A *Vibrio cholerae* Core Genome Multilocus Sequence Typing Scheme to Facilitate the

Epidemiological Study of Cholera

Kevin Y. H. Liang,[a] Fabini D. Orata,[a] Mohammad Tarequl Islam,[a] Tania Nasreen,[a] Munirul

Alam,[b] Cheryl L. Tarr,[c] Yann F. Boucher[a#]

[a]Department of Biological Sciences, University of Alberta, Edmonton, Alberta, Canada

[b]Infectious Diseases Division, International Centre for Diarrhoeal Disease Research,

Dhaka, Bangladesh

[c]Enteric Diseases Laboratory Branch, Centers for Disease Control and Prevention, Atlanta,

Georgia, USA

Running title: *V. cholerae* Core Genome Multilocus Sequence Typing

[#]Address correspondence to Yann F. Boucher, yboucher@ualberta.ca

ABSTRACT

Core genome multilocus sequence typing (cgMLST) has gained popularity in recent years in

epidemiological research and subspecies level classification. cgMLST retains the intuitive nature

of traditional MLST but offers much greater resolution by utilizing significantly larger portions

of the genome. Here, we introduce a cgMLST scheme for *Vibrio cholerae*, a bacterium abundant

in marine and freshwater environments and the etiologic agent of cholera. A set of 2,443 core

genes ubiquitous in *V. cholerae* were used to analyze a comprehensive dataset of 1,262 clinical

and environmental strains collected from 52 countries, including 65 newly sequenced genomes

in this study. We established a sublineage threshold based on 133 allelic differences that creates

clusters nearly identical to traditional MLST types, providing backwards compatibility to new

cgMLST classifications. We also defined an outbreak threshold based on seven allelic

differences that is capable of identifying strains from the same outbreak and closely related

isolates which could give clues on outbreak origin. Using cgMLST, we confirmed the South

Asian origin of modern epidemics and identified clustering affinity among sublineages of

environmental isolates from the same geographic origin. Advantages of this method are

highlighted by direct comparison with existing classification methods, such as MLST and single

nucleotide polymorphism-based methods. cgMLST outperforms all existing methods in terms of

resolution, standardization, and ease-of-use. We anticipate this scheme will serve as a basis for a

universally applicable and standardized classification system for *V. cholerae* research and

epidemiological surveillance in the future. This cgMLST scheme is publicly available on

PubMLST (https://pubmlst.org/vcholerae/).

IMPORTANCE

Toxigenic *Vibrio cholerae* of the O1 and O139 serogroups are the causative agent of cholera, an

acute diarrheal disease that plagued the world for centuries, if not millennia. Here, we introduce

a core genome multilocus sequence typing (cgMLST) scheme for *V. cholerae*. Using cgMLST,

we established an outbreak threshold that can efficiently identify outbreak related strains and

potential sources of introduction. We also defined a sublineage threshold that is similar to

traditional MLST sequence type which will provide context to this new typing method by

relating it to previous MLST results. cgMLST outperforms all existing methods in terms of

resolution, standardization, and ease-of-use, making this scheme the most suitable method for *V.*

cholerae typing and surveillance worldwide.

KEYWORDS

Vibrio cholerae, cholera, whole genome sequencing, core genome, multilocus sequence typing,

cgMLST, gene-by-gene approach, epidemiological surveillance

INTRODUCTION

Cholera is transmitted in a fecal-oral route mostly by contaminated food or water (1, 2). The case fatality rate (CFR) of this disease can be up to 50% without treatment, but with proper medical care, the CFR is usually less than 1% (2, 3). In developed countries with proper water treatment facilities, cholera is practically non-existent aside from imported cases. Unfortunately, this cannot be said for many developing countries lacking this infrastructure, where cholera has been endemic for centuries such as in parts of South Asia (4). As it is also difficult to eradicate cholera (5), this disease often becomes endemic in regions where it has been introduced, for example in Latin America in 1991 (6, 7), Haiti in 2010 (8), and Yemen in 2016 (9). It is estimated that there are over a million cholera cases each year resulting in tens of thousands of deaths worldwide (10). Being an indicator of healthcare and socio-economic disparities (11, 12), this disease is often under-reported due to its negative influence on tourism as it implies poor water quality (13). Together with the lack of a universally applicable and standardized classification method, outbreak surveillance and source attribution is often challenging (1, 8). The Haiti outbreak for example, due to these limitations, required extensive genomic and epidemiological research since the beginning of the outbreak to determine the source of introduction, which was not confirmed until August 2011 even though cholera broke out in July 2010 (8, 14–17).

A typing method for use in global surveillance of pandemic causing pathogens such as *V. cholerae* should be efficient and easy to use, with the potential to be applied to all *V. cholerae* strains around the world. Therefore, it must have the capacity to analyze thousands of genomes efficiently and new genomes should be easily typed as they get sequenced. As all cholera outbreaks are caused by a single lineage of *V. cholerae*, the pandemic generating/phylocore genome (PG) lineage, which includes the 7th pandemic El Tor, El Tor sister, El Tor progenitor,

Classical, and Classical sister clades (5, 18, 19), this method should also be able to differentiate

isolates at a fine scale and separate outbreaks caused by genetically similar strains. Such a

method will help create a comprehensive database with detailed epidemiological data that will

allow for the analysis of future outbreak strains in a global context and guide subsequent

epidemiological analyses. Different methods for subspecies level classification and outbreak

surveillance have been developed for *V. cholerae*. These methods include serotyping, multilocus

sequence typing (MLST) (20, 21), multilocus variable number of tandem repeats (VNTR)

analysis (MLVA) (22, 23), and single nucleotide polymorphism (SNP)-based approaches (14).

Despite the popularity of these methods, there are important limitations to each.

Serotyping based on the presence of cell surface O-antigens is one of the earliest attempts

at subspecies level classification of *V. cholerae*. There are now over 200 serogroups of *V.*

cholerae identified; however, only the toxigenic members of the O1 and O139 serogroups have

been found to be responsible for all major documented epidemics and pandemics (24, 25).

Serogroup O1 can be further divided into two biotypes (El Tor and Classical) and three serotypes

(Inaba, Hikojima, and Ogawa) (2). The lack of resolution within the epidemic strains and the

possibility of serogroup conversion (26) limits the use of serotyping in epidemiological studies.

