

## Performance of viruses and bacteriophages for fecal source determination in a multi-laboratory, comparative study

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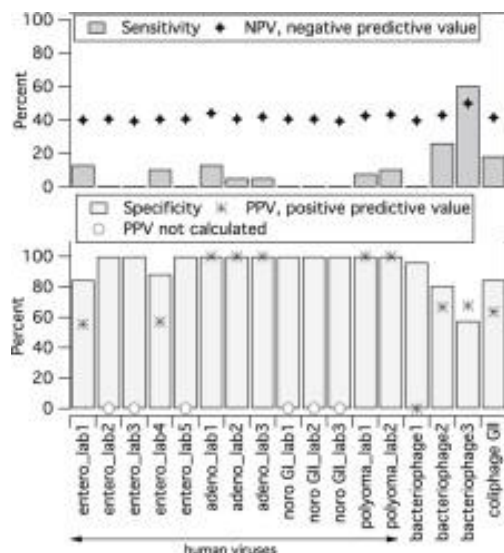
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### Abstract:

An inter-laboratory study of the accuracy of microbial source tracking (MST) methods was conducted using challenge fecal and sewage samples that were spiked into artificial freshwater and provided as unknowns (blind test samples) to the laboratories. The results of the Source Identification Protocol Project (SIPP) are presented in a series of papers that cover 41 MST methods. This contribution details the results of the virus and bacteriophage methods targeting human fecal or sewage contamination. Human viruses used as source identifiers included adenoviruses (HAdV), enteroviruses (EV), norovirus Groups I and II (NoVI and NoVII), and polyomaviruses (HPyVs). Bacteriophages were also employed, including somatic coliphages and F-specific RNA bacteriophages (FRNAPH) as general indicators of fecal contamination. Bacteriophage methods targeting human fecal sources included genotyping of FRNAPH isolates and plaque formation on bacterial hosts *Enterococcus faecium* MB-55, *Bacteroides* HB-73 and *Bacteroides* GB-124. The use of small sample volumes ( $\leq 50$  ml) resulted in relatively insensitive theoretical limits of detection ( $10\text{--}50$  gene copies or plaques  $\times 50\text{ ml}^{-1}$ ) which, coupled with low virus concentrations in samples, resulted in high false-negative rates, low sensitivity, and low negative predictive values. On the other hand, the specificity of the human virus methods was generally close to 100% and positive predictive values were  $\sim 40\text{--}70\%$  with the exception of NoVs, which were not detected. The bacteriophage methods were generally much less specific toward human sewage than virus methods, although FRNAPH II

genotyping was relatively successful, with 18% sensitivity and 85% specificity. While the specificity of the human virus methods engenders great confidence in a positive result, better concentration methods and larger sample volumes must be utilized for greater accuracy of negative results, i.e. the prediction that a human contamination source is absent.

### Graphical abstract



### Highlights

- ▶ A multi-lab comparison of virus and bacteriophage accuracy toward human feces and sewage. ▶
- Human viruses were host-specific, but lacked sensitivity and negative predictive value. ▶
- Bacteriophage methods either lacked sensitivity to human fecal material or were non-specific. ▶
- Performance of insensitive methods should be improved by larger sample volumes. ▶ Use of larger samples requires better concentration methods that do not concentrate inhibitors.

**Keywords:** Virus ; Bacteriophage ; Water quality ; Fecal pollution ; Validation

56 **1. Introduction**

57 Coastal waters impacted by fecal contamination pose a health risk to recreational users  
58 and shellfish consumers. To identify contaminated waters, fecal indicator bacteria (FIB) such as  
59 enterococci are typically monitored. However, analysis for conventional FIB cannot distinguish  
60 sources of contamination. The Source Identification Protocol Project (SIPP) was conducted to  
61 evaluate methods that may be useful to identify sources of fecal contamination in water. The  
62 strategy of the study was to share samples that were intentionally contaminated with fecal  
63 material and blinded with respect to source with multiple laboratories to determine if methods  
64 under development could correctly identify sources of fecal pollution. This study constitutes the  
65 largest multi-laboratory study on microbial source tracking (MST) conducted to date, and  
66 provides a rare opportunity to compare the performance of a variety of viral markers for specific  
67 contamination sources on a head-to-head basis.

68 While some studies have shown a positive relationship between FIB levels and  
69 gastrointestinal (GI) illness (Wade et al. 2006, Wade et al. 2003, Kay et al. 1994), other studies  
70 have found no relationship between FIB and the presence of human pathogens (Boehm et al.  
71 2003, Noble and Fuhrman 2001, Jiang and Chu 2004, McQuaig et al. 2012, Jiang et al. 2001) or  
72 with GI illness (Colford et al. 2007). Viruses are implicated as important, or even dominant  
73 etiological agents of waterborne and shellfish-borne disease (WHO 2003, Westrell et al. 2010),  
74 and their fate and transport in aquatic environments may well be very different than that of  
75 bacteria. Viruses are therefore increasingly used as MST tools (McQuaig et al. 2012, Noble et  
76 al. 2003).

77 The use of viruses for MST has a number of advantages over using bacterial markers.  
78 First, measuring pathogenic viruses directly may provide a more accurate measure of GI risk,

79 eliminating errors introduced by weak correlations between bacteria and GI illness or viral  
80 pathogens. Second, the morphology of many non-pathogenic viruses is similar to that of viral  
81 pathogens, and some studies have found that they exhibit similar fate and transport in the  
82 environment (Savichtcheva and Okabe 2006). Thus, their decay rate through wastewater  
83 treatment and/or in polluted waters may be more similar to viral pathogens than other indicators  
84 (Walters et al. 2009), although some studies on drinking water have found that adhesion  
85 characteristics (Pelleieux et al. 2012) and removal rates (Boudaud et al. 2012) for bacteriophages  
86 MS2, Q $\beta$  and GA differ among these phages. Third, many pathogenic and non-pathogenic  
87 viruses are highly host-specific (McQuaig et al. 2012, Noble et al. 2003, Cox et al. 2005,  
88 McQuaig et al. 2006, McQuaig et al. 2009), which improves confidence in identification of  
89 pollution sources. Virus concentrations in waste can be similar to that of FIB, e.g. human  
90 polyomaviruses at  $\sim 10^4 \cdot \text{ml}^{-1}$  in untreated sewage (McQuaig et al. 2009) and human adenoviruses  
91 at  $\sim 10^5 \cdot \text{ml}^{-1}$  (Bofill-Mas et al. 2006).

92 A disadvantage of the use of viruses for MST is the relatively low concentrations of some  
93 viruses in polluted waters, which can lead to low sensitivity in analysis of environmental samples  
94 (Staley et al. 2012, Harwood et al. 2009, Wong et al. 2012). Certain viruses are shed in high  
95 numbers in the feces of infected individuals (Melnick and Rennick 1980). However, the number  
96 of infected individuals within a population varies depending on the season and etiological agent,  
97 as well as the general health of the population. Dilution after waste enters the environment can  
98 also lead to low viral concentrations in aquatic environments. This issue is compounded by the  
99 methodological challenges encountered in concentrating and enumerating viruses. The basic  
100 steps for virological analysis of water include sample concentration, nucleic acid extraction, and  
101 molecular detection. These procedures can be expensive, time-consuming, and they often have

102 poor to mediocre recovery rates, particularly when viral concentrations are low (McQuaig et al.  
103 2009, Wong et al. 2012, Wyn-Jones et al. 2011, Stewart et al. 2008).

104 The pathogenic viruses used in the SIPP study, including adenoviruses, enteroviruses,  
105 and noroviruses, were chosen for their association with water-related GI illness, their ability to  
106 persist in sewage, sometimes through water treatment processes, and their widespread  
107 distribution in human populations. Norovirus is thought to be the dominant etiological agent for  
108 GI illness from exposure to recreational waters in developed countries (Soller et al. 2010,  
109 Sinclair et al. 2009, Atmar and Estes 2006, Svraka et al. 2007). Studies worldwide have also  
110 frequently detected enteroviruses (Noble and Fuhrman 2001, Reynolds et al. 1998, Moce-Llivina  
111 et al. 2005, Sassoubre et al. 2012) and adenoviruses in recreational waters (Jiang et al. 2001,  
112 Wyn-Jones et al. 2011, Hundesa et al. 2006). Enteroviruses can tolerate a range of temperatures  
113 and salinities (Wetz et al. 2004, Skrabber et al. 2004) as well as residual chlorine (Keswick et al.  
114 1984). Adenoviruses have been found to be more resistant to UV disinfection than other viruses  
115 (Thurston-Enriquez et al. 2003).

