

1 **TITLE:**

2 Genomic Polymorphisms in Toxin-Antitoxin Systems and Identification of Novel Phylo-  
3 SNPs and Polymorphisms Associated with Drug Resistance/Susceptibility in Clinical Isolates  
4 of *Mycobacterium tuberculosis* from Mumbai, India

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7 **RUNNING TITLE:**

8 Genomic Polymorphisms in Toxin-Antitoxin Systems of *M. tb*

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11 **AUTHORS:**

12 Kayzad Nilgiriwala\*, Vidushi Chitalia, Sanchi Shah and Akshata Papewar

13

14

15 **AFFILIATION:**

16 The Foundation for Medical Research, 84-A, R. G. Thadani Marg, Worli,

17 Mumbai 400 018

18

19 **\*CORRESPONDENCE TO:**

20 Dr. Kayzad Soli Nilgiriwala

21 The Foundation for Medical Research (FMR)

22 84-A, R. G. Thadani Marg, Worli, Mumbai 400 018

23 Tel: 91 22 24934989 / 24938601

24 Fax: 91 22 24932876

25 E-mail: [fmr@fmrindia.org](mailto:fmr@fmrindia.org) Website: [www.fmrindia.org](http://www.fmrindia.org)

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27 **ABSTRACT**

28 Toxin-antitoxin (TA) modules are one of the prominent determinants that triggers a persistent  
29 state aiding *Mycobacterium tuberculosis* evasion to host generated stresses. The 79  
30 characterized and putative TA systems described in *M. tuberculosis* are dominated by the  
31 VapBC, MazEF, HigAB, RelBE and ParDE TA families, largely involved in persistence and  
32 cell arrest. Hence, there is a need to maintain and conserve the TA loci in the chromosome of  
33 the pathogen. It is essential to study the genomic differences of the TA systems in clinical  
34 isolates along with its association to drug susceptibility patterns and lineage. In the current  
35 study, the TA loci and their promoter sequences were analysed from the whole genome  
36 sequence data of 74 clinical isolates. *Mykrobe Predictor* was used for lineage identification  
37 and drug resistance predictions in the clinical isolates. Polymorphisms associated with 79.8%  
38 (63/79) TA systems were observed across 72 clinical isolates. Among the TA systems, the  
39 isolates had a varying number of polymorphisms localised primarily in the toxin genes  
40 (58.7%), antitoxin genes (40.7%) and chaperones (0.6%), due to Single Nucleotide  
41 Polymorphism (SNP) resulting in transition (67.3%), transversion or frameshift mutations.  
42 Our analysis suggests the presence of novel Phylo-SNPs by establishing high confidence  
43 association of specific lineages to polymorphisms in the TA systems. Notably, association of  
44 polymorphisms in Rv1838c-1839c (VapBC13), Rv3358-3357 (YefM/YoeB) and Rv0240-  
45 0239 (VapBC24) to Delhi/Central Asia lineage. The polymorphic loci of the 3 TA systems is  
46 localised in the antitoxin gene of the Delhi/Central Asia strains, with a resultant silent  
47 mutation. The assessment of correlation between TA polymorphisms and the drug resistance  
48 profile revealed correlation of SNPs in VapBC35 with drug resistant *M. tuberculosis* strains  
49 and SNPs in VapBC24, VapBC13 and YefM/YoeB to drug sensitive strains.

50

## 51 1. INTRODUCTION

52 Tuberculosis (TB), a disease caused by *Mycobacterium tuberculosis*, with an annual estimate  
53 of 10.4 million new cases globally, imposes a major burden of mortality and morbidity on the  
54 human population [1]. The long duration of treatment and a large reservoir of people with  
55 latent infection are major obstacles in controlling spread of the disease. Furthermore,  
56 multidrug resistance is a deterrent for effective treatment of TB. Besides acquired drug  
57 resistance, *M. tuberculosis* exhibits modified virulence, transmissibility and pathogenicity  
58 [2]. The organism may employ endogenous mechanisms of stress evasion due to persistence  
59 of the bacilli in the infected individual. The ‘persister’ state is a dormant state wherein the  
60 bacterial cells are recalcitrant to the unfavourable conditions. The persistent cells revert back  
61 to its proliferative growth on removal of the environmental stress factor such as nutrient  
62 starvation or antibiotic presence. The persister cells are therefore not antibiotic resistant  
63 mutants, but are highly antibiotic tolerant cells [3]. An important determinant of persistence  
64 is the presence of multiple toxin-antitoxin (TA) systems [4].

65 The TA systems are ubiquitous in prokaryotes; and typically consist of a stable  
66 protein toxin and a relatively unstable protein or non-coding RNA antitoxin against the  
67 cognate toxin protein neutralizing the toxin. On the basis of the nature of the antitoxin and its  
68 mode of interaction, toxin-antitoxin systems have been classified into five types [5]. The TA  
69 systems in numerous organisms are associated to post-segregational killing of daughter cells  
70 devoid of plasmid in plasmid encoded TA systems; however, chromosomally encoded TA  
71 systems as in case of *M. tuberculosis*, the role of TA system seems to be central in bacterial  
72 persistence [6]. *M. tuberculosis* has the highest number of TA systems than any other known  
73 bacteria (79 characterized and putative TA systems). The involvement of TA systems in  
74 persistence is proposed to be linked to increased pathogenesis. A majority of the TA systems

75 in *M. tuberculosis* belong to class II type that includes VapBC, MazEF, HigAB, RelBE and  
76 ParDE families of TA systems [6].

