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## The Spike Proteins of SARS-CoV-2 B.1.617 and B.1.618 Variants Identified in India Provide Partial Resistance to Vaccine-elicited and Therapeutic Monoclonal Antibodies

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1 **The Spike Proteins of SARS-CoV-2 B.1.617 and B.1.618 Variants Identified in India**  
2 **Provide Partial Resistance to Vaccine-elicited and Therapeutic Monoclonal**  
3 **Antibodies.**

4  
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13  
14 Running Head: Neutralization of B.1.617 and B.1.618 SARS-CoV-2 Variant Spikes.

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23

24 Key words: SARS-CoV-2, Neutralization, B.1.617, B.1.618, spike protein, Pfizer

25 BNT162b2, Moderna mRNA-1273, REGN10933, REGN10987.

26

27 **Abstract**

28 Highly transmissible SARS-CoV-2 variants recently identified in India designated B.1.617  
29 and B.1.618 have mutations within the spike protein that may contribute to their increased  
30 transmissibility and that could potentially result in re-infection or resistance to vaccine-  
31 elicited antibody. B.1.617 encodes a spike protein with mutations L452R, E484Q, D614G  
32 and P681R while the B.1.618 spike has mutations  $\Delta$ 145-146, E484K and D614G. We  
33 generated lentiviruses pseudotyped by the variant proteins and determined their  
34 resistance to neutralization by convalescent sera, vaccine-elicited antibodies and  
35 therapeutic monoclonal antibodies. Viruses with B.1.617 and B.1.618 spike were  
36 neutralized with a 2-5-fold decrease in titer by convalescent sera and vaccine-elicited  
37 antibodies. The E484Q and E484K versions were neutralized with a 2-4-fold decrease in  
38 titer. Virus with the B.1.617 spike protein was neutralized with a 4.7-fold decrease in titer  
39 by the Regeneron monoclonal antibody cocktail as a result of the L452R mutation. The  
40 modest neutralization resistance of the variant spike proteins to vaccine elicited antibody  
41 suggests that current vaccines will remain protective against the B.1.617 and B.1.618  
42 variants.

## 43 **Introduction**

44 Despite efforts to contain severe acute respiratory syndrome coronavirus-2 (SARS-CoV-  
45 2) the virus has continued to spread throughout the world's population, generating novel  
46 variants with mutations selected for immunoevasion and increased transmissibility. The  
47 variants contain point mutations and short deletions in the spike protein driven by  
48 selective pressure for increased affinity for its receptor, ACE2, and escape from  
49 neutralizing antibody. Major variants identified to date include B.1.1.7 [1, 2], B.1.351 [3],  
50 B.1.526 [4], P.1 [5], P.3 (EpiCoV™ database of the Global Initiative for Sharing All  
51 Influenza Data (GISAID) : accession numbers EPI\_ISL\_1122426 to EPI\_ISL\_1122458)  
52 and mink cluster 5 [6]. The variants have increased transmissibility, a feature that is, at  
53 least in part, the result of mutations in the spike protein that allow for increased ACE2  
54 affinity and/or resistance to antibody. Several of the point mutations have been found to  
55 lead to increased viral fitness. The N501Y mutation in B.1.1.7 results in increased affinity  
56 for ACE2 [7-10] while the E484K mutation in the B.1.351, B.1.526, P.1 and P.3 spike  
57 proteins provides partial resistance to neutralizing antibodies in recovered individuals and  
58 antibodies elicited by vaccination [11-16].

59  
60 Recent months have seen a dramatic increase in India in the rate of spread of SARS-  
61 CoV-2 infection accompanied by an increase in mortality. The increased spread is  
62 associated with newly identified novel SARS-CoV-2 variants B.1.617 [17] and B.1.618  
63 (<http://cov-lineages.org>) with mutated spike proteins. The B.1.617 spike protein has  
64 L452R, E484Q, D614G and P681R mutations [17]; and the B.1.618 spike has mutations  
65  $\Delta$ 145-146, E484K and D614G. Residues 452 and 484 are in the receptor binding domain

66 (RBD) and thus could play a role in immunoevasion and/or resistance to antibody  
67 neutralization.  $\Delta$ 145-146 lies in the N-terminal domain that is a known antibody binding  
68 site [18] and P681R lies within S1/S2 where it could affect proteolytic processing (**Fig. 1A**  
69 **and B**). Which of the mutations contributes to increased ACE2 affinity and resistance to  
70 antibody neutralization that might account for the increased transmissibility of the variants  
71 is not well understood.

72

73 In this study, we addressed the questions of antibody resistance and variant spike protein  
74 affinity for ACE2 using lentiviruses pseudotyped by the B.1.617 and B.1.618 spike  
75 proteins. We found that the viruses with the Indian spike proteins were partially resistant  
76 to neutralization by convalescent serum antibody and vaccine-elicited antibodies. The  
77 resistance was caused by the L452R, E484Q and E484K mutations. In addition, the  
78 variants were partially resistant to REGN10933, one of the two mAbs constituting the  
79 Regeneron COV2 therapy.

80

## 81 **Results**

82

83 **Generation of B.1.617 and B.1.618 spike protein-pseudotyped lentiviruses.** The

84 B.1.617 variant spike protein contains L452R and E484Q mutations in the RBD in addition  
85 to D614G and the P681R mutation near the proteolytic processing site (**Fig. 1A and B**).

