- SARS-CoV-2 ORF1ab<sup>A1061S</sup> potentiate autoreactive T cell responses
- via epitope mimicry: an explanation to hepatitis of unknown cause
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Abstract

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- 14 The World Health Organization have recently announced outbreak news of acute,
- severe hepatitis of unknown cause in children under a Covid-19 pandemic. Whether it
- is associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- infection is still under debating. Here, we performed genomic sequence alignment
- analysis of the genome of SARS-Cov-2 (Wuhan-hu-1) to the human genome
- 19 reference. Sequence analysis revealed that the SARS-CoV-2 ORF1ab 1056-1173
- presented high identities with the human protein PAPR14<sup>53-176</sup>(3Q6Z\_A). After
- searching the fully sequenced SARS-CoV-2 genomes deposited in GISAID
- 22 (<u>https://www.gisaid.org/</u>), we detected 170 SARS-CoV-2 variants with mutation in
- ORF1ab<sup>1061</sup>, where alanine (A) was substituted by serine (S). This alteration made a
- 7-amino acid peptide (VVVNASN) in ORF1ab identical to its counterpart in
- 25 PARP14<sup>53-59</sup>(3Q6Z\_A). HLA prediction suggested that the peptides with high
- identities in PARP14 and ORF1ab could be presented by a same globally prevalent
- 27 HLA-A\*11:01 molecule. And in consistent with the first reported case of hepatitis of
- unknown, SARS-CoV-2 ORF1ab VVVNASN variants were mostly identified as Delta
- lineages in UK by the late 2021, with an overall frequency of 0.00161%. Thus, our
- preliminary results raised a possibility that infection by SARS-CoV-2
- 31 ORF1ab VVVNASN variant might elicit an autoimmune T cell response via epitope
- mimicry and is associated with the outbreak of unknown hepatitis. We anticipated that
- these findings will alert the human societies to pay more attention to rare mutations
- 34 beyond the spike proteins.
- 35 Key words
- 36 SARS-CoV-2, Hepatitis of unknown cause, Epitope mimicry, ORF1ab, A1061S
- 37 mutation

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Main text

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The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have caused a 40 41 global pandemic in the last two years and are still evolving nowadays. Although we 42 have made great progresses in understanding their virology and key steps of life cycle 43 [1], long-term and systematic impacts of these virus on human are still missing, 44 especially of that on the systemic immune status. Beside SARS-CoV-2, the World Health Organization have announced outbreak news of acute, severe hepatitis of 45 46 unknown origin in children on 23, April 2022 [2]. And according to the records by 47 European Centre for Disease Prevention and Control, the total number of cases 48 reported worldwide were approximately 450 by 11, May 2022[3]. All of the patients 49 were found in children under 16 years old, and it was estimated that more than 10% of 50 the children have required liver transplantation [2]. 51 The etiology of this disease is current unknown. However, some of these children have been identified with ongoing or recent SARS-CoV-2 infections in Israel and the 52 53 USA [2]. Although linkes between long-lasting effects from the SARS-CoV-2 54 infection with hepatitis of unknown origin were currently without experimental 55 examination, a case report highlighted a possible association between SARS-CoV-2 56 infection and subsequent development of T cell participated autoimmune liver disease[4]. In supporting, SARS-CoV-2 superantigens have been hypothesized to 57 58 involve in excessive T cell activation and possibly the pathogenesis of hepatitis of 59 unknown cause[5]. 60 T cell responses are critically important to eliminate virus infection and also for 61 SARS-CoV-2[6]. The elimination of virus finally resulted in a persistent T cell-pools 62 that processing diverse T cell receptor (TCR) repertoires to virus related antigens, 63 thus leaving a protection for the secondary infections by the same virus. Typically, 64 these T cells were kept in check and did not attack human tissues. However, in some 65 cases, virus infection led to immune disorders and caused autoimmune diseases, 66 which were related to the disturbed peripheral tolerance [7, 8]. In the cases of SARS-67 CoV-2 infections, severe immune perturbations have been noted[9], thus rising possibilities that impaired peripheral T cell tolerance would occur. 68