77 The present study analyzes the differences in the genomic structure of the TA systems  
78 of clinical isolates in comparison to H<sub>37</sub>Rv and correlate the polymorphisms in TA system to  
79 the drug resistance pattern and strain lineage.

80

## 81 **2. MATERIALS AND METHODS**

### 82 **2.1. *M. tuberculosis* strains**

83 A total of seventy-four clinical isolates of *M. tuberculosis* from TB patients (49 new, 12  
84 follow-ups and 13 re-treatment cases) were used in the study [7]. Along with the clinical  
85 isolates, standard strain H<sub>37</sub>Rv (ATCC 27294) was also processed in triplicate.

86

### 87 **2.2. Genomic DNA extraction, whole genome sequencing and analysis**

88 Genomic DNA was isolated from the clinical strains of *M. tuberculosis* using FastPrep24  
89 lysis method (MP Biomedicals, California, USA) as per standard protocol [7]. The extracted  
90 DNA was quantified using Qubit (Life Technologies, Carlsbad, California, USA). The DNA  
91 from the samples was processed using MiSeq Reagent Kit V2 in a MiSeq sequencer (Illumina  
92 Inc., San Diego, California, USA) as per manufacturer's protocol producing 151 base-pair  
93 paired end reads. The sequencing data can be accessed online (NCBI, SRA Accession ID:  
94 SRP101835). Sequencing reads were assembled using *M. tuberculosis* H<sub>37</sub>Rv reference  
95 genome (GenBank version ID: NC\_000962.3) using *Geneious* software (v10.1.3) [8], with  
96 default parameters. To diminish the possibility of assembly errors and resultant false SNPs,  
97 chimeric and low-quality reads were discarded. The sequences were aligned, visualized and  
98 analysed for toxin-antitoxin systems along with the associated SNPs, insertions and deletions

99 which were determined with minimum coverage of 10x, Q-score of  $\geq 20$  and variant  
100 frequency  $\geq 90\%$ .

101 The TA gene loci were identified from Tuberculist database (v 2.6) and as reported by Sala *et*  
102 *al* [6]. Regions of 100 bp upstream for each of the 79 distinct TA gene modules was selected  
103 as the promoter sequence and analysed for polymorphisms. The polymorphisms in the TA  
104 gene modules and promoters were extracted using *R* (v 3.4.2). The table (Table 1) describes  
105 the putative or characterized TA system considered for the study. The lineage identification  
106 and drug susceptibility pattern were predicted using *Mykrobe Predictor* (v 0.4.2) [9, 10].

107

### 108 **2.3. Statistical analysis**

109 The association of the polymorphisms in the TA systems to a particular drug resistance-based  
110 category was analysed by paired *t*-test with significance established at P values  $\leq 0.01$  using  
111 MS Excel (2010).

112

## 113 **3. RESULTS**

### 114 **3.1. Polymorphisms in the TA genes and promoters**

115 The polymorphisms within the toxin-antitoxin modules and the promoter regions were  
116 examined for 79 known and putative TA systems using H37Rv as a reference. Polymorphisms  
117 were detected in 80% (63/79) TA systems. The polymorphisms were primarily observed at  
118 up to 2 loci in a majority of the TA systems; however, few TA systems had polymorphisms at  
119 more than 2 loci. A maximum of 12 loci polymorphisms were observed in Rv0960-0959A  
120 (VapBC9), followed by 8 loci polymorphisms in Rv0059-0060 and Rv0836c-0837c. Overall,  
121 a comparatively higher number of polymorphic loci were localised in the toxin genes (58.7%)  
122 as compared to the antitoxin genes (40.7%). A single isolate exhibited polymorphism in the  
123 gene encoding the chaperone.

124 Single nucleotide polymorphism (SNP) reflecting transition mutation was found in 67.3% of  
125 the polymorphic loci. The second major type of polymorphism demonstrated transversion  
126 effect; while substitution, insertion and deletion were associated with a limited number of  
127 loci. Non-synonymous substitutions were observed in about 66% of the polymorphic sites in  
128 the TA genes; other polymorphisms resulted in either truncation or frameshift mutations.  
129 Truncation was indicated in the antitoxin genes of TA systems, Rv0059-0060 and Rv1495-  
130 1494 (MazEF4).  
131 Of the 74 isolates analysed, 97.3% (72/74) isolates had at least one polymorphism in one of  
132 the TA systems. About 95% of the isolates exhibited a SNP R21R in RelBE2 TA system  
133 followed by Rv0919-0918 F141F (94.6%), VapBC47 S46L (94.6%) and VapBC22 A56V  
134 (90.5%) with a polymorphism at a particular locus which maybe annotated as a hotspot. In  
135 case of the promoters, 28 isolates exhibited polymorphism in the VapBC18 promoter  
136 sequence. Details of the number and type of polymorphisms, and the resultant change in the  
137 codon are summarised in Tables 2 and 3.