86 The B.1.618 spike has E484K in the RBD in addition to D614G and the N-terminal deletion  
87  $\Delta$ 145-146 (**Fig. 1A and B**). We constructed expression vectors for the B.1.617 and

88 B.1.618 spike proteins and for spike proteins with the individual point mutations and used

89 these to produce lentiviral pseudotypes that with a genome encoding GFP and luciferase  
90 reporters. Immunoblot analysis of transfected cells and supernatants showed that the

91 variant spike proteins were expressed and proteolytically processed and that the spike  
92 proteins were incorporated into lentiviral virions at a level similar to that of wild-type

93 D614G (**Supplementary Fig. 1**). Quantification of the band intensities showed that the

94 P681R mutation, which lies near the proteolytic processing site, caused a small increase  
95 in proteolytic processing as measured by a 2-fold decrease in the ratio of S/S2. Analysis

96 of the infectivity of each virus, normalized for particle number, on ACE2.293T cells

97 showed that the B.1.617 spike protein (L452R/E484Q/P681R) was >2-fold increase in

98 infectivity while B.1.618 was similar to wild-type D614G. Analysis of the individual

99 mutations showed that the increased infectivity of the B.1.617 spike was attributed to

100 L452R, which itself caused a 3.5-fold increase in infectivity and in combination with

101 E484Q caused a 3-fold increase. The other individual point mutations had no significant

102 effect on infectivity ( $\Delta$ 145-146, E484K, P681R) (**Fig. 1C**). Analysis of the same panel of

103 pseudotype viruses on ACE2.A549 cells showed a similar pattern of relative infectivity of  
104 each spike protein with an overall decrease of 50-fold infectivity.

105

106 **Neutralization of the Indian variants by convalescent sera and vaccine-elicited**

107 **antibody.** To determine the sensitivity of the Indian variants to antibody neutralization,

108 we tested the serum specimens from convalescent patients who had been infected prior

109 to the emergence of the variants for neutralization of the panel of pseudotyped viruses.

110 The results showed that viruses with the B.1.617 and B.1.618 spikes were 2.3 and 2.5-

111 fold resistant to neutralization by convalescent sera compared to wild type - a finding that

112 was similar to that of the 3-fold resistance of the South Africa B.1.351 variant (**Fig. 2A**).

113 The resistance of B.1.617 was caused by the L452R and E484Q mutation and B.1.618

114 resistance was caused by the E484K mutation, as is the case for B.1.351.  $\Delta$ 145-146 and

115 P681R had no significant effect on neutralization resistance.

116

117 To determine the resistance of the variants to neutralization by vaccine-elicited antibodies,

118 we tested sera from individuals vaccinated with Pfizer BNT162b2 and Moderna mRNA-

119 1273 vaccines for their ability to neutralize the panel of variant spike pseudotyped viruses.

120 The results showed a similar pattern of resistance to neutralization as for the

121 convalescent sera except that overall antibody titers were about 5-fold higher for sera

122 from vaccinated individuals. B.1.617 was about 4-fold-resistant and B.1.618 was about

123 2.7-fold resistant to neutralization. The resistance could be attributed to L452R and

124 E484Q in B.1.617 and E484K in B.1.618 (**Fig. 2B**).

125



126 **Variant pseudotype neutralization by Regeneron REGN10933 and REGN10987**

127 **mAbs.** Monoclonal antibody therapy for COVID-19 has been shown to reduce disease  
128 symptoms and to reduce the number of patients requiring hospitalization [19]. However,  
129 the treatment is subject to becoming less effective in patients infected with a variant in  
130 which the antibody epitope on the spike protein is altered by mutation. To address this  
131 question, we tested the ability of the mAbs to neutralize the panel of variant spike protein  
132 pseudotyped viruses. The results showed that the neutralizing titers of REGN10933 for  
133 B.1.617 virus was decreased by about 20-fold, similar to that of the E484K variant (**Fig.**  
134 **3A, D**).  $\Delta$ 145-146 and P681R did not affect neutralizing titer. Neutralizing titers of  
135 REGN10987 for viruses with the L452R and B.1.617 were decreased by about 3-fold (**Fig.**  
136 **3B, D**). The neutralizing titer of the mixture of REGN10933 and REGN10987 was 4.7-fold  
137 decreased in neutralizing titer for virus with the B.1.617 spike while the neutralization of  
138 virus with the B.1.618 spike was unchanged (**Fig. 3C, D**).

139  
140 **B.1.617, B.1.618 have increased affinity for ACE2.** The apparent increased  
141 transmissibility of the variants could be caused by increased affinity for ACE2 as has been  
142 found for other variants. To determine the relative ACE2 affinities of the variant spikes,  
143 we used an ACE2 binding assay in which the pseudotyped viruses were incubated with  
144 soluble ACE2 (sACE2) and then tested for infectivity on ACE2.293T cells relative to that  
145 of virus with the D614G mutation, an assay that we have used previously to analyze  
146 variant spike protein affinity [11]. The assay shows a 6-fold increase in ACE2 affinity for  
147 the N501Y mutation, a result consistent with that reported previously (**Fig. 4**). The results  
148 showed only a small effect for the single E484K mutations but a larger effect for variants

149 with the L452R or combination of E484Q and L452R. The P681R and  $\Delta$ 145-146 had no  
150 effect.

