

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA



**NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES**

Division of the National Health Laboratory Service

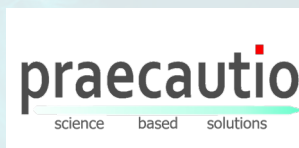
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OVERVIEW

This report summarises and interprets findings from detection and quantification of SARS-CoV-2 levels by the NICD Centre for Vaccines and Immunology in influent (untreated) wastewater in 18 wastewater treatment plants (WWTP) across five provinces tested by the NICD, and 77 additional plants tested by SACCESS partners including the National Institute for Occupational Health, Lumegen Laboratories, GreenHill Laboratories and Praecautio to cover all provinces. Levels of SARS-CoV-2 in wastewater correlate with population levels of SARS-CoV-2 over time and indicate the geographic distribution of disease. SARS-CoV-2 is shed from symptomatic and asymptomatic persons in stool but is not transmitted by faecal-oral route nor via wastewater. This report is based on data collected from June 2020 up until the week ending 21st January 2022 (epidemiological week 3). Generally, levels of SARS-CoV-2 are decreasing across the country corresponding to the decrease in clinical cases and the exit from the 4th wave. Detailed analyses are described below.

HIGHLIGHTS

- The SARS-CoV-2 levels continue to decline in most wastewater plants across the country corresponding to the decrease in clinical caseload. However, in some Gauteng plants, we have noted sustained higher SARS-CoV-2 levels suggesting sustained community transmission. These plants include Daspoort and Rooiwal (Tshwane Central and West) and Goudkoppies (Johannesburg South West)..
- The public health authorities should continue surveillance for cases in these areas, strengthen public health messaging regarding non-pharmaceutical interventions and promote vaccination.



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DETECTION AND QUANTITATION OF SARS-COV-2 AT SENTINEL WASTEWATER TREATMENT SITES IN SOUTH AFRICAN URBAN AREAS, MARCH 2021- JANUARY 2022

CO-FUNDED BY THE WATER RESEARCH COMMISSION AND THE NICD

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9. Greenhill Laboratories
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BACKGROUND

The detection and monitoring of SARS-CoV-2 through wastewater was first proposed in April 2020. Initial reports describing the feasibility and practical usefulness of this approach emerged simultaneously from several countries during August 2020. Recent evidence has shown that SARS-CoV-2 can be detected in wastewater prior to the appearance of clinical cases, and longitudinal tracking of SARS-CoV-2 viral load in wastewater correlates with the burden of clinically diagnosed cases. Furthermore, the sequencing of SARS-CoV-2 RNA fragments in wastewater has identified variants of concern as well as mutations not detected in clinical cases.

In South Africa, SARS-CoV-2 epidemiology is monitored through laboratory testing of clinical cases using reverse-transcriptase polymerase chain reaction (RT-PCR) tests and rapid antigen tests, COVID-19 hospital admissions and COVID-19 - related deaths. Laboratory testing data is relayed by testing laboratories to the National Institute for Communicable Diseases (NICD) via the DATCOV system. From these data sources,

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epidemiological indicators including incidence rates of testing and case detection, hospitalisation and death rates are made available to key stakeholders and the general public.

Clinical epidemiology based on reporting of laboratory-confirmed cases of SARS-CoV-2 has limitations. Household transmission studies in South African urban and rural settings have demonstrated that a large proportion of cases are asymptomatic or so mild as not to elicit health-seeking, and that laboratory-confirmed cases likely represent less than 10% of SARS-CoV-2 cases prevalent in a community at any given time. Secondly, there is increasing use of rapid antigen detection tests in clinical settings. Results of these tests may not be reported to surveillance networks. Consequently, laboratory diagnosis is increasingly less representative of the burden of disease.

In November 2020, a network of testing laboratories, which became known as the South African Collaborative COVID-19 Environmental Surveillance System (SACCESS) network, was established in order to support the development of a common testing methodology, identify and address challenges, and share best practices related to qualitative, quantitative and RNA sequencing of SARS-CoV-2 in wastewater. Treatment of wastewater in South Africa is the responsibility of local government. Approximately 1050 wastewater treatment works (WWTPs) are administered by metropolitan councils and local government and treat industrial and domestic waste. SACCESS partners and the NICD have engaged with local government to support sample collection, interpretation and utilisation of the results for public health purposes.

The SACCESS network aims to detect and quantify SARS-CoV-2 in wastewater in urban settings in South Africa, to compare trends, temporal and geographic distribution of SARS-CoV-2 levels in wastewater with trends in clinical epidemiology so as to support the use of wastewater-based epidemiology for COVID-19 outbreak prevention and response activities.

METHODS

Outbreak context and clinical case epidemiology

Since the first case of SARS-CoV-2 in South Africa was detected on 3rd March 2020, laboratories in the country have conducted over 21 million RT-PCR and antigen tests. Four distinct waves of SARS-CoV-2 infection occurred, peaking in June 2020, December 2020, July 2021 and December 2021 respectively. The current de-duplicated and geospatially allocated national line list of laboratory-confirmed cases of SARS-CoV-2 (identified by RT-PCR or antigen test) is provided by the NICD for comparison with results from SARS-CoV-2 testing of wastewater.

Establishment of the laboratory testing network

Commencing in 2018, the NICD had been conducting testing of wastewater for poliovirus as part of the National Department of Health's polio surveillance programme. In 2020, the NICD commenced testing of influent wastewater samples from these 18 sites, including eight in Gauteng Province, two in the City of Cape Town (Western Cape Province), two in Mangaung (Free State Province), two in eThekweni (KwaZulu-Natal Province) and four in Eastern Cape Province (two in Buffalo City Metro and two in Nelson Mandela Metro). Quantitative testing results for these sites are available from week 8 of 2021, onwards.

Additional plants across all metropolitan areas as well as sentinel site plants in smaller provinces were included from February 2021. From August 2021, quantitative testing was conducted on all specimens submitted to partner laboratories for testing. Presently, samples from 95 WWTPs are being tested for SARS-CoV-2.

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SARS-CoV-2 detection and quantitation methodology

At the identified wastewater treatment facilities, one litre grab samples of influent are collected and transported at <5°C to the testing facility. Table 1 summarises the sample collection, concentration, RNA extraction and PCR methods for partner laboratories. A positive PCR test result is defined as detection of any SARS-CoV-2 gene target (amongst the N, E or RdRP genes). A negative PCR test is defined as a positive internal control without a positive N, E or RdRP gene target. An invalid test result is defined as failure to detect the N, E or RdRP genes along with a negative internal control. Quantitative PCR results in genome copies/ml were log-transformed when graphed. All RT-PCR detection methodologies use in-built positive and negative controls to eliminate processing errors or contamination. Quantitative testing (in copies/ml of wastewater) is conducted by the NICD using a fourplex RT-qPCR assay. The Allplex 2019-nCoV assay (Seegene, catalogue number RP10243X) includes proprietary primers and probes that amplify the E, N and RdRP genes. The assay also amplifies an internal control that helps monitor for PCR inhibition. Standard curves, from which SARS-CoV-2 copy numbers are calculated, are constructed using the EDX SARS-CoV-2 Standard (Exact Diagnostic, catalogue number COV019) consisting of synthetic RNA transcripts containing the E, N and RdRP genes.

Table 1. Concentration, extraction and RT-PCR detection methodology used by laboratory partners, South African Collaborative COVID-19 Environmental Surveillance System (SACCESS) network.

Method for virus concentration	Method for virus concentration	Method for nucleic acid extraction	RT-PCR assay	Quantification	Instrument used for detection
NICD	Centricon® Plus-70 centrifugal	QIAamp® viral RNA mini kit	Allplex™ 2019-nCoV Assay	EDX SARS-CoV-2 Standard including RNA transcripts of E, N and RdRP genes	Applied Biosystems 7500 Real-Time PCR System
GreenHill Laboratories / Praecautio	Ultrafiltration (Amicon® Ultra-15 Centrifugal Filter Unit)	Omega Bio-Tek Mag-Bind® Viral DNA/RNA 96 Kit	CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	Relative quantification based on CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	Qiagen Rotor-Gene Q
NIOH	Skim milk flocculation	MagMAX Viral and Pathogen Nucleic Acid Isolation Kit	TaqPath COVID-19 CE-IVD RT-PCR Kit Thermo Fisher	Standard curve method using TaqPath kit positive control	QuantStudio™ 5 Real-Time PCR System 96-well, 0.1 mL, desktop
Waterlab/UP	Skim milk flocculation	QIAamp® Ultrasens® Virus kit	Allplex™ 2019-nCoV Assay	Standard curves using the 2019-nCoV_N positive control plasmid (Integrated DNA Technologies, Inc, Coralville, IA)	QuantStudio™ 5 Real-Time PCR System (Applied Biosystems)
SAMRC-BRIP	Centrifugation	RNeasy PowerSoil	2019-nCoV CDC EUA Kit		
SAMRC-TB PLATFORM	Centrifugation	ZymoBiomixs RNA Extraction Kit	AllPlex 2019-nCoV Assay	EDX SARS-CoV-2 Standard including RNA transcripts of E, N and RdRP genes	ThermoFisher QuantStudio 5 Real-Time PCR Applied Biosystem
Lumegen	Passive sampling + resuspension in PBS	MN DNA/RNA pathogen extraction Kit	TaqPath COVID-19 CE-IVD RT-PCR Kit (Thermo Fisher)	5-point standard curve of the TaqPath positive control	QuantStudio 5, Applied Biosystems
CSIR	Polyethylene Glycol	Omega Bio-tek EZNA total RNA Kit II	2019-nCoV CDC EUA Kit	Relative quantification based on the 2019-nCoV CDC positive control.	Qiagen Rotor-Gene 6000 (5-plex)
Durban University of Technology, Institute of Wastewater Management	Centricon® Plus-70 centrifugal	QIAamp® viral RNA mini kit	N/A	Absolute quantification of N2 using CDC 2019-nCoV_N2 Primers, Fam Labelled, double quenched probes	Biorad QX200 Automated Droplet Digital System

*RT-PCR=reverse transcriptase polymerase chain reaction; Ct=cycle threshold

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Interpretation of SARS-CoV-2 levels in wastewater

Interpretation of SARS-CoV-2 wastewater levels is evolving. We have elected to use interpretive principles outlined in Table 2 to support public health preparedness and response activities. In general, increasing or decreasing trends in levels are reported based on two or more results, as a single sample that increases or decreases compared with the result from the previous week may represent an outlier. Small changes (up to 0.5log copies/ml) are not regarded as significant changes unless they form part of a general upward or downward trend. Comparison of results over time when quantification is done by the same laboratory using the same quantitative methodology is meaningful. The use of different methodologies by different laboratories precludes comparison of quantitative results across laboratories.

