Sensitive and modular amplicon sequencing of *Plasmodium falciparum* diversity and

resistance for research and public health

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Abstract

Background

Targeted amplicon sequencing is a powerful and efficient tool for interrogating the *Plasmodium*

falciparum genome, generating actionable data from infections to complement traditional

malaria epidemiology. For maximum impact, genomic tools should be multi-purpose, robust,

sensitive, and reproducible.

Methods

We developed, characterized, and implemented MAD⁴HatTeR, an amplicon sequencing panel

based on Multiplex Amplicons for Drug, Diagnostic, Diversity, and Differentiation Haplotypes

using Targeted Resequencing, along with a bioinformatic pipeline for data analysis. Additionally,

we introduce an analytical approach to detect gene duplications and deletions from amplicon

sequencing data. Laboratory control and field samples were used to demonstrate the panel's

high sensitivity and robustness.

Results

MAD⁴HatTeR targets 165 highly diverse loci, focusing on multiallelic microhaplotypes, key

markers for drug and diagnostic resistance (including duplications and deletions), and *csp* and

potential vaccine targets. The panel can also detect non-*falciparum Plasmodium* species.

MAD⁴HatTeR successfully generated data from low-parasite-density dried blood spot and

mosquito midgut samples, and detected minor alleles at within-sample allele frequencies as low

as 1% with high specificity in high-parasite-density dried blood spot samples. Gene deletions

and duplications were reliably detected in mono- and polyclonal controls. Data generated by

MAD⁴HatTeR were highly reproducible across multiple laboratories.

Conclusions

The successful implementation of MAD⁴HatTeR in five laboratories, including three in malaria-

endemic African countries, showcases its feasibility and reproducibility in diverse settings.

MAD⁴HatTeR is thus a powerful tool for research and a robust resource for malaria public health

surveillance and control.

Keywords

Malaria; *Plasmodium falciparum*; Targeted amplicon sequencing; malaria; microhaplotype;

antimalarial resistance; *hrp2* deletion; *csp*; identity-by-descent; complexity of infection

Background

Effective control and eventual elimination of *Plasmodium falciparum* malaria hinge on the availability and integration of data to inform research and public health strategies. Genomics can augment traditional epidemiological surveillance by providing detailed genetic information about infections[1]. Molecular markers of drug and diagnostic resistance can guide the selection of antimalarials and diagnostics, respectively[2–5]. Vaccine target sequences may shed light on vaccine efficacy and identify evidence of selective pressure[6]. Measures of genetic variation can provide insights into transmission intensity, rate and origin(s) of importation, and granular details of local transmission[7–14]. Differentiation of infections as either recrudescent or reinfections is critical for measuring outcomes of therapeutic efficacy studies that are used to guide antimalarial use worldwide[15–18]. Furthermore, the contribution of non-*falciparum* species to malaria burden is poorly characterized, and could complicate control and elimination efforts[19].

To maximize public health and research utility, genomic methods should be robust and provide rich information from field samples, which may be low-density and are often polyclonal in malaria-endemic areas of sub-Saharan Africa[13,20–22]. While traditional genotyping methods of length polymorphisms and microsatellites can characterize malarial infections, they suffer from low sensitivity and specificity, and difficulties in protocol standardization[23–25]. Single nucleotide polymorphism (SNP) barcoding approaches have improved throughput, sensitivity and standardization[26,27]. However, the biallelic nature of most targeted SNPs limits their discriminatory power to compare polyclonal infections. Sequencing of short, highly variable regions within the genome containing multiple SNPs (microhaplotypes) provides multiallelic information that overcomes many of those limitations[28]. Microhaplotypes can be reconstructed from whole-genome sequencing (WGS) data or amplified by PCR and sequenced. Low abundance variants, especially in low-density samples, may be missed by WGS due to low

depth of coverage. Amplicon sequencing offers much higher sensitivity and can target the most

informative regions of the genome, increasing throughput and decreasing cost. Several Illumina-

based multiplexed amplicon sequencing panels have been developed to genotype *P. falciparum*

infections. SpotMalaria is a panel that genotypes 100 SNPs, most of which are biallelic, for drug

resistance and diversity[26]. Pf AmpliSeq genotypes SNPs, currently focused on Peruvian genetic

diversity, and also targets drug and diagnostic resistance markers[27]. Panels that target

multiallelic microhaplotypes, including AMPLseq, provide greater resolution for evaluating

polyclonal infections and also include drug resistance markers[29,30]. Nanopore-based amplicon

panels enable the utilization of mobile sequencing platforms[31–33]. Thus, targeted amplicon

sequencing is a flexible approach that has the potential to address multiple use cases. To fully

realize this potential, a panel for research and public health would ideally include all necessary

targets to answer a wide range of questions, while remaining modular to allow flexible allocation

of sequencing resources.

Here, we developed MAD[4]HatTeR, an Illumina-compatible, multipurpose, modular tool based on

Multiplex Amplicons for Drug, Diagnostic, Diversity, and Differentiation Haplotypes using

Targeted Resequencing. MAD[4]HatTeR has 276 targets divided into two modules: A diversity

module with 165 targets to assess genetic diversity and relatedness; and a resistance module

consisting of 118 targets that cover 15 drug resistance-associated genes and assesses *hrp2/3*

deletions, along with current and potential vaccine targets. The modules also include targets for

non-*falciparum Plasmodium* species identification. We developed a bioinformatic pipeline to

report allelic data, and implemented laboratory and bioinformatic methods in several sites,

including countries in malaria-endemic sub-Saharan Africa. We then evaluated the panel's

performance on various sample types, including mosquito midguts, and showed that high quality

data can be consistently reproduced across laboratories, including from polyclonal samples with

low parasite density.

Methods

Participating laboratories

We generated data in five sites: the EPPIcenter at the University of California San Francisco

(UCSF), in collaboration with the Chan Zuckerberg Biohub San Francisco, California; Infectious

Diseases Research Collaboration (IDRC) at Central Public Health Laboratories (CPHL),

Kampala, Uganda; Centro de Investigação em Saúde de Manhiça (CISM), Manhiça,

Mozambique; National Institutes for Communicable Diseases (NICD), Johannesburg, South

Africa; and Barcelona Institute for Global Health (ISGlobal), Barcelona, Spain. The procedures

are described according to the workflows in San Francisco. Minor variations, depending on

equipment availability, were implemented at other institutions.

Amplicon panel design

We used available WGS data as of June 2021[3,30,34–42] to identify regions with multiple SNPs

within windows of 150-300 bp that lay between tandem repeats, using a local haplotype

reconstruction tool (Pathweaver[43]). We compiled a list of drug resistance-associated and

immunity-related SNPs (Tables 1 and 2) and identified regions of 150-300 bp between tandem

repeats in and around *hrp2* and *hrp3* to assess diagnostic resistance-related deletions, as well

as a region in chromosome 11 that is often duplicated in *hrp3*-deleted samples[44]. Paragon

Genomics, Inc. designed amplification primers in multiplexed PCR using the Pf3D7 genome as

a reference and related *Plasmodium* species and human genomes to design primers specific for

P. *falciparum*. Genome verions and their GeneBank or RefSeq accessions for each species are:

P. *falciparum* Pf3D7 (version=2020-09-01, GCA_000002765.3), *P*. *vivax* PvP01 (version=2018-

02-28, GCA_900093555.2), *P*. *malariae* PmUG01 (version=2016-09-19, GCA_900090045.1), *P*.

ovale PocGH01 (version=2017-03-06, GCA_900090035.2), *P. knowlesi* PKNH (version=2015-

06-18, GCA_000006355.2) and   *Homo sapiens* GRCh37 (GCA_000001405.14). In addition to

the *P. falciparum* targets, we selected a target in the *ldh* gene (PF3D7_1325200) and its

homologs in the other 4 *Plasmodium* species listed above for identification of concurrent

infections with these species. To minimize PCR bias against longer amplicons, we restricted the

design to amplicons of 225-275 bp, which can be covered with a significant overlap in paired-

end sequencing in Illumina platforms with 300-cycle kits, except for targets around *hrp3* that

needed to be 295-300 bp long to design primers successfully. We excluded or redesigned

primers that contained more than 1 SNP (including non-biallelic SNPs) or indels in available

WGS data or aligned to tandem repeats. To increase coverage of SNPs close to each other, we

allowed for overlap in amplicons that targeted drug resistance and immunity-related markers.

