Analysis of SARS-CoV-2 spike protein mutations in the UK

Abstract

Introduction

**Background: COVID-19 pandemic**

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the strain of coronavirus responsible for the ongoing COVID-19 pandemic (Hu et al., 2021). SARS-CoV-2 was initially detected in Wuhan, China, and has now spread to all corners of globe (Huang et al., 2020). Approximately 770,000,000 people have contracted the virus and over 7,000,000 people have died due to complications caused by the virus (Anon). This figure is most likely even higher as a result of governments’ inability to report cases, as well as, corruption with countries attempting to hide the true values. An estimated value of the number of deaths sits at around 18,000,000 – 32,000,000 (Anon). The economic burden has been far-reaching, estimated losses are up to $16 trillion worldwide and unemployment levels have soared (Cutler and Summers, 2020). Nationwide lockdowns, that existed at the height of the pandemic, have not only had an economic effect, but, have also impacted education and literacy rates. It has been predicted that by 2030 less than 40% of pupils in the UK will achieve a pass in GCSE English and Mathematics (Major et al.). SARS-CoV-2’s effects will continue to resonate, even as though the virus becomes less prevalent.

Coronaviruses are of the order Nidovirales, which is comprised of several families of related viruses (Fehr and Perlman, 2015). Although SARS-CoV-2 is a more recent virus that has impacted humanity, human coronaviruses (CoVs), HCoV-229E and HCoV-OC43, have co-existed for centuries (Pyrc et al., 2006). These viruses result in far more mild symptoms similar to that of the common cold. This is in stark comparison with severe acute respiratory syndrome coronavirus 1 (SARS-CoV-1), Middle East respiratory syndrome – related coronavirus (MERS-CoV) and severe acute respiratory coronavirus 2 (SARS-CoV-2), which are all highly pathogenic. This high pathogenicity exists due to the viruses targeting important cellular tissues, bronchial epithelial cells and tissue in the upper respiratory tract (source). Resulting in one of the main hallmarks of the virus; complications around breathing (source). SARS-CoV-1, MERS-CoV and SARS-CoV-2 have emerged over the past 25 years, with several outbreaks occurring. Most notably the SARS-CoV-1 2002-2004 outbreak, 2015 MERS outbreak in South Korea and the COVID-19 pandemic as a result SARS-CoV-2 (source). There appears to be a growing trend in the in the prevalence of coronaviruses outbreaks, even though the rates of SARS-CoV-2 have greatly diminished. This stresses the importance of studying SARS-CoV-2 and other related to viruses, so that globally we are better prepared to combat the next epidemic or pandemic.

**Background: SARS-CoV-2 structural and molecular information**

**Background: Spike glycoprotein**

**Aims of the investigation:**

1. **Investigate the clustering and distribution of SARS-CoV-2 spike protein mutations in the UK**
2. **Identify and characterise common spike mutations + non vs syn mutations**
3. **Analyse their potential effects on viral infectivity**

**Methods overview**

1. **Summarise the dataset used**
2. **Mention of the clustering techniques used, R-based analysis, various packages used and tools used for visualisation**

**Summary of the main findings**

Results

**Clustering and the distribution of mutations**

Figure 1, Number of sequences per day

1. **Geographic distribution of spike protein mutation**

Figure, map of the distributions

1. **Map visualising the distribution in the UK**

**Mutation analysis**

What I did?

1. **Summary of the most common mutations**
2. **Non vs syn mutations**
3. **Frequency of mutations**

**Evolutionary Insights**

1. **Phylogenetic tree highlighting relationships among clusters**

**Impact of mutations**

1. **Link mutations to known functional effects**

Discussion

**Interpret the results**

1. **Correlation between geographical distribution and specific mutations**
2. **Mutation hotspots? Natural selection + selective pressure**

**Link back to previous studies**

**Implications for public health**

1. **Vaccine design**
2. **Impact of mutations on diagnostics and therapeutic intervention**

**Limitations and future directions**

1. **Limitations of the dataset**
2. **Limitations of techniques used**
3. **Future research**

Conclusion

**Summary of the main findings**

**Importance of studying SARS-CoV-2**

Methods and Materials

**Data sources**

**R packages used**

**Statistical analysis**

**Any additional stuff used**

**Link to GitHub**

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