116 Nonpathogenic human polyomaviruses (BK and JC) and bacteriophages were also used  
117 as source-specific or general markers of contamination in the SIPP study. HPyVs are rarely  
118 pathogenic and they are prevalent in sewage influent and onsite wastewater disposal system  
119 (septic) tanks due to their wide distribution in human populations and excretion in urine and  
120 feces (Hundesa et al. 2006, Bofill-Mas et al. 2000, Markowitz et al. 1993, Polo et al. 2004,  
121 Vanchiere et al. 2009, Vanchiere et al. 2005). HPyVs have successfully been used as MST tools,  
122 and are highly human-specific (McQuaig et al. 2012, McQuaig et al. 2006, McQuaig et al. 2009,  
123 Bofill-Mas et al. 2006, Harwood et al. 2009, Gourmelon et al. 2010). Bacteriophages are viruses  
124 that infect bacteria, and they have been used for decades as indicators of enteric viruses in

125 sewage (reviewed in Chapter 6: Phage Methods (Jofre et al. 2011)). Relatively simple and  
126 inexpensive culture-based assays for bacteriophage enumeration have been developed as  
127 standard methods in the European Union (Anon 2000, 2001). Some bacteriophages, including  
128 FRNAPH and *Bacteroides* phages, can be useful for microbial source tracking of human fecal  
129 contamination (reviewed in Chapter 6: Phage Methods (Jofre et al. 2011)). FRNAPH, for example  
130 are classified into four main genotypes, two of which (II, and III) predominate in wastewater  
131 effluents and human fecal samples and two of which (I and IV) are mainly associated with  
132 animal feces and effluents from animal-rearing facilities or slaughterhouses (Gourmelon et al.  
133 2010, Hsu et al. 1995).

134 This paper focuses on the performance of the viral markers measured during the SIPP  
135 study. Water samples contaminated with single-source or mixed-source fecal material were  
136 evaluated by laboratories which volunteered for the study, and which were already using the  
137 methods. No effort was made to harmonize virus enumeration methodologies across  
138 participating laboratories, as a major goal of the study was to incorporate variation at the  
139 laboratory scale into viral marker performance. Due to logistical limitations of the very large  
140 study, sample sizes were standardized across bacterial and viral methods (Boehm et al. 2013).  
141 Crucial performance characteristics including specificity, sensitivity and detection limits  
142 (Stoeckel and Harwood 2007) of viral markers were compared to help identify methods with the  
143 most promise for identifying sources of fecal waste in water. These results are intended to help  
144 provide the best tools to water resource managers and policy makers who work to protect public  
145 health in coastal areas.

## 146 **2. Materials and Methods**

### 147 **2.1. Participants**

148           The methods are organized by participating laboratories. The institutions, locations, and  
149 abbreviations used are given below, and the method(s) performed by each laboratory are  
150 provided in Table 1. The laboratories involved in this study were: Institut Français de Recherche  
151 pour l'Exploitation de la Mer (IFREMER), France; Federal Office of Public Health (FOPH),  
152 Switzerland ; Southern California Coastal Water Research Project (SCCWRP), USA ; Stanford  
153 University (Stanford), USA; TetraTech, USA; University of Brighton (UB), United Kingdom;  
154 University of North Carolina Chapel Hill (UNC-CH), USA; University of North Carolina Chapel  
155 Hill Institute of Maine Science (UNC-CH-IMS), USA; University of South Florida (USF), USA;  
156 University of Southern California (USC), USA; Wayne State University (WSU), USA.

157 ***2.2. Sample handling, concentration, and nucleic acid extraction***

158           All collection and preparation of fecal (“challenge”) samples were carried out by the  
159 Southern California Coastal Water Research Project (SCCWRP) in Costa Mesa, CA. Sample  
160 collection, preparation, and shipping procedures are detailed in a companion paper that provides  
161 an overview of the entire inter-laboratory study (Boehm et al. 2013). Briefly, artificial freshwater  
162 (distilled water with 0.3 mM MgCl<sub>2</sub>, 0.6 mM CaCl<sub>2</sub>, and 1.4 mM NaHCO<sub>3</sub> (Boehm et al. 2013))  
163 was intentionally contaminated with fecal and/or sewage samples from various sources. All fecal  
164 samples were composites from at least twelve individuals. Nineteen “singleton” samples were  
165 inoculated with one fecal source (chicken, deer, dog, goose, gull, horse, pig, pigeon, cow, human  
166 feces, septage or sewage), and 13 doubleton samples were inoculated with two fecal sources each  
167 at volumetric ratios of 9:1. Six of the singleton samples contained human fecal material. Seven  
168 of the singleton samples were created at both full strength and at 1:10 diluted strength. All of the  
169 doubleton samples contained a human source. A full list of the samples can be found in Table 2  
170 of Boehm et al. (2012). Duplicates of each sample were processed as described below so that

171 each participating lab received 64 filters or liquid samples for processing with their method. All  
172 filters (see below for method details) were frozen in liquid nitrogen and shipped on dry ice, while  
173 liquid samples for bacteriophages were shipped on blue ice. Procedures are organized below by  
174 participating laboratory. Viral targets used in the study, laboratories, primers, probes and  
175 citations for methods are presented in Table 1. Enterococci (ENT) concentrations were also  
176 measured using membrane filtration in each sample by USEPA Method 1600 (USEPA 2002),  
177 with method details reported elsewhere (Boehm et al. 2013).

178 **SCCWRP.** Human enteroviruses (EV) were enumerated in 50 ml challenge samples filtered  
179 through 0.45  $\mu\text{m}$  mixed cellulose filters (Millipore, MA). Replicate volumes of each sample were  
180 acidified with 10% HCl until a pH of 3.5 was reached and then filtered as before. Filters were  
181 stored at  $-80\text{ }^{\circ}\text{C}$  until extraction. Viral nucleic acids were extracted using the QIAamp MinElute  
182 Virus Spin Kit (Qiagen, Valencia, CA). The extraction was performed according to manufacturer  
183 instructions and 40  $\mu\text{l}$  was eluted. One unamended filter and one acidified filter were extracted  
184 for each sample. Nucleic acid extracts were stored at  $-80\text{ }^{\circ}\text{C}$  until analysis.

185 **Stanford.** Human enteroviruses (EV), adenoviruses (HAdV), and norovirus II (NoV GII)  
186 were enumerated in 50 ml challenge samples filtered through 0.45  $\mu\text{m}$  mixed cellulose filters  
187 (Millipore, MA). Magnesium chloride ( $\text{MgCl}_2$ ) was added to samples before membrane filtration  
188 to increase viral recover by facilitating virus attachment to the filters (Mendez et al. 2004).  
189 Briefly, 1 ml of 5 M  $\text{MgCl}_2$  was added to 50 ml of sample for a final concentration of 0.1 M  
190  $\text{MgCl}_2$  before membrane filtration. Filters were stored at  $-80\text{ }^{\circ}\text{C}$  until extraction. Viral nucleic  
191 acids were extracted using the QIAamp MinElute Virus Spin Kit (Qiagen, Valencia, CA)  
192 according to manufacturer instructions and 40  $\mu\text{l}$  was eluted. For each sample, nucleic acids



193 were extracted from two filters and the eluants combined to provide enough volume for all the  
194 viral assays being run. Nucleic acid extracts were stored at -80 °C until analysis.

195 **Tetra Tech.** Human polyomaviruses (HPvYs) and HAdV were concentrated according to a  
196 previously published protocol (Katayama et al. 2002). Samples were acidified to pH 3.5 with  
197 HCl and were then filtered through type HA, negatively charged membranes (Millipore,  
198 Billerica, Mass.) with a 47 mm diameter and a 0.45 µm pore size. Filters were stored in 1.5-ml  
199 microcentrifuge tubes and shipped on ice to analytical laboratory. At the analytical laboratory,  
200 filters were stored at -80°C prior to further processing. Viral nucleic acid was extracted and  
201 purified using Qiagen QIAamp MinElute Virus Spin Kit (Qiagen, Valencia, CA) following the  
202 manufacturer's protocol with minor modifications. Upon removal from the freezer, 400 µl of  
203 RNase free water was added into each tube with filter and pulse-vortex for 30 s to release viral  
204 particles from the filters. Purification steps were then performed according to manufacturer's  
205 protocol. Purified viral RNA/DNA was eluted in 100 µl of RNase-free water and stored at -20°C.

