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1 **Article Summary Line:** This proposal of a human respiratory syncytial virus (HRSV)
2 nomenclature below the species level is brought forward by a group of members of the
3 International RSV Society, a special interest group of the International Society for Influenza and
4 other Respiratory Virus Diseases (isirv), and by members of the WHO Global RSV Surveillance
5 Project and will facilitate sample handling, database submission and analysis of HRSV sequence
6 data.

7 **Running Title:** Universal HRSV nomenclature below species level

8 **Keywords:** Human respiratory syncytial virus, strain, isolate, specimen, nomenclature, species

9

10 **Title: Proposal for Human Respiratory Syncytial Virus (HRSV) Nomenclature below the
11 Species Level**

12 Dedicated to José Antonio Melero

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53 **Abstract - Word Count: 149**

54 Human respiratory syncytial virus (HRSV) is the leading viral cause of serious pediatric
55 respiratory disease, and reinfections are common throughout life. HRSV has two major
56 subgroups, A and B, which exhibit some antigenic variability, contributing to the ability of
57 HRSV to circulate annually. The molecular epidemiology of HRSV is being studied worldwide,
58 and increasing numbers of partial and full genomic sequences are becoming available. To
59 facilitate molecular epidemiology analyses, we propose a uniform nomenclature for HRSV-
60 positive samples, isolates and sequences as follows: HRSV/subgroup identifier/geographic
61 identifier (ISO3166-1 alpha-3 letter country designation or a simple country name)/unique
62 sequence identifier/calendar year of sampling. We also propose a basic template for submission
63 of associated metadata. A universal nomenclature for HRSV isolates would facilitate data
64 retrieval, analysis of sequence data, and would improve publications of figures such as sequence
65 alignments and phylogenograms, which will overall aid our understanding of the evolution of this
66 virus.

67

68 **Text - Word Count: 2737**

69 **Introduction**

70 Human respiratory syncytial virus (HRSV) is the leading single cause of severe respiratory
71 illness in children less than 5 years of age, and is associated with substantial morbidity related to
72 lower respiratory tract infections in industrialized countries, and significant morbidity and
73 mortality in low- and/or middle-income countries (1-5). HRSV also causes severe disease in the
74 elderly and in high-risk adults (6). In 2016, HRSV (species *Human orthopneumovirus*) was
75 reclassified by the International Committee on Virus Taxonomy (ICTV) to the new family
76 *Pneumoviridae*, genus *Orthopneumovirus* (7). With the increasing availability of viral
77 sequencing technologies, the number of HRSV sequence submissions to databases is increasing
78 (Figure 1), and it is anticipated that this trend will continue. While the ICTV provides
79 nomenclature standards for virus taxa, no system currently exists for HRSV nomenclature below
80 the species level. Given the current interest in HRSV and in database submissions, a standard
81 nomenclature for HRSV strains and isolates below the species level is needed and would
82 facilitate sample handling and studies of the genomic diversity of HRSV strains and variants.
83 Following the taxonomical reassignment, it is timely to (i) propose a consistent and universal
84 naming convention for HRSV strains, sequences and isolates, and (ii) provide a framework for
85 the submission of associated basic metadata, facilitating database submissions that are rich in
86 context information.

87 Currently, several large laboratory HRSV surveillance and epidemiology studies are
88 ongoing. These include the World Health Organization's (WHO) Global Respiratory Syncytial
89 Virus (RSV) Surveillance Project, with large-scale testing for HRSV and extensive sequencing

90 of HRSV-positive clinical specimens from more than 20 countries worldwide
91 (<https://www.who.int/influenza/rsv/en/>). Focused molecular analyses have helped elucidate
92 HRSV household transmission (8) as well as local transmission dynamics (9), and may guide the
93 control of HRSV transmission. For example, molecular analysis showed that acquisition of
94 HRSV in healthcare facilities occurs through both transmission within facilities and introduction
95 from the community (10, 11). HRSV subgroups A and B usually dominate in alternate years but
96 can also co-circulate in the same season, but it remains to be seen how future subgroup
97 circulation patterns will be affected by the current COVID-19 pandemic. Early work showed that
98 HRSV of subgroup A was associated with slightly greater clinical severity than subgroup B (15).
99 HRSV disease severity has also been correlated with specific HRSV strains, genotypes or clades,
100 but to date, there has been no consistent association between specific strains and virulence across
101 studies (12-14), and no genotype or clade has been consistently associated with severe disease
102 (16-19). Thus, a possible role of HRSV strain differences in disease severity remains to be
103 elucidated. The lack of a standard nomenclature and the scarcity of rich metadata in databases
104 currently limit and complicate such studies. In this context, a simple and standardized
105 nomenclature would minimize data entry errors for handling, storing and shipping of HRSV-
106 containing samples. Moreover, consistency in nomenclature will improve the ability of
107 researchers to pool and analyze sequence data and associated information from a variety of
108 different sources.

109 Reliable and concise nomenclature systems below the species level are available for
110 measles virus, influenza virus, rotavirus, and filovirus isolates (20-23), and for many other
111 human viral pathogens. A similar nomenclature system for HRSV is urgently needed and will
112 provide a standard interface for submission, searching and display of sequencing data and

113 associated metadata (i.e. an interface tailored to HRSV and its pathology), supporting the
114 requirements of HRSV research and the public health community. To fill this need, an
115 international group of researchers, in conjunction with the WHO Global RSV Surveillance
116 Project, proposes a concise HRSV nomenclature system.

117 **HRSV Genome Organization.** HRSV has a single-stranded non-segmented negative-
118 sense RNA genome of about 15,191 to 15,277 nucleotides in length (Figure 2A) (7). The HRSV
119 genome contains 10 genes, each encoding a separate mRNA with a single open reading frame
120 (ORF) (Figure 2A, Table 1), except for the M2 mRNA which contains two overlapping open
121 reading frames. The 11 HRSV proteins include two nonstructural proteins NS1 and NS2, the
122 nucleoprotein N, phosphoprotein P, matrix protein M, small hydrophobic envelope protein SH,
123 attachment glycoprotein G, fusion glycoprotein F, matrix protein M2-1 and RNA regulatory
124 factor M2-2, and the RNA polymerase protein L (Table 1) (24, 25). The fusion glycoprotein F is
125 the major viral neutralization and protective antigen, followed by the attachment glycoprotein G
126 (26).

127 **HRSV Subgroups and Genotype Designations: Status and Outlook.** HRSV has two
128 major genetic and antigenic subgroups, A and B, with genome-wide nucleotide and amino acid
129 divergence between these subgroups (Figure 2A) (25, 27). The reference sequences for the two
130 subgroups are derived from strains HRSV A2 [(28, 29); GenBank Accession number M74568.1,
131 RefSeq accession number NC_038235, curated by the National Center for Biotechnology
132 Information (NCBI), NIH (30, 31)], and HRSV B1 [(32), GenBank Accession number
133 AF013254.1, RefSeq accession number NC_001781.1] (Figure 2B). Between the two subgroups,
134 the F glycoprotein sequences are well conserved, with 89% amino acid identity, while the G
135 glycoproteins are the most divergent amongst the HRSV proteins (only 53% amino acid identity

136 between the subgroups) (Figure 2A) and undergo continuous molecular evolution. The
137 ectodomain of the G glycoproteins of both subgroups contains a conserved central domain,
138 representing an important antigenic site, flanked by two hypervariable domains (33). Except for
139 the central conserved region, the antigenic cross reactivity between G glycoproteins of the two
140 subgroups is low (26).

