Title: Natural evolution of SARS-CoV-2 variants in K18-ACE2 mice gives rise to more virulent

virus and variant alleles associated with treatment resistance.

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Abstract:

Background: The continuing COVID-19 pandemic is partially due to viral evolution decreasing vaccine and treatment efficacies. Predicting viral evolution is difficult. Others have found that serial infections of the original SARS-CoV-2 isolate in non transgenic mice is accompanied with selection of alleles (such as Spike 417N, 493H and 501Y) conferring adaptation and greater binding affinity for the murine Ace2 receptor, enhanced infectivity, and lethal phenotype in mice. We designed a study to investigate long-term viral evolution's impact in K18-ACE2 mice, mice expressing the human ACE2 receptor, with virus closer related to the Omicron sub-lineage.

Methods: We serially infected SARS-CoV-2-naïve mice with either the B.1.351 (Beta) or the B.1.617.2 (Delta) variant across twenty passages without experimental selective pressures. We sequenced virus across passages, annotating variant alleles changing in frequency, tracking alleles suspected of decreasing vaccine/treatment efficacy. We evaluated virulence in animals infected with virus isolated at study completion and determined antibody neutralization sensitivity using sera from vaccinated individuals.

Results and Conclusions: We observed variant alleles with documented roles in vaccine-elicited immunity evasion. This included the Omicron-associated mutation spike S371F that arose *de-novo* during our study. Passage 20 (P20) viruses were more virulent that their P0 counterpart with P20 Delta lineage being significantly more resistant to antibody neutralization. These developments occurred within two months of the study starting, suggesting that our model can rapidly emulate pandemic progression in mammals. While our model lacked experimental selective pressures, such as pre-existing SARS-CoV-2 immunity, these conditions could readily be adapted. Such modeling could enable development of more evolution-resistant treatments.

47   **Keywords: SARS-CoV-2, COVID-19, pandemic modelling, treatment resistance, viral**

48   **evolution.**

50   Background:

Part of the difficulty in responding to COVID-19 has been predicting viral evolution and its

impact on clinically relevant traits, such as infectivity, treatment resistance, and disease severity

(1). The basic biology of the severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2),

the virus that causes COVID-19, is well understood. However, our knowledge of SARS-CoV-2

evolution is limited. Many RNA viruses, such as SARS-CoV-2, exist as quasi-species meaning

that within a given viral population, a multitude of alleles (major and minor) are constantly

present. These alleles give plasticity to the viral population allowing for rapid

adaptation/selection to a variety of circumstances (2). Viral evolution is also complex and

affected by several factors, including host genetic background (3), host immune status (4), the

organs targeted by the virus (5), and a population's collective immunity (6). As a result, it has

been difficult to predict the emergence of new variants with altered virulence.

Several variants of concern (VOC) have emerged, each with mutations providing dissemination

advantages (1). For example, the SARS-CoV-2 alpha variant (B.1.1.7) gained a growth

advantage and rapidly spread globally due to the spike protein N501Y mutation that enhances

affinity for the cellular entry receptor, angiotensin-converting enzyme 2 (ACE2) (7). Other VOC,

such as the Delta (B.1.617.2) variant, gained advantages with additional substitutions in spike,

including L452R (8), T478K (9), and P681R (10) that affect viral transmissibility and antibody

neutralization for naturally or artificially vaccinated individuals (11). To better predict changes in

SARS-CoV-2 and reduce the impact of a future pandemic, time effective models must be

defined for studying viral changes over successive generations.

In 2020, Gu *et al.* studied short-term viral evolution by infecting aged mice with the SARS-CoV-2

reference strain (IME-BJ05) and collecting lung tissue at set timepoints following infection, using

this isolate to infect successive generations of mice (12). While wild-type mice are thought less

susceptible to the virus as mouse Ace2 is not used by SARS-CoV-2 as its receptor, Gu *et al.*

demonstrated that serial passaging of lung homogenate across mice produced a mouse-

adapted strain (MASCp6) that causes pulmonary symptoms, matching adaptations observed by

others who previously applied the technique to influenza (12, 13). After six passages, they found

several clinically relevant genetic changes, including de-novo appearance of A23063T that

changes spike to N501Y (12). This mutation is associated with enhanced viral infection and

transmission (7). Subsequently, the group passaged the MASCp6 isolate an additional 30 times

and characterized the MASCp36 isolate (14). MASCp36 contained several mutations (i.e.

