





Identification of a Novel Hepatitis E Virus Genotype 3 Strain Isolated from a Chronic Hepatitis E Virus Infection in a Kidney Transplant Recipient in Switzerland

Bo Wang,^a Dominik Harms,^a Jörg Hofmann,^{b,c} Diana Ciardo,^d Agnes Kneubühl,^e
© C.-Thomas Bock^a

Department of Infectious Diseases, Robert Koch Institute, Berlin, Germany^a; Institute of Medical Virology, Charité University Medicine, Berlin, Germany^b; Labor Berlin, Charité-Vivantes GmbH, Berlin, Germany^c; Corelab Immunology, Viollier AG, Allschwill, Switzerland^d; Department of Internal Medicine/Nephrology, Spital Lachen, Lachen, Switzerland^e

ABSTRACT Hepatitis E virus genotype 3 (HEV-3) is the causal pathogen of chronic hepatitis E. We report here the full-length genome sequence of an HEV-3 strain, isolated from a kidney transplant recipient in Switzerland (SW/16-0282). This HEV-3 strain showed less than 88% homology compared to known strains, suggesting a new HEV-3 strain.

epatitis E virus (HEV) is a single-stranded RNA virus and a common cause of acute hepatitis (1, 2). Four main HEV genotypes, as well as the recently reported HEV genotype 7, infecting humans have been described. HEV genotypes 1 and 2 have been linked to waterborne outbreaks in developing countries that exclusively infect humans. In contrast, HEV genotypes 3, 4, and 7 are predominant in industrialized countries, while zoonotic transmission from animal reservoirs to human has been suggested (3, 4). It is well established that prolonged HEV viremia and chronic hepatitis E with HEV genotype 3 (HEV-3) can occur in immunocompromised patients (5, 6). Recent studies revealed an HEV-seroprevalence among blood donors (4.9%) and chronic infections in patients with HIV (2.6%) in Switzerland. However, HEV seroprevalence in Switzerland is considerably lower than in other European countries, which may be explained by the strict regulation of animal and meat imports (7–9). Here, we report the full-length genome sequence of an HEV-3 strain (SW/16-0282), isolated from a kidney transplant recipient with chronic hepatitis E in Switzerland.

The virus was isolated from a 58-year-old male kidney transplant recipient from Lachen, Switzerland. The patient presented clinically with hepatitis symptoms and moderate elevated liver enzymes in June 2016 while being treated with immunosuppressive drugs. The first test for HEV IgM/ IgG was negative and hepatitis was considered because of drug toxicity. No recovery of hepatitis was seen despite changing drugs. In August 2016, a diagnosis of hepatitis E relied on a further increase of liver enzyme levels and detection of anti-HEV IgM/IgG and HEV RNA in serum (3.1 \times 10E+5 IU/mL) and feces (2.7 \times 10E+7 IU/mL stool suspension). The HEV IgG/IgM immunoassay (recomLine, Mikrogen, Germany) showed a clear response to the C-terminal part of the capsid antigen (O2C; genotype 3). However, there was no evidence for a specific HEV-3 strain. Nutritional regimens limited the patient's meat consumption to beef and fish (no venison and swine).

Viral RNA extraction from patient serum and feces was performed using the High Pure Viral nucleic acid kit (Roche Diagnostics, Germany) according to the manufactur**Received** 21 March 2017 **Accepted** 30 March 2017 **Published** 18 May 2017

Citation Wang B, Harms D, Hofmann J, Ciardo D, Kneubühl A, Bock C-T. 2017. Identification of a novel hepatitis E virus genotype 3 strain isolated from a chronic hepatitis E virus infection in a kidney transplant recipient in Switzerland. Genome Announc 5:e00345-17. https://doi.org/10.1128/genomeA.00345-17.

Copyright © 2017 Wang et al. This is an openaccess article distributed under the terms of the Creative Commons Attribution 4.0

Address correspondence to C.-Thomas Bock, bockc@rki.de.

Wang et al. genameAnnouncements'

er's instructions. After cDNA synthesis using Transcriptor first-strand cDNA synthesis (Roche Diagnostics, Germany), the complete viral genome was amplified using KAPA HiFi HotStart ReadyMix PCR (Kapa Biosystems, USA). The 5' and 3' sequences were determined using 5' and 3' rapid amplification of cDNA ends (Roche Diagnostics, Germany). HEV amplicons were sequenced with the BigDye Terminator version 3.1 cycle sequencing kit (Applied Biosystems, USA) in both directions. Whole-genome sequence and phylogenetic analyses were done using Geneious version 10.0.5 and MEGA7 software (10).