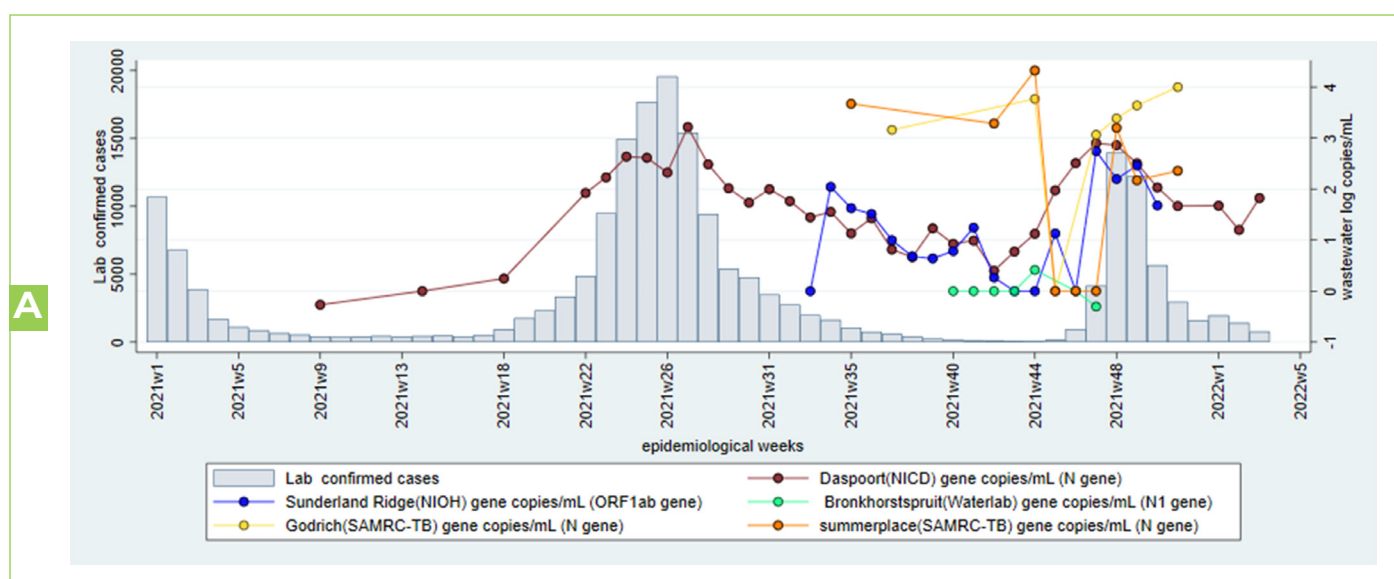
Table 2. Principles of SARS-CoV-2 detection and quantification on influent samples from wastewater treatment plants and interpretive principles to guide application of test results to support COVID-19 public health responses, South Africa.

Testing modality	Interpretive principles to support public health responses
Detection of SARS-CoV-2	<p>When a test result changes from</p> <ul style="list-style-type: none"> positive to negative, this signifies fewer/no cases in population negative to positive, this indicates the need for increased population awareness and action Qualitative results (presence or absence) are comparable between laboratories
Quantification of SARS-CoV-2	<p>The concentration of SARS-CoV-2 at a particular facility may be used to infer the burden of SARS-CoV-2 in the population served by the wastewater treatment facility. Changes in the concentration of SARS-CoV-2 give an indication of whether the burden of disease is increasing or decreasing. Quantitative results between laboratories are not comparable. Quantitative results should be interpreted for a single wastewater treatment plant tested by the same laboratory using the same methodology over time.</p>

RESULTS

Gauteng Province

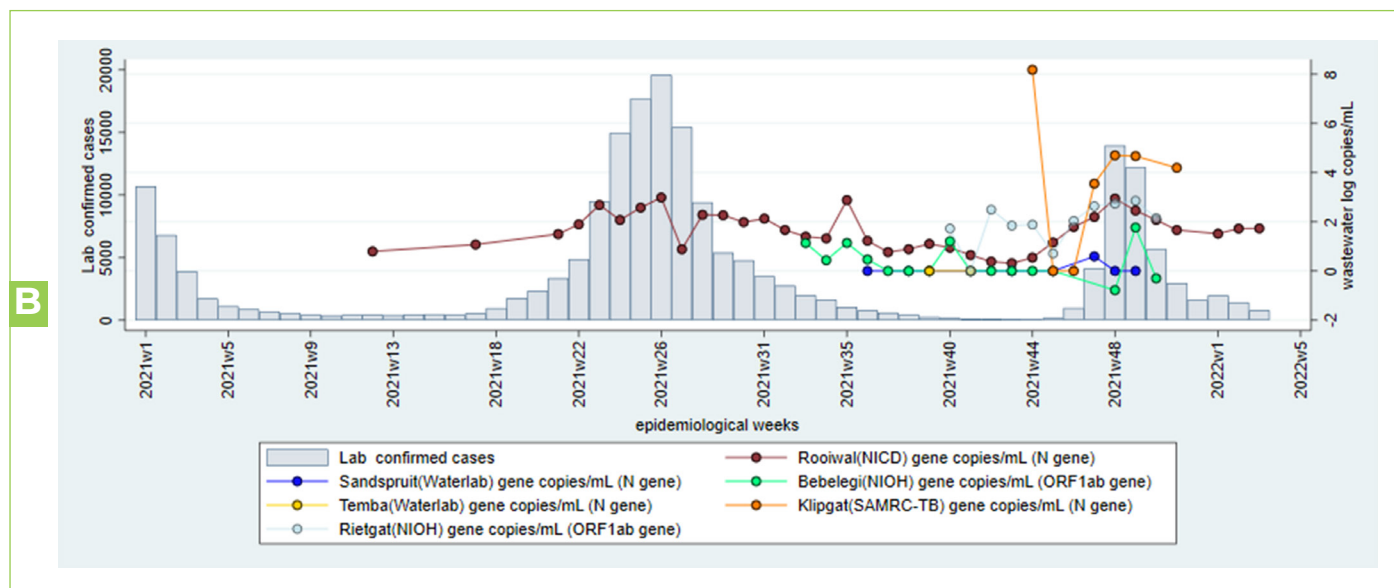
A: City of Tshwane South (sub-districts 3, 4, 6, and 7)



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B: City of Tshwane North (sub-districts 1 & 2)



C: City of Tshwane North (sub-district 5)

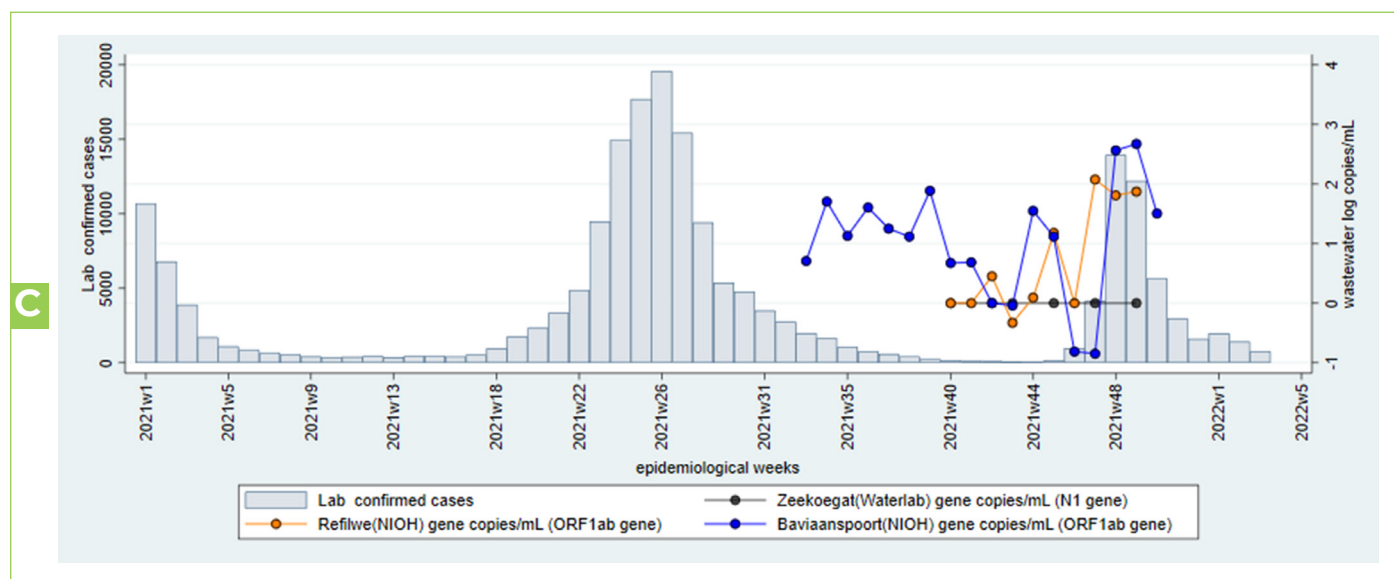


Figure 1 A-C. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) for selected wastewater treatment plants (WWTP) and metropolitan areas in Tshwane District Municipality (Tshwane South and North), Gauteng Province during epidemiological weeks 1 of 2021 to week 3 of 2022. The testing laboratory and quantified SARS-CoV-2 gene is named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be done for specimens tested in the same laboratory.

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D: City of Johannesburg Metropolitan Municipality

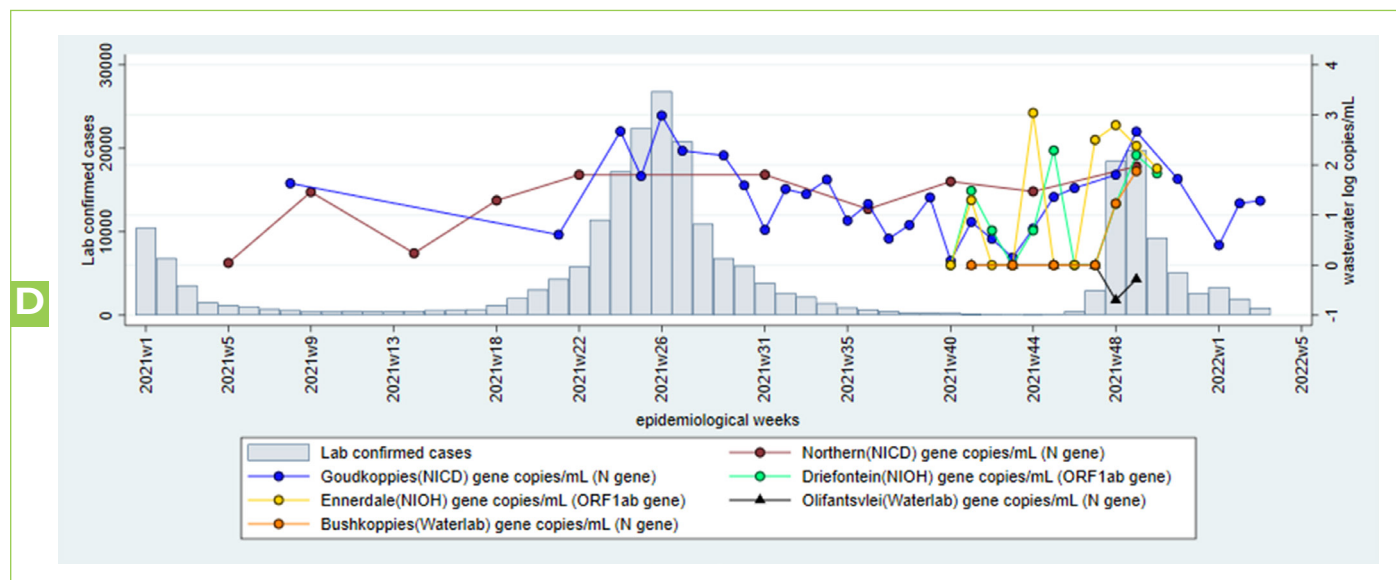
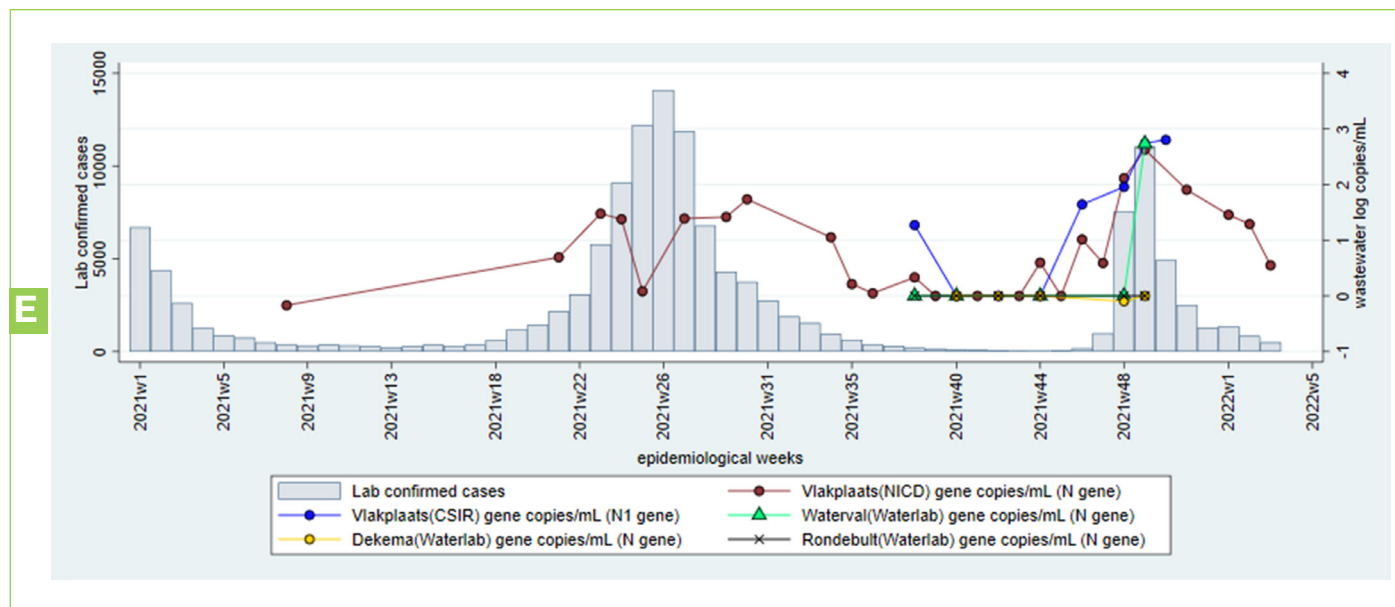


