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## A rapid and simple protocol for concentration of SARS-CoV-2 from sewage

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### ABSTRACT

The aim of this study was to set up a simple protocol to concentrate SARS-CoV-2 from sewage, which can be implemented in laboratories with minimal equipment resources. The method avoids the need for extensive purification steps and reduces the concentration of potential inhibitors of RT-qPCR contained in sewage. The concentration method consists of a single step, in which a small volume (40 mL) of sewage sample is incubated with polyaluminum chloride (PAC)(0.00045 N Al<sup>3+</sup> final concentration). Virus particles adsorbed to the precipitate are collected by low-speed centrifugation, after which the recovered pellet is resuspended with a saline buffer. PAC-concentrated samples are stable for at least one week at 4 °C. Therefore, they may be sent refrigerated to a diagnosis center for RNA extraction and RT-qPCR for SARS-CoV-2 RNA detection if the lab does not have such capabilities. The PAC concentration method produced an average shift of 4.5-units in quantification cycle (Cq) values compared to non-concentrated samples, indicating a 25-fold increase in detection sensitivity. The lower detection limit corresponded approximately to 100 viral copies per mL. Kappa index indicated substantial agreement between PAC and polyethylene glycol (PEG) precipitation protocols ( $k = 0.688$ , CI 0.457–0.919). This low-cost concentration protocol could be useful to aid in the monitoring of community circulation of SARS-CoV-2, especially in low- and middle-income countries, which do not have massive access to support from specialized labs for sewage surveillance.

One of the main challenges faced by health authorities during the Coronavirus disease 2019 (COVID-19) pandemics has been testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on a large enough scale. It has been shown that analysis of sewage can complement clinical testing by providing a fair representation of the

incidence of SARS-CoV-2 within a community, including pre-symptomatic and asymptomatic individuals (Foladori et al., 2020). For these reasons, SARS-CoV-2 sewage surveillance has the potential to provide early warning of the emergence of new outbreaks (De Araujo et al., 2021; Mao et al., 2020; Medema et al., 2020; Róka et al., 2021;

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Zhu et al., 2021). Sewage screening may also be a useful tool in evaluating the efficacy of the incipient vaccination campaign (Gross, 2021).