138

### 139 **3.2. Polymorphisms in TA systems and drug susceptibility pattern**

140 On the basis of the drug susceptibility data obtained using *Mykrobe Predictor*, the isolates  
141 were classified into Drug sensitive (DS) and Drug Resistant (DR) strains including multidrug  
142 resistant TB (MDR, resistant to isoniazid and rifampicin), pre-extensively drug resistant TB  
143 (pre-XDR, resistant to quinolones or any of the second line injectable in addition to isoniazid  
144 and rifampicin) and extensively drug resistant TB (XDR, resistant to quinolone and second  
145 line injectable along with isoniazid and rifampicin). The analysis for the presence of TA  
146 system polymorphisms in the genes of the strains with different categories using paired t-test  
147 revealed significant correlation between DS and DR strains detailed in Table 4. No

148 significant difference was found within the DS and DR strains with respect to polymorphisms  
149 in the promoter sequences of the TA systems.

150

### 151 **3.3. Polymorphisms in TA systems and strain lineages**

152 A total of 27 isolates (36.5%) belonged to Beijing/East Asia lineage, followed by 25 (33.8%)  
153 Delhi/Central Asia, 17 (23%) European/American and 5 (6.8%) East Africa/Indian Ocean  
154 lineage. On analysing the presence of polymorphisms in various TA systems across the  
155 lineages, it was noted that specific polymorphisms in the TA systems were common in all the  
156 lineages; while others were specific to certain lineages. Polymorphisms in Rv0919-0918,  
157 Rv2829c-2830c (VapBC22), Rv2866-2865 (RelBE2) and Rv3408-3407 (VapBC47) were  
158 observed across all isolates irrespective of their lineage. The polymorphisms found  
159 exclusively or having significant association to specific lineages are presented in Table 5.  
160 With respect to the promoter sequences, polymorphisms in Rv2546-2545 (VapBC18) at a  
161 single locus was found to be associated to Beijing/East Asia lineage with 88.88% (n=24)  
162 prevalence rate. However, presence of additional polymorphisms at 3 other loci in the same  
163 sequence was found in one isolate which belonged to the East Africa/Indian Ocean lineage.

164

165 Another interesting aspect in TA systems was polymorphism in the overlapping region  
166 between the toxin and the antitoxin genes. The overlapping region is found in 55/79 TA  
167 systems with regions varying from 1 bp to 17 bp. However, polymorphisms in the  
168 overlapping region were observed in 2 TA systems namely - Rv1838c-1839c (VapBC13) and  
169 Rv0595c-0596c (VapBC4), resulting in 2 different protein effects. In case of VapBC13, a  
170 substitution in the toxin VapC13 leading to a change in valine to methionine was observed;  
171 while in the antitoxin gene *vapB13*, no effect on the protein was observed. Similarly, in

172 Rv0595c-0596c (VapBC4), a substitution of valine with methionine in the toxin VapC4 and  
173 truncation in the *vapB4* antitoxin gene were observed.

174

#### 175 **4. DISCUSSION**

176 The persistence is principally mediated by the toxin-antitoxin systems in the bacteria [11].  
177 The TA systems play a prominent role in development of persister cells rather than drug  
178 resistant cells [12]. There is limited correlation between the polymorphism in TA systems and  
179 drug susceptibility. A significant association was observed in 4/79 TA systems. Paired t-test  
180 revealed significant association of the presence of polymorphisms within Rv1962c-1963c  
181 (VapBC35) with respect to DR strains. An earlier study has shown altered expression pattern  
182 of VapBC35 TA module on exposure to antibiotics; this may be correlated to the  
183 polymorphisms associated with the DR strains [13]. Also, presence of polymorphisms in  
184 Rv0240-0239 (VapBC24), Rv1838c-1839c (VapBC13) and Rv3358-3357 (YefM/YoeB) are  
185 significantly associated with the DS strains of *M. tuberculosis*.

186 Polymorphisms resulting in substitution mutations observed within the overlapping regions  
187 of Rv1838c-1839c (VapBC13) and Rv0595c-0596c (VapBC4) resulted in a change from  
188 valine to methionine (GTG to ATG). Based on codon usage in *M. tuberculosis*, the codon  
189 change of GTG to ATG would likely result in higher translation rates of the toxins VapB13  
190 and VapB3 [14]. Association of polymorphisms in the TA systems with the strain lineages  
191 was observed in case of the TA systems. In a novel finding in the present study, we showed  
192 association of polymorphism in Rv1838c-1839c (VapBC13), Rv3358-3357 (YefM/YoeB)  
193 and Rv0240-0239 (VapBC24) to Delhi Central Asia strains. The unique polymorphisms  
194 related to each of the three TA systems were observed exclusively in 100% (25/25) of the  
195 Delhi Central Asia strains. The polymorphic loci of all the 3 TA systems is localised in the  
196 antitoxin gene, with resultant silent (synonymous) mutations. Interestingly, polymorphisms in



197 these TA systems are significantly associated with drug sensitive strains. Also, a unique SNP  
198 in Rv1102c-1103c (MazEF3) was observed in all the Beijing and Delhi Central Asia strains.  
199 A previous study has linked the SNPs in Toxin-Antitoxin-Chaperon (TAC) Rv1955-1956-  
200 1957 system with Beijing strains [15]. In the present study, 77% (21/27) Beijing strains  
201 exhibited polymorphism in the TAC system. With respect to the promoter sequences,  
202 polymorphism in Rv2546-2545 (VapBC18) at a single locus associated Beijing/East Asia  
203 lineage with a high (88.9%; 24/27) prevalence rate. Therefore, SNPs in TA systems may  
204 serve as targets in identification of the lineage of *M. tuberculosis* as reported by earlier  
205 studies [2, 16].

