

Epidemiological surveillance of SARS-CoV-2 by genome quantification in wastewater applied to a city in the northeast of France: Comparison of ultrafiltration- and protein precipitation-based methods

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30 Abstract

31 The aim of the present study was to develop a simple, sensitive, and specific approach to quantifying 32 the SARS-CoV-2 genome in wastewater and to evaluate this approach as a means of epidemiological 33 surveillance. Twelve wastewater samples were collected from a metropolitan area in north-eastern France during April and May 2020. In addition to the quantification of the SARS-CoV-2 genome, F-34 specific RNA phages of genogroup II (FRNAPH GGII), naturally present in wastewater, were used as 35 36 an internal process control for the viral concentration and processing of RT-PCR inhibitors. A concentration method was required to allow the quantification of the SARS-CoV-2 genome over the 37 38 longest possible period. A procedure combining ultrafiltration, phenol-chloroform-isoamyl alcohol purification, and the additional purification of the RNA extracts was chosen for the quantification of 39 40 the SARS-CoV-2 genome in 100-mL wastewater samples. At the same time, the COVID-19 outbreak was evaluated through patients from the neighbouring University Hospital of Nancy, France. A 41 regular decrease in the concentration of the SARS-CoV-2 genome from $\sim 10^4$ gc/L to $\sim 10^2$ gc/L of 42 wastewater was observed over the eight weeks of the study, during which the population was 43 44 placed under lockdown. The SARS-CoV-2 genome was even undetectable during one week in the second half of May and present but non-quantifiable in the last sample (28 May). A concordant 45 circulation in the human community was highlighted by virological diagnosis using respiratory 46 47 samples, which showed a decrease in the number of COVID-19 cases from 677 to 52 per week over the same period. The environmental surveillance of COVID-19 using a reliable viral quantification 48 49 procedure to test wastewater is a key approach. The real-time detection of viral genomes can allow us to predict and monitor the circulation of SARS-CoV-2 in clinical settings and survey the entire 50 51 urban human population.

52

53 Keywords: SARS-CoV-2; Wastewater; Concentration Methods; Prevalence

54 Highlights

- Wastewater-based epidemiology is an interesting approach for SARS-CoV-2.
- Ultrafiltration is a reliable method to concentrate SARS-CoV-2 from wastewater.
- FRNAPH naturally present in wastewater can be used as internal process control.

59 **1. Introduction**

In December 2019, the first outbreak of a new coronavirus disease (COVID-19) was reported in Wuhan, China. A new coronavirus linked to Severe Acute Respiratory Syndrome (SARS-CoV-2) was identified. It displayed more than 80% sequence homology with the previous SARS-CoV, identified in 2003 (Cheung et al., 2020). By March 2020, 114 countries reported outbreaks and the WHO declared a pandemic linked to SARS-CoV-2 (WHO, 2020). France was severely affected, with more than 2,550,000 confirmed COVID-19 infections and more than 62,000 deaths by the end of 2020.

Even though many cases of COVID-19 are asymptomatic, when symptomatic it is characterized 66 67 mainly by fever and respiratory symptoms, but there are also a variety of other symptoms frequently associated with the disease. These include gastrointestinal complaints, including 68 69 anorexia, diarrhoea, and vomiting/nausea at frequencies of up to 27%, 12% and 10%, respectively 70 (Cheung et al., 2020). SARS-CoV-2 is able to productively replicate in human gut enterocytes (Lamers 71 et al., 2020) and the SARS-CoV-2 genome has been detected in the stools of both symptomatic and 72 asymptomatic patients (Cai et al., 2020; Gao et al., 2020; Holshue et al., 2020; Tang et al., 2020; 73 Wölfel et al., 2020; Zhang et al., 2020). Viral RNA may be detected in stools up to 10 days after viral clearance from the respiratory tract, regardless of the severity of the disease (Cheng et al., 2020). 74 The viral concentration can be high, potentially reaching 10⁷ genome copies (gc)/g (Wölfel et al., 75 76 2020).

