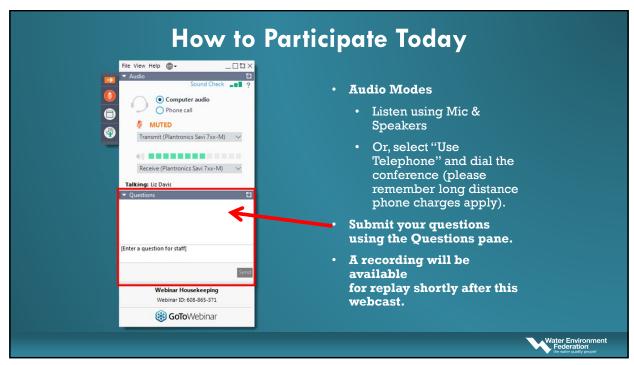
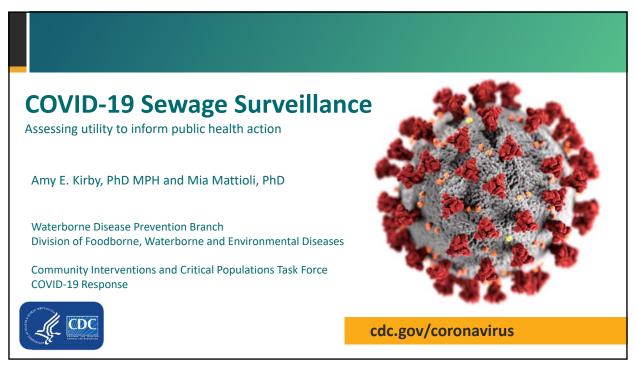


CDC and EPA Wastewater Based Epidemiology (WBE) Program: Building a Surveillance Program Based on Wastewater Sampling

Recorded Wednesday, July 15, 2020
Introduced by Claudio Ternieden
Senior Director, WEF Government Affairs







Topics Covered

- Introduction to Sewage Surveillance
- Current State of the Science
- Potential for Targeted Use Cases
- Limitations of Sewage Surveillance
- CDC's Implementation Plan for Community Sewage Surveillance
- Risk from Water and Wastewater

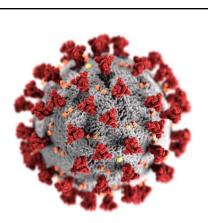


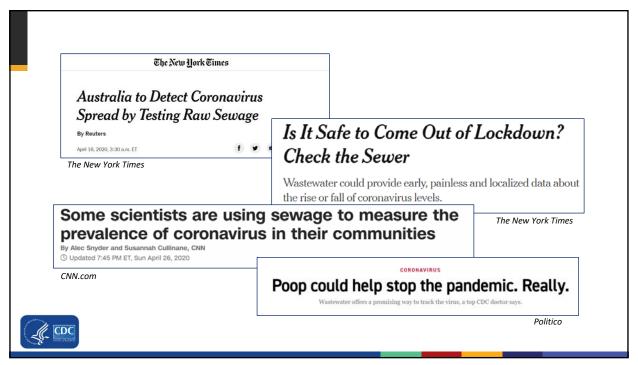
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Introduction to Sewage Surveillance



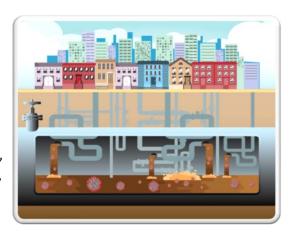






Sewage | A Surveillance Resource

- Dozens of researchers across the US and worldwide
- States considering mandating wastewater utility monitoring
- SARS-CoV-2 sewage data are currently becoming available: AZ, CA, OR, LA, MI, FL, PA, WA, MA, WI, SC, TX, OH, VA, NY, UT, MO...