MLST provides a standardized classification method that is based on a collection of six to

seven well-defined housekeeping genes (27). MLST was used to study a number of cholera

outbreaks and allowed the descriptions of its general population structure (28, 29). It is

reproducible and provides reliable results; however, it is unable to differentiate between closely

related strains which limits its use in outbreak surveillance (30, 31). In addition, direct

comparisons between different MLST schemes are difficult, as different schemes utilize different

housekeeping genes.

MLVA utilizes VNTR regions, which are under less selective pressure than housekeeping

genes. This method therefore provides greater resolution than MLST for some bacterial species

(32, 33). However, due to their rapid mutation rate, VNTR regions are more affected by

homoplasy where two isolates may share the same MLVA profile due to convergent mutation

and not by vertical descent (34). As a result, MLVA may produce clusters that do not necessarily

reflect phylogenetic relationships (35). Two common PCR-based methods exist for the typing of

VNTR regions, but each have significant limitations (36). The first method is multiplex PCR

which can analyze all loci at once, but it is impossible to determine which bands correspond to

which loci; therefore, this method only produces a banding pattern for strain identification,

which makes it difficult to standardize and communicate results. The second method is the

separate amplification of VNTR regions but determining the number of repeats based on

amplicon size information alone is difficult if the difference in size is not large enough. In

addition, different types of mutations that do not necessarily change the number of repeats can

cause a change in amplicon size. Sequencing is needed to confirm MLVA profiles, but repeat

regions increase the chances of sequencing errors (37). Due to these limitations, stringent quality

control is required for reliable MLVA analysis (38).

SNP-based analysis is one of the most common whole genome-based methods currently

being used and was applied to various outbreaks (14, 39, 40). It relies on the identification of

conserved SNPs in strains of interest using next-generation sequence reads or assembled

genomes. The number of SNPs can then be related to the evolutionary distance between isolates.

SNP-based analysis provides reliable results with sufficient resolution for epidemiological

studies, but it is sensitive to horizontal gene transfer and recombination events, as each event will

result in many SNPs being created. The number of SNPs between two strains, therefore, does not

necessarily reflect true phylogenetic relationship. SNPs found in recombinogenic regions should

therefore be removed which, depending on the organism of interest, can be anywhere from 30%

to 97% of SNPs identified (41, 42). Since recombination and horizontal gene transfer events are

common within *V. cholerae* (43–45) and between the species and its close relatives (46, 47),

SNP-based methods, although suitable in individual epidemiological studies, will be difficult to

serve as a universal classification method for *V. cholerae*.

Core genome MLST (cgMLST), also known as the gene-by-gene approach, overcomes

the various limitations of the previously mentioned subtyping methods and was established to

serve as a universally applicable standardized typing scheme. Similar to MLST, cgMLST relies

on individual gene sequences to differentiate between closely related strains; however, instead of

using only six to seven housekeeping genes, cgMLST utilizes hundreds to thousands of core

genes, which are commonly found in all strains of a species. By utilizing a much larger portion

of the genome, cgMLST provides superior resolution compared to traditional MLST schemes.

By combining the expandable and standardized classification method that made traditional

MLST favourable with the resolution of whole genome-based methods, cgMLST is becoming

more popular in epidemiological and ecological studies (48–54). This method has the added

advantage of backwards compatibility with all MLST schemes. This means that it is possible to

determine MLST profiles of any isolates based on their cgMLST profiles, since cgMLST would

include all housekeeping genes by definition. This allows for a 1:1 mapping of any previously

established MLST scheme to the cgMLST scheme, helping consolidate already existing

classification information.

Another major benefit of cgMLST is that, much like traditional MLST methods, it is

possible to establish different clustering thresholds to define important groups. Clonal complexes

are examples of clustering thresholds established by MLST schemes, where each clonal complex

corresponds to a cluster of isolates that share at most one allelic difference across all seven genes

sequenced. Some important clonal complexes were shown to correspond to either groups

established by a previous typing method (55) or major outbreak strains (56). However, cgMLST

offers even greater flexibility than MLST in this regard given the number of loci considered.

With large clustering thresholds, it is possible to identify lineage- or even sublineage-level

differences to study large scale patterns and answer broader ecological questions. Furthermore,

with smaller clustering thresholds where groups are created based on the sharing of a larger

number of alleles, it is possible to identify very closely related strains useful in epidemiological

studies. The benefits of defining clustering thresholds through cgMLST have already been

demonstrated in other human pathogens, such as *Brucella melitensis* (52), *Campylobacter jejuni*

(51) , *Clostridium difficile* (53), *Enterococcus faecium* (50), and *Listeria monocytogenes* (49).

In this study, we introduce a cgMLST scheme for the genome-wide typing of *V. cholerae*

and demonstrate its universality and efficacy by applying it to known cholera outbreaks around

the world. The advantages of cgMLST are presented by comparing the scheme with previously

established classification methods. Additionally, we have produced a 1:1 mapping of the

cgMLST scheme against two previously established MLST schemes for *V. cholerae* (20, 21),

allowing for the consolidation of existing classification information. The cgMLST scheme,

genome sequences used in this study, and relevant epidemiological information are publicly

available on PubMLST (https://pubmlst.org/vcholerae/), which allows for the automatic

annotation and subsequent analyses of hundreds of newly uploaded *V. cholerae* genomes in a

global context. This increase in efficiency, standardizability, and resolution compared to current

methods make cgMLST the most suitable classification scheme for large scale *V. cholerae*

surveillance. By applying this scheme to our collection of over 1,200 isolates collected around

the world, it was possible to establish outbreak and sublineage thresholds which not only allowed

us to validate the South Asian origin of many modern epidemics as proposed in previous studies

(5, 57, 58) but also identify clustering affinity among environmental strains, where isolates from

the same sublineage are also likely from the same geographic region. This pattern is not seen in

clinical isolates, as human hosts readily carry them over large geographical distances.