As expected, very high concentrations of the SARS-CoV-2 genome have also been detected in wastewater (Ahmed et al., 2020; Hindson, 2020; Medema et al., 2020; Nemudryi et al., 2020; Randazzo et al., 2020; Wu et al., 2020a; Wurtzer et al., 2020). Concentrations may reach close to 10⁶ gc/L (Wu et al., 2020a; Wurtzer et al., 2020). The presence of SARS-CoV-2 in wastewater indicates a potential health risk, but also a data source that can be used for epidemiological purposes (Lodder and de Roda Husman, 2020; Thompson et al., 2020). Wastewater-based epidemiology is not a new idea. It has been used to detect chemicals (Choi et al., 2020) and other

viruses, such as norovirus, hepatitis A virus, poliovirus, and Aichivirus (Asghar et al., 2014; Hellmer
et al., 2014; Lodder et al., 2012, 2013). Many countries (including The Netherlands, Spain, France,
Australia, and Israel) now support the idea of using this type of epidemiological approach in the
surveillance of human populations and to possibly launch an early warning system to predict future
outbreaks (Ahmed et al., 2020; Bar Or et al., 2020; Medema et al., 2020; Wu et al., 2020; Wurtzer
et al., 2020).

Whatever its purpose — whether epidemiological or to assess public health risk — the first step is 90 91 to define a method of quantifying SARS-CoV-2 in wastewater. The methodologies that have been 92 used to date are highly diverse. The concentration methods were based on various principles, including ultrafiltration (Ahmed et al., 2020; Medema et al., 2020; Nemudryi et al., 2020; Trottier et 93 al., 2020); protein precipitation (Kumar et al., 2020; La Rosa et al., 2020b; Wu et al., 2020a); 94 electronegative membranes (Ahmed et al., 2020) and ultracentrifugation (Wurtzer et al., 2020). 95 96 Recovery rates are currently unknown or extrapolated from those of similar viruses such as porcine epidemic diarrhoea virus (PEDV) and mengovirus (MgV) (Randazzo et al., 2020). 97

98 The aim of this study was to define the dynamics of viral concentration in wastewater during the first lockdown of the French population. This objective required a simple, specific, and sensitive 99 100 approach to quantifying the SARS-CoV-2 genome in wastewater. In the present study, we took 101 advantage of the wide circulation of SARS-CoV-2 in north-eastern France to compare two methods 102 of virus concentration. We assessed the recovery rate of SARS-CoV-2 by virus quantification directly 103 in four unconcentrated wastewater samples. We also included an internal process control, using Fspecific RNA phages of genogroup II (FRNAPH GGII). We applied the most reliable method to 104 investigate the temporal variations of SARS-CoV-2 genome concentrations in wastewater over 12 105 weeks in an area of France with 250,000 inhabitants, which has been significantly impacted by 106 107 COVID-19.

108

109 2. Material and methods

110 **2.1. Sewage samples**

Samples were collected between 2 April and 28 May 2020 in the French Grand Est region. In that region, the population was under lockdown from 17 March to 10 May 2020. A total of 12 water samples (400 mL) were collected from a wastewater treatment plant (WWTP) weekly or twice weekly. The average volume of influent treated in this WWTP was ~118,000 m³/day (~ 250,000 inhabitants). The wastewater samples were captured at regular intervals, just after decantation, but before activated sludge treatment. The samples were stored at -20°C until analysis.

117 **2.2. Clinical samples**

At the same time, 19,850 samples were examined by the laboratory of the local University Hospital 118 119 to ascertain the presence of the SARS-CoV-2 genome in nasopharyngeal swabs. These samples were collected between week 10 and week 22 from suspected COVID-19 patients hospitalized in the local 120 121 university hospital (60%) and from retirement home residents (40%). More than 95% of the people sampled during this period were resident in the urban area of the WWTP. The procedure used for 122 123 the detection of the SARS-CoV-2 genome was based on primers and probes designed to target two 124 RdRp (RNA-dependent RNA polymerase) gene segments (RdRp_IP2 and RdRp_IP4), in accordance with a procedure developed by the French National Reference Centre for Respiratory Viruses 125 126 (Institut Pasteur, Paris, France).

127

128 **2.3. Concentration procedures**

Two concentration procedures, based on ultrafiltration and on PEG 6000 precipitation, respectively,
were compared in the present study.

