Signatures of omicron-like adaptation in early SARS-CoV-2 variants and chronic

infection

Mark Tsz Kin Cheng[1,2,**], Mazharul Altaf[1,2,**], Jesu Castin[3,4], Ann-Kathrin Reuschl[5], Benjamin L.

Sievers[1,2], Kimia Kamelian[1,2], Dejan Mesner[5], Rebecca B. Morse[1,2], Adam Abdullahi[1,2], Bo Meng[1,2],

Kata Csiba[1,2], Cambridge NIHR Bioresource, Steven A. Kemp[1,2], Darren Martin[5], Clare Jolly[5],

Christopher Ruis[5,6,7], Lipi Thukral[3,4,*], Ravindra K. Gupta[1,2,8*]

1. Department of Medicine, University of Cambridge, Cambridge, UK.

2. Cambridge Institute of Therapeutic Immunology & Infectious Disease (CITIID), Cambridge,

UK.

3. CSIR-Institute of Genomics and Integrative Biology, Mathura Road, New Delhi-110025, India

4. Academy of Scientific and Innovative Research (AcSIR), Ghaziabad- 201002, India

5. Division of Infection and Immunity, University College London, UK

6. Division of Computational Biology, Institute of Infectious Disease and Molecular Medicine,

University of Cape Town

7. Victor Philip Dahdaleh Heart & Lung Research Institute, University of Cambridge, Cambridge,

UK

8. Cambridge Centre for AI in Medicine, University of Cambridge, Cambrdge, UK

9. Department of Veterinary Medicine, University of Cambridge, Cambridge, UK

10. Africa Health Research Institute, Durban, KZN, South Africa

*Corresponding authors:

Ravindra K. Gupta rkg20@cam.ac.uk ,

Lipi Thukral lipi.thukral@igib.res.in

Mark Cheng tkmc2@cam.ac.uk

**authors contributed equally.

Lead contact: Ravindra K. Gupta rkg20@cam.ac.uk

SUMMARY

Omicron emergence represented a seismic event in the COVID-19 pandemic, demonstrating what was essentially antigenic shift in a virus that cannot reassort its genome as influenza can. Understanding the success of Omicron is essential, and yet we have little understanding of the biological underpinnings of its ability to accommodate diverse mutations and bring together deleterious mutations to generate a highly successful new serotype. Persistent SARS-CoV-2 infections are a likely source of new variants and may provide valuable insight into past and future evolutionary trajectories, in particular those involving allosteric interactions that defy genotype to phenotype prediction. Here we observe upper airway specific evolution of SARS-CoV-2 demonstrating fusion peptide (FP) domain mutation S:P812S adjacent to the S2' cleavage site that emerged during a chronic infection in an immunocompromised individual. Indeed, this mutation had previously emerged in an ancestral B lineage as well as the delta variant lineage and transmitted successfully in populations globally, though remains uncharacterised. P812S in spike pseudotyped virus particles did not impact entry efficiency across cell lines expressing endogenous ACE2 and TMPRSS2. However, efficiency of spike cleavage at S1/S2 was reduced and molecular dynamics simulation demonstrated altered S1/S2 loop conformations that possibly impacted furin mediated cleavage. Consistent with impaired S1/S2 cleavage, and reminiscent of Omicron BA.1, cell-cell fusogenicity was severely impaired by introduction of P812S. The mutation also introduced significant perturbations to the FP region and also affected protomer-protomer packing. P812S conferred evasion of a neutralising monoclonal antibody targeting the fusion peptide, consistent with significant structural rearrangements in the FP region. Finally, P812S bearing viruses showed evasion of polyclonal neutralising antibodies in sera from vaccinated individuals at 32°C (simulating upper respiratory tract) and to a lesser extent at 37°C. Thus we report a novel mutational adaptation to the upper airway allowing enhanced immune evasion to fusion peptide targeting neutralising antibodies that also incurs a defect in ability to induce syncytia. These data shed light on the balance between upper airway adaptation/immune evasion by SARS-CoV-2, ability to induce syncytia formation, and disease severity given the established link between syncytia and severe COVID-19.

Introduction

Omicron emergence represented a seismic event in the COVID-19 pandemic, demonstrating what was essentially antigenic shift in a virus that cannot reassort its genome as influenza can.

Understanding the success of Omicron is essential, and yet we have little understanding of the

biological underpinnings of its ability to accommodate diverse mutations and bring together

deleterious mutations to generate a highly successful new serotype. A key defining feature of

Omicron in addition to immune evasion was the loss of ability of its spike to carry out cell-cell

fusion.[1,2] We do not have a clear understanding of which mutations or combinations are responsible

given the multiple spike mutations observed across the protein. It is thought that this loss of syncytia

formation was associated with the lower pathogenicity of Omicron, and that gradual reacquisition of

spike mediated cell-cell fusogenicity by certain omicron subvariants correlates with increased

severity.[3]

In virus producer cells, full length spike is cleaved by host furin to S1/S2 subunits which then

reassociate through electrostatic interactions. The primary receptor for SARS-CoV-2 is ACE2 and

following engagement with ACE2, the serine protease TMPRSS2 at the target cell membrane is able

to cleave spike at the S2' site, liberating the fusion peptide to initiate viral-cell fusion at the plasma

membrane. The Omicron variant appears less dependent on TMPRSS2 and has a preference for

endocytic entry where cathepsin carries out S2' cleavage within endosomes.[2] In addition we have

observed a cleavage defect in virus producer cells and impaired cell-cell fusion.[2] Given the broad

expression of ACE2 across diverse tissues, it is unsurprising that infection of multiple organs occurs

during COVID-19 infection. Local tissue environments likely exert specific selective pressure for

replication. Viral divergence in different anatomical compartments has been reported, including

respiratory compartments such as nasopharynx, sputum, trachea, lungs,[4] and other compartments

including plasma, heart, spleen, urine, and gut,[5,6] consistent with differential selection pressure

imposed by niches[12–15]. ACE2 and TMPRSS2 expression gradients exist between the upper- (URT) and

lower- respiratory tract (LRT), and efficiency of TMPRSS2 use has varied with VOC. Omicron showed

adaptation towards the URT[2,11] and greater transmission potential. This tropism shift has been

associated with reduced intrinsic disease severity.[12] Affinity towards the URT also leads to

differential exposure to environmental and immune selective pressures, creating a unique

mutational spectrum which can be leveraged to determine the niche of pathogens.[5,11] Another key

difference is the difference in temperature, which has an impact on spike fusogenicity and thus entry

efficiency.[13]

SARS-CoV-2 adaptation in persistent infection of immunocompromised hosts has been

demonstrated in myriad studies.[14–17] COVID-19 remains a particularly relevant threat for

immunocompromised individuals, as COVID-19 vaccines have been shown to induce lower

seroconversion rates,[18] reduced neutralisation activity,[19] and shorter durations of protection as

compared to immune-competent individuals[20]. Here we leverage an intensively sampled case of

chronic infection to report that a single mutation can have diverse phenotypic impacts and

recapitulate some of Omicron's key features. P812S in the fusion peptide region and also adjacent to

the S2' cleavage site was observed to arise in a sublineage of the Delta variant and in an early B

lineage, yet remains uncharacterised[21]. We show that P812S causes changes in the fusion peptide

(as one might expect), but also unexpected changes in the S1/S2 cleavage site that impairs cleavage.

Moreover, the mutation severely impairs the ability of the spike to mediate cell-cell fusion and

thereby we do not see syncytia formation. Syncytia formation is a hallmark of severe COVID-19.[22,23]

Importantly and unexpectedly, the mutation also confers a degree of escape from neutralising

antibodies directed at the fusion peptide region. This is reflected in the reduced neutralisation of

P812S bearing viruses by sera from vaccinated individuals, especially at low temperatures associated

with the nasopharynx. Indeed, we first isolated the mutation on an early B lineage (pre-omicron

virus) in a chronically infected individual from the upper airway and not in samples from the tracheal

region - indicating this mutation may be an adaptation to the upper airway. These properties are

reminiscent of Omicron and its adaptation to upper airway transmission with reduced severity

correlating with impaired syncytia formation. Our work shows how careful genotypic and phenotypic

study of chronic infections can shed light on the evolutionary biology of COVID-19 and .

Results

Clinical course of chronic infection

We previously reported an individual treated with rituximab for a lymphoma, who had a chronic

COVID-19 infection with an early Wuhan-Hu-1+D614G SARS-CoV-2 variant (B.1.1.1) between April

and August of 2020.[14] The individual was treated with three courses of remdesivir / convalescent

plasma and we previously documented immune escape conferred by D796H and viral infectivity

enhancement conferred by delH69/V70. We obtained simultaneous samples from nose & throat

swabs (NT) and lower endotracheal aspirates (ETA), though previously only data on throat swabs

were analysed. ETA samples were only available starting from day 93 because the individual

deteriorated and required intensive care admission and ventilatory support due to acute respiratory

distress syndrome (ARDS)around day 90. From day 93 until day 101, five NT and four ETA samples

were taken in total. The day 100 NT sample was removed from intra-host diversity analysis due to

poor Illumina coverage and no available Ct value.

We first examined deep sequence data for the two anatomically proximate compartments of the

nasopharynx and trachea. Using Shannon's entropy as a measurement of viral diversity, we observed

rises in diversity in NT samples when remdesivir or convalescent plasma were administered as the

infection progressed, but no statistically significant difference in genetic diversity within the ETA

compared to the NT samples **(Supplementary Figure 1a-d)**. Consistent with previous studies linking

Ct values to viral diversity, the increase in viral diversity was accompanied by an increase in viral

load.[5] **(Supplementary Figure 1d)**

Nucleotide spectral analysis reveals possible mixed upper and lower respiratory tract viral

populations

The relative frequency of G>T mutations has previously been demonstrated to correlate with SARS-

CoV-2 replication niche, with replication in the lung resulting in higher frequencies of G>T

mutations.[11] Omicron variants, which are more URT tropic than pre-Omicron variants,[2] have lower

G>T frequencies than pre-Omicron variants. **(Supplementary Figure 2a)** We therefore aimed to

determine whether there was a difference in G>T frequencies between the NT and ETA isolates from

the same patient. As expected given the short distance between these sites, we did not observe a

difference between these niches **(Supplementary figure 2b)**; however, we noticed a clade of patient

isolates that exhibited elevated numbers of G>T mutations **(Figure 1b,d)**. This clade contains both NT

and ETA sequences from late in the course of infection (after day 93), suggesting spread of viruses

within the patient across the respiratory tract. The elevation in G>T mutations amongst isolates in

this clade suggests that this spread occurred from the LRT to the URT, consistent with deteriorating

lung disease. This mixing of viral populations as the patient deteriorated clinically could have been

related to the physical conduit provided by the endotracheal tube or air movement associated with

mechanical ventilation.

