**Full title:** Biogeographic study of human gut-associated crAssphage suggests impacts from

industrialization and recent expansion.

**Short title:** Biogeographic analysis of global human crAssphage strains.

**Authors and affiliations:**

Tanvi P. Honap[1,2,†], Krithivasan Sankaranarayanan[1,3,†], Stephanie L. Schnorr[1,#a,#b], Andrew T.

Ozga[1,2,#c], Christina Warinner[1,2,#d], and Cecil M. Lewis Jr. [1,2,*]

[1] Laboratories of Molecular Anthropology and Microbiome Research, University of Oklahoma,

101 David L. Boren Blvd., Norman, Oklahoma 73019, USA

[2] Department of Anthropology, University of Oklahoma, 455 W. Lindsey St., Norman,

Oklahoma 73019, USA

[3] Department of Microbiology and Plant Biology, University of Oklahoma, 730 Van Vleet Oval,

Norman, Oklahoma 73019, USA

[#a] Current address: Department of Anthropology, University of Nevada, Las Vegas, 4505 S.

Maryland Pkwy., Las Vegas, Nevada 89154, USA

[#b] Current address: Konrad Lorenz Institute for Evolution and Cognition Research, Martinstrasse

12, 3400 Klosterneuburg, Austria

[#c] Current address: Halmos College of Natural Sciences and Oceanography, Nova Southeastern

University, 3301 College Ave, Fort Lauderdale, Florida 33314, USA

#d Current address: Department of Anthropology, Harvard University, 11 Divinity Ave,

Cambridge, Massachusetts 02138, USA

* Corresponding author:

E-mail: cmlewis@ou.edu (C. M. L.)

† These authors contributed equally to this work.

# Abstract

CrAssphage (cross-assembly phage) is a bacteriophage that was first discovered in

human gut metagenomic data. CrAssphage belongs to a diverse family of crAss-like

bacteriophages thought to infect gut commensal bacteria belonging to *Bacteroides* species.

However, not much is known about the biogeography of crAssphage and whether certain strains

are associated with specific human populations. In this study, we screened publicly available

human gut metagenomic data from 3,341 samples for the presence of crAssphage *sensu stricto*

(NC_024711.1). We found that crAssphage prevalence is low in traditional, hunter-gatherer

populations, such as the Hadza from Tanzania and Matses from Peru, as compared to

industrialized, urban populations. Statistical comparisons showed no association of crAssphage

prevalence with variables such as age, sex, body mass index, and health status of individuals.

Phylogenetic analyses show that crAssphage strains reconstructed from the same individual over

multiple time-points, cluster together. CrAssphage strains from individuals from the same study

population do not always cluster together. Some evidence of clustering is seen at the level of

broadly defined geographic regions, however, the relative positions of these clusters within the

crAssphage phylogeny are not well-supported. We hypothesize that this lack of strong

biogeographic structuring is suggestive of a recent expansion event within crAssphage. Using a

Bayesian dating approach, we estimate this expansion has occurred within the past 200 years.

Overall, we determine that crAssphage presence is associated with an industrialized lifestyle.

The absence of strong biogeographic structuring within global crAssphage strains is likely due to

a recent population expansion within this bacteriophage.

## Introduction

The virome harbors the most abundant and diverse set of genes on earth, with deep

impacts on host biology, including the very architecture of host genomes [1]. Often described as

the "dark matter" of biology [2], the virome has an underexplored role in human health [3].

Much of the human gut virome is composed of double-stranded DNA bacteriophages [4], which

are argued to be the primary regulators of bacterial biomass [5]. Bacteriophages have known

impacts on the human gut; for example, they are involved in the transmission of bacterial

antibiotic resistance genes, and facilitate bacterial carbohydrate utilization [4]. The majority of

the bacteriophages found in the human gut belong to the families *Siphoviridae*, *Podoviridae*, and

*Myoviridae* within the order Caudovirales [6]; however, our knowledge of the true bacteriophage

diversity is limited [7]. While the human virome is a component of the human microbiome, it is

not as amendable to high throughput taxonomic characterization as the archaeal and bacterial

subsets. Specifically, viruses lack "universal" taxonomically diagnostic marker genes (for

example, the 16S ribosomal RNA gene in archaea and bacteria), preventing characterization

using current amplicon-based sequencing strategies.

Recent advances in metagenomic sequencing and development of data mining tools now

allow for large-scale studies of human gut bacteriophage diversity using shotgun-sequencing

data from human fecal samples [7]. From such data, one particular DNA bacteriophage,

crAssphage, appears to be remarkably abundant in the human gut [8]. CrAssphage (cross-

assembly phage) was named after the crAss (cross-assembly) software originally used to

discover the bacteriophage [8]. CrAssphage is prevalent in available gut metagenomic data from

the U.S. [9], comprising up to 90% of viral particle-derived metagenomes and up to 22% of

reads in a total fecal community from the U.S. National Institutes of Health's Human

Microbiome Project cohort [10]. Moreover, crAssphage is up to six times more abundant than all

other known bacteriophages that could be reconstructed from these publicly available

metagenomes [8]. Bacteria belonging to phylum Bacteroidetes, which are commonly found gut

commensals, were predicted to be the host of this bacteriophage [8].

A recent study has shown that crAssphage, which is now referred to as crAssphage *sensu*

*stricto*, is actually a member of a diverse group of crAss-like bacteriophages [11]. The first

isolated member of this group, ΦCrAss001, shows podovirus-like morphology and infects the

bacterium, *Bacteroides intestinalis* [12]. In addition to the human gut, crAss-like phages are

found in nonhuman primate and termite guts, terrestrial and groundwater sources, and oceanic

environments [11, 13-15]. Across metagenomic studies, crAssphage *sensu stricto* is nearly

exclusively associated with the human gut microbiome [8, 11] and has been proposed as a

potential biomarker for fecal contamination [16-20].

