



Virginia Department of Corrections CQI Public Meeting 11 Feb 2022 at 1:00 P.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1603506539?pwd=WmNYd1AvQzhZdjZ0YjJDTiYrU1IXUT09>

Meeting ID: 160 350 6539

Passcode: 880134

To call in: 646-828-7666 Meeting ID: 1603506539#

Agenda:

- I. Call to order – Mark Amonette, MD
- II. Roll Call of Committee Members– Mark Amonette, MD
- III. Instructions/housekeeping for virtual meeting-Jeffrey Dillman
- IV. Old Business/Recap of Last Meeting - Dr. Herrick
- V. New Business
 - a. Targeted Wastewater Surveillance in Virginia Correctional Facilities-Meghan Mayfield and Robert Tolbert
- VI. Public Comment-2 minutes each up to 5 members of the public
 - i. in chat box indicate you would like to make a comment
 - ii. for others on phone or over 5 members, make comment to healthservicesinquiries@vadoc.virginia.gov and the comment will be made part of the meeting minutes
- VII. Actions for next quarter-Dr. Amonette/Dr. Herrick
- VIII. Adjournment – Dr. Amonette, MD





TARGETED WASTEWATER SURVEILLANCE IN VIRGINIA CORRECTIONAL FACILITIES

As a Complementary
Method for Screening
of COVID-19

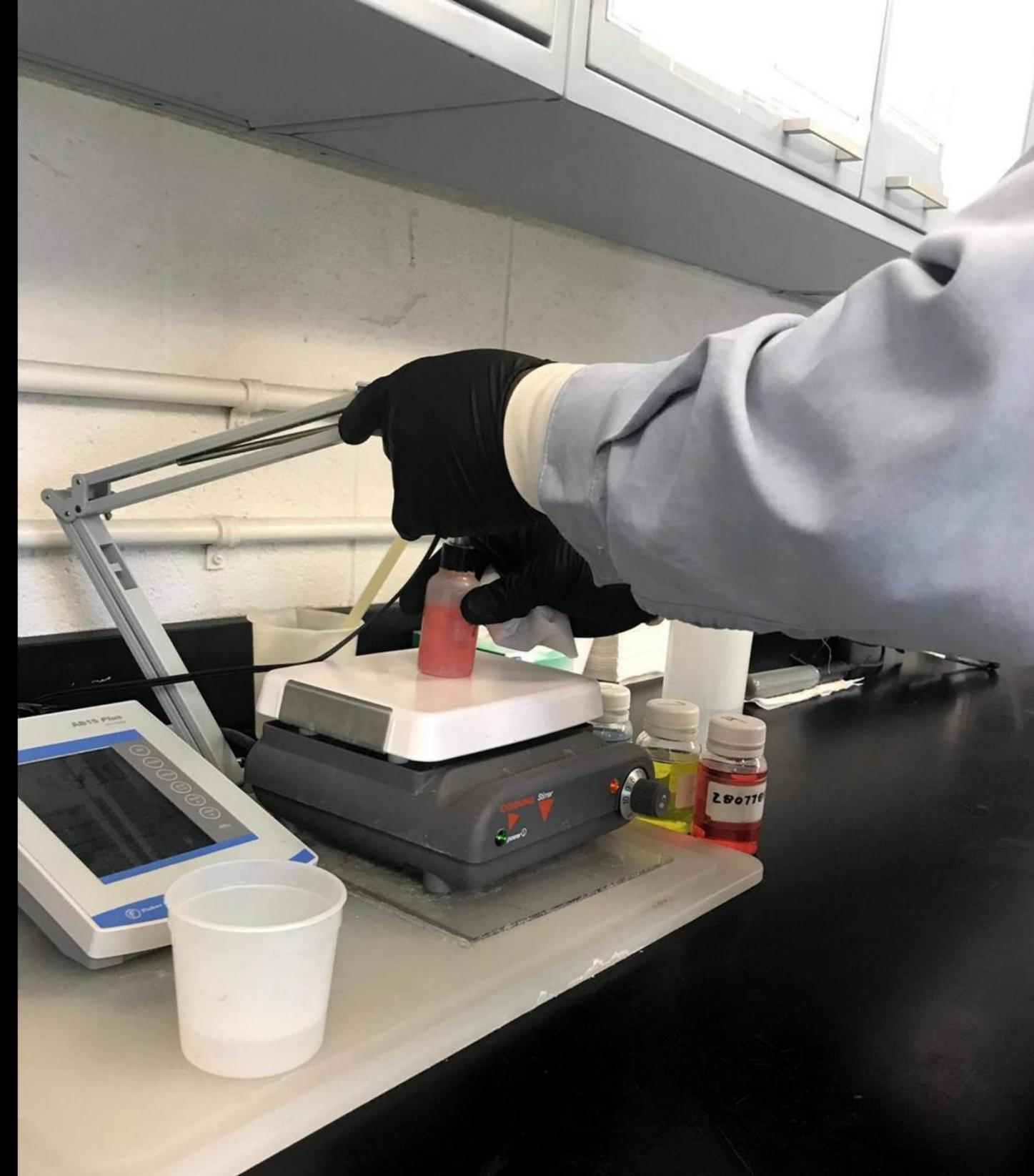
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Presenters: Meghan Mayfield & Robert Tolbert

