

1 Discovery of a novel simian pegivirus in 2 common marmosets (*Callithrix jacchus*) 3 with lymphocytic enteritis

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19 Abstract

20 From 2010 to 2015, 73 common marmosets (*Callithrix jacchus*) housed at the Wisconsin
21 National Primate Research Center (WNPRC) were diagnosed postmortem with lymphocytic
22 enteritis. We used unbiased deep-sequencing to screen the blood of deceased enteritis-positive
23 marmosets for the presence of RNA viruses. In five out of eight marmosets found to have
24 lymphocytic enteritis, we discovered a novel pegivirus not present in ten subsequently deep-
25 sequenced healthy marmosets. The novel virus, which we have named Southwest bike trail
26 virus (SOBV), is most closely related to a strain of simian pegivirus A (68% nucleotide identity)
27 that was previously isolated from a three-striped night monkey (*Aotus trivirgatus*). To determine
28 the prevalence of this novel virus within the WNPRC marmoset colony, we screened 146 living
29 animals and found an overall prevalence of 34% (50/146). Over the next four years, 85 of the
30 146 screened marmosets were examined histologically for lymphocytic enteritis. Out of these 85
31 animals, 27 SOBV-infected common marmosets had developed lymphocytic enteritis, compared
32 to 42 uninfected common marmosets, indicating no association between this virus and
33 development of enteritis ($p=0.820$). The novel pegivirus was also found in 2 of 32 (6.25%)
34 healthy marmosets screened while in quarantine during the transfer from the New England
35 Primate Research Center to the WNPRC.

36 Importance

37 Common marmosets (*Callithrix jacchus*) are a valuable model species. We discovered two
38 variants of a novel pegivirus, which we named the Southwest bike trail virus (SOBV), in
39 common marmosets which had postmortem histologic diagnosis of lymphocytic enteritis. We
40 screened 146 live healthy marmosets in the Wisconsin National Primate Research Center
41 colony and found 34% (50/146) of the animals were infected. SOBV was also present in 2 of 32
42 (6.25%) healthy marmosets from the New England Primate Research Center. These findings
43 have implications for animal studies in which infection-free animals are desired, and they
44 demonstrate the need for further investigations to increase understanding of this genus of
45 viruses.

46 Introduction

47 Common marmosets (*Callithrix jacchus*) are a valuable model species due to their small body
48 size, communal monogamous familial behavior, birth of hematopoietic chimeric litters, short
49 parturition intervals, and status as members of a non-endangered primate species.¹⁻⁴ The utility
50 of common marmosets in research has resulted in a recent increase in demand for these
51 animals.⁵ The Wisconsin National Primate Research Center (WNPRC) in Wisconsin, Madison,
52 USA, houses a common marmoset colony typically consisting of about 240 common
53 marmosets, which are used by researchers at the University of Wisconsin-Madison for
54 groundbreaking research in neurological, neurobehavioral, and pharmacologic studies, and
55 many others.⁶⁻¹⁶

56
57 From 2010 to 2015, 73 common marmosets housed at the WNPRC were euthanized due
58 experimental end point, chronic, intractable diarrhea, or chronic severe weight loss, underwent
59 necropsy with histology and were diagnosed with lymphocytic enteritis. Beyond the regrettable
60 loss of animal life, common marmoset demise due to enteritis is harmful to both colony success
61 and to the scientific studies to which these animals are assigned. Though lymphocytic enteritis
62 is one of the most common causes of death in captive common marmosets,¹⁷⁻²² the epizootic at
63 WNPRC was associated with an unusually high disease incidence, prompting investigations into
64 a possible infectious contributor. Unbiased deep-sequencing led to the discovery of two closely
65 related variants of a novel pegivirus, most closely related to a variant of simian pegivirus A
66 (SPgV-A) previously isolated from a three-striped night monkey (*Aotus trivirgatus*). This novel
67 pegivirus was present in a subset of deceased common marmosets diagnosed postmortem with
68 lymphocytic enteritis and not present in matched healthy controls. Pegiviruses, members of
69 genus *Pegivirus* (*Amarillovirales: Flaviviridae*), are ubiquitous in animal populations,²³⁻³⁴ but their
70 biological consequences are poorly understood. Given the importance of common marmosets
71 as a model species and the disease burden caused by lymphocytic enteritis, we set out to
72 characterize the possible link between these new viruses and the disease state.

73
74 Here, we report the discovery of two variants of a novel pegivirus in a captive common
75 marmoset colony. We establish phylogenetic relationships with other known pegiviruses. Since
76 this virus was discovered in common marmosets with lymphocytic enteritis and was absent in
77 healthy controls, we measured the prevalence of the virus in the colony. We investigated the
78 potential association between the virus and the occurrence of lymphocytic enteritis. We
79 ultimately found no statistically significant association between infection status and disease.
80 Still, we did find the virus to be highly prevalent (34%) in our colony, less prevalent (6.25%) in a
81 comparison colony, and significantly associated with increasing age ($p=0.03237$). These
82 findings have implications for animal studies in which infection-free animals are desired, and

83 they demonstrate the need for further investigations to increase understanding of this genus of
84 viruses.

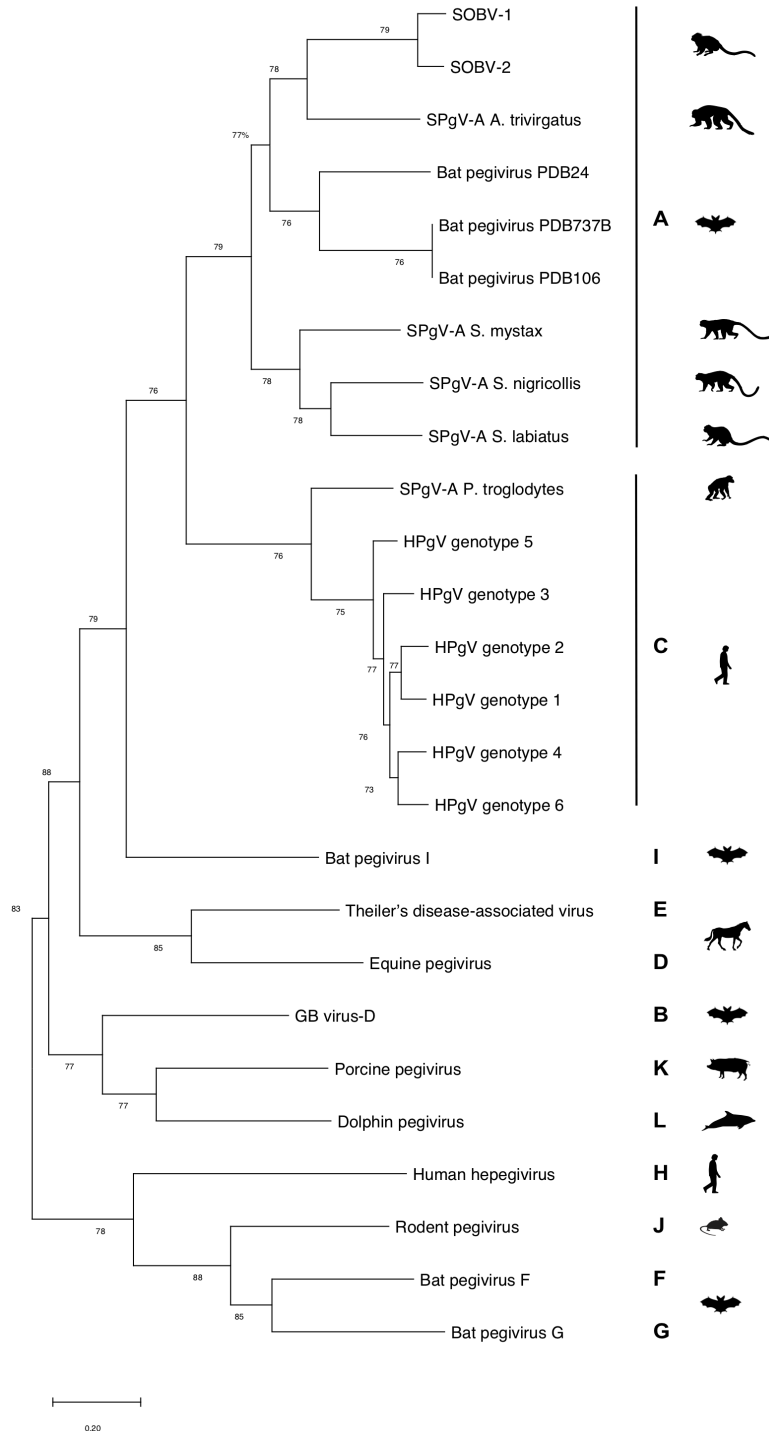
85 Results

86 Captive common marmosets harbor a novel pegivirus

87 To examine the etiology of the unusually high rate of lymphocytic enteritis in deceased WNPRC
88 common marmosets, banked plasma samples from eight common marmosets diagnosed with
89 lymphocytic enteritis and from 10 healthy, live common marmosets to be used as controls were
90 screened by deep sequencing for the presence of DNA and RNA viruses. Five of eight
91 deceased marmosets with lymphocytic enteritis were infected with the previously undocumented
92 pegivirus. We propose this novel virus (BioProject accession number PRJNA613737), be
93 formally named the Southwest bike trail virus (SOBV). The ten healthy common marmoset
94 controls were found to be negative for this virus.

