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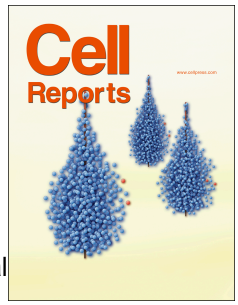

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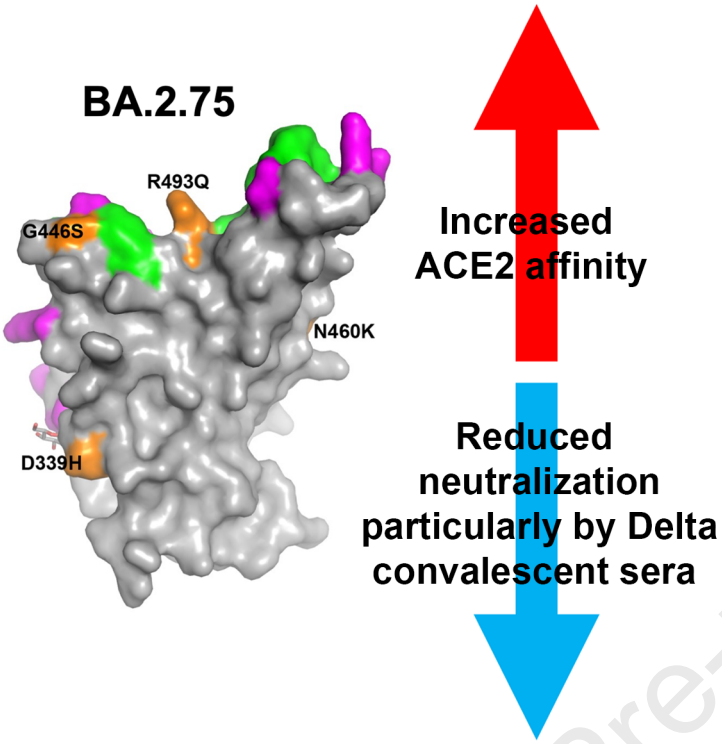

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A delicate balance between antibody evasion and ACE2 affinity for Omicron BA.2.75

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Summary

Variants of SARS CoV-2 have caused successive global waves of infection. These variants, with multiple mutations in the spike protein are thought to facilitate escape from natural and vaccine-induced immunity and often increase in the affinity for ACE2. The latest variant to cause concern is BA.2.75, identified in India where it is now the dominant strain, with evidence of wider dissemination. BA.2.75 is derived from BA.2 and contains four additional mutations in the receptor binding domain (RBD). Here we perform an antigenic and biophysical characterization of BA.2.75, revealing an interesting balance between humoral evasion and ACE2 receptor affinity. ACE2 affinity for BA.2.75 is increased 9-fold compared to BA.2; there is also evidence of escape of BA.2.75 from immune serum, particularly that induced by Delta infection which may explain the rapid spread in India, where BA.2.75 is now the dominant variant. ACE2 affinity appears to be prioritised over greater escape.

Introduction

SARS-CoV-2, the causative agent of coronavirus disease 2019 (COVID-19), has caused a devastating global pandemic, resulting in more than half a billion reported cases (probably greatly underestimating the number of infections) and over 6.4 million deaths as of August 2022 (https://covid19.who.int/). As a positive-strand RNA virus, although its replication machinery contains a proofreading exonuclease, SARS-CoV-2 has a high viral replication error rate[1]. This, combined with the massive scale of the pandemic and chronic infection in immunocompromised individuals[2], has generated mutational changes that endow viral fitness. The Spike (S) gene in

66 particular is the site of intense mutational change and selection[3] and the encoded S protein, the
67 major viral surface glycoprotein, is the principal antigenic target of all SARS-CoV-2 vaccines[4] and
68 monoclonal antibody therapeutics[5] in current use.

69

70 S is presented as elongated trimeric spikes protruding from the virion surface. S is subdivided into
71 an N-terminal S1 domain, responsible for host cell adhesion, and a C-terminal S2 domain
72 anchored in the viral membrane, responsible for membrane fusion and cell entry after cleavage
73 from S1, allowing the viral RNA to enter the host cell cytoplasm and initiate viral replication[6]. S1
74 consists of an N-terminal domain (NTD) and the receptor binding domain (RBD) which mediates
75 interaction with the ACE2 receptor on the host cell surface. Although a number of neutralising
76 monoclonal antibodies (nmAbs) have been found to target the NTD, especially the NTD supersite[7],
77 the majority of the nmAbs, particularly the most potent broadly reactive, target the RBD[8,9],
78 including all those in clinical use[10].

79

80 The RBD is thus under intense selective pressure, and mutational changes may endow the virus
81 a fitness advantage by enhancing viral transmissibility via an increased binding affinity for ACE2[11],
82 or to evade the humoral response by impairing binding of the nmAbs to the RBD[12]. The rapid
83 genetic evolution of SARS-CoV-2 raises an immediate need to monitor and characterize the
84 transmissibility of new variants and their capacity for immune evasion.

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A large number of variants have emerged, several of which have been designated variants of concern (VoC) (https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html). Some VoC have caused successive waves of infection worldwide: Alpha[13], then Delta[14] and recently Omicron[15] whilst Beta[16] in Southern Africa and Gamma in South America[17] have caused regional outbreaks without widespread global spread.

Omicron has caused the largest number of infections in the UK, with over 2.6 million confirmed cases (including BA.1 and BA.2) reported (https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-case-data-17-june-2022). Over 30 mutations are found in Omicron S, including 15 substitutions in the RBD, leading to increased transmissibility[18] and widespread large reductions in neutralizing antibody titres[15].

Soon after the identification of Omicron BA.1, a number of sublineages emerged; BA.1.1, containing an additional R346K mutation in RBD, at one point accounted for about 40% of Omicron sequences globally, and about 35–60% in the UK and the USA[19], but was soon outcompeted by BA.2. BA.2 contains 8 unique substitutions in S, 6 within the RBD, and lacks 13 mutations found in BA.1[20], and has become the dominant strain across the world (https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-july-2022). Recently, BA.2.12.1 has been identified in multiple countries (https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/), and caused a large regional outbreak in North America (58% of sequences as of May 25, 2022)[21]. In April 2022, BA.4 and BA.5

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(which have identical S sequences) were reported from South Africa and now account for the majority (particularly BA.5) of sequenced cases in many countries (https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-july-2022).

In early May 2022, a new Omicron BA.2 sublineage designated BA.2.75 was reported in India (https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/) and has spread to multiple countries, including the UK, US, Australia, Germany and Canada. Here, we report the antigenic characterisation of BA.2.75 in comparison to other Omicron sub-lineages. In India, confirmed cases of BA.2.75 have outcompeted BA.5 and increased steeply from less than 20% of the total in early July to nearly 70% in mid-August (https://cov-spectrum.org/explore/India/AllSamples/from=2022-07-01&to=2022-08-21/variants?variantQuery=nextcladePangoLineage%3ABA.2.75*&). We find that neutralisation of BA.2.75 is reduced compared to BA.2 using a number of vaccine and immune sera, but reductions are not as great as those found with BA.4/5. However, sera from Delta infected cases showed no neutralization of BA.2.75 which may underlie the evolution and emergence of BA.2.75 in India which suffered a major Delta wave in 2021. Finally, perhaps the most striking change found in BA.2.75 is the affinity of ACE2/RBD interaction. BA.2.75 affinity is increased 9-fold compared to BA.2. BA.2.75 has the highest affinity of all the SARS-CoV-2 variants measured to date and the only sub-nanomolar affinity we have determined. The N460K mutation probably increases affinity for ACE2 and also reduces the binding of some potent neutralising antibodies. However, affinity to ACE2 appears to be prioritised over neutralisation escape, as evidenced by

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the acquisition of the RBD reversion mutation R493Q, which increases ACE2 affinity, but makes the virus more sensitive to neutralization by vaccine sera. The very high affinity of BA.2.75 for ACE2 may increase the transmissibility of BA.2.75.

Results

The Omicron lineage BA.2.75

BA.2.75 contains multiple mutational changes in the S protein compared to BA.2, including four substitutions in the NTD (W152R, F157L, I210V and G257S) and four in the RBD: D339H, G446S, N460K and R493Q (**Figure 1**). The RBD mutations impinge on major epitopes for neutralising antibodies and are likely to modulate ACE2 binding. D339H represents a further evolution of the G339D mutation found in all previous Omicron variants that has been found to impair the binding of certain 'right-flank' antibodies belonging to the IGHV1-69 family (e.g. Beta-49 and -50) and falls in the binding footprint of certain Class 3 antibodies such as S309/sotrovimab[15]. G446S was found in BA.1, BA.1.1 and BA.3 but not in BA.2 and other BA.2 subvariants, and is also able to impair binding of certain Class 3 antibodies binding the right shoulder such as REGN10987/ imdevimab[15]. The R493Q reversion was also found in BA.4/5, and may make the virus more sensitive to neutralization by a number of class 1 and 2 antibodies binding the neck/left shoulder. This reversion may also increase the affinity for ACE2 (see below).

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148 N460K is a mutation not seen in previous VoC or Omicron sublineages, but it was found after *in*
149 *vitro* (yeast display) evolution in RBD-62 which has an ultra-high ACE2 affinity (KD = 16-18 pM)[15,11].
150 N460K was found repeatedly in these screens and is presumed to increase affinity for ACE2[11].
151 Furthermore, our *in silico* analysis (below) suggests that N460K affects the binding of certain
152 antibodies belonging to the IGHV3-53/66 families, which have been shown to be able to potently
153 neutralise all VoC[20].

154

155 *Neutralisation of BA.2.75 by vaccine serum*

156 We constructed a panel of pseudotyped lentiviruses[22] expressing the S gene from the Omicron
157 sub-lineages BA.1, BA.1.1, BA.2, BA.2.12.1, BA.4/5, BA.2.75, together with Victoria, an early
158 pandemic Wuhan related strain, used as control. We also included D339H, G446S, N460K and
159 R493Q as single mutations on the BA.2 background. Neutralization assays were performed using
160 serum obtained 28 days following a third dose of the Oxford-AstraZeneca vaccine AZD1222 (n =
161 41)[23] or of Pfizer-BioNtech vaccine BNT162b2 (n = 22)[24] (**Figure 2**).

162

163 For BNT162b2, neutralization of BA.2.75 was reduced 1.3-fold compared to BA.2 (p=0.0359), but
164 increased 2.2-fold compared to BA.4/5 (p<0.0001) (**Figure 2A)**. For AZD1222, neutralization of
165 BA.2.75 was reduced 1.2-fold compared to BA.2 (p=0.0182) and 1.1-fold compared to BA.2.12.1
166 (p=0.0065), but increased 1.5-fold compared to BA.4/5 (p<0.0001) (**Figure 2B**). Overall, there are
167 modest reductions in BA.2.75 neutralization titres of vaccine serum compared to BA.2 but not to
168 the level seen with BA.4/5.

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169

170 *Neutralization of BA.2.75 by serum from vaccine breakthrough BA.1, BA.2 or BA.4/5 infections*

171 Breakthrough BA.1 serum samples were taken from vaccinated volunteers ≥ 28 days from
172 symptom onset (median 38 days; n=16). Pseudoviral neutralization assays were performed
173 against the panel of pseudoviruses described above (**Figure 2C**). Neutralisation titres for BA.2.75
174 were similar to BA.2, and 1.4-fold (p=0.0052) and 2.0-fold (p=0.0001) higher than BA.2.12.1 and
175 BA.4/5 respectively.

176

177 Breakthrough BA.2 serum samples were taken from vaccinated volunteers ≥ 12 days from
178 symptom onset (median 29 days; n=23). Pseudoviral neutralization assays were performed
179 against the panel of pseudoviruses: Victoria, BA.1, BA.1.1, BA.2, BA.2.12.1, BA.4/5 and BA.2.75
180 (**Figure 2D**). Here, neutralization titres against BA.2.75 were modestly reduced compared to BA.2
181 (1.4-fold; P=0.0021), similar to BA.2.12.1, but still higher than BA.4/5 (0.7-fold; P=0.0123). Taken
182 together, BA.2.75 shows a modest degree of escape from humoral response induced by BA.2
183 breakthrough infection but not BA.1 infection.

184

185 Sequence confirmed BA.4/5 infection serum samples were taken from 11 individuals (all but one
186 vaccinated) > 14 days (median = 38 days) (**Figure 2E**). Neutralization titres to BA.2.75 were 1.6-
187 fold (p=0.0186) reduced compared to BA.2 and reduced, but not significantly, in this relatively
188 small sample compared to BA.4/5. These results are in line with the fact that the four new

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mutations found in BA.2.75 RBD are not shared with BA.2 or BA.4/5. Interestingly, although only a single case, the outlier on Figure 2E, essentially no neutralization of BA.1.1 (<50% neutralization at 1:20 serum dilution), and a low titre to BA.2.75 (7.7-fold reduced compared to BA.4/5) was from the unvaccinated case in this series; if this was representative of the response in the unvaccinated, it would suggest that unvaccinated individuals may be more susceptible to BA.2.75 infection following BA.4/5 infection.

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Individual BA.2.75 mutation have differential effects on neutralization

To understand the effects of the individual mutations in the BA.2.75 RBD we introduced them individually into the pseudovirus BA.2 background and assayed their neutralization using triple vaccinated Pfizer BNT162b2 serum (**Figure 2F**). Neutralization titres for BA.2 were reduced for 3 of the 4 single mutation variants of BA.2, with the greatest decrease for N460K (2.9-fold, $p<0.0001$), followed by D339H (1.3-fold, $p=0.0006$), then by G446S (1.2-fold, $p=0.2312$), however neutralization titres were increased 1.5-fold by the R493Q reversion mutation ($p<0.0001$). Q493 is present in all vaccines thus explaining the increase in activity of vaccine serum to this reversion mutation.

ACE2/RBD binding affinities

We used surface plasmon resonance (SPR) to characterise the interaction between ACE2 and the BA.2.75 RBD. The off-rate is slow, leading to a sub-nanomolar affinity (BA.2.75/ACE2 KD = 0.45

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nM) (**Figures 3A, B**). This represents a considerable increase in affinity compared to BA.2 (9-fold) (**Figure 3C**), and is even tighter than BA.4/5 (5-fold) (**Figure 3D**), which was previously shown to bind ACE2 with higher affinity than BA.2[12]. Indeed, BA.2.75 is the strongest ACE2 binder amongst all SARS-CoV-2 VoC, including Alpha (Alpha/ACE2 KD = 1.5 nM; (**Figure 3E**), and is the only sub-nanomolar affinity we have measured. We were unable to express BA.2+N460K RBD which is expected to contribute to the increased affinity, but we measured the binding affinity of BA.2+R493Q RBD to ACE2 (KD = 0.55 nM) (**Figure 3F**), confirming that the reversion mutation contributes to the high affinity of BA.2.75 RBD.

ACE2/BA.2.75 RBD structure

To elucidate the molecular mechanism for high affinity, we determined the structure of the BA.2.75 RBD with ACE2 by crystallography (see Methods). As expected the binding mode was essentially indistinguishable from that observed before (**Figure 4A**), although there were significant rearrangements outside of the ACE2 footprint, with the flexible RBD 371-375 loop re-arranging, and part of the C-terminal 6xHis tag becoming ordered. **Figure 4B**, shows a close-up of the binding interface, compared with the ACE2/BA.2 RBD complex. We note that in other complexes (with either R or Q at RBD 493) K31 of ACE2 tends to be disordered, whereas it is well ordered in the BA.2.75 complex, allowing K31 to form a potential hydrogen bond with the glutamine 493 sidechain of the RBD sidechain, possibly increasing the affinity of ACE2. Although N460K is outside of the footprint of ACE2 on the RBD (**Figure 4A**), evidence from in vitro evolution, suggests that it probably increases the affinity for ACE2[11]. This is probably due to the improved

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electrostatic match[11], although we also note that the density map for RBD-61 with ACE2[11] (EMDB:12187), suggests that the glycan attached to N90 of ACE2 makes a direct interaction with the RBD close to residue 460.

