

## Supplementary Information for:

### **Molecular characterisation of *Streptococcus pyogenes* (StrepA) non-invasive isolates during the 2022-23 UK upsurge.**

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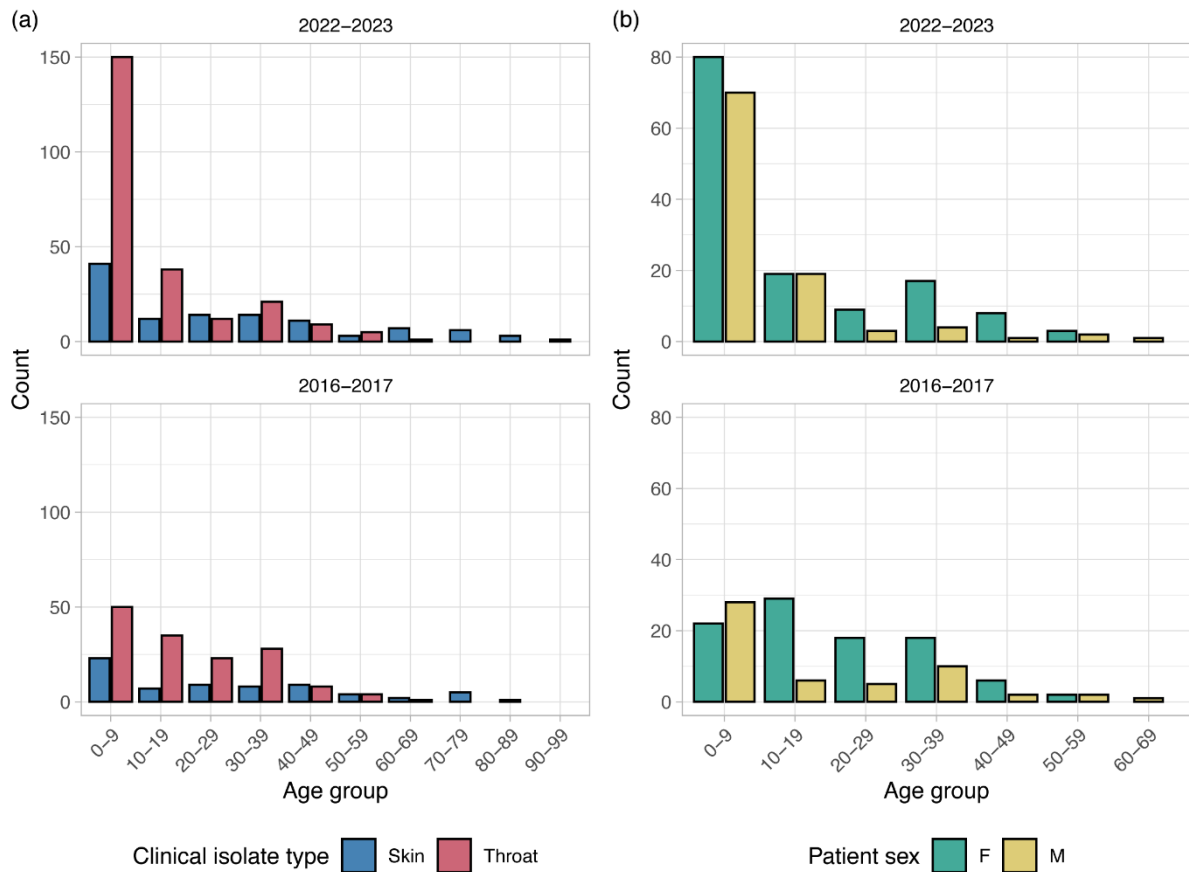
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**Supplementary Table 3: Project accession numbers for external sequence data used in study analyses.**