Multiple nonsynonymous spike and non-spike mutations arise following therapies for COVID-19

We further examined the changes in mutation frequencies between the NT samples compared to

the ETA samples. Although the long branch with S:S13I, S:W64G, and S:P330S emerged, there is

limited divergence in variant frequencies between NT and ETA samples on day 93 immediately after

remdesivir administration and two units of convalescent plasma infusion. On day 95, divergent

mutations arose for Spike (Δ69/70, D796H, P812S) and other genes, including ORF1ab (E1013V),

Envelope (T19I), Nucleocapsid (Q28R), and Membrane (H125Y) **(Figure 1a, Supplementary figure 1e,**

Supplementary figure 2c). This is likely due to selection pressure imposed by the convalescent

plasma and/or remdesivir treatment.[17] Of note, the spike mutation **P812S** emerged on day 101 at a

frequency of 88.0% on day 101 in the NT sample, but not in the ETA sample. **P812S** was

accompanied by a 98.1% frequency of Δ69/70 and a 89.7% frequency of 796H (Figure 1a,

Supplementary figure 1d,3), suggesting linkage of these three mutations on the same viral genomes.

At the time of this study (7th April 2024), P812S had a low prevalence in the Global Initiative on

Sharing All Influenza Data (GISAID) database (<0.5%, n =12380) **(Table 1, supplementary figure 3)**.

P812S was most abundantly found in Delta variant viruses (n = 5744), but was also found in the

Alpha variant (n = 1819) and the major Omicron lineages BA.1 (n=610), BA.2 (n=602), BA.4/5

(n=1181), and XBB (n=507) viruses **(Table 1, Supplementary Figure 3)**. Though P812S is a minority in

these major lineages, over 99.6% of AY.4.10 sublineage sequences (1801 out of 1808) and 99.2% of

B.1.463 sublineage sequences (122 out of 123) contained the P812S mutation **(Figure 1c)**, indicating

it was a defining mutation in these lineages and arguing for successful transmission of P812S-bearing

viruses.[24–26] Indeed, from the start of the pandemic to August 2023, spike codon 812 had an average

dN/dS ratio of 2.47 (*p*=0.184), suggesting positive selection (i.e., selection favouring changes away

from the P amino acid state). (https://observablehq.com/@spond/sars-cov-2-global-genomic-selection-2019-

aug-2023). Statistical evidence (p<0.01 with the IFEL method) of positive selection at codon 812 was

most marked between May to November 2021 when the Delta variant was most prevalent,

corroborating the beneficial effect of diverging on a Delta genomic background from P812 to

alternative amino acids such as P812S under at least some epidemiological conditions.

(Supplementary figure 4).

We stratified by variant and proportionally subsampled 247 SARS-CoV-2 sequences containing P812S

and inferred a maximum-likelihood tree **(Supplementary Figure 3; GISAID EPI_SET_240114wm)**. We

annotated the sequences based on the accompanying mutations and noticed that, apart from the

D614G mutation that arose early in the pandemic, there were no mutations consistently found to

occur with P812S.

As P812S was found only in the NT sample, we hypothesised that P812S conferred an advantage in

that niche. The proximity to the S2' cleavage site and fusion peptide, in addition to the exposed

position of P812 when Spike is in the open position **(PDB: 6XM4, Figure 2a)** prompted us to study

the infectivity, cleavage, cell-cell fusion and immune evasion properties of P812S mutants.

P812S leads to a general decrease in S1/S2 cleavage and variable cell entry efficiency

As P812S is directly upstream (N-terminal) to the S2' cleavage site (R815/S816) and the S2 viral

fusion peptide (FP, 816-855),[27–29] we hypothesised that P812S may directly impact spike glycoprotein

S2 cleavage and viral entry. To test this, we introduced the P812S mutation into Wuhan-Hu-1 +

D614G (WT), WT with Δ69/70 + 796H mutations, as well as Delta B.1.617.2. We further incorporated

Delta and Delta+P812S in the panel because P812S was predominantly found in Delta and previous

genomic-epidemiological studies showed P812S[21] further increases the likelihood of Delta

breakthrough infections[30,31]. We then performed infectivity assays using pseudoviruses with and

without the P812S mutations on cell lines that varied in ACE2 and TMPRSS2 expression levels. We

observed little impact of P812S in cells expressing endogenous levels of receptors (**Figure 2b**).

However, P812S was associated with a significant deficit in cell entry efficiency in cell lines where

ACE2 or TMPRSS2 were overexpressed (**Figure 2b, Supplementary Figure 5**). P812S-associated entry

defects persisted across 32°C, 37°C, and 39°C, a temperature which approximates pyrexia.

(**Supplementary Figure 6**).

As the cleavage of S1/S2 has been shown to correlate with infectivity/entry/transmission efficiency,

to explore this further, we performed western blot for full length (FL) and S2 spike on 293T producer

cell lysate and purified virions.[32] We noticed that P812S was associated with suboptimal S1/S2

cleavage in both producer cell lysate and virion, demonstrated by decreased ratio of S2 to FL spike

(**Figure 2c**). The P812S-induced reduction of S2 in cell lysate and released virions suggests that P812S

may play a role in stabilising the S protein and slowing S1 shedding and it appears that cleaved spike

is preferentially incorporated into viral particles as we observed previously.[32] A reduction in S1/S2

cleavage is reminiscent of the change observed from Delta to Omicron variant[2], which also showed

tropism shift away from cells expressing TMPRSS2 and impaired cell-cell fusion in Omicron.[11,33] We

next sought to confirm whether P812S confers an entry route preference shift, as seen in the

transition of global sequences from the TMPRSS2-reliant plasma membrane entry favoured by the

Delta variant to cathepsin-reliant endosomal entry favoured by the Omicron variant (**Table 2**). P812S

was associated with a <2-fold resistance to both E64d (cathepsin inhibitor, inhibiting endosomal

entry) and camostat (serine protease inhibitor, including TMPRSS2, inhibiting plasma membrane

entry). In summary we did not observe substantial shift in efficiency of receptor or coreceptor usage

for P812S.

GBP5 is an interferon inducible protein that inhibits furin cleavage and was shown to impact HIV Env

cleavage by furin[34,35] as well as SARS-CoV-2.[36] Given we observed an S1/S2 cleavage defect for P812S

bearing spike, we wished to explore what impact GBP5 might have on furin cleavage of the P812S

spike. To test this, we co-expressed HA tagged GBP5 along with spikes bearing a range of mutations

and packaging/reporter genome plasmids. We isolated PV and infected target A549-A2T2 lung cells

lines. We observed that GBP5 reduced infectivity of each virus tested, and that the effect was

smaller for PV bearing P812S, consistent with cleavage that was already impaired at S1/2. Western
blot analysis reflected these findings (**Figure 2d**).

Significant conformational rearrangements in the fusion peptide and S1/S2 cleavage site regions
associated with P812S

To probe structural changes in P812S Mutant in SARS-CoV-2 spike (S) protein, we generated two
molecular dynamics simulations of glycosylated wildtype and P812S spike variant based on
experimentally resolved cryo-EM structure 7A94 with 1RBD up bound to ACE2 (**Supplementary**
Figure 6). The global arrangement of the SARS-CoV-2 spike (S) protein, which is structurally stabilized
through the packing interactions of its three protomers, was significantly perturbed upon the
introduction of the mutation. The protomer area formed by three CH domains increased from 86.8
A^2 to 91.8 A^2 upon the introduction of P812S mutation, leading to altered spatial organization of the
protomers (**Supplementary Figure 6b**). Comparative structural analysis revealed increased dynamic
fluctuations, with pronounced flexibility observed in the mutant, primarily originating from the NTD,
FP and S1-S2 regions (**Supplementary Figure 6c**). Notably, the fusion peptide (FP) region of the SARS-
CoV-2 spike (S) protein, a short, hydrophobic segment within the S2 subunit, is positioned just
downstream of the S2' cleavage site (R815) and spans residues 816–833. To gain deeper insights into
the structural changes surrounding this region, we extended our analysis to encompass residues
788–855, allowing us to capture broader conformational dynamics that may impact fusion efficiency
and viral entry. Furthermore, the region of S1/S2 proteolytic cleavage site (residues 669–696) also
showed greater structural compaction in the P812S mutant compared to the WT, suggesting
potential alterations in cleavage accessibility and spike activation dynamics. To understand the
residues that are responsible for the local perturbation at the FP region (**Supplementary Figure 6**),
we monitored the backbone conformational changes and computed rotamer shift with respect to
WT (explained in methods). The shift is majorly elevated in the loop flanking FP helix, which is
comprising of residues 830 to 855, as shown in Supplementary Figure 6e-f. These structural
modelling studies provide insight into our observations of impaired S1/S2 cleavage, consistent with
our understanding that proteolytic cleavage at the S2' site may be impacted by P812S mutation.

P812S confers evasion of serum neutralising antibodies

Multiple broadly neutralising antibodies have been identified to interact with amino acids on the N-
terminal side of the FP (816-655), including P812.[37–39] In addition, P812 has been identified as a

highly exposed epitope.[40] Therefore, we hypothesised that P812S may confer a degree of immune

escape due to selective pressure imposed by convalescent plasma treatment. We tested the

neutralisation sensitivity of Wuhan-Hu-1 + D614G (WT), WT+P812S, WT+Δ69/70+D796H, and WT+

Δ69/70+D796H+P812S using a previously reported pseudovirus (PV) system.[41] . We tested 20 stored

vaccinee sera (average age 66.0, 55% M) one month after second-dose AstraZeneca ChAdOx1

COVID-19 vaccine.[42,43]

We confirmed previous observations[14] showing modest immune escape by the double mutant

Δ69/70+D796H, with a 1.2-fold decrease in geometric mean serum neutralising titres between WT

and WT+Δ69/70+D796H **(Figure 3)**. P812S on a WT+Δ69/70+D796H backbone was associated with a

further loss of sensitivity to neutralising serum antibodies **(Figure 3)**. This suggests that the immune

evasion capabilities conferred by D796H are enhanced by P812S.

To further understand the impact of the P812S mutation, we produced Delta pseudovirions with and

without the P812S mutation. Using sera one month after two doses of AstraZeneca ChAdOx1-S, both

baseline serum neutralising titres against Delta and Delta+P812S were lower than WT (Table 3).