Based on that knowledge, we hypothesized that virus mutations might generate new

- 70 antigens that mimicked self-peptides and elicited an autoimmune response in
- 71 appropriate inflammatory microenvironments, and thus associated with the emerging
- of hepatitis of unknown cause.
- 73 PSI-blast identified a motif with high identity between human PARP14 and
- 74 SARS-CoV-2 ORF1ab
- To test the hypothesis above, we made a whole-genome alignment of SARS-CoV-2
- (wh-hu-1)[10] to the human reference genome with PSI-blast in default parameters.
- Among all the SARS-CoV-2 proteins aligned, only a hit in ORF1ab (ORF1ab 1056-1173)
- was found, which presented high identity with a sequence in human PARP14
- 79 (PARP14<sup>53-176</sup>, sequence ID: 3Q6Z\_A) (**Fig. 1A**). The most identical peptide was
- located in a motif with 7 amino acids residuals, in which only a differential amino
- acid was found in ORF1ab<sup>1061</sup> comparing to PARP14<sup>58</sup> (**Fig. 1A**). In addition,
- PAPR14<sup>62-75</sup> (sequence ID: 3Q6Z A) also shared high identity with ORF1ab<sup>1065</sup>-
- 83  $^{1078}$ (**Fig. 1A**).
- Rare mutation increased identity between ORF1ab 1056-1062 and PARP1453-59
- Since the release of the first sequence of SARS-CoV-2 (wuhan-hu-1) in December
- 86 2019, the virus has undergone numerous mutations. The accumulation of mutations in
- the genome of SARS-CoV-2 will affect functional properties and may alter
- 88 infectivity, disease severity or interactions with host immunity. It was reasonable to
- speculate that there might be some SARS-CoV-2 variants with mutations occurring in
- 90 ORF1ab 1056-1062, thus resulting in an increased identity to human PARP14 53-59
- 91 (3Q6Z\_A). To test that hypothesis, we downloaded the proteins of SARS-CoV-2
- 92 variants deposited on GISAID (https://www.gisaid.org/). Sequence analysis was focus
- on the amino acid sequence from 1055 to 1077 on ORF1a protein. Among all the
- 94 SARS-CoV-2 protein sequences (10,541,935 in total, by May 10<sup>th</sup>, 2022), 170
- possessed an alanine (A) to serine (S) substitution on the site 1061 of ORF1ab (Fig.
- 96 **1B and 1C**). Noteworthily, this alteration made the core amino acid sequences
- 97 identical to that of human PARP14<sup>53-59</sup> (3Q6Z\_A). Further analysis revealed that
- 98 SARS-CoV-2 ORF1ab VVVNASN variants has been recorded in 15 countries across 5
- 99 continents (**Fig. 1B and 1C**). The variants varied by countries with an overall
- frequency of 0.00161% worldwide (**Fig. 1C**). In consistent with the firstly reported

cases of hepatitis of unknown, SARS-CoV-2 ORF1ab VVVNASN variants was mostly 101 detected in the UK (135) and the USA (18) (Fig. 1D). 102 In addition to ORF1ab<sup>A1061S</sup> substitution, several other mutations that would 103 potentially increase the sequence identity were also identified. For example, 104 ORF1ab<sup>G1073A</sup> have been emerging at a relative high frequency (**Fig. 2A, table 1**). 105 This mutation led a 11-amino acid motif in ORF1ab (LKHGGGVAAAL) to be more 106 similar in chemical properties, comparing to human PARP14 (LKHYGGLAAAL) 107 108 (**Fig. 2A**). The 170 variants bearing A1061S mutation in ORF1ab were also annotated 109 to the Variants of Concern (VOC) and most of mutational variants are found within 110 SARS-CoV-2 Delta lineage (Fig. 2B). Although the Omicron variants were causing 111 most of the infections globally, an Israel research group has warned that Delta 112 variants were still undergoing circulating in parallel to Omicron variants and might 113 maintain its circulation in future[11]. 114 HLA prediction suggested potential overlaps of HLA in binding human and 115 virus peptides T cells recognized peptides presented by specific array of HLA molecules. Thus, 116 117 HLA overlapping was a pre-determinant for cross T cell reactivities induced by 118 epitope mimicry. We used an online HLA binding prediction tool[12] 119 (http://tools.iedb.org/mhci/) to predict peptide binding abilities by a default array of MHC-I molecules, allowing to evaluate the binding potential and usage overlaps of 120 HLA molecules by high similar peptides from human PARP14 and SARS-CoV2 121 122 ORF1ab. We selected a total of 23 amino acid surrounding the identical 7-amino acid of ORF1ab A1061S and PARP14 as inputs respectively. As expected, we found that the 123 peptide <u>VVNASNELK</u> in human PARP14 and <u>VVNASNVYK</u> in ORF1ab A1061S 124 could be presented by a same HLA-A\*11:01 molecule with comparable high-affinity 125 (Fig. 2C). Importantly, OFR1ab<sup>A1061S</sup> mutation showed increased binding ability of 126 127 this peptide to HLA-A\*11:01 molecule, as comparing to its wuhan-hu-1 counterpart 128 (**Fig. 2C**). These findings suggested both the self- and virus- peptides with high 129 sequence identity could be presented by a same HLA molecule, supporting that 130 specific T-cell clones restricted to an HLA-A\*11:01 molecules might be cross-131 activated by virus peptides mimicry and led to autoimmune responses. Indeed, HLA-132 A\*11:01 was one of the most prevalent HLAs across the world [8], suggesting virus