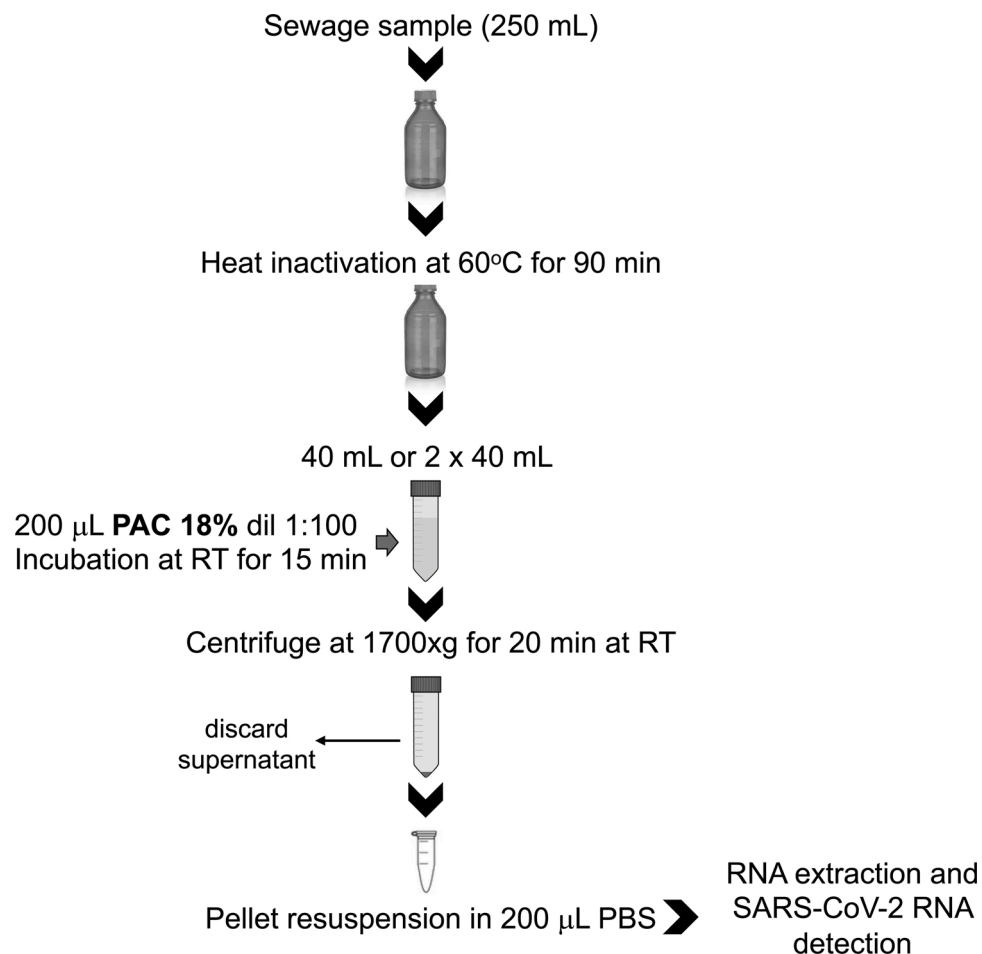
Methods for the detection of SARS-CoV-2 (RNA extraction and RT-qPCR detection) in sewage samples are the same as those used for testing nasopharyngeal samples (Jayamohan et al., 2021). However, viral particles in sewage are usually very diluted and therefore require a concentration step before RNA extraction. To be considered effective and applicable, the concentration method has to provide highly efficient viral recovery and must be repeatable within a laboratory, as well as reproducible between laboratories (Block and Schwartzbrod, 1989). There is no single standardized method for the concentration of SARS-CoV-2 in sewage. Instead, there are a wide variety of techniques to recover SARS-CoV-2 from wastewater used by different laboratories around the world (Cervantes-Avilés et al., 2021; Kantor et al., 2021). The commonly used methods to successfully concentrate viral particles from sewage include adsorption-elution with negatively charged membrane, centrifugal concentrators, ultracentrifugation, PEG precipitation and aluminum-driven flocculation (Ahmed et al., 2020; Barril et al., 2021; LaTurner et al., 2021; Philo et al., 2021). Except the last one, these procedures require instrumentation, such as high speed refrigerated centrifuges, which are not always readily available in non-research laboratories, including those in local municipal wastewater treatment plants. This restricts the possibility of many villages and small towns to gain the information on virus circulation in the community that is afforded by sewage surveillance.

On the other hand, aluminum hydroxide adsorption-precipitation is a general method used to concentrate viruses from water, wastewater, and eluates from adsorbent filters (AWWA, 2018). The technique shows

acceptable efficiency recovery for SARS-CoV-2 (Barril et al., 2021; Randazzo et al., 2020), though it requires extensive purification procedures, especially for sewage samples containing high amounts of suspended solids. This is a drawback because the solid component of sewage may contain a higher number of SARS-CoV-2 RNA copies than the corresponding liquid phase (Graham et al., 2021; Michael-Kordatou et al., 2020).

We describe here a simple method, applicable to sewage within an ample range of Biochemical Oxygen Demand (BOD) strength, which avoids the need for extensive purification steps and reduces the concentration of potential inhibitors of RT-qPCR contained in sewage. The concentration protocol is simple enough to be performed in any low-resource laboratory.

