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Genomic epidemiology of SARS-CoV-2 in the United Arab

2 Emirates reveals novel virus mutation, patterns of co-infection and

3 tissue specific host innate immune response

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32 Abstract

To unravel the source of SARS-CoV-2 introduction and the pattern of its spreading 33 and evolution in the United Arab Emirates, we conducted meta-transcriptome 34 sequencing of 1,067 nasopharyngeal swab samples collected between May 9th and Jun 35 29th, 2020 during the first peak of the local COVID-19 epidemic. We identified global 36 clade distribution and eleven novel genetic variants that were almost absent in the rest of 37 the world defined five subclades specific to the UAE viral population. Cross-settlement 38 human-to-human transmission was related to the local business activity. Perhaps 39 surprisingly, at least 5% of the population were co-infected by SARS-CoV-2 of multiple 40 clades within the same host. We also discovered an enrichment of cytosine-to-uracil 41 mutation among the viral population collected from the nasopharynx, that is different 42 43 from the adenosine-to-inosine change previously reported in the bronchoalveolar lavage fluid samples and a previously unidentified upregulation of APOBEC4 expression in 44 nasopharynx among infected patients, indicating the innate immune host response 45 mediated by ADAR and APOBEC gene families could be tissue-specific. The genomic 46 epidemiological and molecular biological knowledge reported here provides new insights 47 for the SARS-CoV-2 evolution and transmission and points out future direction on 48

49 host-pathogen interaction investigation.

50

- 52 Keywords: SARS-CoV-2, meta-transcriptomic sequencing, phylogenetics,
- 53 human-to-human transmission, co-infection, mutation spectrum and host innate immune
- 54 response

55 Introduction

The coronavirus disease 2019 (COVID-19), caused by the infection of severe acute 56 respiratory syndrome coronavirus 2 (SARS-CoV-2)(1), has become the largest outbreak 57 since the 1918 Spanish influenza pandemic(2). It has resulted in 131.83 million cases 58 and 2.86 million death, as of March, 2021(3). Patients infected by SARS-CoV-2 can 59 experience a number of serious respiratory illnesses and have in many cases died from 60 complications related to the infection(4). There are no specific therapeutics or fully 61 validated vaccines available for its control to date(5, 6). Dynamic transmission modelling 62 considering seasonal variation, immunity and intervention suggests a high possibility of 63 continuing waves of resurgence until the year 2025(7). 64

Genomic epidemiology using massively parallel high-throughput sequencing 65 technologies (MPS) and associated analyses and bioinformatics tools have been used to 66 understand the rapid spread and evolution of the virus at a larger scale than ever 67 before(8, 9). Public repositories including GISAID have enabled fast release and sharing 68 of SARS-CoV-2 genome sequences(10). Those efforts provide valuable information to 69 researchers and public health officials for global outbreak responses. Nevertheless, 70 there are new questions arising regarding the virus' ongoing breadth of transmission, its 71 evolution inter- and intra-host, as well as host-pathogen interactions. The genetic 72 diversity of global viral strains is largely underestimated given the lack of real-time 73 sequencing capability in most of the world, resulting in a disproportional under-study of 74 viral populations in under- and recently-developed countries. As a consequence, there is 75 limited information on novel and common genetic variation in those areas where virus 76 77 rapidly evolves and is subjected to natural selection, as it encounters human hosts with 78 diverse genetic background and an environment with varying temperature and humidity levels(11, 12). Most published research since the start of the pandemic has focused on 79 80 inter-host phylogenetics based on the assumption that only one strain of the virus is 81 present in the sample. Intra-host viral genetic diversity and the prevalence of coinfection 82 has not been established via sufficiently large cohort despite the possibility that it might impact clinical outcomes and potentially enable higher resolution analysis in the 83 who-infects-whom transmission chain(13). Finally, while understanding how the host 84 response to the virus will help to combat the disease, innate immune response process 85 such as the host-dependent RNA-editing mechanism has only been investigated among 86 limited sample cases(14). 87

The United Arab Emirates (UAE) is one of the world's most famous international 88 hubs for business and travel and is the first country to approve a Chinese COVID-19 89 vaccine. Despite a long-lasting period of epidemic, only a few of the SARS-CoV-2 90 samples were sequenced and the transmission and evolution patterns of the virus in this 91 area is unknown. The first case of SARS-CoV-2 was detected in the country on January 92 29th, 2020 (Figure 1). The subsequent outbreaks infected over sixty thousand individuals 93 by the end of June 2020 and three hundred thousand individuals by the end of 94 December 2020(3). Since March 2020, the UAE public health authorities have adopted a 95

series of strict regulations to reduce human-to-human transmission, including airport 96 97 lockdown and national curfew. On the other hand, due to economic pressures, a few 98 international flights reopened gradually in June 2020, which may be one of the reasons 99 for the subsequent small second peak during June and August. The most outstanding 100 third epidemic peak were observed during the December Christmas time in 2020. There 101 have been 2-4 thousand newly confirmed cases in the country since Christmas. Since the very beginning, as a response to the pandemic, several high-throughput molecular 102 technologies have been adopted in the UAE to extensively monitor the viral spread and 103 for rapid screening of infected patients. A nationwide RT-gPCR screening program 104 conducting ten thousand tests daily was launched on March 31st 2020. Almost 105 simultaneously, a high-throughput sequencing laboratory with 12-18Tbases/day capacity 106 was established in early April 2020, enabling meta-transcriptome sequencing of up to 107 108 192 samples in 24 hours.

109 To understand the transmission and infection dynamics of SARS-CoV-2 within the UAE and in relation to other countries, during April and July, 2020, we randomly 110 collected 1.067 nasopharyngeal specimens from SARS-CoV-2 positive patients from the 111 RT-gPCR screening program and conducted meta-transcriptomic sequencing. Our main 112 scientific questions include (1) What is the virus genetic diversity and transmission 113 pattern in the UAE during the first peak of the epidemic (2) What is the extent of 114 co-infection of multiple SARS-CoV-2 variants in this international travel hub (3) Is there 115 any innate immune host response to the SARS-CoV-2 infection that can be detected 116 using the meta-transcriptomic sequencing, which contains both the host and the viral 117 gene expression information. 118

- 119
- 120 **Results**

Assembly and variant detection of SARS-CoV-2 genome from deep

122 meta-transcriptome sequencing of 1,067 nasopharyngeal swab samples

A total of 1,067 nasopharyngeal swab samples collected from SARS-CoV-2 positive 123 patients between May 7th and June 29th 2020 in Abu Dhabi were sequenced (Figure 1A). 124 Their sequencing quality metrics were summarized in Figure S1 and Table S1. We 125 obtained high quality assemblies (gap proportion < 2%) for the majority of the samples 126 (n= 896, 84.0%). In brief, using the 29891nt SARS-CoV-2 reference genome 127 (IVDC-HB-01), we have successfully assembled all 1,067 SARS-CoV-2 consensus 128 129 genomes as follows- 896 assemblies with gaps less than 500nt (gap proportion < 2%), 130 27 assemblies with gap less than 1000nt (gap proportion < 4%), 14 assemblies with gaps less than 1500nt (gap proportion ~5%) and 130 assemblies with gaps greater than 131 1500nt (Figure 1B). As expected, quality of the genome assemblies was closely related 132 to the sample viral load as measured by reads per million (RPM) and gRT-PCR Ct 133 134 values (Figure 1B, Figure S2). A set of 3 samples (id:0555, 0919 and 0945) showed low viral loads (Ct<19) with unexpectedly poor assemblies (gaps>1500nt), likely due to RNA 135

degradation as many of the sequenced reads were filtered out due to low complexity, i.e.
 high polyA proportion (Table S1).