K417N, Q493H and N501Y mutations) in spike conferring greater ACE2 receptor binding

affinity, increased infectivity and greater virulence (14). Others replicated this study using the

same viral variant, observing similar development of clinically relevant variant alleles (15).

Since these studies, new lineages arisen, with the present being Omicron, negatively impacting

treatment efficacy (1). Others have studied viral dynamics using recent lineages in serial

passages in cells, observing similar development of directional selection and clinically

concerning mutations (16, 17). Given the pandemic's prolonged nature, understanding

longitudinal viral changes in a mammalian host is pressing. We adapted Gu *et al.*'s approach to

evaluate how viral lineages more closely related to the present lineages, B.1.351 (Beta) and

B.1.617.2 (Delta), changed over twenty passages (12) in transgenic mice with human ACE2

receptors. Given clinically relevant mutations arising in Gu *et al.*'s studies (12, 14), we sought to

determine if impactful variant alleles would develop in more recent viral variants. We report on

the *de novo* appearance and persistence of variant alleles associated with treatment resistance

with serially passaged virus demonstrating increased viral virulence and antibody resistance.

Methods:

Viruses. SARS-CoV-2 Wuhan-like strain (LSPQ, B1 lineage) was obtained from the Laboratoire de Santé Publique du Québec ([LSPQ] Sainte-Anne-de-Bellevue, QC, Canada). SARS-CoV-2 Beta strain was obtained from BEI resources and SARS-CoV-2 Delta strain from the BC Centers for Disease Control. SARS-CoV-2 strains were propagated on Vero cells (American Type Culture Collection, Manassas, Virginia, USA).

Determination of the viral titer. Vero cells were plated in a 96-well plate (2×10^4/well) and infected with 200µl of serial dilution of the viral preparation or lung homogenate in the M199 media supplemented with 10mM HEPES pH 7.2, 1mM of sodium pyruvate, 2.5g/L of glucose, 5µg/mL *Plasmocin*® and 2% FBS. Three days post-infection plates were analyzed using a EVOS M5000 microscope (ThermoFisher Scientific, Waltham, MA, USA) and the viral titer was determined using the Karber method (18).

Mouse models. B6.Cg-Tg(K18-hACE2)2Prlmn/J (stock#3034860) and B6 mice were purchased from the Jackson Laboratories (Bar Harbor, ME). One K18-ACE2 mouse was intranasally infected with either B.1.351 (Beta) or B.1.617.2 (Delta) SARS-CoV-2 lineages. Following 3-4 days, the animals were sacrificed and lung homogenate collected. The homogenate was used to intranasally infect sequential animals, defined as passage. This was repeated for 10 passages. After passage 10 (P10), virus in lung homogenate was sequenced. K18-ACE2 mice were then intranasally infected with Beta P10 or Delta P10 with viruses passaged in three mice at a time for an additional 10 times (total of 20 passages) with virus in lung homogenate sequenced following passages 13, 17, and 20 (**Figure 1**). Viral stocks were then made from lung homogenates of Beta and Delta P20 viruses. K18-ACE2 mice were infected intranasally with 500 $TCID_{50}$ of P0 or P20 viruses. Lung viral loads were determined on day 3 post-infection with weight loss and survival monitored daily for up to 9 days.

Infectivity of P0 and P20 viruses to non-transgenic mice. C57BL6 mice were infected

intranasally with 3000 $TCID_{50}$ of P0 and P20 Beta and Delta viruses. Three days later, mice

were euthanized, and lungs collected for viral load (titer) determination.

RNA extraction: Up to 30 mg of lung tissue were used for RNA extraction using the Bead Mill

Tissue RNA Purification Kit and the Bead Mill Homogenizer, following manufacturer's

instructions.

