Clade-Specific MPXV PCR Assays

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Abstract

In an evolving infectious disease outbreak, there are two priorities: rapid and accurate detection
of the causative agent and characterization of its spread. The polymerase chain reaction (PCR)
assay is an effective and portable diagnostic method that can quickly provide information
associated with virulence, transmissibility, and pathogenicity. Compared to genomic sequencing,
PCR requires less infrastructure, funding, and training. However, the development of sensitive
and specific primer sequences is costly, particularly those with subspecies resolution. The recent
mpox (monkeypox) virus outbreak underscores the need for the rapid development of clade-
specific primers, particularly when there are differences in morbidity and mortality rates. Current
mpox assays use primer sequences that also bind to the broader *Orthopoxvirus* genus, resulting
in suspect diagnoses, delays in treatment, and poor allocation of scarce healthcare resources.
Additionally, these orthopox-based primer sets cannot distinguish between different mpox clades
and cannot illuminate intra-clade evolution over the course of the outbreak. Here, we present the
in silico design and *in vitro* testing of novel clade-specific mpox assays.

Introduction

Mpox virus, also known as *monkeypox virus* (MPXV), is an enveloped, linear, double-stranded
DNA virus in the *Orthopoxvirus* genus and *Poxviridae* family (1). To reduce geographical
stigma, the former Congo Basin (Central African) clade is now referred to as Clade I, and the
former West African clade as Clade II (2). There are two subclades within Clade II, IIa and IIb,
with the latter corresponding to variants circulating during the 2022 global outbreak (2). Clade II
was originally thought to be less severe with milder disease, less deaths, and limited human-to-
human transmission compared to Clade I (3,4).

The exact *mpox virus* reservoir is unknown, although multiple species are carriers, including
rodents and primates (5,6). Transmission to humans is typically related to direct contact with
infected animals, body fluids, or respiratory droplets, with some evidence supporting aerosol and
fomite transmission (7). Mpox was first identified in humans in 1970 in the Democratic Republic
of the Congo (DRC) two years after the eradication of smallpox (8). The cessation of vaccinia
vaccination, waning immunity following smallpox eradication, and increased human migration
have increased the risk of mpox and catalyzed the recent global outbreak (9). As of February, 1,
2023, the United States has reported 30,123 cases and 28 associated deaths, with 85,777 total

44 global cases since May 2022 (10). Historically, fatality rates were 10% for Clade 1 cases and 1%
45 for Clade II cases, however Clade IIb cases have experienced a lower fatality rate of 0.1%. This
46 difference may be due to several factors, such as healthcare access, divergence, and selection
47 bias (11).
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Mpox disease in humans manifests as an initial febrile prodrome 3-17 days after exposure, with
headache and fatigue, potentially accompanied by enlarged lymph nodes (10). At rash onset, the
fever often declines and lesions of varying distribution and number develop through the macular,
papular, vesicular, and pustular phases until scabbing for a period of 14-28 days (10,12). In
recent years, atypical presentations have included only genital lesions and absence of fever (10).
The key clinical characteristics of mpox disease present similarly to smallpox disease and other
illnesses associated with vesicular lesions, thereby complicating diagnosis (12). Improved
molecular diagnostics are critical to rapid, correct diagnoses, targeted treatments, and controlling
spread of the disease.
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Orthopoxvirus infections are difficult to characterize by serology due to cross-reactivity between
other genus members, making molecular testing by polymerase chain reaction (PCR) the
preferred diagnostic method for mpox, given its accuracy and sensitivity (12). Mpox also differs
from other viral pathogens in that standard specimens needed for accurate diagnosis are skin
lesions, dry crusts, or biopsy, instead of the more typical and accessible blood, serum, and
sputum samples, meaning that PCR-based diagnostics are only effective when samples are taken
during the active rash phase of the illness (12). The recent influx of mpox cases and the difficulty
of diagnosing atypical infections outside of endemic regions highlights the need for rapid
identification to assist with diagnosis and case management to decrease further community
spread (6,13). Molecular dating, phylogenetic, and coding region analysis can assist with
understanding potential transmission chains and epidemiological factors (14,15). Furthermore,
sequencing data assists medical countermeasure development, suitability, and effectiveness (16).
However, the current laboratory infrastructures where mpox is endemic need improvement for
effective surveillance, treatment, and prevention of the disease, including portable molecular
testing capabilities (6,9,12). Here we describe novel primer sets to identify mpox and discern
between Clade I and Clade II variants in the field.
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Methods