The distribution of gaps identified in the sequences indicates low sequencing 138 139 coverage over the 5' and the 3' ends of the genomes, which was found to be a common occurrence in all world-wide assemblies reported in GISAID. We also notice a 140 141 significantly higher number of gaps around the 20,000nt position for 27.1% of the assemblies submitted to GISAID, which were not observed in our assemblies (Figure 142 143 **S3**). Among the selected 896 assemblies with the highest quality (gap proportion < 2%), 144 we identified a total of 1,245 genetic variants consisting of 698 non-synonymous and 547 synonymous variants when compared to the SARS-CoV-2 reference genome 145 146 (IVDC-HB-01), (Figure 1C, Table S2). The number of variants per sample ranged from 1 to 24 with a median number of 11 (Figure S4). Very few genomes carried non-single 147 nucleotide variants. There was one 2nt insertion in one sample 1069 and six deletions 148 identified in fourteen samples 0188,0236,0252, 0290, 0305, 0339, 0512, 0536, 0757, 149 150 0758, 0761, 0763, 0785 and 1092, the largest being a 4nt deletion present in seven of the fourteen samples (Figure S5). The consensus variants identified from the technical 151 replicates were exactly the same (Table S3), and given a 4% alternative allele frequency 152 threshold, the concordance rate of intra-host genetic variant detection reaches 100% 153 (Figure S6). The number of variants that we identified per sample did not correlate with 154 the sequencing depth (squared pearson correlation coefficient $R^2 \sim 0.02$) (Figure S7). 155

156

Global clade composition and five novel subclades associated with eleven novel common genetic variants in the UAE SARS-CoV-2 population

159 Likely due to fast population expansion with a short period, we discovered that 395 out of the 896 genomes (44.1%) assembled in our study shared an identical genome 160 161 sequence with at least one other assembled genome (Table S4). For the purpose of downstream phylogenetic analysis, we filtered the 896 genome sequences as to keep 162 only unique sequences, resulting in 637 unique genome sequences. We constructed a 163 maximum likelihood phylogenetic tree including, 1) the 637 SARS-CoV-2 unique 164 genomes and collected assembled in our study between May 7th and June 29th 2020 in 165 Abu Dhabi, 2) the 52 nearest relative world-wide genomes identified from GISAID 166 between February 2nd and April 24th 2020 (Table S6, Figure S8), and 3) 25 genomes 167 collected from the nearby Dubai Emirate between January 29th and March 18th 2020 168 (15). We identified the five dominant clades worldwide (16, 17) in the UAE viral 169 population sequenced in this study (Figure 2A). A total of 13 (2.04%) and 140 viral 170 genomes (21.98%) out of the 637 genomes were clustered as clade 19A and clade 19B, 171 respectively, the two earliest clades first reported in China, Asia(18), while the rest of the 172 genomes sequences were classified in the clades 20A (N=52, 8.16%), 20B (N=428, 173 67.19%) and 20C (N=4, 0.63%), which were first reported and became prevalent in 174 Europe and North America^{4,16}. Three samples in clade 19A, i.e. samples 0134, 0135 and 175 0565, harbored a higher number of mutations; 20, 19 and 19, respectively, compared to 176

the calculated average of 11 variants per genome. The closest strain found to these
three samples was SARS-CoV-2 USA/WA-S771/2020 reported in Washington, DC,
United States on April 13th, 2020 (**Table S6**). The high level of mutations occurring in
these samples compared to the rest of the UAE genomes, indicates a different
introduction of strains within the same clade.

There were five large sub-clades involving more than half of the collected samples 182 (381 out of the 637 unique viral genomes, 59.81%) (Figure 2A), differentiated by eleven 183 184 mutations that were common in the UAE viral population (allele frequency > 5%) and that were significantly less common among the worldwide viral population (P < 3.94e-82, 185 Fisher exact test) (Figure 2B, Table 1). The five sub-clades were (1) 19B.1 which 186 consisted of 17.27% of the 637 UAE unique samples, harboring the G28878A, G29742A, 187 G11230T and G28167A mutations; (2) 20B.1 which consisted of 8.48% of the samples, 188 harboring the T7171C and C27002T mutations; (3) 20B.2 which consisted of 19.15% of 189 the samples, harboring the T21775G and G5924A mutations; (4) 20B.3 which consisted 190 of 8.95% of the samples, harboring the G23311T mutation and (5) 20B.4 which 191 192 consisted of 5.97% of the samples, harboring the C7851T and the A24170G mutations.

193 Fortunately, individuals classified as carrying certain subclades of the virus did not display significantly different viral loads in their samples as reflected by the RT-gPCR Ct 194 values (Figure 3). These 11 variants that defined the subclades tend to occur in highly 195 conserved regions within the SARS-CoV-2 genome (Figure S9). Molecular dynamic 196 analysis of two of the missense variants in the spike protein did not suggest substantially 197 different change of the protein structure between the mutant and the wildtype (Figure 198 199 **S10, Table S7**). Likely due to a recent occurrence, the temporal change of the mutation allele frequency for the subclade-definitive variants is smaller compared to the 200 clade-definitive variants (Figure S11-S12). 201

202

203 Cross-settlement human-to-human transmission contributes to the UAE epidemic

204 We further investigated human-to-human transmission across 14 settlements from 205 three regions in the Abu Dhabi Emirate and 1 settlement in the Dubai Emirate by constructing the transmission network for 120 samples with geographical and sampling 206 207 date information (Figure 4A). The constructed transmission network indicates prevalent cross-settlement human-to-human transmissions contributing to the epidemic, as within 208 each clade or sub-clade, samples from multiple geographical areas were observed 209 (Figure 4B). We also determined the genetic distance using the L1-norm metric that 210 utilized intra-host genetic variation rather than merely the consensus genetic variation, 211 among longitudinal samples (n=24) defined as, same individuals (n=7) sampled multiple 212 times (avg=5.2) over a determined period of time (avg= 4.06 days), and among samples 213 from the same and varying settlements (Figure 4C). The median L1-norm genetic 214 distance was smallest among the 24 samples within the longitudinal sampling period, 215 suggesting high levels of stability in viral composition within the same host. As expected, 216

217 most samples within the same settlement had a genetic distance smaller than the

218 cross-area distance with only two exceptions - samples from the Ghayathi settlement in

the Al-Dhafra region and samples from Khabisi in the Dubai emirate, that displayed the

220 largest genetic distance. This is consistent with the fact that those two settlements were

relatively less populous compared to the settlements in the Abu Dhabi and Al-Ain

regions. The spectrum and the scale of the L1-norm genetic distance is much larger than

the genetic computed from the consensus genetic variants although the haplotype

information is missing. Due to the small scale of sampling, we didn't further resolve the

transmission network to a finer scale.

226

227 Prevalent co-infection by multiple SARS-CoV-2 variants in the same host

The international hub status of the UAE provides a good opportunity to study the 228 229 prevalence of multiple SARS-CoV-2 variant co-infection within the same host. We have 230 identified a total of 1,268 intra-host single nucleotide variation (iSNV, with minor allele count of 4 and minor allele frequency greater than 5%) present in 625 out of the 896 231 232 samples, ranging from 1 to 26 iSNV per individual with an average of one per individual (Figure S13). Although the technical replicates indicate 100% concordance of the iSNV 233 234 detection at the above threshold, we chose a conservative way of evaluating the 235 prevalence of multiple infection present in the sampled viral population by restricting the definition of co-infection by the co-occurrence of two clades including 19A, 19B, 20A, 236 237 20B and 20C (classified using the eleven clade-definitive variants in Figure 2) or subclades (classified using the other eleven sub-clade definitive variants) in the same 238 sample. We found that a total of 48 samples out of the 896 (5%) carried viral variants 239 from more than two distinct clades or subclades (Figure 5). The high linkage 240 disequilibrium of the genetic variants that belong to a specific clade indicates the likely 241 presence of a viral variant rather than spontaneous *de novo* mutations. Notably, two of 242 the samples (id: 0855 and 0796) with identical consensus sequence displayed different 243 244 patterns of multiple infection. Sample 0796 harbored viral genetic variants from clades 19A, 20A, 20B while 0855 harbored variants from clades 20A, and 20B and not from 19A. 245 Samples in the same clade classified by the consensus variants also demonstrate a 246 different pattern of co-infection. For example, for samples in clade 19B, two clusters 247 were observed. One consists of seven samples with multiple infections from several 248 clades (19A, 19B, 20A, 20B) and the other cluster consists of ten samples co-infected 249 with 19B and 20A. For the most prevalent clade 20B viral sub-population, samples could 250 251 be co-infected by 19A or 20C. Those patterns in Figure 5A largely maintain when using a 0.5% minor allele frequency threshold and the same 4 minor allele support (Figure 252 **S14-S15**), showing a tremendous amount of intra-host genetic diversity underlying the 253 consensus genomes of the host. 254

255

The innate immune host response to SARS-CoV-2 infection may be tissue-specific and associated with the upregulated gene expression of *APOBEC4*

