

Minimal molecular constraints for respiratory droplet transmission of an avian–human H9N2 influenza A virus

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Pandemic influenza requires interspecies transmission of an influenza virus with a novel hemagglutinin (HA) subtype that can adapt to its new host through either reassortment or point mutations and transmit by aerosolized respiratory droplets. Two previous pandemics of 1957 and 1968 resulted from the reassortment of low pathogenic avian viruses and human subtypes of that period; however, conditions leading to a pandemic virus are still poorly understood. Given the endemic situation of avian H9N2 influenza with human-like receptor specificity in Eurasia and its occasional transmission to humans and pigs, we wanted to determine whether an avian–human H9N2 reassortant could gain respiratory transmission in a mammalian animal model, the ferret. Here we show that following adaptation in the ferret, a reassortant virus carrying the surface proteins of an avian H9N2 in a human H3N2 backbone can transmit efficiently via respiratory droplets, creating a clinical infection similar to human influenza infections. Minimal changes at the protein level were found in this virus capable of respiratory droplet transmission. A reassortant virus expressing only the HA and neuraminidase (NA) of the ferret-adapted virus was able to account for the transmissibility, suggesting that currently circulating avian H9N2 viruses require little adaptation in mammals following acquisition of all human virus internal genes through reassortment. Hemagglutinin inhibition (HI) analysis showed changes in the antigenic profile of the virus, which carries profound implications for vaccine seed stock preparation against avian H9N2 influenza. This report illustrates that aerosolized respiratory transmission is not exclusive to current human H1, H2, and H3 influenza subtypes.

aerosol | ferrets | contact | pandemic | preparedness

H5, H7, and H9 avian influenza subtypes top the World Health Organization's (WHO) list with the greatest pandemic potential. A transition from avian-like α 2,3-linked sialic acid ($SA\alpha$ 2,3) receptors to human-like α 2,6-linked sialic acid ($SA\alpha$ 2,6) receptors appears to be a crucial step for avian influenza viruses to replicate efficiently and transmit in humans (1). An increasing number of contemporary avian H9N2 viruses contain leucine (L) at position 226 in the hemagglutinin (HA) receptor-binding site (RBS), supporting the preferential binding to $SA\alpha$ 2,6 receptors and the ability to replicate efficiently in human respiratory epithelial cells and in the ferret model, an *in vivo* model which closely resembles human airway epithelium and clinical infection (2–5). Since the mid-1990's, H9N2 influenza viruses have become endemic in poultry throughout Eurasia and have occasionally transmitted to humans and pigs (6–8). In addition to possessing human virus-like receptor specificity, avian H9N2 viruses induce typical human flu-like illness, which can easily go unreported, and therefore have the opportunity to circulate, reassort, and improve transmissibility. Seroepidemiological studies in Asia suggest that the incidence of human H9N2 infections could be more prevalent than what has been reported and possible human-to-human transmission cannot be completely excluded (9–11). These direct infections with avian H9N2 confirm that interspecies transmission of H9N2 from avian species to

mammalian hosts occurs and it is not uncommon. Reassortment between the current human epidemic strain and an avian virus of a different subtype is postulated to generate the next pandemic strain. Given the receptor specificity of avian H9N2 viruses and their repeated introduction into humans, as recent as December 2008 (Vietnam Partnership on Avian and Human Influenza (PAHI) <http://www.avianinfluenza.org.vn/>), the opportunity for their reassortment and/or adaptation for human-to-human transmission is ever present. However the question remains what is missing for the H9N2 virus to transmit from human-to-human and possibly lead to the next pandemic.