Viral sequencing. RNA extracts were processed for reverse transcription (step a) and targeted

SARS-CoV-2 amplification using the ARTIC V3 or V4.1 primer scheme (https://github.com/artic-

network/primer-schemes/tree/master/nCoV-2019) (step b). Samples were purified (step b) and

Nextera DNA Flex library preparation (step c) was performed for Illumina PE150 paired-end

amplicon sequencing on a NovaSeq or MiSeq instrument at the McGill Genome Centre using

best practices. Each sample was sequenced twice on different days to obtain a target of

minimum 10 million reads per sample. The detailed protocols can be accessed with the

following links.

Step a: dx.doi.org/10.17504/protocols.io.bjgekjte.

Step b: dx.doi.org/10.17504/protocols.io.ewov18e4ygr2/v2.

Step c: dx.doi.org/10.17504/protocols.io.bjgnkjve.

Genome data processing. Following sequencing, the reads from each sample were used to

call variants using Freebayes v1.3.6 (19) and the results were saved as a VCF file which was

used to compare genomic variation across passages. Others have called variants with other

tools such as DeepSNV (20) and VarScan (21). DeepSNV was not used as it only investigates

SNVs (22), when indels have been found to confer selective advantages (23). Freebayes has

been observed to perform slightly superiorly than VarScan when calling variants in wastewater

samples (24) and in internal benchmarking (data not shown). The process is described briefly

as follows: first, the raw reads from each sample were aligned with BWA MEM v0.7.17 (25) to

the reference strain genome sequence (NC_045512.2). The resulting alignments were sorted

with duplicate reads flagged. The minimum number of aligned reads for each was logged, and

each sample was again aligned and processed, then randomly down sampled to match this

minimum number of reads. All variants with a quality of less than 20 or a depth below 10 were

removed from the analysis. Any variant alleles that overlapped with ARTIC sequencing primers

were also removed. Merged VCF files, representing the combination of reads across two

sequencing batches for each sample, were used for the paper's main results.

Variant annotation. Every variant allele was inputted into COVID-19 Ensembl variant effect

predictor (VEP) (https://covid-19.ensembl.org/index.html) to determine functional consequences

and the involved gene and amino acid change (26). Variants whose VAF changed at least once

across passages during the study were logged and input to the UCSC Genome Browser

(https://genome.ucsc.edu/), checking for annotations of antibody escape, CD8 escape, vaccine

targets, drug resistance, or variants of concern (27).

Antibody neutralization studies. Sera from twenty-four healthy vaccinated (3x) individuals

were analyzed for neutralizing activity against Wuhan-like, and Beta and Delta P0 and P20

viruses. Serially diluted sera (in quadruplicate) were incubated with 100 $TCID_{50}$ of virus for 1 h

at 37˚C before addition to Vero E6 cells. Three days later, the 96-well plates were observed

using an inverted microscope for signs of infection. Neutralization titers were determined and

defined as the highest serum dilution preventing infection.

Ethics. The study was conducted in accordance with the Declaration of Helsinki, and mouse

protocols were approved by the Comité de protection des animaux de l'Université Laval. Sera

obtained from humans were procured following ERB approval (ERB #2022-6204).

Statistics. All statistical analyses were conducted using R/4.2.1. All statistical comparisons

between passages were corrected for multiple testing using a Benjamini-Hochberg p-value

adjustment.

Source code. All code used in this study, from sample processing to data analysis, are publicly

available on Github at the following link:

https://github.com/juliandwillett/SARS_CoV_2_Serial_Passaging_Study.

Data availability. VCF files used to complete computational analyses are available by

reasonable request.

Funding. This study was supported by the Canadian Institutes for Health Research (CIHR

476575) operating grant to the Coronavirus Variants Rapid Response Network (CoVaRR-Net)

to LF and IR and CIHR grant (GA1-117694) to LF.

Results:

Variant allele frequency of alleles across passages. The minimum number of reads per sample

across P13, P17, and P20 was 34,253,784. In Beta lineage, there was a significantly lower

variant allele frequency (VAF) in P17 and P20 versus other passages (adjusted p-value < 0.05),

with a significant difference in Delta comparing P10 and P20 (**Figure 2a-b**). As there was no

significant change in allele depth across the study, these VAF differences could be due to

growing allelic diversity. Such significant changes, less consistent with random allelic drift, could

align with suggested mechanisms of within-host evolution of the variant allele pool, per Tonkin-

Hill *et al*. (20). Sample contamination is less likely as there was no significant difference in VAF

or variant allele depth between samples for either viral lineage (**Figure 2c-d**).

