### **CHEERS**:

The Chicago Health, Environmental Exposure and Recreation Study

> MWRD Research Seminar March 28, 2008 Sam Dorevitch, MD, MPH UIC School of Public Health







# Overview

- Why study health risks of CAWS recreation?
- Why an epidemiologic study ?
- What is CHEERS?
- How did things go in 2007?
- What are the plans for 2008?

#### Chicago Area Waterway System (CAWS) Lote Co. Cook Ce. WILMETTE PUMPING STATION 49.9 NORTHSIDE WR LAKE MICHIGAN Cook Co. O'HARE 42.2 LEGEND NORTH BRANCH-MAJOR WRP INFLOW NORTH BRANCH CANAL MINOR WRP INFLOW CHICAGO RIVER CONTROLLING WORKS 36.0 CHICAGO WATERWAY SYSTEM SECONDARY A - CHICAGO RIVER CONTACT COLLATERAL 30. CHANNEL-- OTHER WATERWAYS STICKNEY 31.93 **GENERAL USE** CITY CHICAGO WATERWAY of CHICAGO SYSTEM GENERAL USE CALUMET 12.3 -SAG JUNCTION HET - SAG CHANN CALUNET WRP EMOR OL F 28.5 O'BRIEN LOCK & DAM 35.4 LITTLE CALUMET RIVER GRAND CALUME LOCKPORT POWERHOUSE AND LOCK 0.0 RIVER CONFLUENCE WITH THE DES PLAINES RIVER SCALE IN MILES

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# Why study health risks of CAWS recreation?

- Clean Water Act: swimmable and fishable
- Use Attainability Analysis
- Proposed use designation changes
- Policy development for those uses:
  - What are the health risks?
  - What protection would the public gain from microbial water quality standards?

# Why study health risks of CAWS recreation?

### Current policy

- Benefits
- Risks



#### Alternative policies

- Benefits
- Risks

# Ways to evaluate health risks of CAWS recreation

- 1. Prior studies of secondary contact recreation in other settings
- 2. Estimate risk based on risks of primary contact recreation
- 3. Quantitative microbial risk assessment

# Approach 1: Prior studies of limited contact recreation in other settings

- Few studies of secondary contact recreation
- Range of activities limited to paddling
- Water quality not comparable to CAWS
- Limitations of methods used in those studies

Approach 2: Estimate risk based on primary contact recreation risks

- Don't know how much water is ingested or inhaled in secondary contact activities
- Couldn't estimate risk as a fraction of the primary contact risk without knowing relative doses of water in primary vs. secondary contact activities

### Approach 3: Quantitative Microbial Risk Assessment

- Measure pathogens in water at range of locations, times of year
- Estimate amount of water ingested for various activities relying on the literature
- Based on the "infectious dose" of pathogens, model the likelihood of ingesting an infectious dose
- Analysis suggests a risk of 1 illness per 1,000 recreational exposures

### Approach 3: Quantitative Microbial Risk Assessment

- Health risks are modeled rather than measured
- The modeled risk is dependent on model assumptions
- Regulatory authorities may place more weight on epidemiologic studies than risk assessments

### Alternative: measure health risks



"And it was so typically brilliant of you to have invited an epidemiologist."

## What is epidemiology?

The study of the <u>distribution</u> and <u>determinants</u> of <u>disease</u> in <u>populations</u>

"Determinants"
CAWS recreation
Microbial measures of water quality
Demographic variables

"Disease"
Dermatitis
Skin infection
Respiratory infection
Gastrointestinal infection

### Achilles heals of epidemiology

- "Confounding" (non-causal associations)
- "Statistical power"

(real difference exists, but insufficient study participants to identify difference with confidence)

# What is CHEERS?

Chicago Health, Environmental Exposure, and Recreation Study



# **Study Objectives**

- 1. To determine rates of acute gastrointestinal and non-gastrointestinal illness attributable to CAWS recreation.
- 2. To characterize the relationship between concentrations of microbes and rates of illness among secondary contact recreators.
- 3. To identify pathogens responsible for acute illness among recreators, and to explore sources of those pathogens on the CAWS.

