

The SaniPath Approach to Fecal Exposure Assessment and **Application to Typhoid** Transmission

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### Overview

- Urban sanitation is not just about household toilets but also needs to consider where the 'fecal sludge' ends up. Children in low-income neighborhoods may be surrounded by shit
- SaniPath approach for assessing exposure to fecal contamination in the urban environment
- SaniPath adaptation for S. Typhi and S. Paratyphi A – valuable for advocacy and to guide intervention investments

#### Shit Flows Analyses show that Fecal Sludge is NOT Contained – Reservoirs in Urban Environment



Peal et. Al. Journal of Water Sanitation and Hygiene for Development. 2014

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### Pathways of Exposure to Fecal Contamination - Urban



Floodwater



**Drinking water** 



**Public latrines** 



**Open drains** 



Surface water



**Bathing water** 



Wastewaterirrigated produce



Soil

Multiple exposure pathways with different risks Which pathways pose the greatest risk?



Confused designed by Jessica Look for The Noun Project



The SaniPath Exposure Assessment is designed to <u>assess public health risks related to poor sanitation</u> and to <u>help prioritize interventions and investments</u> based on the exposures that have the greatest public health impact.



What is the risk of exposure to fecal contamination in the urban environment?



**Fecal Contamination + Behavior** 







### **SaniPath Data Collection Methods**

#### • Behavioral Exposure Data

 reported frequency of behavior of adults and children that leads to exposure to fecal contamination

#### Environmental Microbiology Data

- Collect environmental samples from relevant exposure pathways
- Analyze for *E. coli* as a marker for fecal contamination





### Overview of SaniPath Tool Architecture





**Mobile Data** 

Collection



#### Data/Form Repository



#### **Analysis and Dashboard**

### SaniPath Approach for Estimating Exposure to Fecal Contamination

#### **Behavior Frequency**

#### **Environmental Contamination**



### SaniPath Risk Profiles

#### Neighborhood in Accra, Ghana

Drinking Water (Adult) Percent Exposed = 89% Log10 Dose 3.1



#### Neighborhood in Vellore, India

Drinking Water (Adult) Percent Exposed = 97% Log10 Dose 5.0



Risk profiles show % of population exposed per month (in red) and the average dose of fecal contamination ingested per month (darker red = higher dose).

SaniPath tool deployments: 2012-2016 Primary data collection completed for 17 different neighborhoods

- Accra, Ghana 4 neighborhoods
- Vellore, India 2 neighborhoods
- Maputo, Mozambique 2 neighborhoods
- Accra, Ghana 5 neighborhoods
- Siem Reap, Cambodia 5 neighborhoods
- Atlanta, US 1 neighborhood, in progress
- Dhaka, Bangladesh 10 neighborhoods, in progress
- Dakar, Senegal in progress

Information needs for advocacy and investment decisions

- What is the frequency and magnitude of exposure to fecal contamination in the urban environment?
- Which exposure pathways pose the greatest risk?
  - How do fecal exposure pathways vary in a single neighborhood?
  - How do fecal exposure pathways vary across multiple neighborhoods in the same city?
  - How do fecal exposure pathways vary across multiple neighborhoods in different cities?

### How do fecal exposure pathways vary in a single neighborhood? Chorkor neighborhood, Accra, Ghana, 2016

#### **Open Drains**

Drain Percent Exposed = 72 % Log10 Dose= 7.07



#### Produce

Produce Percent Exposed = 92 % Log10 Dose= 7

#### Municipal Tap Water

Piped Water Percent Exposed = 67 % Log10 Dose= 5.17

#### **Public Latrines**

Public Latrine Surface Percent Exposed = 89 % Log10 Dose= 1.88

### SaniPath Deployment 5 Neighborhoods Accra, Ghana, 2016

Two adjacent coastal neighborhoods (Shiabu and Chorkor)

Higher income neighborhood (Ringway)



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### SaniPath Risk Profiles: 3 pathways, 3 cities

Greatest variability between 3 cities in magnitude of fecal contamination and exposure was in drain pathway.

Moderate fecal contamination of drinking water, but high proportion of population exposed

#### Produce

Produce is always highly contaminated, but proportion of the exposed population varies by city due to cultural differences in diet

Drinking Water

**Drains** 



Old Town, Vellore Percent Exposed = 76 % Log10 Dose = 4.1

Old Town, Vellore

Percent Exposed = 88 %

Log10 Dose= 4.25

Old Town, Vellore

Percent Exposed = 65 %

Log10 Dose= 6.59

Percent Exposed = 56 % Log10 Dose= 6.34
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### SaniPath Value: From Evidence to Action

- Risk profiles show how exposure to fecal contamination varies across pathways in a single neighborhood
- Risk profiles show how exposure to fecal contamination varies across neighborhoods in a single city and across pathways for different cities
- Municipal authorities can use information on geographic differences and pathway differences to target intervention investments to areas/pathways of greatest risk

How can SaniPath be used to assess risks of environmental transmission of typhoid?

### Phase I: Formative Research Research Questions

- What vehicles/pathways that transmit *S*. Typhi or *S*. Paratyphi A in outbreaks? In endemic areas?
- What do we know about *S*. Typhi and *S*. Paratyphi A in the environment?
  - Can we detect S. Typhi and S. Paratyphi A in various environmental samples with good sensitivity and specificity using culture? Using PCR-based methods?
  - What is the decay/persistence of S. Typhi and S. Paratyphi A in various compartments of the environment?
  - What is the persistence of *S*. Typhi and *S*. Paratyphi A in foods?
- What do we know about exposure behavior of the age groups with peak typhoid incidence? <5 year olds? School age children? Adolescents?

### Phase I: Formative Research Research Questions

 Can we detect human-specific fecal contamination in various environmental samples using phage-based microbial source tracking (MST)?



Multiple investigators are collaborating on improved culture-based and molecular methods to detect *S*. Typhi and *S*. Paratyphi A in environmental samples and are sharing methods and protocols.

# Phase II: SaniPath-Typhoid exposure assessment in 2 cities

- High incidence city and low incidence city in India
- Conduct structured observations, focus group discussions, GPS tracking of peak typhoid age groups to get more detailed behavior information

eg. Street food consumption, surface water contact

- Collect relevant environmental samples and test for *E. coli*, phage markers for human feces, and *S*. Typhi and *S*. paratyphi A
- Bayesian modeling to develop city-level risk profiles for typhoid and paratyphoid and identify key transmission pathways



Phase III: Develop environmental surveillance strategy for *S*. Typhi and *S*. Paratyphi A

Research questions

- Is there typhoid in the city?
- Where in the city is typhoid found?
- How much typhoid is in the city? Can we estimate typhoid prevalence from environmental surveillance data – eg. Sewage surveillance?

Use spatial analyses to show detection of S. Typhi, S. Paratyphi A, human-specific phage, and E. coli in open drains



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# SaniPath

# Thank You

For more information visit **SaniPath.org** 



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