Primers were grouped in modules, as outlined in the results section (Figure 1 and

Supplementary Table 1).

In silico *panel performance calculations*

Alleles were extracted from available WGS data as of July 2024[3,30,34–41,45]. SNPs, and

microhaplotypes were reconstructed using Pathweaver[43] for targets in MAD[4]HatTeR,

SpotMalaria[26], AMPLseq[30], and AmpliSeq[27]. *In silico* heterozygosity was calculated using all

allele calls in available WGS data. Principal coordinate analysis was performed on the binary

distance matrix from presence/absence of alleles using alleles within loci present in both

samples for each pair.

To assess statistical power of testing if two (potentially polyclonal) infections are related, we

obtained within sample allele frequencies (WSAF) for the most variable SNP in each diversity

target (165, 111 and 100 total SNPs for MAD[4]HatTeR, AMPLseq and SpotMalaria, respectively)

or microhaplotypes (161, 128 and 135, respectively) from WGS data for each of the three

panels, and simulated genotypes for mono- and polyclonal samples. In the simulations,

complexity of infection (COI) were fixed and ranged from 1 to 5, and we included genotyping

errors with a miss-and-split model[46]; missing and splitting parameters were 0.05 and 0.01,

respectively. Between two samples, only a single pair of parasite strains was related with

expected identity-by-descent (IBD) proportion varying from 1/16 to 1/2 (sibling level) to 1

(clones). We then analyzed these simulated datasets to obtain performance measures for

combinations of a panel, COI, and a relatedness level: first, we estimated COI and allele

frequencies using MOIRE[47]; we then used these to estimate pairwise interhost relatedness and

test the hypothesis that two infections are unrelated at significance level of 0.05 with Dcifer[46]

and calculated power as the proportion of 1000 simulated pairs where the null hypothesis was

correctly rejected.

Samples

We prepared control dried blood spots (DBS) using *P. falciparum* laboratory strains. We

synchronized monocultures in the ring stage. We made polyclonal controls by mixing cultured

strains (3D7, Dd2 MRA-156 and MRA-1255, D6, W2, D10, U659, FCR3, V1/S, and HB3), all

synchronized and ring-staged at various proportions. We mixed all monocultures and mixtures

with uninfected human blood and serially diluted them in blood to obtain a range of parasite

densities (0.1-100,000 parasites/µL). We spotted 20 µL of the mixture on filter papers and

stored them at -20 ºC until processing.

Finger-prick DBS samples were collected in Northern Ethiopia between 2022 and 2023 as part

of a mixed-methods study, which included a case-control study in two highland districts and

cross-sectional surveys in one lowland district[48]. In the case-control study, samples were

obtained from symptomatic patients presenting at health facilities. These included malaria cases

- individuals who tested positive for *P. falciparum* and/or *P. vivax* using a rapid diagnostic test

(Bioline Malaria Ag P.f/Pan by Abott, STANDARD Q Malaria P.f/P.v Ag by SD Biosensor, or

First Response Malaria Ag. P.f./P.v. Card Test) – as well as test-negative controls who were

later confirmed positive for malaria via qPCR. Cross-sectional surveys in lowland areas were

conducted at agricultural worksites and in households in nearby villages. The DBS were air-

dried, stored individually with desiccant, and kept at -20°C until laboratory processing. No

patient data collected during sampling was used in this analysis. We analyzed DNA extracts

from samples from previous studies, including 26 field samples from Ethiopia known to carry

deletions in the *hrp2* and/or *hrp3* genes[3], as well as 11 *P. falciparum* co-infections from Uganda

containing *P. malariae* and *P. ovale*[49]. Finally, we analyzed publicly available data from 436 field

samples from Mozambique[22]. The original works detail the sampling schemes and additional

sample processing procedures. We used genomic DNA from *P. knowlesi* Strain H, obtained

through BEI Resources, NIAID, NIH, contributed by Alan W. Thomas.

To assess performance of the assay for oocysts, we infected 9 *Anopheles gambiae* s.s.

mosquitos via direct membrane feeding with blood taken from participants who were diagnosed

with symptomatic malaria in transmission studies in Uganda. Briefly, mosquitos were fed via

direct membrane feeding with blood taken from participants in a cohort study based in

Nanongera and Busia districts (3 patients, 5 infected midguts) and from patients diagnosed with

P. falciparum malaria at Masafu General Hospital in Busia district (4 patients, 4 infected

midguts). [50,51] *P. falciparum* presence in blood samples was confirmed by varATS qPCR.

Oocysts were detected and quantified using mercurochrome staining and microscopy as

previously described[51].

Library preparation

We extracted DNA from control DBS and *P. falciparum*/*P. vivax* co-infections using the Chelex-

Tween 20 method[52]. Mosquito midgut DNA was extracted from dissected midguts using the

QIAGEN DNeasy blood and tissue DNA extraction kit as previously described[53]. *P. falciparum*

parasite density was quantified in all samples, including midgut extracts, by varATS[54] or 18S[55]

qPCR using standards made from DBS spotted with serial dilutions of cultured *P. falciparum* in

uninfected blood (Supplementary Text). *P. vivax* was quantified by 18S qPCR as previously

described[56].

Libraries were made with a minor adaptation of Paragon Genomics' CleanPlex Custom NGS

Panel Protocol[57] (Supplementary Text). A version of the protocol containing any updates can be

found at https://eppicenter.ucsf.edu/resources. Library pools were sequenced in Illumina MiSeq,

MiniSeq, NextSeq 550, or NextSeq 2000 instruments with 150 paired-end reads. We tested

different amplification cycles and primer pool configurations. Based on sensitivity and

reproducibility, the following are the experimental conditions we use as a default: primer pools

D1+R1.2+R2; 15 multiplexed PCR cycles for moderate to high parasite density samples

(equivalent to ≥ 100 parasites/µL in DBS) and 20 cycles for samples with lower parasite density;

0.25X and 0.12X primer pool concentration, respectively.

Bioinformatic pipeline development and benchmarking

We developed a Nextflow-based[58] bioinformatic pipeline to filter, demultiplex, and infer alleles

from fastq files (Supplementary Text). Briefly, the pipeline uses cutadapt[59] and DADA2[60] to

demultiplex reads on a per-amplicon basis and infer alleles, respectively. The pipeline further

processes DADA2 outputs to mask low-complexity regions, generate allele read count tables,

and extract alleles in SNPs of interest. We developed custom code in Python and R to filter out

low-abundance alleles and calculate summary statistics from the data. The current pipeline

version, with more information on implementation and usage, can be found at

www.github.com/EPPIcenter/mad4hatter.

We processed the data presented in this paper with release 0.1.8 of the pipeline.

We evaluated pipeline performance by estimating sensitivity (ability to identify expected alleles)

and precision (ability to identify only expected alleles) from monoclonal and mixed laboratory

controls with different proportions of strains (Supplementary Text). We tested the impact of

multiple parameters and features on allele calling accuracy, including DADA2's stringency

threshold OMEGA_A and sample pooling treatment for allele recovery, masking homopolymers

and tandem repeats, and post-processing filtering of low abundance alleles. Masking removed

false positives with the trade-off of masking real biological variation. We obtained the highest

precision and sensitivity using sample pseudo-pooling, highly stringent OMEGA_A (10^{-120}), and

a moderate postprocessing filtering threshold (minor alleles of > 0.75%). These results indicate

that bioinformatic processing of MAD^{4}HatTeR data can be optimized to retrieve accurate sample

composition with a detection limit of approximately 0.75% WSAF.

For analyses of allelic data from mixed controls, only samples with ≥ 90% of targets with > 50

reads (183 for diversity, and 165 for drug resistance markers) were included in the analysis. For

drug resistance markers, only SNPs with variation between controls were included (20/91

codons from 12/22 targets). Within a sample, targets with less than 100 reads were excluded as

alleles with a minor WSAF of 1% are very likely to be missed. The large majority of controls

(122/183 and 162/165 for diversity and drug resistance markers, respectively) had very good

coverage (at most 2 missing loci).