The concentration method consists of a single step, in which a small volume (40 mL) of sewage sample is incubated with poly-aluminum chloride (PAC). This inorganic polymer has been used worldwide in water and wastewater treatment for decades as a primary coagulant aid for clarification and phosphorus removal. Total aluminum content of PAC products, expressed as  $Al_2O_3$ , ranges from about 6–24% by weight in aqueous solutions. The mechanisms of adsorption appear to involve electrostatic interactions between the negatively charged virus surface and the positively charged aluminum hydroxide surfaces and coordination of the virus surface by hydroxo-aluminum complexes (AWWA, 2018). Virus particles adsorbed to the precipitate are collected by low-speed centrifugation, after which the recovered pellet is resuspended with a saline buffer (Fig. 1). The concentrated samples are stable for at least 1 week at 4 °C, and therefore can be sent refrigerated to a diagnosis center, where SARS-CoV-2 should be tested in the same way as



**Fig. 1.** Concentration protocol flow diagram for virus concentration from sewage samples. RT: room temperature. Concentrated samples can be stored for at least one week at 4 °C before RNA extraction.

on a clinical sample.

A total of 60 sewage samples were collected weekly in duplicate, during a 15-week period at pumping stations of two wastewater treatment plants located in the Buenos Aires Metropolitan Area (AK, 20,000 population equivalents (pe) and SV, 15,000 pe), and at sewer manholes of two apartment block complexes (SP, 3500 pe and SF, 5000 pe). Sewage strength varied considerably between locations. Biological oxygen demand of collected samples ranged from  $248 \pm 33$  mg/L in SF to  $630 \pm 116$  mg/L in SP (Table S1). Grab samples (250 mL) were transported within 3 h of collection to two different laboratories and processed immediately upon arrival. For the purpose of operator protection, samples were initially incubated in the same glass bottles used for sampling at  $60^\circ\text{C}$  during 90 min for heat inactivation of the virus. Duplicate samples were concentrated using either PEG/NaCl concentration protocol (Wu et al., 2020) or the modified PAC concentration protocol. Briefly, for the PEG/NaCl concentration method 20 g PEG8000 and 4.5 g NaCl were added to 200 mL of pre-inactivated wastewater samples and mixed at  $4^\circ\text{C}$  for 1 h. Samples were centrifuged for 1 h at  $4^\circ\text{C}$  at 12000xg and the resultant pellet was resuspended in 1 mL of Trizol (Invitrogen) and RNA was purified according to the supplier's protocol. The extracted RNA was further purified using the High Pure Viral Nucleic acid kit (Roche) following manufacturer instructions and eluted in 50  $\mu\text{L}$  RNase-free water.

For the PAC concentration protocol, 200  $\mu\text{L}$  of a 1/100 PAC solution ( $\text{Al}_2\text{O}_3$  18 %, KLARAID IC1176 L, Suez Water Technologies) were added to 40 mL of pre-inactivated wastewater samples (1/20,000 PAC final dilution). The pH was adjusted, if necessary, within the range of 6–7. Incubation was carried out for 15 min with agitation at room temperature and the resultant pellet was resuspended in 200  $\mu\text{L}$  of 1X phosphate buffer saline (PBS: NaCl 8 g/L, KCl 0.2 g/L,  $\text{Na}_2\text{HPO}_4$  1.44 g/L,  $\text{KH}_2\text{PO}_4$  0.24 g/L, pH 7.4). This concentration step costs less than one US cent per sample. RNA purification was performed using the Viral Nucleic Extraction Kit II (Geneaid), following manufacturer instructions, with the addition of a short spin after the lysis step, to prevent column clogging. RNA was eluted in 50  $\mu\text{L}$  RNase-free water.

SARS-CoV-2 RNA was detected using the DisCoVery SARS-CoV-2 RT-PCR detection kit (APBiotech), using 5  $\mu\text{L}$  of purified RNA in a final reaction volume of 25  $\mu\text{L}$ . The targets of this kit are SARS-CoV-2 nucleocapsid (N) and orf1 genes. The kit also includes human RNase P as an internal control.

