Trypanosomal variant surface glycoprotein expression in human African trypanosomiasis patients Jaime So<sup>1\*\*</sup>, Sarah Sudlow<sup>1\*\*</sup>, Abeer Sayeed<sup>1</sup>, Tanner Grudda<sup>1</sup>, Stijn Deborggraeve<sup>2#</sup>, Dieudonné Mumba Ngoyi<sup>3</sup>, Didier Kashiama Desamber<sup>4</sup>, Bill Wickstead<sup>5</sup>, Veerle Lejon<sup>6</sup>, and Monica R. Mugnier<sup>1\*</sup> <sup>1</sup>Department of Molecular Microbiology and Immunology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America <sup>2</sup>Department of Biomedical Sciences, Institute of Tropical Medicine, Antwerp, Belgium <sup>3</sup>Department of Parasitology, Institut National de Recherche Biomédicale, Kinshasa, Democratic Republic of the Congo <sup>4</sup>Programme Nationale de Lutte contre la Trypanosomiase Humaine Africaine, (PNLTHA), Ministry of Health, Kinshasa, Democratic Republic of the Congo <sup>5</sup> School of Life Sciences, Queen's Medical Centre, University of Nottingham, Nottingham, NG7 2UH, United Kingdom <sup>6</sup> UMR-177 Intertryp, Institut de Recherche pour le Développement, Centre de Coopération Internationale en Recherche Agronomique pour le Développement. University of Montpellier, Montpellier, France \*\*These authors contributed equally to the work

- # Current address: Médecins Sans Frontières Access Campaign, Geneva, Switzerland
- \* Corresponding author E-mail: mmugnie1@jhu.edu (MM)

## **Abstract**

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Trypanosoma brucei gambiense, an extracellular protozoan parasite, is the primary causative agent of human African Trypanosomiasis. T. b. gambiense is endemic to West and Central Africa where it is transmitted by the bite of infected tsetse flies. In the bloodstream of an infected host, the parasite evades antibody recognition by altering the Variant Surface Glycoprotein (VSG) that forms a dense coat on its cell surface through a process known as antigenic variation. Each VSG has a variable N-terminal domain that is exposed to the host and a less variable C-terminal domain that is at least partially hidden from host antibodies. Our lab developed VSG-seq, a targeted RNA-seq method, to study VSG expression in T. brucei. Studies using VSG-seq to characterize antigenic variation in a mouse model have revealed marked diversity in VSG expression within parasite populations, but this finding has not yet been validated in a natural human infection. Here, we used VSG-seg to analyze VSGs expressed in the blood of twelve patients infected with T. b. gambiense. The number of VSGs identified per patient ranged from one to fourteen and, notably, two VSGs were shared by more than one patient. Analysis of expressed VSG N-terminal domain types revealed that 82% of expressed VSGs encoded a type B N-terminus, a bias not seen in datasets from other *T. brucei* subspecies. C-terminal types in *T. b. gambiense* infection were also restricted. These results demonstrate a bias either in the underlying VSG repertoire of T. b. gambiense or in the selection of VSGs from the repertoire during infection. This work demonstrates the feasibility of using VSG-seq to study antigenic variation in human infections and highlights the importance of understanding VSG repertoires in the field.

## **Author Summary**

 Human African Trypanosomiasis is a neglected tropical disease largely caused by the extracellular parasite known as *Trypanosoma brucei gambiense*. To avoid elimination by the host, these parasites repeatedly replace their dense surface coat of Variant Surface Glycoprotein (VSG). Despite the important role of VSGs in prolonging infection, *VSG* expression during natural human infections is poorly understood. A better understanding of natural *VSG* expression dynamics can clarify the mechanisms which *T. brucei* uses to alter its VSG coat and improve how trypanosomiasis is diagnosed in humans. We analyzed the expressed *VSGs* detected in the blood of patients with trypanosomiasis. Our findings indicate that a diverse range of *VSGs* are expressed in both natural and experimental infections.

#### Introduction

Human African Trypanosomiasis (HAT) is caused by the protozoan parasite *Trypanosoma brucei*. *T. brucei* and its vector, the tsetse fly, are endemic to sub-Saharan Africa [1]. There are two human-infective *T. brucei* subspecies: *T. b. gambiense* which causes chronic infection in West and Central Africa (~98% of cases) and *T. b. rhodesiense* which causes acute infection in East and Southern Africa (~2% of cases) [2,3]. In humans, infections progress from an early stage that is generally marked by a fever and body aches to a late stage that begins once the parasite crosses the blood-brain barrier and is accompanied by the development of severe neurological symptoms [4]. HAT is considered fatal without timely diagnosis and treatment. While around 50 million people are at risk of infection [5], the number of annual human infections has declined significantly in recent years, with only 864 cases reported in 2019 [6]. The World Health Organization is working towards zero human transmissions of HAT caused by *T. b. gambiense* (gHAT) by 2030 [7]. Current public health initiatives to control the disease depend on case detection and treatment, complemented with vector control.

Prospects for developing a vaccine are severely confounded by the ability of African trypanosomes to alter their surface antigens [8]. As *T. brucei* persists extracellularly in the blood, lymph, and tissue fluids of the host, it is constantly exposed to host antibodies[9–12]. To evade immune recognition, the parasite periodically changes its dense Variant Surface Glycoprotein (VSG) coat. This process, referred to as antigenic variation, relies on a vast collection of thousands of VSG-encoding genes[13–16]. *T. brucei* also continually expands the number of usable antigens by constructing mosaic *VSGs*—the result of one or more recombination events between individual *VSG* genes [17,18]

The VSG contains two domains: a variable N-terminal domain of ~350-400 amino acids and a less variable C-terminal domain of ~40-80 amino acids, characterized by one or two conserved groups of four disulfide-bonded cysteines [13,19]. On the surface of trypanosomes, the VSG N-terminal domain is readily exposed to the host, while the C-terminal domain is proximal to the plasma membrane and largely hidden from host antibodies [20–22]. The N-terminal domain has been classified into two types, A and B, each of which is classified into subtypes (A1-3 and B1-2). The C-terminal domain has been classified into six types (1-6) [13,19]. These classifications are based on protein sequence patterns anchored by the conservation of cysteine residues. The biological implications of these VSG domain types have not been investigated.

Little is known about how the large genomic repertoire of *VSGs* is used in natural infections; the number and diversity of *VSGs* expressed by wild parasite populations remains unknown. One VSG in particular, LiTat 1.3, has been identified as an antigen against which a large percentage of gHAT patients have antibodies [23]. As a result, LiTat 1.3 is the main target antigen in the primary serological screening tool used for gHAT, a test known as the card agglutination test for trypanosomiasis (CATT/*T.b. gambiense*)[24]. Despite the widespread use of the CATT to screen for gHAT there are

shortcomings: not only can the CATT provide false negatives, but there are also *T. b. gambiense* strains that lack the LiTat 1.3 gene entirely [25,26]. More recently developed rapid diagnostic tests use a combination of native LiTat1.3 and another VSG, LiTat1.5 [27,28], or a combination of a VSG with the invariant surface glycoprotein ISG 65 [29]. Currently there is no serological test for diagnosis of infection with *T. b. rhodesiense*.

Given the role of VSGs during infection and their importance in gHAT screening tests, a better understanding of *VSG* expression dynamics could inform the development of improved screening tests while providing insight into the molecular mechanisms of antigenic variation. We developed VSG-seq, a targeted RNA-sequencing method that identifies the *VSGs* expressed in any population of *T. brucei* and measures the prevalence of each VSG in the population [30]. In a proof-of-principle study, we used VSG-seq to gain insight into the number and diversity of *VSGs* expressed during experimental mouse infections [30]. This study revealed significant *VSG* diversity within parasite populations, yet found many of the same *VSGs* were expressed in different infections, supporting previous reports of a "semi-predictable" order to *VSG* switching [17,31,32]. Recently, similar high-throughput sequencing methods have been used to characterize antigenic variation in experimental infections of natural hosts for two related African trypanosome species, *T. vivax* and *T. congolense* [33–35], suggesting that the mechanism for antigen production in some animal parasites is different from the *T. brucei* model.