Species-specific *ldh* targets in the panel were used to identify non-*falciparum* species. Targets

with less than 5 reads were filtered out. *P. ovale ldh* target sequences were extracted from the

P. ovale curtisi (PocGH01, GCA_900090035.2) or *P. ovale wallikeri* (PowCR01,

GCA_900090025.2) genomes using target primer sequences. Observed sequences were then

aligned to these reference sequences using BLAST. Heterozygosity was estimated using

MOIRE[47] version 3.2.0.

Deletions and duplications

We used the following laboratory strains to benchmark deletion and duplication detection using

MAD[4]HatTeR data: *pfhrp2* deletions in Dd2 and D10, *pfmdr1* duplications in Dd2 and FCR3,

pfhrp3 deletion in HB3, and *pfhrp3* duplication in FCR3[44]. We also used a set of field samples

from Ethiopia previously shown to have deletions in and around *pfhrp2* and *pfhrp3* at multiple

genomic breakpoints[3]. For sensitivity analysis using field samples, we estimated COI using

MOIRE[47] and excluded polyclonal samples due to the uncertainty in their true genotypes. Two

field samples were excluded from the analysis due to discordance in breakpoint classification,

possibly due to sample mislabeling and sequencing depth, respectively.

We applied a generalized additive model (Supplementary Text) to account for target length

amplification bias and differences in coverage across primer pools, likely due to pipetting error.

We fit the model on controls known not to have deletions or duplications to obtain correction

factors for targets of interest within sample batches. We then estimated read depth fold changes

from data for each gene of interest (*pfhrp2, pfhrp3* and *pfmdr1*). We did not have sufficient data

to validate duplications in plasmepsin 2 and 3.

For a subset of laboratory controls copy numbers were determined by qPCR using previously

described methods for *pfmdr1*[61], *pfhrp2*, and *pfhrp3*[62].

Results

MAD[4]HatTeR is a multi-purpose tool that exploits P. falciparum *genetic diversity*

We designed primers to amplify 276 targets (Figure 1, Supplementary Tables 1-4) and

separated them into two modules: (1) Diversity module, a primer pool (D1) targeting 165 high

diversity targets and the *ldh* gene in *P. falciparum* and in 4 non-*falciparum Plasmodium* species

(*P. vivax*, *P. malariae*, *P. ovale*, and *P. knowlesi*); and (2) Resistance module, comprised of two

complementary and incompatible primer pools (R1 and R2) targeting 118 loci that genotype 15

drug resistance-associated genes (Table 1) along with *csp* and potential vaccine targets (Table

2), assess for *hrp2/3* deletion, and identify non-*falciparum* species. The protocol involves two

initial multiplex PCR reactions, one with D1 and R1 primers, and another with R2 primers

(Figure 1C, Supplementary Figure 1). After multiplexed PCR, subsequent reactions continue in

a single tube.

Based on publicly available WGS data, *P. falciparum* targets in the diversity module, excluding

ldh, had a median of 3 SNPs or indels (interquartile range [IQR] 2-5, N=165, Supplementary

Table 5). Most (140/165) targets were microhaplotypes (containing > 1 SNP or indel). Global

heterozygosity was high, with 35 targets with heterozygosity > 0.75 and 135 with heterozygosity

> 0.5. Within African samples, heterozygosity was > 0.75 in 40 targets, > 0.5 in 132 targets, and

we observed 2 to 20 unique alleles (median of 5, across a minimum of 3617 samples) in each

target. MAD[4]HatTeR included more high-heterozygosity targets than other published panels

(Figure 2A, Supplementary Figures 2 and 3). Additionally, MAD[4]HatTeR targets better resolved

geographical structure globally, within Africa, and even within a country[63] (Figure 2B).

We next evaluated the power of the diversity module to detect interhost relatedness between

parasites in pairs of simulated infections with COI ranging from 1 to 5. We selected one country

from each of three continents with the most publicly available WGS data and used

reconstructed genotypes for the analysis (Figure 3). MAD⁴HatTeR identified partially related

parasites between polyclonal infections across a range of COI and geographic regions, and

generally performed as well or better than the other panels evaluated. For example, in simulated

Ghanaian infections sibling parasites (IBD proportion, r=½) were reliably detected with COI of 5

(82% power), half siblings (r=¼) in infections with COI of 3 (73% power), and less related

parasites (r=⅛) were still identifiable with COI of 2 (53% power). When using independent SNPs

instead of microhaplotypes, the power to identify related parasites between infections was much

lower, irrespective of the panel. Constraining the panel to the 50 targets with the highest

heterozygosity (mean heterozygosity of 0.8 ± 0.05) reduced the power to infer relatedness by as

much as 50%, highlighting the value of highly multiplexed microhaplotype panels for statistical

power.

MAD⁴HatTeR allows for genotyping of a variety of sample types and parasite densities

We evaluated MAD⁴HatTeR's performance using dried blood spots (DBS) containing up to 7

different cultured laboratory strains each. Sequencing depth was lower for samples amplified

with the original resistance R1 primer pool R1.1 than D1 (Supplementary Figure 4A), and primer

dimers comprised 58-98% of the reads for R1.1 compared to only 0.1-4% for D1. We thus

designed pool R1.2, a subset of targets from R1.1, by selecting the targets with priority public

health applications and discarding the primers that accounted for a significant portion of primer

dimers in generated data (Figure 1, Supplementary Table 2). Libraries prepared with pools

containing R1.2 instead of R1.1 showed higher depth across the range of parasitemia evaluated

(Supplementary Figure 4B). With the recommended set of primer pools (D1, R1.2, and R2),

sequencing provided > 100 reads for most amplicons from DBS with > 10 parasites/µL, with

depth of coverage increasing with higher parasite densities (Figure 4A). Samples with < 10

parasites/µL still yielded data albeit less reliably. Approximately 100,000 total unfiltered reads

(the output of sample demultiplexing from a sequencing run) were sufficient to get good

coverage across targets; on average, 95% of targets had at least 100 reads, and 98% had at

least 10 reads (Supplementary Figure 4 C,D). While results indicate that the protocol provides

consistently robust results, different experimental parameters may be optimal for different

combinations of primer pools and sample concentration.

Depth of coverage per amplicon was highly correlated within technical replicates

(Supplementary Figure 5A) with most deviations observed between primer pools. Importantly,

coverage was also reproducible when the same samples were tested across five laboratories on

3 continents, with minor quantitative but negligent qualitative differences in coverage

(Supplementary Figure 5B). Amplicon coverage was well balanced within a given sample, with

differences in depth negatively associated with amplicon length (Supplementary Figure 6). Nine

of the 15 worst-performing amplicons were particularly long (>297 bp, Supplementary Table 6).

The other worst-performing amplicons covered drug resistance markers in *mdr1* and *crt* (neither

covering *mdr1* N86Y or *crt* K76T), 2 high heterozygosity targets, and a target within *hrp2*. These

results indicate that robust coverage of the vast majority of targets can be consistently obtained

from different laboratories.

