## Reflections from RADx-rad Wastewater-based Epidemiologic Studies and Potential Future Directions

Presented by Helena Solo-Gabriele, PhD, Professor University of Miami (hmsolo@miami.edu)

Human Surveillance Wastewater Surveillance

Data Integration Outbreak Characterization and Prediction

Policy Decisions





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## SF-RAD: SARS-CoV-2 Wastewater-Based Surveillance

- 1. Data standardization and informatics infrastructure Aims
  - 2. Wastewater characterization
  - 3. Integration with human health surveillance

Relate wastewater to human surveillance data  $\geq$ Evaluate influence of watershed scale  $\geq$ Evaluate sample collection method Evaluate sample concentration methods







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#### **Human Surveillance**

#### Campus Students and Faculty/Staff, UMiami (Sep. 2020)

Fall'20/Spring'21

- Students tested weekly (nasal swab, qPCR) Supplemented by breath test
- COVID results and total tests by building/dorm room Summer/Fall'21
- Unvaccinated students tested weekly
- All students tested when wastewater exceeds

#### University Hospital, UMiami Medical (Sep. 2020)

- Treat known COVID patients
- Electronic medical records pulled regularly

#### Miami-Dade County Residents, FDOH WWTP (Jan. 2021)

- Positives by zip code
- Number of tests by zip code
- Augment with Biobot wastewater data (Apr. 2020)

#### Miami-Dade County Public Schools, MDCPS (Jan. 2022)

- In collaboration with RADx-UP project (Gwynn, PI)
- 9 Schools (4 Elementary, 2 Middle, 3 High Schools)

#### **Sample Collection Plans**



## **General Workflow**

Concentration by Electronegative Filtration Waste water + OC43 + MgCl<sub>2</sub> Acidify + OC43 + Acidify Acidify Mason Mason

> M. Sharkey, Center for AIDS Research, UM

S. Williams

Onco-Genomics Shared Resource, UM

C. Mason,

Integrated Genomics Lab, WCM/MetaSub



Sharkey et al. 2021Babler et al. 2022https://doi.org/10.1016/j.scitotenv.2021.149177https://doi.org/10.1021/acsestwater.2c00047

UNIVERSITY OF MIAMI

#### **Human Surveillance**

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## **Sample Collection Plans**





-7 day rolling average

## Campus



-7 day rolling average

## Campus



-7 day rolling average

△ SARS-CoV-2 RNA Levels by V2G-qPCR

## Campus



## Cases and Community Wastewater





# Hospitalizations and Community Wastewater



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## Variations by Variant Waves



<u>Cases</u>: Omicron (أح) wave highest prevalence of cases per level observed in WW <u>Hospitalizations</u>: Initial wave (O) highest hospitalization rate followed by Delta (A) per level observed in WW

Zhan et al. (in preparation)

\* Medicine

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## Sample Collection Strategies



Time (Hour)



SARS-CoV-2 RNA (gc/L)

SARS-CoV-2 — pH, Spec. Conductivity, Water Temp., Turbidity

No significant and consistent correlation with water quality



Figure 4: Flow at continuous (few minutes) time scales versus SARS-CoV-2 levels in wastewater collected at building, cluster, and community scales.

#### No significant and consistent correlation with wastewater flow

# What about Normalization of SARS-CoV-2 Signal?

Indicators of Human Waste

- PMMoV (Pepper Mild Mottled Virus) human dietary indicator
- B2M (Human Housekeeping Gene) human waste indicator
- Fecal Coliform (by culture) traditional fecal indicator

At campus scale:

- PMMoV
- B2M 💙
- Fecal Coliform 🗙

No benefit at community scale (in our hands)

# Reflections (Take-Aways)

- Unique features of SARS-CoV-2 make it a good candidate for WBE (stable in WW and predictive of cases and hospitalizations)
- Signal changes with variants
- Smaller systems would benefit from composite sampling and/or targets for normalization



# **Future Directions**

- Automated data system that combines WW and health information
- Alternative targets (other RNA viruses, DNA viruses, bacteria, yeast, etc)
- Additional media (aerosols and swabs, see <a href="http://dx.doi.org/10.1016/j.scitotenv.2022.159188">http://dx.doi.org/10.1016/j.scitotenv.2022.159188</a>)
- Integrate WW into health monitoring system
- Public communication of data in real time at individual and community levels
- Ethics and inclusivity



# Acknowledgments

## Questions (hmsolo@miami.edu)



# Thank you

SF-RAD website (covidsfrad.org)