RESULTS AND DISCUSSION

A high-resolution typing scheme for pandemic *V. cholerae*

The highest level of resolution of any cgMLST scheme is defined by core genome sequence

types (cgSTs), where a unique cgST represents a unique allelic profile. Isolates that belong to the

same cgST are expected to be phylogenetically very closely related, as although they may not

have the exact genomic sequence, they do have the same sequence for all 2,443 core gene loci

used in cgMLST. We identified a total of 1,026 cgSTs from 1,262 genomes collected from 52

countries. Even with our extensive dataset, we have yet to sample anywhere close to the total

predicted cgST diversity for the global *V. cholerae* population (Fig. S1). All isolates were given

at least one cgST designation and up to two MLST sequence type (ST) designations based on

two previously established MLST schemes (20, 21) (Table S1). MLST STs are defined based on

the unique combination of all loci of a particular MLST scheme, which ideally uses six to seven

well-defined housekeeping genes. Only 12 STs are exclusively present in the 7th pandemic El

Tor lineage identified using traditional MLST (20, 21), whereas 560 cgSTs are uniquely present

in this group based on cgMLST (Table S1). As the El Tor lineage is responsible for most cholera

outbreaks around the world since the beginning of the 7th pandemic (59), this superior ability to

resolve between closely related strains in the 7th pandemic El Tor lineage makes cgMLST more

suitable in outbreak surveillance than traditional MLST.

Backwards compatibility with previous subspecies classification methods

Much like how cgSTs are important in studying closely related strains typical in outbreaks, it is

also important in establishing a standardized nomenclature at a higher level to answer broader

ecological questions. Here, we propose a sublineage definition for *V. cholerae* based on cgMLST.

Pairwise allelic differences calculated between all isolates show three major peaks (Fig.

1A). The first peak ends at 40 allelic differences, and the second peak ends at 133 allelic

differences (Fig. 1B). The last peak begins at 2,200 allelic differences (Fig. 1A), which is

expected due to mutational saturation (i.e., every single allele in the scheme is different between

the two distantly related strains being compared). Both breaks (i.e., 40 or 133 allelic differences)

could represent a potential sublineage delineation. To choose between the two thresholds, the

clustering efficiency is measured by calculating the Dunn Index (DI) (60) (see Materials and

Methods). Since cluster distances are measured by allelic differences, the network with the best

clustering efficiency (i.e., the highest DI) will also produce clusters that best represent biological

relationships, as isolates are more closely related to themselves than to isolates from other

clusters. A DI was calculated for each clustering threshold in the range of 1 to 1,000 allelic

differences with 100 bootstrap replicates (Fig. 2). As the clustering threshold defines the

maximum number of allelic differences within a cluster, the smaller the threshold, the more

closely related the isolates are within a cluster. It is clear that DIs in the range of 0 to 50 allelic

differences are significantly lower than the DIs in the range of 100 to 350 allelic differences,

with 133 being a clear local maximum. Since 133 allelic differences has the best clustering

efficiency and also represents a natural break where most isolate pairs have either less than or

much greater number of allelic differences (Fig. 1B), it was therefore chosen as the sublineage

threshold.

Because cgMLST includes all housekeeping genes, information from the two MLST

schemes previously developed for *V. cholerae* (20, 21) can now be consolidated with the

cgMLST scheme by creating a 1:1 cgMLST to MLST map. To evaluate the similarities between

the sublineage threshold and the MLST schemes, we created a minimum spanning tree (MST)

for all Bangladesh isolates ($n = 255$) showing only edges with 133 allelic differences or fewer

(Fig. 3A and Fig. S2). Each cluster therefore represents a single sublineage. Bangladesh was

chosen to compare cgMLST and MLST as it is the most extensively sampled country both in

terms of clinical and environmental isolates in our dataset. Using this dataset, the chosen

sublineage threshold produces clusters that closely resemble ST clustering from traditional

MLST. Based on the 2013 MLST scheme (20), each sublineage corresponds to exactly one ST

(Fig. S2), whereas there is only one sublineage that contains two STs based on the 2016 MLST

scheme (21) (Fig. 3A). All but two isolates belong to ST1; N16961 and A19 belong to ST290,

which differs from ST1 at only one of seven MLST loci (Table S2). The reason these two

isolates are of a different MLST ST could only be partly explained; they were isolated at an

earlier time point (1970s near the start of the 7th pandemic (61)) than most of the remaining

isolates, which were isolated from 1991 onwards (Table S1).

It is impossible to visually evaluate similarities between two MSTs with over 1,200 nodes

each simply due to the sheer volume of data. The Adjusted Rand Index (ARI) was therefore used

as a metric to determine network similarities (62) (see Materials and Methods). In order to

determine whether the sublineage threshold (i.e., 133 allelic differences) is indeed the best match

to traditional MLST schemes, we chose 11 clustering thresholds distributed across the range of 1

to 1,000 allelic differences (Fig. 2) to compare with the MLST schemes. These additional

thresholds are chosen as they have a relatively high DI compared to their immediate neighbours.

More data points were chosen in the range of 105 to 330 allelic differences, as it was expected

that thresholds in this range will best match the traditional MLST schemes. Interestingly, all

thresholds in that range had comparable ARIs when compared to both the 2016 (21) and the

2013 MLST schemes (20) (Fig. 3B and Fig. S3), indicating that all of them, including the

sublineage threshold, produce clusters similar to the MLST scheme. This would suggest that

there can be a large range of diversity within a single MLST ST where isolates can have

anywhere from 0 (i.e., have the same cgST) to 330 allelic differences. Although clustering

thresholds between 105 to 330 allelic differences produce similar clusters to a traditional MLST

scheme, the sublineage threshold of 133 allelic differences was chosen as it has the best

clustering efficiency (Fig. 2) and it represents a natural breakpoint in the currently sampled

population (Fig. 1B).

A phylogenetic tree of 1,146 isolates was used to assess the phylogenetic support of the

sublineage threshold across different *V. cholerae* strains (Fig. 4). This tree includes all *V.*

cholerae isolates within our dataset with the exception of the recently published 116 clinical

isolates from the Yemen cholera outbreak (9), which all belongs to the 7th pandemic El Tor

lineage. The strains within the PG lineage are closely related with little genetic variation. These

lineages are therefore collapsed in the phylogenetic tree as the relationships between them are

not well resolved. All sublineages formed monophyletic clades, although in some cases the most

basal branch is of a different sublineage (e.g., *V. cholerae* strains T5 or 506315) creating

paraphyletic clades. Ideally, each sublineage would correspond to exactly one full monophyletic

clade. The reason this is not seen is likely the lack of sampling, leading to the grouping of

relatively distantly related isolates together in the same clade. Further sampling will likely

resolve these cases into two separate monophyletic clades. Out of 1,262 isolates, we identified

291 sublineages, 19 of which belong exclusively to the PG lineage and 223 are singletons. Much

like cgSTs, the rarefaction curve also indicates that the total sublineage diversity of *V. cholerae*

is far from being sampled (Fig. S1).