antigen presentation by HLA-A\*11:01 were generally applicable to the worldwide.

133

**Discussion** 134 135 Deregulated T cell responses are common triggers of various autoimmune diseases. 136 Epitope mimicry of host proteins by pathogen is a common inducer in susceptible 137 individuals to induce biased immune response versus tolerance, leading to tissue 138 damage[13]. Here we found a mutation in SARS-CoV-2 ORF1ab may lead to 139 increased identity between pathogen peptides with human proteins, providing a 140 computational evidence for understanding the leading cause of SARS-CoV-2 141 associated autoimmune diseases, and also provided a new thought on the outbreaks of 142 children hepatitis of unknown cause under a background of SARS-CoV-2 pandemic. 143 The outbreak of hepatitis of unknown cause was currently restricted to children under 144 16 years old. It should be noted that in children, their thymus output was kept in stack, 145 T cell repertoires were continuously making, and peripheral tolerance was under 146 establishing [14]. The disturbance of systematic and local immune microenvironment 147 by SARS-CoV2 infection was likely to affect the establishment of normal T cell 148 tolerances, thus possibly explained the preference of children to this type of hepatitis. 149 Based on that, we anticipated that HLA genotyping may facilitate to uncovering the 150 real cause of hepatitis. 151 According to the fully sequenced genomes deposited in GISAID, the frequency of SARS-CoV-2 ORF1ab VVVNASN variants was around 0.0000161. Among 517,648,631 152 confirmed SARS-CoV-2 cases by 15, May 2022 (https://covid19.who.int/), it was 153 154 roughly estimated that 8334 people, irrespective of children or adults, might be 155 subjected to risks of autoimmune T cell responses and possibly the hepatitis of 156 unknown cause. However, other unknown factors may also participate to exacerbate 157 disease morbidity and severity, and indeed we have noted some mutations will increase the sequence identity between ORF1ab 1065-1078 and PAPR1462-75 (3O6Z A). 158 159 Most of the variants bearing A1061S substitution were in Delta lineage, and it should 160 be noteworthy that Delta variants were still circulating in parallel with Omicron 161 variants[11]. Thus, mutations in these sites should call for our great concerns. 162 However, our results were still preliminary and we only aimed to discussing a 163 possible association of SARS-CoV-2 infection with children acute hepatitis of

- unknown cause. Further experimental validation of this hypothesis presented here was
- urgently needed to figure out the nature of hepatitis of unknown cause.

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## 168 Author contributions:

- Both Yu Wang and Yuexing Liu contributed to the conceptional design and data
- 170 processing.

