

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

**Genetic diversity, haplotype analysis, and risk factor assessment of hepatitis
a virus (HAV) isolates from the West Bank, Palestine during the period
between 2014 and 2016**

Kamal Dumaidi^{1*}, Hayah Qaraqe⁴, Amer Al-Jawabreh^{1,2}, Rasmi Abu-Helu³, Fekri Samarah¹,
Hanan Al-Jawabreh²

¹Department of Medical Laboratory sciences, Faculty of Allied Health Sciences, Arab
American University, Palestine

² Leishmaniases Research Unit, Jericho, Palestine

³Department of Medical Laboratory Sciences, Faculty of Health Professions, Al-Quds
University, Palestine

⁴Ramallah primary health care, Palestinian Ministry of health

* Corresponding author

E-mail: Kamal.dumaidi@aaup.edu

26

27

28

29 **Abstract:**

30 **Background:** HAV genotypes and its genetic diversity is rarely investigated in our region as well
31 as worldwide. **Aims:** the aims of the present study were to determine the HAV genotypes and its
32 risk factors and to investigate the genetic diversity of the HAV isolates in the West bank, Palestine.

33 **Study design:** a cohort of 161 clinically and laboratory confirmed HAV (IgM-positive) cases and
34 170 IgM negative individuals from all the districts of the West Bank, Palestine during the period
35 of 2014-2016 were tested for VP3/VP1 junction of the HAV genome using RT-PCR and sequence
36 analysis. Phylogenetic analysis, genetic diversity and haplotypes analysis were used to characterize
37 the VP3/VP1 sequences.

38 **Results:** Overall, all the 34 sequences of the HAV was found to be HAV-IB sub-genotype. The
39 phylogenetic analysis showed four main clusters with cluster III exclusively consisting of 18
40 Palestinian isolates (18/23-78%) with weak bootstrap values. A high haplotype diversity (H_d) and
41 low nucleotide diversity (π) were observed. Cluster III showed high number of haplotypes ($h=8$),
42 but low haplotype (gene) diversity ($H_d=0.69$). A total of 28 active haplotypes with some consisting
43 of more than one sequence were observed using haplotype network analysis. The Palestinian
44 haplotypes are characterized by closely related viral haplotypes with one SNV away from each
45 other which ran parallel to cluster III in the phylogenetic tree. A smaller Palestinian haplotype (4
46 isolates) was three SNVs away from the major haplotype cluster ($n=10$) and closer to haplotypes
47 from Iran, Spain, and South Africa. Young age, low level of parent's education, poor hand

48 washing and drinking of un-treated water was considered the major HAV risk factors in the present
49 study.

50 Conclusion: HAV-IB subgenotype is endemic in Palestine. HAV showed low genetic variation and
51 nucleotide diversity. Furthermore, haplotype network analysis revealed haplotype variation among
52 the Palestinian sequences.

53

54 Keywords: Hepatitis A virus, HAV, Hepatitis, Phylogenetic analysis, genetic diversity,

55 Haplotype analysis, Palestine

56

57

58

59

60

61

62

63

64

65

66

67

68

69 **Introduction:**

70 Hepatitis A virus (HAV) is “a nonenveloped RNA virus belonging to the family Picornaviridae,
71 genus Hepatovirus”. HAV is one of the major causes of acute hepatitis worldwide and contributes
72 to substantial morbidity in both developed and developing countries. Based on HAV genome
73 sequences, human HAV have been classified into three genotypes, HAV I, II, III and sub-divided
74 into 6 sub-genotypes (IA, IB, IIA, IIB, IIIA, IIIB) [1].

75

76 Worldwide, the incidence rate of the HAV infection is underestimated due to the clinical
77 presentations of this disease, since infection at early childhood is largely passed asymptomatic
78 and/or has mild forms [2]. Recent data showed that the global incidence of HAV is 1.9% with an
79 estimate of 119 million cases of HAV infection [3, 4]. Approximately, 1.4 million new cases of
80 HAV reported each year with up to 22% of the cases being hospitalized [5]. Palestine (West Bank,
81 and Gaza Strip) was classified as an area of very highly endemic area [6]. The Palestinian official
82 figures put the HAV infection incidence rate as high as 9.5-85 per 100,000 during the period
83 between 2000 and 2018 [7]. Actual incidence rate is thought to be higher due to underreporting
84 and asymptomatic cases.

85

86 HAV is transmitted mainly by the fecal-oral route and mainly through drinking and consumption
87 of contaminated water and food and to a lesser extend from person to person or via blood
88 transfusion [8-10]. Poor hygiene and sanitation practice reported as the major risk factors for HAV
89 infection, particularly in low and middle-income countries [11].

90

91 The World Health Organization (WHO) classified the HAV endemicity based on anti-HAV IgG
92 antibodies as follows: high ($\geq 90\%$ IgG seroprevalence by 10 years of age), intermediate ($\geq 50\%$
93 IgG seroprevalence by 15 years of age, $< 90\%$ IgG seroprevalence by 10 years of age), and low (\geq
94 50% IgG seroprevalence by 30 years of age, $< 50\%$ IgG seroprevalence by 15 years of age) [12].

95
96 The viral infection is characterized by asymptomatic or mild in children at early age of life. On the
97 contrary, adult infections are more frequently occurring with symptoms. In high endemic regions,
98 HAV infection is acquired in early age of childhood and most adult is positive for anti-HAV IgG
99 with a life-long immunity, whereas, in low endemic countries, most adult population is susceptible
100 to infection[3]

101 A recent review investigated and analyzed data based on anti-HAV seroprevalence in the Middle
102 East and North Africa (MENA) countries reported a gradual shift in the age of HAV infection
103 from early childhood to late child and adult-hood and indicating a shift towards intermediate
104 endemicity in these countries in general [6]. However, based on only one orphan, old study conduct
105 in Gaza between 1995 and 2001, Palestine is still considered a high endemic country. Therefore,
106 no solid conclusion has been made regarding the current endemicity levels of HAV and vaccine
107 recommendations in Palestine [13]

108 The aims of this study were to determine the HAV genotypes, the risk factors associated with HAV
109 infections and to visualize the genealogical relationship between intraspecific HAV individual
110 genotypes at the population level and exploring the genetic diversity between the HAV sequences.

111

112

113

114

115 **Materials and methods:**

116 **Study sample:**

117 This case-control, cross-sectional study design, comprised of 161 clinically and laboratory
118 confirmed HAV (IgM-positive) cases and 170 apparently healthy controls from all the districts of
119 the West Bank, Palestine during the period of 2014-2016. A special questionnaire was used to
120 collect demographic and medical data including age, sex, residence, education, working status,
121 housing details, toilet facilities (flush vs. pit), drinking water sources (pipe-public net sources vs.
122 collected well or local spring), available used sewage systems (public net system vs. holes),
123 income, educational level of parents, and other socio-economic data. The study was approved by
124 the Palestinian Ministry of Health under the reference number 145/1541/2014. Verbal informed
125 consent was obtained from all patients or their guardians in case of minors. The data was analyzed
126 anonymously.