141 Since the G ORF exhibits the greatest degree of genetic variability between isolates, it is
142 most commonly used for studies on the molecular evolution of HRSV. The genetic variability of
143 HRSV strains over time has been commonly determined by sequencing of the distal C-terminal
144 third of the G ORF, which includes the second hypervariable domain. The variability in the G
145 ORF is characterized by a high rate of non-synonymous nucleotide changes, suggesting that
146 evolution may be driven by immune pressure, even though this may be partially antibody
147 independent (34). It is likely that this variability in the G protein contributes to the capacity of
148 HRSV to cause yearly outbreaks in the community (35-37). In a parallel effort, several research
149 groups are working together on a genotyping proposal, providing a consensus on uniform
150 genotype designations (38, 39). With continuing virus evolution, the emergence of new
151 genotypes is expected, along with the extinction of older genotypes. HRSV genotyping
152 designations will capture the present status and will be adaptable to reflect future molecular
153 evolution, and will need to be re-evaluated periodically by a global consortium. While the
154 nomenclature proposal outlined herein does not extend to genotype designations, it should
155 facilitate the sequence analysis required to follow the molecular evolution of HRSV.

156 **Nomenclature Proposal for HRSV Strains and Isolates.** For molecular epidemiology
157 studies, it would be useful to have a concise standard for short identifiers of specific HRSV
158 sequences, suitable for the short “Definition” lines that give context to a sample and its derived

159 sequence. Ideally, concise standardized names should convey key information about each
160 individual sequence in an alignment or phylogram such as the source, date and type (if known).
161 Here, we aim to define such a common naming convention for HRSV samples and isolates. We
162 also propose the use of standard names and appropriate annotations for HRSV genes, provide
163 examples to guide the annotation of sequence data during the sequence submission process, and
164 suggest the submission of metadata associated with the source materials of HRSV sequences. As
165 indicated above, this nomenclature proposal does not extend to genotype designations, but
166 proposes that genotype information be submitted with metadata to sequence and other relevant
167 databases.

168 **Definition Lines for HRSV Sequence Submissions.** GenBank records available through
169 NCBI are identified by two elements, a unique alphanumeric accession number and a definition
170 line. The definition line is the “title” that one commonly associates with GenBank records shown
171 in BLAST results and other searches. Definition lines are generated by the submitter during the
172 sequence submission process and include the species and isolate name; for example “*Human*
173 *orthopneumovirus* isolate HRSV/A/USA/001/2011, complete genome.” (40). For each HRSV
174 positive clinical sample or isolate, and for the submission of HRSV sequences to sequence
175 databases, we propose to capture five sample-specific parameters in a standardized fashion,
176 compatible with these isolate name requirements. Specifically, we propose the following
177 convention for the naming of HRSV samples, which will be included in sequence definition lines
178 (Figure 3): <virus name abbreviation>/<HRSV subgroup>/<geographic identifier>/<unique
179 sequence identifier>/<year of sampling>

180 I. Organism name; virus name abbreviation: HRSV

181 a. The ICTV proposed species name is “*Human orthopneumovirus*” (7), which will
182 be seen in the NCBI definition line. During submission, the organism name can
183 be provided as either “Human orthopneumovirus” or “Human respiratory
184 syncytial virus”. The abbreviation “HRSV” should be included as part of the
185 isolate name regardless of which organism name is provided.

186 II. HRSV subgroup: A or B; X if unknown

187 III. Geographic Identifier of the location of sampling. As individual HRSV research networks
188 have pre-defined requirements, it is suggested that this field have some flexibility.
189 Specifically,

190 i. If not specified by a research network, the ISO 3166-1 alpha-3 letter designation
191 should be used to indicate the country of sampling (XXX if the country of sampling is
192 unknown). The ISO 3166-1 alpha-3 can be accessed through this link:
193 https://en.wikipedia.org/wiki/ISO_3166-1_alpha-3. It is strongly suggested to provide
194 any additional geographic information on the sampling location (e.g. city or state of
195 sampling) in metadata fields, rather than within the concise definition line.

196 ii. the WHO Global RSV Surveillance Project plans to use the simple name of the
197 country (in English).

198 iii. Individual national studies may require a state/province/city designation, as well as
199 the country name (which is mandatory). If state/province/city designation is required,
200 a period should be used to separate the country name ([state/province/city].[country
201 name])

202 IV. Unique isolate identifier: This field must be restricted to 8 alphanumeric characters.

203 Underscores are permitted, but hyphens, slashes, or any other types of special characters

204 (e.g., %, \$, @, etc.) or spaces cannot be used. Controversial names/phrases, names of
205 prominent people, and trademarked names/phrases as unique identifiers cannot be used.
206 To prevent duplications of sample/isolate numbers by different groups, we recommend
207 inserting an acronym identifying a study or institute prior to the sample number. For
208 example, unique isolate identifiers for samples from the INFORM-RSV study might
209 include the acronym “INF” followed by a number
210 (“HRSV/A/COUNTRY/INF001/2019”, unique isolate identifier underlined).

211 V. Year of sampling; (YYYY) or XXXX if unknown.

212 The proposed nomenclature options (HRSV/subgroup/geographic identifier/unique
213 identifier/year of collection) are demonstrated in the following examples:

- 214 • HRSV/A/USA/001/2011
- 215 • HRSV/B/Denver.USA/14617/1985
- 216 • HRSV/A/IRN/001/2017
- 217 • HRSV/A/Iran/001/2017
- 218 • HRSV/X/IRN/001/2017 (subgroup unknown)
- 219 • HRSV/B/New_Zealand/FR123/2020

220 This nomenclature proposal prioritizes a short and concise definition line that will be easy
221 to handle in the laboratory, be easily readable and consistent in public databases. Additional
222 information may be submitted in metadata fields. This would allow researchers, epidemiologists
223 and database users to apply specific metadata filters, as needed for data retrieval and specific
224 applications, analyses, or for displaying designations, such as in dendograms.

225 **Terminology for Annotations.** To support efficient data analysis, it is essential that
226 uniform designations be used at the stage of database submission. Table 1 shows commonly
227 accepted names for HRSV genes and proteins. An HRSV gene comprises a gene start signal
228 GGGGCAAAT(A/G), an open reading frame (ORF) with adjacent noncoding regions if present,
229 and the gene end signal through the last adenosine residue
230 [AGT(T/A)A(T/A/G)(A/T)(A/T)(A/T)A_n] [Figure 4, (41)]. Each HRSV gene contains a single
231 ORF, except for the M2 gene, which comprises two ORFs M2-1 and M2-2. Nucleotide
232 annotations of genes and ORFs for the HRSV A2 (Figure 4) and HRSV B1 reference sequences
233 are shown in Table 1.

