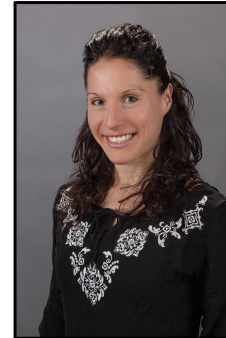


Wastewater Surveillance of SARS-CoV-2 in Southern Nevada

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Early-pandemic wastewater surveillance of SARS-CoV-2 in Southern Nevada: Methodology, occurrence, and incidence/prevalence considerations

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ABSTRACT

The World Health Organization (WHO) classified COVID-19 as a global pandemic, with the situation ultimately requiring unprecedented measures to mitigate the effects on public health and the global economy. Although SARS-CoV-2 (the virus responsible for COVID-19) is primarily respiratory in nature, multiple studies confirmed its genetic material could be detected in the feces of infected individuals, thereby highlighting sewage as a potential indicator of community incidence or prevalence. Wastewater wastewater surveillance studies independently confirmed detection of SARS-CoV-2 RNA in wastewater and wastewater-associated solids/sludge. However, the methods employed in early studies vary widely as to whether detection of presence or reported concentration reflects differences in epidemiological attributes, or an actual proxy for methodological artifacts. The current study aimed to compare the performance of virus recovery and detection methods, direct and quantified SARS-CoV-2 genetic material in two Southern Nevada wastewater treatment plants (WWTPs) from March–May 2020, and better understand the potential link between COVID-19 incidence/prevalence and wastewater concentrations of SARS-CoV-2 RNA. SARS-CoV-2 surrogate recovery (0.48–0.52) and detection sample volume (0.1, 0.2, 1, 5) differed between methods and target water sources, ultimately impacting method sensitivity and reported concentrations. Comparative analysis of influent and primary effluent revealed an 85-fold increase in wastewater health as measured by heterotrophic plate count (HPC) samples, demonstrating highlighting natural variability in SARS-CoV-2 signal. Detection and quantification of line SARS-CoV-2 genetic material up to 10⁷ gene copies per liter, along with rates of SARS-CoV-2 RNA signal, were used to estimate daily, sub-daily compatibility with public health data for two wastewater treatment plants in an early phase of the pandemic. Finally, wastewater results obtained by their detection was highlighted the potential significance of sewer cases (i.e., incidence rather than prevalence) when interpreting wastewater surveillance data in 2020 (The Author). Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1.0. Introduction

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), otherwise known as the 2019 novel coronavirus (2019-nCoV) in late 2019, the first cluster of viral pneumonia of unknown origin had been identified in Wuhan, China (Li et al., 2020), and by March 2020, the World Health Organization (WHO) had classified COVID-19 as a global pandemic (Blaskó et al., 2020). Initial estimates of its case fatality rate (~1–3%) were lower than SARS (11%), Middle East respiratory syndrome (MERS) (34%), and Ebola (25–90%) (Goh et al., 2020; WHO, 2020a, 2020b, 2020). However, COVID-19's propensity to spread before symptoms appeared in infected individuals—coupled with an overall asymptomatic ratio of >30% (Widharto et al., 2020)—resulted in a relatively high reproduction number of 1.5–3.5 in the absence of mitigation measures (Cucinotta, 2020).

The severe morbidity and mortality outcomes ultimately led to extraordinary measures to mitigate effects on public health and the global economy, while also raising potential concerns for the water and wastewater industries. COVID-19 is primarily respiratory in

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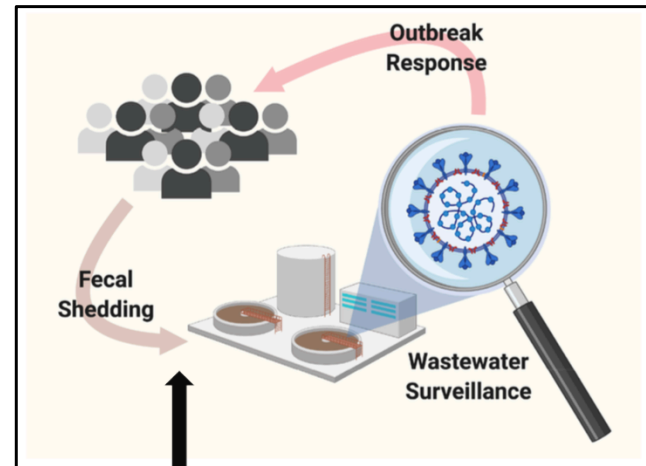
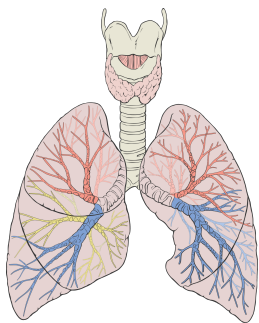
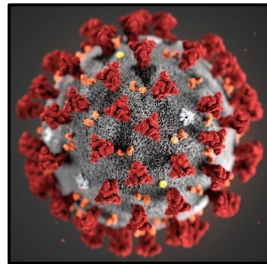
https://doi.org/10.1016/j.watresx.2020.100089
 2594-0475/2020 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Wastewater-Based Epidemiology: Overview



Wastewater-Based Epidemiology for COVID-19

Severe Acute **Respiratory**
Syndrome Coronavirus 2
(SARS-CoV-2)