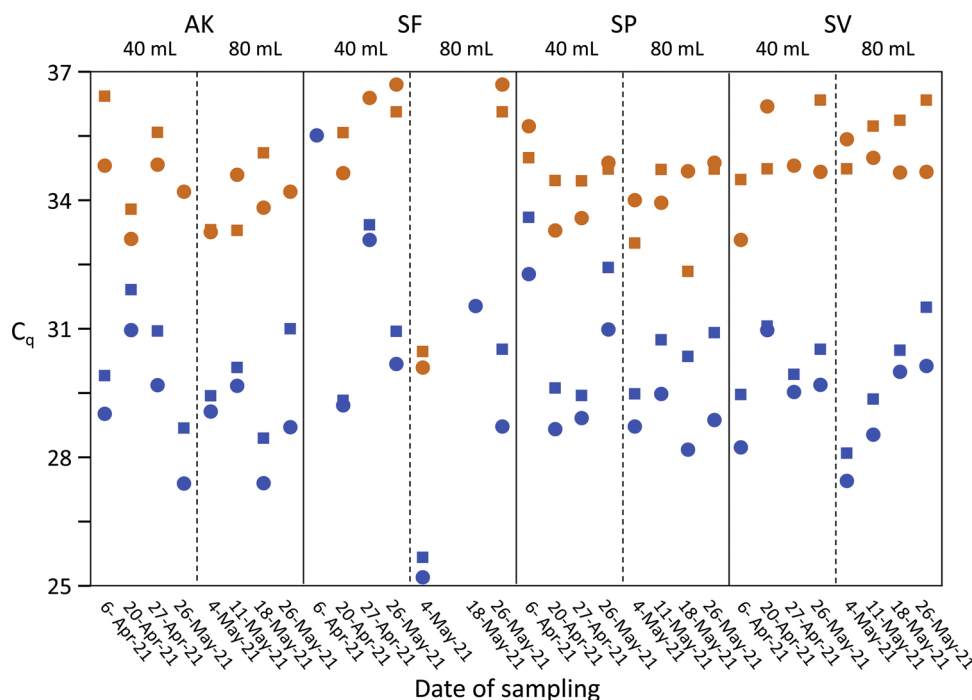
A kappa index (Cohen, 1960) was calculated to measure the agreement between tests performed after the PAC concentration protocol and the PEG concentration method, which had been run in parallel on the same samples. The result was kappa = 0.688; SE = 0.118; 95 % confidence interval 0.457 to 0.919; n = 60, indicating substantial agreement between the two concentration methods.

The sensitivity of SARS-CoV-2 detection did not increase when 80 mL of samples (n = 28) were concentrated separately and pooled before RNA extraction (Fig. 2), likely due to the simultaneous concentration of PCR inhibitors. We did not detect any relationship between relative Cq shifts and the measured sewage characteristics.

To evaluate the relative fold increase gained by using the PAC concentration method, RT-qPCR was also performed on RNA extracted from 200  $\mu\text{L}$  of 28 inactivated sewage samples without any concentration procedure (thereafter called non-concentrated samples). Cq values were compared to those obtained using RNA purified from the same samples, previously concentrated and resuspended in 200  $\mu\text{L}$  of PBS. The concentration method produced a shift of an average of  $4.55 \pm 1.72$  in Cq values for SARS-CoV-2 genes compared to non-concentrated samples (Fig. 2), indicating a 25-fold increase in detection sensitivity.

The human RNase P gene was detected in all analyzed samples, including those negative for SARS-CoV-2. The adequacy of RNase P gene as an internal amplification for human stool samples has been previously assessed (Babiker et al., 2021; Coryell et al., 2021).

To estimate the detection limit of the method, a 40 mL sewage sample taken during the early stage of the COVID-19 pandemics, i.e. negative for SARS-CoV-2, was artificially seeded with a 10- $\mu\text{L}$  droplet of a SARS-CoV-2 virus culture inactivated with beta-propiolactone ( $2.33 \times 10^5$  tissue culture infectious dose TCID<sub>50</sub>/mL, corresponding to approximately  $4 \times 10^9$  copies/ $\mu\text{L}$ , isolated at the “Dr Carlos G. Malbrán” Institute). The inoculated sample was 10-fold serially diluted in sewage



