In-host population dynamics of *M. tuberculosis* during treatment failure

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ABSTRACT

Background

Tuberculosis (TB) is a leading cause of death globally from an infectious agent. Understanding the population dynamics of TB's causative agent *Mycobacterium tuberculosis* (Mtb) in-host is vital for understanding the efficacy of antibiotic treatment. Here we use longitudinally collected clinical Mtb isolates that underwent Whole-Genome Sequencing (WGS) from the sputa of 307 subjects to investigate Mtb diversity during the course of active TB disease.

Methods and findings

We excluded cases suspected of reinfection or contamination to analyze data from 200 subjects, 167 of which met microbiological criteria for delayed culture conversion, treatment failure or relapse. Using technical and biological replicate samples, we defined an allele frequency threshold attributable to in-host evolution. Of the 167 subjects with unsuccessful treatment outcome, 27 (16%) developed new resistance mutations between sampling with 20/27 (74%) occurring in patients with pre-existing antibiotic resistance. Low abundance resistance variants at a purity of ≥19% in the first isolate predicts fixation of these variants in the subsequent sample with 27.0% sensitivity and 95.8% specificity. We identify significant in-host variation in seven genes associated with antibiotic resistance and twenty other genes, including metabolic genes and genes known to modulate host innate immunity by interacting with TLR2. We confirm Rv0095c, Rv1944c, *PPE18*, *PPE54* and *PPE60* to be under positive selection by assessing phylogenetic convergence across a global and genetically diverse independent sample of 20,352 isolates.

Conclusions

Our large sample provides a comprehensive picture of the mutational dynamics *in-host* during active TB disease. We demonstrate a framework to study temporal changes in Mtb population diversity using average depth WGS data. We show that minor variants can be used to inform antibiotic treatment regimens in patients with TB. Furthermore, we detect a signature of positive selection in-host, possibly stemming from innate immune pressure and informing our understanding of host-pathogen interactions.

INTRODUCTION

Tuberculosis (TB) and its causative pathogen *Mycobacterium tuberculosis* (Mtb) remain

a major public health threat (World Health Organization 2018). Yet the majority of individuals

exposed to Mtb clear or contain the infection, and only 5-10% of those infected develop active

TB disease at some point in their lifetime (Pai et al. 2016). While basic human immune

mechanisms to Mtb have been identified, attempts at effective vaccine development guided by

these mechanisms have repeatedly failed (Ernst 2018b). Global efforts that include scale up of

directly observed therapy have also been challenged by rising estimates of multidrug resistance.

Mtb is an obligate human pathogen (Gagneux 2018). Infection and disease involves a complex

human host-pathogen interaction that is both physically and temporally heterogeneous (Lin et al.

2014). Consequently all selective forces acting on Mtb will originate within the host, and the

study of temporal dynamics of this is likely to inform antibiotic treatment (Sun et al. 2012) and

rational vaccine design (Ernst 2018b).

At long timescales, signatures of positive selection associated with antibiotic resistance

have been characterized, but epitope regions appear to be under purifying selection (Farhat et al.

2013; Coscolla et al. 2015; Brites and Gagneux 2015; Comas et al. 2010) calling into question

how Mtb interacts with host adaptive immunity. Little is known about selection at short

timescales, such as within single infections. Drug pressure may select for resistance-conferring

mutations, thus an understanding of how the frequency of minor alleles changes longitudinally

can inform optimal drug treatment (Sun et al. 2012; Zhang et al. 2016; Didelot et al. 2016). A

recent study found treatment relapse to be strongly associated with bacterial factors (Colangeli et

al. 2018); therefore there is a need to better characterize these as predictors of treatment

response. Bacterial factors of interest include not only low frequency resistance variants but also

variants that may induce other phenotypes, such as drug tolerance or more effective immune

evasion (Ernst 2018a). To elucidate these processes, we aimed to study how genomic diversity

arises in-host in Mtb populations, employing a longitudinal sampling scheme from patients with

active TB disease.

The application of genome sequencing technologies to Mtb isolates cultured from clinical

samples has highlighted that infection consists of populations of Mtb bacteria rather than single

clones devoid of diversity (Marvig et al. 2015; Lieberman et al. 2011, 2014; Copin et al. 2016;

Didelot et al. 2016). Differences in observed allele frequencies captured using genome

sequencing (**Fig. 1A**) may represent a difference in the genetic composition of the infecting

population, commonly referred to as heterogeneity. Mtb population heterogeneity might be

present within a host because (1) the host is infected with multiple strains or is re-infected by a

new strain (consistent with mixed infection or re-infection) or (2) genetic diversity arises within

the Mtb population during infection due to selection or drift (Ford et al. 2012; Lieberman et al.

2016; Guerra-Assunção et al. 2014). However, non-uniform sampling (Trauner et al. 2017),

selection during the *in vitro* culture process (Trauner et al. 2017), laboratory contamination

(Goig et al. 2020; Wyllie et al. 2018), sequencing error and mapping error all represent examples

of experimental error that give rise to heterogeneity of low significance to host-pathogen

interactions.

Here, we present a framework to overcome these barriers and demonstrate the use of

longitudinally collected isolates, pooled sweeps of colonies cultured from sputa, to investigate

true in-host diversity with implications for Mtb treatment. We analyzed 614 paired longitudinal

isolates representing 307 subjects from eight studies (Casali et al. 2016; Walker et al. 2013;

Trauner et al. 2017; Guerra-Assunção et al. 2014; Bryant et al. 2013; Witney et al. 2017; Xu et

al. 2018). Many subjects, despite undergoing treatment, remained culture positive at two months

intervals or longer meeting microbiological criteria for delayed culture conversion, treatment

failure or relapse (**Table S1**). Our sample consisted of 167 subjects fulfilling these criteria, which

allowed us to overcome the small sample size problem present in prior studies. We find a high

turnover of low-frequency alleles in loci associated with antibiotic resistance but that mutant

alleles in these loci that rise to a frequency of 19% are predicted to fix in-host with a sensitivity

of 27.0% and specificity of 95.8%, a proof of concept that WGS can aide in predicting resistance

amplification. We show that changes in allele frequency are common among replicate isolates

and that changes in frequency of 70% are indicative of in-host evolution using archived MTB

isolates. We demonstrate that many loci involved the acquisition of antibiotic resistance and

modulation of innate host-immunity appear to be under positive selection.

RESULTS

Identifying clonal Mtb populations in-host

To isolate the *in vivo* clonal dynamics of Mtb during infection among the 307 subjects with longitudinal samples collected during or after antibiotic treatment (**Table S1-S2**), we excluded 32 subjects with isolate microbiological contamination at any time point (Goig et al. 2020), and 31 subjects with evidence for mixed infection with two or more Mtb lineages (Wyllie et al. 2018) (**Fig. 1B** and **Fig. S1**). We also excluded 44 subjects with evidence for re-infection with a different Mtb strain between the first and second time points, using a pairwise genetic distance >7 fixed SNPs (fSNPs) (**Methods, Fig. 1C** and **Fig. S1**). We implemented WGS SNP calling filters to minimize the likelihood of false positives and estimated the error rate of our analysis pipeline using a control dataset of 82 isolate pairs (162 total) that were *in vitro* technical or biological replicates (**Methods**, **Fig. 4** and **Fig. S1**). Of the 307 subjects, 200 had isolate pairs that passed all filters (representative of clonal infection) (**Table S3**), with an estimated false positive SNP rate of 0.0527 or less. The 400 isolates represented the five main Mtb lineages.

In-host pathogen dynamics in antibiotic resistance loci

Resistance mutations found at low frequencies in-host may indicate the impending development of clinical resistance (Sun et al. 2012; Trauner et al. 2017; Zhang et al. 2016), To investigate temporal dynamics related to antibiotic pressure, we identified non-synonymous and intergenic SNPs within a set of 36 predetermined resistance loci associated with antibiotic resistance (Farhat et al. 2013, 2016) (**Table S5**) that changed in allele frequency by at least 5% (Sun et al. 2012) between the first and second sampling time point (**Methods**). We detected

126   1,939 such SNPs across our sample of 200 subjects (**Fig. 2B**), 1,774 were non-synonymous, 91

127   were intergenic, and 74 occurred within the *rrs* region (**Table S6**).