206 **UNC-CH.** Human enteroviruses (EV), human norovirus I (NoV GI) and norovirus II  
207 (NoV GII) were enumerated in 50 ml challenge samples filtered through 0.45 µm mixed  
208 cellulose filters (Millipore, MA). Filters were stored at -80 °C until extraction. Viral nucleic  
209 acids were extracted using a modified version of the RNeasy Mini Kit (Qiagen, Valencia, CA) as  
210 described previously (Gregory et al. 2006). Nucleic acid extracts were eluted into 30 µl of  
211 DNase- and RNase-free water and stored at -80 °C until analysis.

212 **UNC-CH-IMS.** Human adenoviruses (HAdV) were enumerated in 50 ml challenge  
213 samples filtered through 47 mm HA filters with a pore size of 0.45 µm. Filters were stored at -  
214 80°C until further processing. Frozen filters were transferred to 2 mL semi-conical screw-cap  
215 tubes loaded with 0.3 g of 0.1 mm glass beads (BioSpec, Bartlesville, OK) and 990 µL of AE

216 Buffer (Qiagen, Valencia, CA). Tubes were bead beaten for 2 min at maximum speed and  
217 centrifuged for 1 min at 12,000 x g. Supernatant were transferred to 1.7 mL microtubes and  
218 centrifuged again for 5 min at 12,000 x g. Supernatant was transferred carefully to new 1.7 mL  
219 microtubes, and DNA was extracted using DNA-EZ RW01 kits (GeneRite, New Brunswick, NJ)  
220 following manufacturer instructions.

221 **USC.** Human enteroviruses (EV) were enumerated in 50 ml challenge samples filtered  
222 through 47 mm nitrocellulose filters with a pore size of 0.45  $\mu\text{m}$  (Millipore, MA). RNA was  
223 extracted from filters using the RNeasy Mini Kit (Qiagen, Valencia, CA) according to  
224 manufacturer instructions with modifications as specified in (Fuhrman et al. 2005).

225 **USF.** Human polyomaviruses BK and JC (HPyV) were enumerated in 50 ml challenge  
226 samples filtered through 47 mm nitrocellulose filters, pore size 0.45  $\mu\text{m}$ , after sample pH was  
227 adjusted to 3.5 using 2.0 N HCl (McQuaig et al. 2009). Filters were immediately frozen at -80°C  
228 until they were analyzed (within 30 days of receipt). DNA was extracted from filters by  
229 mechanical disruption (bead beating) using GeneRite bead tubes (North Brunswick, NJ).

230 **Bacteriophage Analysis (IFREMER, FOPH, UB, WSU).** Laboratories received 50 ml of  
231 each raw (unfiltered) challenge sample. Samples were shipped on blue ice. One to 5 ml of  
232 sample was added to a suspension of the appropriate host for enumeration of *Bacteroides* phages,  
233 somatic coliphages, FRNAPH and *Enterococcus* phages (see Section 2.3). FRNAPH genotyping  
234 was carried out on isolated plaques obtained using a previously published protocol (Mauffret et  
235 al. 2012).

236

237 **2.3. Analytical methods**

238 Challenge samples were tested for inhibition of qPCR reactions prior to shipment from  
239 SCCWRP to the individual laboratories (see (Boehm et al. 2013) for details). Individual  
240 laboratories also tested for inhibition using qualitative methods such as running conventional  
241 PCR for 16S rRNA or general *Bacteroidales* on the sample, semi-quantitative methods such as  
242 diluting samples 1:5 or 1:10 and comparing C<sub>T</sub> values to those obtained for undiluted samples  
243 (Cao et al. 2012), or quantitative methods using a commercially-supplied internal control  
244 (QuantiFast Pathogen +IC Kit, Qiagen) (data not shown). Few instances of inhibition were noted  
245 by any of the laboratories and when they were, samples were diluted 1:5 or 1:10 and re-analyzed.

246 **SCCWRP.** EV were enumerated by reverse transcription-QPCR (RT-QPCR) on a  
247 BioRad CFX 96 thermocycler using TaqMan® RNA-to-Ct™ 1-Step Kit (Applied Biosystems,  
248 CA) using the protocols cited (Walters et al. 2009, Gregory et al. 2006, De Leon et al. 1990).  
249 Cycling parameters included a 15 min RT step at 48 °C, followed by a 10 min denaturation step  
250 at 95 °C and then 40 cycles of 95 °C for 15 s and 60 °C for 60 s. Fluorescence data were  
251 analyzed using BioRad CFX96 software v2.0 with a threshold fluorescence value of 100. RNA  
252 standards were made by *in vitro* transcription of plasmids extracted from an *E. coli* clone.  
253 Standards were quantified using a Nanodrop-1000 (Thermo Scientific, Wilmington, DE) and  
254 serially diluted to make standard curves. The highest concentration of enterovirus standard was  
255  $1.5 \times 10^6$  PFU/ml. Standard curves were run in triplicate on every qPCR plate containing samples.  
256 All enterovirus standard curves were ‘pooled’ and the ‘pooled’ standard curves were then used to  
257 relate quantification cycles (C<sub>q</sub>) to copy numbers and quantify samples (Sivaganesan et al. 2010).

258 **Stanford.** HAdV were enumerated by QPCR on an Applied Biosystems StepOnePlus  
259 real-time PCR system using TaqMan chemistry (Jothikumar et al. 2005). Each sample was run in  
260 triplicate. Thermocycling parameters included 95 °C for 10 min followed by 45 cycles of 95 °C

261 for 15 s and 55 °C for 1 min. Fluorescence data were analyzed using Applied Biosystems  
262 StepOnePlus software v2.0 with a threshold of 0.03. Standard curves were generated from *E. coli*  
263 plasmid DNA and run in triplicate with every set of samples, and then pooled by the same  
264 method as the SCCWRP protocol described above.

265 EV were enumerated by reverse transcription-QPCR (RT-QPCR) on an Applied  
266 Biosystems StepOnePlus thermocycler using TaqMan® RNA-to-Ct™ 1-Step Kit (Applied  
267 Biosystems, CA) using previously published protocols (Walters et al. 2009, Gregory et al. 2006,  
268 De Leon et al. 1990). Samples were run in triplicate. Cycling parameters included a 15 min RT  
269 step at 48 °C, followed by a 10 min denaturation step at 95 °C and then 45 cycles of 95 °C for 15  
270 s and 60 °C for 60 s. Fluorescence data were analyzed using Applied Biosystems StepOnePlus  
271 software v2.0 with a threshold of 0.03. RNA standards were made by *in vitro* transcription of  
272 plasmids extracted from an *E. coli* clone. Standards were quantified using a Nanodrop-1000  
273 (Thermo Scientific, Wilmington, DE) and serially diluted to make standard curves. Standard  
274 curves were run in triplicate with every set of samples and then pooled.

275 NoV GII were enumerated by reverse transcription-QPCR (RT-QPCR) on an Applied  
276 Biosystems StepOnePlus thermocycler using TaqMan® RNA-to-Ct™ 1-Step Kit (Applied  
277 Biosystems, CA), according to previously described methods (da Silva et al. 2007, Jothikumar et  
278 al. 2005b, Kageyama et al. 2003). Samples were run in triplicate. Cycling parameters included a  
279 15 min RT step at 48 °C, followed by a 10 min denaturation step at 95 °C and then 45 cycles of  
280 95 °C for 15 s and 60 °C for 60 s. Fluorescence data were analyzed with a threshold of 0.005.  
281 RNA standards were made by *in vitro* transcription of plasmids extracted from an *E. coli* clone.  
282 Standards were quantified using a Nanodrop-1000 (Thermo Scientific, Wilmington, DE) and  
283 serially diluted to make standard curves. Standard curves were run in triplicate with every set of

284 samples, and then pooled.

285           **Tetra Tech.** HPyV and HAdV analyses were performed by QPCR using the Quantifast  
286 Pathogen PCR + IC kits (Qiagen, Valencia,CA) following the manufacturer's suggestion for PCR  
287 cycling conditions. Primers and probes sequences for each target organisms were adapted from  
288 the literature (Table 1). The Quantifast Pathogen PCR kit was supplemented with an Internal  
289 Control DNA and a standardized Internal Control assay. The presence of PCR inhibitor in the  
290 samples was determined by the deviation of  $\pm 3$  threshold cycles of mean Ct value of the internal  
291 control. Samples that showed PCR inhibition were diluted and reanalyzed. Non-linearized  
292 plasmids with target DNA inserts (DNA2.0, Menlo Park, CA) were used as DNA standards for  
293 all target organisms. Concentration of each DNA standard was measured with a NanoDrop 2000  
294 spectrophotometer (Thermo Scientific, Wilmington, DE). DNA standards were serially diluted to  
295 obtain standard curves. All real-time PCR reactions were performed on RotorGene Q (Qiagen,  
296 Valencia, CA). Sensitivities of these assays range between  $10^1$  to  $10^2$  plasmid copies per PCR  
297 reaction. PCR analyses of all samples were performed in duplicate. All qPCR runs included at  
298 least one negative control reaction (PCR-grade H<sub>2</sub>O without template) and a positive control  
299 reaction.