Points for discussion:

Topics and highlights

- Inception
- Benefits
- Challenges
- Implementation
- Partnerships
- Results



Overview of targeted wastewater surveillance at VADOC facilities

To detect SARS-CoV-2 RNA in wastewater samples and use the analytical results to assist the Department in the clinical decision making process regarding COVID PPT testing as well as other diversion methods for containment of infected staff and inmates.

- VADOC saw that HRSD had just completed a 26 week study of COVID wastewater surveillance. [COVID-19 Surveillance in Southeastern Virginia using wastewater-based epidemiology]
- Summer of 2020; confirmation of detection of, SARS-CoV-2 RNA in wastewater reported in Australia, China, France, Israel, Italy, Japan, Netherlands, Spain and the US .
- At that time there was no record of using a closed loop wastewater system such as that from a congregate care setting like corrections to run wastewater surveillance for COVID
- VADOC contacted HRSD to begin the testing of our facilities
- We started with 3 assay testing as well as dual composite/grab sample gathering from several locations. After several rounds we found that grab samples at predicted peak flow and N1 assay testing were as accurate as the CDC recommended 3 assay/composite sampling.
- Developed sampling plan and transport plan for 40 facilities, including JSA for employees and detailed individualized sampling plans due to differences in wastewater layouts



Inception

October 2020



Getting the Ball Rolling

- VADOC contacted HRSD to begin the testing of our facilities, November 2020
- We started with 3 assay testing as well as dual composite/grab sample gathering from several locations. After several rounds we found that grab samples as predicted peak flow and N1 assay testing were as accurate as the CDC recommended 3 assay/composite sampling.
- Developed sampling plan and runner plan for 40 facilities, including JSA for employees and detailed individualized sampling plans due to differences in wastewater layouts.
- We had to determine staffing needs and who would be running/delivering the tests to the labs within the required timeframe
- Form a Wastewater COVID team with VADOC Health Services to review results and make clinical decisions



The Decision Process

The Environmental Team and Health Services has to work very closely together to ensure we have reliable quantitative data from weekly wastewater testing for COVID



Sample wastewater, deliver to lab. Provide population and WW flow rates to lab



Lab reports both quantitative results and predictive results for number off infected individuals