For the ultrafiltration procedure, a Centricon[®] Plus-70 centrifugal ultrafilter with a cut-off of 100 kD
(Merck Millipore) was used. Before processing the samples, the ultrafilter was washed with 60 mL
deionised water by centrifugation at 1,500 × g for 15 min to remove the trace amounts of glycerine,

134 in accordance with the manufacturer's recommendations. Two volumes of 50 mL wastewater were 135 both filtered by centrifugation at 1,500 \times g for 15 min. After each centrifugation step, the 136 concentrate was recovered by inverting the system and applying centrifugation $(1,000 \times \text{g for } 2 \text{ min})$. The resulting concentrate's volume was around 1.5 mL. The ultrafilter was then washed with 3.5 mL 137 138 of deionised water. The washing solution was added to the 1.5 mL concentrate to produce the final concentrate sample (5 mL). In order to recover the maximum amount of virus genome from the 139 ultrafilter, two further washing steps were undertaken, each using 5 mL NucliSENS[®] lysis buffer 140 141 (bioMérieux) for an incubation time of 5 min. The entire volume (15 mL) was then used for nucleic acid extraction. Twelve water samples were subjected to this procedure. 142

PEG 6000 precipitation was performed in a 250-mL centrifuge bottle containing 3 g beef extract 143 144 powder, 3 g NaCl, and 0.37 g glycine for 100 mL of wastewater. After the dissolution of the beef 145 extract powder, 20 g of PEG 6000 were added. The sample was gently stirred at 4°C for 2 h and then 146 maintained at 4°C overnight. The pellet obtained after centrifugation at 4,500 \times g and 4°C for 45 min was resuspended in deionised water to obtain a concentrated 5 mL sample. Ten millilitres of 147 148 NucliSENS[®] lysis buffer were then added to the concentrate. After incubation for 10 min at room 149 temperature, the entire volume (15 mL) was used for nucleic acid extraction. This concentration 150 method was tested on the first four water samples of our study.

In tandem with each concentration procedure, 5 mL samples of unconcentrated water were used for viral genome extraction. They were submitted to the same procedure as the concentrated samples. Ten millilitres of NucliSENS[®] lysis buffer was added to the water, which was incubated at room temperature for 10 min, prior to the nucleic acid extraction.

155 **2.4. Nucleic acid extraction**

Both concentrated and unconcentrated wastewater samples reached the same volume of 15 mL after the lysis step. Phenol-chloroform-isoamyl alcohol purification was then undertaken with both concentrated and unconcentrated samples. This was realized in a 50 mL conical tube, containing 4

g of a mixture of high-vacuum silicon grease (Dow Corning[®]) and silicon dioxide (Sigma) (90:10 w/w), which was labelled the separation tube. The sample in lysis buffer (15 mL) was transferred to the separation tube and 15 mL phenol-chloroform-isoamyl alcohol (25:24:1 pH 7.8-8.2, Acros Organics[™]) were added. After 15 s of vigorous stirring by hand and centrifugation (3,500 × g for 5 min), the hydrophile supernatant (15 mL) was recovered. The nucleic acid extraction was continued using 70 µL of magnetic silica beads and the NucliSENS[®] easyMAG[™] platform (bioMérieux). The extracted nucleic acids were eluted in 100 µL of elution buffer.

A complementary step was applied to some of the samples to remove residual environmental inhibitors using OneStep PCR Inhibitor Removal kit (ZymoResearch). The RNA samples were stored at -80°C until viral genome quantification. A negative control made of sterile phosphate buffered saline was included at the beginning of each nucleic acid extraction procedure.

170 **2.5. Viral genome quantification**

171 Viral RNA quantification was performed using real-time RT-PCR and RT-digital droplet PCR (RT-172 ddPCR).

173 For the FRNAPH GGII genome, the VTB4-Fph GII set published by Wolf et al. (2010) was used. For the SARS-CoV-2 genome, two primer sets were selected: the "RdRp_IP4" set developed by the 174 175 Pasteur Institute (Paris, France: <u>https://www.who.int/docs/default-source/coronaviruse/real-time-</u> 176 rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6 2) for the RdRp gene and the "E" set developed by Corman et al. (2020) for the envelope protein (E) gene. The 177 specificity of these sets for other respiratory viruses, including human coronaviruses, has been 178 previously described (Corman et al., 2020; Etievent et al., 2020). The SARS-CoV-2 and FRNAPH GGII 179 genomes were quantified in the same RNA extracts. For the RdRp_IP4, E, and VTB4-Fph GGII sets, 180 quantification was performed using an RNA UltraSens™ One-Step Quantitative RT-PCR system 181 (Applied Biosystems[™]). The RdRp IP4 and E sets were applied to 5 µL of RNA in a 25-µL reaction 182 volume with final concentrations of 0.4 µM for each primer and 0.2 µM for the probe. The VTB4-183

