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Identifying Genetic Variations in *emm*89 *Streptococcus pyogenes* Linked to Severe Invasive Infections

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Summary

Streptococcus pyogenes causes mild human infections as well as life-threatening invasive

diseases. Since the mutations known to enhance virulence to date account for only half of

the severe invasive infections, additional mechanisms/mutations need to be identified.

Here, we conducted a genome-wide association study of *emm*89 *S. pyogenes* strains to

comprehensively identify pathology-related bacterial genetic factors (SNPs, indels, genes,

or k-mers). Japanese (*n*=311) and global (*n*=666) cohort studies of strains isolated from

invasive or non-invasive infections revealed 17 and 1,075 SNPs/indels and 2 and 169

genes, respectively, that displayed associations with invasiveness. We validated one of

them, a non-invasiveness-related point mutation, *fhuB* T218C, by structure predictions

and introducing it into a severe invasive strain and confirmed that the mutant showed

slower growth in human blood. Thus, we report novel mechanisms that convert *emm*89

S. pyogenes to an invasive phenotype and a platform for establishing novel treatments

and prevention strategies.

Keywords: *Streptococcus pyogenes*, *emm*89, severe invasive infections, genome-wide

association study, pan-genome analysis

Introduction

Streptococcus pyogenes is a human-restricted gram-positive pathogen associated with a wide spectrum of diseases. While *S. pyogenes* often causes non-invasive diseases, including pharyngitis and impetigo in children, it is also known as a "flesh-eating bacterium" owing to its involvement in life-threatening invasive diseases, such as necrotizing fasciitis and streptococcal toxic shock syndrome (STSS)[1,2]. In 2005, more than 0.6 million people were estimated to have invasive *S. pyogenes* infections[3], and the reported incidence of invasive *S. pyogenes* infections continues to increase globally[1]. In cases of severe infection, rapid bacterial growth and profound metabolic acidosis necessitate urgent surgical inspection and extended debridement with empiric antibacterial chemotherapy[4,5]. However, even with proper treatment, the mortality rate of patients with *S. pyogenes* infections remains 23–81%[6]. Moreover, although several protective vaccine candidates against *S. pyogenes* exist, no safe and effective commercial vaccine has yet been licensed for human use[2,7].

S. pyogenes has been classified into at least 240 *emm* types based on the *emm* gene hypervariable region sequence[8]. Since the mid to late 2000s, *emm*89 strains have been increasingly isolated from samples obtained from patients with invasive diseases, becoming one of the most frequently identified lineages in developed countries[9,10]. For

example, in the United Kingdom, no more than ten cases of invasive diseases caused by

*emm*89 *S. pyogenes* were reported annually in the 1990s. In the 2010s, however,

approximately 150 cases were reported out of the 1,000–1,500 invasive cases caused by

all *emm* types of *S. pyogenes* in each year[11]. Similarly, in Japan, in the 2010s, there was

an increase in the number of patients with *emm*89 *S. pyogenes*-induced severe invasive

infections. In 2018, *emm*89 strains were isolated from 36% of patients diagnosed with *S.*

pyogenes-induced severe invasive infections, following *emm*1 strains, which were

isolated from 57% of patients[9].

*S. pyogenes emm*89 strains have been genetically sub-clustered into three clades

according to the *nga* promoter region patterns and the presence/absence of the *hasABC*

locus, which is responsible for hyaluronan capsule synthesis. Clade 3 is distinct from

clades 1 and 2 in terms of two features: overexpression of virulence factors NAD

glycohydrolase (NADase) and streptolysin O (SLO), owing to mutations in the promoter

region of the *nga-ifs-slo* operon, and the lack of a hyaluronan capsule[11-13]. Although clade

3 strains have frequently been isolated from invasive diseases, their numbers from non-

invasive infections have also increased. We previously reported no difference in the

isolation frequencies of clade 3 strains between invasive and non-invasive diseases, at

least in Japan, and concluded that the mutations in clade 3 are not responsible for the gain

of invasiveness[14]. Therefore, there must be other genetic features within the *emm*89

strains that determine their phenotypes.

During infections caused by *emm*1 *S. pyogenes*, mutations in the two-component

system, CovR/S, promote high virulence[15]. These mutations cause the upregulation of

DNase, hyaluronan capsule, IL-8 protease, C5a peptidase, streptokinase, NADase, SLO,

and superantigen SpeA, as well as the downregulation of cysteine protease SpeB and

streptolysin S[16,17]. The resulting mutants can prevent neutrophil death and subsequently

promote tissue destruction and systemic infections. Epidemiologically, Ikebe *et al.*

reported that nonsense mutations in *covR* and/or *covS* are present in 46.3% of *S. pyogenes*

strains isolated from severe invasive infections in Japan, but only 1.69% of isolates from

non-severe ones[18]. Moreover, these studies indicated that the *covR*/*S* mutation is not

responsible for all invasive clinical strains. Thus, we hypothesize that other mechanisms

are involved in the development of invasiveness.

In the present study, we aimed to explore novel hypervirulent mechanisms of *S.*

pyogenes by performing a genome-wide association study (GWAS) on S. *pyogenes*. Our

GWAS focused on the *emm*89 lineage of *S. pyogenes* to detect lineage-specific factors

and minimize false positives due to lineage differentiation. For a comprehensive analysis,

we constructed the core genome and pan-genome of *emm*89 *S. pyogenes* strains and

evaluated the effect of single-nucleotide polymorphisms (SNPs) on core gene alignment

and accessory clusters of orthologous genes (COGs). In addition, we performed a k-mers-

based GWAS to detect SNPs in the intergenic regions and multiple mutations. We

collected and sequenced *emm*89 clinical strains isolated in Japan during 2016–2021, in

addition to public *emm*89 genome sequences. Using these sequences, we investigated the

bacterial factors associated with severe invasive infections in Japan and globally, using

GWAS. Based on the bacterial protein structural predictions, we then selected candidates

with high potential relevance to the phenotype. Finally, we introduced an SNP related to

non-invasiveness into a clinical strain isolated from a severe invasive infection and

examined the alteration of the bacterial phenotype through an *ex vivo* infection assay.

Results

Collection of *emm*89 *S. pyogenes* clinical isolates in Japan and construction of cohorts

We collected clinical *S. pyogenes* strains isolated between 2016 and 2021 from patients

with non-invasive and severe invasive infections in Japan. The Ministry of Health, Labour,

and Welfare of Japan has defined the clinical criteria of severe invasive β-hemolytic

streptococcal infections as STSS, based on the STSS 2010 Case Definition of the Centers

for Disease Control and Prevention in the US, with minor modifications, including the

addition of encompassing symptoms in the central nervous system (Table S1)[19,20].

For the *emm*89 clinical isolates, we collected T serotype TB3264 and untypable

strains, in addition to *emm* genotype-identified strains. T-typing is a serologically-based

approach that is often used as an alternative or supplement to *emm* typing. T-antigens are

trypsin-resistant surface antigens exhibiting extensive antigenic diversity[21]. Isolates of a

given *emm* type frequently share the same T serotype pattern[22,23]. The T serotype TB3264

corresponds to the genotype *emm*89 or *emm*94[21,24]. A total of 207 clinical isolates were

collected with the cooperation of the National Institute of Infectious Diseases and ten

public health institutes nationwide (Tables S2 and S3). We performed draft genome

sequencing of the strains and identified their *emm* types. In total, 150 of these were

determined as *emm*89, followed by 24 and 19 strains as *emm*4 and *emm*12, respectively.

To focus on the pathogenic mechanisms underlying severe invasive infections in the

*emm*89 cohort, we used 150 *emm*89 strains for subsequent analyses (Figure 1A, Tables

S2, and S3). We previously determined the draft genome sequences of 161 *emm*89 strains

isolated in Japan between 2011 and 2019 and determined their phenotypes using the same

criteria (Table S2)[14]. We combined these two sets and finally considered a total of 311

*emm*89 strains, including 135 severe invasive and 176 non-invasive isolates, as the

Japanese cohort.