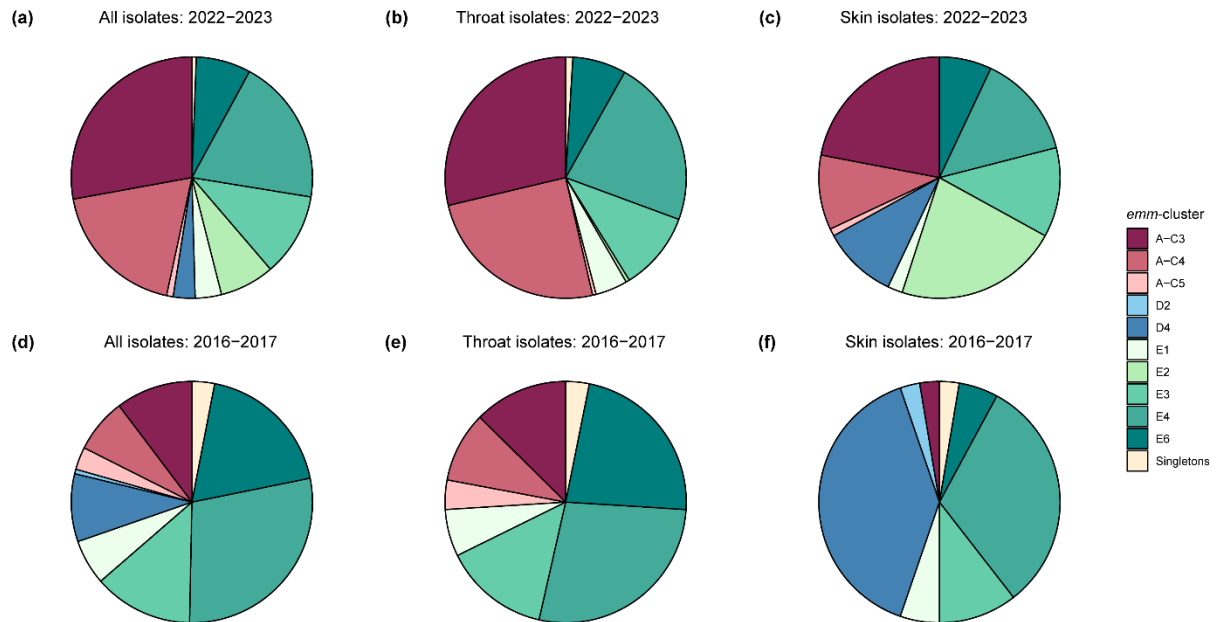
Reference number	Reference	Project accession(s)
7	<b>Lynskey NN, Jauneikaite E, Li HK, Zhi X, Turner CE, et al.</b> Emergence of dominant toxigenic M1T1 <i>Streptococcus pyogenes</i> clone during increased scarlet fever activity in England: a population-based molecular epidemiological study. <i>Lancet Infect Dis</i> 2019;19:1209–1218. DOI: 10.1016/S1473-3099(19)30446-3	PRJEB12015
9	<b>Davies MR, Keller N, Brouwer S, Jespersen MG, Cork AJ, et al.</b> Detection of <i>Streptococcus pyogenes</i> M1UK in Australia and characterization of the mutation driving enhanced expression of superantigen SpeA. <i>Nat Commun</i> 2023;14:1051. DOI: 10.1038/s41467-023-36717-4.	PRJNA656382
11	<b>Li Y, Rivers J, Mathis S, Li Z, Chochua S, et al.</b> Expansion of Invasive Group A <i>Streptococcus</i> M1UK Lineage in Active Bacterial Core Surveillance, United States, 2019–2021. <i>Emerg Infect Dis</i> 2023;29:2116-2120. DOI: 10.3201/eid2910.230675.	PRJNA395240
13	<b>Rümke LW, de Gier B, Vestjens SMT, van der Ende A, van Sorge, et al.</b> Dominance of M1UK clade among Dutch M1 <i>Streptococcus pyogenes</i> . <i>Lancet Infect Dis</i> 2020;20:539-540. DOI: 10.1016/S1473-3099(20)30278-4.	PRJEB38751
14	<b>Johannesen TB, Munkstrup C, Edslev SM, Baig S, Nielsen S, et al.</b> Increase in invasive group A streptococcal infections and emergence of novel, rapidly expanding sub-lineage of the virulent <i>Streptococcus pyogenes</i> M1 clone, Denmark, 2023. <i>Eurosurveillance</i> 2023;28:2300291. DOI: 10.2807/1560-7917.ES.2023.28.26.2300291.	PRJEB62635, PRJEB62579, PRJEB62874
16	<b>Gouveia C, Bajanca-Lavado MP, Mamede R, Carvalho AA, Rodrigues F, et al.</b> Sustained increase of paediatric invasive <i>Streptococcus pyogenes</i> infections dominated by M1UK and diverse <i>emm12</i> isolates, Portugal, September 2022 to May 2023. <i>Eurosurveillance</i> 2023;28:2300427. DOI: 10.2807/1560-7917.ES.2023.28.36.2300427	PRJEB65018
28	<b>Bah SY, Keeley AJ, Armitage EP, Khalid H, Chaudhuri RR, et al.</b> Genomic Characterization of Skin and Soft Tissue <i>Streptococcus pyogenes</i> Isolates from a Low-Income and a High-Income Setting. <i>mSphere</i> 2023;8:e0046922. DOI: 10.1128/msphere.00469-22.	PRJNA730523