Fph GGII set was used on 2 μL of RNA in a 20-μL reaction volume with final concentrations of 1 μM 184 185 for each primer and 0.3 µM for the probe. A StepOnePlus Real-Time PCR System (Applied 186 Biosystems[™]) was used for these three real-time RT-PCR assays. For the RdRp IP4 and E sets, the RT step was performed at 50 °C for 20 min and PCR amplification was performed at 95°C for 2 min, 187 followed by 50 cycles of 15 s at 95°C and 30 s at 58 °C. For the VTB4-Fph GGII set the RT step was 188 performed at 50 °C for 30 min and PCR amplification was performed at 95 °C for 2 min, followed by 189 45 cycles of 15 s at 95°C and 40 s at 58 °C. Negative and positive controls were included in each 190 191 experiment. Quantification was carried out using standard curve ranges. RNA extracted from patients who had tested positive for SARS-CoV-2 was quantified using ddRT-PCR with the E set, as 192 described below. Quantified RNA was then used to obtain the standard curve for both RdRp_IP4 193 and E genes. The nCoV-ALL-Control plasmid (Eurofins genomic) was also used for the standard curve 194 195 of the E gene. This plasmid containing ampicillin resistance gene was maintained in TOP10 196 chemically competent E. coli (Invitrogen) and quantified using Qubit 4 fluorometer (Invitrogen). At last, RNA extracted from GA phage suspension was used to obtain the standard curve for FRNAPH 197 198 GGII. RNA extracted from GA phage suspension was quantified by ddRT-PCR using VTB4-Fph the GGII set as described below. The standard curves ranged from 1×10^{-1} to 1×10^{4} gc/reaction for the 199 RdRp IP4 and E genes of SARS-CoV-2 and from 2.8×10^{-1} to 2.8×10^{4} gc/reaction for the GA phage. 200 201 The limit of detection (LoD) was 1 gc/RT-qPCR reaction for the RdRp and E genes. The limit of 202 quantification (LoQ) ranged from 1 to 10 gc/RT-qPCR reaction for the RdRp gene and reached 1 gc/RT-qPCR reaction for the E gene. When we take the analytical volumes of the wastewater sample 203 concentrations subjected to RT-qPCR analysis into consideration, the LoQ ranged from 2×10^2 to 204 2×10^3 gc/L of wastewater for the RdRp gene and reached 2×10^2 gc/L of wastewater for the E gene. 205 The ddRT-PCR assays were performed using the E set of SARS-CoV-2 and the VTB4-Fph GGII set for 206 207 GA phage. Amplifications were carried out in a 20-µL reaction mixture containing 5 µL of RNA and 15 μL of One-Step RT-ddPCR[™] Kit for Probes (Bio-Rad). The reaction mix contained 0.9 μM of each 208

209 primer and 0.3 µM of the probe. The samples were placed in the droplet generator using 70 µL of 210 generator oil to generate up to 20,000 droplets per sample. The resulting picolitre droplet emulsions (40 µL) were transferred to a Veriti 96-Well Thermal Cycler (Applied Biosystems). After 211 amplification, the plate was transferred to the QX100TM Droplet Reader (Bio-Rad) and QuantaSoft™ 212 Software (Bio-Rad) was used to measure the number of positive droplets per well. Droplets were 213 214 designated positive or negative based on their fluorescence amplitude, using thresholding. The 215 starting concentration of each target RNA molecule was then calculated, by modelling a Poisson distribution. 216

For each sample and each targeted virus (SARS-CoV-2 and FRNAPH GGII) the recovery rate was calculated as follows: recovery rate = genome copies (gc) in 5 mL unconcentrated sample $\times 20 \times 100$ / gc in 100 mL of the concentrate. The high concentration of the FRNAPGH GGII genome allowed for the determination of the recovery rate in all wastewater samples. It was also possible to determine the recovery rate for SARS-CoV-2 in 5 of the 12 samples.

