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A total of 215 nontypeable rotavirus samples collected from children <5 years of age by members of the African Rotavirus Network were characterized using reverse-transcription polymerase chain reaction analysis and sequencing. The most predominant strain identified was P[8]G1 (46.9%). Genotypes P[8]G10, P[8]G8, P[6]G8, and P[7]G5 were also detected at frequencies varying from 0.5% to 2.3%. This study suggests that reassortment of unusual G types into a background of globally common genotype P[8] strains may be a major mechanism of generating rotavirus diversity. Nucleotide substitutions at the P[8], P[6], and G1 primer binding sites accounted for the failure to type these strains initially. Hence, these findings highlight the need for regular evaluation of rotavirus genotyping methods.

Group A rotaviruses are the most important etiological agents of severe diarrhea in infants and young children worldwide. Globally, ~600,000 children die every year from rotavirus infection, and most deaths are in developing countries [1]. Knowledge of strain distribution has become of increased importance because new rotavirus vaccines have just been licensed, and it will be critical to assess how effective these are against the diversity of strains in circulation.

Rotavirus is classified as a genus within the Reoviridae family and contains a genome of 11 segments of double-stranded RNA that encode 6 structural (VP1–VP4 and VP6–VP7) and 6 nonstructural (NSP1–NSP6) proteins [2]. The 2 outer capsid proteins, VP4 and VP7, define serotypes P (protease-sensitive protein VP4), encoded by gene segment 4, and G (glycoprotein VP7), encoded by gene segment 4, and G (glycoprotein VP7), encoded by gene segment 7, 8, or 9, depending on the strain. Both proteins elicit neutralizing antibody responses and form the basis for classifying group A rotavirus into P and G serotypes and genotypes [2].

To conduct rotavirus strain surveillance for the common serotypes in circulation, both serologic and molecular methods have been used. These include im-
munoassays using monoclonal or polyclonal antibodies [3–5] and multiplex reverse-transcription (RT) polymerase chain reaction (PCR)-based assays supported by nucleotide sequencing [6–8].

With a combination of these methods, a total of 11 G and 12 P genotypes have been recovered from humans [9]. Serotypes G1–G4 and G9 are frequently associated with diarrhea in children and, except for serotype G9, they have become prime targets for vaccine development [10]. Rotavirus serotypes P1A[8], P2A[6], and P1B[4] are the globally most common P types that infect humans and P1A[8] is found in licensed vaccines. Genotype P[8] is almost always associated with VP7 types G1, G3, G4, and G9, and genotype P[4] is usually associated with G2 [10]. Although the ability of rotavirus genes to segregate independently could in theory lead to numerous combinations of known G and P serotypes, only 5 strains—P1A[8]G1; P1A[8]G3; P1A[8]G4; P1A[8]G9 and P1B[4]G2—are thought to be globally common. However, other uncommon G and P types (eg, G5, G6, G8, G10, G12, P[9], P[11], and P[14]) have been reported in a variety of locations worldwide [10–12]. Some of these, such as P[6]G8 in Malawi [13], P[8]G5 in Brazil [14], and P[11]G10 in India [15], are important causes of diarrhea in countries where they are found. The impact of these unusual types on rotavirus vaccine development is yet to be determined, but such strains may represent an important route for introduction of new P or G genes into a naive human population via reassortment events [9, 10, 16].

Although monoclonal antibody (MAb) enzyme immunoassay (EIA) serotyping and RT-PCR genotyping assays have been invaluable in defining the importance of individual rotavirus G and P types, recent challenges to the effectiveness of these typing assays have been identified. For example, with MAb-EIA serotyping, ~20%–30% or even more of samples cannot be typed owing to low antigen levels or antigenic variation in MAb binding sites, and some strains cross-react with >1 serotype-specific MAb [5, 17, 18]. MAb-EIA methods for P serotyping have been developed but are cross-reactive and not routinely available [19, 20]. On the other hand, genotype-specific PCR primers have increasingly failed to amplify the VP7 and VP4 genes of globally common strains, including those of the most common strain, P[8]G1 [21–24]. Furthermore, numerous studies have detected novel human rotavirus G and P types that are not typeable because genotype-specific primers are absent from the multiplex primer mixtures [16, 25–28]. Finally, RT-PCR assays infrequently misclassify strains because of cross-priming of one genotype-specific primer on the nucleic acid molecule of another genotype. This phenomenon has been documented in studies from Hungary [22, 23] and Malawi [23]. To try to overcome these issues, new sets of primers or individual primers within a primer set have been designed by research groups involved in rotavirus strain surveillance [6, 22–24, 29].

