

1 **Title: Oropouche virus detection in saliva and urine.**

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22

## 23 Abstract

24

25 Oropouche virus (OROV) is an arthropod-borne virus of the *Peribunyaviridae* family,  
 26 transmitted to humans primarily by *Culicoides paraensis*. It is one of the main  
 27 arboviruses that infect humans in Brazil, mainly in the Amazon region. We report the  
 28 OROV detection in the saliva and urine five days after the symptom's onset. Results  
 29 were further confirmed by nucleotide sequencing and phylogenetic analysis. To our  
 30 knowledge, this is the first report that OROV may be detected in the saliva and urine of  
 31 infected patients. In addition, our results may contribute to the current knowledge  
 32 regarding the natural history of Oropouche fever.

33

34 **Key words:** Arboviruses; Orthobunyavirus; Oropouche virus; Saliva; Urine; Real-Time  
 35 Polymerase Chain Reaction

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## 40 Text

41 The Oropouche virus (OROV) is an arthropod-borne virus, with a triple-  
 42 segmented negative-stranded RNA linear genome. Each segment is designated  
 43 according to its size as L (large), M (medium), and S (small). This arbovirus belongs of  
 44 the *Peribunyaviridae* family, genus *Orthobunyavirus*, species *Oropouche*  
 45 *orthobunyavirus* (<https://talk.ictvonline.org/taxonomy/>), and two invertebrate vectors  
 46 have been associated with the urban transmission cycle, *Culicoides paraensis*  
 47 (Ceratopogonidae), which is considered the primary vector, and *Culex quinquefasciatus*  
 48 (Culicidae) <sup>(1)</sup>. Recently, one study reinforced the potential role of *Culex sp.* mosquitoes  
 49 in the OROV transmission <sup>(2)</sup>.

50 The infection with Oropouche virus can result in an acute febrile and  
 51 exanthematous illness, with symptoms frequently related to other viral infections such  
 52 as dengue. Oropouche fever cases were reported in several Brazilian states including  
 53 Amazonas, Acre, Pará, and Mato Grosso, as well as in other South America countries <sup>(2-</sup>  
 54 <sup>9)</sup>.

55 The Oropouche fever is usually confirmed by detecting OROV genome in the  
 56 plasma or serum of acutely infected patients, or by specific IgM serology during  
 57 convalescence <sup>(1,10,11)</sup>. Nevertheless, recent studies showed arboviruses detection using  
 58 other body fluids, such as saliva and urine. This was demonstrated to different viral  
 59 species such as *Chikungunya virus* (CHIKV, family *Togaviridae*, *Alphavirus* genus)  
 60 <sup>(12,13)</sup>; *Dengue virus* (DENV) <sup>(14)</sup>, *West Nile virus* (WNV) <sup>(15)</sup>, and *Zika virus* (ZIKV) <sup>(16-</sup>  
 61 <sup>18)</sup>, all members of the *Flaviviridae* family, *Flavivirus* genus. On the other hand, the  
 62 detection of an *Orthobunyavirus* in the saliva or urine was not reported to date.  
 63 Therefore, this study aimed to investigate the presence of OROV in these biological  
 64 specimens, during the acute phase of the illness.

Between February and June 2016, a total of 352 acute-phase specimens, collected amid 0 to 5 days after symptom's onset, were sent to Instituto Leônidas e Maria Deane – Fiocruz (ILMD), a research unit of the Brazilian Ministry of Health that was responsible for the laboratory diagnosis of ZIKV during its emergence in the Amazonas State, Brazil. Initially, plasma samples were submitted to RNA extraction using QIAamp Viral RNA Mini Kit (Qiagen), according to the manufacturer's instructions. Posteriorly, we tested all samples for ZIKV <sup>(19)</sup>; CHIKV <sup>(20)</sup>, and DENV <sup>(21)</sup>, by reverse transcription real-time polymerase chain reaction (RT-qPCR). A multiplex RT-qPCR assay further tested negative samples for Mayaro virus (MAYV) and OROV <sup>(10)</sup>.

We evaluated the saliva and the urine of five OROV positive patients in plasma, using the same protocol. Subsequently, the OROV positive samples were submitted to conventional RT-PCR targeting L, M, and S segments using a protocol developed by our group. Initially, we performed the reverse transcription reaction using SuperScript IV reverse transcriptase and random primers (Thermo Fisher Scientific). The cDNA was amplified in a reaction using 1.5mM of Mg<sup>2+</sup>, 0.2 mM of dNTPs, 1U of Platinum Taq DNA Polymerase (Thermo Fisher Scientific) and 0.3 μM of specific primers for S and L segments, and 0.5 μM for M segment (Table).