Whether or not findings from experimental studies of antigenic variation translate to natural *T. brucei* infections is currently unknown. To our knowledge, only one study has investigated *VSG* expression in wild *T. brucei* isolates [36]. For technical reasons, this study relied on RNA isolated from parasites that were passaged through small animals after collection from the natural host. As *VSG* expression may change during passage, the data obtained from these samples is somewhat difficult to interpret. To gain a better understanding of the characteristics of antigenic variation in natural *T. brucei* infections, we sought to analyze *VSG* expression in *T. brucei* field isolates from which RNA was directly extracted.

In this study, we used VSG-seq to determine the number and diversity of *VSGs* expressed by *T. b. gambiense* in the blood of twelve patients with a *T. b. gambiense* infection. To complement these data, we also analyzed published datasets from both experimental mouse infections and *T. b. rhodesiense* patients. Our analysis revealed that there is diverse expression of *VSGs* in natural *T. brucei* infections, and *T. b. gambiense* infections show distinct biases in *VSG* expression that may be unique to this subspecies.

#### Methods

#### **Ethics statement**

The blood specimens from *T.b. gambiense* infected patients were collected within the projects "Longitudinal follow-up of CATT seropositive, trypanosome negative individuals (SeroSui) and "An integrated approach for identification of genetic determinants for susceptibility for trypanosomiasis (TrypanoGEN) [37]. In France, the SeroSui study received approval from the "Comité Consultatif de Déontologie et d'Ethique" (CCDE) of the French National Institute for Sustainable Development Research (IRD, May 2013 session), and in Belgium from the Institutional Review Board of the Institute of Tropical Medicine (reference 886/13) and from the Ethics Committee of the University of Antwerp (B300201318039). In DR Congo, the projects SeroSui and TrypanoGEN were approved by the Ministry of Health through the Ngaliema Clinic of Kinshasa (references 422/2013 and 424/2013). Participants gave their written informed consent to participate in the projects. For minors, additional written consent was obtained from their legal representative.

## **Patient Enrollment and Origin Map**

Patients originated from the Democratic Republic (DR) of the Congo and were identified in the second half of 2013, either during passive screening at the center for HAT diagnosis and treatment of the hospital of Masi Manimba, or during active screening by the mobile team of the national sleeping sickness control program (PNLTHA) in Masi Manimba and Mosango health zones (Kwilu province, DR Congo). Individuals were screened for the presence of specific antibodies in whole blood with the CATT test. For those reacting blood positive in CATT, twofold serial plasma dilutions of 1/2-1/32 were also tested and the CATT end titer was determined. CATT positives underwent parasitological confirmation by direct microscopic examination of lymph (if enlarged lymph nodes were present), and examination of blood by the mini-anion exchange centrifugation technique on buffy coat [38]. Individuals in whom trypanosomes were observed underwent lumbar puncture. The cerebrospinal fluid was examined for white blood cell count and presence of trypanosomes to determine the disease stage and select the appropriate treatment. The patients were questioned about their place of residence, the geographic coordinates of the corresponding villages were obtained from the atlas of HAT [39] and plotted on a map of the DR Congo using ArcGIS® software by Esri. Distances were determined and a distance matrix generated (see Supplemental Table 2).

## **Patient Blood Sample Collection and Total RNA Isolation**

A 2.5 mL volume of blood was collected from each patient in a PAXgene Blood RNA Tube. The blood was mixed with the buffer in the tube, aliquoted in 2 mL volumes and frozen in liquid nitrogen for a maximum of two weeks. After arrival in Kinshasha, tubes were stored at -70°C. Total RNA was extracted and isolated from each blood sample as previously described [40].

#### **Estimation of Parasitemia**

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Two approaches were used to estimate parasitemia. First, a 9 mL volume of blood on heparin was centrifuged, 500 microliters of the buffy coat were taken up and trypanosomes were isolated using the mini-anion exchange centrifugation technique. After centrifugation of the column eluate, the number of parasites visible in the tip of the collection tube were estimated. Second, Spliced Leader (SL) RNA expression levels were measured by real-time PCR as previously described [40]. A Ct value was determined for each patient blood sample. Real-time PCR was performed on RNA samples before reverse transcription to verify the absence of DNA contamination.

#### **RNA-sequencing**

DNase I-treated RNA samples were cleaned up with 1.8x Mag-Bind TotalPure NGS Beads (Omega Bio-Tek, # M1378-01). cDNA was generated using the SuperScript III First-strand synthesis system (Invitrogen, 18080051) according to manufacturer's instructions. Eight microliters of each sample (between 36 and 944 ng) were used for cDNA synthesis, which was performed using the oligo-dT primer provided with the kit. This material was cleaned up with 1.8x Mag-Bind beads and used to generate three replicate library preparations for each sample. These technical replicates were generated to ensure that any VSGs detected were not the result of PCR artifacts[41,42]. Because the number of parasites in each sample was expected to be low, we used a nested PCR approach for preparing these VSG-seg libraries. First, we amplified T. brucei cDNA from the parasite/host cDNA pool by PCR using a spliced leader primer paired with an anchored oligo-dT primer (SL-1-nested and anchored oligo-dT; Supplemental Table 1). 20 cycles of PCR were completed (55°C annealing, 45s extension) using Phusion polymerase (Thermo Scientific, #F530L). PCR reactions were cleaned up with 1.8x Mag-Bind beads. After amplifying *T. brucei* cDNA, a VSG-specific PCR reaction was carried out using M13RSL and 14-mer-SP6 primers (see primers: Supplemental Table 1). 30 cycles of PCR (42°C annealing, 45s extension) were performed using Phusion polymerase. Amplified VSG cDNA was then cleaned up with 1X Mag-Bind beads and quantified using a Qubit dsDNA HS Assay (Invitrogen Q32854). Sequencing libraries were prepared from 1 ng of each VSG PCR product using the Nextera XT DNA Library Preparation Kit (Illumina, FC-131-1096); this was done according to the manufacturer's protocol with the exception of the final cleanup step which was performed using 1X Mag-Bind beads. Single-end 100bp sequencing was performed on an Illumina HiSeg 2500. Raw data are available in the NCBI Sequence Read Archive under accession number PRJNA751607.

VSG-seq analysis of *T. b. gambiense* and *T. b. rhodesiense* sequencing libraries For the analysis of both *T. b. gambiense* (VSG-seq preparations) and *T. b. rhodesiense* (traditional mRNA sequencing library preparations; sequences were obtained from ENA, accession numbers PRJEB27207 and PRJEB18523) raw reads were processed using the VSG-seq pipeline available at <a href="https://github.com/mugnierlab/VSGSeqPipeline">https://github.com/mugnierlab/VSGSeqPipeline</a>. Briefly, *VSG* transcripts were assembled *de novo* from quality- and adapter-trimmed reads for each sample (patient or patient replicate) from raw reads using Trinity (version