Escape from monoclonal antibodies by BA.2.75

To dissect how BA.2.75 might affect neutralising antibody activity, we used pseudoviral assays to test a recently reported panel of potent human mAb generated from cases of Omicron breakthrough infection (BA.1 IC50 titres < 0.1 μg/ml)[20] **(Figure 5A, Table S1A**). Among the 27 RBD-specific mAbs, those belonging to the IGHV3-53/66 families are the most severely affected. Three (Omi-16, Omi-29 and Omi-36) showed a complete knock out of BA.2.75 neutralization; an additional four (Omi-18, Omi-20, Omi-27 and Omi-28) showed > 5-fold reduction compared to BA.2, which is in line with the observation that N460 interacts very closely with the highly conserved GGS/T CDR-H2 motif found in many IGHV-3/66 antibodies.

Structures for two representative mAbs, Omi3 and Omi-18, in **Figures 6A,B**[17,14,20], indicate that the larger lysine side-chain of the N460K mutation will interfere with binding. Like BA.2 and BA.4/5, BA.2.75 is not neutralised by the anti-NTD mAb Omi-41, which only interacts with the NTD of BA.1, BA.1.1 and BA.3.

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The Omi mAbs were also tested against the pseudoviruses encoding single point mutations in the BA.2 RBD described above (**Figure S1, Table S2**). As expected, the VH3-53/66 mAbs that lost neutralization to BA.2.75 were also impacted by the N460K mutation, confirming the prediction that this residue was critical for the binding of a number of this public gene family. Interestingly, The BA.2+N460K mutation in isolation shows a larger impact than the full BA.2.75 complement of S mutations on the activity of several mAbs: the neutralisation titre of Omi-3 (IGHV3-53) was reduced 50-fold for BA.2+N460K but only 2-fold for BA.2.75; Omi-17 (IGHV3-66) was completely knocked out on BA.2+N460K but only reduced 4-fold for BA.2.75; and Omi-33 (IGHV3-33) was reduced 7-fold for BA.2+N460K but there was no change observed for BA.2.75. Thus, other mutations in BA.2.75 might have mitigated the effect of the N460K mutation, particularly the R493Q mutation, which has a different impact on various IGHV gene families, and even differs within the 3-53/66 family (**Figure 6C**). However, we cannot fully explain the marked differences of effect observed for the impact of the 460 mutation between Omi-3 and Omi-18 (**Figure S1, Table S2**), since the contacting GGS/T CDR-H2 motif is structurally almost identical between these two mAbs (**Figure 6B**). Interestingly, BA.2.75 is more sensitive to Omi-32 (IGHV-3-33) than is BA.2, with an 8-fold increase in neutralisation titre (**Figure 5A, Table S1**).

To confirm that the changes in neutralising activities observed are associated with alterations in RBD interaction, we performed binding analyses of selected antibodies to BA.2.75 and BA.2 RBDs by surface plasmon resonance (SPR) (**Figure S2**). Binding of Omi-29 (IGHV3-53) and Omi-36 (IGHV3-66) to BA.2.75 was severely impaired, and Omi-18 and Omi-20 showed 8-fold reductions

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compared to BA.2. On the other hand, a 2-fold increase in binding affinity of Omi-32 was seen for BA.2.75 in comparison with BA.2, in line with the enhanced neutralisation titre observed (above).

Effect of commercial monoclonals against BA.2.75

We evaluated the sensitivity of a panel of mAbs that have been developed as therapeutics against BA.2.75 (**Figure 5B, Table S1B**). The neutralisation profiles are in general similar between BA.2.75 and BA.2; however, further to the 6/12 mAbs (REGN10933, ADG10, ADG20, ADG30, Ly-CoV555, Ly-CoV16) which have already suffered complete loss of neutralising activity for BA.2, the residual activity of REG10987[25] against BA.2 was further knocked out for BA.2.75 due to the G446S mutation[15]. For AZD1061, activity against BA.2.75 was similar to that against BA.2 (<3-fold reduction); whilst the AZD8895 titre was restored to 8 ng/ml for BA.2.75 from 1333 ng/ml for BA.2, a 167-fold increase in activity. As a result, AZD7442 (a combination of AZD8895 and AZD1061)[26] showed similar activity against BA.2.75 and BA.2 (2-fold reduction). The results can be explained by the structure of the ternary complex of the ancestral SARS-CoV-2 RBD/AZD1061/AZD8895[26]. G446 has contacts with CDR-L2 Y55 and W56 of AZD1061 thus the G446S mutation will induce steric clashes (**Figures 6D, E**), while the CDR-H2 of AZD8895 sits above, and makes a hydrogen bond to Q493 of the RBD, an arginine at 493 will severely clash with the CDR-H2 (**Figures 6F, G**). The activity of S309[27] is increased 3-fold for BA.2.75 compared to BA.2, suggesting that the D339H mutation in BA.2.75 reduces the impact of the preceding G339D mutation in BA.2 on the activity of S309. LY-CoV1404 (bebtelovimab)[28] is the only mAb where neutralization is fully retained on all Omicron sublineages.

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Antigenic mapping

We tested the neutralization of BA.2.75 using serum from previously infected individuals. This included serum obtained early in the pandemic (before the emergence of Alpha) together with sera obtained following Alpha, Beta, Gamma, Delta, BA.1 and BA.2 infection (**Figure S3**). As expected, BA.2.75 neutralization titres were lower than the homologous infecting strain (e.g. Alpha serum on the Alpha strain). Most striking however, was the complete loss of BA.2.75 neutralization using Delta serum (zero samples achieved 50% neutralization at 1/20 dilution). However, titres to BA.2.75 were much higher in cases who had been vaccinated before or after Delta infection.

We used these data to place BA.2.75 onto a three-dimensional antigenic map using the method we have previously reported[12] (**Figures 7A, B and Videos S1, S2**). Initially, all VoC were included (**Figure 7A, Video S1**); BA.2.75 forms part of the constellation of Omicron viruses, which segregate into one hemisphere of the 3D plot. BA.2.75 is well separated from other Omicron sub-lineages and especially from BA.4/5. It is notable that BA.2.75 and Delta are diametrically opposed in the diagram, emphasising the antigenic distance between these two viruses. Since the data are higher dimensional, this 3D projection is likely to distort the true distances and so we re-calculated the map only for the Omicron lineage and early pandemic viruses (but retain the fully serology information for these). The results are shown in **Figure 7B, Video S2** and recapitulate the major features of the plot containing the other VoCs, but allow the Omicron sub-

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lineages to distribute more broadly in 3D space. It is remarkable that if we consider the two early pandemic viruses as a single point, and likewise merge BA.2 and BA.3 pairs then the points are distributed as a trigonal bi-pyramid, maximising their separation, consistent with antigenic escape being a significant factor in their evolution.

Discussion

Following the designation of Omicron as a variant of concern in November 2021, a succession of sub-lineages emerged, including BA.1.1, BA.2, BA.2.12.1, BA.4/5, which have outcompeted preceding strains to become regionally or globally dominant. Since June 2022, BA.4/5, which has both higher receptor binding affinity and a markedly enhanced escape from antibody responses[12], quickly spread from South Africa across the world and has now become the new globally dominant strain, with BA.5 in the ascendency in many regions.

Very recently, a new Omicron sub-lineage designated as BA.2.75 has emerged in India and spread to many countries. The true prevalence of BA.2.75 is difficult to determine as sequencing in many countries is patchy and has in recent months been greatly scaled back. However, in India BA.2.75 has rapidly outcompeted BA.4/5 to recently become the dominant variant. Here, we show reductions in neutralization titres to BA.2.75 of triple-dosed BNT162b2 and AZD1222 vaccine serum compared to BA.2, but the reductions in BA.2.75 neutralization are less pronounced than BA.4/5. For serum derived from BA.1 breakthrough infection in vaccinated individuals, the BA.2.75 titres are similar to BA.2. However, we find BA.2.75 neutralisation titres are modestly

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lower (1.3-fold) than BA.2 for BA.2 breakthrough serum and 1.6-fold reduced compared to BA.2 for BA.4/5 infected serum and if the results on BA.2.75 neutralization by BA.4/5 from a single unvaccinated case were replicated on a larger scale it would suggest that such individuals would be more at risk of BA.2.75 infection.

Overall, the constellation of mutations in BA.2.75 compared to BA.2 have opposing effects on neutralization, the reversion mutation R493Q makes the virus easier to neutralize using vaccine serum (the vaccine contains Q493), whilst N460K reduces neutralization titres to a greater extent when expressed in isolation compared to the combination of mutations seen in BA.2.75. N460K is a substitution that has not appeared in preceding variants of SARS-CoV-2. When we introduced N460K into the BA.2 backbone BA.2+N460K titres were reduced 2.9-fold compared to BA.2, greater than the reduction seen with BA.2.75, and on a par with the reduction seen for BA.4/5, using BNT162b2 triple vaccinated serum.

Dissecting these effects using a panel of potent mAbs derived from vaccinated individuals who suffered BA.1 vaccine breakthrough infection, we show that those belonging to the IGHV3-53/66 family are reduced or knocked out against BA.2.75. IGHV3-53/66 are the most frequently isolated mAbs in SARS-CoV-2, and bind an epitope on the 'neck'[17]. IGHV53/66 thus forms a major public antibody response and it is no surprise that the virus has evolved to escape this response. Mutations found in previous VoC lead to loss of function of many IGHV53/66 mAbs, but this antibody class has proved to be very adaptable to accommodate change[20] and it would seem

likely that somatic mutation will allow the response to adapt to the N460K mutation following BA.2.75 infection.

Interestingly, BA.2.75 has also acquired the R493Q reversion (Q493R was acquired in BA.1 and present in all other Omicron sublineages except BA.4/5). Here we show that BA.2.75 RBD is able to bind ACE2 with 9-fold higher affinity than BA.2 and more tightly than BA.4/5[12,15]. BA.2.75 has the highest ACE2 affinity among all SARS-CoV-2 variants we have measured to date and we show that this is partly attributable to the R493Q mutation. Although we have been unable to express BA.2+N460K RBD, previous studies show N460K can enhance RBD binding for ACE2, an effect similar in magnitude to that seen with the N501Y mutation described initially in Alpha[11], thus, N460K probably both enhances antibody escape and increases receptor binding affinity.

There is likely a fine interplay between antibody escape and ACE2 receptor affinity; Alpha (N501Y) evolved early during the pandemic, when the background population SARS-CoV-2 exposure was relatively low. Although neutralization titres against Alpha were modestly reduced compared to ancestral strains[29], it is likely that the major driver for the evolution of Alpha N501Y was an increase in ACE2 affinity, giving the virus a transmission advantage[30]. Currently, population exposure to SARS-CoV-2 by either natural infection or vaccination is high, leading to the dual pressure of increased ACE2 affinity and antibody evasion. For the R493Q reversion, the balance between a reduction in antibody escape but increased ACE2 affinity may have tipped to allow BA.2.75 to more effectively transmit in certain populations. Other factors such as spike stability,

375 replication time and reduced TMPRSS2 dependence also influence the success of SARS-CoV-2
376 variants[30-33].

377

378 BA.2.75 has become the dominant SARS-CoV-2 strain in India and it will soon become clear
379 whether BA.2.75 is able to outcompete BA.4/5 to become the globally dominant strain, or
380 whether it will remain regionally localised, as was the case for Beta and Gamma. If the latter, it
381 may reflect the different background immunity of the population. India, where BA.2.75 seems to
382 have originated, has a very high background of Delta infection. Using neutralization assays we
383 show Delta infection in isolation, provides no protection (no neutralization) against BA.2.75. In
384 other countries where vaccination programmes are more advanced, together with the high level
385 of Omicron immunity, there may be sufficient protection to check BA.2.75.

386

387 Very recently a number of new variants have been emerging based upon BA.5 or BA.2.75,
388 including BA.2.3.20, BA.2.75.2, BA.2.10.4, BJ.1 amongst others, these variants have picked up a
389 host of additional mutations in the RBD, with evidence of co-evolution of a number of residues
390 and appear to be selected to increase escape from Omicron neutralizing serum
391 (https://www.biorxiv.org/content/10.1101/2022.09.15.507787v3).

392

393 In summary, we show the mutations in BA.2.75 lead to a reduction in neutralization titres of
394 vaccine serum compared to BA.2. Individual BA.2.75 mutations can cause greater reduction in

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neutralization titres compared to the full BA.2.75 S sequence, but these are balanced by the R393Q reversion mutation, which may have been selected to increase affinity to ACE2 and increase the transmissibility of BA.2.75. It seems inevitable that further evolution of the Omicron lineage will occur and there are likely many possible trade-offs between antibody escape and ACE2 affinity, that can and will be made, leading to successive waves of infection.

Limitations of the study

Limitations of this study are that the *in vitro* neutralization assays we used do not probe the full function of the antibody response as they do not measure the effects of complement or antibody dependent cell mediated cytotoxicity which operate *in vivo*. In addition, as live BA.2.75 virus was not available in our laboratory we relied on lentiviral pseudoneutralization assays for characterization. Furthermore, they do not take account of T cell responses, which have been shown to be more resilient to the mutations expressed by VoC.

Figure legends

Figure 1. Sequence changes in BA.2.75 compared to other Omicron sub-lineages. (A) Sequence alignments of BA.2.75 together with Omicron sublineages Omicron BA.1, BA.1.1, BA.2, BA.3 and BA.4/5 boundaries of the NTD and RBD are marked. (B) Surface representation of mutated residues in BA.2.75 RBD in comparison to BA.2 RBD. Position of BA.2 RBD mutations (grey surface

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414 with the ACE2 footprint in dark green) are shown and residues mutated in BA.2.75 are shown in
415 orange and labelled.

416

417 **Figure 2. Pseudoviral neutralization assays of BA.2.75 by vaccine and BA.1 and BA.2 immune**
418 **serum.** IC50 values for the indicated viruses using serum obtained from vaccinees 28 days
419 following their third dose of vaccine (A) Pfizer BNT162b2 (n=22), (B) AstraZeneca AZD AZD1222
420 (n=41). (C-E) Serum from volunteers suffering vaccine breakthrough BA.1 (n=16), BA.2 (n=23) or
421 BA.4/5 (n=11) infections. (F) IC50 values for single RBD point mutations inserted into the BA.2
422 pseudovirus using Pfizer BNT162b2 serum (n=22) Geometric mean titres are shown above each
423 column. The Wilcoxon matched-pairs signed rank test was used for the analysis and two-tailed P
424 values were calculated. See also Table S3.

425

426 **Figure 3 ACE2/RBD affinity.** SPR sensorgrams showing ACE2 binding of BA.2.75 RBD using ACE2-
427 Fc (A) or biotinylated ACE2 as ligand (B) in comparison to binding to the RBD of BA.2 (C), BA.4/5
428 (D), Alpha (E) and BA.2+R493Q (F). The data for BA.2, BA.4/5 and Alpha have been reported
429 previously in references 12,15 and 20 respectively.

430

431 **Figure 4 The Structure of BA.2.75 RBD/ACE2 complex.** (A) Front and back views of the overall
432 structure of the BA.2.75 RBD/ACE2 complex. ACE2 is shown as green ribbons and the RBD as
433 surface with mutations common to BA.2 highlighted in magenta and different in orange. (B)

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BA.2.75 RBD (grey) and ACE2 (green) interface compared with that of BA.2 and ACE2 (both in salmon). Closeups show interactions of Q496R and Q493 (R493 in BA.2) with ACE2. See also Table S5.