206 An interesting aspect in TA systems, is polymorphism in the overlapping region between the  
207 toxin and the antitoxin genes. The overlapping region is found in 55/79 TA systems with  
208 regions varying from 1 bp to 17 bp. However, polymorphisms in the overlapping region was  
209 observed only in 2 TA systems namely - Rv1838c-1839c (VapBC13) and Rv0595c-0596c  
210 (VapBC4) resulting in 2 different protein effects. A future perspective is to analyze the effect  
211 of SNP on the stability of the toxin and antitoxin protein molecules, and to determine the  
212 promoter strength for the variants using various bioinformatics tools. Experimental analyses  
213 of the effect of the polymorphisms in the expression of the toxin and antitoxin molecules will  
214 provide a better perspective on the precise effect of the polymorphisms.

215 Artificial activation of the TA systems in general have been reviewed earlier in the direction  
216 of discovering toxin activators or peptide disruptors of toxin-antitoxin for their possible  
217 application in antibacterial strategy [17, 18]. The TA systems in *M. tb* have been reviewed for  
218 the multiple toxin-antitoxin systems for their mechanisms and potential role in physiology and  
219 virulence [6]. There is a dearth of studies towards testing the TA system(s) in *M. tb* as a  
220 potential therapeutic tool, due to the risk of transformation into persister bacteria. With the  
221 increase in the incidence of drug resistance and with limited tools to deal with such resistant

222 strains, it may be worth looking at the TA systems to seek a solution. Such studies will be  
223 beneficial in selection of TA systems for potential application in therapeutics.

224

#### 225 **DECLARATION OF INTERESTS**

226 The authors declare no conflict of interest.

227

#### 228 **ETHICS STATEMENT**

229 Ethical clearance is not required for this study.

230

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239

## REFERENCES

- 240 1. World Health Organization. Global Tuberculosis Report: WHO Report 2016. Geneva:  
241 World Health Organization; 2016.
- 242 2. Zaychikova MV, Zakharevich NV, Sagaidak MO, Bogolubova NA, Smirnova TG,  
243 Andreevskaya SN, et al. Mycobacterium tuberculosis type II toxin-antitoxin systems: genetic  
244 polymorphisms and functional properties and the possibility of their use for genotyping. *PLoS*  
245 *one*. 2015;10(12):e0143682.
- 246 3. Keren I, Minami S, Rubin E, Lewis K. Characterization and transcriptome analysis of  
247 Mycobacterium tuberculosis persisters. *MBio*. 2011;2(3):e00100-11.
- 248 4. Unterholzner SJ, Poppenberger B, Rozhon W. Toxin-antitoxin systems: biology,  
249 identification, and application. *Mobile genetic elements*. 2013;3(5):e26219.
- 250 5. Fernández-García L, Blasco L, Lopez M, Bou G, García-Contreras R, Wood T, et al.  
251 Toxin-antitoxin systems in clinical pathogens. *Toxins*. 2016;8(7):227.
- 252 6. Sala A, Bordes P, Genevaux P. Multiple toxin-antitoxin systems in Mycobacterium  
253 tuberculosis. *Toxins*. 2014;6(3):1002-20.
- 254 7. Chatterjee A, Nilgiriwala K, Saranath D, Rodrigues C, Mistry N. Whole genome  
255 sequencing of clinical strains of Mycobacterium tuberculosis from Mumbai, India: A  
256 potential tool for determining drug-resistance and strain lineage. *Tuberculosis (Edinb)*.  
257 2017;107:63-72. doi: 10.1016/j.tube.2017.08.002. PubMed PMID: 29050774.
- 258 8. Kears M, Moir R, Wilson A, Stones-Havas S, Cheung M, Sturrock S, et al. Geneious  
259 Basic: an integrated and extendable desktop software platform for the organization and  
260 analysis of sequence data. *Bioinformatics*. 2012;28(12):1647-9.
- 261 9. Bradley P, Gordon NC, Walker TM, Dunn L, Heys S, Huang B, et al. Rapid  
262 antibiotic-resistance predictions from genome sequence data for Staphylococcus aureus and  
263 Mycobacterium tuberculosis. *Nature communications*. 2015;6:10063.

- 264 10. Stucki D, Malla B, Hostettler S, Huna T, Feldmann J, Yeboah-Manu D, et al. Two  
265 new rapid SNP-typing methods for classifying Mycobacterium tuberculosis complex into the  
266 main phylogenetic lineages. *PloS one*. 2012;7(7):e41253.
- 267 11. Page R, Peti W. Toxin-antitoxin systems in bacterial growth arrest and persistence.  
268 *Nature chemical biology*. 2016;12(4):208-14.
- 269 12. Torrey HL, Keren I, Via LE, Lee JS, Lewis K. High Persister Mutants in  
270 Mycobacterium tuberculosis. *PLoS ONE*. 2016;11(5):e0155127. doi:  
271 10.1371/journal.pone.0155127. PubMed PMID: PMC4866775.
- 272 13. Gupta A, Venkataraman B, Vasudevan M, Bankar KG. Co-expression network  
273 analysis of toxin-antitoxin loci in Mycobacterium tuberculosis reveals key modulators of  
274 cellular stress. *Scientific Reports*. 2017;7(1):5868.
- 275 14. DeJesus MA, Sacchettini JC, Ioerger TR. Reannotation of translational start sites in  
276 the genome of Mycobacterium tuberculosis. *Tuberculosis*. 2013;93(1):18-25.
- 277 15. Xiao T, Zhao L, Liu H, Li M, Zhao X, Wan K. Polymorphisms of toxin-antitoxin-  
278 chaperone system of Mycobacterium tuberculosis complex in China. *Chinese Journal of*  
279 *Epidemiology*. 2016;37(3):394-7. Epub 2016/03/24. doi: 10.3760/cma.j.issn.0254-  
280 6450.2016.03.021. PubMed PMID: 27005544.
- 281 16. Harris D, Perdigão J, Viveiros M, Portugal I, Drobniowski F, Gagneux S, et al.  
282 PolyTB: A genomic variation map for Mycobacterium tuberculosis. *Tuberculosis*.  
283 2014;30:1e9.
- 284 17. Williams JJ, Hergenrother PJ. Artificial activation of toxin-antitoxin systems as an  
285 antibacterial strategy. *Trends in microbiology*. 2012;20(6):291-8.
- 286 18. Hayes F, Kędzierska B. Regulating toxin-antitoxin expression: Controlled detonation  
287 of intracellular molecular timebombs. *Toxins*. 2014;6(1):337-58.