Given the high sensitivity of the method, we evaluated the ability of MAD[4]HatTeR to generate

data from sample types where it is traditionally challenging to obtain high quality parasite

sequence data. We amplified DNA extracted from nine infected mosquito midguts with a median

P. *falciparum* DNA concentration equivalent to 0.9 parasites/µL from a DBS. On average, 58%

of amplicons had ≥100 reads, 84% had ≥10 reads, and only one sample did not amplify (Figure

4B). These results are comparable to libraries from DBS controls with 1-10 parasites/µL from

the same sequencing run, where 45-77% of amplicons with ≥100 reads. WSAF indicated that

some of the mosquito midguts contained several genetically distinct *P. falciparum* clones. These

data show the potential for applying MAD[4]HatTeR to study a variety of sample types containing

P. falciparum.

MAD[4]HatTeR reproducibly detects genetic diversity, including for minority alleles in low density,

polyclonal samples

We used DBS controls containing 2 to 7 laboratory *P. falciparum* strains with minor WSAF

ranging from 1 to 50% to evaluate sensitivity of detection and accuracy of WSAF estimation in

the diversity pool D1. We optimized and benchmarked the bioinformatic pipeline to maximize

sensitivity and precision, which included masking regions of low complexity (tandem repeats

and homopolymers) to avoid capturing PCR and sequencing errors in allele calls. Sensitivity to

detect minority alleles given that the locus amplified was very high, with alleles present at ≥ 2%

reliably detected in samples with > 1,000 parasites/µL and at ≥ 5% in samples with > 10

parasites/µL (Figure 4C). For very low parasitemia samples (< 10 parasites/µL), sensitivity was

still 82% for alleles expected at 10% or higher. Similar results were obtained for drug resistance

markers targeted by pools R1.2 and R2 (Figure 4D). Overall precision (reflecting the absence of

spurious alleles) was also high and could be increased by using a filtering threshold for

minimum WSAF. Each sample had a median of 3 false positive alleles (mean = 4.4, N = 161

targets) above 0.75% WSAF, a median of 1 (mean = 2.5) false positives over 2%, and a median

of 0 (mean = 0.7) over 5% (Supplementary Figure 7). A strong correlation between expected

and observed WSAF was observed in the diversity module targets at all parasite densities and

was stronger at higher parasite densities (R^2=0.99 for > 1,000 parasites/µL Figure 4E).

Reproducibility is an important feature in generating useful data, particularly given differences in

equipment and technique that often exists between laboratories. To evaluate this potential

source of variation, we generated data for the same mixed-strain controls in five different

laboratories on three continents. Reassuringly, the alleles obtained, along with their WSAF,

were highly correlated (Figure 4F). Missed alleles in one or more laboratories were mostly

present at < 2% within a sample. Finally, we tested MAD⁴HatTeR's ability to recover expected

diversity in field samples. Observed genetic heterozygosity in samples from Mozambique[22] was

correlated with expected heterozygosity based on available WGS data (Figure 4G,

Supplementary Figure 8). These results highlight the reliability of MAD⁴HatTeR as a method to

generate high quality genetic diversity data across laboratories.

*MAD⁴HatTeR provides data on copy number variations and detection of non-*P. falciparum

species

In addition to detecting sequence variation in *P. falciparum*, amplicon sequencing data can be

used to detect gene deletions and duplications, as well as the presence of other *Plasmodium*

species. We tested the ability of MAD⁴HatTeR to detect *hrp2* and *hrp3* deletions, and *mdr1* and

hrp3 duplications (laboratory strain FCR3 has a duplication in *hrp3*[44]) in DBS controls consisting

of one or two laboratory strains, and field samples with previously known genotypes. We applied

a generalized additive model to normalize read depth and estimate fold change across several

targets per gene, accounting for amplicon length bias and pool imbalances, after using

laboratory controls to account for batch effects, e.g. running the assay in different laboratories

(Figure 5A, Supplementary Figure 9). The resulting depth fold changes for all loci assayed

correlated with the expected sample composition (Figure 5B). At 95% specificity, sensitivity was

100% for all controls composed of > 95% strains with duplications or deletions (Figure 5C).

Sensitivity was lower for samples with lower relative abundance of strains carrying duplications

or deletions, although this could be increased with a tradeoff in specificity (e.g. if used as a

screening test). Fold change data correlated well with quantification by qPCR, indicating that the

data obtained from MAD[4]HatTeR are at a minimum semi-quantitative (Figure 5D). We could

also correctly detect deletions in field samples from Ethiopia previously shown to be *hrp2-* or

hrp3-deleted[3], and correctly classify the genomic breakpoint profiles within the resolution offered

by the targets included (Supplementary Figure 10). Finally, we detected *P. malariae* and *P.*

ovale in 11 samples from Uganda known to contain the corresponding species, as previously

determined by microscopy or nested PCR. We could distinguish *P. ovale wallikeri* from *P. ovale*

curtisi based on the alleles in the target sequence. The assay's sensitivity for detecting non-

falciparum species was evaluated using a set of field samples from Ethiopia containing *P.*

falciparum and *P. vivax*, with known parasite density for both species. Sensitivity depended on

the *P. falciparum* to *P. vivax* ratio within the sample and was estimated at 96% for samples with

more than 100 *P. vivax* 18S copies/µL (N = 148) and 90% for those with more than 10 18S

copies/µL (N = 170) for samples with a *P. falciparum* to *P. vivax* ratio below 100 (Supplementary

Figure 11). Furthermore, the *P. falciparum* to *P. vivax* ratio estimates obtained by qPCR and

MAD[4]HatTeR were highly correlated. Specificity was 100% for all non-*falciparum* species,

based on *P. falciparum* controls (N = 368). These data highlight the potential of MAD[4]HatTeR to

capture non-SNP genetic variation and to characterize mixed species infections.

Discussion

In this study, we developed, characterized and deployed a robust and versatile method to generate sequence data for *P. falciparum* malaria genomic epidemiology, prioritizing information for public health decision-making. The modular MAD⁴HatTeR amplicon sequencing panel produces high-resolution data on genetic diversity, key markers for drug and diagnostic resistance, the C-terminal domain of the *csp* vaccine target, and presence of other *Plasmodium* species. MAD⁴HatTeR is highly sensitive, providing data for low parasite density DBS samples and detecting minor alleles at WSAF as low as 1% with good specificity in high parasite density samples; challenging sample types such as infected mosquitos were also successfully amplified. MAD⁴HatTeR has successfully generated data from field samples from Mozambique and Ethiopia, with particularly good recovery rates for samples with > 10 parasites/µL (~90%)[22,64]. Deletions and duplications were reliably detected in mono- and polyclonal controls. The data generated by MAD⁴HatTeR are highly reproducible and have been reliably produced in multiple laboratories, including several in malaria-endemic countries. Thus, MAD⁴HatTeR is a valuable tool for malaria surveillance and research, offering policymakers and researchers an efficient means of generating useful data.

The 165 diversity and differentiation targets in MAD⁴HatTeR, of which the majority are microhaplotypes, can be used to accurately estimate within-host and population genetic diversity, and relatedness between infections. These data have promising applications: evaluating transmission patterns, e.g. to investigate outbreaks[3]; characterizing transmission intensity, e.g. to evaluate interventions[10,13,65] or surveillance strategies[22]; classifying infections in low transmission areas as imported or local[11,66]; or classifying recurrent infections in antimalarial therapeutic efficacy studies as recrudescence or reinfections[18]. The high diversity captured by the current microhaplotypes could be further improved with updated WGS data to replace

targets with relatively low diversity and amplification efficiency. Fully leveraging the information

content of these diverse loci, which are particularly useful for evaluating polyclonal infections,

requires bioinformatic pipelines able to accurately call microhaplotype alleles and downstream

analysis methods able to incorporate these multi-allelic data. While some targeted sequencing

methods and pipelines similarly produce microhaplotype data[30,32,67–69], others only report

individual SNPs, resulting in the loss of potentially informative data[26,27] encoded in phased

amplicon sequences. Many downstream analysis tools are similarly limited to evaluating data

from binary SNPs[70–72]. Fortunately, methods to utilize these data are beginning to be developed,

providing statistically grounded estimates of fundamental quantities such as population allele

frequencies, COI[47], and IBD[46], and highlighting gains in accuracy and power provided by

analysis of numerous highly diverse loci.

Multiple targeted sequencing tools designed with different use cases and geographies in mind

are being used, raising questions about data compatibility. Comparing diversity metrics from

data generated using different target sets is feasible, provided that the panels have equivalent

performance characteristics and that the analysis methods appropriately account for differences

such as allelic diversity[47]. Comparing genetic relatedness between infections evaluated with

different panels, however, is limited to common loci. Over 25% of SNPs targeted by AMPLseq

or SpotMalaria diversity targets were intentionally included in MAD^{4}HatTeR. Other panels have

less or no overlap[27,67,69] (Supplementary Tables 9-10). Efforts to increase overlap between

future versions of amplicon panels would facilitate more direct comparison of relatedness

between infections genotyped by different panels.