95
96 SOBV consists of a 9.8-kb-long contig that is highly similar to the genome of simian pegivirus A
97 (SPgV A) *trivirgatus*, a simian pegivirus previously discovered in a three-striped night monkey
98 (*Aotus trivirgatus*)²⁶ (Figure 1), with 68% nucleotide identity across the coding sequence when
99 aligned using ClustalW with an IUB cost matrix (gap extension cost, 6.66; gap open cost,
100 15.00). Four of the five marmosets infected with SOBV had variants of the virus having 98-99%
101 sequence identity, while one marmoset was infected with a variant with 88% sequence identity
102 to the others. We have named these variants SOBV-1 and -2.

103
104 Pairwise comparisons of nucleotide identity across the entire coding region further illustrate the
105 similarity of SOBV-1 and SOBV-2 and the divergence between these novel virus strains and the
106 next most closely-related viruses (Figure 2, Figure 3), most of which were simian pegiviruses.
107 Interestingly, a pegivirus isolate found in a bat, BPgV 737,³⁵ also shared a high degree of
108 similarity with the novel pegivirus and with similar simian pegiviruses.
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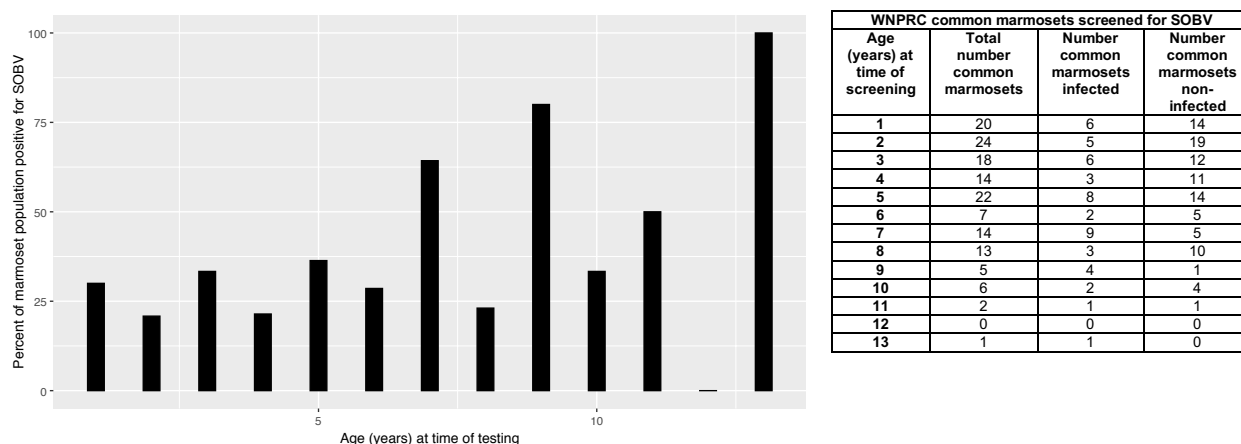
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Figure 1. A phylogenetic tree of newly discovered pegivirus Southwest bike trail virus (SOBV strains 1 and 2) shows it is most closely related to pegiviruses found in other New World monkeys. We generated maximum likelihood trees using MEGA6.06 (1,000 bootstrap replicates, GTR+I+ γ model) from codon-based alignments (via MAFFT); Bootstrap values of less than 70 are omitted.

Abbreviations: HPgV = human pegivirus; SPgV = simian pegivirus; GBV-C = G.B. virus C; BPgV = bat pegivirus; EqPgV = equine pegivirus; HePegi = hepegivirus; RPgV = rodent pegivirus

134 Novel pegivirus infects up to 35% of a captive common marmoset 135 colony

136 Having identified the novel pegivirus, we sought to determine its prevalence within the WNPRC
137 common marmoset colony. We developed an RT-PCR assay to detect a conserved region of
138 the putative helicase protein of SOBV and used this to screen plasma collected from 146
139 healthy live common marmosets in the WNPRC colony, confirming results through deep-
140 sequencing of the amplicons. At the time of the initial screening in March–April 2014, 50 of the
141 146 (34.25%) healthy screened animals tested positive for SOBV. Nineteen of 60 females
142 (31.67%) and 31 of 86 males (36.05%) tested positive at the time of screening. Sex was not
143 associated with the likelihood of infection using univariate logistic regression ($p=0.5834$). Age at
144 the time of screening was mildly associated with the likelihood of infection ($p=0.03237$), with the
145 likelihood of positivity increasing with age (Figure 4).
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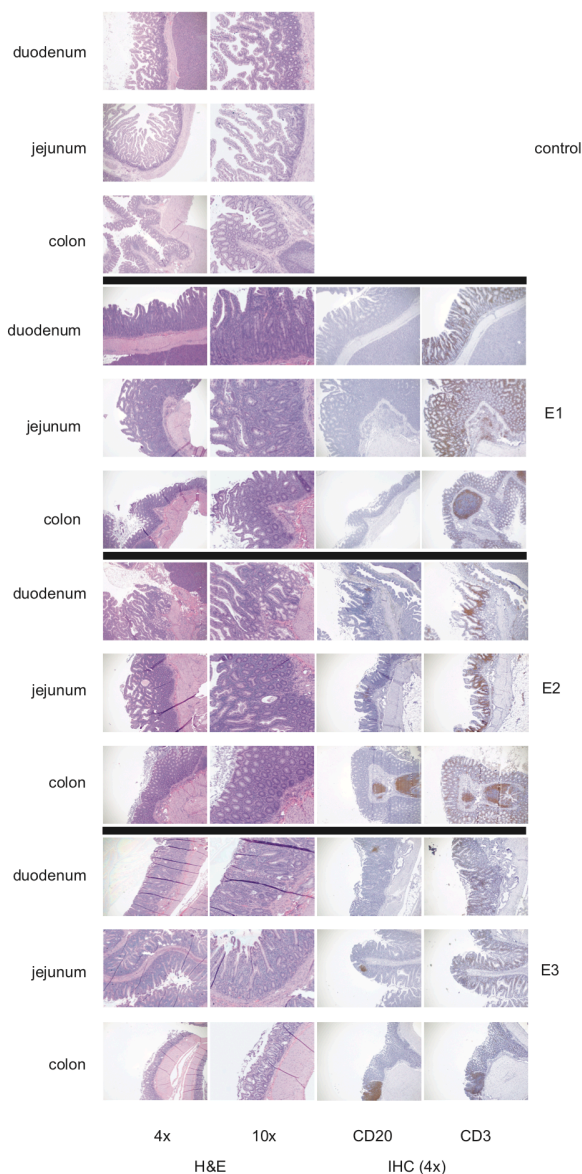
151 **Figure 4.** Prevalence of infection with Southwest bike trail virus (SOBV) in common marmosets
152 at the WNPRC increases with age. One hundred forty-six live, healthy common marmosets in
153 the WNPRC captive common marmoset colony were screened for SOBV using RT-PCR and
154 deep sequencing methods. The likelihood of infection with these viruses was significantly
155 statistically associated with increasing age ($p=0.03237$) using univariate logistic regression.
156

157 In November 2014, 82 common marmosets were transferred from the New England Primate
158 Research Center (NEPRC) to the WNPRC. Samples from 32 NEPRC animals were collected
159 while the animals were in quarantine. Two (6.25%) were found to be infected with SOBV when
160 screened by RT-PCR in quarantine.