288 **TABLE LEGEND**

289

290 **Table 1 The TA systems included in the present study**

291

292 **Table 2 Polymorphisms in the TA genes**

293

294 **Table 3 Polymorphisms in the promoters of the TA systems**

295

296 **Table 4 Polymorphisms associated with DS and DR strains**

297

298 **Table 5 Polymorphisms associated with strain lineages**

299 **Table 1 The TA systems included in the present study**

<b>TA system ID</b>	<b>TA system</b>	<b>TA system ID</b>	<b>TA system</b>
1	Rv0059-0060 (DarTG)	41	Rv1962c-1963c (VapBC35)
2	Rv0065-0064A (VapBC1)	42	Rv1982c-1982A (VapBC36)
3	Rv0240-0239 (VapBC24)	43	Rv1989c-1990c
4	Rv0277c-0277A (VapBC25)	44	Rv1991c-1991A (MazEF6)
5	Rv0299-0298 (MazEF10)	45	Rv2010-2009 (VapBC15)
6	Rv0301-0300 (VapBC2)	46	Rv2019-2018
7	Rv0456A-0456B (MazEF1)	47	Rv2022c-2021c (HigBA2)
8	Rv0549c-0550c (VapBC3)	48	Rv2035-2034
9	Rv0582-0581 (VapBC26)	49	Rv2063A-2063 (MazEF7)
10	Rv0595c-0596c (VapBC4)	50	Rv2103c-2104c (VapBC37)
11	Rv0598c-0599c (VapBC27)	51	Rv2142c-2142A (ParDE2)
12	Rv0609-0608 (VapBC28)	52	Rv2231A-2231B (vapBC16)
13	Rv0617-0616A (VapBC29)	53	Rv2274c-2274A (MazEF8)
14	Rv0624-0623 (VapBC30)	54	Rv2494-2493 (VapBC38)
15	Rv0627-0626 (VapBC5)	55	Rv2527-2526 (VapBC17)
16	Rv0656c-0657c (VapBC6)	56	Rv2530c-2530A (VapBC39)
17	Rv0659c-0660c (MazEF2)	57	Rv2546-2545 (VapBC18)
18	Rv0661c-0662c (VapBC7)	58	Rv2548-2547 (VapBC19)
19	Rv0665-0664 (VapBC8)	59	Rv2549c-2550c (VapBC20)
20	Rv0749-0748 (VapBC31)	60	Rv2596-2595 (VapBC40)
21	Rv0836c-0837c*	61	Rv2602-2601A (VapBC41)
22	Rv0910-0909	62	Rv2653c-2654c
23	Rv0919-0918	63	Rv2757c-2758c (VapBC21)
24	Rv0960-0959A (VapBC9)	64	Rv2759c-2760c (VapBC42)
25	Rv1045-1044*	65	Rv2801c-2801A (MazEF9)
26	Rv1102c-1103c (MazEF3)	66	Rv2826c-2827c*
27	Rv1114-1113 (VapBC32)	67	Rv2829c-2830c (VapBC22)
28	Rv1242-1241 (VapBC33)	68	Rv2863-2862A (VapBC23)
29	Rv1246c-1247c (RelBE1)	69	Rv2866-2865 (RelBE2)
30	Rv1397c-1398c (VapBC10)	70	Rv2872-2871 (VapBC43)
31	Rv1495-1494 (MazEF4)	71	Rv3180c-3181c (VapBC45)
32	Rv1546-1545	72	Rv3182-3183 (HigBA3)
33	Rv1561-1560 (VapBC11)	73	Rv3189-3188
34	Rv1720c-1721c (VapBC12)	74	Rv3320c-3321c (VapBC44)
35	Rv1741-1740 (VapBC34)	75	Rv3358-3357 (YefM/YoeB)
36	Rv1838c-1839c (VapBC13)	76	Rv3384c-3385c (VapBC46)
37	Rv1942c-1943c (MazEF5)	77	Rv3408-3407 (VapBC47)
38	Rv1953-1952 (VapBC14)	78	Rv3697c-3697A (VapBC48)
39	Rv1955-1956-1957 (TAC)	79	Rv3749c-3750c (VapBC50)
40	Rv1959c-1960c (ParDE1)		