Figure 5. Pseudoviral neutralization assays against monoclonal antibodies. (A) Neutralization curves for a panel of 28 mAb made from samples taken from vaccinees infected with BA.1. Titration curves for BA.2.75 are compared with Victoria, BA.1, BA.1.1, BA.2 and BA.4/5. IC50 titres are shown in Table S1A. (B) Pseudoviral neutralization assays with mAbs developed for human use. IC50 titres are shown in Table S1B. Data for Victoria, BA.1, BA.1.1 and BA.2 and BA.4/5 are used for comparison and taken from[12]. See also Figure S1. All assays have been done at least twice.

Figure 6 Interactions between mAbs and BA.2.75 mutation sites. (A) Front and back views of the binding modes of Omi-3 (PDB, 7ZF3) and Omi-18 (PDB, 7ZFC) complexed with Omicron BA.1 RBD by overlapping the RBD. The RBD is shown as grey surface representation with mutations common to both BA.2 and BA.2.75 coloured in magenta, and the four mutations different between the two in cyan. Vhs and Vls are shown as ribbons and coloured in red and blue for Omi-3, and light blue and salmon for Omi-18, respectively. (B) Interactions between N460 of the RBD and CDR-H2 of the Fabs. (C) Contacts between R493 of the RBD and CDR-H3 of the Fabs. In (B) and (C) The RBD associated with Omi-3 is in grey and Omi-18 in cyan, and the colours of the Fabs are as in (A). (D) AZD1061 bound with the ancestral SARS-CoV-2 RBD (PDB, 7L7E) and (E) contacts

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between G446 of the RBD and CDR-L2 of the Fab. (E) AZD8895 bound with the ancestral SARS-CoV-2 spike RBD (PDB, 7L7E) and (F) contacts between Q493 of the RBD and CDR-H2 of the Fab. In (D)-(F), RBD is drawn and coloured as in (A), HC is in red and LC in blue.

Figure 7 Antigenic mapping. (A) Orthogonal views of the antigenic map showing BA.2.75 in the context of the positions of previous VoC and BA.1, BA.1.1, BA.1 and BA.2, calculated from pseudovirus neutralisation data. Distance between two positions is proportional to the reduction in neutralisation titre when one of the corresponding strains is challenged with serum derived by infection by the other. No scale is provided since the figures are projections of a three-dimensional distribution, however the variation can be calibrated by comparison with (i) BA.1 to BA.2 which is 2.93x reduced and (ii) BA.2 to BA.4/5 which is 3.03x reduced. (B) As (A) but including only Omicron sublineages and early pandemic viruses to allow more accurate projection of this subset into three-dimensions. Note that responses of these viruses against all sera were included in the calculations. See also Table S1.

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Author Information

These authors contributed equally: J.H., A.D-G. and C.L.

Contributions

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J.H. performed interaction affinity analyses. D.Z. performed antibody competition analyses. D.Z., J.H., J.R., N.G.P., M.A.W., and D.R.H. prepared the crystals and enabled and performed X-ray data collection. J.R., E.E.F., H.M.E.D. and D.I.S. analyzed the structural results. G.R.S., J.H., J.M., P.S., D.Z., R.N., A.T., A.D-G., M.S., R.D. and C.L. prepared the RBDs, ACE2, and antibodies, and C.L., and P.S. performed neutralization assays. P.S. isolated all Omicron variants. D.C., H.W., B.C., and N.T. provided materials. H.M.G. wrote mabscape and performed mapping and cluster analysis, including sequence and antigenic space analyses. A.J.M., D.S., T.G.R., A.A., S.B., S.A., S.A.J., P.K., E.B. S.J.D., A.J.P., T.L., and P.G. assisted with patient samples and vaccine trials. E.B., S.J.D., and P.K. conceived the study of vaccinated healthcare workers and oversaw the OPTIC Healthcare Worker study and sample collection/processing. T.I.d-S, M.P., T.A.H.N and H.H. assisted with healthcare worker recruitment and sample collection in the Sheffield STHObs study. G.R.S., and D.I.S. conceived the study. G.R.S., D.I.S. and J.H. wrote the initial manuscript draft with other authors providing editorial comments. All authors read and approved the manuscript.

Competing Financial Interests

G.R.S. sits on the GSK Vaccines Scientific Advisory Board, consults for Astra Zeneca and is a founder member of RQ Biotechnology. Oxford University holds intellectual property related to the Oxford-Astra Zeneca vaccine and SARS-CoV-2 mAb discovered in G.R.S's laboratory. A.J.P. is Chair of UK Dept. Health and Social Care's (DHSC) Joint Committee on Vaccination & Immunisation (JCVI) but does not participate in the JCVI COVID-19 committee, and is a member of the WHO's SAGE. The views expressed in this article do not necessarily represent the views of DHSC, JCVI, or WHO. The University of Oxford has entered into a partnership with AstraZeneca

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on coronavirus vaccine development. T.L. is named as an inventor on a patent application covering this SARS-CoV-2 vaccine and was a consultant to Vaccitech for an unrelated project whilst the study was conducted. S.J.D. is a Scientific Advisor to the Scottish Parliament on COVID-19.

STAR Methods

DATA AND CODE AVAILABILITY

- *Data availability.* The coordinates and structure factors of the crystallographic complex are available from the PDB with accession code 8ASY.

- *Code availability*. This paper does not report original code.

- Reagents generated in this study are available from the lead contact with a completed Materials Transfer Agreement. Any additional information required to reanalyze the data reported in this paper is available from the lead contact upon request.

- Additional Supplemental Items are available from Mendeley Data at http://dx.doi.org/10.17632/4sj8trtw62.1

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EXPERIMENTAL MODEL AND SUBJECT DETAILS

Bacterial Strains and Cell Culture

Vero (ATCC CCL-81) and VeroE6/TMPRSS2 cells were cultured at 37 °C in Dulbecco's Modified Eagle medium (DMEM) high glucose (Sigma-Aldrich) supplemented with 10% fetal bovine serum (FBS), 2 mM GlutaMAX (Gibco, 35050061) and 100 U/ml of penicillin–streptomycin. Human mAbs were expressed in HEK293T cells cultured in UltraDOMA PF Protein-free Medium (Cat# 12-727F, LONZA) at 37 °C with 5% CO_2. HEK293T (ATCC CRL-11268) cells were cultured in DMEM high glucose (Sigma-Aldrich) supplemented with 10% FBS, 1% 100X Mem Neaa (Gibco) and 1% 100X L-Glutamine (Gibco) at 37 °C with 5% CO_2. To express RBD, RBD variants and ACE2, HEK293T cells were cultured in DMEM high glucose (Sigma) supplemented with 2% FBS, 1% 100X Mem Neaa and 1% 100X L-Glutamine at 37 °C for transfection. Omicron RBD and human mAbs were also expressed in HEK293T (ATCC CRL-11268) cells cultured in FreeStyle 293 Expression Medium (ThermoFisher, 12338018) at 37 °C with 5% CO_2. *E.coli DH5α* bacteria were used for transformation and large-scale preparation of plasmids. A single colony was picked and cultured in LB broth at 37 °C at 200 rpm in a shaker overnight.

Plasma from early pandemic and Alpha cases

Participants from the first wave of SARS-CoV2 in the U.K. and those sequence confirmed with B.1.1.7 lineage in December 2020 and February 2021 were recruited through three studies: Sepsis Immunomics [Oxford REC C, reference:19/SC/0296]), ISARIC/WHO Clinical Characterisation

Protocol for Severe Emerging Infections [Oxford REC C, reference 13/SC/0149] and the Gastro-intestinal illness in Oxford: COVID sub study [Sheffield REC, reference: 16/YH/0247]. Diagnosis was confirmed through reporting of symptoms consistent with COVID-19 and a test positive for SARS-CoV-2 using reverse transcriptase polymerase chain reaction (RT-PCR) from an upper respiratory tract (nose/throat) swab tested in accredited laboratories. A blood sample was taken following consent at least 14 days after symptom onset. Clinical information including severity of disease (mild, severe or critical infection according to recommendations from the World Health Organisation) and times between symptom onset and sampling and age of participant was captured for all individuals at the time of sampling. Following heat inactivation of plasma/serum samples they were aliquoted so that no more than 3 freeze thaw cycles were performed for data generation. For subject details see Table S3.

Sera from BA.4/5 infected cases, study subjects

Following informed consent, individuals with omicron BA.4 or BA.5 were co-enrolled into one or more of the following three studies: the ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections [Oxford REC C, reference 13/SC/0149], the “Innate and adaptive immunity against SARS-CoV-2 in healthcare worker family and household members” protocol (approved by the University of Oxford Central University Research Ethics Committee), or the Gastro-intestinal illness in Oxford: COVID sub study [Sheffield REC, reference: 16/YH/0247]. Diagnosis was confirmed through reporting of symptoms consistent with COVID-19, hospital presentation, and a test positive for SARS-CoV-2 using reverse transcriptase polymerase chain reaction (RT-PCR) from an upper respiratory tract (nose/throat) swab tested in accredited laboratories and lineage sequence confirmed through national reference laboratories

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601 in the United Kingdom. A blood sample was taken following consent at least 14 days after PCR test
602 confirmation. Clinical information including severity of disease (mild, severe or critical infection according
603 to recommendations from the World Health Organisation) and times between symptom onset and
604 sampling and age of participant was captured for all individuals at the time of sampling. For subject
605 details see Table S3.

606

607 *Sera from Beta, Gamma and Delta infected cases*

608 Beta and Delta samples from UK infected cases were collected under the "Innate and adaptive
609 immunity against SARS-CoV-2 in healthcare worker family and household members" protocol
610 affiliated to the Gastro-intestinal illness in Oxford: COVID sub study discussed above and
611 approved by the University of Oxford Central University Research Ethics Committee. All
612 individuals had sequence confirmed Beta/Delta infection or PCR-confirmed symptomatic disease
613 occurring whilst in isolation and in direct contact with Beta/Delta sequence-confirmed cases.
614 Additional Beta infected serum (sequence confirmed) was obtained from South Africa. At the time
615 of swab collection patients signed an informed consent to consent for the collection of data and
616 serial blood samples. The study was approved by the Human Research Ethics Committee of the
617 University of the Witwatersrand (reference number 200313) and conducted in accordance with
618 Good Clinical Practice guidelines. Gamma samples were provided by the International Reference
619 Laboratory for Coronavirus at FIOCRUZ (WHO) as part of the national surveillance for coronavirus
620 and had the approval of the FIOCRUZ ethical committee (CEP 4.128.241) to continuously receive
621 and analyse samples of COVID-19 suspected cases for virological surveillance. Clinical samples

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were shared with Oxford University, UK under the MTA IOC FIOCRUZ 21-02. For subject details see Table S3.

Sera from BA.1 infected cases, study subjects

Following informed consent, individuals with omicron BA.1 were co-enrolled into the ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections [Oxford REC C, reference 13/SC/0149] and the "Innate and adaptive immunity against SARS-CoV-2 in healthcare worker family and household members" protocol affiliated to the Gastro-intestinal illness in Oxford: COVID sub study [Sheffield REC, reference: 16/YH/0247] further approved by the University of Oxford Central University Research Ethics Committee. Diagnosis was confirmed through reporting of symptoms consistent with COVID-19 or a positive contact of a known Omicron case, and a test positive for SARS-CoV-2 using reverse transcriptase polymerase chain reaction (RT-PCR) from an upper respiratory tract (nose/throat) swab tested in accredited laboratories and lineage sequence confirmed through national reference laboratories. A blood sample was taken following consent at least 10 days after PCR test confirmation. Clinical information including severity of disease (mild, severe or critical infection according to recommendations from the World Health Organisation) and times between symptom onset and sampling and age of participant was captured for all individuals at the time of sampling. For subject details see Table S3.

Sera from BA.2 infected cases, study subjects

Following informed consent, healthcare workers with BA.2 infection were co-enrolled under the Sheffield Biobank study (STHObs) (18/YH/0441). All individuals had PCR-confirmed symptomatic disease and

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sequence confirmed BA.2 infection through national UKHSA sequencing data. A blood sample was taken following consent at least 12 days after PCR test confirmation. Clinical information including vaccination history, times between symptom onset and sampling and age of participant was captured for all individuals at the time of sampling. For subject details see Table S3.

Sera from Pfizer vaccinees

Pfizer vaccine serum was obtained from volunteers who had received three doses of the BNT162b2 vaccine. Vaccinees were Health Care Workers, based at Oxford University Hospitals NHS Foundation Trust, not known to have prior infection with SARS-CoV-2 and were enrolled in the OPTIC Study as part of the Oxford Translational Gastrointestinal Unit GI Biobank Study 16/YH/0247 [research ethics committee (REC) at Yorkshire & The Humber – Sheffield] which has been amended for this purpose on 8 June 2020. The study was conducted according to the principles of the Declaration of Helsinki (2008) and the International Conference on Harmonization (ICH) Good Clinical Practice (GCP) guidelines. Written informed consent was obtained for all participants enrolled in the study. Participants were sampled approximately 28 days (range 25-56) after receiving a third "booster dose of BNT162B2 vaccine. The mean age of vaccinees was 37 years (range 22-66), 21 male and 35 female.

AstraZeneca-Oxford vaccine study procedures and sample processing

Full details of the randomized controlled trial of ChAdOx1 nCoV-19 (AZD1222), were previously published (PMID: 33220855/PMID: 32702298). These studies were registered at ISRCTN

(15281137 and 89951424) and ClinicalTrials.gov (NCT04324606 and NCT04400838). Written informed consent was obtained from all participants, and the trial is being done in accordance with the principles of the Declaration of Helsinki and Good Clinical Practice. The studies were sponsored by the University of Oxford (Oxford, UK) and approval obtained from a national ethics committee (South Central Berkshire Research Ethics Committee, reference 20/SC/0145 and 20/SC/0179) and a regulatory agency in the United Kingdom (the Medicines and Healthcare Products Regulatory Agency). An independent DSMB reviewed all interim safety reports. A copy of the protocols was included in previous publications[34]. Data from vaccinated volunteers who received three vaccinations are included in this study. Blood samples were collected and serum separated approximately 28 days (range 26-34 days) following the third dose. For subject details see column 'AZ V3+28' in Table S3.

Method Details

Pseudovirus plasmid construction and lentiviral particles production

Pseudotyped lentivirus expressing SARS-CoV-2 S proteins from ancestral strain (Victoria, S247R), BA.1, BA.1.1, BA.2 and BA.4/5 were constructed as described previously[12,14,20,35]. We applied the same method to construct BA.2.12.1, and BA.2.75, by adding more mutations into the BA.2 construct. To generate BA.2.75, we added K147E, W152R, F157L, I210V, G275S, G446S and N460K into BA.2 backbone, also changed 339D in BA.2 S into 339H, and reversed 493R in BA.2 to 493Q as in the ancestral strain. To test single mutation impact, we introduced D339H, G446S, N460K and R493Q individually into BA.2 backbone. The resulting pcDNA3.1 plasmid carrying S

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gene was used for generating pseudoviral particles together with the lentiviral packaging vector and transfer vector encoding luciferase reporter. All the constructs were sequence confirmed.

