

Original Article

Genome-wide SNP and InDel mutations in *Mycobacterium tuberculosis* associated with rifampicin and isoniazid resistance

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Abstract: Objective: Multiple resistances to isoniazid and rifampicin lead to the majority of death associated with *M. tuberculosis* infection. This study aimed to characterize the single nucleotide polymorphisms (SNPs) and insertion and deletion (InDel) mutations associated with isoniazid and rifampicin resistance. Methods: The *M. tuberculosis* strain H37Rv was cultured and treated with isoniazid or rifampicin for generations. Total DNA samples from different generations were extracted for construction of DNA library, and the SNP and InDel mutation in different samples were detected by whole genome sequencing. Bioinformatics analysis such as phylogenetic tree and heap map were also performed. Results: Totally 58 nonsynonymous SNP mutations, 64 synonymous SNP mutations, and 99 SNP mutations in intergenic regions were detected in *M. tuberculosis* strains treated with rifampicin or isoniazid. Seven InDel mutations were found in the intergenic regions, and also six frameshift InDel mutation and three non-frameshift InDel mutations were also characterized. The phylogenetic tree showed clustering of all samples into three main subgroups. A great number of known and newly identified genes associated with drug resistance were detected in *M. tuberculosis*, showing distinct mutation patterns. Conclusion: By whole genome sequencing, many genetic mutations in both known and new genes associated with isoniazid and rifampicin resistance were characterized in *M. tuberculosis*.

Keywords: *Mycobacterium tuberculosis*, rifampicin, isoniazid, drug resistance, SNP, InDel mutation

Introduction

Mycobacterium tuberculosis (*M. tuberculosis*) is a highly harmful pathogenic bacterium that causes tuberculosis (TB) by severe infection of human lung tissues [1, 2]. Globally, TB caused by *M. tuberculosis* is still a major infectious killer, which was responsible for 1.7 million deaths in 2016 according to the World Health Organization report [3]. Even more serious, over 10 million new cases of TB each year were estimated on a global scale, especially in several countries such as India, Indonesia, and China [3]. Most *M. tuberculosis* infections exhibited no obvious symptoms, termed as latent tuberculosis. Approximately 10% latent cases could develop to active infections and

severe tuberculosis, causing serious symptoms like chronic cough, bloody sputum and fever, which results into great damages to lung tissues and even death. The high infectivity and mortality if treated inappropriately made *Mycobacterium tuberculosis* infection a lasting public health problem of global significance.

Treatment of *Mycobacterium tuberculosis* infections largely depends on the combined application of first-line anti-TB drugs such as isoniazid (INH) and rifampicin (RIF), two most effective and widely administered drugs [1]. TB caused by susceptible strains could be completely cured by standard regimen containing INH and RIF within 6 months in most cases. However, multiple drug resistance (MDR)

Genome-wide SNP and InDel mutations in *Mycobacterium tuberculosis*

against these two most effective anti-TB drugs has greatly hampered TB treatment efficacy, which causes most treatment failure and deaths from *Mycobacterium tuberculosis* infection [1, 2, 4-6]. Also, the following development of extensively drug resistant-TB (XDR-TB), which is resistant to INH, RIF, fluoroquinolone and injectable aminoglycosides, brought about greater challenges for tuberculosis treatment and new drug development [7-9]. The average cure rates of MDR- and XDR-TB were reported to be only 54% and 6.2% respectively worldwide [3]. Comprehensive understanding of the molecular mechanisms underlying rapidly developing drug resistances in *M. tuberculosis* strains is therefore a prerequisite of developing novel anti-tuberculosis drugs.

The evolution of drug resistance in TB strains is mediated by multi-faceted complex patterns [1]. For instance, key proteins responsible for maintenance of the cell wall integrity have been involved in the achievement of resistances to multiple anti-tuberculosis drugs in *Mycobacterium tuberculosis* [10]. Cell envelopes outside *Mycobacterium tuberculosis*, which mainly consist of peptidoglycan, arabinogalactan polysaccharide and long-chainmycolic acids, function as an important first line of defense against extracellular stress [11]. Enzymes controlling the dynamic metabolisms of cell wall lipids have been shown to be important regulators of cell wall functions and also associated with development of drug resistance in *Mycobacterium tuberculosis* [12]. In bacteria, those penicillin-binding D, D-transpeptidases catalyze the connection of glycan chains on stem peptides, and were inactivated by β -lactam antibiotics like carbapenems and amoxicillin [13]. Recent reports showed that expression of another class of transpeptidases in *Mycobacterium tuberculosis* could take the place of the above-mentioned D, D-transpeptidases, and thus contribute to the development of resistance against amoxicillin and carbapenems in *Mycobacterium tuberculosis* [14, 15]. In addition, a number of proteins involved in the regulation of cell wall integrity were found to be mediators of drug resistance in *Mycobacterium tuberculosis* [15]. Also, the entry into a non-replicating dormant state with a shutdown of major metabolic activities has also been applied as a key drug-resistance strategy by resistant bacteria [16]. Moreover, alterations

in channel proteins regulating cell wall permeability, efflux pumps that effectively transport many antibiotic drugs outside bacterial cells, modifications of intracellular sites targeted by antibiotics, and degradation and enzymatic modifications of antibiotics, were also involved in development of multiple drug resistance in *Mycobacterium tuberculosis* [1, 2].

At the molecular level, genetic mutations act as the principal mechanism underlying *Mycobacterium tuberculosis* resistance against major anti-TB agents including INH and RIF [5, 6]. The anti-TB activity of INH requires activation by a catalase/peroxidase *katG* and the decrease of *katG* activity due to genetic mutations has been commonly observed in resistant TB strains showing strong insensitivity to INH treatment [17]. Recent research revealed that the resistance of TB against INH has been mainly mediated by genetic mutations in several genes including *katG*, *inhA* and *fabG1* [18]. Similarly, the resistance against RIF in TB was also associated with genetic mutations in key genes mediating the therapeutic effects of RIF such as the RNA polymerase beta-subunit gene (*rpoB*) [19]. The disclosure of molecular mechanisms linked with TB resistance provided a basis for effective targeted treatment. However, due to the high complexity in drug resistance and strong adaptability of *Mycobacterium tuberculosis*, the molecular mechanism and genetic mutations associated with their resistance against INH and RIF remain far from being fully understood.

In the present study, *Mycobacterium tuberculosis* was treated with INH or RIF for over 26 generations, and the single nucleotide polymorphisms (SNPs) and Insertion and deletion (InDel) mutations were characterized by whole-genome sequencing. Findings will provide novel insights into the acquired resistances of TB against INH and RIF, which might help develop novel therapeutic agents for resistant strains.

Materials and methods

Bacterial culture and antibiotics treatments

The *M. tuberculosis* strain H37Rv used in this study as wild type was purchased from the Sample Bank of the Reference Laboratory of Guangdong Province. For analysis of gene mutation and expressional alterations, *M. tub-*

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

erculosis H37Rv strain was cultured at 37°C in Löwenstein-Jensen (LJ) medium containing glycerol, asparagine, potato starch, coagulated eggs, mineral salt solution, potassium dihydrogen phosphate, magnesium sulfate and sodium citrate. Monoclines of *M. tuberculosis* H37Rv strain were chosen as the Generation 0 (G0) group by amplification culture. For generation of resistant strains, the *M. tuberculosis* G0 strains cultured and survived in Löwenstein-Jensen (LJ) medium containing 10⁻⁴ isoniazid (Cat. No 75182; Sigma-Aldrich) and rifampicin (Cat. No R3501; Sigma-Aldrich) for four weeks were defined as Generation 1 (G1) group. The following generations of isoniazid- or rifampicin-resistant *M. tuberculosis* strains were prepared by continuing the above-mentioned culture protocol, according to the World Health Organization (WHO)'s criteria for isoniazid (20 µg/mL) and rifampicin (4000 µg/mL) resistances in *M. tuberculosis*. Drug resistance of obtained resistant strains was verified by drug-susceptibility test using corresponding concentrations of antibiotics. The isoniazid- and rifampicin-resistant strains were selected as previously described [20, 21]. Following successful preparation of resistant strains, the total genomic DNA samples and RNA samples from specific generations of wild-type, isoniazid-resistant and rifampicin-resistant strains were extracted for subsequent whole-genome and expressional profiles analysis respectively.