MAD^{4}HatTeR genotypes several key drug resistance markers as well as vaccine targets. The

primer pool configuration recommended for optimized sensitivity covers markers of resistance to

artemisinin, artemisinin-based combination therapy partner drugs, and other drugs used in

treatment, chemoprevention, and other interventions. Additionally, it targets the C-terminal

domain of *csp*, present in the RTS,S and R21 malaria vaccines currently recommended for use

in children living in areas with moderate to high malaria transmission[73–75]. Other drug resistance

markers and vaccine targets can be genotyped in high parasite density samples using the full

primer pool configuration. Nevertheless, primer design and target prioritization have

necessitated some exclusions. For example, the central repeat region of *csp*, also targeted by

the RTS,S and R21 vaccines, is not covered. Future iterations of MAD4HatTeR should aim to

include additional targets, such as evolving drug resistance markers and candidate vaccine

targets.

Depth of coverage and amplification biases were reproducible across samples, with most

deviations likely due pipetting volume differences and systematic differences in laboratory

equipment and reagent batches. Detection of *hrp2*/*3* deletions and *mdr1* duplications was

achieved by applying a model that accounts for these factors. MAD4HatTeR detected deletions

and duplications in mono- and polyclonal samples, even at low parasitemia. Additional data and

analytical developments could improve MAD4HatTeR's performance in deletion and duplication

analysis. The current approach does not make use of COI estimates for inference and relies on

controls known not to have duplications or deletions in the target genes within each library

preparation batch. While target retrieval was generally uniform, some samples showed target

drop-off, indicating the need for multiple targets to avoid falsely calling a deletion. Nonetheless,

in its current form, MAD4HatTeR serves as an efficient screening tool for identifying putative

duplications and deletions, which can then be validated with gold-standard methodologies.

Continuous improvement of the allele-calling bioinformatic pipeline is planned to increase

accuracy and usability. Masking of error-prone regions (e.g. homopolymers and tandem

repeats) is useful in reducing common PCR and sequencing errors, but it also removes

biological variation. This can be optimized by tailored masking of error hotspots, rather than

uniformly masking all low-diversity sequences. To improve the detection of low-abundance

alleles, we currently conduct a second inference round using alleles observed within a run as

priors, but this approach may also increase the risk of incorporating low-level contaminant

reads. Improvements in experimental strategies to detect and prevent cross-contamination[76],

along with post-processing filtering, could mitigate this. Additionally, curating an evolving allele

database from ongoing empiric data generation could replace the run-dependent priors, thereby

improving the accuracy and consistency of allele inference.

Integrating genomics into routine surveillance and developing genomic capacity in research and

public health institutions in malaria-endemic countries is facilitated by efficient, cost-effective,

reliable and accessible tools. MAD[4]HatTeR is based on a commercially available method for

multiplexed amplicon sequencing[77]. As such, while primer sequences are publicly available

(Supplementary Table 2), reagents are proprietary. However, procuring bundled, quality

controlled reagents to generate libraries is straightforward, including for laboratories in malaria

endemic settings. Procurement costs for laboratory supplies often vary significantly, making

direct comparisons with other methods challenging, but we have found the method to be cost-

effective compared with other methods. At the time of writing, the list price for all library

preparation reagents, excluding plastics, consumables used for other steps (e.g. DNA

extraction), sequencing costs, taxes, or handling, was $12-25 per reaction, depending on order

volume. Sequencing costs can vary considerably based on the scale of sequencer used. For

optimal throughput, we recommend multiplexing up to 96 samples using a MiSeq v2 kit to

achieve results comparable to those shown here; much greater efficiency can be obtained with

higher throughput sequencers.

This study includes data from five laboratories, three of which are located in sub-Saharan Africa.

Beyond this study, MAD^{4}HatTeR is also being used by four other African laboratories for

applications ranging from estimating the prevalence of resistance-mediating mutations to

characterizing transmission networks. Expertise and computational infrastructure for advanced

bioinformatics and data analysis remains a challenge, with fewer users demonstrating autonomy

in these areas compared to wet lab procedures. The robustness of the method, along with

detailed training activities and materials (available online[78]), has facilitated easier

implementation. Future developments could also expand accessibility, including adaptations for

other sequencing platforms and panels targeting a smaller set of key loci for public health

decision-making.

In summary, MAD^{4}HatTeR is a powerful and fit-for-purpose addition to the malaria genomic

epidemiology toolbox, well-suited for a wide range of surveillance and research applications.

List of abbreviations

MAD^{4}HatTeR: Multiplex Amplicons for Drug, Diagnostic, Diversity, and Differentiation

Haplotypes using Targeted Resequencing

SNP: Single nucleotide polymorphism

WGS: Whole-genome sequencing

COI: Complexity of Infection

IBD: Identity-by-descent

DBS: Dried blood spot

WSAF: Within sample allele frequency

Declarations

Ethics approvals and consent to participate

Ethical approval for the study that generated the 26 field samples from Ethiopia[3] was granted by the Ethiopia Public Health Institute (EPHI) Institutional Review Board (IRB; protocol EPHI-IRB-033-2017) and WHO Research Ethics Review Committee (protocol ERC.0003174 001). Processing of de-identified samples and data at the University of North Carolina at Chapel Hill (UNC) was determined to constitute non-human subjects research by the UNC IRB (study 17-0155). The study was determined to be non-research by the Centers for Disease Control (CDC) and Prevention Human Subjects office (0900f3eb81bb60b9).

Study protocols for the study that generated the data for the 436 field samples from Mozambique[22] were approved by the ethical committees of CISM and Hospital Clínic of Barcelona, and the Mozambican Ministry of Health National Bioethics Committee.

Ethical approval for the studies that included the collection of blood samples used in mosquito feeding assays was received from the Uganda Council of Science and Technology, Makerere University School of Medicine, the University of California, and the London School of Hygiene & Tropical Medicine.

Ethical approval for the study that collected *P. falciparum* and *P. vivax* samples in Northern Ethiopia in 2022-2023 was obtained from the National Research Ethical Review Committee, Addis Ababa, Ethiopia (reference number: 02/256/630/14), AHRI/ALERT Ethics Review Committee (protocol number: P0-08-22), Aklilu Lemma Institute of Pathobiology Institutional Research Ethics Review Committee (reference number: ALIPB IRERC/111/2015/23) and the WCG IRB approval (protocol number: 1769134-1; IRB tracking number: 20214694).

Participants, or guardians/parents in the case of minors, in all these studies provided written informed consent. All research was performed in accordance with relevant guidelines and regulations.

Consent for publication

Not applicable.

Availability of data and material

All data are available in the Sequencing Read Archive, accession code PRJNA1180199. Code is available in GitHub (https://github.com/EPPIcenter/mad4hatter and https://github.com/andres-ad/madh_utilities)

Competing interests

J.B.P. reports research support from Gilead Sciences, non-financial support from Abbott Laboratories, and consulting for Zymeron Corporation, all outside the scope of the current work. All other authors report no potential conflicts of interest.

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Authors' contributions

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Developed and benchmarked bioinformatic pipeline: A.A.-D., K.M., B.P., M.G.U., D.D.

Managed samples and data: A.A.-D, E.N.V, B.P., N.H, S.B, M.G.U., H.G., S.K, I.W., S.M.F,

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All authors reviewed the manuscript.

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the Chan Zuckerberg Biohub for valuable discussions.

Figures

Figure 1. **MAD⁴HatTer is a multi-purpose malaria amplicon sequencing panel**.

A. Primer pools to amplify targets in 5 categories are grouped into two modules (Diversity and Resistance). R1 refers to two primer pools: R1.1, the original pool, and R1.2, a reduced version of primer pool R1.1 designed to increase sensitivity. The recommended configuration to maximize information retrieval and sensitivity for low parasitemia samples are two mPCR reactions, one with D1 and R1.2 primers, and one with R2 primers (solid lines). Supplementary Tables 1-5 contain complete details on primer pools and targets.

B. Chromosomal locations of all targets in the *P*. *falciparum* genome (not including non-*falciparum* targets). Note that the Diagnostic Resistance category includes targets in and around *hrp2* and *hrp3* as well as targets in chromosome 11 that are often duplicated when *hrp3* is deleted[44] and length controls in other chromosomes.