128   We searched for signs of selection by identifying clonal interference, or evidence of

competition between strains with different drug resistance mutations (Trauner et al. 2017; Sun et

al. 2012; Zhang et al. 2016). We characterized this in longitudinal isolates fulfilling three

criteria: (i) isolates containing multiple resistance SNPs in the same gene within the same

subject, (ii) at alternate allele frequencies that change in opposing directions over time and (iii)

the alternate (mutant) allele frequency was intermediate to high at $\geq 40\%$ in at least 1 isolate

(Farhat et al. 2016) for at least one of the co-occurring SNPs. This identified 11 cases of clonal

interference (**Fig. 2A** and **Fig. S2**), demonstrating most often the fixation of a single allele in the

second isolate from a mixture of multiple alleles at lower frequencies in the first isolate

collected.

Allele frequency >19% predicts subsequent fixation of resistance variants.

140   We determined the lowest AR allele frequency that can accurately predict the

development of fixed resistance alleles later in time (Sun et al. 2012; Zhang et al. 2016). We

discarded 20 SNPs that were fixed (*AF* >75%) in both isolates to study the AF trajectories of

1,919 AR SNPs detected with a change in allele frequency, ΔAF $\geq 5\%$ between time points. We

calculated the true positive rate (TPR) and false positive rates (FPR) for varying values of $AF_1 \in$

$\{0, 1, 2, \cdots, 99, 100\}\%$ (**Fig. 2C, Methods**). For the purposes of prediction, we allowed a

maximum FPR of 5% and found the optimal classification threshold to be $AF_1^* = 19\%$ with an

associated sensitivity of 27.0% and a specificity of 95.8%. Ten mutant alleles across 14 isolates

from 7 subjects had a frequency between 19% and 75% at the first time point and rose to fixation

at the second time point (mean ΔAF 41%).

Determinants of antibiotic resistance acquisition and microbiological treatment failure

All study subjects had either recently completed treatment or were receiving treatment

when samples were collected (Walker et al. 2013; Casali et al. 2016; Trauner et al. 2017; Xu et

al. 2018; Guerra-Assunção et al. 2014; Bryant et al. 2013; Witney et al. 2017), but details of the

treatment regimen were not available (**Table S1**). We identified overall rates of resistance

acquisition by focusing on AR SNPs with moderate to high ΔAF ≥ 40% given prior evidence of

association between such SNPs and phenotypic resistance (Farhat et al. 2016). Thirty-eight AR

SNPs were detected in 195/200 subjects with clonal infection and known isolate sampling date.

AR acquisition was more likely as the time between sampling, and likely antibiotic exposure,

increased, with the OR of AR acquisition being 1.023 per 30day increment

$(95\% \, CI \, 1.002 \, , 1.045, \, P = 0.035 \, \text{Logistic Regression}).$

We focused on subjects with samples collected ≥2 months apart, by definition culture

positive at sample collection time, because they meet microbiological criteria for *delayed culture*

conversion, failure or *relapse* (hitherto failure for brevity) (WHO). Of the 269 subjects with

mixed or clonal infection and reinfection as well as complete isolate sampling dates, 230 had

samples collected ≥2 months apart and consisted of 35 reinfections (15%), 28 mixed infections at

one or two time points (12%) and the majority, 167 (73%), had clonal infection (**Fig. S1**).

We examined the relationship between pre-existing resistance and new AR acquisition in

clonal treatment failure. Pre-existing resistance was defined as ≥1 fixed AR SNPs in the first

isolate (Farhat et al. 2016) (**Methods**). Two hundred thirty pre-existing AR SNPs were identified

with 39% (65/167) of failure subjects harboring resistance to any drug at the first sampling (**Fig.**

3B, **Table S7**). The majority of this resistance was MDR (multidrug resistance to at least

isoniazid and a rifamycin), 60% (39/65) (**Fig. 3C**). New resistance acquisition occurred mostly in

subjects with pre-existing resistance 20/27 (74%) ($OR = 6.03$, $P = 6.8 \times 10^{-5}$ Fisher's exact

test) or pre-existing MDR ($OR = 4.95$, $P = 3.8 \times 10^{-4}$ Fisher's exact test).

We also quantified genome-wide Mtb diversity in-host among the patients with

microbiological treatment failure. We reasoned that as these patients are not on or not adherent to

effective antibiotic treatment, their effective pathogen population size may be large and prone to

more genetic drift or turnover of minority variants with and without selection (Trauner et al.

2017). We counted the number SNPs with an alternate allele frequency between 25% and 75%

(**Methods**) at each time point as a conservative estimate of the number of segregating sites in

each population. We found this count to strongly correlate between the first and second time

point (**Fig. 3A**) suggesting that minor allele diversity is maintained in-host in patients without

effective therapy (median T1=15 hSNPs, median T2=16 hSNPs , $r^2 = 0.43$, $P = 9.5 \times 10^{-22}$

Linear Regression).

Genome-wide in-host diversity

Beyond antibiotic pressure, selective forces acting on the infecting Mtb population in-

host are largely unknown. To investigate this reliably across the entire Mtb genome, we first

examined the genome-wide allele frequency distribution for both technical replicates (*in vitro*

technical or biological replicates, sample size m=62 after exclusions) and in-host longitudinal

pairs (**Fig. 4** and **Fig. S1**). We detected five SNPs in *glpK* (with ΔAF ≥ 25%) among five

replicate pairs (mean ΔAF=45%) consistent with an adaptive role for *glpK* mutations *in vitro*

(Pethe et al. 2010; Vargas and Farhat 2020) and accordingly excluded this gene from further

analysis (**Methods**). The genome-wide AF distribution in both replicate and longitudinal pairs

demonstrated an abundance of SNPs with low ΔAF likely resulting from noise or technical

factors. To clearly distinguish signal related to in-host factors from noise, we determined the

ΔAF threshold above which SNPs/isolate-pair were rare among technical replicates *i.e.*

constituted 5% or less of total SNPs (**Fig. 4**). We determined this ΔAF threshold to be 70% and

selected 174 SNPs that developed in-host (in-host SNPs) among the 200 TB cases (**Fig. 4C,**

Table S8).

Characteristics of mutations in-host

Of the 174 SNPs, 112 were non-synonymous, 42 synonymous, and 21 were intergenic

(**Fig. 5C**). The 153/174 coding SNPs were distributed across 127/3,886 genes and were observed

in 71/200 subjects (**Fig. 5B** and **Fig. 5D**). We analyzed the spectrum of mutations and found the

GC > AT nucleotide transition to be the most common. The GC > AT transition is putatively due

to oxidative damage including the deamination of cytosine/5-methyl-cytosine or the formation of

8-oxoguanine (Ford et al. 2011; Dillon et al. 2015). The transversion AT > TA was the least

common substitution (**Fig. 6A**). We expected the number of SNPs detected between longitudinal

isolates to increase with time between isolate collection. Regressing the number of SNPs per

subject on the timing between isolate collection (for 195 subjects with isolate collection dates)

(**Fig. 6B**), we found SNPs to accumulate at an average rate of 0.56 SNPs per genome per year

($P = 7 \times 10^{-12}$) consistent with prior *in vivo* estimates (Walker et al. 2013; Ford et al. 2011).

Simulations and PacBio sequencing demonstrate a low false-positive rate in repetitive

regions

Several SNPs detected were in the GC-rich repetitive PE/PPE gene family (Brennan and

Delogu 2002). Variants called on these genes are commonly excluded from comparative

genomic analyses (Coscolla et al. 2015; Comas et al. 2010; Copin et al. 2016; Casali et al. 2016)

due to the limitations of short-read sequencing data and the possibility of making spurious

variant calls, however the rates at which these false calls occur has not been evaluated. We

reasoned that our stringent filtering criteria, quality of sequencing data and depth of coverage

allowed us to reliably detect variants in these regions of the genome, with the potential to

uncover variation in these understudied regions of the genome.