234 **Metadata to Accompany HRSV Samples and Original Sequence Submissions.** The
235 most pertinent host data will depend on the interests of individual study groups, with conditions
236 such as prematurity being of interest in a pediatric setting. Groups studying HRSV in an adult
237 setting may have an interest in different metadata, such as if the individual was
238 immunocompromised. Suggested further information that may be included in metadata fields:

- 239 1. Isolation_source: sample type (upper or lower airways);
240 viral RNA can be extracted directly from a clinical sample, or from an isolate grown in cell
241 culture, or possibly from a cDNA derived recombinant virus. The sources of sequences from
242 isolated viruses can be identified by the following suffices:
 - 243 a. wt: wild-type; sequences derived from RNA extracted directly from clinical specimens
 - 244 b. tc: tissue culture; sequences derived from RNA extracted from HRSV isolates
245 propagated in tissue culture (a single round qualifies as “tc”)
 - 246 c. rec: recombinant; sequences of cDNA-derived recombinant virus (including vaccine
247 strain)

- 248 2. Host: *Homo sapiens*; subject age. Indicate years and months if under 5 years of age; years of
249 age if above 5 years of age. Subject sex (if known) should be spelled out.
- 250 3. Country, state, and (nearest) city of sampling. Metadata information must include the country
251 (full name, not 3 letter abbreviation; for a list of accepted country designations, see
252 <https://www.ncbi.nlm.nih.gov/GenBank/collab/country/>), can also include city or
253 state/province. Names should be written based on the standard ASCII letters including spaces
254 if required. City or coordinates of the location of sampling should be included if known.
- 255 4. Collection date (at least month and year). It is highly recommended that the exact date of
256 specimen collection (DD-Mon-YYYY; example: 17-Feb-2002) be used; if not available the
257 year and month should be indicated (Mon-YYYY).
- 258 5. Genotype according to the consensus in genotype classification by the RSV GeNom Working
259 Group (consensus definition in progress).
- 260 6. Metadata on the host and the clinical disease should be included in the “Notes” field in a
261 structured format. Protected health information will be excluded from metadata submissions.
- 262 a. Host:
- 263 I. If under 6 months of age, birthweight and gestational age at birth.
- 264 II. Significant pediatric co-morbidities, including prematurity, congenital cardiac
265 disease and broncho-pulmonary dysplasia (BPD).
- 266 III. Twins (y/n)
- 267 IV. Exposed to specific HRSV therapeutic, vaccine, antibody or antiviral (y/n)
- 268 V. Viral or bacterial co-infections if known; pathogen species should be spelled
269 out.

270 VI. Adult co-morbidities such as chronic obstructive pulmonary disease (COPD)
271 or asthma, or altered immune status (e.g. immunocompromised or a bone
272 marrow transplant recipient).

273 b. Disease outcomes: Five grades are distinguished (no medical care; out-patient or
274 emergency room; hospital admission; ICU admission; death)

275 For NCBI submissions, data can be entered through the web interface, or uploaded as tab-
276 delimited text files (examples provided in Supplementary Information). Sequences can be
277 uploaded in FASTA format (Supplementary file 1), with associated metadata provided in a plain
278 text tab-delimited “source modifier” table (virtual examples provided in Supplementary file 2),
279 and gene/protein annotations provided in a plain text tab-delimited “5 column feature” table
280 (Supplementary file 3).

281

282 **Outlook**

283 Molecular surveillance has revealed that multiple HRSV genotypes circulate simultaneously in a
284 community. Circulating genotypes often vary between communities, and circulation patterns can
285 change from year to year. Extended monitoring of circulating viruses is necessary to better
286 understand transmission and molecular evolution (42). As HRSV vaccine candidates and
287 antivirals are being developed, molecular epidemiology studies may reveal potential effects of
288 prevention strategies on viral evolution and possible antibody-escape variants. Timely HRSV
289 data sharing worldwide through the use of public databases is essential. We propose that
290 sequence data be uploaded to a publicly accessible database such as the NCBI
291 [<https://www.ncbi.nlm.nih.gov>; (31)]¹. Whilst the most complete repository for HRSV sequence

292 information is NCBI, studies may require that sequences be submitted in the first instance to
293 other databases such as GISAID (www.gisaid.org).

294 Public access will provide useful for investigators to submit, query, and analyze HRSV
295 sequence data, facilitating the evolutionary analysis of sequence diversity within or between
296 HRSV genotypes. This has been clearly demonstrated with the emergence of SARS-CoV-2 and
297 the critical role that genetic sequence analysis has provided. Notably there has been an
298 immediate adoption of a nomenclature similar to what has been proposed here for HRSV,
299 although some differences remain between databases (e.g. NCBI: SARS-CoV-
300 2/human/USA/COVID20-1096/2020; GISAID: hCoV-19/Australia/VIC12/2020). When an
301 HRSV vaccine becomes available, it will be important to monitor and trace possible evolutionary
302 changes in response to vaccine-induced selective pressure (43, 44); this will require high-quality
303 and geographically representative country-specific data on circulating strains, and rich datasets
304 of well-curated, standardized, and parsable data.

305 This proposal will profit from strong support by members of the International RSV Society,
306 a special interest group of the International Society for Influenza and other Respiratory Virus
307 Diseases (isirv), members of the WHO Global RSV Surveillance Project, and the HRSV research
308 community.

309 **Dedication**

310 This manuscript is in memory of Jose A. Melero, a superb scientist and leader in the HRSV
311 field, and a wonderful and generous friend to us all.

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330 Anderson's laboratory is currently receiving funding through Emory University from Pfizer and
331 Advac for laboratory studies for HRSV surveillance studies in adults, and he holds a subcontract
332 on an NIH SBIR award to Sciogen on G protein HRSV vaccines. Larry Anderson is a co-
333 inventor on several CDC patents on the HRSV G protein and its CX3C chemokine motif relative
334 to immune therapy and vaccine development, and on a patent filing for use of HRSV platform
335 VLPs with the F and G proteins for vaccines. Ursula Buchholz reports CRADA support to NIH

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343

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484 **Table 1: Widely Accepted Nomenclature for HRSV Genes and Proteins; Gene Annotation**
 485 **of Strains HRSV A2 and HRSV B1**

Gene or Genome Region		Protein		Open Reading Frame		
Annotation ^a	Genome Position (nt) ^a	Annotation	Abbreviation	Genome Position (nt)		
		Strain A2 ^b	Strain B1 ^c		Strain A2	Strain B1
Leader region	1-44		1-44			
NS1	45-576	45-577	Nonstructural protein 1	NS1	99-518	99-518
NS2	596-1098	594-1098	Nonstructural protein 2	NS2	628-1002	626-1000
N	1126-2328	1125-2327	Nucleoprotein	N	1141-2316	1140-2315
P	2330-3243	2331-3244	Phosphoprotein	P	2347-3072	2348-3073
M	3253-4210	3254-4208	Matrix protein	M	3262-4032	3263-4033
SH	4220-4629	4218-4630	Small hydrophobic protein	SH	4304-4498	4303-4500
G	4674-5596	4675-5600	Attachment glycoprotein	G	4689-5585	4690-5589
F	5649-7551	5653-7552	Fusion glycoprotein	F	5662-7386	7666-7390
			Matrix protein 2			
M2	7598-8558	7609-8568	Matrix protein M2-1	M2-1	7607-8191	7618-8205
			Matrix protein M2-2	M2-2	8160-8432	8171-8443

L	8491- 15068	8501-15080	Polymerase protein	L	8499-14996	8509-15009
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Trailer region	15069- 15223	15081- 15225
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486 ^aNucleotide annotations for leader and trailer region, and for indicated HRSV genes from the first nucleotide (nt) of
487 the gene start signal [GGGGCAAAT(A/G); GGAGCAAAAT in case of the L gene] through the last adenosine
488 residue of the gene end signal [AGT(T/A)A(T/A/G)(A/T)(A/T)(A/T)A_n]

489 ^bHRSV/A/USA/A2/2015 (45); GenBank Accession Number KT992094

490 ^cHRSV/B/USA/B1/1985/B1 (46); GenBank Accession Number AF013254.1

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491 **Figure Legends**

492 **Figure 1.** Annual numbers of HRSV whole-genome sequences released in Genbank since
493 publication of the whole-genome sequence of HRSV A2 (M74568, released in 1993).

494 **Figure 2. (A)** Schematic overview of the HRSV gene order and comparison of the amino
495 acid identities of the reference strains of subgroup A (HRSV A2: GenBank Accession number
496 M74568/NC_038235, and HRSV B1: GenBank Accession number AF013254/NC_001781). **(B)**
497 International Committee on Virus Taxonomy (ICTV) species designation, virus name, and
498 associated GenBank reference sequences, curated by the National Center for Biotechnology
499 Information (NCBI), NIH.