Total DNA extraction

The whole extraction procedures were carried out in a fume hood by standard protocol. *M. tuberculosis* of different groups were collected by centrifuge at 6000 g for 15 min, and the precipitants were then mixed with 300 µl CTAB (Cetyl trimethyl ammonium bromide) lysis buffer which containing 2% CTAB, 1.5 M NaCl, 0.1 M Tris-HCl (pH 8.0), 20 mM EDTA and 0.4% β-mercaptoethanol. The bacteria were lysed by grinding in liquid nitrogen, and the resulting powder was then mixed with 20 µl proteinase K solution (20 mg/ml), incubated at 55°C for 30 min with intermittent mixture for 3-5 times, and then mixed with equal volume of phenol: chloroform: isoamyl alcohol solution (25:24:1) followed by a centrifuge at 12000 rpm for 5 min at 4°C. The supernatant were then mixed with 0.8 volume of isopropanol solution for precipitation of DNA sample, followed by extraction

with a solution of chloroform: isoamyl alcohol solution (24:1). After being mixed with 3 mol/L NaAC (pH 5.2) and absolute ethanol, the DNA samples were collected by centrifuge at 12000 rpm for 10 min at 4°C, washed with 70% ethanol solution, and finally dissolved in ddH₂O for the following analysis. The quality of DNA samples was determined by spectrophotometry and 1% agarose gel electrophoresis.

DNA library construction and whole genome sequencing

For establishment of *M. tuberculosis* whole genome DNA library, the DNA samples were fragmented by incubation with dsDNA fragmentase at 37°C for 15 min, which was terminated by adding 0.5 M EDTA solution. DNA fragments were then purified with VAHTSTM DNA Clean Beads, and the DNA terminals were repaired using Endprep Enzyme by incubation at 20°C for 30 min and 65°C for 30 min. Then, DNA fragments were ligated with DNA Adapter using Quick T4 DNA Ligase by incubation at 20°C for 15 min, and purified using VAHTSTM DNA Clean Beads. The Adapter-ligated DNA fragments were then amplified by Polymerase Chain Reaction (PCR) using 2X Super Canace High-Fidelity Mix, in combination with Hieff NGS Universal PCR Primer and Hieff NGS Index Primer. PCR products were then purified using VAHTSTM DNA Clean Beads again, and stored in 17.5 µl NF-H₂O at -20°C for following genome sequencing. For analysis of SNP and insertion/deletion mutation in different *M. tuberculosis* strains, the whole genome sequencing was performed on a Pacific Biosciences RSII DNA sequencing system Pacific Biosciences, USA). Raw data from DNA sequencing were processed by filtering, data cleaning, quality control, alignment against the *M. tuberculosis* genome database, SNP and insertion/deletion detection and annotation as described in previous studies [22-24].

Bioinformatics and statistical analysis

For clear display of gene mutations in different groups, the SNP mutation numbers were summarized using the Venn diagrams. Subclasses of *M. tuberculosis* were characterized by EXPANDS analysis based on SNP and InDel mutation patterns, from which a phylogenetic tree was built by calculating absolute distance matrices via Kullback-Leibler divergence meth-

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

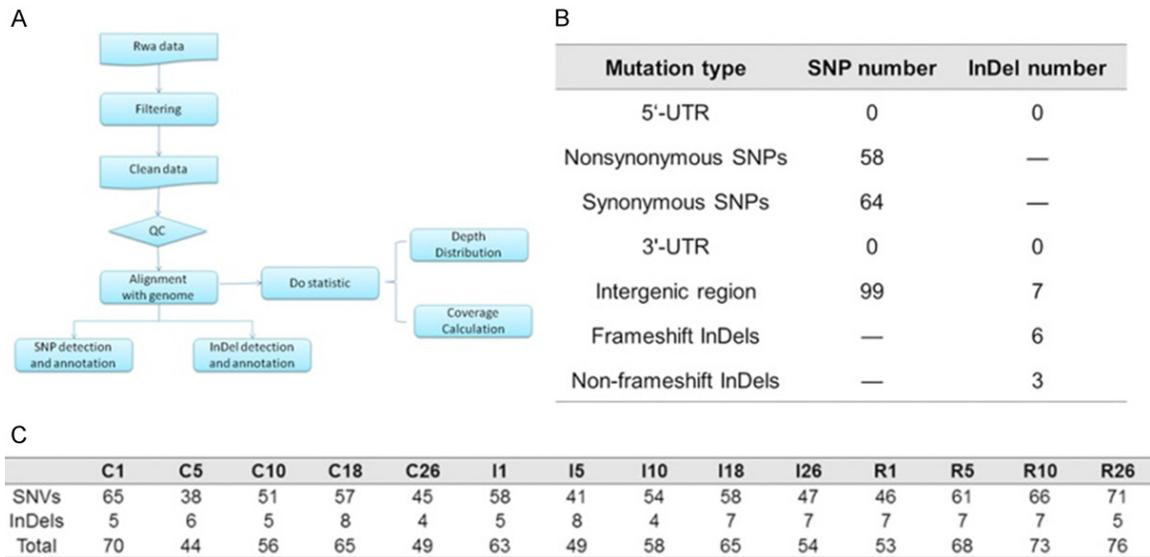


Figure 1. Whole genome sequencing of mutations in *M. tuberculosis*. A. The procedure of whole genome sequencing in *M. tuberculosis* strains. B. Total numbers of SNP and InDel mutations detected in strains treated with rifampicin and isoniazid. C. Statistical analysis of SNP and InDel mutation in strains treated with rifampicin and isoniazid for different generations. C1-C26 indicates the control groups, I1-I26 indicates *M. tuberculosis* treated with isoniazid, and R1-R26 indicates *M. tuberculosis* treated with rifampicin. SNP: single nucleotide polymorphisms; InDel: Insertion and deletion mutations.

od as described previously [24]. The mutation profiles between distinct groups were also presented using heat maps.

Results

Mutation spectrum under rifampicin and isoniazid treatment

For general analysis of single nucleotide polymorphisms (SNPs) and Insertion and deletion (InDel) mutations associated with rifampicin and isoniazid resistances in *M. tuberculosis*, the total DNA samples from bacteria treated with rifampicin or isoniazid for different generations were extracted for DNA library construction and whole genome sequencing as described above (Figure 1A). Basically, 58 nonsynonymous SNP mutations, 64 synonymous SNP mutations, and 99 SNP mutation in intergenic regions were detected by the whole genome sequencing of *M. tuberculosis* strains treated with rifampicin or isoniazid for different generations, as well as the control groups (Figure 1B, 1C and Supplementary Table 1). Totally, seven InDel mutations were found in the intergenic regions, and also six frameshift InDel mutations and three non-frameshift InDel mutations were found in these groups of samples (Figure 1B, 1C and Supplementary Table 1). More strik-

ingly, we showed that the number of SNP mutation in *M. tuberculosis* strains treated with rifampicin increased in proportion to the elongation of treatment duration (Figure 1C). Detailed information of all SNP and InDel mutations can be found in the attached table (Supplementary Table 1). These results demonstrated that SNP and InDel mutation might relate to rifampicin and isoniazid resistance of *M. tuberculosis*.