Recent research suggests that crAssphage may be present in infants as early as one-month

after birth [21], which is partly explained by the fact that *Bacteroides* species are among the most

abundant members of the gut microbiomes of newborns [22]. It has also been suggested that

while most adults contain a single dominant crAssphage strain [21], a minority can carry

multiple (hundreds) crAssphage strains [20]. However, the means by which crAssphage is

initially acquired [13, 21], strain variation within an individual [20], overall geographic

distribution [20, 23], and prevalence in other environmental reservoirs has not been fully

elucidated. Although crAssphage has been detected globally using PCR-based assays [13, 20], a

systematic analysis of the strain biogeography of crAssphage is necessary, considering the

diverse range of currently reported crAssphage strains and the existence of other crAss-like

phages in the human gut [11] that may confound crAssphage detection using PCR-based assays.

Here, we report strain-level prevalence and diversity of crAssphage *sensu stricto*

observed across 3,341 gut metagenomic samples originating from globally distributed human

populations (Table 1). In this study, we consider genetically non-identical crAssphage sequences

as different crAssphage strains [24]. Further, we evaluate crAssphage prevalence, abundance,

and strain diversity as a function of biogeography, human dietary lifestyle and variables

including age, sex, body mass index (BMI), and health status.

**Table 1. Publicly available gut metagenomic datasets used in this study**

| Dataset | Description | Samples | Individuals | Accession | Reference |
|---------|-------------|---------|-------------|-----------|-----------|
| BCK | Urban mother-infant pairs from Sweden | 400 | 200 | ERP005989 | [22] |
| CNA | Urban individuals of Cheyenne, Arapaho, and non-native ancestry from Oklahoma, USA | 61 | 61 | PRJNA299502 | [25] |
| HAD | Hadza hunter-gatherers from Tanzania | 67 | 67 | SRP056480, SRP110665 | [26], [27] |
| HMP | Urban individuals from USA | 204 | 123 | phs000228.v3.p1 | [10] |
| ITA | Urban individuals from Italy | 11 | 11 | SRP056480 | [26] |
| ISR | Urban individuals from Israel | 950 | 851 | PRJEB11532 | [28] |
| KRL | Urban individuals from Sweden | 145 | 145 | ERP002469 | [29] |
| LIU | Traditional pastoralists from Mongolia | 110 | 110 | SRP080787 | [30] |
| MAT | Matses hunter-gatherers from Peru | 25 | 25 | PRJNA268964 | [31] |
| MHC | Urban individuals from China | 363 | 363 | SRA045646, SRA050230 | [32] |
| MHE | Urban individuals from Sweden and Denmark | 756 | 606 | ERP003612, ERP004605, ERP002061 | [33], [34], [35] |
| XIE | Urban twin-pairs from the UK | 249 | 249 | ERP010708 | [36] |

# Results and discussion

## CrAssphage screening

Publicly available gut metagenome data from 3,341 samples were screened for the presence of crAssphage *sensu stricto* using a two-pronged approach: first, a direct reference-based mapping to crAssphage (NC_024711.1) using Bowtie2 [37], and second, a *de novo* assembly using MEGAHIT [38] followed by a protein-protein BLAST search (BLASTP) [39] against the crAssphage proteins (see Methods). Mapping and assembly statistics are provided in S1 Table.

Using the reference-based mapping approach, we identified 614 samples wherein a high-quality crAssphage strain could be reconstructed (>70% of the genome at >10-fold mean

coverage). However, this approach is suitable only for samples containing a single dominant

crAssphage strain. 60 samples showed more than 100 heterozygous sites (which corresponds to

0.1% of the total genome), with the maximum being 1,118 heterozygous sites in a single sample.

In order to determine whether the samples comprised multiple crAssphage strains, we performed

a *de novo* assembly of each metagenome. We used BLASTP to query the predicted open reading

frames (ORFs) for each sample against the crAssphage reference (NC_024711.1) proteins. The

BLASTP hits were then filtered to include only those which showed 95% query coverage and

95% identity to crAssphage proteins. These criteria were chosen to avoid false positive hits from

crAss-like phages, since the average pairwise identity between members of the crAss-like phage

family ranges from 20-40% [11, 40]. Using this approach, we identified 963 samples wherein at

least one crAssphage protein was recovered (S2 Table). We were not able to recover all 90

proteins from a single sample, with the maximum number of crAssphage proteins recovered

from a single sample being 67. We hypothesize that this is due to the limitations of our *de novo*

metagenomic assembly as well as the stringency of our BLASTP search parameters, wherein our

approach is likely biased towards avoiding false positive hits. However, our approach is not

biased towards recovery of specific crAssphage proteins, since all 90 crAssphage reference

proteins were recovered across all samples. Since we were only able to recover a maximum of 67

proteins for a single sample, we decided to use a 50% coverage threshold to call a sample

"crAss-positive", i.e. at least 33 crAssphage proteins had to be recovered from the sample. Using

this criterion, 719 samples were found to be crAss-positive. Further, we determined that 497

samples had at least one crAssphage reference protein matched by multiple sample ORFs,

suggesting presence of multiple strains.

