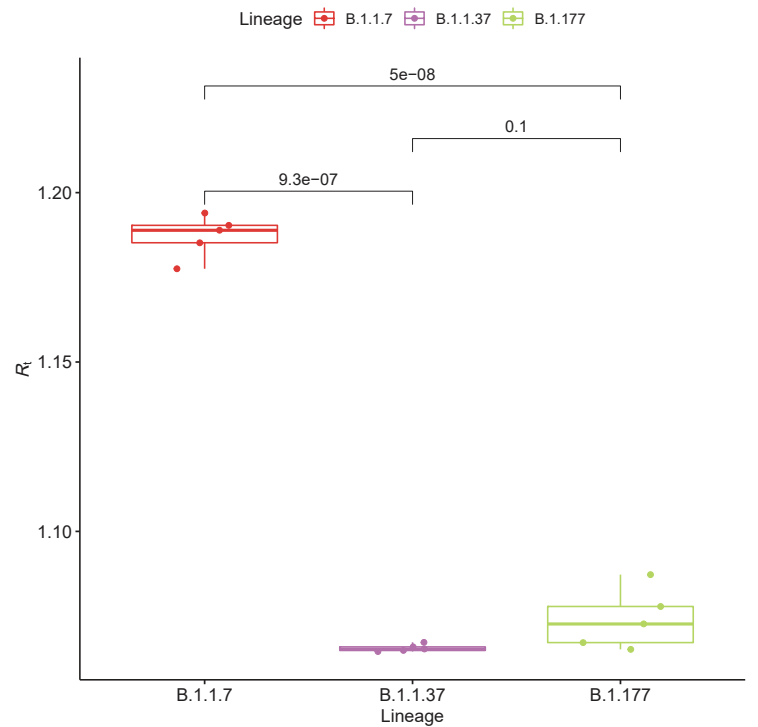
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**C**



**D**

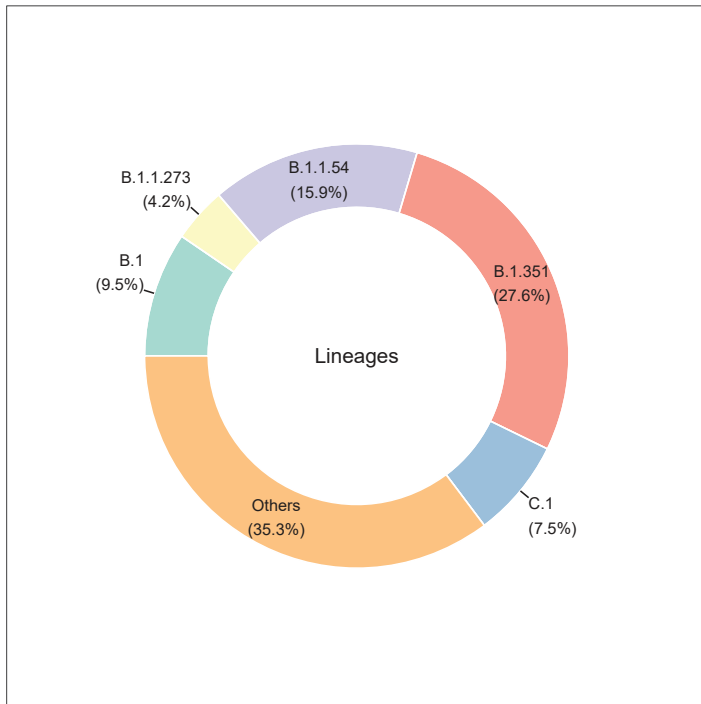


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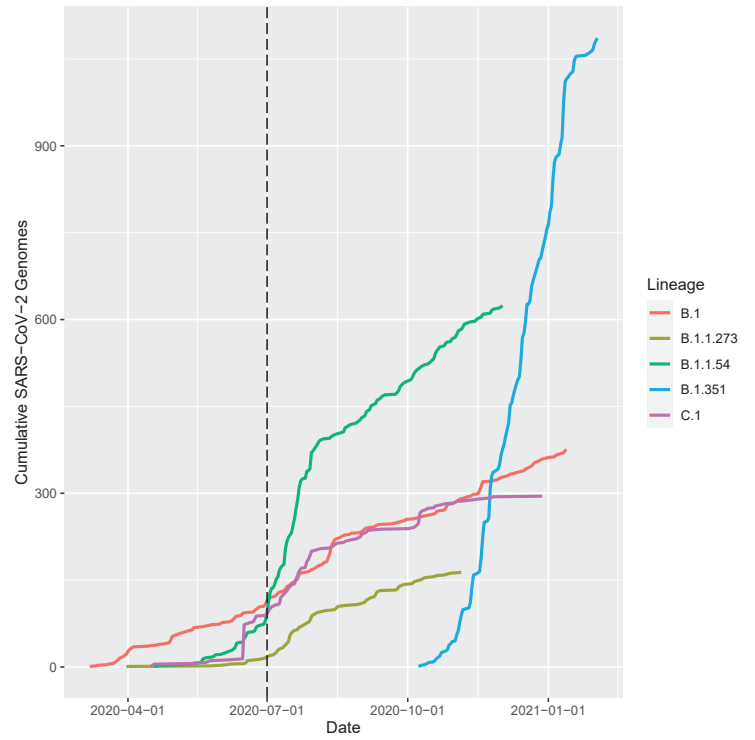
## A