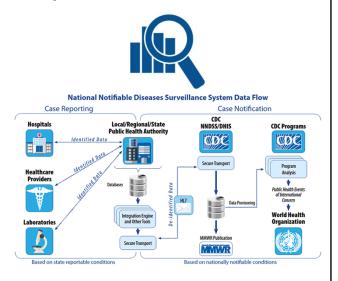




National Sewage Surveillance | CDC's Role

- Ensure data comparability across jurisdictions
- Analyze data to provide public health interpretation and guidance
- Summarize and make national data available for states and public
- Support inter-health agency communication for public health action





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COVID-19 Sewage Surveillance | Public Health Toolbox

- Sewage is an efficient pooled sample of community (or sub-community) infection prevalence
- Captures sub-clinical infections
- Independent of healthcare-seeking behavior and testing access
- Data available within days of shedding onset versus up to 2-week lag for other surveillance data





How Health Departments Can Use Sewage Data to Make Response Decisions

Sewage data will complement case- and symptom-based surveillance by providing:

- Resolution to conflicting clinical indicator trends
- Infection data for communities where testing data are not available
- Understanding of sub-county variability
- Infection information during sub-clinical phases





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Sewage Surveillance Data



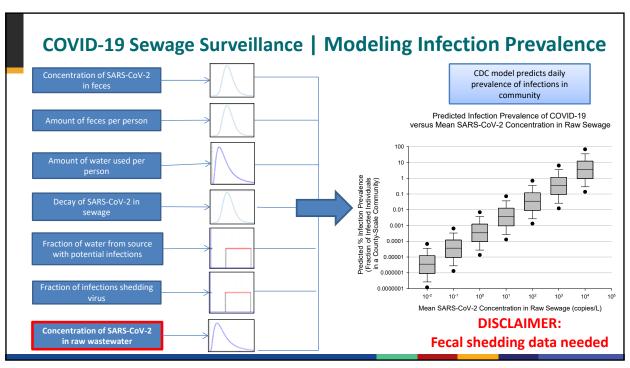
Current potential: based on state of the science

- Provide county and sub-county level total infection trends
- Leading indicator of potential infection increases following reopening of communities
- Early warning to inform re-closure decisions particularly for high-risk facilities like senior living centers, university campuses, prisons, nursing homes
- Tracking virus evolution and global origin upon emergence in US

More data needed: estimating overall daily infection prevalence within a sewershed







COVID-19 Sewage Surveillance | CDC Assessment

- Identifying <u>minimum data</u> needed for public health use of sewage data
 - Utility operation
 - Population served
 - Quality assessment/quality control
- Compatibility of testing methods, interlaboratory performance, and infection models
 - Concentration method
 - Genomic detection target
 - Normalization parameter performance
 - Comparing CDC model to others



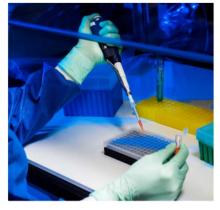


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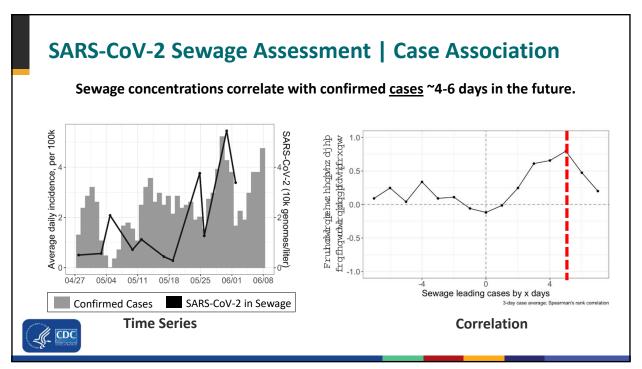
COVID-19 Sewage Surveillance | Assessment Metrics

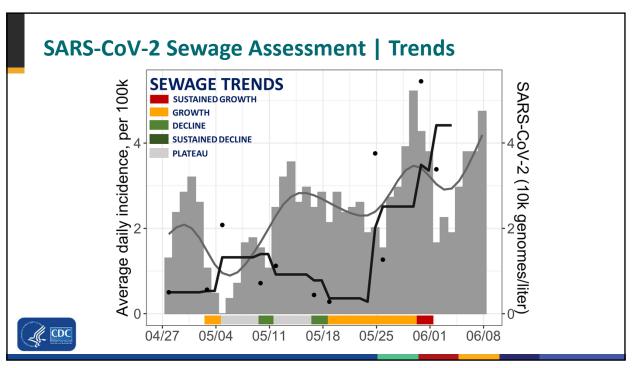
Success will be determined by retrospectively evaluating usefulness of sewage data to the response

