

Khaitovich, Alexandr, Sataieva, Tatiana, Zukow, Walery, Malygina, Veronika, Shevkoplyas, Lyudmila, Logadyr, Tatiana, Kirsanova, Marina, Andronovskaya, Irina, Soroka, Ekaterina. The biological diversity of coronaviruses: where will the new threat come from? *Journal of Education, Health and Sport*. 2022;12(5):402-415. eISSN 2391-8306. DOI <http://dx.doi.org/10.12775/JEHS.2022.12.05.032> <https://apcz.umk.pl/JEHS/article/view/40317> <https://zenodo.org/record/7135525>

The journal has had 40 points in Ministry of Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of December 21, 2021. No. 32343. Has a Journal's Unique Identifier: 201159. Scientific disciplines assigned: Physical Culture Sciences (Field of Medical sciences and health sciences); Health Sciences (Field of Medical Sciences and Health Sciences).

Punkty Ministerialne z 2019 - aktualny rok 40 punktów. Załącznik do komunikatu Ministra Edukacji i Nauki z dnia 21 grudnia 2021 r. Lp. 32343. Posiada Unikatowy Identyfikator Czasopisma: 201159. Przypisane dyscypliny naukowe: Nauki o kulturze fizycznej (Dziedzina nauk medycznych i nauk o zdrowiu); Nauki o zdrowiu (Dziedzina nauk medycznych i nauk o zdrowiu).

© The Authors 2022;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike.
(<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 06.04.2022. Revised: 31.05.2022. Accepted: 31.05.2022.

The biological diversity of coronaviruses: where will the new threat come from?

Alexandr B. Khaitovich¹, Tatiana P. Sataieva¹, Walery Zukow¹,
Veronika Yu. Malygina¹, Lyudmila A. Shevkoplyas¹, Tatiana A. Logadyr¹,
Marina A. Kirsanova¹, Irina B. Andronovskaya¹, Ekaterina S. Soroka¹

¹V.I. Vernadsky Crimean Federal University, Simferopol, Under Russian Federation
jurisdictions

²Nicolaus Copernicus University, Torun, Poland

Abstract

The recent outbreak of COVID-19 rose a new wave of interest to coronaviruses though the first coronaviruses were discovered in the first half of the XX century. That time coronaviruses were considered as a quite serious veterinary problem but they were not believed to become highly dangerous for humans. However, such ideas were revised in 2002 when SARS-CoV was transferred to human population in the Southeast Asia assumably from the bats, and later in 2012 when natural focus of the MERS-CoV was discovered in the Arabian countries. Due to the increased interest a large number of new Coronaviridae family members was revealed in the first decades of the XXI century. Since then taxonomic structures of coronaviruses underwent significant changes. This review is focused on the need for continued monitoring of the biological diversity of coronaviruses. The structural studies of coronaviruses regardless of the host species may allow us to identify early changes that can affect the evolutionary drift process of a particular HCoV species involved in viral transmission from bats or birds to humans.

Key words: coronavirus, Coronaviridae, SARS-CoV, MERS-CoV, SARS-CoV-2, COVID-19, taxonomy.

Background

The modern Humanity will definitely cope with the new coronavirus, but it is still unclear at

what cost. There are still too many variables in the equation called the COVID-19 pandemic, and prognosis is greatly depending on the changes of the SARS-CoV-2 virus itself. Evidently it is mutating, and it is not clear whether it will become more dangerous or transform into a relatively harmless virus with which we will be peacefully coexisting.

This is not the first coronavirus that humanity has encountered. Coronaviruses became known in the mid-1960s. In 2002, the SARS-CoV coronavirus caused an epidemic of severe acute respiratory syndrome (SARS). A total number of 8,437 cases were reported, of which 813 resulted in the death of the patients. 10 years later, another coronavirus, MERS — CoV began to rage, causing Middle East respiratory syndrome (MERS), which has a mortality rate of 35 percent.

Coronaviruses belong to the Coronaviridae Family of the Order Nidovirales which includes more than 40 species. The Orthocoronavirinae subfamily is closely related to the winged animals that are natural reservoirs for these viruses: bats for Alphacoronavirus and Betacoronavirus, birds for Deltacoronavirus and Gammacoronavirus. Currently 7 species of that family have the significant medical importance: they cause natural focal infections and nowadays provoke pandemic multi-pathological processes. Though different types of coronaviruses do not have the same way of distribution and infection among people, some species belong to the group of sporadic infections, other species have the ability for epidemic, and even pandemic spread. According to the current International Health Regulations (2005), some types of coronaviruses cause infectious processes which require the public health emergencies of international importance and should be assessed as the cases of diseases that are unusual and can have a serious impact on public health [1]. No intermediate host has yet been identified for the new SARS-CoV-2 coronavirus. Analysis of the S-protein receptor-binding domain indicates that these may be pangolins. But there is another study on phylogenetic analysis, in which scientists suggest that there is no intermediate host, and the virus migrated to humans directly from bats.

The timeline of coronaviral research

For the first time, the coronavirus was isolated by Schalk A.F., Hawn M.C. (1931), which caused a "new respiratory disease" in chickens and was identified as an infectious bronchitis virus (IBV), currently called Avian coronavirus (Avian coronavirus - aCov) [3]. In the following years and decades many different types of coronaviruses (HCoV) were discovered, isolated from mammals and birds, but only in 1968 they were merged into the group Coronaviruses [4]. In the catalogues of the International Committee on Taxonomy of Viruses (ICTV) a group of coronaviruses appeared in 1971, when they were combined into a separate genus, and in 1976 - their taxonomic rank increased to a family [5, 6].

Further progress of the classification of coronaviruses was based on the described viral proteins and their structure. In 1996, at the X International Virological Congress a taxonomic group was proposed – an order called Nidovirales (from Lat. Nidos – nest), since the expression of the genome in viruses involves the synthesis of 3' - coterminal nested subgenomic mRNAs [7].