We took several approaches to test the rate of false-positives for the single base-pair

mutations observed in our analysis (**Methods**). First, we introduced the mutant alleles observed

in-host (**Table S10**) into a set of Mtb reference genomes belonging to different lineages and

simulated short read sequencing data from these modified genomes (**Fig. S5**). We then used our

variant calling pipeline to call bases from this simulated data. We observed a high recall rate of

the introduced mutant alleles and a very low number of false positive base calls (zero in most

cases) within the loci containing modified alleles (**Fig. S6**). Second, we assessed the congruence

in variant calls between short-read Illumina data and long-read PacBio data for a set of isolates

that underwent sequencing with both technologies (**Methods**). Unlike Illumina generated reads,

PacBio reads are much longer and have randomly distributed error profiles (Rhoads and Au

2015). With high coverage, PacBio sequencing can reliably reconstruct full microbial genomes

and identify SNPs in repetitive regions. The comparison with PacBio assemblies confirmed

empirically a low rate of false positive base calls in genomic regions where we observed in-host

SNPs (**Methods**). Third, we confirmed the five phylogenetically convergent in-host SNPs in PPE

genes *PPE18*, *PPE54* and *PPE60* (see below) through manual inspection of the read alignment

(**Fig. S7-S9**).

Antibiotic resistance and PE/PPE genes vary while antigens remain conserved

To understand how different classes of proteins evolve in-host, we separated Mtb genes

into five non-redundant categories (**Methods**). The vast majority of genes in each category did

not vary within subjects (**Fig. 6C**). Antibiotic resistance genes were on average the most diverse

category while Essential genes varied the least (**Fig. 6D**). Antigen genes appeared to be as

conserved as were both Essential ($P = 0.49$ Mann-Whitney U-test) and Non-Essential genes

($P = 0.45$ Mann-Whitney U-test) while PE/PPE genes showed higher levels of nucleotide

diversity than both Essential ($P = 0.022$ Mann-Whitney U-test) and Non-Essential genes ($P =$

0.013 Mann-Whitney U-test) (**Fig. 6D**).

PE/PPE variation is independent of T-cell recognition

To test whether variation in Antigen or PE/PPE genes occurred in response to T-cell

recognition, we separated each gene in these categories into ($CD4^+$ and $CD8^+$ T-cell) epitope and

non-epitope concatenates and recalculated nucleotide diversity for these concatenates (**Fig. 6E-**

H). For both Antigen and PE/PPE genes (**Fig. 6F** and **Fig. 6H**), epitope concatenates were less

diverse than non-epitope concatenates ($P = 0.018$ and $P = 0.059$ respectively, Mann-Whitney

U-test). Only one in-host SNP was detected within an epitope-encoding region in the gene

PPE18 (**Fig. 6G** and **Fig. S4**, **Table S12**). This suggests that T-cell recognition does not drive

diversity in these regions. Looking within the three PE/PPE subfamilies (**Fig. 6I-J**) (Brennan

2017), the PPE genes appeared more diverse in-host than PE genes and PE-PGRS genes ($P =$

0.019 and $P = 0.033$ respectively, Mann-Whitney U-test).

Identifying candidate pathoadaptive loci from genome-wide variation

To identify genes involved in pathogen adaptation (Lieberman et al. 2011; Marvig et al.

2015), we applied a test of mutational density (Farhat et al. 2014) (**Methods**) by pooling

variation across all 200 pairs of genomes and identifying those genes with more mutations than

expected under a neutral model of evolution where variants are Poisson distributed across the

genome (Farhat et al. 2014) (**Fig. 5B, Table S13**, **Methods**). We also searched for evidence of

convergent evolution *i.e.* genes or pathways where in-host SNPs developed in ≥ 2 subjects

(**Table S14, S17**). Seven known antibiotic resistance genes (Didelot et al. 2016; Farhat et al.

2013) had significant mutational density ($\alpha = 0.05$, Bonferroni correction) or were convergent

across patients: *rpoB*, *gyrA*, *katG*, *rpoC*, *embB, ethA* and *pncA* (mutated in six, four, four, three,

three, two and one subject respectively) (**Fig. 5B** and **Fig. 5D**). Single in-host SNPs occurred in

eight additional known resistance loci including three intergenic regions, and in *prpR,* a gene

recently implicated with drug tolerance (Hicks et al. 2018) (**Table S8**).

Three genes with unknown function: Rv0139, Rv0895, and Rv1543 were convergent in

two subjects each, two of which (Rv0139, Rv1543) had significant mutational density (P<2x10^{-5}

^{5}) and; three additional genes including *PPE60* displayed significant mutational density (P<2x10^{-5}

^{5}) (**Fig. 5B**, **Table S13**). We found evidence for convergence in six pathways not known to result

in antibiotic resistance. These pathways are involved with biotin biosynthesis (*fadD23*, *fadD29*,

and *fadD30*), ribosomal large subunit proteins (*rpmB1*, *rplE*, and *rplY*), glycerolipid and

glycerophospholipid metabolism (*aldA* and Rv2974c), ESAT-6 protein secretion (*eccCa1* and

eccD1), coenzyme B12/cobalamin synthesis (*cobH* and *cobK*) and the uncharacterized pathway

CBSS-164757.7.peg.5020 (*fdxB* and *PPE18*) (**Table S17**).

In-host mutations display phylogenetic convergence across multiple global lineages

We reasoned that pathoadaptive mutations observed to sweep to fixation in-host and not

compromise pathogen transmissibility are likely to arise independently within other subjects and

in separate geographic regions in a convergent manner (Farhat et al. 2013). We screened a

geographically diverse set of 20,352 sequenced clinical isolates belonging to global lineages 1-6

for mutations observed within host in which the alternate (mutant) allele swept over the course of

sampling (141/174 in-host SNPs, **Methods**, **Table S8, S18**). Conservatively, a mutation was

characterized as phylogenetically convergent if it was present in isolates from three or more

global lineages but not fixed in any lineage (**Methods**). We identified 26/141 in-host SNPs as

phylogenetically convergent in our global sample of isolates (**Table S19**). **Fig. 7** and **Fig. S10-11**

display the distribution of convergent alleles across the 20,353 isolates using t-Distributed

Stochastic Neighbor Embedding (t-SNE) of the pairwise genetic distance matrix (**Methods**). The

convergent alleles included the PPE genes *PPE18* (1 site), *PPE54* (1 site) and *PPE60* (3 sites), as

well as Rv0095c (2 sites) and Rv1944c (1 site) both conserved proteins of unknown function. In

addition to several SNPs in loci associated with antibiotic resistance, *gyrB* (1 site), *gyrA* (2 sites),

rpoB (4 sites), *rpoC* (3 sites), *inhA* (1 site), *embB* (3 sites) and *gid* (1 site).

DISCUSSION

In our 400 Mtb populations sequenced from 200 active TB patients heavily enriched for

delayed culture conversion, treatment failure and relapse, we find a wealth of dynamics in

genetic loci associated with antibiotic resistance, including a high turnover of minor variants

(Trauner et al. 2017). Factors that determine negative treatment outcomes are complex and

include severity of lung disease, cavitation and adherence to treatment among others (Imperial et

al. 2018). Here, we observe that a relatively high percentage of such patients, 16%, develop

antibiotic resistance over time. Our findings of a higher rate of resistance acquisition in patients

with MDR at the outset and with time between sampling, emphasize the importance of

appropriately tailoring treatment regimens as well as close surveillance for microbiological

clearance and resistance acquisition by phenotypic or genotypic means. The observed high rate

of resistance acquisition also emphasizes Mtb's biological adaptability and the long duration of

drug pressure *in vivo.* Resistance acquisition in the course of one infection is comparatively rare

in most pathogenic bacteria (Llewelyn et al. 2017). In addition to clonal acquisition of resistance,

we found 27% of patients with unsuccessful treatment outcomes to have mixed infection or

reinfection with different Mtb strains. This high percentage suggests that care of these patients

and control of disease transmission can be better guided if pathogen sequencing is routinely

performed for cases meeting these microbiological criteria especially in high TB prevalence

settings where reinfection is more likely.