## crAssphage prevalence

To assess the prevalence of crAssphage among individuals from each study population as well as potential associations with health, individuals were divided into categories based on health status (Table 2). For some datasets (BCK, HMP, ISR, and MHE), multiple samples were available from the same individual; in this case, an individual was considered crAss-positive if at least one sample from that individual was positive. None of the HAD and ITA samples, acquired from Hadza individuals from Tanzania (N=67) and urban Italians (N=11), respectively, were crAss-positive. For the MAT samples acquired from Matses individuals from Peru (N=25), only two were crAss-positive. The Hadza peoples from Tanzania as well as the Matses from the Amazon jungle of Peru have a subsistence practice primarily based on hunting and gathering [31, 41]. Among healthy, urban individuals leading an industrialized lifestyle, crAssphage prevalence ranged from 14.0 % among Chinese individuals from the MetaHIT cohort (MHC; N=185) to 35.7 % among U.S. residents from the HMP cohort (N=123). CrAssphage prevalence showed no significant associations with human health status (Table 2).

**Table 2. Association of health status with prevalence of crAssphage**

| Dataset | Total number of individuals | Health Status | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | **Healthy** | **IGT** | **T2D** | **CD** | **IBD** | **UC** | **Not specified** |
| BCK | 200 | 39 (200) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| CNA | 61 | 14 (37) | 0 (0) | 11 (18) | 0 (0) | 0 (0) | 0 (0) | 2 (6) |
| HAD | 67 | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (67) |
| HMP | 123 | 47 (123) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| ISR | 851 | 185 (851) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| ITA | 11 | 0 (11) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| KRL | 145 | 15 (43) | 12 (49) | 20 (53) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| LIU | 110 | 11 (110) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| MAT | 25 | 2 (25) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| MHC | 363 | 37 (185) | 0 (0) | 23 (176) | 0 (0) | 0 (0) | 0 (0) | 1 (2) |
| MHE | 606 | 87 (350) | 0 (0) | 0 (0) | 2 (9) | 7 (25) | 12 (48) | 53 (174) |
| XIE | 249 | 64 (211) | 0 (0) | 5 (10) | 0 (0) | 0 (0) | 0 (0) | 12 (28) |

Values indicate number of crAss-positive individuals (total number of individuals in the category). Health status categories refer to: IGT – Impaired Glucose Tolerance, T2D – Type 2 Diabetes, CD – Crohn's Disease, IBD – Inflammatory Bowel Disorder, UC – Ulcerative Colitis.

Our findings suggest that crAssphage prevalence may be associated with an industrialized lifestyle. A similar finding was reported in a manuscript that was published while our manuscript was under review [15]. This latter study found that gut metagenomic data for rural Malawi and Amazonas individuals from Venezuela [42] as well as the ~5300-year old Tyrolean Iceman [43] show very low numbers of crAssphage sequences. The association of crAssphage with industrialized practices can also be partially explained by its putative bacterial host, *Bacteroides* species [8]. CrAss-like phages can infect *Bacteroides* [44], although it is not known if they are limited to this host genus [45]. Gut microbiome studies have shown that *Bacteroides* tend to be more abundant in industrialized human populations as compared to

traditional peoples [46], and the Hadza and Matses individuals are consistent with this pattern

[31, 41]. However, the two crAss-positive Matses individuals do not show higher relative

abundance of *Bacteroides* as compared to crAss-negative Matses individuals (S1 Fig).

For healthy individuals, we also analyzed metadata, such as age, sex, and BMI, to study

potential associations with prevalence of crAssphage. The HAD, ISR, ITA, LIU, and MAT

datasets were excluded from this analysis due to unavailability of metadata or insufficient

number of crAss-positive individuals. There were no statistically significant differences in the

prevalence of crAssphage among individuals based on age, sex, or BMI (Table 3).

**Table 3. Association of age, sex, and BMI of individuals with prevalence of crAssphage**

| Dataset | CNA | HMP | KRL | MHC | MHE | XIE |
|---------|-----|-----|-----|-----|-----|-----|
| **Age** | | | | | | |
| **18 - 40** | 9 (23) | 47 (123) | 0 (0) | 16 (74) | 11 (35) | 1 (4) |
| **41 - 65** | 4 (12) | 0 (0) | 0 (0) | 19 (103) | 47 (215) | 44 (134) |
| **> 65** | 1 (2) | 0 (0) | 15 (43) | 2 (7) | 2 (19) | 19 (73) |
| **Sex** | | | | | | |
| **Male** | 5 (18) | 30 (65) | 0 (0) | 19 (95) | 31 (128) | 0 (0) |
| **Female** | 9 (19) | 17 (58) | 15 (43) | 18 (90) | 29 (142) | 64 (211) |
| **BMI** | | | | | | |
| **< 18.5** | 0 (0) | 0 (0) | 1 (1) | 2 (17) | 0 (3) | 0 (4) |
| **18.5-24.9** | 2 (13) | 29 (68) | 6 (18) | 17 (104) | 29 (130) | 35 (108) |
| **>= 25.0** | 12 (24) | 18 (55) | 8 (24) | 18 (64) | 58 (207) | 29 (98) |

Values denote number of crAss-positive individuals (total number of individuals in the category)

# Phylogenetic analyses

To study the phylogenetic relationships between the crAssphage strains, we selected ten

genes which are present in all members of the crAss-like phage family [11]. These genes include

those encoding the five putative capsid proteins, a single-stranded DNA-binding protein, a DNA-

G family primase, a PD-(D/E)XK family nuclease, and two hypothetical proteins. We then

identified a subset of 232 samples wherein only one sample ORF matched these crAssphage

reference proteins, suggesting the presence of a single strain of crAssphage in the samples.

Furthermore, we confirmed that these ORFs had similar depths of coverage to verify that they

represent the same viral genome. We also included the reference crAssphage genome

(NC_024711.1), resulting in a total of 233 taxa. A nucleotide alignment comprising these ten

genes contained 12,642 sites. A Maximum Likelihood (ML) tree of the 233 strains based on this

multi-gene alignment is given in S2 Fig.