We also collected public genome sequences of *emm*89 *S. pyogenes* strains isolated

from nine countries to further characterize the genetic properties of the Japanese cohort

(Table S2)[25-27]. In this study, the phenotypes of these strains were considered invasive if

the diagnoses included severe infections, STSS, invasive infections, necrotizing fasciitis,

bacteremia, or sepsis, and isolation sites were described as normally sterile sites, such as

the blood, brain, kidney, muscular tissue, or brain. Consequently, we identified 666 strains

in the global cohort, including 420 isolates from invasive cases and 246 from non-

invasive ones (Table S2).

Pan-genome and phylogenetic analyses reveal both shared and distinct features in

the Japanese and global cohorts

To determine the core genes and gene distribution in both cohorts, we performed pan-

genome analyses. In the Japanese cohort, 1,417 core genes common to more than 99% of

all isolates were determined out of the 3,334 different genes detected within the 311

strains. In contrast, the global cohort was more diverse, with 4,743 different genes, of

which 1,327 were core genes (Figure 1B).

Next, we calculated the phylogenetic relationships based on the maximum

likelihood of the core gene sequences (Figure 1C and S2). The tree for the global cohort

branched into four clusters, with clusters A, B1, B2, and B3. Cluster B3 included 640

genetically similar strains isolated mainly from Europe, North America, and Japan,

whereas cluster A comprised 19 strains isolated from Oceanian countries, Kenya,

Lebanon, the US, and Japan (Figure 1C). The phylogenetic tree for the Japanese cohort

could also be clustered as in the case of the global cohort, with no significant difference

in the proportions of strains classified into each sub-cluster (chi-square test, p=0.13;

Figure S2 and Table S4). Thus, we concluded that the overall phylogenetic features of

*emm*89 strains were distributed similarly in Japan and other areas, especially Europe and

North America. Within cluster B3, we identified a non-invasive strain from Japan that had

no identical pattern to the reported *nga* promoter variations (Figure 1C)[28]. This pattern is

likely a subtype of clade 3 as it shares the haplotype $A_{-27}G_{-22}T_{-18}$, which is distinctive of

clade 3, but has a mutation in the –10 box (Figure S2)[28]. Thus, we named this novel *nga*

promoter variation type 3.4[28]. Multilocus sequence typing (MLST) analysis revealed that

in cluster B3, 522 strains (80.9%) were ST101, and 96 strains (14.8%) were ST646

(Figure 1C). Notably, ST646 was the second most dominant type and a Japan-specific

lineage. Moreover, they only differed in the 295th nucleotide in the *murI* locus, one of the

seven loci that determine MLST, suggesting that both lineages have a genetically close

relationship. Eight novel MLSTs were determined (ST1450, 1451, 1452, 1454, 1455,

1456, 1461, and 1463) and 15 novel MLST strains were detected in the Japanese cohort

(Figure S1). Taken together, using phylogenetic approaches, we found that most strains

from Japan and countries in Europe and North America share genetically close

relationships, with only one unique lineage in Japan, ST646.

GWASes detect SNPs/indels associated with invasiveness that are both common and

specific to Japan and other countries

To discover all types of genetic variants in whole genes within *emm*89 *S. pyogenes*

associated with (severe) invasiveness, we applied pan-genome analysis and performed

three types of independent GWASes targeting SNPs in core genes, the presence or

absence of all genes, and other variants located in intergenic regions spanning several

nucleotides.

We extracted SNPs and single-nucleotide indels from core gene alignments and

detected 24,627 and 47,060 SNPs/indels in the Japanese and global cohorts, respectively.

Subsequent GWASes identified SNPs/indels associated with severe invasiveness in a

Japanese cohort and invasiveness in a global cohort. To control for population bias, we

calculated pairwise distance matrices and selected seven and three dimensions for the

analyses of the Japanese and global cohorts, respectively (Figure S3A and S3B). For each

cohort, we performed a permutation test by conducting 1,000 iterations of calculations

with randomly permuted phenotypes, with the significance level set at the 5th percentile

of the 1,000 minimal p-values ($p=5.75\times10^{-4}$ and $p=5.75\times10^{-4}$ for the Japanese and global

cohorts, respectively). The GWAS of the Japanese cohort detected 17 SNPs/indels in 13

core genes (Figure 2A and Table S5). Of the 17 significant variants, there were 7 single-

nucleotide deletions (SNDs), 7 SNPs causing non-synonymous amino acid substitutions,

and 3 SNPs causing synonymous substitutions. The *covS* gene (also known as *csrS*),

encoding a sensor kinase of the two-component system CovR/S, contains four SNDs with

the lowest p-values ($p=1.16\times10^{-7}$ for the 39th, 40th, and 46th nucleotides, and $p=1.15\times10^{-}$

^{6} for the 125th nucleotide). These four deletions were associated with severe invasive

infections.

We also performed a GWAS for the global cohort and detected 1,075 SNPs/indels

significantly related to invasive infections among the 360 core genes (Figure 2B, 2C and

Table S6). Among the significant SNPs/indels, 725 caused synonymous substitutions and

319 caused non-synonymous substitutions or frameshift mutations. Moreover, 19 SNPs

induced nonsense mutations, whereas the effects of 12 SNPs/indels were unpredictable

because of a lack of reference sequences (Table S3). Notably, 96 SNPs/indels

accumulated in a single gene, *murJ*, which is involved in peptidoglycan biosynthesis,

whereas 53 and 51 SNPs/indels were detected in *murE* and *group_1008*, respectively

(Figure S3C). The SNP with the lowest *p*-value ($p=1.35\times10^{-14}$) was *lacE*, which encodes

the EIICB component of the lactose-specific phosphotransferase system (Figure 2C). This

mutation was associated with an invasive phenotype and waws mainly observed in strains

isolated in the US. Compared with the significant 17 SNPs/indels in the Japanese cohort,

10 SNPs/indels were also detected in the global cohort, including 4 SNDs in *covS* and 1

SNP each in 6 loci (Figure 2C). Deletions at the *covS* locus were common among strains

from several countries, including Japan. In contrast, SNPs in six loci, *gatA, group_1102*,

group_647, iscS_1, recU, and *fhuB*, were present exclusively in Japan (Figure 2C and

Table S6). These results suggest that several bacterial mechanisms cause severe invasive

S. pyogenes infections, and some prevail worldwide, such as *covS* mutations, whereas

others are specific to Japan.

GWAS on COGs reveals 2 and 109 genes associated with severe invasiveness in the

Japanese cohort and invasiveness in the global cohort, respectively

Next, we examined the associations of accessory COGs with severe invasiveness and

global invasiveness in Japanese patients. A permutation test determined significance

levels as p-values of $1.09{\times}10^{-4}$ and $7.72{\times}10^{-5}$ for the Japanese and global cohorts,

respectively. Two significant genes were detected in the GWAS for the Japanese cohort:

group_184, which encodes a hypothetical protein, and *divIC*, which encodes a septum

formation initiator protein (p=$8.81{\times}10^{-6}$ and p=$6.72{\times}10^{-6}$, respectively; Figure 3A and

Table S7). Although analysis of the global cohort revealed the presence of 169 genes that

were significantly related to invasiveness, no genes were identical or homologous to the

two genes detected in the Japanese cohort (Figure 3B, 3C, and Table S8). Among the 169

genes, 25 encoded phage-related genes and 14 encoded mobile genetic elements (MGEs)

such as transposase, integrase, and recombinase. The gene with the lowest p-value was

group_829, which encodes a transposase and is related to the invasive phenotype (Figure

3C and Table S8). In addition, *group_2689*, which encodes a multidrug efflux transporter

permease, *rhaR_3*, which encodes a transcriptional regulator involved in rhamnose

metabolism, and *group_1829*, which encodes a vitamin B12 import transporter permease,

were also substantially associated with the invasive phenotype. We identified several gene

distribution patterns associated with invasiveness, suggesting that multiple independent

genetic factors cause invasive infections (Figure 3C). Taken together, genes associated

with invasiveness were found to encode mobile genetic factors and transporters, whereas

major virulence factors were not significantly associated with invasiveness.

K-mers-based GWAS detects both distinctive and identical variants compared to the

SNPs- and COGs-based GWASes

To detect SNPs/indels and multiple mutations in the entire genome, we extracted 31-nt-

length k-mers from whole genomes and performed a GWAS. The k-mers-based GWAS

can handle polymorphisms spanning more than one base, such as indels, inversions, and

translocations, in both the coding and non-coding regions.