We provide a proof of concept analysis that minor AR alleles, occurring at a frequency

down to 19%, can accurately predict fixation of the variant in >95% of mutations in-host,

although we find the sensitivity of this threshold to be low. In the future, higher depth

sequencing at fixed sampling durations can elucidate more clearly the role of minor AR allele

detection in clinical management of TB treatment.

Various sources of noise contribute to allele frequency changes over time and challenge

inference on bacterial composition *in vivo*. Here, we determined an appropriate threshold for

identifying mutations in-host using average depth Mtb WGS from cultured isolates and

demonstrate the importance of including technical replicate WGS. While culturing sputa *in vitro*

enriches Mtb DNA for WGS it also creates experimental noise (Vargas and Farhat 2020). The

refinement of methods for DNA extraction directly from sputum (Votintseva et al. 2017), may

allow the calling of relevant changes in allele frequencies at lower thresholds in future work.

This would permit the unbiased study of loci that may be under frequency-dependent selection,

where changes in allele frequencies would unlikely change by as much as 70% as we used here.

We detected 174 alleles rising to near fixation in-host across our sample of 200 subjects.

The observed distribution of variants including the high rate of non-synonymous substitutions

and the predominance of GC > AT variants are consistent with the hypotheses of purifying

pressure on synonymous variants and oxidative DNA damage respectively (Ford et al. 2011;

Namouchi et al. 2012) in Mtb. This consistency adds validity to our variant calling approach.

Overall the observed diversity spared the CD4^{+} and CD8^{+} T cell epitope encoding regions of the

genome providing further evidence that host adaptive immunity does not drive directional

selection in Mtb genomes now at short-time scales (Coscolla et al. 2015; Comas et al. 2010;

Copin et al. 2014). Diversity was concentrated in antibiotic resistance regions and strikingly also

in PE/PPE genes (**Fig. 6D**) (Phelan et al. 2016). Although previous studies have generally

avoided reporting short-read variant calls in PE/PPE regions, we demonstrate using read

simulation, visualization of Illumina read alignments and comparison with long-read sequencing

data the accuracy of the SNPs captured in our study. We found PPE genes to be more diverse in-

host than PE genes and detected a signal of positive selection acting on three genes belonging to

the PPE sub-family (**Fig. 7**). This indicates that PPE genes may be play an important role in the

process of host-adaptation.

In addition to identifying in-host variation in 12 loci known to be involved in the

acquisition of antibiotic resistance, we identified six genes and six pathways displaying diversity

in-host and not known to be associated with antibiotic resistance (**Table S8, S13-14, S17**). For a

subset we demonstrate similar diversity has arisen independently in separate hosts and in strains

with different genetic backgrounds suggesting positive selection (**Fig. 7**). Evidence of directional

selection in Mtb genomes have thus far been largely restricted to adaptation to antibiotic

treatment (Didelot et al. 2016; Trauner et al. 2017; Brites and Gagneux 2015). The novel

pathways showing in-host convergence may be important for interactions between host and

pathogen arising from either metabolic or immune pressure. Mtb is one of a few types of bacteria

that possess the capacity for *de novo* coenzyme B12/cobalamin synthesis, and this pathway has

been implicated in Mtb survival in-host and Mtb growth (Rowley and Kendall 2019). We

identified four genetic variants that developed in three separate patients and in three consecutive

genes from the same locus *cobG,* intergenic *cobG-cobH, cobH* and *cobK* (Rv2064-Rv2067).

This observation contributes to mounting evidence on the importance of this pathway for *in vivo*

Mtb survival and may have implications for drug development (Minias et al. 2018; Gopinath et

al. 2013). Biotin biosynthesis is also relatively unique to mycobacteria and plays an important

role in Mtb growth, infection and host survival during latency (Salaemae et al. 2011). The other

identified pathways include ESAT-6 protein secretion known to play a role in the modulation of

host immune response by disrupting the phagosomal membrane (Clemmensen et al. 2017).

The loci found to be phylogenetically convergent and not known to be associated with

antibiotic resistance, include the genes Rv0095c, *PPE18*, *PPE54* and *PPE60*. Although of

unknown function, Rv0095c (SNP A85V) was recently associated with transmission success of

an Mtb cluster in Peru (Dixit et al. 2019). Both *PPE18* and *PPE60* have been shown to interact

with toll-like receptor 2 (TLR2) (Nair et al. 2009; Su et al. 2018). *PPE18* was the only gene to

encode an epitope containing a SNP in-host; mutations in the epitope-encoding regions of this

gene have previously been described in a set of geographically separated clinical isolates (Hebert

et al. 2007). Furthermore, *PPE18* codes for one of the antigens used in the construction of the

M72/AS01E vaccine candidate (Tait et al. 2019). Our results demonstrating that *PPE18* is under

positive selection in the MTBC may have implications for the efficacy of this vaccine against

genetically diverse Mtb strains. *PPE54* has been implicated in Mtb's ability to arrest macrophage

phagosomal maturation (phagosome-lysosome fusion) and thought to be vital for intracellular

persistence (Brodin et al. 2010). The mechanism by which *PPE54* accomplishes this is unknown,

but Mtb modification of phagosomal function is thought to be TLR2/TLR4-dependent

(Podinovskaia et al. 2013).

Mtb is known to disrupt numerous *innate* immune mechanisms including phagosome

maturation, apoptosis, autophagy as well as inhibition of MHC II expression through prolonged

engagement with innate sensor toll-like receptor 2 (TLR2) among others (Ernst 2018a). SNPs in

human genes involved with innate-immune pathways have been implicated in-host susceptibility

to TB (Kleinnijenhuis et al. 2011; Tientcheu et al. 2017; Azad et al. 2012). Specifically, SNPs in

TLR2 (thought to be the most important TLR in Mtb recognition) (Tientcheu et al. 2017) and

TLR4 have been associated with susceptibility to TB disease (Kleinnijenhuis et al. 2011; Azad et

al. 2012). Taken together, these observations and our results are consistent with ongoing co-

evolution between humans and Mtb with evidence for reciprocal adaptive changes, leaving a

signature of selection in both humans and Mtb populations (Brites and Gagneux 2015). Most co-

evolution between Mtb and humans, the main reciprocal adaptations between host and pathogen

are thought to have occurred long ago and as a result of long-term host-pathogen interactions

(Brites and Gagneux 2015; Azad et al. 2012). Here, we observe these dynamics over the short

evolutionary timescale of a single infection which has important implications for vaccine

development (Brennan 2017).

MATERIALS AND METHODS

Sequence Data

Longitudinal Isolate Pairs: This study included data for 614 clinical isolates of *M. tuberculosis* that were sampled from the sputum of 307 subjects resulting in n = 307 longitudinal pairs. The sequencing data for 456 publicly available isolates was downloaded from Genbank (Benson et al. 2008), sequenced using Illumina chemistry to generate paired-end reads and came from previously published studies (T (Trauner et al. 2017), C (Casali et al. 2016), W (Walker et al. 2013), B (Bryant et al. 2013), G (Guerra-Assunção et al. 2014), X (Xu et al. 2018), H (Witney et al. 2017), P (Farhat et al. 2019)) (**Fig. S1**, **Table S1-S2**).

Replicate Isolate Pairs: This study included three types of replicate isolate pairs. (S2 - Sequenced Twice) DNA pooled from a single Mtb clinical isolate that had undergone *in vitro* expansion was sequenced in separate runs on an Illumina sequencing machine (m = 5). (C2 – Cultured & Sequenced Twice) Mtb was cultured from a single frozen clinical sample at separate time points, then sequenced on an Illumina sequencing machine after DNA extraction from culture (m = 73). (P3) Three sputum samples were obtained from a single subject within a 24 hour period (Trauner et al. 2017), cultured separately, underwent DNA extraction and then sequencing on an Illumina sequencing machine. For the purposes of this study, we compared these three isolates pairwise (m = 3).