500 **Figure 3.** Schematic representation of the five consensus nomenclature elements of HRSV
501 strains and isolates, with examples (top) and a legend for each element (bottom).

502 **Figure 4.** Schematic aid to gene annotations of HRSV whole-genome sequences. An
503 HRSV gene comprises the sequence from the first nucleotide of the conserved HRSV gene start
504 signal (GGGGCAAAATa) to the last adenosine residue of the HRSV gene end signal
505 (AGTTAnnnnAAAA) (25, 41). Gene start signals are represented by black triangles, and gene
506 end signals are shown as black rectangles, separated by intergenic regions (underlined). Note the
507 M2/L gene overlap (annotations derived from HRSV A2; GenBank Accession number
508 M74568/NC_038235).

509

1 **Article Summary Line:** This proposal of a human respiratory syncytial virus (HRSV)
2 nomenclature below the species level is brought forward by a group of members of the
3 International RSV Society, a special interest group of the International Society for Influenza and
4 other Respiratory Virus Diseases (isirv), and by members of the WHO Global RSV Surveillance
5 Project and will facilitate sample handling, database submission and analysis of HRSV sequence
6 data.

7 **Running Title:** Universal HRSV nomenclature below species level

8 **Keywords:** Human respiratory syncytial virus, strain, isolate, specimen, nomenclature, species

9

10 **Title: Proposal for Human Respiratory Syncytial Virus (HRSV) Nomenclature below the
11 Species Level**

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54 **Abstract - Word Count: 149**

55 Human respiratory syncytial virus (HRSV) is the leading viral cause of serious pediatric
56 respiratory disease, and reinfections are common throughout life. HRSV has two major
57 subgroups, A and B, which exhibit some antigenic variability, contributing to the ability of
58 HRSV to circulate annually. The molecular epidemiology of HRSV is being studied worldwide,
59 and increasing numbers of partial and full genomic sequences are becoming available. To
60 facilitate molecular epidemiology analyses, we propose a uniform nomenclature for HRSV-
61 positive samples, isolates and sequences as follows: HRSV/subgroup identifier/geographic
62 identifier (ISO3166-1 alpha-3 letter country designation or a simple country name)/unique
63 sequence identifier/calendar year of sampling. We also propose a basic template for submission
64 of associated metadata. A universal nomenclature for HRSV isolates would facilitate data
65 retrieval, analysis of sequence data, and would improve publications of figures such as sequence
66 alignments and phylogenograms, which will overall aid our understanding of the evolution of this
67 virus.

68

69 **Text - Word Count:** 25922737

70 **Introduction**

71 Human respiratory syncytial virus (HRSV) is the leading single cause of severe respiratory
72 illness in children less than 5 years of age, and is associated with substantial morbidity related to
73 lower respiratory tract infections in industrialized countries, and significant morbidity and
74 mortality in low- and/or middle-income countries (1-5). HRSV also causes severe disease in the
75 elderly and in high-risk adults (6). In 2016, HRSV (species *Human orthopneumovirus*) was
76 reclassified by the International Committee on Virus Taxonomy (ICTV) to the new family
77 *Pneumoviridae*, genus *Orthopneumovirus* (7). With the increasing availability of viral
78 sequencing technologies, the number of HRSV sequence submissions to databases is increasing
79 (Figure 1), and it is anticipated that this trend will continue. While the ICTV provides
80 nomenclature standards for virus taxa, no system currently exists for HRSV nomenclature below
81 the species level. Given the current interest in HRSV and in database submissions, a standard
82 nomenclature for HRSV strains and isolates below the species level is needed and would
83 facilitate sample handling and studies of the genomic diversity of HRSV strains and variants.
84 Following the taxonomical reassignment, it is timely to (i) propose a consistent and universal
85 naming convention for HRSV strains, sequences and isolates, and (ii) provide a framework for
86 the submission of associated basic metadata, facilitating database submissions that are rich in
87 context information.

88 Currently, several large laboratory HRSV surveillance and epidemiology studies are
89 ongoing. These include the World Health Organization's (WHO) Global Respiratory Syncytial
90 Virus (RSV) Surveillance Project, with large-scale testing for HRSV and extensive sequencing

91 of HRSV-positive clinical specimens from more than 20 countries worldwide
92 (<https://www.who.int/influenza/rsv/en/>). Focused molecular analyses have helped elucidate
93 HRSV household transmission (8) as well as local transmission dynamics (9), and may guide the
94 control of HRSV transmission. For example, molecular analysis showed that acquisition of
95 HRSV in healthcare facilities occurs through both transmission within facilities and introduction
96 from the community (10, 11). ~~Molecular analyses also have suggested that strain-associated~~
97 ~~differences in virulence may exist (12-14), but to date, there is no consistent association between~~
98 ~~specific strains and virulence across studies. HRSV subgroups A and B usually dominate in~~
99 ~~alternate years but can also co-circulate in the same season, but it remains to be seen how future~~
100 ~~subgroup circulation patterns will be affected by the current COVID-19 pandemic.~~ Early work
101 showed that HRSV of subgroup A ~~is-was~~ associated with slightly greater clinical severity than
102 subgroup B (15). HRSV disease severity has also been correlated with specific HRSV ~~strains,~~
103 genotypes or clades, but ~~to date, there has been no consistent association between specific strains~~
104 ~~and virulence across studies (12-14), and~~ no genotype or clade ~~is-has been~~ consistently
105 associated with severe disease (16-19). Thus, a possible role of HRSV strain differences in
106 disease severity remains to be elucidated. The lack of a standard nomenclature and the scarcity of
107 rich metadata in databases currently limit and complicate such studies. In this context, a simple
108 and standardized nomenclature would minimize data entry errors for handling, storing and
109 shipping of HRSV-containing samples. Moreover, consistency in nomenclature will improve the
110 ability of researchers to pool and analyze sequence data and associated information from a
111 variety of different sources.

112 Reliable and concise nomenclature systems below the species level are available for
113 measles virus, influenza virus, rotavirus, and filovirus isolates (20-23), and for many other

114 human viral pathogens. A similar nomenclature system for HRSV is urgently needed and will
115 provide a standard interface for submission, searching and display of sequencing data and
116 associated metadata (i.e. an interface tailored to HRSV and its pathology), supporting the
117 requirements of HRSV research and the public health community. To fill this need, an
118 international group of researchers, in conjunction with the WHO Global RSV Surveillance
119 Project, proposes a concise HRSV nomenclature system.

120 **HRSV Genome Organization.** HRSV has a single-stranded non-segmented negative-
121 sense RNA genome of about 15,191 to 15,277 nucleotides in length (Figure 2A) (7). The HRSV
122 genome contains 10 genes, each encoding a separate mRNA with a single open reading frame
123 (ORF) (Figure 2A, Table 1), except for the M2 mRNA which contains two overlapping open
124 reading frames. The 11 HRSV proteins include two nonstructural proteins NS1 and NS2, the
125 nucleoprotein N, phosphoprotein P, matrix protein M, small hydrophobic envelope protein SH,
126 attachment glycoprotein G, fusion glycoprotein F, matrix protein M2-1 and RNA regulatory
127 factor M2-2, and the RNA polymerase protein L (Table 1) (24, 25). The fusion glycoprotein F is
128 the major viral neutralization and protective antigen, followed by the attachment glycoprotein G
129 (26).