161 Presence of novel pegivirus is not statistically significantly 162 associated with common marmoset lymphocytic enteritis

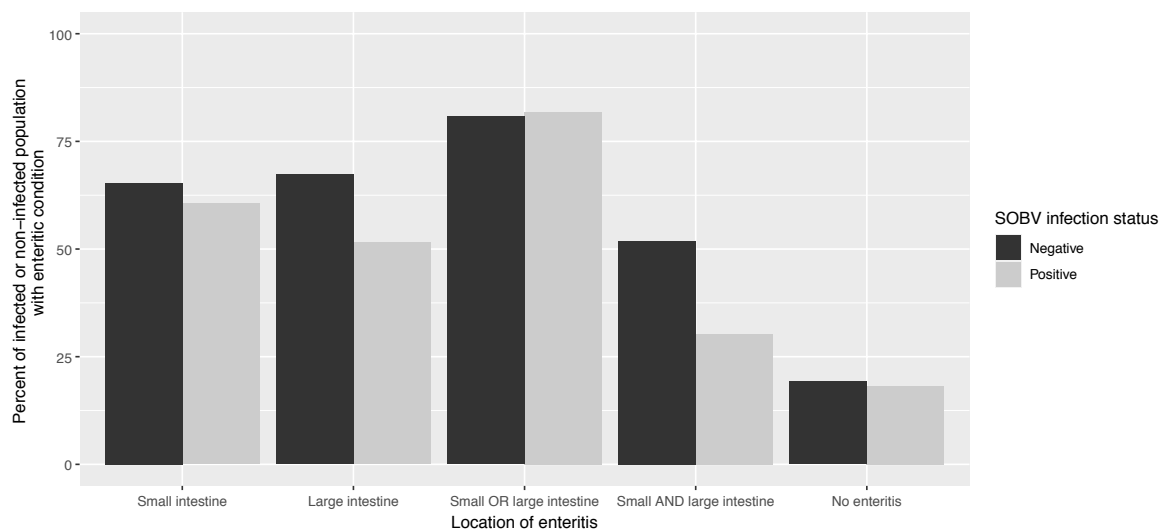
163 We next sought to determine whether infected animals were more likely to develop lymphocytic
164 enteritis. Typical enteric architecture consists of slender, often branching villi, with short
165 intestinal glands, small numbers of lymphocytes in the lamina propria, and prominent B cell
166 aggregates dispersed throughout the length of the intestines (Figure 5, control). Lymphocytic
167 enteritis was diagnosed as a disruption of this architecture, with lymphocytic infiltration that
168 expands the lamina propria, resulting in widening and shortening of villi and hyperplasia of crypt
169 epithelium (Figure 5, E1-E3). Cases varied in severity, with mild cases showing only slight

170 expansion of the lamina propria and advanced cases showing complete loss of villus
171 architecture due to infiltration of the lamina propria with large numbers of CD3-positive
172 lymphocytes. Eighty-five of the live WNPRC animals initially screened for SOBV in 2014 were
173 euthanized for experimental end points or clinical illness between their screening and May 3,
174 2019. Sixty-nine (81.18%) of these animals were diagnosed by postmortem histological analysis
175 with lymphocytic enteritis of the small intestine, or large intestine, or both. Two animals were
176 removed from this analysis due to confounding factors (one animal had severe tissue autolysis,
177 and the other animal had B cell lymphoma of the small and large intestines).
178



179
180 **Figure 5.** Representative photomicrographs show lymphocytic enteritis distorting normal
181 intestinal structures in the duodenum, jejunum, and colon of common marmosets. Histology
182 performed upon intestinal samples from 85 common marmosets. All intestinal sections were
183 stained with hematoxylin and eosin (H&E). Intestinal sections from animals with enteritis were
184 stained using B cell-specific and T cell-specific staining procedures (immunohistochemistry) with
185 monoclonal antibodies to CD20 or CD79 (B cell markers) and CD3 (T cell marker), respectively.

186
187 Pegivirus infection was not found to be associated with an increased likelihood of developing
188 lymphocytic enteritis in the large intestine ($p=0.196$), small intestines ($p=0.779$), both small and
189 large intestines ($p=0.0798$), or either the large or small intestines ($p=0.820$) (Figure 6).
190



191
192 **Figure 6.** Infection with Southwest bike trail virus (SOBV) is not associated with the likelihood of
193 developing lymphocytic enteritis. Eighty-five common marmosets at the WNPRC, which had
194 been previously screened for SOBV by RT-PCR or deep-sequencing of plasma samples, were
195 examined postmortem for histological evidence of lymphocytic enteritis. Pegivirus infection was
196 not found to be associated with an increased likelihood of developing lymphocytic enteritis in the
197 large intestine ($p=0.196$), small intestines ($p=0.779$), both small and large intestines ($p=0.0798$),
198 or either the large or small intestines ($p=0.820$) using univariate logistic regression.

199 Discussion

200 We describe the discovery of a novel simian pegivirus first identified in common marmosets
201 diagnosed with lymphocytic enteritis. We show this pegivirus was prevalent in our colony during
202 a period of increased incidence of lymphocytic enteritis and that it was less prevalent in a
203 similar, healthy colony. The novel virus was not significantly associated with the likelihood of
204 developing lymphocytic enteritis, though prevalence of the virus increased with increasing age
205 in the common marmoset. With an average prevalence of 34%, SOBV appears common
206 throughout the WNPRC common marmoset colony.

207
208 Pegiviruses, the members of genus *Pegivirus* (*Amarillovirales: Flaviviridae*), have single-
209 stranded, positive-sense RNA genomes and produce enveloped virions.³⁹ The first members of
210 the genus were identified about twenty years ago,⁴⁰ and since that time pegiviruses have been
211 found in many animal populations.^{23-34,38} Pegiviruses have never been shown to be causative
212 agents of any disease or alteration in physiology,⁴¹⁻⁵⁸ though human pegivirus (HPgV; species
213 *Pegivirus A*) has been linked to incidence of various types of lymphoma,⁵⁹⁻⁶⁶ though this remains
214 controversial.⁶⁷⁻⁷¹ HPgV has, intriguingly, been linked to improved outcomes in coinfection with
215 HIV-1⁷²⁻⁸⁸ and Ebola virus,⁸⁷ leading some to propose the use of HPgV as a biotherapy.⁸⁹

216
217 It is not known whether these viruses are unique to the captive common marmoset populations
218 or whether they are also present in wild populations.⁹⁰ Other pegiviruses have been discovered

219 in wild common marmosets in the 1990s,⁹¹ but their prevalence has never been examined. The
220 prevalence of these viruses in our captive common marmoset population was quite high
221 compared to the best-studied pegivirus, HPgV, which is found in about 1–4% of human
222 populations.⁹²⁻⁹⁹ The novel pegiviruses were most similar to a pegivirus discovered in a three-
223 striped night monkey (*Aotus trivirgatus*),²⁶ a monkey used in malaria research at other primate
224 research facilities.¹⁰⁰⁻¹⁰² Interestingly, SOBV was highly similar to several variants of a bat
225 pegivirus isolated from African straw-coloured fruit bats (*Eidolon helvum*). This was somewhat
226 surprising given that the bat pegivirus isolates fall into Pegivirus species B. However, bat
227 pegiviruses have been found to be prevalent (up to 5%) among wild bats around the globe and
228 to span the full diversity of pegivirus species.³⁵ Our findings suggest common ancestry or an
229 otherwise close relationship between these variants.

230
231 The routes of transmission of SOBV and of other simian pegiviruses have not been examined.
232 Human pegivirus transmission has been extensively studied and is known to be occur efficiently
233 through blood products or dialysis,^{43,103-107} intravenous drug use and needle sticks,^{104,108-110}
234 sexual intercourse,^{104,108,111,112} and from mother to infant.^{104,113-117} In humans, HPgV can replicate
235 at high titers in a host for more than a decade^{103,118,119} with an unusually low mutation rate
236 compared to other RNA viruses,^{120,121} with the host's production of anti-pegivirus antibodies
237 resulting in protective sterilizing immunity once the immune system recognizes and clears the
238 virus.^{73,119} The duration of pegivirus infections in humans indicates SOBV may be similarly long-
239 lasting commensals of common marmosets, potentially impacting common marmoset lives in
240 unknown ways. Defining mechanisms of transmission will be important in preventing infection
241 and thereby allowing the study of these viruses' effects.