C. Simplified workflow for library preparation and sequencing, highlighting the need for two multiplexed PCR reactions when using primer pools R1 and R2 which are incompatible due to tiling over some genes of interest. A more detailed scheme can be found in Supplementary Figure 1, and a full protocol, including didactic materials, can be found online[78].

720 **Table 1: SNPs associated with antimalarial resistance.**

721 SNPs of interest used to optimize target primer design that are covered by primer pools R1.1,

722 R1.2 or R2. The list excludes copy number variation markers, such as *plasmepsins* 2 and 3

723 (piperaquine) or *mdr1* (mefloquine). A full list of targets with the amino acid ranges they cover in

724 each gene can be found in the Supplementary Table 4.

Antimalarial[†]	Gene	Amino acids covered
Chloroquine and piperaquine	*crt*	72-76, 93, 97, 145, 218, 220, 271*, 326* 343, 350, 353, 356
Chloroquine	*aat1*	135*, 162*, 185*, 230*, 238*, 380*
Piperaquine	*exo*	415
Chloroquine and lumefantrine	*mdr1*	86, 184, 186, 371, 1034, 1042, 1246
Sulfadoxine	*dhps*	431, 436, 437, 540, 581, 613
Pyrimethamine and proguanil	*dhfr*	16, 51, 59, 108, 164
Artemisinin	*kelch13*	441, 446, 449, 458, 469, 476,481, 493, 515, 527, 537, 538, 539, 543, 553, 561, 568, 574, 580, 622, 675
	coronin	50, 100, 107
	fd	193
	arps10	127, 128
	mdr2	463, 484, 515
	PF3D7_1322700	236
	pib7	1484
	ubp-1	1525
	*pph**	1157*

725 [†] Antimalarial with validated or candidate markers[79], or with SNPs identified in GWAS studies[80].

726 * Included only in R1.1 and not in R1.2.

734 **Table 2: SNPs in *csp* and potential vaccine targets.**

735 SNPs of interest used to optimize target primer design that are covered by primer pools R1.1,

736 R1.2 or R2.1. A full list of targets with the amino acid ranges they cover in each gene can be

737 found in the Supplementary Table 4.

Gene	Amino acids covered
csp	280-398
*Ripr**	511, 673, 755, 985, 1039
*CyRPA**	339
*Rh5**	147, 170, 197, 203, 204, 221, 269, 350, 354, 357, 362
*P113**	106, 107, 234

738 * Included only in R1.1 and not in R1.2.

Figure 2. *In silico* analysis demonstrates that MAD⁴HatTer's microhaplotypes capture

high genetic diversity within African samples. We reconstructed alleles (microhaplotypes)

from publicly available WGS data to estimate genetic diversity. For SpotMalaria, SNP barcodes

are used instead of microhaplotypes based on intended design and current usage. We note that

additional information may be present within the amplified targets if microhaplotype sequences

are accurately identifiable with appropriate bioinformatic processing. As such, alternate results

for microhaplotypes reconstructed for the targets that contain the SNPs in each of those two

panels are shown in Supplementary Figure 2.

A. Diversity module pool D1 includes more highly heterozygous targets than other published

highly multiplexed panels. Only targets for diversity in each panel are included and

heterozygosity is calculated for samples across Africa.

B. We performed principal coordinate analysis on alleles on global, African or Mozambican

767   data. The percentage of variance explained by each principal component is indicated in

768   parentheses.

Figure 3. Power to identify relatedness of strains between infections is enhanced by

highly multiplexed microhaplotypes. Simulated infections using population allele frequencies

from available WGS data were used to estimate the power of testing if a pair of strains between

infections is related. Countries in each of three continents with the most available WGS data

were selected. Infections were simulated for a range of COI. Only one pair of strains between

the infections was related with a given expected IBD proportion (r). The results were compared

for reconstructed microhaplotypes and their most highly variable SNP for 3 panels

(MAD⁴HatTeR, SpotMalaria and AMPLseq). Note that SpotMalaria bioinformatics pipeline

outputs a 100 SNP barcode, and thus its actual power (dark orange) is not reflective of the

potential power afforded by microhaplotypes (light orange). Additionally, the 50 most diverse

microhaplotypes and their corresponding SNPs were used to evaluate the effect of down-sizing

MAD⁴HatTeR (MAD⁴HatTeR⁵⁰).

Figure 4. MAD⁴HatTeR produces reproducible and sensitive genetic data from a variety of

samples

A. Mean read counts for each target in DBS controls (N in parenthesis in x-axis labels for each

parasitemia).

B. Proportion of targets with >10 reads in DBS controls with 1 and 10 parasites/µL and 9 midgut

samples (median parasite density equivalent to 0.9 parasites/µL in a DBS). 10 targets that

generally do not amplify well (>275 bp) were excluded.

C-D. Recovery within-sample allele frequency (WSAF) in the diversity module for 161 loci

across 183 samples (C), and biallelic SNPs in drug resistance markers across 20 codons in 165

samples (D).

E. Observed WSAF in laboratory mixed controls of known expected WSAF.

F. WSAF observed in libraries prepared and sequenced in different laboratories from the same

DBS mixed control. Participating laboratories are the EPPIcenter at the University of California

San Francisco (UCSF); Infectious Diseases Research Collaboration (IDRC), Uganda; Centro de

Investigação em Saúde de Manhiça (CISM), Mozambique; National Institutes for Communicable

Diseases (NICD), South Africa; and Barcelona Institute for Global Health (ISG), Spain.

G. Observed heterozygosity in field samples from Mozambique[22] and the respective expected

heterozygosity for each target obtained from available WGS data (which does not include the

MAD⁴HatTeR-sequenced field samples).

False positives are excluded from C-G, as are targets with < 100 reads, except in E.

Figure 5. MAD⁴HatTeR can be used to screen for deletions and duplications.

A. Technical replicates of Dd2 (a strain with *hrp2* deletion and *mdr1* duplication) with similar

total reads were used to estimate fold changes in targets in and around *hrp2*, *hrp3*, *mdr1* and

plasmepsin2/3 (*pm*). A generalized additive model (black line) was applied to raw reads

(Supplementary Figure 9) after correction by a control known not to have deletions or

duplications in the genes of interest (3D7) to estimate fold changes in each of the genes. Note

that there are two groups of *hrp2* targets, those that are deleted in field samples (*hrp2*) and

those also deleted in Dd2 (*hrp2*[Dd2]). Mean reads and fold changes are shown (N = 3); error bars

denote standard deviation.

B. Estimated fold change for *hrp2*, *hrp3,* and *mdr1* loci in laboratory controls containing 1 or

more strains at known proportions, or in field samples from Ethiopia[3] with known *hrp2* and *hrp3*

deletions. Sample composition is estimated as the effective number of copies present in the

sample based on the relative proportion of the strain carrying a deletion or duplication. Fold

changes are obtained using the targets highlighted in A. Fold changes for Dd2-specific targets

are shown in Supplementary Figure 10. Linear regression and R^2 values were calculated with

data with parasitemia > 10 parasites/μL. The thresholds used to flag a sample as containing a

duplication or deletion are shown in dashed black lines.

C. Sensitivity in detecting *hrp2* and *hrp3* deletions and *mdr1* duplications in controls, and field

samples from Ethiopia with known *hrp2* and *hrp3* deletions. Effective sample composition

(copies in sample) is estimated as in B. Sensitivity was calculated using a threshold to classify

samples with 95% specificity. Note that the small number of samples in the 0.05-0.5 copies

range may be responsible for the paradoxical lower sensitivity for higher parasitemia samples.

D. Estimated fold change for each gene correlates with qPCR quantification for the same

samples.

References

1. Dalmat, R., Naughton, B., Kwan-Gett, T. S., Slyker, J. & Stuckey, E. M. Use cases for genetic epidemiology in malaria elimination. *Malar. J.* **18**, 163 (2019).

2. Hamilton, W. L. *et al.* Evolution and expansion of multidrug-resistant malaria in southeast Asia: a genomic epidemiology study. *Lancet Infect. Dis.* **19**, 943–951 (2019).

3. Feleke, S. M. *et al. Plasmodium falciparum* is evolving to escape malaria rapid diagnostic tests in Ethiopia. *Nat. Microbiol.* **6**, 1289–1299 (2021).

