Impact of reinfection with SARS-CoV-2 Omicron variants in previously

infected hamsters

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Running Head: Reinfection of SARS-CoV-2 variant in a hamster model

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Word counts for the abstract 241

Word counts for the importance 138

Word counts for the text 4997

ABSTRACT

The diversity of SARS-CoV-2 mutations raises the possibility of reinfection of individuals

previously infected with earlier variants, and this risk is further increased by the emergence

of the B.1.1.529 Omicron variant. In this study, we used an *in vivo*, hamster infection model

to assess the potential for individuals previously infected with SARS-CoV-2 to be

reinfected with Omicron variant and we also investigated the pathology associated with

such infections. Initially, Syrian hamsters were inoculated with a lineage A, B.1.1.7,

B.1.351, B.1.617.2 or a subvariant of Omicron, BA.1 strain and then reinfected with the

BA.1 strain 5 weeks later. Subsequently, the impact of reinfection with Omicron

subvariants (BA.1 and BA.2) in individuals previously infected with the BA.1 strain was

examined. Although viral infection and replication were suppressed in both the upper and

lower airways, following reinfection, virus-associated RNA was detected in the airways of

most hamsters. Viral replication was more strongly suppressed in the lower respiratory tract

than in the upper respiratory tract. Consistent amino acid substitutions were observed in the

upper respiratory tract of infected hamsters after primary infection with variant BA.1,

whereas diverse mutations appeared in hamsters reinfected with the same variant.

Histopathology showed no acute pneumonia or disease enhancement in any of the

reinfection groups and, in addition, the expression of inflammatory cytokines and

chemokines in the airways of reinfected animals was only mildly elevated. These findings

are important for understanding the risk of reinfection with new variants of SARS-CoV-2.

IMPORTANCE

The emergence of SARS-CoV-2 variants and the widespread use of COVID-19 vaccines

has resulted in individual differences in immune status against SARS-CoV-2. A decay in

immunity over time and the emergence of variants that partially evade the immune

response can also lead to reinfection. In this study, we demonstrated that, in hamsters,

immunity acquired following primary infection with previous SARS-CoV-2 variants was

effective in preventing the onset of pneumonia after reinfection with the Omicron variant.

However, viral infection and multiplication in the upper respiratory tract were still observed

after reinfection. We also showed that more diverse nonsynonymous mutations appeared in

the upper respiratory tract of reinfected hamsters that had acquired immunity from primary

infection. This hamster model reveals the within-host evolution of SARS-CoV-2 and its

pathology after reinfection, and provides important information for countermeasures

against diversifying SARS-CoV-2 variants.

INTRODUCTION

After the emergence of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), at the end of 2019, various Variants of Concern (VOC) emerged, including the B.1.1.7 (Alpha), B.1.351 (Beta) and B.1.617.2 (Delta) strains, allowing COVID-19 infection to spread and persist worldwide (1). At the end of November 2021, the World Health Organization designated a variant of SARS-CoV-2, B.1.1.529, as a VOC (2). The B.1.1.529, Omicron variant, has 30 amino acid substitutions, three deletions, and one insertion site in the spike region compared with the ancestral, Wuhan, SARS-CoV-2 strain, including 15 mutations in the receptor binding region (3). The emergence of Omicron strains with high transmission capacity has changed the infection risk situation for the current COVID-19 pandemic (3, 4). Although several studies indicate that Omicron variants cause less severe disease than the Delta variant (5), it is clear that an individual infected with an earlier VOC or Omicron strain is still at risk of reinfection with the next variant, including Omicron subvariant (6). In addition, infection with Omicron is considered primarily as an upper respiratory tract infection. This differs from the pathophysiology associated with the earlier VOC, which tended to cause lower respiratory tract infection (7-10). Thus, there is increasing concern about the efficacy of immunity of previously infected individuals against the new variants and impact of immunopathology due to reinfection of SARS-CoV-2 (11, 12).

The Syrian hamster is more susceptible to SARS-CoV-2 than other animal species (13). Weight loss, clinical signs, pathology, and immune response can be used as indicators of viral infection in hamsters, making them a useful small animal model for development of vaccines and antiviral agents for COVID-19 (13-15). Several research groups have also used this animal model to investigate the phenotype of mutant viruses by testing for

changes in infectivity, infectiousness, and antigenicity (16, 17). Hansen et al used a hamster

model to conduct reinfection experiments with a homologous, ancestor strain, WA1, and

heterologous B.1.1.7 (Alpha) and B.1.351 (Beta) SARS-CoV-2 variants to determine the

transmission through reinfection of asymptomatic individuals (18). Reinfection leads to

SARS-CoV-2 replication in the upper respiratory tract with the potential for virus shedding,

suggesting the risk of transmission through reinfected asymptomatic individuals. On the

other hand, another group showed that prior infection with the WA1 strain prevented Delta

variant transmission to naïve hamsters (19). In this study, therefore, we used a hamster

model to i) evaluate the risk of reinfection with Omicron BA.1 strain, following infection

with prior VOC strains, and ii) determine the risk of reinfection with Omicron subvariants

in individuals first infected with the Omicron BA.1 strain.

RESULTS

Primary infection of hamsters with SARS-CoV-2 variants.

Five isolates of SARS-CoV-2 including the ancestor strain from lineage A, and four isolates

of the VOC (B.1.1.7, B.1.351, B.1.617.2 and B.1.1.529; BA.1.18 [referred to as BA.1];

Table 1) were used for primary inoculation of Syrian hamsters as depicted in Figure 1A.

Because hamsters are highly susceptible to SARS-CoV-2, primary infection was conducted

by intranasal inoculation of a low dose of virus (1.0×10^3 $TCID_{50}$ in 8 µL of Dulbecco's

Modified Eagle Medium (DMEM)), which reached the local upper respiratory tract, and

induced seroconversion. Five weeks after primary infection, the lower respiratory tract of

animals was then reinfected with a higher dose (1.0×10^4 $TCID_{50}$ in 50 µL) of virus.

After the primary inoculation, animals infected with isolates from lineage A, B.1.1.7, and

B.1.617.2 showed significantly lower weight gain rate than the mock-infection group

(DMEM in Figure 1B, n = 3–4) in the first week post-inoculation (p.i.) but showed no

differences by four weeks p.i. (Figure 1B). At four weeks p.i., all animals, except those

inoculated with the B.1.1.529; BA.1 strain, showed high antibody titers against the ancestor

strain, lineage A and poor neutralizing activities against B.1.1.529; BA.1 strain (Figure 1C).

The B.1.1.529; BA.1 strain-inoculated animals had neutralizing antibodies (1:64) against

the homologous strain, but no neutralizing activities against the ancestor strain (detection

limit was 1:16). Sera were also used in a multiple assay for antibodies that block the

binding of human ACE2 to the spike proteins from variants of SARS-CoV-2 (Figure 1D).

Lower inhibition activity against the spike from the B.1.1.529; BA.1 variant was seen in the

sera from the A-, B.1.1.7-, and B.1.617.2-inoculated animals than in the sera from the

B.1.351- and B.1.1.529 especially when used 1:100 diluted sera; BA.1-infected animals.