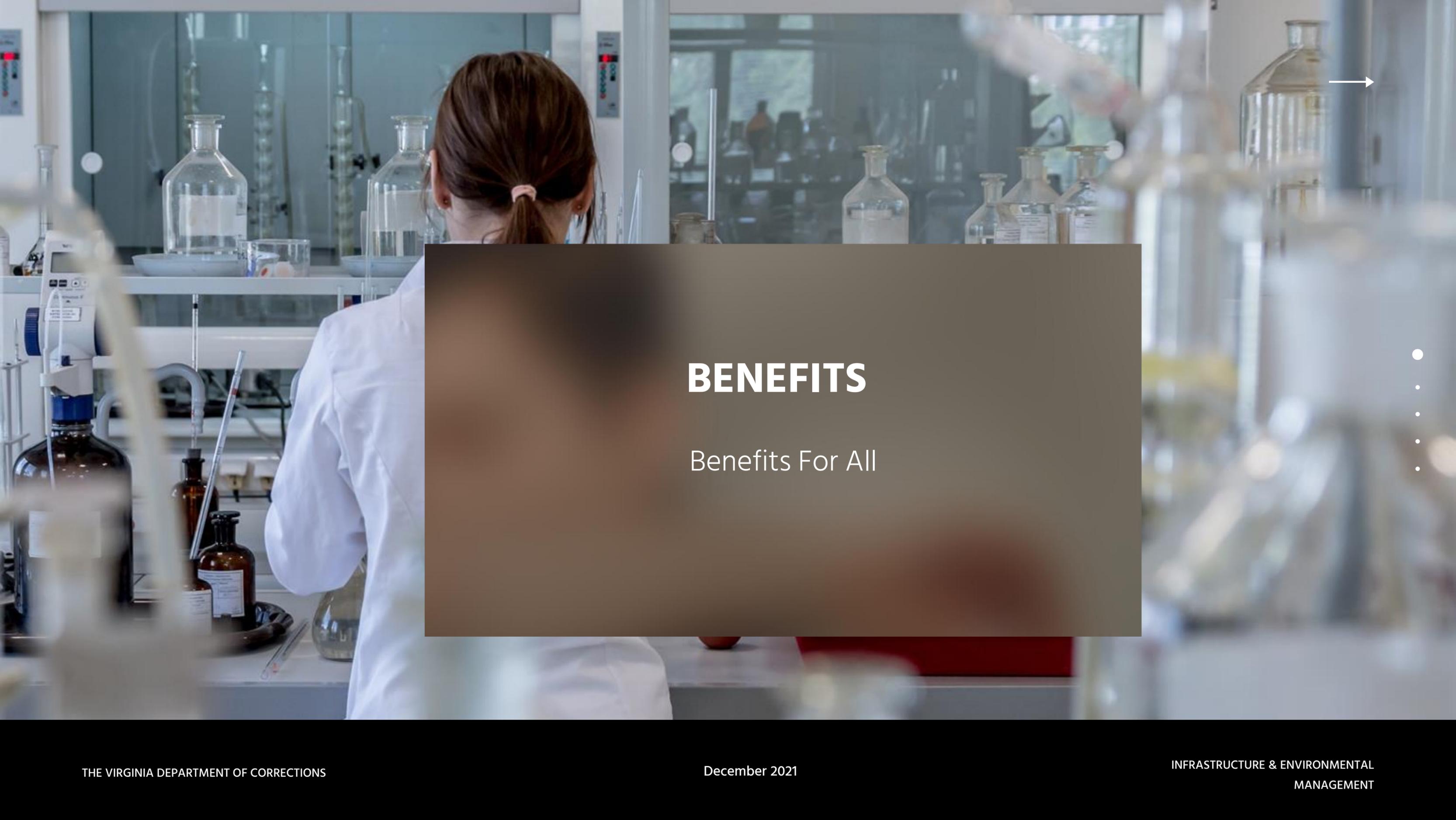
VADOC COVID
Wastewater team meets and goes over results. Facility Risk Factor report reviewed., data reviewed for trends or new information.



All internal data reviewed (# existing cases, State and county positivity rate, Staff # cases, etc.) and if data points to new or climbing cases PPT is performed



New wastewater sample pulled during PPT testing and then used to create statistical analysis/correlation



BENEFITS

Benefits For All



Proven Benefits

Non-Invasive Insight

Allows for the monitoring of the health of a large population without having to drill down, saving the Department staffing, time and funding.

Early Warning Signs

In the earliest stages we were only able to look at viral load and then trends for week to week. After getting comfortable with the data and honing the estimated population number infected estimates we were able to spot where we had potential issues at Institutions to make clinical decisions (turned into focused monitoring).

Focused Monitoring

VADOC was able to progress to looking at trends as well as the application of a estimate of cases tool developed by Raul Gonzales from HRSD and further developed with the magnitude of our data paired with clinical testing data.