Pipeline

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Noblis BioLaboro is a three-stage pipeline consisting of the BioVelocity, Primer3, and PSET
(PCR Signature Erosion Tool) programs for the design and evaluation of PCR assays against
reference DNA sequence data (17). BioVelocity calculates conserved genomic regions for a
given set of sequence accessions or taxonomic identifiers. The algorithm builds a perfect-hash
data structure mapping k-mer sequences to accessions. Conserved, overlapping k-mers unique to
the target accessions are then extended with a mismatch threshold and combined into template
sequences for use with Primer3 (2.6.1), which generates candidate PCR assays based on
positional constraints, thermodynamic models, and secondary structure stability (18). Next,
PSET further evaluates the assays via two-phased alignment

(https://github.com/biolaboro/PSET). First, the workflow queries the amplicon against subjects
using the blastn program of the BLAST+ suite (2.12.0+) and filters them with a combined
percent identity and coverage threshold (19). Second, a global-local alignment step runs the
glsearch36 program of the FASTA suite (36.3.8e) to check primer identity and orientation
against the filtered set of subjects (20). The workflow outputs a confusion matrix based on
alignment statistics and subject taxonomy. A true positive (TP) occurs when all assay primers
align above the threshold with the correct arrangement on a subject bearing the targeted
taxonomic identifier or descendant. If the taxonomy is incorrect, then a false positive (FP) is
called. A true negative (TN) occurs when an assay fails alignment to a non-targeted subject and
is a false negative (FN) otherwise. Note that sometimes these are estimates since the number of
hittable subjects in the database is unknown due to the inconsistent usage of NCBI Taxonomy
identifiers and varying levels of completeness and lengths of subject accessions.
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102 *In silico* Protocol
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BioVelocity was run against the Bacterial (BCT) and Viral (VRL) database divisions of NCBI
GenBank to map 50-mers and determine regions conserved within the mpox species (those
bearing NCBI Taxonomy identifier 10244). Clade-specific regions were also targeted by
selecting corresponding accessions provided by the Nextstrain monkeypox build (21). Primer3
was run using the conserved sequence output from BioVelocity and the configuration listed in
Table S1. Prior to running PSET, an additional 10 nucleotides of 5'/3'-sequence context from a
reference accession was added to the amplicon queries to enhance local alignment near the ends.
PSET queried the context-padded amplicons using blastn against the NCBI nucleotide (nt)
BLAST+ database and another built from exported GISAID EpiPox™ sequences (accession
ranges listed in Table S2) (22). Assay primers were realigned using glsearch36 against the
subject hits with ≥85% sequence similarity. Subsequent hits to subjects with ≥90% sequence
similarity and correct taxonomy were considered TPs. PSET also evaluated assays from the
literature, including one pan-orthopox (E9L), two mpox assays (B6R and G2R_G), one Clade I
(C3L), and one Clade II (G2R_WA) with the same procedure (23,24) (Table S3).
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Confusion matrix values were calculated by taxon (species) and clade based on results from
NCBI nt and GISAID EpiPox™. For the former, no assumptions were made about the total
number of potential positive hits. This was done for the latter since only high-quality, complete
sequences were downloaded. Accordingly, there were 110 and 4,454 potential positives for
Clade I and Clade II and 4,652 for generic assays (including those subjects with unknown clade).
Note that the FP rate (FPR) and TN rate (TNR) for generic assays are undefined with respect to
the GISAID EpiPox™ database since no negative hits are possible. Candidate assays for testing
were selected based on Primer3 penalty point values, confusion matrix results, and alignments.
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128 Genomic variation was calculated using the nucmer program of the MUMMER4 suite to
129 determine single-nucleotide polymorphisms (SNPs) and insertions/deletions (indels) (25). NCBI
130 RefSeq accession number NC_063383.1 served as the reference and the exported GISAID
131 EpiPox™ sequences comprised the query (Table S2). The program was run with default
132 parameters.
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134   *In vitro* Protocol
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Previously published primer sets were run alongside Noblis, Inc. candidates to confirm
successful real-time PCR tests, including G2R_G (generic), C3L (Clade I), and G2R_WA (Clade
II) (Table 1) (23,24). Synthetic human monkeypox (hMPXV) controls from Twist Bioscience
were used for the validation of the Noblis assay candidates, with Control 1 (Part No. 106056)
and Control 2 (Part No. 106059) specific to Clade I and Clade II strains respectively. Stock
concentration for each control was 10^5 copies/ μL. Dilutions of 1:20 were performed (5 μL
control into 95 μL molecular grade water) to give a final concentration of $5 \cdot 10^3$ copies/ μL. The
fifteen final candidates and published sets for each assay were ordered as PrimeTime Std qPCR
Assays through Integrated DNA Technologies (IDT) and used with the PrimeTime Gene
Expression Master Mix. PrimeTime Std qPCR Assays were resuspended in 500 μL TE for a 20X
stock concentration. 200 μL of reference dye was added to the PrimeTime Gene Expression 2X
Master Mix per IDT's instruction for use with the Applied Biosystems StepOnePlus
thermocycler. Master mix setup for each reaction included 10 μL of the PrimeTime Gene
Expression 2X Master Mix, 1 μL of the appropriate PrimeTime Std qPCR Assay and 4 μL of
molecular grade water. 96-well plates were used with the 15 μL master mix added to the
necessary wells. 5 μL of the appropriate template was then added to the wells and all samples
were tested in triplicate. Conditions were 1 cycle at 95°C for 3 min, 45 cycles at 95°C for 5 sec,
and 60°C (62°C for Clade II) for 30 sec.
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155   # Results
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The protocol identified 55 generic (pan-clade), 690 Clade I, and 1,595 Clade II MPXV assay
candidates from 60,702 pan-clade, 116,124 Clade I, and 161,989 Clade II BioVelocity-identified
signature sequences respectively. Table S3 lists the complete set of control and candidate assay
sequences and Table S4 and Table S5 list the corresponding alignment statistics and global-local
alignments from the PSET evaluation. Figure 1 displays the amplicon and primer ranges of the
tested PCR assays with reference genome context and variation and Table 1 lists the
corresponding primer and probe sequences. Supplementary Figure S1 similarly displays the
ranges of all assays. Of the tested assays, no indels were observed to occur within primer
regions, only very few SNPs.
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Table 1 lists the average cycle threshold (Ct) values and Figure 2 plots the normalized reporter
values (Rn) for the published and candidate assays. The five generic candidate assays amplified
both controls, but with less efficiency than the published assay. Two notably weak assays were
observed with Ct values exceeding 38: Noblis_MPXV-I-640 and Noblis_MPXV-II-0483. All
tested assays amplified their respective control targets except for Noblis_MPXV-I-578 (Clade I)
and Noblis_MPXV-II-0482 (Clade II).
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Table 1. Control and Noblis, Inc. PCR assay primer/probe set sequences and average cycle threshold (Ct) values for control and no template control (NTC). Control I and Control II are controls for Clade I and Clade II. N.A. means no amplification.

