

We will begin shortly.  
Participants, kindly note the following for this seminar.

**Please rename your Zoom name to: Name, Org or Project  
(e.g. Las Fernando, ADB)**



PLEASE TURN YOUR MIC  
OFF DURING THE  
PRESENTATION



RAISE HAND WHEN YOU  
WANT TO TALK



USE THE CHAT BOX FOR  
QUESTIONS/CONCERNS



WE HAVE A Q&A PORTION  
AFTER THE PRESENTATION

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ADB



# Pacific WASH Webinars





# Wastewater Surveillance – helpful in the Pacific for COVID-19 response and beyond?



1 October 2021

TA6551-REG: Strengthening WASH practices and hygiene behavioral change in the Pacific  
TA9685-REG: Implementing a Differentiated Approach to Urban Development in the Pacific



# Schedule

Allotted time	
5 min	<b>Introductions:</b> Emma Veve, Deputy Director General, Pacific Department, ADB Lusia Sefo-Leau CEO PWWA
30 min	<b>Presentations:</b> 1. Health agency perspective – Rachael Poon 2. Utility sewer network sampling perspective - Tiffany Chen 3. Laboratory overview of methods perspective - Melody Lau 4. Bringing it together into a program - Sudhir Pillay
25 min	Panel Discussion and Q&A facilitated by Marlene Hsu
5 min	<b>Closing remarks</b> Maria Tran, co-team leader, ADB WASH Pacific Regional TA



# Victoria's adaptive wastewater surveillance program for SARS-CoV-2



Rachael Poon  
Principal Scientist  
Wastewater Surveillance for SARS-CoV-2  
Department of Health – Victoria, Australia



# Victorian wastewater surveillance for SARS-CoV-2

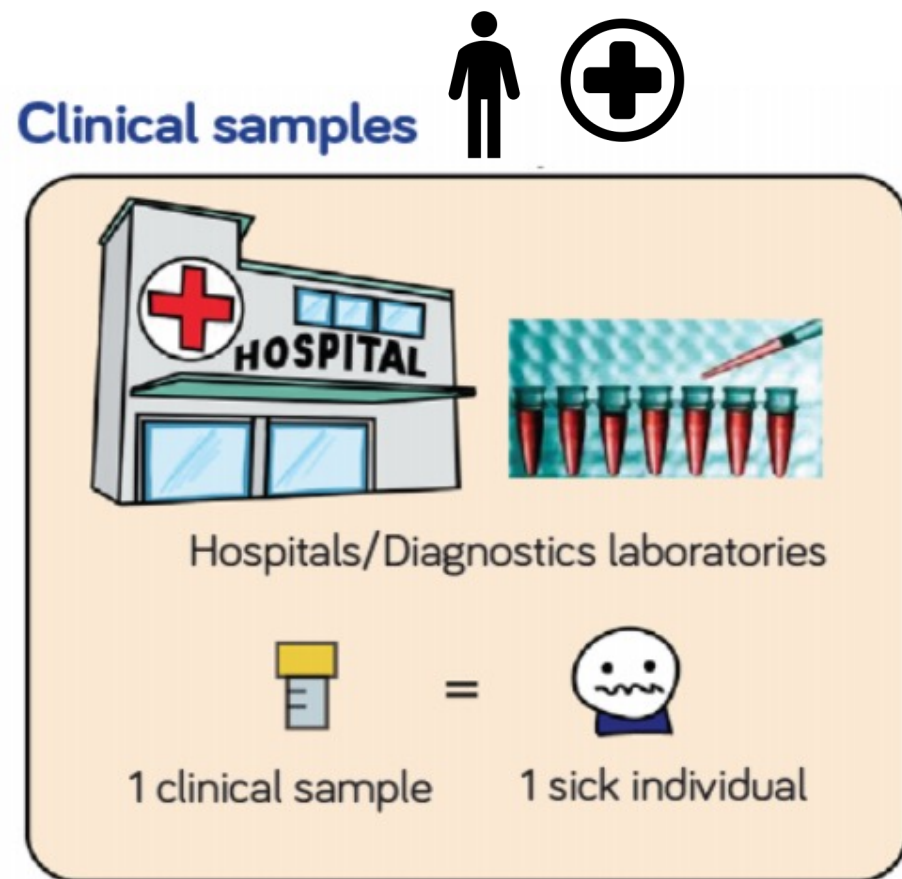
## Program objectives:

- To provide early warning and enable early case detection of SARS-CoV-2
- To increase community awareness and motivate testing for local unexpected detections
- To contribute to global learning and best practice