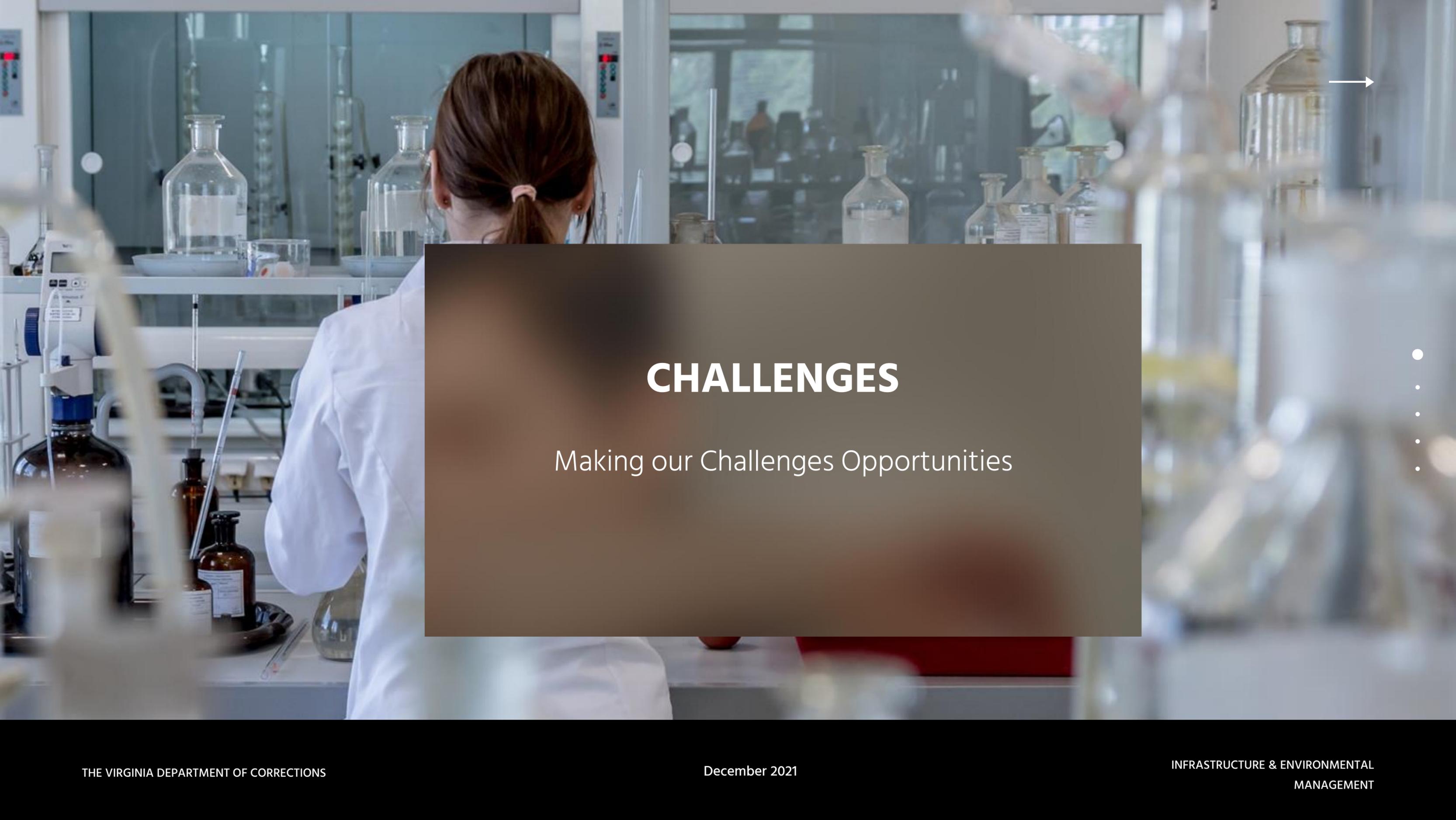
Cost Effectiveness

VADOC was spending between \$60 and \$200 per test for monitoring. PPT testing is between \$60 and \$160 per test.

Safety & Security

Allowed VADOC to continue to meet its mission for safety and security for inmates and staff. VADOC has over 11,000 employees as well as over 23,000 incarcerated inmates; therefore, detecting COVID early in these populations is critical. Many of these inmates are in sensitive populations such as infirmaries, geriatric settings, or dormitory housing where an outbreak of COVID could have serious consequences.