We further investigated detectable innate immune host response to SARS-CoV-2 259 infection utilizing information that can be extracted from the meta-transcriptomic 260 sequencing. A recent publication by Giorgio et al. reported evidence of RNA editing in 261 bronchoalveolar lavage fluid (BALF) from eight patients diagnosed with SARS-CoV-2 262 infection in Wuhan city, China(19). For seven out of the eight samples, they identified a 263 264 bias of the mutation towards transition, mainly A>G/T>C changes followed by C>T/G>A 265 changes, indicating a deamination effect introduced by ADARs and APOBECs, respectively (WH BALF in Figure 6A). In the nasopharyngeal swab sampling of 896 266 267 patients in our study, on the contrary, we identified the C>T/G>A as the predominant SNV type that were more likely to be mediated by APOBEC gene family rather than the 268 A>G/T>C effects mediated by the ADARs (**UAE in Figure 6A**). This held true when only 269 mutations that occurred in more than two patients were considered. As expected, the 270 C-to-U changes are biased toward the positive strand, i.e. more C-to-U was observed 271 compared to G-to-A, as APOBECs are supposed to target single stranded RNA(20). The 272 observation of a dominant C-to-U changes were replicated in the nasopharyngeal swab 273 samples collected in Spain, Virginia and Ruijin hospitals in Shanghai city, China and the 274 23,164 high guality sequences collected in GISAID (Supplementary notes), which 275 consistently displayed an enrichment in the C>T/G>A mutations, same as the pattern in 276 the UAE nasal swab samples but different from the Chinese BALF results reported by 277 Giorgio et al (Figure 6A). Additional evidence can be obtained with the observation of 278 cytosine depletion in viral sequences during the past ten months, reflected by an 279 increasing of T and A bases and a decreasing of G and C bases (Figure S16). 280

We further investigated if the different patterns observed could be due to the 281 differential gene expression of the APOBEC gene families and ADAR in the 282 nasopharyngeal swab vs. BALF using public multi-tissue gene expression information 283 from GTEx repository(21) and by analyzing the gene expression of APOBEC and ADAR 284 genes in our sequencing data. According to the GTEx gene expression data among 49 285 286 tissues and cells, ADAR demonstrated the highest gene expression compared to APOBEC gene family in the lung and in the minor salivary gland, the two most 287 relevant tissue compared to the nasopharynx used in our study (Figure S17). The GTEx 288 information cannot directly explain the different mutation pattern between the BALF and 289 the nasal swab samples. 290

Distinct from the GTEx profile obtained from the uninfected individuals (Figure S17), APOBEC4 (A4) displayed the highest average gene expression in the nasal swab samples collected in our study, followed by ADAR and APOBEC3A, while there were very few samples expressed APOBEC1, APOBEC2 and APOBEC3H (Figure 6B). The difference of gene expression is significant between A4 and the ADAR (Wilcoxon test P=7.7e-05) and the largest difference was observed among the individuals carrying clade 20A variants followed by the clade 19B variants (Figure 6B, Table S8). In GTEx,

A4 is expressed most prominently in testis, lowly expressed in lung and infrequently expressed in other tissues (**Figure S17**).

The significantly up-regulated A4 gene expression in the nasopharynx could have 300 301 been triggered by the SARS-CoV-2 infection. A4 was an under-studied putative cytidine-to-uridine editing enzyme, which cytidine deaminase activity was not as 302 303 well-known as the APOBEC3A(22). The sequencing data not aligned to the 304 SARS-CoV-2 were filtered out from the BALF samples and therefore, we were not able 305 to investigate the gene expression of those host genes in this tissue. That the A4 was 306 previously reported to enhance the replication of HIV-1 indicates its involvement against the RNA virus infection. The high expression of A4 in nasopharynx may provide the first 307 evidence that the enzyme may be involved as part of the host responses upon the 308 SARS-CoV-2 infection and further experimental analysis is worthwhile to understand its 309 exact functions. 310

311

312 **Discussion**

Our analysis of the 1,067 viral genomes collected in the UAE suggest that, during the 313 first guarter of 2020, there were multiple and likely independent introductions of 314 SARS-COV-2. The five dominant global clades of SARS-CoV-2 were all commonly 315 present in the sampled individuals (Figure 2). The highest prevalence of the European 316 317 dominant clade 20B, followed by the East Asian dominant clade 19B, indicates effects of either a larger founder population size or positive selection. There was substantial local 318 transmission within and between areas in the Abu Dhabi emirate (Figure 4). We have 319 identified 5 new sub-clades, namely; 19B.1, 20B.1, 20B.2, 20B.3 and 20B.4, defined by 320 11 variants uniquely found within the UAE. Those variants are potentially neutral given 321 that no significantly different viral loads (reflected by the RT-qPCR test) were detected 322 323 between patients carrying the subclades and those did not (Figure 3).

While consensus sequences tend to be highly similar, intra-host variation adds 324 information which is a promising novel direction for resolving finer-scale transmission 325 networks and studying co-infection of the patients. This study offers the first insight into 326 the prevalence of co-infections of multiple SARS-CoV-2 strains in a large cohort. We 327 observed that at least 5% of the patients were infected by more than one SARS-CoV-2 328 strain. Within-host co-infection of SARS-CoV-2 variants has been reported in very few 329 studies and with limited sample size. The environment created by the UAE's 330 331 "international hub" status also enables a reliable approach to study co-infection within an 332 individual by different strains of SARS-CoV-2 using clade and sub-clade definitive genetic variants. This raises the importance of carefully collecting valuable 333 epidemiological data worldwide, on the origin and clinical relevance of the multiple 334 335 infections, and the possibility of further granularity when studying transmission dynamics 336 by utilizing information from multiple strains.

While this study showed that SARS-CoV-2 successfully mutated in the two-month 337 338 period collection in the United Arab Emirates, it is clear that a large number of mutational 339 changes have taken place in the past 10 months of this pandemic. This would likely result in an immunologic battle between host response and changes in the viral genome 340 341 potentially leading to important structural changes. We observed a significant 342 accumulation of C-to-U mutations in the nasopharyngeal swab samples collected in this 343 study compared to the early stages of sampling around the globe. This pattern is different to what has been reported in a recent study where an enrichment of A-to-G was 344 followed by T-to-C mutations in seven out of eight BALF samples from Wuhan(19). We 345 suspect that tissue-specific gene expression of ADAR and member of the APOBEC 346 protein family may contribute to this observation and discovered that APOBEC4 was 347 highly expressed in the nasopharynx. Given that APOBEC4 was previously reported to 348 349 enhance RNA virus replication and was mainly expressed in Testis in an ordinary status, it will be interesting and worthwhile to understand more about its exact function towards 350 the SARS-CoV-2 infection using experimental analysis. 351

The genomic epidemiological insights from our study will provide a strong basis for 352 the surveillance of emerging mutations within the local viral population. Following the 353 gradual reopening of borders and worldwide travels, the continuous sequencing and 354 identification of allele frequency changes of those variants and additional experimental 355 validation are necessary to verify their biological impacts. Future efforts will be aimed at 356 speeding up the process in providing near real-time molecular surveillance and in the 357 coordination of epidemiological and genomic data to rapidly adapt to SARS-CoV-2 358 evolution to ensure public safety, adequate diagnosis and accurate pharmaceutical 359 development. 360

- 361
- 362 Methods

363 Study design and population

Patients with positive RT-qPCR SARS-COV-2 diagnosis are referred to local
 designated hospitals administered by the Abu Dhabi Health Services Co (SEHA) and the
 Department of Health in Abu Dhabi (DOH) for quarantine and treatment. Through a
 routine surveillance system, all cases of SARS-CoV-2 are reported to the DOH.

In this population-based retrospective study, we have randomly selected 1,067 368 patients testing positive for SARS-CoV-2 during the months of May and June 2020, 369 regardless of their clinical symptoms. We collected the nasopharyngeal swab samples of 370 the patients from the population screening program and sent them to G42 Biogenix 371 laboratory for RNA extraction using the MGIEasy Magnetic Beads Virus DNA/RNA 372 Extraction Kit (MGI, Shenzhen, China) on MGISP-960 (MGI, Shenzhen, China). 373 Real-time quantitative PCR (RT-qPCR) was used to quantify viral abundance in the 374 sample, determined by Ct values. The electronic epidemiological meta-data was 375 376 provided by the DOH using the case report form. The study was approved by the Abu

- 377 Dhabi COVID19 Research IRB Committee (approval number DOH/CVDC/2020/1945).
- All analyses were performed on the G42 Health AI computational platform
- 379 (https://www.g42health.ai/) under local data security and privacy regulations.