4. Ndwiga, L. *et al.* A review of the frequencies of *Plasmodium falciparum* Kelch 13 artemisinin resistance mutations in Africa. *Int. J. Parasitol. Drugs Drug Resist.* **16**, 155–161 (2021).

5. Rosenthal, P. J. *et al.* Cooperation in Countering Artemisinin Resistance in Africa: Learning from COVID-19. *Am. J. Trop. Med. Hyg.* **106**, 1568–1570 (2022).

6. Neafsey Daniel E. *et al.* Genetic Diversity and Protective Efficacy of the RTS,S/AS01 Malaria Vaccine. *N. Engl. J. Med.* **373**, 2025–2037 (2015).

7. Wesolowski, A. *et al.* Mapping malaria by combining parasite genomic and epidemiologic data. *BMC Med.* **16**, 190 (2018).

8. Tessema, S. *et al.* Using parasite genetic and human mobility data to infer local and cross-border malaria connectivity in Southern Africa. *eLife* **8**, e43510 (2019).

9. Tessema, S. K. *et al.* Applying next-generation sequencing to track falciparum malaria in sub-Saharan Africa. *Malar. J.* **18**, 268 (2019).

10. Watson, O. J. *et al.* Evaluating the Performance of Malaria Genetics for Inferring Changes in Transmission Intensity Using Transmission Modeling. *Mol. Biol. Evol.* **38**, 274–289 (2021).

11. Daniels, R. F. *et al.* Genetic evidence for imported malaria and local transmission in Richard Toll, Senegal. *Malar. J.* **19**, 276 (2020).

12. Mensah, B. A., Akyea-Bobi, N. E. & Ghansah, A. Genomic approaches for monitoring

transmission dynamics of malaria: A case for malaria molecular surveillance in Sub–

Saharan Africa. *Front. Epidemiol.* **2**, (2022).

13. Schaffner, S. F. *et al.* Malaria surveillance reveals parasite relatedness, signatures of

selection, and correlates of transmission across Senegal. *Nat. Commun.* **14**, 7268 (2023).

14. Fola, A. A. *et al.* Temporal and spatial analysis of *Plasmodium falciparum* genomics reveals

patterns of parasite connectivity in a low-transmission district in Southern Province, Zambia.

Malar. J. **22**, 208 (2023).

15. Yeka, A. *et al.* Comparative Efficacy of Artemether-Lumefantrine and Dihydroartemisinin-

Piperaquine for the Treatment of Uncomplicated Malaria in Ugandan Children. *J. Infect. Dis.*

219, 1112–1120 (2019).

16. Snounou, G. & Beck, H.-P. The Use of PCR Genotyping in the Assessment of

Recrudescence or Reinfection after Antimalarial Drug Treatment. *Parasitol. Today* **14**, 462–

467 (1998).

17. Uwimana, A. *et al.* Association of *Plasmodium falciparum kelch13* R561H genotypes with

delayed parasite clearance in Rwanda: an open-label, single-arm, multicentre, therapeutic

efficacy study. *Lancet Infect. Dis.* **21**, 1120–1128 (2021).

18. Schnoz, A. *et al.* Genotyping methods to distinguish *Plasmodium falciparum* recrudescence

from new infection for the assessment of antimalarial drug efficacy: an observational, single-

centre, comparison study. *Lancet Microbe* **5**, (2024).

19. Lover, A. A., Baird, J. K., Gosling, R. & Price, R. N. Malaria Elimination: Time to Target All

Species. *Am. J. Trop. Med. Hyg.* **99**, 17–23 (2018).

20. Mwesigwa, A. *et al. Plasmodium falciparum* genetic diversity and multiplicity of infection

based on *msp-1*, *msp-2*, *glurp* and microsatellite genetic markers in sub-Saharan Africa: a

systematic review and meta-analysis. *Malar. J.* **23**, 97 (2024).

21. Briggs, J. *et al.* Within-household clustering of genetically related *Plasmodium falciparum*

infections in a moderate transmission area of Uganda. *Malar. J.* **20**, 68 (2021).

22. Brokhattingen, N. *et al.* Genomic malaria surveillance of antenatal care users detects

reduced transmission following elimination interventions in Mozambique. *Nat. Commun.* **15**,

2402 (2024).

23. Viriyakosol, S. *et al.* Genotyping of *Plasmodium falciparum* isolates by the polymerase chain

reaction and potential uses in epidemiological studies. *Bull. World Health Organ.* **73**, 85–95

(1995).

24. Anderson, T. J. C., Su, X.-Z., Bockarie, M., Lagog, M. & Day, K. P. Twelve microsatellite

markers for characterization of *Plasmodium falciparum* from finger-prick blood samples.

Parasitology **119**, 113–125 (1999).

25. Anderson, T. J. C. *et al.* Microsatellite Markers Reveal a Spectrum of Population Structures

in the Malaria Parasite *Plasmodium falciparum*. *Mol. Biol. Evol.* **17**, 1467–1482 (2000).

26. Jacob, C. G. *et al.* Genetic surveillance in the Greater Mekong subregion and South Asia to

support malaria control and elimination. *eLife* **10**, e62997 (2021).

27. Kattenberg, J. H. *et al.* Molecular Surveillance of Malaria Using the PF AmpliSeq Custom

Assay for *Plasmodium falciparum* Parasites from Dried Blood Spot DNA Isolates from Peru.

Bio-Protoc. **13**, e4621 (2023).

28. Taylor, A. R., Jacob, P. E., Neafsey, D. E. & Buckee, C. O. Estimating Relatedness

Between Malaria Parasites. *Genetics* **212**, 1337–1351 (2019).

29. Tessema, S. K. *et al.* Sensitive, Highly Multiplexed Sequencing of Microhaplotypes From the

Plasmodium falciparum Heterozygome. *J. Infect. Dis.* **225**, 1227–1237 (2022).

30. LaVerriere, E. *et al.* Design and implementation of multiplexed amplicon sequencing panels

to serve genomic epidemiology of infectious disease: A malaria case study. *Mol. Ecol.*

Resour. **22**, 2285–2303 (2022).

31. de Cesare, M. *et al.* Flexible and cost-effective genomic surveillance of *P. falciparum*

malaria with targeted nanopore sequencing. *Nat. Commun.* **15**, 1413 (2024).

32. Holzschuh, A. *et al.* Using a mobile nanopore sequencing lab for end-to-end genomic

surveillance of *Plasmodium falciparum*: A feasibility study. *PLOS Glob. Public Health* **4**,

e0002743 (2024).

33. Girgis, S. T. *et al.* Drug resistance and vaccine target surveillance of *Plasmodium falciparum*

using nanopore sequencing in Ghana. *Nat. Microbiol.* **8**, 2365–2377 (2023).

34. Melnikov, A. *et al.* Hybrid selection for sequencing pathogen genomes from clinical samples.

Genome Biol. **12**, R73 (2011).

35. Villena, F. E., Lizewski, S. E., Joya, C. A. & Valdivia, H. O. Population genomics and

evidence of clonal replacement of *Plasmodium falciparum* in the Peruvian Amazon. *Sci.*

Rep. **11**, 21212 (2021).

36. Mathieu, L. C. *et al.* Local emergence in Amazonia of *Plasmodium falciparum k13* C580Y

mutants associated with in vitro artemisinin resistance. *eLife* **9**, e51015 (2020).

37. Cerqueira, G. C. *et al.* Longitudinal genomic surveillance of *Plasmodium falciparum* malaria

parasites reveals complex genomic architecture of emerging artemisinin resistance.

Genome Biol. **18**, 78 (2017).

38. Parobek, C. M. *et al.* Partner-Drug Resistance and Population Substructuring of Artemisinin-

Resistant *Plasmodium falciparum* in Cambodia. *Genome Biol. Evol.* **9**, 1673–1686 (2017).

39. Pelleau, S. *et al.* Adaptive evolution of malaria parasites in French Guiana: Reversal of

chloroquine resistance by acquisition of a mutation in *pfcrt*. *Proc. Natl. Acad. Sci.* **112**,

11672–11677 (2015).

40. Dara, A. *et al.* New var reconstruction algorithm exposes high var sequence diversity in a

single geographic location in Mali. *Genome Med.* **9**, 30 (2017).