31	<b>Turner CE, Holden MTG, Blane B, Horner C, Peacock SJ, et al.</b> The emergence of successful <i>Streptococcus pyogenes</i> lineages through convergent pathways of capsule loss and recombination directing high toxin expression. <i>mBio</i> 2019;10:e02521-19. DOI: 10.1128/mbio.02521-19.	PRJEB4679, PRJNA395240
38	<b>Chalker V, Jironkin A, Coelho J, Al-Shahib A, Platt S, et al.</b> Genome analysis following a national increase in Scarlet Fever in England 2014. <i>BMC Genomics</i> 2017;18:1–10. DOI: 10.1186/s12864-017-3603-z	PRJEB13551
39	<b>Kapatai G, Coelho J, Platt S, Chalker VJ.</b> Whole genome sequencing of group A <i>Streptococcus</i> : development and evaluation of an automated pipeline for <i>emm</i> gene typing. <i>PeerJ</i> 2017;5:e3226. DOI: 10.7717/peerj.3226	PRJEB17673
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42	<b>Turner CE, Bedford L, Brown NM, Judge K, Török ME, et al.</b> Community outbreaks of group A <i>Streptococcus</i> revealed by genome sequencing. <i>Sci Rep</i> 2017;7:8554. DOI: 10.1038/s41598-017-08914-x	PRJEB4679
43	<b>Chen M, Cai J, Davies MR, Li Y, Zhang C, et al.</b> Increase of <i>emm1</i> isolates among group A <i>Streptococcus</i> strains causing scarlet fever in Shanghai, China. <i>Int J Infect Dis</i> 2020;98:305–314. DOI: 10.1016/j.ijid.2020.06.053	PRJEB35406
44	<b>Ben Zakour NL, Davies MR, You Y, Chen JHK, Forde BM, et al.</b> Transfer of scarlet fever-associated elements into the group A <i>Streptococcus</i> M1T1 clone. <i>Sci Rep</i> 2015;5:15877. DOI: 10.1038/srep15877	PRJEB2839
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51	<b>Tse H, Bao JYJ, Davies MR, Maamary P, Tsoi H-W, et al.</b> Molecular Characterization of the 2011 Hong Kong Scarlet Fever Outbreak. <i>J Infect Dis</i> 2012;206:341–351. DOI: 10.1093/infdis/jis362	PRJNA233611
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55	<b>Putten BCL van der, Bril-Keijzers WCM, Rumke LW, Vestjens SMT, Koster LAM, et al.</b> Novel <i>emm4</i> lineage associated with an upsurge in invasive group A streptococcal disease in the Netherlands, 2022. <i>Microb Genomics</i> 2023;9:mgen001026. DOI: 10.1099/mgen.0.001026.	PRJEB58654
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**Supplementary Figure 1:** (a) Age distribution of patients from whom isolates were collected in 2022-2023 and 2016-2017, grouped by clinical isolate type. Other clinical isolate types (eye, ear and nose) are excluded. (b) Age distribution of patients across throat isolates in 2022-2023 and 2016-2017, grouped by patient sex. No throat isolates were received from individuals aged 70 or older.