242
243 The high prevalence of this virus at the WNPRC raises essential considerations about potential
244 effects on common marmoset experiments. Facilities working with common marmosets should
245 prescreen the animals to establish the pegivirus infection status of animals in research. Future
246 investigations, perhaps involving the isolation of common marmosets for years at a time to
247 follow the natural history of long-term pegivirus infection in these animals, could examine the
248 long-term effects of infecting common marmosets with SOBV.

249
250 This study has several limitations. First, this study was observational in nature and could not
251 examine a causal link between viral positivity and the development of enteritis. Definitive
252 establishment of causation would require demonstrating that animals infected experimentally
253 develop lymphocytic enteritis. Second, not all of the animals initially screened were deceased at
254 the time of this analysis and future necropsies of these animals may contribute additional data
255 concerning the likelihood of enteritis development. Third, we were unable to culture this virus;
256 difficulties in culturing pegiviruses have been documented.^{37,122} Finally, some animals in this
257 study may have cleared the virus before the samples we tested were collected. Consequently,
258 these animals could have been mistakenly classified as virus-naïve; others may have acquired
259 the virus after our initial screening. Serial testing of animals would have counteracted this
260 problem; however, this was a retrospective study, so serial testing was impossible.
261 Development of a SOBV-specific ELISA or other serodiagnosis tools would enable deeper
262 appropriate analyses of SOBV infection rates both prospectively and retrospectively.

263
264 In summary, this work describes the discovery of a novel simian pegivirus and investigates its
265 relationship with a widespread and devastating cause of common marmoset mortality. Our
266 study lays the groundwork for the future development of a nonhuman primate model system
267 using this natural infection as a potential model for studying the mechanisms of these enigmatic
268 viruses and providing a greater understanding of their genus as a whole.

269

270 Materials and methods

271 Animals

272 All animals in this study were common marmosets (*Callithrix jacchus* Linnaeus, 1758) housed at
273 the Wisconsin National Primate Research Center (WNPRC) in Madison, WI, USA. The common
274 marmoset colony at the WNPRC was established in 1960. The original animals were imported
275 from northeastern Brazil, with the final importation occurring in the early 1970s. The average
276 yearly population of the colony each year from 2010 to 2019 was approximately 240 animals, all
277 of which were born in captivity. WNPRC animals screened were 41% (60 animals) female and
278 59% (86 animals) male. Age at the time of screening ranged from 0.82–12.82 years (mean
279 4.65+/-2.83 years, median 4.26 years).

280
281 The New England Primate Research Center (NEPRC), Southborough, MA, USA, was closed in
282 2015, resulting in a transfer of 82 common marmosets to WNPRC before closure in November
283 2014. Plasma samples were collected from these animals upon their arrival at WNPRC
284 (November–December 2014) while quarantined in a separate building and location from the
285 WNPRC marmoset colony. In the population initially from the NEPRC, 45 (55%) of the screened
286 animals were female, and 37 (45%) were male. Age at the time of screening ranged from 0.65–
287 10.66 years (mean 3.74+/-2.60, median 2.51 years) in this population.

288 Ethics

289 All common marmosets were cared for by WNPRC staff according to the regulations and
290 guidelines outlined in the National Research Council's Guide for the Care and Use of Laboratory
291 Animals, the Animal Welfare Act, the Public Health Service Policy on the Humane Care and Use
292 of Laboratory Animals, and the recommendations of the Weatherall report
293 (<https://royalsociety.org/topics-policy/publications/2006/weatherall-report/>). Per WNPRC
294 standard operating procedures for animals assigned to protocols involving the experimental
295 inoculation of infectious pathogens, environmental enhancement included constant visual,
296 auditory, and olfactory contact with conspecifics, the provision of feeding devices that inspire
297 foraging behavior, the provision and rotation of novel manipulanda, and enclosure furniture (i.e.,
298 perches, shelves). The common marmosets were housed socially in enclosures measuring
299 0.6m D × 0.9m W × 1.8 m H or 0.6m D × 1.2m W × 1.8 m H. The WNPRC maintains an
300 exemption from the USDA for these enclosures as they do not meet the Animal Welfare Act
301 regulations for floor space but greatly exceed height requirements as the species are arboreal.
302 This study was approved by the University of Wisconsin-Madison College of Letters and
303 Sciences and Vice Chancellor for Research and Graduate Education Centers Institutional
304 Animal Care and Use Committee (animal protocol numbers G005401 and G005443).

305 Unbiased deep-sequencing

306 Samples from 18 common marmosets (8 deceased common marmosets diagnosed with
307 lymphocytic enteritis through necropsy and 10 live, healthy common marmosets) from the
308 WNPRC and 12 common marmosets (all live and healthy) from the NEPRC were screened for
309 the presence of viruses using unbiased deep-sequencing. The live WNPRC common
310 marmosets and the live NEPRC common marmosets were selected randomly for deep-
311 sequencing.
312

313 DNA and RNA were isolated from plasma. Common marmoset plasma (1 ml/animal) was
314 centrifuged at 5,000 x g for 5 min at 4°C. Supernatants were removed and filtered through a
315 0.45-µm filter, then centrifuged at maximum speed (20,817 g) for 5 min at 4°C. Supernatants
316 were removed and incubated for 90 min at 37°C with a DNA/RNA digest cocktail consisting of 4
317 µl DNAfree DNase (0.04 U/µl; Ambion, Austin, TX, USA), 6 µl Baseline Zero DNase (0.1 U/µl,
318 Epicentre Technologies, Madison, WI, USA), 1 µl Benzonase (1 U/µl, Sigma-Adrich, St. Louis,
319 MO, USA), and 12 µl DNase 10x buffer. Viral nucleic acids were then isolated using the Qiagen
320 QIAamp MinElute Virus Spin Kit without the use of AW1 buffer or carrier RNA (Qiagen,
321 Valencia, CA, USA). Random hexamers were used to prime cDNA synthesis (Life
322 Technologies, Grand Island, NY, USA), followed by DNA purification using Ampure XP beads,
323 as previously described^{123,124}. Deep-sequencing libraries were prepared using the Nextera XT
324 DNA Library Prep Kit (Illumina, San Diego, CA, USA) and sequenced on MiSeq (Illumina).

325 Viral sequence and phylogenetic analysis

326 Sequence data were analyzed using CLC Genomics Workbench 5.5 (CLC bio, Aarhus,
327 Denmark). Low-quality reads (Phred <Q30) and short reads (<100 bp) were removed with CLC
328 Genomics Workbench 7.1 (CLC bio, Aarhus, Denmark), and the remaining reads were
329 assembled *de novo* using the MEGAHIT assembler. Assembled contiguous sequences
330 (contigs) and singleton reads were queried against GenBank database nt using the basic local
331 alignment search tools blastn. Nucleotide sequences were codon aligned individually for all
332 known pegiviruses with complete genomes using ClustalW in the alignment editor program in
333 MEGA v5.10 and edited manually. The best-fitting distance model of nucleotide substitution for
334 each alignment was inferred using the maximum likelihood (ML) method with goodness of fit
335 measured by the Bayesian information criterion in MEGA6.06. The best-fitting nucleotide
336 substitution model for the phylogenetic alignments was inferred to be the GTR model with
337 discrete gamma and invariant among-site rate variation.

338
339 Protein family analysis and putative protein predictions were performed using Pfam
340 (<http://pfam.xfam.org/>). The nucleotide similarity of the novel pegivirus with related pegivirus
341 lineages was determined across the polyprotein using SimPlot v3.5.1³⁶ following TranslatorX
342 alignment (MAAFT) without Gblocks cleaning.

343 Screening for SOBV by RT-PCR

344 Plasma samples from 136 healthy WNPRC common marmosets were screened specifically for
345 SOBV by RT-PCR. Twenty plasma samples collected from NEPRC animals were likewise
346 screened by RT-PCR as they contained less than 100 µl.