Significantly, poor inhibition activity against the earlier VOC spike forms was observed in

sera from the B.1.1.529; BA.1-infected animals.

Reinfection of hamsters with an Omicron variant.

Five weeks after the primary inoculations, the B.1.1.529; BA.1 strain was inoculated into

all animals. No obvious respiratory illness was seen in any reinfected animals in the three

days after the second inoculation. The homologous reinfected hamsters (BA.1-BA1 group

in Figure 2A) showed transient body weight loss at 1 day post second infection unlike the

mock infected- and primary infected-animals (DMEM group and DMEM-BA.1 group,

respectively) by day 3 (Figure 2A). Three days after the second inoculation, all animals

were euthanized, under overdose anesthesia, and blood, nasal wash fluid, and lung samples

were obtained. The reinfected groups (A-BA.1 and B.1.1.7-BA.1 groups) showed

significantly higher lung weight/body weight ratios at 3 days p.i. (Figure 2B). Infectious

virus was detected in the respiratory samples of some of the primary infected hamsters

(DMEM-BA.1 group, one of four in the nasal wash fluid; three of four in the lung

homogenate), but no infectious virus was recovered from any of the reinfected animals

(Figure 2C; detection limit was $10^{1.5}$ TCID$_{50}$/mL). Interestingly, high viral RNA levels were

detected in the nasal wash fluid from almost all animals, even though infectious virus was

not isolated from these animals (Figure 2D upper panels). By contrast, no virus-associated

RNA was detected in the lungs of animals with prior homologous BA.1 infection (BA.1-

BA.1 group), and much lower virus copy numbers of virus-related RNA were detected in

the lungs of animals with prior heterologous SARS-CoV-2 infection compared with those

in the lungs of animals of DMEM-BA.1 group (Figure 2D lower panels). Thus, both prior

homologous and heterologous SARS-CoV-2 infection elicited lower immune protection in

the upper respiratory tract than that in the lower respiratory tract in this animal model.

The full-genome sequence of each of the Omicron BA.1 variants recovered from the nasal

wash fluid samples was determined (Supplementary Table 1). Nsp15 (ORF1b: K2340T)

and ORF10 (ORF10: V30L) nonsynonymous mutations appeared in all four hamsters

whose primary infection was with BA.1. (Figure 2E, left). Three of the four animals also

harbored variants with one or two amino acid substitutions in ORF1a region (nsp1:G180E

and/or nsp6:L260F). The same within-host variants could be observed in the animals from

the DMEM-BA.1 group. However, in the animals with prior homologous BA.1 infection

(BA.1-BA.1 group), nonsynonymous mutations were unevenly distributed among

individuals with low or high frequency mutations in nonstructural genes (nsp6:L37F,

nsp6:L260F, nsp9:T67A, nsp10:Q36R, nsp15:K289T) and structural genes (S: M1del and

ORF10: V30L). Mutations with greater diversity were also detected from animals subjected

to prior heterologous SARS-CoV-2 infection (Supplementary Table 1, Figure 2E, right).

Common nonsynonymous mutations were observed in the upper respiratory tract of BA.1-

primary infected hamsters, but diverse mutations appeared in that of BA.1-reinfected

hamsters.

Pathology in the respiratory tract after reinfection.

Histopathological changes in reinfected animals were determined. Three days after

reinfection, pathological lesions consisted of mild to moderate rhinitis and focal broncho-

interstitial pneumonia in the respiratory tract of the primary infection group (DMEM-BA.1

group, Figure 3A, second row). SARS-CoV-2 N antigen-positive cells were observed both

in the respiratory and olfactory epithelium of the nasal cavity and in bronchiolar epithelium

and alveolar epithelia of the lungs (Figure 3B).

In the homologous infection group (BA.1-BA.1), the lungs were hardly damaged by the

primary infection and the onset of pneumonia, following reinfection, was prevented (Figure

3A-D). By contrast, the heterologous reinfection groups showed moderate lymphocyte

infiltration in the respiratory area of nasal cavity in the absence of viral antigens, except in

a few animals from the B.1.1.7-BA.1 group (two of four animals) and the B.1.617.2-BA.1

group (one of four animal); viral antigens were detected in the epithelia of these animals

and marked lymphocytic infiltration was observed from the lamina propria into the

epithelium with or without multilayering of respiratory epithelial cells (regeneration) in the

nasal cavity (Supplementary Figure 1 and Figure 3A). The lungs from the heterologous

reinfection groups showed small clusters of lymphocytes, plasma cells, and macrophages

around the bronchioles and blood vessels in the absence of detectable viral antigens

(Supplementary Figure 1, Figure 3A, B, and C). Bronchiolar regeneration was also

observed in the reinfection groups. In particular, the epithelial regeneration was more

pronounced in the lungs of the A-BA.1 group than in the lungs of other groups, indicating

the severe damage caused by the primary infection with the lineage A strain

(Supplementary Figure 1). In the B.1.617.2-BA.1 group, lymphocyte and macrophage

infiltration was predominantly seen around the bronchioles, as reflected in the lung tissue

score (Figure 3D). Fibrin deposition in the lungs is one of the main histopathological

features of COVID-19 related acute pneumonia (20, 21). Fibrin deposition was often

observed in lungs of the primary infected animals but in very few of the reinfected animals

(Figure 3E).

High levels of cytokines and chemokines, including CXCL10/IP-10 and IL-1β, were

observed in the nasal wash fluid of the primary infection group (DMEM-BA.1), but these

were lower in reinfected animals (Figure 3F). Neither primary nor secondary infections

with the BA.1 strain induced cytokine and chemokine profiles typically associated with

pneumonia. Exacerbated cytokine production due to reinfection was not observed in either

the upper or lower respiratory tract. Taken together, these data suggest that viral replication

after reinfection was more strongly suppressed in the lower respiratory tract than in the

upper respiratory tract.

Experimental hamster infection with Omicron subvariants

Next, we evaluated the risk of reinfection with B.1.1.529, Omicron subvariants in hamsters

first infected with the BA.1 strain. Hamsters were infected as above, using four isolates of

the B.1.1.529 subvariants (BA.1, BA.1.1, BA.2 and BA.2.3; Table 1) were used for primary

and/or secondary inoculation of Syrian hamsters as depicted in Figure 4A. After primary

inoculation with the BA.1 strain, animals showed slightly lower weight gain rate than the

control animals (n = 16) during the first week p.i. but no difference was evident by the

second week p.i. (Figure 4B). At four weeks p.i., all BA.1 strain-inoculated animals showed

seroconversion (Figure 4C). Clear antigenic differentiation between the BA.1 and BA.2

subvariants was shown in the sera from hamsters. While no neutralizing activity against the

BA.2 strain was detected by a neutralization assay (Figure 4C), an assay measuring

antibodies that block the binding of human ACE2 to spike proteins suggested the BA.1-

infected hamster sera had inhibition activities against the spike from Omicron subvariants

(Figure 4D).