According to the ML tree, crAssphage strains from the same individual cluster together.

While strains from individuals belonging to the same population/study dataset do cluster

together, many such crAssphage clusters are found in each population. Unfortunately, the

relative positions of these clusters could not be well-established due to insufficient bootstrap

support. Interestingly, we found that the strain from a crAss-positive Matses individual clusters

with crAssphage strains from European individuals from the MetaHIT cohort, suggesting that it

belongs to a widespread crAssphage clade.

To assess whether the lack of biogeographic structure in the multi-gene phylogeny was

due to lack of sufficient information for phylogenetic analysis, we identified a subset of 118

samples fulfilling the following criteria: 1) according to the *de novo* assembly results, none of

crAssphage proteins were matched by more than one sample ORF, and 2) according to the

reference-based mapping, more than 70% of the crAssphage genome was covered at least 10-

fold. Furthermore, we determined that these strains showed a range of 2 - 280 heterozygous sites

(i.e. a maximum of 0.3% of sites across the genome were heterozygous). Taken altogether, we

considered these samples to contain only one dominant crAssphage strain. The reference

crAssphage genome was also included. A multi-genome alignment comprising all 97,065

nucleotide sites was built and used to generate an ML tree (Fig 1). This phylogeny supports the

findings of our multi-gene analysis. CrAssphage strains from the same individual cluster

together, with high bootstrap support. Strains from individuals from the same study dataset do

not all necessarily cluster together; many such phylogenetically dissimilar strains are found in

individuals within a study population. At the level of broadly defined geographic regions, some

biogeographic structure is observed. However, even at phylogenomic resolution, due to low

bootstrap values, the relative positions of these clusters within the crAssphage phylogeny cannot

be well-defined.

**Fig 1. Phylogenomic analysis of crAssphage strains.** The Maximum Likelihood tree was based

on a multi-genome alignment comprising 97,065 sites. The tree was built using the Generalized

Time-Reversible model with gamma-distributed rate variation and proportion of invariant sites.

Bootstrap support was estimated from 100 replicates; only values greater than 50% are shown.

Strains are color-coded according to the geographic location: dark green – The Americas, light

224    green – Asia, light violet – Europe, and dark purple – Middle East (Israel). Symbols are used to

225    denote strains from the same individual.

## CrAssphage population expansion

We hypothesized that the lack of strong biogeographic clustering could be explained by a

recent expansion event in crAssphage. To asses this, we used a Bayesian Evolutionary Analysis

Sampling Trees (BEAST) approach [47]. The analysis was performed using the multi-gene

alignment described previously, and a fixed mean substitution rate, since these crAssphage

strains are mostly contemporaneous. Because a substitution rate for crAssphage or other

*Podoviridae* bacteriophages has not been estimated as of yet, we used a rate of $1.9 \times 10^{-4}$

substitutions per site per year as estimated for bacteriophages in the family *Siphoviridae* [48], the

members of which also infect bacteria and archaea. Our Bayesian Skyline plot (BSP) (S3 Fig)

shows that crAssphage strains underwent an expansion event likely within the past 200 years.

However, we stress the uncertainty of this estimate given the limitations of our Bayesian dating

approach – namely, the lack of appropriate external calibration points and a substitution rate

specific to crAssphage. Given the recent successful propagation of crAssphage in culture [44],

the determination of this substitution rate has become a possibility. Further investigation using a

crAssphage-specific substitution rate will provide a more robust estimate of the timing of the

population expansion.

## CrAssphage acquisition and persistence

Acquisition and persistence of crAssphage strains in the human gut was evaluated using

data from studies focusing on 1) mother-infant pairs, 2) twin-pairs, and 3) longitudinal sampling

of individuals. We assessed the potential to identify vertical transmission of crAssphage using

the BCK dataset [22], which comprises samples from healthy Swedish mothers (N=100) and

their infants (N=100) at birth, 4-months, and 12-months of age. CrAssphage prevalence among

the healthy mothers was 23%. None of the samples from newborns were considered crAss-

positive. Most of the samples from newborn infants showed no reads mapping to crAssphage and

no crAssphage proteins recovered from the *de novo* metagenomic assembly approach (S2 Table),

with the exception of the infants from Family 549 and Family 263, who showed presence of

three and five crAssphage proteins, respectively, at birth. The mothers from both families were

also crAss-positive. The infant from Family 263 was determined to be crAss-positive at the four-

and 12-month stages, whereas the infant from Family 549 was never crAss-positive, despite

showing a steady increase in the number of crAssphage proteins recovered. At the four-month

stage, a total of three infants were crAss-positive, all of whom remained crAss-positive at the 12-

month stage as well. A total of 16 infants were crAss-positive at the 12-month stage, suggesting

that by the end of the first year of life, crAssphage prevalence among infants was similar to that

in mothers (chi-square=1.5608; p-value=0.2115, $\alpha$=0.05). Interestingly, in nine out of 16 mother-

infant pairs, the 12-month old infants were crAss-positive whereas mothers were completely

crAss-negative (no crAssphage proteins were recovered from the samples from the mothers).

This supports the hypothesis that crAssphage may be acquired by means other than vertical

transmission, as recently reported by [21].

To study concordance of crAssphage prevalence among twin-pairs, we screened the XIE

dataset comprising samples from twin-pairs from the UK (N=124 pairs). We found 15 cases

wherein both twins were crAss-positive and 57 cases wherein both twins were crAss-negative.