300           **UNC-CH.** EV was detected by reverse transcription-PCR (RT-PCR) on a Cepheid  
301 SmartCycler thermocycler using a Quantitect Probe RT-PCR kit (Qiagen) using previously  
302 published primers and probes (Donaldson et al. 2002). The RT-PCR reaction mixture contained  
303 2  $\mu$ l of sample, each primer at a concentration of 500 nM, each probe mixture at a concentration  
304 of 120 nM, 12.5  $\mu$ l of 2X RT-PCR buffer, 0.3  $\mu$ l of 25X RT-PCR enzyme mix, and nuclease-free  
305 water for a total reaction mixture of 25  $\mu$ L. The reaction mixture was subjected to a one-step  
306 assay on using the following conditions: (i) RT for 30 min at 50°C, (ii) 15 min at 95°C, (iii) 45

307 cycles of 15 s at 94°C and 1 min at 60°C. All amplification reactions were carried out in  
308 duplicate. Fluorescence data was analyzed using Cepheid SmartCycler software with a threshold  
309 of 30. All amplification reactions were carried out in duplicate. Samples that gave a positive  
310 result in either or both of the duplicate reactions were amplified by RT-PCR again. Only after a  
311 sample gave a second positive result was it counted as an overall positive.

312 NoV GI and GII were enumerated by reverse transcription-QPCR (RT-QPCR) on a  
313 Cepheid SmartCycler using a Quantitect Probe RT-PCR kit using previously published primers  
314 and probes (Jothikumar et al. 2005b). The RT-PCR reaction mixture was the same as for EV run  
315 by this lab. The reaction mixture was subjected to a one-step assay using the following  
316 conditions: (i) RT for 30 min at 50°C, (ii) 15 min at 95°C, (iii) 45 cycles of 15 s at 94°C and 1  
317 min at 60°C. All amplification reactions were carried out in duplicate. Fluorescence data was  
318 analyzed using Cepheid SmartCycler software with a threshold of 30. RNA standards were a  
319 NoV GI.4 RNA transcript and a NoV GII.1 RNA transcript (courtesy J. Vinjé, CDC) that were  
320 serially diluted to make standard curves.

321 **USC.** EV were enumerated by reverse transcription-QPCR (RT-QPCR) on a Stratagene  
322 MX3000, by a modification of the 2-step protocol from Monpoeho et al. (2001) as described by  
323 Fuhrman et al. (2005).

324 **UNC-CH-IMS.** HAdV were detected using a conventional PCR assay targeting the hexon  
325 gene (Xu et al. 2001). Each sample was run in duplicate. Each 50 µL reaction contained 5 µL of  
326 sample DNA extract, each primer at a concentration of 0.2 µM, 50 mM MgSO<sub>4</sub>, 0.2mM (each)  
327 dNTP, and one unit of Platinum Taq HiFi (Invitrogen, Grand Island, NY). Reactions were  
328 thermal cycled on a MyCycler (BioRad, Hercules, CA) in two stages: (i) 94°C for 2 min, and (ii)  
329 35 cycles of 94°C for 30 s, 55°C for 30 s, and 68°C for 1 min. PCR products were visualized on

330 a 1.0% agarose gel stained with ethidium bromide and visualized on a GelDoc imaging system  
331 (BioRad, Hercules, CA).

332 **Bacteriophage Analysis (IFREMER, FOPH, UB, WSU).** Enumeration of somatic  
333 coliphages was carried in accordance with standard methods (Anon 2000) using the host strain *E.*  
334 *coli* WG-5, and was based on a double agar plaque count procedure similar to that described  
335 below for *Bacteroides* phage detection (Anon 2001). Screw-topped glass tubes (Hach, UK)  
336 containing BPRM broth were used to grow strain GB-124 (1 ml host in 12ml broth) to the  
337 correct optical density (approx. 0.33 at 620 nm) for phage detection. Once the correct optical  
338 density was reached (usually within 3 h), strain GB-124 was placed on melting ice and used  
339 within 4h. All samples were filtered using 0.22 mm polyvinylidene difluoride (PVDF) membrane  
340 syringe filters (Millipore, US) to remove any background bacterial contamination before phage  
341 detection. On each occasion, 1ml of the filtrate (or dilution thereof) and 1ml of host GB-124  
342 were added to a sterile 10 ml disposable test tube containing 2.5 ml of semi-solid BPRM agar  
343 (Ebdon et al. 2007); log phase *Bacteroides* strains (GB-124, GA-17) and *Enterococcus faecium*  
344 strains (HB-73, and MB-55) (1 mL) and 5mL of sample filtrate were added to 4 mL of 2 X  
345 BPRM agar (Vijayavel et al. 2010) and mixed gently to avoid bubble formation. The contents  
346 were then poured onto the surface of BPRM agar and left to solidify. The plates were inverted  
347 and incubated at 36 °C ( $\pm$  2 °C) for 18 ( $\pm$  2) h in anaerobic jars containing anaerobic sachets  
348 (Anaerogen, Oxoid, UK). The presence of phages resulted in the production of visible plaques  
349 (zones of lysis) in a confluent lawn of the host bacterium. All samples were analyzed in at least  
350 duplicate and expressed as the mean number of plaque forming units (PFU)  $\cdot$ 100 ml<sup>-1</sup>.

351 FRNAPH were counted according to the ISO 10705-1 method by analyzing 2 mL of each  
352 sample using the host strain *Salmonella enterica* Typhimurium WG-49. In addition, for samples

353 with low virus levels, a concentration step was performed on the remaining 48 mL of sample by  
354 flocculation with  $MgCl_2$  (0.05 M) followed by filtration through 0.22  $\mu m$  filters (GSWP047S0,  
355 Millipore, St Quentin en Yvelines, France). The viruses on the filter were then recovered in 5 mL  
356 eluent (Gourmelon et al. 2007) and analyzed as described above, however, bacteriophage  
357 isolated following the secondary concentration step were not used in the estimation of  
358 concentration, but were used for typing. Plaques were individually picked and stored in 15%  
359 PBS-glycerol at  $-20^{\circ}C$  until genotyping. Isolates were cultivated on Petri dishes with or without  
360 RNase. Isolates that were not sensitive to this treatment corresponded to DNA bacteriophages  
361 and were removed from the analysis. FRNAPH were genotyped using a QuantiTech probe RT-  
362 PCR kit (Qiagen, France) and previously published primers (Ogorzaly and Gantzer 2006). When  
363 less than five plaques could be isolated for typing, the result was reported as “non-conclusive.”

### 364 **2.3. Data reporting**

365 All data were reported by the participating laboratories on a common spreadsheet. The units for  
366 QPCR methods were gene copies $\cdot filter^{-1}$  and those for bacteriophage methods were plaque  
367 forming units (PFU) $\cdot 50 mL^{-1}$ . The theoretical limit of detection ( $LOD_T$ ) was calculated by  
368 assuming that 1 gene copy or PFU could be detected in a given test (PCR reaction or plate), and  
369 subsequently calculating the minimum quantity that must be present on a filter (or in 50 mL) of  
370 sample to be detected given the concentration factor through processing and the volume used in  
371 each method. The  $LOD_T$  calculation also assumes 100% recovery through processing, and is  
372 therefore an optimistic estimate of the LOD. Results for samples in which target was detected,  
373 but reported by the participating laboratories at levels below the  $LOD_T$  were considered positive,  
374 but were not quantified. Conventional (binary) PCR methods were reported as +/- results.