Five weeks after the primary inoculation, B.1.1.529 subvariants (n = 4 per subvariant) were

inoculated into the animals. No obvious respiratory illness was seen in any of the animals

in the three days following the second inoculation. Body weight graphs did not show any

significant difference between the primary and the reinfection groups (Figure 4E). Only

animals infected with the BA.2 variant showed a significant difference in the lung/body

weight ratio between primary and reinfection groups (Figure 4F). Infectious virus was

detected from the respiratory samples of most hamsters after primary infection, but very

low or no infectious virus was detected in samples from the reinfected animals (Figure 4G).

However, infectious virus was detected in the nasal wash of three of the four animals in the

BA.1-BA.1 reinfection group and the lungs of one of the four animals in the BA.1-BA.2

reinfection group. Despite the absence of infectious virus, high copy numbers of virus-

associated RNA were detected in nasal lavage fluid from both homologous and

heterologous reinfected animals. By contrast, significantly lower copy numbers of virus-

associated RNA were detected in the lungs of reinfected animals than in those of the

primary infected group (Figure 5A). Thus, animals with prior infection with BA.1 showed

low protection of the upper respiratory tract against reinfection with the subvariants.

The full-genome sequence of each of the B.1.1.529 subvariants recovered from the nasal

wash fluid samples was determined (Supplementary Table 2 and 3). As in the earlier

infection study, nsp15 (ORF1b: K2340T) and ORF10 (ORF10: V30L) nonsynonymous

mutations appeared in all animals whose primary infection was with BA.1. (Figure 5B). In

reinfected animals, several mutations were detected in nonstructural and structural genes of

the variants, though the mutations were unevenly distributed among the infection groups

(Figure 5B). Interestingly, for three of the four infection groups fewer within-host variants

were detected following primary infection than were detected following reinfection.

In animals from all primary infection groups, pathological lesions consisted of mild to

moderate rhinitis and focal broncho-interstitial pneumonia in the respiratory tract associated

with virus infection (Figure 6A-D). Animals in the reinfection groups showed very slight to

moderate lymphocyte infiltrations in the nasal cavity in the presence or absence of viral

antigen (Figure 6A-C). Some animals from the reinfection groups (BA.1-BA.1, one of four;

BA.1-BA.1.1, two of four; BA.1-BA.2, two of four in each group) showed focal

infiltrations with lymphocytes, plasma cells, and macrophages in the alveoli and around the

blood vessels. In reinfected animals, lung pathology occurred even though viral antigen was

detected in only one of the animals from the BA.1-BA.2 group (Figure 6A-D). Fibrin

deposition was observed in the lungs of most animals after primary infection but in the

lungs of very few reinfected animals (Figure 6E). High levels of CXCL10/IP-10 and IL-1β

were observed in the nasal wash fluid and lungs of the primary infection groups, but the

levels were lower in reinfection animals (Supplementary Figure 2). Thus, exacerbated

cytokine production, due to reinfection, was not seen in either the upper or lower

respiratory tract. These data suggest that despite the fact that some animals reinfected with

subvariants are unable to mount a sufficient immune response against reinfection,

especially in the upper respiratory tract, they are still able to eliminate these variants more

rapidly, in early phase, than occurs in naïve animals. In addition, there were no findings

suggesting disease exacerbation.

DISCUSSION

Plasma from convalescent human cases and from individuals who had been vaccinated

against SARS-CoV-2 exhibited marked reductions in neutralizing activity against Omicron

than against the ancestral SARS-CoV-2 (22-26). Multiple lineages of the Omicron variants

have emerged including BA.1, BA.2, BA.3, BA.4 and BA.5, with the dominant strain being

replaced by an emerging variant (27). Initially, BA.1 was the most prolific sublineage

detected worldwide; however, BA.2 is overtaking BA.1 as the dominant variant and now

BA. 5 has replaced (27). In human cases, lower neutralizing antibody titers against the

BA.4 and BA.5 subvariants than against the BA.1 and BA.2 subvariants suggest that the

Omicron variant is continuing to evolve with increasing capacity for neutralization escape

(28). Consequently, the monitoring of antigenic changes in new SARS-COV-2 variants that

emerge should continue. Syrian hamster models are considered to be ideal for determining

the antigenic differences of SARS-CoV-2 variants (29, 30) and, as in a previous study (30),

our hamster model showed clear antigenic differentiation between the BA.1 and BA.2

subvariants. Female hamsters were selected for the infection model used in this study since

they show better systemic and local antiviral antibody responses and more prolonged

humoral immunity, than male hamsters, following SARS-CoV-2 infection (31).

Because the strength of the humoral immune response and the duration of neutralizing

antibodies may correlate with disease severity, viral shedding from individuals with mild

COVID-19 is a concern (32). In hamsters, primary infection induced immune responses

with disease-protective capacity against reinfection by homologous or heterologous

Omicron subvariants. In this study, the induction of immunity and neutralizing antibodies,

during upper respiratory tract infection, was not a sufficient at preventing proliferation in

the upper respiratory tract of hamsters, following reinfection, as reported in previous

studies (16, 18, 19). The presence of infectious virus in the upper respiratory tract of

hamsters, despite a significant decrease in virus levels following reinfection, suggests that

even asymptomatic individuals are capable of shedding infectious virus that can cause

infection. On the other hand, it appears that the virus was efficiently cleared from the lower

respiratory tract in reinfected animals. Neutralizing antibodies in the blood are believed to

be effective in preventing reinfection of the lower respiratory tract (33).

The sequence of variants recovered from hamster nasal wash fluid after reinfection was

greater than 99.99% identical to that of the virus used for reinfection. SARS-CoV-2

population in a host is not represented by a single dominant sequence, but rather consists of

an ensemble of replicating viruses comprised of closely related sequences called

quasispecies (34). Consequently, the alteration of functional genes (such as the S gene) is

likely to generate SARS-CoV-2 quasispecies that are better adapted for infection and

survival in a particular host (35). Interestingly, viral RNA recovered from nasal washes,

from all eight hamsters in two, separate, primary BA.1 infection experiments, showed

consistent amino acid substitutions at Nsp15 (ORF1b: K2340T) and ORF10 (ORF10:

V30L). By contrast, this consistency was less observed in viral RNA recovered after

homologous and heterologous reinfection of Omicron variants, with amino acid

substitutions occurring in more diverse regions. Nsp 15 of SARS-CoV-2 functions as an

endoribonuclease (36). Nsp15 and several other SARS-CoV-2 proteins inhibit primary

interferon production and interferon signaling and thus may interfere with the body's

defense against infection (36-38). Compared with SARS-CoV and other nidoviruses, the

Orf10 protein of SARS-CoV-2 is a unique 38 aa protein (39). However, the role of ORF10

is still unclear. Interestingly, the overexpression of ORF10, *in vitro*, markedly suppressed

the expression of type I interferon genes (40). In addition, the V30L amino acid substitution

in ORF10 correlates with disease severity in COVID-19 patients (41). The significance of

these mutations observed in the hamsters remains to be elucidated.