There was a significant decrease in serum neutralisation GMT of the Delta P812S mutant compared

to Delta, consistent with immune evasion **(Figure 3)**. In summary, at 37°C, in both the Delta and

WT+Δ69/70+D796H backbones, P812S incorporation conferred a degree of resistance to serum

neutralisation. To better simulate the upper airway environment, we tested PV expressing

WT+Δ69/70+D796H or Delta +/- P812S against sera/monoclonal antibody at 32°C.[44] The serum

geometric mean titre for 32°C increased for all viruses by between x1.5 to x2.0 fold compared to

37°C. (Table 3) At 32°C, P812S also conferred some resistance to vaccinee sera by x1.4 fold in the

background of WT+Δ69/70+D796H and x1.3 fold in the Delta background, respectively **(Figure 3).**

Finally, we wished to explore the impact of P812S on susceptibility to Sotrovimab treatment, given it

is was the only licensed therapeutic monoclonal during the chronic infection case. Sotrovimab

(derived from S-309) (GSK) is a monoclonal class 3 antibody which targets a highly conserved

epitope within the Spike receptor binding domain (RBD).[45] In agreement with previous literature,

Sotrovimab demonstrated similar neutralisation titres with serum against WT and Delta, [46] and

P812S had limited effect on sotrovimab susceptibility, with IC50 fold differences less than two fold in

the presence versus absence of P812S **(Table 4, Supplementary Figure 7)**.

P812S confers evasion of neutralising antibodies targeting the fusion peptide

To gain some understanding of the mechanism of P812S on immune evasion, two monoclonal

antibodies were tested. We used fusion-peptide targeting recombinant monoclonal antibodies

fp.006 and *fp.007* from Bianchini and colleagues.[29] In brief, *fp.006* recognises a conserved fusion

peptide epitope that is only exposed upon ACE2 binding. IC50 reduction conferred by P812S for WT

(x1.22) and Delta (x2.14) is modest for the ACE2-binding dependent fp.006, compared to the IC50

increase for Δ69/70+D796H (x8.88). This suggests that in on the background of Δ69/70+D796H the

P812S decreased sensitivity of the FP epitope to neutralising antibodies in sera, but not on a WT Wu-

1 background.

Antibody *fp.007* binding affinity and neutralising capacity is independent of ACE2 binding. *fp.007*

demonstrated a significant 5.58- and 2.96-fold decrease in IC50 upon P812S introduction on both

WT and Delta backbones, respectively, with little difference upon P812S introduction to the

Δ69/70+D796H double mutant. (**Figure 3, Table 3**). Taken together it appears that FP antibodies are

likely to have driven selection of P812S especially as P812S induced significant conformational

changes in the FP region.[47] In order to probe this further, we performed MD simulations of the

Δ69/70+D796H double mutant with and without P812S (**Figure 4a**). The average inter-protomer

distance increased to 15.2 Å in the presence of P812S along with background mutations (**Figure 4b**).

Although the perturbations were not as high as observed in P812S without background mutations

(**Supplementary Figure 6**), we captured elevated fluctuations at the FP and S1/S2 regions. We

computed ΔRMSF (RMSF$_{WT}$-RMSF$_{MUT}$) to assess the changes in the fluctuation patterns upon

mutation. In the FP region, the P812S, along with background mutations, introduces local instability

with up to 1 Å increase in RMSF (**Figure 4c-d**). We could capture relatively increased fluctuations in

the S1/S2 region (up to ~3Å) in P812S + background mutations. While the presence of P812S

imparted instability to FP and S1/S2 sites, the lack of P812S (Δ69/70+D796H double mutant) showed

no major changes in the fluctuations (**Figure 4e-g**). These observations support the observed escape

from FP targeting antibody and the reduced S1/S2 cleavage seen for the triple mutant.

P812S severely impairs cell-cell fusion

The ability to induce syncytia via cell-cell fusion is a known property of type I virus glycoproteins,

including HIV-1 Env, RSV F and SARS CoV-2 S proteins.[48] This process requires processing of S1/S2 in

the producer cell and activity of a serine protease in the target cell to cleave S2′ and release the

fusion peptide. Syncytia are thought to be a correlate of disease severity in COVID-19.[49] We

previously showed that Omicron BA.1 shifted biologically from Delta, demonstrating severely

reduced cell-cell fusion activity in vitro, and that this appeared to correlate with S1/S2 cleavage.

Subsequent Omicron variants such as BA.4 have regained some fusogenicity.[50] Given the impact of

P812S on both S1/2 cleavage and on FP structural dynamics, we measured the impact of P812S on

cell-cell fusion activity using a split GFP system. As expected, Delta spike fusion was highest (**Figure**

5), followed by the double mutant D796H and del69/70 and then WT. Surprisingly, we observed a

severe defect induced by the P812S mutation on each background.

Discussion

Persistent SARS-CoV-2 infections are a likely source of new variants and may provide valuable insight

into past and future evolutionary trajectories, in particular those involving allosteric interactions that

defy genotype to phenotype prediction. Here we observe upper airway specific evolution of SARS-

CoV-2 demonstrating fusion peptide (FP) domain mutation S:P812S adjacent to the S2' cleavage site

that emerged during a chronic infection in an immunocompromised individual. This mutation had

also previously emerged in an ancestral B lineage as well as the delta variant lineage and transmitted

successfully. P812S in spike pseudotyped virus particles did not impact entry efficiency across cell

lines expressing endogenous ACE2 and TMPRSS2. However, efficiency of spike cleavage at S1/S2 was

reduced and molecular dynamics simulation demonstrated altered S1/S2 loop conformations that

likely impacted furin mediated cleavage. We noted that GBP5, an interferon inducible restriction

factor that inhibits furin mediated cleavage, had a smaller impact on inhibition of P812S bearing

pseudotyped viruses, consistent with a pre-existing S1/S2 cleavage defect in P812S bearing spikes.

Consistent with this observation and reminiscent of Omicron BA.1, cell-cell fusogenicity was severely

impaired by introduction of P812S. The mutation also introduced significant perturbations to the FP

region and protomer-protomer packing. On the other hand, P812S conferred evasion of a

neutralising monoclonal antibody targeting the fusion peptide, consistent with significant structural

rearrangements in the FP region. As the S2 subunit and FP region are strong candidates for pan-

sarbecoviruses broadly neutralising antibody (bnAb) therapy and vaccines,[29,37,38,51] our work shines

light on potential functional deficits associated with immune escape mutations.

Finally, P812S bearing viruses showed evasion of polyclonal neutralising antibodies in sera from

vaccinated individuals at 32°C (simulating upper respiratory tract) and to a lesser extent at 37°C. We

propose that the selection of P812S in the upper airway compartment is an immune evasion

adaptation that came at the cost of cell-cell fusion and entry efficiency in some cells overexpressing

ACE2/TMPRSS2, possibly mediated through impaired S1/2 cleavage in P812S-bearing spikes.

Interestingly, this URT adaptation occurred on the background of within-host evolution suggestive of

adaptation to the LRT based on mutational spectra analysis. Thus, it is plausible that the LRT

population migrated to the URT given the intense inflammation in the lower airway in the present

case. Although we were unable to separate URT and LRT isolates in mutational spectra due to the

similarity of sequences at the consensus level from our patient, comparison of patient sequences

and global sequences of pre-Omicron and Omicron lineages is suggestive of progression from lower

to upper airway. Our work demonstrates the importance of studying compartmentalisation of viral

populations, especially in persistent infection. Monitoring these mutations that have epistatic

effects could potentially assist in prediction of mutations in future circulating strains. The driving

force for mutations in the immunocompromised host is significantly different and allows for unique

combinations, especially given suboptimal antibody-driven selection pressure.

It is interesting and notable that a single mutation can have multiple unexpected phenotypic

impacts. These observations provide clues as to the events leading to the emergence of the highly

successful Omicron variant, highlighting the role of allosteric impacts of immune escape mutations –

for example on cleavage sites - and the importance of mutational context. Indeed, the dogma that

viruses become less pathogenic over time is widely quoted, and yet the evidence for this is weak. If

syncytia formation indeed is a correlate of disease severity, our data provide one route as to how

such a process might occur for SARS-CoV-2, although ultimately the 'holy grail' is a step by step

understanding of how the Omicron variant selected individual mutations.

Limitations of the study

Our study was based on lentiviruses pseudotyped with different SARS-CoV-2 spikes. Although

consistency has been observed between pseudotyped virus system and the live-virus system for the

study of virus entry,[42,52] there may still be potential effectors only present in the live-virus system.[2]

Confirmation of our finding in a live-virus system would be desirable.

Acknowledgement

This work was funded by a Wellcome Senior Fellowship to RKG (WT108082AIA). This research was

supported by the NIHR Cambridge Biomedical Research Centre (NIHR203312). A-KR and CJ are

funded by a Wellcome Investigator award to CJ (223065). LT is thankful to the funding support from

the DBT/Wellcome Trust India Alliance (IA/21/2/505925). The views expressed are those of the

authors and not necessarily those of the NIHR or the Department of Health and Social Care. We

thank the valuable discussion with Dr Maximillian Muenchhoff on SARS-CoV-2 HLA and CD8 T cell

epitope evasion analysis. We also thank Dr Filippo Bianchini, Ms Jasmine Chantal Cantergiani, and Dr

Davide F. Robianni for sending samples and expression plasmids of fp.006 and fp.007 antibodies.

Author Contributions

Conceptualization, M.T.K.C. and R.K.G.;

Methodology, M.T.K.C., D.M.,C.R.,B.M. M.A;

Investigation, M.T.K.C., A.M., D.M., C.R., B.L.S., K.K., R.B.M., M.A., K.C. and A-K.R.

Writing – Original Draft, M.T.K.C.;

Writing – Review & Editing, M.T.K.C, M.A, D.M., C.R., R.K.G. A-K.R. and C.J.

Funding Acquisition, R.K.G;

Resources, R.K.G;

Supervision, B.M., S.A.K., R.K.G., C.J.

Declaration of interests

401   The authors declare no competing interests.

Methods

Clinical-sample collection and sequencing

Sequencing of SARS-CoV-2 viral DNA extracted from serial samples from the LRT (sputum and

endotracheal aspirate), and URT (throat and nasal swab) was described previously in Kemp et al.[14] In

short, nucleic acid extraction was done from 500 µL sample using the easyMAG platform

(Biomerieux). Sequencing amplicons were prepared with the ARTICnetwork v.3 protocol and diluted

to 2 ng µl⁻¹ and 25 µl (50 ng) were used as input for each library preparation reaction, before

sequencing using the Illumina MiSeq platform.

Sera from recovered patients in the COVIDx study were used for testing of neutralization activity by

SARS-CoV-2 mutants.