There were 51 twin-pairs with discordant crAss-positive status. CrAssphage strains from only

two crAss-positive twin-pairs could be included in our phylogenetic analyses: in one case, the

strains from twin-pair P98 clustered together, whereas those from twin-pair P122 did not (Fig 2).

**Fig 2. Relationships of crAssphage strains recovered from the same individual and twin-pairs.** The Maximum Likelihood tree was based on the multi-gene alignment comprising 12,642 nucleotide sites. Sites with missing data were eliminated. The tree was built using the Generalized Time-Reversible model with gamma-distributed rate variation and proportion of invariant sites. Bootstrap support values estimated from 100 replicates are given; only values greater than 50% are shown. CrAssphage strains recovered from multiple samples from the same

individual are color-coded accordingly (MHE, ISR, HMP, and BCK datasets). Symbols are used

to denote crAssphage strains recovered from the same twin-pair (XIE dataset).

Additionally, we looked for signatures of crAssphage strain continuity among individuals

using the BCK, HMP, and MHE datasets. As seen in Fig 2, crAssphage strains recovered at

different time-points from the same individual cluster together, as also reported by [20]. In

certain individuals (for example, MHE_O2.UC40), crAssphage strains from different time-points

are a 100% identical, suggesting persistence of a single crAssphage strain. In others (for

example, MHE_O2.UC22), the strains are closely related but not identical, suggesting that at

different time-points, different crAssphage strains might be dominant in an individual.

# Conclusions

The geographic distribution of crAssphage is global [13, 20], but as observed here, the

prevalence of crAssphage is lower within samples from more traditional, hunter-gatherer

populations such as the Hadza from Tanzania and Matses from Peru. The overall picture from

the data presented here is that crAssphage prevalence is associated with an industrialized

lifestyle/diet, but with no associations to health, age, sex, or body-size variables. CrAssphage

strains from the same individual tend to cluster together phylogenetically. Overall, crAssphage

shows limited biogeographic clustering as seen in cases of a recent population expansion event.

We estimate that this expansion occurred approximately within the past 200 years; however, the

mechanism behind this expansion remains uncertain.

# Methods

## Data acquisition and processing

Gut metagenomic data for a total of 3,341 samples from were downloaded from the Sequence Read Archive or European Nucleotide Archive (Table 1). Shotgun data were processed using AdapterRemoval v2 [49] to remove reads with ambiguous bases ('N"), trim at low-quality bases (Q<30), and merge overlapping read-pairs. Processed reads longer than 30 base pairs (bp) were retained for downstream analysis. These "analysis-ready" reads were then screened for the presence of crAssphage.

## Reference-based mapping

The analysis-ready reads were mapped to the reference crAssphage genome (NC024711.1) using Bowtie2 [37] with the "no-unal" option to discard unmapped reads. The resulting SAM files were processed using SAMTools v1.3 [50], converted into BAM files, quality-filtered at Phred threshold 37, and duplicate reads were removed using rmdup. SAMTools mpileup and VarScan v2.4.3 [51] were used to generate a VCF file with the following parameters: minimum coverage: 10, minimum coverage of variant allele: 3; minimum average quality: 30, minimum variant allele frequency: 0.2, minimum frequency for homozygotes: 0.9, p-value: 1, and strand filter: 0. This VCF file comprised both variant and invariant sites present in the reference crAssphage genome, resulting in a total of 97,065 sites. A custom perl script was used to generate a FASTA file containing the complete genome of the crAssphage strain from the VCF file. The number heterozygous sites was used to assess presence of one or multiple crAssphage strains in the sample.

## *De novo* metagenomic assembly

Analysis-ready reads were assembled into contigs using MEGAHIT [38]. Depth of coverage was calculated by mapping analysis-ready reads to assembled contigs using Bowtie2 [37], followed by processing of resulting alignment files using SAMTools [50] and custom R scripts. Open reading frame (ORF) prediction was carried out using Prodigal [52]. A custom BLAST database was created using the collection of 90 proteins previously predicted from the crAssphage reference genome (NC024711.1) [11]. The predicted ORFs (amino acid) from each shotgun metagenome were queried against this custom database using BLASTP [39], and matches were identified using the following criteria: 1) query coverage (length of alignment / query length) $\geq$ 95%, 2) percent identity $\geq$ 95%, and 3) E value < 1e-5. A sample was considered crAss-positive if matches were recovered for at least 33 reference crAssphage proteins.

## Association of crAssphage prevalence with metadata variables

Individuals were grouped on the basis of 1) health status, 2) age: < 18 years, 18 – 40 years, 41 – 65 years, and > 65 years, 3) sex: male and female, and 4) BMI: underweight (BMI < 18.5), normal (BMI 18.5 – 24.99), and overweight (BMI $\geq$ 25), according to the World Health Organization recommendations. Associations between the prevalence of crAssphage and health status, age, sex, and BMI categories were assessed using the Chi square test in R [53].

## Gut bacterial taxonomic profiles

For the MAT dataset [31], analysis-ready reads for each individual were mapped to the Greengenes database of 16S rRNA gene sequences [54] using Bowtie2 [37]. Unmapped reads were removed using the --no-unal option. The resulting SAM files were converted to BAM files, sorted, and duplicates were removed using SAMTools v1.3 [50]. The sequences of the reads mapping to the Greengenes database were obtained from the BAM files. These sequences were clustered into Operational Taxonomic Units (OTUs) using vsearch [55], employing the cluster_fast algorithm and comparing to the GreenGenes database. Other parameters used included a minimum sequence length of 70 bp and 97% similarity for clustering. The resulting OTU table was rarefied to a depth of 10,000 sequences per sample and singleton OTUs were removed using QIIME [56]. Taxonomic summaries were generated at the phylum- and genus-levels. Relative abundances of genus *Bacteroides* in individuals were determined and plotted using R [53].