347
348 Screening of the 136 animals was performed with samples from animals positive for SOBV by
349 deep-sequencing as positive controls. RNA was isolated from 200–500 µl of plasma using the
350 QIAamp Viral RNA Mini Kit (Qiagen). A primer set (forward primer:
351 GGTGGTCCACGAGTGATGA; reverse primer: AGGTACCGCCTGGGGTTAG) targeting a
352 region of the viral helicase which was conserved among the animals initially positive by deep
353 sequencing was designed, resulting in a 615-bp amplicon. Viral RNA was reverse-transcribed
354 and amplified using the SuperScript III High Fidelity One-Step RT-PCR kit (Invitrogen, Life
355 Technologies, Carlsbad, CA, USA). The reverse transcription-PCR conditions were as follows:
356 50°C for 30 min; 94°C for 2 min; 40 cycles of 94°C for 15 s, 55°C for 30 s, and 68°C for 1 min;
357 and 68°C for 5 min. Following PCR, amplicons were purified from excised gel slices (1%
358 agarose) using the Qiagen MinElute Gel Extraction kit (Qiagen). Each amplicon was quantified

359 using Quant-IT HS reagents (Invitrogen), and approximately 1 ng of each was used in a
360 tagmentation reaction with the Nextera XT DNA Library Prep Kit. Final libraries representing
361 each amplicon were characterized for average length using a DNA high sensitivity chip on a
362 2100 bioanalyzer (Agilent Technologies, Loveland, CO, USA) and quantitated with Quant-IT HS
363 reagents. Libraries were sequenced on a MiSeq.

364 Postmortem diagnosis of lymphocytic enteritis

365 All animals humanely euthanized or found dead at the WNPRC undergo complete post mortem
366 examination (necropsy) with histology. Standard hematoxylin and eosin (H&E) stains are used
367 for histological examinations to determine whether normal tissue architecture and cellular
368 populations are present. In this study, immunohistochemical (IHC) CD3 and CD20 or CD79
369 staining was performed on any samples with lymphocytic enteritis to differentiate lymphocyte
370 populations (primarily T cells, B cells, or mixed T and B cells). Diagnosis of T-cell rich
371 lymphocytic enteritis was based on abnormal villus architecture of the intestines and IHC
372 staining.^{21,125} If confounding factors hampered diagnosis (e.g., severe B cell lymphoma or
373 autolysis), the animal was removed from the analysis.

374 Statistical analysis

375 We used univariate logistic regression to evaluate the associations of SOBV viremia with
376 enteritis risk. Analyses were repeated to determine association with enteritis in small bowel only,
377 colon only, both small bowel and colon, and either small bowel or colon. All reported P-values
378 are two-sided and $P < 0.05$ was used to define statistical significance. Statistical analyses were
379 conducted using R version 3.6.3 in RStudio version 1.1.383.

380 Data accessibility and management

381 Metagenomic sequencing data have been deposited in the Sequence Read Archive (SRA)
382 under Bioproject PRJNA613737. Derived data, analysis pipelines, and figures have been made
383 available for easy replication of these results at a publicly-accessible GitHub
384 (https://github.com/aheffron/SPgVwnprc_in_marmosets).
385
386

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396 provided by Chris Huh (<https://creativecommons.org/licenses/by-sa/3.0/>).
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References

1. Tardif S, Bales K, Williams L, et al. Preparing New World monkeys for laboratory research. *ILAR J.* 2006;47(4):307-315.
2. Abbott DH, Barnett DK, Colman RJ, Yamamoto ME, Schultz-Darken NJ. Aspects of common marmoset basic biology and life history important for biomedical research. *Comp Med.* 2003;53(4):339-350.
3. Mansfield K. Marmoset models commonly used in biomedical research. *Comp Med.* 2003;53(4):383-392.
4. Primate Factsheets: Common marmoset (*Callithrix jacchus*) Taxonomy, Morphology, & Ecology. 2005. http://pin.primate.wisc.edu/factsheets/entry/common_marmoset. Accessed 04 April 2020.
5. Servick K. Why are U.S. neuroscientists clamoring for marmosets? *Science Magazine.* 23 Oct. 2018, 2018.
6. Converse AK, Aubert Y, Allers KA, Sommer B, Abbott DH. Flibanserin-Stimulated Partner Grooming Reflects Brain Metabolism Changes in Female Marmosets. *J Sex Med.* 2015;12(12):2256-2266.
7. Smith AL, Freeman SM, Bamhart TE, et al. Initial investigation of three selective and potent small molecule oxytocin receptor PET ligands in New World monkeys. *Bioorg Med Chem Lett.* 2016;26(14):3370-3375.
8. Ausderau KK, Dammann C, McManus K, Schneider M, Emborg ME, Schultz-Darken N. Cross-species comparison of behavioral neurodevelopmental milestones in the common marmoset monkey and human child. *Dev Psychobiol.* 2017;59(7):807-821.
9. Vermilyea SC, Guthrie S, Meyer M, et al. Induced Pluripotent Stem Cell-Derived Dopaminergic Neurons from Adult Common Marmoset Fibroblasts. *Stem Cells Dev.* 2017;26(17):1225-1235.
10. Olson EJ, Shaw GC, Hutchinson EK, et al. Bone Disease in the Common Marmoset: Radiographic and Histological Findings. *Vet Pathol.* 2015;52(5):883-893.
11. Ziegler TE, Sosa ME, Colman RJ. Fathering style influences health outcome in common marmoset (*Callithrix jacchus*) offspring. *PLoS One.* 2017;12(9):e0185695.
12. Kropp J, Di Marzo A, Golos T. Assisted reproductive technologies in the common marmoset: an integral species for developing nonhuman primate models of human diseases. *Biol Reprod.* 2017;96(2):277-287.
13. Jones CA, Duffy MK, Hoffman SA, et al. Vocalization development in common marmosets for neurodegenerative translational modeling. *Neurol Res.* 2018;40(4):303-311.
14. Iwatsuki-Horimoto K, Nakajima N, Kiso M, et al. The Marmoset as an Animal Model of Influenza: Infection With A(H1N1)pdm09 and Highly Pathogenic A(H5N1) Viruses via the Conventional or Tracheal Spray Route. *Front Microbiol.* 2018;9:844.
15. Braun K, Schultz-Darken N, Schneider M, Moore CF, Emborg ME. Development of a novel postnatal neurobehavioral scale for evaluation of common marmoset monkeys. *Am J Primatol.* 2015;77(4):401-417.
16. Kraynak M, Flowers MT, Shapiro RA, Kapoor A, Levine JE, Abbott DH. Extraovarian gonadotropin negative feedback revealed by aromatase inhibition in female marmoset monkeys. *Am J Physiol Endocrinol Metab.* 2017;313(5):E507-E514.
17. Parambeth JC, Ross CN, Miller AD, et al. Serum Cobalamin and Folate Concentrations in Common Marmosets (*Callithrix jacchus*) with Chronic Lymphocytic Enteritis. *Comp Med.* 2019;69(2):135-143.
18. Chalmers DT, Murgatroyd LB, Wadsworth PF. A survey of the pathology of marmosets (*Callithrix jacchus*) derived from a marmoset breeding unit. *Lab Anim.* 1983;17(4):270-279.