Gene involvement and variant allele functional consequence severity did not significantly vary

across passages. There was no statistically significant change in the proportion of variant alleles

involving a specific gene or severity of variant allele predicted functional consequence across

the study (adjusted p-value > 0.05) (**Figure 3**), suggesting that the overall allele population did

not significantly change in our model without experimental selective pressures (6).

Development of variant alleles associated with clinically relevant traits. We observed 82 unique

variant alleles across our study. There were 41 whose VAF changed with 32 having clinically-

relevant annotations, including interactions with human proteins, mutations that may confer drug

resistance, variant alleles associated with the Omicron lineage, mutations associated with

antibody escape, and mutations at vaccine targets (**Table 1, Supplemental Table 1**) (27, 28). A

notable novel variant included C22674T, or Spike S371F, that arose *de-novo* in two animals in

P20 for Beta virus and two animals in P13 for Delta virus (**Figure 4**). The allele is associated

with protein interactions, antibody escape, affects a vaccine target, and is an Omicron-specific

mutation (**Table 1**) (27, 29). We thus observed an Omicron specific mutation in a study not

involving Omicron viral lineages. Several other variants changing in frequency also conferred

possible drug resistance and targeted the vaccine site (**Table 1**) (27).

Most alleles in the P0 Beta isolate, passaged several times *in vitro* in Vero cells, encoded a

Spike protein with a tryptophan (W) at position 682 (C23606T), destroying the furin cleavage

site (**Table 1**). We observed a rapid selection of viruses having the reference allele encoding an

arginine (R) at position 682 and functional furin site in all animals infected with Beta variant

starting in P10 (**Table 1**). This suggests that the furin site provides a growth advantage under *in*

vivo conditions and supports a previous report indicating the Spike furin site being important for

SARS-CoV-2 virulence in K18-ACE2 mice (30).

Later passage virus was linked with greater weight loss, virus producing larger viral loads more

quickly, and reduced antibody neutralization. Unlike Gu *et al*.'s study that required adaptation of

SARS-CoV-2 to a murine Ace2 receptor for infectivity, our study made use of transgenic mice

expressing the human ACE2 receptor (12). We determined whether repeated passaging of

SARS-CoV-2 in K18-ACE2 mice affected virulence by infecting animals with P0 and P20 viruses

with clinical scores and viral loads determined. On day 3 post-infection, no differences in viral

load were noted between Beta P0 and Beta P20 viruses with mice infected with P20 Delta virus

having a significant increase (6.3x) in lung viral loads (**Figure 5A**). Both P20 Beta and P20

Delta viruses caused more rapid and greater weight loss than P0 viruses (**Figures 5B-C**) with

similar survival curves (**data not shown**).

We then assessed whether repeated passages in K18-ACE2 mice would result in viruses

capable of infecting non transgenic mice. C57BL6 mice were infected intranasally with P0 and

P20 viruses and lung infectious viral loads determined 3 days later. Both P0 and P20 Beta

viruses successfully replicated in mouse lungs with both viruses producing similar viral loads

(**Supplementary Figure 2**). None of the P0 or the P20 Delta viruses generated viral loads in

lungs of B6 mice (**Supplementary Figure 2**).

Our results indicate that Delta P20 viruses generate a greater viral load that P0. To determine if

this was related to growth kinetic differences between P0 and P20 viruses, we performed *in vitro*

growth curve analysis. We observed two independently evolved P20 Delta viruses replicating

more efficiently after 24 h versus P0, yielding 4-5X more infectious virus after 24h of infection

(**Figure 6**). This difference in viral titers was no longer observed after 48 h (**Figure 6**).

We next determined the ability of sera from vaccinated subjects to neutralize passaged viruses,

comparing it to parental P0 viruses. Consistent with previous reports, sera from vaccinated

subjects had varied neutralizing potential depending on the variant, with neutralization titers

being greatest against the original Wuhan-like strain and lowest for the Beta isolate (**Figure 7A**)

(31, 32). The same sera were analyzed for their ability to neutralize P20 viruses. P20 Beta was

neutralized equally (13 out of 24) or more efficiently (8 of 24) that the P0 virus (**Figure 7B**). In

contrast, P20 Delta virus was significantly less sensitive to antibody neutralization by vaccinated

subject sera than P0 ($p < 0.0002$) where 15 of 24 sera showed decreased neutralizing potential

toward the P20 Delta virus relative to P0 (**Figure 7C**).