## Multi-gene phylogenetic analysis

For each assembled metagenome, the number of unique ORFs matching each crAssphage reference protein was calculated from the BLASTP results (S2 Table) and used to infer the number of concurrent crAssphage strains carried in the sample. Only samples identified as containing one unique ORF matching each crAssphage reference protein were selected for phylogenetic analysis. Depth of coverage information was used to verify that identified ORFs were representative of the same viral genome.

A previously published study demonstrated the use of putative capsid proteins (genes 75, 76, 77, 78, and 79) to document diversity among crAss-like phages [11]. Multi-gene

phylogenetic analyses were conducted using these capsid protein-encoding genes, as well as five

other genes found in members of the crAssphage family. These included genes encoding

hypothetical proteins (gene 20 and gene 23), single-stranded DNA-binding protein (gene 21),

DNA-G family primase (gene 22), and PD-(D/E)XK family nuclease (gene 85). A subset of 232

samples and the reference crAssphage genome was included in this analysis. The gene sequences

were aligned separately using MUSCLE v.3.8.31 with default parameters [57] and concatenated

together. Sites with missing data and gaps were completely removed. A Maximum Likelihood

(ML) tree was built using RAXML v8.2.4 [58], using the Generalized Time-Reversible model

with gamma-distributed rate variation and proportion of invariable sites (GTR+G+I). Bootstrap

support was estimated from 100 replicates.

**Genome-based phylogenetic analysis**

A subset of 118 samples determined to carry only one crAssphage strain was selected. A

whole-genome alignment of all strains was used as input for RAXML [58], and a ML tree was

generated using the GTR+G+I model and 100 bootstrap replicates.

**Timing of crAssphage population expansion**

To estimate the timing of a potential population expansion among crAssphage sequences,

the multi-gene alignment was used as input for BEAST v1.8.4 [47]. Since substitution rates for

crAssphage or crAss-like phages remain undetermined, we used a substitution rate of $1.9 \times 10^{-4}$

substitutions per site per year as estimated for bacteriophages belonging to the *Siphoviridae*

family [48]. We used a GTR+G+I model of nucleotide substitution, an uncorrelated lognormal

clock model with uniform rate across branches, and a Bayesian Coalescent Skyline plot tree

prior. One Markov Chain Monte Carlo (MCMC) run was carried out with 100,000,000 iterations,

sampling every 10,000 steps. The first 10,000,000 iterations were discarded as burn-in. Tracer

[59] was used to visualize the results of the MCMC run and generate a Bayesian Skyline Plot

(BSP).

# References

1.　　Virgin HW. The virome in mammalian physiology and disease. Cell. 2014;157(1):142-
50.
2.　　Rohwer F, Youle M. Consider something viral in your research. Nat Rev Micro.
2011;9(5):308-9.
3.　　De Paepe M, Leclerc M, Tinsley CR, Petit MA. Bacteriophages: an underestimated role
in human and animal health? Frontiers in cellular and infection microbiology. 2014;4:39.
4.　　Reyes A, Semenkovich NP, Whiteson K, Rohwer F, Gordon JI. Going viral: next-
generation sequencing applied to phage populations in the human gut. Nature reviews
Microbiology. 2012;10(9):607-17.
5.　　Williams SC. The other microbiome. Proc Natl Acad Sci U S A. 2013;110(8):2682-4.
6.　　Manrique P, Bolduc B, Walk ST, van der Oost J, de Vos WM, Young MJ. Healthy
human gut phageome. Proceedings of the National Academy of Sciences. 2016;113(37):10400.
7.　　Shkoporov AN, Hill C. Bacteriophages of the Human Gut: The "Known Unknown" of
the Microbiome. Cell Host Microbe. 2019;25(2):195-209.
8.　　Dutilh BE, Cassman N, McNair K, Sanchez SE, Silva GGZ, Boling L, et al. A highly
abundant bacteriophage discovered in the unknown sequences of human faecal metagenomes.
Nat Commun. 2014;5.
9.　　Reyes A, Haynes M, Hanson N, Angly FE, Heath AC, Rohwer F, et al. Viruses in the
faecal microbiota of monozygotic twins and their mothers. Nature. 2010;466(7304):334-8.
10.　　Group NHW, Peterson J, Garges S, Giovanni M, McInnes P, Wang L, et al. The NIH
Human Microbiome Project. Genome Res. 2009;19(12):2317-23.
11.　　Yutin N, Makarova KS, Gussow AB, Krupovic M, Segall A, Edwards RA, et al.
Discovery of an expansive bacteriophage family that includes the most abundant viruses from
the human gut. Nat Microbiol. 2018;3(1):38-46.
12.　　Shkoporov AN, Khokhlova EV, Fitzgerald CB, Stockdale SR, Draper LA, Ross RP, et al.
ΦCrAss001 represents the most abundant bacteriophage family in the human gut and infects
Bacteroides intestinalis. Nature Communications. 2018;9(1):4781.
13.　　Cinek O, Mazankova K, Kramna L, Odeh R, Alassaf A, Ibekwe MU, et al. Quantitative
CrAssphage real-time PCR assay derived from data of multiple geographically distant
populations. J Med Virol. 2018;90(4):767-71.
14.　　Holmfeldt K, Solonenko N, Shah M, Corrier K, Riemann L, VerBerkmoes NC, et al.
Twelve previously unknown phage genera are ubiquitous in global oceans. Proceedings of the
National Academy of Sciences. 2013;110(31):12798.