### 375 **2.4. Statistical analysis**



376 All virus and bacteriophage data sets were translated into binary data indicating presence or  
377 absence. The FRNAPH typing data was translated into a binary data set indicating the presence  
378 or absence of human feces (i.e., genotype II): if the typing indicated human was present (either  
379 alone or with animals), then it was considered positive for human feces; if the typing was  
380 inconclusive (less than five plaques available for typing), or if no plaques were present, it was  
381 considered negative for human feces. Statistical analyses were carried out using SPSS Statistics  
382 version 20.0.0 (IBM, Foster City, CA, USA). The agreement between the binary data sets was  
383 determined using the phi coefficient. A one-way ANOVA was used to assess whether somatic  
384 coliphage and enterococci concentrations were significantly higher when either individual human  
385 viruses, human-associated bacteriophages, or FRNAPH were present. Somatic coliphage and  
386 enterococci concentrations were  $\log_{10}$ -transformed for statistical analysis. Statistical significance  
387 was determined at  $\alpha = 0.05$ .

388 The sensitivity, specificity, positive predictive value, and negative predictive value were  
389 calculated for each assay using Matlab version 2009b (Natick, MA). The formulas for these  
390 metrics are provided below, where true positive is abbreviated TP, false positive is FP, true  
391 negative in TN, and false negative is FN, and all are expressed as percentages. Sensitivity, or the  
392 ability of the test to detect a contamination source when it is present, was calculated as  
393  $\text{sensitivity} = \text{TP}/(\text{TP}+\text{FN})$ . Specificity, or the ability of a test to detect only the target  
394 contaminant source and no other, was calculated as  $\text{specificity} = \text{TN}/(\text{FP}+\text{TN})$ . Positive  
395 predictive value, or the frequency at which a positive test result is a true positive, was calculated  
396 as  $\text{PPV} = \text{TP}/(\text{TP}+\text{FP})$ . Negative predictive value, or the frequency at which a negative test result  
397 is a true negative, was calculated as  $\text{NPV} = \text{TN}/(\text{TN}+\text{FN})$ . Variables were treated as binary  
398 observations (+ or -) for all of these calculations.

399 **3. Results**

400 Relatively small volumes were used in the PCR and bacteriophage assays; therefore the  
401 theoretical limits of detection ( $LOD_T$ ) were relatively insensitive, ranging from 10 - 50 gene  
402 copies·filter<sup>-1</sup> or plaques·50 ml<sup>-1</sup>. The sensitivity and NPV of the virus methods toward challenge  
403 samples containing target fecal material tended to be rather low, while specificity and PPV was  
404 generally much higher (Tables 2 and 3). Table 2 shows performance measures for the dataset that  
405 includes all challenge samples, including singletons and doubletons (n=64), and Table 3 contains  
406 the results for the dataset that includes only singleton challenge samples (n=38).

407 The human viruses were generally highly specific toward human fecal sources (Tables 2 and  
408 3), ranging from 84.6% to 100% when considering the dataset containing all samples (Table 2).  
409 Cross-reactivity of the assays was observed for two of the EV methods (USC and SCCWRP)  
410 toward pig feces, and lowered both specificity and PPV compared to the other human virus  
411 methods. In fact, USC and SCCWRP both detected EV in three samples contaminated with pig  
412 feces and in all four sewage/pig doubleton samples, while the other two laboratories did not  
413 detect EV in these samples. The incomplete specificity of the two EV assays was still evident  
414 when considering results from only singleton challenge samples (Table 3); however, only pig  
415 fecal sources produced false-positive results.

416 None of the human virus methods displayed good sensitivity toward human fecal sources  
417 (Tables 2 and 3); however, each of the methods except NoVI and NoVII detected the target in at  
418 least two samples containing human fecal sources. The method with the best combination of  
419 sensitivity and specificity was HAdV (TetraTech), which detected human fecal contamination in  
420 five samples (13.2% sensitivity) in the complete dataset and was 100% specific (Table 2).  
421 Results for the singleton dataset (Table 3) were characterized by higher NPVs (mean 68.6% for

422 all human viruses) compared to the complete dataset (mean 41.1%) due to the lower frequency of  
423 false-negative results in the singleton samples compared to the doubletons. The majority of  
424 human virus detections were in sewage samples (76%), followed by septage (16%), and lastly  
425 human feces (8%).

426 The somatic coliphage and FRNAPH methods are general indicators of fecal pollution,  
427 rather than source-specific markers. The performance measures shown in Tables 2 and 3 for  
428 these coliphages were calculated with respect to human fecal source. Somatic coliphages were  
429 present in most of the samples containing human fecal material (sensitivity = 71%), while  
430 FRNAPH were present in only 21% (Table 2). Note that the sensitivity of somatic coliphages  
431 and FRNAPH toward human fecal material decreased greatly in singleton samples (8.3%, Table  
432 3). The human-associated bacteriophage method with the greatest sensitivity toward samples  
433 containing human waste in the complete dataset was the GB-124 bacteriophage assay (60.5%);  
434 however, this method also had low specificity and NPV, indicating a high proportion (>50%) of  
435 false-positive results (Table 2). GB-124 cross-reacted with all non-human fecal sources except  
436 deer and goose. GB-124 levels in singleton samples from both human-derived and animal fecal  
437 samples ranged from undetectable to 700 PFU·100 ml<sup>-1</sup>.

438 The human-associated bacteriophage methods HB-73 and FRNAPH II genotyping were more  
439 specific than GB-124 (80.8% and 84.6%, respectively for the complete dataset), but were not  
440 very sensitive toward human fecal sources (~25%), and were not as specific as most of the  
441 human virus methods. HB-73 cross-reacted with dog, goose, gull, horse, and pigeon feces, while  
442 the FRNAPH typing method identified human-associated genotype II phages in gull and pigeon  
443 feces. MB-55 was detected in only one sample, which contained cow feces.

444 Although quantitative methods such as qPCR or plaque counting were used for most of the  
445 methods (Table 1), the usefulness of the quantitative data is limited by the low frequency of  
446 detection of the viruses. Gene copies·filter<sup>-1</sup> (50 mL of sample was applied to each filter) and  
447 fecal source are shown in Table 4 for samples in which the target was reported at concentrations  
448 above the LOD<sub>T</sub>. Most of the quantities detected were on the order of 10<sup>2</sup> gene copies·filter<sup>-1</sup>,  
449 with the exception of EV\_USC, which was on average 6.8\*10<sup>5</sup> gene copies·filter<sup>-1</sup> when detected  
450 in samples from human fecal sources (Table 4); however, this method lacked specificity, making  
451 the quantitative data unreliable.

452 Agreement of results among laboratories for viruses that were measured by more than one  
453 laboratory was assessed by correlation. Results indicating the presence/absence of target in the  
454 64 challenge samples were positively associated in some instances, e.g. EV results from  
455 SCCWRP and USC (phi coefficient = 0.87, p<0.05). HAdV run by UNC-CH-IMS was also  
456 positively associated with EV run by USC and by SCCWRP (phi coefficient = 0.44 and 0.51,  
457 respectively, p<0.05 for both). HAdV measured by Stanford and TetraTech were positively  
458 associated (phi coefficient = 0.28, p<0.05), but there was no agreement with HAdV data from  
459 UNC-CH-IMS. Results from the HB-73 bacteriophage were positively associated with HAdV  
460 results from TetraTech (phi coefficient = 0.25, p>0.05), but the human-associated bacteriophage  
461 results were not correlated with each other. Results from the two labs that ran HPyV were not  
462 correlated, however, the results for HPyV from USF were positively correlated with the results  
463 from the three labs running human adenovirus (phi coefficient = 0.41, 0.32, 0.32 for HAdV  
464 measured by TetraTech, Stanford, and UNC-CH-IMS, respectively, p<0.05).

465 Levels of enterococci and somatic coliphages, both of which are general indicators of fecal  
466 contamination, are graphed in Figure 1 along with instances of detection of human viruses and

467 human-associated bacteriophages in challenge samples. Enterococci concentrations tended to be  
468 higher in the fecal samples compared to the sewage and septage samples, and were particularly  
469 high in dog and pigeon fecal samples ( $\sim 10^6$  CFU·filter<sup>-1</sup>). The relationship between enterococci  
470 concentrations and virus detection was determined using ANOVA, in which virus presence or  
471 absence was used as a treatment. Several of the methods showed a relationship with enterococci  
472 concentrations, i.e. EV\_USC detections were associated with lower enterococci levels ( $\log_{10}$  2.69  
473 when EV detected vs.  $\log_{10}$  3.96 when EV not detected;  $P = 0.002$ ). A similar relationship was  
474 found for EV\_SCCWRP ( $\log_{10}$  2.81 when EV detected vs.  $\log_{10}$  3.90 when EV not detected;  $P =$   
475 0.019). In contrast, when FRNAPH typing indicated the presence of a human fecal source,  
476 somatic coliphage and enterococci concentrations were both significantly higher ( $P < 0.001$  and  
477  $P = 0.004$ , respectively). FRNAPH detection was associated with significantly higher enterococci  
478 levels ( $\log_{10}$  4.40 when FRNAPH detected vs.  $\log_{10}$  3.58 when FRHAPH not detected;  $P =$   
479 0.015).