5.26.2) [43]. Contigs containing open reading frames (ORFs) were identified as previously described [30]. ORF-containing contigs were compared to Lister427 and EATRO1125 VSGs as well as a collection of known contaminating non-VSG sequences. Alignments to VSGs with an E-value below 1x10<sup>-10</sup> that did not match any known non-VSG contaminants were identified as VSG transcripts. For T. b. gambiense replicate libraries, VSG ORFs identified in any patient replicate were consolidated into a sole reference genome for each patient using CD-HIT (version 4.8.1)[44] with the following arguments: -d 0 -c 0.98 -n 8 -G 1 -g 1 -s 0.0 -aL 0.0. Final VSG ORF files were manually inspected. Two T. b. gambiense patient VSGs (Patients 11 and 13) showed likely assembly errors. In one case a VSG was duplicated and concatenated, and in another two VSGs were concatenated. These reference files were manually corrected (removing the duplicate or editing annotation to reflect two VSGs in the concatenated ORF) so that each VSG could be properly quantified. VSG reference databases for each patient are available at https://github.com/mugnierlab/Tbgambiense2021/. For T. b. gambiense, reads from each patient replicate were then aligned to that patient's consolidated reference genome using Bowtie with the parameters -v 2 -m 1 -S (version 1.2.3)[45] . For T. b. rhodesiense, each patient's data was aligned to its own VSG ORF assembly. RPKM values for VSG expression in each sample were generated using MULTo (version 1.0) [46], and the percentage of parasites in each population expressing a VSG was calculated as described previously [30]. For T. b. gambiense samples, we included only VSGs with an expression measurement above 1% in two or more patient replicates in our analysis. For *T. b. rhodesiense* samples, we included only *VSGs* with expression >0.01%. To compare VSG expression between patients, despite the different reference genomes used for each patient, CD-HIT was used to cluster VSG sequences with greater than 98% similarity among patients, using the same parameters as were used for consolidation of reference VSG databases before alignment. Each unique VSG cluster was given a numerical ID (e.g. Gambiense #) and the longest sequence within each group was chosen to represent the cluster. Clusters representing TqSGP and SRA were manually removed from the expressed VSG sets before analysis. R code used for analvsis of resulting data and the generation of figures is available at https://github.com/mugnierlab/Tbgambiense2021/.

## **Analysis of VSG N-terminal Domains**

#### Genomic VSG sequences

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The *VSG* repertoires of *T. b. brucei* Lister427 ("Lister427\_2018" assembly), *T. b. brucei* TREU927/4 and *T. b. gambiense* DAL972 were taken from TriTrypDB (v50). The *T. b. brucei* EATRO 1125 VSGnome was used for analysis of the EATRO1125 *VSG* repertoire (vsgs\_tb1125\_nodups\_atleast250aas\_pro.txt, available at <a href="https://tryps.rockefeller.edu/Sequences.html">https://tryps.rockefeller.edu/Sequences.html</a> or GenBank accession KX698609.1 - KX701858.1). Likely VSG N-termini were identified as predicted proteins with significant similarity (e-value ≤ 10<sup>-5</sup>) to hidden Markov models (HMMs) of aligned type A and B VSG N-termini taken from [15]. VSG sequences from other strains (except those generated by VSG-seq) were taken from the analysis in Cross, et al. [15].

#### N-terminal domain phylogenies

Phylogenies of VSG N-termini based on unaligned sequence similarities were constructed using the method described in [47] and used previously to classify VSG sequence [15]. N-termini were extracted as all predicted protein sequence up to the C-terminal end of the bounding envelope of the match to either type-A or type-B HMM (whichever was longer). A matrix of similarities between all sequences was constructed from normalized transformed BLASTp scores as in Wickstead, et al. [47] and used to infer a neighbor-joining tree using QuickTree v1.1 [48]. Trees were annotated and visualized in R with the package APE v5.2 [49].

#### **HMM**

 For N-terminal typing by HMM, we used a python analysis pipeline available at (<a href="https://github.com/mugnierlab/find">https://github.com/mugnierlab/find</a> VSG Ndomains). The pipeline first identifies the boundaries of the VSG N-terminal domain using the type A and type B HMM profiles generated by Cross *et al.* which includes 735 previously-typed VSG N-terminal domain sequences [15]. N-terminal domains are defined by the largest envelope domain coordinate that meets e-value threshold (1x10<sup>-5</sup>, --domE 0.00001). In cases where no N-terminal domain is identified using these profiles, the pipeline executes a "rescue" domain search in which the VSG is searched against a 'pan-VSG' N-terminus profile we generated using 763 previously-typed VSG N-terminal domain sequences. This set of VSGs includes several *T. brucei* strains and/or subspecies: Tb427 (559), TREU927 (138), *T. b. gambiense* DAL972 (28), EATRO795 (8), EATRO110 (5), *T. equiperdum* (4), and *T. evansi* (21). The N-terminal domain type of these VSGs were previously determined by Cross et. al (2014) by building neighbor-joining trees using local alignment scores from all-versus-all BLASTp similarity searches [15]. Domain boundaries are called using the same parameters as with the type A and B profiles.

After identifying boundaries, the pipeline extracts the sequence of the N-terminal domain, and this is searched against five subtype HMM profiles. To generate N-terminal domain subtype HMM profiles, five multiple sequence alignments were performed using Clustal Omega [50] with the 763 previously-typed VSG N-terminal domain sequences described above; each alignment included the VSG N-terminal domains of the same subtype (A1, A2, A3, B1, and B2). Alignment output files in STOCKHOLM format were used to generate distinct HMM profiles for type A1, A2, A3, B1, and B2 VSGs using the pre-determined subtype classifications of the 763 VSGs using HMMer version 3.1b2 [51]. The number of sequences used to create each subtype profile ranged from 75 to 211. The most probable subtype is determined by the pipeline based on the highest scoring sequence alignment against the subtype HMM profile database when HMMscan is run under default alignment parameters. The pipeline generates a FASTA file containing the amino acid sequence of each VSG N-terminus and a CSV with descriptions of the N-terminal domain including its type and subtype.

#### Network graph

N-terminal network graphs were made using VSG N-terminal domains from TriTrypDB Lister427 2018 and *T. b. gambiense* DAL972 (v50) VSG sets described above, and the

*T. b. gambiense* and *T. b. rhodesiense* VSG N-termini which met our expression thresholds. Identified N-terminal domains were then subjected to an all-versus-all BLASTp. A pairwise table was created that includes each query-subject pair, the corresponding alignment E-value, and N-terminal domain type of the query sequence if previously typed in Cross, et al. [15]. Pseudogenes and fragments were excluded from the Lister427\_2018 reference prior to plotting by filtering for *VSG* genes annotated as pseudogenes and any less than 400 amino acids in length, as the remaining sequences are most likely to be full length VSG. Network graphs were generated with the igraph R package[52] using undirected and unweighted clustering of nodes after applying link cutoffs based on E-value < 10-2. The leading eigenvector clustering method [53] was used to detect and assign nodes to communities based on clustering (cluster leading eigen() method in igraph).

## **Analysis of VSG C-terminal Domain Types**

 VSG C-termini were extracted from expressed T. b.  $gambiense\ VSGs$ , T.b.  $gambiense\ DAL972\ (v50)$ , and 545 previously-typed VSG C-termini from the Lister 427 strain using the C-terminal HMM profile generated by Cross et al.[15], and the same HMMscan parameters as for N-termini (E-value <  $1\times10^{-5}$ ; largest domain based on envelope coordinates). An all-vs-all BLASTp was performed on these sequences, and network graphs were generated in the same manner as the N-terminal network graphs. Links were drawn between C-termini with a BLASTp E-value  $\le 1\times10^{-3}$ . The leading eigenvector method for clustering [53] was used to detect and assign nodes to communities based on clustering (cluster\_leading\_eigen() method in igraph).