By the end of the twentieth century scientific virological societies considered the role of HCoV mostly in the veterinary pathology, which was poorly related with the human infection diseases. However, the beginning of the XXI century changed these ideas, as new viruses were detected by not only causing diseases in various mammals and birds, but also provoking vivid epidemic manifestations in humans [8].

In 1965, for the first time the human coronavirus HCoV 229E was detected, causing the disease-human coronavirus 229E [9].

In 1966, the human coronavirus HCoV OS43 was isolated from humans, which acts as the etiological factor of the disease-human coronavirus OS43. Diseases caused by both viruses mainly occurred with mild clinical manifestations resembling well-known acute respiratory viral infections (ARVI) [10-12].

In Southern China (2002) the unknown diseases that caused atypical pneumonia had appeared and later spread to different countries and continents, causing epidemics. Special virological and molecular genetic studies have established the etiological cause of those diseases, which was associated with an unknown coronavirus SARS-CoV (from the English severe acute respiratory syndrome-related coronavirus - SARS coronavirus), causing the disease – severe acute respiratory syndrome (SARS) [13, 14].

Dutch scientists (2004) in the study of material taken from a person with respiratory syndrome, identified as the previously unknown coronavirus HCoV-NL-63 (from the English sample number 63 from the Netherlands - human coronavirus NL63), causing the disease - human coronavirus NL63 [15-17].

Employees of the University of Hong Kong later in 2005 found in the material from a patient with clinical manifestations of bilateral pneumonia another new coronavirus-HCoV HKU1 (from the English Hong Kong University with the number 1-human coronavirus HKU1), causing the disease - human coronavirus HKU1 [18]. Both new viruses generally caused mild respiratory symptoms, but sometimes these types were also responsible for severe SARS-syndrome [18].

In Saudi Arabia (Jeddah, 2012), a new virus MERS-CoV (from the English middle east respiratory syndrome coronavirus) causing clinically Middle East respiratory syndrome (MERS) with the ability to spread epidemically in the world, was isolated during the study of nasopharyngeal discharge obtained from a man with SARS [19].

In Wuhan (Hubei Province, China, December 8, 2019) the first case of human disease caused by an unknown pathogen was officially registered [20].

On December 31, 2019, the City Health Commission submitted the first official report to the Ministry of Health (Beijing, China) about the appearance of diseases in the city that was initially registered as SARS of unclear etiology [21].

On January 7, 2020, a new virus belonging to the Coronaviridae family was identified and received the temporary name 2019-nCoV (from the English - novel coronavirus 2019) [22].

On January 10, 2020, for the first time GenBank published the complete genome of the first strain of the 2019-nCoV virus (Wuhan-Hu-1 under the number MN908947, RefSeq NC_045512) [23, 24].

On January 30, 2020, due to a large number of infected people and fatal cases of the disease, first in Wuhan, and then in other territories of China and in some closely located countries, the World Health Organization (WHO) declared the ongoing outbreak caused by the 2019-nCoV virus a public health emergency of international importance [25].

On February 12, 2020, WHO assigned a new name to diseases caused by the 2019-nCoV virus - COVID-19 (from the English coronavirus disease - 2019) and determined its position in the International Classification of Diseases by assigning codes [26]. Based on the results of studying several hundred genomes of coronaviruses of the 2019-nCoV strains detected during the ongoing epidemic process in the world, ICTV decided to rename the 2019-nCoV virus to the SARS-CoV-2 virus (from the English - severe acute respiratory syndrome 2 – SARS coronavirus 2), which causes the coronavirus infection COVID-19 [26 - 27].

On March 11, 2020, due to the expansion of the geographical scope of the epidemic and diseases recorded on most continents and in almost all countries of the world caused by SARS-CoV-2, WHO declared the COVID-19 epidemic - the COVID-19 pandemic [28 - 30].

Taxonomic position of coronaviruses

By the end of the first decade of the XXI century, the modern classification of coronaviruses began to form: the genus Coronavirus was formed as part of the family Coronaviridae, and the subfamily Orthocoronavirinae. The division into lower taxonomic categories: genera, subgenera, and species occurred later after a detailed study of viruses and their cellular receptors, which were not associated with their differences in species of biological objects

(humans, mammals, and birds) [31-33].

The study of cellular receptors in various coronaviruses, including those that play the significant role in human pathology, showed that some different features were revealed. Coronaviruses of the first group have a cellular receptor N-aminopeptidase (aminopeptidase-N - APN), known as the cluster of differentiation CD13. CD is named according to the nomenclature of human leukocyte differentiation antigens and is a receptor between interacting viruses and host cells. The group was divided into two subgroups due to differences in the structure of the 3' terminal set of genes. Subgroup 1a, which included mammalian and avian viruses, did not differ from each other. Subgroup 1b included both coronaviruses that play a role in human pathology (HCoV-229E, HCoV-NL63) and those that cause pathology in animals and birds, when the genome contained an additional reading frame for one or two non - structural proteins between the S and E genes [8, 33-39].

The current taxonomic structure of coronaviruses turned out to be mosaic, which required a change in the classification in the direction of increasing the rank of taxa. The proposal was implemented in the IX Taxonomic Catalog of ICTV (2011): the genus *Coronavirus* was transferred to the category of the subfamily *Coronaviridae*. Instead of the genus *Coronavirus*, four new genera are described, designated by letters of the Latin alphabet: the first genus - *Alphacoronavirus* (group 1), the second genus - *Betacoronavirus* (Group 2), the third genus - *Gammacoronavirus* (group 3 with subgroups 3A and 3B), the fourth genus - *Deltacoronavirus* (group 3 with subgroup 3C) [40].