380 Classification of the SARS-CoV-2 reads from the meta-transcriptome sequencing

381 Classification, *de novo* assembly and consensus variation detection of the

382 SARS-CoV-2 generally follow the protocol in our previous study¹⁵. Briefly, total reads

383 were processed using Kraken v0.10.5 (default parameters) with a self-built database of

384 Coronaviridae genomes (including SARS, MERS, and SARS-CoV-2 genome sequences

downloaded from GISAID, NCBI, and CNGB) to identify Coronaviridae-like reads in a

sensitive manner. Fastp v0.19.5 (parameters: -q 20 -u 20 -n 1 -l 50) and SOAPnuke

³⁸⁷ v1.5.6 (parameters: -l 20 -q 0.2 -E 50 -n 0.02 -5 0 -Q 2 -G -d) were used to remove

low-quality reads, duplications, and adaptor contaminations. Low-complexity reads were
 then removed using PRINSEQ v0.20.4 (parameters: -lc_method dust -lc_threshold 7).

390 Alignment to reference genome

391 Reads aligned to SARS-CoV-2 reference genome

(BetaCoV/Wuhan/IVDC-HB-01/2019|EPI_ISL_402119) were classified as
 SARS-CoV-2 reads. Sequencing depth was measured using samtools depth using the
 default parameters. Samples that exhibited 10-fold average sequencing depth after
 filtration were accepted for downstream analyses. Reads per million (RPM) belonging to
 the SARS-CoV-2 was estimated by dividing the reads aligned to SARS-CoV-2 by the
 total number of reads generated from the same sample.

398 Genome assembly

The BetaCoV/Wuhan/IVDC-HB-01/2019|EPI ISL 402119 sequence was used as 399 the virus reference genome. The IVDC-HB-01 reference lacks 12 A nucleotides at the 400 end compared to Wuhan/Hu-1/2019 and consists of 24 more sequences at the 5' 401 beginning compared to Wuhan/WH01/2019. SARS-CoV-2 consensus sequences were 402 generated using Pilon v1.23 (parameters: --changes --vcf --changes --vcf --mindepth 10 403 404 --fix all, amb)¹⁶. Nucleotide positions with sequencing depth < 10× were masked as 405 ambiguous base N. We have also applied *de novo* assembly of the Coronaviridae-like reads from samples with < 100× average sequencing depth using SPAdes (v3.14.0) with 406 407 the default settings. The Coronaviridae-like reads of samples with > 100× average sequencing depth across SARS-CoV-2 genome were subsampled to achieve 100× 408 409 sequencing depth before being assembled. However, the assembled genomes are 410 enriched of errors and therefore we didn't use those assembled sequences in the downstream analysis. 411

412 Consensus variation detection and annotation

Pilon generates a variant calling formatted file for recording the consensus variation.
To verify the correctness of those consensus variation calls, we also applied freebayes
(v1.3.1) (parameters: -p 1 -q 20 -m 60 --min-coverage 10 -V) to detect genetic variation

- 416 from the bam file. The low-confidence variants were removed with snippy-vcf_filter (v3.2)
- 417 (parameters: --minqual 100 --mincov 10 --minfrac 0.8). The correctness of those results
- 418 was evaluated using the two technical replicates (**Table S3**). The remaining variants in
- 419 VCF files generated by freebayes were annotated in SARS-CoV-2 genome assemblies
- 420 and consensus sequences with SNVeff (v4.3) using default parameters¹⁷. Jalview
- 421 (v1.8.3) was used to perform multiple sequence alignment and estimate the
- 422 conservativeness score of the mutations¹⁸.

423 Intra-host variation detection

We applied reditools¹⁹ to compute the sequencing depth of the four A, C, G, T bases 424 425 (parameters: python2.7 reditools.py -f sample.bam -o sample.count.txt -S -s 0 -os 4 -r ref.fa -g 25 -bg 35 -mbp 15 -Mbp 15). The intra-host genetic variation was detected using 426 reditools(24) with a minimum frequency of 5% and 4 copies of minor alleles. We have 427 applied three technical replicates for two samples to evaluate the accuracy of the 428 assembled sequence, the consensus and intra-host genetic variants. This conservative 429 cutoff was decided based on the two sets of technical replicates with examination of 430 concordance (SNV found in both samples) and discordance (SNV found in only one of 431 the two samples) for different frequency thresholds. 432

433 L1-norm genetic distance

We calculate the L1 norm genetic distance by comparing each variant nucleotideposition of two samples.

$$\mathsf{d}_{\mathsf{k}}(\mathsf{p},\mathsf{q}) = \sum_{i=1}^{n} |p_i - q_i|$$

436 We define d_k as the distance measured at position k for comparing samples p and q,

and n is the total number of possible nucleotide configurations (A, C, G, T) to calculate

the difference in frequency of the same nucleotide in different two samples. For each pair

of samples, we use D to represent the sum of the degree of difference in all positions,

and N is the sum of the number of variant nucleotides in the two samples.

$$D = \sum_{k=1}^{N} d_k$$

441 This single number D quantifies the degree of difference in all nucleotide variants442 between the two samples. We repeated this process for all samples.

443 Analysis of host ADAR and APOBEC gene expression

Reads were aligned to the human genome reference (GRCh38) using hisat2
(parameters: --phred64 --no-discordant --no-mixed -I 1 -X 1000 -p 4). Reads aligned to
the exons defined by UCSC (gencode.v29.annotation.gtf) were counted (parameters: -s
no -f bam -t exon -m union -r name -i gene_id). TPM was defined by the following
formula where

$$TPM(x) = \frac{C_x \times r \times 10^6}{L_x \times T} = \frac{C_x / L_x \times 10^6}{\sum_{i=1}^{N} C_i / L_i}$$

where x refers to a gene or a transcript. R refers to the read length, C_x indicates the number of read pairs aligned to the exons of the gene x. T indicates the length of the gene (kb) divided by the total length of all the genes (kb). L_x indicates the length of gene x.

453 Phylogenetic analysis and cross-area transmission inference

From the total 896 assembled high-quality genomes (<2% gap proportion), 637 were unique, therefore considered as different strains, and were used for further phylogenetic analysis. These were aligned to 46,917 genome sequences collected outside of the UAE between January 10th and June 16th 2020 and deposited to the GISAID EpiCoV

458 database (<u>https://www.epicov.org/</u>).

459 As subset of genome sequences were selected for phylogenetic tree building, including the 637 strains sequenced in this study, the 52 most closely related genome 460 sequences from the alignment analysis against the global 46,917 sequences, and 25 461 genome sequences also obtained from GISAID that were collected and sequenced in 462 Dubai, UAE, from January 29th to March 15th 2020. We built a maximum likelihood 463 phylogenetic tree using the Nextstrain pipeline; Augur v6.4.3 and MAFFT v7.455 for 464 multiple sequence alignment and IQtree v1.6.12 for phylogenetic tree construction (25). 465 FigTree v1.4.4 was used to visualize and annotate the phylogenetic tree. Clades were 466 defined following the Nextstrain nomenclature(16). Subclades were further defined in 467 this study based on common variants (>5%) in the UAE but is significantly rarely present 468 in the rest of the world (fisher exact p-value < 4e-82). 469

Samples with corresponding epidemiological data including patients' addresses and
date of first sample collection were also used to generate median-joining networks for
each clades and subclades using PopART (Population Analysis with Reticulate Trees)
v1.7. L1-norm genetic distance was computed using the formula previously defined in
the influenza study by Poon, *et al* (2016)(*13*), reflecting the sum of the degree of
difference for each variant nucleotide position of any two samples.

476 Statistical analysis

Fisher exact tests were applied to the 637 unique genomes identified in this study and to 23,164 SARS-CoV-2 genomes collected worldwide from GISAID and curated in the China National Center for Bioinformation (CNCB)(*26*). The tests were used to identify variants that display substantial allele frequency differences between the two sets of genomes sequences; UAE vs. rest of the world. Kruskai-Wallis test was used to compare the RT-qPCR Ct values between clades and subclades.

The distribution of the 10 types of genetic mutations (e.g. A>C, C>G mutations) as well as the base contents for all 4 nucleotides (A, C, G and U) as a function of time was

used to infer the RNA-editing functions of ADAR and APOBEC proteins within the host.
 The enrichment of a specific type of mutations were tested using chisg tests.