151 **Discussion**

152 Viruses with the B.1.617 and B.1.618 spike were partially resistant to neutralization, with  
153 an average 3.9-fold and 2.7-fold decrease in IC50 for convalescent sera and antibodies  
154 elicited by Pfizer and Moderna mRNA vaccines, respectively. The neutralization  
155 resistance was mediated by the L452R, E484Q and E484K mutations. The extent of  
156 resistance of the variants was similar to that of the earlier B.1.351 and the New York  
157 B.1.526 (E484K) variant. The L452R and E484Q mutations provide an increased affinity  
158 for binding to ACE2, likely contributing to the increased transmissibility of the variants.  
159 Both variants were partially resistant to REGN10933, one of the two monoclonal  
160 antibodies constituting the REGN-COV2 therapy and virus with the B.1.617 spike was  
161 partially resistant to REGN10987 as well, resulting in a 4.7-fold decrease in neutralizing  
162 titer for the antibody cocktail. Even with the 3-4-fold decrease in neutralization titer of  
163 vaccine elicited antibodies, average titers were around 1:500, a titer well above that found  
164 in the sera of individuals who have recovered from infection with earlier unmutated viruses.  
165 Thus, there is a good reason to believe that vaccinated individuals will remain protected  
166 against the B.1.617 and B.1.618 variants.

167

168 The L452R mutation, which is present in the California B.1.427/B.1.429 was found to have  
169 a significant effect on resistance to vaccine-elicited and monoclonal antibodies. The  
170 variant was found to be shed with 2-fold increase in infected individuals, increase viral  
171 infectivity in cell cultures and confer a 4 to 6.7-fold and 2-fold decrease in neutralizing  
172 titers of antibodies from convalescent and vaccinated donors, respectively [20]. The  
173 E484K mutation present in the B.1.351, B.1.526, P.1 and P.3 spike proteins has been

174 shown to cause partial resistance to neutralization as compared to the earlier D614G  
175 spike protein [11-16]. Mutation of the same position, E484Q, in B.1.617 caused a 2-4-fold  
176 decrease of neutralization by serum, demonstrating the importance of this residue as an  
177 epitope for antibody recognition. The P681R mutation at the furin cleavage site of B.1.617  
178 is similar to the P681H mutation found in the B.1.1.7 spike proteins. P681R appeared  
179 caused a detectable increase in the amount of cleaved spike protein on virions. The  
180 increase was not associated with an increase in infectivity on ACE2.293T cells but might  
181 have an effect on the infection in primary cells *in vivo*.

182  
183 The analyses in this study were restricted to the mRNA-based vaccines but there is no  
184 reason to believe that vector-based vaccines such as that of Johnson and Johnson that  
185 express a stabilized, native, full-length spike protein would be different with regarding to  
186 antibody neutralization of virus variants. Our results lend confidence that current vaccines  
187 will provide protection against variants identified to date. However, the results do not  
188 preclude the possibility that variants that are more resistant to current vaccines will  
189 emerge. The findings highlight the importance of wide-spread adoption of vaccination  
190 which will both protect individuals from disease, decrease virus spread and slow the  
191 emergence of novel variants.

192

193 **Methods**

194

195 **Plasmids**

196 B.1.617 and B.1.618 spike mutations were introduced into pcCOV2.Δ19.D614GS by  
197 overlap extension PCR and confirmed by DNA nucleotide sequencing. Plasmids used in  
198 the production of lentiviral pseudotypes have been previously described [22].

199

200 **Cells**

201 293T cells were cultured in Dulbecco's modified Eagle medium (DMEM) supplemented  
202 with 10% fetal bovine serum (FBS) and 1% penicillin/streptomycin (P/S) at 37°C in 5%  
203 CO<sub>2</sub>. ACE2.293T is a clonal cell-line that stably expresses a transfected human ACE2 as  
204 previously described. The cells were maintained in DMEM/1 μg/ml puromycin/10% FBS/1%  
205 P/S.

206

207 **Human Sera and monoclonal antibodies**

208 Convalescent sera and sera from BNT162b2 or Moderna-vaccinated individuals were  
209 collected on day 28 following the second immunization at the NYU Vaccine Center with  
210 written consent under IRB approved protocols (IRB 18-02035 and IRB 18-02037). Donor  
211 age and gender were not reported. Regeneron monoclonal antibodies (REGN10933 and  
212 REGN10987) were prepared as previously described [21].

213

214 **SARS-CoV-2 spike lentiviral pseudotypes**

215 Lentiviral pseudotypes with variant SARS-CoV-2 spikes were produced as previously  
216 reported [21]. Viruses were concentrated by ultracentrifugation and normalized for  
217 reverse transcriptase (RT) activity. To determine neutralizing antibody titers, sera or  
218 mAbs were serially diluted 2-fold and then incubated with pseudotyped virus  
219 (approximately  $2.5 \times 10^7$  cps) for 30 minutes at room temperature and then added to  
220 ACE2.293T cells. Luciferase activity was measured as previously described [22].

221

### 222 **Soluble ACE2 Neutralization assay**

223 Serially diluted recombinant soluble ACE2 protein [22] was incubated with pseudotyped  
224 virus for 30 minutes at room temperature and added to  $1 \times 10^4$  ACE2.293T cells. After 2  
225 days, luciferase activity was measured using Nano-Glo luciferase substrate (Nanolight)  
226 in an Envision 2103 microplate luminometer (PerkinElmer).

227

### 228 **Immunoblot analysis**

229 Spike proteins were analyzed on immunoblots probed with anti-spike mAb (1A9)  
230 (GeneTex), anti-p24 mAb (AG3.0) and anti-GAPDH mAb (Life Technologies) followed by  
231 goat anti-mouse HRP-conjugated second antibody (Sigma) as previously described [22].