In 2018, the taxonomic structures of coronaviruses underwent two more significant changes. First, a new taxonomic category of coronaviruses - subgenus - was introduced and some ranks (subgenus, genus, family) were mathematically evaluated. The division into subgenera and other taxonomic categories was based on the allocation of phylogenetic distances (the sum of differences in the set of traits between two nodes of the phylogenetic tree, measured along the edges connecting them), built on the basis of the study of full-fledged genomes. The assessment of these taxonomic categories established the size criteria for coronaviruses: for the subgenus - 0.186, for the genus - 0.789, for the subfamily - 1.586, but in the future possible changes are assumed depending on the number of coronaviruses studied [41]. Secondly, there was a replacement of two subfamilies with one, which was named *Orthocoronavirinae*. The researchers found that the subfamily is associated with winged animals that are a reservoir of coronaviruses: bats - for the genera *Alphacoronavirus* and *Betacoronavirus*, birds - for the genera *Gammacoronavirus* and *Deltacoronavirus*. The appearance of amphibian infectious agents among coronaviruses, on the one hand, violates the ecological integrity of this family, which was only recently acquired after the exclusion of the subfamily *Torovirinae*, which contained fish viruses and now has the rank of an independent family *Tobamviridae*. On the other hand, there is hope to find traces of the older evolution of coronaviruses as a result of the expansion of the spectrum of potential hosts. This can be the result of the expansion of the host reservoir spectrum in coronaviruses, due to their broad ecological plasticity, and has allowed some HCoVs to cause diseases in humans and show their epidemiological significance [8, 33, 38].

The results of genetic, phylogenetic, phenotypic and evolutionary analyses of the genomes of various HCoV strains were obtained from the two databases Genbank and the Global Initiative on Sharing All Influenza Data (GISAID), where data on HCoV genomes was entered. These materials were used by scientists from different countries to create a modern classification of HCoV, including those of medical significance (table 1) [38, 42, 43].

Table 1. Taxonomic structure of medically important Coronaviridae family (Nidovirales)

Taxon	Latin name	Prototype strains	Source of isolation	Genbank ID
Kingdom	Ribovirus			
Order	Nidovirales			
Suborder	Cornidovirinae			
Family	Coronavirus			
Subfamily	Orthocoronavirinae			
Genus	Alphacoronavirus			
Subgenus	Davinalovirus			
Species	HCoV-229	Inf-1	Homo sapiens	NC002645
Subgenus	Setracovirus			
Species	HCoV-NL-63	Amsterdam 1	Homo sapiens	AY567987
Genus	Betacoronavirus			
Subgenus	Embecovirus			
Species	HCoV-HKU1	HKU1	Homo sapiens	NC006577
Species	Betacoronavirus (HCoV-OC-43)	HCoV-OC-43/ATCC	Homo sapiens	AY391777
Subgenus	Merbecoronavirus			
Species	MERS-CoV	Jeddah/ Camel	Camelus dromedarius	KF917527
Subgenus	Sarbecovirus			
Species	SARS-CoV	GDOI	Homo sapiens	AY278489
Species	SARS-CoV-2	Wuhan-flu-1	Homo sapiens	NC045512
Genus	Gammacoronaviruses			
Genus	Deltacoronavirus			

Note: Prototype strains, isolation sources, and Genbank identification number (ID) are listed for coronavirus species of medical significance [8].

The current taxonomic classification of coronaviruses consists of taxonomic groups: kingdom – Ribovirus, order – Nidovirales, suborder – Cornidovirinae, family – Coronavirus, subfamily – Orthocoronavirinae, genera - Alphacoronavirus, Betacoronavirus, Gammacoronavirus, Deltacoronavirus. The results of the phylogenetic study of genomes were used to determine the taxonomic structure of the intragenital classification [44].

The genus Alphacoronavirus includes 2 subgenera, each containing one species of coronavirus of medical significance: the subgenus Davinalovirus includes the species HCoV 229E, the subgenus Setracovirus-the species HCoV NL63.

The genus Betacoronavirus includes 5 species of coronaviruses of medical significance, which are divided into 3 subgenera: the subgenus Embecovirus includes two species HCoV HKU1, HCoV OS43; the subgenus Merbecoronavirus includes one species MERS-CoV; the subgenus Sarbecovirus contains two species: SARS-CoV and SARS-CoV-2.

In addition to the HCoV species isolated from humans, these genera Alphacoronavirus, Betacoronavirus, Gammacoronavirus, Deltacoronavirus include other HCoV species. The specific names of HCoV, which did not cause disease in humans, were derived from the specific names of those mammals and birds from which they were isolated (cats, dogs, pigs, ferrets, minks, bats of various species, mice, rats, cattle, rabbits, Chinese ferret badgers, palm civets, bats, club - footed kozhans, night bats, chickens, turkeys, pheasants, lake gulls, belugas, ducks, geese, pigeons, nightingales, leopards, reed warblers, magpie warblers, astrilds) [8, 38-40].

The SARS-CoV, MERS-CoV, and SARS-CoV-2 viruses, which caused major epidemics, and SARS-CoV-2 and a pandemic, have become epidemic in the human population. Diseases caused by these coronaviruses are characterized by some features that allow them to be classified as a group of particularly dangerous viruses. Their distinctive abilities determined by the receptor specificity for $\alpha 2'-3'$ sialosides like some of the influenza A virus that determine the ability to penetrate into the lower respiratory tract [45 - 47] and can cause serious infectious diseases, epidemics and pandemics, which indicates naih a danger to others (viruses belong to the 2nd group of pathogenicity of microorganisms, which require set bioderived precautions required for work with dangerous biological agents with biological safety level - BSL-3) [48]. SARS-CoV, MERS-CoV and SARS-CoV-2 viruses are genetically heterogeneous and cause different diseases: SARS-CoV - SARS virus (2002); MERS-CoV - MERS virus (2012); SARS-CoV-2 - COVID-19 virus.

Other viruses of the Coronavirinae family, Orthocoronavirinae subfamily: HCoV 229E, HCoV NL63, HCoV HKU1, HCoV OS43 cause diseases in humans, but they differ in the spectrum of clinical manifestations and severity, and some show differences in the morphology of the virus, and this separates them from the group of particularly dangerous coronaviruses. All four coronaviruses are spread globally and cause from 15 to 30% of cases of human diseases in the structure of the incidence of SARS. Infected people do not demonstrate a high degree of contagiousness, as in particularly dangerous HCoV; the overwhelming number of diseases occurs in the form of mild forms; severe clinical manifestations are rarely recorded in the lower respiratory tract in children, the elderly and patients with weakened immunity. These arguments allow these representatives to be combined into another group that differs from one of particularly dangerous coronaviruses.