127

128 **Serological assays:**

129 All serum samples of both the HAV cases and the healthy subjects were tested for HAV IgM
130 antibodies at the Central Public Health Laboratories, Palestinian Ministry of Health using
131 commercially IgM capture ELISA (Architect, Abbot-USA, ELISA) with a sensitivity and
132 specificity of >99% according to the manufacturer's instructions.

133

134

135

136

137 **Molecular assays:**

138 **Extraction of viral RNA:**

139 The HAV viral genome was extracted from 200µl of serum samples, using a QIAamp Mini Elute
140 Virus spin kit for the viral RNA/DNA extraction (QIAGEN, Germany) according to the
141 manufacturer's instructions, and kept at -20C until testing.

142 **Reverse transcriptase-polymerase chain reaction (RT-PCR):**

143 The HAV genomes of 136 serum samples from IgM- positive patients were amplified using two
144 primers targeting the VP3/VP1 region of the viral genome as described previously by Lee *et al.*,
145 (2012) [14]. Briefly, the synthesis of the cDNA and the RT-PCR was carried out in 25µl reaction
146 mixture containing 4µl viral RNA extraction, 10U Reverse transcriptase (AMV), 10pmol of each
147 the forward and the reverse primers: (HAV1; 5' - GCTCCTCTTTATCATGCTATGGAT-3' and
148 rHAV2; 5'-CAGGAAATGTCTCAGGTACTTTC-3') and 12.5µl of PCR Reddy master mix
149 (Thermo Scientific). PCR products (6µl) were loaded onto a 2% agarose gel, electrophoresed, and
150 stained with ethidium bromide for band visualization at an expected length of 244bp using the Gel
151 Doc System 2000 (Bio-Rad Laboratories-Segarate, Milan, Italy). Of the 136 PCR-positive sample,
152 34 representative PCR amplicons were selected randomly for sequence analysis. The PCR
153 amplicons of the 34 samples were purified and sequenced. The HAV identity search was conducted
154 using GenBank Basic Local Alignment Search Tool (BLAST)
155 <http://www.ncbi.nlm.nih.gov/BLAST/Blast.cgi>.

156

157 **Genetic diversity analysis**

158 The 23 sequences generated by the study and the 28 sequences retrieved from the Genbank were
159 aligned using the MEGA version X [15]. Maximum likelihood phylogenetic tree with 1000
160 iterations for bootstrapping was constructed using MEGA version X.

161 Population nucleotide diversity indices such as nucleotide diversity per site (π), average number
162 of nucleotide differences (k), mean genetic diversity (H_d), genetic differentiation parameters (F_{st}
163 and N_m) and neutrality tests including Tajima's D and Fu Li's F test were calculated using DnaSP
164 ver. 6.12.03 [16]. The PopArt 1.7 [17] was used to construct a median-joining haplotype network
165 analysis based on country of source of viral genomes to estimate relationship between haplotypes
166 using nexus input files produced by DnaSP version 6.12.03. Haplotype network analysis was
167 colored and edited using a free open-source vector graphics editor called Inkscape 1.0
168 (www.inkscape.org). The haplotype analysis was double checked by reconstructing the median
169 joining tree using Network 10 (<https://www.fluxusengineering.com/>) with RDP input file
170 generated by DnaSP ver. 6.12.03 and default parameters of the software including epsilon value
171 of zero and the connection cost method of Röhl for genetic distance calculation [17]. Greedy FHP
172 method for the genetic distance calculation was also used [18].

173 **Risk assessment analysis**

174 The EpiInfo, a free CDC statistical package, was used to analyze data. Odds ratio, 95% confidence
175 interval, and Fisher's exact test were used to assess the risk factors of HAV infection. P-value was
176 considered significant when less than 0.05.

177

178

179 **Results**

180 **Characteristics of study population**

181 A total of 331 individuals were included in the study with a median age of 15 years and a 1:1
182 female-to-male ratio. The HAV case group were from all 11 Palestinian districts in the West Bank-
183 Palestine with 35% (56/161) from the Al-Khalil district. All the 34 sequenced samples were shown
184 to be of HAV-IB genotype. Twenty-three sequences were deposited in the gene Bank (Table 1)

185

186 Table 1. Demographic data of the sequenced HAV patient samples

Accession No.	Sample code/year of isolation	genotype	Age (yr)	District
MN744241	1B/Pal-2014	HAV-IB	28	Bethlehem
MN744242	11B/Pal-2014	HAV-IB	15	Bethlehem
MN744243	104S/Pal-2016	HAV-IB	6	Salfit
MN744244	41K/Pal-2015	HAV-IB	14	Al-Khalil
MN744245	44Q/Pal-2015	HAV-IB	14	Qalqilia
MN744246	46N/Pal-2015	HAV-IB	25	Nablus
MN744247	73B/Pal-2015	HAV-IB	2	Bethlehem
MN744248	75B/Pal-2015	HAV-IB	16	Bethlehem
MN744249	86K/Pal-2016	HAV-IB	7	Al-Khalil
MN744250	98T/Pal-2016	HAV-IB	9	Tulkarem
MN744251	6B/Pal-2016	HAV-IB	8	Bethlehem
MN744252	8K/Pal-2014	HAV-IB	6	Al-Khalil
MN744253	16K/Pal-2015	HAV-IB	4	Al-Khalil
MN744254	25K/Pal-2016	HAV-IB	7	Al-Khalil
MN744255	26K/Pal-2016	HAV-IB	8	Al-Khalil
MN744256	32K/Pal-2016	HAV-IB	8	Al-Khalil
MN744257	33K/Pal-2016	HAV-IB	13	Al-Khalil
MN744258	44Q/Pal-2016	HAV-IB	14	Qalqilia
MN744259	60R/Pal-2016	HAV-IB	19	Ramallah
MN744260	66K/Pal-2016	HAV-IB	8	Al-Khalil
MN744261	88K/Pal-2016	HAV-IB	12	Al-Khalil
MN744262	89N/Pal-2016	HAV-IB	5	Al-Khalil
MN744263	69T/Pal-2015	HAV-IB	21	Tulkarem

187

188

189

190 **Phylogenetic analysis**

191 Phylogenetic tree of the VP3/ VP1 junction region of HAV genome was conducted using the 23
192 HAV sequences from strains isolated from Palestinian patients along with 28 sequences retrieved
193 from the Genbank. The phylogenetic tree showed four main clusters with cluster III exclusively
194 consisting of 18 Palestinian isolates. Cluster I consisted of 12 strains, of which four were isolated
195 in Palestine (Figure 1). However, the four clusters were weakly supported by bootstrap values (Fig
196 1).

Figure 1. Consensus Maximum Likelihood phylogenetic tree (1000 replicates) based on VP3/VP1 region. The percentage of trees in which the associated taxa clustered together is shown next to the branches. The branch labels in red represent the study sequences, while the black labels represent the sequences retrieved from the gene bank. The different color branches depict different clades. The tree is drawn to scale, with branch lengths measured in the number of substitutions per site. This analysis involved 51 nucleotide sequences conducted in n MEGA X [15, 19].