In the Japanese cohort, the k-mers-based GWAS detected two regions containing

causative variants associated with severe invasiveness (Table S9). As shown in the de-

Bruijn graphs, overlapping k-mers were concatenated into a single node, and edges

represent variability among the sequences (Figure 4A–F). The set of connected nodes and

edges comprising each de-Bruijn graph is called a complex. Nodes were determined to

be significant if their q-value was less than 0.05. Significant nodes are shown in red and

blue, indicating an association with severe invasive or non-invasive infections,

respectively. The complex comprising the nodes with the lowest q-value (q=1.49×10^{-2})

was Comp_11 in the *covS* locus (Table S9). The causative mutations in *covS* were an SND

and 10 nucleotide polymorphisms (Figure 4A). This deletion resulted in a frameshift

mutation that shortened the length of CovS from 500 to 35 amino acids, leading to

increased invasiveness, as previously reported in other *emm* types[17]. Another complex

significantly associated with severe invasiveness is Comp_2 (q=4.22×10^{-2}; Table S9).

Comp_2 is a highly variable region containing eight hypothetical protein-coding genes,

with high similarity within the first 75 bp. Significant k-mers were also mapped to the

first 26 bp of *group_184* and 20 bp upstream (Figure 4B). These findings suggest that

group_184 possibly contributes to severe invasiveness through not only its presence but

also by that of the upstream region.

Next, we analyzed the global cohort and identified mutations that were

significantly associated with invasiveness in five regions (Table S10). The mutation with

the lowest q-value (q=1.90×10^{-2}) existed in Comp_7 and was identical to the SND in *covS*

present in the k-mers-based GWAS of the Japanese cohort. Thus, this SND is global, as

are the four SNDs detected in the SNPs/indels-based GWAS.

Two significant k-mers were present in Comp_6, which were found to be an

intergenic region of 270 bp (q=1.90×10^{-2}; Table S10 and Figure 4C). In Comp_24, with

a high sequence variation containing *group_141*, *group_142*, and *group_143*, which

encode transposases, the presence of a 281-bp sequence consisting of several k-mers was

significantly associated with the invasive phenotype (q=1.90×10^{-2}; Table S10 and Figure

4D). In Comp_10, n27458, the *sagG* locus encoding the ATP-binding protein of the efflux

transporter of SLS, was significantly correlated with the non-invasive phenotype

(q=2.40×10^{-2}; Table S10 and Figure 4E). However, a significant SNP in n27458, *sagG*

(A882G), was found to cause a synonymous mutation. The other significant mutation was

present in the *fhuB* locus, encoding a putative ferrichrome transport system permease

(q=2.40×10^{-2}; Table S10). This mutation was identical to SNP T218C detected in the

SNP/indels-based GWAS (Figure 4F). Moreover, this mutation changes the 73rd residue

from valine to alanine in FhuB, which is a putative ferrichrome transport system permease.

Therefore, the k-mer approach identified multiple variants, including the mutation

identified in the SNPs/indels-based GWAS, *fhu*B SNP T218C. In addition, while the

mutation detected in *covS* differed from that detected in the SNPs/indels-based GWAS,

both caused frameshift mutations.

AlphaFold-based prediction of the impact of the identified mutations on function

To assess the impact of mutations on protein function, we predicted the protein structure

using AlphaFold[29]. Here, we present structural predictions for three representative

proteins: LacE, whose mutation was observed mainly in invasive strains from the US;

CovS, whose invasion-related deletions prevailed worldwide; and FhuB, which carries a

prominent mutation in the Japanese cohort and is associated with non-invasiveness.

The invasive-related SNP in *lacE* substitutes the 554th glycine in LacE with valine.

LacE was predicted to be a membrane protein with nine transmembrane regions (Figure

S4A). LacE is the EIICB component of the lactose-specific phosphotransferase system,

and the EIIC and EIIB domains correspond to the transmembrane and intracellular

regions, respectively. As shown in magenta in the model, the 554th residue is predicted to

be in the intracellular EIIB domain (Figure S4B).

Next, we predicted a homodimerized CovS model using AlphaFold, as the CovS

of *S. pyogenes* forms homodimers[30]. SOSUI predicted that CovS has two transmembrane

regions (Figure 5A). Mutations detected in the SNP/indels- and k-mers-based GWASes

were predicted to shorten the CovS protein to 35 and 45 amino acids, respectively. As the

intracellular domain of CovS is in the C-terminal region and is involved in the

phosphorylation of the transcriptional regulator CovR, frameshift mutations leading to

CovS truncation would inactivate the protein, and thus, CovR function (Figure 5B).

As described above, the SNP T218C in the *fhuB* locus substitutes the 73rd valine of

FhuB with alanine. FhuB is a component of an ATP-binding cassette transporter system

that utilizes ferrichrome, which is one of the carriers of Fe^{3+}. FhuB is predicted to localize

to the cell membrane and form a channel with FhuG (Figure 5C). SOSUI suggested that

FhuB and FhuG are 9-transmembrane proteins. The FhuBG complex can bind to one

molecule of the extracellular ferrichrome-binding lipoprotein, FhuD, and two molecules

of the intracellular ATP-binding protein, FhuC. Therefore, we constructed a structural

model of the FhuBCCDG complex (Figure 5D), which implied that the 73rd residue of

FhuB exists in a region adjacent to FhuD. The hydrophobicity of the side chain was

attenuated by the mutation, which potentially affected ferrichrome transport (Figure 5E).

The SNP G538A in *fhuD* was Japan-specific, significantly related to severe invasiveness,

and caused the V180I mutation in FhuD (Figure S3C). The prediction suggested that the

180th residue is in an α-helix distant from the active site or the interactive sites with FhuB.

Both valine and isoleucine are branched-chain amino acids, and the amino acid residue is

located on a rigid structure, the α-helix (Figure 5D). Thus, we believe that this mutation

is less likely to cause structural changes than the other non-synonymous mutations.

The *fhuB* T218C mutation inhibits the growth of a severe invasive strain in human

blood

Based on the GWAS results and predicted protein structures, we focused on the SNP *fhuB*

T218C. We constructed a mutant strain, in which the SNP *fhuB* T218C was introduced,

to further investigate its potential virulence. We selected the strain TK02 which carries

the wild-type (WT) allele T218 in *fhuB* and was originally isolated from a sample

obtained from a patient with severe invasive infection in Japan. We used a several times-

passaged TK02 strain, TK02', as a WT strain and introduced the SNP *fhuB* T218C into it

via allelic exchange mutagenesis with a thermo-sensitive shuttle vector. We then

confirmed that there were no differences between the WT and *fhuB* T218C strains using

whole-genome resequencing.

To reveal the effects of the SNP on invasiveness, we performed a transcriptomic

analysis of the WT and *fhuB* T218C strains in THY broth and human blood. Principal

component analysis revealed that the differences in the overall transcriptional profiles

between the strains were more remarkable in blood than in THY (Figure 6A, 6B, and

Tables S11–14). Among the overlapping genes, we found that the expression of CovR-

regulating genes, including *speB*, *nga-ifs-slo* operon, and *sag* operon, was upregulated in

the blood, compared to that in THY, in both the strains (Figure 6C, Tables S12, and S13).

CovR has also been reported to regulate *sda1*, which plays a key role in invasive disease

progression in *emm*1 strains; however, *sda1* does not exist in the *emm*89 reference strain

MGAS27061 or WT strain [15]. In human blood, the mutant strain resulted in the

downregulation of *mga* and *emm* expression and upregulation of the expression of genes

encoding virulence factors, such as *speC*, *scpA/B*, *endoS*, *fba*, *ska*, and *sfbX*, compared to

those observed in the WT strain (Table S14). Although Mga regulates the expression of

surface and secreted molecules important for colonization and immune evasion[31], no

strong expression changes were observed in the Mga regulon, except in the *emm* gene.

Notably, *fhuB*, *fhuC*, and *fhuD* were upregulated in the *fhuB* mutant in both human blood

and THY (Tables S11 and S14). Moreover, the transcriptomic analysis revealed that both

WT and *fhuB* T218C strains displayed upregulation of the *speB, nga-ifs-slo* operon, and

sag operons in human blood. In addition, the *fhuB* T218C mutation caused the

upregulation of *fhuBCD* expression.