	ID	Sequence			Average Ct		
		Forward Primer	Probe	Reverse Primer	Control I	Control II	NTC
Generic	G2R_G	GGAAAATGTAAAGACAACGAATACAG	AAGCCGTAATCTATGTTGTCTATCGTGTCC	GCTATCACATAATCTGGAAGCGTA	24.46	24.32	N.A.
	Noblis_MPXV-51	ACGGAAATATTTGTAGCACAACGA	ACTCCCAAACTGCATTCATGTTACACT	ACAGCATTCCATTCCAACACT	27.38	28.47	N.A.
	Noblis_MPXV-52	ACGGAAATATTTGTAGCACAACG	ACTCCCAAACTGCATTCATGTTACACT	ACAGCATTCCATTCCAACACT	27.18	28.39	N.A.
	Noblis_MPXV-53	ACGGAAATATTTGTAGCACAACGA	ACTCCCAAACTGCATTCATGTTACACT	AACAGCATTCCATTCCAACACT	27.37	28.54	N.A.
	Noblis_MPXV-54	ACGGAAATATTTGTAGCACAACGAA	ACTCCCAAACTGCATTCATGTTACACT	ACAGCATTCCATTCCAACACT	27.53	28.43	N.A.
	Noblis_MPXV-55	AACGGAAATATTTGTAGCACAACGA	ACTCCCAAACTGCATTCATGTTACACT	ACAGCATTCCATTCCAACACT	27.55	28.76	N.A.
Clade I	C3L	TGTCTACCTGGATACAGAAAGCAA	CCCATATATGCTAAATGTACCGGTACCGGA	GGCATCTCCGTTTAATACATTGAT	26.36	N.A.	N.A.
	Noblis_MPXV-I-149	GATATCTCGAGGCGATGGGC	TGGGGCGTGACGGAATAGTACA	AGCGTGACGTTCCTGACATT	26.54	N.A.	N.A.
	Noblis_MPXV-I-202	CGCAAATAGGTGCCTCAGGA	CGAGGCGATGGGCATCTCCG	CTATTCCGTCACGCCCCATT	26.17	N.A.	N.A.
	Noblis_MPXV-I-578	CGGACATTTCAGTCATTGGCA	TGCTCGCTGCTTTACATGTTTCCCA	TCGGTCTTATGCGATACATTGC	N.A.	N.A.	N.A.
	Noblis_MPXV-I-634	TCACTACGGACATAAACCATTGT	GGAAGTAAGTTCCGGCTGCCATGT	TCATCATCTACTTGCTCTCCAGG	27.67	N.A.	N.A.
	Noblis_MPXV-I-640	TTAAGATCTACCCGCGATACG	ACATGTCTATTGTTAATCATGCCGCCA	ACCCATTACTCTCCTAGAACAGA	38.09	N.A.	N.A.
Clade II	G2R_WA	CACACCGTCTCTTCCACAGA	AACCCGTCGTAACCAGCAATACATTT	GATACAGGTTAATTCCACATCG	N.A.	25.28	N.A.
	Noblis_MPXV-II-0430	GGAGGAGTTGCCAATGACGA	ACGCGATCAGGAGTCATCGTTGA	GCGTCGGTACATGTGTGTCA	N.A.	33.69	N.A.
	Noblis_MPXV-II-0482	CCCTGGCATTACCGAGTTCA	CCTCAGAAGATGCTCCGTTACCGT	GTTGAACGACTGCGGACGTA	N.A.	N.A.	N.A.
	Noblis_MPXV-II-0483	CGCGATCAGGAGTCATCGTT	GCGAACCAAAATGTGATATGGGGTTGC	GCGTCGGTACATGTGTGTCA	N.A.	38.64	N.A.
	Noblis_MPXV-II-1028	AACTCATAATTGCTGACGCGAT	ACAACGCCATCATGAATAGCAGTGA	TTCGGAGGCTCCAGATAGGA	N.A.	26.03	N.A.
	Noblis_MPXV-II-1253	TGAGGATTTCACCCCACTGA	ACACCAACCATGTACCGTCGAGT	CGTAGATTGAACTAACCAGTCGA	N.A.	25.47	N.A.