CHALLENGES

Making our Challenges Opportunities

Challenges Faced

Funding

Initially there was no funding source for the testing. We had to heavily pursue partnerships, reduced cost, cost sharing, grant applications, Federal applications, etc.

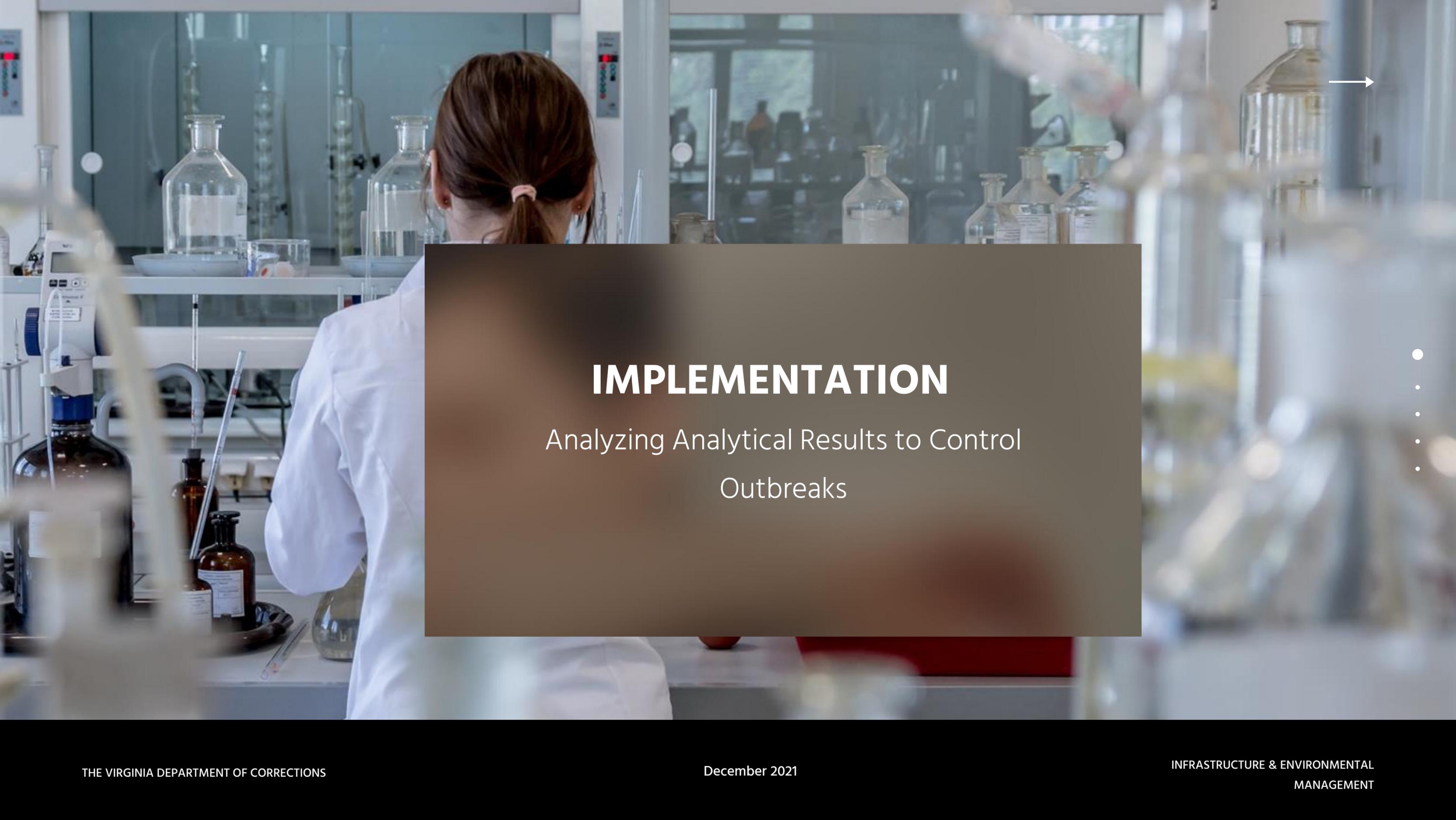
Staffing

The VADOC and the Infrastructure & Environmental Management Unit, like most State Agencies was feeling the pain of reduced levels of staff, high vacancies, vehicle shortages, as well as time shortages.