In our previous study (4), we showed that human virus-like receptor specificity, specifically leucine (L) at position 226 in the HA RBS, is critical for direct transmission of avian H9N2 viruses in ferrets. Creation of an H9N2 avian–human reassortant virus led to increased replication, direct transmission, and expanded tissue tropism in ferrets compared to the parental avian H9N2 virus. The reassortant, 2WF10:6M98, contained the surface genes [HA and neuraminidase (NA)] of A/guinea fowl/Hong Kong/WF10/99 (H9N2) [WF10] and the internal genes (PB2, PB1, PA, NP, M, NS) of A/Memphis/14/98 (H3N2) [M98](4). This reassortant however, lacked the ability to transmit via respiratory droplets despite clinical signs including high titers in nasal washes and sneezing, indicating that additional traits are needed. The transmission modes postulated for natural influenza A infections include large droplets, direct contact, and aerosols with aerosol transmission having obvious implications for pandemic influenza (12). The ferret is an ideal model for this study as aerosolization is the main mode of influenza A transmission in this species (13–16). As a result, we began adapting this avian–human reassortant, 2WF10:6M98 in ferrets and after 10 passages achieved respiratory droplet transmission. Here we show for the first time an avian–human H9N2 reassortant that can transmit efficiently in respiratory droplets. We have identified key changes in the surface proteins that are critical for respiratory droplet transmission and also play important roles in antigenic variation. Our studies provide valuable information for pandemic preparedness against H9N2 strains.

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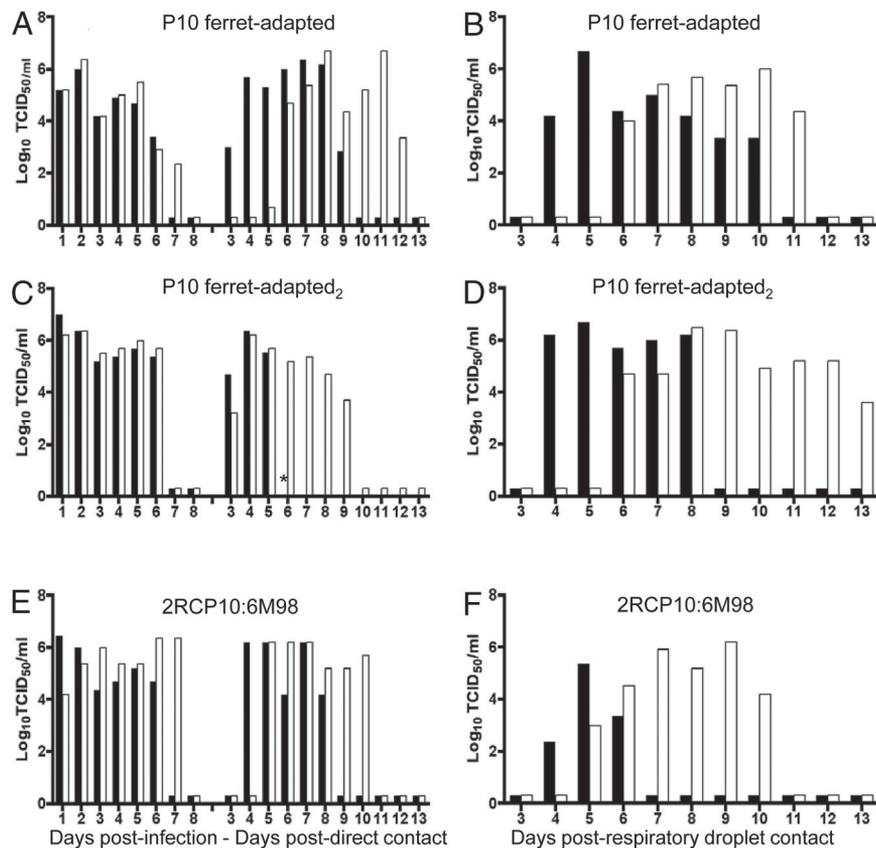


Fig. 1. Respiratory droplet transmission of H9N2 avian-human reassortant viruses. Ferrets were inoculated with 10^6 TCID₅₀ of P10 ferret-adapted H9N2 virus (A and C) or 2RCP10:6M98 reassortant virus (E). Direct contact ferrets (A, C, and E) and respiratory droplet contact ferrets for P10 (B and D) and 2RCP10:6M98 (F) were introduced at 24 h p.i. and nasal washes were collected daily. Black and white bars represent individual ferrets. In C, day 6 p.c., the direct contact from the group represented by the black bars died, as noted by an asterisk in the bar graph. Titers are expressed as \log_{10} values of TCID₅₀/mL with the limit of detection at $0.699 \log_{10}$ TCID₅₀/mL.