300 **Table 2 Polymorphisms in the TA genes**

TA system ID	TA system	No. of Polymorphisms	Toxin/Antitoxin gene	Polymorphism type	Codon Change	No. of isolates
1	Rv0059-0060	8	Antitoxin	SNP (transition)	ACC -> ACT	2
			Toxin	SNP (transition)	CCC -> CTC	2
			Antitoxin	SNP (transversion)	GGG -> GCG	1
			Antitoxin	Truncation	-	1
			Antitoxin	SNP (transition)	CCG -> CTG	2
			Antitoxin	SNP (transition)	GTC -> GTT	1
			Toxin	SNP (transition)	CCC -> CCT	4
			Toxin	SNP (transition)	GGG -> GAG	1
3	Rv0240-0239 (VapBC24)	1	Antitoxin	SNP (transition)	GAC -> GAT	25
4	Rv0277c-0277A (VapBC25)	5	Toxin	SNP (transition)	GAG -> GGG	2
			Toxin	SNP (transversion)	GCC -> GCA	2
			Toxin	SNP (transversion)	ATC -> ATA	2
			Toxin	SNP (transition)	GTC -> GCC	1
			Toxin	Substitution	CTC,ATC -> CTT,CTC	1
5	Rv0299-0298 (MazEF10)	3	Antitoxin	SNP (transversion)	CTG -> ATG	3
			Antitoxin	SNP (transition)	CGG -> CGA	23
			Toxin	SNP (transition)	GCG -> ACG	23
7	Rv0456A-0456B (MazEF1)	2	Toxin	SNP (transversion)	GTC -> TTC	1
			Antitoxin	SNP (transversion)	TCT -> TAT	3
8	Rv0549c-0550c (VapBC3)	1	Toxin	SNP (transition)	GTG -> ATG	1
9	Rv0582-0581 (VapBC26)	1	Toxin	SNP (transition)	CTC -> CCC	1
10	Rv0595c-0596c (VapBC4)	2	Toxin	SNP (transition)	GTG -> ATG	2
			Antitoxin	SNP (transition)	-	2
12	Rv0609-0608 (VapBC28)	4	Antitoxin	SNP (transversion)	AGA -> AGC	1
			Toxin	SNP (transition)	GTC -> GCC	1
			Toxin	SNP (transversion)	GCG -> GCC	2
			Toxin	SNP (transition)	CAC ->	2

							CGC
<b>13</b>	Rv0617-0616A (VapBC29)	2	Toxin	SNP (transition)	GTG -> GTA	1	
			Toxin	SNP (transition)	CCA -> CTA	1	
<b>14</b>	Rv0624-0623 (VapBC30)	2	Toxin	SNP (transversion)	GAG -> GTG	1	
			Toxin	SNP (transition)	ACG -> ACA	1	
<b>16</b>	Rv0656c-0657c (VapBC6)	3	Toxin	SNP (transition)	GCG -> ACG	3	
			Toxin	SNP (transversion)	TGG -> TTG	21	
			Antitoxin	SNP (transition)	ATC -> ACC	3	
<b>18</b>	Rv0661c-0662c (VapBC7)	1	Toxin	SNP (transition)	GCC -> GTC	2	
<b>20</b>	Rv0749-0748 (VapBC31)	5	Toxin	SNP (transition)	ATG -> ACG	5	
			Toxin	SNP (transition)	ACG -> ACA	1	
			Toxin	SNP (transition)	AAC -> AGC	1	
			Toxin	SNP (transition)	GGT -> GGC	1	
			Toxin	Substitution	CTC,ATG -> CTG,GTG	4	
<b>21</b>	Rv0836c-0837c*	8	Toxin	SNP (transition)	-	56	
			Toxin	SNP (transition)	TCC -> TCT	2	
			Toxin	SNP (transition)	GGG -> AGG	2	
			Antitoxin	SNP (transition)	GCC -> ACC	1	
			Antitoxin	SNP (transition)	GAC -> GAT	2	
			Toxin	SNP (transition)	CCC -> TCC	1	
			Antitoxin	SNP (transversion)	GCC -> TCC	2	
			Antitoxin	SNP (transversion)	GGC -> GGA	4	
<b>22</b>	Rv0910-0909	2	Antitoxin	SNP (transversion)	CAT -> CAG	4	
			Toxin	SNP (transition)	GTA -> ATA	3	
<b>23</b>	Rv0919-0918	4	Antitoxin	SNP (transition)	AGT -> GGT	56	
			Antitoxin	SNP (transition)	CCC -> CTC	1	
			Toxin	SNP (transversion)	GTG -> CTG	1	
			Toxin	SNP (transition)	TTT -> TTC	70	
<b>24</b>	Rv0960-0959A	12	Antitoxin	SNP (transition)	GCC ->	2	