#### 480 **4. Discussion**

481 If MST methods are to be useful in a regulatory and/or management context, one must  
482 have good confidence in the performance of the method(s), e.g. that a positive or a negative  
483 result is a reliable predictor, at a minimum, of the presence/absence of the targeted source of  
484 fecal contamination. The proliferation of MST methods over the last decade has produced a  
485 potpourri of possible assays for fecal source identification whose performance is rarely directly  
486 compared. This study provided the opportunity for direct comparison; however, because of the  
487 many methods and laboratories involved, compromises in sample composition and processing  
488 had to be made that were not optimal approaches for some methods. The virus methods, in  
489 particular, suffered in terms of sensitivity from the relatively small sample size utilized, although

490 these manufactured samples carried quite a high level of contamination as measured by  
491 conventional FIB (median enterococci level of  $6 \times 10^3$  CFU·filter<sup>-1</sup>) (Boehm et al. 2013).  
492 Membrane filtration of water samples does not always result in good recovery of viruses;  
493 however, McQuaig et al. (2012) demonstrated an average efficiency of 90.9% recovery for  
494 HPyVs with the methods utilized here. Furthermore, some viral targets such as HPyVs are shed  
495 in urine (McQuaig et al. 2009, Bialasiewicz et al. 2009) and in feces (Vanchiere et al. 2009,  
496 Vanchiere et al. 2005, Bialasiewicz et al. 2009), therefore sewage rather than feces is probably a  
497 more appropriate source of reference material for such viruses. Larger sample sizes and more  
498 efficient concentration methods, such as a recently-published organic flocculation method  
499 (Calgua et al. 2013) would very likely improve the effectiveness of the viral markers for  
500 detecting sewage contamination.

501         The performance measures calculated in this study show that many of the methods  
502 designed to detect contamination a human source, i.e. human viruses and FRNAPH genotype II,  
503 had good (>80%) to excellent specificity, meaning that they did not detect their target in waste  
504 from other host species (false-positives were infrequent). On the other hand, NPV provided a  
505 much more critical assessment of the markers in the face of a high percentage of non-detect  
506 results from the viruses. NPV measures the proportion of true-negative results among all  
507 negative results, and is therefore lowered by false-negative results (failure to detect the target  
508 when it should be present). NPVs for the human viruses in all samples were generally in the  
509 range of 35-45%, even though specificity was generally >85% to 100%. This result suggests that  
510 when viruses are detected in water samples they can be useful tools for identifying the source of  
511 pollution; however, when using the sample volumes and concentration methods employed in this  
512 study, water samples with undetectable or non-quantifiable viral concentrations cannot be

513 assumed to have no human source of pollution. These results agree with recent calculations of  
514 detection limits of HPyVs in sewage diluted in environmental water samples. QPCR for HPyVs  
515 was generally not sensitive enough to detect sewage contamination at levels corresponding to  
516 elevated risk of norovirus infection, which was (calculated by quantitative microbial risk  
517 assessment (Staley et al. 2012).

518         The performance of bacteriophage-based methods for detecting human contamination  
519 varied from highly specific but insensitive (MB-55) to relatively sensitive but nonspecific  
520 (GB124). FRNAPH genotype II had the best performance of the bacteriophages, but, like many  
521 of the methods, was not sensitive toward singleton samples containing a human fecal source,  
522 indicating that these phages are not ubiquitously distributed in the human population sampled.  
523 An advantage of the bacteriophage methods as performed in this study is that the viruses are  
524 known to be viable, as a culture step is utilized. The disadvantage of culture methods is that they  
525 do not return rapid results, unlike the several-hour turnaround time of qPCR methods that are  
526 directly applied to nucleic acid extracted from a water sample. FRNAPH genotyping as  
527 performed here requires manipulations for reverse-transcriptase PCR that adds to the time and  
528 labor of the culture method. Detection of specific FRNAPH genotypes directly by RT-PCR,  
529 without the culture step, has been demonstrated in wastewater (Ogorzaly and Gantzer 2006) and  
530 highly polluted river water (Ogorzaly et al. 2009); however, the direct RT-PCR methodology can  
531 be less sensitive than the method which includes a culture step, and was therefore not employed  
532 here.

533         Some of the viruses were measured by more than one method or laboratory, i.e. EV was  
534 tested by four labs and four methods, HAdV by three labs and two methods, and NoV GII by two  
535 labs and two methods. EV was the most subject to performance variability, as the EV\_USC and

536 EV\_SCCWRP (unacidified) results were more sensitive than those of the other labs when all  
537 samples were considered; however, their specificity notably PPVs were significantly lower than  
538 those of other laboratories. The false-positive results for EV\_USC and EV\_SCCWRP were  
539 exclusively against challenge samples containing pig feces, and these two methods used a  
540 common set of primers and probe. Sensitivity and PPV were notably lower for the EV\_USC and  
541 EV-SCCWRP methods in singleton samples than for the dataset containing all samples, which  
542 included four samples of combined human and pig waste that were not part of the singleton  
543 dataset. HAdV was more sensitive to human contamination in singleton samples than any of the  
544 EV methods, and results were consistent for the two labs that measured HAdV by qPCR. Note  
545 that one laboratory (TetraTech) acidified samples prior to filtration while the other did not;  
546 however, the performance characteristics were not different between the two methods, which  
547 used the same primer and probe combination. HPyV was detected at about the same frequency  
548 by the two laboratories that tested them, both of which employed the same methods, and showed  
549 the typical virus pattern of low sensitivity and NPV, but high specificity and PPV. NoV GII was  
550 not detected by either laboratory that tested it (Stanford or UNC-CH).

551         The agreement at the sample level among the tests and laboratories reveals some  
552 interesting results. Only the norovirus methods, which failed to identify any positive samples,  
553 were in complete agreement for each sample, and this included NoV GI and NoVGII. Results for  
554 the two EV methods with high false-positive rates were significantly associated; however, much  
555 of the agreement was due to false-positive results from pig samples. Results of HAdV testing  
556 from the two laboratories that ran qPCR assays (Stanford and TetraTech) were correlated, but  
557 not results from UNC-CH-IMS, which ran conventional PCR. HPyV results were not correlated  
558 at the sample level, but results from one laboratory running HPyV were correlated with results



559 from all three laboratories running HAdV. It is not surprising that agreement at the sample level  
560 was not generally achieved due to level of target viruses in the samples, which was generally  
561 near the LOD for the methods.

562 Another interesting aspect of this study was differences among the laboratories in data  
563 generation and handling. Some laboratories ran analyses in duplicate, while others ran triplicates.  
564 Although most laboratories required either two positive duplicates or two of three triplicates to  
565 call a positive result, two participants called samples with signal in one of two duplicates  
566 positive. This discrepancy highlights the need for method standardization across laboratories that  
567 carry out MST.

568 In this study, water was spiked with a level of fecal waste intended to mimic a plausible  
569 level of surface water contamination, i.e. an amount that resulted in  $\sim 2,000$  CFU $\cdot 100$  ml $^{-1}$   
570 enterococci in the challenge samples (Boehm et al. 2013). This goal was not always achieved  
571 because of the inherent variability of enterococci in the waste, and enterococci concentrations in  
572 challenge samples spiked only with sewage or septage ranged from 23 (1:10 dilution of sewage)  
573 to 1015 (septage) CFU $\cdot 100$  ml $^{-1}$ . Although the singleton challenge samples containing human  
574 feces had higher levels of enterococci than sewage and septage samples ( $\sim 6000$  CFU $\cdot 100$  ml $^{-1}$ ),  
575 viruses were more often detected in septage and sewage than in human feces. Septage and  
576 sewage are composite samples from many individuals; therefore they are more likely to contain a  
577 target that is sporadically distributed in the population than a fecal sample from an individual,  
578 although it should be noted that the human fecal sample used here was a composite from twelve  
579 individuals. The inconsistent detection of human viruses in this study is supported by a previous  
580 study in which the LOD for HPyVs corresponded to 1,000 to 10,000-fold dilution of sewage  
581 containing between  $\sim 800 - 5,000$  CFU $\cdot 100$  ml $^{-1}$  enterococci (Harwood et al. 2009). In the 2009

582 study, 500 ml rather than 50 ml of diluted sewage was processed; therefore, consistent detection  
583 of HPyVs and, presumable, the other viruses requires more concentrated sewage samples than  
584 those used in the current study.