Two new vaccines from Merck (RotaTeq) and Glaxo-SmithKline (Rotarix) have at present been licensed in >40 and >90 countries respectively, and are being introduced into routine immunization programs in the United States, Europe, Latin America, and several other countries [30]. RotaTeq is a live, oral, pentavalent human-bovine reassortant rotavirus vaccine that contains a mixture of monoreassortants carrying the VP7 genes of human G1, G2, G3, and G4 and VP4 gene of human P[8] rotaviruses in the background of the genome of bovine WC3 rotavirus. The reassortants are expected to stimulate serotype-specific protection to these common rotavirus serotypes. In contrast, Rotarix vaccine is a monovalent, live attenuated human strain of the most common serotype, P1A[8]G1 and has been shown to elicit both homotypic and heterotypic immune responses and to cross-protect against different serotypes [31]. For countries anticipating the introduction of one or both of these new vaccines into routine immunization programs, it is vital to establish surveillance to assess their impact on serotype prevalence, monitor for the possible emergence of serotypes that escape vaccine induced immunity, and investigate the potential of both vaccines to undergo transmission in population or produce reassortants that cause rotavirus gastroenteritis.

The objectives of the present study were to provide a more complete picture of rotavirus strain distribution and epidemiology for Africa in anticipation of rotavirus vaccine introduction, by determining the G and P genotypes of previously nontypeable strains, and also to investigate why many of these strains from a study published elsewhere [32] were nontypeable with primer routinely used in the laboratory [8].

**Materials and Methods**

**Rotavirus-positive specimens.** As described elsewhere [32], >3000 rotavirus-positive samples, collected from children <5 years of age in several African countries from 1996–2000, were analyzed in 3 African rotavirus workshops, organized between 1998 and 2000. Almost 75% of the strains were typed by VP7 MAb-EIA methods [5, 20, 33] or RT-PCR [8], but only half of the strains were subjected to VP4 genotyping by RT-PCR [7, 34]. For this present study, a subset of strains (n = 90) that could not be assigned both G and P genotypes were selected for further analysis. The analysis included an additional set of strains (n = 125), collected from 2002 to 2004, which also could not be assigned any G and P genotypes using the same approach just described (Table 1).

**Genotyping of rotavirus strains.** Rotavirus RNA was extracted from 10% (wt/vol) stool suspensions in phosphate-buffered saline using a NucliSens automated extractor (bioMérieux), according to the protocol specified by the man-
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Table 1. Sample Origin and Year of Collection

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of samples, by year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>NA</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>NA</td>
</tr>
<tr>
<td>Cameroon</td>
<td>5</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>NA</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>NA</td>
</tr>
<tr>
<td>Sudan</td>
<td>NA</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>NA</td>
</tr>
<tr>
<td>Botswana</td>
<td>NA</td>
</tr>
<tr>
<td>Ghana</td>
<td>NA</td>
</tr>
<tr>
<td>Tunisia</td>
<td>NA</td>
</tr>
<tr>
<td>Kenya</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
</tr>
</tbody>
</table>

NOTE. NA, no sample available.

RESULTS AND DISCUSSION

Using these modified RT-PCR procedures we were able to identify 190 of 215 (88.4%) G genotypes and 193 of 215 (89.8%) P genotypes. Twenty-five (11.6%) and 22 (10.2%) samples could not be assigned a G or P genotype, respectively, although a first-round RT-PCR product was obtained for each using consensus primers. By nucleotide sequencing and comparison with previously published sequences in the GenBank database, these samples were shown to belong to types G10 (5 of 25; 20%), G8 (11 of 25; 44%), G5 (1 of 25; 4%), G9 (2 of 25; 8%), and G1 (6 of 25; 24%). Among 22 P untypeable samples sequenced, 12 genotype P[8] (54.5%) and 10 genotype P[6] (45.5%) strains were identified by comparison with related strains in the database.