**Supplementary Figure 2: Distribution of *emm*-clusters across 2022-2023 and 2016-2017 collections.** (a) All 2022-2023 isolates; (b) 2022-2023 throat isolates; (c) 2022-2023 skin isolates; (d) all 2016-2017 isolates; (e) 2016-2017 throat isolates; (f) 2016-2017 skin isolates. Pie charts represent the percentage of isolates associated with each cluster.



**Supplementary Figure 3: Summary of superantigen profiles by *emm*-type in throat and skin isolates collected in (a) 2022-2023 and (b) 2016-2017.** Data shown for the most common *emm*-types ordered from most common profile to least common; other *emm*-types are categorised here as 'Other'. Superantigen combinations found only in 'Other' *emm*-types have been excluded. Individual superantigen totals at the bottom of the figure are displayed as n (%) and represent all skin and throat isolates of all *emm*-types, including those only found in 'other' *emm*-types.



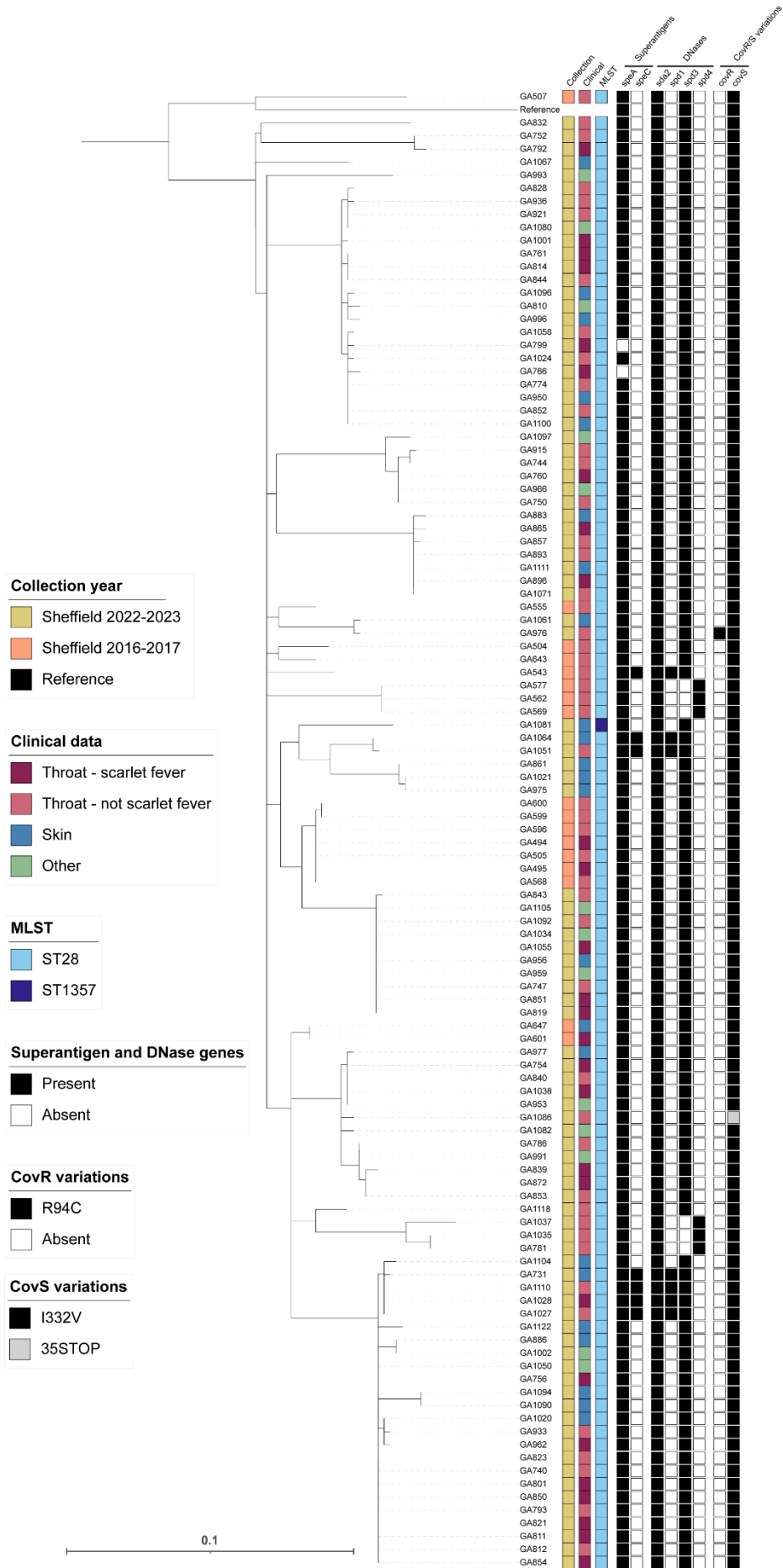
### A DNases 2022-23

DNase						emm -type															n (%)			
sda1	sda2	spd1	spd3	spd4	sdn	emm 1	emm 4	emm 12	emm 22	emm 28	emm 43	emm 49	emm 75	emm 76	emm 77	emm 81	emm 82	emm 87	emm 89	emm 94		Other		
						73																	73 (23.6)	
							4	7			1		14		9					10		1	46 (14.9)	
								41															41 (13.3)	
							1							18	2	1			1				32 (10.4)	
								4		6		1								6	2	4	23 (7.4)	
								1	20													1	22 (7.1)	