≈ 200 billion
SARS-CoV-2
viral particles
per infection



Wastewater Surveillance in Southern Nevada



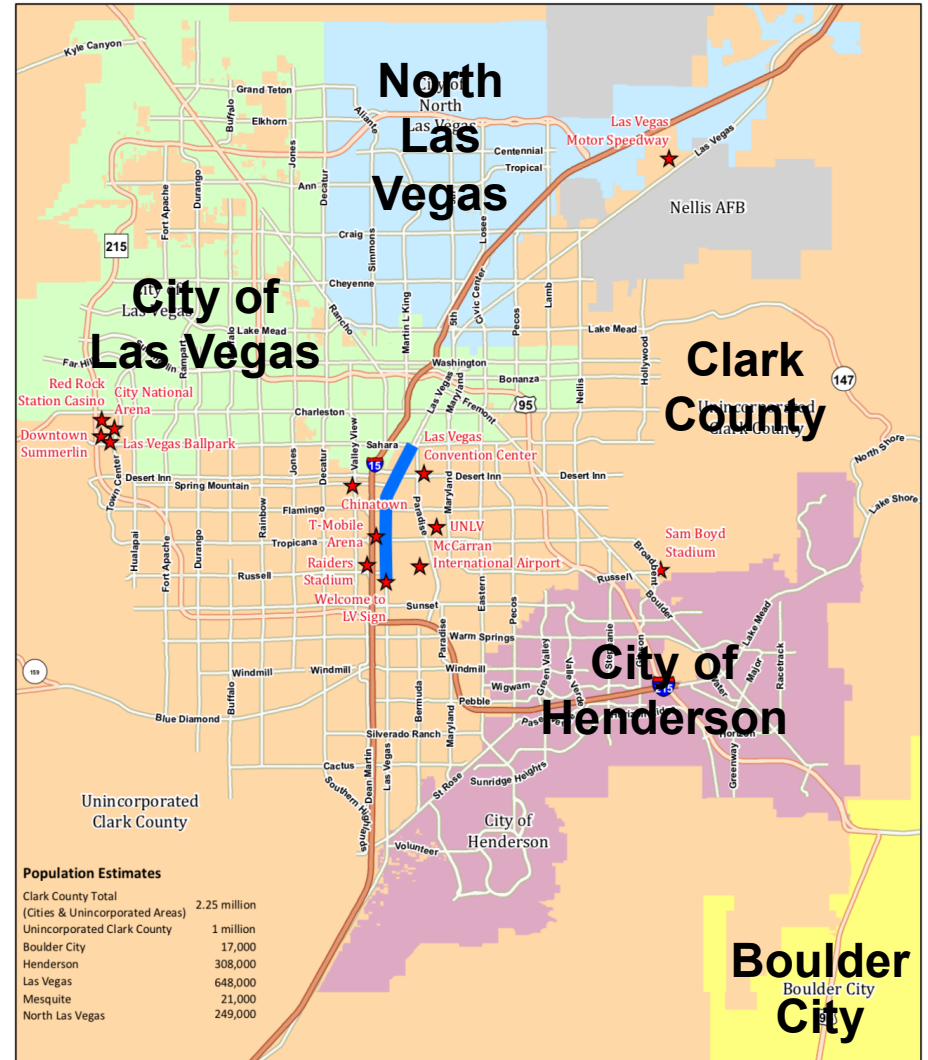
SNWA/UNLV Study:

- Samples collected every Monday morning
- 2 sites since onset of pandemic, 4 since August, 1 since December
- **No hits in treated wastewater (WW), Las Vegas Wash, Lake Mead**
- UK variant of concern detected in WW before clinical samples
- Participated in Water Research Foundation methods comparison



Southern Nevada Study

Facility	Flow (mgd)	Population	Sample Type
1	100	872k	Grab Primary Eff.
2	42	86k	Composite Influent
3	20	757k	Composite Influent
4	5	134k	Grab Influent
5	15	115k	Grab Influent
6	6	255k	Composite Influent
7	0.8	16k	Grab Influent