Global Sequence Data: We downloaded raw sequence data for 33,873 clinical isolates from the public domain (Benson et al. 2008). Isolates had to meet the following quality control measures for inclusion in our study: (i) at least 90% of the reads had to be taxonomically classified as belonging to the *Mycobacterium tuberculosis* complex after running the trimmed FASTQ files

through Kraken (Wood and Salzberg 2014) and (ii) at least 95% of bases had to have coverage of

at least 10x after mapping the processed reads to the H37Rv Reference Genome.

Epitope Collection and Analysis

$CD4^+$ T and $CD8^+$ T cell epitope sequences were downloaded from the Immune Epitope

Database (Vita et al. 2014) on May 23rd, 2018 according to criteria described previously

(Coscolla et al. 2015) [linear peptides, *M. tuberculosis* complex (ID:77643, Mycobacterium

complex), positive assays only, T cell assays, any MHC restriction, host: humans, any diseases,

any reference type] yielding a set of 2,031 epitope sequences (**Table S11**). We mapped each

epitope sequence to the genes encoded by the H37Rv Reference Genome (Cole et al. 1998) using

BlastP with an e-value cutoff of 0.01 (**Fig. S3A**). We retained only epitope sequences that

mapped to at least 1 region in H37Rv (due to sequence homology, some epitopes mapped to

multiple regions) and whose BlastP peptide start/end coordinates matched those specified in

IEDB (n = 1,949 representing 1,505 separate epitope entries in IEDB). We then filtered out any

epitopes occurring in Mobile Genetic Elements which resulted in a final set of 1,875 epitope

sequences, representing 348 genes (antigens) used for downstream analysis. The distribution of

peptide lengths for this final set of epitopes is given in **Fig. S3B**. Since many of these epitope

sequences overlap, we constructed non-redundant epitope concatenate sequences for each

antigen (n = 348) gene (Coscolla et al. 2015; Stucki et al. 2016; Comas et al. 2010). The regions

of each antigen not encoding an epitope were concatenated into a non-epitope sequence for that

gene.

Gene Sets

Every gene on H37Rv was classified into one of six non-redundant gene categories according to

the following criteria: (i) genes identified as belonging to the PE/PPE family of genes unique to

pathogenic mycobacteria, though to influence immunopathogenicity and characterized by

conserved proline-glutamate (PE) and proline-proline-glutamate (PPE) motifs at the N protein

termini (Brennan and Delogu 2002; Comas et al. 2010; Phelan et al. 2016) were classified as

PE/PPE (n = 167), (ii) genes flagged as being associated with antibiotic resistance (Farhat et al.

2013) were classified into the *Antibiotic Resistance* category (n = 28), (iii) genes encoding a

$CD4^+$ or $CD8^+$ T-cell epitope (Coscolla et al. 2015; Comas et al. 2010) (but not already classified

as a PE/PPE or Antibiotic Resistance gene) were classified as an *Antigen* (n = 257) , (iv) genes

required for growth *in vitro* (Sassetti et al. 2003) and *in vivo* (Sassetti and Rubin 2003) and not

already placed into a category above were classified as *Essential* genes (n = 682), (v) genes

flagged as transposases, integrases, phages or insertion sequences were classified as *Mobile*

Genetic Elements (Comas et al. 2010) (n = 108), (vi) any remaining genes not already classified

above were placed into the *Non-Essential* category (n = 2752) (**Table S4**).

Illumina Sequencing FastQ Processing and Mapping to H37Rv

The raw sequence reads from all sequenced isolates were trimmed with Prinseq (Schmieder and

Edwards 2011) (settings: -min_qual_mean 20) (version 0.20.4) then aligned to the H37Rv

Reference Genome (Genbank accession: NC_000962) with the BWA mem (Li and Durbin 2009)

algorithm (settings: -M) (version 0.7.15). The resulting SAM files were then sorted (settings:

SORT_ORDER = coordinate), converted to BAM format and processed for duplicate removal

with Picard (http://broadinstitute.github.io/picard/) (version 2.8.0) (settings:

REMOVE_DUPLICATES = true, ASSUME_SORT_ORDER = coordinate). The processed

BAM files were then indexed with Samtools (Li et al. 2009). We used Pilon (Walker et al. 2014)

on the resulting BAM files to call bases for all reference positions corresponding to H37Rv from

pileup (settings: --variant).

Empirical Score for Difficult-to-Call Regions

We extracted DNA from 15 Mtb isolates (Epperson and Strong 2020), for which we had Illumina

sequencing reads, to undergo PacBio sequencing (**Supplementary Note 2)**. Together, with

public PacBio and Illumina sequencing data (Chiner-Oms et al. 2019), we compiled 31 pairs of

sequencing reads for comparison of variant calling between PacBio long-reads and Illumina

short-reads (**Table S20**). Using the 31 isolates for which both Illumina and a complete PacBio

assembly were available (**Supplementary Note 2)**, we evaluated the empirical base-pair recall

(EBR) of all base-pair positions of the H37rv reference genome (Marin et al. 2020). For each

sample, the alignments (from minimap2) of each high confidence genome assembly to the

H37Rv genome were used to infer the true nucleotide identity of each base pair position. To

calculate the empirical base-pair recall, we calculated what % of the time our Illumina based

variant calling pipeline, across 31 samples, confidently called the true nucleotide identity at a

given genomic position. If Pilon variant calls did not produce a confident base call *(Pass)* for the

position, it did not count as a correct base call. This yields a metric ranging from 0.0 – 1.0 for the

consistency by which each base-pair is both confidently and correctly sequenced by our Illumina

WGS based variant calling pipeline for each position on the H37Rv reference genome. An

H37Rv position with an EBR score of x% indicates that the base calls made from Illumina

sequencing and mapping to H37Rv agreed with the base calls made from the PacBio *de novo*

assemblies (**Supplementary Note 2**) in x% of the Illumina-PacBio pairs. We masked difficult-

to-call regions by dropping H37Rv positions with an EBR score below 0.8 as part of our variant

calling procedure.

Variant Calling

<u>Single Nucleotide Polymorphism (SNP) Calling</u>: To prune out low-quality base calls that may

have arisen due to sequencing or mapping error, we dropped any base calls that did not meet any

of the following criteria (Copin et al. 2016): (i) the call was flagged as either *Pass* or *Ambiguous*

by Pilon, (ii) the reads aligning to that position supported at most 2 alleles (ensuring that 1 allele

matched the reference allele if there were 2), (iii) the mean base quality at the locus was > 20,

(iv) the mean mapping quality at the locus was > 30, (v) none of the reads aligning to the locus

supported an insertion or deletion, (vi) a minimum coverage of 25 reads at the position, (vii) the

EBR score for the position ≥ 0.80, and (viii) the position is not located in a mobile genetic

element region of the reference genome. We then used the Pilon-generated (Walker et al. 2014)

VCF files to calculate the frequencies for both the reference and alternate alleles, using the

INFO.QP field (which gives the proportion of reads supporting each base weighted by the base

and mapping quality of the reads, *BQ* and *MQ* respectively, at the specific position) to determine

the proportion of reads supporting each base for each locus of interest.

<u>Additional SNP Filtering for Isolate Pairs</u>: To call SNPs (and corresponding changes in allele

frequencies) between pairs of isolates (Replicate and Longitudinal pairs), we required: (i) *SNP*

Calling filters be met, (ii) the number of reads aligning to the position is below the 99th

percentile for all of the calls made for that isolate, (iii) the call at that position passes all filters

for each isolate in the pair, and (iv) SNPs in *glpK* were dropped as mutants arising in this gene

are thought to be an artifact of *in vitro* expansion (Pethe et al. 2010; Vargas and Farhat 2020); we

detected four non-synonymous SNPs in *glpK* (ΔAF $\geq$ 25%) between three longitudinal pairs

(mean ΔAF=64%) and five non-synonymous SNPs in *glpK* (ΔAF $\geq$ 25%) among five replicate

pairs (mean ΔAF=45%).