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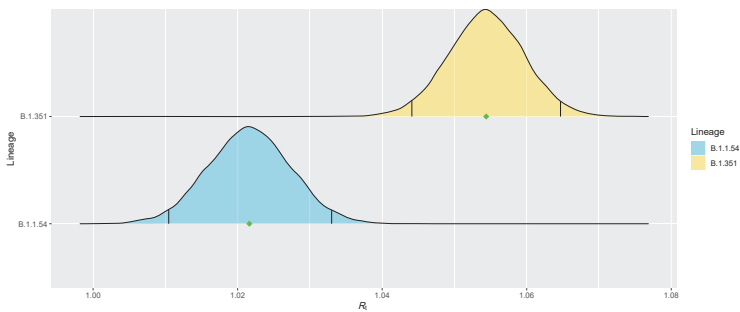
Distribution of lineages for SARS-CoV-2 isolates in South Africa



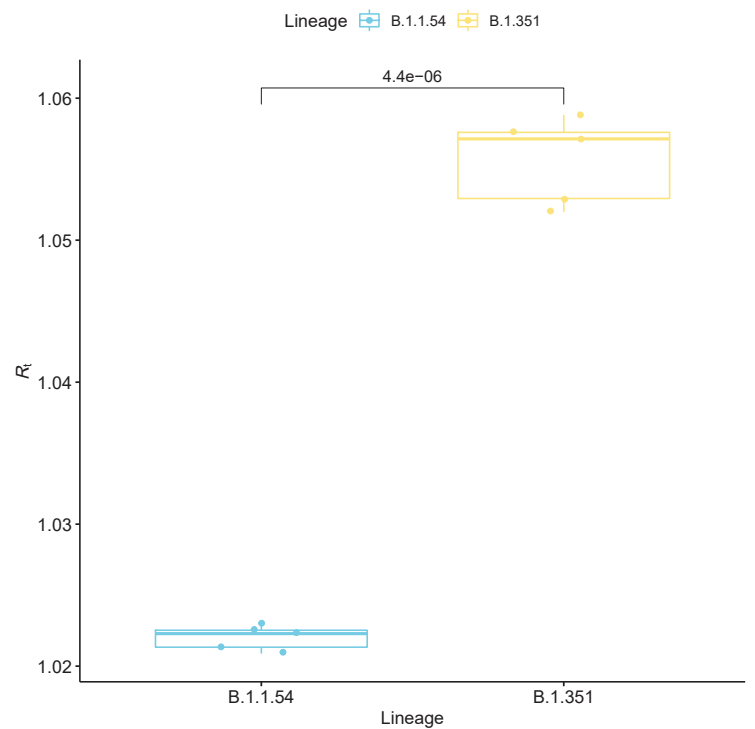
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## C