413   Sequence data processing and analysis

Illumina sequencing data from Kemp et al. was re-analysed.[14] Bam files were downloaded from

Kemp et al. (BioProject PRJNA682013), mapped to Wuhan-Hu-1 (NC_045512.2) by minimap v2.28

(arguments -ax sr),[53] sorted and indexed by samtools v1.20,[54] and variants were called by BCFtools

v1.18 functions mpileup (minimum base quality q30), and call (arguments --multiallelic-caller --

variants-only).[55] Mutations identified by BCFtools were filtered by a minimum depth cutoff of 20x

before annotations by snpEff v5.2 using the publicly available NC_045512.2 database.[56]

420   Genetic diversity and viral load analysis

421   The genetic diversity of each sample was estimated using Shannon Entropy based on the frequency

422   of each iSNV, assuming that all iSNVs are independent from each other.

$$H = -\sum_{i}^{n} P(i) \log_e P(i)$$

423   Where *P(i)* is the iSNV percentage frequency at gene loci *i*.

424   Shannon Entropy of NT samples collected prior to day 93, NT samples collected on day 93 and after,

425   and ETA samples collected on day 93 and after were compared using student's t-test. For Ct values,

426   Welch's t-test was performed.

427   Phylogenetic analysis and lineage assignment

Excluding duplicates, and low coverage sequences, we searched GISAID for all complete coverage

SARS-CoV-2 sequences with the Spike_P812S substitution on the 7th April 2024. All sequence

encoding Spike-S812 were aligned to MN908947.3 by mafft (v7.525, --6merpair --keeplength --

addfragments), and then were assigned lineages using Pangolin (V4.3).[57] The major lineages were

grouped by Scorpio (V0.3.19). We stratified the sequences based on their major lineage designations

and then performed stratified random sampling with proportional allocation to major lineages to

obtain a subset of 250 P812S-containing sequences using the R package Rsample v1.2.1.

We constructed a maximum-likelihood tree from patient X1 and the 250 sequence sample using IQ-

Tree v2.2.5 employing the GTR+F+I model of nucleotide substitution (model with the lowest

Bayesian Information Criterion identified by IQ-Tree ModelFinder) with clustering support assessed

by 1000 rounds of ultrafast bootstrapping.[58]

Signals of natural selection in the SARS-CoV-2 S-gene

Mutational sites found in the patient, the Alpha variant, and the Delta variant, together with sites of

neutralisation escape mutations were chosen for natural selection analysis using the internal-branch

fixed effects (IEFL) method implemented in HYPHY.[59] All globally sampled near-full length SARS-CoV-

2 sequences are sampled between December 2019 and March 2022 were binned in three-monthly

intervals (labelled according to the last month of sampling within a bin) and analysed separately

within the context of the entire Spike open reading frame: an analysis setup needed for both

phylogenetic context and for informing the nucleotide and codon substitution models upon which

the IEFL method relies. Only codon substitutions mapped to internal phylogenetic tree branches

were considered in these analyses since mutations mapping to terminal branches would have likely

experienced insufficient durations of selection to yield meaningful evolutionary information. The

approximate dominant-variant era during the COVID-19 pandemic where indicated based on results

from Amodio and colleagues.[60]

Structure Analysis

Coordinates for the SARS-CoV-2 Spike trimer complex with two RBD down and one RBD up was from

PDB: 6XM4-Chain A to C, and domains definition from multiple references were used.[29,61–63] Graphics

describing the structures were made in UCSF Chimera X V1.8.[64]

Mutational Spectrum analysis

We calculated the mutational spectrum of mutations within each patient sample using the mutation

files generated above. The korimuto pipeline within MutTui v2.0.2[65] was run on each sample

independently using NC_045512.2 as the reference genome. The proportion of G>T mutations

within each sample was calculated as the number of G>T mutations divided by the total number of

mutations.

Generation of P812S Spike mutants

Amino acid substitutions were introduced into a codon-optimised pCDNA3.1_SARS-CoV-2 WT,

Δ69/70, Delta **(B.1.617.2, EPI_ISL_2378732)**, and Omicron **(EPI_ISL_7418017)** Spike Plasmid as

previously described,[2,14,31] using the QuikChange Lightning Site-Directed mutagenesis kit, as per

manufacturer's protocol (Agilent Technologies).

Molecular dynamics simulations

The spike protein in '1-RBD-up' state in complex with ACE-2 was considered for molecular dynamics

simulation. The D614G spike was considered as the wild type (WT) protein. Along with D614 spike,

three different mutant systems were prepared – i) WT+ P812S, ii) WT+D796H+del 69/70 and iii)

WT+D796H+del 69/70+P812S. The spike protein was glycosylated as given in Casalino et al., 2020.

The systems were solvated with TIP3P water and further neutralized with the counter ions. All the

simulations were carried out with Gromacs version 2021.3 incorporating the CHARMM36 all-atom

force field (Abraham et al., 2015). A grid spacing of 0.16 nm was used along with the fourth-order

cubic interpolation for Particle Mesh Ewald (PME) summation. The van der Waals cut-off was set to

1.2 nm. The systems were initially subjected to energy minimization with steepest descent method.

Temperature and pressure were maintained at 310 K and 1 bar using V-rescale thermostat and

Parrinello-Rahman barostat, respectively. The numerical integration of equation of motion was

computed every 2 fs and the coordinates of the system were saved 100 ps. Each system was

simulated for 1 μs. The structures were visualized and rendered with PyMOL (Schrödinger, LLC,

2015). All basic distance and RMSD/RMSF calculations were performed in Python with MDAnalysis

library.

Computing backbone rotamer shift with respect to WT

To track the residues that has changed their backbone dihedral conformations, we computed a

comparative metric called rotamer shift. We discretized the observed backbone dihedral angle into

cis and *trans* states as given in Singh et al., 2017. We quantify the rotamer shift for the residue

R_i with the following equation.

$$Rotamer\ Shift_{R_i\ WT\ vs\ MUT} = \frac{\sum_{r=0}^{N=n(r)} |f(r)_{WT} - f(r)_{MUT}|}{N}$$

The r denotes the rotamer state of the dihedral. For backbone dihedrals, the rotamer states include

Cis and Trans. Thus, N is the total number of rotamers for a dihedral. Each of the rotamer fractions

f(r) (fraction of a rotamer r of a residue throughout the trajectory) is computed for WT and the

mutant and subtracted. The rotamer shift is then defined as the average of absolute value of these

differences in the rotamer fractions. The resulting shift varies from 0 (no changes in rotamer

fractions) to 1 (complete change in rotamer fractions). We computed rotamer shift in ψ and ϕ

angles for each residue. The maximum of two was finally considered to represent the dihedral

change occurred at a residue. The dihedral angles were calculated with the gromacs command *gmx*

rama. The rotamer assignment and the shift calculations were performed with the in-house Python

script.

Pseudovirus preparation

Pseudovirus were prepared by transfecting HEK293Tv cells with 1µg of p8.91 HIV-1 gag-pol

expression vector, 1.5 µg of pCSFLW, and 1µg of plasmid expressing the respective spike protein

using a 3:1 ratio of Fugene HD transfection agent (Promega).[41,66] After 48 hours of incubation at 10%

CO_2, 37°C, viral supernatant was collected and filtered through a .45 µm filter and stored at -80°C

until further use. The 50% tissue-culture infectious dose ($TCID_{50}$) of SARS-CoV-2 pseudovirus was

determined using the Steady-Glo Luciferase assay system (Promega).

For GBP5 sensitivity assays, pseudoviruses were prepared as described previously.[36] In brief,

HEK293T cells were transfected the indicated spike plasmids, p.8.91 and pCSLW in the presence of

40ng GBP5 vector[34,35] or a corresponding empty vector control using Fugene6 (Promega). After 48-

72h, culture supernatants were collected and 0.45 µm filtered.

Standardization of Virus Input by reverse transcriptase activity using SYBR Green-Based Product

Enhanced RT-PCR Assay (SG-PERT)

The reverse transcriptase activity of pseudovirus preparations was determined by quantitative

polymerase chain reaction (qPCR) using a SYBR green-based product-enhanced PCR assay (SG-PERT)

as previously described.[67] Briefly, undiluted supernatants were lysed in a 1:1 ratio in a 2x lysis

solution (40% glycerol v/v, 0.25% Trition X-100 v/v, 50 mM KCl, Ribolock RNase inhibitor 0.8 U/mL,

TrisHCl 100mM, buffered to pH 7.4) for 10 minutes at room temperature.

Western blot analysis

For virus pellets, the filtered viral supernatant was centrifuged at 15,000 rpm for 120 min to pellet

virions. For cell lysates, transfected HEK293Tv cells were resuspended in PBS, before centrifugation

at 1500 rpm for 5 minutes. The cell pellet was then lysed in 400 µL cell lysis buffer (Cell Signaling

Technology Cat#9803) and sonicated for 1 minute.

All samples are further lysed and reduced in Laemmli reducing buffer (1M Tris-HCl (pH6.8), SDS,

100% glycerol, β-mercaptoethanol and bromophenol blue). This was followed by electrophoresis on

SDS 4-12% Bis-Tris protein gels (Thermo Fisher Scientific) under reducing conditions. Proteins on the

gel are transferred by electroblotting onto polyvinylidene difluoride (PVDF) membranes. The SARS-

CoV-2 spike proteins and pseudotype virus capsid were visualized using a ChemiDoc MP imaging
system (Biorad) or Odyssey Cxl Infrared Imager (Licor) using a rabbit anti-Spike polyclonal (Thermo
Fisher Scientific, Cat# PA1-41165, RRID:AB_1087210, LOT:WE3286564, 1 in 4000), mouse anti-p24
monoclonal (BEI Resources; NIAID Cat# ARP-3537, RRID:AB_3086785, 1 in 3000), mouse anti-Spike
monoclonal (GeneTex 1A9, 1:1000), mouse anti-HA-tag (Biolegend, 16B12 1:2000), rabbit anti-p24
(CFAR ARP432, 1:2000) and mouse anti-alpha-tubulin (Sigma DM1A, 1:1000).

Chemiluminescence was detected using Bio-Rad Clarity Western ECL Substrate (Cat#1705061), or
Cytiva Amersham ECL Prime (Cat#RPN2232), and the band intensity is quantified using Fiji Software
(ImageJ v.153k).