487 Mutation analysis related to the host response

488 The URL for data resources in investigating the nucleotide changes from Ruijin,

489 Virginia, Spain, Wuhan and GISAID were detailed in Supplementary notes.

490 Molecular Dynamics Simulation

The original structures (PDB format) of SARS-CoV-2 proteins were downloaded from 491 Protein Data Bank (PDB, https://www.rcsb.org/) with accession numbers, ORF3a: 6xdc, 492 Spike: 6vyb and NSP12:7bv2. Point mutations were introduced into each protein 493 sequence and generated the mutated sequence. The mutated sequence and the 494 corresponding original template protein structure were then taken as inputs for 495 SWISS-MODEL for Homology modeling. After the modeling was completed, the PDB 496 files of the target mutated proteins were obtained for further analysis. Subsequently, lons 497 and waters are deleted from PDB files. The PDB files were then subjected to GROMACS 498 (Version: V5.1) and utilized for molecular dynamics simulation at the temperature 300K. 499 Gromacs output the free energy (KJ/mol) to measure the stability of candidate protein. A 500 smaller value of free energy indicates a higher stability of protein. 501

502

503 Role of the funding source

504 The funding source of the study had no role in the study design, data collection, data 505 analysis, data interpretation, or writing of the report. The corresponding author had full 506 access to all the data in the study and had final responsibility for the decision to submit 507 for publication.

508 Data availability

509 A total of 896 high quality consensus assemblies (with less than 2% gaps) were 510 submitted to GISAID (EPI_ISL_698105-698169, EPI_ISL_698172-699161,

511 EPI_ISL_708827-708838) and raw sequencing data aligned to the SARS-CoV-2

reference genome were uploaded to NCBI (PRJNA687136). We combined our

513 genomes with other publicly available sequences for a final dataset of 973 SARS-CoV-2

genomes(ncov_global.json, Supplementary file). The dataset can be visualized on the

- 515 "community" Nextstrain page.
- 516

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636 Author contributions

637 Conceptualization, S. Liu, W. Z; Methodology, J. L, S. Liu, R. Liu, P. W, K. L, P. L, L.

L; Formal Analysis, R. Liu, P. W, D. L, W. H, S. Liu; Resources, S. M, T. M, Z. Y, X. M;

639 Data Curation, R. Liu, N. K, M. F, H. K, J. Q, V. K; Writing - Original Fraft, S.Liu; Writing -

Review & Editing, S.Liu, P. O, S. F, H. K, C.Y; Supervision, P. X, X. X, X. A, X. J, B. A, J.

W, H. Y; Project Administration, T. M, F. C, N. Q, X. H and W. L; Funding Acquisition,

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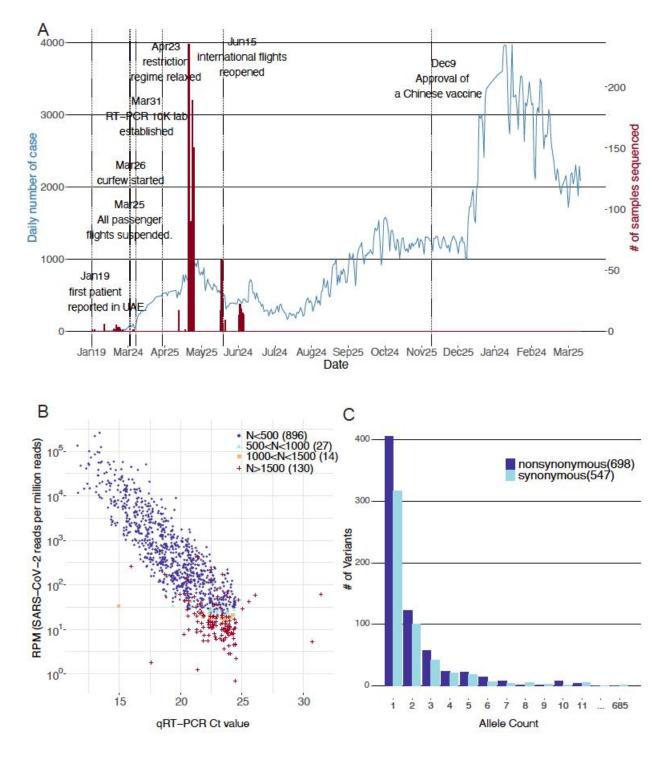
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646 **Competing interests**

647 The authors declare that they have no competing interests.



648

649 Figure 1. COVID-19 outbreak in the United Arab Emirates and the samples

650 subjected for sequencing in this study. (A) Number of confirmed infected cases in the

UAE (N=461,444) until Mar 31st 2021 was shown in the blue line and the number of

652 subjects sequenced by meta-transcriptomic sequencing (N=1,067) was shown in the red

- bars. Important dates reflecting governmental responses were marked in black text. (B)
- Assembly quality of the 1,067 viral genomes as a function of the RT-PCR Ct value and
- 655 SARS-CoV-2 reads per million sequencing reads. Color represents assembly quality
- 656 stratified by the number of gaps. (C) Allele frequency spectrum of the 1,245 genetic
- variants identified from the 896 assemblies with less than 2% gaps.
- 658

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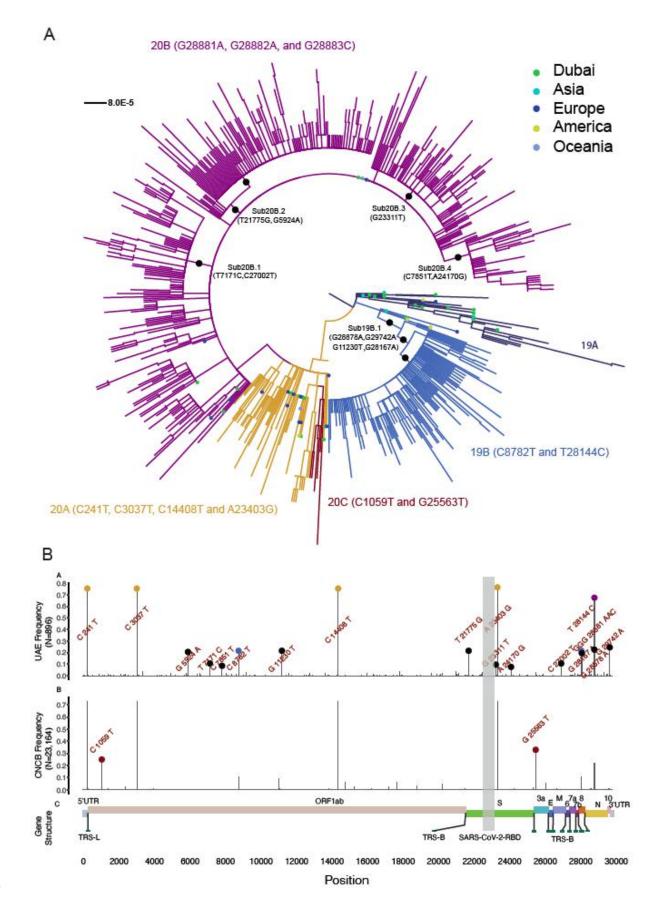
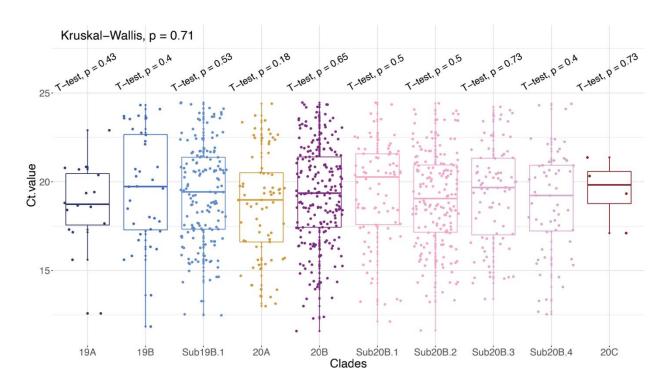


Figure 2. Phylogenetic analysis of the sequenced UAE viral population during May

664 **and June.** (A). Maximum likelihood tree of the 637 unique viral genomes with less than 665 2% gaps and 52 closest relatives from GISAID. Each line indicates a sample colored by

the five dominant viral clades worldwide, annotated with the clade definitive genetic