197 **Genetic differentiation and Diversity**

198 Population nucleotide diversity indices and neutrality tests were calculated for the VP3/VP1
199 junction region of the HAV genome, based on phylogenetic clusters (Tables 2 and 3). A high
200 haplotype diversity (H_d) and low nucleotide diversity (π) were observed (Table 2). The total
201 haplotype (gene) diversity (H_d) for the 23 HAV sequences from Palestine and 28 from the
202 Genbank was 0.93 ± 0.07 . At the same time, the total nucleotide diversity per site (π) was $0.01 \pm$

203 0.002, confirming low genetic diversity in the HAV study bulk. The average number of nucleotide
 204 differences between any two sequences (k) was 1.7 which is very low. The DnaSP ver. 6.12.03
 205 estimated the total number of haplotypes for the four probable cluster at 24 with highest in cluster
 206 I (h=9) (Table 2). Cluster III is composed of 18 isolates, exclusively Palestinian isolates, while
 207 one third of cluster I was from Palestine. The Palestinian cluster (III) showed high number of
 208 haplotypes (h=8), but lowest haplotype-to-sequence (h:n) ratio (0.4:1), compared to the other
 209 clusters and lowest haplotype (gene) diversity (Hd=0.69). Haplotype diversity (H_d), and number
 210 of segregating (polymorphic) sites (S) were highest in cluster I which included Palestinian strains
 211 (4/12) along with those from other countries (Figure 1); confirming the highest level of genetic
 212 diversity between all probable clusters. Nucleotide diversity (π) is equally low in all clusters (0.01±
 213 0.002). The average number of nucleotide differences (k) is also equal in all clusters except cluster
 214 I. Tajima's D and Fu-Li's F tests were negative for cluster I, II, and III. The negative values of
 215 Tajima's D and Fu-Li's, though not statistically different from neutral expectations supported the
 216 low population differentiation. Cluster I and III had relatively the highest negative values for
 217 Tajima's D and Fu'Li's F statistics. However, it did not depart significantly from neutrality
 218 (P>0.01) (Table 2). Cluster IV recorded a positive Tajima's D value (0.17), but showing no
 219 statistically significant departure from neutrality (P>0.01) (Table 2).

220 Table 2. Haplotype/nucleotide diversity and neutrality tests of the four probable clusters of HAV as
 221 calculated for the VP3/VP1 gene

222 Table 2.

Cluster	Haplotype- nucleotide diversity							Neutrality tests	
	n	h	h:n	Hd±SD	π ±SD	K	S	Tajima's D	Fu-Li's F
Cluster-I	12	9	0.8:1	0.90± 0.08	0.01± 0.002	3.3	14	-1.19	-1.59
Cluster -II	7	4	0.6:1	0.71± 0.18	0.01± 0.002	1.1	3	-0.30	-0.51
Cluster-III	18	8	0.4:1	0.69± 0.13	0.01± 0.001	1.1	7	-1.41	-1.72
Cluster-IV	7	4	0.6:1	0.81± 0.10	0.01± 0.002	1.1	3	0.17	-0.03
Total	44	24	0.5: 1	0.93± 0.07	0.03± 0.002	3.2	23	-2.63*	-5.16**

223 n: Number of sequences, h: Number of Haplotypes, Hd: Haplotype (gene) diversity, π : Nucleotide diversity (per
 224 site)[20], K: Average number of nucleotide differences between two randomly chosen sequences from within in the
 225 population[21], S: Number of variable/segregating sites.(1 outgroup, 4 have no clear cluster). *: P<0.01. **: P<0.02

226

227

228 Inter-population pairwise genetic distance (Fst) between the four HAV probable populations
 229 ranged from 0.46 to 0.65 with Nm value from 0.11 to 0.12 (Table 2) indicating genetic
 230 differentiation and minimal migration and gene flow (Nm) between subpopulations. Fst for cluster
 231 III which is purely Palestinian compared to clusters I, II and IV were highest (0.52, 0.52 and 0.63,
 232 respectively). However, genetic differentiation among subpopulation is generally low especially
 233 between clusters I and IV (Gst=0.073). The genetic differentiation between clusters is low as
 234 supported by other low genetic differentiation parameters including Gst, Da, and Dxy (Table 3).

235

236 Table 3: Gene flow and genetic differentiation indices between the four HAV probable clusters
 237 estimated from VP3/VP1 gene sequences

238

Pop 1	Pop 2	Fst	Nm	Kxy	Dxy	Gst	Da
Cluster-I	Cluster-II	0.46	0.12	4.10	0.021	0.098	0.009
Cluster -I	Cluster -III	0.52	0.12	4.75	0.024	0.108	0.013
Cluster-I	Cluster-IV	0.52	0.12	4.61	0.023	0.073	0.011
Cluster-II	Cluster-III	0.52	0.12	2.41	0.012	0.147	0.007
Cluster-II	Cluster-IV	0.53	0.12	2.45	0.012	0.135	0.007
Cluster-III	Cluster-IV	0.63	0.11	3.19	0.016	0.136	0.011

239 Fst: Wright's F-statistics, pairwise genetic distance[22], Nm: Gene flow and population migration among populations
 240 [22, 23], Kxy: Average proportion of nucleotide differences between populations. Dxy: The average number of
 241 nucleotide substitutions per site between populations[20], Da: The number of net nucleotide substitutions per site
 242 between populations [20], Gst: Genetic differentiation index based on the frequency of haplotypes [24].

243

244

245

246

247

248

249

250 **Haplotype network analysis:**

Figure 2. (a) Median-joining haplotype network of HAV viral haplotypes constructed using PopArt 1.7. (b) Median-joining haplotype network reconstructed using Network 10. The network analysis included 28 multiple viral haplotypes of HAV from 2014-2018. Each circle represents a unique haplotype, color represents country of genome origin, and the size of the circle is proportional to number of viral genomes included. The numbers in bracket in (a) represent the number of single nucleotide variations (SNVs) between haplotypes. The lines on the branches in (b) represent the mutated position with one line per mutation

251

252 The median-joining haplotype network constructed by PopArt 1.7 using the 49 taxa produced a
253 total of 28 active haplotypes with some of which consisting of more than one sequence (2-10
254 sequences) (Figure 2a). Peripheral haplotypes mainly had single nucleotide variation (SNV) from
255 central haplotypes (Figure 4a). The Palestinian haplotypes (red circles) are characterized by closely
256 related viral haplotypes with one SNV away from each other. The Palestinian haplotypes (red)
257 formed a cluster of nodes (n=9) surrounding a major node (haplotype) consisting of 10 identical
258 HAV sequences which ran parallel to cluster III in the phylogenetic tree (Figure 1). A smaller
259 Palestinian HAV haplotype consisting of four sequences was three SNVs away from the major
260 haplotype cluster (n=10) and closer to haplotypes from Iran, Spain, and South Africa which again
261 matches cluster I in the phylogenetic tree.

262 The reconstruction of median joining haplotype network analysis using Network 10 revealed
263 similar haplotype network analysis profile by both distance calculation methods, the Röhl method
264 and the Greedy HPF method (Figure 2b).