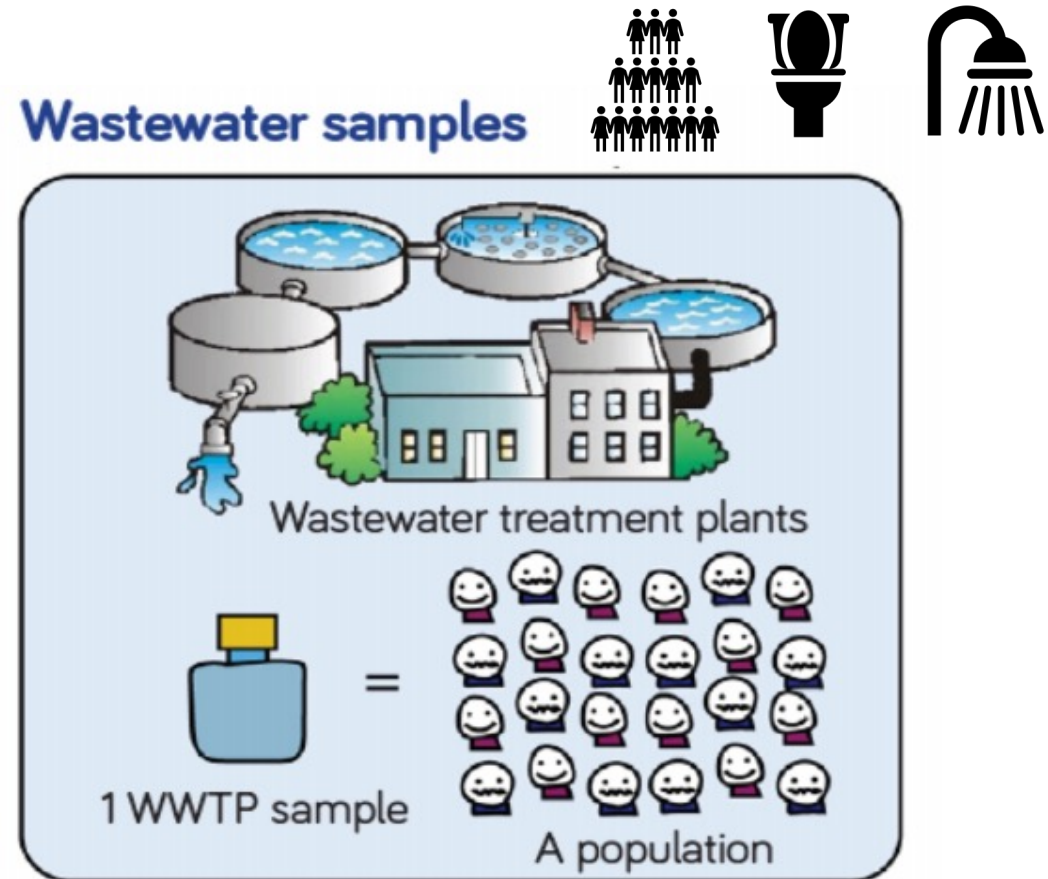




# Surveillance in the COVID-19 response



► Representative of symptomatic cases only

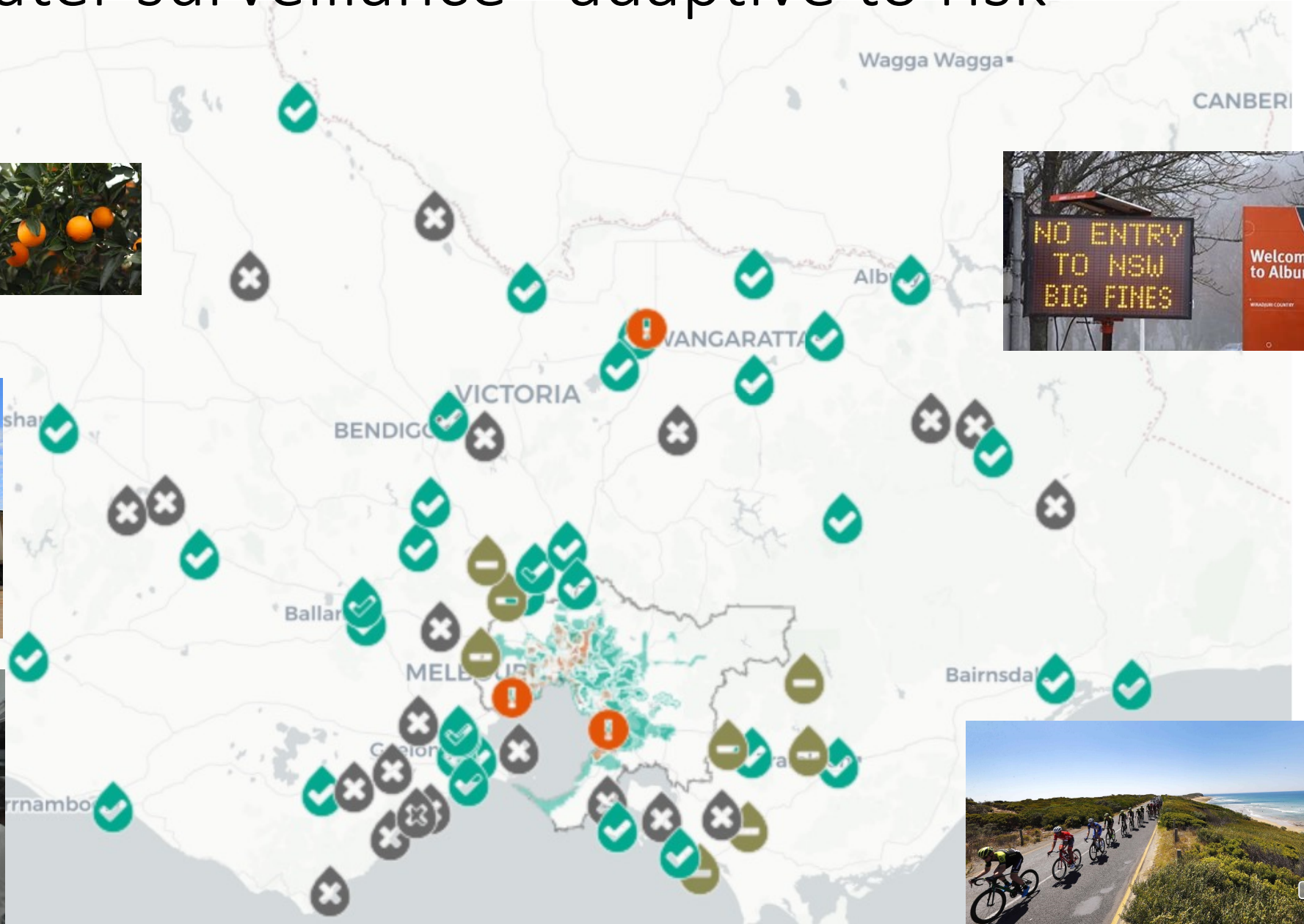


► Representative of asymptomatic & symptomatic cases





# Wastewater surveillance - adaptive to risk



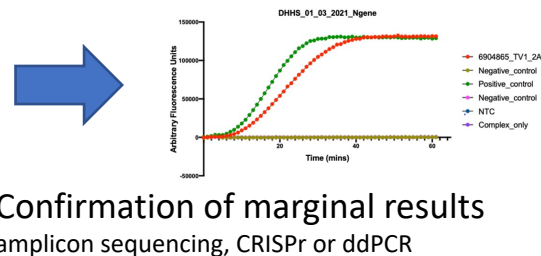
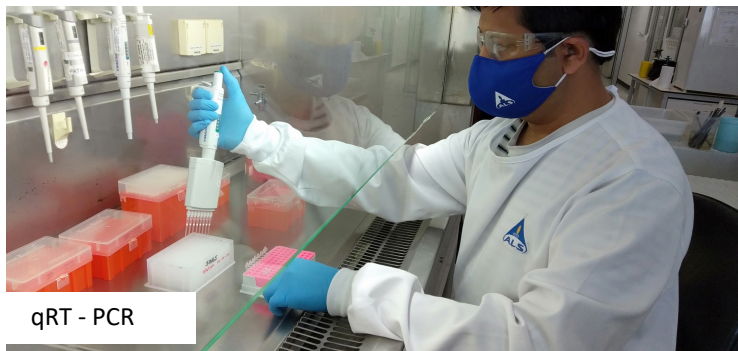


# Wastewater surveillance process flow

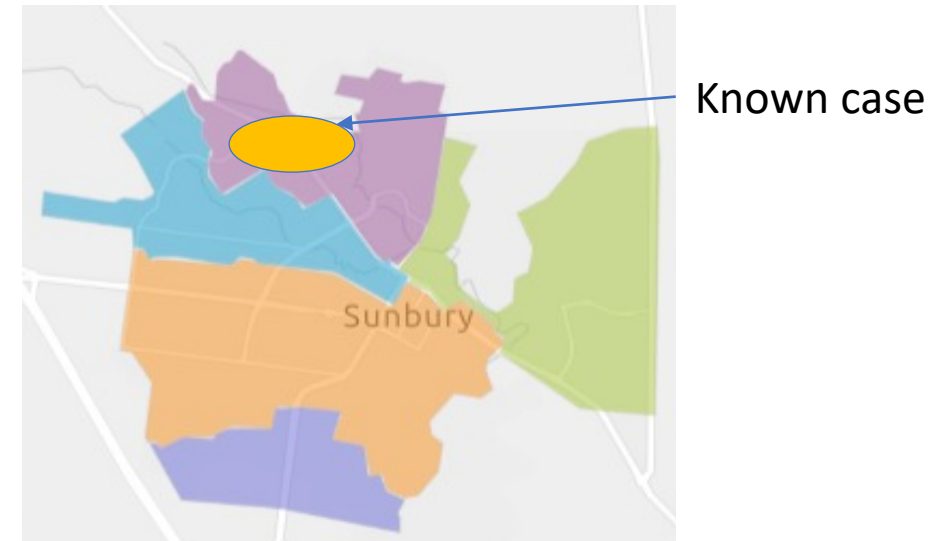
- 1. Sample collection and transport



- 2. Sample analysis and independent confirmation



- 3. Determine if detect is expected or unexpected



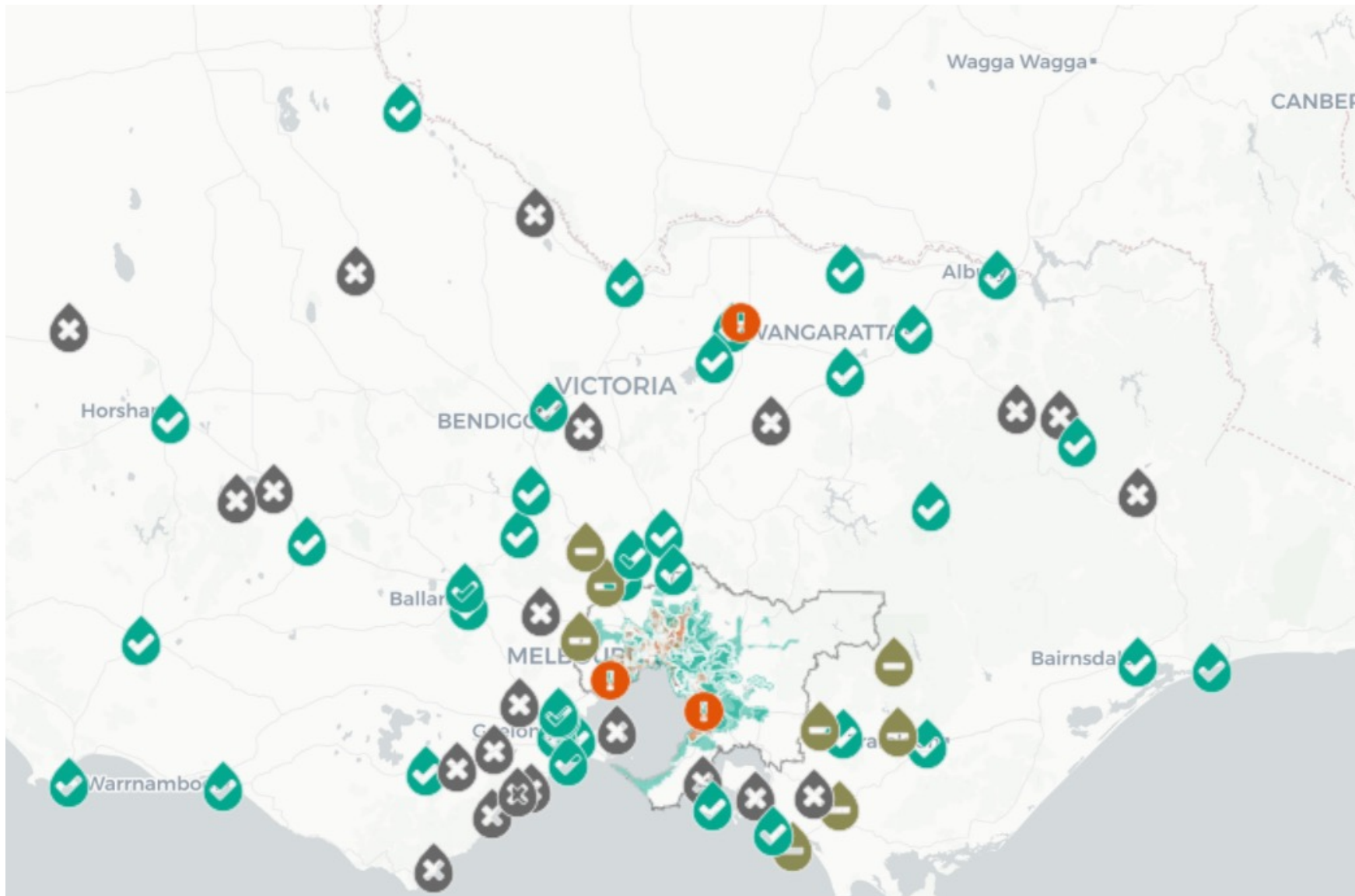
Expected detection  
Unexpected detection



Image credits: Melbourne Water, EPHM Laboratory (Monash University) and ALS



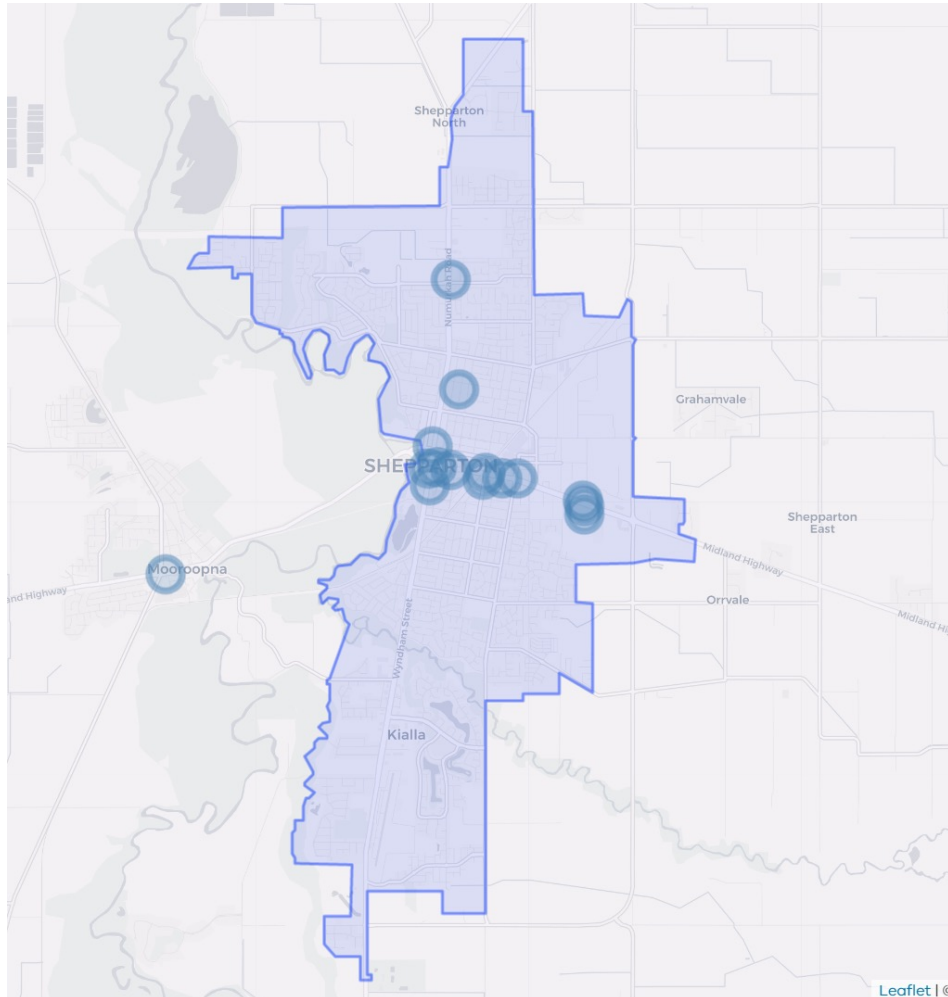
# Wastewater surveillance – low case setting