SNP mutation induced by rifampicin and isoniazid treatment

The whole genome sequencing disclosed much more SNP mutations in *M. tuberculosis* treated with rifampicin and isoniazid, compared with the InDel mutations (Figure 1B). For more properties of SNP mutations found in *M. tuberculosis* treated with rifampicin and isoniazid, the numbers of SNP mutations in the control, rifampicin, and isoniazid groups were summarized using Venn diagrams. We found that 31 SNP mutations were detected in the control groups of *M. tuberculosis* among different generations (Figure 2A). Thirty-two SNP mutations were shared by *M. tuberculosis* treated with isoniazid for distinct generations (Figure 2A). Totally, 45 SNPs were shared by different generations of *M. tuberculosis* treated with rifampi-

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

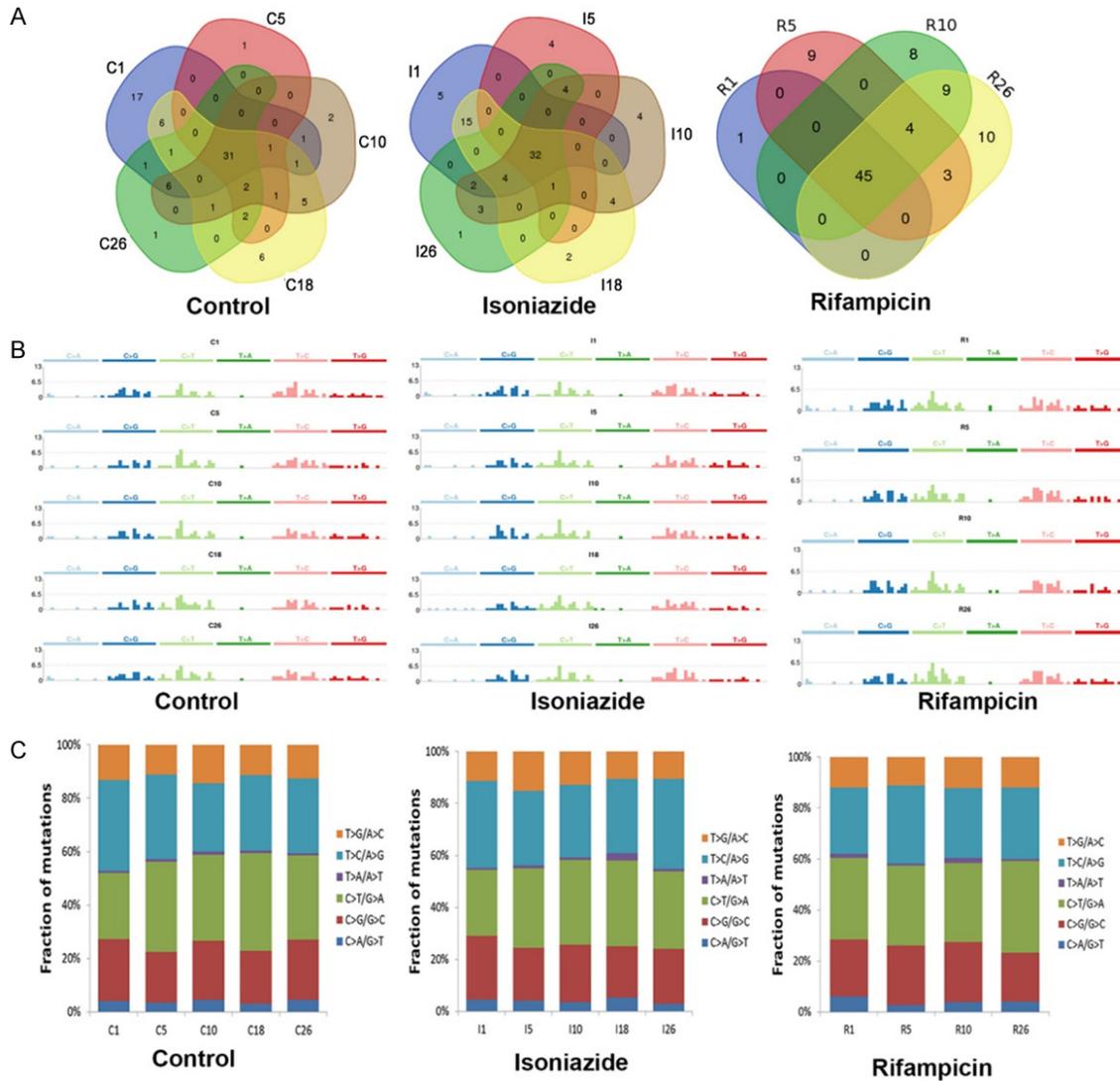


Figure 2. SNP mutations in *M. tuberculosis* treated with rifampicin and isoniazid. A. Venn diagrams presenting the SNP mutation numbers shared by different bacteria groups. Totally 31, 32 and 45 SNP mutations were shared by different generations in the control, isoniazid and rifampicin groups respectively. B. Detailed information of SNP mutations in groups treated with rifampicin and isoniazid. The majority of SNPs were C-to-G, C-to-T and T-to-C mutations. C. SNP mutation spectrums in the control, isoniazid and rifampicin groups at different generations. C1-C26 indicates the control groups, I1-I26 indicates *M. tuberculosis* treated with isoniazid, and R1-R26 indicates *M. tuberculosis* treated with rifampicin.

cin (Figure 2A), which were much higher than the control and isoniazid groups. By analyzing the details of SNP mutation spectrums, we demonstrated that C-to-G, C-to-T and T-to-C mutations were predominantly distributed in genomes of *M. tuberculosis* strains treated with rifampicin and isoniazid (Figure 2B). More importantly, we showed here that T-to-C mutations decreased in the control group with increase of culture generations, while the number of C-to-T numbers in the control group significantly increased (Figure 2C). However, we observed that the number of T-to-C mutations

in *M. tuberculosis* treated with rifampicin and isoniazid showed no significant decrease, suggesting that rifampicin and isoniazid could induce T-to-C mutations in *M. tuberculosis* genome which might be responsible for their resistance to these anti-TB drugs.

Evolutionary relationship between different *M. tuberculosis* groups

To analyze the evolutionary relationships between all *M. tuberculosis* sequenced after being treated with rifampicin and isoniazid for

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

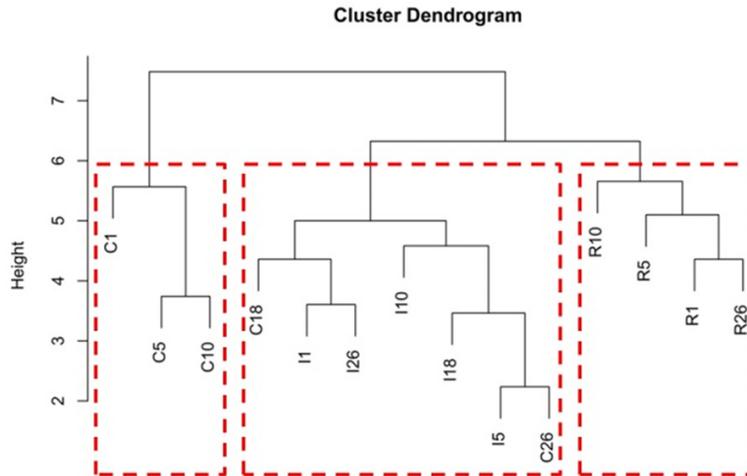


Figure 3. Clustering of *M. tuberculosis* based on mutations. Subgroups of *M. tuberculosis* treated with rifampicin and isoniazid for distinct generations were clustered using a phylogenetic tree. Generally, three subgroups were detected among all samples by relationships based on SNP and InDel mutations. C1, C5 and C10 shares close evolutionary relationship. I1, I5, I10, I18 and I26 were evolutionarily closer, also to C18 and C26. R1, R5, R10 and R26 were clustered into the same subgroup. C1-C26 indicates the control groups, I1-I26 indicates *M. tuberculosis* treated with isoniazid, and R1-R26 indicates *M. tuberculosis* treated with rifampicin. SNP: single nucleotide polymorphisms; InDel: Insertion and deletion mutations.

different generations, a phylogenetic tree was drawn based on the SNP and InDel mutation spectrums detected by whole genome sequencing (**Figure 3**). As expected, the majority of *M. tuberculosis* samples from the control, rifampicin and isoniazid groups were clustered into different subgroups. Specifically, three samples from the control group C1, C5 and C10 were clustered into the same subgroup, showing their close evolutionary relationship (**Figure 3**). All samples from the isoniazid groups I1, I5, I10, I18 and I26 were found to be evolutionarily closer, compared with the control groups (**Figure 3**). Similarly, these four samples from the rifampicin group R1, R5, R10 and R26 were clustered into another subgroup (**Figure 3**). The evolutionary relationships revealed by the phylogenetic tree confirmed the reliability of our whole genome sequencing results, and also showed the significantly different mutation patterns caused by isoniazid and rifampicin treatments in *M. tuberculosis*. These results also suggested that the resistances to isoniazid and rifampicin might be mediated by different genetic mechanisms. Of note, the C18 and C26 samples have closer relationship with the isoniazid groups (**Figure 3**), suggesting that naturally occurring mutation might also function in

the development of resistance to isoniazid.