The sublineage concept has been applied to numerous pathogens and as such were each

defined differently depending on the pathogen in question. Some have defined sublineages based

on natural breaks in genetic similarities (49), while others may use sublineage to refer

specifically to traditional MLST STs (63) or even finer level of resolution below the MLST ST

level based on whole genome analyses (64). There is, however, one unifying feature of all

sublineage definitions – that they all refer to monophyletic clades. Sublineages are defined in this

study based on natural breaks in allelic differences calculated from cgMLST profiles and were

put into context by comparing with two traditional MLST schemes. We have shown that our

definition of sublineage results in monophyletic clades but also corresponds to any traditional

MLST ST designation (Fig. 4). This sublineage definition will therefore play a crucial role in

consolidating information from all previous MLST analyses.

A universal South Asian origin for modern cholera outbreaks

With the continual improvement of next-generation sequencing techniques, whole genome

sequencing is expected to become a standard practice or even the first identification tool used in

clinical and epidemiological studies. It is therefore critical to develop a rapid typing scheme for

genome sequence data that has the power to inform us about the relationship of a novel isolate

with known strains. This is done here by defining what we term an 'outbreak threshold' based on

cgMLST, which can identify outbreak related strains and potential sources of introduction. The

outbreak threshold is expected to be less than 40 allelic differences as isolates from the same

outbreak are very closely related (9, 14). There is a minor discontinuity at seven allelic

differences where most isolate pairs have either less or more than this number of allelic

differences (Fig. 1B). Looking at the DI, the local maximum in the range of 0 to 50 occurs at

seven allelic differences as well (Fig. 2), making this cutoff a likely candidate for an outbreak

threshold. When applying the outbreak threshold to a full dataset containing all sequenced *V.*

cholerae genomes meeting the minimum quality threshold, major clusters were examined to

evaluate the ability of cgMLST to identify strains that are part of the same outbreak.

One of the major outbreak clusters identified, with no prior information required,

contains the Haiti and the Yemen outbreaks, which are the two best documented cholera

outbreaks in modern history (8, 9, 14, 16, 65). Isolates collected from these outbreaks form a

single cluster with the Dominican Republic, Eurasian (India, Russia, Nepal, and Ukraine), and

African (Tanzania, Kenya, and Somalia) isolates (Fig. 5A). The Dominican Republic isolates are

closely related to the Haiti outbreak strains. Given the close proximity of the two countries, co-

located on the island of Hispaniola, it was expected that isolates from Haiti would eventually

spread to the Dominican Republic (14). The 7th pandemic El Tor lineage spread across the world

from South Asia in three separate waves (61). The third wave, being the most recent distribution

event, has been claimed to be responsible for the outbreaks in Haiti and Yemen (9). It is

therefore not surprising to see Haiti and Yemen form a single cluster with India (i.e., South Asia)

at its center. Nepal is the known source of introduction for the Haiti outbreak in 2010 (16), and

comparison with over 1,200 *V. cholerae* isolates from all over the world still shows the Nepalese

isolates as the closest relatives to the Haitian isolates (Fig. 5A).

Cholera is still endemic in Africa (10) and caused several major reported outbreaks in

different countries over last few decades (66) including Mozambique (23, 67) and Zimbabwe

(68). Another major outbreak cluster groups most of the Mozambique isolates together with two

Zimbabwe isolates (strains CP1038(11) and 2011EL-1137) and one USA isolate (2009V-1116)

(Fig. 5B). Based on cgMLST, it is evident that the two Zimbabwe isolates are closely related to

the Mozambique isolates, differing at only four or less alleles. The close proximity of the two

countries suggests that these are likely travel-associated cases. Although outbreaks involving the

Mozambique isolates (23) and the Zimbabwe isolates (58, 69) have been independently studied,

the link between these isolates have not been shown before. Global cgMLST analysis is therefore

an invaluable tool as it allows for the identification of links between independent studies.

However, with only two Zimbabwe isolates in the dataset, additional sampling in this region is

required to understand the epidemiology of this outbreak. According to the NCBI BioSample

database, strain 2009V-1116 was collected by the Centers for Disease Control and Prevention in

2009 and is associated with travel to Pakistan. Since the 7th pandemic El Tor lineage has been

circulating in Asian and Middle Eastern countries for a long time (70), it is possible that, at least

within our dataset, the Mozambique isolates are the closest relative to this specific Pakistan

strain.

Confirmation of an African connection for the Yemen outbreak

The Yemen cholera outbreak began in October 2016 with eleven confirmed cases

(http://www.emro.who.int/pandemic-epidemic-diseases/cholera/cholera-cases-in-yemen.html).

By January 2017, there were already over 10,000 cholera cases with 99 associated deaths

(http://www.emro.who.int/pandemic-epidemic-diseases/cholera/weekly-update-cholera-cases-in-

yemen-15-jan-2017.html). By the end of that year, there were over 900,000 cholera cases

(http://www.emro.who.int/pandemic-epidemic-diseases/cholera/outbreak-update-cholera-in-

yemen-19-december-2017.html). The outbreak continues on today as the largest cholera outbreak

in modern history. As isolates from this outbreak were only recently made available (9), they

were not part of the initial dataset for the cgMLST scheme development. These isolates were

added and analyzed on PubMLST after the scheme had been established. This set of isolates

therefore serves as an independent test of the universality and applicability of the cgMLST

scheme. To determine the potential origin of the Yemen outbreak and its phylogenetic

relationships with existing *V. cholerae* strains, the Yemen isolates were compared with other 7th

pandemic El Tor isolates from Asian and African countries (Table S3). All allele designations

and cgST assignments were done automatically on PubMLST. MST was built using these

isolates and all connections with seven and fewer allelic differences are represented as solid lines

(Fig. 6). Isolates connected by solid lines therefore belong in the same outbreak cluster as

defined by the outbreak threshold of seven allelic differences. Isolates from Yemen, Kenya, and

Haiti all cluster with the central Indian isolates with seven or fewer allelic differences; however,

the closest relatives to the Yemen isolates are those from Kenya with four or fewer allelic

differences (Fig. 6). The Indian isolates are the next closest connection but there is no direct

linkage between these and the Yemen isolate. This pattern is consistent with the work of Weill

and colleagues (9), where they suggested that the Yemen outbreak strains may have come from

East Africa which itself came from South Asia based on SNP-base phylogenetic analysis and

Bayesian evolutionary analysis.