Status	Wastewater treatment plant	Network area
Unexpected detection		
Anticipated detection		
No detection		
Test result pending		
Inconclusive		
No tests performed in this period		
Testing site suspended		Not applicable



# Early warning – Regional town - Shepparton



Population 37, 470

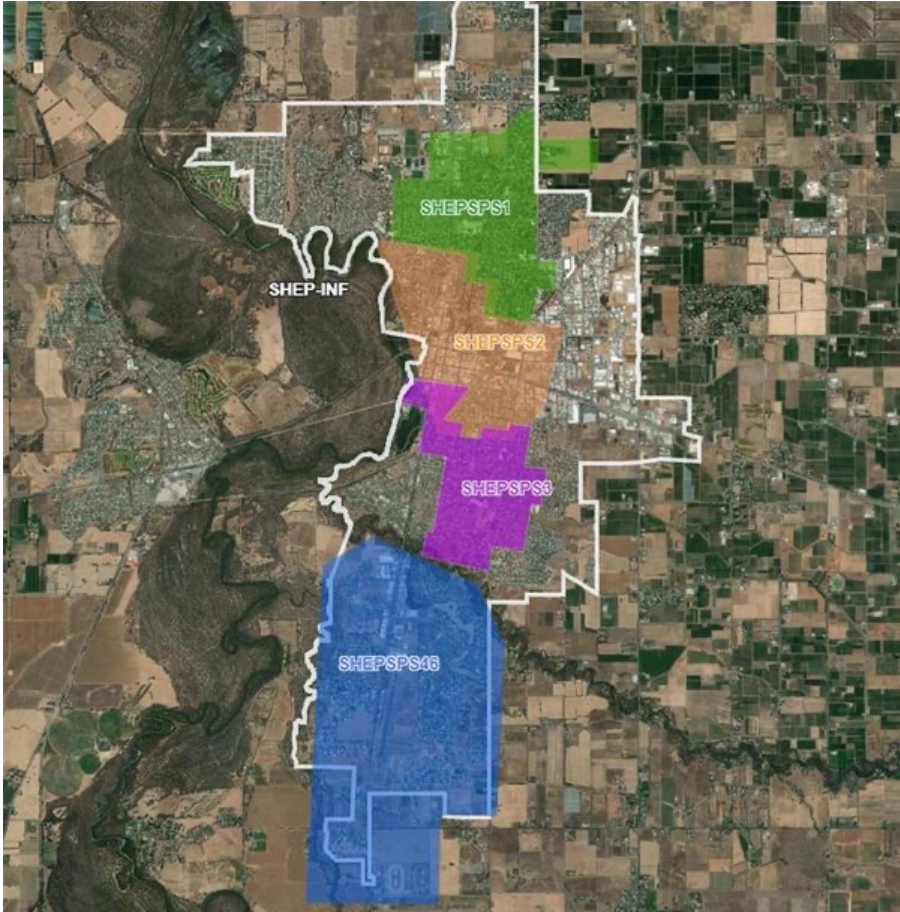
Wastewater detection 10 days before case diagnosed

Repeat detections - quantitative signal increasing

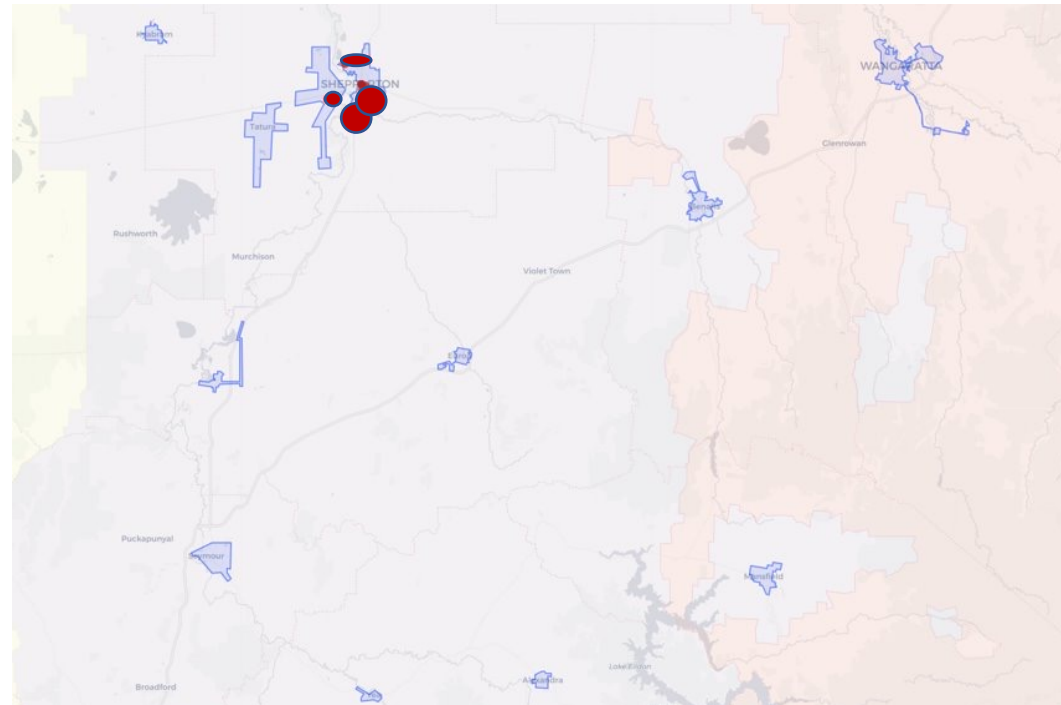
Public Health response including:

- Increased testing capacity in region
- Local communications
- Regional lockdown – limited people movement
- Intensive wastewater sampling - subcatchment sampling

# Early warning – Regional town - Shepparton

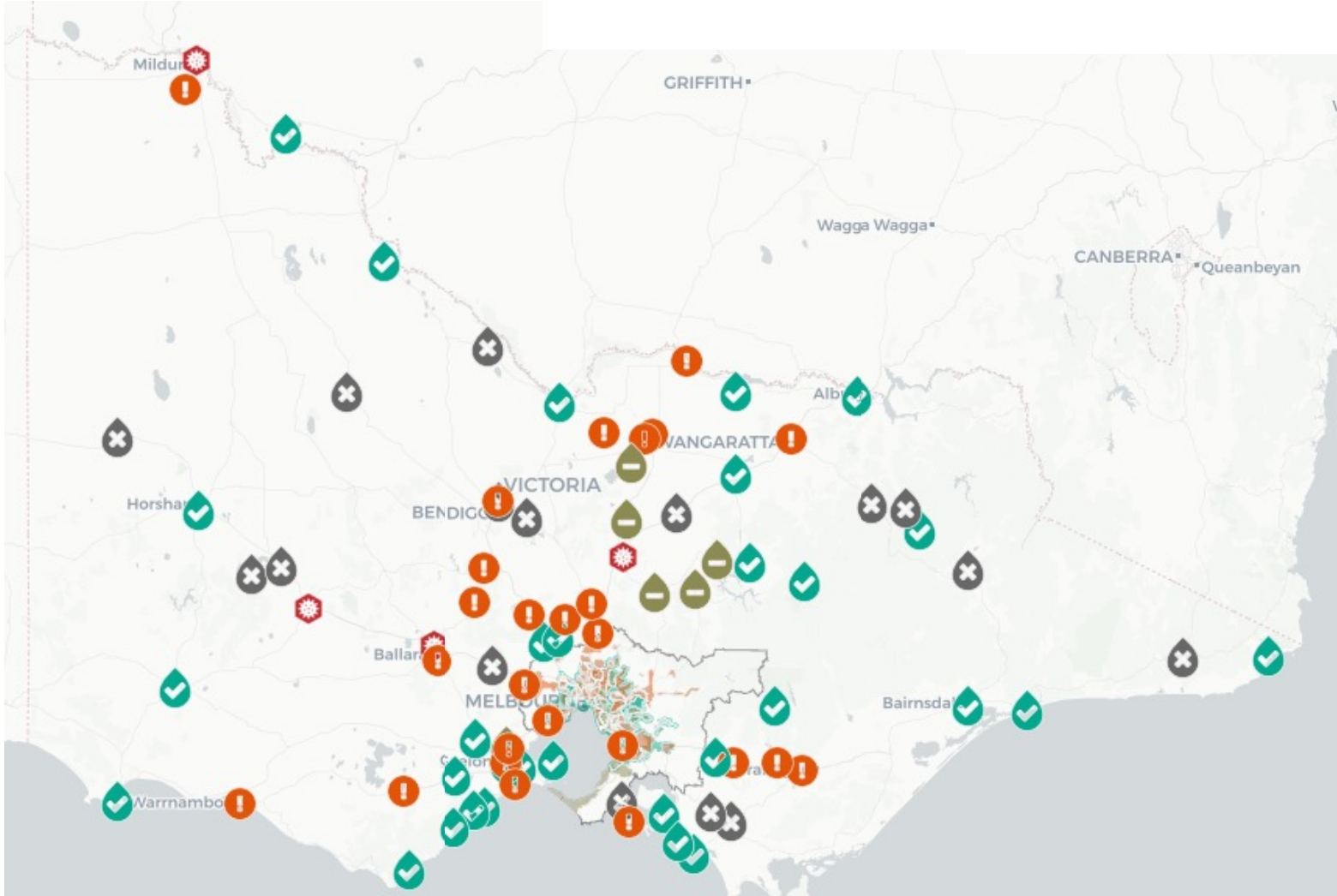


- Subcatchment sampling – try identify which areas have detections explained by known cases
- Targeted surveillance:
  - Exposure sites: Aged care, industry
  - Neighbouring catchments