- 451 19. David JM, Dick EJ, Jr., Hubbard GB. Spontaneous pathology of the common marmoset
452 (Callithrix jacchus) and tamarins (Saguinus oedipus, Saguinus mystax). *J Med Primatol.*
453 2009;38(5):347-359.
- 454 20. Tucker MJ. A survey of the pathology of marmosets (Callithrix jacchus) under
455 experiment. *Lab Anim.* 1984;18(4):351-358.
- 456 21. Ludlage E, Mansfield K. Clinical care and diseases of the common marmoset (Callithrix
457 jacchus). *Comp Med.* 2003;53(4):369-382.
- 458 22. Kaspereit J, Friderichs-Gromoll S, Buse E, Habermann G. Background pathology of the
459 common marmoset (Callithrix jacchus) in toxicological studies. *Exp Toxicol Pathol.*
460 2006;57(5-6):405-410.
- 461 23. Bukh J, Kim JP, Govindarajan S, et al. Experimental infection of chimpanzees with
462 hepatitis G virus and genetic analysis of the virus. *J Infect Dis.* 1998;177(4):855-862.
- 463 24. Birkenmeyer LG, Desai SM, Muerhoff AS, et al. Isolation of a GB virus-related genome
464 from a chimpanzee. *J Med Virol.* 1998;56(1):44-51.
- 465 25. Cheng Y, Zhang W, Li J, et al. Serological and histological findings in infection and
466 transmission of GBV-C/HGV to macaques. *J Med Virol.* 2000;60(1):28-33.
- 467 26. Sibley SD, Lauck M, Bailey AL, et al. Discovery and characterization of distinct simian
468 pegiviruses in three wild African Old World monkey species. *PLoS One.*
469 2014;9(2):e98569.
- 470 27. Adams NJ, Prescott LE, Jarvis LM, et al. Detection in chimpanzees of a novel flavivirus
471 related to GB virus-C/hepatitis G virus. *J Gen Virol.* 1998;79 (Pt 8):1871-1877.
- 472 28. Baechlein C, Grundhoff A, Fischer N, et al. Pegivirus Infection in Domestic Pigs,
473 Germany. *Emerg Infect Dis.* 2016;22(7):1312-1314.
- 474 29. Yang C, Wang L, Shen H, et al. Detection and genetic characterization of porcine
475 pegivirus in pigs in the United States. *Transbound Emerg Dis.* 2018;65(3):618-626.
- 476 30. Lei D, Ye Y, Lin K, et al. Detection and genetic characterization of porcine pegivirus from
477 pigs in China. *Virus Genes.* 2019;55(2):248-252.
- 478 31. Epstein JH, Quan PL, Briese T, et al. Identification of GBV-D, a novel GB-like flavivirus
479 from old world frugivorous bats (*Pteropus giganteus*) in Bangladesh. *PLoS Pathog.*
480 2010;6:e1000972.
- 481 32. Kapoor A, Simmonds P, Scheel TK, et al. Identification of rodent homologs of hepatitis C
482 virus and pegiviruses. *mBio.* 2013;4(2):e00216-00213.
- 483 33. Shi M, Lin XD, Vasilakis N, et al. Divergent Viruses Discovered in Arthropods and
484 Vertebrates Revise the Evolutionary History of the Flaviviridae and Related Viruses. *J*
485 *Virol.* 2016;90(2):659-669.
- 486 34. Tomlinson JE, Kapoor A, Kumar A, et al. Viral testing of 18 consecutive cases of equine
487 serum hepatitis: A prospective study (2014-2018). *J Vet Intern Med.* 2019;33(1):251-
488 257.
- 489 35. Quan PL, Firth C, Conte JM, et al. Bats are a major natural reservoir for hepaciviruses
490 and pegiviruses. *Proc Natl Acad Sci U S A.* 2013;110(20):8194-8199.
- 491 36. Lole KS, Bollinger RC, Paranjape RS, et al. Full-length human immunodeficiency virus
492 type 1 genomes from subtype C-infected seroconverters in India, with evidence of
493 intersubtype recombination. *J Virol.* 1999;73(1):152-160.
- 494 37. Virus Taxonomy: 2019 Release: Genus: Pegivirus. 2020. [https://talk.ictvonline.org/ictv-](https://talk.ictvonline.org/ictv-reports/ictv_online_report/positive-sense-rna-viruses/w/flaviviridae/363/genus-pegivirus)
495 [reports/ictv_online_report/positive-sense-rna-viruses/w/flaviviridae/363/genus-pegivirus](https://talk.ictvonline.org/ictv-reports/ictv_online_report/positive-sense-rna-viruses/w/flaviviridae/363/genus-pegivirus).
496 Accessed 04 April 2020.
- 497 38. Rodrigues TCS, Subramaniam K, McCulloch SD, et al. Genomic characterization of a
498 novel pegivirus species from free-ranging bottlenose dolphins (*Tursiops truncatus*) in the
499 Indian River Lagoon, Florida. *Virus Res.* 2019;263:98-101.

- 500 39. Smith DB, Becher P, Bukh J, et al. Proposed update to the taxonomy of the genera
501 Hepacivirus and Pegivirus within the Flaviviridae family. *J Gen Virol.* 2016;97(11):2894-
502 2907.
- 503 40. Simons JN, Leary TP, Dawson GJ, et al. Isolation of novel virus-like sequences
504 associated with human hepatitis. *Nat Med.* 1995;1(6):564-569.
- 505 41. Heringlake S, Tillmann HL, Cordes-Temme P, Trautwein C, Hunsmann G, Manns MP.
506 GBV-C/HGV is not the major cause of autoimmune hepatitis. *J Hepatol.* 1996;25(6):980-
507 984.
- 508 42. Bralet MP, Roudot-Thoraval F, Pawlotsky JM, et al. Histopathologic impact of GB virus C
509 infection on chronic hepatitis C. *Gastroenterology.* 1997;112(1):188-192.
- 510 43. Feucht HH, Fischer L, Sterneck M, Broelsch CE, Laufs R. GB virus C transmission by
511 blood products. *Lancet.* 1997;349(9049):435.
- 512 44. Goeser T, Seipp S, Wahl R, Muller HM, Stremmel W, Theilmann L. Clinical presentation
513 of GB-C virus infection in drug abusers with chronic hepatitis C. *J Hepatol.*
514 1997;26(3):498-502.
- 515 45. Kanda T, Yokosuka O, Imazeki F, et al. GB virus-C RNA in Japanese patients with
516 hepatocellular carcinoma and cirrhosis. *J Hepatol.* 1997;27(3):464-469.
- 517 46. Hadziyannis SJ. Fulminant hepatitis and the new G/GBV-C flavivirus. *J Viral Hepat.*
518 1998;5(1):15-19.
- 519 47. Rambusch EG, Wedemeyer H, Tillmann HL, Heringlake S, Manns MP. [Significance of
520 coinfection with hepatitis G virus for chronic hepatitis C--a review of the literature]. *Z*
521 *Gastroenterol.* 1998;36(1):41-53.
- 522 48. Brown KE, Wong S, Young NS. Prevalence of GBV-C/HGV, a novel 'hepatitis' virus, in
523 patients with aplastic anaemia. *Br J Haematol.* 1997;97(2):492-496.
- 524 49. Servant A, Bogard M, Delaugerre C, Cohen P, Deny P, Guillevin L. GB virus C in
525 systemic medium- and small-vessel necrotizing vasculitides. *Br J Rheumatol.*
526 1998;37(12):1292-1294.
- 527 50. Viazov S, Alberts KR, Ross RS, Seemayer CA, Roggendorf M. Lack of association
528 between GBV-C infection and spontaneous abortion. *Eur J Clin Microbiol Infect Dis.*
529 1999;18(6):458-459.
- 530 51. Misiani R, Mantero G, Bellavita P, et al. GB virus C infection in patients with type II
531 mixed cryoglobulinemia. *Ann Intern Med.* 1997;127(10):891-894.
- 532 52. Crovatto M, Mazzaro C, Mishiroy S, et al. GBV-C/HGV and HCV infection in mixed
533 cryoglobulinaemia. *Br J Haematol.* 1999;106(2):510-514.
- 534 53. Liu F, Knight GB, Agnello V. Hepatitis C virus but not GB virus C/hepatitis G virus has a
535 role in type II cryoglobulinemia. *Arthritis Rheum.* 1999;42(9):1898-1901.
- 536 54. Hardie D, Smuts H. Human pegivirus-1 in the CSF of patients with HIV-associated
537 neurocognitive disorder (HAND) may be derived from blood in highly viraemic patients. *J*
538 *Clin Virol.* 2017;91:58-61.
- 539 55. Saulea S, Rio J, Montalban X, Martinez-Caceres E, Esteban JI, Guardia J. Lack of
540 association between hepatitis G virus and multiple sclerosis. *J Neurol Neurosurg*
541 *Psychiatry.* 1998;64(2):283.
- 542 56. Lamoril J, Andant C, Bogard C, et al. Epidemiology of hepatitis C and G in sporadic and
543 familial porphyria cutanea tarda. *Hepatology.* 1998;27(3):848-852.
- 544 57. Font J, Tassies D, Garcia-Carrasco M, et al. Hepatitis G virus infection in primary
545 Sjogren's syndrome: analysis in a series of 100 patients. *Ann Rheum Dis.*
546 1998;57(1):42-44.
- 547 58. Jones JF, Kulkarni PS, Butera ST, Reeves WC. GB virus-C--a virus without a disease:
548 we cannot give it chronic fatigue syndrome. *BMC Infect Dis.* 2005;5:78.