Unlike the limited samples available from African cholera outbreaks, the Haiti and

Yemen outbreaks are significant cases for epidemiological investigations because *V. cholerae*

has been heavily sampled from these countries as well as surrounding regions. Two major

limitations in genomic epidemiology have been the lack of a universal classification scheme and

a comprehensive database; however, this is no longer the case in the genomic era as sequencing

technology is becoming increasingly more accessible (8). A genomic approach, as shown here, is

able to produce accurate predictions of potential origins of outbreaks and provides us with

sufficient resolution to accurately track the spread of the disease. Therefore, genomic analysis

should be the first step in any epidemiological study as not only will it help guide subsequent

analyses and investigations, but consistently sequencing new genomes will also help expand and

refine the current global *V. cholerae* genome database.

Increased resolution for the history of cholera in Mozambique: comparing cgMLST to

MLVA

The 7th pandemic reached Africa in 1970 and cholera appeared in Mozambique at roughly the

same time (57). Since its introduction, cholera has been endemic in that country and has

continued to cause multiple outbreaks (23). A popular tool for outbreak investigation is MLVA

(32, 38), which was recently used to study *V. cholerae* strains collected in Mozambique over

multiple years (23). MLVA is a subspecies typing method similar to MLST in concept; however,

it utilizes VNTRs instead of using gene sequences. As VNTR mutates at a faster rate than

conserved genes, it has been shown that MLVA provides greater resolution than MLST for some

species (32, 33). To establish a direct comparison between our cgMLST scheme and this MLVA

scheme, we examined the MSTs created by both methods focusing only on shared isolates (Fig.

7A and 7B). The MLVA identified 26 profiles forming two clonal complexes (CCs) and four

singletons (Fig. 7A) (23). A similar population structure is seen with the cgMLST analysis (Fig.

7B), including the four singletons identified in the MLVA. The central node in the cgMLST

MST consists mostly of isolates with MLVA profile '8,4,6,18,21' similar to the central node in

the MLVA MST (23). The two CCs identified in the MLVA MST are also identified in the

cgMLST MST with the smaller CC2 being at least four allelic differences away from the larger

CC1.

Although there are a few MLVA types that were grouped into a single cgST, such as

cgST1 and cgST114, indicating that cgMLST was unable to resolve the differences in these

MLVA types, there are many MLVA types such as profile '2,4,6,18,21', profile '7,4,6,16,22',

profile '9,4,6,18,24', and profile '8,4,6,18,22' that were split into multiple cgSTs. Overall there

are 48 cgSTs as opposed to only 26 MLVA types, showing that cgMLST provides better

resolution overall than MLVA. The cgMLST analysis overlaid with isolation dates shows that

the Mozambique *V. cholerae* strains are highly clonal and strains from the same cgST can cause

outbreaks over multiple years (e.g., cgST114 and cgST94) (Fig. 7C), which corroborates the

claim made in the initial MLVA study that the same MLVA type can be seen over multiple years

(23). In addition to increased resolution, cgMLST also produces more reliable and reproducible

results than MLVA, as it eliminates errors associated with the detection of VNTR regions using

PCR or sequencing-based methods. For the same reason that MLST is less affected by

convergent evolution compared to MLVA (35), cgMLST is also less affected by convergent

evolution.

Standardizing the genotypes responsible for the Haiti 2010 cholera outbreak: comparing

cgMLST and SNP-based analyses

One of the largest cholera outbreaks in modern history occurred in Haiti following the

devastating earthquake in 2010 (8, 71). Prior to this outbreak, there were no documented cholera

cases in Haiti (14, 18). Since the initial introduction, *V. cholerae* now remains endemic in Haiti

and is responsible for thousands of cholera cases annually (71). Multiple studies have strongly

suggested that the Haitian strains were in fact imported from Nepal (by the UN Nepalese troops)

and the outbreak occurred as a result of both inappropriate sanitary practice and the lack of

screening of the UN troops upon their arrival in Haiti (8, 15, 16, 71).

A SNP-based approach was used to study the evolutionary dynamics of *V. cholerae* in

Haiti (14). This technique relies on the identification of SNPs in draft or closed genomes. The

primary benefit of this method is that assembly and annotation are not required. It is also capable

of resolving closely related strains using whole genome data. However, SNP-based methods are

highly influenced by recombination events (43, 44) and quality filter parameters chosen (72).

To establish a direct comparison between the cgMLST scheme and SNP-based analysis,

we focused on MSTs of only the Haitian outbreak isolates (Fig. 8). All Haitian isolates are

closely related according to the cgMLST scheme, sharing at most four allelic differences with

each other (Fig. 8A). The Haitian and Nepalese isolates, therefore, also belong to the same

sublineage (SL6) which is consistent with the fact that these isolates belong to the same MLST

ST (either ST1 or ST69 based on the 2016 or 2013 MLST scheme, respectively (20, 21)) (Table

S1). The overall population structure is similar between the two methods where we have SNP

ST1 as the center of the MST with ST2 and ST3 extending from that likely ancestral genotype

(Fig. 8). SNP ST1, ST2, and ST3 can be split into 11, 2, and 3 different cgSTs, respectively (Fig.

8A). There is only one case, that of cgST66, where it contains isolates from both SNP ST1 and

ST3. Overall, cgMLST was able to differentiate 39% of the isolates while the SNP-based

analysis differentiated 35%, showing comparable level of resolution. As expected, both the

cgMLST and the SNP-based analyses showed that the Haiti outbreak is highly clonal where most

isolates belong to the same cgST or SNP ST (14). However, one important advantage of

cgMLST over SNP-based analysis is that the former can be easily standardized because it relies

on a predefined set of core genes. Based on these standardized genes, a systematic nomenclature

system can be established. This makes cgMLST more suitable than the SNP-based method as a

universally applicable classification system for epidemiological studies and research worldwide.