Frequently mutated genes induced by rifampicin and isoniazid treatment

For further information of the genes and related biological processes associated with rifampicin and isoniazid resistance in *M. tuberculosis*, these frequently mutated genes with SNP or InDel mutations under rifampicin and isoniazid treatment for distinct generations were shown with heat maps (**Figures 4 and 5**). Totally 65 genes were detected as mutated genes by whole genome sequencing from the control group and the rifampicin and isoniazid-treated *M. tuberculosis* groups (**Figures 4 and 5**). Among them, 29 genes showed SNP or InDel mutations

in all groups of *M. tuberculosis* samples tested by genome sequencing, including *acg*, *bkdC*, *dnaG*, *ercc3*, *fadE34*, *fdxA*, *lprQ*, *moaX*, *nrp*, multiple members of the PE_PGRS family, etc. (**Figure 4**). These results showed that gene mutations are common event in *M. tuberculosis* genome, which could be utilized as an effective method for the development of resistance to drugs. More importantly, we also identified several genes that were specifically mutated under rifampicin or isoniazid treatment, or even at specific generations after drug treatments. For instance, mutations of *kAtG*, *pckA*, *crp*, *glgP*, *ugpB*, *lldD2*, *PPE34* and *rpIT* genes were only detected in the genomes of *M. tuberculosis* treated with isoniazid (**Figure 4**). However, another group of genes like *rpoB*, *esxO*, *PE_PGRS15*, *ansP2*, *glpK*, *hemA*, *PPE51* and *trpB* showed detectable SNP or InDel mutations only in *M. tuberculosis* groups under the treatment of rifampicin (**Figure 4**). The significantly different mutation pattern between genomes of rifampicin and isoniazid-treated *M. tuberculosis* showed that these two anti-TB drugs might target different biologic processes and signaling pathways during the development of drug resistance. Also, several genes were only mutated in the control groups, such as *hemC*,

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

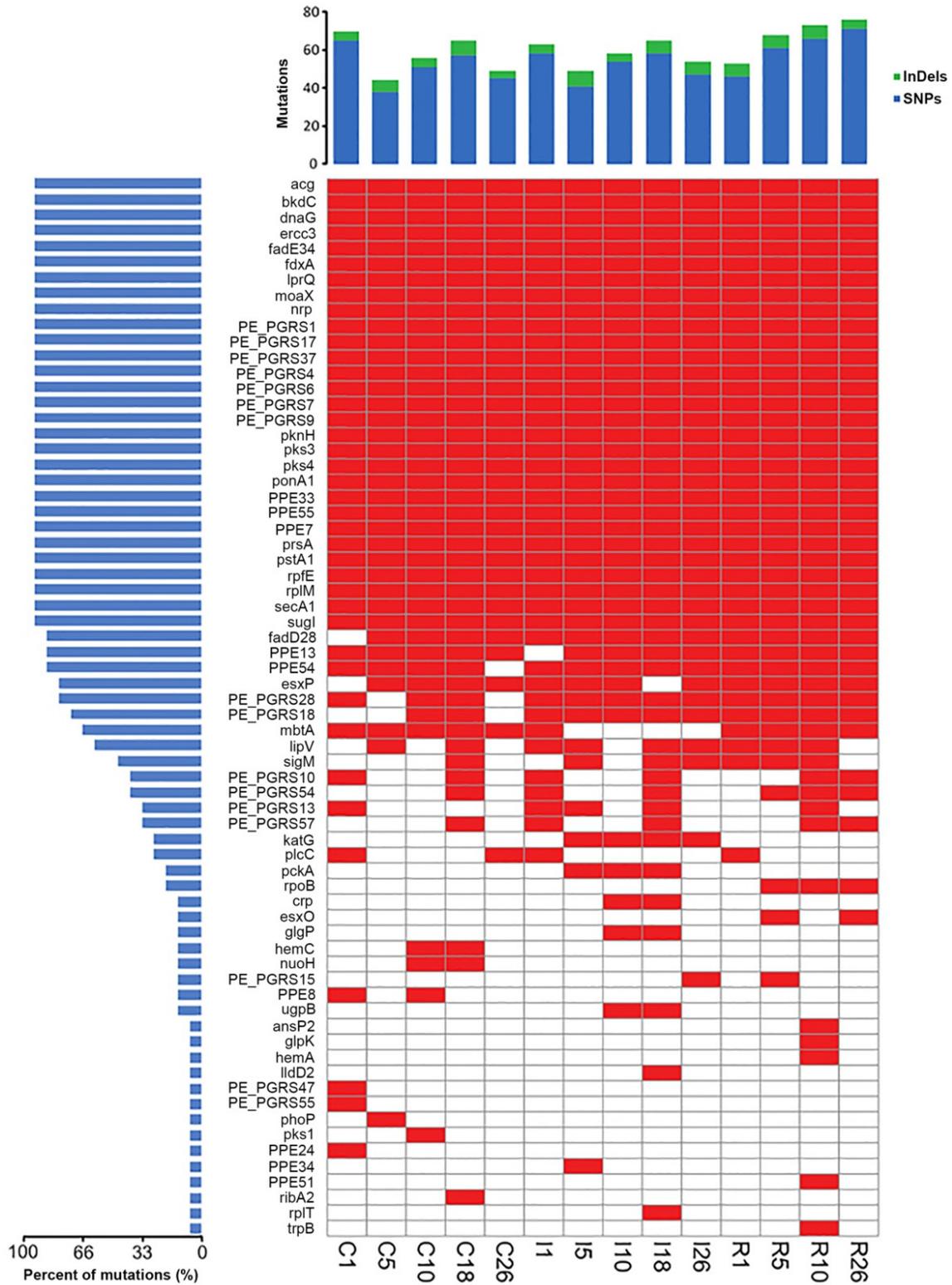


Figure 4. Frequently mutated genes in rifampicin and isoniazid-treated *M. tuberculosis*. Genes with significant mutations by whole genome sequencing were listed in original grouping order. The SNP and InDel mutations in all 65 genes detected by sequencing were marked with red rectangles. The percentages of mutations among all groups and the ratios of SNP and InDel mutations are listed on the left and top positions respectively. C1-C26 indicates the control groups, I1-I26 indicates *M. tuberculosis* treated with isoniazid, and R1-R26 indicates *M. tuberculosis* treated with rifampicin. SNP: single nucleotide polymorphisms; InDel: Insertion and deletion mutations.