Structural features of coronaviruses

All coronaviruses, regardless of the severity of the disease; what are the clinical symptoms; what is the degree of epidemiological danger to others; have the same morphological properties and structure, although some differences exist in some species [46-50].

HCoV virions are spherical in diameter from 80 to 229 nm, the largest among RNA viruses. RNA, which has helical symmetry, is located inside the nucleoprotein (N-protein) and both structures together form a nucleocapsid (60-70 kDa). On the outer surface of the nucleocapsid is a super-capsid shell of complex structure (bilayer lipid shell), under which there are four or

five structural proteins that form the outer layer of the coronavirus and protect the RNA inside. Structural proteins determine not only the structure of the virus, but also take part in the replication of new viral particles, in the assembly and exit of new copies of the virus from the host cell [51-56].

N-protein (50 - 60 kDa) is a phosphorylated protein in chemical structure and protects the RNA virus by keeping it stable inside the viral envelope, while a large number of proteins are connected to each other in a long spiral, wrapping and winding on the RNA [51 – 54, 56, 57].

S-protein (150 - 220 kDa), is located on the surface of the bilipid shell of the virus in the form of club-like processes, so it is called spike protein (from the English spikes-spike), which gives the virus a unique crown shape. S-protein by its chemical structure is a glycoprotein that creates trimers in the form of peplomers that form "crown teeth" with a length of 10-25 nm. These coronaviral proteins have determined the name of the taxonomic group of viruses and ensured the penetration of the virus into the somatic cell. Part of the spike can expand and attach to different proteins in different species, which are present on the cells of the respiratory tract and in the cells of other organs and tissues of different human systems, i.e. determine the adhesion and introduction of the virus into the cell. Probably, a mutation or several mutations that occurred some time ago affected the evolution of the virus, which created the conditions for its transition from bats to humans and determined the ability of spines to bind tightly to human cells [51 – 53, 55 – 58].

M-protein (23-25 kDa) is a structural HCoV protein, located slightly deeper than the spike protein, closer to the nucleocapsid, so it can act as a transmembrane protein, according to the chemical structure of the glycoprotein. The M-protein is part of the outer envelope of the virus and provides the virion form [51-53]. Cryo-electron microscopy and tomography studies have shown that there are two functionally distinct forms of the coronavirus M protein. On most viral particles, the M-protein is tightly packed along the edge, and in some it is characterized as blurry, which does not come into contact with RNA. The general shape, tightly packed along the edge, was called M LONG, and the short blurred one was called M COMPACT. Viral spikes were found on both M LONG and M COMPACT, but were absent on virus membranes without the M protein. The two forms of M-protein represented different conformations of the same peptide chain. The endodomains of the M protein independently assembled into oligodimeric complexes at 37 °C, and a convex, rigid viral envelope was formed, which was called M LONG. M LONG, stabilized by S, N, and E. M protein is a dimeric protein that controls particle size and assembly efficiency [54, 56, 57, 59].

E-protein (9-12 kDa) or the shell structural protein is adjacent to the nucleocapsid, which is detected only among viruses of the subfamily Orthocoronavirinae. E-protein helps to form an oily bubble of the virus and perform functions while already inside the infected cell. Pentamers of protein E form ion channels and are an important factor in the pathogenicity of HCoV (pentamers in the shell of several copies per virion). The E-protein is embedded in the envelope, can connect with proteins that help regulate genes, actively change the activation pattern of human own genes, and participate in the assembly of the virion and the exit of the virion outside the cell [51 - 53, 55 - 58].

Some coronaviruses (HCoV-OC43 and HCoV-HKU1) have an additional surface hemagglutinin esterase (HE-protein, 9-12 kDa), a glycoprotein by its chemical structure. Viruses that possess the HE-protein demonstrate hemagglutinating and esterase activity, which are used as a mechanism for invading the somatic cell, help in the attachment and destruction of certain sialic acid receptors that are located on the surface of the host cell. A HE-protein is a transmembrane protein dimer consisting of two monomers, where each consists of three domains. These three regions are binding domains: membrane fusion, esterase, and receptor fusion. All especially dangerous viruses SARS-CoV, MERS-CoV, SARS-CoV-2 lack HE-protein [8, 33, 40, 51, 57].

All structures of the viral cell are determined by the virus genes, which show some differences in different viruses, and determine the process of virus variability and replication.

Possible biological mechanisms of coronaviral spread

The Orthocoronavirinae subfamily is closely related to the winged animals that are natural reservoirs for these viruses: bats for Alphacoronavirus and Betacoronavirus, birds for Deltacoronavirus and Gammacoronavirus. In 1949, the mouse hepatitis virus (MHV — Murine hepatitis virus) was described, which is extremely widespread among wild and laboratory house mice (*Mus musculus*), causes liver damage and leads to significant mortality (up to 100%) among suckling mice in vivar colonies [59]. Since 2011, MHV has been known as the "mouse coronavirus" (MCoV — Murine coronavirus) (Betacoronavirus, Embecovirus) [60].

By the beginning of the XXI century, MCoV was the most studied representative of the Coronaviridae (then losing this "title" to particularly dangerous coronaviruses human SARS-CoV and MERS-CoV). Like many other coronaviruses, numerous strains of MHV have been divided into two pathotypes, called enterotropic 5 (causing cytolysis of enterocytes and numerous necrosis of the intestinal mucosa) and polytropic (reproducing in the epithelium of the nasopharynx, affecting the lymph nodes, but not the intestinal epithelium; neurotropic strains are also known) [61].

Under experimental conditions, suckling rats can be infected with MHV, so for a while this virus was considered to be common to mice and rats. However, in 1970, an independent rat coronavirus (RtCoV — Rat coronavirus), which causes damage to the respiratory tract and lungs, as well as sialodacrioadenitis [62].