One concern regarding reinfection with the SARS-CoV-2 subtype is that an abnormal

immune response to the primary infection may exacerbate the secondary infection and

enhance immunopathology (42), as is seen, for example, in antibody-dependent

enhancement (ADE) breakthrough infections such as dengue fever (43). Feline infectious

peritonitis (FIP), a coronavirus infection in cats, causes classic ADE disease (44, 45); in

contrast to FIP, SARS-CoV-2 infections in humans primarily involve the respiratory tract

and other organs but not the reticuloendothelial system. It is clear that the primary target of

SARS-CoV-2 infection is alveolar epithelial cells, which are directly injured by the virus

(46). Since myeloid cells are not the primary target of infection, it is unlikely that vaccine-

derived, non-protective, coronavirus antibodies will cause ADE infection in human (47). In

addition, no cases of enhanced disease due to reinfection with Omicron have been reported

(48-50). CXCL10/IP-10 has a well-established role in the COVID-19-related cytokine

storm and is involved in the development of severe lung impairment (51). Elevated levels

of key inflammatory chemokines and cytokines, such as CXCL10/IP-10 and IL-1β, were

observed in nasal wash fluid and lung homogenate supernatant of hamsters during primary

infection, but not after the reinfection. In addition, reinfected hamsters showed no evidence

of the eosinophil-associated lung inflammation observed, previously, in infected mice (52).

Thus we concluded that pathological and cytokine/chemokine analyses showed no evidence

of disease progression after reinfection in our hamster model. However, as new SARS-

CoV-2 variants emerge, their virulence could change and, hence, there is a need to actively

monitor variants.

Overall, the hamster model demonstrated that immunity acquired during primary infection,

with a previous SARS-CoV-2 variant or early Omicron sublineage, suppressed the

development of pneumonia after reinfection with a subsequently emerged variant.

However, infection and multiplication in the upper respiratory tract after reinfection were

inevitable, suggesting the likelihood of virus excretion in asymptomatic hamsters. The virus

population in the upper respiratory of reinfected hamsters was shown to be more diverse

than that seen in hamsters after primary infection. In addition, differences were observed

between the BA.1 strain and other subvariants, in the diversity of virus populations

generated in infected hamsters, which may reflect alterations in virus infectivity and

replication within specific hamsters. These findings could provide a better understanding of

pathology after reinfection by new variants of SARS-CoV-2. In addition, the hamster model

should provide insight into the within-host evolution of SARS-CoV-2 and provide

important information for countermeasures aimed at diversifying SARS-CoV-2 mutant

strains.

MATERIALS AND METHODS

Ethics.

All procedures involving cells and animals were conducted in a Biosafety Level (BSL) 3

laboratory. All animal experiments were approved by the Animal Care and Use Committee

of the National Institute of Infectious Diseases in Japan (approval nos. 120108, 120142, and

121152), and all experimental animals were handled in BSL3 animal facilities according to

the guidelines of this committee (approval nos. 19-53, 20-39, and 20-31). All animals were

housed in a facility certified by the Japan Health Sciences Foundation.

Viruses and cells.

Viruses were isolated from anonymized clinical specimens (nasopharyngeal/nasal swabs or

saliva) collected from individuals diagnosed with COVID-19 as part of the public health

diagnostic activities conducted by National Institute of Infectious Diseases (53, 54).

VeroE6/TMPRSS2 cells purchased from the Japanese Collection of Research Bioresources

Cell Bank (JCRB1819, the National Institute of Biomedical Innovation, Health and Nutrition,

Osaka, Japan) were used for viral isolation and viral titrations (53). Cells were cultured in

DMEM, low glucose (Sigma-Aldrich, St. Louis, MO), containing 10% FBS, 50 IU/mL

penicillin G, and 50 μg/mL streptomycin (10DMEM). Viral infectivity titers were expressed

as $TCID_{50}$/mL in VeroE6/TMPRSS2 cells and were calculated according to the Behrens–

Kärber method. Work with infectious SARS-CoV-2 was performed under BSL3 conditions.

Animal experiments.

Five-week-old female Syrian golden hamsters (SLC, Shizuoka, Japan) were used for animal

experiments. After anesthesia, animals were inoculated intranasally with 1.0×10^3 $TCID_{50}$ (in

8 μL) of one of five isolates of SARS-CoV-2 including the ancestor strain from lineage A,

and four isolates of the VOC (lineage B.1.1.7, B.1.351, B.1.617.2, and B.1.1.529 BA.1; Table

1) . All mock-infected hamsters were inoculated with DMEM containing 2% (v/v) FCS

containing 50 IU/mL penicillin G, and 50 μg/mL streptomycin (2DMEM). Body weight was

measured daily for 3 days (n = 4 or 16 per group). Five weeks after their first inoculation,

animals were then re-inoculated intranasally with 1.0×10^4 TCID$_{50}$ (50 μL) of four isolates of

the B.1.1.529 subvariants (BA.1, BA.1.1, BA.2, BA.2.3; Table 1). Body weight was

measured daily for 3 days (n = 3-4 per group), and animals were sacrificed at 3 days p.i. to

analyze viral replication and disease pathology (n = 3-4 per group). The humane endpoint

was defined as the appearance of clinically diagnostic signs of respiratory stress, including

respiratory distress and more than 25% weight loss. Animals were euthanized under

anesthesia with an overdose of isoflurane if severe disease symptoms or weight loss was

observed.

RNA extraction and quantification of viral RNA genomes.

Total RNA from each lung homogenate and nasal wash was isolated using the Maxwell RSC

Maxwell RSC Viral Total Nucleic Acid Purification Kit (Promega Corporation), following

the manufacturer's suggested protocol, and quantified by NanoDrop (Thermo Fisher

Scientific). The viral RNA copy number in the samples was estimated by real-time RT-PCR.

Subgenomic viral RNA transcripts were also detected in N gene transcripts. The primer and

probe sets are as follows: NIID_2019-nCOV_N_F2 (5'-AAATTTTGGGGACCAGGAAC-

3'), NIID_2019-nCOV_N_R2 (5'-TGGCAGCTGTGTAGGTCAAC-3'), and NIID_2019-

nCOV_N_P2 (5'-FAM-ATGTCGCGCATTGGCATGGA-BHQ-3') for targeting the viral

RNA; and SARS2-LeaderF60 (5′-CGATCTCTTGTAGATCTGTTCTCT-3′), SARS2-

N28354R (5′-TCTGAGGGTCCACCAAACGT-3′), and SARS2-N28313Fam (5′-FAM-

TCAGCGAAATGCACCCCGCA-TAMRA-3′) for targeting the subgenomic RNA. The

reaction mixtures were incubated at 50°C for 30 min, followed by incubation at 95°C for 15

min, and thermal cycling, which consisted of 40 cycles of denaturation at 94°C for 15 s, and

annealing and extension at 60°C for 60 s. This assay was performed on a LightCycler 480

(Roche, Basel, Switzerland).