265

266 **Risk Assessment**

267 The overall, 331 participants (161 cases and 170 health individuals) were analyzed for the HAV
268 risk factors (Table 6). Young age as a demographic variable was found to be significantly
269 associated with HAV infection (OR=7.16, CI: 4.41-11.63, P<0.0001). Level of parents' education
270 was the only socioeconomic risk factor significantly associated with HAV infections (OR=4.72,
271 CI: 2.64-8.41, P < 0.0001). Furthermore, treating drinking water and washing hands before meal
272 as hygiene and behavior risk variables were found to be statistically significant (R=0.11, CI: 0.01-
273 0.965, P< 0.03 and R= 0.24, C:0.15-0.39, P<0.0001) (Table 4).

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296
297
298
299
300
301
302
303 Table 4. Demographic data, clinical history and the risk factors associated with acquiring HAV
304 infection in the study group; demography, SES, and hygiene and behavior of the HAV cases and
305 controls.
306
307 Table 4.
308

Variable	Category	Case	Control	Total	OR (CI 95%)	P-value
Demography						
Sex	Male	92	85	176	1.32 (0.85-2.03)	0.22
	Female	69	85	154		
	Total	161	170	331		
Age	<14 yrs	111	42	153	7.16 (4.41-11.63)	<0.0001*
	>14 yrs	48	130	178		
	Total	159	172	331		
Socioeconomic status (SES)						
Level of education	≤12 yrs	141	108	249	4.72 (2.64-8.41)	<0.0001*
	>12 yrs	18	65	83		
	Total	159	173	332		
Monthly income	<1450	15	12	27	1.41 (0.64-3.11)	0.43
	>1450	143	161	158		
	Total	158	173	331		
Hygiene and Behavior						
Toilette, location	In-house	154	172	326	0.18 (0.02-155)	0.10
	In yard	5	1	6		
	Total	159	173	332		
Wash hand	Yes	152	166	318	1.14 (0.30-4.34)	1
	No	4	5	9		
	Total	156	171	327		
Livestock at home	Yes	49	61	110	0.76 (0.48-1.18)	0.25
	No	87	75	162		
	Total	136	136	272		
Toilette link	Septic tank	72	77	149	1.03 (0.66-1.59)	0.62
	No	87	96	183		
	Total	159	173	332		
Treat drinking water	Yes	1	8	9	0.11 (0.01-0.965)	0.03**
	No	135	128	263		
	Total	136	136	272		
Swimming	Yes	58	75	133	0.74 (0.47-1.15)	0.21
	No	101	97	198		
	Total	159	172	331		
Wash hands before meal	Always	35	93	128	0.24 (0.15-0.39)	<0.0001**
	Sometimes	124	80	204		
	Total	159	206	332		
Eat leafy vegetables	Yes	102	92	194	1.64 (0.99-2.67)	0.06
	No	34	44	78		
	Total	146	136	272		
Eat in restaurants	Yes	90	110	200	0.72 (0.46-1.13)	0.17
	No	69	61	130		
	Total	159	171	330		

309 *: statistically significant risk factor. **: statistically significant protective factor

310

311

312

313 **Discussion:**

314 To the best of our knowledge, the present study is the first to use genetic diversity indices and
315 haplotype analysis networking to analyze HAV variation from clinical sample. All of the 34
316 sequenced samples in the present study proved to be of the sub-genotype IB, which is the
317 predominantly circulating genotype in the Mediterranean region from both clinical and
318 environmental samples such as Spain, Jordan, Egypt and Turkey [25-28].

319 The maximum likelihood phylogenetic tree of the 23 HAV-IB sequences in the present study with
320 other 28 HAV sequences retrieved from the gene bank, identified at least four clusters, but with
321 weak bootstrap values. Although most (78%) of the samples isolated in 2015 and 2016
322 distinctively clustered in clade III, four Palestinian HAV-IB samples isolated between the years
323 2014 and 2016 intermixed with other HAV-IB isolates from Turkey, Spain, South African, Iran
324 and Uruguay in clusters I. One isolate clustered uniquely by its own (Figure 1). Similar results
325 had been described in a Bulgarian study which reported the splitting of HAV-IB into several
326 clusters with few cases intermixing between Bulgarian and European isolates while others formed
327 a unique Bulgarian cluster [4]. Furthermore, Wang *et al.*, (2013) delineated HAV isolates from the
328 same area and during the same period to have clustered to several closely related lineages with
329 low genetic diversity, suggesting either they possess a fitness advantage in the region, or an
330 endemic transmission of closely related strains circulating in the neighboring regions [29]. The
331 four Palestinian isolates in cluster I-and the lonely clustering isolate may have originated from
332 travelers or food imported from HAV endemic areas, whereas, cluster III that consisted of purely

333 Palestinian isolates indicates endemic HAV genotypes in Palestine. In addition to the weak
334 bootstrap values, the genetic diversity indices such as total nucleotide diversity per site (π), average
335 number of nucleotide differences between any two sequences (k), and neutrality indices supported
336 the low population nucleotide diversity among HAV sequences.

337 The negative values of Tajima's D and Fu-Li's F indicate the amount of nucleotide variation
338 observed (π) between HAV isolates is much less than expected (θ) which means low nucleotide
339 variation. HAV clusters I and III with relatively high negative values for Tajima's D and Fu-Li's
340 F statistics and low H_d (0.69) may have been subjected to recent population expansion or selection
341 variation events that reduce genetic diversity such as selective sweep or bottleneck. This low
342 variation between HAV clusters was further supported by the equal values of nucleotide diversity
343 (π) in almost all cluster and the same applied to the average number of nucleotide differences (k).

344 On the other hand, signs of polymorphism and nucleotide variation can be discerned in cluster IV
345 which had positive Tajima's D value (0.17). This cluster consisting of European HAV isolates can
346 be argued to have begun a balancing selection where cluster IV is on the brink of developing into
347 a distinct population (Table 1). Such data had been supported by recent published data from
348 Bulgarian study which showed that the sequence analysis of HAV- IA subgenotypes were either
349 identical or showed very few (1 to 4) nucleotide variations [30].

350 The fixation indices such as F_{st} confirmed genetic differentiation between the four HAV probable
351 population with minimal migration among population reducing gene flow (Nm) between the
352 cluster ($F_{st} > 0.25$ and $Nm < 1$).

353 The total number of haplotypes produced by the haplotype analysis was 28. Indeed, several
354 haplotypes (4-9) were observed in each phylogroup. This proves that despite low genetic diversity
355 indices, haplotypes networking can be a good surrogate for unraveling the diversity among

356 monomorphic population and even within the same phylogenetic group which is due to the fact
357 that haplotype network analysis is based on detecting the single nucleotide variation (SNV) among
358 studied sequences making it a powerful tool to detect genetic and haplotype variation.
359 Interestingly, our study showed that the number of haplotypes in the clusters containing the
360 Palestinian isolates, I and III, were the highest with $h=9$ and 8 , respectively (Table 2). The high
361 number of haplotypes in cluster III indicate that the Palestinian HAV isolates, despite being from
362 a geographically confined area, are more diverse and heterogeneous than those from Europe
363 (cluster IV). However, despite the high number of haplotypes among our isolates, in comparison
364 to the European cluster, the nucleotides variation is very low (1-2nts) which might be the result of
365 a common origin coming from recent population expansion or selective sweep or genetic
366 bottleneck.