Animals of all ages are sensitive to rtcov, but newborn pups are most susceptible, among which there is a moderate mortality rate (up to 40%) [62]. Described

in 1948 by J. A. Miles and M. G. Stoker, the puffinosis coronavirus (PCoV — Puffinosis coronavirus), which causes conjunctivitis, blisters on the swimming webs of the paws and spasms of the extensor muscles in common petrels (*Puffinus puffinus*) on the Skomer Islands and Skokholm off the southwest coast of Wales (UK) [63], was close to MHV and RtCoV. The reason lies in the population interactions of mouse-like rodents and petrels that lay eggs in burrows that are populated by rodents in the inter-nesting period. Currently, MCoV includes RtCov and PCoV as subspecies. Most likely, the Runde virus (RNDV — Runde virus) also belongs to MCoV, and it has remained in the status of unclassified since the 1970s. RNDV was isolated in 1977 from *Ixodes uriae*, collected in breeding colonies of seabirds on the Norwegian island of Runde [64]. Birds are forced to use crevices for nests rock or burrow [for example, so do the Atlantic puffins (*Fratercula arctica*)]. The same shelters are then used by rodents, and the saturated ixodids can contain the virus at least in the intestines (since the fact of biological transmission of RNDV is not established). Indirectly, this hypothesis is supported by the absence of coronaviruses among strains isolated from *I. uriae* on small freshwater-deprived islands where rodents are absent [64].

It is well-known that natural foci of MERS-CoV are located on the territory of the Arabian Peninsula, where the bats act as the reservoir of the virus [65]. A person can become infected by MERS-CoV as a result of contact with bat secretions or from another unknown intermediate hosts which can be pangolins. Pangolin meat is a delicacy in many countries of South-East Asia, and skin scales are widely used in oriental medicine, making these animals part of the International Red Book as one of the most massive objects of illegal trade [66]. This, in particular, explains why the source of the virus was the Wuhan market.

Serological investigation in the populations of farm animals in the territory Oman has shown that 100% of single-humped camels (*Camelus dromedarius*) have antibodies against the S1 subunit of the spike protein MERS-CoV [67]. Then, direct evidence was obtained for the circulation of MERS-CoV variants identical to epidemic ones in the body of camels and the possibility of human infection from these animals [68]. Bats can infect camels during their diaries in shelters for farm animals. It turned out that the immune layer for MERS-CoV is found among single-humped camels in Africa, including the Canary Islands. However, specific anti-

MERS-CoV antibodies are absent in single-humped camels in Australia [69], which suggests that these animals may not be the main host of MERS-CoV. Specific anti-MERS-CoV antibodies were found in Qatar-bred alpaca (*Vicugna pacos*). It is possible that all artiodactyls (Artiodactyla: Tylopoda) are sensitive to MERS-CoV and may be an intermediate host and a convenient indicator for this virus in the presence of a natural reservoir-bats containing the virus.

Conclusion

Currently, the modern taxonomic structure of coronaviruses has been not fully formed, it has been going on for more than 80 years and yet will be continued. Nearly 40 species of coronaviruses are found but currently only 7 of them are reported for medical significance. Analysis of literature sources, taxonomic position, morphological characteristics, structure of different species of coronaviruses showed those 7 species should be allocated to 2 groups of coronaviruses: a group of dangerous human coronaviruses (SARS-CoV, MERS-CoV and SARS-CoV-2); a group of «non-dangerous» human coronaviruses (HCoV 229E, HCoV NL63, HCoV HKU1, HCoV OC43). Attention is drawn to the need for the further studies of the biological diversity of coronaviruses. These studies should include the structural changes of coronaviruses, regardless of the host species, and this can also allow us to identify those changes that affect the evolutionary drift process of a particular HCoV species and which probably lead to transmission from bats or birds to humans.

A natural question arises — is this the first and last meeting with SARS-CoV-2 or will we have to face it again after the end of the pandemic? Recall that the Bird flu pandemic subsided in July-August 1918, and then in the fall came the second, more deadly wave. The question of a possible re-encounter with the SARS-CoV-2 virus is now difficult to answer. If everything goes along the way of significantly weakening the virus, then eventually it will turn into one of the non-dangerous circulating viruses that cause common colds. Today it is clear that bat viruses are already adapted to mammalian cells, and it is easier for them to enter human populations, but also avian coronaviruses should not be excluded from the context analysis: their receptor specificity to $\alpha 2'-3'$ – sialosides is similar to that of Bird flu A viruses and some variants of epidemic strains can be capable of infecting the lower parts of the human respiratory tract.

Due to the detection of amphibian coronaviruses and the much greater proximity of birds (one of the main hosts of coronaviruses) to reptiles rather than to amphibians we can assume the existence of viruses of this family that can affect reptiles (most likely — as part of a separate subfamily). The presence of subgenera specialized for mammals is the result of the expansion of the spectrum of potential hosts by coronaviruses due to their high ecological plasticity.

Taking into account the migratory abilities of bats and especially birds, it is necessary to not only to include coronaviruses in the ecological monitoring programs, but also to expand the scope and depth of environmental and virological monitoring.

This study was financially supported by the Ministry of Science and Higher Education of the Russian Federation, Priority-2030 programm N 075-15-2021-1323.

Ethics declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Availability of data and materials All data are available on demand.