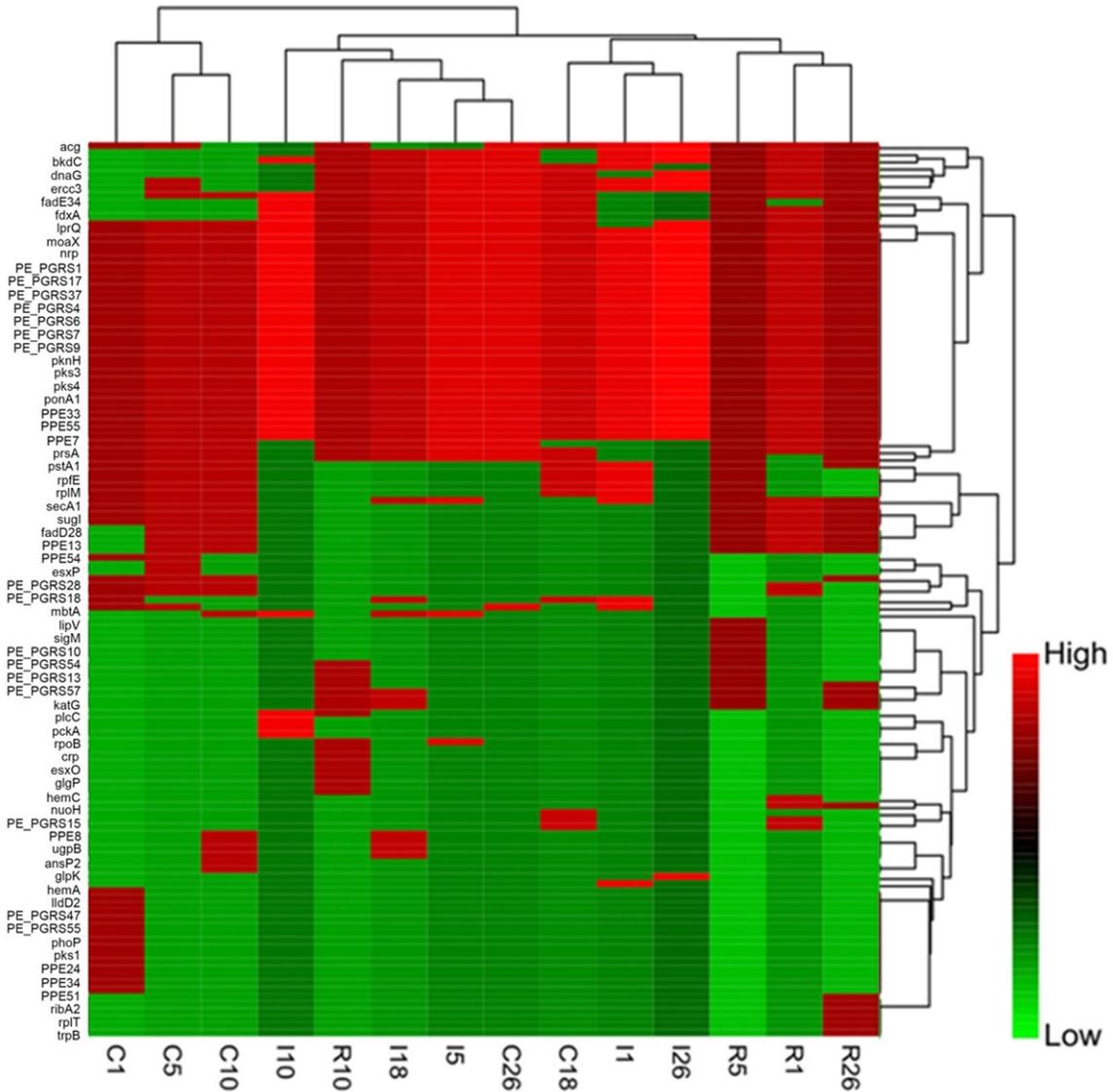


Figure 5. A heat map of gene mutations in rifampicin and isoniazid-treated *M. tuberculosis*. Totally, 65 mutated genes were listed in a heat map in clustered grouping order. Genes with the SNP and InDel mutations shown in whole genome sequencing were marked in red, and gene with no mutations were shown in green. I1-I26 indicates *M. tuberculosis* treated with isoniazid, and R1-R26 indicates *M. tuberculosis* treated with rifampicin. SNP: single nucleotide polymorphisms; InDel: Insertion and deletion mutations.

nuoH, PE_PGRS47, PE_PGRS55, phoP, pks1, PPE24 and ribA2, showing the possible inhibitory effects of rifampicin and isoniazid on mutations of specific genes. Furthermore, the presentation of mutated genes by clustering also revealed multiple gene and biological processes influenced by rifampicin and isoniazid treatments (Figure 5). These observations showed that resistance to rifampicin and isoniazid in *M. tuberculosis* involve alteration of various biologic functions and signaling processes.

Discussion

Clinical treatment of major severe human diseases such as cancer, malaria, and other infectious diseases has always been greatly impeded by rapid-developing resistances to first-line drugs, especially multiple drug resistance (MDR) [25-27]. Recent progress in pathogenic mechanism studies showed that genetic mutations have played critical parts in the development of main drug resistances [28]. Isoniazid (INH) and rifampicin (RIF) are the major anti-TB

drugs in clinics, but their efficacies have been greatly reduced by the rapid development of multiple drug resistance [29]. Although previous investigations indicated that genetic mutations such as single nucleotide variation (SNV) and other mutation types such as deletion and insertion were involved in drug resistance of *M. tuberculosis*, the underlying mechanisms still remains far from being understood [5, 6]. Due to rapid development of large-scale DNA sequencing technology, the analysis of whole genome of pathogens has been proven as an effective research strategy for investigation of the gene mutations underlying multiple drug resistance. For instance, the study of resistances to anti-malaria drugs through whole genome sequencing revealed key molecular events responsible for acquirement of resistance in *Plasmodium vivax* [25]. The primary advantage of whole genome sequencing for drug resistance study is its capability for characterizing large number of genetic mutations associated with resistance development by comparison of different samples [30]. For more understanding of the mechanisms of resistance to INH and RIF, we carried out a comprehensive investigation of genetic mutations by whole genome sequencing in *M. tuberculosis*, with a focus on the SNP and InDel mutations.

To characterize the major gene mutation associated with resistances to isoniazid and rifampicin, *M. tuberculosis* was treated with isoniazid or rifampicin for successive generations, and SNP and InDel mutations were characterized by whole genome sequencing for comparison with the control group. We identified a large number of synonymous and nonsynonymous SNP mutations in *M. tuberculosis* under treatment of isoniazid and rifampicin, as well as many InDel mutations. These SNP and InDel mutations occurring with isoniazid and rifampicin treatment persuasively confirmed the great involvement of DNA sequence alteration in development of multiple drug resistance to anti-TB drugs. Genetic mutations in *M. tuberculosis* have been previously shown to be associated with geographical origin, clinical stages, and drug resistance [31]. In the present study, we disclosed various novel SNP and InDel mutations in *M. tuberculosis* treated with isoniazid and rifampicin, which might provide new insights into the molecular events responsible for the acquirement of isoniazid and rifampicin

resistance. Also, different groups of samples tested in our study were clustered into three main subgroups by clustering based on SNP and InDel mutations, indicating that the resistance to isoniazid and rifampicin resistances may be induced by distinct molecular processes, except for common events shared by both types of drug resistance. The concurrence of similarities and differences in genetic mutations between isoniazid and rifampicin-treated *M. tuberculosis* are consistent with previous investigations aiming to disclose the underlying mechanisms of these drug resistances [32, 33]. These genetic mutations induced by isoniazid and rifampicin would act as a basis for development of new anti-TB drugs with improved treatment efficacy, and also for screening of susceptible *M. tuberculosis* strains and directing the design of most suitable treatment regimens in clinics.

New perspectives on the molecular processes of drug resistance in *M. tuberculosis* were provided by genetic mutations revealed in our genome sequencing. The cAMP receptor protein (CRP) functions as a key regulator of gene transcription that controls cell growth in *M. tuberculosis* [34, 35]. We showed here an A-to-G mutation in the *crp* gene of *M. tuberculosis* treated with isoniazid which would predictively cause a I-to-V mutation in its primary protein sequences, but not in *M. tuberculosis* treated with rifampicin or the control groups. The mutation of *crp* gene exclusively in isoniazid-treated *M. tuberculosis* suggested that the alteration of gene expression by specific transcription regulators such as *crp* might act as important promoting events underlying the development of resistance to isoniazid. Likewise, a group of other genes were found in this study mutated only in isoniazid-treated group, including *katG*, *pckA*, *crp*, *glgP*, *ugpB*, *ltdD2*, *PPE34* and *rplT* genes. Of note, the mutation of bifunctional enzyme catalase-peroxidase (*katG*) has been established by extensive research as one of the major player linked with isoniazid resistance [18, 36-38]. Similarly, another well-known drug resistance-related gene RNA polymerase beta-subunit (*rpoB*) was also identified in our assay as mutated gene induced by rifampicin treatment. The involvement of the *rpoB* gene, which encodes a subunit of the DNA-dependent RNA polymerase, with rifampicin resistance has also been exten-

sively proven by previous investigations [36, 38-40]. The detection of these known genes associated with drug resistance such as *katG* and *rpoB* enhanced the reliability of our genome analysis. Moreover, we also detected a group of new genes with SNP or InDel mutations under the treatment of isoniazid and rifampicin, such as early secretory antigenic target O (*esxO*), a member of the 6-kDa antigenic target that regulates bacillary survival through genomic instability modulation [41]. Further investigation of the function and mechanisms of these newly characterized genes would bring about comprehensive understanding of the multiple drug resistance development.

In summary, we performed a whole genome sequencing of *M. tuberculosis* treated with isoniazid and rifampicin for distinctive generations, and a large number of SNP and InDel mutations were identified. This characterization of new genetic mutations in isoniazid and rifampicin-treated *M. tuberculosis* provided useful information for novel drug development and tuberculosis treatment.

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Disclosure of conflict of interest

None.

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References

[1] Nasiri MJ, Haeili M, Ghazi M Goudarzi H, Pormohammad A, Imani Fooladi AA, Feizabadi MM. New insights in to the intrinsic and acquired drug resistance mechanisms in mycobacteria. *Front Microbiol* 2017; 8: 681.

[2] Sahebi L, Ansarin K, Monfaredan A, Farajnia S, Nili S, Khalili M. Rapid detection of rifampicin-

and isoniazid-resistant mycobacterium tuberculosis using real-time PCR. *Jundishapur J Microbiol* 2016; 9: e2914.