367 Despite the high number of Palestinian haplotypes (red circles), but they are characterized by
368 closely related viral haplotypes with 1-2 SNVs away from each other reflecting how close these
369 haplotypes are. Cluster I is the most heterogeneous as it had the highest number of haplotypes
370 ($h=9$), the haplotypes ≥ 2 SVNs apart from each other, and representing isolates from Asia, Europe,
371 South America and Africa.

372 Moreover, the identical median-joining haplotype networks constructed by PopArt 1.7 and
373 Network 10.0 (Figure 3) supported the low-bootstrap value phylogroups created by the maximum
374 likelihood phylogenetic tree using MEGA version X (Figure 2) and running parallel with genetic
375 and haplotype diversity parameters calculated by DnaSP ver. 6.12.03.

376 It is noteworthy, that even though a variety of genetic and haplotype diversity indices and several
377 genetic differentiation parameters were calculated and networks and trees constructed, some

378 variation may have been missed due to different reasons such as missing nucleotide during
379 sequencing and insufficient number of sequences from study area and from Genbank.

380 In this study, young age, low level of parent's education significantly increased the odds of HAV
381 infection ($OR > 1$, $P < 0.05$), while the significantly low odds ($OR < 1$, $P < 0.05$) with the increase of
382 hand washing before meal and treating of drinking water indicated the decrease of HAV infection
383 suggesting these two variables are protective factors. On the contrary, Koroglu et al., (2017)
384 reported that water and sanitation were not significant risk factors for HAV infection, whereas,
385 gross domestic product (GDP), gross national income (GNI), and the human development index
386 (HDI) were all highly associated with HAV infection rate in the Middle East and North Africa [6].
387 In addition, Hayajneh et al., (2015), reported that the incidence rate of HAV infection in Jordan
388 decreased due to increase in level of maternal education, use of processed bottled drinking water
389 and good sanitation practice [31-33]. Our results were in congruence with other studies that
390 reported personal hygiene (hand washing before food preparation, cooking, eating and after
391 defecation), living on crowded campuses, drinking unprocessed water, were the major risk factors
392 of HAV infections [34-37]. In addition, political conflict in Palestine and the occupation of the
393 West Bank and Gaza Strip, Palestine as well as the wars in neighboring Middle East countries
394 usually, disturb the environmental and health condition and commonly increase the spreading of
395 infectious disease outbreaks, including HAV, not only in source countries but also in neighboring
396 regions that host refugees.

397 **In conclusion**, this study confirmed that based on VP3/VP1 junction region of the HAV genome;
398 HAV possesses low genetic variation and nucleotide diversity, albeit haplotype network analysis
399 revealed haplotype variation among the Palestinian sequences. Future studies based on multiple
400 targets or full genome sequences are expected to give full picture on the genetic and haplotype

401 variation. Our study reconfirmed that age and parent's level of education as HAV risk factors,
402 while hand washing and treating drinking water as protective factors.