232

### 233 **Quantification and Statistical Analysis**

234 All experiments were in technical duplicates or triplicates and the data were analyzed  
235 using GraphPad Prism 8. Statistical significance was determined by the two-tailed,  
236 unpaired t-test. Significance was based on two-sided testing and attributed to  $p < 0.05$ .  
237 Confidence intervals are shown as the mean  $\pm$  SD or SEM. (\* $P \leq 0.05$ , \*\* $P \leq 0.01$ ,

238 \*\*\* $P \leq 0.001$ , \*\*\*\* $P \leq 0.0001$ ). The PDB file of D614G SARS-CoV-2 spike protein (7BNM)  
239 was downloaded from the Protein Data Bank. 3D view of protein was obtained using  
240 PyMOL.

241

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246

## 247 **Author contributions**

248 T.T. and N.R.L. designed the experiments. H.Z., T.T. and B.M.D. carried out the  
249 experiments and analyzed data. T.T., H.Z. and N.R.L. wrote the manuscript. M.I.S. and  
250 M.J.M. provided key reagents and useful insights. All authors provided critical comments  
251 on manuscript.

252

## 253 **Competing interests**

254 The authors declare no competing interests.

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- 336

337 **Figure legends**

338

339 **Figure 1. Infectivity of virus pseudotyped by B.1.617 and B.1.618 variant spikes.**

340 (A) The diagram shows the domain structure of the SARS-CoV-2 spikes of B.1.617 and  
341 B.1.618. NTD, N-terminal domain; RBD, receptor-binding domain; RBM, receptor-binding  
342 motif; SD1 subdomain 1; SD2, subdomain 2; FP, fusion peptide; HR1, heptad repeat 1;  
343 HR2, heptad repeat 2; TM, transmembrane region; IC, intracellular domain.

344 (B) The 3D images indicate the location of the key mutations in B.1.617 and B.1.618  
345 spikes. One representative RBD is shown in gray for simplicity.

346 (C) Expression vectors for the variant spike proteins, deleted for the carboxy-terminal 19  
347 amino acids, were generated and used to produce pseudotyped viruses. Viruses were  
348 normalized for RT activity and applied to ACE2.293T cells. Infectivity of viruses  
349 pseudotyped with the individual mutations of the B.1.617 and B.1.618 spike protein or  
350 combinations thereof were tested on ACE2.293T (left) and ACE2.A549 cells (right).  
351 Luciferase activity was measured two days post-infection.

352

353 **Figure 2. Neutralization of spike protein variants by convalescent sera and**  
354 **antibodies elicited by BNT162b2 and mRNA1273 vaccine.**

355 (A) Neutralization of viruses pseudotyped by B.1.617 (yellow) and B.1.618 (light blue)  
356 spikes (double, triple and single) by convalescent serum samples from 8 donors was  
357 tested. Each dot represents the IC<sub>50</sub> for a single donor. The analyses were repeated  
358 twice with similar results.

359 (B) Neutralizing titers of serum samples from BNT162b2 vaccinated individuals (n=6) (left)  
360 and mRNA1273 vaccinated donors (n=3) (right) was measured. IC50 of neutralization of  
361 virus from individual donors are shown.

362

363 **Figure 3. Neutralization of B.1.617 and B.1.618 spike protein variants by**  
364 **REGN10933 and REGN10987.**

365 Neutralization of B.1.617 (left) and B.1.618 (right) pseudotyped viruses by REGN10933  
366 (A) and REGN10987 (B).

367 (C) Neutralization of viruses pseudotyped by B.1.617 (left) and B.1.618 (right) spike  
368 proteins by 1:1 mixture of REGN10933 and REGN10987 was measured.

369 (D) The IC50 from REGN10933, REGN10987 and combination antibodies was shown.

370

371 **Figure 4. Neutralization of B.1.617 and B.1.618 spike protein variants by soluble**  
372 **ACE2.**

373 Viruses pseudotyped with variant spike proteins were incubated with a serially diluted  
374 recombinant soluble ACE2 (sACE2) and then applied to ACE2.293T cells. Each plot  
375 represents the percent infectivity of D614G (red) and B.1.617 and B.1.618 (blue)  
376 pseudotyped virus. The histogram at the bottom shows the calculated IC50 for each of  
377 the curves.