- 549 59. De Renzo A, Persico E, de Marino F, et al. High prevalence of hepatitis G virus infection
550 in Hodgkin's disease and B-cell lymphoproliferative disorders: absence of correlation
551 with hepatitis C virus infection. *Haematologica*. 2002;87(7):714-718; discussion 718.
552 60. Krajden M, Yu A, Braybrook H, et al. GBV-C/hepatitis G virus infection and non-Hodgkin
553 lymphoma: a case control study. *Int J Cancer*. 2010;126(12):2885-2892.
554 61. Giannoulis E, Economopoulos T, Mandraveli K, et al. The prevalence of hepatitis C and
555 hepatitis G virus infection in patients with B cell non-Hodgkin lymphomas in Greece: a
556 Hellenic Cooperative Oncology Group Study. *Acta Haematol*. 2004;112(4):189-193.
557 62. Wiwanitkit V. Individuals with HGV-RNA are at high risk of B cell non-Hodgkin's
558 lymphoma development. *Asian Pac J Cancer Prev*. 2005;6(2):215-216.
559 63. Ellenrieder V, Weidenbach H, Frickhofen N, et al. HCV and HGV in B-cell non-Hodgkin's
560 lymphoma. *J Hepatol*. 1998;28(1):34-39.
561 64. Pavlova BG, Heinz R, Selim U, Tuchler H, Pittermann E, Eder G. Association of GB
562 virus C (GBV-C)/hepatitis G virus (HGV) with haematological diseases of different
563 malignant potential. *J Med Virol*. 1999;57(4):361-366.
564 65. Chang CM, Stapleton JT, Klinzman D, et al. GBV-C infection and risk of NHL among
565 U.S. adults. *Cancer Res*. 2014;74(19):5553-5560.
566 66. Fama A, Xiang J, Link BK, et al. Human Pegivirus infection and lymphoma risk and
567 prognosis: a North American study. *Br J Haematol*. 2018;182(5):644-653.
568 67. Collier JD, Zanke B, Moore M, et al. No association between hepatitis C and B-cell
569 lymphoma. *Hepatology*. 1999;29(4):1259-1261.
570 68. Arican A, Sengezer T, Bozdayi M, et al. Prevalence of hepatitis-G virus and hepatitis-C
571 virus infection in patients with non-Hodgkin's lymphoma. *Med Oncol*. 2000;17(2):123-
572 126.
573 69. Nicolosi Guidicelli S, Lopez-Guillermo A, Falcone U, et al. Hepatitis C virus and GBV-C
574 virus prevalence among patients with B-cell lymphoma in different European regions: a
575 case-control study of the International Extranodal Lymphoma Study Group. *Hematol*
576 *Oncol*. 2012;30(3):137-142.
577 70. Keresztes K, Takacs M, Horanyi M, Miltenyi Z, Illes A. HCV and HGV infection in
578 Hodgkin's disease. *Pathol Oncol Res*. 2003;9(4):222-225.
579 71. Persico M, De Renzo A, Persico E, Notaro R, Torella R, Rotoli B. Hepatitis G virus in
580 patients with Hodgkin's lymphoma. *Br J Haematol*. 1998;103(4):1206-1207.
581 72. Toyoda H, Fukuda Y, Hayakawa T, Takamatsu J, Saito H. Effect of GB virus C/hepatitis
582 G virus coinfection on the course of HIV infection in hemophilia patients in Japan. *J*
583 *Acquir Immune Defic Syndr Hum Retrovirol*. 1998;17(3):209-213.
584 73. Tillmann HL, Heringlake S, Trautwein C, et al. Antibodies against the GB virus C
585 envelope 2 protein before liver transplantation protect against GB virus C de novo
586 infection. *Hepatology*. 1998;28(2):379-384.
587 74. Lefrere JJ, Roudot-Thoraval F, Morand-Joubert L, et al. Carriage of GB virus C/hepatitis
588 G virus RNA is associated with a slower immunologic, virologic, and clinical progression
589 of human immunodeficiency virus disease in coinfecting persons. *J Infect Dis*.
590 1999;179(4):783-789.
591 75. Yeo AE, Matsumoto A, Hisada M, Shih JW, Alter HJ, Goedert JJ. Effect of hepatitis G
592 virus infection on progression of HIV infection in patients with hemophilia. Multicenter
593 Hemophilia Cohort Study. *Ann Intern Med*. 2000;132(12):959-963.
594 76. Xiang J, Wunschmann S, Diekema DJ, et al. Effect of coinfection with GB virus C on
595 survival among patients with HIV infection. *N Engl J Med*. 2001;345(10):707-714.
596 77. Tillmann HL, Heiken H, Knapik-Botor A, et al. Infection with GB virus C and reduced
597 mortality among HIV-infected patients. *N Engl J Med*. 2001;345(10):715-724.
598 78. Williams CF, Klinzman D, Yamashita TE, et al. Persistent GB virus C infection and
599 survival in HIV-infected men. *N Engl J Med*. 2004;350(10):981-990.

- 600 79. Van der Bij AK, Kloosterboer N, Prins M, et al. GB virus C coinfection and HIV-1 disease
601 progression: The Amsterdam Cohort Study. *J Infect Dis.* 2005;191(5):678-685.
- 602 80. Tenckhoff S, Kaiser T, Bredeek F, et al. Role of GB virus C in HIV-1-infected and
603 hepatitis C virus-infected hemophiliac children and adolescents. *J Acquir Immune Defic*
604 *Syndr.* 2012;61(2):243-248.
- 605 81. Sahni H, Kirkwood K, Kyriakides TC, et al. GBV-C viremia and clinical events in
606 advanced HIV infection. *J Med Virol.* 2014;86(3):426-432.
- 607 82. Hollingsworth RC, Jameson CL, Minton JE, et al. GBV-C/HGV coinfection in HIV-1-
608 positive men: frequent detection of viral RNA in blood plasma but absence from seminal
609 fluid plasma. *J Med Virol.* 1998;56(4):321-326.
- 610 83. Goubau P, Liu HF, Goderniaux E, Burtonboy G. Influence of CD4+ lymphocyte counts
611 on GB virus C/hepatitis G virus carriership in HIV-positive individuals. *J Med Virol.*
612 1999;57(4):367-369.
- 613 84. Rey D, Vidinic-Moularde J, Meyer P, et al. High prevalence of GB virus C/hepatitis G
614 virus RNA and antibodies in patients infected with human immunodeficiency virus type 1.
615 *Eur J Clin Microbiol Infect Dis.* 2000;19(9):721-724.
- 616 85. Voirin N, Trepo C, Esteve J, et al. Effects of co-infection with hepatitis C virus and GB
617 virus C on CD4 cell count and HIV-RNA level among HIV-infected patients treated with
618 highly active antiretroviral therapy. *AIDS.* 2002;16(11):1556-1559.
- 619 86. Li C, Collini P, Danso K, et al. GB virus C and HIV-1 RNA load in single virus and co-
620 infected West African individuals. *AIDS.* 2006;20(3):379-386.
- 621 87. Lauck M, Bailey AL, Andersen KG, Goldberg TL, Sabeti PC, O'Connor DH. GB virus C
622 coinfections in west African Ebola patients. *J Virol.* 2015;89(4):2425-2429.
- 623 88. Zhang W, Chaloner K, Tillmann HL, Williams CF, Stapleton JT. Effect of early and late
624 GB virus C viraemia on survival of HIV-infected individuals: a meta-analysis. *HIV Med.*
625 2006;7(3):173-180.
- 626 89. Bhattarai N, Stapleton JT. GB virus C: the good boy virus? *Trends Microbiol.*
627 2012;20(3):124-130.
- 628 90. Porter AF, Pettersson JH-O, Wei-Shan C, et al. Metagenomic identification of diverse
629 animal hepaciviruses and pegiviruses. *bioRxiv.* 2020.
- 630 91. Bukh J, Apgar CL. Five new or recently discovered (GBV-A) virus species are
631 indigenous to New World monkeys and may constitute a separate genus of the
632 Flaviviridae. *Virology.* 1997;229(2):429-436.
- 633 92. Seifried E, Bialleck H, Weber H, et al. [Prevalence of hepatitis G virus genome in blood
634 donors]. *Beitr Infusionsther Transfusionsmed.* 1997;34:11-15.
- 635 93. Roth WK, Waschk D, Marx S, et al. Prevalence of hepatitis G virus and its strain variant,
636 the GB agent, in blood donations and their transmission to recipients. *Transfusion.*
637 1997;37(6):651-656.
- 638 94. Yoshikawa A, Fukuda S, Itoh K, et al. Infection with hepatitis G virus and its strain
639 variant, the GB agent (GBV-C), among blood donors in Japan. *Transfusion.*
640 1997;37(6):657-663.
- 641 95. Gutierrez RA, Dawson GJ, Knigge MF, et al. Seroprevalence of GB virus C and
642 persistence of RNA and antibody. *J Med Virol.* 1997;53(2):167-173.
- 643 96. Lara C, Halasz R, Sonnerborg A, Sallberg M. Detection of hepatitis G virus RNA in
644 persons with and without known risk factors for blood-borne viral infections in Sweden
645 and Honduras. *J Clin Microbiol.* 1998;36(1):255-257.
- 646 97. Gallian P, Rodrigues V, Cantaloube JF, et al. High prevalence of GB-C/hepatitis G virus
647 in a Brazilian population with helminth infection. *J Med Virol.* 1998;56(4):310-315.
- 648 98. Mphahlele MJ, Aspinall S, Spooner R, Carman WF. Age related prevalence of hepatitis
649 G virus in South Africans. *J Clin Pathol.* 1999;52(10):752-757.