Figure 1 D. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/mL of wastewater (coloured lines) for selected wastewater treatment plants (WWTPs) in the City of Johannesburg Metropolitan Municipality, Gauteng Province during epidemiological weeks 1-51, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels overtime should only be made for specimens tested in the same laboratory.

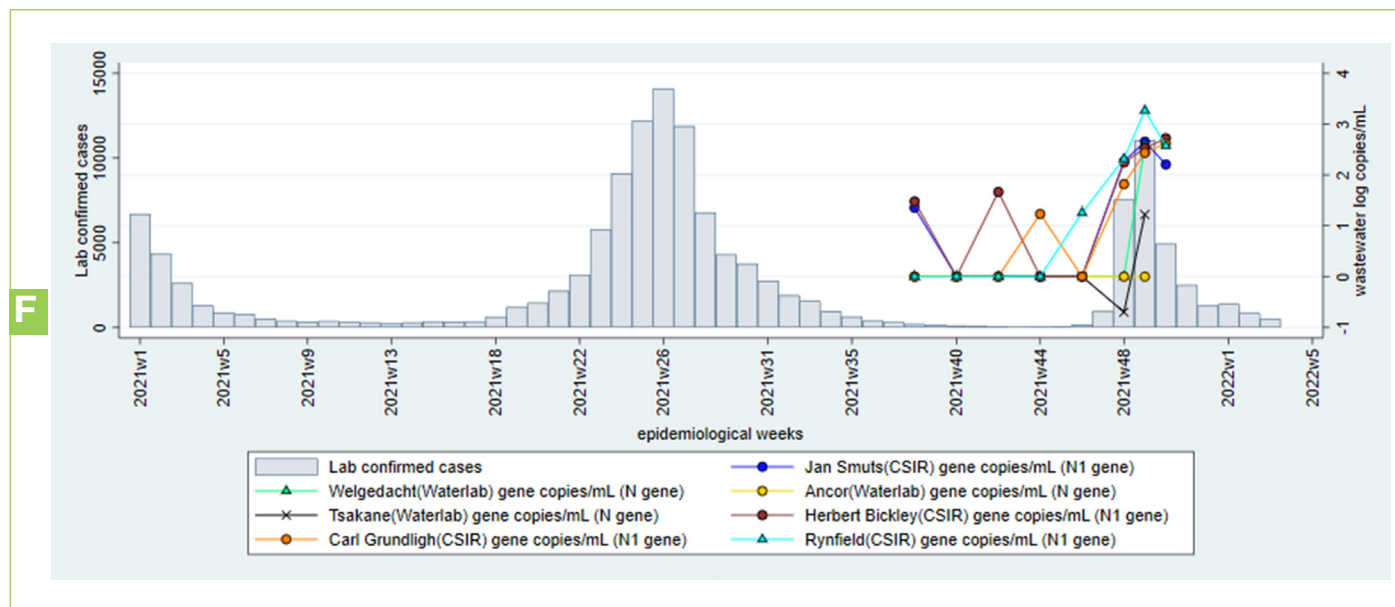
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E: Ekurhuleni East (sub-districts D, E or E1, E2)



F: Ekurhuleni South (sub-districts A, F or S1, S2)



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G: Ekurhuleni North (sub-districts B, C or N1,N2)

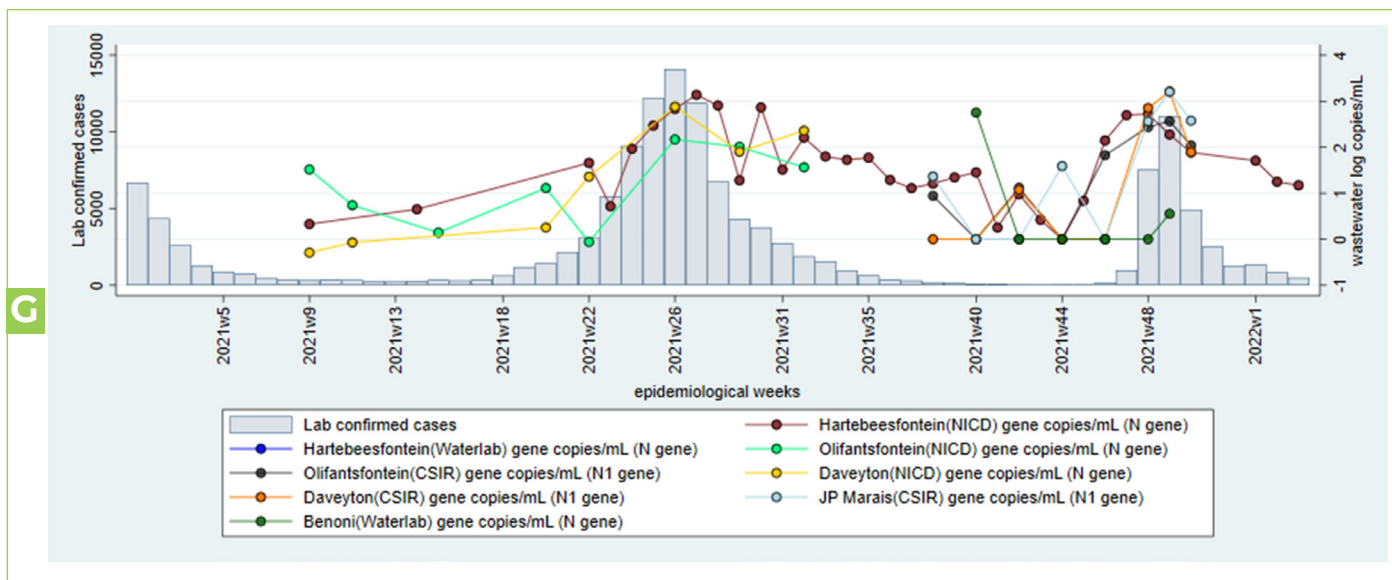


Figure 1 E-G. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) for selected wastewater treatment plants (WWTP) in Ekurhuleni Metropolitan Municipality, Gauteng Province during epidemiological weeks 1-51, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

H: West Rand District Municipality

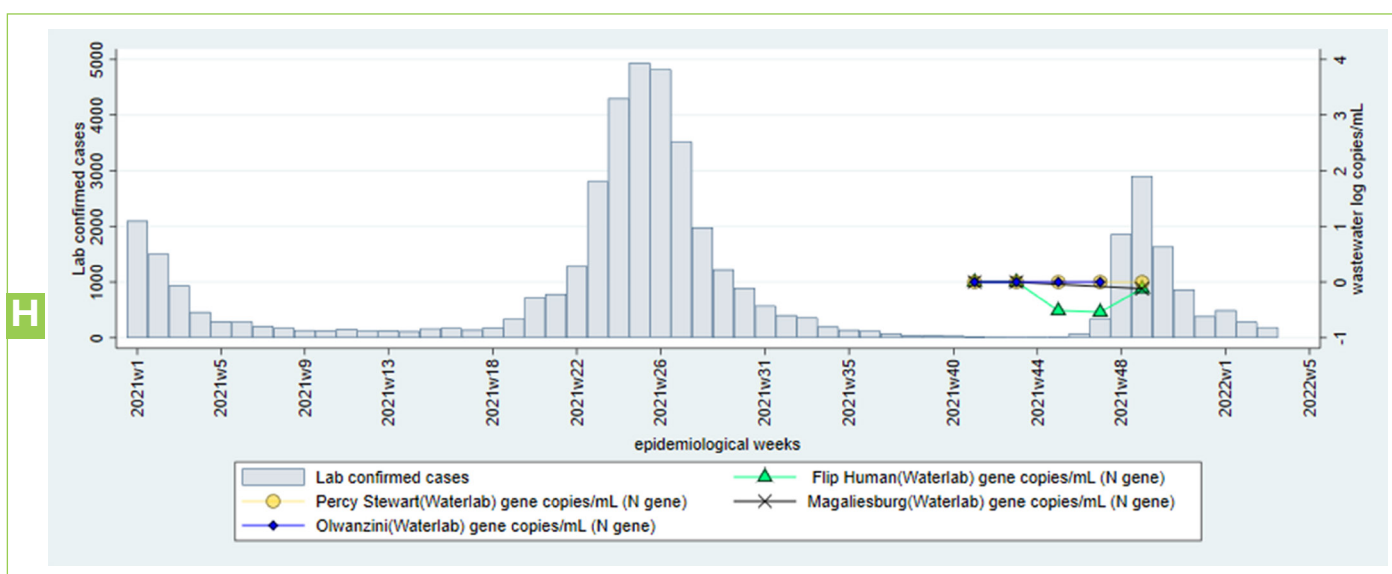


Figure 1 H. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) for selected wastewater treatment plants (WWTP) in West Rand District Municipality, Gauteng Province during epidemiological weeks 1-49, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

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In Gauteng province, wastewater testing for SARS-CoV-2 is currently being conducted in four district municipalities: the City of Tshwane, the City of Johannesburg, Ekurhuleni and West Rand laboratories, namely NICD, NIOH, CSIR, Waterlab and SAMRC-TB platform. The figures above are arranged to reflect the geographical locations of the wastewater treatment plants.

In Tshwane District Municipality, SARS-CoV-2 levels are being monitored in 15 treatment plants in Tshwane South and North (Figures 1A-C). In Tshwane South, the NICD tests SARS-CoV-2 levels at Daspoort; Waterlab at Bronkhortspruit; the National Institute for Occupational Health (NIOH) at Sunderland Ridge and Baviaanspoort; the SAMRC-TB at Godrich and Summerplace. In Tshwane North, the NICD is testing at Rooiwal; the NIOH is testing at four WWTPS-namely, Refilwe, Rooiwal, Bebelegi, and Rietgat. Waterlab is testing at three WWTPS- Sandspruit, Temba, and Zeekoegat while the SAMRC-TB tests at Klipgat.