							6												14	1		1	22 (7.1)	
												7								2	1	11	21 (6.8)	
								9															9 (2.9)	
						6												1					7 (2.3)	
																1			4			1	6 (1.9)	
							3																3 (1.0)	
																						2	2 (0.6)	
															1								1 (0.3)	
																						1	1 (0.3)	
total across all isolates																								
0 (0)	133 (43.0)	162 (52.4)	187 (60.5)	6 (1.9)	54 (17.5)																			

### B DNases 2016-17

DNase						emm -type															n (%)			
sda1	sda2	spd1	spd3	spd4	sdn	emm 1	emm 4	emm 12	emm 22	emm 28	emm 43	emm 49	emm 75	emm 76	emm 77	emm 81	emm 82	emm 87	emm 89	emm 94		Other		
							3				12		13		3				2	6		3	42 (25.5)	
								1		7					1			1		12	1		2	25 (15.2)
							5						1					1	9				2	18 (10.1)
						13																		13 (7.9)
																	2			1	4	2	9 (5.5)	
										1										5		1	8 (4.8)	
								4									1	3					8 (4.8)	
								7															7 (4.2)	
							1						1		1	2						2	7 (4.2)	
																						5	5 (3.0)	
						3																	3 (1.8)	
																	2						2 (1.2)	
																		1					1 (0.6)	
																						2	2 (1.2)	
																							1 (0.6)	
							1														6	4	10 (6.1)	
																						1	1 (0.6)	
																						2	2 (1.2)	
total across all isolates																								
2 (1.2)	35 (21.2)	106 (64.2)	93 (56.4)	10 (6.1)	45 (27.3)																			