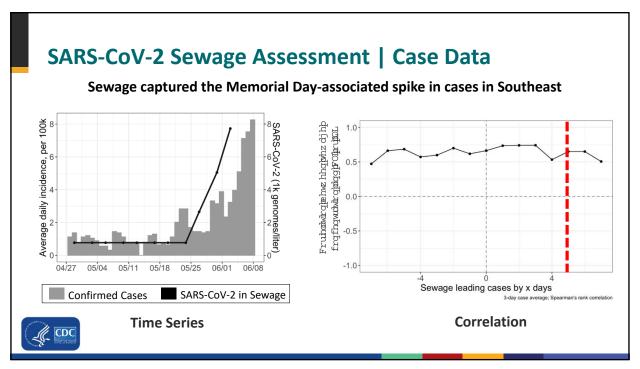
- Emergence/Disappearance
 - Timeliness of sewage detection as leading indicator of emergence
 - Establishing sewage testing method detection limit related to minimum infection prevalence
- Trend Evaluation
 - Timeliness of sewage concentration as leading trend indicator compared to clinical reporting
 - Tracking sewage concentration changes as indicator of meaningful clinical changes











COVID-19 Sewage Assessment | Quality Data Are Key

- Updating model parameters as new science is available to estimate prevalence: fecal virus titer
- Understanding and coordinating
 - Sampling plan design for data use
 - Sample collection procedures
 - Testing data methods and quality
 - Normalization of data over time
- Partnering with EPA for standardization and recommendations by use case: treatment plants, universities, nursing homes, etc.





COVID-19 Sewage Assessment | Targeted Use

Universities

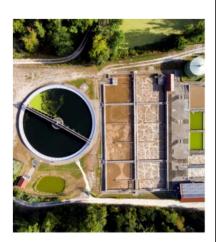
- <u>Challenge</u>: mixture of resident and daily commuting inputters into waste stream
- Benefit: high-risk site but similar to community modeling with often on-campus treatment system

Nursing Homes / Prisons

- <u>Challenge</u>: isolating waste stream within sewer system and small percentage of commuting input
- Benefit: stable residency contributing to waste stream and can pair with routine clinical testing

Food Processing Facilities

- Challenge: high use of water for production with low-density human fecal input
- Benefit: detection alone informative and could pair with clinical testing (serology, nasal, fecal wipes)





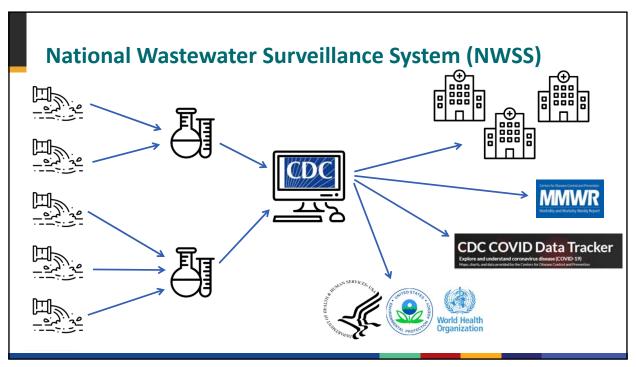
COVID-19 Sewage Assessment | Limitations

- Decentralized wastewater treatment facilities will not be captured
- ~25% of US residences are not connected to sewer.
- Low incidence may be below the limit of detection
- Cannot be used to "clear" or "lock down" a community or facility
- May be impacted by pre-treatment of sewage for odor or worker safety









NWSS Implementation Timeframe

2-6 months

- Establish sentinel network of utilities and labs
- Stand up data portal at CDC
- Develop best practices
- Continued evaluation of performance and utility

6-18 months

- Finalize system standards, processes, requirements
- Consolidate methods to standard method(s)
- Onboard PHLs and EHLs for sustainability
- Scale to national



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Operational Activities

Staffing



- Microbiologists, environmental engineers, data analysts Quality manager
- **Epidemiologists**