130 **HRSV Subgroups and Genotype Designations: Status and Outlook.** HRSV has two
131 major genetic and antigenic subgroups, A and B, with genome-wide nucleotide and amino acid
132 divergence between these subgroups (Figure 2A) (25, 27). The reference sequences for the two
133 subgroups are derived from strains HRSV A2 [(28, 29); GenBank Accession number M74568.1,
134 RefSeq accession number NC_038235, curated by the National Center for Biotechnology
135 Information (NCBI), NIH (30, 31)], and HRSV B1 [(32), GenBank Accession number
136 AF013254.1, RefSeq accession number NC_001781.1] (Figure 2B). Between the two subgroups,

137 the F glycoprotein sequences are well conserved, with 89% amino acid identity, while the G
138 glycoproteins are the most divergent amongst the HRSV proteins (only 53% amino acid identity
139 between the subgroups) (Figure 2A) and undergo continuous molecular evolution. The
140 ectodomain of the G glycoproteins of both subgroups contains a conserved central domain,
141 representing an important antigenic site, flanked by two hypervariable domains (33). Except for
142 the central conserved region, the antigenic cross reactivity between G glycoproteins of the two
143 subgroups is low (26).

144 Since the G ORF exhibits the greatest degree of genetic variability between isolates, it is
145 most commonly used for studies on the molecular evolution of HRSV. The genetic variability of
146 HRSV strains over time has been commonly determined by sequencing of the distal C-terminal
147 third of the G ORF, which includes the second hypervariable domain. The variability in the G
148 ORF is characterized by a high rate of non-synonymous nucleotide changes, suggesting that
149 evolution may be driven by immune pressure, even though this may be partially antibody
150 independent (34). It is likely that this variability in the G protein contributes to the capacity of
151 HRSV to cause yearly outbreaks in the community (35-37). In a parallel effort, several research
152 groups are working together on a genotyping proposal, providing a consensus on uniform
153 genotype designations (38, 39). With continuing virus evolution, the emergence of new
154 genotypes is expected, along with the extinction of older genotypes. HRSV genotyping
155 designations will capture the present status and will be adaptable to reflect future molecular
156 evolution, and will need to be re-evaluated periodically by a global consortium. While the
157 nomenclature proposal outlined herein does not extend to genotype designations, it should
158 facilitate the sequence analysis required to follow the molecular evolution of HRSV.

159 **Nomenclature Proposal for HRSV Strains and Isolates.** For molecular epidemiology
160 studies, it would be useful to have a concise standard for short identifiers of specific HRSV
161 sequences, suitable for the short “Definition” lines that give context to a sample and its derived
162 sequence. Ideally, concise standardized names should convey key information about each
163 individual sequence in an alignment or phylogram such as the source, date and type (if known).
164 Here, we aim to define such a common naming convention for HRSV samples and isolates. We
165 also propose the use of standard names and appropriate annotations for HRSV genes, provide
166 examples to guide the annotation of sequence data during the sequence submission process, and
167 suggest the submission of metadata associated with the source materials of HRSV sequences. As
168 indicated above, this nomenclature proposal does not extend to genotype designations, but
169 proposes that genotype information be submitted with metadata to sequence and other relevant
170 databases.

171 **Definition Lines for HRSV Sequence Submissions.** GenBank records available through
172 NCBI are identified by two elements, a unique alphanumeric accession number and a definition
173 line. The definition line is the “title” that one commonly associates with GenBank records shown
174 in BLAST results and other searches. Definition lines are generated by the submitter during the
175 sequence submission process and include the species and isolate name; for example “*Human*
176 *orthopneumovirus* isolate HRSV/A/USA/001/2011, complete genome.” (40). For each HRSV
177 positive clinical sample or isolate, and for the submission of HRSV sequences to sequence
178 databases, we propose to capture five sample-specific parameters in a standardized fashion,
179 compatible with these isolate name requirements. Specifically, we propose the following
180 convention for the naming of HRSV samples, which will be included in sequence definition lines

181 (Figure 3): <virus name abbreviation>/<HRSV subgroup>/<geographic identifier>/<unique
182 sequence identifier>/<year of sampling>

183 I. Organism name; virus name abbreviation: HRSV

184 a. The ICTV proposed species name is “*Human orthopneumovirus*” (7), which will
185 be seen in the NCBI definition line. During submission, the organism name can
186 be provided as either “Human orthopneumovirus” or “Human respiratory
187 syncytial virus”. The abbreviation “HRSV” should be included as part of the
188 isolate name regardless of which organism name is provided.

189 II. HRSV subgroup: A or B; X if unknown

190 III. Geographic Identifier of the location of sampling. As individual HRSV research networks
191 have pre-defined requirements, it is suggested that this field have some flexibility.
192 Specifically,

193 i. If not specified by a research network, the ISO 3166-1 alpha-3 letter designation
194 should be used to indicate the country of sampling (XXX if the country of sampling is
195 unknown). The ISO 3166-1 alpha-3 can be accessed through this link:

196 https://en.wikipedia.org/wiki/ISO_3166-1_alpha-3. It is strongly suggested to provide
197 any additional geographic information on the sampling location (e.g. city or state of
198 sampling) in metadata fields, rather than within the concise definition line.

199 ii. the WHO Global RSV Surveillance Project plans to use the simple name of the
200 country (in English).

201 iii. Individual national studies may require a state/province/city designation, as well as
202 the country name (which is mandatory). If state/province/city designation is required,

203 a period should be used to separate the country name ([state/province/city].[country
204 name])

205 IV. Unique isolate identifier: This field must be restricted to 8 alphanumeric characters.
206 Underscores are permitted, but hyphens, slashes, or any other types of special characters
207 (e.g., %, \$, @, etc.) or spaces cannot be used. Controversial names/phrases, names of
208 prominent people, and trademarked names/phrases as unique identifiers cannot be used.
209 To prevent duplications of sample/isolate numbers by different groups, we recommend
210 inserting an acronym identifying a study or institute prior to the sample number. For
211 example, unique isolate identifiers for samples from the INFORM-RSV study might
212 include the acronym “INF” followed by a number
213 (“HRSV/A/COUNTRY/INF001/2019”, unique isolate identifier underlined).

214 V. Year of sampling; (YYYY) or XXXX if unknown.

215 The proposed nomenclature options (HRSV/subgroup/geographic identifier/unique
216 identifier/year of collection) are demonstrated in the following examples:

- 217 • HRSV/A/USA/001/2011
- 218 • HRSV/B/Denver.USA/14617/1985
- 219 • HRSV/A/IRN/001/2017
- 220 • HRSV/A/Iran/001/2017
- 221 • HRSV/X/IRN/001/2017 (subgroup unknown)
- 222 • HRSV/B/New_Zealand/FR123/2020

223 This nomenclature proposal prioritizes a short and concise definition line that will be easy
224 to handle in the laboratory, be easily readable and consistent in public databases. Additional

225 information may be submitted in metadata fields. This would allow researchers, epidemiologists
226 and database users to apply specific metadata filters, as needed for data retrieval and specific
227 applications, analyses, or for displaying designations, such as in dendograms.

228 **Terminology for Annotations.** To support efficient data analysis, it is essential that
229 uniform designations be used at the stage of database submission. Table 1 shows commonly
230 accepted names for HRSV genes and proteins. An HRSV gene comprises a gene start signal
231 GGGGCAAAT(A/G), an open reading frame (ORF) with adjacent noncoding regions if present,
232 and the gene end signal through the last adenosine residue
233 [AGT(T/A)A(T/A/G)(A/T)(A/T)A_n] [Figure 4, (41)]. Each HRSV gene contains a single
234 ORF, except for the M2 gene, which comprises two ORFs M2-1 and M2-2. Nucleotide
235 annotations of genes and ORFs for the HRSV A2 (Figure 4) and HRSV B1 reference sequences
236 are shown in Table 1.