[3] WHO. Global tuberculosis report 2017. *Global Tuberculosis Report* 2013; 6.

[4] Negi SS, Anand R, Pasha ST, Gupta S, Basir SF, Khare S, Lal S. Molecular characterization of mutation associated with rifampicin and isoniazid resistance in mycobacterium tuberculosis isolates. *Indian J Exp Biol* 2006; 44: 547-53.

[5] Seifert M, Catanzaro D, Catanzaro A, Rodwell TC. Genetic mutations associated with isoniazid resistance in mycobacterium tuberculosis: a systematic review. *PLoS One* 2015; 10: e0119628.

[6] Tessema B, Beer J, Emmrich F, Sack U, Rodloff AC. Analysis of gene mutations associated with isoniazid, rifampicin and ethambutol resistance among mycobacterium tuberculosis isolates from ethiopia. *BMC Infect Dis* 2012; 12: 37.

[7] Gandhi NR, Nunn P, Dheda K, Schaaf HS, Zignol M, van Soolingen D, Jensen P, Bayona J. Multidrug-resistant and extensively drug-resistant tuberculosis: a threat to global control of tuberculosis. *Lancet* 2010; 375: 1830-43.

[8] Mitnick CD, Shin SS, Seung KJ, Rich ML, Atwood SS, Furin JJ, Fitzmaurice GM, Alcantara Viru FA, Appleton SC, Bayona JN, Bonilla CA, Chalco K, Choi S, Franke MF, Fraser HS, Guerra D, Hurtado RM, Jazayeri D, Joseph K, Llaro K, Mestanza L, Mukherjee JS, Muñoz M, Palacios E, Sanchez E, Sloutsky A, Becerra MC. Comprehensive treatment of extensively drug-resistant tuberculosis. *N Engl J Med* 2008; 359: 563-74.

[9] Shah NS, Auld SC, Brust JC, Mathema B, Ismail N, Moodley P, Mlisana K, Allana S, Campbell A, Mthiyane T, Morris N, Mpangase P, van der Meulen H, Omar SV, Brown TS, Narechania A, Shaskina E, Kapwata T, Kreiswirth B, Gandhi NR. Transmission of extensively drug-resistant tuberculosis in south Africa. *N Engl J Med* 2017; 376: 243-253.

[10] Jackson M, Mcneil MR, Brennan PJ. Progress in targeting cell envelope biogenesis in mycobacterium tuberculosis. *Future Microbiol* 2013; 8: 855-75.

[11] Daff M. The cell envelope of tubercle bacilli. *Tuberculosis (Edinb)* 2015; 95 Suppl 1: S155-8.

[12] Xu WX, Zhang L, Mai JT, Peng RC, Yang EZ, Peng C, Wang HH. The Wag31 protein interacts with AccA3 and coordinates cell wall lipid permeability and lipophilic drug resistance in Mycobacterium smegmatis. *Biochem Biophys Res Commun* 2014; 448: 255-60.

[13] Gupta R, Lavollay M, Mainardi JL, Arthur M, Bishai WR, Lamichhane G. The mycobacterium tuberculosis protein LdtMt2 is a nonclassical transpeptidase required for virulence and re-

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

- sistance to amoxicillin. *Nat Med* 2010; 16: 466-9.
- [14] Kieser KJ, Baranowski C, Chao MC, Long JE, Sasseti CM, Waldor MK, Sacchettini JC, Iorgler TR, Rubin EJ. Peptidoglycan synthesis in mycobacterium tuberculosis is organized into networks with varying drug susceptibility. *Proc Natl Acad Sci U S A* 2015; 112: 13087-92.
- [15] Alderwick LJ, Harrison J, Lloyd GS, Birch HL. The mycobacterial cell wall-peptidoglycan and arabinogalactan. *Cold Spring Harb Perspect Med* 2015; 5: a021113.
- [16] Gengenbacher M, Kaufmann SH. Mycobacterium tuberculosis: success through dormancy. *FEMS Microbiol Rev* 2012; 36: 514-32.
- [17] Almeida PD, Palomino JC. Molecular basis and mechanisms of drug resistance in mycobacterium tuberculosis: classical and new drugs. *J Antimicrob Chemother* 2011; 66: 1417-30.
- [18] Torres JN, Paul LV, Rodwell TC, Victor TC, Amall-raj A, Elghraoui A, Goodmanson AP, Ramirez-Busby SM, Chawla A, Zadorozhny V, Streicher EM, Sirgel FA, Catanzaro D, Rodrigues C, Gler MT, Crudu V, Catanzaro A, Valafar F. Novel katG mutations causing isoniazid resistance in clinical m. tuberculosis isolates. *Emerg Microbes Infect* 2015; 4: e42.
- [19] Nasiri MJ, Darban-Sarokhalil D, Fooladi AA, Feizabadi MM. katG Ser315 and rpoB 81-bp hotspot region substitutions: reliability for detection of drug-resistant strains of mycobacterium tuberculosis. *J Glob Antimicrob Resist* 2016; 6: 172.
- [20] Bergval IL, Schuitema AR, Klatser PR, Anthony RM. Resistant mutants of mycobacterium tuberculosis selected in vitro do not reflect the in vivo mechanism of isoniazid resistance. *J Antimicrob Chemother* 2009; 64: 515-23.
- [21] Billington OJ, Mchugh TD, Gillespie SH. Physiological cost of rifampin resistance induced in vitro in mycobacterium tuberculosis. *Antimicrob Agents Chemother* 1999; 43: 1866-9.
- [22] Golby P, Nunez J, Witney A, Hinds J, Quail MA, Bentley S, Harris S, Smith N, Hewinson RG, Gordon SV. Genome-level analyses of mycobacterium bovis lineages reveal the role of SNPs and antisense transcription in differential gene expression. *BMC Genomics* 2013; 14: 710.
- [23] Supply P, Marceau M, Mangenot S, Roche D, Rouanet C, Khanna V, Majlessi L, Criscuolo A, Tap J, Pawlik A, Fiette L, Orgeur M, Fabre M, Parmentier C, Frigui W, Simeone R, Boritsch EC, Debie AS, Willery A, Walker D, Quail MA, Ma L, Bouchier C, Salvignol G, Sayes F, Cascioferro A, Seemann T, Barbe V, Loch C, Gutierrez MC, Leclerc C, Bentley SD, Stinear TP, Brisse S, Médigue C, Parkhill J, Cruveiller S, Brosch R. Genomic analysis of smooth tubercle bacilli provides insights into ancestry and pathoadaptation of mycobacterium tuberculosis. *Nat Genet* 2013; 45: 172-9.
- [24] Zhang S, Zhang Q, Sun Q, Tang J, Chen J, Ji N, Zheng Y, Fang F, Lei W, Li P, Zhang N. Genome evolution analysis of recurrent testicular malignant mesothelioma by whole-genome sequencing. *Cell Physiol Biochem* 2018; 45: 163-174.
- [25] Dharia NV, Bright AT, Westenberger SJ, Barnes SW, Batalov S, Kuhen K, Borboa R, Federe GC, McClean CM, Vinetz JM, Neyra V, Llanos-Cuentas A, Barnwell JW, Walker JR, Winzeler EA. Whole-genome sequencing and microarray analysis of ex vivo plasmodium vivax reveal selective pressure on putative drug resistance genes. *Proc Natl Acad Sci U S A* 2010; 107: 20045-50.
- [26] Downing T, Imamura H, Decuypere S, Clark TG, Coombs GH, Cotton JA, Hilley JD, de Doncker S, Maes I, Mottram JC, Quail MA, Rijal S, Sanders M, Schönian G, Stark O, Sundar S, Vanaerschot M, Hertz-Fowler C, Dujardin JC, Berriman M. Whole genome sequencing of multiple leishmania donovani clinical isolates provides insights into population structure and mechanisms of drug resistance. *Genome Res* 2011; 21: 2143-56.
- [27] Ozben T. Mechanisms and strategies to overcome multiple drug resistance in cancer. *FEBS Lett* 2006; 580: 2903-9.
- [28] Rodwell TC, Valafar F, Douglas J, Qian L, Garfein RS, Chawla A, Torres J, Zadorozhny V, Kim MS, Hoshide M, Catanzaro D, Jackson L, Lin G, Desmond E, Rodrigues C, Eisenach K, Victor TC, Ismail N, Crudu V, Gler MT, Catanzaro A. Predicting extensively drug-resistant mycobacterium tuberculosis phenotypes with genetic mutations. *J Clin Microbiol* 2014; 52: 781-9.
- [29] Kurbatova EV, Cavanaugh JS, Shah NS, Wright A, Kim H, Metchock B, Van Deun A, Barrera L, Boulahbal F, Richter E, Martín-Casabona N, Arias F, Zemanova I, Drobniowski F, Santos Silva A, Coulter C, Lumb R, Cegielski JP. Rifampicin-resistant mycobacterium tuberculosis: susceptibility to isoniazid and other anti-tuberculosis drugs. *Int J Tuberc Lung Dis* 2012; 16: 355-7.
- [30] Papaventsis D, Casali N, Kontsevaya I, Drobniowski F, Cirillo DM, Nikolayevskyy V. Whole genome sequencing of m. tuberculosis for detection of drug resistance: a systematic review. *Clin Microbiol Infect* 2017; 23: 61-68.
- [31] Chernyaeva EN, Shulgina MV, Rotkevich MS, Dobrynin PV, Simonov SA, Shitikov EA, Ischenko DS, Karpova IY, Kostyukova ES, Ilina EN, Govorun VM, Zhuravlev VY, Manicheva OA, Yablonsky PK, Isaeva YD, Nosova EY, Mokrousov IV, Vyazovaya AA, Narvskaya OV, Lapi-