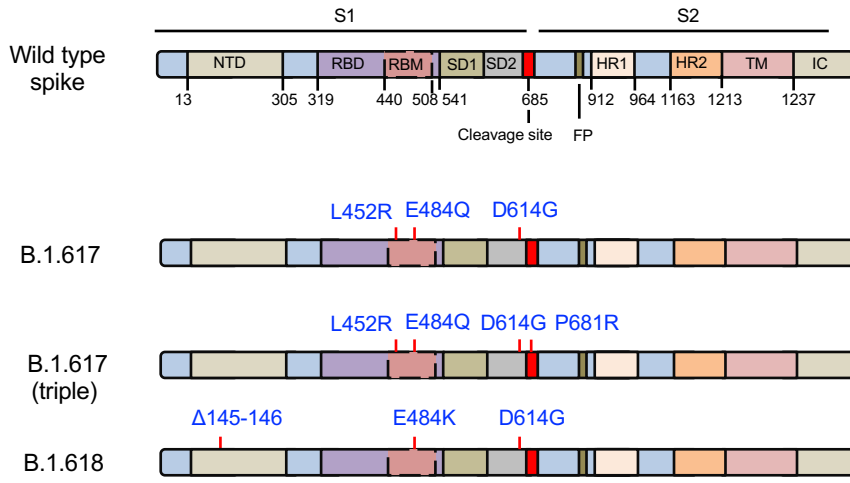
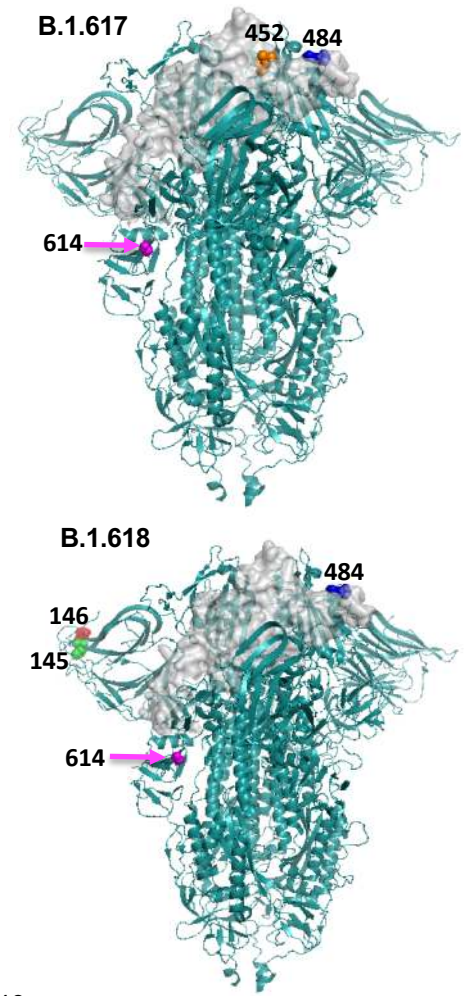
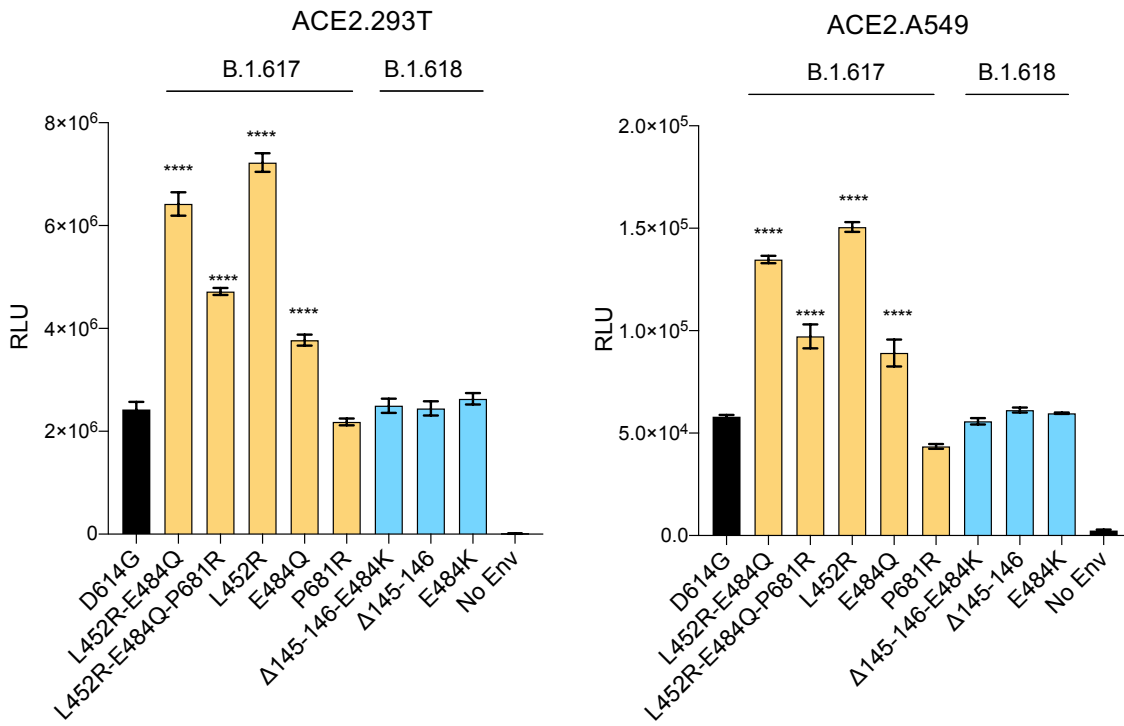