538 EC50 of entry inhibitors in A549-ACE2-TMPRSS2 cells with PV

A549-ACE2/TMPRSS2 (A549-A2T2) cells were treated with either E64d (Tocris) or camostat (Sigma-
Aldrich) for 2 h at each drug concentration before the addition of a comparable amount of input
pseudotyped viruses (approximately 500,000 RLU). The cells were then left for 48 h before addition
of lysis buffer + luciferase substrate (Promega) and read on a Glomax plate reader (Promega).
Normalisation was performed using an inhouse script, and EC_{50} values were calculated using a
nonlinear regression model of inhibitor dilution vs. normalized response with a variable slope in
GraphPad Prism 10.

546 Vaccinee serum and monoclonal antibody pseudotype virus (PV) neutralization assay

Previous work have shown that IC_{50} obtained from spike pseudotype assays quantitatively correlate
with neutralisation activity measured using an authentic SARS-CoV-2 neutralization assay.[52]

Virus neutralisation assays were conducted on HeLa cells stably expressing ACE2 (HeLa-A2) using
SARS-CoV-2 spike pseudotyped virus expressing firefly luciferase as previously described.[14]

Sera were first heat-inactivated at 55°C for an hour. Serial dilutions of sera or purified monoclonal
antibodies are then incubated with pseudotyped virus for 1h at 37°C. Freshly trypsinized and
quenched HEK293T-A2T2 or HeLa-A2 cells were subsequently added to each well. After 48h
incubation at 37°C and 5% CO_2, luminescence was measured using a Bright-Glo luciferase assay
system (Promega) and neutralisation was calculated relative to cell-only and cell-and-virus-only
controls. Normalisation was performed using an inhouse script, and IC_{50} values were calculated using
a nonlinear regression model of inhibitor dilution vs. normalized response with a variable slope in
GraphPad Prism 10.

Table

Table 1: Lineage of P812S-containing sequences on GISAID

scorpio_call	Aggregate Group	frequency	percentage
Alpha (B.1.1.7-like)	Alpha (B.1.1.7-like)	1818	14.68%
B.1.1.7-like+E484K	Alpha (B.1.1.7-like)	1	0.01%
Delta (AY.4-like)	Delta (AY.4-like)	2903	23.45%
Delta (AY.4.2-like)	Delta (AY.4-like)	21	0.17%
Delta (B.1.617.2-like)	Delta (B.1.617.2-like)	2820	22.78%
Omicron (BA.1-like)	Omicron (BA.1-like)	610	4.93%
Omicron (BA.2-like)	Omicron (BA.2-like)	602	4.86%
Omicron (BA.5-like)	Omicron (BA.4/5-like)	1127	9.10%
Omicron (BA.4-like)	Omicron (BA.4/5-like)	54	0.44%
Omicron (XBB.1-like)	Omicron (XBB.x-like)	210	1.70%
Omicron (XBB.1.5-like)	Omicron (XBB.x-like)	162	1.31%
Omicron (XBB-like)	Omicron (XBB.x-like)	109	0.88%
Omicron (XBB.1.16-like)	Omicron (XBB.x-like)	26	0.21%
Gamma (P.1-like)	Other	167	1.35%
A.23.1-like	Other	61	0.49%
Iota (B.1.526-like)	Other	20	0.16%
Epsilon (B.1.429-like)	Other	18	0.15%
Beta (B.1.351-like)	Other	16	0.13%
Epsilon (B.1.427-like)	Other	7	0.06%
Mu (B.1.621-like)	Other	7	0.06%
Lambda (C.37-like)	Other	6	0.05%
B.1.617.1-like	Other	4	0.03%
Eta (B.1.525-like)	Other	1	0.01%

Theta (P.3-like)	Other	1	0.01%
Zeta (P.2-like)	Other	1	0.01%
Unassigned	Unassigned	1590	12.84%
Probable Omicron (Unassigned)	Unassigned	10	0.08%
Omicron (Unassigned)	Unassigned	8	0.06%
	Total	12380	

564   All SARS-CoV-2 isolates bearing P812S as of 7th April 2024, aggregated by Scorpio assigned lineage.

566   **Table 2 – half maximal effective concentration (EC50) of camostat and E64d**

	EC50 (µM)	
Spike presented on pseudotyped Virus	**camostat**	**E64d**
WT	16.85	1.99
WT+P812S	23.58	3.24
Δ69/70+D796H	17.69	1.79
Δ69/70+D796H+P812S	23.76	4.50
Delta	19.45	2.11
Delta + P812S	23.59	3.87

569   **Table 3 – Geometric mean half-maximal neutralising titre (GMT) of AZD1222 one month post**

570   **second dose vaccinee sera of P812S mutants**

	GMT	
Spike presented on pseudotyped Virus	**32 °C**	**37°C**
WT	N/A	339.3
WT+P812S	N/A	347.1
Δ69/70+D796H	603.2	293.2
Δ69/70+D796H+P812S	179.8	221.7
Delta	429.8	199.9
Delta + P812S	116.1	132.3

571   Geometric mean half-maximal neutralising titre (GMT) of AZD1222 vaccinee sera (one month after

572   two doses) at 32°C and 37°C against WT, WT+P812S, Δ69/70+D796H, Δ69/70+D796H+P812S, Delta,

573   and Detla+P812S.

577   **Table 4 – half-maximal inhibitory concentration (IC50) of SARS-CoV-2 Spike targeting monoclonal**

578   **antibodies**

Spike presented on pseudotyped Virus	IC50 (ng/mL)			
	Sotrovimab (32°C)	**Sotrovimab (37°C)**	**fp.006**	**fp.007**
WT	NA	46.8	1173	953
WT+P812S	NA	31.03	960	170.8
Δ69/70+D796H	37.30	45.38	127.8	218.3
Δ69/70+D796H+P812S	14.79	55.04	1135	288.4
Delta	8.60	45.09	18286	17195
Delta + P812S	9.71	79.56	8545	5818

IC50 of Sotrovimab fp.006, fp.007 against WT, WT+P812S, Δ69/70+D796H, Δ69/70+D796H+P812S,

Delta, and Detla+P812S.

Citations

1.   Willett, B.J., Grove, J., MacLean, O.A., Wilkie, C., De Lorenzo, G., Furnon, W., Cantoni, D.,
Scott, S., Logan, N., Ashraf, S., et al. (2022). SARS-CoV-2 Omicron is an immune escape variant with
an altered cell entry pathway. Nat Microbiol 7, 1161–1179. https://doi.org/10.1038/s41564-022-
01143-7.

2.   Meng, B., Abdullahi, A., Ferreira, I.A.T.M., Goonawardane, N., Saito, A., Kimura, I.,
Yamasoba, D., Gerber, P.P., Fatihi, S., Rathore, S., et al. (2022). Altered TMPRSS2 usage by SARS-CoV-
2 Omicron impacts infectivity and fusogenicity. Nature 603, 706–714.
https://doi.org/10.1038/s41586-022-04474-x.

3.   Tamura, T., Ito, J., Uriu, K., Zahradnik, J., Kida, I., Anraku, Y., Nasser, H., Shofa, M., Oda, Y.,
Lytras, S., et al. (2023). Virological characteristics of the SARS-CoV-2 XBB variant derived from
recombination of two Omicron subvariants. Nat Commun 14, 2800. https://doi.org/10.1038/s41467-
023-38435-3.

4.   El Moussaoui, M., Bontems, S., Meex, C., Hayette, M.-P., Lejeune, M., Hong, S.L., Dellicour,
S., Moutschen, M., Cambisano, N., Renotte, N., et al. (2024). Intrahost evolution leading to distinct
lineages in the upper and lower respiratory tracts during SARS-CoV-2 prolonged infection. Preprint,
https://doi.org/10.1101/2024.03.03.24303157 https://doi.org/10.1101/2024.03.03.24303157.

5.   Wang, Y., Wang, D., Zhang, L., Sun, W., Zhang, Z., Chen, W., Zhu, A., Huang, Y., Xiao, F., Yao,
J., et al. (2021). Intra-host variation and evolutionary dynamics of SARS-CoV-2 populations in COVID-
19 patients. Genome Medicine 13, 30. https://doi.org/10.1186/s13073-021-00847-5.

6.   Van Cleemput, J., van Snippenberg, W., Lambrechts, L., Dendooven, A., D'Onofrio, V., Couck,
L., Trypsteen, W., Vanrusselt, J., Theuns, S., Vereecke, N., et al. (2021). Organ-specific genome
diversity of replication-competent SARS-CoV-2. Nature Communications 12, 6612.
https://doi.org/10.1038/s41467-021-26884-7.

7.   Buckland, M.S., Galloway, J.B., Fhogartaigh, C.N., Meredith, L., Provine, N.M., Bloor, S.,
Ogbe, A., Zelek, W.M., Smielewska, A., Yakovleva, A., et al. (2020). Treatment of COVID-19 with
remdesivir in the absence of humoral immunity: a case report. Nature Communications 11, 6385.
https://doi.org/10.1038/s41467-020-19761-2.

8.   Voloch, C.M., da Silva Francisco Jr, R., de Almeida, L.G.P., Brustolini, O.J., Cardoso, C.C.,
Gerber, A.L., Guimarães, A.P. de C., Leitão, I. de C., Mariani, D., Ota, V.A., et al. (2021). Intra-host
evolution during SARS-CoV-2 prolonged infection. Virus Evolution 7, veab078.
https://doi.org/10.1093/ve/veab078.

9.   Al Khatib, H.A., Benslimane, F.M., Elbashir, I.E., Coyle, P., Al Maslamani, M., Al-Khal, A., Al
Thani, A.A., and Yassine, H.M. (2020). Within-Host Diversity of SARS-CoV-2 in COVID-19 Patients
With Variable Disease Severities. Frontiers in cellular and infection microbiology 10, 575613.
https://doi.org/10.3389/fcimb.2020.575613.

10.   Rueca, M., Bartolini, B., Gruber, C.E., Piralla, A., Baldanti, F., Giombini, E., Messina, F.,
Marchioni, L., Ippolito, G., Di Caro, A., et al. (2020). Compartmentalized Replication of SARS-Cov-2 in
Upper vs. Lower Respiratory Tract Assessed by Whole Genome Quasispecies Analysis.
Microorganisms 8. https://doi.org/10.3390/microorganisms8091302.

11.　　　Ruis, C., Peacock, T.P., Polo, L.M., Masone, D., Alvarez, M.S., Hinrichs, A.S., Turakhia, Y.,
Cheng, Y., McBroome, J., Corbett-Detig, R., et al. (2023). A lung-specific mutational signature enables
inference of viral and bacterial respiratory niche. Microbial Genomics 9.
https://doi.org/10.1099/mgen.0.001018.