Quantitative testing by these laboratories all began in early 2021. The NICD commenced in epidemiological weeks 9 and 12 at Daspoort and Rooiwal WWTPS, respectively. Quantitative testing by the NIOH began in epidemiological week 33 in Baviaanspoort, Sunderland Ridge, and Bebelegi and week 40 of 2021 in Refilwe and Rietgat. Testing by Waterlab started in week 32 in Bronkhortspruit, week 36 of 2021 in Sandspruit, week 39 in Temba, and week 40 in Zeekoegat. The SAMRC-TB began testing in week 35 of 2021 (Figures 1A-1C).

In the City of Johannesburg (Figure 1C), quantitative testing by the NICD began in epidemiological week 5 in two WWTPS (Goudkoppies and Northern); week 40 by the NIOH in two WWTPS (Driefontein and Ennerdale); and week 41 by the Waterlab in two WWTPS (Bushkoppies and Olifantsvlei).

In Ekurhuleni (Figures 1D-F), quantitative testing is currently being done in the Eastern, Southern, and Northern regions. In the Eastern region, testing is done at Welgedacht, Tsakane and Ancor WWTPS. In the Northern region, testing is being done in Hartebeesfontein, Benoni, Olifantsfontein, Daveyton and JP Marais. In the Southern region, testing is done in Vlakpaats, Dekema, Waterval and Rondebult WWTPS.

Testing by CSIR (Fig 1D-F) began in epidemiological week 38 of 2021 for 5 WWTPS (Herbert Bickley, Jan Smuts, and JP Marais, Carl Grundligh and Rynfield). The CSIR is also testing at Daveyton, Olifantsfontein and Vlakplaats, with quantitative testing commencing in week 38 (Figure 1E). Quantitative testing commenced by the NICD in epidemiological week 8 in Vlakplaats, and week 9 in three treatment plants (Daveyton, Hartebeesfontein and Olifantsfontein) (Figure 1E-F). The Waterlab (Fig 1E-F) began testing of two WWTPS in week 38 (Rondebult and Welgedacht) and week 40 in five WWTPS (Ancor, Dekema, Hartebeesfontein, Tsakane and Waterval, and Benoni).

In West Rand (Figure 1G), Waterlab is currently testing three WWTPS (Flip Human, Magaliesburg, and Percy Stewart). Testing in all these WWTPS commenced in week 41. Negative results are currently under review, as the sensitivity of the PCR detection assay may be inadequate.

In Tshwane district, the SARS-CoV-2 levels in most of the wastewater plants showed downward trend from week 49 of 2021, except Godrich WWTP to the South, which showed a successive increase between weeks 46-49. The decrease in SARS-CoV-2 levels in these plants is consistent with the decline in the number of laboratory confirmed cases. On the other hand, a marginal increase in SARS-CoV-2 levels was noted in Daspoort. The levels at Rooiwal may be slowly increasing as seen between weeks 1 and 3 of 2022 but more samples will be needed to confirm the trend.

In the City of Johannesburg, the SARS-CoV-2 levels from Goudkoppies, had declined from week 50 up to week 1, 2021. However, the levels from week 1 up to week 3 may be increasing, requiring more samples for confirmation. Ennerdale and Driefontein were declining by week 32, 2021, whilst the most recent data from up to week 49, 2021 from the remaining plants was consistently high (excluding Olifantsvlei). More recent data are required for these sites.

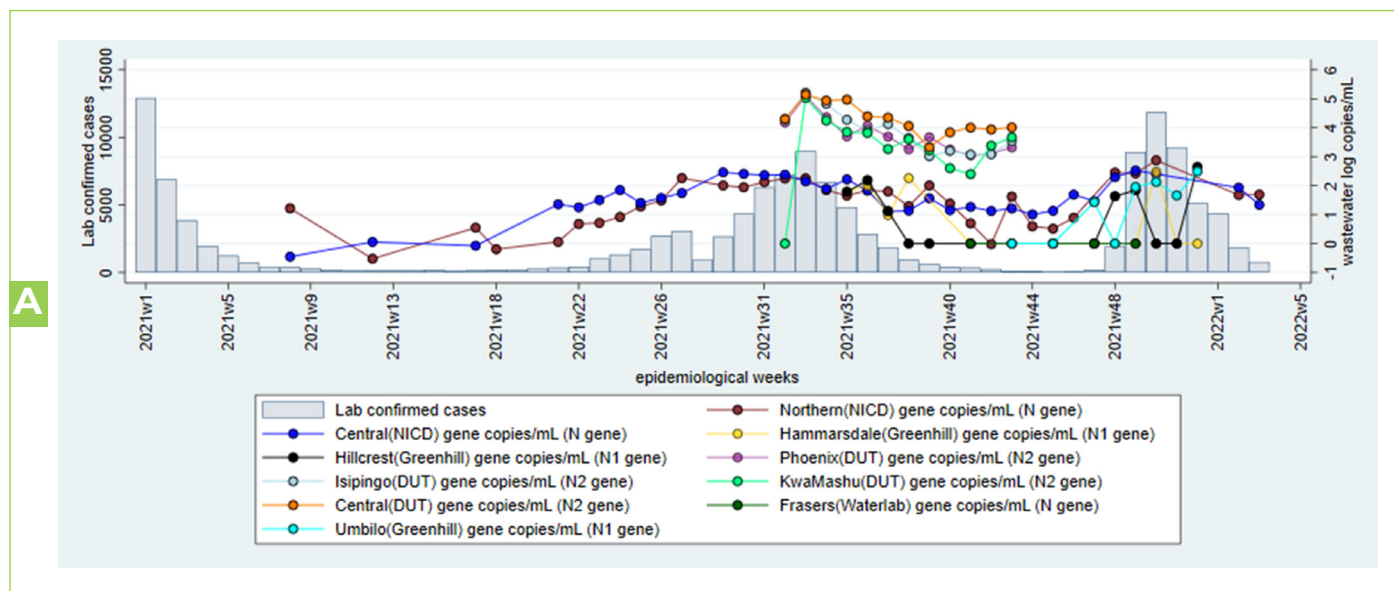
In Ekurhuleni, the WWTPS with the latest results up to week 3 of 2022 (Vlakplaats to the South and Hartebeesfontein to the North) continue to show successive decreases corresponding to the declining case load. More recent results are required for other plants in this region. Overall, public health authorities should continue to promote vaccination and adherence to non-pharmaceutical interventions.

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KwaZulu-Natal Province

2A: eThekweni Metropolitan Municipality



B: uMgungundlovu District Municipality

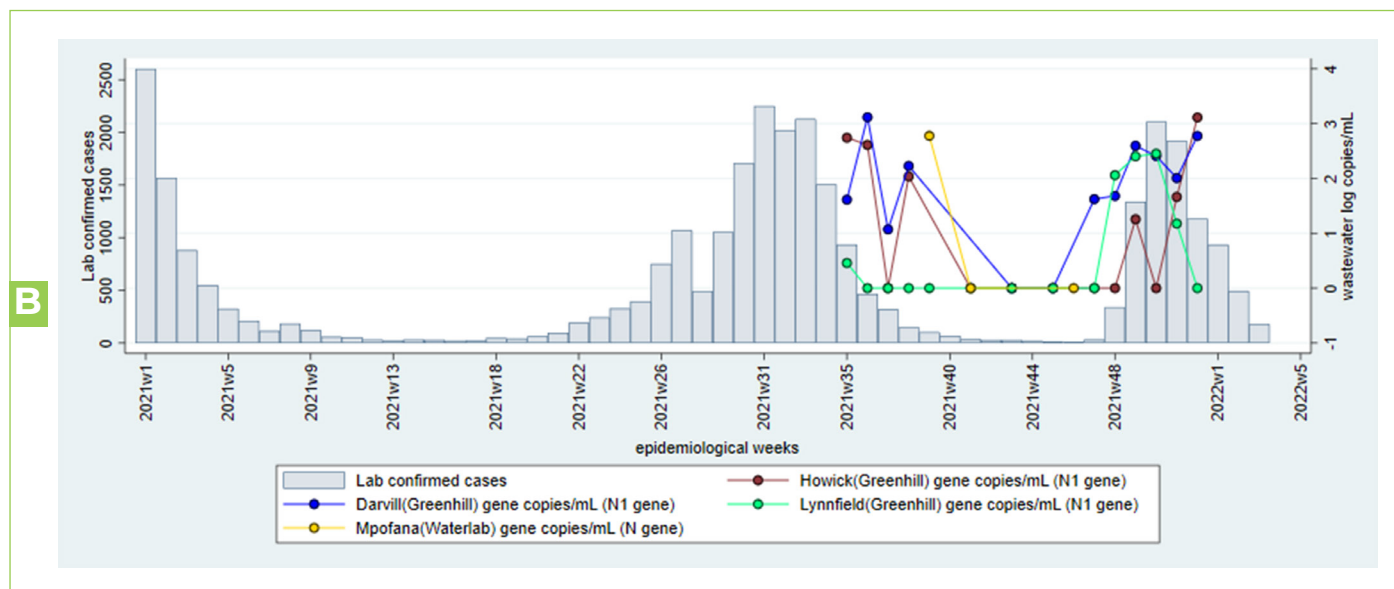


Figure 2A-B. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) from wastewater treatment plants (WWTP) in eThekweni, (A-B) and uMgungundlovu Metro (C), KwaZulu Natal Province during epidemiological weeks 1-51, 2021 and week 3, 2022. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

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In eThekweni (Figure 2A), quantitative testing is conducted by the NICD, GreenHill Laboratory, Durban University of Technology (DUT), and Waterlab. Quantitative testing by the NICD commenced in epidemiological week 8 2021 at two WWTPs, Central and Northern. Quantitative testing by GreenHill Laboratory began in weeks 34 and 35, 2021, at the Hillcrest and Hammarsdale WWTPs, respectively. The DUT began testing four WWTPs (Isipingo, Phoenix, Central, and KwaMashu) in week 32, 2021. Waterlab commenced testing at Frasers WWTP in Ballito in week 41, 2021.

In uMgungundlovu (Figure 2B), quantitative testing is being done by GreenHill Laboratories and Waterlab. Testing by GreenHill Laboratory commenced in epidemiological week 35, 2021 in three WWTPs (Darvill, Howick, and Lynnfield). Waterlab began testing in Mpofana WWTP in week 39, 2021.

SARS-CoV-2 levels tested by DUT are consistently 2-3 log copies/ml higher than those tested by the NICD. This may be accounted for by the fact that DUT is using a more sensitive methodology for PCR detection, namely digital droplet PCR. It also highlights the interpretive principle that comparisons of levels should only be made on specimens tested in the same laboratory using the same test methodology.