Environmental isolates differ from clinical strains by their diversity and their associations

with specific geographical locations

To look at the geographic signal of *V. cholerae*, we eliminated all clinical isolates and those that

belong to the PG lineage (18, 19). This is because the geographic signal of clinical strains can be

skewed, as pathogenic strains can travel long distances in a short period of time through

association with human hosts. The geographical analysis was therefore performed only with

environmental isolates.

Along with all the publicly available environmental strains that are not part of the PG

lineage, there are a total of 195 isolates spanning 9 countries. After grouping the isolates at the

sublineage level (i.e., each cluster have at most 133 allelic differences), it could be noted that all

isolates from the same sublineage also shared a country of origin, with the exception of strains

692-79 and 857 (Fig. 9), which are from the USA and Bangladesh, respectively. Phylogenetic

analysis shows these isolates to be closely related to strain A215, a clinical isolate from the USA

(Fig. 4). All three strains contain the *toxR* gene, a toxin transcriptional regulator common in

pathogenic *V. cholerae* (73), as well as genes encoding for the Mannose-sensitive hemagglutinin

pilus, the RTX toxin, and hemolysin (*hlyA*), all of which are putative virulence factors for this

species. In addition, strains A215 and 857 also harbor the zona occludens toxin gene. Similar

toxin gene contents among these three isolates and close phylogenetic relationships suggest that

strains 692-79 and 857 may also be potentially pathogenic and capable of surviving inside a

human host. This provides evidence that although clinical isolates can spread across the world

rapidly and closely related isolates can be from very different parts of the world, environmental

isolates from the same geographic origin share an affinity among each other at least at the

sublineage level. It is important to note that our current dataset contains a relatively small

number of environmental isolates that are not part of the PG lineage. Therefore, this distinct

distribution pattern based on geographic origin may be a result of currently insufficient sampling

of environmental *V. cholerae* worldwide. With large-scale environmental sampling, it will be

possible to determine with greater accuracy the evolutionary rate and distribution pattern of *V.*

cholerae in the environment using cgMLST. In addition, this method will become an invaluable

tool in dealing with these large datasets, as it provides an efficient and standardized method of

classification.

Conclusion

With an extensive collection of over 1,200 *V. cholerae* isolates, we developed a cgMLST scheme

based on 2,443 core genes. We established a sublineage-level definition based on 133 allelic

differences as part of our standardized classification scheme. It was determined by comparisons

with previous MLST schemes that the cgMLST sublineage classification can be used as a proxy

for traditional MLST. Additionally, the universality and applicability of the scheme have been

tested by looking at various cholera outbreak cases. We determined an outbreak threshold based

on seven allelic differences that groups isolates from the same outbreak together with strains

from the potential source of introduction. This threshold creates clusters that are consistent with

known epidemiological data when applied to the Haiti and Yemen cholera outbreaks, two of the

best-documented cholera outbreaks in modern history. Also, we were able to confirm the South

Asian origin of modern cholera outbreaks. Furthermore, although current sampling is limited, a

geographic signal at the sublineage level not seen in clinical strains could be identified among

environmental isolates that are not part of the PG lineage (18, 19). Lastly, this scheme is fully

implemented on PubMLST (https://pubmlst.org/vcholerae/) for public access. All newly

available genomes uploaded to PubMLST will be annotated automatically and a cgST

designation will be assigned to isolates with less than 100 missing loci. Relevant epidemiological

data and the variety of analytical and visualization tools are all integrated on PubMLST,

allowing for a quick analysis of any newly sequenced genome in a global context. This scheme

will be an important tool for future large-scale epidemiological and biogeographical research.

MATERIALS AND METHODS

Dataset description

On November 6th 2018, 1,172 *V. cholerae* genomes consisting of 800 draft and complete

genomes and 372 sequence read archives (SRAs), available from both publicly available

database and private collection, were selected as our dataset. One hundred sixteen SRAs from a

recent study on the Yemen cholera outbreak (9) were subsequently added as an independent

evaluation of the cgMLST scheme (Table S3). The 488 SRAs were assembled using skesa (74)

or the CLC Genomics Workbench 7 (QIAGEN) using default parameters. This total dataset of

1,288 included twenty-six genomes with less than 90% of the core genes, which were identified

using USearch (75) based on RAST (76) annotations. These 26 genomes were removed from

subsequent analyses resulting in a final dataset of 1,262 genomes collected from 52 countries and

spanning 82 years from 1937 to 2018 (Table S1). These include a historical collection from the

6th cholera pandemic, clinical isolates from outbreaks in various countries (e.g., Bangladesh,

India, Haiti, Yemen, the Democratic Republic of Congo, and Russia), and environmental isolates

from different parts of the world (e.g., Bangladesh, Haiti, USA, Mexico, Brazil, etc.).

Gene identification and allele assignments

Instead of using the full dataset of 1,288 genomes, we selected a subset of high-quality genomes

because core gene identification is highly dependent on the initial dataset and the inclusion of

poorly assembled and/or sequenced data will reduce the number of core genes identified (49).

Firstly, 800 already assembled draft or complete genomes were selected for core gene

identification. Low-quality assemblies were then eliminated by removing genomes with less than

40× coverage and/or N50 values less than 40 kb. From a previously established cgMLST scheme

for *L. monocytogenes*, 40× coverage and 20 kb N50 value were used as cutoff thresholds, as

genomes that do not meet these criteria resulted in a low proportion of loci being called (49). The

40× coverage cutoff was adopted for this study; however, because the average *V. cholerae*

genome size (~ 4 Mb) is larger than the average *L. monocytogenes* genome (~ 3 Mb), 40 kb was

instead selected as the N50 cutoff. The use of these cutoffs resulted in the removal of 82

genomes.

The remaining 718 genomes were annotated using RAST (76) and USearch (75), and a

tentative set of core genes that were on average present in 99% of the genomes were selected. An

additional 13 genomes were removed, as they lacked more than 90% for the core genes, leaving

us with a dataset of 705 high-quality genomes (Table S4). However, an additional 26 genomes

were subsequently removed for the core gene analysis as it has been previously suggested that

they form a highly divergent lineage within the *V. cholerae* (77–79), ensuring that the dataset

used for core gene identification consists only of unambiguously *V. cholerae* isolates (also as

verified by average nucleotide identity (80) and digital DNA–DNA hybridization (81) between

genomes (77–79)). Completeness and potential contamination of all remaining 679 genomes

were also independently evaluated by checkM, which estimates these values based on the

presence and number of copies of a set of pre-defined single copy marker genes (82) (Table S5).