12.　　　Wolter, N., Jassat, W., Walaza, S., Welch, R., Moultrie, H., Groome, M., Amoako, D.G.,
Everatt, J., Bhiman, J.N., Scheepers, C., et al. (2022). Early assessment of the clinical severity of the
SARS-CoV-2 omicron variant in South Africa: a data linkage study. The Lancet 399, 437–446.
https://doi.org/10.1016/S0140-6736(22)00017-4.

13.　　　Dufloo, J., and Sanjuán, R. (2024). Temperature impacts SARS-CoV-2 spike fusogenicity and
evolution. mBio 15, e03360-23. https://doi.org/10.1128/mbio.03360-23.

14.　　　Kemp, S.A., Collier, D.A., Datir, R.P., Ferreira, I.A.T.M., Gayed, S., Jahun, A., Hosmillo, M.,
Rees-Spear, C., Mlcochova, P., Lumb, I.U., et al. (2021). SARS-CoV-2 evolution during treatment of
chronic infection. Nature 592, 277–282. https://doi.org/10.1038/s41586-021-03291-y.

15.　　　Harari, S., Tahor, M., Rutsinsky, N., Meijer, S., Miller, D., Henig, O., Halutz, O., Levytskyi, K.,
Ben-Ami, R., Adler, A., et al. (2022). Drivers of adaptive evolution during chronic SARS-CoV-2
infections. Nature medicine 28, 1501–1508. https://doi.org/10.1038/s41591-022-01882-4.

16.　　　Weigang, S., Fuchs, J., Zimmer, G., Schnepf, D., Kern, L., Beer, J., Luxenburger, H., Ankerhold,
J., Falcone, V., Kemming, J., et al. (2021). Within-host evolution of SARS-CoV-2 in an
immunosuppressed COVID-19 patient as a source of immune escape variants. Nature
Communications 12, 6405–6405. https://doi.org/10.1038/s41467-021-26602-3.

17.　　　Choi, B., Choudhary, M.C., Regan, J., Sparks, J.A., Padera, R.F., Qiu, X., Solomon, I.H., Kuo,
H.H., Boucau, J., Bowman, K., et al. (2020). Persistence and Evolution of SARS-CoV-2 in an
Immunocompromised Host. The New England journal of medicine 383, 2291–2293.
https://doi.org/10.1056/nejmc2031364.

18.　　　Tartof, S.Y., Slezak, J.M., Puzniak, L., Hong, V., Xie, F., Ackerson, B.K., Valluri, S.R., Jodar, L.,
and McLaughlin, J.M. (2022). Immunocompromise and durability of BNT162b2 vaccine against
severe outcomes due to omicron and delta variants. The Lancet Respiratory Medicine 10, e61–e62.
https://doi.org/10.1016/S2213-2600(22)00170-9.

19.　　　Tartof, S.Y., Slezak, J.M., Puzniak, L., Hong, V., Frankland, T.B., Ackerson, B.K., Takhar, H.S.,
Ogun, O.A., Simmons, S.R., Zamparo, J.M., et al. (2022). Effectiveness of a third dose of BNT162b2
mRNA COVID-19 vaccine in a large US health system: A retrospective cohort study. The Lancet
Regional Health - Americas 9, 100198. https://doi.org/10.1016/j.lana.2022.100198.

20.　　　Ainsley Ryan Yan Bin Lee, Shi Yin Wong, Louis Yi Ann Chai, Soo Chin Lee, Matilda Xinwei Lee,
Mark Dhinesh Muthiah, Sen Hee Tay, Chong Boon Teo, Benjamin Kye Jyn Tan, Yiong Huak Chan, et al.
(2022). Efficacy of covid-19 vaccines in immunocompromised patients: systematic review and meta-
analysis. BMJ 376, e068632. https://doi.org/10.1136/bmj-2021-068632.

21.　　　Fibke, C.D., Joffres, Y., Tyson, J.R., Colijn, C., Janjua, N.Z., Fjell, C., Prystajecky, N., Jassem, A.,
and Sbihi, H. (2022). Spike Mutation Profiles Associated With SARS-CoV-2 Breakthrough Infections in
Delta Emerging and Predominant Time Periods in British Columbia, Canada. Frontiers in public health
10, 915363. https://doi.org/10.3389/fpubh.2022.915363.

22.　　　Bussani, R., Schneider, E., Zentilin, L., Collesi, C., Ali, H., Braga, L., Volpe, M.C., Colliva, A.,
Zanconati, F., Berlot, G., et al. (2020). Persistence of viral RNA, pneumocyte syncytia and thrombosis

are hallmarks of advanced COVID-19 pathology. EBioMedicine *61*, 103104.
https://doi.org/10.1016/j.ebiom.2020.103104.

23.   Braga, L., Ali, H., Secco, I., Chiavacci, E., Neves, G., Goldhill, D., Penn, R., Jimenez-Guardeño,
J.M., Ortega-Prieto, A.M., Bussani, R., et al. (2021). Drugs that inhibit TMEM16 proteins block SARS-
CoV-2 spike-induced syncytia. Nature *594*, 88–93. https://doi.org/10.1038/s41586-021-03491-6.

24.   Gangavarapu, K., Latif, A.A., Mullen, J.L., Alkuzweny, M., Hufbauer, E., Tsueng, G., Haag, E.,
Zeller, M., Aceves, C.M., Zaiets, K., et al. (2022). Outbreak.info genomic reports: scalable and
dynamic surveillance of SARS-CoV-2 variants and mutations. medRxiv, 2022.01.27.22269965.
https://doi.org/10.1101/2022.01.27.22269965.

25.   Shruti Khare, C.G. (2021). GISAID's Role in Pandemic Response. China CDC Weekly *3*, 1049.
https://doi.org/10.46234/ccdcw2021.255.

26.   Karthik Gangavarapu, A.A.L. (2023). S:P812S Mutation Report Outbreak.info.

27.   Benton, D.J., Wrobel, A.G., Xu, P., Roustan, C., Martin, S.R., Rosenthal, P.B., Skehel, J.J., and
Gamblin, S.J. (2020). Receptor binding and priming of the spike protein of SARS-CoV-2 for membrane
fusion. Nature *588*, 327–330. https://doi.org/10.1038/s41586-020-2772-0.

28.   Hoffmann, M., Kleine-Weber, H., Schroeder, S., Krüger, N., Herrler, T., Erichsen, S.,
Schiergens, T.S., Herrler, G., Wu, N.-H., Nitsche, A., et al. (2020). SARS-CoV-2 Cell Entry Depends on
ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor. Cell *181*, 271-280.e8.
https://doi.org/10.1016/j.cell.2020.02.052.

29.   Bianchini, F., Crivelli, V., Abernathy, M.E., Guerra, C., Palus, M., Muri, J., Marcotte, H., Piralla,
A., Pedotti, M., De Gasparo, R., et al. Human neutralizing antibodies to cold linear epitopes and
subdomain 1 of the SARS-CoV-2 spike glycoprotein. Science Immunology *0*, eade0958.
https://doi.org/10.1126/sciimmunol.ade0958.

30.   Kemp, S.A., Cheng, M.T.K., Hamilton, W.L., Kamelian, K., Chauhan, H., Dikid, T., Gogia, H.,
Lall, H., Ponnusamy, K., Verma, K., et al. (2022). Transmission of B.1.617.2 Delta variant between
vaccinated healthcare workers. Scientific reports *12*, 10492. https://doi.org/10.1038/s41598-022-
14411-7.

31.   Mlcochova, P., Kemp, S.A., Dhar, M.S., Papa, G., Meng, B., Ferreira, I.A.T.M., Datir, R., Collier,
D.A., Albecka, A., Singh, S., et al. (2021). SARS-CoV-2 B.1.617.2 Delta variant replication and immune
evasion. Nature *599*, 114–119. https://doi.org/10.1038/s41586-021-03944-y.

32.   Meng, B., Kemp, S.A., Papa, G., Datir, R., Ferreira, I.A.T.M., Marelli, S., Harvey, W.T., Lytras,
S., Mohamed, A., Gallo, G., et al. (2021). Recurrent emergence of SARS-CoV-2 spike deletion
H69/V70 and its role in the Alpha variant B.1.1.7. Cell Reports *35*.
https://doi.org/10.1016/j.celrep.2021.109292.

33.   Hui, K.P.Y., Ng, K.-C., Ho, J.C.W., Yeung, H.-W., Ching, R.H.H., Gu, H., Chung, J.C.K., Chow,
V.L.Y., Sit, K.-Y., Hsin, M.K.Y., et al. (2022). Replication of SARS-CoV-2 Omicron BA.2 variant in ex vivo
cultures of the human upper and lower respiratory tract. eBioMedicine *83*, 104232.
https://doi.org/10.1016/j.ebiom.2022.104232.

34.   Krapp, C., Hotter, D., Gawanbacht, A., McLaren, P.J., Kluge, S.F., Stürzel, C.M., Mack, K.,
Reith, E., Engelhart, S., Ciuffi, A., et al. (2016). Guanylate Binding Protein (GBP) 5 Is an Interferon-

Inducible Inhibitor of HIV-1 Infectivity. Cell Host Microbe *19*, 504–514.
https://doi.org/10.1016/j.chom.2016.02.019.

35.   Braun, E., Hotter, D., Koepke, L., Zech, F., Groß, R., Sparrer, K.M.J., Müller, J.A., Pfaller, C.K.,
Heusinger, E., Wombacher, R., et al. (2019). Guanylate-Binding Proteins 2 and 5 Exert Broad Antiviral
Activity by Inhibiting Furin-Mediated Processing of Viral Envelope Proteins. Cell Rep *27*, 2092-
2104.e10. https://doi.org/10.1016/j.celrep.2019.04.063.

36.   Mesner, D., Reuschl, A.-K., Whelan, M.V.X., Bronzovich, T., Haider, T., Thorne, L.G., Ragazzini,
R., Bonfanti, P., Towers, G.J., and Jolly, C. (2023). SARS-CoV-2 evolution influences GBP and IFITM
sensitivity. Proc Natl Acad Sci U S A *120*, e2212577120. https://doi.org/10.1073/pnas.2212577120.

37.   Dacon, C., Tucker, C., Peng, L., Lee, C.-C.D., Lin, T.-H., Yuan, M., Cong, Y., Wang, L., Purser, L.,
Williams, J.K., et al. (2022). Broadly neutralizing antibodies target the coronavirus fusion peptide.
Science *377*, 728–735. https://doi.org/10.1126/science.abq3773.

38.   Low, J.S., Jerak, J., Tortorici, M.A., McCallum, M., Pinto, D., Cassotta, A., Foglierini, M., Mele,
F., Abdelnabi, R., Weynand, B., et al. (2022). ACE2-binding exposes the SARS-CoV-2 fusion peptide to
broadly neutralizing coronavirus antibodies. Science *377*, 735–742.
https://doi.org/10.1126/science.abq2679.

