Circulating SARS-CoV-2 Variants in Italy, October 2020-March 2021

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Short report

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Abstract

A growing number of emerging SARS-CoV-2 variants is being identified worldwide, potentially impacting the effectiveness of current vaccines. We report the data obtained in several Italian regions involved in the SARS-CoV-2 variant monitoring from the beginning of the epidemic and spanning the period from October 2020 to March 2021.

Background

Starting from April 2020 when the Cluster 5 [1] variant was first described, multiple SARS-CoV-2 (Severe acute respiratory syndrome coronavirus 2) variants have emerged in different parts of the world. The B.1.1.7 lineage was first identified in the UK from a sample obtained in late September 2020 [2, 3], B.1.351 was identified in October 2020 in South Africa [4], and P.1 was identified in Brazil in December 2020 [5]. These variant strains show multiple changes (deletions and substitutions) in the spike protein (9 in B.1.1.7, 10 in B.1.351, and 12 in P.1) compared with the reference genome Wuhan-Hu-1 sequence (EPI_ISL_406800), some of which affect the receptor-binding domain (RBD) region. The major issue with these variants is their potential to outcompete and rapidly replace formerly prevalent lineages, first in the areas where they likely emerged and subsequently spread in many other countries [6–8]. Increased SARS-CoV-2 diversity raises the concern of escape from pre-existing immunity, elicited either by previous infection or by vaccination.

Main Text

Here, we report data from several Italian centers located in Campania, Lazio, Lombardy, Liguria, Marche, Piedmont, Tuscany, Sicily and Umbria, involved in the SARS-CoV-2 variant monitoring from the beginning of the epidemic and spanning the period from October 2020 to March 2021.

Globally, we analysed data from 3,744 samples obtained by different techniques: RT-PCR variant screening assays (n = 2,095), spike Sanger or next generation sequencing (n = 649) and whole genome sequencing (WGS; n = 1,000). Table 1 shows the data for each month.
Table 1
Data stratified according to months and methodologies.

| Month         | WGS* (n = 1,000) | Spike (n = 649) | Real Time (n = 2,095) | Total (n = 3,744) |
|---------------|------------------|----------------|-----------------------|-------------------|
| October 2020  | 137              | 20             | 1                     | 158               |
| November 2020 | 168              | 31             | 0                     | 199               |
| December 2020 | 139              | 34             | 0                     | 173               |
| January 2021  | 291              | 86             | 388                   | 765               |
| February 2021 | 193              | 214            | 827                   | 1,234             |
| March 2021    | 72               | 264            | 879                   | 1,215             |

*WGS. Whole genome sequencing.

The number of samples considered for variant monitoring increased from 4.2% (158/3744) in October to 32% (1198/3744) in March, due to the increasing interest in viral variants at global level. In the study period, the B.1.1.7 variant significantly increased, growing from 3.5% (6/173) in December, to 88.0% (1054/1198) in March (p < .001). Particularly, from the second half of December this lineage was already present in Liguria (n = 1 on the 18th), Campania (n = 3, on the 28th) and Marche (n = 2, on the 31st), with only one known case related to return from UK. The most important increase in its prevalence was observed from the second week of January (20/126, 16.0%) to the end of the same month (35/68, 51.5%) reaching 73.7% (171/232) at the end of February. In parallel, the prevalence of previously circulating variants significantly decreased from 99.4% (157/158) to 9.5% (114/3744). The P.1 lineage was first detected in the second half of January in Campania (n = 1), Lombardy (n = 1) and Umbria (n = 2), subsequently setting at around 2% in February (33/1226) and March (24/1198). Only few B.1.351 and B.1.525 cases were identified, never reaching 1% of the total samples analysed, being firstly detected in Liguria at the end of January and in Campania in mid-February, respectively. The Scottish variant (B.1.258) was firstly observed in Campania, Marche and Piedmont in mid-October, 4 cases were reported in November in Campania (n = 2) and Piedmont (n = 2), thereafter it was only reported in Campania until February reaching a proportion of 18.5% (17/92) of total cases, including its descendant lineages (B.1.258.3, B.1.258.14). In mid-March, two cases of the New York lineage B.1.526 were identified in Marche. Figure 1 shows the main viral variants observed overtime. Concerning other variants, the main circulating lineage was B.1.177 that represented, together with its descendents (B.1.177.4, B.1.177.8, B.1.177.14, B.1.177.15, B.1.177.52, B.1.177.53, B.1.177.75), more than half of cases (50.4%, 54.3%, 66.1%, 71.4% and 59.8% from October to February). Despite limited data regarding lineage assignment in March (n = 28), we observed a 27% prevalence of B.1 and B.1.177 lineages (Fig. 1, Panel B). Clade assignment was available for a larger number of strains compared to lineage because these data was
obtained also by spike sequencing highlighting the clear predominance of 20E(EU1) ranging from 43.2% (68/157) to 67.7% (189/279). Some noteworthy mutations were observed in different lineages: N439K in one lineage A and B.1, E484K in three B.1.177 and A222V + E484K + N501Y in clade 20E.

**Conclusion**

This study provides insights into the rapid change in the prevalence of SARS-CoV-2 variants over six months in Italy. Interestingly, we observed the first entry of B.1.1.7 in Lombardy in late December but in line with the identification of first retrospective data in UK on 20 September [9–11]. In addition to known variants of concern, we documented other minor variants that could be early warnings of upcoming changes. Continuous monitoring of all variants is mandatory to comprehensively investigate and keep track of virus evolution, particularly along with expanding vaccination still based on original strains that have been largely substituted by novel variants.

**Abbreviations**

**SARS-CoV-2**: Severe Acute Respiratory Syndrome Coronavirus 2.

**RBD**: Receptor-binding domain.

**RT-PCR**: Real time polymerase chain reaction.

**WGS**: Whole genome sequencing.

**Declarations**

**Ethics approval**

The study was approved by the Ethical Committee of the Sacco Hospital (Prot N. 0012266).

**Consent for publication**

Not applicable.

**Availability of data and materials**

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

**Competing interests**

The authors declare that they have no competing interests.

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Author Contributions

Conceptualization, MC and MG; formal analysis, AL, AB, SM, GZ, SC, VG, FR, FM, FC, GG, AW, CT, BB, FCS, NC, AC, FS, DF, EVR., IV.; investigation, AL, AB; resources, SM, GZ, VG, FM, AW, BB, FSC, MC, MG; writing—original draft preparation, AL, AB; writing—review and editing, AL, AB; visualization and supervision, all authors. All authors have read and agreed to the published version of the manuscript.

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**Figures**
Figure 1

SARS-CoV-2 viral variants observed overtime in Italy. Panel A highlights the variants of concern; panel B shows all other circulating lineages.