222 **2.6. Estimation of RT-qPCR inhibition**

The estimation of RT-qPCR inhibition in the wastewater samples was based on the concentrations of FRNAPH GGII detected. Logarithmic dilutions (1/10 and 1/100) were performed in PCR-grade water following viral RNA extraction. The RT-qPCR assay was then carried out on both undiluted and diluted RNA extracts. The percentage of inhibition was estimated for undiluted and 1/10 samples by taking the concentration obtained from the 1/100 samples as a reference, due to the high dilution of potential inhibitors.

229 2.7. Statistical analysis

The statistical analyses were performed using XLSTAT 2020.3.1.2 software. As normal distribution of the data and the homogeneity of variances could not be met, two non-parametric tests were used. A Kruskal-Wallis test was performed on k-independent samples (k>3) to compare the viral genome copy values obtained using the different concentration and purification methods. A

Wilcoxon signed-rank test was performed on paired samples to compare the recovery rates following the two methods and the genome concentrations of the two targeted genes. *P* values < 0.05 were considered statistically significant.

237

238 **3. Results and discussion**

3.1. Concentration method for SARS-CoV-2 quantification in wastewater

The epidemiological surveillance of SARS-CoV-2 by quantifying its genome in wastewater requires reliable methods of concentration and detection. Beginning our study in a region that was highly impacted by COVID-19 allowed us to estimate recovery rates for SARS-CoV-2.

FRNAPH are usually present in wastewater at concentrations that are relatively stable over time and 243 around the world (Lucena et al., 2003). We obtained just under 2.5×10^7 gc/L which was high enough 244 to allow us to evaluate both recovery rates and PCR inhibition problems. Using these 245 bacteriophages, the presence of PCR inhibitors was detected at even a low volume (5 mL) of 246 unconcentrated wastewater. Indeed, the PCR inhibition varied between 88% and 100% in undiluted 247 248 RNA extracts (n=5) and between 14% and 42% in 1/10 diluted RNA extracts (n=5). Following phenolchloroform purification, the PCR inhibitors had been completely removed from 5 mL of wastewater. 249 In these five wastewater samples, the level of contamination by SARS-CoV-2 also enabled the 250 251 quantification of the virus in 5 mL unconcentrated samples and showed that, following phenol-252 chloroform purification, the concentrations of SARS-CoV-2 genome detected in the undiluted 253 samples had multiplied by between a factor of 2 and a factor of 10. The positive impact of this method on viral RNA extraction from environmental samples such as wastewater, sediments and 254 animal stool samples has already been shown by previous studies (Miura et al., 2011; Hartard et al., 255 256 2015). The phenol-chloroform purification method was systematically applied in the following experiments. A complementary method for the removal of PCR inhibitors in RNA extracts was tested 257 258 during the comparison of the concentration methods (as described below).