To determine whether *fhuB* T218C mutation affects iron transport, we measured

the intracellular free ferric ion concentration in each strain and observed no differences

among the strains in either environment (Figure 7A). Therefore, the upregulation of

fhuBCD may compensate for the impaired function mediated by SNP T218C.

Next, to investigate the effects of SNP on bacterial survival in human blood, we

performed a bactericidal assay using human blood. At 2 and 3 h after incubation, the *fhuB*

T218C mutant strain exhibited a significantly decreased survival rate than that of the WT

strain (Figure 7B). To further determine the blood components that the attenuated survival

of the mutant can be attributed to, we compared bacterial survival rates in erythrocytes,

polymorphonuclear cells, plasma, heat-inactivated plasma, and brain heart infusion broth

(Figure 7C–7G). Notably, after incubation with erythrocytes, polymorphonuclear cells,

or plasma, the *fhuB* T218C mutant strain exhibited a significantly lower survival index

than that of the WT strain, at 2 and 3 h after incubation, as observed in whole blood

(Figure 7C–7E and 7G). However, there were no significant differences between the

survival rates of the WT and mutant strains in heat-inactivated plasma, suggesting that

the mutant strain is susceptible to complement (Figure 7F). Taken together, the

polymorphism T218C in *fhuB* impaired the survival of severe invasive strains in human

blood through interactions with erythrocytes.

Discussion

The present study focused on *emm*89 *S. pyogenes* causing globally expanding invasive

infections. We constructed a workflow for bacterial GWAS and explored the bacterial

genetic factors related to severe or invasive infections to reveal the plausible mechanisms

of pathogenesis. We independently performed GWASes for Japanese and global cohorts

to investigate the associations of variants with strictly defined phenotypes in severe

invasive *S. pyogenes* infections and with phenotypes in a broader context of invasive

infections. Several GWASes have been conducted on *S. pyogenes* to date. Davies *et al.*

extracted k-mers from the genomes of 1,944 strains of *S. pyogenes* with broad *emm*

genotypes and assessed their associations with invasiveness, and Kachroo *et al.*

performed GWAS on k-mers using 442 *emm*28 strains isolated from either invasive or

non-invasive infections[27,32]. However, no studies have described the combined analysis

of SNPs, genes, and k-mers exclusively using *emm*89 strains that share genetically close

genomes and, thus, a large number of core genes. The investigations we performed led to

the discovery of a tremendous number of causative variants, including not only SNPs in

core genes but also accessory genes and insertions spanning intergenic regions.

Spontaneous mutations in *covR*/*S* genes potentiate the transition from localized to

invasive infection by M1T1 *S. pyogenes* [17]. We demonstrated that some SNDs in the *covS*

locus were significantly related to the phenotypes in both the SNPs/indels- and k-mers-

based GWASes. CovS forms a two-component system with CovR that regulates the

transcription of operons encoding virulence factors when phosphorylated by the histidine

sensor kinase CovS[33]. Sumby *et al.* suggested that systemic invasive infections are caused

by the overexpression of virulence factors through the inactivation of CovS, as a result of

the introduction of a depletive mutation in the *covS* locus after infection[15,16]. Several

mutation sites causing such overexpression, such as the 7 nt insertion in *covS* of *emm*1 *S.*

pyogenes and the insertion of adenine at the 877th nucleotide, have been reported[15,16].

Ikebe *et al.* demonstrated variations in the lengths of mutant CovS proteins by analyzing

the gene sequences of 164 STSS strains in Japan[18]. In line with their study, we found that

the shortening of CovS that potentially occurred owing to frameshifts caused by SNDs is

significantly associated with invasive infections, potentially contributing to the

upregulation of virulence factors and invasiveness.

In contrast, we observed several factors associated with invasiveness to be

independent of *covR*/*S* mutations. Based on conformational predictions, we selected SNPs

with non-synonymous substitutions that were likely to affect protein function. Our

transcriptomic analysis suggested that the Japan-specific *fhuB* mutation contributes to the

growth rate of *S. pyogenes* in human blood by adapting to the environment. In addition,

*emm*89 clade 3 carries the identical promoter region pattern of the *nga* operon as *emm*1

strains, and the pattern conferred similarly high expression of *nga* and *slo*[11,12,28]. Our

RNA-seq data demonstrated that a severe invasive Japanese strain without *covS* mutations

increased the expression of *speB*, *nga*, *slo*, and genes in the *sag* operon in the blood.

Although *covR*/*S* mutations downregulate the expression of SpeB and SLS, SpeB and

SLS act as virulence factors, allowing *S. pyogenes* to invade host tissues[34-37]. These data

suggest that severe invasive infections have multiple gene expression profiles in addition

to *covR*/*S* mutation-induced profiles within a single lineage, *emm*89, and that the synergy

between optimizing bacterial survival in human blood and upregulating multiple

virulence factors contributes to the development of severe invasive infections.

In addition, we propose two possible roles of the *FhuB* V73A mutation in the

pathogenesis of severe invasive infections. First, the mutation in *FhuB* could increase

bacterial susceptibility to free radicals generated in the presence of ferric ions in the blood.

Generally*,* ferric ions are essential for the survival of almost all living organisms.

Catalyzed by ferric ions, the Fenton and Haber–Weiss reactions generate hydroxyl

radicals in erythrocytes[38]. Previously, we provided evidence that the iron in erythrocytes

partially inhibits pneumococcal growth *via* a free radical-based mechanism[7]. Although no

significant difference was observed in the intracellular ferric ion concentration in the

present study, the structural changes in FhuB may have caused an increased generation of

free radicals in bacterial cells and the prevention of bacterial survival in human blood.

Second, the *FhuB* mutation could affect bacterial transcriptional profiles and result in

reduced fitness for survival in human blood. We also observed a lower survival rate of the

mutant strain with polymorphonuclear cells (Figure 7D). Lower *emm* transcription in the

mutant may lead to attenuated immune evasion. The M protein can bind C4-binding

protein and factor H and inactivate the deposited C4b and C3b, leading to limited surface

opsonization[39]. Furthermore, complements could have inhibited the proliferation of the

mutant strain, as suggested by the activation of the membrane attack complex (Figure 7D

and 7E). Although the mechanisms of the *FhuB* V73A mutation in the interaction with

each blood component must be further elucidated, our results indicated that the 73rd

residue of FhuB is a key factor for bacterial survival in human blood during systemic

infection.

Recently, He *et al.* reported that antibodies against the ferrichrome-binding protein

FtsB, also known as FhuD, decrease blood bacterial burden and skin abscess formation

in murine models infected with *emm*1 *S. pyogenes*[40]. FhuD is a lipoprotein that has been

studied as a potential vaccine candidate against *Staphylococcus aureus*[41]. The detailed

function and effect of the FhuBCCDG complex in *S. pyogenes* remain unknown; however,

at least in *emm*1 strains, the complex can be expressed and localized abundantly on the

cell membrane. Hence, this complex may be a promising target for vaccines against *S.*

pyogenes.

Our gene-based GWAS revealed no significant correlation with the distribution of

genes encoding virulence factors. This finding minimizes the possibility that invasive

infections are the result of the acquisition of virulence factors by non-invasive strains and

indirectly supports the hypothesis that changes in gene expression profiles cause invasive

infections. Although no vaccine has been commercialized against *S. pyogenes*, given the

possibility that the pathogen has multiple gene expression patterns, even within a single

lineage, it may be difficult to develop a universal vaccine with a single antigen, and a

vaccine containing multiple antigens may be effective.

In the global cohort, 169 genes were related to the phenotype, including 25 phage-

and 14 MGE-related genes. The genome of *S. pyogenes* is rich in prophages, phage-like

chromosomal islands, and MGEs [42]. Prophages and MGEs sometimes function as vectors

of virulence factors and antibiotic-resistance genes through interspecies and intraspecific

transmission. Common superantigen-coding genes, such as *speA*, *speC*, *speG*, *speH*, *speI*,

speJ, *speK*, and *speL*, and DNase-coding genes, such as *spd1*, are exogenous genes

derived from prophages[43]. In addition, in the genome of *S. pyogenes,* there are broad

MGEs where *erm* and *mefA* related to macrolide resistance and *tetM* involved in

resistance to tetracyclines are located[44]. In the present study, we observed no direct

association between invasiveness and virulence or antibiotic-resistance genes located in

the prophages and MGEs. One possible explanation is that significantly related genes

reflect the process of not only gain but also loss of factors affecting the fitness cost. Given

that we also identified hypothetical genes associated with this phenotype, we assumed

that there is an unknown mechanism contributing to the pathogenesis of invasive

infections.