## **Results**

#### Parasites in gHAT patients express diverse sets of VSGs

To investigate *VSG* expression in natural human infections, we performed VSG-seq on RNA extracted from whole blood collected from twelve human African trypanosomiasis patients from five locations in the Kwilu province of the Democratic Republic of Congo (Fig 1A). The relative parasitemia of each patient was estimated by SL-QPCR [54], and the number of parasites after mAECT on buffy coat was estimated for all patients except patient 29 (Table 1). RNA extracted from 2.5 mL of whole blood from each patient was used to prepare libraries for VSG-seq. *T. brucei* RNA was amplified from host/parasite total RNA using a primer against the *T. brucei* spliced leader sequence and an anchored oligo-dT primer. The resulting trypanosome-enriched cDNA was then used as a template to amplify *VSG* cDNA. *VSG* amplicons were then submitted to VSG-seq sequencing and analysis. To determine whether a *VSG* was expressed within a patient, we applied the following stringent cutoffs:

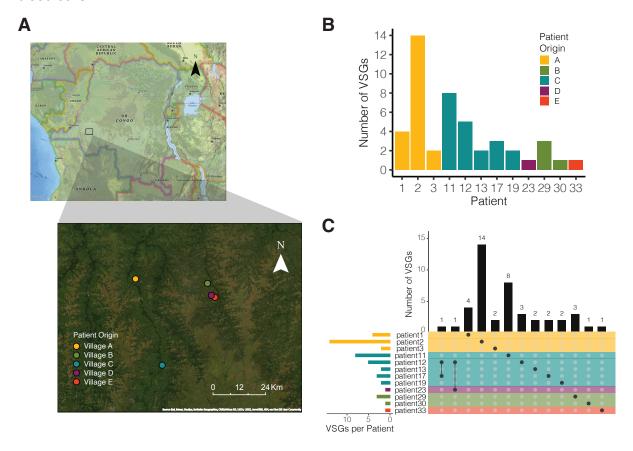
- 1) We conservatively estimated that each 2.5 mL patient blood sample contained a minimum of 100 parasites. At this minimum parasitemia, a single parasite would represent 1% of the population (and consequently ~1% of the parasite RNA in a sample). As a result, we excluded all *VSGs* expressed by <1% of the population as estimated by VSG-seq.
- 2) We classified VSGs as expressed if they met the expression cutoff in at least two of three technical library replicates.

1112 unique *VSG* open reading frames were assembled *de novo* in the patient set and 44 met our expression criteria. Only these 44 *VSGs*, which we will refer to as "expressed *VSGs*" in these patient samples, were considered in downstream analysis, except when otherwise noted. TgsGP, the VSG-like protein which partially enables resistance to human serum in *T. b. gambiense* [55], was assembled in samples from patients 2, 11, 13, and 17, and met expression threshold in patients 2, 11, and 17. The absence of this transcript in most samples is likely a result of the low amount of input material used to prepare samples. Notably, none of the expressed *VSGs* shared similarity with any *VSGs* in the *T. b. gambiense* DAL972 genome or the diagnostic VSGs LiTat 1.3, LiTat 1.5 and LiTat 1.6.

At least one *VSG* met our expression criteria in each patient, and in most cases multiple *VSGs* were detected. The highest diversity was observed in patient 2, with 14 *VSGs* expressed (Fig 1B, Supplemental Figure 1). We observed a correlation between parasitemia as estimated by QPCR and number of *VSGs* (Supplemental Figure 2), suggesting that these samples do not reflect the full diversity of each population. Nevertheless, two *VSG* were shared between patients: *VSG* 'Gambiense 195' was expressed in both patient 12 and patient 17 from Village C, and *VSG* 'Gambiense 38' was expressed in patient 12 from Village C and patient 23 from Village D which are 40 kilometers apart (Fig 1C).

Patient	Location	Est. parasites in 500µL buffy coat	mean SL-RNA Ct	Plasma CATT end dilution	WBC	Parasites in CSF	Stage
1	Village A	>50	22.155	≥32	1	-	First
2	Village A	>50	19.020	≥32	6	-	Early 2nd
3	Village A	2-5	28.780	≥32	6	-	Early 2nd
11	Village C	>50	22.030	4	9	-	Early 2nd
12	Village C	6-20	25.430	≥32	6	-	Early 2nd
13	Village C	6-20	26.635	16	12	-	Early 2nd
17	Village C	21-50	24.495	≥32	13	-	Early 2nd
19	Village C	1	28.245	8	7	-	Early 2nd
23	Village D	6-20	27.085	≥32	2	-	First
29	Village B	-	28.320	≥32	3	-	First
30	Village B	>50	22.960	≥32	694	+	Severe 2nd
33	Village E	1	32.385	≥32	2	-	First

**Table 1. Patient stage and parasitemia data.** For staging, the following definitions were used: First: 0-5 WBC/ $\mu$ I, no trypanosomes in CSF. Second: >5 WBC/ $\mu$ I or trypanosomes in CSF. (with early 2<sup>nd</sup> 6-20 WBC/ $\mu$ I and no trypanosomes in CSF; severe 2<sup>nd</sup>: >100 WBC/ $\mu$ I). WBC: white blood cells.



**Figure 1. Parasites isolated from gHAT patients express multiple** *VSGs.* (A) Map showing the location of each patient's home village. Maps were generated with ArcGIS® software by Esri, using world imagery and National Geographic style basemaps. (B) Graph depicting the

total number of *VSGs* expressed in each patient. (C) The intersection of expressed *VSG* sets in each patient. Color indicates patient origin.

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## Natural *T. b. gambiense* infections show a strong bias towards expression of type B VSG

To further characterize the set of expressed VSGs in these samples, we sought a fast and unbiased method for determining the type and subtype of each VSG's N-terminal domain. We evaluated two approaches. The first approach was to create a bioinformatic pipeline to determine each N-terminal domain subtype, using HMM profiles we created for each subtype using sets of N-terminal domains previously typed by Cross et al. [15]. The second approach was to create a BLASTp network graph based on a previously published method [56] where the N-terminal subtype of a VSG is determined by the set of VSGs it clusters with, and clusters are identified using the leading eigenvector method [53]. We used each approach to determine the N-terminal subtype of each expressed VSG in our patient sample dataset along with 863 VSG N-termini from the Lister 427 genome. We compared these results to either existing N-terminal classification (for Lister 427 VSGs) or classification based on position in a newlygenerated BLASTp-tree[15] (for T. b. gambiense VSGs; Figure 2A). Both the new HMM profile and BLASTp network graph approaches generally recapitulated previous VSG classification based on BLASTp-tree, with all three methods agreeing 93.7% of the time (Figure 2B). The HMM pipeline method agreed with BLASTp-tree typing for all patient VSGs, while the network graph approach agreed for 43/44 VSGs (Figure 2B, Supplemental Fig 3, Supplemental Table 1) [15]. It is not surprising that the HMM pipeline would better reflect the results of the BLASTp-tree method, as the N-terminal subtype HMM profiles were generated using VSGs classified by this method. Based on these data, we determined the HMM method is a fast and accurate method for determining the N-terminal domain types of unknown VSGs.

Our N-terminal domain typing pipeline identified the domain sequence and type for all 44 patient VSGs (Fig 2C). 82% of the expressed *T. b. gambiense* VSGs had type B N-terminal domains, and within each patient 50% or more of expressed *VSG* were type B. This bias was not restricted to highly expressed *VSGs*, as 74.5% of all assembled *VSG* (813 of 1091 classifiable to an N-terminal subtype) were also type B. This observation motivated further investigation into the expressed N-terminal domains in infections by other *T. brucei* subspecies.

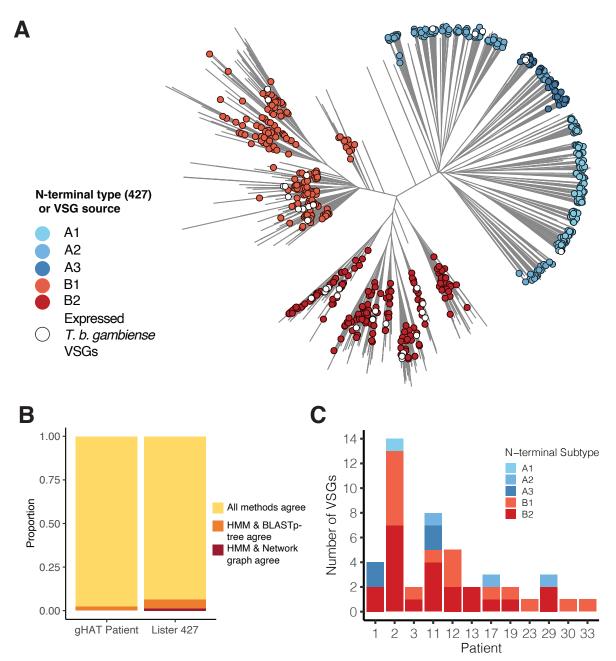


Figure 2. *T. b. gambiense* samples show a bias towards expression of type B VSG. (A) Visualization of relatedness between N-terminal domain peptide sequences inferred by Neighbor-Joining based on normalized BLASTp scores. Legend indicates classification by HMM pipeline (for Lister 427 VSGs, to highlight agreement between the two methods), or by subspecies for *VSGs* expressed in patients. (B) Agreement between three VSG typing methods for Lister 427 VSG set and the expressed *T. b. gambiense* patient VSG set. (C) N-terminal domain subtype composition of expressed *T. b. gambiense VSGs* as determined by HMM analysis pipeline.