403 **References:**

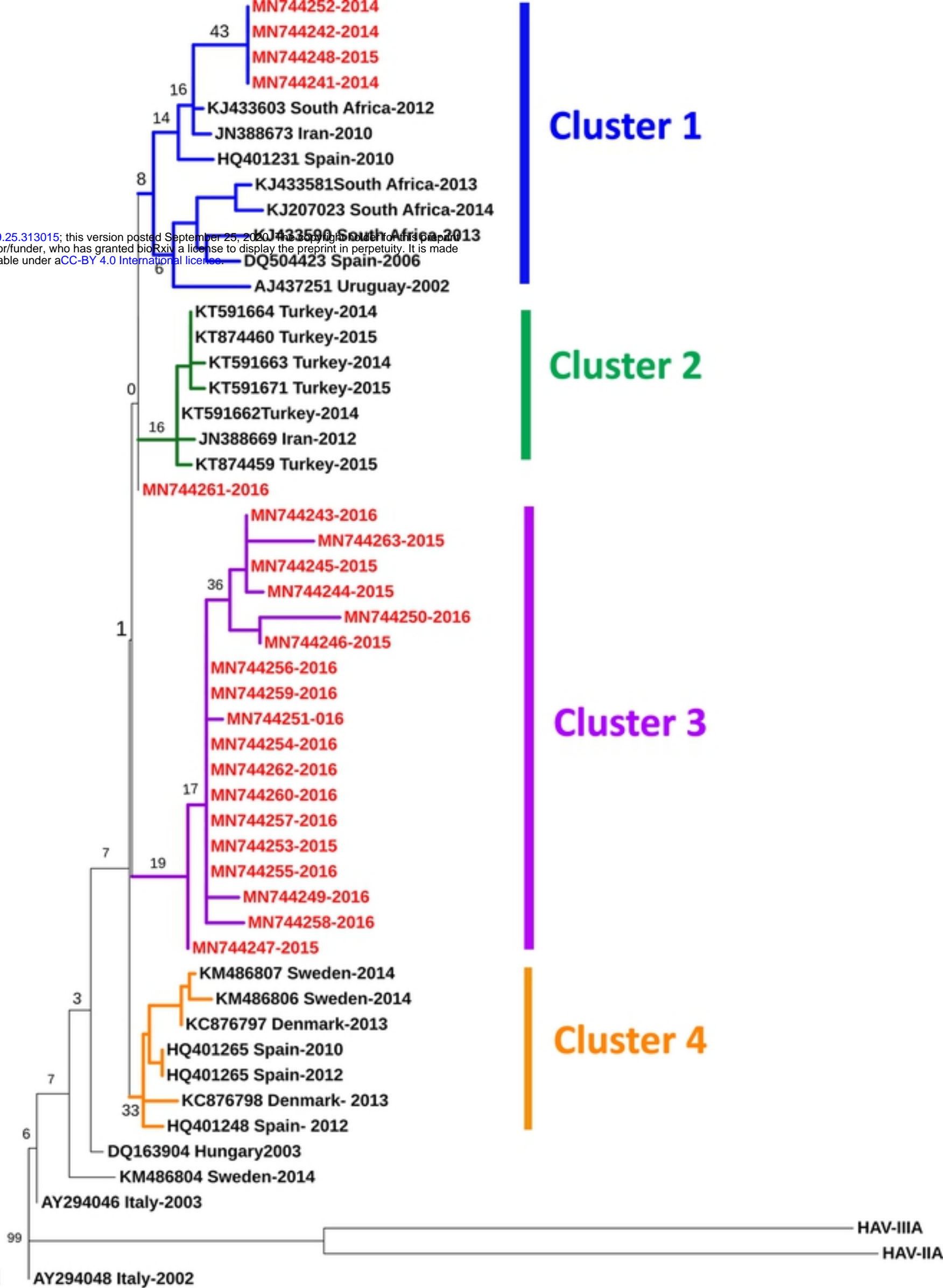
- 404 1. Franco E, Meleleo C, Serino L, Sorbara D, Zaratti L. Hepatitis A: Epidemiology and prevention in
405 developing countries. *World J Hepatol.* 2012;4(3):68-73. Epub 2012/04/11. doi: 10.4254/wjh.v4.i3.68.
406 PubMed PMID: 22489258; PubMed Central PMCID: PMC3321492.
- 407 2. Seo JY, Choi BY, Ki M, Jang HL, Park HS, Son HJ, et al. Risk factors for acute hepatitis A infection
408 in Korea in 2007 and 2009: a case-control study. *J Korean Med Sci.* 2013;28(6):908-14. Epub 2013/06/19.
409 doi: 10.3346/jkms.2013.28.6.908. PubMed PMID: 23772157; PubMed Central PMCID:
410 PMC3678009.
- 411 3. Jacobsen KH, Wiersma ST. Hepatitis A virus seroprevalence by age and world region, 1990 and
412 2005. *Vaccine.* 2010;28(41):6653-7. Epub 2010/08/21. doi: 10.1016/j.vaccine.2010.08.037. PubMed
413 PMID: 20723630.
- 414 4. Cella E, Golkocheva-Markova EN, Trandeva-Bankova D, Gregori G, Bruni R, Taffon S, et al. The
415 genetic diversity of hepatitis A genotype I in Bulgaria. *Medicine (Baltimore).* 2018;97(3):e9632. Epub
416 2018/03/06. doi: 10.1097/MD.00000000000009632. PubMed PMID: 29504993; PubMed Central PMCID:
417 PMC5779762.
- 418 5. Fiore AE, Wasley A, BP. B. Advisory Committee on Immunization Practices (ACIP), Prevention of
419 hepatitis A through active or passive immunization: recommendations of the Advisory Committee on
420 Immunization Practices (ACIP). CDC, 2006.
- 421 6. Koroglu M, Jacobsen KH, Demiray T, Ozbek A, Erkorkmaz U, Altindis M. Socioeconomic indicators
422 are strong predictors of hepatitis A seroprevalence rates in the Middle East and North Africa. *J Infect
423 Public Health.* 2017;10(5):513-7. Epub 2017/02/07. doi: 10.1016/j.jiph.2016.09.020. PubMed PMID:
424 28162965.
- 425 7. PalestineMinistryofHealth. Health Annual Report. Ramalla-Palestine: 2018.
- 426 8. Bellou M, Kokkinos P, Vantarakis A. Shellfish-borne viral outbreaks: a systematic review. *Food
427 Environ Virol.* 2013;5(1):13-23. Epub 2013/02/16. doi: 10.1007/s12560-012-9097-6. PubMed PMID:
428 23412719.
- 429 9. Maunula L, Kaupke A, Vasickova P, Soderberg K, Kozyra I, Lazic S, et al. Tracing enteric viruses in
430 the European berry fruit supply chain. *Int J Food Microbiol.* 2013;167(2):177-85. Epub 2013/10/19. doi:
431 10.1016/j.ijfoodmicro.2013.09.003. PubMed PMID: 24135674.
- 432 10. Hughes JA, Fontaine MJ, Gonzalez CL, Layon AG, Goodnough LT, Galel SA. Case report of a
433 transfusion-associated hepatitis A infection. *Transfusion.* 2014;54(9):2202-6. Epub 2014/04/03. doi:
434 10.1111/trf.12648. PubMed PMID: 24689888.
- 435 11. Heathcote J, Elewaut A, Fedail S, Gangl A, Hamid S, Shah M, et al. Management of acute viral
436 hepatitis Milwaukee, USA2007 [cited 2020]. Available from:
437 [https://www.worldgastroenterology.org/guidelines/global-guidelines/management-of-acute-viral-](https://www.worldgastroenterology.org/guidelines/global-guidelines/management-of-acute-viral-hepatitis/acute-viral-hepatitis-english)
438 [hepatitis/acute-viral-hepatitis-english](https://www.worldgastroenterology.org/guidelines/global-guidelines/management-of-acute-viral-hepatitis/acute-viral-hepatitis-english)
- 439 12. WorldHealthOrganization. WHO position paper on hepatitis A vaccines. *Weekly epidemiological
440 record.* 2012;87(28-29):261-76.
- 441 13. Yassin K, Awad R, Tebi A, Queder A, Laaser U. The epidemiology of hepatitis A infection in
442 Palestine: a universal vaccination programme is not yet needed. *Epidemiol Infect.* 2001;127(2):335-9.
443 Epub 2001/11/06. doi: 10.1017/s0950268801005970. PubMed PMID: 11693511; PubMed Central
444 PMCID: PMC3321492.

- 445 14. Lee H, Jeong H, Yun H, Kim K, Kim JH, Yang JM, et al. Genetic analysis of hepatitis A virus strains
446 that induced epidemics in Korea during 2007-2009. *Journal of clinical microbiology*. 2012;50(4):1252-7.
447 Epub 2012/01/13. doi: 10.1128/jcm.01114-11. PubMed PMID: 22238447; PubMed Central PMCID:
448 PMCPMC3318560.
- 449 15. Kumar S, Stecher G, Li M, Knyaz C, Tamura K. MEGA X: Molecular Evolutionary Genetics Analysis
450 across Computing Platforms. *Mol Biol Evol*. 2018;35(6):1547-9. Epub 2018/05/04. doi:
451 10.1093/molbev/msy096. PubMed PMID: 29722887; PubMed Central PMCID: PMCPMC5967553.
- 452 16. Rozas J, Ferrer-Mata A, Sanchez-DelBarrio JC, Guirao-Rico S, Librado P, Ramos-Onsins SE, et al.
453 DnaSP 6: DNA Sequence Polymorphism Analysis of Large Data Sets. *Mol Biol Evol*. 2017;34(12):3299-302.
454 Epub 2017/10/14. doi: 10.1093/molbev/msx248. PubMed PMID: 29029172.
- 455 17. Bandelt HJ, Forster P, Rohl A. Median-joining networks for inferring intraspecific phylogenies.
456 *Mol Biol Evol*. 1999;16(1):37-48. Epub 1999/05/20. doi: 10.1093/oxfordjournals.molbev.a026036.
457 PubMed PMID: 10331250.
- 458 18. Foulds LR, Hendy MD, Penny D. A graph theoretic approach to the development of minimal
459 phylogenetic trees. *J Mol Evol*. 1979;13(2):127-49. Epub 1979/07/18. doi: 10.1007/BF01732868.
460 PubMed PMID: 480370.
- 461 19. Tamura K, Nei M. Estimation of the number of nucleotide substitutions in the control region of
462 mitochondrial DNA in humans and chimpanzees. *Mol Biol Evol*. 1993;10(3):512-26. Epub 1993/05/01.
463 doi: 10.1093/oxfordjournals.molbev.a040023. PubMed PMID: 8336541.
- 464 20. Nei M. *Molecular Evolutionary Genetics*. New York: Columbia University Press; 1987.
- 465 21. Tajima F. Evolutionary relationship of DNA sequences in finite populations. *Genetics*.
466 1983;105(2):437-60. Epub 1983/10/01. PubMed PMID: 6628982; PubMed Central PMCID:
467 PMCPMC1202167.
- 468 22. Wright S. The genetical structure of populations. *Ann Eugen*. 1951;15(4):323-54. Epub
469 1951/03/01. doi: 10.1111/j.1469-1809.1949.tb02451.x. PubMed PMID: 24540312.
- 470 23. Hudson RR, Slatkin M, Maddison WP. Estimation of levels of gene flow from DNA sequence data.
471 *Genetics*. 1992;132(2):583-9. Epub 1992/10/01. PubMed PMID: 1427045; PubMed Central PMCID:
472 PMCPMC1205159.
- 473 24. Nei M. Analysis of gene diversity in subdivided populations. *Proc Natl Acad Sci U S A*.
474 1973;70(12):3321-3. Epub 1973/12/01. doi: 10.1073/pnas.70.12.3321. PubMed PMID: 4519626;
475 PubMed Central PMCID: PMCPMC427228.
- 476 25. Melhem NM, Talhouk R, Rachidi H, Ramia S. Hepatitis A virus in the Middle East and North Africa
477 region: a new challenge. *J Viral Hepat*. 2014;21(9):605-15. Epub 2014/07/22. doi: 10.1111/jvh.12282.
478 PubMed PMID: 25040644.
- 479 26. D'Andrea L, Perez-Rodriguez FJ, de Castellarnau M, Manzanares S, Lite J, Guix S, et al. Hepatitis A
480 virus genotype distribution during a decade of universal vaccination of preadolescents. *Int J Mol Sci*.
481 2015;16(4):6842-54. Epub 2015/03/31. doi: 10.3390/ijms16046842. PubMed PMID: 25815599; PubMed
482 Central PMCID: PMCPMC4424991.
- 483 27. Cristina J, Costa-Mattioli M. Genetic variability and molecular evolution of hepatitis A virus. *Virus*
484 *Res*. 2007;127(2):151-7. Epub 2007/03/03. doi: 10.1016/j.virusres.2007.01.005. PubMed PMID:
485 17328982.
- 486 28. Dinc B, Koyuncu D, Karatayli SC, Berk E, Karatayli E, Parlak M, et al. Molecular characterization of
487 hepatitis A virus isolated from acute infections in Turkey. *Turk J Gastroenterol*. 2012;23(6):714-9. Epub
488 2013/06/26. PubMed PMID: 23794310.
- 489 29. Wang H, Zheng H, Cao J, Zhou W, Yi Y, Jia Z, et al. Genetic diversity of hepatitis A virus in China:
490 VP3-VP1-2A genes and evidence of quasispecies distribution in the isolates. *PLoS One*.
491 2013;8(9):e74752. Epub 2013/09/27. doi: 10.1371/journal.pone.0074752. PubMed PMID: 24069343;
492 PubMed Central PMCID: PMCPMC3775754.