Data Comfort & Trust

We had to learn how to trust the data, build internal relationships with Units to trust each other's professional opinions within our core competencies





IMPLEMENTATION

Analyzing Analytical Results to Control
Outbreaks

How Lab Results are Used

New Cases

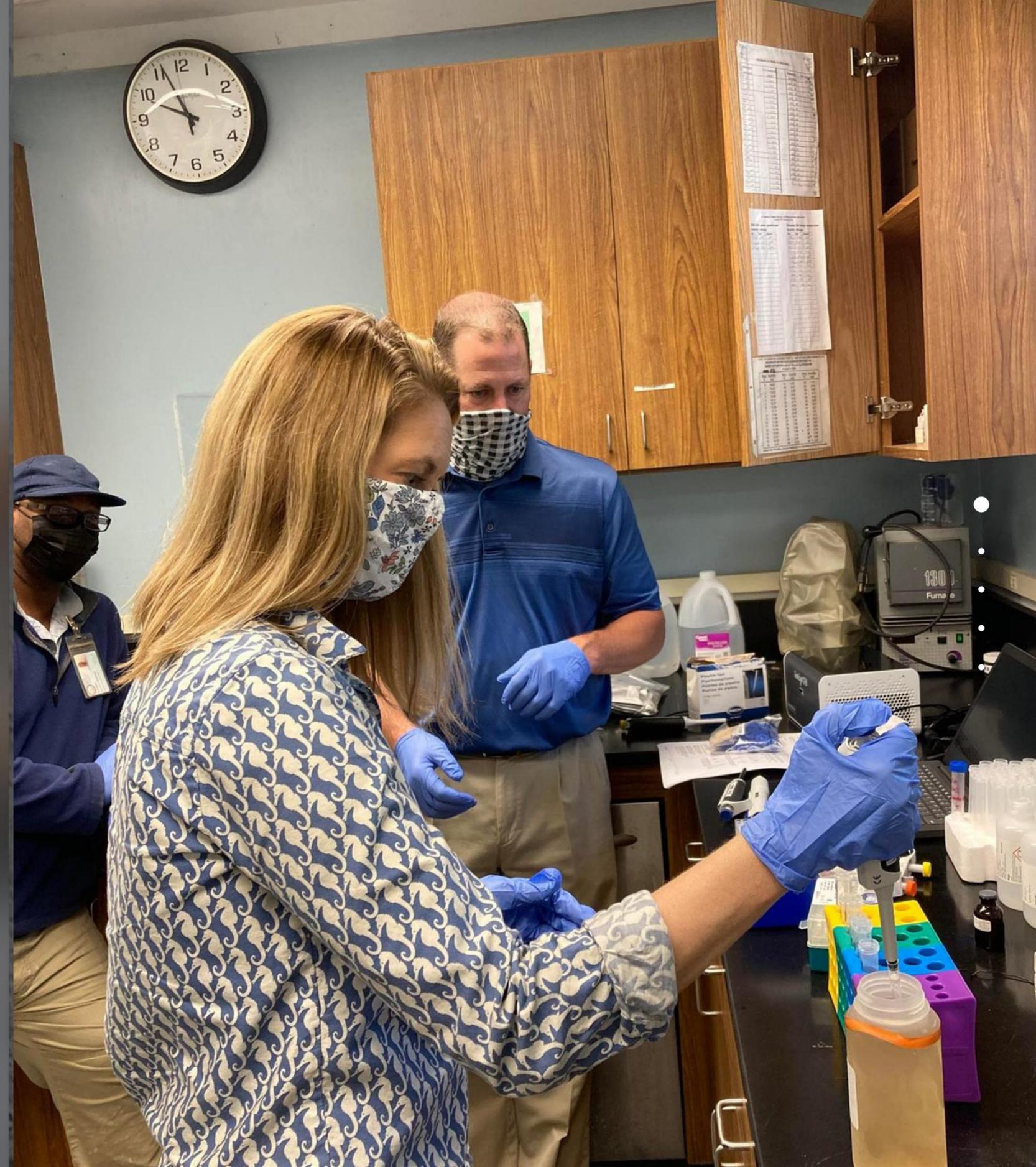
Results may indicate positive unknown cases. This would act as a trigger to possibly initiate Point Prevalence Testing as determined by Health Services