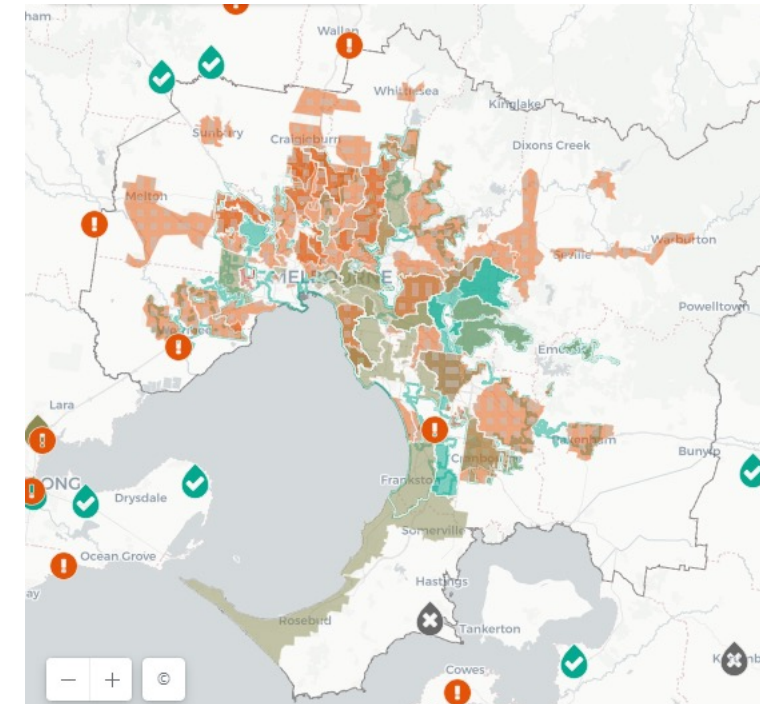




# Wastewater surveillance high case setting



Status	Wastewater treatment plant	Network area
Unexpected detection		
Anticipated detection		
No detection		
Test result pending		
Inconclusive		
No tests performed in this period		
Testing site suspended		Not applicable





# Localised surveillance – facility level

## High transmission risk locations

- High rise social housing
- Large aged care facilities
- Industry sites
- Distribution centres
- Correctional facilities
- Schools





# Key learnings and important considerations

- Wastewater surveillance can be adapted to risk and setting
- Target wastewater surveillance in areas where there is actionable public health response
- For early warning important to have optimised sampling methods and timely reporting of results
  - Passive samplers rather than grab or composite samples
  - Turn around time from when sample is taken to reporting of results (metro Melb same day/next day, regional usually within 2 days)
- Communication of results - translating results to behaviour change

# Acknowledgements



## Water utility partners (Vic):



## Research/laboratory partners (Vic):



DH team: a work of many MANY hands...





Information about the wastewater surveillance program in Victoria  
including test results available on the DH website:

[coronavirus.vic.gov.au/wastewater-testing](https://coronavirus.vic.gov.au/wastewater-testing)



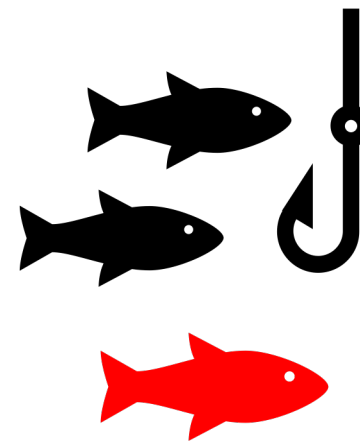
Rachael Poon

[Rachael.Poon@health.vic.gov.au](mailto:Rachael.Poon@health.vic.gov.au)

Monica Nolan

[Monica.Nolan@health.vic.gov.au](mailto:Monica.Nolan@health.vic.gov.au)

and the Wastewater surveillance team:  
Jennifer Jordan, Greg Wise, Ryan (Ngai Ning) Cheung,  
Mira Cooper, Maree Prebble, Rebecca Ritte  
[Wastewatersurveillance@health.vic.gov.au](mailto:Wastewatersurveillance@health.vic.gov.au)



# COVID Network Sampling

Partnership between NSW Health and Sydney Water

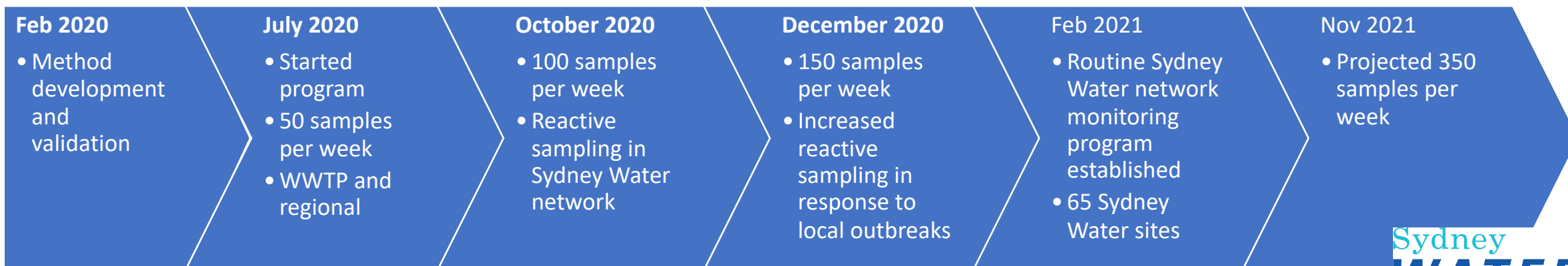
Sydney  
**WATER**

# NSW Sewage Surveillance Program

First such monitoring program in Australia

Extremely Sensitive and highly reproducible method

1 case among >100,000 people



# Sampling process

Request from  
NSW Health



Desktop  
analysis for  
suitable site



Sample

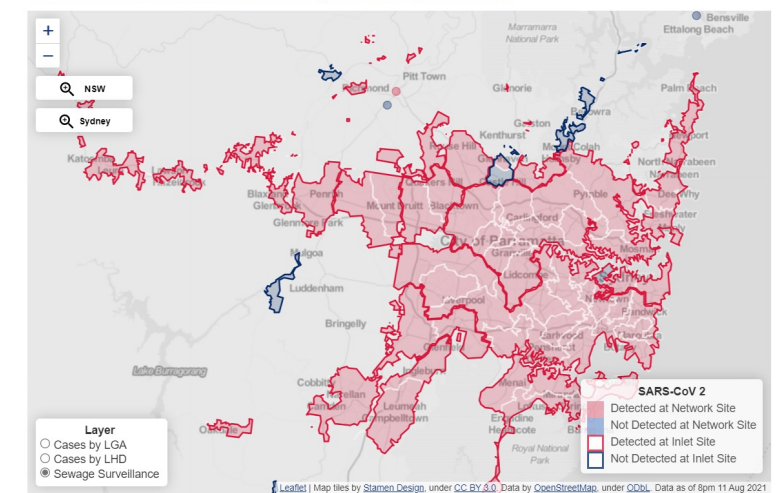


Map, population and  
suburbs sent  
to NSW Health



Lab results  
sent to  
NSWHealth

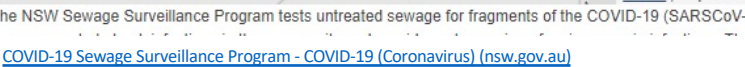
Local COVID-19 transmission and sewage surveillance detection



<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/stats-nsw.aspx>



## Transcript: Sewage Surveillance Research Program



# How to select a site?

Wastewater Treatment



Network Sampling



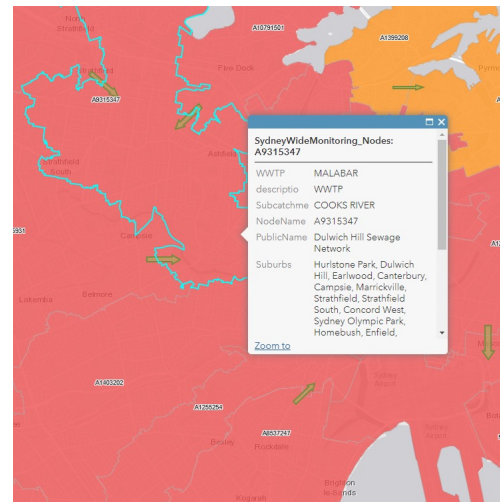
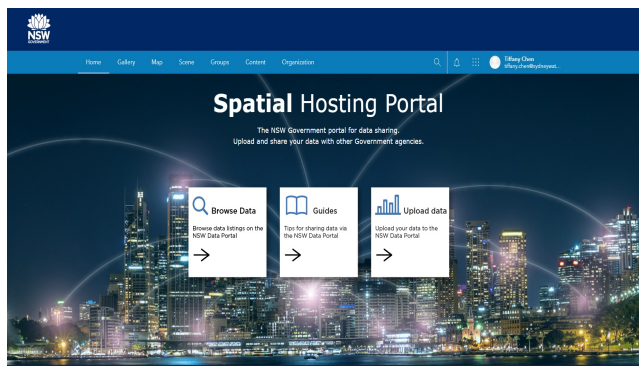
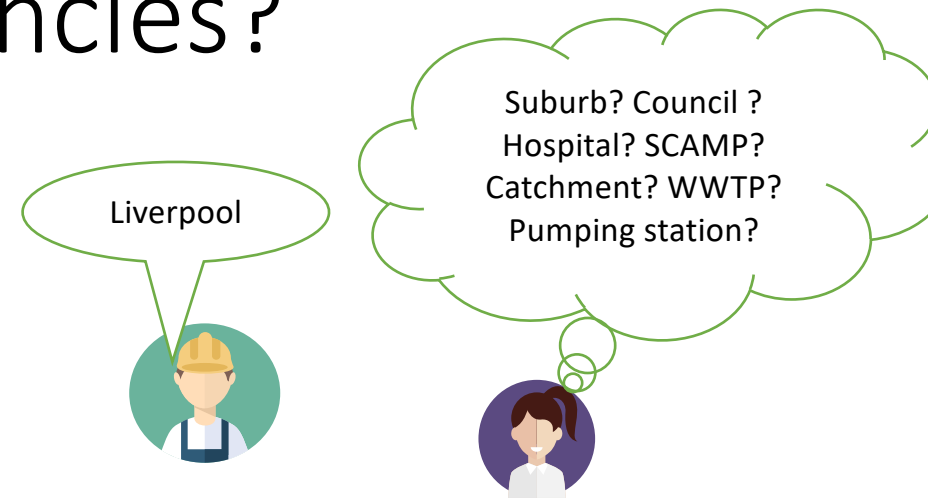
VS