Pseudoviral neutralization test

The pseudoviral neutralization test has been described previously[14]. Briefly, the neutralizing activity of potent monoclonal antibodies generated from donors who had recovered from BA.1 infection were tested against Victoria, BA.1, BA.1.1, BA.2, BA.3, BA.4/5, BA.2.75 and BA.2+N460K. Four-fold serial diluted mAbs were incubated with pseudoviral particles at 37℃, 5% CO_2 for 1 hr. Stable HEK293T/17 cells expressing human ACE2 were then added to the mixture at 1.5×10^4 cells/well. 48 hr post infection, culture supernatants were removed and 50 µL of 1:2 Bright-Glo TM Luciferase assay system (Promega, USA) in 1 × PBS was added to each well. The reaction was incubated at room temperature for 5 mins and firefly luciferase activity was measured using CLARIOstar® (BMG Labtech, Ortenberg, Germany). The percentage neutralization was calculated relative to the control. Probit analysis was used to estimate the dilution that inhibited half maximum pseudotyped lentivirus infection (PVNT50).

To determine the neutralizing activity of convalescent plasma/serum samples or vaccine sera, 3-fold serial dilutions of each samples were incubated with pseudoviral particles for 1 hr and the same strategy as mAb was applied.

Cloning of RBDs

706 To generate the BA.2.75 RBD construct, site-directed PCR mutagenesis was performed using the
707 BA.2 Spike construct as the template[20], with the introduction of D339H, G446S, N460K and R493Q
708 mutations using primers listed in Table S4; the gene fragment was amplified with D339H_pNeoF
709 and RBD333_BAP_R (Table S4), and cloned into the pOPINTTGneo-BAP vector[36]. To generate the
710 BA.2+R493Q RBD construct, site-directed PCR mutagenesis was performed using the BA.2 Spike
711 construct as the template, with the introduction of R493Q mutation suing primers listed in Table
712 S4; the gene fragment was amplified with pNeoRBD333Omi_F and RBD333_BAP_R, and cloned
713 into the pNeo vector[13]. Cloning was performed using the ClonExpress II One Step Cloning Kit
714 (Vazyme). The Constructs were verified by Sanger sequencing after plasmid isolation using
715 QIAGEN Miniprep kit (QIAGEN).

716

717 *Production of RBDs*

718 Plasmids encoding RBDs were transfected into Expi293F™ Cells (ThermoFisher) by PEI, cultured
719 in FreeStyle™ 293 Expression Medium (ThermoFisher) at 37 °C for 1 day followed by 30 °C for 3
720 days with 8% CO_2. To express biotinylated RBDs, the RBD-BAP plasmid was co-transfected with
721 pDisplay-BirA-ER (Addgene plasmid 20856; coding for an ER-localized biotin ligase), in the
722 presence of 0.8 mM D-biotin (Sigma-Aldrich). The conditioned medium was diluted 1:2 into
723 binding buffer (50 mM sodium phosphate, 500 mM sodium chloride, pH 8.0). RBDs were purified
724 with a 5 mL HisTrap nickel column (GE Healthcare) through His-tag binding, followed by a
725 Superdex 75 10/300 GL gel filtration column (GE Healthcare) in 10 mM HEPES and 150 mM
726 sodium chloride.

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727

728 *Surface Plasmon Resonance*

729 Surface plasmon resonance experiments were performed using a Biacore T200 (GE Healthcare).
730 All assays were performed with running buffer of HBS-EP (Cytiva) at 25 °C.

731

732 To determine the binding kinetics between BA.2.75 or BA.2+R493Q RBD and ACE2, a Protein A
733 sensor chip (Cytiva) was used. ACE2-Fc was immobilised onto the sample flow cell of the sensor
734 chip. The reference flow cell was left blank. RBD was injected over the two flow cells at a range
735 of five concentrations prepared by serial two-fold dilutions, at a flow rate of 30 µl min^{-1} using a
736 single-cycle kinetics programme. Running buffer was also injected using the same programme
737 for background subtraction. All data were fitted to a 1:1 binding model using Biacore T200
738 Evaluation Software 3.1.

739

740 To confirm the binding kinetics between the BA.2.75 RBD and ACE2, a Biotin CAPture Kit (Cytiva)
741 was used. Biotinylated ACE2 (bio-ACE2) was immobilised onto the sample flow cell of the sensor
742 chip. The reference flow cell was left blank. The BA.2.75 RBD was injected over the two flow cells
743 at a range of five concentrations prepared by serial two-fold dilutions, at a flow rate of 30 µl min^{-1}
744 using a single-cycle kinetics programme. Running buffer was also injected using the same
745 programme for background subtraction. All data were fitted to a 1:1 binding model using Biacore
746 T200 Evaluation Software 3.1.

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747

748 To determine the binding kinetics between the BA.2.75 or BA.2 RBD and mAbs, a Biotin CAPture
749 Kit (Cytiva) was used. Biotinylated RBD was immobilised onto the sample flow cell of the sensor
750 chip. The reference flow cell was left blank. The Fab of Omi-18 or Omi-32 was injected over the
751 two flow cells at a range of five concentrations prepared by serial two-fold dilutions, at a flow
752 rate of 30 µl min^{-1} using a single-cycle kinetics programme. For the binding of Omi-20 for bio-
753 BA.2 RBD, the Fab of Omi-20 was injected over the two flow cells at a range of five concentrations
754 prepared by serial two-fold dilutions, at a flow rate of 30 µl min^{-1} using a single-cycle kinetics
755 programme. For the binding of Omi-20 for bio-BA.2.75 RBD, the Fab of Omi-20 was injected over
756 the two flow cells at a range of eight concentrations prepared by serial twofold dilutions, at a
757 flow rate of 30 µl min^{-1}. Running buffer was also injected using the same programme for
758 background subtraction. All data were fitted to a 1:1 binding model using Biacore T200 Evaluation
759 Software 3.1.

760

761 To compare the binding profiles between BA.2 and BA.2.75 RBD for mAb Omi-29, a Biotin
762 CAPture Kit (Cytiva) was used. Biotinylated BA.2 and BA.2.75 RBD was immobilised onto the
763 sample flow cell of the sensor chip to a similar level (~110 RU). The reference flow cell was left
764 blank. A single injection of mAb Fab was performed over the two flow cells at 1 µM, at a flow rate
765 of 30 µl min^{-1}. Running buffer was also injected using the same programme for background
766 subtraction. The sensorgrams were plotted using Prism9 (GraphPad).

767

768 To compare the binding profiles between BA.2 and BA.2.75 RBD for mAb Omi-36, a sensor chip
769 Protein A (Cytiva) was used. mAb Omi-36 in the IgG form was immobilised onto the sample flow
770 cell of the sensor chip. The reference flow cell was left blank. A single injection of RBD was
771 performed over the two flow cells at 200 nM, at a flow rate of 30 µl min^{-1}. Running buffer was
772 also injected using the same programme for background subtraction. The sensorgrams were
773 plotted using Prism9 (GraphPad).

774

775 *IgG mAbs and Fabs production*

776 AstraZeneca and Regeneron antibodies were provided by AstraZeneca, Vir, Lilly and Adagio
777 antibodies were provided by Adagio, LY-CoV1404 was provided by LifeArc. For the in-house
778 antibodies, heavy and light chains of the indicated antibodies were transiently transfected into
779 293T cells and antibody purified from supernatant on protein A as previously described[20]. Fabs
780 were digested from purified IgGs with papain using a Pierce Fab Preparation Kit (Thermo Fisher),
781 following the manufacturer's protocol.

782

783 *Crystallization, X-ray data collection and structure determination*

784 Purified BA.2.75 RBD was deglycosylated with Endoglycosidase H1 and mixed with ACE2 in a 1:1
785 molar ratio, with a final concentration of 13.0 mg ml^{-1}. Initial screening of crystals was set up in
786 Crystalquick 96-well X plates (Greiner Bio-One) with a Cartesian Robot using the nanoliter sitting-
787 drop vapor-diffusion method, with 100 nL of protein plus 100 nL of reservoir in each drop, as

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previously described[37]. Crystals of BA.2.75 RBD-ACE2 complex were formed in Hampton Research PEGRx condition 2-25, containing 0.1% (w/v) n-Octyl-b-D-glucoside, 0.1 M Sodium citrate tribasic dihydrate pH 5.5 and 22% (w/v) PEG 3350. Crystals were mounted in loops and dipped in solution containing 25% glycerol and 75% mother liquor for a second before frozen in liquid nitrogen. Diffraction data were collected at 100 K at beamline I03 of Diamond Light Source, UK, using the automated queue system that allows unattended automated data collection (https://www.diamond.ac.uk/Instruments/Mx/I03/I03-Manual/Unattended-Data-Collections.html). The best crystal diffracted to 2.85 Å resolution. 3600 diffraction images of 0.1º each were collected and automatically processed with Xia2-dials[38,39]. The structure was determined by rigid body refinement using the model of BA.2 RBD/ACE2 complex (PDB, 7ZF7)[20] of which the unit cell is isomorphous to the current crystal. Model rebuilding is done with COOT[40] and refinement with Phenix[41].

Data collection and structure refinement statistics are given in **Table S5**. Structural comparisons used SHP[42] and figures were prepared with PyMOL (The PyMOL Molecular Graphics System, Version 1.2r3pre, Schrödinger, LLC).

Antigenic mapping

Antigenic mapping of omicron was carried out using a previously described[12]. In short, coronavirus variants were assigned three-dimensional coordinates whereby the distance between two points indicates the base drop in neutralization titre. Each serum was assigned a

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strength parameter which provided a scalar offset to the logarithm of the neutralization titre. These parameters were refined to match predicted neutralization titres to observed values by taking an average of superimposed positions from 30 separate runs. The three-dimensional positions of the variants of concern: Victoria, Alpha, Beta, Gamma, Delta and Omicron were plotted for display.

Quantification and statistical analysis

Statistical analyses are reported in the results and figure legends. Neutralization was measured on pseudovirus. The percentage reduction was calculated and IC_{50} determined using the probit program from the SPSS package. The Wilcoxon matched-pairs signed rank test was used for the analysis and two-tailed P values were calculated on geometric mean values.

Video S1. Three-dimensional antigenic map of all VoC. Related to Figure 7.

Video S2. Three-dimensional antigenic map of early pandemic viruses and Omicron variants. Related to Figure 7.

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A

BA.1	A67V,Δ69-70,T95I,G142D,Δ143-145, N211I,Δ212, ins214EPE
BA.1.1	A67V,Δ69-70,T95I,G142D,Δ143-145, N211I,Δ212, ins214EPE
BA.2	T19I,Δ24-26,A27S, G142D, V213G
BA.2.75	T19I,Δ24-26,A27S, G142D, W152R,F157L,I210V, V213G, G257S
BA.3	A67V,Δ69-70,T95I,G142D, Δ143-145, N211I,Δ212
BA.4/5	T19I,Δ24-26,A27S, Δ69-70, G142D, V213G

BA.1	G339D, S371L,S373P,S375F, K417N,N440K,G446S
BA.1.1	G339D,R346K,S371L,S373P,S375F, K417N,N440K,G446S
BA.2	G339D, S371F,S373P,S375F,T376A,D405N,R408S,K417N,N440K
BA.2.75	G339H, S371F,S373P,S375F,T376A,D405N,R408S,K417N,N440K,G446S
BA.3	G339D, S371F,S373P,S375F, D405N, K417N,N440K,G446S
BA.4/5	G339D, S371F,S373P,S375F,T376A,D405N,R408S,K417N,N440K

BA.1	S477N,T478K, E484A, Q493R,G496S,Q498R,N501Y,Y505H
BA.1.1	S477N,T478K,E484A, Q493R,G496S,Q498R,N501Y,Y505H
BA.2	S477N,T478K,E484A, Q493R, Q498R,N501Y,Y505H
BA.2.75	N460K,S477N,T478K,E484A, Q498R,N501Y,Y505H
BA.3	S477N,T478K,E484A, Q493R, Q498R,N501Y,Y505H
BA.4/5	L452R, S477N,T478K E484A,F486V, Q498R,N501Y,Y505H

BA.1	T547K,D614G,H655Y,N679K,P681H,N764K,D796Y,N856K,Q954H,N969K,L981F
BA.1.1	T547K,D614G,H655Y,N679K,P681H,N764K,D796Y,N856K,Q954H,N969K,L981F
BA.2	D614G,H655Y,N679K,P681H,N764K,D796Y, Q954H,N969K
BA.2.75	D614G,H655Y,N679K,P681H,N764K,D796Y, Q954H,N969K
BA.3	D614G,H655Y,N679K,P681H,N764K,D796Y, Q954H,N969K
BA.4/5	D614G,H655Y,N679K,P681H,N764K,D796Y, Q954H,N969K