Results

Respiratory Droplet Transmission of a H9N2 Avian-Human Reassortant

The generation of a H9N2 avian-human reassortant, 2WF10:6M98, containing the surface genes of A/guinea fowl/Hong Kong/WF10/99 (H9N2) [WF10] and the internal genes of A/Memphis/14/98 (H3N2) [M98] led to increased replication, direct transmission, and tissue tropism when compared to the parental WF10 virus. Clinical signs displayed were similar to those observed during infection with the full human M98 H3N2 virus and included high viral titers in nasal washes and sneezing, yet no transmission to respiratory droplet contacts occurred (4). To determine the key components necessary for efficient respiratory droplet transmission we began adapting the 2WF10:6M98 H9N2 virus in ferrets. Ferrets were infected intranasally (i.n.) with 10^6 tissue culture infectious dose 50 (TCID₅₀) of 2WF10:6M98 (passage 1); nasal washes were collected 3 days postinfection (p.i.), pooled, and used as the dose for the following passage of ferrets. Respiratory droplet contact ferrets were introduced at passages 1 and 2; however, no transmission was observed. After 9 passages of nasal wash, we arbitrarily tested the transmissibility of this virus during the 10th passage, herein referred to as P10. Within 3 days postcontact (p.c.), direct contact ferrets were shedding virus and were able to transmit to respiratory droplet contact ferrets by days 4 and 6 p.c. (Fig. 1 A and B). All ferrets, including respiratory droplet contacts, shed virus up to 6–7 days and displayed clinical signs, including sneezing and fever, similar to that of a human virus infection (4) and showed high antibody titers to the homologous virus (Tables 1 and 2). The transmission phenotype of the P10 virus was confirmed in additional groups of ferrets (Fig. 1 C and D), consistently resulting in efficient respiratory droplet transmission and clinical signs. It is necessary to note that in the second round of experiments, 1 of the 2 direct contact ferrets died on day 6 p.c. (Fig. 1C); however, postmortem examination was inconclusive. Our adaptation study shows that our H9N2 avian-human virus is able to sustain efficient, reproducible respiratory

droplet transmission in ferrets causing an infection similar in duration and clinical signs to typical human H3N2 strains. These results suggest that current H9N2 viruses circulating in poultry require little adaptation in mammals, following reassortment and acquisition of human internal genes, to cause respiratory droplet transmission.

Consistent Isolation of Ferret-Adapted P10 H9N2 Virus in Lung Tissue

The consistency of obtaining respiratory droplet transmission in multiple rounds of transmission led us to compare tissue tropism of the P10 virus to the parental 2WF10:6M98 and WF10 viruses (4). Ferrets were also mock infected with PBS as a negative control. Tissues were collected on day 5 p.i., homogenized, and virus titrations performed as previously described (4). While 2WF10:6M98 was able to replicate and expand tissue tropism compared to WF10, the P10 virus shows over $1.5 \log_{10}$ higher viral

Table 1. Clinical signs, virus replication, and seroconversion associated with H9N2 reassortant viruses in infected ferrets

Virus	Infected ferrets		
	Weight Loss (%) [*]	Sneezing (day of onset)	Serum (HI titer) [†]
2WF10:6M98	5.1 ± 0.85	2/2 (2, 2)	2560, 2560
P10 [‡]	4.01 ± 1.2	4/4 (3, 5, 7)	2560, 2560, 2560, 2560
2RCP10:6M98 [‡]	4.67 ± 1.7	3/4 (5, 6)	2560, 2560, 2560, 2560
RCP10 (A189, G192) [‡]	5.0 ± 2.48	4/4 (5, 6)	2560, 2560, 2560, 1280
RCP10 (T189, R192) [‡]	3.69 ± 1.43	4/4 (5, 6)	2560, 2560, 1280, 1280
2WF10:6RCP10 [‡]	1.9 ± 1.0	4/4 (5, 6)	1280, 1280, 2560, 1280

^{*}Average body weight loss is shown as average ± standard deviation.

[†]At 2 weeks p.i. convalescent sera was collected and used with the homologous virus in HI assays to detect anti-H9 antibodies.

[‡]Two independent experiments with 2 infected, 2 direct, and 2 respiratory droplet ferrets each.