## D

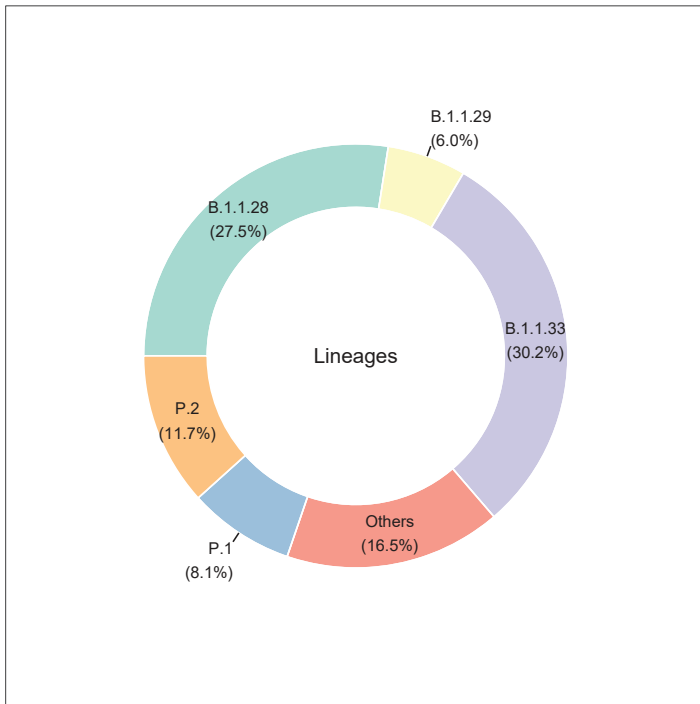


# Figure 4

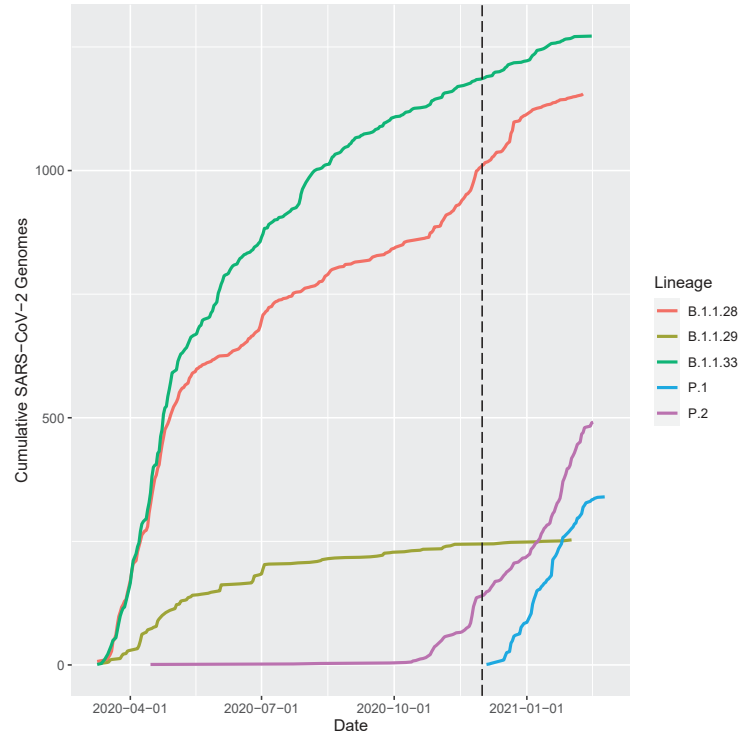
## A

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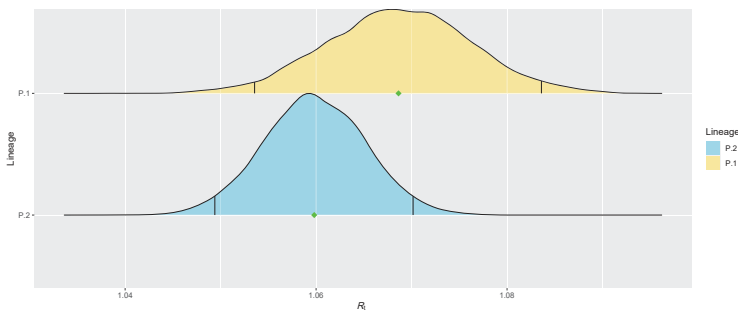
Distribution of lineages for SARS-CoV-2 isolates in South Africa