259 Two concentration procedures, based on protein precipitation using PEG 6 000 and on ultrafiltration using the Centricon[®] 70-Plus 100 kD device, respectively, were compared. Recovery rates for both 260 261 FRNAPH GGII and SARS-CoV-2 could be determined (Table 1) for both methods in four distinct wastewater samples collected in April 2020, since these samples tested positive for the SARS-CoV-262 2 genome even when only 5 mL of unconcentrated wastewater was analysed. The mean recovery 263 264 rate of FRNAPH GGII reached 47.7 ± 18.5% and 39.2 ± 23.9% using ultrafiltration and protein precipitation, respectively. Because some of the results obtained for FRNAPH GGII showed residual 265 PCR inhibition, the RNA extracts previously obtained by both methods were then purified using a 266 PCR inhibitor removal kit. This treatment led to mean recovery rates of 47.1 ± 10.4% and 267 43.3 ± 20.3% for ultrafiltration and protein precipitation, respectively. This supplementary 268 treatment therefore led to a slight increase in the mean recovery rate of protein precipitation. It 269 also led to a decrease in the standard deviation in both concentration methods. The concentration 270 271 values obtained for FRNAPH GGII using the two concentration methods, with or without the use of the PCR inhibitor removal kit, were not significantly different (*p* value = 0.098, Kruskall-Wallis test). 272 273 For SARS-CoV-2, the mean recovery rates of the RdRp_IP4 gene reached 64.1 ± 50.2% and 32.4% ± 20.2% using ultrafiltration and protein precipitation, respectively. Additional purification of 274 the RNA extracts led to mean recovery rates of 55.8 ± 46.9% and 23.5 ± 15.0% for ultrafiltration and 275 276 protein precipitation, respectively. Thus, the mean recovery rate obtained for SARS-CoV-2 (RdRp IP4 gene) using ultrafiltration were twice as high as those obtained using protein 277 precipitation. Moreover, the highest recovery rate was obtained using ultrafiltration in the four 278 wastewater samples. As observed in the case of the phage, additional purification reduced the 279 standard deviation values. The genome concentration values were not significantly different 280 between the two concentration methods (p value = 0.088, Kruskall-Wallis test). Amplification of the 281 E gene was then performed on the purified RNA extracts, resulting in mean recovery rates of 282 $64.0 \pm 41.6\%$ and $45.0 \pm 44.6\%$ for ultrafiltration and protein precipitation, respectively (Table 1). 283

The statistical analysis of the data obtained for both the RdRp_IP4 and E genes showed significantly higher recovery rates for ultrafiltration than for protein precipitation (*p* value = 0.009, Wilcoxon signed-rank test).

Recovery rates and the inhibition of molecular detection methods applied for SARS-CoV-2 in 287 wastewater have been poorly described. Nevertheless, our SARS-CoV-2 recovery rate was higher 288 289 than those described in a recent review paper (La Rosa et al., 2020a) reporting five studies that 290 described recovery rates for coronavirus in water matrices. But these recovery rates were all defined 291 using artificial spiking with different types of coronaviruses (bovine enteric coronavirus, transmissible gastroenteritis virus [TGEV], murine hepatitis virus, and SARS-CoV). The recovery rate 292 did not exceed 28% for bovine enteric coronavirus seeded in wastewater (Collomb et al., 1986) and 293 294 it varied from 0 to 21.4% for SARS-CoV seeded in wastewater (n=4) (Wang et al., 2005). Our higher 295 recovery rates for the SARS-CoV-2 naturally present in the wastewater samples could be primarily 296 explained by the choice of concentration method. Increasing PEG concentration might lead to a decrease in the standard deviation values as suggested by the recovery rate of 41.9 ± 6.5% for TGEV 297 298 seeded in concentrated surface water (Blanco et al., 2019). Two of the studies reviewed by La Rosa and colleagues (2020a) used adsorption/elution on glass wool with the objective of analysing large 299 volumes (5–50 L) of surface water (Blanco et al., 2019) and dechlorinated tap water (Abd-Elmaksoud 300 301 et al., 2014). Such methods are commonly used as primary concentration methods and are followed 302 by secondary concentration methods — PEG precipitation in the case of these two studies. 303 However, the combination of concentration methods used on large volumes of water commonly 304 leads to a decrease in recovery rates. By working on municipal wastewater spiked with different enveloped and non-enveloped viruses, Ye et al. (2016) have shown that ultrafiltration is a more 305 suitable method for wastewater than ultracentrifugation or PEG precipitation because the recovery 306 307 rate of ultrafiltration is 25% compared with 5% by ultracentrifugation or PEG precipitation. Since Ye and colleagues (2016) used culture as their detection method, the low recovery rates may be 308

explained by the possible inactivation of coronavirus by the greater ultracentrifugal forces and the 309 310 lower precipitation capacity of enveloped viruses compared with non-enveloped viruses in PEG precipitation. Wurtzer and colleagues (2020) showed the ability of ultracentrifugation to 311 concentrate SARS-CoV-2 from wastewater, but the recovery rate was not given, and detection was 312 done using RT-qPCR instead of culture methods. It is important to note that the ultrafiltration 313 method could be used for the detection of infectious SARS-CoV-2 in wastewater, as shown with 314 FRNAPH by Medema et al. (2020). The environmental conditions may have a negative impact on the 315 316 integrity of the SARS-CoV-2 particles, with implications for detection methods and viral risk assessment; this requires further research. 317

The procedure combining ultrafiltration, phenol-chloroform purification, and additional purification of the RNA extracts was chosen to monitor the concentrations of the SARS-CoV-2 genome in wastewater during longitudinal wastewater sampling. Our approach based on ultrafiltration may be performed with different devices such as Centricon[®] (Ahmed et al., 2020; Medema et al., 2020), Corning[®] Spin-X[®] UF (Nemudryi et al., 2020) or Vivaspin[®] (Trottier et al., 2020) concentrators.