237 **Metadata to Accompany HRSV Samples and Original Sequence Submissions.** The
238 most pertinent host data will depend on the interests of individual study groups, with conditions
239 such as prematurity being of interest in a pediatric setting. Groups studying HRSV in an adult
240 setting may have an interest in different metadata, such as if the individual was
241 immunocompromised. Suggested further information that Further information may be included
242 in metadata fields:

243 1. Isolation_source: sample type (upper or lower airways);
244 viral RNA can be extracted directly from a clinical sample, or from an isolate grown in cell
245 culture, or possibly from a cDNA derived recombinant virus. The sources of sequences from
246 isolated viruses can be identified by the following suffices:

- 247 a. wt: wild-type; sequences derived from RNA extracted directly from clinical specimens
- 248 b. tc: tissue culture; sequences derived from RNA extracted from HRSV isolates
- 249 propagated in tissue culture (a single round qualifies as “tc”)
- 250 c. rec: recombinant; sequences of cDNA-derived recombinant virus (including vaccine
- 251 strain)
- 252 2. Host: *Homo sapiens*; subject age. Indicate years and months if under 5 years of age; years of
- 253 age if above 5 years of age. Subject sex (if known) should be spelled out.
- 254 3. Country, state, and (nearest) city of sampling. Metadata information must include the country
- 255 (full name, not 3 letter abbreviation; for a list of accepted country designations, see
- 256 <https://www.ncbi.nlm.nih.gov/GenBank/collab/country/>), can also include city or
- 257 state/province. Names should be written based on the standard ASCII letters including spaces
- 258 if required. City or coordinates of the location of sampling should be included if known.
- 259 4. Collection date (at least month and year). It is highly recommended that the exact date of
- 260 specimen collection (DD-Mon-YYYY; example: 17-Feb-2002) be used; if not available the
- 261 year and month should be indicated (Mon-YYYY).
- 262 5. Genotype according to the consensus in genotype classification by the RSV GeNom Working
- 263 Group (consensus definition in progress).
- 264 6. Metadata on the host and the clinical disease should be included in the “Notes” field in a
- 265 structured format. Protected health information will be excluded from metadata submissions.
- 266 a. Host:
- 267 I. If under 6 months of age, birthweight and gestational age at birth.
- 268 II. Significant pediatric co-morbidities, including prematurity, congenital cardiac
- 269 disease and broncho-pulmonary dysplasia (BPD).

270 III. Twins (y/n)

271 IV. Exposed to specific HRSV therapeutic, vaccine, antibody or antiviral (y/n)

272 V. Viral or bacterial co-infections if known; pathogen species should be spelled
273 out.

274 VI. Adult co-morbidities such as chronic obstructive pulmonary disease (COPD)
275 or asthma, or altered immune status (e.g. immunocompromised or a bone
276 marrow transplant recipient).

277 b. Disease severityoutcomes: Five grades are distinguished (no medical care; out-patient
278 or emergency room; hospital admission; ICU admission; death)

279 For NCBI submissions, data can be entered through the web interface, or uploaded as tab-
280 delimited text files (examples provided in Supplementary Information). Sequences can be
281 uploaded in FASTA format (Supplementary file 1), with associated metadata provided in a plain
282 text tab-delimited “source modifier” table (virtual examples provided in Supplementary file 2),
283 and gene/protein annotations provided in a plain text tab-delimited “5 column feature” table
284 (Supplementary file 3).

285

286 **Outlook**

287 Molecular surveillance has revealed that multiple HRSV genotypes circulate simultaneously in a
288 community. Circulating genotypes often vary between communities, and circulation patterns can
289 change from year to year. Extended monitoring of circulating viruses is necessary to better
290 understand transmission and molecular evolution (42). As HRSV vaccine candidates and
291 antivirals are being developed, molecular epidemiology studies may reveal potential effects of

292 prevention strategies on viral evolution and possible antibody-escape variants. Timely HRSV
293 data sharing worldwide through the use of public databases is essential. We propose that
294 sequence data be uploaded to a publicly accessible database such as the NCBI
295 [<https://www.ncbi.nlm.nih.gov>; (31)]¹. Whilst the most complete repository for HRSV sequence
296 information is NCBI, studies may require that sequences be submitted in the first instance to
297 other databases such as GISAID (www.gisaid.org).

298 Public access will provide useful for investigators to submit, query, and analyze HRSV
299 sequence data, facilitating the evolutionary analysis of sequence diversity within or between
300 HRSV genotypes. This has been clearly demonstrated with the emergence of SARS-CoV-2 and
301 the critical role that genetic sequence analysis has provided. Notably there has been an
302 immediate adoption of a nomenclature similar to what has been proposed here for HRSV,
303 although some differences remain between databases (e.g. NCBI: SARS-CoV-
304 2/human/USA/COVID20-1096/2020; GISAID: hCoV-19/Australia/VIC12/2020). When an
305 HRSV vaccine becomes available, it will be important to monitor and trace possible evolutionary
306 changes in response to vaccine-induced selective pressure (43, 44); this will require high-quality
307 and geographically representative country-specific data on circulating strains, and rich datasets
308 of well-curated, standardized, and parsable data.

309 This proposal will profit from strong support by members of the International RSV Society,
310 a special interest group of the International Society for Influenza and other Respiratory Virus
311 Diseases (isirv), members of the WHO Global RSV Surveillance Project, and the HRSV research
312 community.

313 **Dedication**

314 This manuscript is in memory of Jose A. Melero, a superb scientist and leader in the HRSV
315 field, and a wonderful and generous friend to us all.

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333 RSV vaccines for Bavarian Nordic, Novavax, ClearPath Vaccines Company, and Pfizer. Larr~~ry~~
334 Anderson's laboratory is currently receiving funding through Emory University from Pfizer and
335 Advac for laboratory studies for HRSV surveillance studies in adults, and he holds a subcontract

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337 inventor on several CDC patents on the HRSV G protein and its CX3C chemokine motif relative
338 to immune therapy and vaccine development, and on a patent filing for use of HRSV platform
339 VLPs with the F and G proteins for vaccines. Ursula Buchholz reports CRADA support to NIH
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341 live-attenuated HRSV with royalties paid to NIH by Sanofi Pasteur. There are no additional
342 conflicts of interest by any of the authors.

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345 School of Public Health, Tehran University of Medical Sciences. His primary research interests
346 include genetic characterization, immunopathogenesis and vaccine design of respiratory viruses.