15.    Edwards RA, Vega AA, Norman HM, Ohaeri M, Levi K, Dinsdale EA, et al. Global
phylogeography and ancient evolution of the widespread human gut virus crAssphage. Nature
Microbiology. 2019.
16.    Ahmed W, Lobos A, Senkbeil J, Peraud J, Gallard J, Harwood VJ. Evaluation of the
novel crAssphage marker for sewage pollution tracking in storm drain outfalls in Tampa,
Florida. Water Res. 2017;131:142-50.
17.    Garcia-Aljaro C, Balleste E, Muniesa M, Jofre J. Determination of crAssphage in water
samples and applicability for tracking human faecal pollution. Microb Biotechnol.
2017;10(6):1775-80.
18.    Stachler E, Kelty C, Sivaganesan M, Li X, Bibby K, Shanks OC. Quantitative
CrAssphage PCR Assays for Human Fecal Pollution Measurement. Environ Sci Technol.
2017;51(16):9146-54.
19.    Farkas K, Adriaenssens EM, Walker DI, McDonald JE, Malham SK, Jones DL. Critical
Evaluation of CrAssphage as a Molecular Marker for Human-Derived Wastewater
Contamination in the Aquatic Environment. Food and Environmental Virology. 2019.
20.    Edwards R, Vega A, Norman H, Ohaeri MC, Levi K, Dinsdale E, et al. Global
phylogeography and ancient evolution of the widespread human gut virus crAssphage. bioRxiv.
2019:527796.
21.    Tamburini FB, Sherlock GJ, Bhatt AS. Transmission and persistence of crAssphage, a
ubiquitous human-associated bacteriophage. bioRxiv. 2018:460113.
22.    Backhed F, Roswall J, Peng Y, Feng Q, Jia H, Kovatcheva-Datchary P, et al. Dynamics
and Stabilization of the Human Gut Microbiome during the First Year of Life. Cell Host
Microbe. 2015;17(5):690-703.
23.    Guerin E, Shkoporov A, Stockdale SR, Clooney AG, Ryan FJ, Sutton TDS, et al. Biology
and Taxonomy of crAss-like Bacteriophages, the Most Abundant Virus in the Human Gut. Cell
Host Microbe. 2018;24(5):653-64 e6.
24.    Callahan BJ, McMurdie PJ, Holmes SP. Exact sequence variants should replace
operational taxonomic units in marker-gene data analysis. The Isme Journal. 2017;11:2639.
25.    Sankaranarayanan K, Ozga AT, Warinner C, Tito RY, Obregon-Tito AJ, Xu J, et al. Gut
Microbiome Diversity among Cheyenne and Arapaho Individuals from Western Oklahoma. Curr
Biol. 2015;25(24):3161-9.
26.    Rampelli S, Schnorr Stephanie L, Consolandi C, Turroni S, Severgnini M, Peano C, et al.
Metagenome Sequencing of the Hadza Hunter-Gatherer Gut Microbiota. Current Biology.
2015;25(13):1682-93.
27.    Smits SA, Leach J, Sonnenburg ED, Gonzalez CG, Lichtman JS, Reid G, et al. Seasonal
cycling in the gut microbiome of the Hadza hunter-gatherers of Tanzania. Science.
2017;357(6353):802.
28.    Zeevi D, Korem T, Zmora N, Israeli D, Rothschild D, Weinberger A, et al. Personalized
Nutrition by Prediction of Glycemic Responses. Cell. 2015;163(5):1079-94.
29.    Karlsson FH, Tremaroli V, Nookaew I, Bergstrom G, Behre CJ, Fagerberg B, et al. Gut
metagenome in European women with normal, impaired and diabetic glucose control. Nature.
2013;498(7452):99-103.
30.    Liu W, Zhang J, Wu C, Cai S, Huang W, Chen J, et al. Unique Features of Ethnic
Mongolian Gut Microbiome revealed by metagenomic analysis. Sci Rep. 2016;6:34826.