SARS-CoV-2 neutralizing assay

Blood was obtained from each hamster under anesthesia (55) and when euthanized. Sera

were then obtained by centrifugation and were inactivated by incubation at 56°C for 30 min.

Aliquots (100 $TCID_{50}$/well) of SARS-CoV-2 were incubated at 37°C for 1 h in the presence

or absence of hamster serum (serially diluted two-fold), and then added to confluent

VeroE6/TMPRSS2 cell cultures in 96-well microtiter plates. Samples were examined for

viral cytopathic effects on Day 5, and the neutralizing antibody titers were determined as the

reciprocal of the highest dilution at which no CPEs were observed. The lowest and highest

serum dilutions tested were 1:16 and 1:2048, respectively.

ACE2 binding inhibition electrochemiluminescence immunoassay

A multiple assay for neutralizing antibodies to spike antigens from variants of SARS-CoV-2

using the V-PLEX SARS-CoV-2 (ACE2) kits (K15570U and K15586U, Meso Scale

Discovery) was used. 1:10 and 1:100 diluted sera were used for the assay. The assay samples

were read on a high-performance electrochemiluminescence immunoassay instrument,

MESO QuickPlex SQ 120 (Meso Scale Discovery), as described by the manufacturer.

Detection of inflammatory cytokines and chemokines

Homogenized lung tissue samples (10% w/v) and nasal wash samples were diluted 1:1 in cell

extraction buffer (10 mM Tris, pH 7.4, 100 mM NaCl, 1 mM EDTA, 1 mM EGTA, 1 mM

NaF, 20 mM $Na_4P_2O_7$, 2 mM Na_3VO_4, 1% Triton X-100, 10% glycerol, 0.1% SDS, and 0.5%

deoxycholate (BioSource International, Camarillo, CA)), incubated for 10 min on ice with

vortexing, irradiated for 10 min with UV-C light to inactivate infectious virus, and tested in

the BSL2 laboratory. Cytokine and chemokine levels were measured with a commercial rat

cytokine/chemokine magnetic bead panel 96-well plate assay kit (Milliplex MAP kit, Merck

Millipore), which detects 5 cytokines and chemokines including IP-10/CXCL10, IL-1α, IL-

1β, IL-10, and VEGF (56). The assay samples were read on a Luminex 200 instrument with

xPONENT software (Merck Millipore), as described by the manufacturer.

Histopathology and immunohistochemistry

The lungs and head including nasal cavity and brain were harvested and fixed in 10%

phosphate-buffered formalin. Fixed tissues were routinely embedded in paraffin, sectioned,

and stained with hematoxylin and eosin (H&E). For immunohistochemistry, antigen

retrieval of the formalin-fixed tissue sections was performed by autoclaving at 121°C for 10

min in retrieval solution at pH 6.0 (Nichirei, Tokyo, Japan). SARS-CoV-2 antigens were

detected using a polymer-based detection system (Nichirei-Histofine Simple stain MAX

PO; Nichirei Biosciences, Inc., Tokyo, Japan), and an in-house rabbit anti-SARS-CoV-2 N

antibody was used as the primary antibody. Nuclei were counterstained with hematoxylin

for 10 s.

Histopathology scores were determined based on the percentage of lesion area including

inflammation, hemorrhage and edema, as determined by HE staining in each group by

using the following scoring system: 0, no lesion; 1, focal lesion within 30% or less total

area; 2, diffuse lesion involving 30–70% total area; 3, diffuse lesion involving more than

70% total area. Scores were also determined based on the percentage of virus antigen-

positive cells, as determined by immunohistochemistry in each group by using the

following scoring system: 0, no antigen-positive cells; 1, antigen-positive cells were

occasionally observed in each cut sections (1–3 antigen-positive areas per section were

observed in the high magnification); 2, scattered positive cells were observed (4–9 antigen-

positive areas per section were observed in the high magnification); 3, many positive cells

were diffusely and widely observed (more than 10 antigen-positive areas per section were

observed in the low magnification). Mean scores from all lung sections (four lung

sections/animal) in each animal were calculated. Dots in figure indicate mean scores in

each animal.

Next generation sequencing analysis for comparison of SARS-CoV-2 mutations

To identify major population of virus in respiratory tract of hamsters after reinfection, a

next generation sequencer was used to obtain the entire length of the viral genome. The

sequences obtained from the samples were compared with those of the inoculated viruses.

The viral RNAs were extracted from the homogenized lung tissue samples (10% w/v) and

nasal wash samples using the Maxwell® RSC Viral Total Nucleic Acid Purification Kit

(Promega, Madison, WI). The whole genomes of SARS-CoV-2 used in this research were

amplified using a modified ARTIC protocol with several primers replaced or added (57,

58). The viral cDNAs were synthesized from extracted RNA using the Luna Script RT

Super Mix Kit (New England BioLabs, Ipswich, MA), followed by DNA amplification by

multiplex PCR in two separated primer pools using ARTIC-N5 primers (59, 60) and Q5

Hot Start DNA polymerase (New England BioLabs). The DNA libraries for Illumina NGS

were prepared from pooled amplicons using the QIAseq FX DNA Library Kit (QIAGEN)

and analyzed using the iSeq 100 and MiSeq (Illumina). The obtained reads were analyzed

by the CLC Genomics Workbench (version 21, QIAGEN) with the Wuhan/Hu-1/2019

sequence (GenBank accession number MN908947) as a reference. The sequence data have

been deposited in the DNA Data Bank of Japan (DDBJ) Sequence Read Archive, under

submission (BioProject Accession: PRJDB14262; BioSample accessions:

SAMD00523210-SAMD0052326). In the reinfection experiment, the frequencies of gene

mutations were calculated with each protein. The average depth of aligned reads was 3132.

In the co-infection experiment, the ratio of Delta and BA.1 was calculated as the

percentages based on the 10 regions where these two viruses can be distinguished. The

nucleotide numbers of these 10 regions are: 2832, 8393, 11537, 21618, 22673-22674,

23048, 23063, 23604, 26530, and 28311 of the Wuhan/Hu-1/2019 genome, which

correspond to amino acids 856, 2710, 3758 in ORF1a, 19, 371, 496, 501, 681 in the spike

protein, 3 in the M protein, and 13 in the N protein, respectively. The ratio of BA.1 and

BA.2 was also analyzed based on the 10 regions where these two strains could be

identified. The nucleotide numbers in these 10 regions are: 2832, 8393, 11537, 21618,

22204-22205, 22673-22674, 22786, 22898, 23048, and 29510 in the Wuhan/Hu-1/2019

genome, which correspond to amino acids 856, 2710, 3758 in ORF1a, 19, 214, 371, 408,

446, 496 in the spike protein, and 13 in the N protein, respectively. The average depth of

aligned reads was 3132. Each read depth at the 20 regions used to calculate the ratios was

more than 200.

Statistical analysis.