- 650 99. Corwin AL, Hyams KC, Kim JP, et al. Short report: evidence of worldwide transmission
651 of hepatitis G virus. *Am J Trop Med Hyg.* 1997;57(4):455-456.
- 652 100. Herrera S, Perlaza BL, Bonelo A, Arevalo-Herrera M. Aotus monkeys: their great value
653 for anti-malaria vaccines and drug testing. *Int J Parasitol.* 2002;32(13):1625-1635.
- 654 101. Hutt MS, Davies DR, Voller A. Malarial infections in Aotus trivirgatus with special
655 reference to renal pathology. II. *P. falciparum* and mixed malaria infections. *Br J Exp*
656 *Pathol.* 1975;56(5):429-438.
- 657 102. Schmidt LH. Plasmodium falciparum and Plasmodium vivax infections in the owl monkey
658 (Aotus trivirgatus). II. Responses to chloroquine, quinine, and pyrimethamine. *Am J Trop*
659 *Med Hyg.* 1978;27(4):703-717.
- 660 103. Linnen J, Wages J, Jr., Zhang-Keck ZY, et al. Molecular cloning and disease association
661 of hepatitis G virus: a transfusion-transmissible agent. *Science.* 1996;271(5248):505-
662 508.
- 663 104. Karayiannis P, Thomas HC. Current status of hepatitis G virus (GBV-C) in transfusion: is
664 it relevant? *Vox Sang.* 1997;73(2):63-69.
- 665 105. Stark K, Meyer CG, Tacke M, et al. Hepatitis G virus RNA and hepatitis G virus
666 antibodies in renal transplant recipients: prevalence and risk factors. *Transplantation.*
667 1997;64(4):608-612.
- 668 106. Kallinowski B, Ahmadi R, Seipp S, Bommer J, Stremmel W. Clinical impact of GB-C
669 virus in haemodialysis patients. *Nephrol Dial Transplant.* 1998;13(1):93-98.
- 670 107. Huang CH, Kao JH, Kuo YM, Tsai TJ, Hung KY, Chen DS. GB virus C/hepatitis G virus
671 infection in patients on continuous ambulatory peritoneal dialysis. *Nephrol Dial*
672 *Transplant.* 1998;13(11):2914-2919.
- 673 108. Fiordalisi G, Bettinardi A, Zanella I, et al. Parenteral and sexual transmission of GB virus
674 C and hepatitis C virus among human immunodeficiency virus-positive patients. *J Infect*
675 *Dis.* 1997;175(4):1025-1026.
- 676 109. Anastassopoulou CG, Paraskevis D, Sypsa V, et al. Prevalence patterns and genotypes
677 of GB virus C/hepatitis G virus among imprisoned intravenous drug users. *J Med Virol.*
678 1998;56(3):246-252.
- 679 110. Shibuya A, Takeuchi A, Sakurai K, Saigenji K. Hepatitis G virus infection from needle-
680 stick injuries in hospital employees. *J Hosp Infect.* 1998;40(4):287-290.
- 681 111. Kao JH, Chen W, Chen PJ, Lai MY, Lin RY, Chen DS. GB virus-C/hepatitis G virus
682 infection in prostitutes: possible role of sexual transmission. *J Med Virol.* 1997;52(4):381-
683 384.
- 684 112. Semprini AE, Persico T, Thiers V, et al. Absence of hepatitis C virus and detection of
685 hepatitis G virus/GB virus C RNA sequences in the semen of infected men. *J Infect Dis.*
686 1998;177(4):848-854.
- 687 113. Viazov S, Riffelmann M, Sarr S, Ballauff A, Meisel H, Roggendorf M. Transmission of
688 GBV-C/HGV from drug-addicted mothers to their babies. *J Hepatol.* 1997;27(1):85-90.
- 689 114. Zanetti AR, Tanzi E, Romano L, et al. Multicenter trial on mother-to-infant transmission
690 of GBV-C virus. The Lombardy Study Group on Vertical/Perinatal Hepatitis Viruses
691 Transmission. *J Med Virol.* 1998;54(2):107-112.
- 692 115. Hino K, Moriya T, Ohno N, et al. Mother-to-infant transmission occurs more frequently
693 with GB virus C than hepatitis C virus. *Arch Virol.* 1998;143(1):65-72.
- 694 116. Lin HH, Kao JH, Yeh KY, et al. Mother-to-infant transmission of GB virus C/hepatitis G
695 virus: the role of high-titered maternal viremia and mode of delivery. *J Infect Dis.*
696 1998;177(5):1202-1206.
- 697 117. Santos LM, Lobato RC, Barral MFM, Goncalves CV, da Hora VP, Martinez AMB.
698 Prevalence and vertical transmission of human pegivirus among pregnant women
699 infected with HIV. *Int J Gynaecol Obstet.* 2017;138(1):113-118.

- 700 118. Wang JT, Tsai FC, Lee CZ, et al. A prospective study of transfusion-transmitted GB
701 virus C infection: similar frequency but different clinical presentation compared with
702 hepatitis C virus. *Blood*. 1996;88(5):1881-1886.
- 703 119. Prati D, Zanella A, Bosoni P, et al. The incidence and natural course of transfusion-
704 associated GB virus C/hepatitis G virus infection in a cohort of thalassemic patients. The
705 CooleyCare Cooperative Group. *Blood*. 1998;91(3):774-777.
- 706 120. Nakao H, Okamoto H, Fukuda M, et al. Mutation rate of GB virus C/hepatitis G virus over
707 the entire genome and in subgenomic regions. *Virology*. 1997;233(1):43-50.
- 708 121. Suzuki Y, Katayama K, Fukushi S, et al. Slow evolutionary rate of GB virus C/hepatitis G
709 virus. *J Mol Evol*. 1999;48(4):383-389.
- 710 122. Chivero ET, Stapleton JT. Tropism of human pegivirus (formerly known as GB virus
711 C/hepatitis G virus) and host immunomodulation: insights into a highly successful viral
712 infection. *J Gen Virol*. 2015;96(Pt 7):1521-1532.
- 713 123. Lauck M, Sibley SD, Hyeroba D, et al. Exceptional simian hemorrhagic fever virus
714 diversity in a wild African primate community. *J Virol*. 2013;87(1):688-691.
- 715 124. Lauck M, Switzer WM, Sibley SD, et al. Discovery and full genome characterization of
716 two highly divergent simian immunodeficiency viruses infecting black-and-white colobus
717 monkeys (*Colobus guereza*) in Kibale National Park, Uganda. *Retrovirology*.
718 2013;10:107.
- 719 125. Gartner LP, Hiatt JL. *Color atlas of histology*. 5th ed. Philadelphia: Wolters Kluwer
720 Health/Lippincott William & Wilkins; 2009.
721