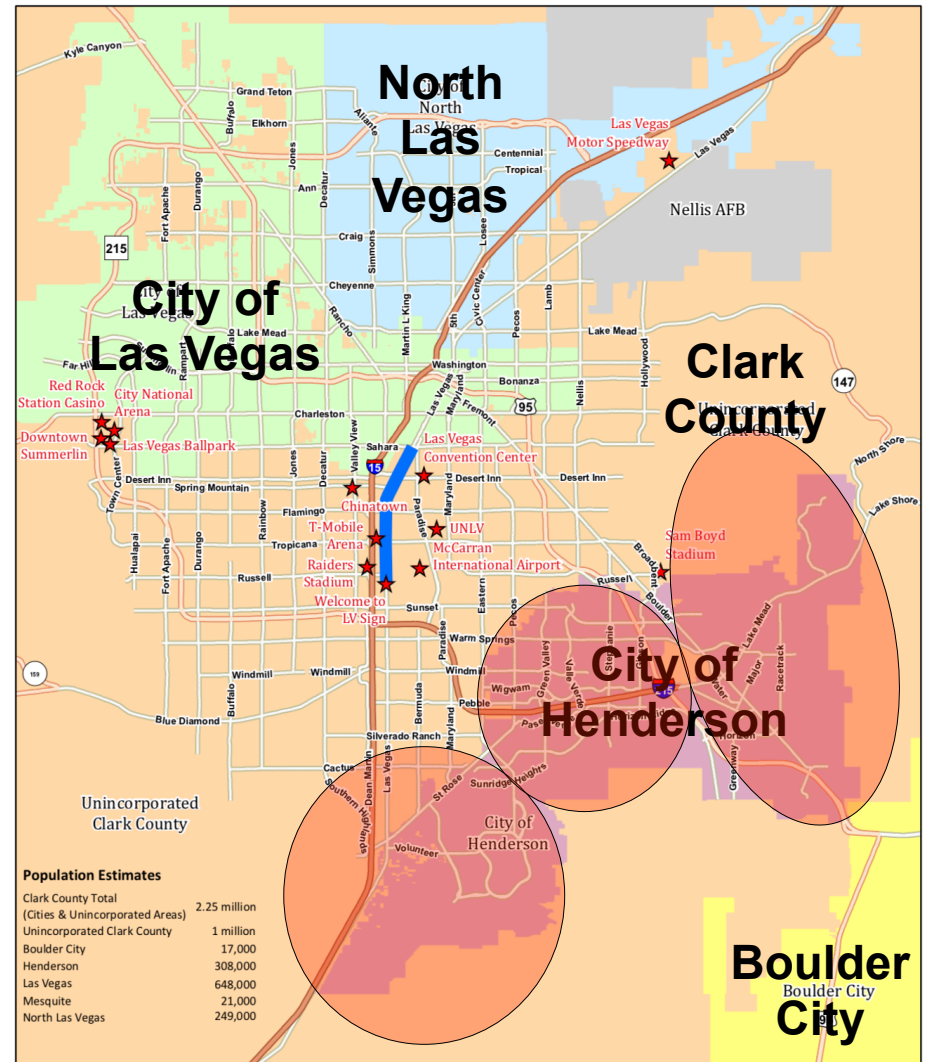


Southern Nevada Study

Facility	Flow (mgd)	Population	Sample Type
1	100	872k	Grab Primary Eff.
2	42	86k	Composite Influent
3	20	757k	Composite Influent
4	5	134k	Grab Influent
5	15	115k	Grab Influent
6	6	255k	Composite Influent
7	0.8	16k	Grab Influent

Additional Manhole Sites:

- Homeless Shelter
 - Sampling aligned with ongoing outbreak
- Public Schools (led by UNLV)
 - Evaluation of health disparities by location
 - Schools categorized based on reduced lunch rate