In the present study, MLST analysis revealed that 522 of the 666 strains belonged

to ST101. Following ST101, ST646 was the second most prevalent lineage in the

Japanese cohort and was not detected in any other country. In addition, the difference

between ST101 and ST646 was found only at the 295th nucleotide in *mulI*, among the

seven genes subjected to MLST typing. Our phylogenetic trees also suggested that ST101

and ST646 have a close phylogenetic relationship. Five previous studies have described

ST646 in *S. pyogenes*, and all of them reported *emm*89 ST646 strains isolated in Japan[45-

49]. Furthermore, all ST646 strains were isolated from the 4,249 *emm*89 *S. pyogenes* strains

in the MLST database PubMLST[50]. Therefore, ST646 appears to be specific to *emm*89

strains and a unique lineage in Japan. Notably, Ubukata *et al.* also reported that ST646

strains began increasing after 2012, whereas the ST101 lineage was dominant until 2008[49].

Taken together, we conclude that ST646 is possibly a relatively new and Japan-specific

lineage of *emm*89 *S. pyogenes.*

Our study had three limitations. First, because we sequenced bacterial genomes

using short-read sequencing, we could not detect large bacterial genome rearrangements

by comparing complete genome sequences. Thus, we were unable to investigate the

effects of long genomic structural dynamics, such as inversions, on pathogenesis. Second,

the clinical information associated with the isolates was limited; therefore, our analyses

did not reflect host information, such as age, sex, and underlying health conditions. Third,

we only used bacterial genetic distances based on core genome sequences as covariates

in the GWAS. A combined GWAS of the host and pathogen in *S. pyogenes* infection would

highlight the relationship between host risk factors and bacterial genetic variants.

In this study, we revealed the genotype-phenotype associations found in not only

the known factors represented by *covS* but also factors that are related to invasiveness,

including *fhuB*. Moreover, we experimentally validated the contribution of the *fhuB*

mutation to bacterial survival in human blood. This study demonstrates the potential of

our genomic statistical approach for elucidating the pathogenesis of invasive infections.

Further analyses of the invasiveness-related factors identified in this study could provide

a platform for establishing novel treatments and preventive strategies against invasive

infections.

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Author contributions

M.Y., M.O., and S.K. designed the study. M.O., M.Y., and K.H. designed and performed

bioinformatics analysis. D.M. performed the next-generation sequencing. M.O.

performed the in vitro and in vivo experiments. M.Y., Y.H., T.S., and S.K. contributed to

the setup of the experiments. R.O., T.Y., R.K., H.O., N.N., Y.K., C.N., R.Y., H.S., and

Y.M. collected clinical strains. M.O. and M.Y. wrote the original manuscript. All authors

reviewed and edited the manuscript.

Declaration of interests

The authors declare no competing interests.

Data availability

Data for the 207 sequenced *S. pyogenes* genomes were deposited in the DDBJ sequence

read archive, under BioProject PRJDB16457. The DRR run number is DRR511668-

DRR511874.

 Figure titles and legends

 Figure 1. Pan-genomic and phylogenetic characterization of the collected emm89 S.

 pyogenes isolates.

(A) *emm* genotyping of the 207 clinical isolates collected in Japan. (B) Pan-genome

analysis of the Japanese and global cohorts. All genes detected in each cohort were

classified into four groups, according to prevalence: core, soft-core, shell, and cloud genes.

(C) Phylogenetic tree for the global cohort, based on the sequences of the core genes.

From the inside, the color bars show clusters, phenotypes, MLSTs, clades, countries

where strains were isolated, and global regions, in the order mentioned. The root of the

tree was set as the mid-point. The scale located upper left indicates 0.001 times

substitution of the bases on average. MLST, multilocus sequence typing.

Figure 2. Genome-wide association study on SNPs/indels.

(A–B) Manhattan plots for the Japanese (A) and global (B) cohorts. The X-axis shows

the location of each SNP/indel on the core gene alignment, while the Y-axis indicates the

p-value. For each cohort, a permutation test was performed by iterating the calculations

1,000 times with randomly permuted phenotypes, with the significance level set at the 5th

percentile of the 1,000 minimal *p*-values ($p=5.75\times10^{-4}$ and $p=1.05\times10^{-4}$ for the Japanese

and global cohorts, respectively). Plots with lower p-values than genome-wide significant

levels are colored magenta and blue, based on the direction of their effect size (positive

and negative, respectively). (C) Distribution heatmap for the global cohort, with the

strains possessing the significant SNPs/indels colored orange. Only the 20 SNPs with the

lowest p-values are shown in this heatmap. The color bars above indicate countries and

phenotypes. The position is the location of each SNP/indel on the core gene alignment.

SNP, single-nucleotide polymorphism; indel, insertion/deletion.

Figure 3. Genome-wide association study on gene presence.

(A–B) Volcano plots for the Japanese (A) and global (B) cohorts. The X-axis shows the

effect size, while the Y-axis indicates the p-value. Plots with a lower p-value than the

genome-wide significant levels ($p=1.09\times10^{-4}$ and $p=7.72\times10^{-5}$ for the Japanese and

global cohorts, respectively) have been colored magenta and blue, based on the direction

of their effect size (positive and negative, respectively). (C) Distribution heatmap for the

global cohort, with the strains possessing the significant genes colored orange. Only the

20 genes with the lowest p-values are shown in this heatmap. The color bars above

indicate countries and phenotypes.

Figure 4. K-mers related to pathology.

Detailed results of the GWAS on k-mers for the Japanese cohort in two genomic regions:

covS (A, top left) and *group_184* (B); and the global cohort in five regions: *covS* (A, top

right), an intergenic region (C), *group_141-143* (D), *sagG* (E), and *fhuB* (F). (A–F top)

de-Bruijn graphs generated using DBGWAS. The respective nodes in the graphs indicate

k-mers, with the significant nodes indicated using green arrowheads. The size of each

node corresponds to the allele frequency. (A–F, bottom) Alignments of k-mers or maps

of k-mers on the genome sequence of MGAS27061 around regions including significant

mutations. Each base is colored according to the interpreted amino acids. (A) The

arrowheads indicate significant k-mers that cause a frameshift mutation, truncating CovS

protein to 35 amino acids. (B) The significant k-mers indicate that the presence of a

sequence mapped on the first 26 bp of group_184 and its upstream 20 bp is related to the

pathology. (C) Two significant k-mers indicate the same intergenic region of 270 bps. (D)

The significant k-mers are indicated using arrowheads.

Figure 5. Predicted protein structure models.

(A) Snake-like plot of transmembrane regions of CovS estimated using SOSUI.

Frameshift mutations, detected by the SNPs/indel- and k-mer-based GWASes, cause

truncation of CovS at the indicated 35th and 45th residues, respectively. (B) Structural

model of the CovS homodimer (ipTM + pTM=0.614). The putative transmembrane

regions are colored orange. The upper part is the sensor domain, while the lower is the C-

terminal kinase domain involved in the phosphorylation of the transcriptional regulator

CovR. (C) Snake-like plot depicting the transmembrane regions of FhuB and FhuG. The

73rd residue of FhuB is indicated by an arrowhead and in magenta. (D) Structural model

of the FhuBDCCG complex (ipTM + pTM=0.791). The putative transmembrane regions

of FhuB and FhuG are colored green-yellow and peach, respectively. The upper part of

the model is located in the extracellular region, while the lower part is in the cytoplasm.

(E) The 73rd valine in FhuB, colored in magenta, was substituted with alanine.

ipTM + pTM: Weighted combination of interface-predicted TM and predicted TM scores.

ipTM is used to measure structural accuracy in the protein-protein interface, while ipTM

is a metric for overall topological accuracy.