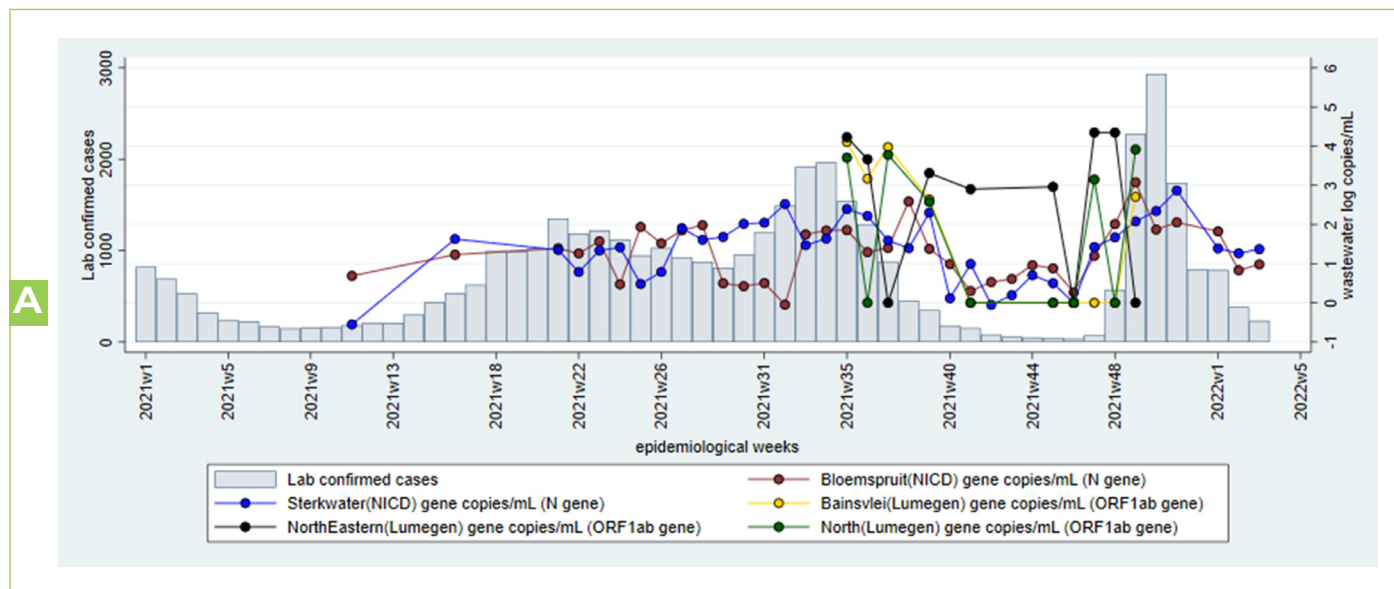
In eThekweni, levels in Hillcrest have been sustained at 2 log copies/ml up until week 52 of 2021, whilst levels at Umbillo showed a sudden increase from zero in week 52. Levels at Hammarsdale have dropped to zero. Results from Central and Northern plants were still high (3 log copies/ml) in week 50 but have consistently since week 51, 2021 to week 3, 2022. Results from Phoenix, KwaMashu and Isipingo are outstanding. In uMgungundlovu, over weeks 50-52, levels in Darvill WWTP and Howick WWTP remained at 3 log copies/ml, whilst levels at Lynnfield WWTP declined to zero. More recent results are required for these areas. The authorities should continue to encourage vaccination and adherence to non-pharmaceutical measures.

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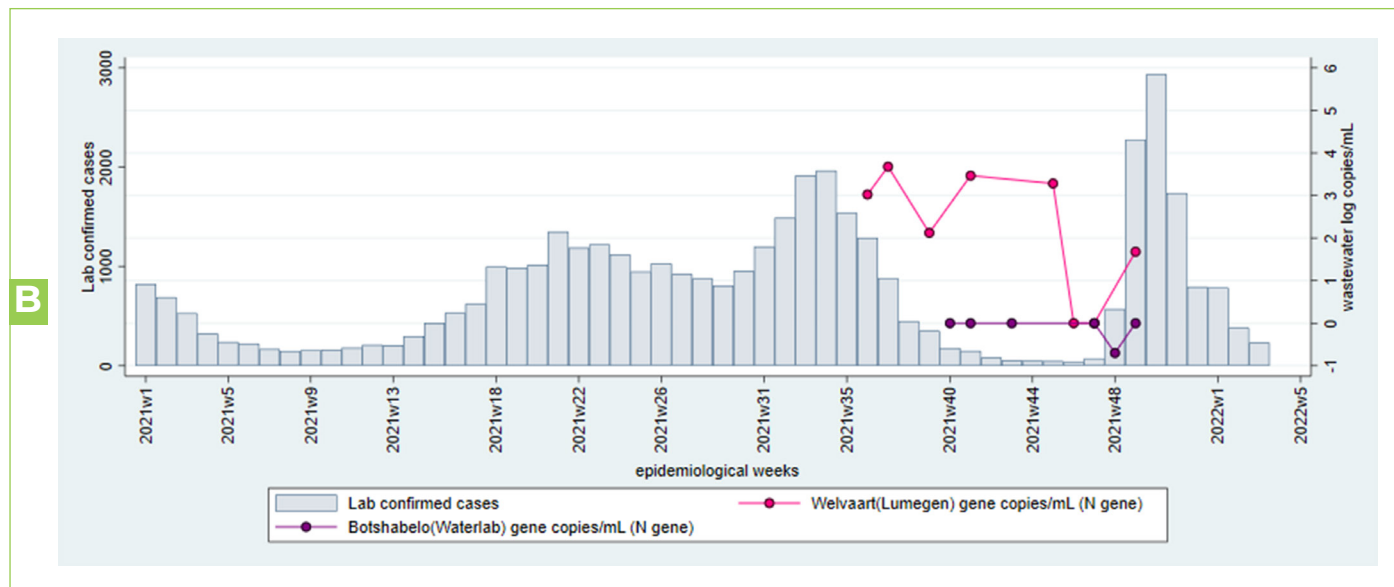
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Free State Province- Mangaung

A. Bloemfontein sub-district



B. Botshabelo sub-district



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C. Naledi & ThabaNchu sub-districts

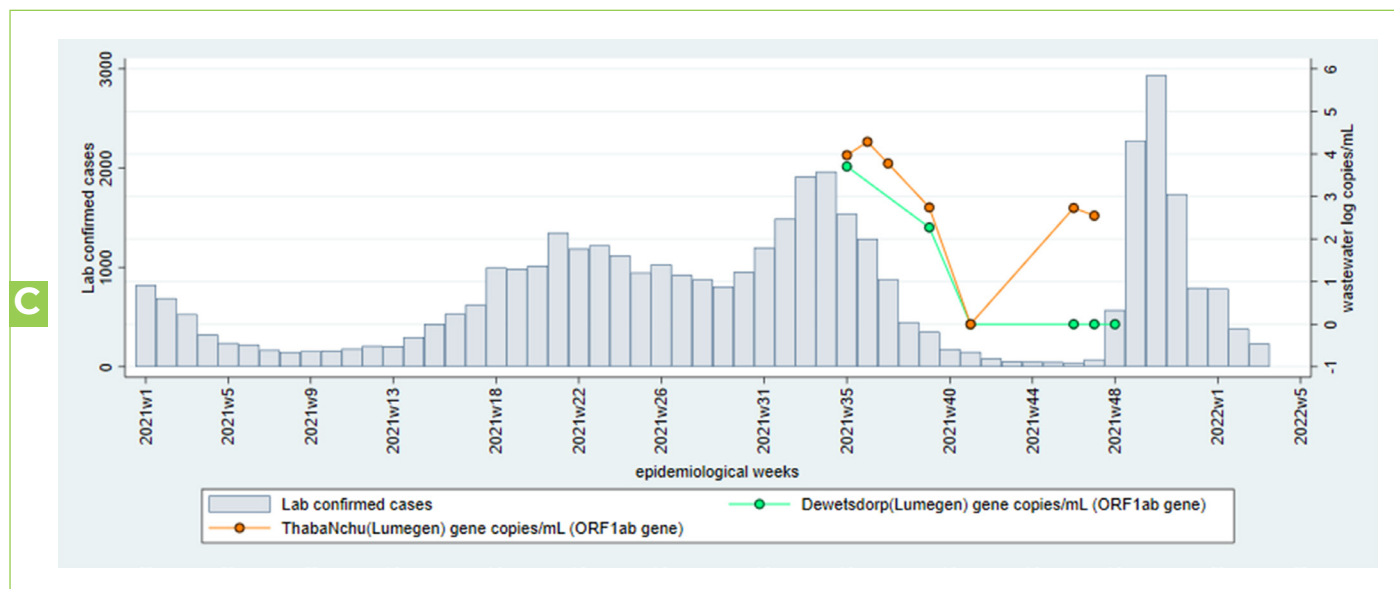


Figure 3 A-C. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) from wastewater treatment plants (WWTPs) in Mangaung, Free State Province (Bloemfontein, Botshabelo, Naledi and ThabaNchu) during epidemiological weeks 1, 2021 to 3, 2022. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

In Free State, the monitoring of wastewater levels of SARS-CoV-2 is being conducted at nine WWTPs in Mangaung district municipality by the NICD, Lumegen, and Waterlab laboratories. Quantitative testing by the NICD commenced in epidemiological week 11, 2021, at two WWTPs in Bloemfontein sub-district (Bloemspruit and Sterkwater). Quantitative testing by Lumegen Laboratories commenced in epidemiological week 35 of 2021 in five wastewater treatment plants in Bloemfontein, Naledi and ThabaNchu subdistricts (ThabaNchu, North, Northeastern, Dewetsdorp, and Bainsvlei) and week 36 of 2021, in Welvaart WWTP situated in Botshabelo sub-district. Waterlab commenced testing in Botshabelo WWTP in epidemiological week 40 of 2021.

Our results until week 51, 2021 showed continued high levels of SARS-CoV-2 in Sterkwater and Bloemspruit plants in Bloemfontein subdistrict, corresponding to high case levels. While a downward trend was however noted from week 52, 2021 and week 2, 2022 in Sterkwater and Bloemspruit, these levels may be increasing marginally (especially in Sterkwater), more results will be needed for confirmation. More recent results from North and North Eastern plants are required to interpret levels at these plants. Welvaart and Thaba'nchu plant levels are around 2 log copies/ml in weeks 49 and 47 respectively of 2021, indicating continued transmission in populations served by this district. Public health authorities should continue surveillance for cases, promote vaccination and non-pharmaceutical interventions.