585         While the specificity and PPV of many of the virus methods is encouraging, the low  
586 sensitivity and NPV indicate that better concentration methods are needed if they are to be  
587 reliable MST markers. Observed human virus concentrations in sewage estimated by qPCR span  
588 a broad range (all concentrations expressed in gene copies•L<sup>-1</sup>), e.g. enteroviruses from ~10<sup>1</sup> -  
589 10<sup>8</sup> (Katayama et al. 2008, Wolf et al. 2010); noroviruses from ~5 × 10<sup>3</sup> – 10<sup>9</sup> (da Silva et al.  
590 2007, Katayama et al. 2008), adenoviruses from ~10<sup>1</sup> – 5 × 10<sup>5</sup> (Katayama et al. 2008, Wolf et al.  
591 2010, Fong et al. 2010), and HPyVs ~10<sup>7</sup> (McQuaig et al. 2009) (reviewed in Chapter 5: Viruses  
592 as Tracers of Fecal Contamination (McQuaig and Noble 2011). Virus concentrations in surface  
593 waters tend to be low except when sewage contamination is present (all concentrations expressed  
594 in gene copies•L<sup>-1</sup>), e.g. adenoviruses detectable to ~ 10<sup>2</sup> and enteroviruses at 10<sup>1</sup> -10<sup>2</sup> (Sassoubre  
595 et al. 2012); HPyVs undetectable to ~10<sup>6</sup> (McQuaig et al. 2012, McQuaig et al. 2009); norovirus  
596 Group I at 10<sup>3</sup> (Sauer et al. 2011). The practice of concentrating large volumes (40 L or more) of  
597 surface water is commonly used for quantifying viruses in surface waters (e.g. (Jiang et al.  
598 2001)), although the strategy of capturing viruses on negatively charged membrane filters has  
599 allowed effective use of 500 to 1,000 ml volumes (McQuaig et al. 2012, Katayama et al. 2002,  
600 Rigotto et al. 2009), which is less expensive and labor-intensive than using larger volumes. The  
601 results of this study and others (Staley et al. 2012, Harwood et al. 2009), however, indicate that  
602 greater concentration factors from surface water samples must be achieved for viral targets to be  
603 effective MST markers. Alternative methods for concentration of viruses from surface waters  
604 include hollow fiber ultrafiltration (Leskinen et al. 2010, Rajal et al. 2007, Liu et al. 2012,

605 Rhodes et al. 2011), electropositive filters such as the NanoCeram<sup>®</sup> cartridge specified in  
606 USEPA Method 1615 (USEPA 2010), and skim milk flocculation (Calgua et al. 2008). The  
607 necessity for secondary and/or tertiary steps to concentrate nucleic acids and/or to remove  
608 inhibitors must also be taken into consideration (Jiang et al. 2001, McQuaig and Noble 2011,  
609 Rhodes et al. 2011).

## 610 **5. Conclusions**

- 611 • Host-specific viruses tended to have high specificity and PPV, but low sensitivity and  
612 NPV owing to their uncommon occurrence in their hosts. These findings suggest that  
613 when viral markers are detected they can be useful tools for identifying human sources of  
614 pollution, however, when viral markers are not detected, human sources of pollution  
615 cannot be ruled out.
- 616 • Host-specific bacteriophage and FRNAPH genotyping methods had moderate specificity  
617 and sensitivity; however, they tended to cross react with various non-target hosts. Larger  
618 sample sizes may improve sensitivity and negative predictive values.
- 619 • Some host-associated viruses were tested by more than one laboratory, and while their  
620 results did not agree completely, several were significantly associated in challenge fecal  
621 samples. Inter-laboratory variation is not surprising given the low levels of viruses  
622 presumably in the samples.
- 623 • Concentration methods that allow quantitative recovery of viruses while avoiding  
624 concentration of substances that inhibit the PCR will be necessary to allow researchers  
625 and regulatory agencies to take advantage of the specificity of viruses in MST efforts.

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891 **Figure Legend**

892 Figure 1. Concentrations of enterococci (●) and somatic coliphage (□) per filter or 50 mL  
893 challenge samples. Note that all samples containing human feces are on the right of the bottom  
894 axis. Presence of phage / virus in the challenge samples is indicated above the enterococci and  
895 phage data with different symbols for the different laboratories measuring the virus. Detection  
896 of the putative human-specific phage HB73 (#), MB55 (●), and GB124 (○) are indicated.  
897 Detection of human-associated Group II F+ RNA coliphages are indicated (○). Detection of EV  
898 in the USC (●) and SCCWRP (non-acid method) (○) laboratories is indicated, no EV detected  
899 by other laboratories. The presence of HAdv in the TetraTech (■) and Stanford (□) laboratories  
900 is indicated, no HAdv detected by UNC. Presence of HPyVs in the TetraTech (●) and USF (○)  
901 laboratories is indicated.

**Table 1.** Summary of virus, targeted host, and method type. The theoretical limit of detection ( $LOD_T$ ) is expressed as gene copies·filter<sup>-1</sup> (50 ml samples were filtered) or plaques·(50 ml)<sup>-1</sup>.

Human Virus Designation & Lab	Virus Type	Target	Method	Primer/Probe sequences	Reference	$LOD_T$
EV_Stanford EV_SCCWRP EV_SCCWRP <sup>a</sup>	Enterovirus	Human	Reverse Transcription QPCR	EVupstream: CCT CCG GCC CCT GAA TG EVdownstream: ACC GGA TGG CCA ATC CAA Pan-enterovirus Probe: FAM- ACG GAC ACC CAA AGT AGT CGG TTC-BHQ	(Walters et al. 2009, Gregory et al. 2006, De Leon et al. 1990)	20
EV_USC	Enterovirus	Human	Reverse Transcription QPCR	EV1 (reverse): GAT TGT CAC CAT AAG CAG C EV 2 (forward): CCC CTG AAT GCG GCT AAT C EV Probe: FAM-CGG AAC CGA CTA CTT TGG GTG TCC GT-BHQ	(Fuhrman et al. 2005, Monpoeho et al. 2001)	10
EV_UNC-CH	Enterovirus	Human	Reverse Transcription QPCR	Upstream: GGC CCC TGA ATG CGG CTA AT Downstream: CAC CGG ATG GCC AAT CCA A Probe: FAM-CGG ACA CCC AAA GTA GTC GGT TCC G-TAMRA	(Donaldson et al. 2002)	15
HAdV_Stanford HAdV_TetraTech <sup>a</sup>	Adenovirus	Human	QPCR	JTVXF: GGA CGC CTC GGA GTA CCT GAG JTVXR: ACI GTG GGG TTT CTG AAC TTG TT JTVXP: FAM-CTG GTG CAG TTC GCC CGT GCCA-BHQ	(Jothikumar et al. 2005)	20
HAdV_UNC-CH_IMS	Adenovirus	Human	Conventional PCR	Ad1: TTCCCCATGGCICAYAACAC Ad2: CCCTGGTAKCCRATRTTGTA	(Xu et al. 2001)	20
NoV GI_UNC-CH	Norovirus (Group I)	Human	Reverse Transcription QPCR	JJV1F: GCC ATG TTC CGI TGG ATG JJV1R: TCC TTA GAC G CC ATC ATC AT JJV1P: FAM-TGT GGA CAG GAG ATC GCA ATC TC-BHQ	(Jothikumar et al. 2005b)	15
NoV GII_UNC-CH	Norovirus (Group II)	Human	Reverse Transcription	JJV2F: CAA GAG TCA ATG TTT AGG TGG ATG AG COG2R: TCG ACG CCA TCT TCA TTC ACA	(Jothikumar et al. 2005b, Kageyama et al. 2003)	15