Figure 6. Transcriptome analysis of the fhuB T218 mutant strain in THY and human

blood.

(A) Principal component analysis plot of RNA-seq data. (B) Differentially expressed

genes in four comparisons. (C) Plot of gene expression in the WT strain *vs*. *fhuB* T218C

mutant in human blood. Significantly upregulated and downregulated genes in the WT

are colored red and blue, respectively. The shapes of the plots indicate relative

transcriptional changes between THY and blood. Genes depicted with upward triangles

are either significantly upregulated in the WT or downregulated in the mutant strain, in

blood *vs.* THY. The downward triangle plots indicate genes that are either downregulated

in the WT or upregulated in the mutant strain, in blood *vs.* THY. WT, wild-type; THY,

Todd Hewitt broth supplemented with 0.2% yeast extract.

Figure 7. Effects of the fhuB T218 mutant strain on ferric ion uptake and bacterial

survival in human blood.

(A) Intracellular ferric ion assay. The WT and *fhuB* T218C mutant strains were incubated

in healthy human blood for 3 h, following which the intracellular ferric ion concentrations

were measured (n=18 technical replicates). (B) Bactericidal assay in human blood. The

WT, *fhuB* T218C mutant, and Wr strains were mixed with healthy human blood to

measure the ratio of bacterial counts at 1, 2, and 3 h to those at 0 h after infection (n=18

technical replicates). (C–F) Bactericidal assay in human erythrocyte-rich medium (C),

polymorphonuclear cell-rich medium (D), plasma (E), and plasma inactivated by heating

at 56ºC for 30 min (F) (n=18 technical replicates). (G) Bacterial growth in brain heart

infusion broth (n=18 technical replicates). Representative data from one of three

biological replicates are displayed. Thick bars and error bars indicate means and quartiles,

respectively. Statistical significance was determined using the Mann–Whitney test with

Benjamini–Hochberg's correction.

Materials and methods

Clinical isolates in Japan

Clinical isolates were collected from public health institutions in Tokyo, Osaka,

Yamaguchi, Fukushima, Kobe, Kyoto, Amagasaki, Sapporo, and Niigata, Japan. We

defined the strains collected as STSS according to the Infectious Diseases Control Law

in Japan. Non-invasive strains were defined based on diagnostic names, including

asymptomatic, pharyngitis, tonsillitis, or non-invasive infections. Strains with no

diagnostic names for the non-STSS strains were defined as non-invasive based on the

isolate sites. Information on all the strains included in this study is presented in Table S3.

The collected *S. pyogenes* strains were cultured at 37ºC in an atmosphere

containing 5% CO_2, in Todd Hewitt broth supplemented with 0.2% yeast extract (THY;

both from BD Biosciences, Franklin Lakes, NJ, USA) and stored in THY broth with 30%

glycerol (Nacalai Tesque, Kyoto, Japan), at –80°C.

Genomic DNA sequencing of the clinical isolates

The *S. pyogenes* strains were cultured until the exponential growth phase (OD_{600}=0.3–

0.4). Bacterial cells were lysed with T10E1N100 buffer (10 mM Tris-HCl buffer, 100

mM sodium chloride, and 1 mM EDTA), 10 units/mL mutanolysin (Sigma-Aldrich, St.

Louis, MO, USA), 10 mg/mL lysozyme (Fujifilm Wako Pure Chemical Co., Osaka,

Japan), 0.5 mg/mL achromopeptidase (Fujifilm Wako Pure Chemical Co.), and 0.3

mg/mL RNase A (Promega, Madison, WI, USA). Next, genomic DNA was extracted

from each lysate using a Maxwell® RSC instrument (Promega), according to the

manufacturer's instructions, and 250 bp paired-end libraries were then generated from the

extracted DNA using a Nextera XT DNA Kit (Illumina, San Diego, CA, USA). Libraries

were sequenced using a NovaSeq 6000 system (Illumina) at the Genome Information

Research Center, Research Institute for Microbial Diseases, Osaka University, Osaka,

Japan. On average, the number of reads was 5,433,301 (range 3,437,124–9,117,301).

Collection of published genome sequences

We previously sequenced the draft genomes of 161 *emm*89 clinical isolates collected in

Japan between 2011 and 2019[14]. We defined strains derived from STSS as "severe

invasive," and those obtained from pharyngitis, tonsillitis, and superficial skin lesions as

"non-invasive" phenotypes.

To obtain public genome sequences of *emm*89 strains isolated from other countries,

we downloaded draft genome sequences in FASTA format from the National Center for

Biotechnology Information (NCBI) database, using Fasterq-dump v.2.9.6. The phenotype

of each strain, whether invasive or non-invasive, was defined according to the definitions

in the respective references that reported the strains[25-27].

Genomic data processing and pan-genome analysis

All processes and analyses were performed using the National Institute of Genetics (NIG)

supercomputer and SQUID at the Cybermedia Center of Osaka University (Osaka, Japan).

We constructed a workflow for bacterial GWAS and other bioinformatic processes

(Figure 5). All collected sequences were subjected to quality checks using Fastp v.0.20.1[51].

For newly isolated strains in Japan, *emm* typing was performed using the emm-typing-

tool v.0.0.1, and only sequences of strains determined as *emm*89 were used for the

following analyses[52]. All *emm*89 sequence data were then subjected to *de novo* assembly

using SKESA v.2.4.0, with default parameters[53]. Next, the MLST of each sequence was

performed using MLST v.2.19.0[54,55]. Clade typing was performed using BLAST v.2.13.0,

with reference to the three *nga* promoter region sequences[13]. After the genes were

annotated with Prokka v.1.14.5, the pan-genome of all sequences was calculated using

Roary v.3.12.0, with the parameters "-e -mafft -r -qc -cd 99"[56,57]. Roary generated a core

gene alignment and the distribution of all genes among the strains. To extract SNPs/indels

from core genes, including single-nucleotide indels, snp-sites v.2.5.1 with the option "-v"

was used. The output files were further processed using BCFtools v.1.9, with the

parameter "norm -m –", enabling analysis of multiple alleles in the GWAS. In parallel, k-

mers were extracted using DBGWAS v.0.5.3, and the length of k-mers was set as 31 nt

using the "-k 31" parameter of DBGWAS[58].

Phylogenetic analysis

Phylogenetic relationships were calculated from the core gene alignment, using IQ-tree

v.1.16.12[59], based on maximum likelihood. The substitution model was automatically

selected considering the Akaike's and Bayesian information criteria by setting the "-m

MFP" parameter of IQ-tree[60]. Phylogenetic trees were constructed using iTOL v.6.6[61].

The similarity of clustering in the two phylogenetic trees was statistically examined using

Pearson's chi-square test with R v.4.0.3[62], followed by *post-hoc* analysis using residual

analysis adjusted with the Holm's method, if $p<0.05$.

GWAS

To investigate the associations between phenotypes and genotypes, including SNPs/indels

and genes, we performed a GWAS using pyseer v.1.3.4[63]. The VCF file of SNPs/indels or

the gene distribution matrix was designated as the genotype. To remove biases derived

from lineages, we added information on the genetic distances between all pairs of strains

as covariates using mash v.2.3[64]. Briefly, *de novo* assemblies were compressed through

conversion into minimum hash values using the command "mash sketch -s 10000."

Subsequently, the commands "mash dist" and "square_mash" were utilized to generate a

genetic distance matrix expressed with Jaccard coefficients[64]. The obtained matrix

underwent eigenvalue decomposition, and the number of eigenvalues used for

multidimensional scaling was visually determined using the plot of the relationships

between the eigenvalues and contribution ratios. The number of eigenvalues and the

distance matrix were then added as pyseer parameters. The pyseer calculation was iterated

1,000 times with randomized phenotypes, and the 5-percentile value of the minimal *p*-

value in each calculation was set at the significance level. Using R and the package

ggplot2, the results were visualized as a Manhattan plot for the SNPs/indels-based GWAS

and a volcano plot for the genes-based GWAS, respectively[65]. Heatmaps of the strains

possessing significant variants were generated using Excel (v.16.66.1; Microsoft,

Redmond, WA, USA).