### 171 Conflict of interest:

172 The authors declared no conflict of interest.

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214 215 Figure legends: Figure 1. SARS-CoV-2 OFR1ab aubstitution increased sequence identity 216 with human PARP14 and variant's epidemiology. 217 (A) PSI blast showing the alignment of SARS-CoV-2 ORF1ab 1056-1173 with 218 PARP14<sup>53-168</sup>(306Z A). (**B**) Global distribution of the fully sequenced SARS-CoV-2 219 genomes possessing A1601S mutation in SARS-CoV-2 OFR1ab VVVNAAN motif. 220 221 Basal layer map was created by BioRender.com with permission. (C) Counts (and proportions) of OFR1ab VVVNASN variants across 15 countries. (**D**) Monthly trends in 222 accumulated number of OFR1ab VVVNASN variants across 15 countries. 223 Figure 2. Sequence analysis of variants bearing OFR1ab A1061S substitution. 224 (A) Mutation preferences and rates in SARS-CoV-2 ORF1ab 1055-1079 as compared to 225 wuhan-hu-1. (B) Pie plot showing phylogenetic assignment of the SARS-CoV-2 226 variant (ORF1ab VVVNASN) with pangolin[15]. (C) Predicted binding ability by HLA-227 A\*11:01 to human PARP14 and SARS-CoV-2 ORF1ab generated peptide. The MHCI 228 binding predictions were made using the IEDB analysis resource NetMHCpan (ver. 229 230 4.1) tool [12].

Figure 1. SARS-CoV-2 OFR1ab<sup>A1061S</sup> substitution increased sequence similarities with human PARP14 and variant's

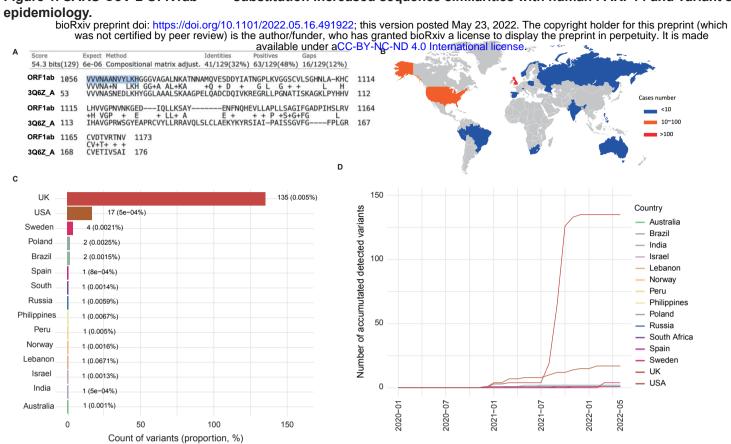


Figure 2. Sequence analysis of variants bearing OFR1ab<sup>A1061S</sup> substitution.

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B.1.617.2(Delta), n=7 DVVVNASNEDLKHYGGLAAALSKAA PARP14(3Q6Z\_A) B.1.2, n=6 0.003 B.1.1.7(Alpha), n=4 AY.119(Delta), n=2 0.002 rkodazigebegakog engikeata B.1.351(Beta), n=2 P.1(Gamma), n=2 0.000 AY.102(Delta), n=1 AY.103(Delta), n=1 AY.117(Delta), n=1 AY.122(Delta), n=1 S AY.3(Delta), n=1 AY.39.1.2(Delta), n=1 R AY.43(Delta), n=1 AY.9.2(Delta), n=1 O Р B.1.1, n=1 B.1.1.434, n=1 Ν 0.0015 М B.1.1.519, n=1 B.1.398, n=1 0.0010 0.0005 С 0.0000 Allele Core peptied Score G Human HLA-A\*11:01 10 VVNASNEDLK 0.320496 Е PARP14 D SARS-CoV2 С HLA-A\*11:01 10 VVNASNVYLK 0.730699 ORF1ab<sup>A1061S</sup> SARS-CoV2 HLA-A\*11:01 10 VVNAANVYLK 0.680557

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1060		3.14E-05	1068	1.54E-06	1077		_
1060		2.14E-05	1068 P	1.15E-06	1077		
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1060 1060		1.08E-05	1068 C	2.88E-07	1077 1077		-
1060		4.42E-06 3.07E-06	1069 G 1069 V	0.9992562 2.04E-04	1077		
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1061		4.13E-06	1069 H	6.72E-07	1078		-
	_	101 00	2000  1	5.122 01	1010	2.202 07	_

Γ	1061	3.36E-06	1069	С	9.60E-08	1078 K	1.29E-04	
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ſ	1061 Q	1.82E-06	available un	der aCC-BY-NO	-00991746	tional license.	1 5.98E-05	5 IIIaue
ſ	1061 M	7.68E-07	1070	А	2.98E-04	1078 Q		
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2.88E-06

1.44E-06

1071 M

1063 D