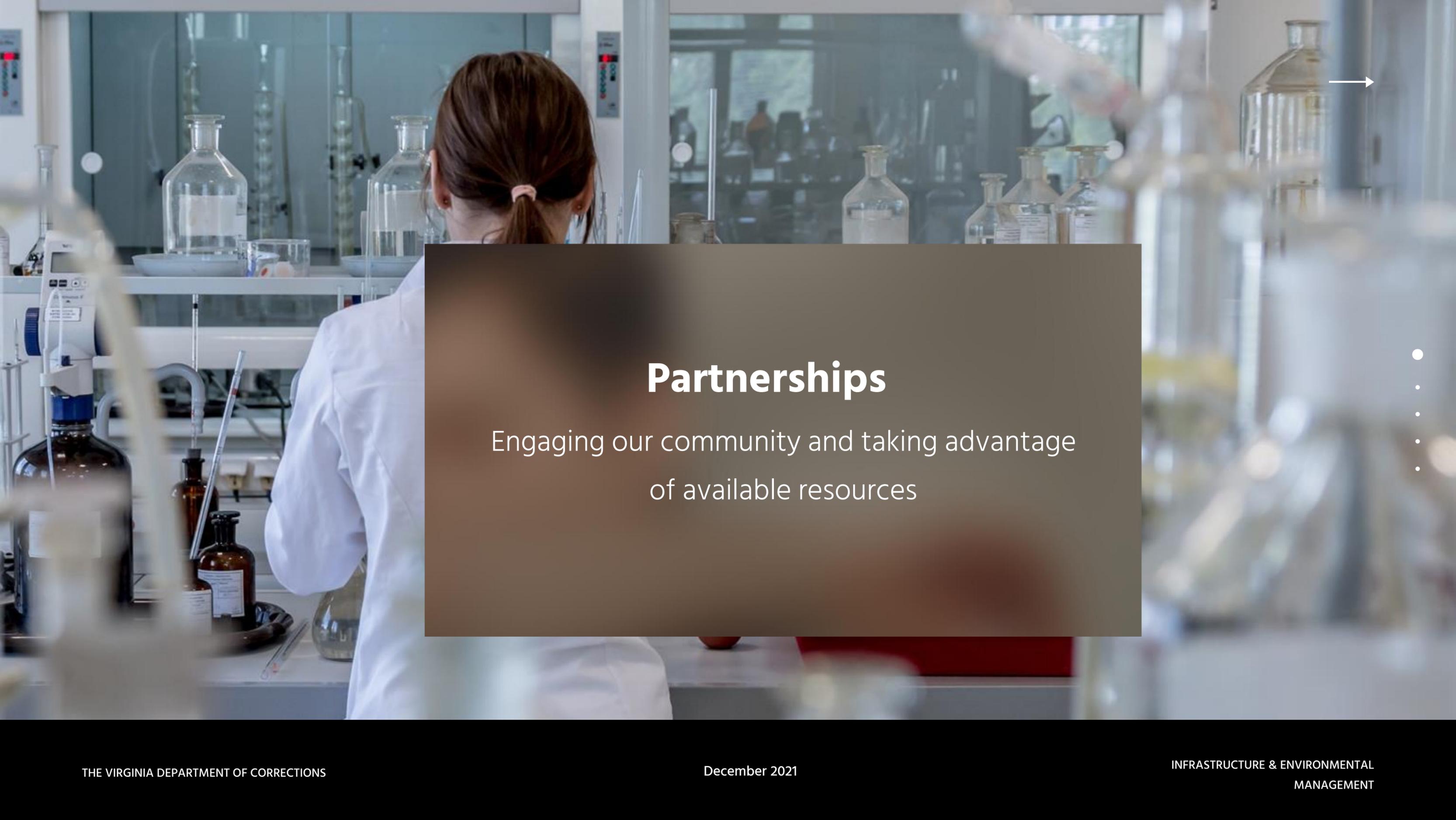
Known Cases

Results are compared against known cases. Large discrepancies may initiate further Point Prevalence Testing

Trending Data

Weekly results can be trended to determine if the number of cases are increasing or decreasing. This provides evidence that the control measures to limit the infection rate are effective at each facility.