# How to communicate across agencies?

Need to communicate in a way that is:

- Fast
- Accurate
- Secure
- Easy to use
- Can be used if people are not in office
- Allows users to answer their own questions



# Benefits to utilities

- Positive publicity and public sentiment
- Increased public literacy around sewerage management
- Less disruption to operations
- Hiring and upskilling additional personnel
- Project investment of \$5+ million
- Monitoring sites available for future surveillance projects



**Sewage is the latest disease detection tool for Covid-19 -- and more**

# COVID-19

## Lab perspective

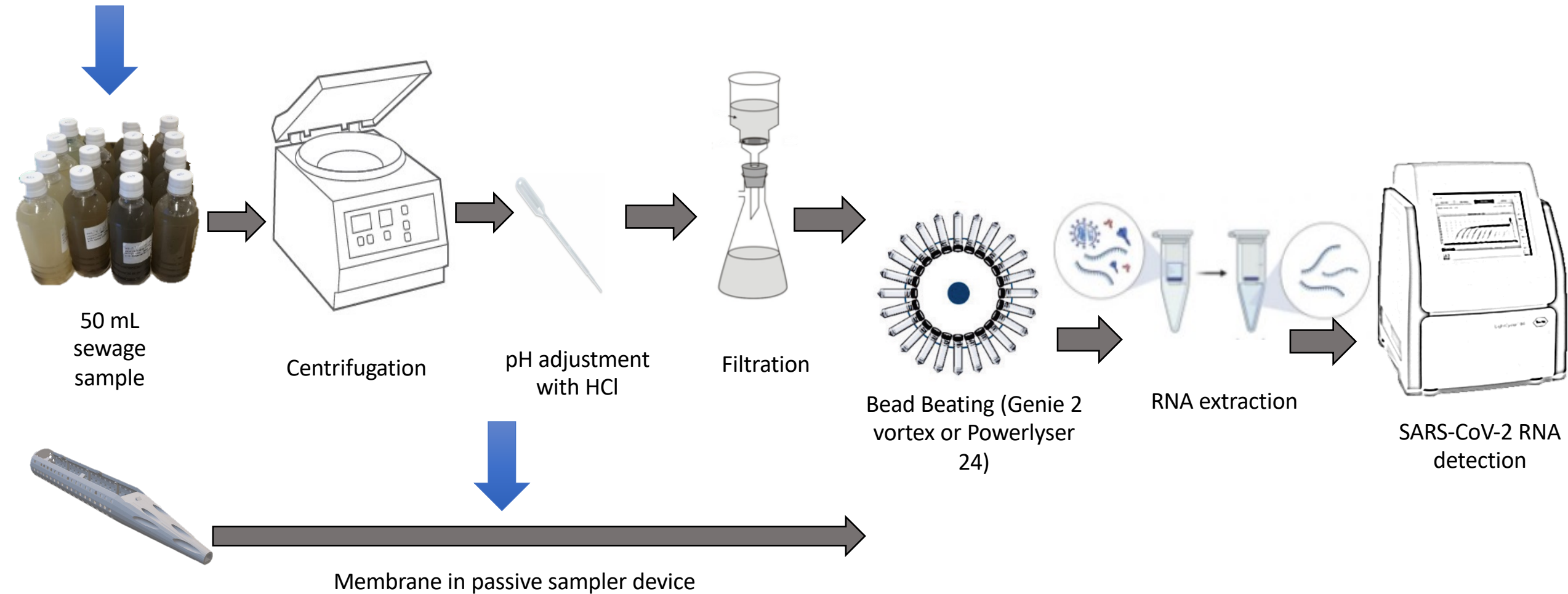
- October 2021



Government of  
South Australia



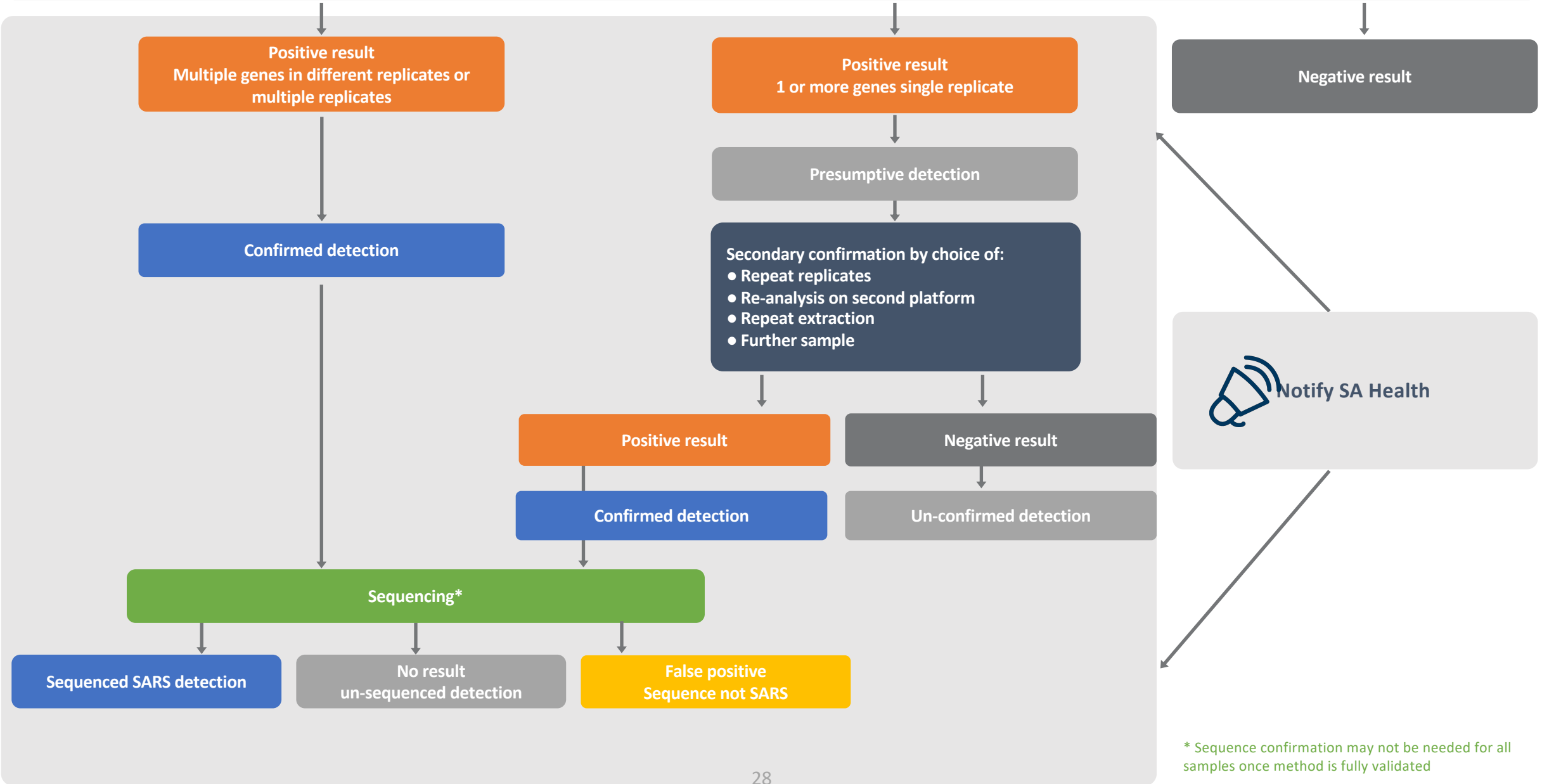
# Detection in sewage – the workflow



# RT-PCRs

- Options
  - Commercially available kits (e.g. PerkinElmer SARS-CoV-2 Nucleic Acid Detection kit (RUO))
  - Published assays (e.g. US CDC primers, probes)
  - More than one gene
- Quality Measurement
  - QC -Recovery control/internal control/inhibition (MS2)
  - PCR efficiency and LOD: twist synthetic SARS-CoV2-RNA control (10 to  $10^5$  copies/rxn)
  - Positive control
  - No template control
  - Analyse each sample extract in triplicate

## Wastewater Surveillance RT-qPCR SARS-CoV-2 Test

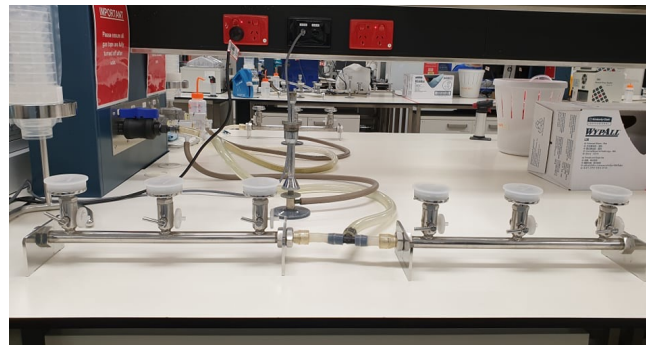


# Laboratory requirement

- PC2 or BSL 2 or equivalent
- Good laboratory practice, lab layout to avoid contamination
- Experienced lab staff
- Equipment required for testing
  - Centrifuges
  - Filtration manifolds
  - Vortex or bead beater/homogeniser
  - PCR machines (remote access, user friendly software, raw data, easy to export data)
  - Gel electrophoresis / Agilent 2100 Bioanalyzer