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Eastern Cape Province

A: Nelson Mandela Metropolitan Municipality

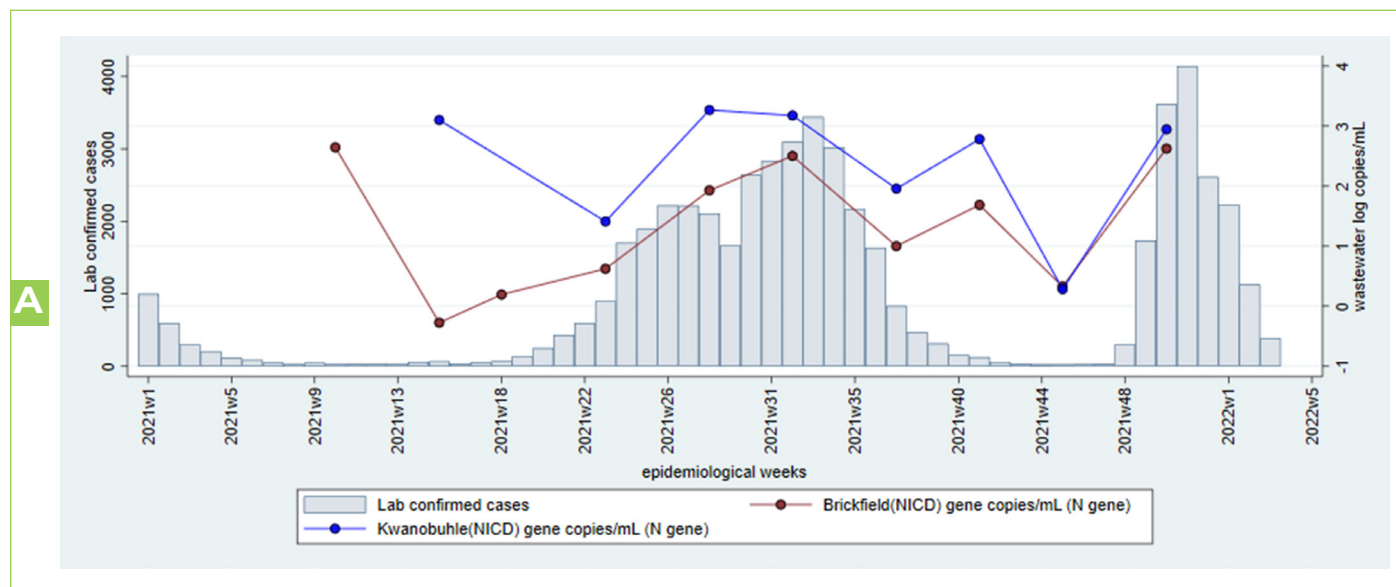


Figure 4A. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) from wastewater treatment plants (WWTPs) in Nelson Mandela Metro, Eastern Cape Province during epidemiological weeks 1-45, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory

B: Buffalo City Metropolitan Municipality

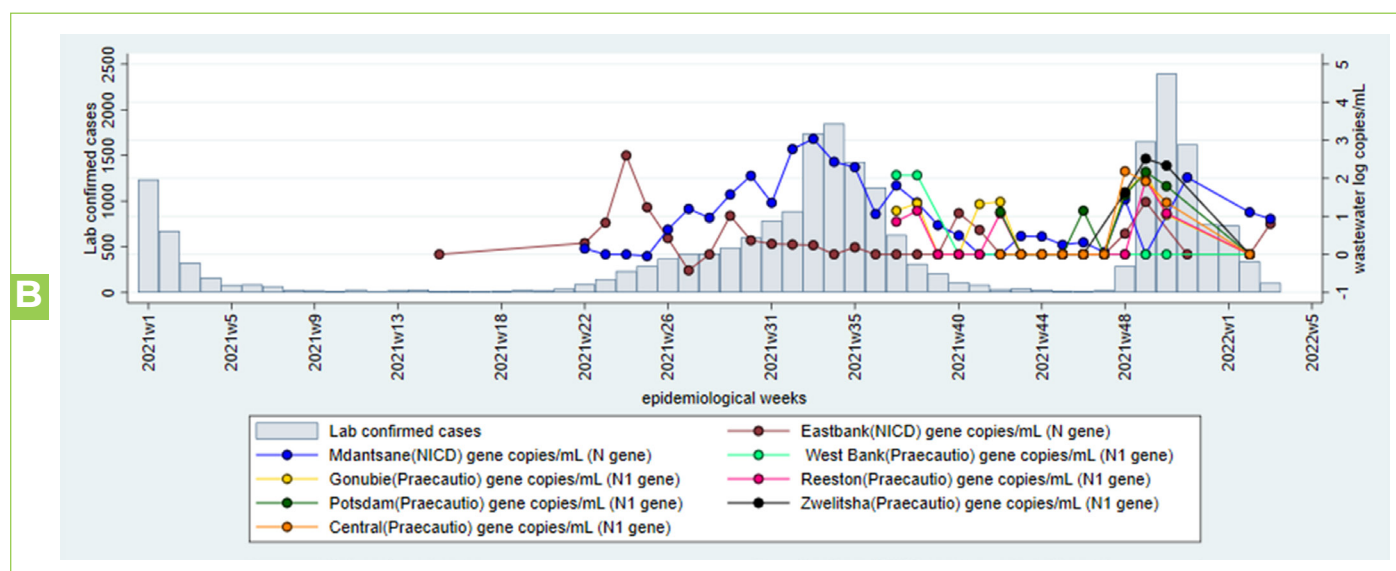


Figure 4B. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) from wastewater treatment plants (WWTPs) in Nelson Mandela Metro, Eastern Cape Province during epidemiological weeks 1-51, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory

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WEEK 3 2022

In the Eastern Cape Province, the quantitative testing of SARS-CoV-2 levels is currently being done in 10 WWTPs in Nelson Mandela Metro and Buffalo City by the NICD (n=4) and Praecautio laboratories (n=6). The NICD commenced quantitative testing in week 10 at Kwanobuhle WWTP and week 15 at Brickfield at Nelson Mandela Metro (Figure 4a). The NICD also tests two WWTPs in East Bank and Mdantsane in Buffalo City Metro, which commenced in weeks 15 and 22, 2021, respectively (Figure 4B). Praecautio commenced testing of three WWTPs (West Bank, Gonubie, and Reeston) in Buffalo City Metro in epidemiological week 37, 2021, and another three WWTPs (Potsdam, Central, and Zwelitsha) in week 42, 2021.

In Buffalo City Metro, results show that SARS-CoV-2 levels in all WWTPs are steadily decreased or remained stable from week 50 of 2021 till week 3, 2022 corresponding to the decline in clinical cases. However, a marginal increase was noted at Central from 0 to 1 log copy/ml of wastewater in week 3, 2022. The public health authorities should continue surveillance for cases, promote vaccination and non-pharmaceutical interventions. In Nelson Mandela Metro, assessment cannot be made due to absence of recent results. Readers are referred to the SA MRC wastewater dashboard for more in-depth data regarding levels of SARS-CoV-2 in wastewater plants in Nelson Mandela Metro (<https://www.samrc.ac.za/wbe/>).

Western Cape Province

City of Cape Town:

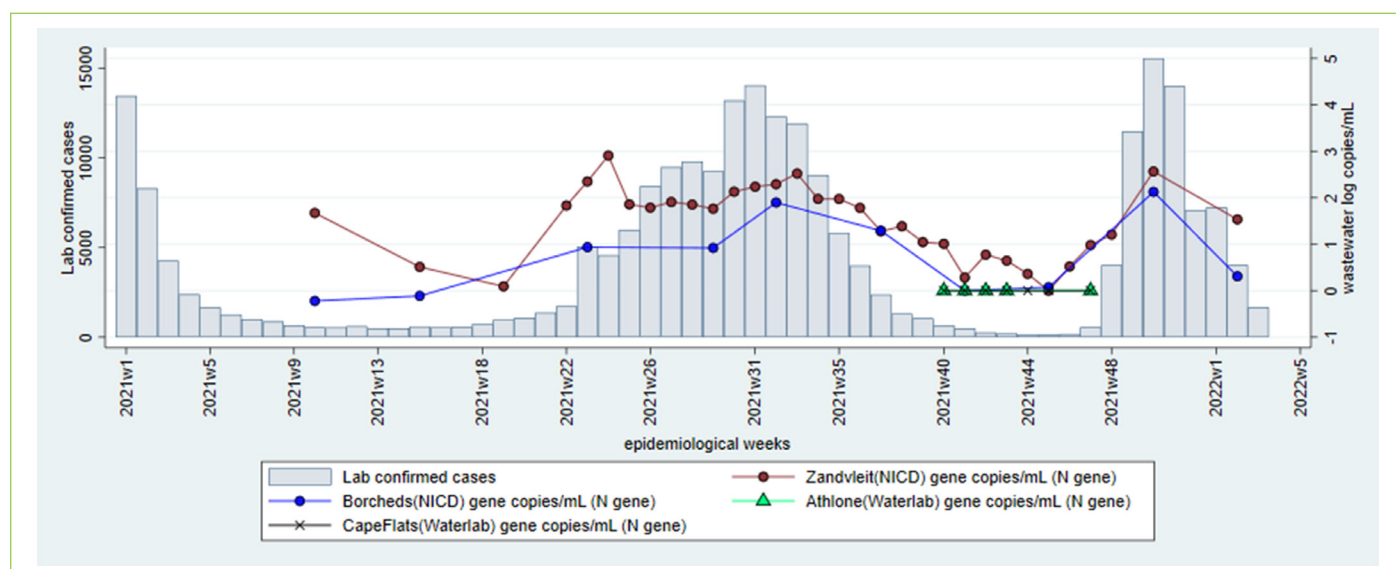


Figure 5. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/mL of wastewater (coloured lines) from wastewater treatment plants (WWTPs) in the City of Cape Town, Western Cape Province during epidemiological weeks 1-50, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP.

In the Western Cape Province, the NICD commenced quantitative testing in week 10, 2021, in two wastewater treatment plants (Borchers and Zandvleit), while Waterlab commenced testing in Athlone and CapeFlats in week 40, 2021.

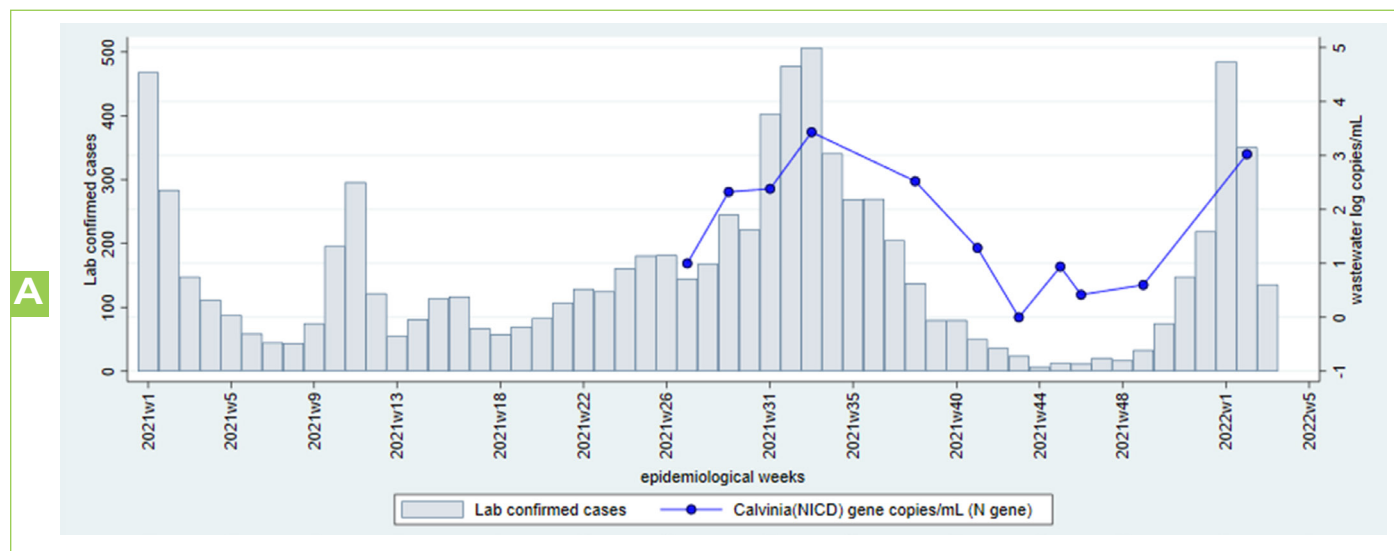
The SARS-CoV-2 levels in Borchers and Zandvleit continued to rise, showing four successive increases between weeks 45-50, corresponding with increases in clinical case load. However, the levels were seen to decline from week 51, 2021 to week 2, 2022 corresponding to the decline in clinical case load. Readers are referred to the MRC website, which provides data from additional wastewater treatment plants in the City of Cape Town and other Western Cape districts (<https://www.samrc.ac.za/wbe/>) to contextualise the results. The public health authorities should continue surveillance for cases, promote vaccination and non-pharmaceutical interventions.