B

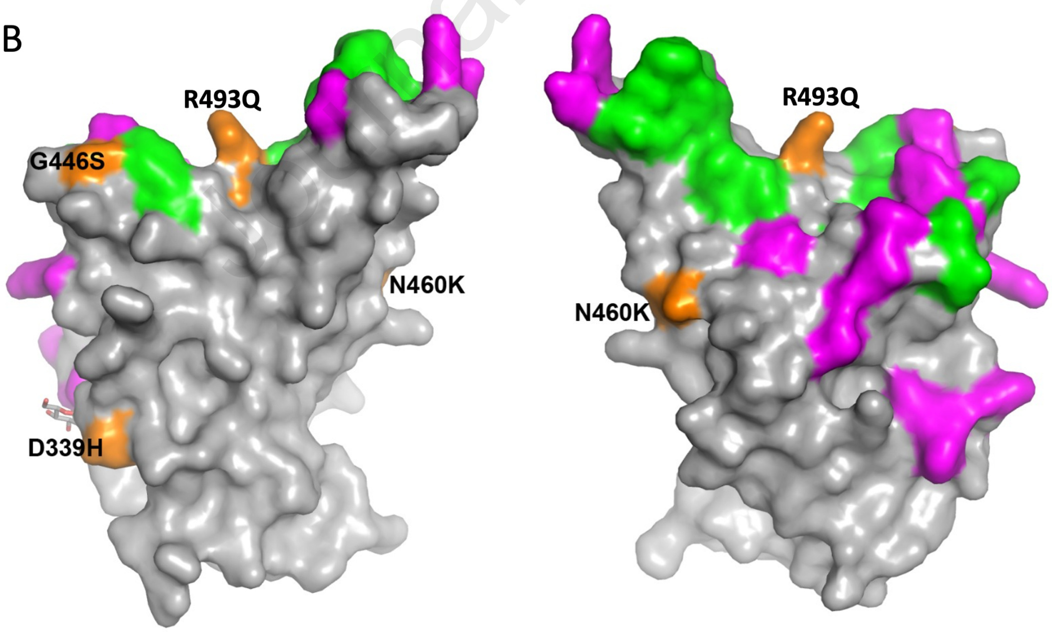

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Figure 1

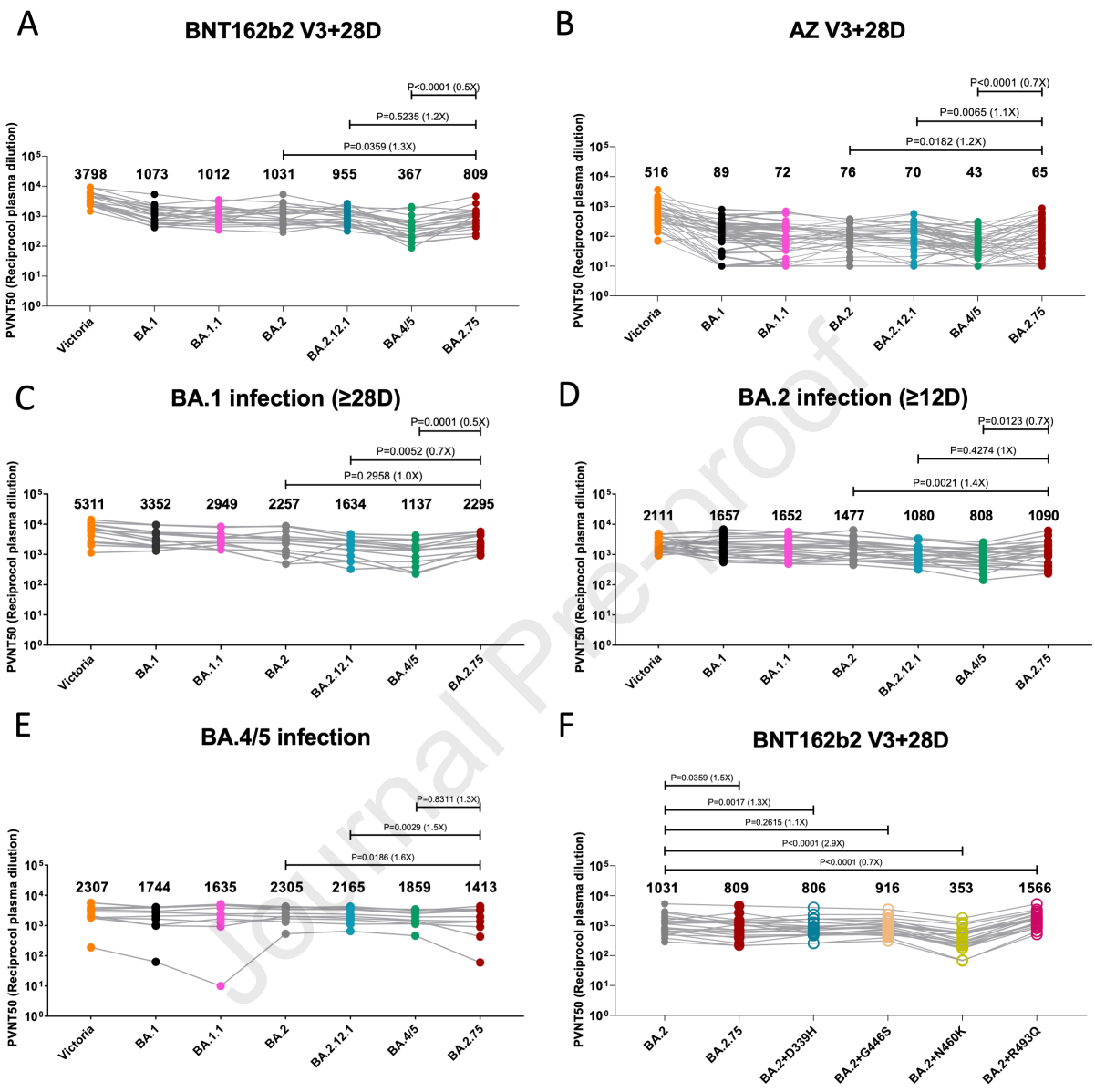
A
BNT162b2 V3+28D
P<0.0001 (0.5X)
P=0.5235 (1.2X)
P=0.0359 (1.3X)
3798 1073 1012 1031 955 367 809
PVNT50 (Reciprocol plasma dilution)
Victoria BA.1 BA.1.1 BA.2 BA.2.12.1 BA.4/5 BA.2.75
B
AZ V3+28D
P<0.0001 (0.7X)
P=0.0065 (1.1X)
P=0.0182 (1.2X)
516 89 72 76 70 43 65
C
BA.1 infection (≥28D)
P=0.0001 (0.5X)
P=0.0052 (0.7X)
P=0.2958 (1.0X)
5311 3352 2949 2257 1634 1137 2295
D
BA.2 infection (≥12D)
P=0.0123 (0.7X)
P=0.4274 (1X)
P=0.0021 (1.4X)
2111 1657 1652 1477 1080 808 1090
E
BA.4/5 infection
P=0.8311 (1.3X)
P=0.0029 (1.5X)
P=0.0186 (1.6X)
2307 1744 1635 2305 2165 1859 1413
F
BNT162b2 V3+28D
P=0.0359 (1.5X)
P=0.0017 (1.3X)
P=0.2615 (1.1X)
P<0.0001 (2.9X)
P<0.0001 (0.7X)
1031 809 806 916 353 1566
BA.2 BA.2.75 BA.2+D339H BA.2+G446S BA.2+N460K BA.2+R493Q

Figure 2

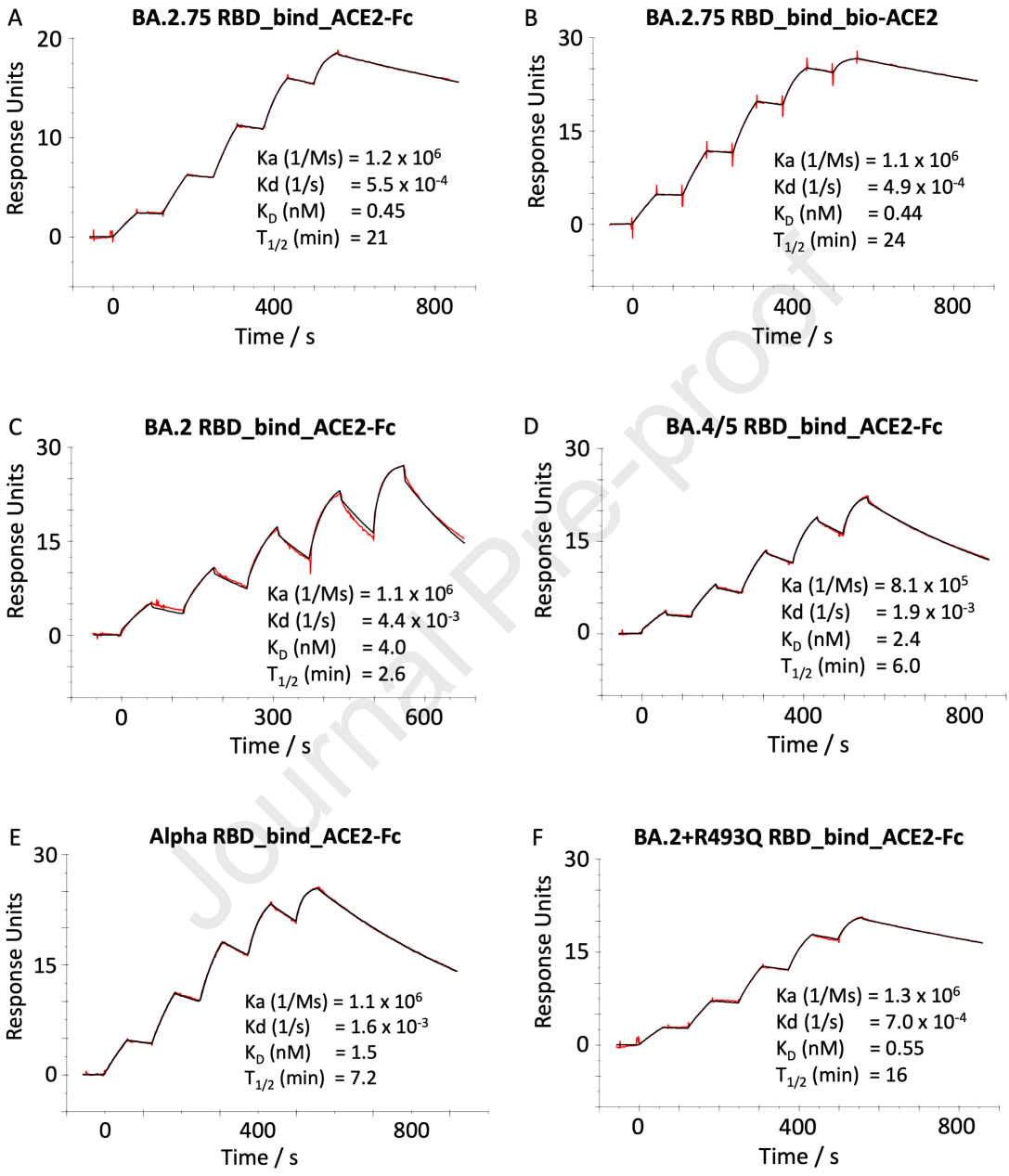

Figure 3

Journal Pre-proof

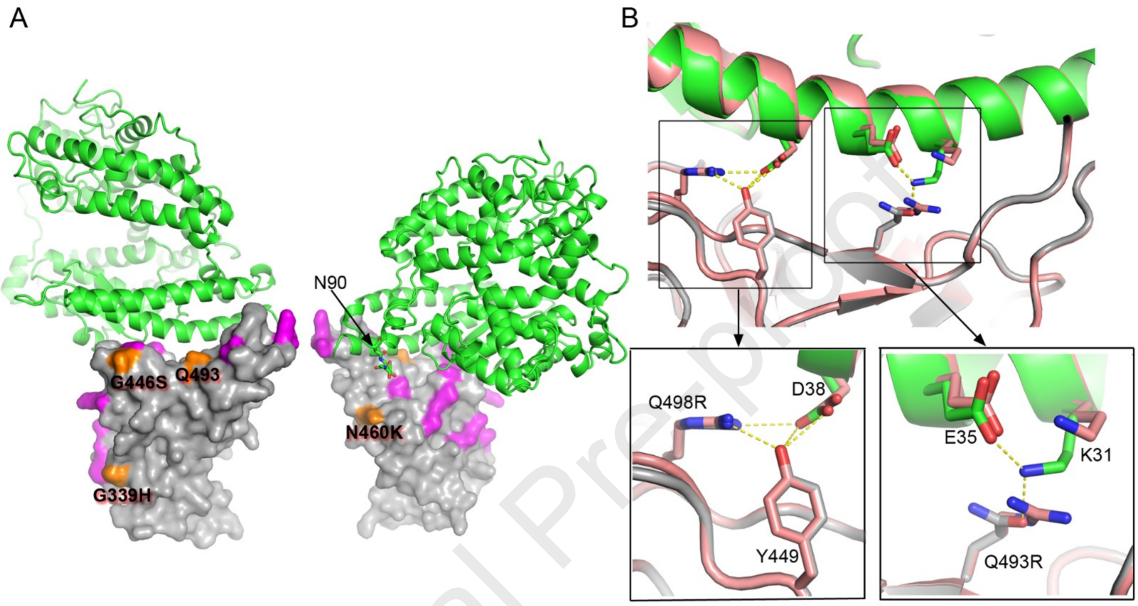

Figure 4

Journal Pre-proof

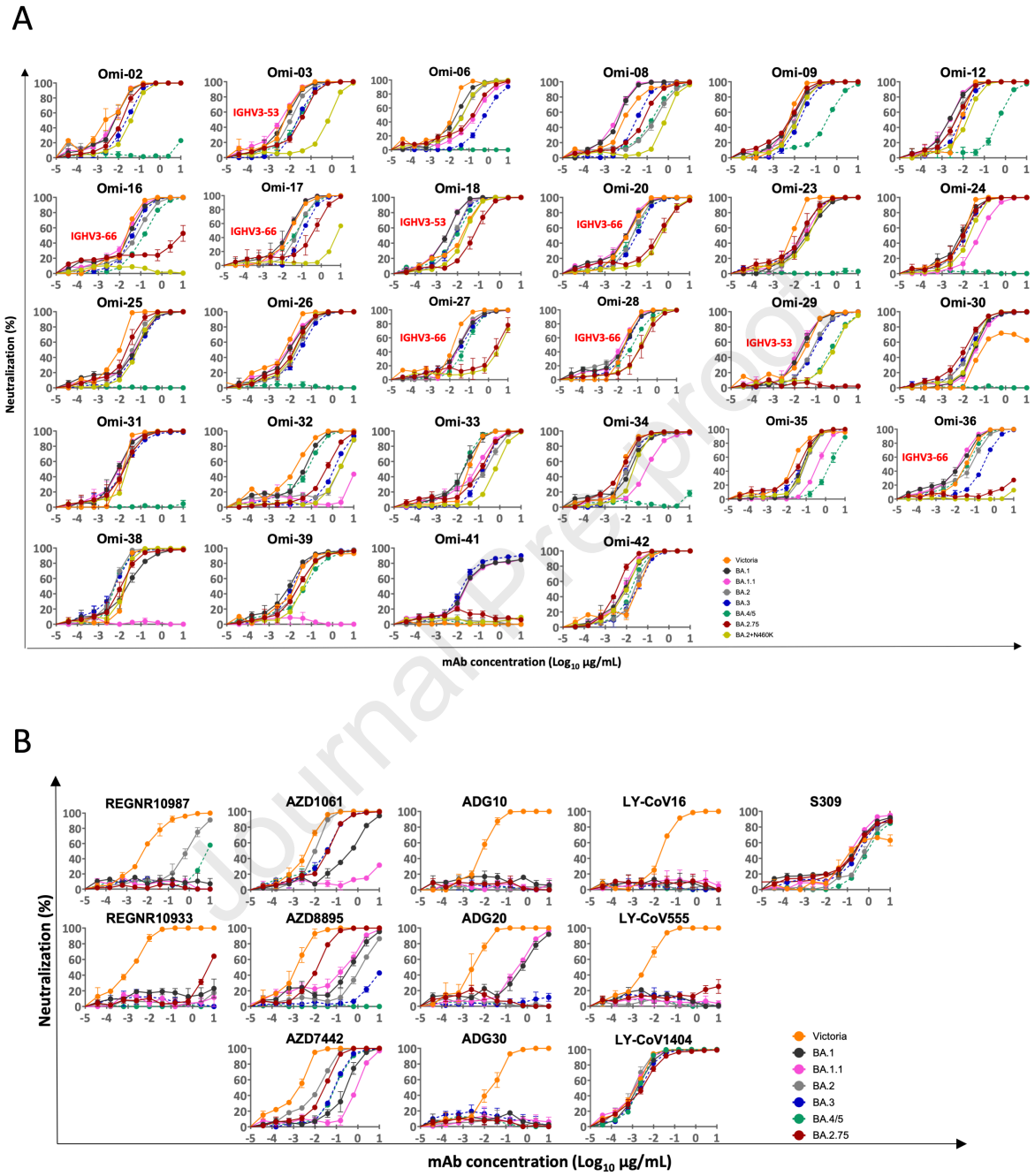
A
Omi-02
Omi-03
IGHV3-53
Omi-06
Omi-08
Omi-09
Omi-12
Omi-16
IGHV3-66
Omi-17
IGHV3-66
Omi-18
IGHV3-53
Omi-20
IGHV3-66
Omi-23
Omi-24
Omi-25
Omi-26
Omi-27
IGHV3-66
Omi-28
IGHV3-66
Omi-29
IGHV3-53
Omi-30
Omi-31
Omi-32
Omi-33
Omi-34
Omi-35
Omi-36
IGHV3-66
Omi-38
Omi-39
Omi-41
Omi-42
Victoria
BA.1
BA.1.1
BA.2
BA.3
BA.4/5
BA.2.75
BA.2+N460K
Neutralization (%)
mAb concentration (Log10 μg/mL)
B
REGNR10987
AZD1061
ADG10
LY-CoV16
S309
REGNR10933
AZD8895
ADG20
LY-CoV555
AZD7442
ADG30
LY-CoV1404
Victoria
BA.1
BA.1.1
BA.2
BA.3
BA.4/5
BA.2.75
Neutralization (%)
mAb concentration (Log10 μg/mL)