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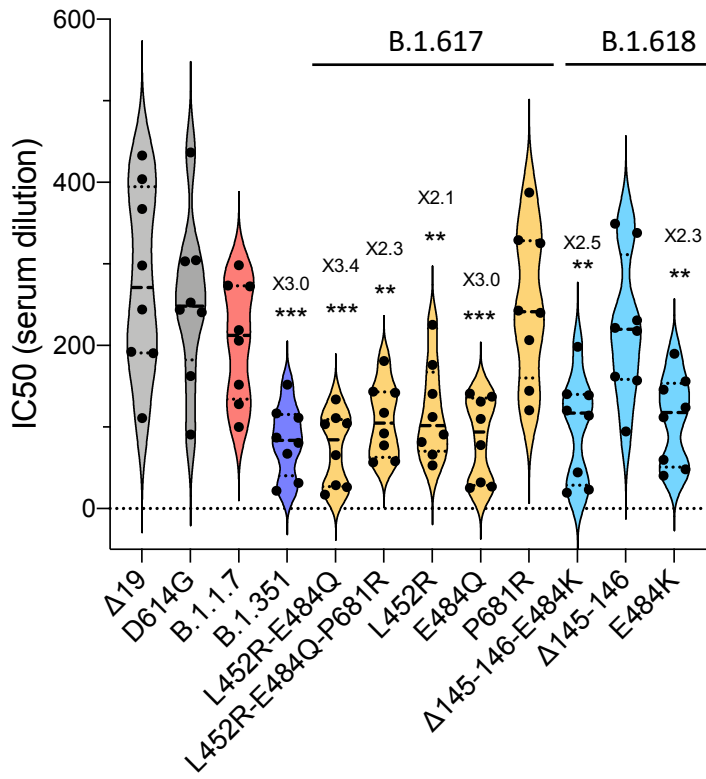
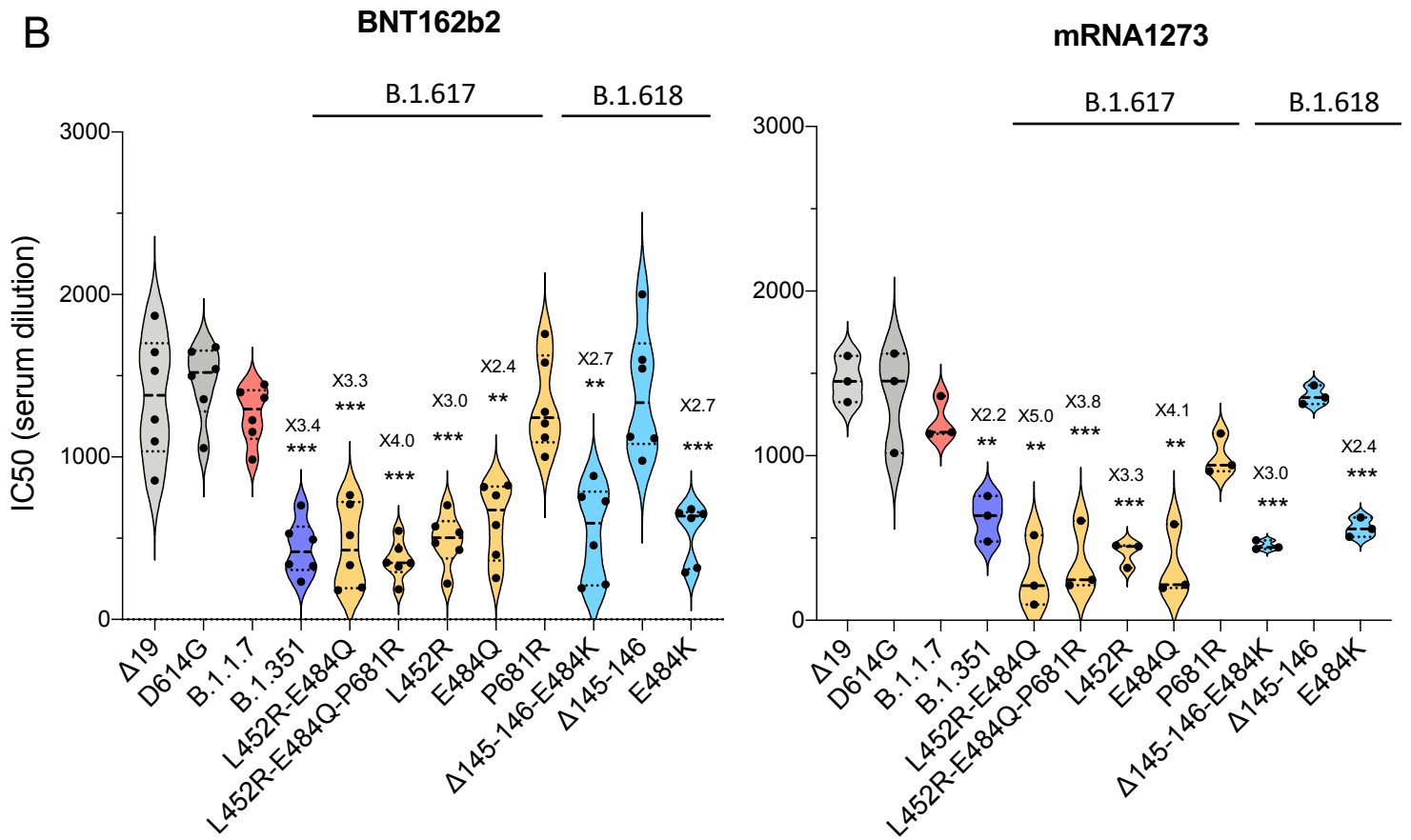
379 **Supplementary figure**