References

1. World Health Organization International Health regulations (2005) third edition. Switzerland. WHO Press. 2013; 90.
2. Neuman B.W., Adair B.D., Yoshioka C., Quispe J.D., Kuhn G.O.P., Milligan R.A., Yeager M., Buchmeier M.J. Supramolecular architecture of severe acute respiratory syndrome coronavirus revealed by electron cryomicroscopy. *J. Virol.* 2006; 80 (16):7918–7928. doi: 10.1128/JVI.00645-06.
3. Schalk A.F., Hawn M.C. An apparently new respiratory disease of baby chicks. *J. Am. Vet. Med. Assoc.* 1931; 78: 19.
4. Almeida J.D., Berry D.M., Cunningham C.H., Hamre D., Hofstad M.S., Mallucci L., McIntosh K., Tyrrell D.A.J. Virology: Coronaviruses. *Nature.* 1968; 220: 650. doi: 10.1038/220650b0.
5. Classification and nomenclature of viruses. First report of the International committee on nomenclature of viruses. Ed. Wildy P. Basel: Karger. 1971; 81.
6. Classification and nomenclature of viruses. Second report of the International Committee on Taxonomy of Viruses. Ed. Fenner F. Basel: Karger. 1976; 115.
7. Pringle C.R. Virus taxonomy 1996 - a bulletin from the Xth International Congress of Virology in Jerusalem. *Arch. Virol.* 1996; 141 (11): 2251–2256. DOI: 10.1007/bf01718231.
8. Shchelkanov M.Yu., Popova A.Yu., Dedkov V.G., Akimkin V.G., Maleev V.V. Study history and current classification of coronaviruses (Nidovirales: Coronaviridae) Infection and immunity. 2020; 10 (2): 221–246. doi: 10.15789 / 2220-7619-HOI-1412.
9. Tyrrell D.A., Bynoe M.L. Cultivation of a novel type of common-cold virus in organ cultures. *Br. Med. J.* 1965;1:1467–1470. doi: 10.1136/bmj.1.5448.1467.
10. Hamre D., Procknow J.J. A new virus isolated from the human respiratory tract. *Proc. Soc. Exp. Biol. Med.* 1966;121:190–193. doi: 10.3181/00379727-121-30734.
11. Bruckova M., McIntosh K., Kapikian A.Z., Chanock R.M. The adaptation of two human coronavirus strains (OC38 and OC43) to growth in cell monolayers. *Proc. Soc. Exp. Biol. Med.* 1970;135 (2): 431–435. doi: 10.3181/00379727-135-35068.
12. Callow K.A., Parry H.F., Sergeant M., Tyrrell D.A. The time course of the immune response to experimental coronavirus infection of man. *Epidemiol. Infect.* 1990; 105:435–446. doi: 10.1017/s0950268800048019.
13. Li W., Shi Z., Yu M., Ren W., Smith C., Epstein J.H., Wang H., Crameri G., Hu Z., Zhang H., Zhang J., McEachern J., Field H., Daszak P., Eaton B.T., Zhang S., Wang L.F. Bats are natural reservoirs of SARS-like coronaviruses. *Science.* 2005;310:676–679. doi: 10.1126/science.1118391.
14. Chuchalin A.G. Severe acute respiratory syndrome. *Pathology Archive.* 2004; 3: 5–11.
15. Van der Hoek L., Pyrc K., Jebbink M.F., Vermeulen-Oost W., Berkhout R.J., Wolthers K.C., Wertheim-van Dillen P.M., Kaandorp J., Spaargaren J., Berkhout B. Identification of a new human coronavirus. *Nat. Med.* 2004;10:368–373. doi: 10.1038/nm1024.
16. Fouchier R.A., Hartwig N.G., Bestebroer T.M., Niemeyer B., de Jong J.C., Simon J.H., Osterhaus A.D. A previously undescribed coronavirus associated with respiratory disease in humans. *Proc. Natl. Acad. Sci. USA.* 2004;101:6212–6216. doi: 10.1073/pnas.0400762101.
17. Lednicky J.A., Waltzek T.B., McGeehan E., Loeb J.C., Hamilton S.B., Luetke M.C. Isolation and genetic characterization of human coronavirus NL63 in primary human renal proximal tubular epithelial cells obtained from a commercial supplier,

- and confirmation of its replication in two different types of human primary kidney cells. *Viol. J.* 2013;10:213. doi: 10.1186/1743-422X-10-213.
18. Woo P.C., Lau S.K., Chu C.M., Chan K.H., Tsoi H.W., Huang Y., Wong B.H., Poon R.W., Cai J.J., Luk W.K., Poon L.L., Wong S.S., Guan Y., Peiris J.S., Yuen K.Y. Characterization and complete genome sequence of a novel coronavirus, coronavirus HKU1, from patients with pneumonia. *J. Virol.* 2005;79:884–895. doi: 10.1128/JVI.79.2.884-895.2005.
 19. Zaki A.M., Van Boheemen S., Bestebroer T.M., Osterhaus A.D., Fouchier R.A. Isolation of a novel coronavirus from a man with pneumonia in Saudi Arabia. *N. Engl. J. Med.* 2012;367 (19):1814–1820. doi: 10.1056/NEJMoa1211721.
 20. Ryu S., Chun B.C. An interim review of the epidemiological characteristics of 2019 novel coronavirus. *Epid. Health.* 2020 Feb 6;42:e2020006. doi:10.4178/epih.e2020006.
 21. Press K. Anatomy of the coronavirus. What have we learned about Covid-19 in six months? BBC, Russian Service [https://www.bbc.com/russian/extra/VLvX2tAh3r/anatomy-of-pandemic\(russian\)](https://www.bbc.com/russian/extra/VLvX2tAh3r/anatomy-of-pandemic(russian)).
 22. Wu F., Zhao S., Yu B., Chen Y.M., Wang W., Song Z.G., Hu Y., Tao Z.W., Tian J.H., Pei Y.Y., Yuan M.L., Zhang Y.L., Dai F.H., Liu Y., Wang Q.M., Zheng J.J., Xu L., Holmes E.C., Zhang Y.Z. A new coronavirus associated with human respiratory disease in China. *Nature.* 2020. 03 Feb; 579 (7798):265-269. doi: 10.1038/s41586-020-2008-3.
 23. Chen Y., Liu Q., Guo D. Emerging coronaviruses: Genome structure, replication, and pathogenesis. *J. Med. Virol.* 2020;92(4):418–423. doi: 10.1002/jmv.25681.
 24. World Health Organization. Novel Coronavirus (2019-nCoV). Situation Report1 (21 January 2020). URL: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-cov.pdf?sfvrsn=20a99c10_4.
 25. World Health Organization. Novel Coronavirus (2019-nCoV). Situation Report10 (30 January 2020). URL: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480_2.
 26. World Health Organization. Novel Coronavirus (2019-nCoV). Novel Coronavirus (2019-nCoV) Situation Report - 11(31 January 2020). https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200131-sitrep-11-ncov.pdf?sfvrsn=de7c0f7_4
 27. World Health Organization. Novel Coronavirus (2019-nCoV). Situation Report 22 (11 February 2020). URL: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1_2.
 28. World Health Organization. Novel Coronavirus (2019-nCoV). Situation Report51 (11 March 2020). URL: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10
 29. Park W.B., Kwon N.J., Choi S.J., Kang C.K., Choe P.G., Kim J.Y., Yun J., Lee G.W., Seong M.W., Kim N.J., Seo J.S., Oh M.D. Virus isolation from the first patient with SARS-CoV-2 in Korea. *J. Korean Med. Sci.* 2020;35(7): e84. doi: 10.3346/jkms.2020.35.e84.
 30. Wilson M.E., Chen L.H. Travelers give wings to novel coronavirus (2019-nCoV). *J. Travel. Med.*, 27 Mar 2020: 27(2): taaa015. doi: 10.1093/jtm/taaa015.
 31. Medical virology. Ed. D.K. Lviv M.: MIA; 2008; 656.
 32. Virus Taxonomy. Classification and Nomenclature of Viruses. Eighth Report of the International Committee on Taxonomy of Viruses. Eds. Fauguet C.M., Mayo M.A., Maniloff J., Desselberger U., Ball L.A. Elsevier Academic Press, 2005;1162.