## Type B VSG bias is not observed in natural *T. b. rhodesiense* infection.

To determine whether the bias towards type B VSGs was unique to *T. b. gambiense* infections, we analyzed RNA-seq data from a published study measuring gene expression in the blood and cerebrospinal fluid (CSF) of *T.b. rhodesiense* patients in Northern Uganda [57]. These libraries were prepared conventionally after either rRNA-depletion for blood or poly-A selection for CSF samples. We analyzed only those samples for which at least 10% of reads mapped to the *T. brucei* genome. Raw reads from these samples were subjected to the VSG-seq analysis pipeline, and because the estimated parasitemia of these patients was much higher than our *T.b. gambiense* study, we adjusted our expression criteria accordingly to 0.01%, the published limit of detection of VSG-seq [30]. Using this approach, we identified 77 unique *VSG* sequences across all blood and CSF samples (Fig 3A, Supplemental Figure 4). SRA, the VSG-like protein that confers human serum resistance in *T. b. rhodesiense* [58], was expressed in all patient samples.

The HMM pipeline was able to determine types for 74 of these VSG sequences; the remaining appeared to be incompletely assembled, presumably due to insufficient read depth from their low level of expression. In each patient, multiple *VSGs* assembled and a large proportion were expressed in multiple patients (Fig 3B), in line with our observations in experimental mouse infections. Although the majority of VSGs detected in these patients were type B (57%), this VSG type was much less predominant than in *T. b. gambiense* infection (Fig 3C). Interestingly, there was no overlap in expressed *VSGs* in the blood and CSF of patient 71, the only patient for which both blood and CSF data were available for analysis, potentially indicating that different organs or body compartments harbor different sets of VSGs.

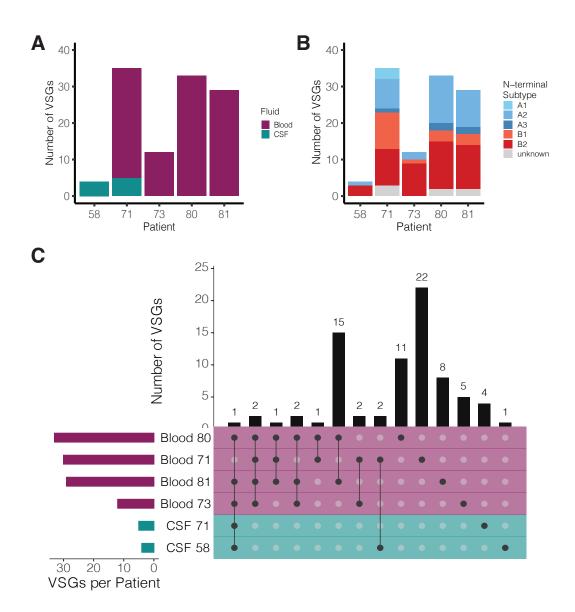
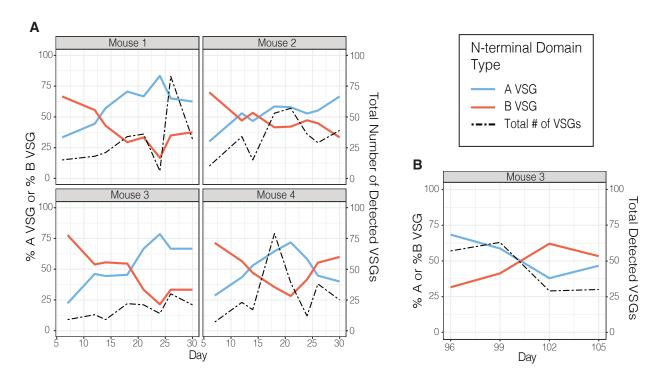


Figure 3. *T. b. rhodesiense* samples reveal diverse *VSG* expression, but little N-terminal type bias. (A) The total number of expressed *T. b. rhodesiense VSG* in each patient and sample type. Bar color represents sample type from which RNA was extracted. (B) N-terminal domain subtype composition of all expressed *VSGs*. (C) Intersections of *VSGs* expressed in multiple infections. Color represents the sample type.

# The predominant VSG N-terminal type fluctuates over time during experimental *T. b. brucei* infection

One explanation for the bias towards type B VSG in *T. b. gambiense* could be that VSG type fluctuates over time. This is plausible because patient samples only represent a single moment during infection, and *T. b. gambiense* samples are more likely to be obtained at a later stage of infection than *T. b. rhodesiense*. To investigate whether a

predominance of type B VSGs could be a feature of the chronic nature of *T. brucei gambiense* infection, we took advantage of our published VSG-seq analysis of parasites isolated from mice infected with the *T.b. brucei* EATRO1125 strain. Blood was collected over time during this study, providing data from days 6/7, 12, 14, 21, 24, 26, and 30 post infection in all four mice, and from days 96, 99, 102, and 105 in one of the four mice (Mouse 3). Of 192 unique VSGs identified between days 0-30 and 97 VSGs identified between days 96-105,190 and 93 VSGs were typed by the python HMM pipeline, respectively. The remaining VSGs were incompletely assembled by Trinity. Our analysis of VSG types over time revealed that the predominantly expressed N-terminal domain type fluctuates between type A and type B throughout the early stages of infection as well as in extended chronic infections (Fig 4). Parasitemia did not correlate with either the diversity of *VSG* expression or N-terminal domain type predominance (Supplemental Fig 3). Because all patient samples were collected from a single timepoint, it remains unclear whether the predominant N-terminal type fluctuates in human infections over time as it does in mice.



**Figure 4. VSG N-terminal type composition fluctuates over the course of infection in mice.** Proportions of N-terminal domain types expressed in *T. b. brucei* infected mice over time. Total number of identified VSGs is represented by the black dotted line. A) N-terminal type composition days 0-30. B) Type composition days 96-105.

# The composition of the genomic VSG repertoire is reflected in expressed VSG N-terminal domain types

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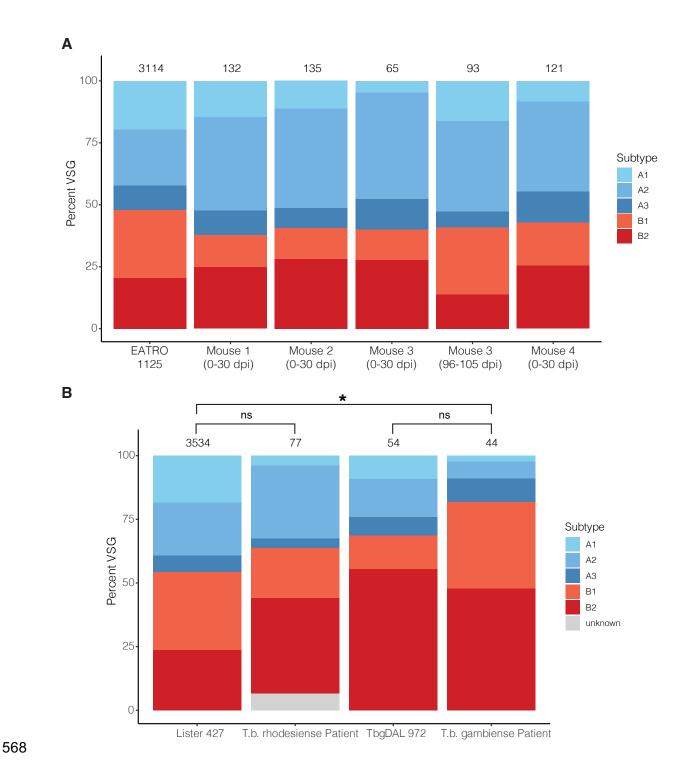
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Another source for bias in expressed VSG type is the composition of the genomic VSG repertoire. We were only able to make a direct comparison between the genomic and expressed VSG repertoire for EATRO1125 mouse infections, as the 'VSGnome' for this strain has been sequenced. This analysis revealed that, although the predominant N-terminal VSG type fluctuates during infection, the expressed VSG repertoire generally reflects the composition of the genomic repertoire (chi-squared p = 0.0515, Figure 5A).