Discussion:

In this study, we serially infected mice with Beta or Delta lineage virus for twenty passages

without experimental selective pressures. The evolved viruses developed and maintained

variant alleles associated with treatment resistance and later lineages like Omicron (**Figure 4,**

Table 1), were more virulent (**Figure 5**), grew faster and to higher levels (Delta) (**Figure 6**) and

were less sensitive to antibody neutralization (Delta) (**Figure 7**), demonstrating immune escape

potential. These developments occurred within roughly two months, illustrating the model's

potential in rapidly emulating pandemic progression that could facilitate treatment/vaccine

development less sensitive to viral evolution. The model can readily be adapted to mimic viral

adaptation in the context of immune or anti-viral selection pressures, affording rapid results in a

system often seen in real world conditions.

Our model lacked experimental selective pressures, mimicking the evolution of SARS-CoV-2 in

a naïve population. Using K18-ACE2 transgenic mice eliminated the selective pressure of

adapting virus to the murine Ace2 receptor. The Beta P0 virus harbored the N501Y mutation

previously reported to enable adaptation of reference SARS-CoV-2 in non transgenic mice (12).

This mutation was maintained throughout passages, suggesting that this virus can infect cells

through the murine Ace2 receptor as well (**Figure 4**). Our data supports this, as non transgenic

C57BL6 mice were equally susceptible to infection by Beta P0 and P20 viruses. This capacity of

Beta to use human and murine receptors might explain, at least in part, the greater virulence of

the Beta isolate in ACE2 transgenic mice relative to other viral isolates, such as Wuhan and

Delta lacking the N501Y mutation in transgenic mouse studies (33).

The Delta P0 virus lacked the N501Y mutation and never acquired it following repeated

passages in ACE2 transgenic mice. This highlights that when lacking selective pressure, such

as neutralizing antibodies, the appearance of N501Y is not favored (**Figure 4**). Acquisition of

N501Y in the human population was first reported almost a year after the initial report of the

SARS-CoV-2 epidemic, suggesting that this mutation arose during the development of herd

immunity (34).

Of the 41 variant alleles that arose *de-novo* or changed in frequency during the study, several

are of clinical interest (**Figure 4, Table 1**). A4981G, which arose *de-novo* and persisted in Beta

lineage virus in P17 (**Figure 4**), was predicted to possibly confer drug resistance to papain-like

protease inhibitors (35), such as ritonavir used clinically in combination with nirmatrelvir that

protects patients against severe COVID-19 (36, 37). C22674T, or spike S371F, which arose *de-*

novo and persisted in two animals in P20 for Beta and P13 for Delta virus (**Figure 4**), represents

an Omicron-specific mutation arising in a study that did not use Omicron. This last mutation has

been previously reported to facilitate antibody escape (**Table 1**) (29). Considering that the

mutation S371F is reported to bear a significant fitness cost (38), this might explain why isolated

S371L/F mutations are not viable or have not yet been detected in isolation. We would argue

that mutations of residues E484 present in Delta and K417/E484/N501 present in Beta Spike

proteins, also found together with the S371F mutation in Omicron BA.2, represent such

compensatory mutations. G23593T, or spike Q677H, which disappeared from Beta virus

samples after P0, has been determined to enhance treatment resistance and increase viral

infectivity (39). The reversion of Spike amino acid 677 to Q after passage in mice could explain

the increased neutralization activity for some of the sera against Beta P20 relative to P0 (**Figure**

7). Variants that could impair treatment efficacy appeared and disappeared in this study,

showcasing the model's potential in evaluating diverse variants.