	(VapBC9)				ACC	
			Antitoxin	SNP (transversion)	GAA -> GCA	2
			Toxin	SNP (transition)	CGG -> TGG	1
			Toxin	SNP (transversion)	GCG -> GGG	2
			Antitoxin	Substitution	CTC,GAG,C GC,CTC -> CGG,CGT,G GA,AGC	1
			Antitoxin	Substitution	GAG,CGC,C TC -> GGT,GGA,A GC	1
			Antitoxin	Substitution	CTC,GCC -> GCG,AGC	2
			Antitoxin	Substitution	AAG -> GCT	2
			Antitoxin	Substitution	ACG,TCG - > ACA,CCG	2
			Antitoxin	Substitution	GTG,TCC -> AGA,AGC	2
			Antitoxin	Substitution	GCG -> TGG	2
			Antitoxin	Substitution	GTT,GCT -> CCA,CCT	2
<b>25</b>	Rv1045-1044*	2	Antitoxin	SNP (transition)	CAG -> CGG	2
			Toxin	SNP (transversion)	AAG -> CAG	1
<b>26</b>	Rv1102c-1103c (MazEF3)	1	Toxin	SNP (transition)	ACC -> ATC	56
<b>27</b>	Rv1114-1113 (VapBC32)	1	Toxin	SNP (transition)	TCG -> TTG	2
<b>30</b>	Rv1397c-1398c (VapBC10)	2	Toxin	SNP (transition)	CGG -> TGG	3
			Toxin	SNP (transition)	GAC -> GGC	3
<b>31</b>	Rv1495-1494 (MazEF4)	2	Antitoxin	SNP (transversion)	-	2
			Antitoxin	SNP (transition)	GCC -> GTC	1
<b>32</b>	Rv1546-1545	1	Toxin	SNP (transition)	CTG -> TTG	3
<b>34</b>	Rv1720c-1721c (VapBC12)	1	Toxin	SNP (transition)	CGT -> CGC	4
<b>35</b>	Rv1741-1740 (VapBC34)	1	Antitoxin	SNP (transition)	ACC ->GCC	2
<b>36</b>	Rv1838c-1839c (VapBC13)	2	Toxin	SNP (transition)	GTG -> ATG	25

			Antitoxin	SNP (transition)	CGG -> CGA	25
<b>38</b>	Rv1953-1952 (VapBC14)	1	Toxin	SNP (transition)	GGG -> AGG	1
<b>39</b>	Rv1955-1956-1957 (TAC)	5	Toxin	SNP (transversion)	GAC -> GAG	4
			Toxin	SNP (transversion)	TTC -> GTC	1
			Antitoxin	SNP (transition)	CAC -> CAT	21
			Antitoxin	SNP (transversion)	GCA -> TCA	3
			Chaperon	SNP (transition)	GAC -> AAC	1
<b>41</b>	Rv1962c-1963c (VapBC35)	4	Toxin	Insertion (tandem repeat)	-	1
			Toxin	SNP (transition)	GCG -> ACG	4
			Antitoxin	SNP (transition)	CGG -> CGA	2
			Antitoxin	SNP (transition)	AAG -> AAA	1
<b>42</b>	Rv1982c-1982A (VapBC36)	2	Toxin	SNP (transversion)	CTT -> CAT	1
			Toxin	SNP (transition)	GGC -> GGT	2
<b>43</b>	Rv1989c-1990c	1	Toxin	SNP (transition)	GCG -> GTG	1
<b>44</b>	Rv1991c-1991A (MazEF6)	1	Toxin	SNP (transition)	GGC -> AGC	3
<b>45</b>	Rv2010-2009 (VapBC15)	1	Toxin	SNP (transition)	CGG -> CGA	1
<b>47</b>	Rv2022c-2021c (HigBA2)	6	Toxin	SNP (transition)	GCA -> GCG	23
			Antitoxin	SNP (transition)	GAC -> AAC	1
			Antitoxin	SNP (transition)	GTG -> GCG	2
			Antitoxin	SNP (transition)	ACC -> GCC	1
			Antitoxin	SNP (transition)	GTG -> GTA	2
			Antitoxin	SNP (transition)	CGT -> CGC	1
<b>48</b>	Rv2035-2034	1	Toxin	SNP (transition)	CTA -> TTA	2
<b>49</b>	Rv2063A-2063 (MazEF7)	1	Toxin	SNP (transversion)	CGC -> CCC	4
<b>50</b>	Rv2103c-2104c (VapBC37)	2	Toxin	SNP (transition)	GCC -> GTC	2
			Toxin	SNP (transition)	ACA -> GCA	16
<b>51</b>	Rv2142c-2142A	1	Toxin	SNP (transition)	GAC ->	1

	(ParDE2)				GAT	
<b>53</b>	Rv2274c-2274A (MazEF8)	2	Toxin	SNP (transition)	GCA -> GTA	1
			Toxin	SNP (transversion)	GGT -> GTT	10
<b>54</b>	Rv2494-2493 (VapBC38)	3	Toxin	SNP (transition)	GTG -> GCG	17
			Toxin	SNP (transversion)	CGG -> CCG	2
			Toxin	SNP (transversion)	GTC -> CTC	1
<b>55</b>	Rv2527-2526 (VapBC17)	2	Antitoxin	Deletion	-	13
			Toxin	SNP (transition)	GGG -> AGG	3
<b>56</b>	Rv2530c-2530A (VapBC39)	1	Antitoxin	SNP (transition)	GCT -> GCC	2
<b>57</b>	Rv2546-2545 (VapBC18)	3	Toxin	SNP (transition)	TTG -> CTG	1
			Toxin	SNP (transition)	GAA -> AAA	1
			Toxin	SNP (transition)	AAG -> AAA	1
<b>58</b>	Rv2548-2547 (VapBC19)	2	Toxin	SNP (transition)	CTG -> CTA	3
			Toxin	SNP (transition)	CTG -> CTA	1
<b>60</b>	Rv2596-2595 (VapBC40)	3	Antitoxin	SNP (transition)	CTG -> CTA	4
			Toxin	SNP (transition)	GCG -> GTG	1
			Toxin	SNP (transition)	TGC -> CGC	54
<b>62</b>	Rv2653c-2654c	1	Antitoxin	SNP (transition)	CTT -> CCT	1
<b>63</b>	Rv2757c-2758c (VapBC21)	2	Toxin	SNP (transversion)	TCG -> TCT	2
			Antitoxin	SNP (transition)	GGA -> AGA	2
<b>64</b>	Rv2759c-2760c (VapBC42)	2	Toxin	SNP (transversion)	CGT -> CGG	2
			Antitoxin	SNP (transition)	GTC -> ATC	2
<b>66</b>	Rv2826c-2827c*	3	Toxin	SNP (transition)	GCT -> GTT	2
			Antitoxin	SNP (transition)	TCG -> TTG	1
			Antitoxin	SNP (transition)	GCA -> GTA	18
<b>67</b>	Rv2829c-2830c (VapBC22)	1	Antitoxin	SNP (transition)	GCG -> GTG	67
<b>68</b>	Rv2863-2862A (VapBC23)	1	Toxin	SNP (transversion)	CTG -> CTC	2
<b>69</b>	Rv2866-2865 (RelBE2)	2	Toxin	SNP (transition)	GTG ->GCG	1
			Toxin	SNP (transversion)	CGC -> CGA	71
<b>70</b>	Rv2872-2871 (VapBC43)	1	Antitoxin	SNP (transition)	ACC -> GCC	2
<b>71</b>	Rv3180c-3181c	3	Toxin	SNP (transition)	GCC -> GCT	2