Human Virus Designation & Lab	Virus Type	Target	Method	Primer/Probe sequences	Reference	LOD <sub>T</sub>
			QPCR	RING2-TP: FAM-TGG GAG GGC GAT CGC AAT CT-BHQ		
NoV GII_ Stanford	Norovirus (Group II)	Human	Reverse Transcription QPCR	QNIF2d: ATG TTC AGR TGG ATG AGR TTC TCW GA COG2R: TCG ACG CCA TCT TCA TTC ACA QNIFS - FAM- AGC ACG TGG GAG GGG ATC G-TAMRA	(da Silva et al. 2007, Jothikumar et al. 2005b, Kageyama et al. 2003)	20
HPyV_USF HPyV_TetraTech	Polyomaviruses BK and JC	Human	QPCR	SM2:AGT CTT TAG GGT CTT CTA CCT TT KGJ3:TCA TCA CTG GCA AAC AT P6:GGT GCC AAC CTA TGG AAC AG	(McQuaig et al. 2009)	20
<b>Bacteriophage and Lab</b>						
GB-124_UB & FOPH	<i>Bacteroides</i> GB-124 Phage	Human	Double Layer Agar	NA	(Anon 2000, Ebdon et al. 2007)	50
WG-5_UB	Somatic Coliphage on host WG-5	Human	Double Layer Agar	NA	(Anon 2001)	50
MB-55_WSU	<i>Enterococcus</i> Phage on host MB-55	Human	Double Layer Agar	NA	(Vijayavel et al. 2010)	10
HB-73_WSU	<i>Enterococcus</i> Phage on host HB-73	Human	Double Layer Agar	NA	(Vijayavel et al. 2010)	10
FRNAPH_IFREMER	F-specific RNA Bacteriophage on host <i>S. enterica</i> WG-	General	Double Layer Agar	NA	(ISO 1995)	25

<b>Human Virus Designation &amp; Lab</b>	<b>Virus Type</b>	<b>Target</b>	<b>Method</b>	<b>Primer/Probe sequences</b>	<b>Reference</b>	<b>LOD<sub>T</sub></b>
	49					
FRNAPH II_ IFREMER	Genotype II FRNAPH	Human	Reverse Transcription QPCR on isolated plaques	GIIF : TGCAAACCTAACTCGGAATGG GIIR : AGGAGAGAACGCAGGCCTCTA GIIP : FAM-TCCCTCTATTTCTC-MGBNFQ	(Ogorzaly and Gantzer 2006)	NA

<sup>a</sup>Samples were acidified prior to filtration

<sup>b</sup>Not applicable

Table 2. All samples (38 singletons and 26 doubletons) used to calculate performance measures including sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). Data for general (non host-specific) fecal indicators are in shaded rows.

<b>Human Viruses</b>	<b>Sensitivity</b>	<b>Specificity</b>	<b>PPV</b>	<b>NPV</b>
EV_USC (qPCR)	13.2%	84.6%	55.6%	40.0%
EV_UNC-CH (qPCR)	0.0%	100.0%	NC <sup>a</sup>	40.6%
EV_Stanford (qPCR)	0.0%	100.0%	NC	39.3%
EV_SCCWRP (qPCR)	10.5%	88.5%	57.1%	40.4%
EV_SCCWRP_acid (qPCR)	0.0%	100.0%	NC	40.6%
AdV_TetraTech (qPCR)	13.2%	100.0%	100.0%	44.1%
AdV_Stanford (qPCR)	5.4%	100.0%	100.0%	40.7%
AdV_UNC-CH-IMS (PCR)	5.3%	100.0%	100.0%	41.9%
NoV GI_UNC-CH (qPCR)	0.0%	100.0% <sup>c</sup>	NC	40.6%
NoV GII_UNC-CH (qPCR)	0.0%	100.0% <sup>c</sup>	NC	40.6%
NoV GII_Stanford (qPCR)	0.0%	100.0% <sup>c</sup>	NC	39.3%
HPyVs_TetraTech (qPCR)	7.9%	100.0%	100.0%	42.6%
HPyVs_USF (qPCR)	10.5%	100.0%	100.0%	43.3%
<b>Bacteriophage</b>				
MB-55	0.0%	96.2%	0.0%	39.7%
HB-73	26.3%	80.8%	66.7%	42.9%
GB-124	60.5%	57.7%	67.7%	50.0%
FRNAPH Group II	18.4%	84.6%	63.6%	41.5%
FRNAPH <sup>b</sup>	21.1%	69.2%	50.0%	37.5%
somatic coliphage <sup>b</sup>	71.1%	38.5%	62.8%	47.6%

<sup>a</sup>NC designates no calculation, as the formula would require division by 0.

<sup>b</sup>These methods are intended to be general indicators of fecal contamination, therefore sensitivity and specificity are provided only for comparison.



Table 3. Singleton samples only (n=38) used to calculate performance measures including sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). Data for general (non host-specific) fecal indicators are in shaded rows.

<b>Human Viruses</b>	Sensitivity	Specificity	PPV	NPV
EV_USC (qPCR)	8.3%	84.6%	20.0%	66.7%
EV_UNC-CH (qPCR)	0.0%	100.0% <sup>c</sup>	NC <sup>a</sup>	68.4%
EV_Stanford (qPCR)	0.0%	100.0% <sup>c</sup>	NC	66.7%
EV_SCCWRP (qPCR)	0.0%	88.5%	0.0%	65.7%
EV_SCCWRP_acid (qPCR)	0.0%	100.0%	NC	68.4%
AdV_TetraTech (qPCR)	16.7%	100.0%	100.0%	72.2%
AdV_Stanford (qPCR)	16.7%	100.0%	100.0%	70.6%
AdV_UNC-CH-IMS (PCR)	0.0%	100.0%	NC	68.4%
NoV GI_UNC-CH (qPCR)	0.0%	100.0% <sup>c</sup>	NC	40.6%
NoV GII_UNC-CH (qPCR)	0.0%	100.0% <sup>c</sup>	NC	68.4%
NoV GII_Stanford (qPCR)	0.0%	100.0% <sup>c</sup>	NC	66.7%
HPyVs_TetraTech (qPCR)	8.3%	100.0%	100.0%	70.3%
HPyVs_USF (qPCR)	8.3%	100.0%	100.0%	70.3%
<b>Bacteriophage</b>				
MB-55	0.0%	96.2%	0.0%	67.6%
HB-73	25.0%	80.8%	37.5%	70.0%
GB-124	66.7%	57.7%	42.1%	78.9%
FRNAPH Group II	0.0%	84.6%	0.0%	64.7%
FRNAPH <sup>b</sup>	8.3%	69.2%	11.1%	62.1%
somatic coliphage <sup>b</sup>	58.3%	38.5%	30.4%	66.7%

<sup>a</sup>NC designates no calculation, as the formula would require division by 0.

<sup>b</sup>These methods are intended to be general indicators of fecal contamination.

<sup>c</sup>Specificity was 100% because no false-positive results occurred, however, no true-positive results were observed

Table 4. Results by laboratory for host-associated viruses from methods and samples with results above the LOD<sub>T</sub>.

EV_USC		EV_SCCWRP		HAdV_TT		HAdV_Stanford		HPyV_TT	
Sample Type	Gene Copies <sup>a</sup>	Sample Type	Gene Copies	Sample Type	Gene Copies	Sample Type	Gene Copies	Sample Type	Gene Copies
pig 1:10	2.1x10 <sup>5</sup>	pig 1:10	3.1 x10 <sup>1</sup>	sewage	1.1 x10 <sup>2</sup>	sewage	7.5 x10 <sup>1</sup>	human/cow 10/90	1.4 x10 <sup>2</sup>
pig	8.3 x10 <sup>5</sup>	pig	3.3 x10 <sup>1</sup>	sewage	7.8 x10 <sup>1</sup>	sewage	3.8 x10 <sup>1</sup>	sewage	3.4 x10 <sup>2</sup>
sewage/pig 90/10	2.7 x10 <sup>5</sup>	sewage/pig 90/10	4.0 x10 <sup>1</sup>	sewage/gull 10/90	2.9 x10 <sup>2</sup>			human/dog 10/90	6.3 x10 <sup>2</sup>
sewage	1.0 x10 <sup>6</sup>	sewage/pig 10/90	1.3 x10 <sup>2</sup>	sewage/pig 90/10	6.7 x10 <sup>1</sup>				
sewage/pig 10/90	8.1 x10 <sup>5</sup>	sewage/pig 10/90	3.2 x10 <sup>2</sup>	sewage/gull 90/10	5.2 x10 <sup>1</sup>				
sewage/pig 90/10	7.5 x10 <sup>4</sup>								
sewage/pig 10/90	1.2 x10 <sup>6</sup>								
pig	2.4 x10 <sup>5</sup>								
pig 1:10	4.9x10 <sup>4</sup>								

<sup>a</sup>Gene copies·filter<sup>-1</sup>

↑ Virus Types  
↓ FRNA type

Enterococci (CFU/filter)

phage

FRNA type

EV

HAdV

HPyVs

Somatic phage (PFU/50 mL)