- 667 variation. The subclade-definitive genetic variations were also marked in black. The
- closest relatives from GISAID were marked by a dot colored by geographical district
- reported for the viral sample. (B). Comparison of the alternative allele frequency of the
- 1,245 viral genetic variants between the 896 high quality UAE viral genomes and the
- 671 23,164 viral genomes from the globe downloaded from the China National Center for
- Bioinformation. Nomenclature of the clades was detailed in Supplementary Notes.
- 673
- 674



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676 Figure 3. Functional analysis of the unique variants and subclade in the UAE

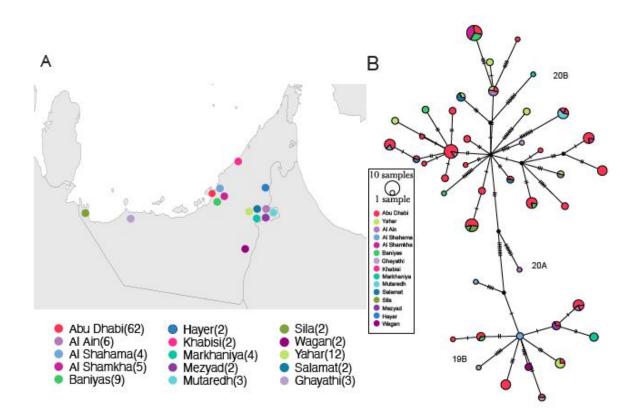
677 **samples.** RT-qPCR Ct value distribution for samples in each of the five dominant clades

and five subclades. Shown is the p-value using Kruskai-Wallis test and p-value by

679 performing T-test comparing the Ct value for patients carrying certain clade or subclade

virus strains with the rest of the patients who didn't carry the virus belong to a specific

681 clade or subclade.



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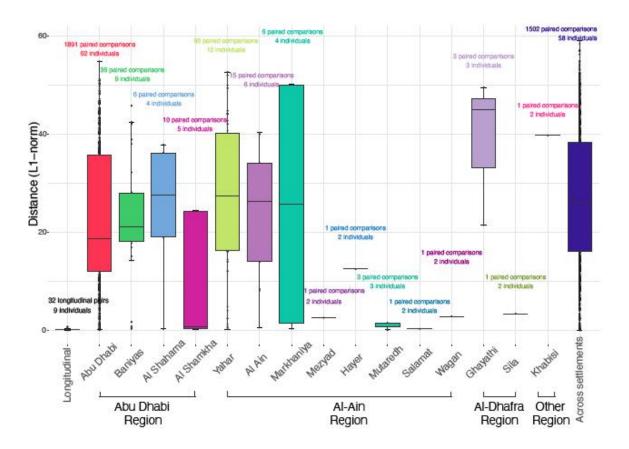
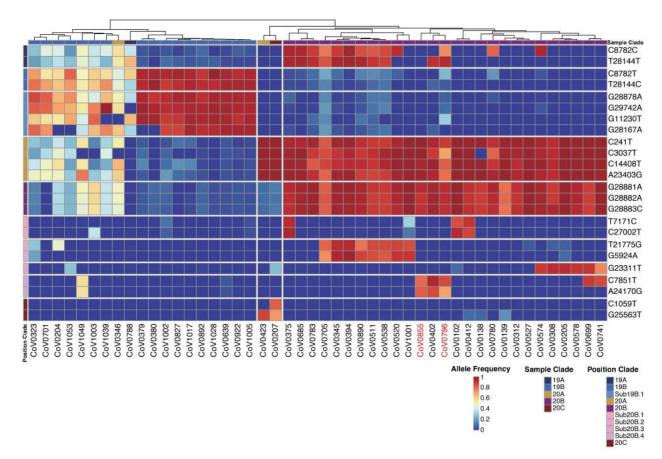


Figure 4. Human-to-human transmission across settlements. (A). Geographical

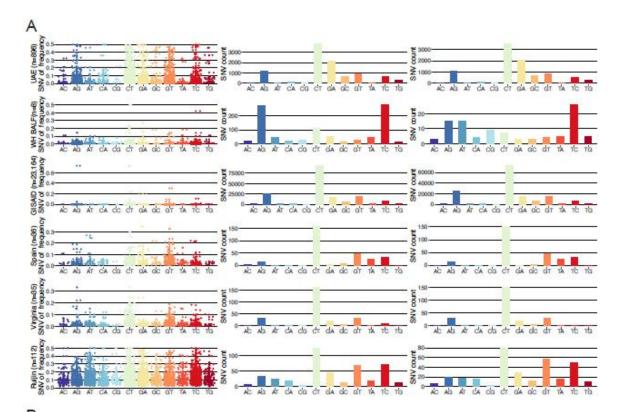
distribution of 120 viral samples with settlement level information in the Abu Dhabi city.

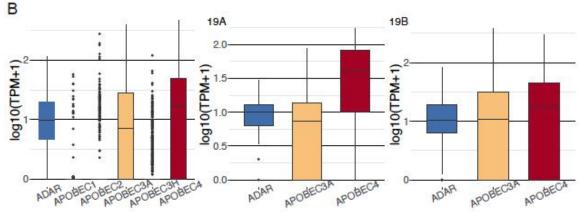
- (B). Transmission network of the 120 samples colored by settlements. (C). L1-norm
- 687 genetic distance for longitudinal samples, samples from the same settlements, and
- samples from different settlements. Among the 130 samples that report settlement level
- geographical location in Table S5, 10 samples were not displayed because only one
- 690 sample were collected from that settlement.
- 691

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- 694 Figure 5. Co-infection with multiple SARS-CoV-2 variants. Evidence for
- 695 human-to-human transmission of multiple SARS-CoV-2 variants were established using
- the clade and sub-clade definitive viral genetic variants. Columns display the
- 697 de-identified sample ID that carried more than one SARS-CoV-2 viral variants in the
- nasopharyngeal swab sampling (N=48). Color bar shows the viral clade assigned to the
- 699 individual, according to the consensus viral sequence, reflecting the dominant clade in
- one sample. Rows indicate the eleven clade- definitive and eleven sub-clade definitive
- variants. Heatmap color, ranging from red to blue, suggests the allelic proportion of the
- derived allele of the iSNV. The ID of two longitudinal samples were marked in red.