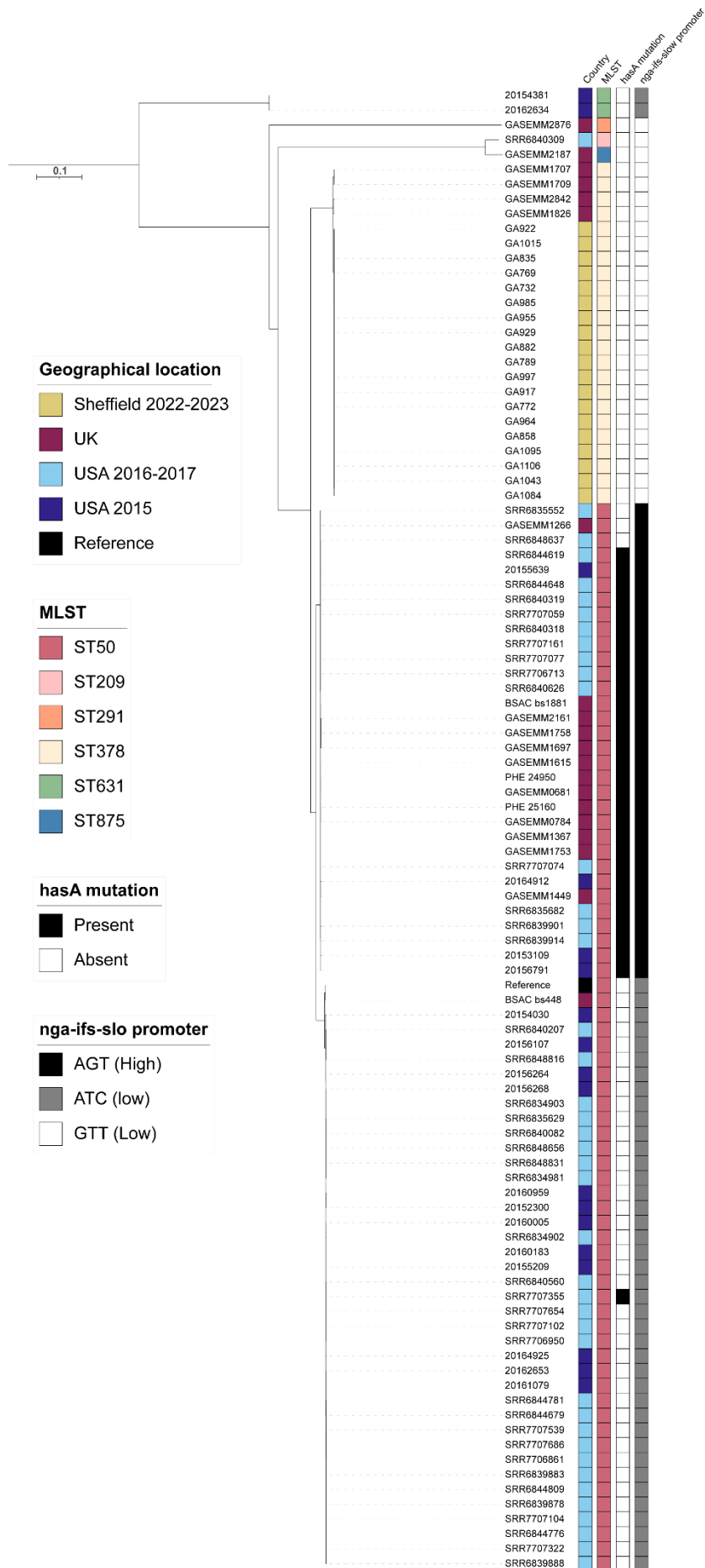
**Supplementary Figure 4: Summary of DNase profiles by *emm*-type in throat and skin isolates collected in (a) 2022-2023 and (b) 2016-2017.** Data shown for the most common *emm*-types ordered from most common profile to least common; other *emm*-types are categorised here as 'Other'. Individual DNase totals at the bottom of the figure are displayed as n (%) and represent all skin and throat isolates of all *emm*-types.