Table 2. Clinical signs, virus replication, and seroconversion associated with H9N2 reassortant viruses in direct contact and respiratory-droplet contact ferrets

Virus	Direct contacts			Respiratory-droplet contacts		
	Weight loss (%) [*]	Sneezing (day of onset)	Serum (HI titer) [†]	Weight loss (%) [*]	Sneezing (day of onset)	Serum (HI titer) [†]
2WF10:6M98	1.65 ± 0.50	2/2 (4, 5)	1280, 2560	ND	0/2	<10, <10
P10 [‡]	5.36 ± 0.1	4/4 (5, 7)	2560, 2560, 2560, 2560	7.91 ± 1.98	4/4 (7, 8, 9)	2560, 2560 1280, 2560
2RCP10:6M98 [‡]	2.79 ± 1.43	4/4 (7, 9)	1280, 1280, 1280, 1280	2.07 ± 0.59	4/4 (6, 7, 8)	1280, 1280, 640, 640
RCP10 (A189, G192) [‡]	1.67 ± 0.82	4/4 (5, 7)	1280, 1280, 2560, 2560	ND	0/4	<10, <10, <10, <10
RCP10 (T189, R192) [‡]	8.65 ± 5.16	4/4 (6, 7)	1280, 2560, 2560, 2560	ND	0/4	<10, <10, <10, <10
2WF10:6RCP10 [‡]	2.3 ± 1.4	4/4 (6, 7)	1280, 2560, 1280, 1280	1.2 ± 0.4	0/4	<10, 40, 640, 40

^{*}Average body weight loss is shown as average ± standard deviation.

[†]Homologous virus was used in HI assays to detect anti-H9 antibodies (sera collected at 2 weeks p.c.).

[‡]Two independent experiments with 2 infected, 2 direct, and 2 respiratory droplet ferrets each. ND, not determined, because no viral replication occurred in ferrets.

titers than 2WF10:6M98 (Fig. 2). We also isolated virus from the brain of the P10 ferrets, suggesting that in addition to improving its transmissibility phenotype, this virus has the potential to become more virulent. However, we must note that this study focuses largely on the molecular features that alter the transmission phenotype of an H9N2 virus in ferrets. The molecular markers that modulate virulence of this virus in ferrets are beyond the scope of the present report and are currently being evaluated.

Minor Sequence Changes Observed During Ferret Respiratory Droplet Adaptation. Viruses collected from the nasal washes of respiratory droplet contacts, A/ferret/Maryland/P10-UMD/08 (H9N2) [RCP10], were directly sequenced to determine the molecular changes supporting respiratory droplet transmission. Sequence analysis of nasal washes collected on days 5 and 8 p.c., from 4 independent respiratory droplet contacts, revealed the same 5 amino acid changes from 2WF10:6M98 to the RCP10 virus, indicating their selection during respiratory droplet transmission. Three amino acid changes were found on the surface proteins while 2 were found on the internal proteins. Two changes occurred on the HA, one on the HA1 portion of the molecule at position 189 (H3 numbering) within antigenic site B and in close proximity to the RBS (Fig. 3). This amino acid change from threonine (T) to alanine (A) has been documented before (17) and is also found in naturally occurring isolates (18). However, the combination of key amino acid residues at the RBS found in the RCP10 ferret-adapted virus; i.e., histidine (H) 183, A189, glutamic (E) 190, and L226 has yet to be identified in nature (Fig. 3D). The available human H9N2 sequences from the NCBI database that have yet to show sustained human-to-human transmission, contain H183 or asparagine (N)

183, T189, E190, and L226. The only major difference in these viruses and the RCP10 viruses is at position 189. The second change is located on the HA2 at position 192 (H3 numbering), a change from glycine (G) to arginine (R), 3 amino acids away from the transmembrane region of the HA2. Unfortunately, this amino acid change lies within a region that has not been resolved by crystallography and therefore cannot be mapped structurally. The change in the NA at position 28, isoleucine (I) to valine (V), is located in the transmembrane domain. This domain has been reported to participate in virus assembly and/or shedding (19). The 2 remaining changes, L to I and H to tyrosine (Y), at positions 374 and 110 of PB2 and M1, respectively, map to regions of unassigned functions within these 2 proteins.