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

WEEK 3 2022

Northern Cape Province

A: Namakwa District Municipality



B: Frances Baard District Municipality

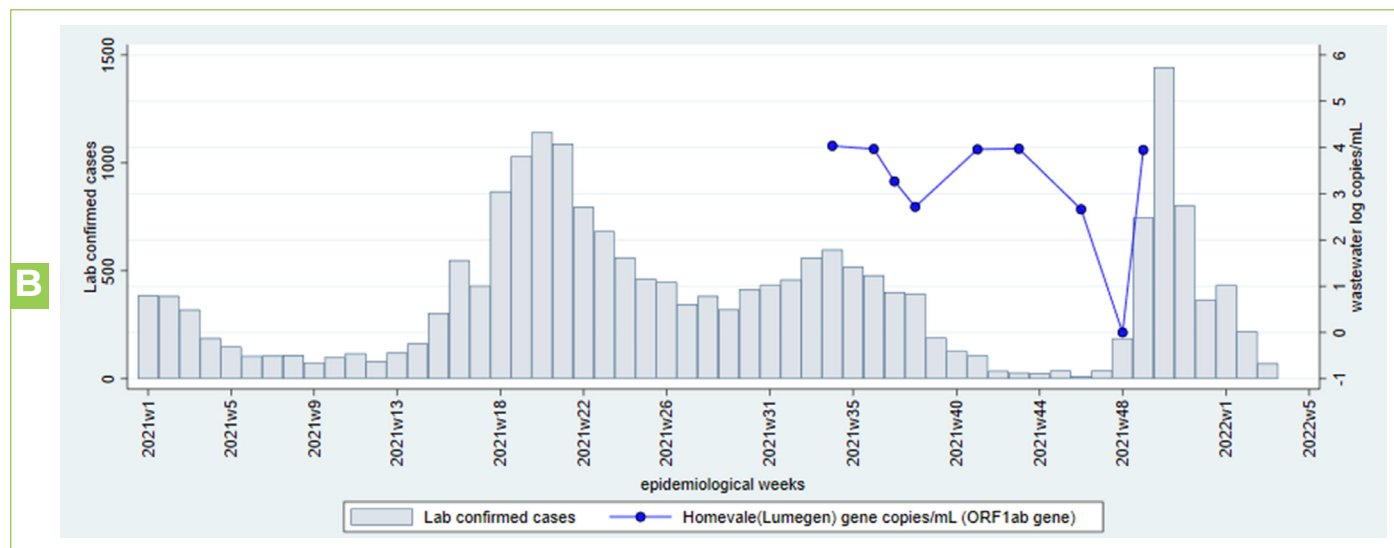


Figure 6A-B. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) in wastewater treatment plants (WWTPs) from Calvinia in Namakwa Metro (a) and Kimberly in Frances Baard District (b), Northern Cape Province during epidemiological weeks 1, 2021 to week 2, 2022. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

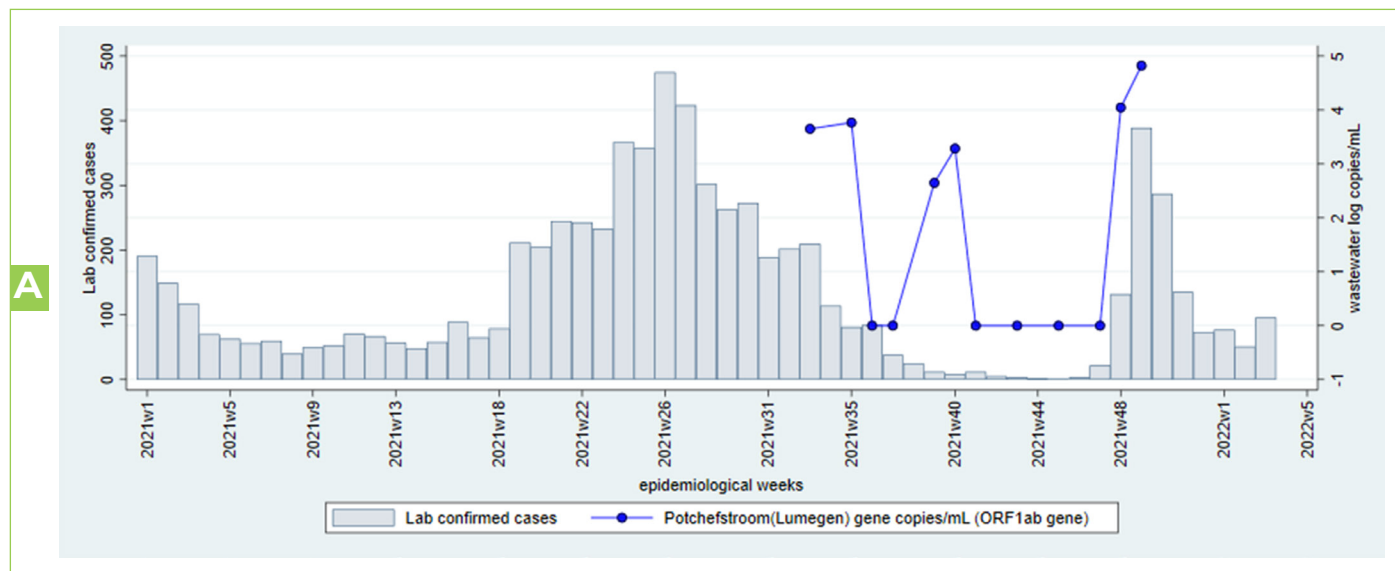
In Northern Cape province, the NICD and Lumegen laboratories commenced quantitative testing of SARS-CoV-2 levels in wastewater treatment plants in Namakwa (Calvinia) and Frances Baard (Homevale) in epidemiological weeks 27 and 34, 2021, respectively (Figure 6A-B). Up until week 49, 2021, SARS-CoV-2 levels were rising or high and suggested ongoing transmission. In Namakwa (Calvinia) the levels were as high as 3 log copies/ml in week 2, 2022. More results are required to confirm this. However, a current assessment cannot be made for France Baard due to absence of recent results. The public health authorities should continue surveillance for cases, promote vaccination and non-pharmaceutical interventions.

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

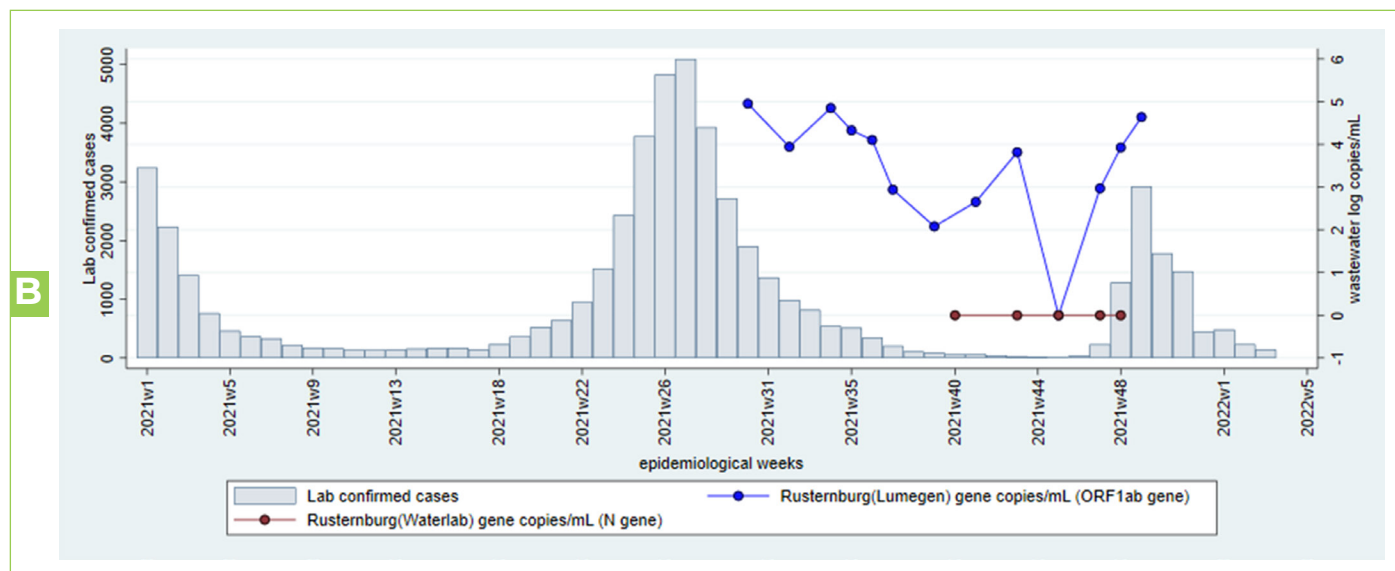
WEEK 3 2022

North West Province

A: JB Marks Local Municipality



B: Bojanala District Municipality



WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

WEEK 3 2022

C: City of Matlosana Municipality

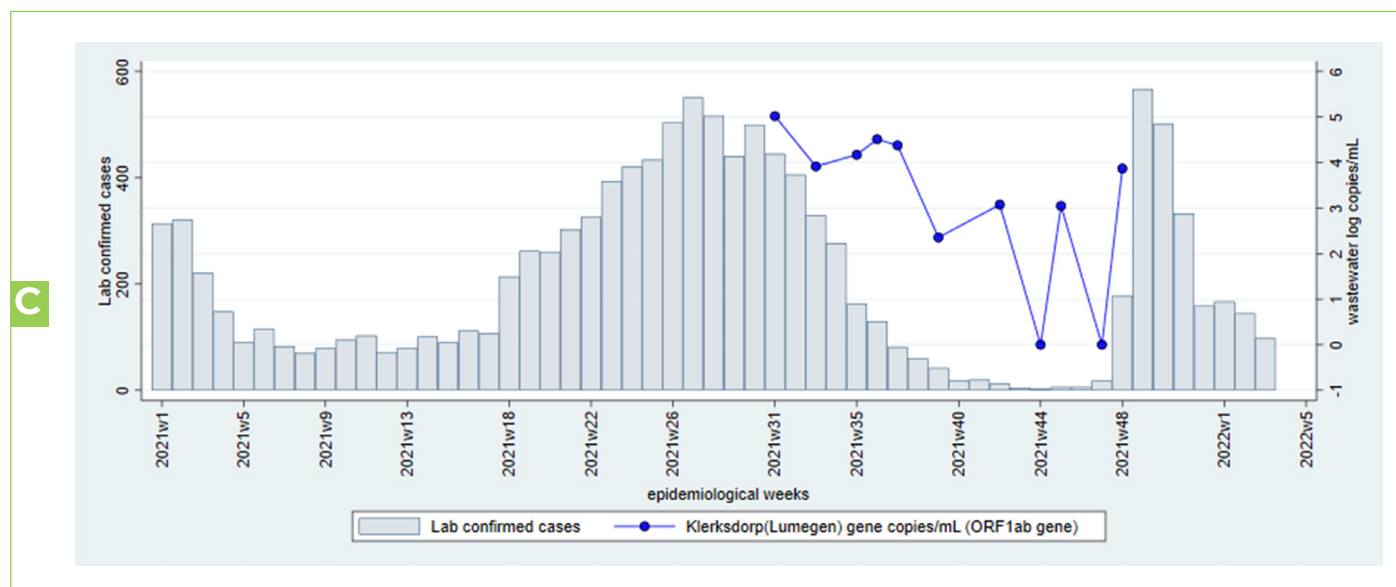


Figure 7A-C. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) in wastewater treatment plants (WWTPs) from Potchefstroom, JB Marks District (A) Rustenberg, Bojanala District (B), and City of Matlosana, Northwest Province during epidemiological weeks 31-48, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

Three WWTPs are currently being tested in the Northwest province by Lumegen Laboratory (Figure 6a-c). Quantitative testing for SARS-CoV-2 levels in wastewater commenced in epidemiologic week 33, JB Marks Local Municipality (Potchefstroom), week 30 in Bojanala District (Rustenburg), and week 31 in City of Matlosana.