<u>Additional SNP Filtering for Antibiotic Resistance Loci Analysis</u>: To call SNPs (and

corresponding minor changes in allele frequencies) between pairs of isolates (Longitudinal

Pairs), we required: (i) *SNP Calling* filters be met, (ii) *Additional SNP Filtering for Isolate Pairs*

filters be met, (iii) $\left|AF_1^{alt} - AF_2^{alt}\right| = \Delta$AF $\geq$ 5%, (iv) if 5% $\leq \Delta$AF $<$ 20%, then the SNP was

only retained if each allele (across both isolates) with AF > 0% was supported by at least 5

reads (ensuring that at least 5 reads supported each minor allele at lower values of ΔAF), (v) the

SNP was classified as either intergenic or non-synonymous, (vi) the SNP was located in a gene,

intergenic region or rRNA coding region associated with antibiotic resistance (**Table S5**).

<u>Additional SNP Filtering for Heterogenous SNPs</u>: To call heterogenous SNPs in each isolate for

a pair of longitudinal isolates, we required: (i) *SNP Calling* filters be met, (ii) the number of

reads aligning to the position is below the 99th percentile for all of the calls made for that isolate,

(iii) the alternate allele frequency for the SNP is such that 25% $\leq AF^{alt} \leq$ 75%, (iv) the

position is not located in a mobile genetic element region of the reference genome, (v) the

position is not located in a PE/PPE region of the reference genome.

<u>Additional SNP Filtering for Global Isolates</u>: To call alleles in our global and genetically diverse

set of isolates, we required: (i) *SNP Calling* filters be met, with the modifications that (ii) the call

was flagged as *Pass* by Pilon and (iii) 1 allele (either the reference or an alternate) was supported

by at least 90% of the reads regardless of whether the other $\leq$ 10% of reads supported 1, 2, or 3

alleles.

Mixed Lineage and Contamination Detection for Longitudinal and Replicate Isolate Pairs

Kraken: To filter out samples that may have been contaminated by foreign DNA during sample preparation, we ran the trimmed reads for each longitudinal and replicate isolate through Kraken2 (Wood and Salzberg 2014) against a database (Goig et al. 2020) containing all of the sequences of bacteria, archaea, virus, protozoa, plasmids and fungi in RefSeq (release 90) and the human genome (GRCh38). We calculated the proportion reads that were taxonomically classified under the *Mycobacterium tuberculosis* Complex (MTBC) for each isolate and implemented a threshold of 95%. An isolate pair was dropped if either isolate had less than 95% of reads aligning to MTBC.

F2: To further reduce the effects of contamination, we aimed to identify samples that may have been subject to inter-lineage mixture samples resulting from of a co-infection (F2). We computed the F2 lineage-mixture metric for each longitudinal and replicate isolate (**Fig. 1B**). We wrote a custom script to carry out the same protocol for computing F2 as previously described (Wyllie et al. 2018). Briefly, the method involves calculating the minor allele frequencies at lineage-defining SNPs (Coll et al. 2014). From 64 sets of SNPs that define the deep branches of the MTBC (Coll et al. 2014), we considered the 57 sets that contain more than 20 SNPs to obtain better estimates of minor variation (Wyllie et al. 2018; Coll et al. 2014). For each SNP set i, (i) we summed the total depth and (ii) the number of reads supporting the most abundant base (at each position) over all of the reference positions (SNPs) that met our mapping quality, base quality and insertion/deletion filters, which yields d_i and x_i respectively. Subtracting these two quantities yields the minor depth for SNP set i, $m_i = d_i - x_i$. The minor allele frequency estimate for SNP set i is then defined as $p_i = m_i / d_i$. Doing this for all 57 SNP sets gives $\{p_1, p_2, \cdots, p_{57}\}$. We then sorted $\{p_1, p_2, \cdots, p_{57}\}$ in descending order and estimated the minor

variant frequency for all of the reference positions (SNPs) corresponding to the top 2 sets

(highest p_i values) which yields the F2 metric. Letting $n2$ be the number of SNPs in the top 2

sets, then $F2 = \sum_{j=1}^{n2} m_j / \sum_{i=1}^{n2} d_i$. Isolate pairs were dropped if the F2 metric for either isolate

passed the F2 threshold set for mixed lineage detection (**Fig. 1B** and **Fig. S1**).

Pre-existing Genotypic Resistance

We determined pre-existing resistance for a subject (with a pair of longitudinal isolates) by

scanning the first isolate for the detection of at least 1 of 177 SNPs predictive of resistance with

AF ≥ 75% (from a minimal set of 238 variants (Farhat et al. 2016)). We excluded predictive

indels and the *gid* E92D variant as the latter is likely a lineage marking variant that is not

indicative of antibiotic resistance. We defined pre-existing multidrug resistance for a subject by

scanning the first isolate collected for detection of at least 1 SNP predictive of Rifampicin

resistance (14/178 predictive SNPs) and at least 1 SNP predictive of Isoniazid resistance (18/178

predictive SNPs).

True & False Positive Rate Analysis for Heteroresistant Mutations

To determine the predictive value of low-frequency heteroresistant alleles, we classified SNPs as

fixed if the alternate allele frequency in the 2nd isolate collected from the subject was at least

75% (alt $AF_2 \geq$ 75%). We first dropped SNPs for which alt $AF_1 \geq$ 75% and alt $AF_2 \geq$ 75%

(high frequency mutant alleles in both isolates). We then set a threshold (F_i) for the alternate

allele frequency detected in the 1st isolate collected from the subject (alt AF_1) and predicted

whether an alternate allele would rise to a substantial proportion of the sample (alt $AF_2 \geq$ 75%)

as follows:

$$alt\ AF_1 < F_i \longrightarrow alt\ AF_2 < 75\%$$
$$alt\ AF_1 \geq F_i \longrightarrow alt\ AF_2 \geq 75\%$$

We classified every SNP as True Positive (TP), False Positive (FP), True Negative (TN) or False

Negative (FN) according to:

$$TP:\ alt\ AF_1 \geq F_i\ \ \&\ \ alt\ AF_2 \geq 75\%$$
$$FP:\ alt\ AF_1 \geq F_i\ \ \&\ \ alt\ AF_2 < 75\%$$
$$TN:\ alt\ AF_1 < F_i\ \ \&\ \ alt\ AF_2 < 75\%$$
$$FN:\ alt\ AF_1 < F_i\ \ \&\ \ alt\ AF_2 \geq 75\%$$

True Positive Rates (TPR) and False Positive Rates (FPR) were calculated as:

$$TPR = \frac{\#TP}{\#TP + \#FN} \quad FPR = \frac{\#FP}{\#FP + \#TN}$$

Finally, we made predictions for all SNPs and calculated the TPR and FPR for all values of $F_i \in$

$\{0\%, 1\%, 2\%, \cdots, 98\%, 99\%, 100\%\}$.

Mutation Density Test

The method to detect significant variation for a given locus amongst pairs of sequenced isolates

has been described previously (Farhat et al. 2014). Briefly, let $\mathcal{N}_j \sim Pois(\lambda_j)$ be a random

variable for the number of SNPs detected across all isolate pairs (for the in-host analysis this is

the collection of longitudinal isolate pairs for all subjects) for gene j. Let (i) $N_i =$ number of

SNPs across all pairs for gene i, (ii) $|g_i| =$ length of gene i, (iii) $P =$ number of genome pairs

and (iv) $G =$ the number of genes across the genome being analyzed (all genes in the essential,

non-essential, antigen, antibiotic resistant and family protein categories).

Then the length of the genome (concatenate of all genes being analyzed) is given by $\sum_{i=1}^{G}|g_i|$

and the number of SNPs across all genes and genome pairs is given by $\sum_{i=1}^{G} N_i$. The null rate for

$\mathcal{N}_j$ is given by the mean SNP distance between all pairs of isolates, weighted by the length of

gene j as a fraction of the genome concatenate and number of isolate pairs:

$$\lambda_j = \left(\frac{\sum_{i=1}^{G} N_i}{P}\right)\left(\frac{|g_i|}{\sum_{i=1}^{G}|g_i|}\right)\left(\frac{1}{P}\right)$$

The p-value for gene j is then calculated as $\Pr\left(N_i > \mathcal{N}_j\right)$. We tested 3,386 genes for mutational

density and applied Bonferroni correction to determine a significance threshold. We determine a

gene to have a significant amount of variation if the assigned p-value $< \frac{0.05}{3,386} \approx 1.477 \times 10^{-5}$.