The nucleotide sequencing reaction was carried out on an ABI3130 genetic analyzer at the ILMD genomics platform. The data were analyzed using the Geneious software v10.2.6 <sup>(22)</sup> for quality check, trimming, and contig assembly. The genome segments sequenced in this study were analyzed together with three different datasets, one for each segment, containing 75 Orthobunyavirus species recognized by the International Committee on Taxonomy of Viruses (ICTV - Virus Metadata Repository: version June 1, 2019; MSL34 - <https://talk.ictvonline.org/taxonomy/vmr/m/vmr-file->

90 [repository/8287/download](#)), with the full genome records available in GenBank at 01-  
 91 Jun-2019. All datasets were aligned with MUSCLE (codons) embedded in MEGA X  
 92 software <sup>(23)</sup>. Species confirmation was performed using phylogenetic reconstruction by  
 93 Bayesian Inference (BI) with MrBayes 3.2.6 with two runs and 20 million Markov  
 94 chain Monte Carlo (MCMC) generations <sup>(24)</sup> at CIPRES Science Gateway V. 3.3  
 95 (<https://www.phylo.org>) and maximum-likelihood (ML) with PhyML 3.0 <sup>(25)</sup> with Smart  
 96 Model Selection (SMS) <sup>(26)</sup> (<http://www.atgc-montpellier.fr/phyml/>). All procedures of  
 97 this study were according to the Ethics Committee of the State University of Amazonas  
 98 (CAAE: 56,745,116.6.0000.5016).

99       Among the tested plasma samples, 202 were positive for ZIKV, one for CHIKV,  
 100 three for DENV, and five to OROV. All OROV positive patients in plasma had saliva  
 101 and urine further evaluated. One fifty-one years-old female patient  
 102 (BR\_AM\_ILMD\_0240AOS\_2016), living in Manaus, Amazonas State, Brazil, whose  
 103 samples were collected at 2016-04-11, five days after the symptom's onset, presented  
 104 positivity for OROV both in saliva and urine, with Cts values of 31 and 26,  
 105 respectively. According to the medical records, the patient presents fever, rash, myalgia,  
 106 pruritus, headache, arthralgia, lymphadenopathy, diarrhea, and vomit during illness.

107       Partial CDS sequencing was successful for both the L (396bp), M (648bp), and S  
 108 (555bp) segments and these sequences were used for phylogenetic reconstruction, using  
 109 a dataset of ICTV recognized Orthobunyavirus species. Both BI and ML phylogeny  
 110 were evaluated using the nucleotide substitution model GTR+G+I, as selected by the  
 111 SMS approach. All Bayesian runs reached convergence with an average standard  
 112 deviation of split frequencies lower than 0.009 and ESS values > 200. For the three  
 113 genome segments, the sample BR\_AM\_ILMD\_0240AOS\_2016 clustered with the

114 OROV RefSeq with high (1.0) posterior probability support (Figure). The same  
115 topology was observed in the ML tree (data not shown).

116 Several reports have shown that different arboviruses like ZIKV and CHIKV can  
117 be detected testing unusual body fluids, such as saliva and urine. Two studies with  
118 samples collected from patients infected with ZIKV showed that some individuals were  
119 positive only in saliva and not in serum <sup>(17,27)</sup>. Interesting, our group found similar  
120 results during the ZIKV emergence in the Amazonas State, Brazil (unpublished  
121 observations). Other reports showed that saliva might be an alternative specimen for  
122 CHIKV detection during the acute phase of illness, with positivity ranging from 58.3 to  
123 77% <sup>(12,13)</sup>. However, no previous study reported the detection of a member of the  
124 *Orthobunyavirus* genus in these biological fluids.

125 Therefore, we decided to investigate if OROV, an endemic arbovirus in the  
126 Amazon region, could also be identified using the same biological specimens. In the  
127 present study, OROV was detected by RT-qPCR in saliva and urine of one patient,  
128 whose specimens were collected five days after the symptom's onset. This result was  
129 further confirmed by conventional RT-PCR, followed by nucleotide sequencing and  
130 phylogenetic analysis using the ICTV reference database for orthobunyaviruses, which  
131 clustered all the three genomic segments sequences obtained in this work with the  
132 OROV RefSeqs.

133 It was beyond the scope of the present study to assess the best human specimen  
134 for OROV detection, but it was interesting that we found the higher viral load in urine,  
135 when compared with saliva or plasma. Prior studies have also reported the detection of  
136 arboviruses in urine. One study with WNV, an arbovirus of the *Flaviviridae* family,  
137 reported a higher viral load in urine than in plasma, during the acute phase of illness <sup>(15)</sup>.  
138 On the other hand, two different studies with CHIKV and DENV showed a significantly

139 lower rate of detection when urine was tested during the first days after symptom's  
140 onset, in comparison with samples collected during the second week of illness <sup>(13,14)</sup>.  
141 Altogether, these results suggest that urine may be used as a specimen for different  
142 arbovirus detection. Albeit, longitudinal studies, with a more significant number of  
143 patients, are necessary to evaluate the potential use of different body fluids for OROV  
144 detection.