380

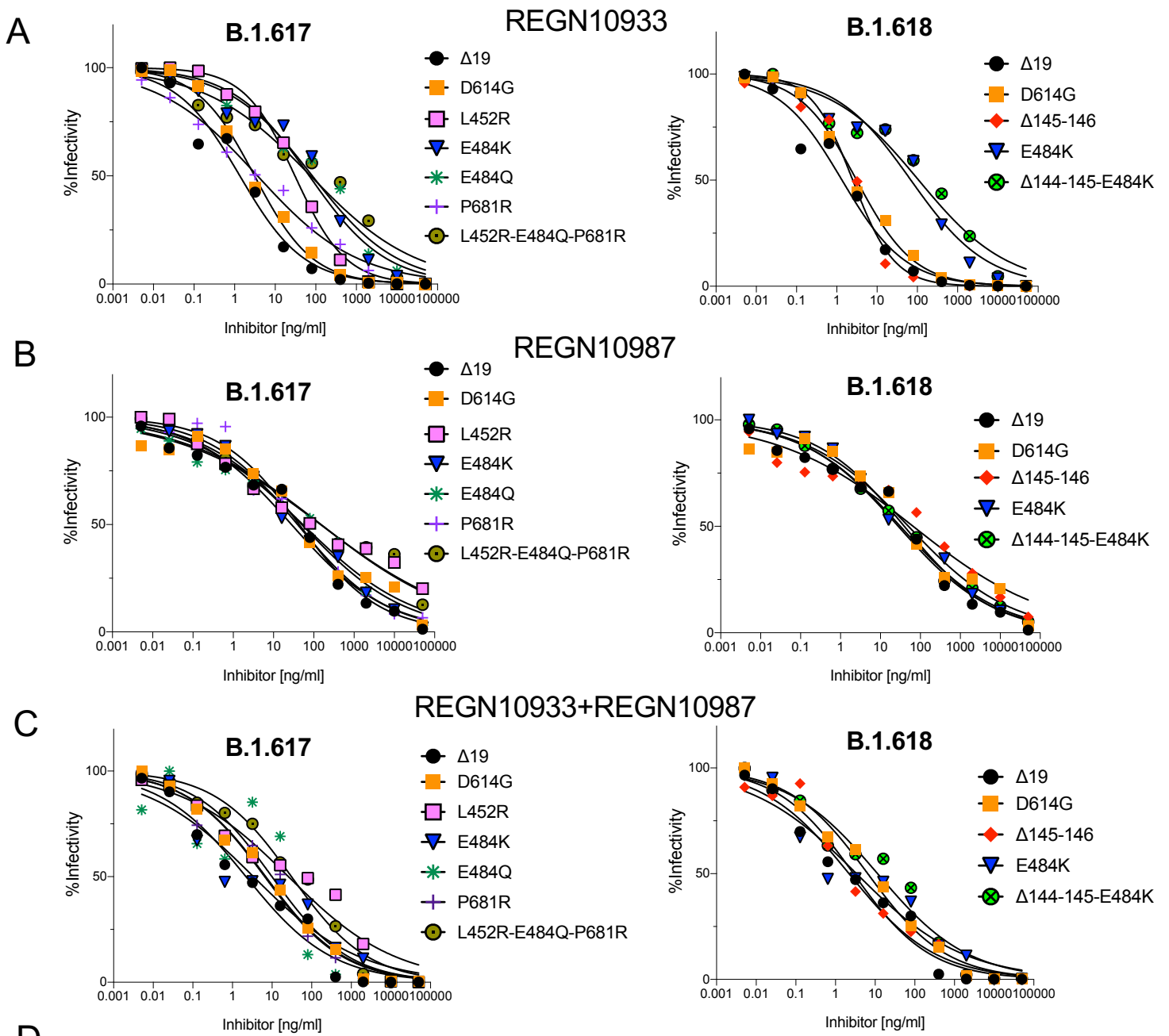
381 **Supplementary Figure 1. Immunoblot analysis of spike protein in the cellular lysate**  
382 **and lentiviral particles.**

383 Pseudotyped viruses were produced by transfection of 293T cells. Two days post-  
384 transfection, virions were harvested and analyzed on an immunoblot probed with anti-  
385 spike antibody and anti-HIV-1 p24. Cell lysates were probed with anti-spike and anti-  
386 GAPDH antibodies.

**A****B****C****Figure. 1**

**A****B****Figure. 2**





		REGN10933	REGN10987	REGN-COV2
	Δ19	1.3	28.0	2.2
	D614G	3.1	50.3	6.5
	B.1.1.7	4.1	37.5	6.8
	B.1.315	50.7	73.3	16.8
B.1.617	L452R-E484Q-P681R	74.6	151.7	30.9
	L452R	30.7	147.6	25.9
	E484Q	82.3	53.6	9.9
	P681R	3.7	43.6	6.9
B.1.618	Δ145-146-E484K	107.9	31.4	11.5
	Δ145-146	2.5	65.9	2.9
	E484K	69.3	39.6	3.4