Data Portal

Working to stand up DCIPHER data portal



Federal Lab Support

- CDC BSL2+ lab for sewage testing
- Method development with EPA



Funding Utility and Lab Partners

Ongoing discussions with CDC program managers to determine optimal funding mechanisms for external partners



CDC Support and Coordination | Near Term

- External partner awareness and support
 - Website for HD/utilities needed to provide support for ongoing activities
 - State and local HD support and coordination
- Preparing for anticipated operational phase
 - Communication with HD and labs
 - Sentinel site selection and support
 - Sewage testing by CDC national lab
 - Targeted use assessment: universities, nursing homes/prisons, food facilities



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Coordination Activities | Leveraging Existing Capacity



Interagency coordination

- EPA-HHS-CDC-DHS-DoD Interagency Coordination Group
- EPA-CDC-HHS Implementation Coordination Team



Coordination with other CDC teams to evaluate targeted use cases

- Prisons: CDC COVID-19 Corrections Unit, EPA
- LTCFs: CDC COVID-19 Infection Prevention and Control Team
- Universities: CDC COVID-19 Community Guidance Unit
- Meatpacking: CDC COVID-19 Food Systems Work Group
- Low-Resource Settings: CDC COVID-19 International TF, Gates Foundation



CDC Sewage Surveillance | Long Term

National Wastewater Surveillance System (NWSS)

- Data collection at CDC to facilitate national disease surveillance interpretation and public health action
- National CDC laboratory to support testing
- Incorporation of other health targets that can be assessed in sewage
- State and local HD support and capacity building
 - Sampling and testing
 - Data compilation/interpretation
- Key Partners
 - EPA
 - Stakeholder organizations: health and water
 - · Academia and Industry



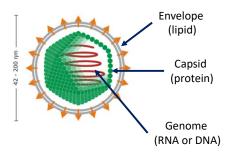




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Risk From Water and Wastewater

PCR Detection Does Not Mean Virus Is Infectious



- Culture of live virus requires an intact virus particle
- PCR detects specific regions of the viral genome
 - Damage to the envelope, capsid or genome does not necessarily prevent PCR detection



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COVID-19: Wastewater Risk

Water samples	Detection time (day)									
	0	1	2	3	4	5	6	8	14	
309th hospital	+	+	+	_	_	_	_	_	_	
Domestic sewage	+	+	+	_	_	_	_	_	_	
Dechl tap watb	+	+	+	_	_	_	_	_	_	
PBS	+	+	+	+	+	+	+	+	+	

Water samples	Detection time (day)								
	0	1	2	3	4	5	6	8	14
309th hospital	+	+	+	+	+	+	+	+	+
Domestic sewage	+	+	+	+	+	+	+	+	+
Dechl tap wat ^b	+	+	+	+	+	+	+	+	+
PBS	+	+	+	+	+	+	+	+	+

Wang et al. 2005 J Vir Methods

- Remains unclear whether virus in feces is infectious.
- Treatment methods and disinfection are expected to be effective
- There is no epidemiological evidence of higher infection rate in wastewater workers
- Workers should use standard PPE following task-specific risk assessments

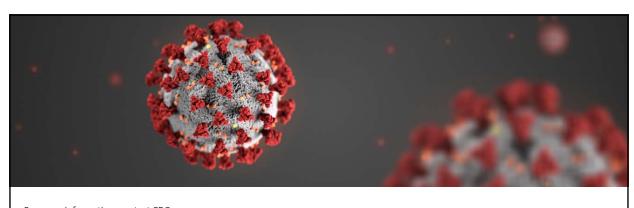


SARS-CoV-2 and Drinking Water

- No epidemiologic evidence that drinking water exposure is a risk for COVID-19
- Treatment methods are expected to be effective
- Chlorine, chloramines are effective against SARS-CoV-2
- Possible contamination source most likely wastewater
 - Unknown whether virus in wastewater is infectious
- Boil advisories- recent advisories have been misinterpreted to be due to COVID-19 and have caused concern about safety of handwashing
 - adding boil advisory guidance to CDC Water and COVID webpage



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For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