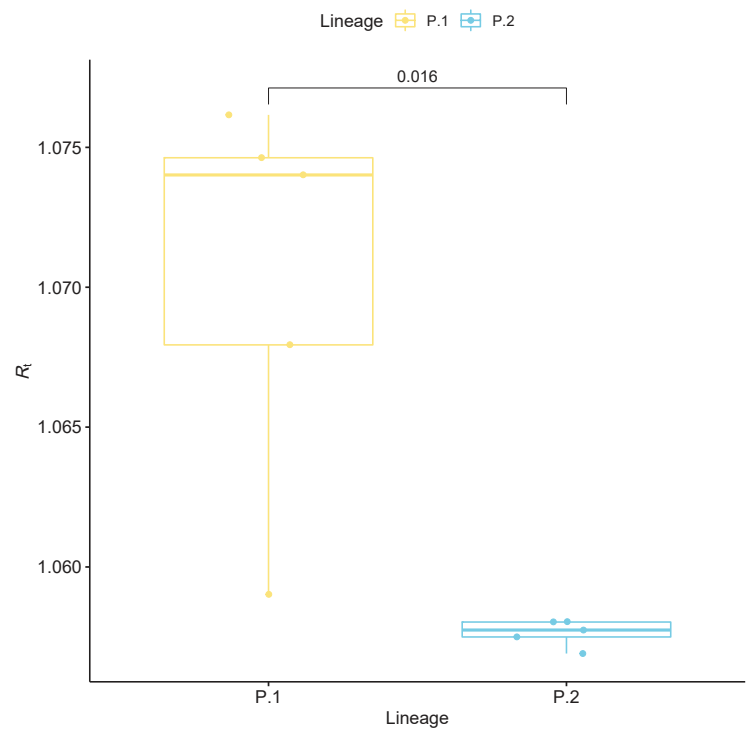
## B



## C



## D

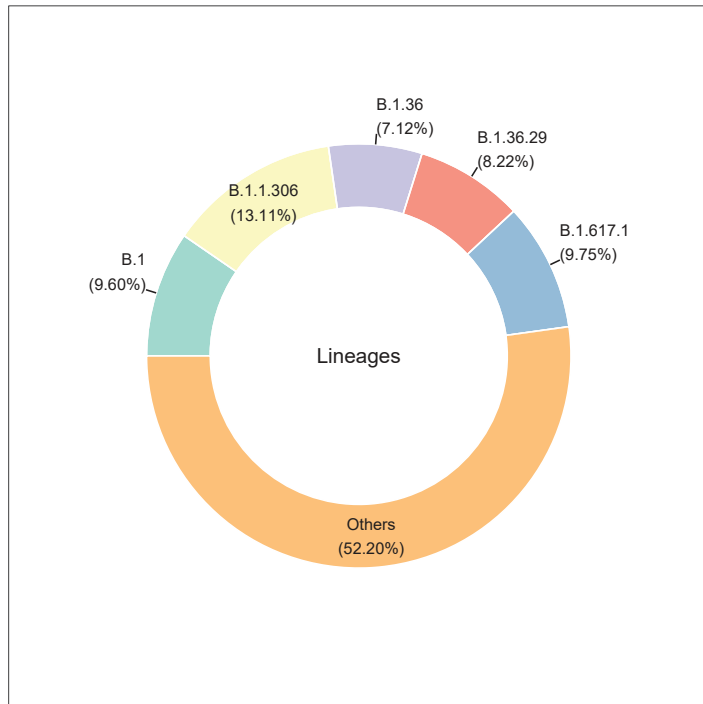


# Figure 5

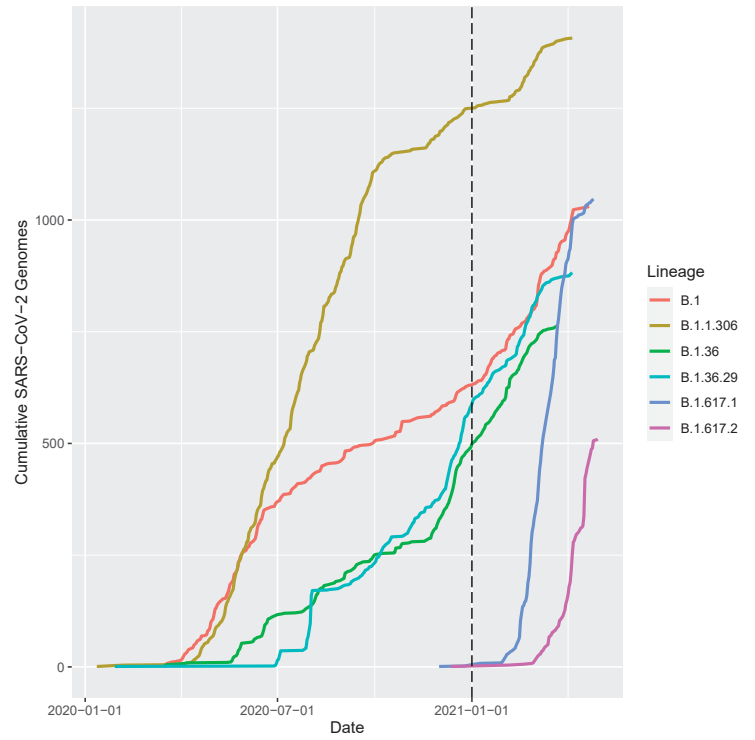
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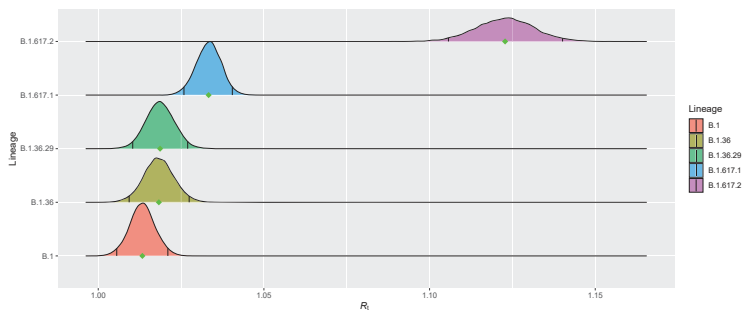
Distribution of lineages for SARS-CoV-2 isolates in India



**B**



**C**



**D**