Figure 5

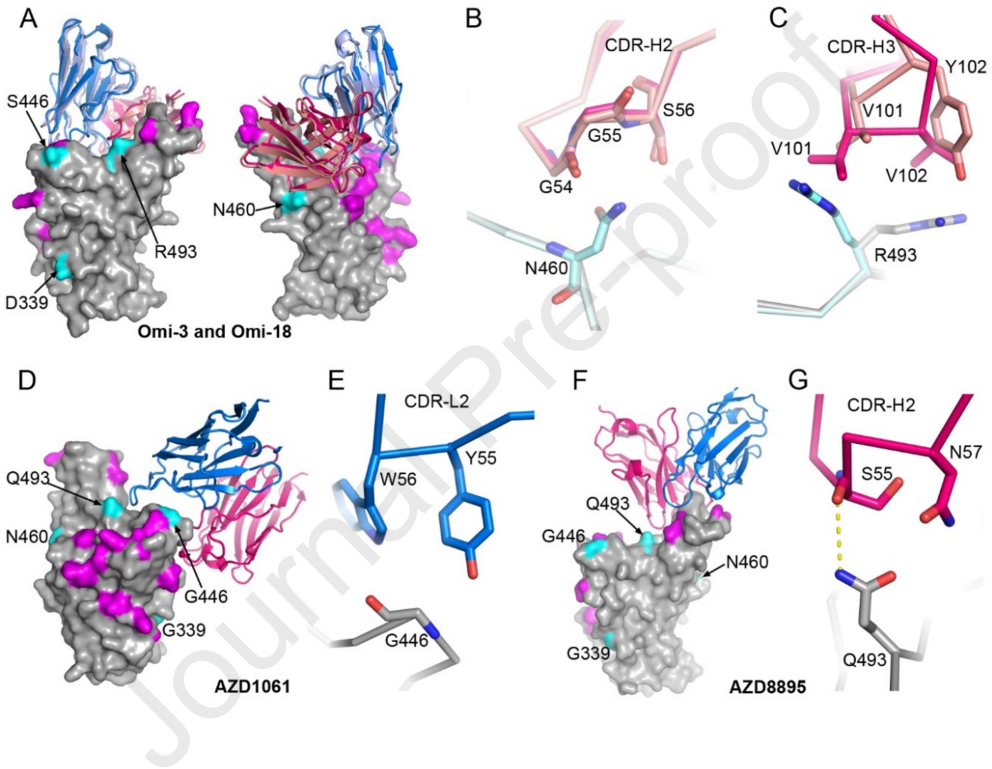

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Figure 6

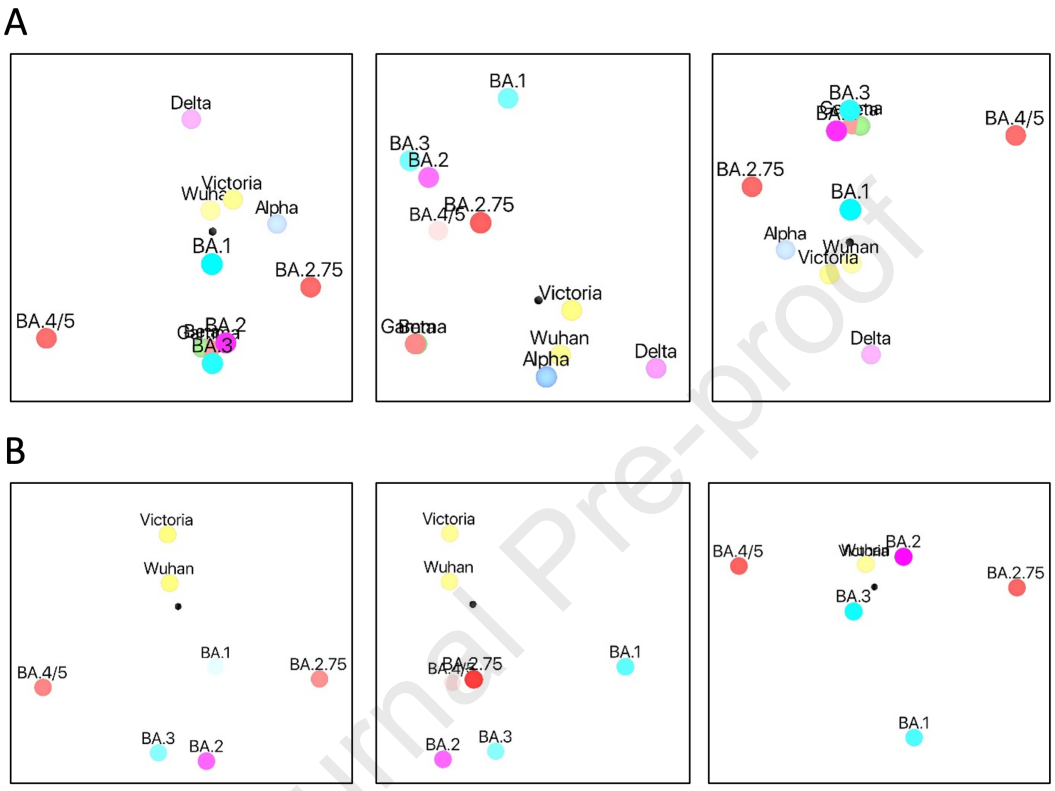

Figure 7

Journal Pre-proof

Journal Pre-proof

Highlights

- BA.2.75 affinity for ACE2 is increased 9-fold compared to BA.2.
- N460K increases neutralization escape and likely increases ACE2 affinity.
- The revertant R493Q decreases neutralization escape but increases ACE2 affinity.
- Affinity to ACE2 appears to be prioritized over neutralization escape.

eTOC Blurb

Huo et al. characterize the SARS-CoV-2 variant BA.2.75 (originally identified in India). Its affinity for ACE2 is increased 9-fold over BA.2 and there is evidence of escape of BA.2.75 from immune serum, particularly from Delta infection. ACE2 affinity appears to be prioritized over greater escape via the R493Q reversion mutation.

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KEY RESOURCES TABLE

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
Fab	Dejnirattisai et al. 2021 (ref 17)	N/A
IgG	Dejnirattisai et al. 2021 and Liu et al 2021 (refs 17,14)	N/A
Human anti-NP (mAb 206)	Dejnirattisai et al. 2021 (ref 17)	N/A
Regeneron mAbs	AstraZeneca	Cat#REGN10933 and REGN10987
AstraZeneca mAbs	AstraZeneca	Cat#AZD1061, AZD8895 and AZD7442
Vir mAbs	Adagio	Cat#S309
Lilly mAbs	Adagio	Cat#Ly-CoV555, Ly-CoV16 and Ly-CoV1404
Adagio mAbs	Adagio	Cat#ADG10, ADG20 and ADG30
Omicron antibodies	Nutalai et al., 2022 (ref 20)	N/A
Bacterial, Virus Strains, and Yeast		
DH5α bacteria	In Vitrogen	Cat#18263012
Biological Samples		
Serum from Pfizer-vaccinated individuals	University of Oxford	N/A
Serum from AstraZeneca-Oxford-vaccinated individuals	University of Oxford	N/A
Plasma from SARS-CoV-2 patients	John Radcliffe Hospital in Oxford UK, South Africa, and FIOCRUZ (WHO) Brazil	N/A
Chemicals, Peptides, and Recombinant Proteins		
His-tagged SARS-CoV-2 RBD	Dejnirattisai et al. 2021 (ref 17)	N/A
His-tagged Avi-tagged SARS-CoV-2/BA.2.75 RBD	This paper	N/A
His-tagged SARS-CoV-2/BA.2+R493Q RBD	This paper	N/A
His-tagged SARS-CoV-2/BA.2 RBD	Nutalai et al., 2022 (ref 20)	N/A
His-tagged SARS-CoV-2/BA.4/5 RBD	Tuekprakhon et al., 2022 (ref 12)	N/A
His-tagged SARS-CoV-2/Alpha RBD	Supasa et al., 2021 (ref 13)	N/A
Human ACE2-hIgG1Fc	Liu et al. 2021 (ref 14)	N/A
Phosphate buffered saline tablets	Sigma-Aldrich	Cat#P4417
Dulbecco's Modified Eagle Medium, high glucose	Sigma-Aldrich	Cat#D5796
Dulbecco's Modified Eagle Medium, low glucose	Sigma-Aldrich	Cat#D6046
FreeStyle™ 293 Expression Medium	Gibco	Cat#12338018
L-Glutamine–Penicillin–Streptomycin solution	Sigma-Aldrich	Cat#G1146
GlutaMAX™ Supplement	Gibco	Cat#35050061
UltraDOMA PF Protein-free Medium	Lonza	Cat#12-727F

Opti-MEM™	Gibco	Cat#11058021
Fetal Bovine Serum	Gibco	Cat#12676029
Strep-Tactin®XT	IBA Lifesciences	Cat#2-1206-025
HEPES	Melford	Cat#34587-39108
LB broth	Fisher Scientific UK	Cat#51577-51656
Trypsin-EDTA	Gibco	Cat#2259288
TrypLE™ Express Enzyme	Gibco	Cat#12604013
L-Glutamine 200 mM (100X)	Gibco	Cat#2036885
Isopropyl β-d-1-thiogalactopyranoside	Meridian Bioscience	Cat#BIO-37036
Kanamycin	Melford	Cat#K22000
Ampicillin	Sigma-Aldrich	Cat#PHR2838
Agarose	Sigma-Aldrich	Cat#A2929
SYBR™ Safe DNA Gel Stain	Fisher Scientific UK	Cat#S33102
QIAprep Spin Miniprep Kit	Qiagen	Cat#27106X4
QIAquick® PCR & Gel Cleanup Kit	Qiagen	Cat#28704
Phusion™ High-Fidelity DNA Polymerase	Fisher Scientific UK	Cat#F530S
Bright-Glo™ Luciferase Assay System	Promega	Cat#E2620
HIV1 p24 ELISA Kit	Abcam	Cat#ab218268
NaCl	Sigma-Aldrich	Cat#S9888
Sensor Chip Protein A	Cytiva	Cat#29127555
Biotin CAPture Kit, Series S	Cytiva	CAT#28920234
HBS-EP+ Buffer 10×	Cytiva	Cat# BR100669
Regeneration Solution (glycine-HCl pH 1.7)	Cytiva	Cat# BR100838
Deposited Data		
Crystal structures of SARS-CoV-2 Omicron BA.2.75 RBD in complex with ACE2	This paper	PDB: 8ASY
Experimental Models: Cell Lines		
HEK293 cells	ATCC	Cat#CRL-3216
Expi293F™ Cells	Gibco,	Cat#A14527
HEK293T/17 cells	ATCC	Cat#CRL-11268™
HEK293T cells	ATCC	Cat#CRL-11268
Vero CCL-81 cells	ATCC	Cat#CCL-81
VeroE6/TMPRSS2 cells	NIBSC	Ref. no. 100978
Recombinant DNA		
Vector: pHLsec	Aricescu et al., 2006 (ref 43)	N/A
Vector: pNEO	Aricescu et al., 2006 (ref 43)	N/A
Vector: pHLsec-SARS-CoV-2 spike of Omicron	Nutalai et al., 2022 (ref 20)	N/A
Vector: pOPINTTGneo-BAP-SARS-CoV-2 RBD of BA.2.75	This paper	N/A
Vector: pNEO-SARS-CoV-2 RBD of BA.2	Nutalai et al., 2022 (ref 20)	N/A
Vector: pNEO-SARS-CoV-2 RBD of BA.4/5	Tuekprakhon et al., 2022 (ref 12)	N/A
Vector: pNEO-SARS-CoV-2 RBD of BA.2+R493Q	This paper	N/A
Vector: pNEO-SARS-CoV-2 RBD of Alpha	Supasa et al., 2021 (ref 13)	N/A

Vector: pCMV-VSV-G	Stewart et al. 2003 (ref 44)	Addgene plasmid # 8454
pHR-SIN-ACE2	Alain Townsend, Oxford	N/A
Vector: pOPING-ET	Nettleship et al., 2008 (ref 45)	N/A
Vector: pcDNA-SARS-CoV-2 spike of Victoria strain (S247R)	Liu et al., 2021 (ref 14)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.1 strain (A67V, Δ69-70, T95I, G142D/Δ143-145, Δ211/L212I, ins214EPE, G339D, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A, Q493R, G496S, Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y, N856K, Q954H, N969K, L981F)	Nutalai et al., 2022 (ref 20)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.1.1 strain (A67V, Δ69-70, T95I, G142D/Δ143-145, Δ211/L212I, ins214EPE, G339D, R346K, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A, Q493R, G496S, Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y, N856K, Q954H, N969K, L981F)	Nutalai et al., 2022 (ref 20)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.2 strain (T19I, Δ24-26, A27S, G142D, V213G, G339D, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, S477N, T478K, E484A, Q493R, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)	Nutalai et al., 2022 (ref 20)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.2.12.1 strain (T19I, Δ24-26, A27S, G142D, V213G, G339D, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, L452Q, S477N, T478K, E484A, Q493R, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, S704L, N764K, D796Y, Q954H, N969K)	Nutalai et al., 2022 (ref 20)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.4/5 strain (T19I, Δ24-26, A27S, Δ69-70, G142D, V213G, G339D, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, L452R, S477N, T478K, E484A, F486V, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)	Tuekprakhon et al., 2022 (ref 12)	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.2.75 strain (T19I, Δ24-26, A27S, G142D, K147E, W152R, F157L, I210V, V213G, G257S, D339H, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, G446S, N460K, S477N, T478K, E484A, R493Q, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)	This paper	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.2+D339H strain (T19I, Δ24-26, A27S, G142D, V213G, D339H, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, S477N, T478K, E484A,	This paper	N/A

Q493R, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)		
Vector: pcDNA-SARS-CoV-2 spike of BA.2+R493Q strain (T19I, Δ24-26, A27S, G142D, V213G, G339D, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, S477N, T478K, E484A, R493Q, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)	This paper	N/A
Vector: pcDNA-SARS-CoV-2 spike of BA.2+G446S strain (T19I, Δ24-26, A27S, G142D, V213G, G339D, S371F, S373P, S375F, T376A, D405N, R408S, K417N, N440K, G446S, S477N, T478K, E484A, Q493R, Q498R, N501Y, Y505H, D614G, H655Y, N679K, P681H, N764K, D796Y, Q954H, N969K)	This paper	N/A
Vector: human IgG1 heavy chain	German Cancer Research Center, Heidelberg, Germany (H. Wardemann	N/A
Vector: human lambda light chain	German Cancer Research Center, Heidelberg, Germany (H. Wardemann	N/A
Vector: human kappa light chain	German Cancer Research Center, Heidelberg, Germany (H. Wardemann	N/A
Vector: Human Fab	Univeristy of Oxford	N/A
Vector: pJYDC1	Adgene	ID: 162458
TM149 BirA pDisplay	University of Oxford, NDM (C. Siebold)	N/A
Software and Algorithms		
COOT	Emsley et al., 2010 (ref 40)	https://www2.mrc-lmb.cam.ac.uk/personal/pemsley/coot/
Xia2-dials	Winter et al., 2018 (ref 39)	https://xia2.github.io/parameters.html
PHENIX	Liebschner et al., 2019 (ref 41)	https://www.phenix-online.org/
PyMOL	Warren DeLano, 2004 (ref 46)	https://pymol.org/
Data Acquisition Software 11.1.0.11	Fortebio	https://www.fortebio.com/products/octet-systems-software
Data Analysis Software HT 11.1.0.25	Fortebio	https://www.fortebio.com/products/octet-systems-software
Prism 9.0	GraphPad	https://www.graphpad.com/scientific-software/prism/
Yeast display titration curve fitting were done by the standard non-cooperative Hill equation, fitted by	Zahradnik et al., 2021 (ref 11)	N/A