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

- dus AL, O'Brien SJ. Genome-wide mycobacterium tuberculosis variation (GMTV) database: a new tool for integrating sequence variations and epidemiology. *BMC Genomics* 2014; 15: 308.
- [32] Nikolayevsky V, Brown T, Balabanova Y, Ruddy M, Fedorin I, Drobniowski F. Detection of mutations associated with isoniazid and rifampin resistance in mycobacterium tuberculosis isolates from samara region, Russian Federation. *J Clin Microbiol* 2004; 42: 4498-502.
- [33] Valvatne H, Syre H, Kross M, Stavrum R, Ti T, Phyu S, Grewal HM. Isoniazid and rifampicin resistance-associated mutations in mycobacterium tuberculosis isolates from yangon, myanmar: implications for rapid molecular testing. *J Antimicrob Chemother* 2009; 64: 694-701.
- [34] Akif M, Akhter Y, Hasnain SE, Mande SC. Crystallization and preliminary X-ray crystallographic studies of mycobacterium tuberculosis CRP/FNR family transcription regulator. *Acta Crystallogr Sect F Struct Biol Cryst Commun* 2006; 62: 873-5.
- [35] Kahramanoglou C, Cortes T, Matange N, Hunt DM, Visweswariah SS, Young DB, Buxton RS. Genomic mapping of cAMP receptor protein (CRPMt) in mycobacterium tuberculosis: relation to transcriptional start sites and the role of CRPMt as a transcription factor. *Nucleic Acids Res* 2014; 42: 8320-9.
- [36] Cho EH, Bae HK, Kang SK, Lee EH. Detection of isoniazid and rifampicin resistance by sequencing of katG, inhA, and rpoB genes in Korea. *Korean J Lab Med* 2009; 29: 455-60.
- [37] Rouse DA, Devito JA, Li Z, Byer H, Morris SL. Site-directed mutagenesis of the katG gene of mycobacterium tuberculosis: effects on catalase-peroxidase activities and isoniazid resistance. *Mol Microbiol* 1996; 22: 583-92.
- [38] Victor TC, Pretorius GS, Sirgel F, Helden PD. Involvement of the katG and rpoB genes of M. tuberculosis in isoniazid and rifampicin resistant clinical isolates. *Tubercle & Lung Disease* 1994; 42:75.
- [39] Ahmad S, Araj GF, Akbar PK, Fares E, Chugh TD, Mustafa AS. Characterization of rpoB mutations in rifampin-resistant mycobacterium tuberculosis isolates from the middle east. *Diagn Microbiol Infect Dis* 2000; 38: 227-32.
- [40] Mariam DH, Mengistu Y, Hoffner SE, Andersson DI. Effect of rpoB mutations conferring rifampin resistance on fitness of mycobacterium tuberculosis. *Antimicrob Agents Chemother* 2004; 48: 1289-94.
- [41] Mohanty S, Dal Molin M, Ganguli G, Padhi A, Jena P, Selchow P, Sengupta S, Meuli M, Sander P, Sonawane A. Mycobacterium tuberculosis EsxO (Rv2346c) promotes bacillary survival by inducing oxidative stress mediated genomic instability in macrophages. *Tuberculosis (Edinb)* 2016; 96: 44-57.

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

Supplementary Table 1. Mutations of coding gene in each sample

Chromo- some	Start	End	Ref	Alt	Gene affected	CDS mutation	Amino acid change	Mutation type	C1	C5	C10	C18	C26	I1	I5	I10	I18	I26	R1	R5	R10	R26
NC_000962.3	55553	55553	C	T	PonA1	C.C1891T	P.P631S	Missense	1	0	1	0	1	0	0	1	0	0	0	0	0	0
NC_000962.3	55553	55555	CCG	-	PonA1	C.1891_1893del	P.631_631del	In-frameshift deletion	0	1	0	1	0	1	1	0	1	1	1	1	1	1
NC_000962.3	116000	116000	T	G	Nrp	C.T6000G	P.V2000V	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	132417	132417	C	G	PE_PGRS1	C.C1036G	P.R346G	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	253126	253126	A	G	PckA	C.A1345G	P.T449A	Missense	0	0	0	0	0	0	0	1	1	0	0	0	0	0
NC_000962.3	253322	253322	G	A	PckA	C.G1541A	P.G514D	Missense	0	0	0	0	0	0	1	0	0	0	0	0	0	0
NC_000962.3	336681	336684	GGGA	-	PE_PGRS4	C.2390_2393del	P.797_798del	Frameshift deletion	1	0	0	1	0	0	1	0	0	0	0	0	0	0
NC_000962.3	336698	336698	C	G	PE_PGRS4	C.G2376C	P.G792G	Synonymous SNV	1	0	1	0	1	1	0	0	1	0	0	0	0	1
NC_000962.3	336701	336701	A	G	PE_PGRS4	C.T2373C	P.G791G	Synonymous SNV	1	0	1	0	1	1	0	0	1	0	0	0	0	1
NC_000962.3	336707	336707	G	A	PE_PGRS4	C.C2367T	P.D789D	Synonymous SNV	1	0	1	0	1	1	0	0	1	0	0	0	0	1
NC_000962.3	336708	336708	T	C	PE_PGRS4	C.A2366G	P.D789G	Missense	1	0	1	0	1	1	0	0	1	0	0	0	0	1
NC_000962.3	336710	336710	A	G	PE_PGRS4	C.T2364C	P.A788A	Synonymous SNV	1	0	1	0	1	1	0	0	1	0	0	0	1	1
NC_000962.3	337959	337959	A	C	PE_PGRS4	C.T1115G	P.I372S	Missense	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	338020	338020	A	C	PE_PGRS4	C.T1054G	P.C352G	Missense	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	338100	338100	T	C	PE_PGRS4	C.A794G	P.N325S	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	338453	338453	A	G	PE_PGRS4	C.T621C	P.A207A	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	416551	416551	G	A	AnsP2	C.C415T	P.L139L	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	0	1	0
NC_000962.3	424322	424322	-	C	PPE7	C.373dupG	P.G125fs	Frameshift insertion	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	427360	427374	GAGGTTTG CACTGCC	-	PPE8	C.7306_7320del	P.2436_2440del	In-frameshift deletion	1	0	1	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	571745	571745	G	C	lprQ	C.G36C	P.L12F	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	601503	601503	T	G	HemA	C.T1063G	P.L355V	Missense	0	0	0	0	0	0	0	0	0	0	0	0	1	0
NC_000962.3	602261	602261	G	A	HemC	C.G405A	P.L135L	Synonymous SNV	0	0	1	1	0	0	0	0	0	0	0	0	0	0
NC_000962.3	623472	623472	A	G	PE_PGRS6	C.A680G	P.D227G	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	623508	623508	C	G	PE_PGRS6	C.C716G	P.A239G	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	672491	672491	C	G	PE_PGRS7	C.G3426C	P.G1142G	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	761140	761140	A	G	RpoB	c.A1334G	P.H445R	Missense	0	0	0	0	0	0	0	0	0	0	0	1	1	1
NC_000962.3	836272	836272	A	G	PE_PGRS9	C.A572G	P.E191G	Missense	1	0	1	1	0	1	0	1	1	1	1	1	1	1
NC_000962.3	836291	836291	A	G	PE_PGRS9	C.A591G	P.G197G	Synonymous SNV	1	0	0	1	0	1	0	1	1	1	1	1	1	1
NC_000962.3	836426	836426	A	C	PE_PGRS9	C.A726C	P.L242L	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	836454	836454	A	G	PE_PGRS9	C.A754G	P.T252A	Missense	1	0	0	1	1	1	0	1	1	1	0	0	1	1
NC_000962.3	836538	836538	A	G	PE_PGRS9	C.A838G	P.N280D	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	836658	836658	A	G	PE_PGRS9	C.A958G	P.T320A	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	837033	837033	A	G	PE_PGRS9	C.A1333G	P.T445A	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	838990	838990	C	G	PE_PGRS10	C.C540G	P.A180A	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	839123	839123	A	G	PE_PGRS10	C.A673G	P.R225G	Missense	1	0	0	1	0	1	0	0	1	0	0	0	1	1
NC_000962.3	839129	839129	C	G	PE_PGRS10	C.C679G	P.R227G	Missense	1	0	0	1	0	1	0	0	1	0	0	0	1	1
NC_000962.3	839194	839194	A	G	PE_PGRS10	C.A744G	P.T248T	Synonymous SNV	1	0	0	1	0	1	0	0	1	0	0	0	1	1
NC_000962.3	839334	839334	A	G	PE_PGRS10	C.A884G	P.K295R	Missense	1	0	0	1	0	1	0	0	1	0	0	0	0	0