347 **Footnote**

348 ~~+Whilst the most complete repository for HRSV sequence information is NCBI, we acknowledge~~
349 ~~that local study restrictions may require that sequences may be submitted in the first instance to~~
350 ~~other databases such as GISAID (www.gisaid.org).~~

351

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492 **Table 1: Widely Accepted Nomenclature for HRSV Genes and Proteins; Gene Annotation**
 493 **of Strains HRSV A2 and HRSV B1**

Gene or Genome Region		Protein		Open Reading Frame			
Annotation ^a	Genome Position (nt) ^a	Annotation	Abbreviation	Genome Position (nt)			
		Strain A2 ^b	Strain B1 ^c			Strain A2	Strain B1
Leader region	1-44		1-44				
NS1	45-576	45-577	Nonstructural protein 1	NS1	99-518	99-518	
NS2	596-1098	594-1098	Nonstructural protein 2	NS2	628-1002	626-1000	
N	1126-2328	1125-2327	Nucleoprotein	N	1141-2316	1140-2315	
P	2330-3243	2331-3244	Phosphoprotein	P	2347-3072	2348-3073	
M	3253-4210	3254-4208	Matrix protein	M	3262-4032	3263-4033	
SH	4220-4629	4218-4630	Small hydrophobic protein	SH	4304-4498	4303-4500	
G	4674-5596	4675-5600	Attachment glycoprotein	G	4689-5585	4690-5589	
F	5649-7551	5653-7552	Fusion glycoprotein	F	5662-7386	7666-7390	
			Matrix protein 2				
M2	7598-8558	7609-8568	Matrix protein M2-1	M2-1	7607-8191	7618-8205	
			Matrix protein M2-2	M2-2	8160-8432	8171-8443	

L	8491- 15068	8501-15080	Polymerase protein	L	8499-14996	8509-15009
---	----------------	------------	--------------------	---	------------	------------

Trailer region 15069-
 15223 15081-
 15225

494 ^aNucleotide annotations for leader and trailer region, and for indicated HRSV genes from the first nucleotide (nt) of
495 the gene start signal [GGGGCAAAT(A/G); GGAGCAAAAT in case of the L gene] through the last adenosine
496 residue of the gene end signal [AGT(T/A)A(T/A/G)(A/T)(A/T)(A/T)A_n]

497 ^bHRSV/A/USA/A2/2015 (45); GenBank Accession Number KT992094

498 ^cHRSV/B/USA/B1/1985/B1 (46); GenBank Accession Number AF013254.1

Peer Review

499 **Figure Legends**

500 **Figure 1.** Annual numbers of HRSV whole-genome sequences released in Genbank since
501 publication of the whole-genome sequence of HRSV A2 (M74568, released in 1993).

502 **Figure 2. (A)** Schematic overview of the HRSV gene order and comparison of the amino
503 acid identities of the reference strains of subgroup A (HRSV A2: GenBank Accession number
504 M74568/NC_038235, and HRSV B1: GenBank Accession number AF013254/NC_001781). **(B)**
505 International Committee on Virus Taxonomy (ICTV)**ICTV** species designation, virus name, and
506 associated GenBank reference sequences, curated by the National Center for Biotechnology
507 Information (NCBI), NIH.

508 **Figure 3.** Schematic representation of the five consensus nomenclature elements of HRSV
509 strains and isolates, with examples (top) and a legend for each element (bottom).

510 **Figure 4.** Schematic aid to gene annotations of HRSV whole-genome sequences. An
511 HRSV gene comprises the sequence from the first nucleotide of the conserved HRSV gene start
512 signal (GGGGCAAAATa) to the last adenosine residue of the HRSV gene end signal
513 (AGTTAnnnnAAAA) (25, 41). Gene start signals are represented by black triangles, and gene
514 end signals are shown as black rectangles, separated by intergenic regions (underlined). Note the
515 M2/L gene overlap (annotations derived from HRSV A2; GenBank Accession number
516 M74568/NC_038235).

517

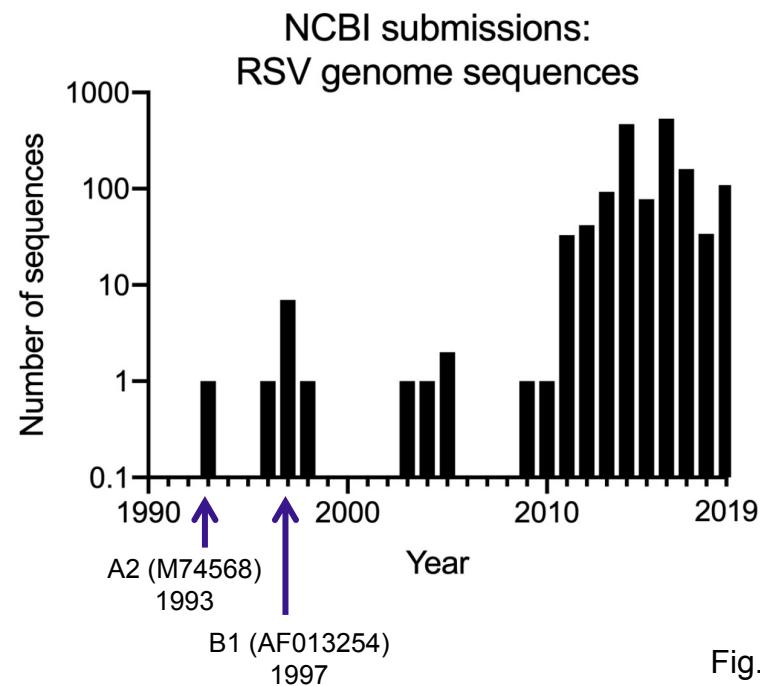
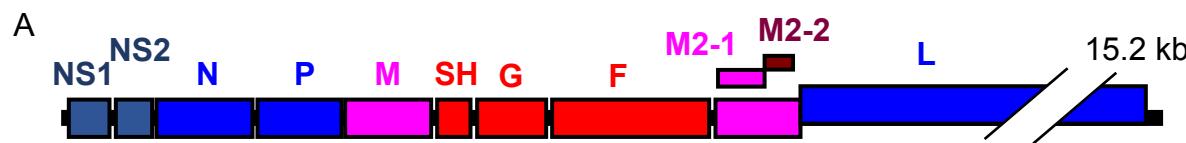


Fig. 1



HRSV Isolate A2 versus B1:

% amino acid sequence identity for the indicated protein

NS1	NS2	N	P	M	SH	G	F	M2-1	M2-2	L
87	92	96	91	91	76	53	89	92	72	93

B

NCBI-curated reference sequences for human respiratory syncytial virus subgroups A, B

Species	Virus name(s)	Virus abbrev	Isolate	GenBank accession	RefSeq* accession	Other information
<i>Human orthopneumovirus</i>	human orthopneumovirus; human respiratory syncytial virus	HRSV	A2	M74568	NC_038235	ICTV exemplar
			B1	AF013254	NC_001781	

* RefSeq: NCBI-curated

Fig. 2

- HRSV/A/USA/001/2011
- HRSV/B/USA/14617/1985
- HRSV/A/IRN/002/2017



1. Virus Name: human respiratory syncytial virus
Abbreviation: HRSV
2. HRSV subgroup identifier (A or B; X if unknown)
3. Country of sampling: ISO 3166-1 alpha-3 letter designation; XXX = unknown
4. Unique isolate identifier, restricted to 8 alphanumeric characters
5. Calendar year of sampling (YYYY) or XXXX if unknown