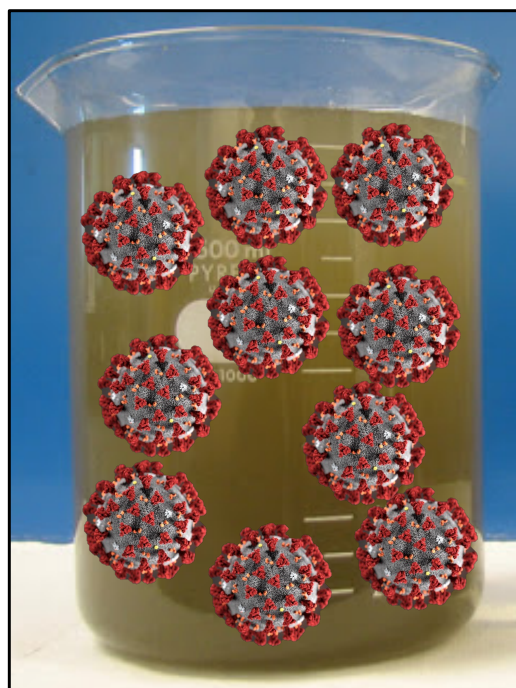




SARS-CoV-2 Concentrations vs. Sequences



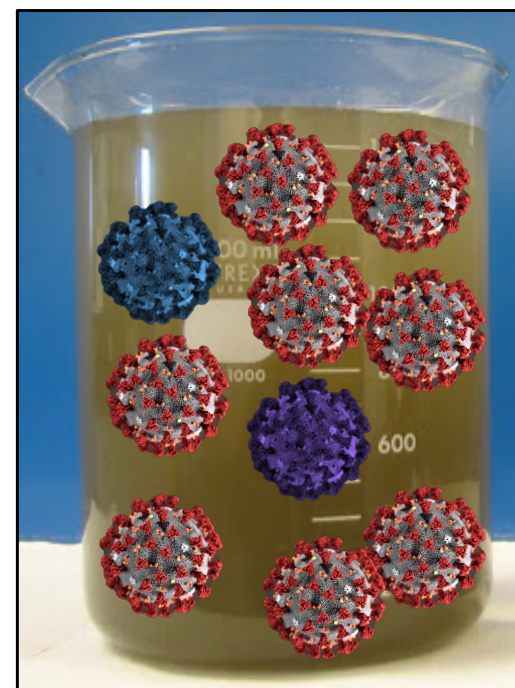
Dr. Katerina Papp
Postdoc
SNWA



**Example: 10 genome copies
(viruses) per liter
of sewage**



Dr. Edwin Oh
Associate Professor
UNLV



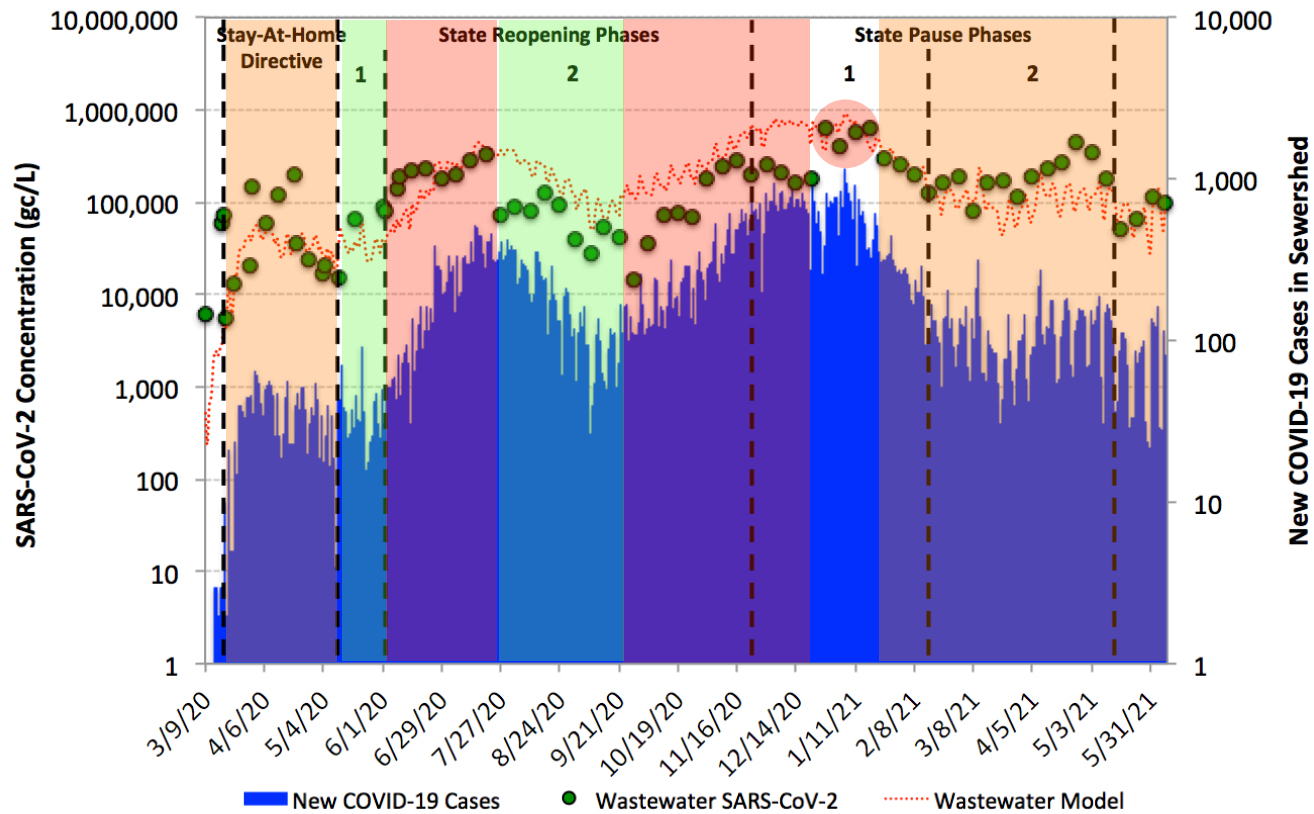
**Example: 80% Wild Type
10% UK Variant
10% California Variant**

Wastewater Surveillance in Southern Nevada: Data Summary



Community Trend Analysis

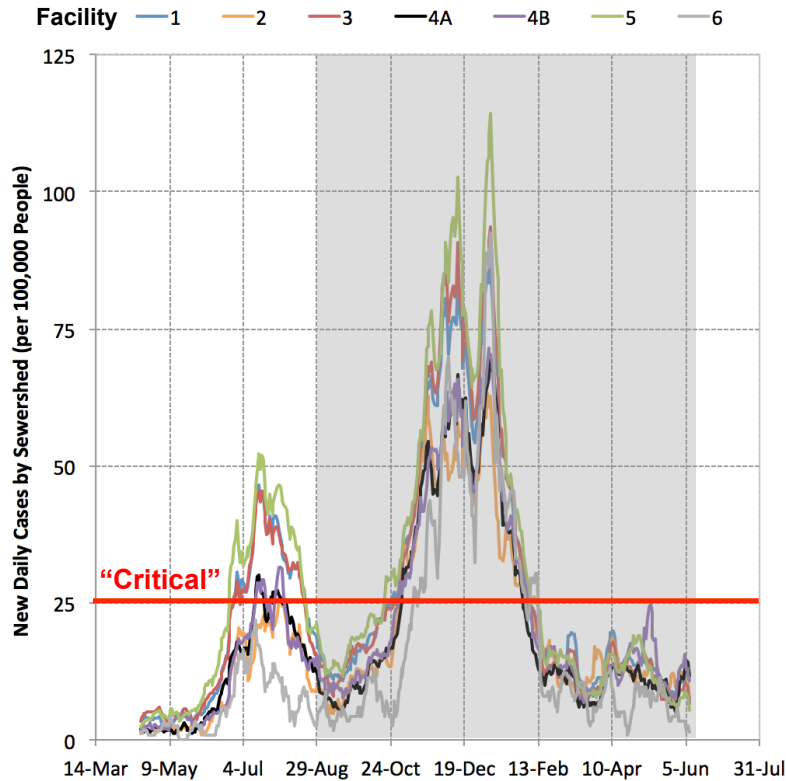
Facility 1: 100 mgd and ~1 million people





Sewershed Trend Analysis

Sewershed COVID-19 Cases
(per 100,000 people)



Sewershed SARS-CoV-2 Concentrations
(log₁₀ gc/L)