A total of 13 single G- and P-type combinations, consisting of 7 different G types and 3 different P types, were identified (Table 2). This subset of samples showed more variability than
seen in recent full studies from the African continent, where 7–9 different single G-P combinations were observed [32, 36]. As expected, strain P[8]G1 (46.9%) was predominant among nontypeable samples. As in other studies [23, 24], the failure to identify P and G genotypes for many of these strains by multiplex RT-PCR could be explained by variation in the primer binding sites of P[8]-, P[6]-, and G1-specific primers designed in the early 1990s and based on very few strains [7, 8]. For G1 strains, the nucleotide sequence alignment showed 1–3 mutations further away from both the 5′ and 3′ ends of the primer binding sites (data not shown). Moreover, the 6 G1 strains that could not typed with the Das G1-specific primer showed 2-point mutations in the middle of the primer binding site. For P[8] and P[6] strains, 3–5 mutations were detected at the primer binding sites of the specific primers 1T-1 and 3T-1, respectively (data not shown). However, with the addition of 2 newly designed P[8]-specific primers (JRG237 and 1T1, respectively (data not shown). However, with the addition of 2 newly designed P[8]-specific primers (JRG237 and 1T1-V), >85% of the strains were typed. These mutations at the primer binding sites of the G1-, P[6]-, and P[8]-specific primers decrease the affinity of primer binding and may explain the failure to identify these strains. Failed genotyping or mistyping and the use of multiple primer sets or newly designed primer pairs specific for local strains have already been reported from different parts of the world [21–24, 39, 40]. Because of natural variation in rotaviral gene sequences, close monitoring of rotavirus genotyping methods are extremely important.

Mixed infections were also detected in 46 of 215 (21.4%) G genotypes and 16 of 215 (7.5%) P genotypes. The mixed G genotypes observed were G1G9 (14 of 215; 6.5%), G1G2 (16 of 215; 7.4%), G4G1 (5 of 215; 2.3%), 2 samples each had G4G3G1, G4G9, G2G9, G4G3, G4G2 infections and 1 sample had G4G2G1 infection. All mixed P genotypes were P[6]P[8].


<table>
<thead>
<tr>
<th>No. (%) of samples, by G genotype</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P genotype</td>
<td>G1</td>
</tr>
<tr>
<td>P[4]</td>
<td>0</td>
</tr>
<tr>
<td>P[6]</td>
<td>3</td>
</tr>
<tr>
<td>P[8]</td>
<td>101</td>
</tr>
<tr>
<td>P[7]</td>
<td>0</td>
</tr>
<tr>
<td>P[6]P[8]</td>
<td>6</td>
</tr>
<tr>
<td>Total (%)</td>
<td>110 (51)</td>
</tr>
</tbody>
</table>

a Detection was done by sequencing.
b Includes 16 samples with G1 plus G2, 14 with G1 plus G9, 2 with G4 plus G9, 2 with G2 plus G9, 5 with G1 plus G4, 2 with G4 plus G3, 2 with G4 plus G2, 1 with G4 plus G1G2, and 2 with G3 plus G4G1.
Although the modified methods used here allowed us to type ~90% of a collection of strains that were 100% untypeable with the originally described genotyping procedures, we still found about 10%–12% of the strains that could not be genotyped with the modified methods. All of the P genotyping failures were due to genetic variation in the primer binding site of the globally most common genotype P[8] strains. Our findings reinforce the need to develop alternative or modified methods to genotype rotavirus strains more reliably, and also highlight the value of using >1 set of genotype-specific primers [10].

The findings reported in this investigation have helped give a more complete picture of the strains circulating among the African Rotavirus Network participating countries. Furthermore, the detection of genotypes G10, G8, and G5 reinforces findings that these strains are globally distributed and strengthens the need to continue strain surveillance. Because each of these strains belonged to genotype P[8], it will be interesting to investigate whether they represent multiple-gene reassortants or whether only the VP7 gene reassorted into a genetic background of typical long electropherotype P[8] strains of the Wa genogroup during coinfections in vivo.

THE AFRICAN ROTAVIRUS NETWORK

Members of the African Rotavirus Network who were involved in this study and are authors of this report are as follows: Veronique Akran Agbaya, Maryam Aminu, George Armah, John Dewar, Mathew Dioh Esona, Annelise Geyer, James Nyan-gao, Nicola Page, Ina Peneen, Theresia Sebunya, Duncan Steele, Abdelhalim Trabelsi, and Bizuneh Tson.

Acknowledgments

The postdoctoral fellowship of Dr Esona was provided through the Rotavirus Vaccine Program, a collaboration between the Program for Appropriate Technology in Health, the World Health Organization, and the Centers for Disease Control and Prevention. Our sincere thanks also go to all the staff of the Medical Research Council Diarrhoeal Pathogens Research Unit, University of Limpopo, and the Gastroenteritis and Respiratory Viruses Laboratory Branch at the Centers for Disease Control and Prevention, Atlanta, for their immense assistance.

References

27. Santos N, Lima RCC, Pereira CFA, Gouvea V. Detection of rotavirus

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