39.   Chen, Y., Zhao, X., Zhou, H., Zhu, H., Jiang, S., and Wang, P. (2023). Broadly neutralizing
antibodies to SARS-CoV-2 and other human coronaviruses. Nature Reviews Immunology *23*, 189–
199. https://doi.org/10.1038/s41577-022-00784-3.

40.   Harvey, W.T., Carabelli, A.M., Jackson, B., Gupta, R.K., Thomson, E.C., Harrison, E.M.,
Ludden, C., Reeve, R., Rambaut, A., COVID-19 Genomics UK (COG-UK) Consortium, et al. (2021).
SARS-CoV-2 variants, spike mutations and immune escape. Nat Rev Microbiol *19*, 409–424.
https://doi.org/10.1038/s41579-021-00573-0.

41.   Naldini, L., Blömer, U., Gage, F.H., Trono, D., and Verma, I.M. (1996). Efficient transfer,
integration, and sustained long-term expression of the transgene in adult rat brains injected with a
lentiviral vector. Proceedings of the National Academy of Sciences *93*, 11382–11388.
https://doi.org/10.1073/pnas.93.21.11382.

42.   Collier, D.A., Ferreira, I.A.T.M., Kotagiri, P., Datir, R.P., Lim, E.Y., Touizer, E., Meng, B.,
Abdullahi, A., Baker, S., Dougan, G., et al. (2021). Age-related immune response heterogeneity to
SARS-CoV-2 vaccine BNT162b2. Nature *596*, 417–422. https://doi.org/10.1038/s41586-021-03739-1.

43.   Collier, D.A., De Marco, A., Ferreira, I.A.T.M., Meng, B., Datir, R.P., Walls, A.C., Kemp, S.A.,
Bassi, J., Pinto, D., Silacci-Fregni, C., et al. (2021). Sensitivity of SARS-CoV-2 B.1.1.7 to mRNA vaccine-
elicited antibodies. Nature *593*, 136–141. https://doi.org/10.1038/s41586-021-03412-7.

44.   Lindemann, J., Leiacker, R., Rettinger, G., and Keck, T. (2002). Nasal mucosal temperature
during respiration. Clin Otolaryngol *27*, 135–139. https://doi.org/10.1046/j.1365-2273.2002.00544.x.

45.   Barnes, C.O., Jette, C.A., Abernathy, M.E., Dam, K.-M.A., Esswein, S.R., Gristick, H.B.,
Malyutin, A.G., Sharaf, N.G., Huey-Tubman, K.E., Lee, Y.E., et al. (2020). SARS-CoV-2 neutralizing
antibody structures inform therapeutic strategies. Nature *588*, 682–687.
https://doi.org/10.1038/s41586-020-2852-1.

46.   Cox, M., Peacock, T.P., Harvey, W.T., Hughes, J., Wright, D.W., Willett, B.J., Thomson, E.,
Gupta, R.K., Peacock, S.J., Robertson, D.L., et al. (2023). SARS-CoV-2 variant evasion of monoclonal

antibodies based on in vitro studies. Nature Reviews Microbiology *21*, 112–124.
https://doi.org/10.1038/s41579-022-00809-7.

47. Meng, B., Datir, R., Choi, J., Bradley, J.R., Smith, K.G.C., Lee, J.H., Gupta, R.K., Baker, S.,
Dougan, G., Hess, C., et al. (2022). SARS-CoV-2 spike N-terminal domain modulates TMPRSS2-
dependent viral entry and fusogenicity. Cell Reports *40*, 111220.
https://doi.org/10.1016/j.celrep.2022.111220.

48. Li, X., Yuan, H., Li, X., and Wang, H. (2023). Spike protein mediated membrane fusion during
SARS-CoV-2 infection. J Med Virol *95*, e28212. https://doi.org/10.1002/jmv.28212.

49. Rajah, M.M., Bernier, A., Buchrieser, J., and Schwartz, O. (2022). The Mechanism and
Consequences of SARS-CoV-2 Spike-Mediated Fusion and Syncytia Formation. J Mol Biol *434*,
167280. https://doi.org/10.1016/j.jmb.2021.167280.

50. Planas, D., Staropoli, I., Michel, V., Lemoine, F., Donati, F., Prot, M., Porrot, F., Guivel-
Benhassine, F., Jeyarajah, B., Brisebarre, A., et al. (2024). Distinct evolution of SARS-CoV-2 Omicron
XBB and BA.2.86/JN.1 lineages combining increased fitness and antibody evasion. Nat Commun *15*,
2254. https://doi.org/10.1038/s41467-024-46490-7.

51. Ng, K.W., Faulkner, N., Finsterbusch, K., Wu, M., Harvey, R., Hussain, S., Greco, M., Liu, Y.,
Kjaer, S., Swanton, C., et al. (2022). SARS-CoV-2 S2–targeted vaccination elicits broadly neutralizing
antibodies. Sci. Transl. Med. *14*, eabn3715. https://doi.org/10.1126/scitranslmed.abn3715.

52. Schmidt, F., Weisblum, Y., Muecksch, F., Hoffmann, H.-H., Michailidis, E., Lorenzi, J.C.C.,
Mendoza, P., Rutkowska, M., Bednarski, E., Gaebler, C., et al. (2020). Measuring SARS-CoV-2
neutralizing antibody activity using pseudotyped and chimeric viruses. J Exp Med *217*, e20201181.
https://doi.org/10.1084/jem.20201181.

53. Li, H. (2018). Minimap2: pairwise alignment for nucleotide sequences. Bioinformatics *34*,
3094–3100. https://doi.org/10.1093/bioinformatics/bty191.

54. Li, H., Handsaker, B., Wysoker, A., Fennell, T., Ruan, J., Homer, N., Marth, G., Abecasis, G.,
and Durbin, R. (2009). The Sequence Alignment/Map format and SAMtools. Bioinformatics *25*, 2078–
2079. https://doi.org/10.1093/bioinformatics/btp352.

55. Danecek, P., Bonfield, J.K., Liddle, J., Marshall, J., Ohan, V., Pollard, M.O., Whitwham, A.,
Keane, T., McCarthy, S.A., Davies, R.M., et al. (2021). Twelve years of SAMtools and BCFtools.
GigaScience *10*, giab008. https://doi.org/10.1093/gigascience/giab008.

56. Cingolani, P., Platts, A., Wang le, L., Coon, M., Nguyen, T., Wang, L., Land, S.J., Lu, X., and
Ruden, D.M. (2012). A program for annotating and predicting the effects of single nucleotide
polymorphisms, SnpEff: SNPs in the genome of Drosophila melanogaster strain w1118; iso-2; iso-3.
Fly (Austin) *6*, 80–92. https://doi.org/10.4161/fly.19695.

57. O'Toole, Á., Scher, E., Underwood, A., Jackson, B., Hill, V., McCrone, J.T., Colquhoun, R., Ruis,
C., Abu-Dahab, K., Taylor, B., et al. (2021). Assignment of epidemiological lineages in an emerging
pandemic using the pangolin tool. Virus Evolution *7*. https://doi.org/10.1093/ve/veab064.

58. Minh, B.Q., Schmidt, H.A., Chernomor, O., Schrempf, D., Woodhams, M.D., von Haeseler, A.,
and Lanfear, R. (2020). IQ-TREE 2: New Models and Efficient Methods for Phylogenetic Inference in
the Genomic Era. Molecular Biology and Evolution *37*, 1530–1534.
https://doi.org/10.1093/molbev/msaa015.

59.   Kosakovsky Pond, S.L., and Frost, S.D. (2005). Not so different after all: a comparison of
methods for detecting amino acid sites under selection. Mol Biol Evol 22, 1208–1222.
https://doi.org/10.1093/molbev/msi105.

60.   Amodio, E., Genovese, D., Fallucca, A., Ferro, P., Sparacia, B., D'Azzo, L., Fertitta, A., Maida,
C.M., and Vitale, F. (2022). Clinical Severity in Different Waves of SARS-CoV-2 Infection in Sicily: A
Model of Smith's "Law of Declining Virulence" from Real-World Data. Viruses 15.
https://doi.org/10.3390/v15010125.

61.   Lan, J., Ge, J., Yu, J., Shan, S., Zhou, H., Fan, S., Zhang, Q., Shi, X., Wang, Q., Zhang, L., et al.
(2020). Structure of the SARS-CoV-2 spike receptor-binding domain bound to the ACE2 receptor.
Nature 581, 215–220. https://doi.org/10.1038/s41586-020-2180-5.

62.   Kadam, S.B., Sukhramani, G.S., Bishnoi, P., Pable, A.A., and Barvkar, V.T. (2021). SARS-CoV-2,
the pandemic coronavirus: Molecular and structural insights. J Basic Microbiol 61, 180–202.
https://doi.org/10.1002/jobm.202000537.

63.   Zhang, J., Xiao, T., Cai, Y., and Chen, B. (2021). Structure of SARS-CoV-2 spike protein. Curr
Opin Virol 50, 173–182. https://doi.org/10.1016/j.coviro.2021.08.010.

64.   Pettersen, E.F., Goddard, T.D., Huang, C.C., Meng, E.C., Couch, G.S., Croll, T.I., Morris, J.H.,
and Ferrin, T.E. (2021). UCSF ChimeraX: Structure visualization for researchers, educators, and
developers. Protein Sci 30, 70–82. https://doi.org/10.1002/pro.3943.

65.   Ruis, C., Tonkin-Hill, G., Floto, R.A., and Parkhill, J. (2023). Calculating and applying pathogen
mutational spectra using MutTui. bioRxiv, 2023.06.15.545111.
https://doi.org/10.1101/2023.06.15.545111.

66.   Gupta, R.K., Kohli, A., McCormick, A.L., Towers, G.J., Pillay, D., and Parry, C.M. (2010). Full-
length HIV-1 Gag determines protease inhibitor susceptibility within in-vitro assays. AIDS 24, 1651–
1655. https://doi.org/10.1097/QAD.0b013e3283398216.

67.   Vermeire, J., Naessens, E., Vanderstraeten, H., Landi, A., Iannucci, V., Van Nuffel, A., Taghon,
T., Pizzato, M., and Verhasselt, B. (2012). Quantification of Reverse Transcriptase Activity by Real-
Time PCR as a Fast and Accurate Method for Titration of HIV, Lenti- and Retroviral Vectors. PloS one
7, e50859. https://doi.org/10.1371/journal.pone.0050859.