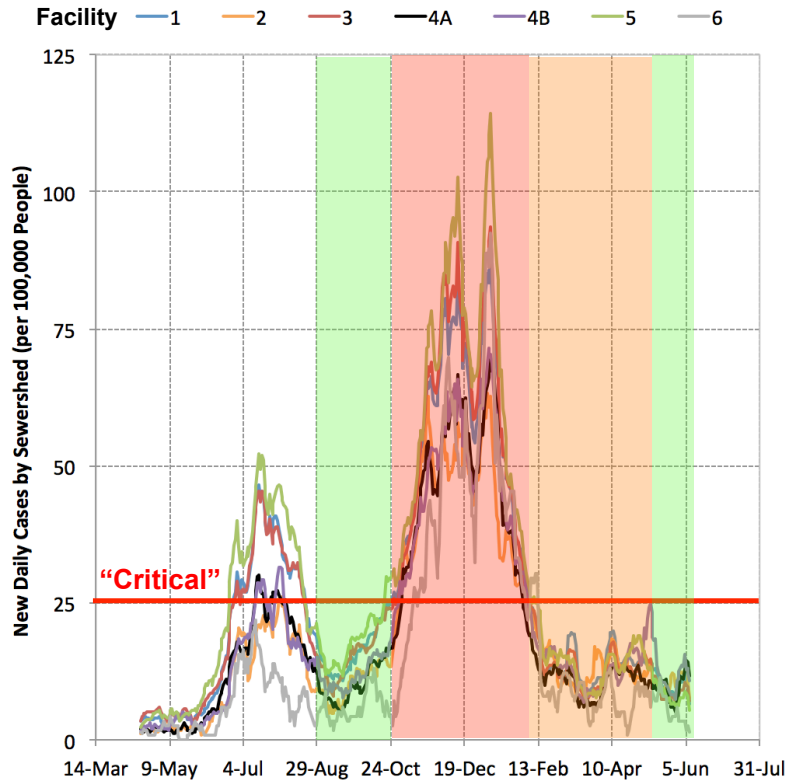
Date	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7
Sample	Grab Prim.	Comp. Inf.	Comp. Inf.	Grab Inf.	Grab Inf.	Comp. Inf.	Grab Inf.
Mon. 8/24	5.0	4.4	5.3	No Sample	No Sample	No Sample	No Sample
Mon. 8/31	4.6	4.4	5.2	5.3	7.2	5.8	No Sample
Tue. 9/8	4.5	5.1	5.4	4.8	4.4	5.3	No Sample
Mon. 9/14	4.7	4.9	5.8	5.1	5.9	5.8	No Sample
Mon. 9/21	4.6	5.1	5.2	5.3	5.4	5.4	No Sample
Mon. 9/28	4.2	5.0	5.3	5.2	6.4	5.4	No Sample
Mon. 10/5	4.6	No Sample	5.8	No Sample	No Sample	No Sample	No Sample
Mon. 10/12	4.9	4.9	5.8	5.9	5.9	5.8	No Sample
Mon. 10/19	4.9	4.8	5.9	5.6	6.2	5.6	No Sample
Mon. 10/26	4.8	5.1	5.8	5.5	5.5	5.6	No Sample
Mon. 11/2	5.3	5.2	6.3	6.5	5.6	6.3	No Sample
Mon. 11/9	5.4	5.4	6.0	6.7	6.0	6.0	No Sample
Mon. 11/16	5.5	5.6	6.4	5.8	7.1	6.0	No Sample
Mon. 11/23	5.3	5.6	6.4	6.5	No Sample	6.2	No Sample
Mon. 11/30	5.4	5.4	6.2	5.9	6.5	6.0	No Sample
Mon. 12/7	5.3	5.5	6.3	6.5	7.0	6.3	No Sample
Mon. 12/14	5.2	5.6	6.2	6.5	6.7	6.4	5.9
Mon. 12/21	5.2	5.6	5.9	5.9	6.4	6.1	5.9
Mon. 12/28	5.8	5.9	6.6	6.4	6.9	6.4	8.7
Mon. 1/4	5.6	6.1	6.6	6.6	6.5	6.3	6.4
Mon. 1/11	5.8	5.8	6.5	6.2	6.4	6.5	6.0
Mon. 1/18	5.8	5.8	6.1	5.9	6.4	6.0	6.1
Mon. 1/25	5.5	5.9	6.1	6.2	6.2	5.9	6.5
Mon. 2/1	5.4	5.4	6.1	5.7	6.1	5.9	5.5
Mon. 2/8	5.3	5.4	6.0	6.1	6.0	5.3	6.2
Mon. 2/15	5.1	5.1	6.5	5.6	5.9	6.1	6.3
Mon. 2/22	5.2	5.4	5.6	6.0	6.0	5.7	5.4
Mon. 3/1	5.3	5.0	5.8	5.8	5.4	6.1	5.3
Mon. 3/8	4.9	4.9	5.5	5.5	5.4	5.6	5.5
Mon. 3/15	5.2	5.5	5.9	5.2	6.4	Non-Detect	6.4
Mon. 3/22	5.2	5.2	5.9	5.5	5.8	Inconclusive*	6.8
Mon. 3/29	5.1	5.0	5.8	6.0	5.1	5.6	5.0
Mon. 4/5	5.3	5.0	5.9	5.2	6.2	6.3	5.5
Mon. 4/12	5.4	5.1	5.7	6.2	5.4	5.9	5.4
Mon. 4/19	5.4	5.1	6.0	5.9	6.3	6.0	5.6
Mon. 4/26	5.6	5.2	6.1	6.1	5.5	5.5	5.4
Mon. 5/3	5.5	5.4	5.9	6.5	6.1	5.8	5.5
Mon. 5/10	5.2	4.9	5.8	6.5	5.8	5.5	Non-Detect
Mon. 5/17	4.7	4.8	5.5	5.5	5.6	5.5	Non-Detect
Mon. 5/24	4.8	5.1	5.3	4.6	5.5	5.6	4.8
Tue. 6/1	5.1	4.7	5.1	5.3	5.2	4.8	4.8
Mon. 6/7	5.0	5.5	5.2	5.9	5.9	5.2	4.5

*Only 1 of 8 analytical replicates positive



Sewershed Trend Analysis

Sewershed COVID-19 Cases
(per 100,000 people)



Sewershed SARS-CoV-2 Concentrations
(log₁₀ gc/L)