To establish whether the amino acid changes observed in RCP10 occurred before passage 10, we sequenced the P10 inoculum virus [P10] (nasal wash from passage 9 ferrets used to infect passage 10), P9, and P8 inoculum viruses (nasal wash from passages 8 and 7 ferrets used to infect passages 9 and 8, respectively) and nasal wash from respiratory droplet contacts from the second transmission study of P10 [RCP10₂] (Fig. 1 C and D). Sequence analysis of passages 8–10 revealed that changes observed in the PB2 and NA occurred either before or at passage 8 with the M1 having a mixed population at P8 selecting for Y at P9. Interestingly the 2 changes observed on the HA were not present until RCP10 and nasal washes collected from RCP10₂ respiratory droplet contacts revealed the same 2 changes in the HA gene, implying these changes were selected during adaptation and are perhaps necessary for respiratory droplet transmission (Table 3). The sequence analysis shows minor changes are necessary to support respiratory droplet transmission, one of which alters the RBS of the HA and most likely results in the observed transmission phenotype.

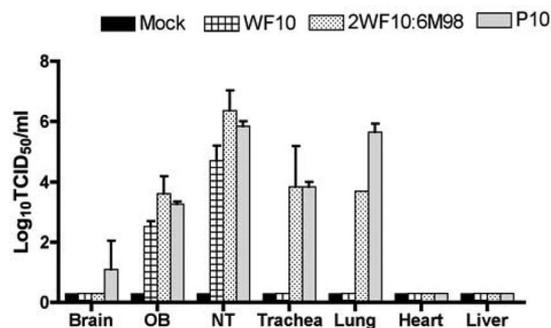


Fig. 2. Consistent isolation of P10 H9N2 virus in lung tissue. Two ferrets were infected with the ferret-adapted P10 virus or mock infected with PBS. Data are compared to the 2WF10:6M98 and WF10 viruses published in ref. 4. Tissues were collected at 5 dpi. *Note only 1 of 2 ferret lungs were positive for virus in the 2WF10:6M98 group. Titers are expressed as log₁₀ values of TCID₅₀/mL with the limit of detection at 0.699 log₁₀TCID₅₀/mL. OB, olfactory bulb; NT, nasal turbinate.

Adaptive Mutations on RCP10 Surface Proteins Support Respiratory Droplet Transmission. A majority of the adaptive amino acid changes occurred before passage 10, with the exception of changes found on the HA. Therefore we wanted to determine whether the amino acid changes on the surface proteins alone are sufficient for respiratory droplet transmission in the background of the M98 backbone. Using reverse genetics, we created a reassortant virus, 2RCP10:6M98, which contains the HA and NA genes from the ferret-adapted RCP10 virus and the internal genes from the human M98 virus. We found that the changes in the surface proteins alone are indeed sufficient for respiratory droplet transmission (Fig. 1 E and F) with direct contacts shedding virus days 4 and 5 p.c. and transmission to respiratory droplet contacts on the same day with similar titers to P10. Clinical signs were also similar to those observed during the P10 infection, highlighting the role of the surface protein changes on transmissibility (Tables 1 and 2). Respiratory droplet transmission of 2RCP10:6M98 was confirmed in a second, independent study in which 1 out of 2 respiratory droplet contacts became positive for virus shedding (Table 4). Although the M98 back-