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

NC_000962.3	839348	839348	A	G	PE_PGRS10	C.A898G	P.S300G	Missense	1	0	0	1	0	1	0	0	1	0	0	0	0	0
NC_000962.3	840496	840496	C	G	PE_PGRS10	C.C2046G	P.G682G	Synonymous SNV	1	0	0	0	0	1	0	0	0	0	0	0	0	0
NC_000962.3	851821	851821	G	A	PhoP	C.G214A	P.V72M	Missense	0	1	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	927110	927110	A	G	PE_PGRS13	C.A1750G	P.S584G	Missense	1	0	0	0	0	1	0	0	1	0	0	0	1	0
NC_000962.3	927462	927462	A	G	PE_PGRS13	C.A2102G	P.D701G	Missense	0	0	0	0	0	0	1	0	0	0	0	0	0	0
NC_000962.3	958922	958922	C	A	Ercc3	C.G1230T	P.A410A	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	969689	969689	A	C	PE_PGRS15	C.T556G	P.W186G	Missense	0	0	0	0	0	0	0	0	0	1	0	1	0	0
NC_000962.3	976906	976906	-	G	PPE13	C.1298dupC	P.A433fs	Frameshift insertion	1	1	1	1	1	1	0	1	1	1	1	1	1	1
NC_000962.3	1093406	1093406	A	G	PE_PGRS17	C.T951C	P.V317V	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	1093907	1093907	T	C	PE_PGRS17	C.A450G	P.G150G	Synonymous SNV	1	0	1	0	0	1	0	1	1	1	1	1	1	1
NC_000962.3	1096205	1096205	T	C	PE_PGRS18	C.A247G	P.S83G	Missense	0	0	1	1	0	1	1	1	1	1	1	1	1	1
NC_000962.3	1135897	1135897	A	G	PrsA	C.T585C	P.V195V	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	1315884	1315884	G	A	Pks4	C.G651A	P.A217A	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	1414021	1414021	C	T	PknH	C.G1820A	P.R607Q	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	1495992	1495992	G	C	GlgP	C.G1429C	P.V477L	Missense	0	0	0	0	0	0	0	1	1	0	0	0	0	0
NC_000962.3	1590925	1590925	C	G	ribA2	C.C529G	P.H177D	Missense	0	0	0	1	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1636991	1636991	T	C	PE_PGRS28	C.A1239G	P.G413G	Synonymous SNV	0	0	0	0	0	1	0	0	0	0	0	0	0	0
NC_000962.3	1636996	1636996	G	C	PE_PGRS28	C.C1234G	P.R412G	Missense	0	0	0	0	0	1	0	0	0	0	0	0	0	0
NC_000962.3	1637006	1637006	G	A	PE_PGRS28	C.C1224T	P.V408V	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1637009	1637009	G	A	PE_PGRS28	C.C1221T	P.G407G	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1637012	1637012	A	G	PE_PGRS28	C.T1218C	P.G406G	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1637015	1637015	A	G	PE_PGRS28	C.T1215C	P.A405A	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1637018	1637018	G	C	PE_PGRS28	C.C1212G	P.G404G	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1812088	1812088	C	T	TrpB	C.C962T	P.P321L	Missense	0	0	0	0	0	0	0	0	0	0	0	0	1	0
NC_000962.3	1853360	1853360	G	A	RpIT	C.G177A	P.K59K	Synonymous SNV	0	0	0	0	0	0	0	0	1	0	0	0	0	0
NC_000962.3	1982064	1982064	G	C	PPE24	C.C2712G	P.P904P	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1982067	1982067	G	C	PPE24	C.C2709G	P.L903L	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	1982178	1982178	C	G	PPE24	C.G2598C	P.L866L	Synonymous SNV	1	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	2051746	2051746	T	C	PPE33	C.T465C	P.A155A	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	2122769	2122769	G	C	lldD2	C.C383G	P.A128G	Missense	0	0	0	0	0	0	0	0	1	0	0	0	0	0
NC_000962.3	2163790	2163790	A	C	PPE34	C.T3522G	P.P1174P	Synonymous SNV	0	0	0	0	0	0	1	0	0	0	0	0	0	0
NC_000962.3	2256291	2256291	G	A	FdxA	C.C138T	P.C46C	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	2256341	2256341	C	T	FdxA	C.G88A	P.A30T	Missense	0	0	0	0	0	0	0	0	0	0	0	0	1	0
NC_000962.3	2279804	2279804	C	G	Acg	C.C676G	P.P226A	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	2387733	2387733	T	C	PE_PGRS37	C.A240G	P.E80E	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	2622150	2622150	G	A	DnaG	C.C303T	P.T101T	Synonymous SNV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	2626056	2626056	A	G	EsxO	C.T117C	P.G39G	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	2626062	2626062	G	A	EsxO	C.C111T	P.A37A	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	2626077	2626077	A	C	EsxO	C.T96G	P.V32V	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	2626083	2626083	G	C	EsxO	C.C90G	P.A30A	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	2626095	2626095	C	A	EsxO	C.G78T	P.A26A	Synonymous SNV	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Genome-wide SNP and InDel mutations in mycobacterium tuberculosis

NC_000962.3	3934734	3934734	G	A	PE_PGRS54	C.G3730A	PA1244T	Missense	0	0	0	1	0	1	0	0	1	0	0	0	1	1	
NC_000962.3	3934878	3934878	G	A	PE_PGRS54	C.G3874A	P.D1292N	Missense	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	3934879	3934879	A	T	PE_PGRS54	C.A3875T	P.D1292V	Missense	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
NC_000962.3	3940802	3940802	A	G	PE_PGRS55	C.A1186G	P.N396D	Missense	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NC_000962.3	3949000	3949000	G	C	PE_PGRS57	C.G3207C	P.G1069G	Synonymous SNV	0	0	0	1	0	1	0	0	1	0	0	0	1	1	1
NC_000962.3	3949001	3949001	G	A	PE_PGRS57	C.G3208A	PA1070T	Missense	0	0	0	1	0	1	0	0	1	0	0	0	1	1	1
NC_000962.3	4014438	4014438	C	G	FadE34	C.G1775C	P.G592A	Missense	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NC_000962.3	4116901	4116901	A	G	Crp	C.A424G	P.I142V	Missense	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
NC_000962.3	4139700	4139700	G	A	GlpK	C.C56T	P.A19V	Missense	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
NC_000962.3	4400663	4400663	C	-	SigM	C.478delC	P.R160fs	Frameshift deletion	0	0	0	1	0	0	1	0	1	1	1	1	1	1	0