**Supplementary Figure 5: Phylogenetic analysis of the 112 Sheffield *emm1* genomes collected in 2022-2023 and 2016-2017.** A maximum likelihood phylogenetic tree was generated with the core gene alignment to reference strain MGAS5005. The scale bar represents the number of nucleotide substitutions per site. Colour strips indicate the year of isolate collection, clinical presentation and the multi-locus sequence type (MLST). The presence (black) and absence (white) of superantigen genes *speA* and *speC*; prophage-associated DNase genes *sda2*, *spd1*, *spd3*, and *spd4* are indicated. Variations in CovR and CovS are indicated. All isolates possessed chromosomal superantigens *speG*, *speJ* and *smeZ*. No isolates had superantigen genes *speH*, *speI*, *speK*, *speL*, *speK/M*, *speM*, *speQ*, *speR* or *ssa*, nor DNase genes *sda1* or *sdn*. No antimicrobial resistance (AMR) genes were identified within the Sheffield *emm1* isolates. All Sheffield *emm1* isolates also had a Q259R variation in RocA.



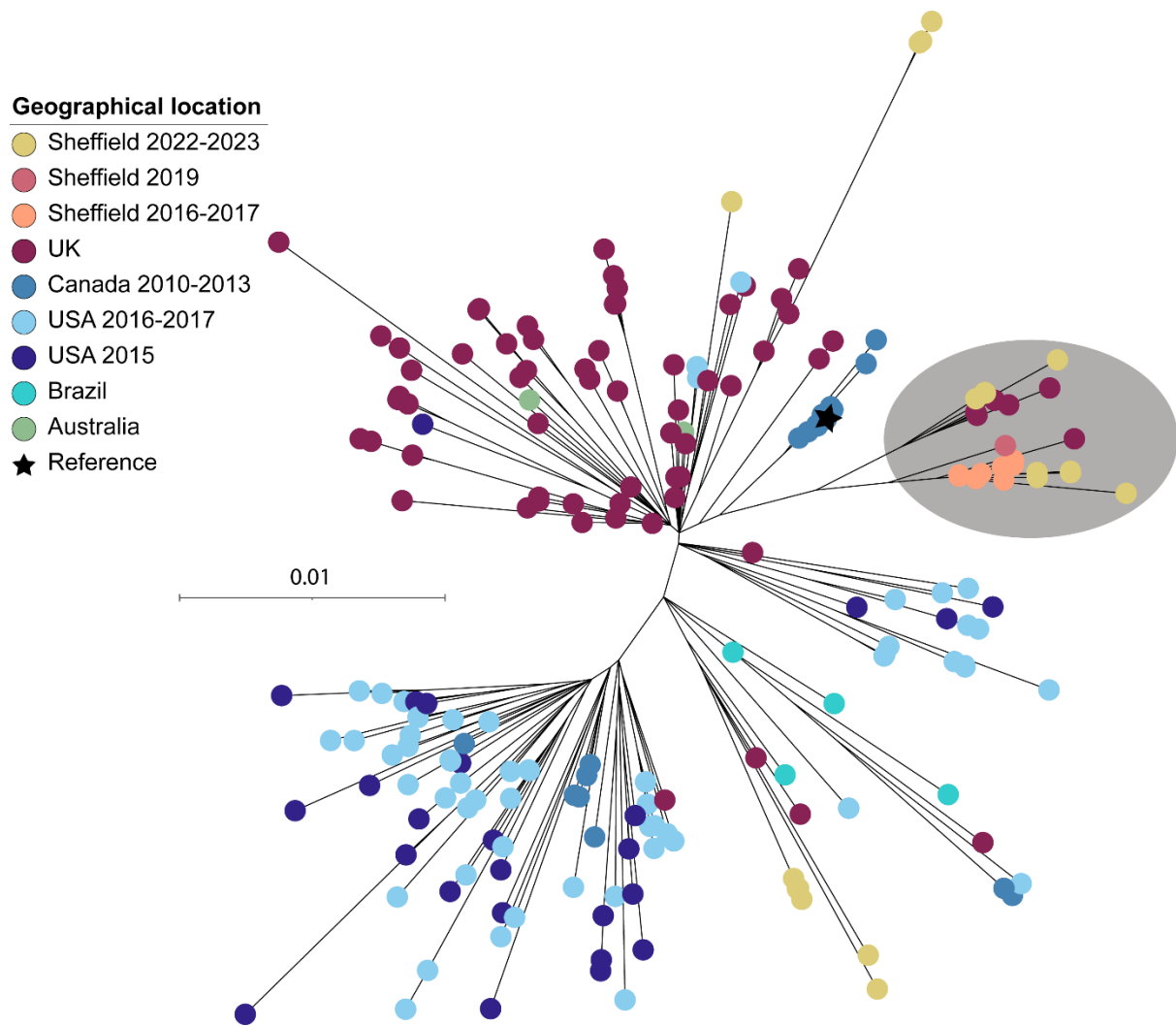
**Supplementary Figure 6: Phylogenetic analysis of the 77 Sheffield *emm12* genomes collected in 2022-2023 and 2016-2017.** A maximum likelihood phylogenetic tree was generated with the core gene alignment to reference strain MGAS9429. The scale bar represents the number of nucleotide substitutions per site. Colour strips indicate the year of isolate collection and the multi-locus sequence type (MLST). The presence (grey) and absence (white) of superantigen genes *speA*, *speC* and *ssa*; DNase genes *sda2*, *sdn*, *spd1* and *spd3*; and variations in CovR and RocA are indicated. No variations in CovS were identified within Sheffield *emm12* genomes. All isolates possessed DNase genes *speG*, *speH* and *speI*. No isolates had superantigens *speJ*, *speK*, *speK/M*, *speM*, *speL*, *speQ*, *speR* or *smeZ*, nor DNase genes *sda1* and *spd4*. The presence (grey) and absence (white) of antimicrobial resistance (AMR) genes *mefA* and *msrD* is indicated; no other AMR genes were identified within Sheffield *emm12* isolates.