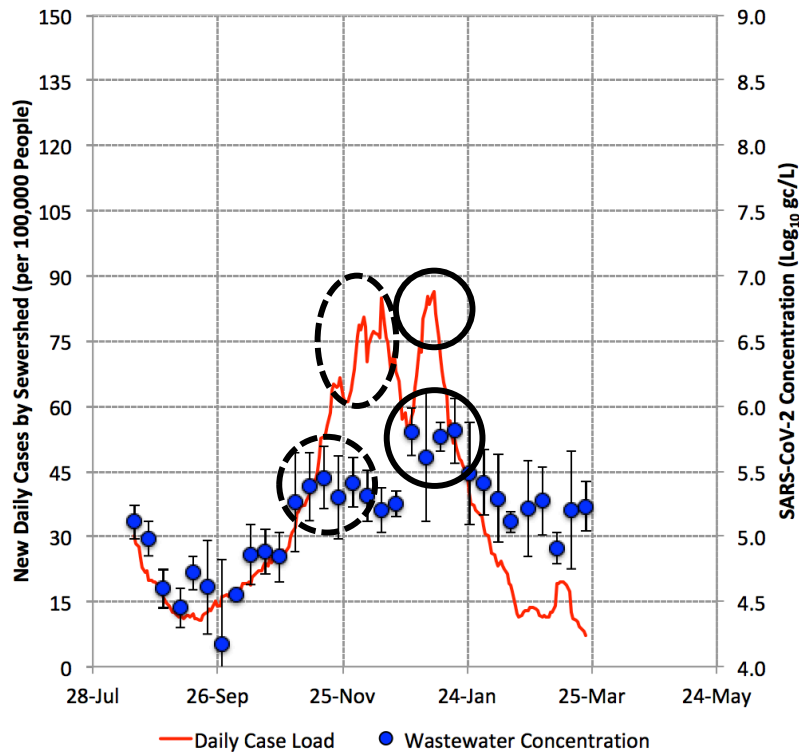
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Mon. 11/16	5.5	5.6	6.4	5.8	7.1	6.0	No Sample
Mon. 11/23	5.3	5.6	6.4	6.5	No Sample	6.2	No Sample
Mon. 11/30	5.4	5.4	6.2	5.9	6.5	6.0	No Sample
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Mon. 1/4	5.6	6.1	6.6	6.6	6.5	6.3	6.4
Mon. 1/11	5.8	5.8	6.5	6.2	6.4	6.5	6.0
Mon. 1/18	5.8	5.8	6.1	5.9	6.4	6.0	6.1
Mon. 1/25	5.5	5.9	6.1	6.2	6.2	5.9	6.5
Mon. 2/1	5.4	5.4	6.1	5.7	6.1	5.9	5.5
Mon. 2/8	5.3	5.4	6.0	6.1	6.0	5.3	6.2
Mon. 2/15	5.1	5.1	6.5	5.6	5.9	6.1	6.3
Mon. 2/22	5.2	5.4	5.6	6.0	6.0	5.7	5.4
Mon. 3/1	5.3	5.0	5.8	5.8	5.4	6.1	5.3
Mon. 3/8	4.9	4.9	5.5	5.5	5.4	5.6	5.5
Mon. 3/15	5.2	5.5	5.9	5.2	6.4	Non-Detect	6.4
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Mon. 4/5	5.3	5.0	5.9	5.2	6.2	6.3	5.5
Mon. 4/12	5.4	5.1	5.7	6.2	5.4	5.9	5.4
Mon. 4/19	5.4	5.1	6.0	5.9	6.3	6.0	5.6
Mon. 4/26	5.6	5.2	6.1	6.1	5.5	5.5	5.4
Mon. 5/3	5.5	5.4	5.9	6.5	6.1	5.8	5.5
Mon. 5/10	5.2	4.9	5.8	6.5	5.8	5.5	Non-Detect
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Mon. 5/24	4.8	5.1	5.3	4.6	5.5	5.6	4.8
Tue. 6/1	5.1	4.7	5.1	5.3	5.2	4.8	4.8
Mon. 6/7	5.0	5.5	5.2	5.9	5.9	5.2	4.5