**Centrifuges**



**Filtration manifolds**



**Bead Beater**

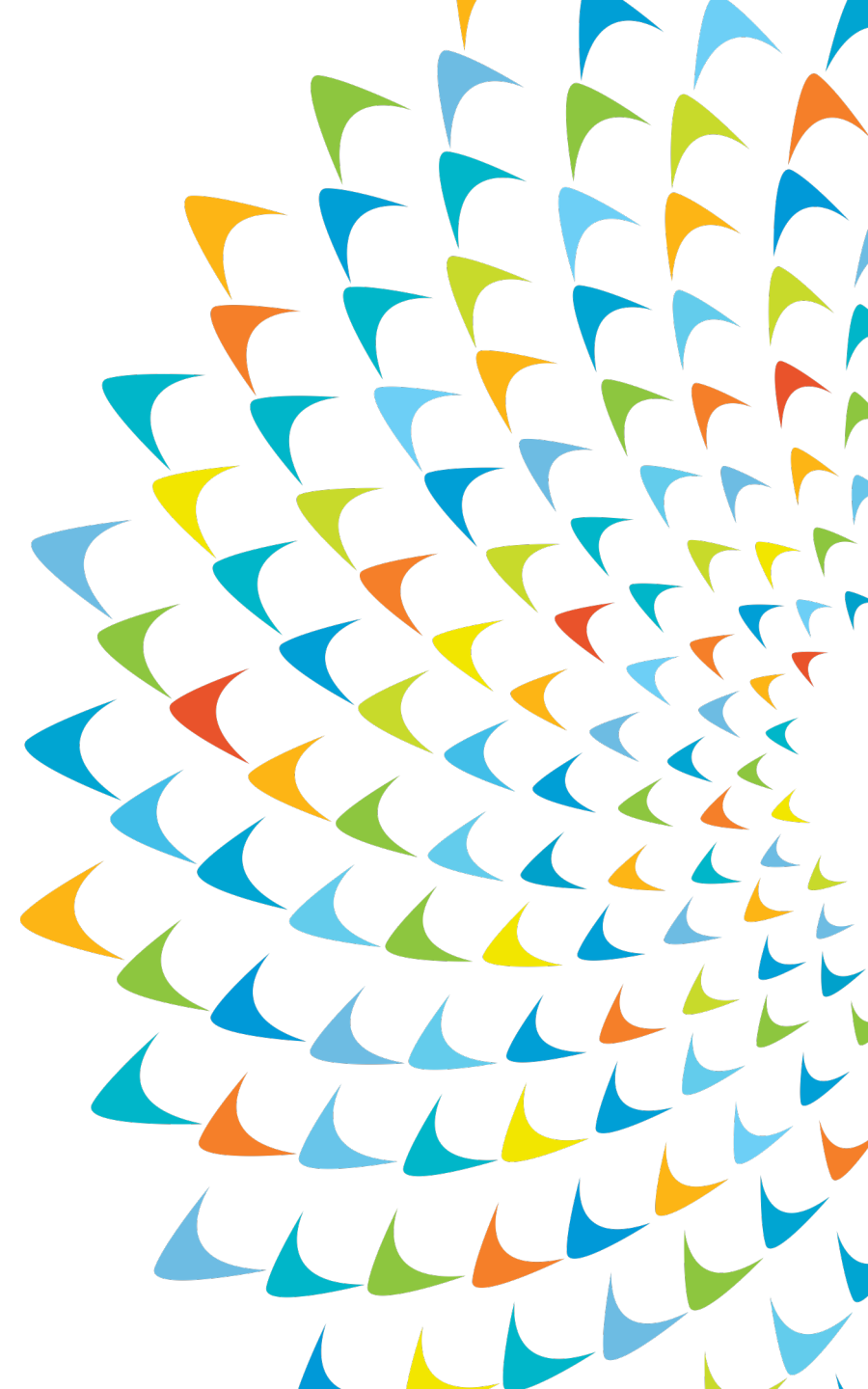


**PCR machine**

# DEVELOPING WASTEWATER BASED EPIDEMIOLOGY SURVEILLANCE: *WHY & HOW*

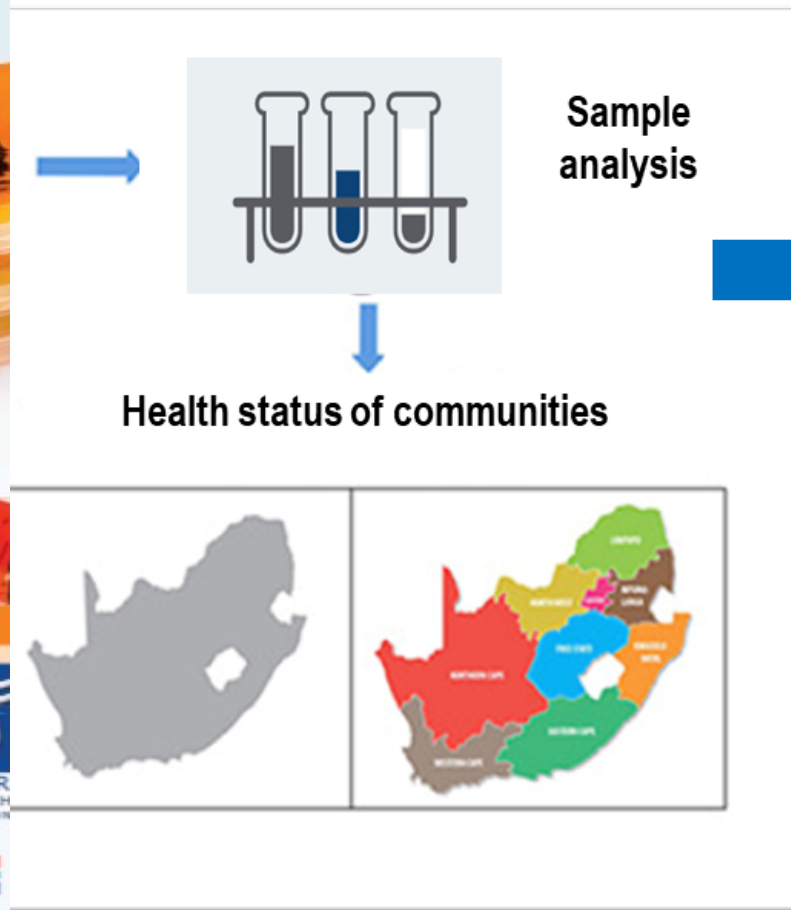
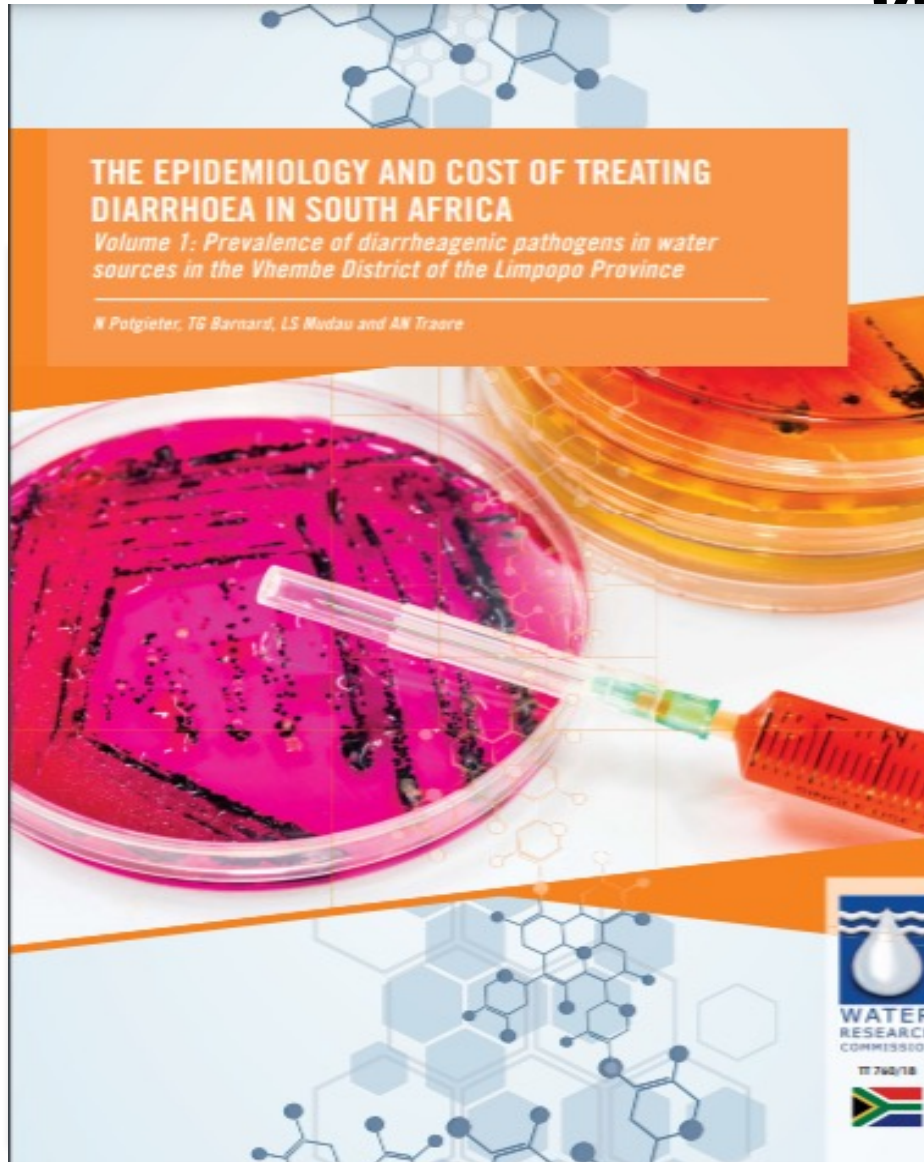


Dr Sudhir Pillay  
Water Research Commission  
[sudhirp@wrc.org.za](mailto:sudhirp@wrc.org.za)



# Why is Wastewater Based Epidemiology Useful?

## *Why Invest?*



- Illicit drugs use
- Pharmaceuticals and other substances use
- Diet choices
- Genetic markers
- Biomarkers

# Data is valuable for understanding the health of the population (and environment)

Objective	Results interpretation
Qualitative analysis of environmental samples	- For determining general pathogen circulation within populations
Establishing trends and/or changes in the number of disease incidences	- Characterising trends and/or changes in number of infections in communities.
Tracking the number of infections (disease burden) and mapping of hot spot areas in communities	- Useful for determining the risk levels in communities and for supporting decision making on the lifting and imposing of mitigation interventions
Metagenomics in infectious disease	<ul style="list-style-type: none"> <li>- Provides a full spectrum of genetic diversity of pathogenic strains, epigenetic changes, altered gene expressions, and gene fusions—both known and novel</li> <li>- <b>Molecular method, does NOT provide info on viability</b></li> </ul>
Assessing occupational human health risks	- Based on the detection of live and infectious pathogenic strains – can inform on the risk of infections and appropriate PPE