Figure 1: Genetic changes over time and across niches during chronic COVID-19. a) The absolute difference in percentage prevalence of mutations in patient X1 plotted against the SARS-CoV-2 genomic map. Nonsynonymous mutations (filled) with >20% difference are annotated. P812S is found on day 101 NT compartment. b) Maximum-likelihood phylogenetic tree of patient X1 with the day of sampling and location (blue=nose and throat swabs, orange= endotracheal aspirate) indicated. Middle panel shows the Spike mutation frequency found in each sample, and right panel the proportion of G to T mutation in each sample. c) Global prevalence data taken from Outbreak.info on 7th April 2024. left: Global prevalence of S:P812S per PANGO lineage. Right: Spike mutations which occurs at greater than 75% in one of Delta (B.1.617.2),AY.4, AY.4.10, B.1463. d) Proportion of G to T mutations (a lower airway mutation signature) in patient between day 1 to 92, day 93 onwardsfrom NT samples, day 93 onwards from ETA samples, and pre-omicron and omicron variants. Day 93 and Day 95 were excluded as they are separated from the main clade. The data for omicron and pre-omicron variants are aggregated data from available sequences of the UShER SARS-CoV-2 phylogenetic tree. Data are plotted with mean and 95% CI.

Figure 2: P812S bearing spikes maintain infectivity in cell lines expressing endogenous levels of ACE2/TMPRSS2 but show impaired S1S2 cleavage and reduced sensitivity to GBP5 a) Structure of SARS-CoV-2 Spike (PDB: 6XM4) where two subunits are in the "RBD down" conformation (gray surfaces) and one subunit is in the "RBD up" conformation (coloured ribbon). Domains are coloured as follows: NTD (light blue), RBD (pink), RBM (magenta), P812 (cyan), Fusion peptide (red), HR1 (yellow), HR2 (green). b) PV entry of WT (Wuhan-Hu-1+D614G), WT+P812S, WT+Δ69/70+796H, WT+Δ69/70+796H+P812S, Delta, Delta+P812S introduced to ACE2-high, TMPRSS2-low 293Tv-A2; Hela-A2; and ACE2-high, TMPRSS2-high A549-AT2, Calu-3 lung cells at 37°C. Data are supplemented by mean ± standard error of n = 3–8 technical replicates. Statistical analysis was performed using unpaired student's t-test. c) Western blot analysis of spike cleavage in producer HEK293Tv cell lysate and isolated pseudovirus. S2 to FL spike ratio were analysed by densitometry (ImageJ), and S2/S2+FL cleavage proportion was calculated for virions and cell lysates. d) GBP sensitivity of Spike-Gag-PVs (produced in the presence or absence of GBP5 on ACE2/TMPRSS2-A549. Top panel shows western blot of transfected producer cell lysates probed with antibodies to S2, HA, p24 and tubulin. Bottiom panel shows PV infectivity (RLU/ RT U) and is representative of two independent experiments with 5-6 measurements each Statistical analysis was performed using one way ANOVA with Bonferroni correction.

Figure 3: P812S confers escape from polyclonal sera from vaccinated individuals and neutralising antibodies against the fusion peptide a, b) Neutralization by second dose adenoviral vector (AZD1222) vaccinee-elicited sera against of WT (Wuhan-Hu-1+D614G), WT+P812S, WT+Δ69/70+796H, WT+Δ69/70+796H+P812S, Delta, Delta+P812S pseudotyped virus. Pseudovirus was co-incubated with sera for one hour at 37°C (a) or 32°C (b). Reciprocal geometric mean titre shown with 95% confidence interval. Statistical analysis was performed using ratio paired t test corrected for multiple comparison using the Holm-Šídák method. ; *P < .05, **P < .001, ***P < .0001. **c**) IC50 of fp.006 (red), and fp.007 (green) incubated with pseudovirus pseudoviruses corresponding to the indicated mutations. Results are representative of 2 technical replicates. d) The log-transformed fold change induced by adding the P812S to each spike backbone is represented in the heatmap.

Figure 4. Presence of P812S imparts instability to the S1/S2 cleavage and fusion peptide regions.
a) The snapshots highlight the background double mutant (D796H+ del 69/70) with (right) and without (left) P812S. The position of mutations is highlighted. b) The average inter-CH distance distributions are plotted for WT and all three mutants. c) ΔRMSF (RMSF$_{WT}$-RMSF$_{MUT}$) is plotted for residues of the FP region. The snapshots highlight the conformational ensemble of FP region seen in the background mutations with and without P812S substitution. d) The average ΔRMSF from the FP region is plotted for all the mutants. e) The snapshots highlight the dynamics of S1/S2 region in WT and three mutations. f) ΔRMSF is plotted for S1/S2 region highlighting all three mutants. g) The average ΔRMSF underlying S1/S2 residues is plotted for all the mutants.

Figure 5: **Cell-cell fusion kinetics of P812S bearing SARS-CoV-2 spike proteins**. Vero-GFP1-10 co-incubated with 293T-GFP11 cells transfected with DNA plasmids encoding SARS-CoV-2 spike proteins bearing a range of mutations. a) Representative images of spike-mediated cell-cell fusion in WT (Wuhan-Hu-1+D614G), WT+P812S, WT+Δ69/70+796H, WT+Δ69/70+796H+P812S, Delta, Delta+P812S at 18 hours post-transfection. Images were captured using the IncuCyte SX5 Live-Cell Analysis System (Sartorius). b) Quantification of spike-mediated cell-cell fusion showing the percentage of GFP+ area to the total cell area at 0-, 6-, 12-, and 18-hours post-transfection. Cell-cell fusion was determined as the proportion of green area to the total phase area and was calculated with the IncuCyte analysis software (Sartorius). Data are mean ± s.e.m. from four fields of views at each time point and are representative of two independent experiments.

Supplementary Figure 1: Viral load and Intra-host evolution dynamics. a) Shannon's entropy (solid line, left y-axis) and Ct value (dotted line, right y-axis) of nose and throat (N+T, blue) and endotracheal aspirate (ETA, yellow) samples, zoomed in and rescaled from day 93 to day 101 (b). CP, convalescent plasma; RDV, Remdesivir. c) proportion of G to T mutation from day 1 to day 101. Day 93 and Day 95 were excluded as they are separated from the main clade. d) Dot plot (with 95% confidence interval) of Shannon's entropy (top) and Ct value (bottom) for NT samples from day 1-92, NT samples from day 93-101, and ETA samples from day 93 to 101. Student's t-test is performed for entropy whilst Welch correction was performed for Ct value in lieu of unequal variance. e) The percentage prevalence in N+T plotted against ETA. Nonsynonymous mutations (filled) with >30% difference are annotated. The grey reference line represents equivalent prevalence between NT and ETA.

Supplementary Figure 2: Breakdown of mutational spectra and viral iSNV dynamics in the nasal and endotracheal compartments.
The G to T proportion of a) globally circulating lineages in chronological order and b) of patient sample broken down by NT and ETA samples across all timepoints. C) Spike mutation frequency in N+T (top), ETA (middle), and absolute percentage difference (bottom) between day 93 and 101.

Supplementary Figure 3: Global Context of P812S containing SARS-CoV-2 global variants. a) The global prevalence of SARS-CoV-2 sequences with the S:P812S mutation in different variants defined by Scorpio as of 7th April 2024. b) Left panel - Maximum Likelihood tree (model: GTR+F+I) of patient X1 and 247 variant-stratified subsampled sequences. Tips are labelled by region. Right panel – Aligned heatmap of Spike mutations of all sequences.

Supplementary Figure 4: Signals of natural selection at a sample of SARS-CoV-2 S-Gene codon sites during the early phases of the COVID-19 pandemic. Evidence of positive (red circles) and negative (blue circles) was detected using the IFEL method using all globally sampled near-full length SARS-CoV-2 sequences in the three months preceding the indicated sampling dates with the sizes of circles indicating the degree of statistical support for the detected selection signals (see key on the right). The approximate era during the COVID-19 pandemic (after Amodio et al) is indicated at the top. The non-variant of concern (VOC) lineages indicated in blue, the Alpha VOC in Red, the Beta VOC in dark orange, the Gamma VOC in green, the Delta VOC in orange and the Omicron VOC in yellow. The approximate location in the Spike protein of amino acids encoded by the various codon sites is indicated on the left: NTD = N-terminal domain; RBD = Receptor binding domain; FP = Fusion peptide; HR1 = Heptad repeat 1; CH = Central helix region, CD = Connector domain; HR2 = Heptad repeat 2.

Supplementary Figure 5: P812S has a detrimental effect on cell entry in additional cell lines across 32°C, 37°C, and 39°C. PV entry of WT (Wuhan-Hu-1+D614G), WT+P812S, WT+Δ69/70+796H, WT+Δ69/70+796H+P812S, Delta, Delta+P812S introduced to cells of varying levels of ACE2 and TMPRSS levels pre-incubated at 32, 37, and 39 degrees. Data are supplemented by mean ± standard error of n = 3–8 replicates. Statistical analysis was performed using unpaired student's t-test with Benjamini-Hochberg correction.

Supplementary Figure 6. The P812S mutant impacts the dynamics at both the S1/S2 and FP/S2' cleavage sites of Spike protein.
a) Snapshot of WT (D614G) and P812S spike trimers in complex with ACE-2. Both 0ns (grey) and 1μs timepoints superimposed on each other. b) The probability density plot of the triangle area formed by the centers of three CH domains is compared between WT and P812S mutant. The snapshot highlights the eagle-eye view of inter-CH orientation in WT (grey) and P812S mutant (dark red). c) The violin plots compare the distribution of RMSD calculated for the entire protomer, NTD, FP and S1/S2 regions respectively. D) The snapshots highlight the ensemble of FP conformations in WT (left) and P812S mutant (right). e) The backbone rotamer shift calculated between WT and P812S is mapped on the individual FP regions of the spike trimer. f) The corresponding rotamer shift values are plotted for FP residues. The values are averaged across three chains.

Supplementary Figure 7: Individual curves of monoclonal antibodies. a) Individual inhibitor curves of monoclonal antibodies. b) EC50 of E64d (cathepsin inhibitor, blue) and camostat (TMPRSS2 inhibitor, red) in A549-ACE2/TMPRSS2 using PV expression respective Spike. c) IC50 of sotrovimab incubated with pseudovirus at 32°C (purple), sotrovimab at 37°C (blue), fp.006 (red), and fp.007 (green) neutralizing pseudoviruses corresponding to the indicated mutations. Results are representative of 2 technical replicates Data points are representative of 2 technical replicates. Error bars represent SD.