Unfortunately, the full repertoire of VSGs encoded by most trypanosome strains is unknown, so such a direct comparison is impossible for T. b. gambiense and T. b. rhodesiense patient samples. The T. b. gambiense DAL972 reference genome lacks most of the genomic regions containing the majority of VSGs (haploid arrays, expression sites, and minichromosomes), and there is no publicly available T. b. rhodesiense reference assembly. However, there is no significant difference in VSG type frequency comparing the expressed T. b. rhodesiense set to the closely related and near-complete *T. b. brucei* Lister 427 repertoire [59] (chi-squared p-value = 0.2422) (Fig 5B). Similarly, the proportion of N-terminal domains identified in the T. b. gambiense patient samples is not statistically different from the incomplete T. b. gambiense DAL972 genomic repertoire (chi-squared p-value = 0.0575) (Fig 5B). Both T. b. gambiense patient VSG (chi-squared p-value = 2.413e-4) and the 54 VSGs identified in T. b. gambiense DAL972 (chi-square p-value = 0.0301) have A and B type frequencies that differ significantly from Lister427. Though these results should be interpreted with caution given the limitations of the reference genomes being used, they generally suggest that the underlying genomic VSG repertoire of T. b. gambiense differs from other subspecies in its N-terminal type composition.



**Figure 5. VSG expression reflects the genomic VSG repertoire of the infecting parasites.**(A) Columns show the proportion of VSG types identified in each mouse infection over all time points. Total number of unique VSG sequences displayed above column. Mouse infections were initiated with *T.b. brucei* strain EATRO 1125. (B) A comparison of the frequencies of type A and B VSGs expressed in patients and those present in Lister 427 and DAL972 reference genomes.

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# T.b. gambiense expressed VSG C-terminal domains show a bias for type 2 domains

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In addition to examining N-terminal types in our *T. b. gambiense* dataset, we also examined expressed VSG C-termini. Previous studies defined six C-terminal types, although resolution of these types in larger VSG sets has been difficult due to the high level of similarity among VSG C-termini [15,56]. In line with previous observations, a BLASTp-tree analysis of assembled *T.b. gambiense* C-terminal domains revealed frequent sequence similarity between expressed C-terminal types but did not provide sufficient resolution to confidently assign types (Fig 6A).

To supplement this analysis, we also performed a network graph analysis. Although this method had previously performed poorly in resolving VSG C-termini [56], using the leading eigenvector clustering method [53] to define community membership within the graph allowed a faithful reconstitution of the C-terminal types previously determined by BLASTp tree analysis. Using this approach, we were able to tentatively assign C-terminal domain types to the T. b. gambiense VSGs (Fig 6B). Most patient C-terminal domain types were type 2, while the remaining largely fell into the type 1 category. Only one type 3 C-terminus was identified in the patient set. Although there are very few VSG Ctermini available in the T. b. gambiense DAL972 genome, these sequences show a predominance of types 3 and 5, while the genomic repertoire of C-termini in Lister427 shows roughly equivalent representation of types 1, 2, and 3. Unlike T. b. gambiense Ntermini, the expressed C-termini were more restricted than the sets of C-termini apparently available in the T. b. gambiense DAL972 or T. b. brucei Lister427 genomes (Fisher's exact test, p-value < 1x10<sup>-5</sup>). In line with previous observations, we saw no evidence of domain exclusion: a C-terminal domain of one type could be paired with any type of N-terminal domain (Fig 6E)[20]. As observed in our analysis of expressed N-termini, C-terminal domain types were not correlated to geographical origin (Fig 6F). Overall, these data suggest that, like N-termini, expressed VSG C-termini are also biased towards certain C-terminal types. Unlike N-termini, however, C-terminal types expressed in T. b. gambiense infection may not reflect the composition of the parasite's genomic repertoire.

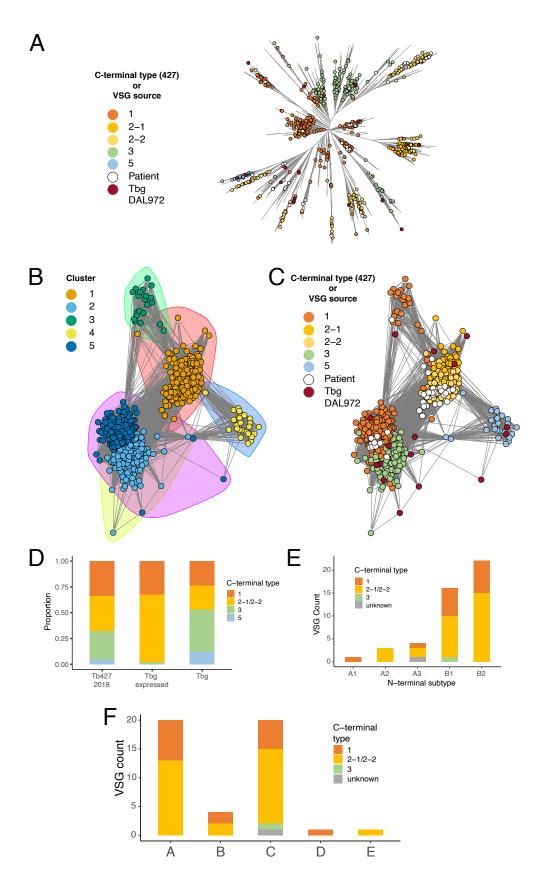


Figure 6. Expressed VSG C-termini are primarily type 1 and type 2. A) BLASTp tree of C-terminal domains. Points are colored based on previously-determined C-terminal type from Cross et al., or by the source of the sequence (genomic or expressed) for *T. b. gambiense VSGs*. B) Network plot showing peptide sequence relatedness between C-terminal domains in *T. b. gambiense* expressed VSGs. Each point represents a VSG C-terminus; a link was drawn between points if BLASTp e-value was less than 1x10<sup>-3</sup>. Points are colored by cluster determined by the clustering algorithm. Clusters are also indicated by shaded circles. C) Same network plot as in B, but colored by previously-determined C-terminal type from Cross et al., or by source for unclassified genomic or expressed *VSGs*. D) VSG C-terminal types, based on cluster assignment visualized in panel B, in genomic and expressed *VSG* sets. E) Pairing of C-and N-termini in *T. b. gambiense* patients. F) C-termini detected in each patient village.

## **Discussion**

African trypanosomes evade the host adaptive immune response through a process of antigenic variation, where parasites switch their expressed *VSG* [60]. The genome of *T. brucei* encodes a large repertoire of *VSG* genes, pseudogenes, and gene fragments, and can be extended continuously through recombination to form entirely novel "mosaic" *VSGs* [17]. While antigenic variation has been studied extensively in culture and in animal models of infection, our understanding of the process in natural infections, particularly human infection, is limited. Most experimental mouse infections are sustained for weeks to months, while humans and large mammals may be infected for several months or even years. Additionally, laboratory studies of antigenic variation almost exclusively use *T. b. brucei*, a subspecies of *T. brucei* that, by definition, does not infect humans.