*Only 1 of 8 analytical replicates positive

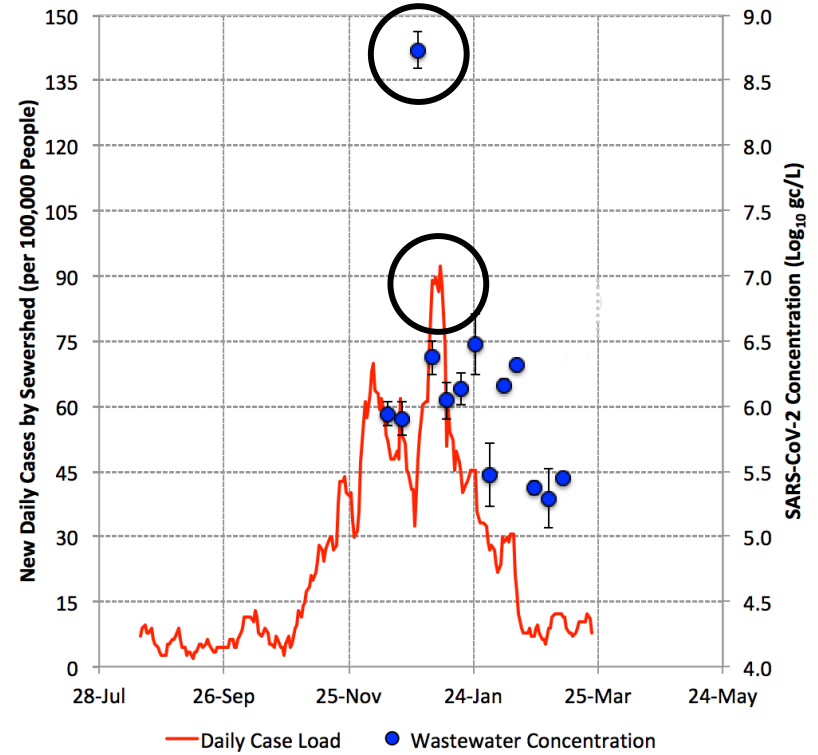


Predicting the Holiday Surge

Facility 1



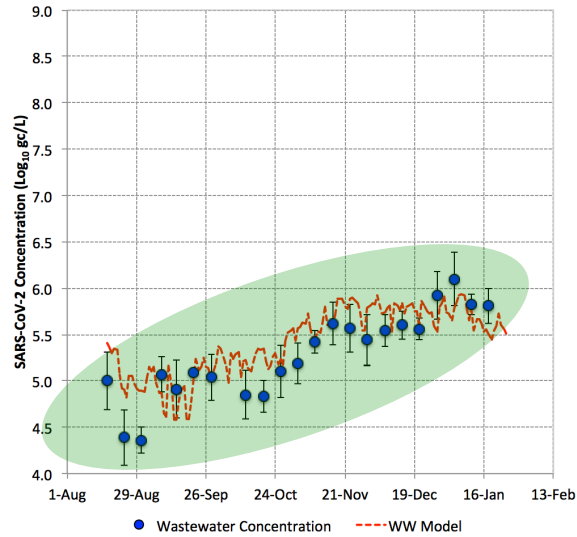
Facility 7



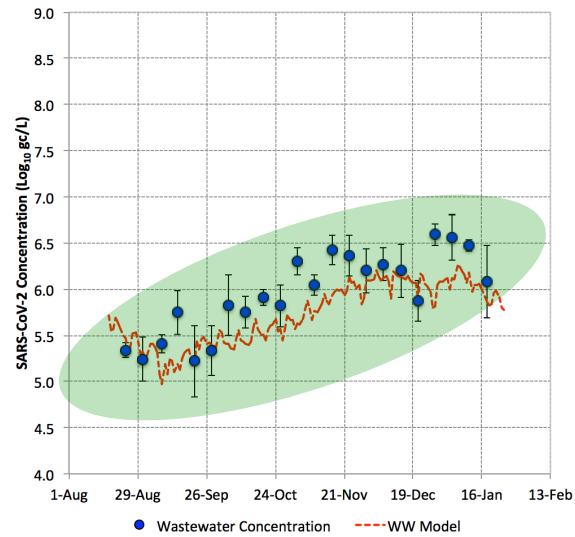


Are the Data Actionable?

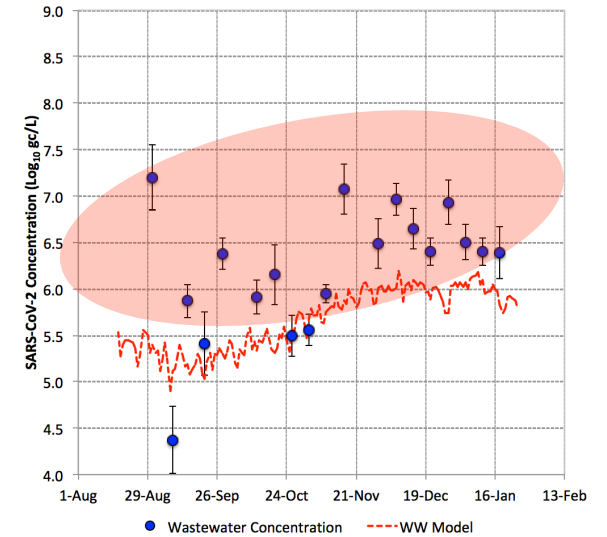
Facility 2



Facility 3



Facility 5

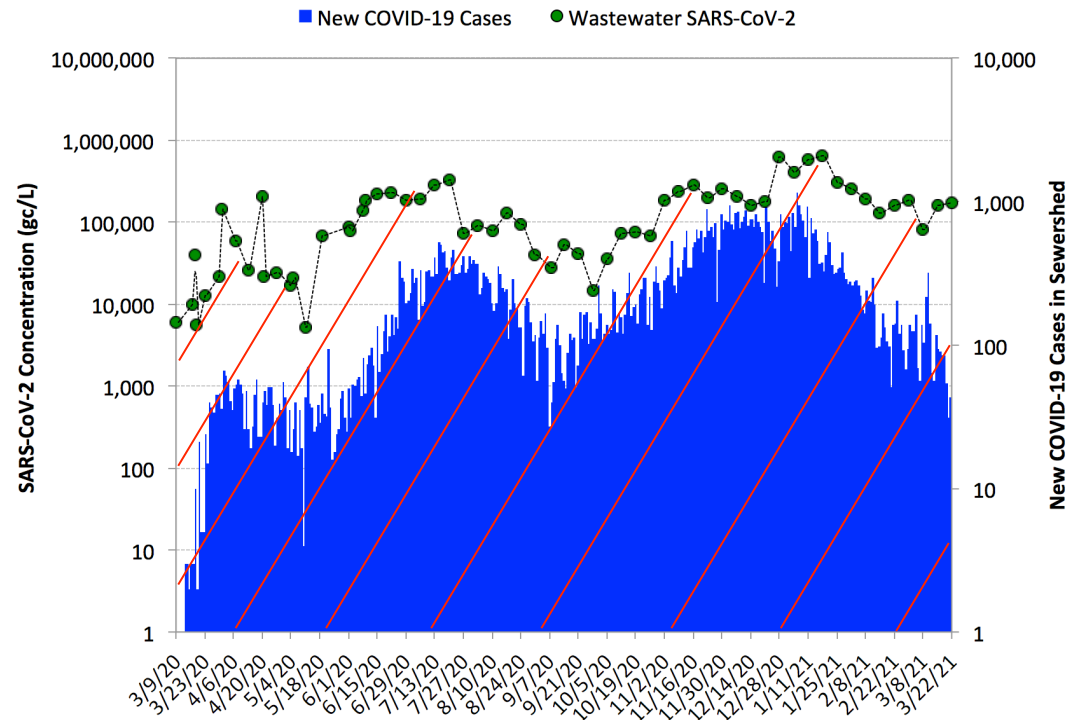


Facility 5: Greater discrepancy between wastewater concentrations and clinical case data (i.e., model)