# Developing Countries: Contrast



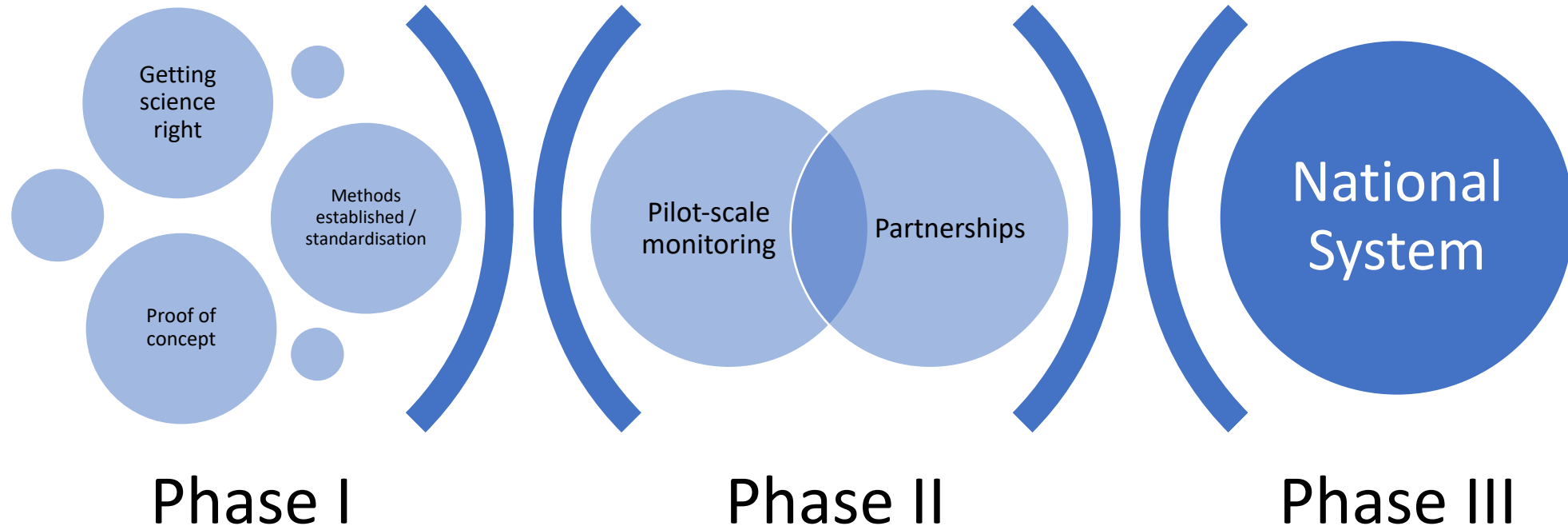
Within a city:

- High-rise buildings
- Industrial areas
- Informal settlements
- Rural component

Not Fully Sewered:

- Should we do it
- City-wide WBE crucial
- Non-sewered represents vulnerable population (high housing densities, shared facilities e.t.c)

# A Programmatic Approach to WBE (step by step)

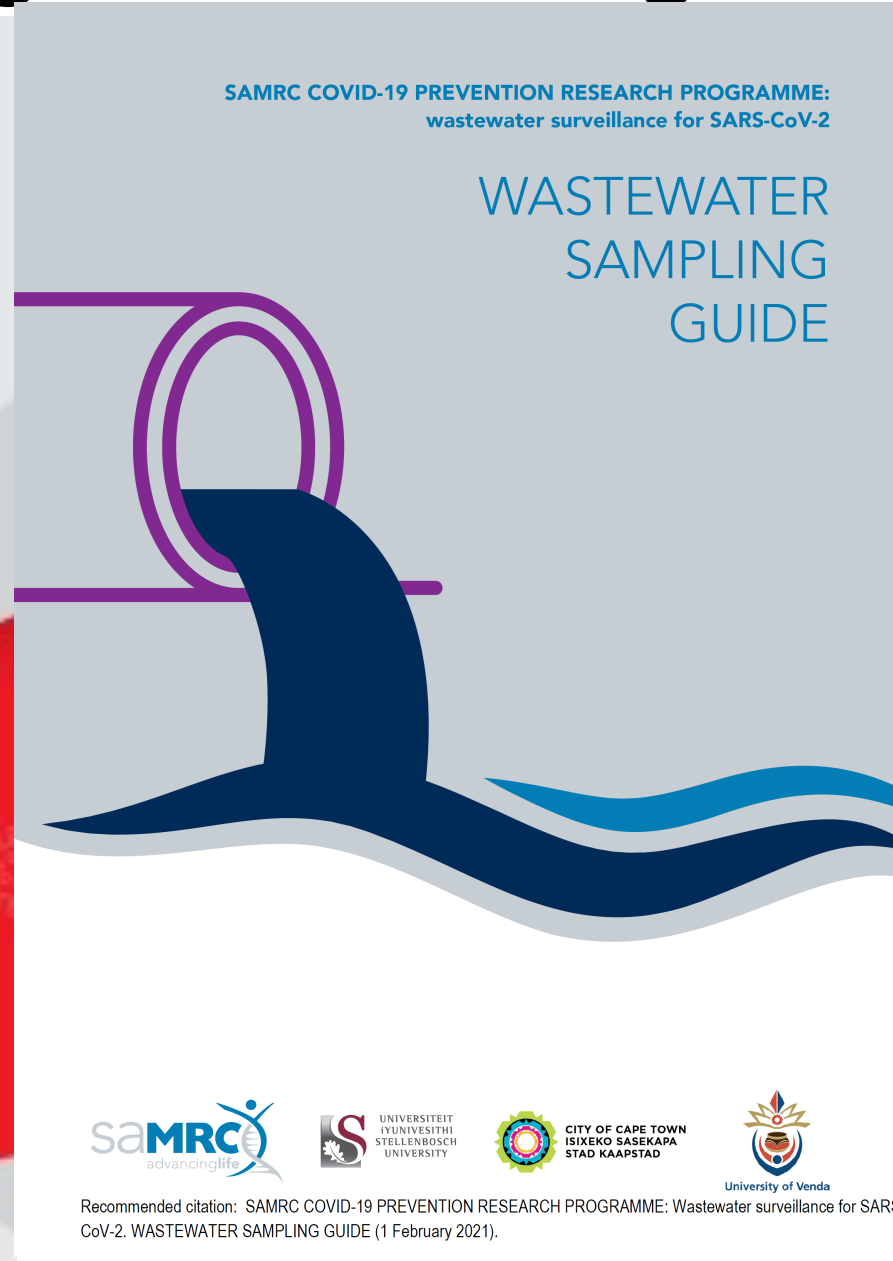


- Established sampling program & protocol
- Preliminary sample analysis
- Established sewershed sampling profile

- Established monitoring partnerships covering provincial hot spots
- Preliminary pilot surveillance monitoring data

- Rolled out national surveillance
- National data analysis and integration
- GIS mapping – heat maps
- National communication

# Getting the science right



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# Extending the science to Non-Sewered Areas



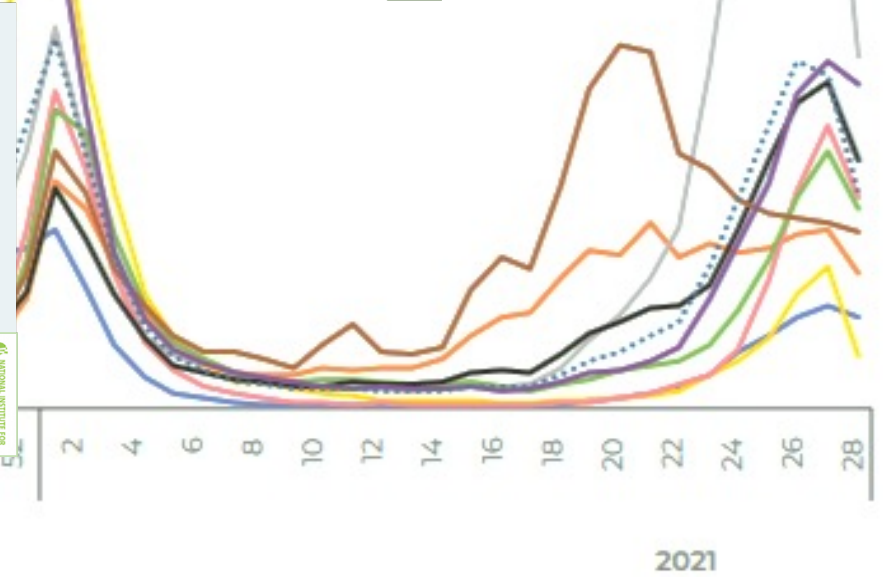
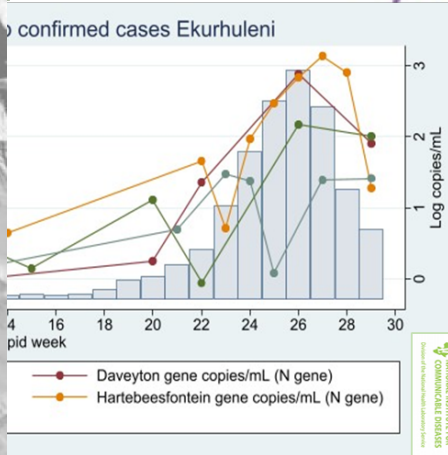
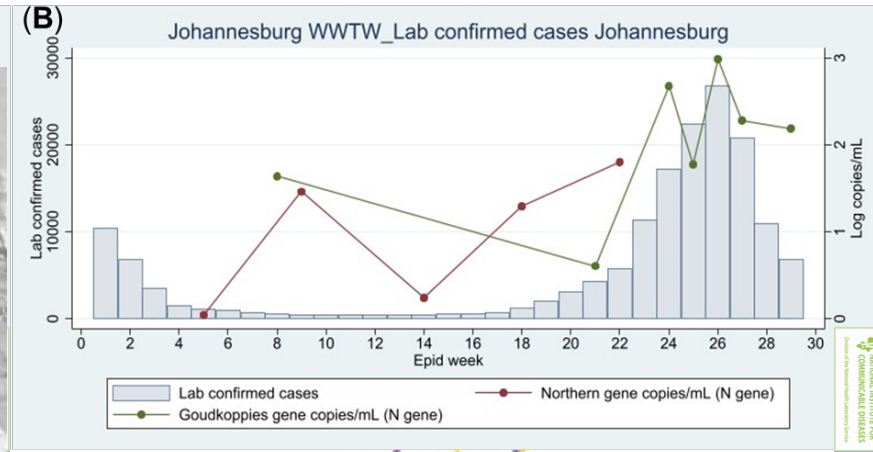
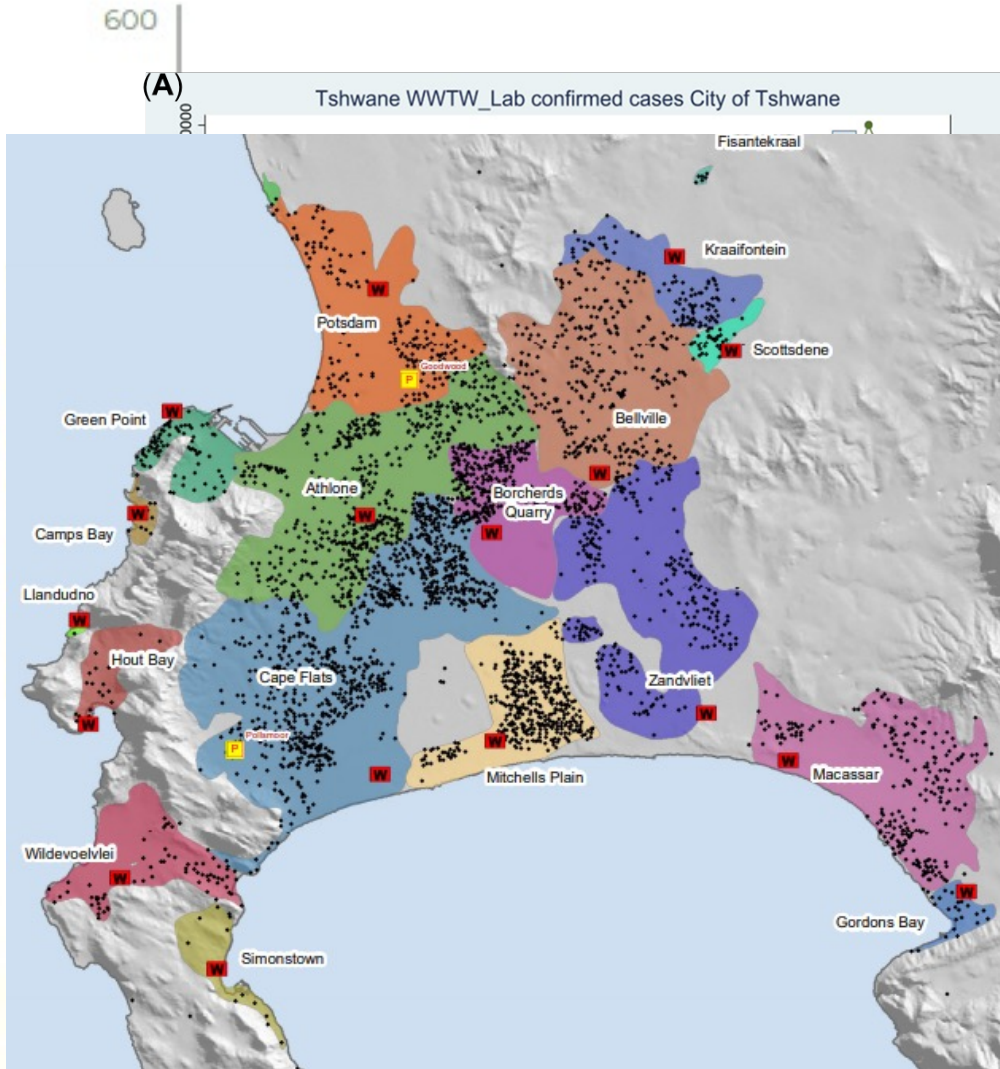
- Developing the business case for non-sewered surveillance
  - Sampling methodology – non-sewered means different things around the world
  - Usefulness vs clinical testing
- We found passive sampling to be the best
  - There is environmental influence (rainfall, e.t.c)
  - Individual toilets not useful for WBE (unless you are looking for source of outbreak)