All data are expressed as the mean and standard error of the mean, except for neutralizing

antibodies (Geometric mean titers with 95% confidence interval, GMT+95%Cl). Statistical

analyses were performed using GraphPad Prism 9 software (GraphPad Software, La Jolla,

CA). Intergroup comparisons were performed using nonparametric analysis. A P value <

0.05 was considered statistically significant.

ACKNOWLEDGMENTS

We thank Dr Shutoku Matsuyama and Dr Makoto Takeda (National Institute of Infectious

Disease) for providing SARS-CoV-2 isolates. We are grateful to Midori Ozaki, Takiko

Yoshida, and Dai Izawa for their technical assistance and our colleagues at the Institute for

helpful discussions. We thank the members of the Management Department of Biosafety

and Laboratory Animals for support with the BSL3 facility.

This work was supported by the Grant-in-Aid for Scientific Research from the Ministry of

Education, Culture, Sports, Science, and Technology in Japan (21K20767 to NS-S;

20K21666 to NN) and the Japan Agency for Medical Research and Development grants

(JP21fk0108615 to KM and NN; JP21nf0101626 to HH; JP21wm0125008 to TS).

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776 TABLE 1 SARS-CoV-2 variants in this study

Pango lineage (WHO label)	Sub lineage	Strain (Simplified name)	GISAID Accession no. of original isolate	Note
A		hCoV-19/Japan /TY-WK-521/2020 (WK-521)	EPI_ISL_408667	
B.1.1.7 (Alpha)		hCoV-19/Japan/QK002/2020 (QK002)	EPI_ISL_768526	
B.1.351 (Beta)		hCoV-19/Japan/TY8-612-P1/2021 (TY8-612)	EPI_ISL_1123289	
B.1.617.2 (Delta)		hCoV-19/Japan/TY11-927-P1/2021 (TY11-927)	EPI_ISL_2158617	
B.1.1.529 (Omicron)	BA.1.18	hCoV-19/Japan/TY38-873P0/2021 (TY38-873)	EPI_ISL_7418017	BA.1 + ORF1a:T1822I
B.1.1.529 (Omicron)	BA.1.1	hCoV-19/Japan/TY38-871P0/2021 (TY38-871)	EPI_ISL_7571618	
B.1.1.529 (Omicron)	BA.2	hCoV-19/Japan/TY40-385-P1/2022 (TY40-385)	EPI_ISL_9595859	
B.1.1.529 (Omicron)	BA.2.3	hCoV-19/Japan/TY40-816-P1/2022 (TY40-816)	EPI_ISL_9595861	BA.2 + S:A688V

   FIGURE LEGENDS

   FIG 1 Experimental infection of hamsters with SARS-CoV-2 variants. Study design

outlining experimental infections using 5-week-old female Syrian hamsters and SARS-

CoV-2 **(A)**. Body weight curve for 4 weeks after primary infection with SARS-CoV-2

variants. Dunnett's multiple comparison test compared with DMEM-inoculated animals (n

= 3 or 4). *, P < 0.05; **, P < 0.01 **(B)**. Neutralizing (NT) antibody titers against WK-521

(lineage A, black circle) or TY38-873 (lineage B.1.1.529, BA.1, **(C,** red circle)) strains in

the sera from hamsters at 4 weeks post-inoculation (p.i.). Data from the same animal are

connected with lines. *, P < 0.05 by Dunn's multiple comparison test following the

Kruskal–Wallis test **(C)**. Blocking activities of hamster sera between ACE2 and SARS-

CoV-2 spike was tested by the ACE2 binding inhibition ELISA using a V-Plex COVID-19

ACE2 neutralization kit (K15570U, Meso Scale Discovery) (n = 3 or 4). Each dot

represents data from an individual animal. Sera were diluted 1:10 (black dot) or 1:100

(black circle) for the analysis. Data from the same animal are connected with lines. *, P <

0.05; **, P < 0.01; ***, P < 0.001; ****, P < 0.0001 by Sidak's multiple comparison test

following two-way ANOVA **(D)**.

FIG 2 Reinfection of hamsters with an Omicron variant. Body weight curve during 3

days after second infection with an isolate of the TY38-873, B. 1.1.529 (Omicron)

subvariant BA.1 (n = 3 or 4) **(A)**. Bar graph showing the ratio of the chest organ weights

including lungs, trachea, heart, and thymus per body weight at 3 days p.i. (n = 3 or 4) **(B)**.

Bar graph showing virus titers **(C)** and virus-related RNA copies **(D)** in the nasal wash fluid

(upper panels) and supernatant from 10% lung tissue homogenates (lower panels) (n = 3 or

4). *, P < 0.05; **, P < 0.01; ***, P < 0.001; by Dunn's multiple comparison test following

the Kruskal–Wallis test. Percentage of animals with mutations involving amino acid

substitutions in each region **(E)**. The full-genome sequences of the Omicron BA.1 strains

recovered from the nasal wash fluid samples (n = 3 or 4). Brown bars in each panel indicate

the same data for the DMEM-BA.1 group.

FIG 3 Histopathology and immunopathology of respiratory tract after reinfection

with an Omicron BA.1 variant. Representative histopathological findings for the nasal

cavity epithelia and lungs of hamsters 3 days after second infection with an isolate of

TY38-873, B. 1.1.529 (Omicron) subvariant BA.1 (n = 4). H&E, hematoxylin and eosin

staining; IHC, immunohistochemistry for SARS-CoV-2 antigen detection. Br, bronchi.

Viral antigen-positive cells were mainly detected in the nasal epithelium on the cranial side.

Scale bars, 50 μm **(A)**. Distribution of viral antigens in nasal cavity and lungs by

immunohistochemistry. Heat map shows percentages of viral antigen-positive animals. SE;

squamous epithelium, RE; respiratory epithelium, OE; Olfactory epithelium, OB; Olfactory

bulb **(B)**. Viral antigen scores and pathological severity scores of lungs from hamsters (**C**

and D). Fibrin deposition scores of lungs by immunohistochemistry. Four lung lobes were

taken from each individual animal and scored to evaluate comprehensive pathological

changes. *p < 0.05 by one-way ANOVA **(E)**. Cytokine and chemokine levels in the nasal

wash fluid (upper panels) and supernatant from 10% lung tissue homogenates (lower

panels) of hamsters at 3 days p.i. (n = 3 or 4). *, P < 0.05 by Dunn's multiple comparison

test following the Kruskal–Wallis test **(F)**.