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nonlinear least-squares regression with two additional parameters using Python 3.7		
IBM SPSS Software 27	IBM	https://www.ibm.com
Mabscape	This paper	https://github.com/helengiinn/mabscape https://snapcraft.io/mabscape
Biacore T200 Evaluation Software 3.1	Cytiva	www.cytivalifesciences.com
Other		
X-ray data were collected at beamline I03, Diamond Light Source, under proposal ib27009 for COVID-19 rapid access	This paper	https://www.diamond.ac.uk/covid-19/for-scientists/rapid-access.html
TALON® Superflow Metal Affinity Resin	Clontech	Cat#635668
HiLoad® 16/600 Superdex® 200 pg	Cytiva	Cat#28-9893-35
Superdex 200 increase 10/300 GL column	Cytiva	Cat#28990944
HisTrap nickel HP 5-ml column	Cytiva	Cat#17524802
HiTrap Heparin HT 5-ml column	Cytiva	Cat#17040703
Amine Reactive Second-Generation (AR2G) Biosensors	Fortebio	Cat#18-5092
Octet RED96e	Fortebio	https://www.fortebio.com/products/label-free-bli-detection/8-channel-octet-systems
Buffer exchange system “QuixStand”	GE Healthcare	Cat#56-4107-78
Cartesian dispensing system	Genomic solutions	Cat#MIC4000
Hydra-96	Robbins Scientific	Cat#Hydra-96
96-well crystallization plate	Greiner bio-one	Cat#E20113NN
Crystallization Imaging System	Formulatrix	Cat#RI-1000
Sonics vibra-cell vcx500 sonicator	VWR	Cat#432-0137
Biacore T200	Cytiva	https://www.cytivalifesciences.com/en/us/shop/protein-analysis/spr-label-free-analysis/systems/biacore-t200-p-05644

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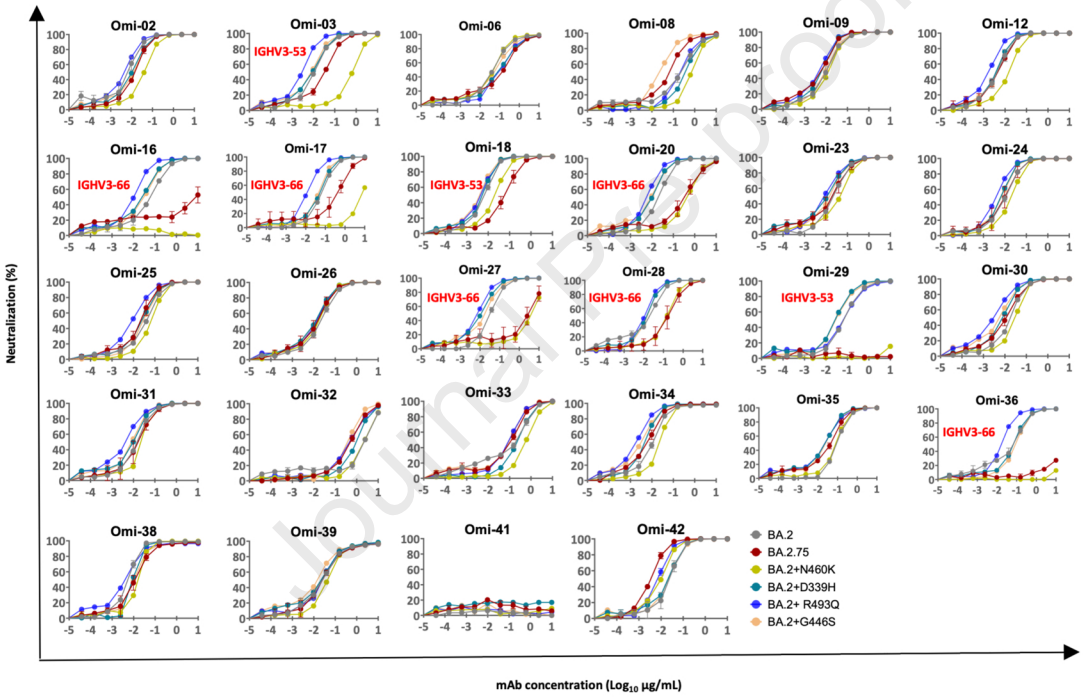

Figure S1 Pseudoviral neutralization assays against monoclonal antibodies. (A) Neutralization curves for a panel of 28 monoclonal antibodies made from samples taken from vaccinees infected with BA.1. Titration curves for single mutations of BA.2.27 in the BA.2 background are compared with BA.2 and BA.2.75. IC50 titres are shown in Table S2. Related to Figure 5. All assays have been done at least twice.

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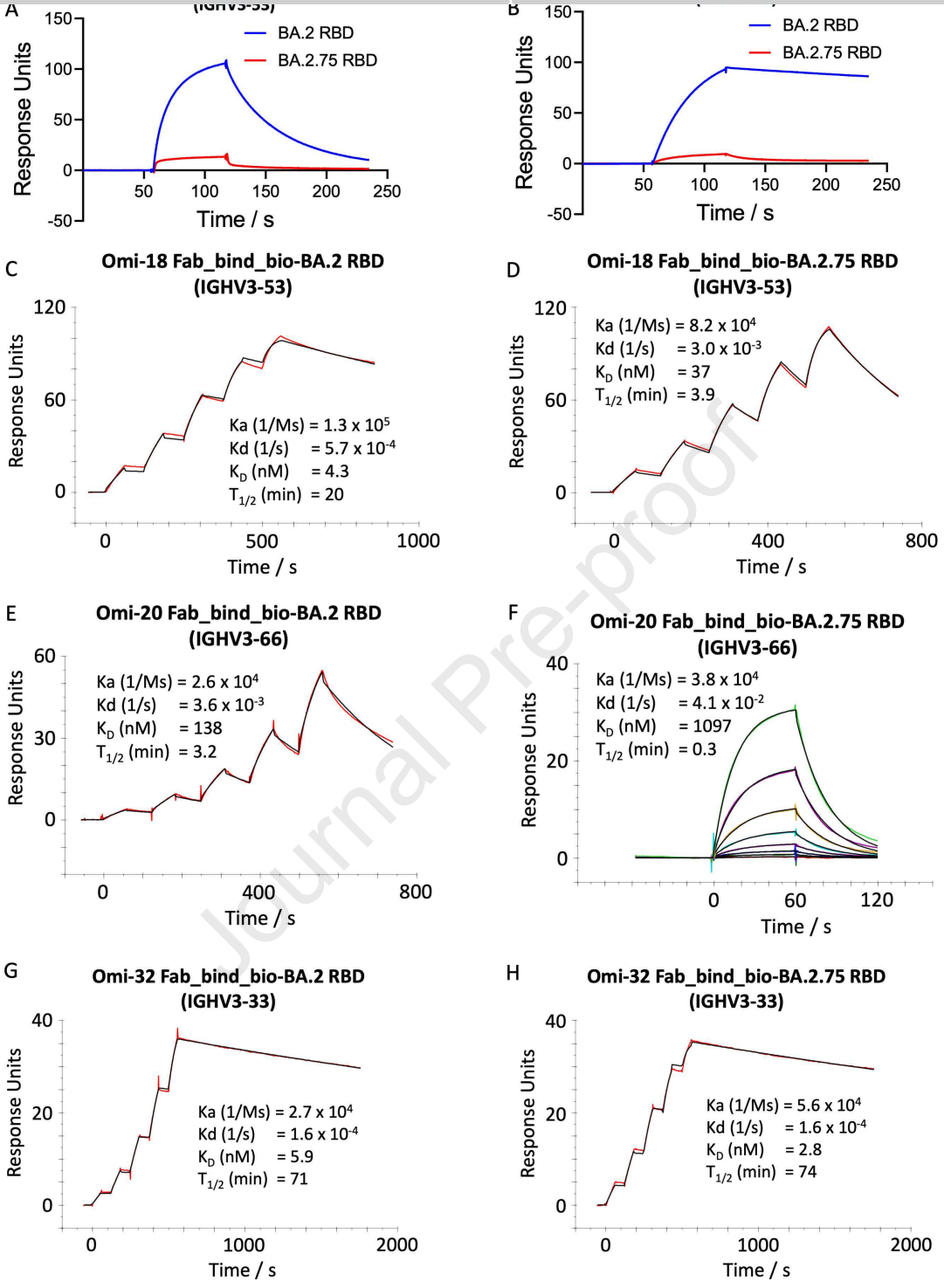

Figure S2 Surface plasmon resonance (SPR) analysis of interaction between BA.2 or BA.2.75 RBD and selected mAbs. (A) Binding of Omi-29 (IGHV3-53) to BA.2.75 RBD is severely reduced compared to that of BA.2, as shown by a single-injection of 1 μM Omi-29 Fab over sample flow cells containing biotinylated BA.2 or BA.2.75 RBD. (B) Binding of Omi-36 (IGHV3-66) to BA.2.75 RBD is severely reduced compared to that of BA.2, as shown by a single-injection of 0.2 μM BA.2 or BA.2.75 RBD over sample flow cells containing Omi-36 in the IgG form. (C-H) Sensorgrams (Red / Coloured: original binding curve; black: fitted curve) showing the interactions between BA.2 or BA.4/5 RBD and selected mAbs, with kinetics data shown. Related to Figure 5.

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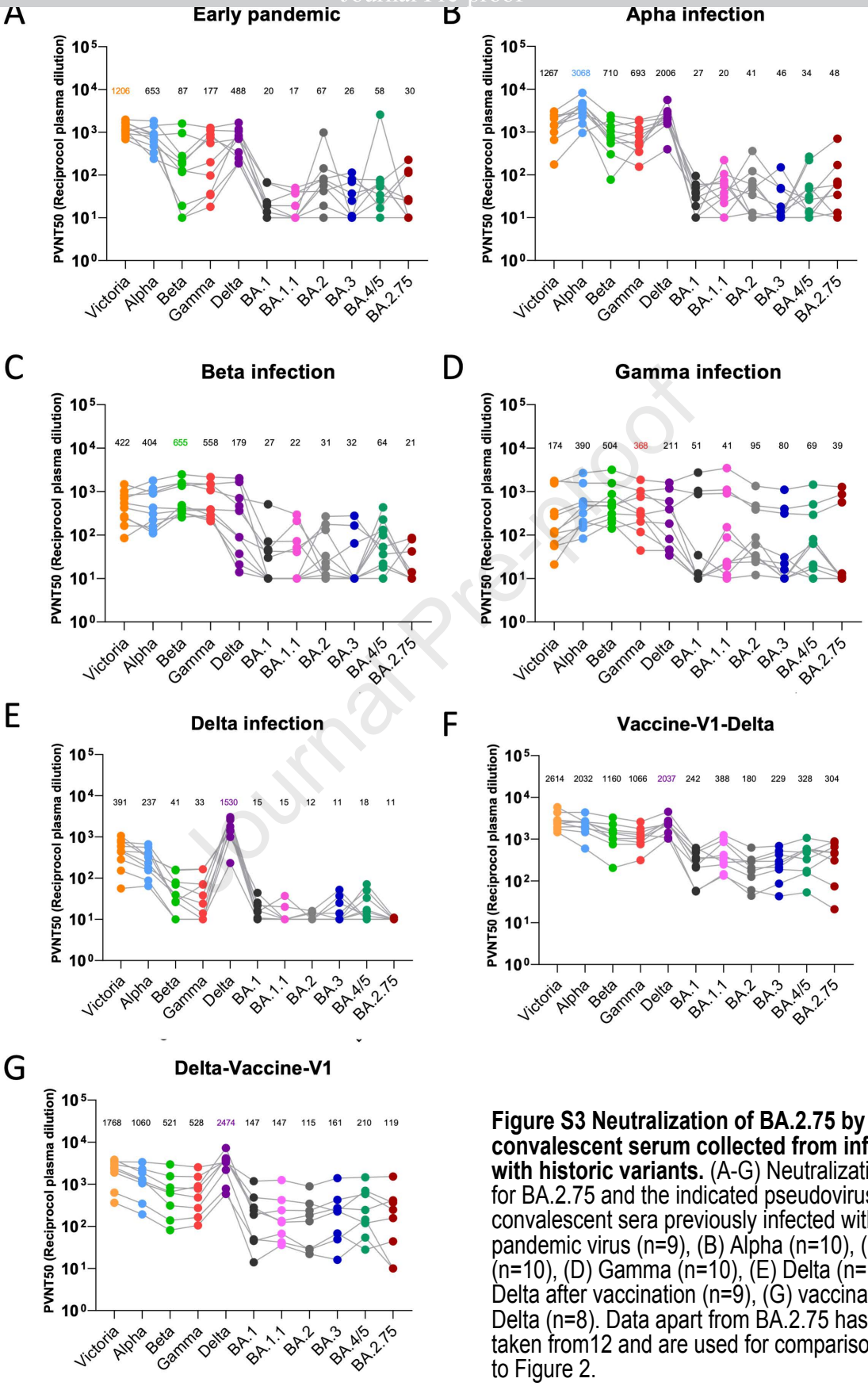

Figure S3 Neutralization of BA.2.75 by panels of convalescent serum collected from infection with historic variants. (A-G) Neutralization titres for BA.2.75 and the indicated pseudoviruses using convalescent sera previously infected with (A) Early pandemic virus (n=9), (B) Alpha (n=10), (C) Beta (n=10), (D) Gamma (n=10), (E) Delta (n=10), (F) Delta after vaccination (n=9), (G) vaccination after Delta (n=8). Data apart from BA.2.75 has been taken from12 and are used for comparison. Related to Figure 2.

Figure S3

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Tabl

PV including BA.2.75 and BA.2+N460K (related to Figure 5A)