Nucleotide Diversity

We define the nucleotide diversity $\left(\pi_g\right)$ for a given gene g as follows: (i) let $\left|gene_g\right|$ = base-

pair length of the gene, (ii) $N_{i,j}$ = number of in-host SNPs (independent of the change in allele

frequency for each SNP) between the longitudinal isolates for subject i occurring on gene j and

(iii) P = number of subjects. Then

$$\pi_g = \left(\frac{1}{P}\right)\left(\frac{1}{\left|gene_g\right|}\right)\sum_{i=1}^{P} N_{i,g}$$

622   Correspondingly, let G be a category consisting of M genes, then the average nucleotide diversity

623   for G is given by:

$$\pi_G = \left(\frac{1}{M}\right)\left(\frac{1}{P}\right)\sum_{j=1}^{M}\left(\frac{1}{\left|gene_j\right|}\right)\left(\sum_{i=1}^{P} N_{i,j}\right)$$

SNP calling simulations in repetitive genomic regions

Certain repetitive regions of the *Mycobacterium tuberculosis* genome (ESX, PE/PPE loci) may

give rise to false positive and false negative variant calls due to the mis-alignment of short-read

sequencing data. To test the rate of false negative and false positive SNP calls in genes with *in-*

host SNPs (**Fig. 5**, **Table S8**) we collected the set of non-redundant SNPs observed in these loci

(**Table S10**). Next, we collected a set of publicly available reference genomes (**Table S9**) and

introduced these mutations into the respective loci positions in the reference genomes. We then

simulated short-read Illumina sequencing data of comparable quality to our sequencing data from

these altered reference genomes. Using our variant-calling pipeline to call polymorphisms, we

then estimated the number of true and false positive SNP calls for each gene, based off of how

many introduced SNPs were called (true positives), how many introduced SNPs were not called

(false negatives) and how many spurious SNPs were called (false positives). A schematic of our

simulation methodology is given in **Fig. S5**, a detailed explanation is given in **Supplementary**

Note 1 and the results of our simulations (given in **Fig. S6)** confirm a low false-positive rate.

Global Lineage Typing

We determined the global lineage of each longitudinal ($N = 614$) and global isolate ($N =$

32,033) using base calls from Pilon-generated VCF files and a 62-SNP lineage-defining

diagnostic barcode from a previously published study (Coll et al. 2014).

Phylogenetic Convergence Analysis & t-SNE Visualization

Construction of Genotypes Matrix: We detected SNP sites at 878,244 H37Rv reference positions

(of which 61,918 SNPs were not biallelic) among our global sample of 33,873 isolates. After

excluding SNP sites with rare minor alleles (sites in which alternate alleles were called in < 5

isolates) we retained SNPs at 146,874 positions. We constructed a 146,874 x 33,873 genotypes

matrix (coded as 0:A, 1:C, 2:G, 3:T, 9:Missing) and filled in the matrix for the allele supported at

652 each SNP site for each isolate according to the *SNP Calling* filters outlined above. If a base call

653 at a specific reference position for an isolate did not meet the filter criteria that allele was coded

654 as *Missing*.

655 Excluding 2,348 SNP sites that had an EBR score < 0.80, another 1,509 SNP sites located within

656 mobile genetic element regions, and 3,220 SNP sites in with missing calls in > 25% of isolates

657 yielded a genotypes matrix with dimensions 139,797 x 33,873. Next, we excluded 1,518 isolates

658 with missing calls in > 25% of SNP sites yielding a genotypes matrix with dimensions 139,797 x

659 32,355. We used a previously published 62-SNP barcode (Coll et al. 2014) to type the global

660 lineage of each isolate in our sample. We further excluded 322 isolates that did not get assigned a

661 global lineage, another 100 isolates that were used in our longitudinal analysis (**Table S3**), 152

662 isolates typed as *Mycobacterium bovis*, and 35 isolates typed as lineage 7. To improve

663 computational efficiency and runtime, we randomly down sampled (using Python's

664 random.sample() function) our collection of lineage 2 and lineage 4 isolates to include 7,000

665 isolates of each lineage in our sample. This excluded 1,064 lineage 2 isolates and 10,330 lineage

666 4 isolates. These steps yielded a genotypes matrix with dimensions 139,797 x 20,352. Finally,

667 we excluded 10,899 SNP sites from this filtered genotypes matrix in which the minor allele

668 count = 0. The genotypes matrix used for downstream analysis had dimensions 128,898 x 20,352

669 representing 128,898 SNP sites across 20,352 isolates. The global lineage breakdown of the

670 20,352 isolates was: L1=2,802, L2=7,000, L3=3,352, L4=7,000, L5=101, L6= 97.

672 <u>Phylogenetic Convergence Test</u>: We tested 141/174 in-host SNPs in which the alternate (mutant)

673 allele frequency increased substantially across sampling (**Table S8**) for phylogenetic

674 convergence. We scanned a set 20,352 global and genetically diverse isolates from our 128,898 x

20,352 genotypes matrix for these SNPs (**Table S18**). To determine phylogenetic convergence

for a given SNP site, we required that the alternate allele (called against the H37Rv reference) be

present but not fixed in at least three global lineages. More specifically, we required that the

alternate allele be detected in at least 1 isolate within each lineage and not in > 95% of the

isolates in that lineage. Twenty-six SNP sites across 12 genes and 3 intergenic regions were

detected as having a signal of phylogenetic convergence (**Table S19**).

<u>t-SNE Visualization:</u> To construct the t-SNE plots that captured the genetic relatedness of the

20,352 isolates in our sample, we first constructed a pairwise SNP distance matrix. To efficiently

compute this using our 128,898 x 20,352 genotypes matrix, we binarized the genotypes matrix

and used sparse matrix multiplication implemented in Scipy to compute five 20,352 x 20,352

similarity matrices (Virtanen et al. 2020). We constructed a similarity matrix for each nucleotide

(A, C, G, T) where row i, column j of the similarity matrix for nucleotide x stored the number of

x's that isolate i and isolate j shared in common across all SNP sites. The fifth similarity matrix

(N) stored the number of SNP sites in which neither isolate i and isolate j had a missing value.

The pairwise SNP distance matrix (D) was then computed as $D = N - (A + C + G + T)$. D had

dimensions 20,352 x 20,352 where row i, column j stored the number of SNP sites in which

isolate i and isolate j disagreed. We used D as input into a t-SNE algorithm implemented in

Scikit-learn (Pedregosa et al. 2011) (settings: perplexity = 40, n_components = 2, metric =

"precomputed", n_iter = 1000, learning_rate = 500) to compute the embeddings for all 20,352

isolates in our sample. We used these embeddings to visualize the genetic relatedness of the

isolates in two dimensions and colored isolates (points on the t-SNE plot) by lineage (**Fig. 7A**).

For visualizing specific mutations, isolates were colored according to whether or not the alternate

(mutant) allele was called (**Fig. 7B-F**, **S10-S11**).

Data Analysis and Variant Annotation

Data analysis was performed using custom scripts run in Python and interfaced with iPython

(Pérez and Granger 2007). Statistical tests were run with Statsmodels (Seabold and Perktold

2010) and Figures were plotted using Matplotlib (Hunter 2007). Numpy (Van Der Walt et al.

2011), Biopython (Cock et al. 2009) and Pandas (McKinney and others 2010) were all used

extensively in data cleaning and manipulation. Functional annotation of SNPs was done in

Biopython (Cock et al. 2009) using the H37Rv reference genome and the corresponding genome

annotation. For every SNP called, we used the H37Rv reference position provided by Pilon

(Walker et al. 2014) generated VCF file to extract any overlapping CDS region and annotated

SNPs accordingly. Each overlapping CDS regions was then translated into its corresponding

peptide sequence with both the reference and alternate allele. SNPs in which the peptide

sequences did not differ between alleles were labeled *synonymous*, SNPs in which the peptide

sequences did differ were labeled *non-synonymous* and if there were no overlapping CDS

regions for that reference position, then the SNP was labeled *intergenic*.