The k-mers-based GWAS was carried out using DBGWAS[58]. K-mers were

considered significant at a false discovery rate (q-value) of <0.05. DBGWAS-calculated

complexes, which are regions encompassing the k-mers, were significantly related to

pathology, and de-Bruijn graphs were generated based on these complexes. The

sequences of the k-mers were outputted and mapped to a reference sequence using

Geneious Prime v.2022.0.1 (Biomatters, Auckland, New Zealand) to identify the

mutations indicated by the k-mers. For the reference strain, we adopted MGAS27061,

which was isolated from an invasive case in the USA and whose complete chromosomal

sequence has been used as the reference sequence of *emm*89 clade 3 [66].

Protein structure prediction

Significant variants found in the GWAS, resulting in non-synonymous substitutions in

proteins, were searched by converting nucleotide sequences into amino acid sequences

using EMBOSS Transeq v.6.6.0.0[67]. To assess whether these mutations affected the

protein function, protein structure prediction models were constructed using AlphaFold

v.2.2.2[29]. The calculations were performed five times for each model, by setting the option

multimer_predictions_per_model=5. We predicted multimer models using the option --

model_preset="multimer" if a protein is reported or anticipated to form a multimer. For

each monomer, we selected the model with the best predicted local difference distance

test (an indicator of local structural accuracy) score[68]. For each multimer, AlphaFold was

calculated and expressed as a weighted combination of the interface-predicted TM and

predicted TM scores (ipTM + pTM). pTM is a metric for overall topological accuracy

and ipTM is used to measure the structural accuracy of the protein-protein interface[69].

The transmembrane regions of the proteins were predicted using SOSUI

(https://harrier.nagahama-i-bio.ac.jp/sosui/mobile/)[70]. The structures of the obtained

model were visualized using PyMOL v.2.5 (Schrödinger, LLC., New York, NY, USA).

Construction of the *fhuB* T218C mutant strains

We used the several times-passaged *S. pyogenes* TK02 strain, TK02', as the WT strain.

The TK02 strain was originally isolated from a patient with severe invasive infection[14].

The whole genome of TK02' was sequenced, and the generated fasta file is available in

Document S1. A point mutation, *fhuB* T218C, was introduced using the temperature-

sensitive shuttle vector, pSET4s, as reported previously[71]. Sanger sequencing confirmed

the presence of the point mutation. In addition, we resequenced the draft genome to

confirm that there were no differences apart from the point mutation, as described above.

The bacterial strains, primers, and plasmids used in this study are listed in Tables

S15 and S16. *Escherichia coli* strain DH5α (Takara Bio, Shiga, Japan) was used as a host

for the plasmid derivatives. All *E. coli* strains were cultured in Luria Bertani broth, at

37°C, with agitation. For selection and maintenance of mutants, antibiotics were added

to the media at the following concentrations: carbenicillin (Nacalai Tesque), 100 μg/mL

for *E. coli*; and spectinomycin (Fujifilm Wako Pure Chemical Corporation), 100 μg/mL

for *E. coli* and *S. pyogenes.*

Transcriptomic analysis

The *fhuB* WT and mutant strains were harvested in 30 mL of THY broth, of which 1 mL

was dispensed into 10 mL of THY and the remainder was centrifuged and resuspended in

2 mL of heparinized human blood. Bacterial mixtures with THY or blood were dispensed

into three aliquots and incubated at 37ºC for 3 h. THY samples were centrifuged and

resuspended in RNA Shield (Zymo Research, Irvine, CA, USA). For each blood sample,

2 volumes (1 mL) of RNA protection bacteria reagent (Qiagen, Hilden, Germany) were

added. L5, included in the PureLink™ Total RNA Blood Purification Kit (Thermo Fisher

Scientific, Waltham, MA, USA), was added to remove erythrocytes. The bacterial cell

wall was mechanically lysed in Lysing Matrix B using a MagNA Lyser (Roche, Basel,

Switzerland). After centrifugation, the total bacterial RNA was extracted using a Quick-

RNA™ Miniprep Kit (Zymo Research), according to the manufacturer's instructions.

Full-length cDNA was generated using the SMART-Seq® HT Kit (Takara Bio), according

to the manufacturer's instructions. Pair-end libraries were generated using a Nextera XT

DNA Kit and sequenced using a NovaSeq 6000 system (both from Illumina, San Diego,

CA, USA). Sequenced data were preprocessed using Trimmomatic v.0.33 and FastQC

v.0.12.1. The reads were mapped to the complete MGAS27061 genome (NCBI reference

sequence: NZ_CP013840.1) using STAR v.2.7.0a. After a second quality check using

FastQC, read counting was performed using featureCounts v.1.5.2 [2]. Differentially

expressed genes were identified using iDEP v.0.96 and gene annotations from NCBI and

Prokka were combined[73]. Plots were created using iDEP and the R package ggplot2.

Intracellular ferric ion assay

Human plasma was obtained through centrifugation of heparinized human blood, after 30

min of incubation at 37ºC. The WT and *fhuB* mutant strains were harvested at the

exponential phase, resuspended into 1 mL of THY or serum, and then incubated at 37ºC

for 3 h. Viable bacterial cells were counted as colony-forming units (CFUs) by plating the

diluted samples onto THY agar plates. Intracellular ferric ions were measured using a

QuantiChrom™ Iron Assay Kit (BioAssay Systems, Hayward, CA, USA), according to

the manufacturer's instructions. Briefly, 50 µL of standards or samples in 96-well plates

were mixed with 200 µL QuantiChrom™ Working Reagent and incubated at 20–24˚C for

an hour. The optical density at the wavelength of 600 nm was measured using an Infinite$^{®}$

200 Pro F Plex Instrument (TECAN, Männedorf, Switzerland). The assay was repeated

three times, and the results of the respective experiments were combined. Statistical

analyses were performed using the Mann–Whitney U test.

Bactericidal assay

The bactericidal assay was performed as described previously, with minor

modifications[34,74-76]. Briefly, whole blood was collected from healthy adults. Human

neutrophils and erythrocytes were prepared using PolymorphPrep™ (Serumwerk

Bernburg, Bernburg, Germany), according to the manufacturer's instructions.

Heparinized human blood was centrifuged at $500 \times g$ for 30 min, to isolate erythrocytes

and polymorphonuclear cells, which were then suspended in Roswell Park Memorial

Institute (RPMI)-1640 medium containing L-glutamine and Phenol Red (Fujifilm Wako

Pure Chemical Corporation). Heat-inactivated plasma was prepared at 56ºC for 30 min.

Subsequently, 195 µL of heparinized human whole blood, erythrocytes in RPMI-1640,

polymorphonuclear leukocytes in RPMI-1640, plasma, heat-inactivated plasma, or brain

heart infusion broth (BD Biosciences), and 5 µL of early exponential phase bacteria with

$0.9–2.0\times10^4$ CFUs/well were mixed in 96-well plates and incubated at 37°C, in an

atmosphere containing 5% CO_2, for 1, 2, and 3 h. Viable bacterial cells were counted as

CFUs by plating the diluted samples onto THY agar plates. The growth index was

calculated as the number of CFUs at a specified time point divided by the number of

CFUs in the initial inoculum. The assay was repeated three times, and the results of the

respective experiments were combined. Statistical analyses were performed using the

Mann–Whitney U test. Differences were considered statistically significant at $p<0.05$,

using Prism v.7.0c (GraphPad, La Jolla, CA, USA).

Ethical approval

Studies involving human participants were reviewed and approved by the Institutional

Review Board of Osaka University Graduate School of Dentistry (approval nos. H26-E43

and H29-E16-2). The donors provided written informed consent to participate in the

human blood bactericidal assay. For the *S. pyogenes* collection, as we retrospectively

obtained clinical isolates of *S. pyogenes*, we utilized an opt-out consent procedure instead

of obtaining written informed consent from the patients.

Supplemental information titles and legends

854   Figures S1–S5.

855   Tables S1–S16. Excel file containing additional data too large to fit in a PDF.

856   Document S1. A pair of FASTA files containing short-read sequences.

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Fig. 1. Pan-genomic and phylogenetic characterization of the collected *emm*89 *S. pyogenes* isolates.