- 493 30. Bruni R, Taffon S, Equestre M, Cella E, Lo Presti A, Costantino A, et al. Hepatitis a virus genotypes
494 and strains from an endemic area of Europe, Bulgaria 2012-2014. *BMC Infect Dis.* 2017;17(1):497. Epub
495 2017/07/15. doi: 10.1186/s12879-017-2596-1. PubMed PMID: 28705178; PubMed Central PMCID:
496 PMC5513050.
- 497 31. Hayajneh WA, Balbeesi A, Faouri S. Hepatitis A virus age-specific sero-prevalence and risk factors
498 among Jordanian children. *Journal of medical virology.* 2015;87(4):569-74. Epub 2015/02/05. doi:
499 10.1002/jmv.24137. PubMed PMID: 25648328.
- 500 32. Toukan AU, Sharaiha ZK, Abu-el-Rob OA, Hmoud MK, Dahbour SS, Abu-Hassan H, et al. The
501 seroepidemiology of hepatitis A virus infection in Jordan. *Trop Gastroenterol.* 1988;9(2):76-9. Epub
502 1988/04/01. PubMed PMID: 3262944.
- 503 33. Battikhi MN, Battikhi EG. The seroepidemiology of Hepatitis A virus in Amman, Jordan. *The new
504 microbiologica.* 2004;27(3):215-20. Epub 2004/10/06. PubMed PMID: 15460523.
- 505 34. Juniasuti, Wahyuddin D, Nihayatussa'adah, Amin M, Yamani LN, Utsumi T, et al. Analysis of
506 genetic and serology of hepatitis A virus infection during and after outbreak in two junior high schools in
507 Surabaya, Indonesia. *Journal of medical virology.* 2019;91(6):1048-55. Epub 2019/01/20. doi:
508 10.1002/jmv.25403. PubMed PMID: 30659645.
- 509 35. Kotwal A, Singh H, Verma AK, Gupta RM, Jain S, Sinha S, et al. A study of Hepatitis A and E virus
510 seropositivity profile amongst young healthy adults in India. *Med J Armed Forces India.* 2014;70(3):225-
511 9. Epub 2014/11/08. doi: 10.1016/j.mjafi.2014.06.016. PubMed PMID: 25378774; PubMed Central
512 PMCID: PMC4213908.
- 513 36. Pinheiro RS, Araujo LA, Caetano KA, Matos MA, Carneiro MA, Teles SA. Intermediate Endemicity
514 of Hepatitis a Virus Infection in Rural Settlement Projects of Southwest Goias, Brazil. *Arq Gastroenterol.*
515 2015;52(3):200-3. Epub 2015/10/22. doi: 10.1590/S0004-28032015000300009. PubMed PMID:
516 26486287.
- 517 37. de Almeida LM, Amaku M, Azevedo RS, Cairncross S, Massad E. The intensity of transmission of
518 hepatitis A and heterogeneities in socio-environmental risk factors in Rio de Janeiro, Brazil. *Transactions
519 of the Royal Society of Tropical Medicine and Hygiene.* 2002;96(6):605-10. Epub 2003/03/11. doi:
520 10.1016/s0035-9203(02)90325-1. PubMed PMID: 12625132.

521

bioRxiv preprint doi: <https://doi.org/10.1101/2020.09.25.313015>; this version posted September 25, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY 4.0 International license.