	(VapBC45)		Toxin	SNP (transition)	CAG -> CGG	3
			Antitoxin	Insertion	-	1
72	Rv3182-3183 (HigBA3)	1	Toxin	SNP (transversion)	GCC -> GCG	22
73	Rv3189-3188	2	Antitoxin	SNP (transition)	AAA -> AAG	2
			Antitoxin	SNP (transition)	GGC -> AGC	1
74	Rv3320c-3321c (VapBC44)	1	Toxin	SNP (transversion)	CCC -> GCC	1
75	Rv3358-3357 (YefM/YoeB)	1	Antitoxin	SNP (transversion)	TCT -> TCG	25
76	Rv3384c-3385c (VapBC46)	3	Toxin	SNP (transition)	GCG -> ACG	23
			Antitoxin	SNP (transition)	GAC -> GAT	2
			Antitoxin	Substitution	GCT -> AAT	1
77	Rv3408-3407 (VapBC47)	3	Antitoxin	SNP (transition)	CGC -> TGC	10
			Toxin	SNP (transversion)	ACA -> CCA	1
			Toxin	SNP (transition)	TCG -> TTG	70
78	Rv3697c-3697A (VapBC48)	2	Toxin	SNP (transition)	GTC -> GTT	2
			Antitoxin	SNP (transition)	CGC -> TGC	3

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302 **Table 3 Polymorphisms in the promoters of the TA systems**

<b>TA system ID</b>	<b>TA system</b>	<b>No. of unique variant Polymorphisms</b>	<b>Types of polymorphisms</b>	<b>Codon Change</b>	<b>No. of isolates</b>
<b>2</b>	Rv0065-0064A (VapBC1)	1	Substitution	GGT → AGT	2
<b>20</b>	Rv0749-0748 (VapBC31)	1	None	GGC → GGT	7
<b>24</b>	Rv0960-0959A (VapBC9)	1	Substitution	CTG → ATG	1
<b>57</b>	Rv2546-2545 (VapBC18)	4	None	GAC → GAT	1
			None	CCC → CCG	1
			None	ATT → ATC	25
			None	CCG → CCA	1
<b>63</b>	Rv2757c-2758c (VapBC21)	1	None	CGT → CGG	2

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305 **Table 4 Polymorphisms associated with DS and DR strains**

<b>TA system ID</b>	<b>TA system</b>	<b>Polymorphisms</b>	<b>Association</b>	<b>p value</b>
<b>3</b>	Rv0240-0239 (VapBC24)	<i>vapB24</i> D50D	DS	0.0056
<b>36</b>	Rv1838c-1839c (VapBC13)	<i>vapC13</i> V1M/ <i>vapB13</i> R87R	DS	0.0056
<b>41</b>	Rv1962c-1963c (VapBC35)	<i>vapC35</i> A109T/ <i>vapC35</i> Ins133/ <i>vapB35</i> R89R/ <i>vapB35</i> K33K	DR	0.0059
<b>75</b>	Rv3358-3357 (YefM/YoeB)	<i>yefM</i> S79S	DS	0.0056

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307 **Table 5 Polymorphisms associated with strain lineages**

<b>TA system ID</b>	<b>TA system</b>	<b>Polymorphism</b>	<b>Association</b>	<b>No. of isolates</b>
<b>36</b>	Rv1838c-1839c	<i>vapC13</i> V1M +	Delhi/Central Asia	25 (100%)
	(VapBC13)	<i>vapB13</i> R87R		
<b>75</b>	Rv3358-3357	<i>yefM</i> S79S	Delhi/Central Asia	25 (100%)
	(YefM/YoeB)			
<b>3</b>	Rv0240-0239	<i>vapB24</i> D50D	Delhi/Central Asia	25 (100%)
	(VapBC24)			
<b>26</b>	Rv1102c-1103c	<i>mazF</i> T65I	Delhi/Central Asia	25 (100%)
	(MazEF3)		Beijing/East Asia	27 (100%)

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