41. Tvedte, E. S. *et al.* Evaluation of a high-throughput, cost-effective Illumina library

preparation kit. *Sci. Rep.* **11**, 15925 (2021).

42. Ahouidi, A., Ali, M. & et al. An open dataset of *Plasmodium falciparum* genome variation in

7,000 worldwide samples. *Wellcome Open Res.* **6**, 42 (2021).

43. Hathaway, N. A suite of computational tools to interrogate sequence data with local

haplotype analysis within complex *Plasmodium* infections and other microbial mixtures.

(2018) doi:10.13028/M2039K.

44. Hathaway, N. J. *et al.* Interchromosomal segmental duplication drives translocation and loss

of *P. falciparum* histidine-rich protein 3. *eLife* **13**, (2024).

45. MalariaGEN *et al.* Pf7: an open dataset of *Plasmodium falciparum* genome variation in

20,000 worldwide samples. *Wellcome Open Res.* **8**, 22 (2023).

46. Gerlovina, I., Gerlovin, B., Rodríguez-Barraquer, I. & Greenhouse, B. Dcifer: an IBD-based

method to calculate genetic distance between polyclonal infections. *Genetics* **222**, iyac126

(2022).

47. Murphy, M. & Greenhouse, B. MOIRE: a software package for the estimation of allele

frequencies and effective multiplicity of infection from polyallelic data. *Bioinformatics* **40**,

btae619 (2024).

48. Esayas, E. *et al.* Impact of nighttime human behavior on exposure to malaria vectors and

effectiveness of using long-lasting insecticidal nets in the Ethiopian lowlands and highlands.

Parasit. Vectors **17**, 520 (2024).

49. Asua, V. *et al. Plasmodium* Species Infecting Children Presenting with Malaria in Uganda.

(2017) doi:10.4269/ajtmh.17-0345.

50. Rek, J. *et al.* Asymptomatic School-Aged Children Are Important Drivers of Malaria

Transmission in a High Endemicity Setting in Uganda. *J. Infect. Dis.* **226**, 708–713 (2022).

51. Andolina, C. *et al.* Sources of persistent malaria transmission in a setting with effective

malaria control in eastern Uganda: a longitudinal, observational cohort study. *Lancet Infect.*

Dis. **21**, 1568–1578 (2021).

52. Teyssier, N. B. *et al.* Optimization of whole-genome sequencing of *Plasmodium falciparum*

from low-density dried blood spot samples. *Malar. J.* **20**, 116 (2021).

53. Hugo, L. E. *et al.* Rapid low-resource detection of *Plasmodium falciparum* in infected

Anopheles mosquitoes. *Front. Trop. Dis.* **5**, (2024).

54. Hofmann, N. *et al.* Ultra-Sensitive Detection of Plasmodium falciparum by Amplification of

Multi-Copy Subtelomeric Targets. *PLOS Med.* **12**, e1001788 (2015).

55. Mayor, A. *et al.* Sub-microscopic infections and long-term recrudescence of *Plasmodium*

falciparum in Mozambican pregnant women. *Malar. J.* **8**, 9 (2009).

56. Molla, E. *et al.* Seasonal Dynamics of Symptomatic and Asymptomatic *Plasmodium*

falciparum and *Plasmodium vivax* Infections in Coendemic Low-Transmission Settings,

South Ethiopia. (2024) doi:10.4269/ajtmh.24-0021.

57. Paragon Genomics Product Documents. *Paragon Genomics*

https://www.paragongenomics.com/customer-support/product_documents/.

58. Di Tommaso, P. *et al.* Nextflow enables reproducible computational workflows. *Nat.*

Biotechnol. **35**, 316–319 (2017).

59. Martin, M. Cutadapt removes adapter sequences from high-throughput sequencing reads.

EMBnet.journal **17**, 10–12 (2011).

60. Callahan, B. J. *et al.* DADA2: High-resolution sample inference from Illumina amplicon data.

Nat. Methods **13**, 581–583 (2016).

61. Gupta, H. *et al.* Drug-Resistant Polymorphisms and Copy Numbers in *Plasmodium*

falciparum, Mozambique, 2015. *Emerg. Infect. Dis.* **24**, 40–48 (2018).

62. Grignard, L. *et al.* A novel multiplex qPCR assay for detection of *Plasmodium falciparum*

with histidine-rich protein 2 and 3 (pfhrp2 and pfhrp3) deletions in polyclonal infections.

EBioMedicine **55**, 102757 (2020).

63. da Silva, C. *et al.* Targeted and whole-genome sequencing reveal a north-south divide in *P.*

falciparum drug resistance markers and genetic structure in Mozambique. *Commun. Biol.* **6**,

1–11 (2023).

64. Emiru, T. *et al.* Evidence for a role of *Anopheles stephensi* in the spread of drug- and

diagnosis-resistant malaria in Africa. *Nat. Med.* **29**, 3203–3211 (2023).

65. Daniels, R. F. *et al.* Modeling malaria genomics reveals transmission decline and rebound in

Senegal. *Proc. Natl. Acad. Sci.* **112**, 7067–7072 (2015).

66. Chang, H.-H. *et al.* Mapping imported malaria in Bangladesh using parasite genetic and

human mobility data. *eLife* **8**, e43481 (2019).

67. Holzschuh, A. *et al.* Multiplexed ddPCR-amplicon sequencing reveals isolated *Plasmodium*

falciparum populations amenable to local elimination in Zanzibar, Tanzania. *Nat. Commun.*

14, 3699 (2023).

68. Hathaway, N. J., Parobek, C. M., Juliano, J. J. & Bailey, J. A. SeekDeep: single-base

resolution de novo clustering for amplicon deep sequencing. *Nucleic Acids Res.* **46**, e21

(2018).

69. Lerch, A. *et al.* Development of amplicon deep sequencing markers and data analysis

pipeline for genotyping multi-clonal malaria infections. *BMC Genomics* **18**, 864 (2017).

70. Schaffner, S. F., Taylor, A. R., Wong, W., Wirth, D. F. & Neafsey, D. E. hmmIBD: software

to infer pairwise identity by descent between haploid genotypes. *Malar. J.* **17**, 196 (2018).

71. Henden, L., Lee, S., Mueller, I., Barry, A. & Bahlo, M. Identity-by-descent analyses for

measuring population dynamics and selection in recombining pathogens. *PLOS Genet.* **14**,

e1007279 (2018).

72. Chang, H.-H. *et al.* THE REAL McCOIL: A method for the concurrent estimation of the

complexity of infection and SNP allele frequency for malaria parasites. *PLOS Comput. Biol.*

13, e1005348 (2017).

73. Collins, K. A., Snaith, R., Cottingham, M. G., Gilbert, S. C. & Hill, A. V. S. Enhancing

protective immunity to malaria with a highly immunogenic virus-like particle vaccine. *Sci.*

Rep. **7**, 46621 (2017).

74. Laurens, M. B. RTS,S/AS01 vaccine (Mosquirix™): an overview. *Hum. Vaccines*

Immunother. **16**, 480–489 (2020).

75. World Health Organization. Malaria vaccine: WHO position paper – May 2024. *Wkly.*

Epidemiol. Rec. **19**, 225–248 (2024).

76. Lagerborg, K. A. *et al.* Synthetic DNA spike-ins (SDSIs) enable sample tracking and

detection of inter-sample contamination in SARS-CoV-2 sequencing workflows. *Nat.*

Microbiol. **7**, 108–119 (2022).

77. CleanPlex amplicon sequencing for targeted DNA and RNA Seq. *Paragon Genomics*

https://www.paragongenomics.com/targeted-sequencing/amplicon-sequencing/cleanplex-

ngs-amplicon-sequencing/.

78. Resources | EPPIcenter. https://eppicenter.ucsf.edu/resources.

79. Report on antimalarial drug efficacy, resistance and response: 10 years of surveillance

(2010-2019). https://www.who.int/publications/i/item/9789240012813.

80. Miotto, O. *et al.* Genetic architecture of artemisinin-resistant *Plasmodium falciparum*. *Nat.*

Genet. **47**, 226–234 (2015).

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