145 To our knowledge, this is the first report that OROV may be detected in the  
146 saliva and urine of infected patients, showing that these specimens can be employed as  
147 alternative sources for the detection of OROV and, perhaps, for other members in the  
148 *Peribunyaviridae* family. Moreover, the detection of OROV in urine and saliva strongly  
149 suggests that this virus sheds into additional body fluids than blood and Cerebrospinal  
150 fluid, as previously reported <sup>(28)</sup>. Therefore, our results may further contribute to the  
151 current knowledge regarding the natural history of Oropouche fever.

152

#### 153 **Nucleotide sequence accession number:**

154 The partial CDS sequences of OROV isolate BR\_AM\_ILMD\_0240AOS\_2016 are  
155 available in GenBank, under the accession numbers MN419356 (L); MN419357 (M);  
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157

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172

### 173 **AUTHOR'S CONTRIBUTION:**

174 VAN, LFA, JHAS, and FGN conceived the study. VAN, LFA, JHAS, and FGN designed the  
175 study protocol. VAN, DCSM, KPP, AJLC, VCS, and FGN performed the molecular tests and  
176 the analysis and interpretation of these data. LFA and JHAS collected clinical information.  
177 VAN and FGN wrote the manuscript. FGN financed the study. VAN, LFA, and FGN critically  
178 revised the manuscript for intellectual content. All authors read and approved the final  
179 manuscript.

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261

**Table. Oligonucleotides designed and used in this study.**

263

Oligo	Sequence (5'- 3')	Start	Stop
OROV_L_56_FNF	TTGCTCAACCARTATCGRAATAGGAT	56	81
OROV_L_174_FNF	CTGCAAACTTGAGTAYAGAAATGATG	174	200
OROV_L_621_FNR	TCAATCCATGGCAATGTCATTGT	621	599
OROV_M_2185_FNF	TCCCAAATCTAATCCTTTTACYGAT	2185	2209
OROV_M_2864_FNF	AGTATAGATGTACAAGGTACAGAATC	2864	2889
OROV_M_3564_FNR	TTCCTTCTCATAGCATGGCAT	3564	3544
OROV_S_6_FNF	TGTACTCCACAATTCAAAACAT	6	27
OROV_S_133_FNF	ACGGACAAGTGCTCAATGCT	133	152
OROV_S_728_FNR	TCCGAATTGGCGCAAGAAGT	728	709

  

Assay	Primer pairs	Size (bp)
L - 1 <sup>st</sup> PCR (55°C)	OROV_L_56_FNF + OROV_L_621_FNR	566
L – semi-nested (50°C)	OROV_L_174_FNF + OROV_L_621_FNR	448
M - 1 <sup>st</sup> PCR (55°C)	OROV_M_2185_FNF + OROV_M_3564_FNR	1380
M - semi-nested (55°C)	OROV_M_2864_FNF + OROV_M_3564_FNR	701
S - 1 <sup>st</sup> PCR (58°C)	OROV_S_6_FNF + OROV_S_728_FNR	723
S - semi-nested (58°C)	OROV_S_133_FNF + OROV_S_728_FNR	596

264

265 Start/Stop positions refers to the nucleotide position of OROV GenBank reference sequence  
266 NC\_005776.1 (segment L); NC\_005775.1 (segment M); NC\_005777.1 (segment S). To  
267 increase sensitivity, we developed semi-nested reactions for each genome segment. All 1<sup>st</sup> PCR  
268 reactions followed the same program: 94°C for 2 minutes for enzyme activation; 35 X (94°C for  
269 30 seconds, 55 or 58°C for 30 seconds, and 72°C during 1 minute / Kb), a final step at 72°C for  
270 5 minutes. For semi-nested reactions: 94°C for 2 minutes for enzyme activation; 30 X (94°C for  
271 30 seconds, 50, 55 or 58°C for 30 seconds, and 72°C during 1 minute / Kb), a final step at 72°C  
272 for 5 minutes. All primers used in this study were synthesized by IDT DNA Technology, USA.

273

274

275 **Figure. Phylogenetic tree of Orthobunyavirus species.** Three mid-rooted Bayesian trees, one  
 276 for each genome segment, were constructed with MrBayes software v3.2.6 and 76 taxa (the 75  
 277 Orthobunyavirus species recognized by the International Committee on Taxonomy of Viruses  
 278 (ICTV) with complete genome records available in GenBank at 01-Jun-2019 and the sample  
 279 BR\_AM\_ILMD\_0240AOS\_2016 reported in this study). Phylogenetic trees were set mid-  
 280 rooted, with increased node order in FigTree 1.4.4 for clarity. A color-key represents the  
 281 posterior probability values of each branch. The clade containing the sequence described in this  
 282 study is highlighted in yellow, clustered with the Oropouche virus Refseq. The scale bar  
 283 represents nucleotide substitutions per site. A = L segment tree; B = M segment tree; C = S  
 284 segment tree.

