







Genome Sequence of a SARS-CoV-2 P.1 Variant of Concern (20J/501Y.V3) from Bangladesh

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ABSTRACT This study reports the coding-complete genome sequence, with variant identifications and phylogenetic analysis, of a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) P.1 variant (20J/501Y.V3), obtained from an oropharyngeal swab specimen from a female Bangladeshi patient diagnosed with coronavirus disease 2019 (COVID-19) with no travel history.

Since March 2021, the confirmed number of positive COVID-19 cases and the associated death toll have been increasing in Bangladesh compared to late 2020 and early 2021 national surveillance data (1). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the etiological agent of COVID-19 and belongs to the family *Coronaviridae* and the genus *Betacoronavirus*. Variants of the virus have been reported already, among them variants of great concern (B.1.1.7, 20I/501Y.V1, and B.1.351 [20H/501Y.V2]) due to their possible increased transmissibility and demonstrated resistance to neutralizing antibody therapy targeted at the N-terminal domain (NTD) or the receptor-binding domain (RBD) (2). Variant P.1 (20J/501Y.V3) is also a variant of concern and shares three substitution mutations (K417T, E484K, and N501Y) at the RBD site similar to the B.1.351 (20H/501Y.V2) variant. Here, we report the coding-complete genome sequence of a SARS-CoV-2 P.1 variant (20J/501Y.V3) from Bangladesh. Ethical approval was received from the National Institute of Laboratory Medicine and Referral Center (NILMRC) of the Bangladesh government to sequence strains from human subjects at the Genomic Research Laboratory of BCSIR, where this study was carried out.

A patient with a suspected COVID-19 case with a fever and respiratory distress visited the outdoor patient unit of DNA Solution Ltd. on 18 February 2021. The 37-year-old female patient had a history of asthma with no other known comorbidities. The patient had no travel history but had come into contact with a traveler from South Africa. An oropharyngeal swab specimen was collected and was tested for SARS-CoV-2 RNA using a commercial one-step COVID-19 real-time PCR kit (Sansure Biotech Inc., Changsha, China) following the manufacturer's instructions. The sample tested positive for SARS-CoV-2 RNA with a cycle threshold (C_T) value of less than 30. The sample was then sent out for sequencing at the Genomic Research Laboratory of the Bangladesh Council of Scientific and Industrial Research (BCSIR). There, viral RNA was extracted using the ReliaPrep viral total nucleic acid purification kit (Promega, USA). Viral cDNA libraries were prepared using the RNA prep

Citation Sarkar MMH, Rabbi MFA, Akter S, Banu TA, Goswami B, Jahan I, Hossain MS, Osman E, Uzzaman MS, Habib MA, Mahmud ASM, Kabir F, Hasan KN, Rahman MM, Khaleque MA, Akhteruzzaman S, Khan MS. 2021. Genome sequence of a SARS-CoV-2 P.1 variant of concern (20J/501Y.V3) from Bangladesh. *Microbiol Resour Announc* 10:e00524-21. <https://doi.org/10.1128/MRA.00524-21>.

Editor Simon Roux, DOE Joint Genome Institute

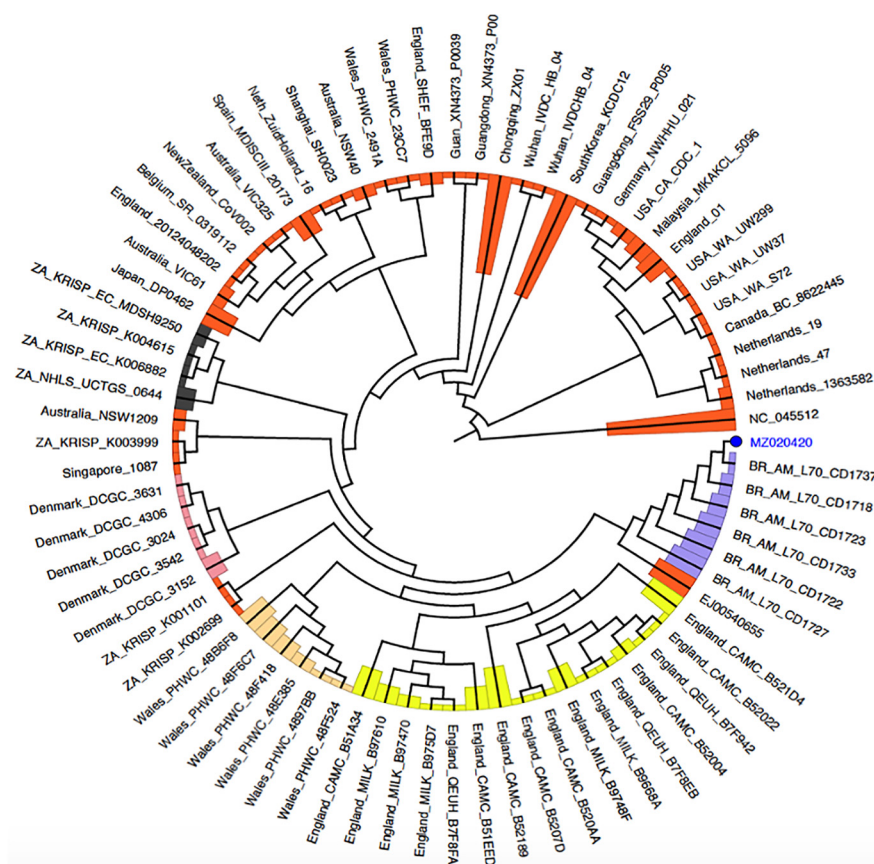
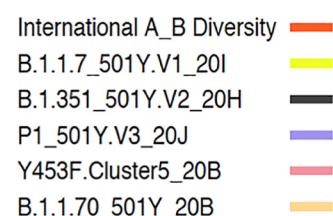
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Received 20 May 2021

Accepted 8 June 2021

Published 8 July 2021



with enrichment (L) tagmentation kit according to the manufacturer's protocol (Illumina, CA, USA). After tagmentation and amplification, the sample was enriched using the Illumina respiratory virus oligonucleotide panel version 2, and a library was generated. The library was sequenced using the MiniSeq sequencing system with an output of 2×74 -bp paired-end reads. A total of 4,831,986 reads were generated, of which 4,753,260 (98.37%) belonged to the SARS-CoV-2 genome. The sequenced reads of SARS-CoV-2 genomes were assembled using Illumina DRAGEN RNA Pathogen Detection software version 3.5.14 with default settings. The sequencing data were deposited in the NCBI GenBank database (accession number [MZ020420](#)).

Data availability. The SARS-CoV-2 sequence was deposited in GenBank under the accession number [MZ020420](#). The raw sequence reads have been deposited in the NCBI Sequence Read Archive (SRA) under the accession number [SRX11071271](#) and the BioProject accession number [PRJNA733209](#).

ACKNOWLEDGMENTS

We acknowledge the brave phlebotomists and technicians of DNA Solution Ltd. and BCSIR, who are serving humankind during this challenging pandemic situation. We also thank the patient who allowed us to sequence the viral genome from her clinical sample.

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