FIG 4 Experimental infection of hamsters with Omicron subvariants. Study design

outlining experimental infections using 5-week-old female Syrian hamsters and Omicron

subvariants **(A)**. Body weight curve for 4 weeks after primary inoculation with an isolate of

TY38-873, B. 1.1.529 (Omicron) subvariant BA.1. Control groups were inoculated with

cell culture medium (DMEM). No significant difference compared with DMEM-inoculated

animals (n = 16) was detected by Sidak's multiple comparison test following two-way

ANOVA **(B)**. Neutralizing (NT) antibody titers against TY38-873 (BA.1**,** left dots and

triangles) or TY40-385 (BA. 2, right dots and triangles) strains in the sera from hamsters on

4 weeks p.i. The dashed line indicates the limit of detection (<16). Each dot represents and

triangles data from an individual animal (n = 16). Data from the same samples are

connected with lines **(C)**. Blocking of interactions between ACE2 and SARS-CoV-2 spike

was tested by ACE2 binding inhibition ELISA using a V-Plex COVID-19 ACE2

neutralization kit (K15586U, Meso Scale Discovery) (n = 16). Sera were diluted 1:10 or

1:100 for the analysis. **, $P < 0.01$; ****, $P < 0.0001$ by Sidak's multiple comparison test

following two-way ANOVA **(D)**. Body weight curve during 3 days after primary or

reinfection with subvariants of B. 1.1.529. (n = 4). No significant differences were detected

between the primary (black lines) and reinfection (red lines) groups by two-way ANOVA

(E). Bar graph showing the ratios of the weights of the chest organ including lungs, trachea,

heart, and thymus to body weights at 3 days p.i *, $P < 0.05$ by Mann-Whitney test **(F)**. Bar

graph of virus titers in the nasal wash fluid (upper panels) and supernatant from 10% lung

tissue homogenates (lower panels) **(G)**. Dot line indicates detection limit. *, $P < 0.05$ by

Mann-Whitney test., Black lines/bars indicate the primary infection groups and red

lines/bars are from the reinfection groups (E-G).

FIG 5 Impact of reinfection in hamsters with Omicron subvariants. Bar graph showing

virus-related RNA copies in the nasal wash fluid (upper panels) and supernatant from 10%

lung tissue homogenates (lower panels). Dot line indicates detection limit. *, P < 0.05 by

Mann-Whitney test. B-D, black bars indicate the primary infection groups and red bars the

reinfection groups **(A)**. Percentage of animals with mutations involving amino acid

substitutions in each region. Comparison of mutations detected in animals reinfected with

SARS-CoV-2. The full-genome sequences of the B. 1.1.529 subvariants recovered from the

nasal wash fluid samples (n = 4 per group) were determined using NGS analyses **(B)**.

FIG 6 Histopathology of respiratory tract tissues from hamsters following primary- or

reinfection with Omicron subvariants. Representative histopathological findings of the

nasal cavity and lungs from hamsters after primary or second infection with subvariants of

B. 1.1.529 (Omicron) (n = 4) **(A)**. H&E, hematoxylin and eosin staining; IHC,

immunohistochemistry for SARS-CoV-2 antigen detection. Br, bronchi. Viral antigen-

positive cells were mainly detected in the nasal epithelium on the cranial side. Scale bars,

50 μm. Distribution of viral antigen in respiratory tract from hamsters **(B)**. Heat map shows

percentage of viral antigen-positive animals. SE; squamous epithelium, RE; respiratory

epithelium, OE; Olfactory epithelium, OB; Olfactory bulb. Viral antigen scores and

pathological severity scores of lungs in hamsters **(C and D)**. Fibrin deposition scores of

lungs from hamsters by immunohistochemistry. Four lung lobes were taken from each

individual animal and scored. *p < 0.05 by one-way ANOVA **(E)**.

Supplementary Figure 1. Histopathology of respiratory tract tissues after reinfection

with an Omicron BA.1 variant. Representative histopathological findings of the nasal

cavity and lungs from hamsters 3 days after second infection with an isolate of TY38-873,

B. 1.1.529 (Omicron) subvariant BA.1 (n = 3 or 4). H&E, hematoxylin and eosin staining;

IHC, immunohistochemistry for SARS-CoV-2 antigen detection. Br, bronchi. Viral antigen-

positive cells were mainly detected in the nasal epithelium on the cranial side. Scale bars,

50 µm.

Supplementary Figure 2. Cytokine and chemokine levels in the respiratory airway of

hamsters 3 days post primary or reinfection. The nasal wash fluid **(A)** and supernatant

from 10% lung tissue homogenates **(B)** of hamsters at 3 days p.i. (n = 4) *, P < 0.05 by

Mann-Whitney test. Black bars indicate the first infection group; red bars, reinfection

group. Dashed line indicates mean values in the nasal wash fluid or lung homogenates from

mock-infected hamsters (n = 4, at 3 days p.i. with DMEM).

Figure 1

Figure 2

Figure 3

Figure 4

Figure 6

Supplementary Figure 1

Supplementary Figure 2

A Nasal wash

B Lung

Table S1

Nuc no. in Wuhan	AA substitution	protein	DMEM-BA1				A-BA.1				B.1.1.7-BA.1				B.1.351-BA.1				B.1.617.2-BA.1				B.1.1.529, BA.1-BA.1			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
209T	Silent	-						Y C:44.2%																		
804G	ORF1a: G180E	nsp1:G180E		R A:12.8%																						
921T	ORF1a: L219Q	nsp2:L39Q													W A:33.1%											
1915C	Silent	nsp2									Y T:13.0%															
7051C	Silent	PLpro (nsp3)						Y T:24.9%																		
7945C	Silent	PLpro (nsp3)												Y T:33.3%												
9451C	Silent	nsp4													Y T:17.3%											
9970A	Silent	nsp4									R G:45.1%															
10934T	ORF1a: F3557L	3CL (nsp5): F294L						Y C:37.6																		
11020C	Silent	nsp6						Y T:28.7%																		
11083G	ORF1a: L3606F	nsp6:L37F																						K T:11.4%		
11355C	ORF1a: A3697V	nsp6:A128V														Y T:33.0%										
11674C	Silent	nsp6									Y T:21.5%															
11750C	ORF1a: L3829F	nsp6:L260F	Y T:15.5%	Y T:36.4%	Y T:12.5%		Y T:13.7%		Y T:39.4%		Y T:51.3%								Y T:45.4%			Y T:10.5%	Y T:12.0%		Y T:19.3%	
12747C	ORF1a: T4161I	nsp9:T21I									Y T:13.6%						Y T:23.6%									
12884A	ORF1a: T4207A	nsp9:T67A																		R G:20.6%		R G:10.5%		R G:73.1%		
13131A	ORF1a: Q4289R	nsp10:Q36R																							R G:35.2%	
15211A	ORF1b: T582A	RdRP (nsp12): T591A											R G:10.5%									R G:36.6%				
19206C	Silent	nsp14																							Y T:28.9%	
20486A	ORF1b: K2340T	nsp15:K289T	M C:39.6%	M C:35.8%	M C:46.3%	M C:40.9%	M C:38.4%	M C:12.0%	M C:77.2%			M C:30.1%	C C:95.6%	M C:26.5%		M C:46.8%	C C:24.2%	M C:69.1%	M C:24.5%		C 100%	M C:16.4%	M C:50.8%		M C:24.0%	
21561C	Silent	-																							Y T:10.2%	
21562A	Silent	-																							W T:10.2%	
21565G	S: M1 del	S: M1 del																							R A:10.1%	
21925T	Silent	S													Y C:56.7%											
22151A	S: I197L	S: I197L					M C:40.9%																			
22194A							A/del A:15.1%																			
22195T	S: N211del, L212I	S:N211I, L212del					T/del T:15.1%																			
22196T							T/del T:15.1%																			
23788T	Silent	S																							Y C:34.9%	
28971A	N: K233R	N: K233R																						R G:12.1%		
29645G	ORF10: V30L	ORF10: V30L	K G:28.4%	K G:23.1%	K G:22.1%	K G:22.4%	K T:74.2%				K T:16.8%	K T:78.1%				K G:50.3%			K G:13.3%	K G:21.5%		K G:21.6%		K G:10.7%	K G:50.3%	

