

Wastewater Testing to Track and Respond to COVID-19

November 4, 2020 NGA Center for Best Practices

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Today's Speakers

Erica Gaddis

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Dr. Nathan LaCross

Assessment Manager and Epidemiologist, Environmental Epidemiology Program, Utah Department of Health





Today's Speakers

Nicole Rowan

Clean Water Program Manager, Colorado Department of Public Health and Environment

Dr. Brian Erly

Medical Epidemiologist, Colorado Department of Public Health and Environment

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Assistant Secretary, Maryland Department of the Environment





















Wastewater Surveillance: Supporting Utah's response to COVID-19

November 2020











Wastewater Surveillance for Public Health



Utah's Approach

Goal: Support Utah's response to COVID-19 by tracking trends in wastewater virus across the state

Sample locations

- 30 large treatment plants (>10,000 people)
- 14 rural treatment plants
- ~85% of Utah's population

Frequency

- Weekly samples July December
- Surge sampling available and used as needed

Costs

- Total estimated cost over 6 months: \$475,000 (sample collection and transport costs are significant)
- Funding source: CARES Act through 2020



Analytical Methods



- RT-qPCR method
- Consistency in sample preparation is critical
- Results are expressed as gene copies per mL and converted to gene copies/100k pe
- Utah standardizes data to account for seasonal infiltration and industrial flows

Data Dashboard

Salt Lake City WRF



Sewage monitoring Non-detections plotted at 1. MGC = million gene copies.

wastewatervirus.utah.gov

Roles and responsibilities



University Campus Sampling







Sub-sewershed monitoring



Limitations & Interpretation



- Often variability in the data, from many potential sources:
 - <u>Environmental</u>: differences in sewer system infrastructure; infiltration of runoff and groundwater; wastewater transit time; temperature; other constituents of the wastewater stream; industrial sources
 - <u>Biological</u>: which people/populations tend to shed virus; how much virus is shed; how long virus is shed
- Data are not easily compared between facilities
 - More useful to look at data within a facility for changes over time
- As with most surveillance data, wastewater data is best interpreted in conjunction with other available information

Early detection of rising infection rates



Wastewater Surveillance MGC = millions of gene copies. Note that the y-axis scale will vary based on the selected sewershed

Monitoring of areas with lower testing



Wastewater Surveillance MGC = millions of gene copies. Note that the y-axis scale will vary based on the selected sewershed

Confirmation of declining case rates

Total Tests by Date

Number of People by Date

2020

Salt Lake County 4000 People Tested 2000 Jun 01 Jul 01 Aug 01 Salt Lake City WRF Date Wastewater Surveillance MGC = millions of gene copies. Note that the y-axis scale will vary based on the selected sewershed Estimated population served: 209,645 400 day 300 North Salt Lake 200 MGC/pe 100 May 24 Jun 21 Jul 5 Jul 19 Aug 30 Jun 7 Aug 2 Aug 16 SALT LAKE 2020 linear log CITY Daily Incidence per 100,000 Note that the y-axis scale will vary based on the selected sewershed Magn West Valley City per 100,000 30 20 Incidence 10 Daily I May 24 Jun 7 Jun 21 Jul 5 Jul 19 Aug 2 Aug 30 Aug 16

Travel & tourism, large gatherings, etc.





- Contact tracing prioritization
- Identification of high infection rate areas for intensive clinical sampling
- Targeting of outreach, education, and other interventions



Lessons



- A pilot study demonstrates utility of the tool and work out logistical and method issues at relatively low cost.
- Collaboration across many fields and agencies is critical. The value of effective communication, coordination, and logistical support cannot be overstated.
- We still have much to learn, but wastewater surveillance can already provide useful information for public health efforts.
- Sampling and analytical methods should be selected with public health uses in mind.
- Be adaptable and prepared for rapidly changing science and best practices.

Thank you!



Public dashboard: <u>wastewatervirus.utah.gov</u>

Questions?



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Questions for Speakers?

- Use the 'Q&A' or 'Chat' icons on the control panel at the bottom of your screen to submit your questions
- We suggest including your title and affiliation



Colorado's SARS-CoV-2 Wastewater Monitoring COllaborative



PRESENTERS



Nicole Rowan, Clean Water Program Manager, CDPHE Brian Erly, Medical Epidemiologist, CDPHE



Resources



17 Wastewater Utilities Sample Collection

> 60-65% of Colorado Population



WASTEWATER SAMPLING

- Samples collected at wastewater facility
- 2x per week at entry
- Part of routine sampling



Sewershed testing



- New COVID-19 Case Frequency (Onset Date)
- SARS-2 Copies/L (recovery normalized)
- Moving average of New COVID-19 Case Frequency (Onset Date)

- Everybody stools eventually
- Efficient pooled testing
- Quantitative signal
 - Interpretation more complex
- Far-reaching response
 - Pooled sample from many thousands of peop
 - Validates other surveillance data



Other wastewater sampling in CO

Institutions of Higher Education

- Residence-hall level sampling

Individual Counties

- Sampling and rapid individual response Department of Corrections
- Facility-level testing
 CDC NWSS





How is the state using the data?

- ALERT to regions of concern
- INFORM about limitations in other surveillance systems
- CONFIRM trends seen elsewhere

All data is interpreted in context of other indicators and what is going on in the state





Long-term vision

Expanding range

- Onboarding additional utilities
- Targeted community sampling
- Single facility sampling
- Publicly facing dashboard

Expanding access

2

3

• Opening data for community researchers

- Additional pathogens
- Pharmacology
- Expanding scope
- Human health indicators





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Sewer Sentinel Initiative



Measuring the quantity of SARS-COV-2 virus in wastewater to **monitor** infection levels in defined communities.

Use pooled data to measure virus load and rapidly **respond** to outbreaks



Phase I Lessons Learned

- Proof of concept
 - 5 locations
 - qPCR -- virus load
- Cannot determine # of infected individuals
- Best where clinical data aligns
- Pooled monitoring is cost-effective
- Provides actionable information





Data provided by MDH epidemiologists

Phase II

- Find and Respond to Outbreaks
- Downscale
- Congregate housing
- Vulnerable populations
- Weekly testing



Sewer Sentinel Initiative Phase II



Phase 2 Locations & Costs:

Non-transient residential:

- Incarceration facilities
- Juvenile and pre-release systems
- Baltimore Housing Authority locations
- Subsidized housing
 - Elderly

- Costs: \$1 million
 - Weekly testing
 - 50 sites

- Response:
 - Testing/Tracing
 - Increased Cleaning
 - Behavior Mask, Distance, Hand Washing

COVID Sewer Sentinel Initiative Phase $1 \rightarrow 2$

Monitoring

- Larger Scale: Community/neighborhood level
- Changes in virus load
- Response:
 - Testing
 - Shutdown
- Cost
 - \$50,000 for 90 days
- Federal Funding
- Requires WWTP cooperation

<u>Outbreak</u>

- Smaller Scale: Buildings/Campus
 - o Dorms
 - Subsidized Congregate Housing
 - Seniors
 - Incarceration facilities
- Response:
 - Clinical Testing
 - Contract Tracing
 - Behavior
 - Cleaning
- Cost:
 - \$1 million for 6 months
- Require access and engagement from housing community

Conclusions

Wastewater sampling -- cost-effective tool to detect outbreaks in well defined communities.

Must have engagement and cooperation of health leaders to respond.

Measuring the quantity of SARS-COV-2 virus in wastewater to **monitor** infection levels in defined communities.

Use pooled data to measure virus load and rapidly **respond** to outbreaks



Questions





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Thank You!