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324 **3.2.** Quantification of the SARS-CoV-2 genome in wastewater

Our longitudinal study was performed in a French geographical area with one of the highest prevalence rates of COVID-19. The population was placed under lockdown from 17 March until 11 May 2020, but the number of cases detected at the University Hospital increased continuously until the end of March, when the wastewater sampling period started. Twelve wastewater samples, collected between 2 April and 28 May 2020, were analysed in one replicate using both the ultrafiltration procedure on 100 mL and the direct analysis of 5 mL to quantify the SARS-CoV-2 and FRNAPH GGII genomes.

The FRNAPH GGII genome could be quantified in both 5 mL and 100 mL of wastewater in all the samples (Figure 1). The mean concentrations reached $2.1 \times 10^7 \pm 1.1 \times 10^7$ gc/L and

 $1.6 \times 10^7 \pm 1.4 \times 10^7$ gc/L in unconcentrated and concentrated samples, respectively. From these concentration values, the recovery rates of FRNAPH GGII ranged from 14.1% to 133.8%.

336 We propose a recovery rate of over 10% as a quality control, to validate the results. This goes beyond the current ISO standards for the molecular detection of viruses in water and food, which require 337 recovery efficiencies of over 1% (International Organization for Standardization - ISO 2019; Lowther 338 et al. 2019). Quantifying FRNAPH at the same time as SARS-CoV-2 also allowed for the normalisation 339 of faecal material content, which may vary daily, depending on rainfall or variations in faecal 340 content. In our samples, FRNAPH genomes ranged from 1.1×10^7 to 6.7×10^7 gc/L, showing that 341 the faecal pollution was relatively stable during the period in question. No significant rainfall events 342 were reported during the sampling period. To compare the variations in SARS-CoV-2 genome 343 344 concentrations in different wastewater samples may require the normalisation of genome content. Other variables, such as temperature, pH, turbidity, total suspended solids, 5-day biological oxygen 345 346 demand (BOD5), antecedent dry days, and conductivity may explain the variability of faecal indicator bacteria (FIB) (Mohammed et al., 2018; Paule-Mercado et al., 2016) and probably of other 347 348 faecal pathogens.

The SARS-CoV-2 genome could be quantified in 5 mL of wastewater, without using any 349 concentration procedures, between 2 April and 30 April (Figure 1). By analysing 100 mL of 350 351 wastewater, a decrease in the concentration of the SARS-CoV-2 genome was observed over the 352 course of 8 weeks (Figure 1). The SARS-CoV-2 genome was even undetectable during one week (22 and 25 May) and present but below the LoQ in the last sample (28 May). The concentrations of RdRp 353 and E genes in the twelve samples appeared to be similar (p value = 0.496, Wilcoxon signed-rank 354 test). Moreover, the concentration values obtained using real-time RT-qPCR and ddRT-PCR for the 355 E gene were similar (p value = 0.734, Wilcoxon signed-rank test). This suggests that RT-PCR inhibitors 356 357 were effectively removed by our protocol. Indeed, ddRT-PCR is far less influenced by inhibitors than RT-qPCR (Sun et al., 2019). 358