**Supplementary Figure 7: Phylogenetic analysis of Sheffield *emm76* genomes collected in 2022-2023, within the context of other UK and USA *emm76* isolates.**

Alongside our Sheffield *emm76* genomes from 2022-2023 and 2016-2017 we included publicly available *emm76* genome data from the UK, 2002-2018 (n=20) (31,38,39); USA, 2015 (n=18) (45) and 2016-2017 (n=42) (46). A maximum likelihood phylogenetic tree was generated with the core gene alignment to reference strain BSAC\_bs448. The scale bar represents the number of nucleotide substitutions per site. Colour strips indicate the country of isolate collection and the multi-locus sequence type (MLST). The presence (black) and absence (white) of *hasA* mutations is indicated, as are variants of the *nga-ifs-slo* promoter.





**Supplementary Figure 8: Phylogenetic analysis of Sheffield *emm87* genomes collected in 2022-2023 and 2016-2017, within the context of global *emm87* isolates.**

Alongside our Sheffield *emm87* genomes from 2022-2023 and 2016-2017 we included publicly available *emm87* genome data from the UK, 2001-2018 (n=91) (31,38,39); USA, 2015 (n=26) (45); USA, 2016-2017 (n=40) (46); Canada, 2010-2013 (n=22) (70); Brazil, 2000-2013 (n=4) (57); and New Zealand, 2009-2010 (n=2) (57). A maximum likelihood phylogenetic tree was generated with the core gene alignment to reference strain NGAS743 (star). All isolates have a mutation in *hasA* that would truncate HasA but isolates in the lineage shaded in grey have an additional mutation in *hasB* that would truncate HasB. The

scale bar represents the number of nucleotide substitutions per site. Two highly divergent UK strains were excluded from the tree for presentation purposes.

### **Supplementary References**

70. **Athey TBT, Teatero S, Li A, Marchand-Austin A, Beall BW, et al.** Deriving group A *Streptococcus* typing information from short-read whole-genome sequencing data. *J Clin Microbiol* 2014;52:1871–1876.