Retrospective Infection Estimate



Area under wastewater curve = total SARS-CoV-2 in wastewater since March 2020
Flow rate = 100 million gallons per day | Concentrations adjusted for diurnal variability
= 9.4×10^{16} gene copies into Facility 1 from March 2020 – May 2021



Retrospective Infection Estimate

Based on Facility 1 (as of May 2021):

- A = Total SARS-CoV-2 into WWTP = 9.42×10^{16} gc
- B = Total SARS-CoV-2 per Infection = 2.42×10^{11} gc/infection → **still somewhat uncertain**
- A/B = Estimated Total Infections since March 2020 = 389,445 infections

All Sewersheds (as of May 2021):

- WW Estimated Infections in Southern Nevada = **915,493 = ~40% of Southern NV**
- Antibody Estimated Infections in Southern Nevada = **575,000 = ~25% of Southern NV**
- Confirmed Infections in Southern Nevada = **239,702 = ~10% of Southern NV**
- Assume 90% for herd immunity → **2.1 million infections + vaccinations**
- 'Non-Infected' Vaccinations Needed = **1.2 million | 1.5 million | 1.9 million**
- Vaccinations Completed/Initiated = **0.8 million | 1.1 million (some vax previously infected)**

Wastewater-Based Epidemiology: Path Forward



Increasing Accessibility/Leveraging Momentum

SNWA Collaboration with Hach/Luminultra

- Portable qPCR Instrument ≈ \$16,000
- SARS-CoV-2 Kit ≈ \$40/sample



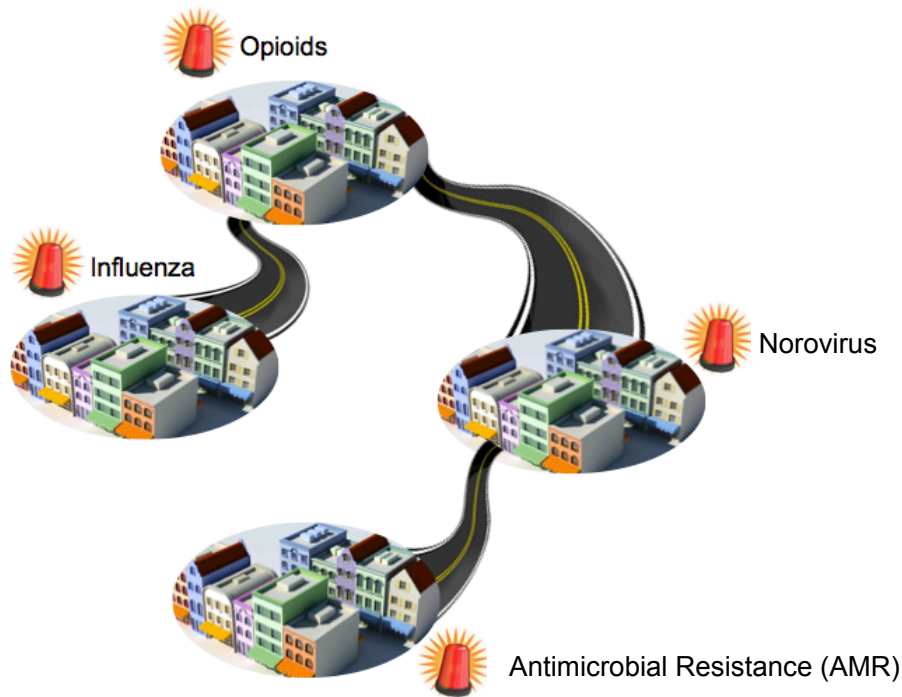
CDC National Wastewater Surveillance System (NWSS)

- Developing national database for SARS-CoV-2
- Expand to other targets in the future?

The screenshot shows the CDC website interface for COVID-19 resources. At the top, the CDC logo and name are visible, along with a search bar containing 'Search COVID-19'. Below the header is a navigation menu with categories like 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers', 'Health Depts', 'Science', and 'More'. The main content area features a sidebar on the left with expandable sections: 'More Resources', 'Data & Surveillance', 'Hospitalizations & Emergency Dept Visits', 'Serology (Antibody) Surveillance', 'Estimated COVID-19 Burden', and 'Wastewater Surveillance'. The main content area displays the title 'National Wastewater Surveillance System (NWSS)' and a brief description: 'A new public health tool to understand COVID-19 spread in a community'. Below this, there are links for 'Languages' and 'Print'. The primary focus is on 'Implementing Wastewater Surveillance', which includes sub-sections: 'Developing a Wastewater Surveillance Sampling Strategy', 'Testing Methods for Wastewater Surveillance', 'Data Reporting and Analytics for Wastewater Surveillance', and 'Public Health Interpretation and Use of Wastewater Surveillance Data'. A secondary sub-section, 'Targeted Wastewater Surveillance at Facilities, Institutions, and Workplaces', also includes 'Wastewater Surveillance in Low-Resource Waste Systems'.



Path Forward for Wastewater Epidemiology



Alternative Data Sources

 **CVS pharmacy**[®]





Acknowledgments

- Staff at the collaborating wastewater agencies: Clark County Water Reclamation District, City of Henderson, City of Las Vegas, City of North Las Vegas, Boulder City
- Staff at the Southern Nevada Water Authority for ensuring a safe work environment during the pandemic
- Countless research colleagues for their guidance
- This work was partially supported by the National Science Foundation under Grant No. 1832713
- **For additional information:**
 - SNWA Podcast: Poops Don't Lie – Tracking a Pandemic Using Wastewater^a
 - Email: Daniel.Gerrity@snwa.com

^a<https://watersmarts.buzzsprout.com/1568941/8125328-poops-don-t-lie-tracking-a-pandemic-using-wastewater>