# **Objective 1**

To determine rates of acute gastrointestinal and non-gastrointestinal illness attributable to CAWS recreation

# What might be responsible for in illness among CAWS recreators?



- Water recreation
- Having kids in day-care
- Eating contaminated food
- Taking antibiotics
- Having lactose intolerance and other intestinal conditions
- Skin, respiratory: Water, not microbe exposure



# Differentiating sources of risk

- Identify rates among those with the potential risk factor
- Identify rates among those without the potential risk factor

# Enroll groups with and without the factor of interest, in this case, exposure to CAWS water



# Sources of risk, by group



### Study objective #2

To characterize the relationship between concentrations of microbes and rates of illness among secondary contact recreators

## Water Quality: Direct sampling

- E. coli (EPA reference method 1603)
- Enterococci (EPA reference method 1600)
- Coliphages (EPA reference method 1602)



# Water Sampling: CFC for *Giardia* and *Cryptosporidium*



### Water Sampling: Norovirus



# Water Quality: Non-microbial measures

pH Dissolved Oxygen Conductivity Turbidity Temperature





# Study Objective #3

To identify pathogens responsible for acute infections among recreators, and to explore sources of those pathogens on the CAWS.

# Pathogens responsible for GI

- Salmonella
- Shigella
- Campylobacter
- Yersinia
- Pleisiomonas
- Shigatoxin
- *E. coli* 0157:H7
- Norovirus
- Rotavirus
- Adenovirus
- Enterovirus



- Giardia
- Cryptosporidium
- Cycolospora
- Entamoeba

# Pathogens responsible for non-GI illness

#### Skin/wound drainage

Bacterial culture

#### Eye discharge

- Bacterial culture
- Viral culture



# Study design

- Prospective cohort, the "gold standard" in epidemiology
- 9,330 study participants
- Neutral stance
  - "The risks aren't known; we want to find out"
  - Training
  - Recruiting materials
  - Content of survey questionnaires



# Eligibility

### All groups

No lake/river/lagoon use in the past 48 hours <u>Water exposed groups</u> No primary contact recreation (OK: rowing, paddling, fishing, power boating)



# CHEERS procedures













### UIC Survey Research Laboratory Call Center



## Approach to protocol development

- Tried & true rather than novel and speculative
   NEEAR study; EPA methods for water analyses
- Interdisciplinary
  - Infectious disease medicine
  - Microbiology
  - Biostatistics
  - Risk assessment
  - Survey research
  - Environmental science
  - Epidemiology
- Start small, evaluate, and scale up
- Quality benchmarks for measures, processes<sup>36</sup>
#### 2007 Timetable

- February-March: Develop research plan
- May-June 2007: Hiring, training, protocol development, human subjects research approval, preliminary water sampling, pilot study of questionnaires, publicity
- July 2007: Peer review
- August-November : Field study

### CHEERS 2007 performance measures



### Key performance measures

- Assumptions of sample size calculation
  - Background rates of GI illness
  - Attrition
- Water quality measurement
  - Holding time
  - Accuracy (recovery studies)
  - Precision

### Sample size calculation (9,330):

- Assumption: 75 cases/1,000 (based on NEEAR rates)
- Actual: As expected

- Assumption: Attrition/incomplete data rate of 15%
- Actual: Lower (better) than assumed

## Number of participants at each field phase of study



Problem: Difficulty reaching participants at end of day Solution: added screening questions

Problem: Intentional swimming Solution: Added screening questions

#### Actual attrition rate



42

#### Participant telephone survey

811 Participants eligible for telephone follow-up surveys

809 (99.8%) Participants completed <u>at least</u> <u>one</u> telephone follow-up surveys

# CHEERS 2007 performance measures: Water quality

- 2,600 samples for 4,500 analyses
- Field blanks: 16.4% of samples
- Field replicates: 23.4% of samples
- Spiked matrix: 11.9% of samples

### Enterococci and *E. coli* IPR and OPR Summary



### Field Splits: Enterococci, data truncated above 1000 CFU/100mL



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## Field Splits: *E. coli*, data truncated above 1000 CFU/100mL (median)



## Field Splits: Male-specific coliphage, data truncated above 20 PFU/100mL (median)



## Field Splits: Somatic coliphage, data truncated above 1000 PFU/100mL (median)



### Holding Time

- 1066/1082 (98.5%) enterococci and *E. coli* samples arrived at lab within 6 hours
- Of the 16 that arrived outside of 6 hrs:
  - -14 were "spikes" from the UIC lab
  - -2 were blanks
- Average time to lab: 3.5 hr

### It took a strong team in 2007....



### ...and we're scaling up in 2008

- Enhanced partnerships with clubs/teams/event organizer
- More "general use waterways" locations
- Improved methods for collecting and transporting clinical specimens to UIC



#### Other 2008 enhancements

- Weekends and holidays: 4 sites per day simultaneously, two 6-hour shifts of recruitment
- Performance evaluation water samples better integrated into ongoing water collection

- Expanded efforts to find and recruit CAWS fishers
- Spanish language study documents, field personnel, call center staff
- "Real time" process
  monitoring
- Off to a strong start, even in snow! 53

### **Questions?**