The complete genome of SW/16-0282 is 7,222 nucleotides in length, excluding the poly(A)-tail, with a G+C content of 56% harboring the expected HEV open reading frames (ORFs) with 1,703 (ORF1), 660 (ORF2), and 122 (ORF3) amino acids, respectively. Phylogenetic reconstructions based on the whole-genome sequences demonstrated that SW/16-0282 belongs to HEV-3. SW/16-0282 shared the highest homology with the HEV subgenotype 3h TR19 strain (87.8%; JQ013794). Because of the poor homology to any HEV-3 subgenotype, it must be verified by comprehensive genetic analyses of HEV strains from human and animal reservoirs whether the SW/16-0282 strain represents a new HEV subgenotype 3l.

Accession number(s). The complete genome sequence of SW/16-0282 has been deposited in GenBank under the accession number KY780957.

ACKNOWLEDGMENTS

We are grateful for the excellent technical assistance of Marcel Schulze. B.W. is supported by the China Scholarship Council (CSC), Beijing, China. D.H. is supported by a scholarship from the Claussen-Simon-Stiftung (Claussen-Simon Foundation) "Dissertation Plus" program, Germany. The content is the responsibility only of the authors and does not represent the views of CSC or Claussen-Simon-Stiftung.

REFERENCES

- Wedemeyer H, Pischke S, Manns MP. 2012. Pathogenesis and treatment of hepatitis E virus infection. Gastroenterology 142:1388–1397.e1. https://doi.org/10.1053/j.gastro.2012.02.014.
- van Tong H, Hoan NX, Wang B, Wedemeyer H, Bock CT, Velavan TP. 2016. Hepatitis E virus mutations: functional and clinical relevance. EBioMedicine 11:31–42. https://doi.org/10.1016/j.ebiom.2016.07.039.
- Meng XJ. 2010. Hepatitis E virus: animal reservoirs and zoonotic risk. Vet Microbiol 140:256–265. https://doi.org/10.1016/j.vetmic.2009.03.017.
- Lee G, Tan B, Chi-Yuan Teo E, Lim S, Dan Y, Wee A, Kim Aw PP, Zhu Y, Hibberd ML, Tan C, Purdy MA, Teo C. 2016. Chronic infection with camelid hepatitis E virus in a liver transplant recipient who regularly consumes camel meat and milk. Gastroenterology 150:355–357. https:// doi.org/10.1053/j.gastro.2015.10.048.
- Behrendt P, Steinmann E, Manns MP, Wedemeyer H. 2014. The impact of hepatitis E in the liver transplant setting. J Hepatol 61:1418–1429. https://doi.org/10.1016/j.jhep.2014.08.047.
- Kamar N, Selves J, Mansuy JM, Ouezzani L, Péron JM, Guitard J, Cointault O, Esposito L, Abravanel F, Danjoux M, Durand D, Vinel JP, Izopet J, Rostaing L. 2008. Hepatitis E virus and chronic hepatitis in organ-

- transplant recipients. N Engl J Med 358:811–817. https://doi.org/10.1056/NEJMoa0706992.
- Kaufmann A, Kenfak-Foguena A, André C, Canellini G, Bürgisser P, Moradpour D, Darling KE, Cavassini M. 2011. Hepatitis E virus seroprevalence among blood donors in southwest Switzerland. PLoS One 6:e21150. https://doi.org/10.1371/journal.pone.0021150.
- Kenfak-Foguena A, Schöni-Affolter F, Bürgisser P, Witteck A, Darling KE, Kovari H, Kaiser L, Evison JM, Elzi L, Gurter-De La Fuente V, Jost J, Moradpour D, Abravanel F, Izpopet J, Cavassini M, Swiss HIV Cohort Study. 2011. Hepatitis E virus seroprevalence and chronic infections in patients with HIV, Switzerland. Emerg Infect Dis 17:1074–1078. https:// doi.org/10.3201/eid/1706.101067.
- Pavio N, Mansuy JM. 2010. Hepatitis E in high-income countries. Curr Opin Infect Dis 23:521–527. https://doi.org/10.1097/QCO.0b01 3e32833de683.
- Wang B, Yang XL, Li W, Zhu Y, Ge XY, Zhang LB, Zhang YZ, Bock CT, Shi ZL. 2017. Detection and genome characterization of four novel bat hepadnaviruses and a hepevirus in China. Virol J 14:40. https://doi.org/ 10.1186/s12985-017-0706-8.

Volume 5 Issue 20 e00345-17 genomea.asm.org **2**