31.     Obregon-Tito AJ, Tito RY, Metcalf J, Sankaranarayanan K, Clemente JC, Ursell LK, et
al. Subsistence strategies in traditional societies distinguish gut microbiomes. Nat Commun.
2015;6:6505.
32.     Qin J, Li Y, Cai Z, Li S, Zhu J, Zhang F, et al. A metagenome-wide association study of
gut microbiota in type 2 diabetes. Nature. 2012;490(7418):55-60.
33.     Le Chatelier E, Nielsen T, Qin J, Prifti E, Hildebrand F, Falony G, et al. Richness of
human gut microbiome correlates with metabolic markers. Nature. 2013;500(7464):541-6.
34.     Li J, Jia H, Cai X, Zhong H, Feng Q, Sunagawa S, et al. An integrated catalog of
reference genes in the human gut microbiome. Nat Biotechnol. 2014;32(8):834-41.
35.     Nielsen HB, Almeida M, Juncker AS, Rasmussen S, Li J, Sunagawa S, et al.
Identification and assembly of genomes and genetic elements in complex metagenomic samples
without using reference genomes. Nat Biotechnol. 2014;32(8):822-8.
36.     Xie H, Guo R, Zhong H, Feng Q, Lan Z, Qin B, et al. Shotgun Metagenomics of 250
Adult Twins Reveals Genetic and Environmental Impacts on the Gut Microbiome. Cell Syst.
2016;3(6):572-84 e3.
37.     Langmead B, Salzberg SL. Fast gapped-read alignment with Bowtie 2. Nature Methods.
2012;9:357.
38.     Li D, Liu C-M, Luo R, Sadakane K, Lam T-W. MEGAHIT: an ultra-fast single-node
solution for large and complex metagenomics assembly via succinct de Bruijn graph.
Bioinformatics. 2015;31(10):1674-6.
39.     Altschul SF, Gish W, Miller W, Myers EW, Lipman DJ. Basic local alignment search
tool. Journal of Molecular Biology. 1990;215(3):403-10.
40.     Adriaenssens E, Brister JR. How to Name and Classify Your Phage: An Informal Guide.
Viruses. 2017;9(4):70.
41.     Schnorr SL, Candela M, Rampelli S, Centanni M, Consolandi C, Basaglia G, et al. Gut
microbiome of the Hadza hunter-gatherers. Nature Communications. 2014;5:3654.
42.     Yatsunenko T, Rey FE, Manary MJ, Trehan I, Dominguez-Bello MG, Contreras M, et al.
Human gut microbiome viewed across age and geography. Nature. 2012;486:222.
43.     Maixner F, Krause-Kyora B, Turaev D, Herbig A, Hoopmann MR, Hallows JL, et al. The
5300-year-old Helicobacter pylori genome of the Iceman. Science. 2016;351(6269):162.
44.     Shkoporov A, Khokhlova EV, Fitzgerald CB, Stockdale SR, Draper LA, Ross RP, et al.
ΦCrAss001, a member of the most abundant bacteriophage family in the human gut, infects
Bacteroides. bioRxiv. 2018.
45.     Ozga AT. Viral Metagenomics and Anthropology in the Americas [Ph.D. dissertation].
Norman: University of Oklahoma; 2015.
46.     Gupta VK, Paul S, Dutta C. Geography, Ethnicity or Subsistence-Specific Variations in
Human Microbiome Composition and Diversity. Front Microbiol. 2017;8:1162.
47.     Drummond AJ, Rambaut A. BEAST: Bayesian evolutionary analysis by sampling trees.
BMC Evolutionary Biology. 2007;7(1):214.
48.     Kupczok A, Neve H, Huang KD, Hoeppner MP, Heller KJ, Franz C, et al. Rates of
Mutation and Recombination in Siphoviridae Phage Genome Evolution over Three Decades.
Mol Biol Evol. 2018;35(5):1147-59.
49.     Schubert M, Lindgreen S, Orlando L. AdapterRemoval v2: rapid adapter trimming,
identification, and read merging. BMC Research Notes. 2016;9.
50.     Li H, Handsaker B, Wysoker A, Fennell T, Ruan J, Homer N, et al. The Sequence
Alignment/Map format and SAMtools. Bioinformatics. 2009;25(16):2078-9.

51.    Koboldt DC, Zhang Q, Larson DE, Shen D, McLellan MD, Lin L, et al. VarScan 2:
Somatic mutation and copy number alteration discovery in cancer by exome sequencing.
Genome Research. 2012;22(3):568-76.
52.    Hyatt D, Chen G-L, LoCascio PF, Land ML, Larimer FW, Hauser LJ. Prodigal:
prokaryotic gene recognition and translation initiation site identification. BMC Bioinformatics.
2010;11(1):119.
53.    Team RC. R: A language and environment for statistical computing. Vienna, Austria: R
Foundation for Statistical Computing; 2010.
54.    DeSantis TZ, Hugenholtz P, Larsen N, Rojas M, Brodie EL, Keller K, et al. Greengenes,
a chimera-checked 16S rRNA gene database and workbench compatible with ARB. Appl
Environ Microbiol. 2006;72(7):5069-72.
55.    Rognes T, Flouri T, Nichols B, Quince C, Mahé F. VSEARCH: a versatile open source
tool for metagenomics. PeerJ. 2016;4:e2584.
56.    Caporaso JG, Kuczynski J, Stombaugh J, Bittinger K, Bushman FD, Costello EK, et al.
QIIME allows analysis of high-throughput community sequencing data. Nature Methods.
2010;7:335.
57.    Edgar RC. MUSCLE: multiple sequence alignment with high accuracy and high
throughput. Nucleic Acids Research. 2004;32(5):1792-7.
58.    Stamatakis A. RAxML version 8: a tool for phylogenetic analysis and post-analysis of
large phylogenies. Bioinformatics. 2014;30(9):1312-3.
59.    Rambaut A, Drummond AJ, Xie D, Baele G, Suchard MA. Posterior Summarization in
Bayesian Phylogenetics Using Tracer 1.7. Systematic Biology. 2018:syy032-syy.

# Supporting information

**S1 Table.** S1 Table contains a list of all 3,341 samples included in this study, associated meta-

data, and results of the crAssphage screening using reference-based mapping and *de novo*

metagenomic assembly.

**S2 Table.** S2 Table shows the hits for all crAssphage reference proteins across the samples.

**S1 Fig. Relative abundance of genus *Bacteroides* among Matses individuals.** Boxplot

denoting percentage relative abundance of *Bacteroides* sp. among Matses individuals. Values

corresponding to crAss-positive individuals are denoted in red.

**S2 Fig. Multi-gene phylogenetic analysis of 233 crAssphage strains.** The Maximum

Likelihood tree was based on the multi-gene alignment comprising 12,642 nucleotide sites. Sites

with missing data were eliminated. The tree was built using the Generalized Time-Reversible

model with gamma-distributed rate variation and proportion of invariant sites. Bootstrap support

values estimated from 100 replicates are given; only values greater than 50% are shown. Strains

are color-coded according to the geographic location: dark green – The Americas, light green –

Asia, light violet – Europe, and dark purple – Middle East (Israel). The differentially-colored

symbols next to the taxa names are used to denote strains from the same individual.

**S3 Fig. Bayesian Skyline Plot of crAssphage strains.** The X-axis denotes time in years before

present (YBP) and Y-axis denotes estimated effective population size. The blue shaded region

denotes the 95% Highest Posterior Density interval.