The primary hurdle to exploring antigenic variation in nature has been technical: it is difficult to obtain sufficient parasite material for analysis. This is especially true for infection with *T. b. gambiense*, which often exhibits extremely low parasitemia. VSG-seq, which relies on PCR and requires very small amounts of material for analysis, provides a new tool for exploring *VSG* expression in natural human infections. Here we have demonstrated the feasibility of VSG-seq to analyze *VSG* expression in RNA samples isolated directly from HAT patients. Our analyses show that the diversity seen in mouse models of infection is mostly recapitulated in natural infection, but that there may be unique aspects of antigenic variation in *T. b. gambiense* that can only be explored by studying natural infections.

In our previous analysis of mouse infections, the most notable result was the diversity of VSGs expressed. Rather than a few VSGs expressed at a time, we saw many VSGs expressed simultaneously in the populations, confirming previous estimates of antigenic diversity in experimental mouse infection [17] and suggesting that the genomic VSG repertoire might be exploited very rapidly. In the study presented here, we detected several expressed VSGs in most T. b. gambiense samples. Although diversity in T. b. gambiense infection appeared lower overall, the correlation we observed between parasitemia and diversity in T. b. gambiense isolates specifically suggests that our sampling was incomplete. Indeed, in our analysis of T. b. rhodesiense infection (a more reasonable comparison to mouse infection given similar expression cutoffs and parasitemia), we observed diversity similar to or higher than what we have detected in T. b. brucei mouse infections. Moreover, T. b. rhodesiense patient CSF revealed another layer of diversity in VSG expression, with 5 VSGs expressed exclusively in this space. Overall, our analysis of VSG expression in T. b. gambiense and T. b. rhodesiense patients confirmed the long-held assumption that VSG diversity is a feature of natural infection.

While analyzing the sets of expressed *VSGs* in *T. b. gambiense* and *T. b. rhodesiense* infections, we found evidence for another feature of experimental infection that holds true in a natural host: hierarchical *VSG* expression. Both *in vitro* and *in vivo* studies have shown that *VSG* switching is not entirely stochastic but rather hierarchical, with

certain variants dominating expression in the parasite population in a reproducible order that appears to be independent of the starting *VSG* [17,31,32,61,62]. Switching hierarchy is hypothesized to be determined by multiple factors including homology, gene size, and genomic location. In the *T. b. gambiense* samples, we found two *VSGs* that met our detection threshold in multiple patients, and in *T. b. rhodesiense* a large proportion of expressed *VSGs* were shared among multiple patients. Given the large size of the genomic *VSG* repertoire, any overlap in expressed *VSG* repertoire is likely indicative of a semi-predictable hierarchy of switching and preference for the expression of certain *VSGs*.

Of the two shared VSGs we identified in the T. b. gambiense patients, one was identified in two patients from the same village, while the other was found in two patients from villages 40km apart. At this short distance, it is possible that the infecting parasites were genetically similar and thus this overlap simply reflects preference in switching. It would be interesting to investigate, however, whether preference for the expression of certain VSGs occurs even between parasites isolated at greater distances. Indeed, it has been shown that the sensitivity of serological tests for gHAT, which detect antibody against the LiTat 1.3 VSG, vary regionally, potentially due to differences in the underlying genomic or expressed VSG repertoire in circulating strains [63,64]. Along these same lines, none of our assembled T. b. gambiense VSGs from patients in the DRC shared significant similarity with those in the genome of DAL972, a parasite isolate from Côte d'Ivoire. This could suggest that there are geographic variations in T. brucei VSG repertoires. Similar variation has been observed in var gene repertoires of *Plasmodium falciparum* [65] and the *VSG* repertoire of *Trypanosoma* vivax, another African trypanosome [35]. A better understanding of such differences in T. brucei, if they exist, could lead to development of more sensitive HAT diagnostics.

To better understand the VSG proteins expressed in natural infections, we developed an HMM VSG typing pipeline that revealed an intriguing bias in *T. b. gambiense* infection towards type B VSGs that appears to be specific to *T. b. gambiense* patient samples. While small sample sizes and important differences between each *T. brucei* subspecies' dataset limit the conclusions that can be drawn, comparisons between these sets do suggest that the genomic *VSG* repertoire determines the distribution of VSG N-terminal types expressed during *T. brucei* infection and may account for the bias we have observed in *T. b. gambiense* patients.

Our analysis of experimental mouse infections suggests that while the predominant expressed N-terminal domain type fluctuates between type A and type B over time, even into advanced stages of infection, the repertoire expressed over the course of an infection generally reflects the composition of the genomic *VSG* repertoire of the infecting parasite strain. A direct comparison between the genomic *VSG* repertoire and the expressed *VSG* repertoire can be made for experimental *T. b. brucei* EATRO1125 infections, as the EATRO1125 VSGnome was generated from the same parasite strain used to initiate these infections. Such a direct comparison is impossible for patient samples. While the content of the 'core' *T. brucei* genome (containing the diploid, housekeeping genes) is similar enough among subspecies for resequencing projects to

be scaffolded using the TREU927 or Lister 427 reference genomes [59,66,67], it is not clear whether the *VSG* repertoires of subspecies (or even individual parasite strains [36]) share this degree of similarity. Although a near-complete VSGnome for any *T. b. rhodesiense* strain was not available, we chose to compare the makeup of *T. b. rhodesiense* expressed *VSGs* with the well-characterized genome of *T. b. brucei* Lister 427 [16], given the extreme similarity between *T. b. brucei* and *T. b. rhodesiense* [59]. Similarly, we compared expressed *VSGs* in *T. b. gambiense* patients to the limited set of *VSGs* in the *T. b. gambiense* DAL972 genome. In both cases, the distribution of N-terminal types expressed in infection was not significantly different from that of the genomic *VSG* repertoire to which the expressed *VSGs* were being compared. Taken together, these data support a model in which VSG types are drawn from the repertoire at roughly equal frequency to their representation in the genome, and that that the *T. b. gambiense VSG* repertoire may contain a larger proportion of type B VSG than its more virulent counterparts.

Another possibility we cannot rule out is that the gHAT samples are biased due to selection by the serological test used for diagnosis. Patients were screened for *T. b. gambiense* infection using the CATT, a serological test that uses parasites expressing VSG LiTat 1.3 as an antigen. LiTat 1.3 contains a type B2 N-terminal domain [63,64]. It is possible that patients infected with parasites predominantly expressing type B VSGs are more likely to generate antibodies that cross-react with LiTat1.3, resulting in preferential detection of these cases. In contrast, *T.b. rhodesiense* can only be diagnosed microscopically, removing the potential to introduce bias through screening. It remains to be investigated whether samples from patients diagnosed using newer screening tests, which include the invariant surface glycoprotein ISG65 and the type A VSG LiTat 1.5 [29], would show similar bias towards expression of type B VSGs.

Analysis of expressed VSG C-terminal domains in *T. b. gambiense* patients showed a bias towards C-terminal types 1 and 2. The diagnostic VSG LiTat1.3 contains a type 3 C-terminus, a C-terminal type which was underrepresented in the patient set. Therefore, it is unlikely that a bias in expressed C-terminal types is related to the screening method. Notably, the bias towards C-terminal types 1 and 2 was not reflected in the limited *VSG* repertoire of the DAL972 reference genome or the repertoire of the Lister 427 *T. b. brucei* reference genome. This could be related to the limited set of *VSG*s present in the DAL972 reference genome, or it could suggest a true bias in expression.