Figure 2. Amplification plots. Subplot rows indicate the intended target of each assay, with A, B, and C corresponding to generic pan-clade, Clade I, and Clade II.

Discussion

This mpox study is the first to assess BioLaboro candidates *in vitro*. The objective was to demonstrate an enhanced ability to design PCR assays below the species level and to therefore identify clade-specific groupings. Previous work using the BioLaboro pipeline focused primarily on the PSET component to track predicted PCR assay performance over time and debug associated design issues. For example, a previous SARS-CoV-2 study demonstrated the sudden increase in failure rate of several assays related to deletions in the S gene as the virus evolved (26). This motivated the development of a new feature for PSET, which was the inclusion of 5'/3'-sequence context in the primer sequence query to increase local alignment quality and detect additional, potentially deleterious mutations outside of the binding target.

The mpox primer sets from the literature and those developed through this study were able to reliably detect *mpox virus*, except for Noblis_MPXV-I-578 and Noblis_MPXV-II-0483. The failure of the former is likely due to the false negative rate of 60.91% reported by PSET. This indicates that alignments failed immediately *in silico* at the local alignment step. Those remaining 43 alignments that passed the global-local threshold exhibited perfect identity except for one with an indel on the reverse primer. Noblis_MPXV-II-0483 had a near perfect true positive rate of 98.90% with the majority of the 4,047 alignments to the target clade having one substitution on the reverse primer. Remaining alignments exhibited several substitutions and indels, predominantly on the reverse primer. It is likely that the alignment threshold may have resulted in the calling of alignments with potentially deleterious mutations as true positives. Nevertheless, the overall success is likely a result of using strict BioVelocity and PSET thresholds.

As demonstrated in previous studies, clade-specific detection and resistance to false negatives due to primer sequence drift are critical to understanding the dimensions of an outbreak and coordinating a robust and effective public health response (26). The combination of algorithms in BioLaboro creates specific primer candidates and reliably assesses their performance *in silico* prior to in vitro testing which significantly contributes to a rapid diagnostic and public health response. Future studies should include testing on clinical samples and evaluation of assays in the field.

Conclusion

Our previous work focused primarily on the development of algorithms to calculate conserved DNA regions, generate candidate PCR primers, and monitor predicted PCR assay performance. This work demonstrates an end-to-end test of a workflow for the *in silico* generation and *in vitro* validation of novel assays. As proof-of-concept, we focused on developing generic and clade-specific *mpox virus* assays. The workflow was able to quickly provide viable assays with efficiencies comparable to those currently deployed. The rapid deployment of novel validated PCR assays benefits biosurveillance and pandemic response programs.

Author Contributions

Conceptualization: DN, NT, SG, CP, BA, & DA; Data Curation: DN, NT, & SM; Formal analysis: DN, NT, & SM; Funding acquisition: KJ & DA; Investigation: DN, NT, & SM; Methodology: DN, NT, CP, BA, & DA; Project administration: DN, NT, KJ, & DA; Resources: SG, SWR, JH, KJ, BA, & DA; Software: DN, SM, & BA; Supervision: KJ & DA; Validation: DN, NT, SG, & DA; Visualization: DN, NT, SG, & SWR; Writing - Original Draft: DN, NT, SWR, & BA; Writing - Review & Editing: DN, NT, SG, SWR, CP, KJ, BA, LB, & DA.

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