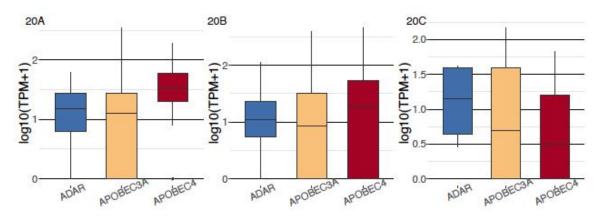
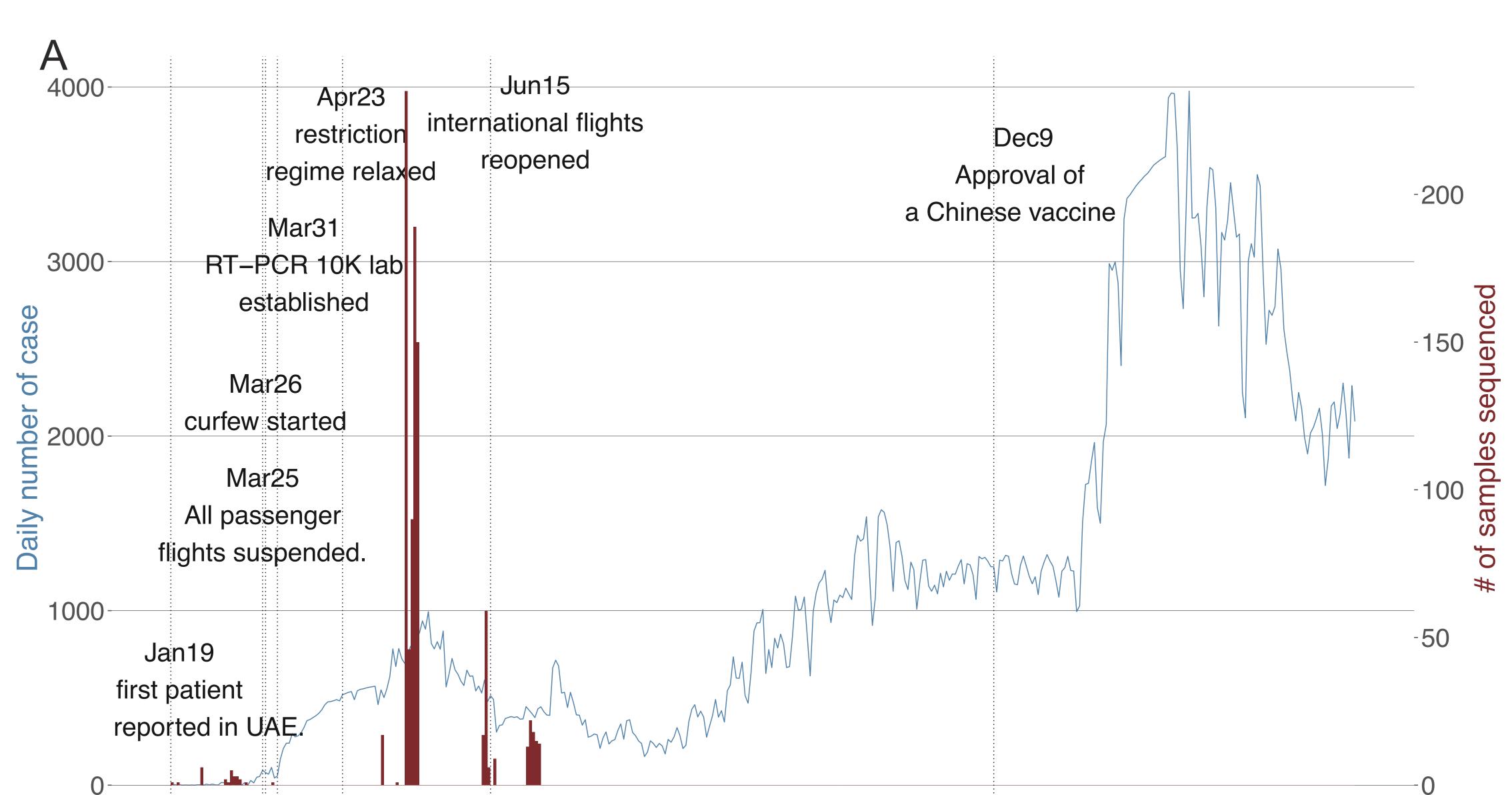
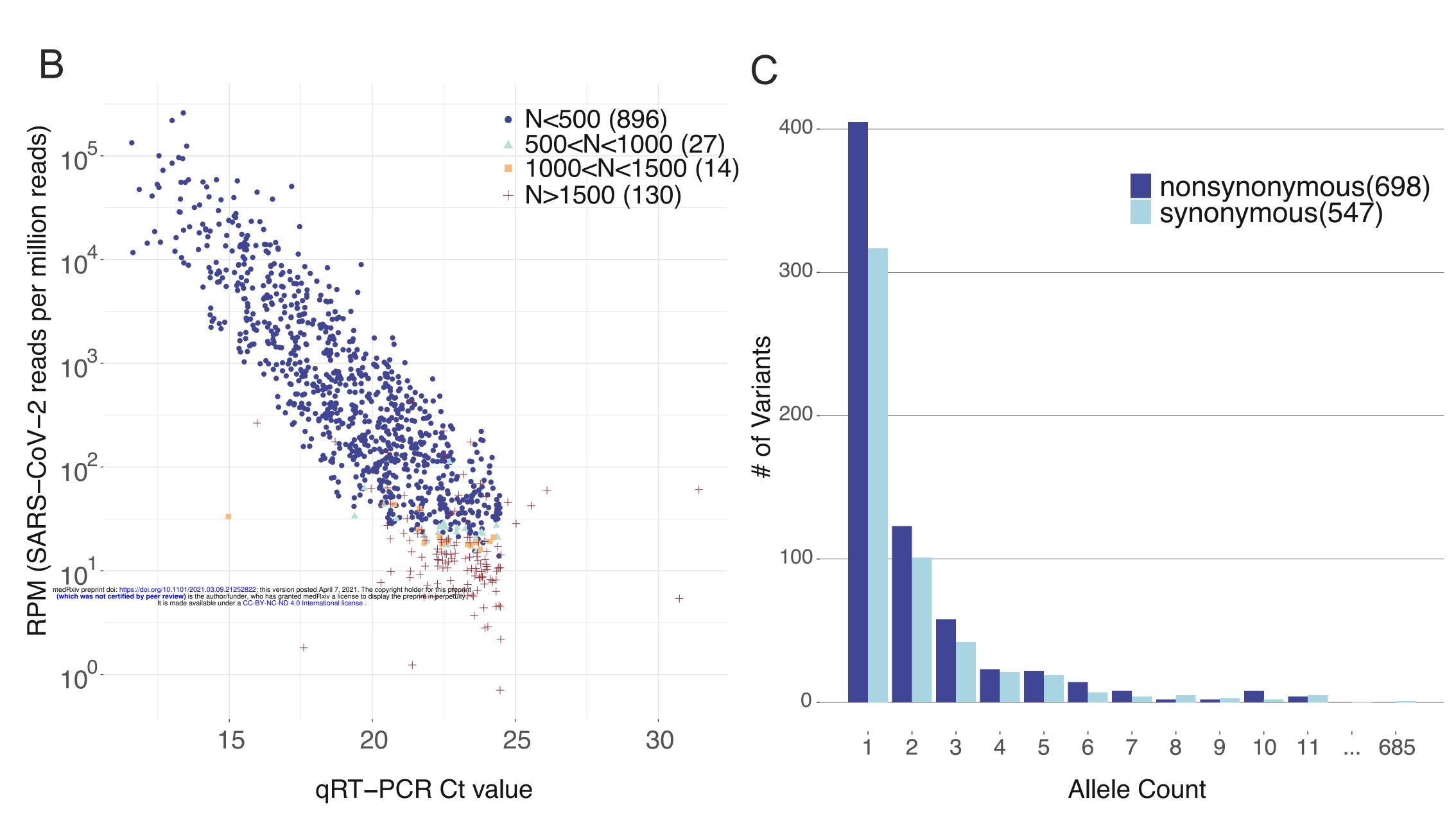


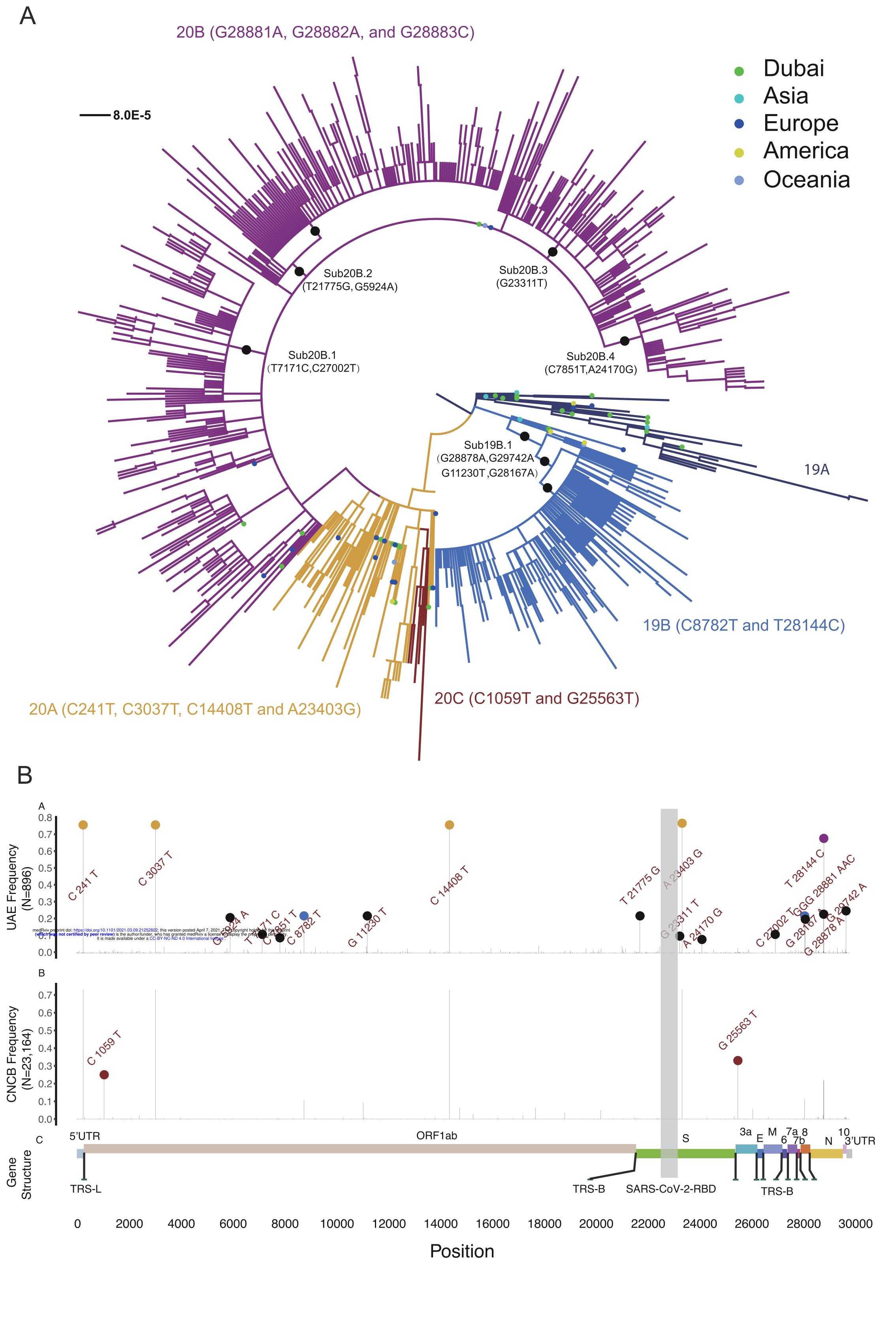
Figure 6. Human innate immune response to SARS-CoV-2 mediated by the ADAR