This study has limitations. Here we used the K18-ACE2 transgenic mice but the mechanisms of

new viral variants arising in humans could significantly differ. This is relevant as host factors are

believed to contribute to viral variant allele diversity (40). Our model lacked experimental

selective pressures, while the COVID-19 pandemic has been accompanied by contact

limitations and vaccines with the dominant SARS-CoV-2 evolutionary mechanism believed to be

natural selection (6). Development or dominance of new variants likely varies with these

pressures, necessitating reproducing this model with them. However, a baseline comparison

model is required to get the most from these supplemental models, hence the relevance of our

model. We studied Beta and Delta lineage virus, which are no longer dominant. Patterns of

genetic changes observed in these lineages could vary from Omicron. There was no statistical

change in the variant allele population's involvement of specific genes or predicted functional

consequence when comparing Beta and Delta lineages across passages, which is reassuring

for generalizability. However, virulence significantly increased across the study, despite this lack

of population-level changes (**Figure 5**). This could suggest greater value in studying changes in

single variant alleles over allele populations, as done in this study, as they are associated with

fitness-related traits and can capture evolutionary changes of more subtle mechanisms, such as

increasing virus adaptation for cellular infection. Single or combinations of variant allele changes

could explain the change in virulence and antibody neutralization observed in this study (**Figure**

4).

Conclusions:

The model presented rapidly emulated pandemic progression in a naïve population, with virus

accumulating variant alleles that could limit therapies for severe disease, becoming more

virulent, and ultimately becoming treatment resistant in mice harboring human ACE2 receptor.

These results support that serial viral passaging in mice is a useful method to rapidly study viral

evolution enabling development of targeted anti-viral therapies.

List of abbreviations:

ACE2: angiotensin-converting enzyme 2

CIHR: Canadian Institutes for Health Research

CoVaRR-Net: Coronavirus Variants Rapid Response Network

SARS-CoV-2: severe acute respiratory syndrome Coronavirus 2

SNV: single nucleotide variant.

$TCID_{50}$: 50% tissue culture infectious dose

VAF: variant allele frequency

VEP: variant effect predictor

VOC: variants of concern

Figure Titles and Legends.

Figure 1. **Study design**. First, SARS-CoV-2 ACE2-adapted mice were inoculated with either

B.1.351 (Beta) or B.1.617.2 (Delta) virus and left for three days for virus to proliferate. They

were then sacrificed with the lung homogenate used to infect another mouse. This was repeated

for ten passages. Second, P10 virus for each lineage was used to infect three additional mice

and the process was repeated for an additional ten passages. Third, P0 and P20 virus for each

lineage was used to infect additional mice to compare weight loss and survival between early

and late passage virus, and test non-adapted mouse susceptibility to the virus. Antibody

neutralization of virus was also compared.

Figure 2. Boxplots of variant allele frequency by (a-b) passage and (c-d) sample. Each N

refers to the number of variant alleles for each MAF and in total against the NC_045512.2

reference sequence. Single samples were sequenced for P0 and P10 with three samples from

P13, P17, and P20. Box fill in (c-d) signifies sample number. For significance, n.s.: adjusted p-

value > 0.05, *: adjusted p-value > 0.01, **: adjusted p-value ≤ 0.01.

Figure 3. **Gene involvement and predicted variant allele functional consequence severity**

(VEP) in variant allele population did not significantly change (adjusted p-value > 0.05)

with passage.

Figure 4. Variants of clinical relevance arose de novo and grew to dominance. VAF:

variant allele frequency. P refers to passage.

Table 1. Annotations of select variants that changed in frequency across the study.

Figure 5. Pathogenesis of P0 and P20 viruses in K18-ACE2 mice. Mice (n = 15/group) were

infected with 500 $TCID_{50}$ of P0 or P20 Beta and Delta viruses. (A) On day 3 post-infection, mice

(n = 5) were euthanized and lungs collected for infectious viral load determination. Results are

expressed as mean ± SD SARS-CoV-2 $TCID_{50}$/mg of lung tissue. (B-C) The weight of each

mouse (n = 10/group) was monitored daily throughout the experiment and reported as mean

percentage ± SD of weight relative to day 0. **: $p \leq 0.008$ as determined using non-parametric

Mann-Whitney test.

Figure 6. **Growth kinetics of P0 and P20 Delta viruses**. P0 and two independently evolved P20 Delta viruses were used to infect Vero cells at a multiplicity of infection of 0.005. Cell-free supernatants were collected at 24 h and 48 h and used for viral titration. Results are expressed as mean ± SD $TCID_{50}$/mL. *: p=0.02 as determined using an unpaired t-test.