33. Guide to Virology: Viruses and viral infections of humans and animals. Undered. Academician of RAS D.K. Lviv M.: Publishing House Medical Information Agency LLC; 2013; 1208.
34. Shchelkanov M.Yu., Ananyev V.Yu., Kuznetsov VV, Shumatov VB Middle Eastern respiratory syndrome: when does the smoldering focus break out? / Pacific Medical Journal. 2015; 60 (2): 94–98.
35. Shchelkanov M.Yu., Kolobukhina L.V., Lvov D.K. Human Coronaviruses (Nidovirales, Coronaviridae): increased level of epidemic danger. Attending doctor. 2013; 10: S. 49–54.
36. Chuck C.P., Chow H.F., Wan D.C.C., Wong K.B. Profiling of substrate specificities of 3C-like proteases from group 1, 2a, 2b, and 3 coronaviruses. PLoS One. 2011;6(11): e27228–e27228. doi: 10.1371/journal.pone.0027228.
37. Dijkman R., Jebbink M.F., Wilbrink B., Pyrc K., Zaaijer H.L., Minor P.D., Franklin S., Berkhout B., Thiel V., van der Hoek L. Human coronavirus 229E encodes a single ORF4 protein between the spike and the envelope genes. Virol. J. 2006;3:106. doi: 10.1186/1743-422X-3-106.
38. Virus Taxonomy. Classification and Nomenclature of Viruses. Ninth Report of the International Committee on Taxonomy of Viruses. Eds. King A.M.Q., Adams M.J., Carstens E.B., Lefkowitz E.J. Elsevier Academic Press; 2011; 1338.
39. Woo P.C., Lau S.K., Lam C.S., Lai K.K., Huang Y., Lee P., Luk G.S., Dyrting K.C., Chan K.H., Yuen K.Y. Comparative analysis of complete genome sequences of three avian coronaviruses reveals a novel group 3c coronavirus. J. Virol. 2009;83(2):908–917. doi: 10.1128/JVI.01977-08.
40. Virus Taxonomy. Classification and Nomenclature of Viruses. Ninth Report of the International Committee on Taxonomy of Viruses. Eds. King A.M.Q., Adams M.J., Carstens E.B., Lefkowitz E.J. Elsevier Academic Press; 2011; 1338.
41. Ziebuhr J., Baric R.S., Baker S., de Groot R.J., Drosten C., Gulyaeva A., Haagmans B.L., Neuman B.W., Perlman S., Poon L.L.M., Sola I., Gorbalenya A.E. Reorganization of the family Coronaviridae into two families, Coronaviridae (including the current subfamily Coronavirinae and the new subfamily Letovirinae) and the new family Tobaniviridae (accommodating the current subfamily Torovirinae and three other subfamilies), revision of the genus rank structure and introduction of a new subgenus rank. Proposal 2017.013S (08.08.2018) for International Committee on Taxonomy of Viruses. <https://ictv.global/proposal/2017.Nidovirales/>.
42. Fung T.S., Liu D.X. Human Coronavirus: Host-Pathogen Infection. Annual Review of Microbiology. 2019;73:529-557. doi:10.1146/annurev-micro-020518-115759
43. International Committee on Taxonomy of Viruses (ICTV) New MSL including all taxonomy updates since the 2018b release Updates approved during EC 51, Berlin, Germany, July 2019; Email ratification March 2020 (MSL #35) For more information see: <https://ictv.global>.
44. Majidov T.I., Kurakin G.F. Computer technology against coronavirus: first results. Nature. 2020; 3: 3-15. doi: 10.7868 / S0032874X20030011.
45. Shchelkanov M.Yu., Kolobukhina L.V., Lvov D.K. Influenza: history, clinic, pathogenesis. The attending physician. 2011; 10: 33–38.
46. Lvov D.K., Shchelkanov M.Yu., Alkhovsky S.V., Deryabin P.G. Zoonotic viruses of Northern Eurasia. Taxonomy and Ecology. Academic Press. 2015;452.
47. Lvov D.K., Shchelkanov M.Yu., Prilipov A.G., Vlasov N.A., Fedyakina I.T., Deryabin P.G., Alkhovsky S.V., Zaberezhny A.D., Soares D. Evolution of HPAI H5N1 virus in natural ecosystems of Northern Eurasia (2005–2008). Avian Dis. 2010;54:483–495. doi: 10.1637/8893-042509-Review.1.
48. Temporary guidelines. Prevention, diagnosis and treatment of your infection (COVID-19). Version 7. Ministry of Health of the Russian Federation. June 6, 2020; 166.