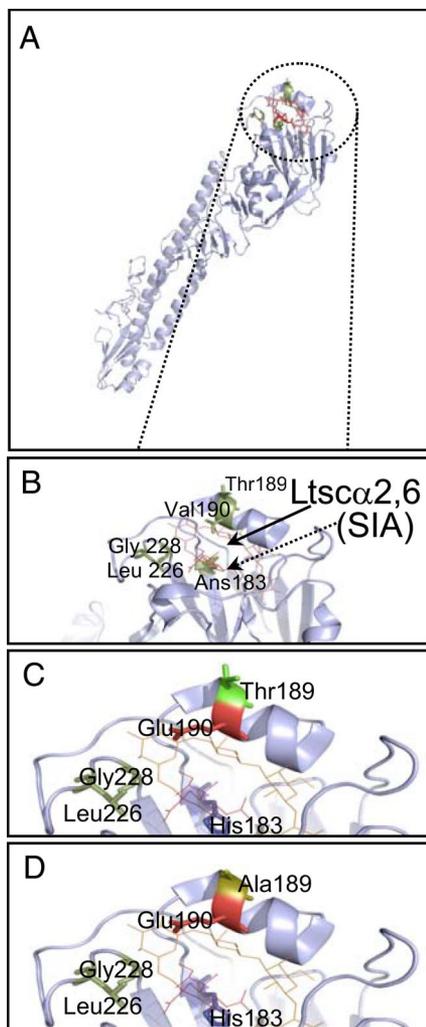


Fig. 3. Adaptive mutations in the H9 HA surface protein necessary for respiratory droplet transmission. (A) Cartoon representation of the H9 HA monomer as described by Ha et al., (18) binding the Lts α 2,6 sialic acid analog (orange and red lines) in the RBS. (B) Magnification of the globular head of the HA showing stick representations (in green) of key amino acids in the RBS: N183, G228, L226, T189, and V190, binding to α 2,6 sialic acid (SIA, red lines). Numbers correspond to amino acid positions based on the H3 HA numbering system. (C) H9 HA RBS with amino acid positions corresponding to the WF10 HA wild-type sequence, which differs from the published crystal structure at 2 positions: H183 (dark blue stick) and E190 (red stick). T at position 189 is represented as a bright green stick. (D) H9 HA RBS with amino acids corresponding to the RCP10 HA sequence, which differs from the WF10 HA sequence at A189, represented as an olive green stick. Structures generated using MacPymol (DeLano Scientific).

bone is likely to play a role in transmission, our study indicates that the adaptive changes in PB2 and M1 in the RCP10 virus are not essential for the respiratory droplet transmission phenotype. At most, 3 amino acid changes on the surface proteins of the avian H9N2 support respiratory droplet transmission in the M98 backbone.

Because HA is the major determinant in the transmission of pandemic influenza, and is key for respiratory droplet transmission of RCP10, we wanted to determine whether both changes in the RCP10 HA are required for respiratory transmission. We used site-directed mutagenesis to create RCP10 HA-mutant viruses that carry 1 of the 2 adaptive HA changes. RCP10 (A189, G192) contains the adaptive change of alanine at HA1 189 and the avian glycine at HA2 192 while RCP10 (T189, R192) contains the avian

Table 3. Sequence analysis of avian–human H9N2 viruses obtained through adaptation in ferrets

Gene	Origin	Amino acid position	Amino acid					
			Parent	P8	P9	P10	RCP10	RCP10 ₂
PB2	Human	374	L	I	I	I	I	I
PB1	Human	No changes*		ND [†]	ND			
PA	Human	No changes		ND	ND			
HA	Avian	HA1 189	T	T	T	T	A	A
		HA2 192	G	G	G/R[‡]	G/R[‡]	R	R
NP	Human	No changes		ND	ND			
NA	Avian	28	I	V	V	V	V	V
M1	Human	110	H	H/Y [‡]	Y	Y	Y	Y
M2	Human	No changes		ND	ND			
NS1	Human	No changes		ND	ND			
NEP	Human	No changes		ND	ND			

*No amino acid changes detected between the parent and either the RCP10 or the RCP10₂ viruses.

[†]ND, sequencing not done.

[‡]Bold and italicized letters denotes more prominent residue at particular amino acid position based on electropherograms of sequencing profiles.

threonine at HA1 189 and adaptive arginine at HA2 192. Our transmission studies suggest that both mutations in HA are necessary for respiratory droplet transmission of the avian–human H9N2 reassortant viruses (Fig. 4 A–D). Both mutant viruses replicate efficiently and transmit to direct contacts within 5 to 6 days p.c. inducing weight loss and sneezing (Tables 1 and 2); however, transmission to respiratory droplet contacts in neither nasal wash nor serum was detected. Interestingly, we could predict that a change in HA1, in close proximity to the RBS (Fig. 3), would be necessary for respiratory droplet transmission; however, we could not anticipate that a change in the HA2 portion of the molecule would have an impact on transmission. Furthermore, because infection with neither RCP10 (A189, G192) nor RCP10 (T189, R192) resulted in quick selection of strains with respiratory droplet transmission, we must conclude that both the T189A and G192R mutations arose as aleatory mutations during adaptation in the absence of selective immune pressure. Perhaps multiple rounds of infection would be required before a dominant population containing A189 and R192 can emerge from either the RCP10 (A189, G192) or RCP10 (T189, R192) viruses. These studies highlight the complexities associated with transmissibility of influenza viruses and emphasize the need for in vivo studies, like those shown here, to better understand mechanisms of influenza transmission.