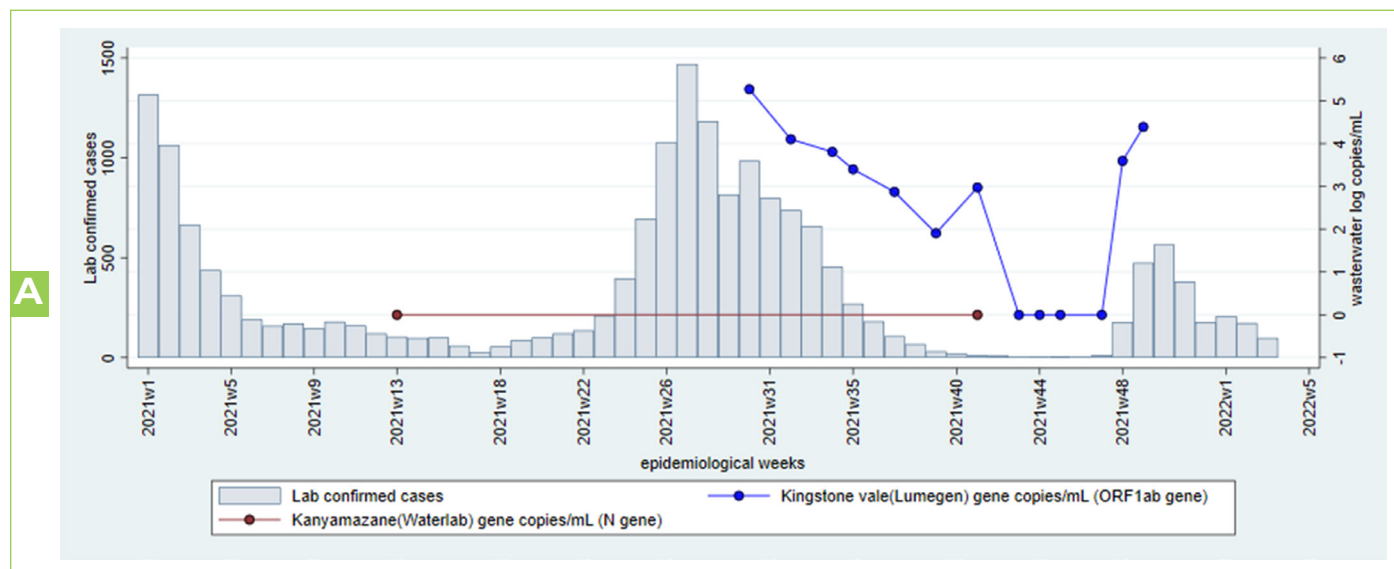
Up until week 49, SARS-CoV-2 levels in the WWTPs in JB Marks, Bojanala and Matlosana districts were high, suggesting ongoing population transmission. However, a current assessment cannot be made due to the absence of recent results.

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

WEEK 3 2022

Mpumalanga Province

A: Mbombela Local Municipality



B: Emalahleni Local Municipality

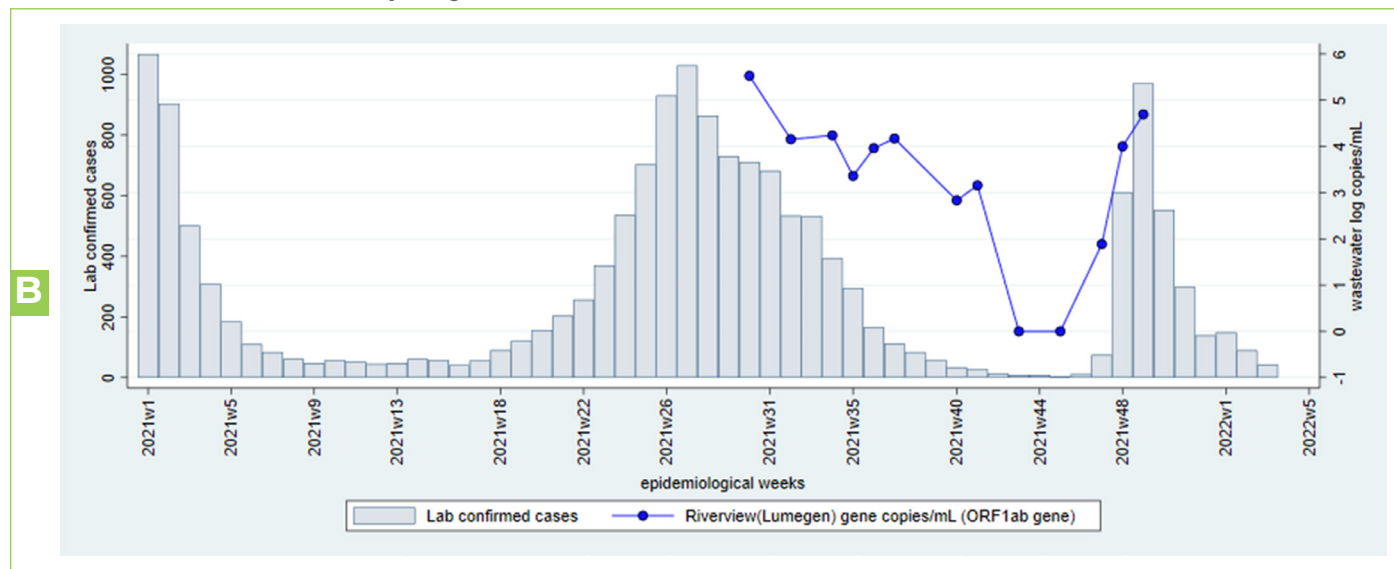


Figure 8A-B. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/ml of wastewater (coloured lines) in wastewater treatment plants (WWTPs) from Mbombela and Emalahleni Local Municipality, Mpumalanga Province during epidemiological weeks 30-45, 2021. The testing laboratory and quantified SARS-CoV-2 gene are named in brackets after the name of the WWTP. Note that comparisons of levels over time should only be made for specimens tested in the same laboratory.

In Mpumalanga, three WWTPs are being tested by Lumegen and Waterlab. Lumegen commenced the quantitative testing for SARS-CoV-2 levels in two WWTPs in Mbombela (Kingstone Vale) and Emalahleni (Riverview) Local Municipalities in epidemiologic week 30 (Figure 8a-8b). Waterlab commenced testing in epidemiologic week 39 in Kanyamazane WWTP in Emalahleni Local Municipality.

Up until week 49, 2021, the SARS-CoV-2 levels in the WWTPs in JB Marks, and Bojanala and Matlosana districts were high, suggesting ongoing population transmission. However, a current assessment cannot be made due to the absence of recent results. The public health authorities should continue surveillance for cases, promote vaccination and non-pharmaceutical interventions.

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

WEEK 3 2022

Limpopo Province

Polokwane Local Municipality

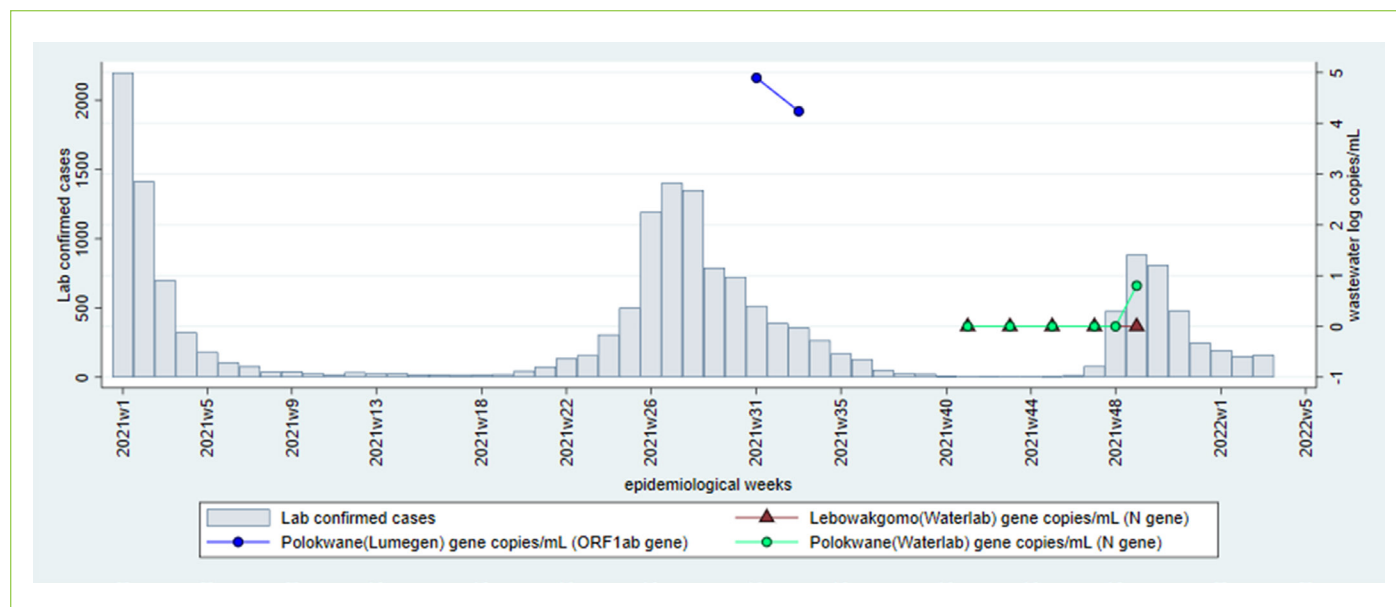


Figure 9. Laboratory confirmed cases of SARS-CoV-2 (bars) and levels of SARS-CoV-2 in log copies/mL of wastewater (coloured lines) in wastewater treatment plants (WWTPs) from Polokwane Local Municipality, Limpopo Province during epidemiological weeks 31-33, 2021.

Quantitative testing commenced by Lumegen laboratories in epidemiologic week 31, 2021, in Polokwane, and weeks 41 at Lebowaqomo. (Figure 9). Results are difficult to interpret, but levels appear to have risen at Polokwane in week 48. Current samples are needed for this area.

WASTEWATER-BASED EPIDEMIOLOGY FOR SARS-COV-2 SURVEILLANCE IN SOUTH AFRICA

WEEK 3 2022

LIMITATIONS

It is not possible to estimate population burden of disease using wastewater testing of SARS-CoV-2 as sources of variability are multiple, including variation in length and concentration of SARS-CoV-2 excretion by infected persons, variation in degradation rate of viral RNA in wastewater and sampling error. Interpretation of results from quantitative testing of SARS-CoV-2 in wastewater is enhanced when the population served by the wastewater treatment plants is well characterised in terms of SARS-CoV-2 testing rates, health seeking behaviour, hospital admissions and deaths due to SARS-CoV-2, as well as other general indicators of health. Further exploration of the relationship between quantitative SARS-CoV-2 results, local trends in clinical case burden, environmental factors and test methodology will support interpretation of observed fluctuations in RNA levels. Quality assessment and inter-laboratory comparisons are underway to ensure participating laboratories are providing consistent and comparable results.

CONCLUSION

SARS-CoV-2 data from wastewater at South African sentinel sites show concordance with clinical epidemiologic curves in the respective locations, illustrating the potential of the SACCESS network to provide descriptive epidemiological data pertaining to geographic variation and burden of SARS-CoV-2.

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