All genomes were, according to the criteria established by checkM, nearly complete (≥97%) with

medium to low levels of contamination (<7%) (82).

Each orthologous gene was compared against the *V. cholerae* N16961 reference genome

using BLASTN (83) to determine gene function. Any gene family with no homolog in N16961

or classified as pseudogenes on the NCBI GenBank database were removed, meaning N16961

was 100% complete for the cgMLST scheme. Any gene that was present in more than one copy

in any of the initial 679 genomes was also removed, as they were considered paralogous. Thus,

in this context, core genes are defined as being present in at least 90% of the 679 high-quality

assembled genomes in a single copy. By choosing a relaxed cutoff of 90% completeness, we

accounted for missing genes due to sequencing, annotation, or assembly errors while ensuring

there is sufficient resolution to differentiate between closely related strains, with at least 2,199

loci remaining for classification purposes. The final cgMLST scheme utilizes a set of 2,443

single-copy core gene loci, which is 2,425,296 bp in size and covering approximately 61% of the

genome. The list of core genes is available on PubMLST (https://pubmlst.org/vcholerae/).

Automated scripts in BIGSdb (84) were used to perform allele calls and assignments for

all 1,262 isolates (Table S1). Allele calls were made only for complete coding sequences with a

minimum of 70% similarity and 70% length coverage at the nucleotide level, as previously

described (49). Default settings were used for all other parameters.

Core genome sequence type (cgST) assignment

cgST, which was defined as a unique combination of alleles of all loci included in the scheme,

was assigned for all isolates, excluding those from the Yemen outbreak study (8), with an in-

house script, as previously described (85). Briefly, missing loci were replaced with the most

common allele when assigning cgSTs, allowing for a conservative estimate of diversity (85). The

116 isolates from the Yemen cholera outbreak study (9) were annotated automatically by

uploading them to PubMLST. PubMLST treated missing alleles as 'N'. cgSTs were assigned to

each allele profile, treating 'N' as a regular allele designation. However, different from typical

allele designations, 'N's can represent any allelic sequence; therefore, some isolates may contain

multiple cgST designations, all of which are possibly true cgSTs. For isolates with more than one

cgST suggested by PubMLST, postprocessing was done using an in-house script to identify the

most likely cgST, which was determined by assuming missing loci contained the most common

allele (Table S2). It is expected that as genome sequencing becomes more reliable, higher quality

genomes will be available and any missing data can be updated as needed.

MLST scheme and sequence type (ST) assignments

Two MLST schemes developed for *V. cholerae* were mapped to this cgMLST scheme. The first MLST scheme developed in 2013 by Octavia and colleagues (20) was used to study the global population structure of non-O1/non-O139 *V. cholerae* and is currently hosted on PubMLST. All isolates uploaded to PubMLST were automatically annotated with this scheme. Any missing data in this scheme was ignored and no ST designation was assigned. The second MLST scheme developed in 2016 by Kirchberger and colleagues (21) was used to study the population structure of environmental *V. cholerae* in a region on the US East Coast. The second MLST scheme is not currently hosted on PubMLST, but because the housekeeping genes in this scheme are also found in the cgMLST scheme, a similar in-house script used in cgST assignments was used to assign ST designations. Therefore, all isolates in this study were assigned three designations when possible – two ST designations based on the two previously established MLST schemes (20, 21) and one cgST designation based on the cgMLST scheme from this study.

Outbreak and sublineage clustering thresholds

A clustering threshold was defined as the maximum number of allelic differences found within a cluster. All clusters were produced based on the single-linkage clustering method, which meant an isolate belonged to a cluster if it linked with any isolate within that cluster. Two metrics were used as general guidelines for determining clustering thresholds. The first metric used was the Dunn Index (DI), which measured clustering efficiencies (60). Briefly, the DI was highest for a network (i.e., the network has the best clustering efficiency) when the intra-cluster distances were minimized, and the inter-cluster distances were maximized. Since isolate distances were measured based on allelic differences, a high DI resulted in clusters where isolates were more

closely related to those found within the same cluster than those found in a different cluster. The

DI was calculated using the R packages 'clvalid' and 'boot' with 100 bootstrap replicates for

each threshold and graphed using the R package 'ggplot2' (86–89).

The second metric used was the Adjusted Rand Index (ARI), which measured the level of

similarity between two networks when clustering the same set of isolates by measuring the

amount of agreements (i.e., the number of pairs that were grouped either as being in the same

cluster or different cluster in both networks) and disagreements (i.e., the number of pairs that

were grouped together in one network but grouped separately in another) (62). The values ranged

from -1 (i.e., two networks are exactly opposite) to 1 (i.e., two networks are identical). ARI was

used to determine the level of similarity between various clustering thresholds and the MLST

schemes. ARI was calculated using the R package 'clues' and graphed using 'ggplot2' (87, 89,

90).

Minimum spanning tree (MST)

All MSTs, unless otherwise specified, were constructed using GrapeTree MSTv2 (91). Loci with

missing data were included in the profile as "–". GrapeTree provided a novel algorithm that

accounted for missing data when constructing an MST, an important feature since missing data is

common in whole and core genome-based analyses. GrapeTree is currently integrated within

PubMLST, which allows for quick visualization of the dataset with any provenance data.

Phylogenetic analysis

Parsnp v1.2 (92) was used to reconstruct the phylogenetic tree using *V. cholerae* N16961 as the

reference genome. The -x flag was used to enable filtering of SNPs in recombinogenic regions as

identified by PhiPack (93). Default settings were used for all other parameters. The phylogenetic

tree included 1,146 genomes (all genomes except for the 116 isolates from the recent Yemen

cholera outbreak study (9)). Since all isolates sequenced for the latter study belonged to the 7th

pandemic El Tor lineage, it would have had limited impact on the overall structure of the tree.

The phylogeny was visualized and annotated using iTOL (94).

Biogeographical analysis of environmental isolates

All environmental isolates that were not part of the PG lineage (18, 19) were first clustered based

on the sublineage threshold using the python package 'networkX' (95). Missing alleles were

replaced with the most common allelic designation when calculating pairwise differences to

establish a more conservative estimate of diversity. The network was then visualized using

Cytoscape (96).