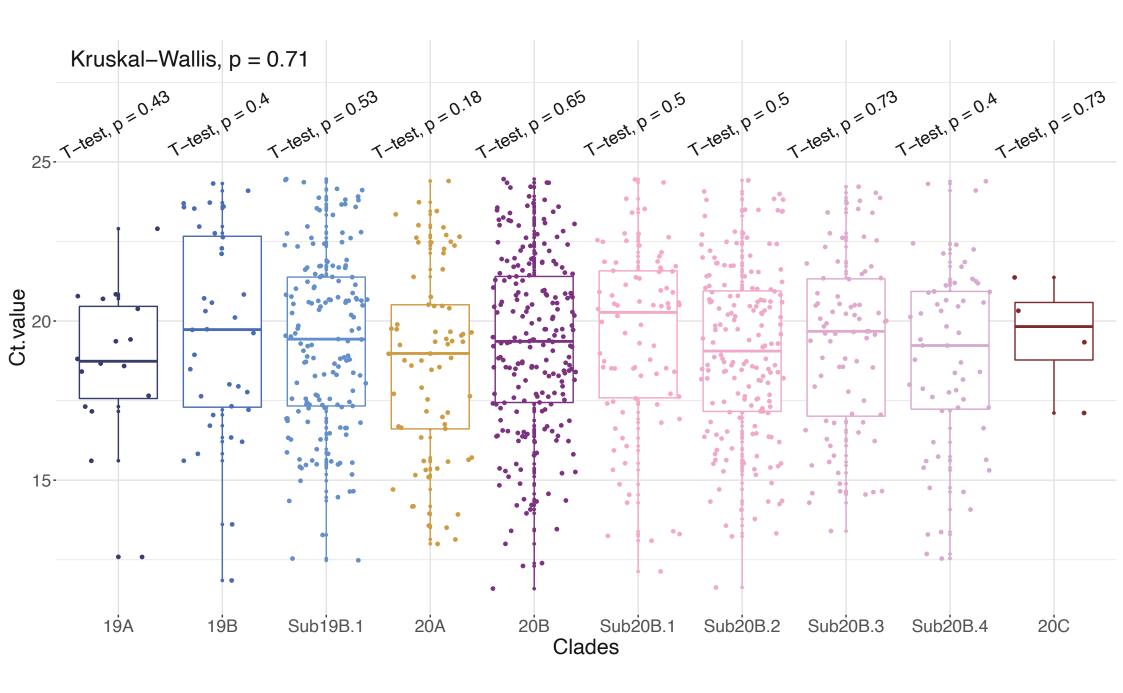
- and APOBEC gene families. (A). Allelic faction (Column 1), the number of mutations
- (Column 2) and the number of recurrent mutations (Column 3) for ten mutation types for
- six studies arranged by row. UAE: 896 nasal swab samples collected in our study;
- GISAID: 23,164 viral sequences collected; Spain: 36 nasal swab samples collected in
- 709 Spain; Virginia: 35 nasal swab samples collected in Virginia and 112 nasal swab
- samples collected in Ruijin hospital in Shanghai city, China. (B). Host ADAR and
- APOBEC gene expression (logarithm of transcript per million) in the nasal swab samples
- 712 for all and for each of the five clades.

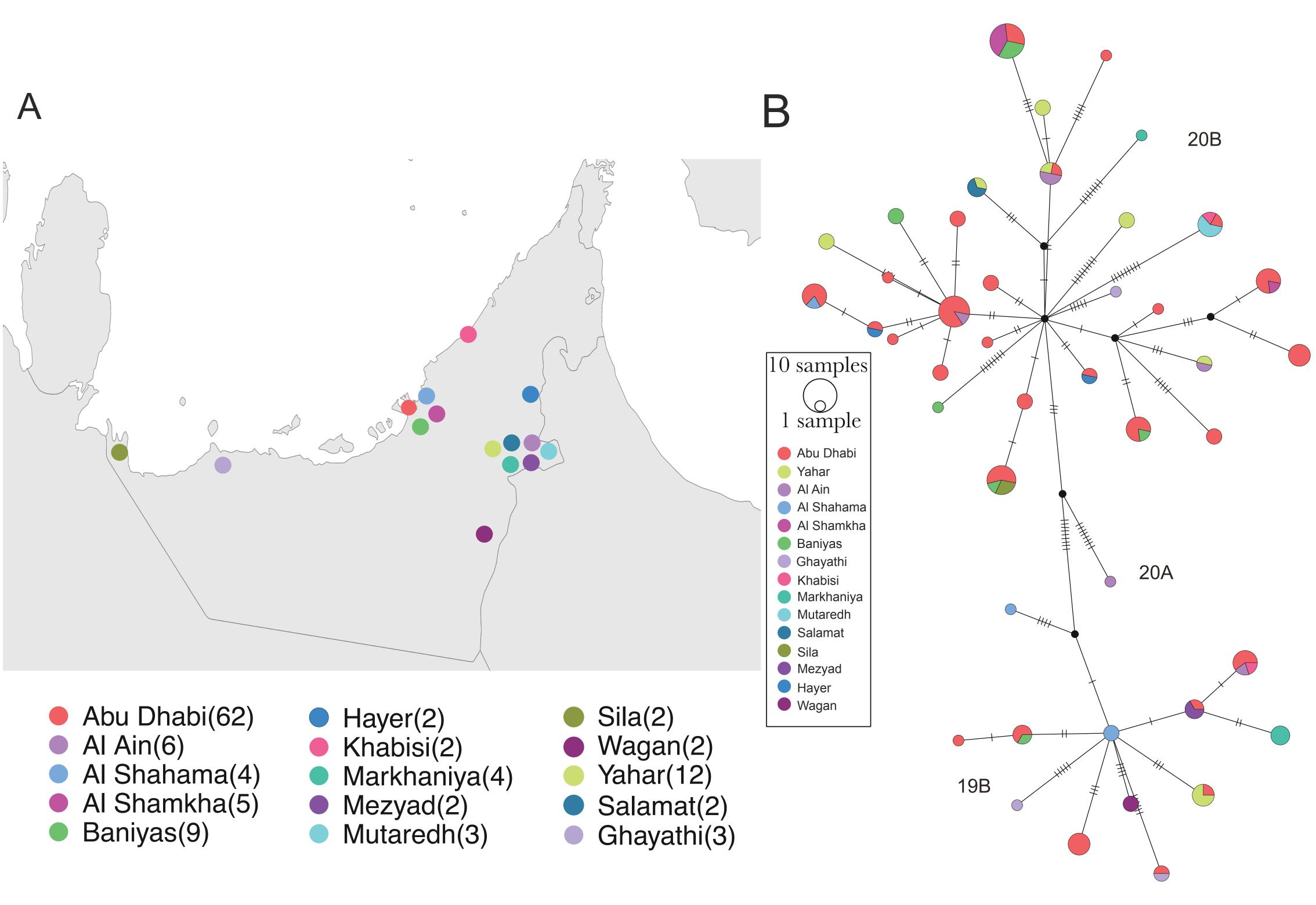


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