Partnerships

Engaging our community and taking advantage of available resources



VADOC as a Collaborate and Innovative Agency

We began using wastewater as a predictive epidemiological tool at a time when this testing was in its infancy and only a few laboratories in the US were able to perform this type of testing. We used the available research and data in collaboration with our data and team to be one of the first locations, as well as one of the first correctional agencies in the United States, to use these data to develop reactionary clinical testing and quarantine requirements

- **HRSD and Dr. Raul Gonzales** on the wastewater testing, cost sharing, and data exchange. Dr. Gonzales was better able to refine his predictor tool using VADOC data and we had the advantage of being able to directly use the data and predictive number. Initially 20 sites, and then all 40 sites.
- **Virginia Tech** provided initial qualitative testing using research students and their internal laboratory for 20 of our sites.
- **The VDH** provided funding for a short period for the testing at HRSD in exchange for access to data and providing data to CDC for future use and use in studying
- **The Water Environment Foundation with the CDC** saw that VADOC was completing weekly laboratory testing for COVID surveillance and asked us to participate in a pilot program for the LuminUltra. LuminUltra has simplified the process, resulting in a easy-to-use test that gets you results in hours, with no specialized equipment or lab expertise required.
- **Internal partners** such as the Health Services Unit, Deloitte, Tulane
- **DCLS State laboratory** for transitioning with us from HRSD



LuminUltra Monitor

New technology being tested for accuracy in determining the concentration of the SARS-CoV-2 concentration in wastewater samples. VADOC was chosen to participate in this study with nine other companies in the US. VADOC was the only correctional department chosen .

How Does it Work

The LuminUltra process involves extracting and concentrating the RNA of the COVID virus. Based upon the amount of RNA extracted, the GeneCount software will give a qualitative result of the concentration of RNA genes that were extracted and able to be copied. Qualitative data would then have to be plugged into a trial formula to determine quantitative data which is an estimate of infected individuals. HRSD developed this formula.

Results & Locations

Results are being sent to the WEF and the CDC. Results are also compared against results received from HRSD. Bland, Deerfield, Fluvanna, State Farm, and St. Brides are currently conducting testing. with the LuminUltra.



POSITIVE RESULTS

December 2021

Case Studies / Successes

VADOC has had tangible successes from the surveillance of the wastewater data



Nottoway 4/27/21
WW predicted: 2
PPT showed: 1



Red Onion 5/24/21 (first of the
UK variant)
WW predicted 6
PPT showed: 3



Greenville 02/23/21
WW predicted: 10
PPT showed: 6



River North 04/05/21
WW predicted: 1553
PPT showed: 88



Dillwyn 9/28/21
WW predicted: 36
PPT showed: 13

Statistical Significance

Data Validation

Sussex II

Simple linear regression results:

Dependent Variable: N_test (Copies/100mL)
Independent Variable: Reported daily cases (day of sample)
 $N_test \text{ (Copies/100mL)} = -1397.0331 + 1207.781 \text{ Reported daily cases (day of sample)}$
Sample size: 45
R (correlation coefficient) = 0.53968002
R-sq = 0.29125452
Estimate of error standard deviation: 41183

Parameter estimates:

Parameter	Estimate	Std. Err.	Alternative	DF	T-Stat	P-value
Intercept	-1397.0331	6542.0507	≠ 0	43	-0.21354666	0.8319
Slope	1207.781	287.31797	≠ 0	43	4.203639	0.0001

Analysis of variance table for regression model:

Source	DF	SS	MS	F-stat	P-value
Model	1	2.9970003e10	2.9970003e10	17.670581	0.0001
Error	43	7.2929698e10	1.6960395e9		
Total	44	1.028997e11			

Statistical Analysis

Confirmed that wastewater lab results were a predictive indicator of infection rates and a clear early signal of positive cases to be confirmed through PPT testing.



Correlation of Data

Confirmed wastewater results were significantly inline with increased cases. Wastewater results showed a clear predictive function and there is a strong justification to use results as a control measure.



Questions?

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