Could a bias towards certain VSG types, whether due to a difference in repertoire composition or expression preference, account for the chronic nature of gHAT? While the genomic *VSG* repertoire has been analyzed extensively in laboratory strains, little is known about how differences in VSG proteins relate to parasite biology or whether there could be biological consequences to the expression of specific VSG N- or C-terminal types. Type A *var* genes in *Plasmodium falciparum* infection have been shown to be associated with severe malaria [68–72], and similar mechanisms have been hypothesized to exist in *T. vivax* and *T. congolense* infections [33,35,73,74]. In *T. brucei*, several VSGs have evolved specific functions besides antigenic variation [74]. Recently, the first type B VSG structure was solved [75], revealing a unique *O*-linked

carbohydrate in the VSG's N-terminal domain. This modification was found to interfere with the generation of protective immunity in a mouse model of infection; perhaps structural differences between each VSG type, including patterns of glycosylation, could influence infection outcomes. Further research will be needed to determine whether the observed predominance of type B VSGs could influence the clinical presentation of *T. b. gambiense* infection.

Currently, it is unclear why this collection of gHAT patient isolates demonstrates a bias towards expression of certain VSG types. More research will be needed to determine whether the *T. b. gambiense VSG* repertoire contains a unique distribution of VSG types, whether these parasites preferentially express certain VSG types, and whether this bias could have functional consequences. What this study has shown, however, is that it is feasible to explore antigenic variation in natural infection and that, although mouse models do reflect the general dynamics of antigenic variation in natural *T. brucei* infection, unique biology remains to be uncovered by studying antigenic variation in its natural context.

## **Acknowledgments**

We are very grateful to the patients without whom this work would not have been possible. We thank George Cross and Danae Schulz for comments on the manuscript. We would also like to thank Mary Gebhardt for help with GIS. The atlas of HAT is an initiative of the World Health Organization (WHO), jointly implemented with the Food and Agriculture Organization of the United Nations (FAO) in the framework of the Programme Against African Trypanosomosis (PAAT).

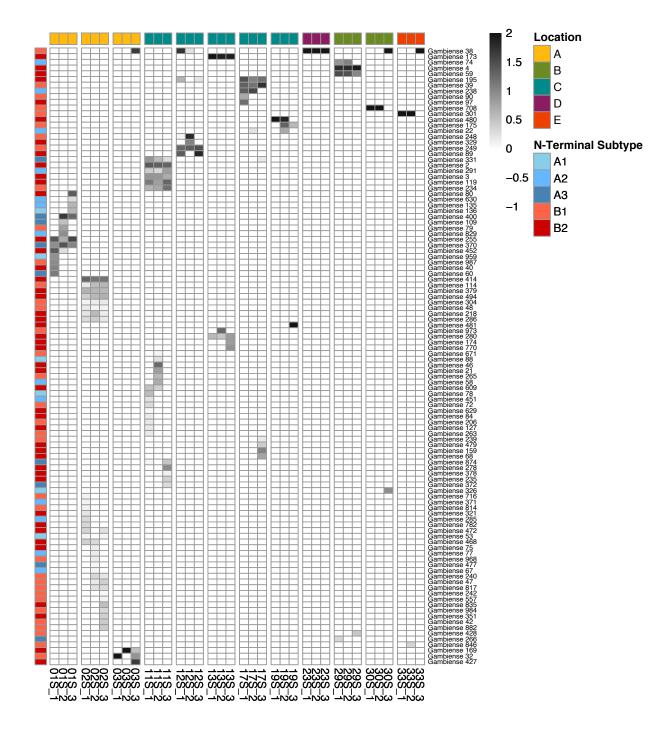
Supplemental Table 1. Primer sequences.

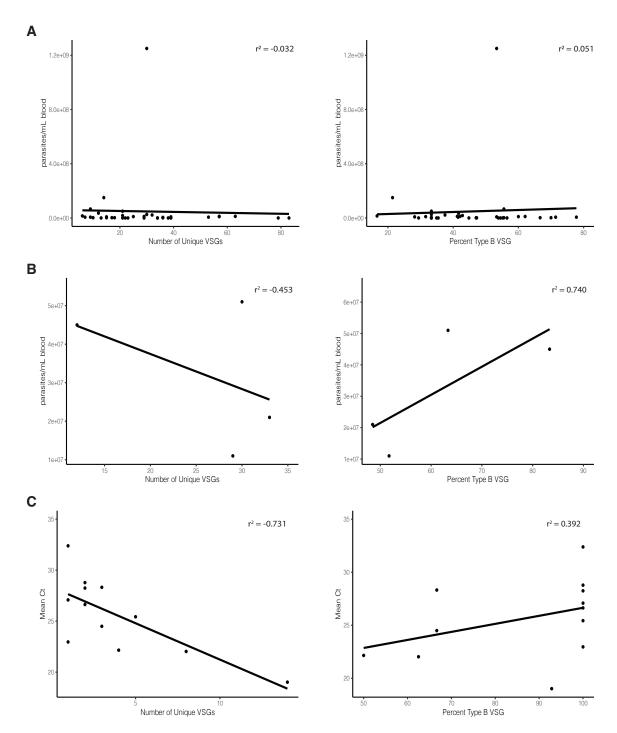
Supplemental Table 2. gHAT patient distance matrix.

Supplemental Table 3. gHAT VSG expression data.

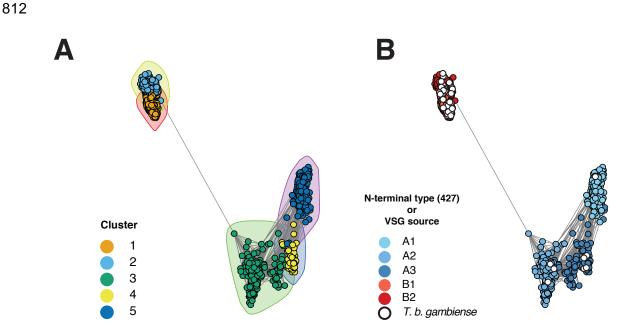
Supplemental Table 4. Tables comparing BLAST-tree, HMMscan, and network plot typing methods.

Supplemental Table 5. rHAT VSG expression data.





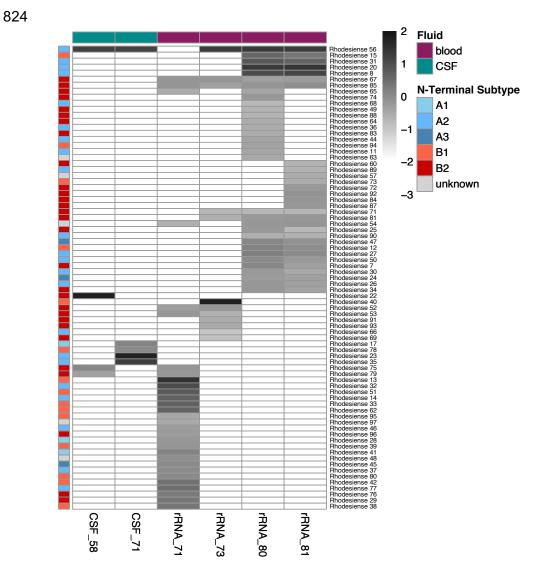
**Supplemental Figure 2. Correlation between parasitemia and diversity and N-terminal type distribution.** (A) Correlation plots for VSG diversity and percent of N-terminal domain type B for *T.b. brucei* infected mice from Mugnier et.al 2015. (B) Correlation plots for *T.b. rhodesiense* infected patients from Mulindwa et. al. 2018. (C) Correlation plots for *T.b. gambiense* infected patients.



**Supplemental Figure 3.** (A) Network plot showing peptide sequence relatedness between N-terminal domains. Each point represents a VSG N-terminus. A link was drawn between points if BLASTp e-value was less than 10<sup>-2</sup>. Colors and shaded circles represent community assignment determined by the clustering algorithm. (B) Same graph as in (A), but points are manually colored by known N-terminal subtype from Cross et al., or by subspecies for VSGs identified in patients.

Supplemental Fig 4. BLASTp-tree of all T. b. gambiense VSGs. File attached.

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Supplemental Figure 5. Heatmap of all assembled *T.b. rhodesiense* patient VSGs

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