Fig. 3

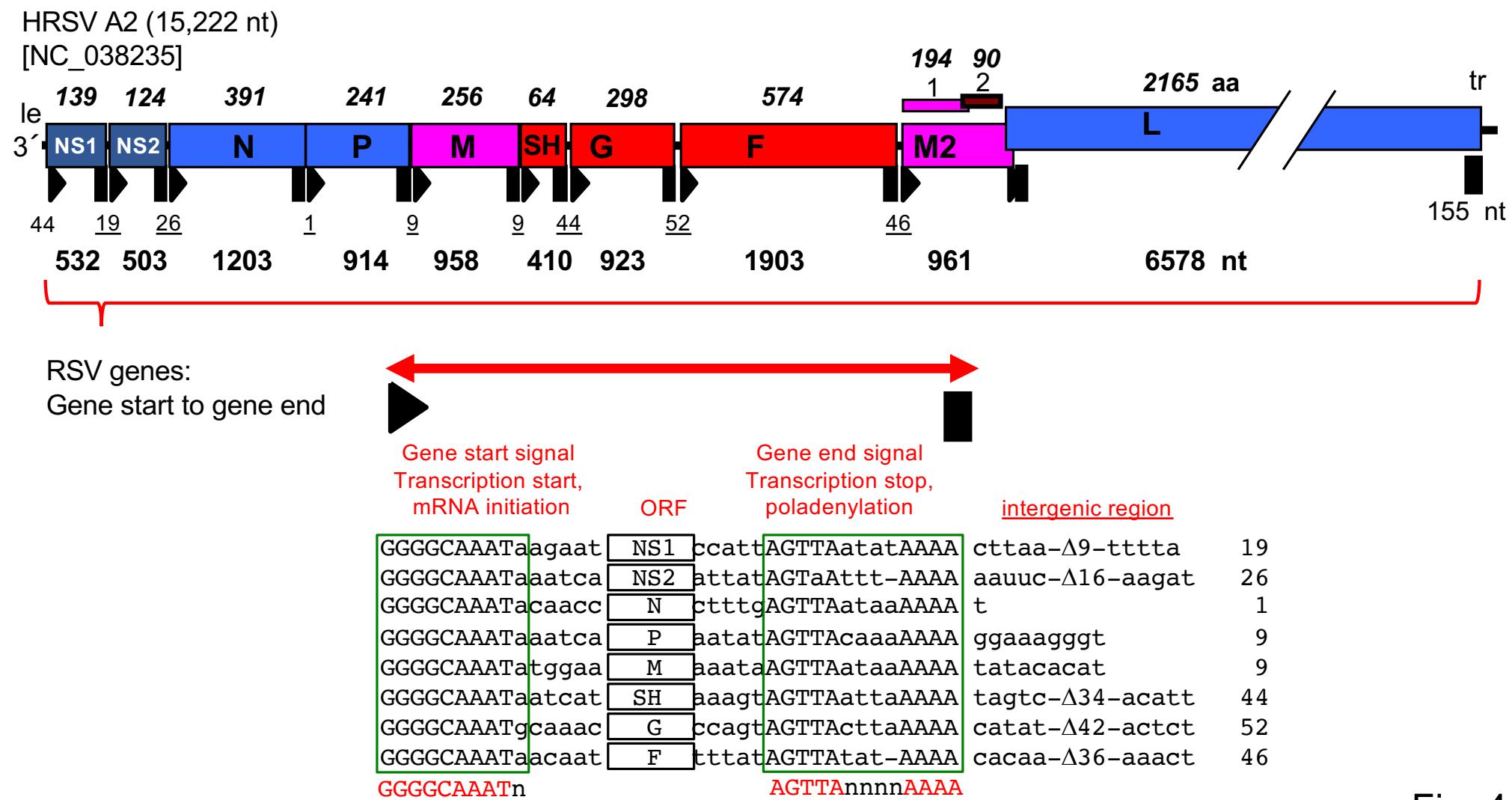


Fig. 4

>rsv011

ACCGGAAAAAATGCGTACAACAAACTGCGTAAACCAAAAAAATGGGGCAAATAA
GAATTGATAAGTACCACTTAAATT
TAACTCCTTGGTTAGAGATGGGCAGCAACTCATTGAGTATGATAAAAGTTAGATTG
CAAAATCTGTTGACAATGATGA
AGTAGCATTGTTAAAATAACATGCTACTGACAAATTAAATACAGTTAACTAATGC
TTGGCTAAGGCAGTTACACATA
CAATCAAATTGAATGGCATTGTATTGTGCATGTTTACAAGTAGTGATATTGCC
TAATAATAATTGTAGTGAAA
TCCAATTTCACAACAAATGCCAGTATTACAAAATGGAGGTTATATGGGAAATGATG
GAATTACACACTGCTCTCAACC
TAATGGCCTAATAGATGACAATTGTGAAATTAAATTCTCCAAAAACTAAGTGATT
AACAAATGACCAATTATATGAATC
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Sequence_ID	isolate*	isolation-source*	specific-host*	lab-host*	country	collection-date*	genotype	note*	subtype
rsv011	HRSV/A/PHL/pim16223/2016	wt; sputum	Homo sapiens; 3 months; male		Philippines	20-Dec-2016	ON1	Birthweight and gestational age at birth: 7 lbs, 38 weeks; twin: no; HRSV therapeutic: no; co-infection: group A streptococcus; disease severity: emergency room	A
rsv012	HRSV/B/ARG/352162/2019	wt; nasopharyngeal aspirate	Homo sapiens; 2 years 7 months; female		Argentina: Buenos Aires	May-2019	tbd	Co-morbidities: broncho-pulmonary dysplasia; disease severity: hospital admission	B
rsv013	HRSV/A/Piura.PER/PIU048/2020	tc; nasal swab	Homo sapiens; 87 years; female	HEp-2 cells x2	Peru: Piura	21-Apr-2020	tbd	Co-infection: influenza A virus; disease severity: no medical care	A

* Virtual examples of typical sequence-associated data, not based on existing primary data.

Peer Review

>Feature rsv011

45	576	gene	gene	NS1
99	518	CDS	product	nonstructural protein 1
596	1098	gene	gene	NS2
628	1002	CDS	product	nonstructural protein 2
1125	2326	Gene	gene	N
1140	2315	CDS	product	nucleoprotein
2330	3242	Gene	gene	P
2347	3072	CDS	product	phosphoprotein
3246	4203	Gene	gene	M
3255	4025	CDS	product	matrix protein
4211	4621	Gene	gene	SH
4295	4489	CDS	product	small hydrophobic protein
4666	5659	Gene	gene	G
4681	5646	CDS	product	attachment glycoprotein
5713	7615	Gene	gene	F
5726	7450	CDS	product	fusion glycoprotein
7660	8620	Gene	gene	M2
7669	8253	CDS	product	M2-1 protein
8222	8494	CDS	product	M2-2 protein
8552	15124	Gene	gene	L
8561	15058	CDS	product	polymerase protein

>Feature rsv012

45 576 gene
99 518 CDS
594 1097 gene
626 1000 CDS
1124 2326 Gene
1139 2314 CDS
2330 3243 Gene
2347 3072 CDS
3253 4206 Gene
3262 4032 CDS
4216 4628 Gene
4301 4498 CDS
4673 5652 Gene
4688 5620 CDS
5705 7603 Gene
5718 7442 CDS
7660 8619 Gene
7669 8256 CDS
8222 8494 CDS
8552 15131 Gene
8560 15060 CDS

gene NS1
product nonstructural protein 1
gene NS2
product nonstructural protein 2
gene N
product nucleoprotein
gene P
product phosphoprotein
gene M
product matrix protein
gene SH
product small hydrophobic protein
gene G
product attachment glycoprotein
gene F
product fusion glycoprotein
gene M2
product M2-1 protein
product M2-2 protein
gene L
product polymerase protein

>Feature rsv013

<1	333	gene		
<1	275	CDS	gene NS1 (partial)	
			product nonstructural protein 1	
			codon_start 3	
353	855	gene		
385	759	CDS	gene NS2	
882	2085	Gene	product nonstructural protein 2	
897	2072	CDS	gene N	
2095	3007	Gene	product nucleoprotein	
2112	2837	CDS	gene P	
3011	3968	Gene	product phosphoprotein	
3020	3790	CDS	gene M	
3976	4385	Gene	product matrix protein	
4060	4254	CDS	gene SH	
4430	5351	Gene	product small hydrophobic protein	
4445	5338	CDS	gene G	
5405	7307	Gene	product attachment glycoprotein	
5418	7142	CDS	gene F	
7352	8312	Gene	product fusion glycoprotein	
7361	7945	CDS	gene M2	
7914	8186	CDS	product M2-1 protein	
8245	>14615		product M2-2 protein	
8253	>14615		Gene L	
			CDS	
			product polymerase protein	