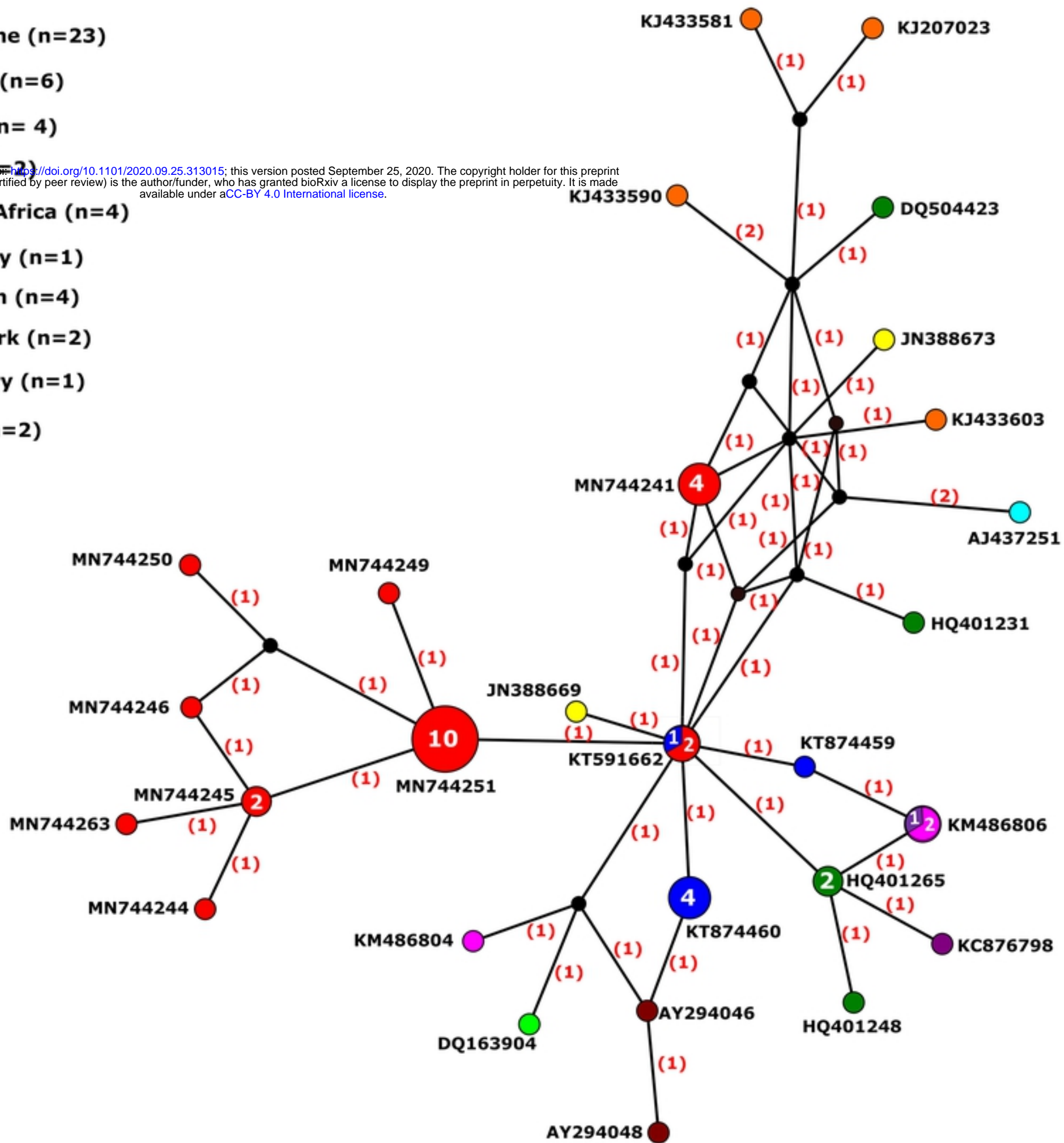


Tree scale: 0.01

Figure

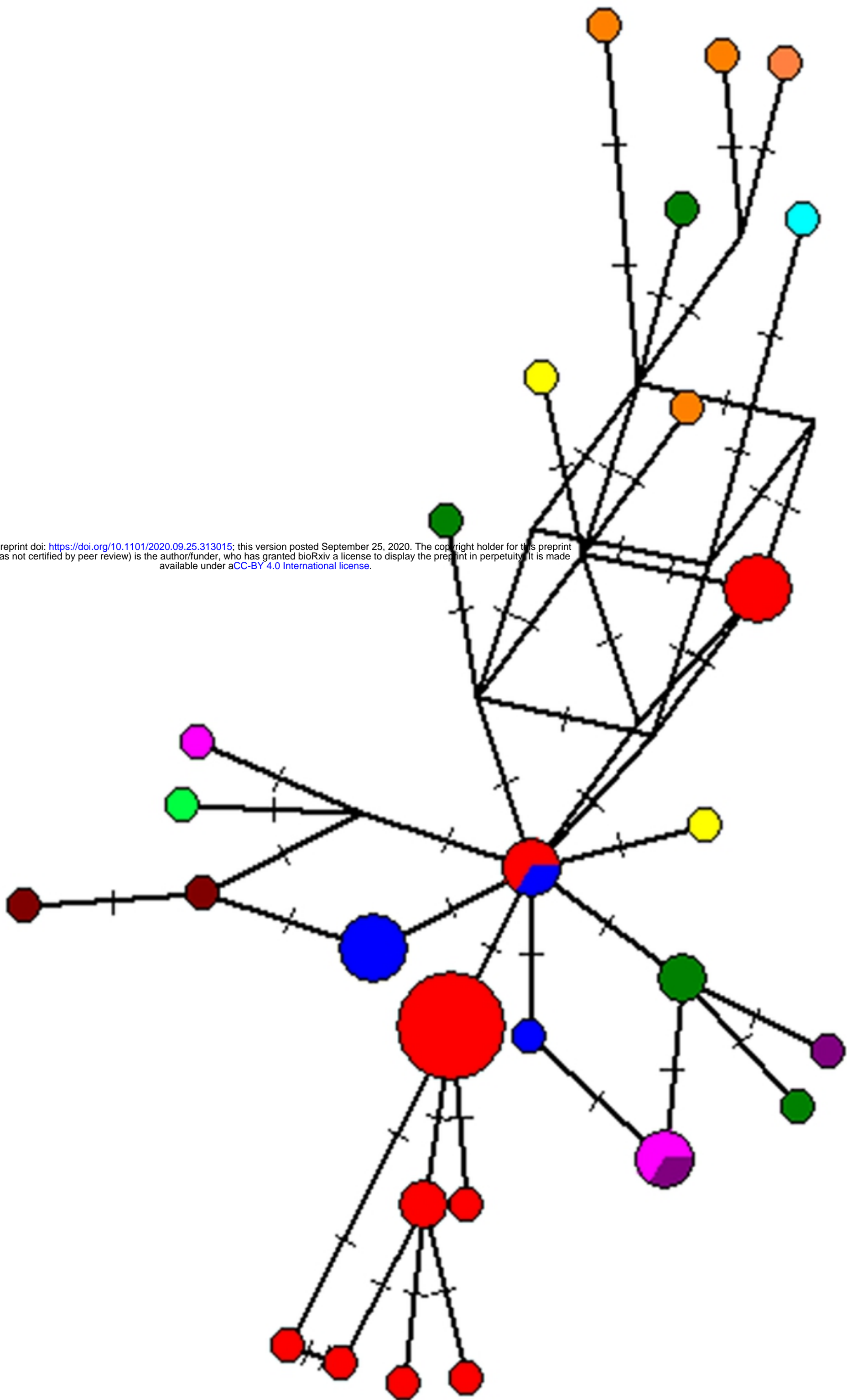
- Palestine (n=23)
- Turkey (n=6)
- Spain (n= 4)
- Iran (n=3)
- South Africa (n=4)
- Uruguay (n=1)
- Sweden (n=4)
- Denmark (n=2)
- Hungary (n=1)
- Italy (n=2)

bioRxiv preprint doi: <https://doi.org/10.1101/2020.09.25.313015>; this version posted September 25, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a [CC-BY 4.0 International license](#).



Figure

bioRxiv preprint doi: <https://doi.org/10.1101/2020.09.25.313015>; this version posted September 25, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY 4.0 International license.



Figure