The decrease in the genome concentrations detected in wastewater may be related to the decrease 359 360 in the number of COVID-19 cases observed at the Nancy University Hospital (Figure 1). Between 2 April and 23 April, the number of cases decreased from 677/week to 286/week and the 361 concentration values of the SARS-CoV-2 genome detected in 100 mL of wastewater decreased from 362 1.2×10^4 gc/L to 3.0×10^3 gc/L. During this period, the virus genome could be detected in only 5 mL 363 of wastewater and decreased only from 1×10^4 gc/L to 7×10^3 gc/L. The analysis of only 5 mL of 364 wastewater could be less representative of the variation in viral genome concentration. After a 365 366 single data point showing an increase in genome concentration in wastewater in both 5 mL and 100 mL (30 April), the SARS-CoV-2 genome was no longer detected in 5 mL of wastewater and the 367 concentrations dropped below 10³ gc/L in the 100 mL analysis. For three of the samples during this 368 period, either no genes were detected or only one gene was detected, and the number of cases 369 370 varied between 27/week and 52/week. Nevertheless, SARS-CoV-2 was still detected in wastewater 371 in the last sample (28 May) collected 17 days after the end of the lockdown. We observed a parallel decrease in cases in patients and genome concentration in wastewater, confirming the link between 372 373 the circulation of the virus in the human population and its presence in wastewater. This clearly confirms the findings of other studies showing such a relationship (Wurtzer et al., 2020). One of the 374 375 first studies on the detection of the SARS-CoV-2 genome in wastewater (Medema et al., 2020) even 376 showed that it was possible to detect the virus in wastewater during the early stages of the COVID-19 epidemic. 377

378

4. Conclusion

We developed a method of concentrating SARS-CoV-2 from wastewater with one of the highest recovery rates described in the literature. The quantification of the SARS-CoV-2 genome was carried out in both concentrated and unconcentrated wastewater which was naturally contaminated; this gives our results a high degree of reliability. Moreover, this study provides additional data to validate

384	proof-of-concept for a link between the outbreak in the human community and the concentrations
385	of faecally excreted viruses in wastewater. This method can contribute to the monitoring of the
386	epidemic and improve the management of potential viral recirculation.

387

388 **Declaration of interest**

389 None

390

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397

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402

403 **References**

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563 Table 1: Recovery rates (%) of SARS-CoV-2 and FRNAPH GGII genomes in wastewater samples using two concentration methods (protein

- 564 precipitation and ultrafiltration) both alone and combined with the use of a PCR inhibitor removal kit.
- 565

Virus / Primers set	SARS-CoV-2 / RdRp_IP4		SARS-CoV-2 / E		FRNAPH GGII / VTB4-Fph GGII	
Concentration method	РР	UF	РР	UF	РР	UF
Without PCR Inhibitor rem	noval kit					
Sample 1	56.0	131.0	ND	ND	58.2	49.1
Sample 2	12.0	56.0	ND	ND	4.5	26.0
Sample 3	41.8	60.2	ND	ND	43.9	71.1
Sample 4	19.8	9.2	ND	ND	50.0	44.4
Mean ± SD	32.4 ± 20.2	64.1 ± 50.2	ND	ND	39.2 ± 23.9	47.7 ± 18.5
With PCR Inhibitor remova	al kit					
Sample 1	40.5	119.0	108.0	119.0	68.2	52.7
Sample 2	27.0	61.0	23.0	45.0	19.1	37.5
Sample 3	22.4	32.6	43.0	70.0	37.2	58.9
Sample 4	4.3	10.6	6.0	22.0	50.0	39.4
Mean ± SD	23.5 ± 15.0	55.8 ± 46.9	45.0 ± 44.6	64.0 ± 41.6	43.3 ± 20.3	47.1 ± 10.4

566

567 PP: protein precipitation, UF: ultrafiltration, ND: not done

568 Figure 1. Quantitative time-course monitoring of SARS-CoV-2 and FRNAPH-GGII genomes in wastewater samples in the Nancy metropolitan area and evolution of the number of cases per 569 week at the local University Hospital. Quantification in 100 mL of wastewater (ultrafiltration) of the 570 SARS-CoV-2 genome targeting RdRp (full triangles) and E (full squares) genes and of the FRNAPH 571 GGII genome (full diamonds). Quantification in 5 mL of wastewater: open forms. Negative samples 572 of the SARS-CoV-2 genome are marked with an asterisk. The sample positive for the RdRp gene but 573 574 below the LoQ is marked with a plus sign. The number of cases of COVID-19 detected at the local University Hospital is shown per week (bars). The limit of detection (LoD) for RdRp and E genes 575 $(2 \times 10^2 \text{ gc/L})$ is represented by a white arrow on the left y-axis. The lines given for genome 576 577 concentration values are only designed to provide a visual guide.



Hospital