Pathway Definitions

We used SEED (Overbeek et al. 2013) subsystem annotation to conduct pathway analysis and

downloaded the subsystem classification for all features of *Mycobacterium tuberculosis* H37Rv

(id: 83332.1) (**Table S15**). We mapped all of the annotated features from SEED to the annotation

for H37Rv. Due to the slight inconsistency between the start and end chromosomal coordinates

for features from SEED and our H37Rv annotation, we assigned a locus from H37Rv to a

subsystem if both the start and end coordinates for this locus fell within a 20 base-pair window

of the start and end coordinates for a feature in the SEED annotation (**Table S16**).

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AUTHOR CONTRIBUTIONS

R.V.J. and M.R.F. conceived, designed and conducted the study. R.V.J. and M.R.F. drafted the

manuscript with input from all authors. L.F. and M.M. provided bioinformatics support. L.E.E.,

D.D., M. Salfinger and M. Strong cultured Mtb isolates and performed DNA extraction in

preparation for PacBio sequencing. M.Smith and I.O. prepared libraries and performed PacBio

sequencing runs.

COMPETING INTERESTS

The authors declare that they have no competing interests.

DATA AND MATERIALS AVAILABILITY

All Mtb sequencing data was collected from previously published studies and is publicly

available. Individual accession numbers for the Mtb genomes analyzed in this study can be found

in **Table S2** and information on which studies from which the data was generated can be found

in the **Methods**, **Fig. S1** and **Table S1**. All packages and software used in this study have been

noted in the **Methods**. Custom scripts written in python version 2.7.15 were used to conduct all

analyses and interfaced via Jupyter Notebooks. All scripts and notebooks will be uploaded to a

GitHub repository upon acceptance of this manuscript for publication.

FIGURES

 Fig. 1. Selection of patients with longitudinal clonal infection. (**A**) Allele frequency change

 between paired isolates $(\Delta AF) = |AF_1^A - AF_2^A| = |AF_1^B - AF_2^B|$. (**B**) The F2 measure >0.04

 (**Methods**) was used to identify and exclude isolate pairs with evidence for mixed strain growth

 at any time point. (**C**) Replicate and longitudinal pairs with fixed SNP (fSNP) distance of >7

 were excluded. For longitudinal isolates fSNP>7 was assessed as consistent with Mtb reinfection

 with a different strain.

1001

Fig. 2. Allele frequency dynamics within antibiotic resistance loci. (**A**) The antibiotic

resistance genes *embB*, *katG*, *gyrA*, *ethA*, and *pncA* demonstrate evidence for competing clones

during infection (other examples found are displayed in **Fig. S2**). Each mutant allele is labeled

with amino acid encoded by the reference allele, H37Rv codon position, and amino acid encoded

by the mutant allele. (**B**) The allele frequency trajectories for SNPs that occur in subjects over

the course of infection can be used to study the prediction of further antibiotic resistance using

1008   the frequency of alternate alleles detected in the longitudinal isolates collected from subjects. (**C**)

1009   Plot of true positive rate (TPR) and false positive rate (FPR) for detecting eventual fixation of a

1010   resistance allele ($AF_2 \geq 75\%$) as a function of initial allele frequency (AF_1).

1011

1012

Fig. 3. Pre-existing resistance is associated with resistance amplification. We called

heterozygous SNPs (hSNP) in each isolate from a subject with clonal infection classified as

failing treatment (N=167). We defined hSNPs as a SNP called in an isolate with an alternate

allele frequency between 25% and 75% (**Methods**). (**A**) The number of hSNPs called in the 2nd

sample isolated vs the number of hSNPs called in the 1st sample isolated from each of 167

subjects. The dashed line is y = x. (**B-C**) Among subjects who fail treatment, (**B**) subjects with

pre-existing mutations that confer antibiotic resistance and (**C**) those that have pre-existing MDR

are more likely to acquire antibiotic resistance mutations throughout the course of infection.

1021

Fig. 4. Replicate pairs reveal levels of biological noise associated with repeated sampling.

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(**A, B**) We analyzed the distribution of ΔAF for all SNPs detected across all replicate pairs ($m =$

62) and longitudinal pairs ($n = 200$) for SNPs where ΔAF ≥ 25%. (**B**) SNPs were detectable at

lower levels of ΔAF for both types of isolate pairs, but SNPs with higher values of ΔAF were

only found in longitudinal pairs. (**C**) To determine a ΔAF threshold for calling SNPs

representative of changes in bacterial population composition in-host, we calculated the average

number of SNPs per pair of isolates at different ΔAF thresholds for both replicate and

longitudinal pairs. At a ΔAF threshold of 70% the number of SNPs between replicate pairs

represents 5.27% of the SNPs detected amongst all replicate and longitudinal pairs, weighted by

the number of pairs in each group.

1032

Fig. 5. Genome-wide diversity in 200 clonal Mtb infections. (**A**) Distribution of five major

Mtb lineages among the 200 clonal Mtb infections. (**B**) Distribution of 153 in-host SNPs within

coding regions among the 200 longitudinal isolate pairs across the 4.41 Mbp Mtb genome (blue

circles: synonymous, red circles: non-synonymous). Blue and red circles on the innermost black

ring indicate the locations of SNPs detected in one patient; circles on the next ring represent

SNPs detected in two patients. The $-\log_{10}$(p-value) of the mutational density test (**Methods**) by

gene is plotted in the outermost, red and green, regions. Labeled yellow circles represent genes

significant at the bonferroni-corrected cutoff ($\alpha = 0.05/3{,}886$). (**C**) Distribution of ΔAF by SNP

type: sSNP: synonymous, nSNP: non-synonymous, iSNP: intergenic. (**D**) Heat-map of SNPs per

gene (rows) and patient (columns). Colored circles across columns indicate the strain

phylogenetic lineage (as represented in **A**). Gene names colored according to gene category (**Fig.**

6D) with parentheses indicating the number of subjects with a SNP in a given gene. *Indicates

genes in which SNPs are detected within multiple subjects.

Nucleotide Diversity

1046

Fig. 6. PE/PPE genes vary considerably within host while putative antigens remain

conserved. (**A**) Mutational spectrum of in-host SNPs. (**B**) In-host SNP counts vs. time between

isolate collection (195/200 subjects with dates shown, *W (Walker et al. 2013) isolates only had

year of collection). (**C**) boxplots of nucleotide diversity by gene within each of 5 non redundant

categories (see text). (n = number of genes). (**D**) Average nucleotide diversity across genes by

category. Nucleotide diversity in epitope and non-epitope region (**Methods**) of each gene in the

Antigen (**E, F**) and PE/PPE (**G, H**) gene categories. (**l, J**) PE/PPE genes separated into three non-

redundant categories: PE, PE-PGRS, and PPE. (**J**) The average nucleotide diversity by category.

(**I**) box plot of nucleotide diversity by gene.

Fig. 7. Mutations acquired in-host are phylogenetically convergent. We constructed t-SNE

plots from a pairwise SNP distance matrix for our global sample of 20,352 clinical isolates and

128,898 SNP sites (**Methods**). (**A**) Labeling isolates by global lineage revealed that isolates

cluster according to genetic similarity. Next, we labeled isolates by whether they carried a

mutant allele that was also detected in-host. (**B-F**) Mutations in *gyrA*, *rpoB*, *PPE18*, *PPE54* and

PPE60 were detected in-host (**Table S8**), occur in a global collection of isolates (**Table S18**) and

are scattered across the tSNE plots, indicating that they belong to genetically different clusters of

isolates (**Table S19**). Furthermore, all mutations with a signal of phylogenetic convergence were

detected in isolates belonging to different clusters, confirming that theses mutations must have

arisen independently in different genetic backgrounds (**Fig S10-S11**). Each plot is labeled with

the gene name each mutation occurs within, amino acid encoded by the reference allele, H37Rv

codon position, and amino acid encoded by the mutant allele. N = number of isolates with mutant

allele.