**Fig. 2.** RT-qPCR charts for each treatment plant (AK and SV) and sewer manholes (SF and SP) before (orange) and after PAC concentration (light blue). RNA was extracted after concentration from 40 mL or 80 mL of sewage sample, as indicated. Cq above 40 was considered a non-detection. Circles and squares represent the targets of the RT-qPCR, respectively SARS-CoV-2 nucleocapsid (N) and orf1 genes.

samples negative for SARS-CoV-2. Each dilution was subsequently subjected to the concentration protocol followed by RNA extraction and RT-qPCR detection. The lower detection limit was the  $10^{-7}$  dilution, corresponding to an initial viral genome concentration of approximately 100 copies /mL.

By starting with a low initial volume of raw sewage (40 mL), we were able to perform RNA extraction directly from the pellet obtained after precipitation, and therefore the use of beef extract in the final purification step (AWWA, 2018) could be omitted. Nevertheless, because PAC is a nonspecific coagulant, other substances such as humic substances contained in the sewage (Mendoza et al., 2020) may still be concentrated with the virus. The presence of such impurities may not be removed in the RNA extraction step and might cause the concentrated sample to be inhibitory to the RT-qPCR assay. Therefore, although virus precipitation could be potentially increased by using larger amounts of  $Al(OH)_3$  and larger sample volumes, the optimum values of sample volume and PAC concentration was a rather delicate balance for maximum virus recovery with minimal enzyme inhibition. We note that the physical and chemical properties of the numerous PAC products can vary, including their content of other inorganic salts, which can affect its properties. Therefore, it is recommended to validate the optimum PAC concentration for each different batch of commercial PAC.

COVID-19 incidence in the metropolitan area that includes the catchment area of the wastewater treatment plants showed a significantly negative correlation with the Cq of SARS-CoV-2 detection (Spearman's correlation  $r = -0.635$ ,  $p = 0.00463$ ). Despite the differences in sewage characteristics, the method could consistently detect the presence of SARS-CoV-2 in the four samples, even under relatively low COVID-19 incidence (<45 reported active cases / 100,000 people). Importantly, we did not detect major changes in Cq when concentrated samples were stored at 4 °C in PBS for at least one week before RNA extraction (Table S2).

In conclusion, we describe here a rapid and simple protocol that can efficiently concentrate SARS-CoV-2 from sewage, which can be straightforwardly performed in a laboratory with low infrastructure. Importantly, our data indicate that this low-cost method is suitable to concentrate efficiently SARS-CoV-2 from sewage with different levels of settleable solids. Concentrated samples can be sent refrigerated to a diagnosis center, where they may be handled as any other sample received for SARS-CoV-2 detection. This protocol could be useful to aid in the monitoring of community circulation of SARS-CoV-2, especially in low- and middle-income countries, which do not have massive access to support from specialized labs for sewage surveillance.

#### CRedit authorship contribution statement

**Diana P. Wehrendt:** Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing - original draft, Writing - review & editing, Visualization. **Mariana G. Massó:** Validation, Investigation. **Adrián Gonzales Machuca:** Validation, Investigation. **Claudia V. Vargas:** Validation, Investigation. **Melina E. Barrios:** Validation, Investigation. **Josefina Campos:** Investigation, Resources. **Damián Costamagna:** Resources. **Luis Bruzzone:** Resources. **Daniel M. Cisterna:** Investigation, Resources. **Néstor Gabriel Iglesias:** Validation, Investigation, Resources. **Viviana A. Mbayed:** Validation, Investigation, Resources. **Elsa Baumeister:** Investigation, Resources, Funding acquisition. **Daniela Centrón:** Conceptualization, Validation, Investigation, Resources, Funding acquisition. **María Paula Quiroga:** Validation, Investigation. **Leonardo Erijman:** Conceptualization, Methodology, Formal analysis, Resources, Data curation, Writing - original draft, Writing - review & editing, Supervision, Project administration, Funding acquisition.

#### Declaration of Competing Interest

The authors report no declarations of interest.

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#### Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at <https://doi.org/10.1016/j.jviromet.2021.114272>.

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