49. Smirnov V.S., Zarubaev V.V., Petlenko S.V. Pathology biology and control of influenza and SARS. - St. Petersburg: Hippocrates; 2020; 336.
50. Korsman S.N.J., Gert U. van Zyl, Nutt L., Andersson M.I., Preiser W.. Human coronaviruses. *Virology*. 2012;94-95; doi:10.1016 / B978-0-443-07367-0.00040-9.
51. Corum J., Zimmer C. Bad News Wrapped in Protein: Inside the Coronavirus Genome. *The New York Times*. April 3.2020,(17).
52. Stasevich K. Life and device of coronaviruses *Science and life*. 2020; 4: 8-15. <https://www.nkj.ru/archive/articles/38461>.
53. Graham R.L., Baric R.S. Minireview Recombination, Reservoirs, and the Modular Spike: Mechanisms of Coronavirus Cross-Species Transmission. *Journal of Virology*. 7 Apr. 2010; 84(7): 3134–3146. doi:10.1128/JVI.01394-09.
54. Masters PS, Kuo L, Ye R, K. R., C.A., B. Genetic and molecular biological analysis of protein-protein interactions in coronavirus assembly. *Adv. Exp. Med. Biol*. 2006; 581:163-173. doi: 10.1007 / 978-0-387-33012-9_29.
55. Siu Y.L., Teoh K.T., Lo J., Kien C., F., Escriou N., Tsao S. W., Nicholls J. M., Altmeyer R., J Peiris. S. M., Bruzzone R., Nal B. The M, E, and N structural proteins of the severe acute respiratory syndrome coronavirus are required for efficient assembly, trafficking, and release of virus-like particles. *J. Virol*. 2008; 82:11318 doi: 10.1128/JVI.01052-08.
56. McIntosh K, Peiris JSM. Coronaviruses. In: *Clinical Virology*, 3rd ed., Richman DD, Whitley RJ, Hayden FG (Eds), ASM Press, Washington, DC 2009. p.1155.
57. Peiris J.S.M. Section II. The Agents. Part B: RNA Viruses. Coronavirus. In the book: Richman D.D., Whitley R.J., Hayden F.G., - editors. 4rd ed., *Clinical virology*. Washington, ASM Press, 2017;1243-1265.
58. Enjuanes L., Smerdou C., Castilla J., Antón I. M., Torres J. M., Sola I., Golvano J., J. M., B. Development of protection against coronavirus induced diseases. A review. *Adv Exp Med Biol*. 1995; 380:197-211. doi: 10.1007/978-1-4615-1899-0_34.
59. Neuman B.W., Kiss G., Kunding A. H. David Bhella, M Fazil Baksh, Stephen Connelly, Ben Droese, Joseph P Klaus, Shinji Makino, Stanley G Sawicki, Stuart G Siddell, Dimitrios G Stamou, Ian A Wilson, Peter Kuhn, Michael J Buchmeier et al. A structural analysis of M protein in coronavirus assembly and morphology *J. struct. Biol*. 2011; 174, (1): 11–22. doi: 10.1016/j.jsb.2010.11.021.
60. Cheever F.S., Daniels J.B., Bailey O.T., Pappenheimer A.M. A murine virus (JHM) causing disseminated encephalomyelitis with extensive destruction of myelin. I. Isolation and biological properties of the virus. *J. Exp. Med.*, 1949; 90: 181–194.
61. Virus Taxonomy. Classification and Nomenclature of Viruses. Ninth Report of the International Committee on Taxonomy of Viruses. Eds. King A.M.Q., Adams M.J., Carstens E.B., Lefkowitz E.J. Elsevier Academic Press; 2011. 1338.
62. Baker D.G. Natural pathogens of laboratory mice, rats, and rabbits and their effects on research. *Clin. Microbiol. Rev*. 1998; 11 (2): 231–266
63. Parker J.C., Cross S.S., Rowe W.P. Rat coronavirus (RCV): a prevalent, naturally occurring pneumotropic virus of rats. *Arch. Gesamte Virusforsch*. 1970; 31 (3): 293–302. doi: 10.1007/bf01253764
64. Nuttall P.A., Harrap K.A. Isolation of a coronavirus during studies on puffinosis, a disease of the Manx shearwater (*Puffinus puffinus*). *Arch. Virol*. 1982; 73 (1): 1–13. doi: 10.1007/bf01341722
65. Traavik T., Mehl R., Kjeldsberg E. “Runde” virus, a coronavirus-like agent associated with seabirds and ticks. *Arch. Virol*. 1977; 55 (1–2): 25–38. doi: 10.1007/bf01314476
66. St John S.E., Tomar S., Stauffer S.R., Mesecar A.D. Targeting zoonotic viruses: Structure-based inhibition of the 3C-like protease from bat coronavirus HKU4 – the likely reservoir host to the human coronavirus that causes Middle East respiratory syndrome (MERS). *Bioorg. Med. Chem*. 2015; 23 (17): 6036–6048. doi:

10.1016/j.bmc.2015.06.039

67. Sonricker Hansen A.L., Li A., Joly D., Mekaru S., Brownstein J.S. Digital surveillance: a novel approach to monitoring the illegal wildlife trade. *PLoS One*. 2012; 7 (12): e51156. doi: 10.1371/journal.pone.0051156
68. Reusken C.B., Schilp C., Raj V.S., De Bruin E., Kohl R.H., Farag E.A., et al. MERS-CoV infection of alpaca in a region where MERS-CoV is endemic. *Emerg. Infect. Dis.* 2016; 22: 1129–1131. doi: 10.3201/eid2206.152113
69. Drosten C., Kellam P., Memish Z.A. Evidence for camel-to-human transmission of MERS coronavirus. *N. Engl. J. Med.* 2014; 371 (14): 1359–1360. doi: 10.1056/NEJMc1409847
70. Cramer G., Durr P., Barr J., Yu M., Graham K., Williams O., Kayali G. Absence of MERS-CoV antibodies in feral camels in Australia: implications for the pathogen's origin and spread. *One Health*. 2015; 1: 76–82. doi: 10.1016/j.onehlt.2015.10.003