# Getting Dashboard Data

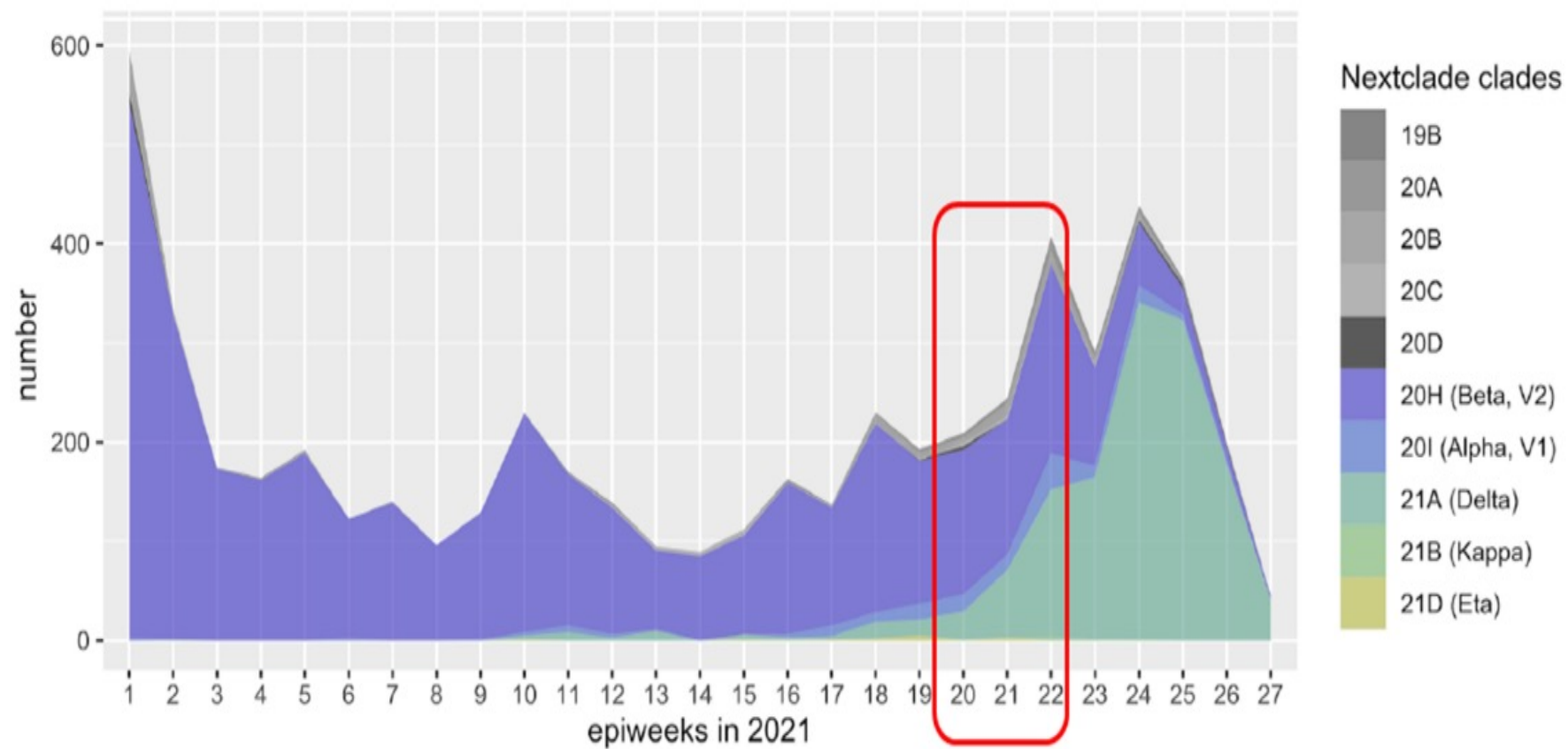
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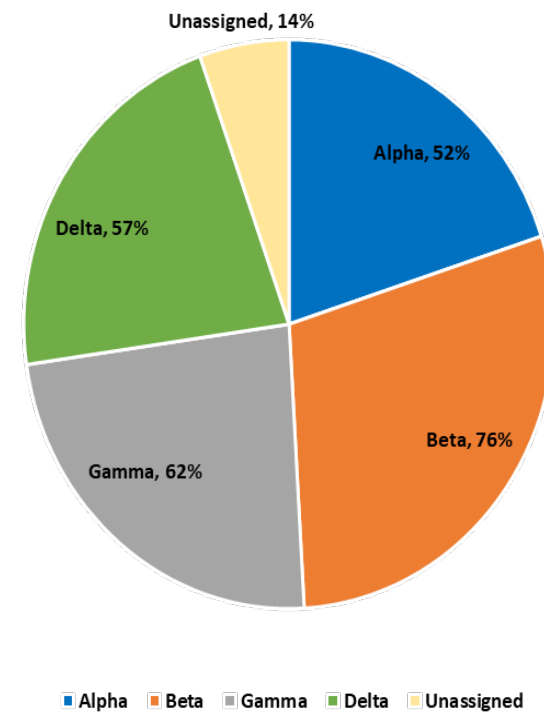
WEEKLY INCIDENCE RISK



2020  
2021  
EPIDEMIOLOGIC WEEK



Clinical samples



Sewerage

# Opportunities to learn on cold storage supply chain from hotels

HOTELS AND RESORTS

## International Resorts Step Up Testing Options In Response to New CDC Rules

*Hotels in the Caribbean, Central America, and beyond are now offering pre-flight rapid COVID testing to guests.*

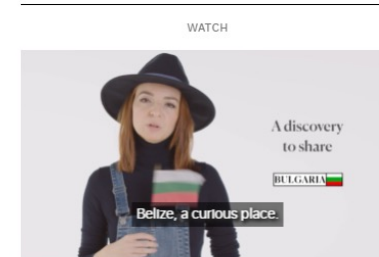
BY MEREDITH CAREY  
January 27, 2021

On January 12, the [CDC announced](#) it would be requiring all international travelers, including U.S. citizens, to show proof of a negative COVID-19 test from within 72 hours of departure in order to board a flight to the States. Many Caribbean and Central American hotels and resorts—two of the few areas accepting American travelers amid the ongoing pandemic—were surprisingly well-prepared.

“We’ve been offering testing since before Christmas,” says Wendy Eardley, resident manager at [Curtain Bluff](#) in Antigua. “We have many guests from the Northeast who were asking for tests before they headed back so they could test out of quarantine or guests who were going to another island that required them.”

Before the COVID testing order, which goes into effect on January 26, was announced, Curtain Bluff’s on-call resort doctor was swabbing guests who asked for rapid antigen or PCR tests in their rooms. Now, to keep up with the heightened demand, the doctor will begin holding office hours three days a week in a hotel room set aside specifically for testing. The tests, whether PCR or rapid, cost \$250 (\$200 is the government-set price, with \$50 added for the doctor’s fee) and the resort’s concierge helps set up the appropriate appointment time based on your destination’s timing requirements.

Like Curtain Bluff, [Nayara Gardens](#) in the lush Arenal region of Costa Rica repurposed its on-site doctor and nurse for testing guests, with one difference. “All of our rooms have oversized decks or balconies so our doctor and nurse will come and actually do the test



70 People Recite Their Country's Tourism Slogan





# Panel Discussion and Q&A

Marlene Hsu



Thank you.