Figure 7. Neutralization of P0 and P20 viruses with sera from vaccinated subjects. (A) Neutralization assay of Wuhan-like, Beta, and Delta viruses using sera from 24 vaccinated subjects. Individual results and mean ± SD neutralization titer against different SARS-CoV-2 isolates are presented. ****: p<0.0001 determined using one way-ANOVA. ns: not statistically significant. (B) Pair-wise comparison of the sera used in A in neutralization assay against P0 and P20 Beta viruses. (C) Pair-wise comparison of the sera used in A in neutralization assay against P0 and P20 Delta viruses. ***: p>0.002 determined using paired t-test.

Supplemental Table 1. Table of variant alleles that changed MAF during the study. Available in "Supplemental Tables.csv".

Supplemental Figure 1. Viral load comparison between P0 and P20 virus in K18-ACE2 mice.

Supplementary Figure 2. Infection of C57BL6 mice with P0 and P20 Beta and Delta viruses. Mice (n = 5/group) were infected intranasally with 3000 $TCID_{50}$ of P0 or three independently evolved Beta P20 or two independently evolved Delta viruses. On the third day post infection, mice were euthanized and lungs collected for infectious viral load determination. Individual results and mean ± SD $TCID_{50}$/mg of lung tissue are presented.

Declarations:

Ethics approval and consent to participate. The study was conducted in accordance with the Declaration of Helsinki, and mouse protocols were approved by the Comité de protection des animaux de l'Université Laval.

Consent for publication: All authors have consented to publication.

Availability of data and materials. VCF files used to complete computational analyses are available by reasonable request, code is publicly available on Github (refer to Methods), physical materials used are referred to by their product codes.

Competing interest.

All authors declare no competing interests.

Funding. This study was supported by the Canadian Institutes for Health Research (CIHR 476575) to JDSW, and an operating grant to the Coronavirus Variants Rapid Response Network (CoVaRR-Net) to LF and IR and CIHR grant (GA1-117694) to LF. The funding body had no role in the design of the study or collection, analysis, interpretation, or reporting of the data.

Authors contributions. Julian Daniel Sunday Willett conceived of the computational analyses needed for this study, completed all computational analysis of viral sequencing data, and wrote the majority of the manuscript. Louis Flamand and Jiannis Ragoussis conceived of the study. Louis Flamand contributed to manuscript revisions, wrote sections relevant to animal models and antibody neutralization studies and performed analysis of results. Jiannis Ragoussis supervised sequencing data generation and analysis. Isabelle Dubuc and Leslie Gudimard performed all works involving live SARS-CoV-2 viruses. Annie Gravel participated in the sequence analysis and methodological design of experiments. Paul Fortin and Ines Colmegna provided key reagents. Jose Hector Galvez contributed bioinformatics analysis review and

manuscript revisions. Ju-Ling Liu, Anne-Marie Roy, Sally Lee and Shu-Huang Chen supported

the SARS-CoV-2 viral sequencing.

Acknowledgments.

This research was enabled in part by support provided by Calcul Québec (calculquebec.ca) and

the Digital Research Alliance of Canada (alliancecan.ca). This work was made possible by

funding from the CIHR as part of CoVaRR-Net (to JR and LF) . We thank Ines Colmegna for

providing vaccinated patient sera. We thank Silvia Vidal for her guidance regarding SARS-CoV-

2 evolutionary mechanisms.

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Figure 1.

Figure 2.

Figure 3.

Figure 4.

Table 1.

Variant	Amino Acid Change	Annotation
A4981G	ORF1ab T1572T	Mutations that may confer drug resistance[1]
C22674T	Spike S371F	Protein interacting, antibody escape, vaccine target, Omicron-associated variant allele[1]
G23593T	Spike Q677H	Protein interacting, vaccine target[1], enhances treatment resistance[2], increases infectivity[2]

Figure 5.

Figure 6.

Figure 7.

Supplemental Figures

Supplemental Table 1.

Supplemental Figure 1.

Supplementary Figure 2.

Figure References.

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