To determine the role the adaptive mutations in the internal proteins of RCP10 play in respiratory droplet transmission, we rescued the reassortant H9N2 virus encoding the internal genes of RCP10 and the unadaptive HA and NA of WF10, 2WF10:6RCP10. We found that the virus was able to replicate and transmit efficiently to direct contact ferrets; however, respiratory droplet transmission was observed in only 1 of 4 respiratory droplet contacts, which shed titers roughly 2 logs lower than RCP10 and

Table 4. Summary of reassortant viruses tested for replication and transmission in ferrets

Virus	Replication	Transmission	
		Direct	Respiratory droplet
P10*	4/4	4/4	4/4
2RCP10:6M98	4/4	4/4	3/4
RCP10 (A189, G192)	4/4	4/4	0/4
RCP10 (T189, R192)	4/4	4/4	0/4
2WF10:6RCP10	4/4	3/4 [†]	1/4

*Two separate studies of 2 infected, 2 direct, and 2 respiratory droplet contacts each.

[†]Minimal shedding for 1 of the 3 positive direct contacts.

considered a critical antigenic site for vaccine candidates. It is interesting to note that residue 189 has been implicated not only in H9 escape mutants but also in escape mutants of the highly pathogenic H5 and pandemic H2 viruses (17, 25–27). However, it must be noted that selection of alanine at position 189 in this study occurred in the absence of preexisting immune pressure in the ferrets.

Discussion

The threat of avian H9N2 strains, and for that matter any avian influenza subtype, becoming a pandemic virus is ever-present. However the key mechanism, human-to-human transmission, is an obstacle yet to be achieved and a process we cannot predict. Insight into the mechanism behind efficient human-to-human transmission can aid in surveillance, countermeasures, vaccine production, and quick reaction/response to outbreaks. Previous studies have compared avian influenza viruses with early pandemic strains, particularly H1 and H3 strains and studied the particular “adaptive mutations” that lead to respiratory droplet transmission using different mammalian and avian animal models (28–31). These and other studies have confirmed the importance of SA α 2,6 receptor specificity for sustained transmission in humans (and ferrets) and defined position 226 in the RBS of HA as a key component in influenza host range (32, 33). We have recently shown that L226 in the RBS of the HA of H9 viruses also plays a crucial role in replication in ferrets; however, these viruses have yet to gain the ability to transmit by respiratory droplets regardless of high viral titers and sneezing (4).

Our unique study describes respiratory droplet transmission of an avian–human H9N2 influenza virus in ferrets and pinpoints the minimal changes necessary for respiratory droplet transmission in this model. It is important to note that this particular strain has yet to establish itself in a mammalian host; however, after only 10 passages of nasal washes we were able to establish infection and sustain respiratory droplet transmission that was reproducible in multiple studies. This adaptation resulted in only 5 amino acid changes in the entire genome implying that little is needed for currently circulating avian H9N2 viruses to transmit human-to-

human following reassortment with a human strain. Studies to identify the minimal changes necessary indicated the 3 changes in the surface HA and NA as key point mutations essential for respiratory droplet transmission. More importantly, we identified and located a change that dramatically alters the antigenicity of the virus, bringing to light the inherent limitations in the selection of vaccine seed stocks for avian H9N2 viruses and the possible inefficiency regarding the seed stock selection of other avian influenza strains. Whether these changes can affect transmission phenotypes of additional avian H9N2 strains and possibly other influenza subtypes, most notably H5 and H7, is to be determined. However as we have mentioned, changes at position 189 (T189A) have been highlighted in H5 and H2 escape mutants. Our studies show that respiratory droplet transmission in mammals is not an exclusive property of the few virus subtypes that have caused human pandemics (namely H1, H2, and H3 influenza viruses). Other virus subtypes, like H9N2, can also overcome the natural barriers that prevent them from transmitting in a similar manner, provided the ideal host and environmental conditions. It is critical to determine these conditions to develop countermeasures for the impending pandemic whether it is H9, H5, or any other subtype.

Materials and Methods

Viruses and Cells. Viruses were grown and titrated in Madin-Darby Canine kidney (MDCK) cells, as described previously (4). Live viruses were handled under a biosafety level-3⁺ containment. The viruses collected from P8, P9, P10, and respiratory droplet contacts, RCP10 and RCP10₂, were sequenced directly from the nasal washes without any passages in embryonated chicken eggs or cell culture. Please see online supporting information for a complete description on *Materials and Methods*.

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