Data availability

All previously sequenced *V. cholerae* genomes and the additional 65 genomes sequenced in this

study are available on the NCBI GenBank database. Table S6 lists all the accession numbers for

all the genomes used in this study. In addition, all genome sequences, allelic profiles, cgST

designations, ST designations, and relevant epidemiological data are publicly available on

PubMLST (https://pubmlst.org/vcholerae/).

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KYHL, FDO, and YFB conceived the experiments. KYHL, FDO, and MTI performed all data

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 FIGURE LEGENDS

Fig. 1. Pairwise allelic differences for all isolates used in this study. Both plots show the

frequency of allelic mismatches in pairwise comparisons. A) Pairwise comparisons of up to

2,443 allelic differences are shown. Major peaks are shaded. B) Comparisons with up to 500

allelic differences are shown. Pairwise comparisons of only clinical isolates are shown in red.

Vertical lines indicate the outbreak threshold (red) and sublineage threshold (blue).

Fig. 2. Plot showing the Dunn Index for clustering thresholds ranging from 1 to 1,000 allelic

differences. Each clustering threshold is bootstrapped 100 times. The median, plotted with the

light blue shade, indicates the 25th to 75th percentile range. Red and blue vertical lines indicate

the outbreak and sublineage thresholds, respectively. The dotted lines represent other clustering

thresholds used in the Adjusted Rand Index calculations (Fig. 3B and Fig. S3).

Fig. 3. Evaluation of network similarities between the cgMLST sublineage threshold and MLST

ST. A) Networks of all sublineages identified using only *V. cholerae* isolates from Bangladesh (*n*

= 255). Each cluster represents a sublineage and includes isolates with less than or equal to 133

allelic differences with each other. Each node represents a cgST and is colored by sequence type

based on the 2016 MLST scheme (21). Size of the nodes are proportional to the number of

isolates. The length of the connecting lines within a cluster is proportional to the number of

allelic differences. B) Adjusted Rand Index for individual pairwise comparisons between

predefined clustering thresholds (Fig. 2) and the 2016 MLST scheme (21). The sublineage

clustering threshold (i.e., 133 allelic differences) and outbreak threshold (i.e., 7 allelic

differences) are indicated in blue and red bars, respectively.

Fig. 4. Phylogenetic tree of 1,146 *V. cholerae* isolates (excluding the 116 isolates from the

Yemen cholera outbreak) reconstructed using Parsnp v1.2 (92). All group inside the PG lineage

(7th pandemic El Tor, El Tor progenitor, El Tor sister, Classical, and Classical sister) are

collapsed. Outer rings represents clustering by sequence type based on the 2016 MLST scheme

by Kirchberger and colleagues (21), whereas the inner ring represents clustering based on the

sublineage threshold (i.e., 133 allelic differences). Branches of clinical strains are colored in red.

The phylogenetic tree is rooted with a basal lineage to *V. cholerae* (collapsed) (77, 78).

Fig. 5. Minimum spanning trees isolated when the outbreak threshold was applied to the

complete dataset of 1,262 isolates. A) All isolates that clustered together with the Haiti (dark

blue) and Yemen (light blue) isolates based on the clustering threshold of seven allelic

differences. B) All isolates that clustered with the Mozambique isolates (dark blue) based on the

clustering threshold of seven allelic differences. Additional Mozambique isolates that are not

part of the same outbreak cluster are also shown. Three isolates, two from Zimbabwe (green) and

one from the USA (orange), are connected as they share seven or fewer allelic differences with

the Mozambique isolates. In both panels, the size of the nodes is proportional to the number of

isolates. Length of the lines is proportional to the number of allelic differences and all

connections have less than or equal to seven allelic differences.

Fig. 6. cgMLST MST of all Yemen isolates and representative 7th pandemic El Tor strains. All

isolates connected by dotted lines share eight or more allelic differences (not drawn to scale). All

isolates connected with solid lines share seven or fewer allelic differences (i.e., they belong to

the same outbreak cluster; drawn to scale). Each node represents a cgST that is colored by year

of collection. The outbreak clusters are shaded by country.

Fig. 7. Comparison between cgMLST and MLVA with a focus on the Mozambique isolates. A)

Population structure of pandemic *V. cholerae* in Mozambique based on MLVA profiles by

Garrine and colleagues (23). MST of the Mozambique isolates based on the cgMLST scheme

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proportional to the number of isolates. The length of the lines is proportional to the number of

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Fig. 8. Comparison between cgMLST and SNP-based analysis with a focus on the Haiti outbreak

and related isolates. A) MST of isolates from the 2010 cholera outbreak in Haiti. All lines

indicate connections of four or fewer allelic differences. Each node represents a cgST which is

colored by year of isolation. Background shading represent ST designations based on 45 high-

quality SNPs by Katz and colleagues (14). Note that cgST66 contains a mix of color as it

contains both ST1 and ST3. Any isolate from countries other than Haiti is indicated. The length

of the lines is proportional to the number of allelic differences. B) MST constructed from whole

genome SNP data (14). The length of the lines indicates the number of nucleotide substitutions.

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Fig. 9. Sublineage clusters of non-clinical environmental isolates that are not part of the PG

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connections have less than or equal to seven allelic differences.

Scale
○ 1 isolate
— 7 allelic differences

Country of origin
Yemen
Kenya
India

Year
2017 [43]
2015 [22]
2007 [18]
2016 [15]
2014 [9]
2010 [8]
2012 [7]
2005 [6]
2013 [6]
1991 [5]
2011 [5]
2004 [3]
2009 [3]
1977 [2]
1979 [2]
1985 [2]
2001 [2]
2006 [2]
1937 [1]
1938 [1]
1954 [1]
1957 [1]
1966 [1]
1971 [1]
1973 [1]
1974 [1]
1975 [1]
1980 [1]
1989 [1]
1992 [1]
1995 [1]
2002 [1]
2003 [1]

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Country of origin
- ■ Bangladesh [65]
- ■ Brazil [4]
- ■ Haiti [23]
- ■ India [1]
- ■ Mexico [1]
- ■ Russia [4]
- ■ South Korea [1]
- ■ Sweden [2]
- ■ USA [93]
- ■ Unknown [1]

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