Figure. 3

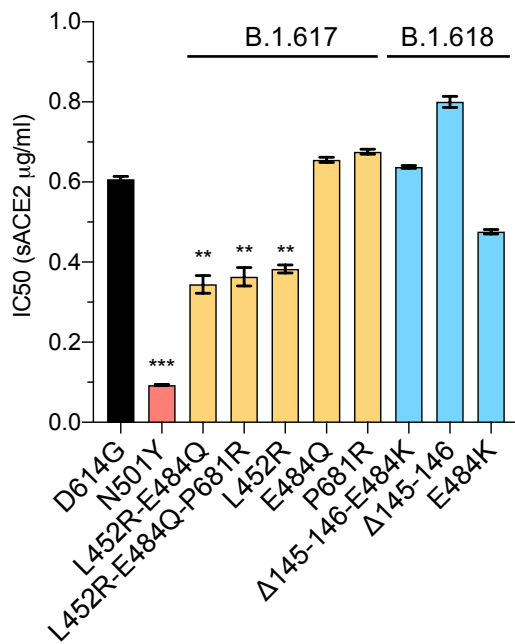
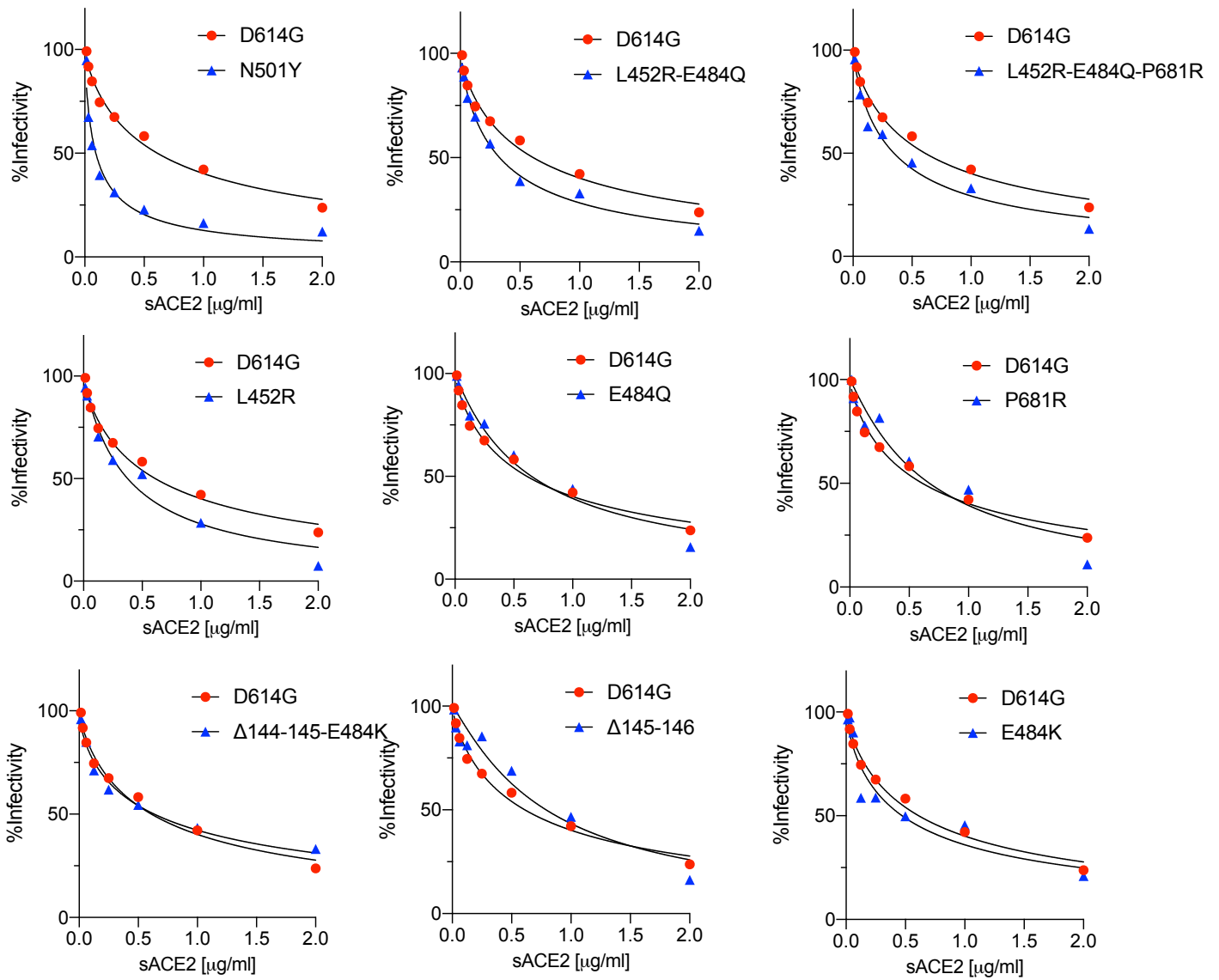
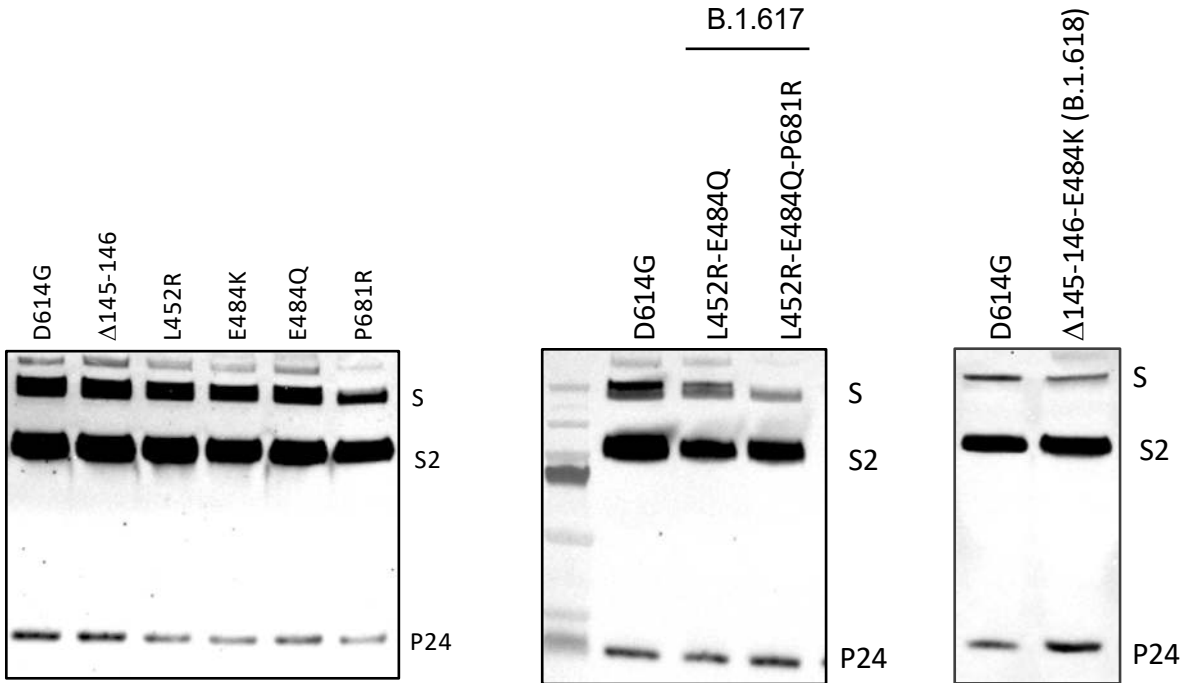


Figure. 4

### Virion



### Lysate