mAbs	Victoria	BA.1	BA.1.1	BA.2	BA.3	BA.4/5	BA.2.75	BA.2+N460K
Omi-02	0.002 ± 0.001	0.004 ± 0.001	0.004 ± 0.001	0.003 ± 0.001	0.019 ± 0.007	>10	0.009 ± 0.002	0.025 ± 0.003
Omi-03 (3-53)	0.003 ± 0.000	0.005 ± 0.002	0.003 ± 0.001	0.008 ± 0.001	0.022 ± 0.003	0.017 ± 0.005	0.017 ± 0.000	0.401 ± 0.026
Omi-06	0.007 ± 0.000	0.017 ± 0.003	0.139 ± 0.033	0.039 ± 0.008	0.696 ± 0.106	>10	0.063 ± 0.005	0.026 ± 0.002
Omi-08	0.008 ± 0.004	0.003 ± 0.000	0.002 ± 0.000	0.114 ± 0.045	0.032 ± 0.001	0.086 ± 0.005	0.036 ± 0.002	0.552 ± 0.090
Omi-09	0.006 ± 0.002	0.005 ± 0.000	0.005 ± 0.002	0.008 ± 0.002	0.017 ± 0.002	0.166 ± 0.007	0.003 ± 0.000	0.010 ± 0.002
Omi-12	0.006 ± 0.002	0.002 ± 0.000	0.002 ± 0.001	0.003 ± 0.001	0.006 ± 0.001	0.429 ± 0.060	0.003 ± 0.001	0.011 ± 0.002
Omi-16 (3-66)	0.014 ± 0.003	0.012 ± 0.002	0.011 ± 0.003	0.034 ± 0.012	0.111 ± 0.008	0.029 ± 0.007	>10	>10
Omi-17 (3-66)	0.023 ± 0.011	0.018 ± 0.012	0.022 ± 0.009	0.060 ± 0.004	0.123 ± 0.002	0.028 ± 0.001	0.255 ± 0.169	>10
Omi-18 (3-53)	0.008 ± 0.003	0.002 ± 0.000	0.002 ± 0.000	0.005 ± 0.000	0.006 ± 0.002	0.005 ± 0.001	0.035 ± 0.007	0.014 ± 0.002
Omi-20 (3-66)	0.009 ± 0.002	0.006 ± 0.001	0.005 ± 0.001	0.015 ± 0.003	0.020 ± 0.004	0.014 ± 0.006	0.178 ± 0.075	0.315 ± 0.142
Omi-23	0.005 ± 0.002	0.029 ± 0.006	0.023 ± 0.12	0.019 ± 0.005	0.011 ± 0.000	>10	0.011 ± 0.006	0.022 ± 0.005
Omi-24	0.005 ±0.000	0.006 ± 0.002	0.054 ± 0.015	0.007 ± 0.001	0.009 ± 0.002	>10	0.008 ± 0.004	0.014 ± 0.000
Omi-25	0.005 ± 0.001	0.023 ± 0.005	0.027 ± 0.005	0.024 ± 0.004	0.050 ± 0.004	>10	0.014 ± 0.005	0.050 ± 0.010
Omi-26	0.002 ± 0.001	0.006 ± 0.002	0.005 ± 0.001	0.013 ± 0.001	0.018 ± 0.002	>10	0.010 ± 0.004	0.010 ± 0.000
Omi-27 (3-66)	0.008 ± 0.003	0.026 ± 0.006	0.034 ± 0.009	0.034 ± 0.005	0.026 ± 0.007	0.069 ± 0.023	6.672 ± 4.466	>10
Omi-28 (3-66)	0.022 ± 0.000	0.011 ± 0.004	0.009 ± 0.002	0.008 ± 0.000	0.019± 0.000	0.028 ± 0.009	0.133 ± 0.082	0.103 ± 0.048
Omi-29 (3-53)	0.014 ± 0.006	0.017 ± 0.003	0.016 ± 0.009	0.056 ± 0.014	0.064 ± 0.017	0.396 ± 0.007	>10	>10
Omi-30	0.012 ± 0.002	0.008 ± 0.003	0.008 ± 0.004	0.011 ± 0.002	0.015 ± 0.003	>10	0.008 ± 0.002	0.018 ± 0.001
Omi-31	0.376± 0.090	0.029± 0.002	0.031 ± 0.012	0.013 ± 0.002	0.013 ± 0.004	>10	0.014 ± 0.008	0.015 ± 0.001
Omi-32	0.010 ± 0.006	0.017 ± 0.000	>10	2.682 ± 0.553	1.018 ± 0.139	0.035 ± 0.016	0.354 ± 0.064	2.341 ± 0.282
Omi-33	0.027 ± 0.011	0.014 ± 0.005	0.042 ± 0.018	0.068 ± 0.022	0.133 ± 0.021	0.013 ± 0.004	0.053 ± 0.006	0.490 ± 0.156
Omi-34	0.007 ± 0.004	0.008 ± 0.001	0.062 ± 0.004	0.009 ± 0.003	0.014 ± 0.000	>10	0.005 ± 0.000	0.020 ± 0.001
Omi-35	0.018 ± 0.004	0.058 ± 0.006	0.381 ± 0.061	0.094 ± 0.004	0.044 ± 0.018	1.687 ± 0.441	0.020 ± 0.000	0.056 ± 0.012
Omi-36 (3-66)	0.022 ± 0.004	0.009 ± 0.003	0.009 ± 0.003	0.030 ± 0.014	0.178 ± 0.048	0.024 ± 0.006	>10	>10
Omi-38	0.015 ± 0.004	0.024 ± 0.015	>10	0.005 ± 0.000	0.008 ± 0.002	0.005 ± 0.001	0.011 ± 0.005	0.010 ± 0.001
Omi-39	0.014 ± 0.002	0.009 ± 0.004	>10	0.026 ± 0.011	0.014 ± 0.001	0.035 ± 0.003	0.027 ± 0.009	0.045 ± 0.017
Omi-41	>10	0.053 ± 0.028	0.037 ± 0.002	>10	0.032 ± 0.007	>10	>10	>10
Omi-42	0.013 ± 0.004	0.007 ± 0.004	0.006 ± 0.002	0.021 ± 0.011	0.025 ± 0.012	0.013 ± 0.001	0.003 ± 0.000	0.007 ± 0.002

(B) IC50 of commercial mAbs against PV BA.2.75 (related to Figure 5B)

	IC50 (μg/mL) Pseudovirus						
	Victoria	BA.1	BA.1.1	BA.2	BA.3	BA.4/5	BA.2.75
REGN10987	0.002 ± 0.001	>10	>10	0.616 ± 0.347	>10	>10	>10
REGN10933	0.001 ± 0.002	>10	>10	>10	>10	>10	>10
AZD1061	0.002 ± 0.001	0.308 ± 0.058	>10	0.008 ± 0.003	0.019 ± 0.007	0.015 ± 0.004	0.021 ± 0.002
AZD8895	0.001 ± 0.000	0.246 ± 0.027	0.100 ± 0.053	1.333 ± 0.317	>10	>10	0.008 ± 0.000
AZD7442	0.001 ± 0.000	0.232 ± 0.113	0.806 ± 0.093	0.008 ± 0.001	0.065 ± 0.011	0.065 ± 0.007	0.017 ± 0.003
ADG10	0.007 ± 0.002	>10	>10	>10	>10	>10	>10
ADG20	0.003 ± 0.002	0.348 ± 0.169	0.253 ± 0.070	>10	>10	>10	>10
ADG30	0.014 ± 0.006	>10	>10	>10	>10	>10	>10
Ly-CoV555	0.002 ± 0.000	>10	>10	>10	>10	>10	>10
Ly-CoV16	0.014 ± 0.010	>10	>10	>10	>10	>10	>10
Ly-CoV1404	0.001 ± 0.000	0.002 ± 0.000	0.001 ± 0.000	0.001 ± 0.000	0.002 ± 0.000	0.002 ± 0.000	0.002 ± 0.000
S309	0.079 ± 0.027	0.113 ± 0.006	0.142 ± 0.012	0.638 ± 0.154	0.311 ± 0.023	0.689 ± 0.041	0.202 ± 0.017

Table S2. **IC50 of BA.1 mAbs against PV BA.2, BA.2.75 and BA.2 with each of the four BA.2.75 mutations (see also Figure S1, related to Figure 5)**

	IC50 (µg/ml)					
mAbs	**BA.2**	**BA.2+D339H**	**BA.2+R493Q**	**BA.2+G446S**	**BA.2.+ N460K**	**BA.2.75**
Omi02	0.003 ± 0.000	0.007 ± 0.003	0.003 ± 0.000	0.007 ± 0.002	0.025 ± 0.003	0.009 ± 0.002
Omi03	0.008 ± 0.001	0.006 ± 0.000	0.002 ± 0.001	0.005 ± 0.001	0.401 ± 0.026	0.017 ± 0.000
Omi06	0.039 ± 0.008	0.012 ± 0.002	0.023 ± 0.010	0.087 ± 0.002	0.026 ± 0.002	0.063 ± 0.005
Omi08	0.114 ± 0.045	0.250 ± 0.009	0.194 ± 0.020	0.017 ± 0.001	0.552 ± 0.090	0.036 ± 0.002
Omi09	0.008 ± 0.002	0.005 ± 0.001	0.003 ± 0.000	0.006 ± 0.001	0.010 ± 0.002	0.003 ± 0.000
Omi12	0.003 ± 0.001	0.003 ± 0.001	0.001 ± 0.000	0.003 ± 0.001	0.011 ± 0.002	0.003 ± 0.001
Omi16	0.034 ± 0.012	0.014 ± 0.004	0.008 ± 0.003	0.018 ± 0.004	>10	>10
Omi17	0.060 ± 0.004	0.036 ± 0.015	0.013 ± 0.001	0.038 ± 0.002	>10	0.255 ± 0.169
Omi18	0.005 ± 0.000	0.003 ± 0.000	0.004 ± 0.000	0.003 ± 0.000	0.014 ± 0.002	0.035 ± 0.007
Omi20	0.015 ± 0.003	0.007 ± 0.000	0.005 ± 0.001	0.005 ± 0.001	0.315 ± 0.142	0.178 ± 0.075
Omi23	0.019 ± 0.005	0.006 ± 0.000	0.007 ± 0.000	0.010 ± 0.002	0.022 ± 0.005	0.011 ± 0.006
Omi24	0.007 ± 0.001	0.005 ± 0.001	0.004 ± 0.000	0.005 ± 0.000	0.014 ± 0.000	0.008 ± 0.004
Omi25	0.024 ± 0.004	0.016 ± 0.003	0.007 ± 0.002	0.022 ± 0.000	0.050 ± 0.010	0.014 ± 0.005
Omi26	0.013 ± 0.001	0.007 ± 0.002	0.008 ± 0.001	0.008 ± 0.002	0.010 ± 0.000	0.010 ± 0.004
Omi27	0.034 ± 0.006	0.007 ± 0.001	0.007 ± 0.001	0.011 ± 0.001	>10	6.672 ± 4.466
Omi28	0.008 ± 0.000	0.009 ± 0.001	0.010 ± 0.001	0.014 ± 0.000	0.103 ± 0.048	0.133 ± 0.082
Omi29	0.056 ± 0.014	0.018 ± 0.006	0.042 ± 0.012	0.024 ± 0.002	>10	>10
Omi30	0.013 ± 0.002	0.006 ± 0.001	0.002 ± 0.000	0.003 ± 0.000	0.018 ± 0.001	0.008 ± 0.002
Omi31	0.011 ± 0.002	0.005 ± 0.001	0.003 ± 0.000	0.005 ± 0.001	0.015 ± 0.001	0.014 ± 0.008
Omi32	2.614 ± 0.533	0.683 ± 0.179	0.312 ± 0.008	0.330 ± 0.010	2.341 ± 0.282	0.354 ± 0.064
Omi33	0.070 ± 0.024	0.177 ± 0.035	0.063 ± 0.008	0.043 ± 0.016	0.490 ± 0.156	0.053 ± 0.006
Omi34	0.009 ± 0.003	0.004 ± 0.000	0.002 ± 0.000	0.002 ± 0.000	0.020 ± 0.001	0.005 ± 0.000
Omi35	0.092 ± 0.004	0.012 ± 0.003	0.017 ± 0.011	0.014 ± 0.006	0.056 ± 0.012	0.020 ± 0.000
Omi36	0.030 ± 0.014	0.036 ± 0.002	0.013 ± 0.003	0.067 ± 0.015	>10	>10
Omi38	0.005 ± 0.000	0.011 ± 0.000	0.003 ± 0.001	0.010 ± 0.000	0.010 ± 0.001	0.011 ± 0.005
Omi39	0.026 ± 0.011	0.012 ± 0.002	0.021 ± 0.007	0.009 ± 0.002	0.045 ± 0.017	0.027 ± 0.009
Omi41	>10	>10	>10	>10	>10	>10
Omi42	0.021 ± 0.011	0.011 ± 0.002	0.006 ± 0.001	0.016 ± 0.002	0.007 ± 0.002	0.003 ± 0.000

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	.1 infection	.2 infection	/5 infection	AZV3+28	52b2 V3+28	y pandemic	Alpha	Beta	Gamma	Delta	e-V1_Delta	V1-Vaccine
Participants												
Female	7	7	7	7	7	7	7	7	7	7	7	7
Male	7	4	5	21	10	9	6	5	4	3	4	4
Median Age (Y)	22 (Range 21-56)	41 (Range 22-57)	42 (Range 20-94)	37 (Range 25-53)	45 (Range 30-59)	60 (Range 53-69)	57 (Range 29-76)	47 (Range 16-64)	32 (Range 23-49)	26 (Range 12-36)	40 (Range 28-70)	41 (Range 31-54)

Table S3. Sample participant information.

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Table S4. Primers used for site-directed PCR mutagenesis to generate the BA.2.75 construct using the BA.2 Spike construct as template (related to methods)

Primer ID	Sequence
D339H_pNeoF	5′-GGTTGCGTAGCTGAAACCGGTACCAATCTGTGCCCTTTCCACGAGGTGTTCAATGCCACC-3′
G446S_F	5′-CAAACTAGATTCGAAAGTTAGCGGCAATTACAATTACCTG-3′
G446S_R	5′-CAGGTAATTGTAATTGCCGCTAACTTTCGAATCTAGTTTG-3′
N460K_F	5′-CAGACTGTTCAGAAAGAGCAAACTGAAGCCTTTCGAGAGAGAC-3′
N460K_R	5′-GTCTCTCTCGAAAGGCTTCAGTTTGCTCTTTCTGAACAGTCTG-3′
R493Q_F (RBD)	5′-CAATTGCTACTTCCCTCTGCAGAGCTACGGCTTCAGACCTACC-3′
R493Q_R (RBD)	5′-GGTAGGTCTGAAGCCGTAGCTCTGCAGAGGGAAGTAGCAATTG-3′
RBD333_BAP_R	5′-GTCATTCAGCAAGCTCTTCTTGCCGCACACGGTAGC-3′
pNeoRBD333Omi_F	5′-GGTTGCGTAGCTGAAACCGGTCATCACCATCACCATCACACCAATCTGTGCCCTTTCGAC-3′
K147E_W152R_F157L_F	5′-CGTTTATTATCATGAGAACAACAAGAGCAGGATGGAGAGCGAGTTACGCGTATATTCGTCGGC-3′
K147E_W152R_F157L_R	5′-GCCGACGAATATACGCGTAACTCGCTCTCCATCCTGCTCTTGTTGTTCTCATGATAATAAACG-3′
I210L_F	5′-CAGCAAGCACACACCCGTTAATCTGGGCAGAGACC-3′
I210L_R	5′-GGTCTCTGCCCAGATTAACGGGTGTGTGCTTGCTG-3′
G275S_F	5′-GCGATTCGTCAAGCAGTTGGACCGCTGGAGC-3′
G275S_R	5′-GCTCCAGCGGTCCAACTGCTTGACGAATCGC-3′
D339H_F	5′-CAATCTGTGCCCTTTCCACGAGGTGTTCAATGC-3′
D339H_R	5′-GCATTGAACACCTCGTGGAAAGGGCACAGATTG-3′
G446S_N460K_F	5′-GAACTCTAACAAACTAGATTCGAAAGTTAGCGGCAATTACAATTACCTGTACAGACTGTTCAGAAAGAGCAAGCTGAAGCCTTTCGAGAG-3′
G446S_N460K_R	5′-CTCTCGAAAGGCTTCAGCTTGCTCTTTCTGAACAGTCTGTACAGGTAATTGTAATTGCCGCTAACTTTCGAATCTAGTTTGTTAGAGTTC-3′
R493Q_F	5′-GCTTCAATTGCTACTTCCCTCTGCAGAGCTACGGCTTCAGACCTACC-3′
R493Q_R	5′-GGTAGGTCTGAAGCCGTAGCTCTGCAGAGGGAAGTAGCAATTGAAGC-3′

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Table S5. X-ray data collection and structure refinement statistics (related to Figure 4)

[a] Values in parentheses are for highest-resolution shell.

Structure	BA.2.75 RBD/ACE2
PDB ID	8ASY
Data collection	
Space group	$P4_12_12$
Cell dimensions	
a, b, c (Å)	105.3, 105.3, 220.8
a, b, g (°)	90, 90, 90
Resolution (Å)	76–2.85 (2.80–2.85)[a]
R_{merge}	0.443 (---)
R_{pim}	0.086 (1.401)
I/s(I)	7.6 (0.4)
$CC_{1/2}$	0.971 (0.279)
Completeness (%)	99.8 (96.9)
Redundancy	26.8 (25.7)
Refinement	
Resolution (Å)	76–2.85
No. reflections	2089/1439
R_{work} / R_{free}	0.217/0.265
No. atoms	
Protein	6464
Ligand/ion/water	167
B factors (Å^2)	
Protein	86
Ligand/ion/water	108
r.m.s. deviations	
Bond lengths (Å)	0.002
Bond angles (°)	0.4

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