Table S2

Nuc no. in Wuhan	AA substitution	protein	DMEM (1st)	TY38-873 (2nd)	1	2	3	4	TY38-873 (1st)	TY38-873 (2nd)	17	18	19	20
			Inoculum		Group/Animal No. DMEM-BA.1				Inoculum		Group/Animal No. BA.1-BA.1			
11048G	ORF1a: V3595F	nsp6:V26F		G					G	G				K T:11.1%
11750C	ORF1a: L3829F	nsp6:L260F		C	Y T:12.9%			Y T:15.9%	C	C		Y T:37.7%		
12747C	ORF1a: T4161I	nsp9:T21I		C					C	C	Y T:17.8%	Y T:13.0%		
13131A	ORF1a: Q4289R	nsp10:Q36R		A					A	A	R G:29.0%			
20486A	ORF1b: K2340T	nsp15:K289T		A	M C:46.5%	M C:45.0%	M C:49.9%	M C:46.1%	A	A	M C:34.5%	M C:24.3%	M C:89.8%	M C:44.7%
25487C	ORF3a: T32I	ORF3a:T32I		C					C	C		Y T:11.8%		
26263G	E: E7K	E: E7K		G					G	G		R A:10.4%		
28391C	N: R40C	N: R40C		C					C	C	Y T:23.1%			
29645G	ORF10: V30L	ORF10: V30L		T	K G:19.3%	K G:22.5%	K G:16.2%	K G:19.6%	T	T	K G:32.6%	K G:52.8%		K G:30.0%
PANGO				BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18	BA.1.18

Nuc no. in Wuhan	AA substitution	protein	DMEM (1st)	TY38-871 (2nd)	5	6	7	8	TY38-873 (1st)	TY38-871 (2nd)	21	22	23	24
			Inoculum		Group/Animal No. DMEM-BA.1.1				Inoculum		Group/Animal No. BA.1-BA.1.1			
9005G	ORF1a: V2914I	nsp4:V151I		G					G	G	R A:13.6%			
11355C	ORF1a: A3697V	nsp6:A128V		C					C	C				Y T:35.8%
11516G	ORF1a: V3751I	nsp6:V182I		G					G	G	R A:31.4%			
17977C	ORF1b: L1504F	nsp13:L581F		C		Y T:21.6%			C	C				
19284T	ORF1b: D1939E	nsp14:D415E		T					T	T				W A:34.8%
26536A	M: N5S	M:N5S		A					A	A			R G:31.5%	
PANGO			-	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.18	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1

Nuc no. in Wuhan	AA substitution	protein	DMEM (1st)	TY40-385 (2nd)	9	10	11	12	TY38-873 (1st)	TY40-385 (2nd)	25	26	27	28
			Inoculum		Group/Animal No. DMEM-BA.2				Inoculum		Group/Animal No. BA.1-BA.2			
10512A	ORF1a: D3416G	3CLpro:D153G	-	A				R G:10.3%	A	A				
28471C	Silent	N		C					C	C				Y T:10.7%
PANGO				BA.2	BA.2	BA.2	BA.2	BA.2	BA.1.18	BA.2	BA.2	BA.2	BA.2	BA.2

Nuc no. in Wuhan	AA substitution	protein	DMEM (1st)	TY40-816 (2nd)	13	14	15	16	TY38-873 (1st)	TY40-816 (2nd)	29	30*	31	32
			Inoculum		Group/Animal No. DMEM-BA.2.3				Inoculum		Group/Animal No. BA.1-BA.2.3			
3784C	Silent	nsp3		C					C	C	Y T:18.3%			
7093C	Silent	nsp3		C					C	C				Y T:13.0%
7317T	ORF1a: F2351S	nsp3:F1533S		T					T	T	Y C:44.6%			
11750C	ORF1a: L3829F	nsp6:L260F		C		Y T:21.4%			C	C				
12060A	ORF1a: E3932A	nsp7:G73A		A					A	A				M C:37.3%
26198C	ORF3a: T269M	ORF3a:T269M		C					C	C				Y T:14.2%
PANGO				BA.2.3	BA.2.3	BA.2.3	BA.2.3	BA.2.3	BA.1.18	BA.2.3	BA.2.3	BA.2.3	BA.2.3	BA.2.3

*Animal No.30 had other mutations. See Supplementary Table3

Table S3

			Inoculum		Group/Animal No.
14-3, ham#29-32 1st: TY38-873, 2nd: TY40-816			1st	2nd	BA.1-BA.2.3
Nuc no. in Wuhan	AA substitution	Protein	TY38-873	TY40-816	30
2086G	ORF1a: Q607H	nsp2: Q427H	G	G	K T:10.9%
4250T	ORF1a: Y1329H	nsp3: Y511H	T	T	Y C:15.2%
5514T	ORF1a: V1750A	nsp3: V932A	T	T	Y C:15.9%
5763G	ORF1a: C1833F	nsp3: C1015F	G	G	K T:10.9%
8600G	ORF1a: V2779L	nsp4: V16L	G	G	S C:12.8%
12054T	ORF1a: C3931fs	nsp7: C72fs	T	T	del 10.3%
12467G	ORF1a: A4068T	nsp8: A126T	G	G	R A:10.8%
12708C	ORF1a: A4148V	nsp9: A8V	C	C	Y T:10.1%
14460T	ORF1b: F331L	nsp12: F340L	T	T	K G:22.3%
18352T	ORF1b: L1629del, P1630del	nsp14: L105del, P106del	T	T	del 13.4%
18353T			T	T	del 13.4%
18354A			A	A	del 13.4%
18355C			C	C	del 13.4%
18356C			C	C	del 13.4%
18357T			T	T	del 13.4%
18786T	Silent	nsp14	T	T	Y C:10.3%
21575C	S: L5F	S: L5F	C	C	Y T:11.4%
23766C	S: S735L	S: S735L	C	C	Y T:11.4%
25613C	ORF3a: S74F	ORF3a: S74F	C	C	Y T:13.0%
25714C	ORF3a: L108F	ORF3a: L108F	C	C	Y T:12.3%
26355T	Silent	E	T	T	Y C:13.2%
26413T	E: Y57H	E: Y57H	T	T	Y C:12.8%
28864A	Silent	N	A	A	W T:18.9%
29409C	N: T379N	N: T379N	C	C	M A:16.1%
29708C	Silent	3'UTR	C	C	Y T:11.2%
PANGO			BA.1.18	BA.2.3	BA.2.3