

Background

Fecal contamination is a major source of pathogens in recreational waters and both point and non-point sources are involved. Fecal indicator bacteria (FIB) such as enterococci have been used to assess contamination of marine recreational waters. Hobie Beach is a popular beach near downtown Miami, Florida. The beach has experienced episodic biological contamination that has been quantified using several FIB (2, 4). There are no known sources of sewage-derived contamination at Hobie Beach and past studies have indicated that nonpoint sources on the shore are important contributors to the FIB in the water (1, 4).

This presentation reports the results of a study at Hobie Beach that provided statistical models for predicting enterococci concentrations at the beach. Hobie Beach was selected in part because few modeling studies have been conducted at marine beaches in warm climates. This study is part of several research efforts designed to evaluate the applicability of statistical modeling to a variety of marine and freshwater beaches. Virtual Beach is a software tool used in the study to develop predictive models based on microbial data (dependent variables) and observations (independent variables, IVs) of the hydrometeorological and biogeochemical conditions at the beaches(3).

Study Protocol

An overview of the study site is provided in Figure 1. Water samples were collected by contractors from ERG Inc at shin-deep and waist deep sites in the swim area (three times a day, four days a week) for measurement of culturable enterococci during July through September. Filters were collected for subsequent enterococci qPCR analysis and archiving at EPA (Figure 2). Instruments were deployed at the beach to log data that were used to develop the models (Figure 2). The UV radiometer system equipped with two optical sensors, each measuring UV irradiance (305, 325, 340, and 380 nm) positioned at two different depths underwater (Figure 3). The instruments were deployed close to the beach site (Figure 4).

Experimental Results

In agreement with results from two one-day intensive sampling studies (4), results from this study showed that enterococci concentrations were consistently higher at shin-deep sites than at the waist-deep sites throughout the summer (Figure 5). Also, the concentrations at the shindeep sites were influenced by the tides with higher concentrations observed during high tides (Figure 6). This tidal variability may be attributable to desorption and resuspension of the FIB from the shore region during high tides (4). Other IVs that significantly influenced enterococci levels at waist-deep sampling locations included wind speed, air temperature, dewpoint and pH.



Predictive Modeling of a Fecal Indicator at a Subtropical Marine Beach R. G. Zepp, E. M. White, M. Molina and M. Cyterski

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Statistical Model Development

Statistical models were developed using a modified version of Virtual Beach as well as other software tools such as MiniTab. Steps used in model development were: (1) optimize the correlations (Spearman Rank) between the FIB concentrations and each IV based on a temporal "window" used to average the IVs (temporal synchronization analysis); (2) filter out IVs with too many missing data (i.e., those that would severely reduce the sample size if included in the analysis); (2) Box-Cox Transformation to normalize IVs; (3) Anderson-Darling test of normality to filter out IVs that are still egregiously non-normal; (4) Examine Pearson Correlation coefficients to filter out IVs that are too highly correlated with other IVs; (5) Put the remaining IVs into a statistical package for MLR data analysis. (6) Find the model with the lowest Mallows Cp (a combination of total variability explained and parsimony in parameter selection to prevent overfitting), to identify the best IVs from the array of potential variables available for fitting. Features of Virtual Beach are summarized in Figure 7 and the approach used to analyze the Hobie Beach data set is shown in Figure 8. The best results were obtained by a modified Hierarchical Bayesian Method in which the data were subdivided into two groups. Comparisons of the modeled and observed data are provided in Figure 9.

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