(A) *emm* genotyping of the 207 clinical isolates collected in Japan. (B) Pan-genome analysis of the Japanese and global cohorts. All genes detected in each cohort were classified into four groups, according to prevalence: core, soft-core, shell, and cloud genes. (C) Phylogenetic tree for the global cohort, based on the sequences of the core genes. From the inside, the color bars show clusters, phenotypes, MLSTs, clades, countries where strains were isolated, and global regions, in the order mentioned. The root of the tree was set as the mid-point. The scale located upper left indicates 0.001 times substitution of the bases on average.

MLST, multilocus sequence typing

A

B

C

Genes	Position	SNP	P-value	Effect size	UK	USA	Japan
lacE	677614	G_T	1.35E-14	3.47E+00			
gatA	248353	G_A	1.12E-10	-3.35E+00			
group_1009	295467	G_A	1.12E-10	-3.35E+00			
group_274	441823	C_A	1.12E-10	-3.35E+00			
iscS_1	662673	C_A	1.12E-10	-3.35E+00			
recU	983611	C_T	1.12E-10	-3.35E+00			
fhuD	218429	G_A	4.30E-10	-1.84E+00			
group_4706	555162	A_G	4.30E-10	-1.84E+00			
group_589	580130	A_G	3.91E-09	-1.68E+00			
fhuB	1200862	T_C	3.93E-09	-3.27E+00			
group_589	580091	A_G	8.49E-09	-1.56E+00			
	580123	G_T	8.49E-09	-1.56E+00			
	580128	G_A	8.49E-09	-1.56E+00			
	580108	T_*	1.84E-08	-1.54E+00			
covS	1068053	T_*	2.14E-08	3.80E+00			
	1068054	T_*	2.14E-08	3.80E+00			
	1068060	C_*	2.14E-08	3.80E+00			
	1068070	T_*	2.14E-08	3.80E+00			
group_589	580129	G_A	2.89E-08	-1.58E+00			
	580138	A_T	3.20E-08	-1.59E+00			

Fig. 2. Genome-wide association study on SNPs/indels.

(A–B) Manhattan plots for the Japanese (A) and global (B) cohorts. The X-axis shows the location of each SNP/indel on the core gene alignment, while the Y-axis indicates the *p*-value. For each cohort, a permutation test was performed by iterating the calculations 1,000 times with randomly permuted phenotypes, with the significance level set at the 5th percentile of the 1,000 minimal *p*-values ($p=5.75\times10^{-4}$ and $p=1.05\times10^{-4}$ for the Japanese and global cohorts, respectively). Plots with lower *p*-values than genome-wide significant levels are colored magenta and blue, based on the direction of their effect size (positive and negative, respectively). (C) Distribution heatmap for the global cohort, with the strains possessing the significant SNPs/indels colored orange. Only the 20 SNPs with the lowest *p*-values are shown in this heatmap. The color bars above indicate countries and phenotypes. The position is the location of each SNP/indel on the core gene alignment.

SNP, single-nucleotide polymorphism; indel, insertion/deletion

A

B

C

Genes	P-value
group_829	6.41E-35
group_141	8.70E-23
group_468	2.74E-18
group_467	6.46E-13
group_139	8.19E-12
group_2718	6.59E-07
group_2687	1.67E-06
group_2464	2.05E-06
group_2689	4.01E-06
group_771	2.97E-03
rhaR_3	4.01E-06
group_1833	9.13E-06
group_2688	9.13E-06
group_75	1.04E-14
group_2692	1.98E-05
group_1660	1.69E-02
group_1830	9.13E-06
group_2696	1.98E-05
group_1829	4.09E-05
ykoD_2	4.09E-05

Fig. 3. Genome-wide association study on gene presence.

(A–B) Volcano plots for the Japanese (A) and global (B) cohorts. The X-axis shows the effect size, while the Y-axis indicates the *p*-value. Plots with a lower *p*-value than the genome-wide significant levels ($p=1.09\times10^{-4}$ and $p=7.72\times10^{-5}$) have been colored magenta and blue, based on the direction of their effect size (positive and negative, respectively). (C) Distribution heatmap for the global cohort, with the strains possessing the significant genes colored orange. Only the 20 genes with the lowest *p*-values are shown in this heatmap. The color bars above indicate countries and phenotypes.

Fig. 4. K-mers related to pathology.

Detailed results of the GWAS on k-mers for the Japanese cohort in two genomic regions: *covS* (A, top left) and *group_184* (B); and the global cohort in five regions: *covS* (A, top right), an intergenic region (C), *group_141-143* (D), *sagG* (E), and *fhuB* (F). (A–F top) de-Bruijn graphs generated using DBGWAS. The respective nodes in the graphs indicate k-mers, with the significant nodes indicated using green arrowheads. The size of each node corresponds to the allele frequency. (A–F, bottom) Alignments of k-mers or maps of k-mers on the genome sequence of MGAS27061 around regions including significant mutations. Each base is colored according to the interpreted amino acids. (A) The significant k-mers pointed by arrowheads cause a frameshift mutation, truncating CovS protein to 35 amino acids. (B) The significant k-mers indicate that the presence of a sequence mapped on the first 26 bp of group_184 and its upstream 20 bp was related to the pathology. (C) Two significant k-mers indicate the same intergenic region of 270 bps. (D) The significant k-mers are indicated using arrowheads.

Fig. 5. Predicted protein structure models.

(A) Snake-like plot of transmembrane regions of CovS estimated using SOSUI. The frameshift mutations detected by the SNPs/indel- and k-mer-based GWASes cause truncation of CovS at the indicated 35th and 45th residues, respectively. (B) Structural model of the CovS homodimer (ipTM + pTM=0.614). The putative transmembrane regions are colored in orange. The upper part is the sensor domain, while the lower is the C-terminal kinase domain involved in phosphorylation of the transcriptional regulator CovR. (C) Snake-like plot depicting the transmembrane regions of FhuB and FhuG. The 73rd residue of FhuB has been indicated with an arrowhead and in magenta. (D) Structural model of the FhuBDCCG complex (ipTM + pTM=0.791). The putative transmembrane regions of FhuB and FhuG are colored in green-yellow and peach, respectively. The upper part of the model is located in the extracellular region, while the lower part is in the cytoplasm. (E) The 73rd valine in FhuB, colored in magenta, was substituted with alanine.

ipTM + pTM: Weighted combination of interface-predicted TM and predicted TM scores. ipTM is used to measure structural accuracy in the protein-protein interface, while ipTM is a metric for overall topological accuracy.

Fig. 6. Transcriptome analysis of the fhuB T218 mutant strain in THY and human blood.

(A) Principal component analysis plot of RNA-seq data. (B) Differentially expressed genes in four comparisons. (C) Plot of gene expression in the WT strain *vs*. *fhuB* T218C mutant in human blood. Significantly upregulated and downregulated genes in the WT have been colored red and blue, respectively. The shapes of the plots indicate relative transcriptional changes between THY and blood. Genes depicted with upward triangles were either significantly upregulated in the WT or downregulated in the mutant strain, in blood *vs*. THY. The downward triangle plots indicate genes that are either downregulated in the WT or upregulated in the mutant strain, in blood *vs*. THY.

WT, wild-type; THY, Todd Hewitt broth supplemented with 0.2% yeast extract

Fig. 7. Effects of the *fhuB* T218 mutant strain on ferric ion uptake and bacterial survival in human blood.

(A) Intracellular ferric ion assay. The WT and *fhuB* T218C mutant strains were incubated in healthy human blood for 3 h, following which the intracellular ferric ion concentrations were measured (*n*=18 technical replicates). (B) Bactericidal assay in human blood. The WT, *fhuB* T218C mutant, and Wr strains were mixed with healthy human blood to measure the ratio of bacterial counts at 1, 2, and 3 h to those at 0 h after infection (*n*=18 technical replicates). (C–F) Bactericidal assay in human erythrocyte-rich medium (C), polymorphonuclear cell-rich medium (D), plasma (E), and plasma inactivated by heating at 56°C for 30 min (F) (*n*=18 technical replicates). (G) Bacterial growth in brain heart infusion broth (*n*=18 technical replicates). Representative data from one of three biological replicates are displayed. Thick bars and error bars indicate means and quartiles, respectively. Statistical significance was determined by means of the Mann–Whitney test with Benjamini–Hochberg's correction.