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Pathogen considerations for safe 'Arctic' household water systems

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Canadian example:

A piped water and sewer system envisioned to service a community of 2500 people was built in 1975, and has ultimately served a population of only 250 – replacement of the entire piped system is costing \$40 million : **Information from Ken Johnson**

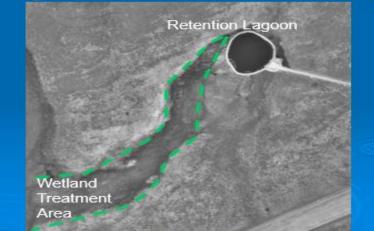


Hence Canadian preference for lagoon & wetland processes

Lagoon systems remain the most common form of sewage treatment, in spite of demands for more sophisticated technologies. Improving upon the performance of lagoons is occurring with the application of wetlands for tertiary treatment.











'Honey' buckets, Atmautluak, Alaska

http://watersewerchallenge.alaska.gov/photogallery.html



Covered Wastewater Haul & dump!

http://watersewerchallenge.alaska.gov/photogallery.html





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Water needs for Arctic health

- Residents may use 4 to 20 litres per capita per day for all current household uses (drinking, cooking, washing)
 - significantly below recommended by Institute of Medicine / WHO for water-wash disease control (~50 L/person.d)*
- But supplying more water to homes may not be the answer nor do washeterias necessarily help consumers' health
 - Because it is costly, generates more wastewater pollution and communal facilities increase respiratory disease transmission (the largest water-related health concern in Arctic communities)

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*Howard & Bartram (2003). *Domestic Water Quantity, Service, Level and Health; WHO/SDE/WSH/03.02*



Circumpolar-relevant water pathogens

- Enteric waterborne (human & zoonotic) diseases
 - Hepatitis A liver disease, Norovirus gastro, Shigella dysentery
 - Giardia giardiasis, enteritis Yersinia & Campylobacter spp.
 - Echinococcus multilocularis (lung disease) via foxes/voles
- Water-based (saprozoic) diseases
 - Non-tuberculous mycobacteria (wound/lung), Helicobacter pylori?
 - V. parahemolyticus/vulnificus gastro via seafood if seawater > 15 $^\circ\,$ C
- Person-to-person spread & Water-Washed infections:
 - Norovirus, Cryptosporidium, Staph aureus, P. aeruginosa & helminths
 - TB, Strep. pneumoniae, Haemophilus influenzae along with various multi-drug resistant bacterial and fungal pathogens

Parkinson & Evengård (2009) *Glob Health Action 2: 1-3* Dudarev *et al.* (2013) *Int J Circumpolar Health 72*: 1-10



Pathogen control starts with a toilet



Loowatt-toilet (http://loowatt.com)

Flush water needs 0 - 0.5 L - 1.5 L





Blackwater energy recovery: socioeconomic driver for alternative systems

- Household-scale
 - Possible, but community energy & nutrient recovery better
- Community-scale
 - Full-cost recovery & net energy generation
 - Also provides local economy with jobs

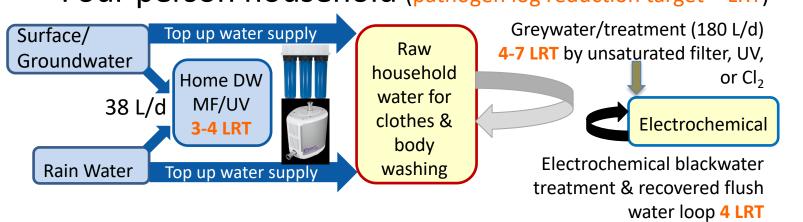


Blackwater sewer (daily pulsed flow, not heated?)

Wood *et al.* (2015) *J Environ Manage 150*: 344-54



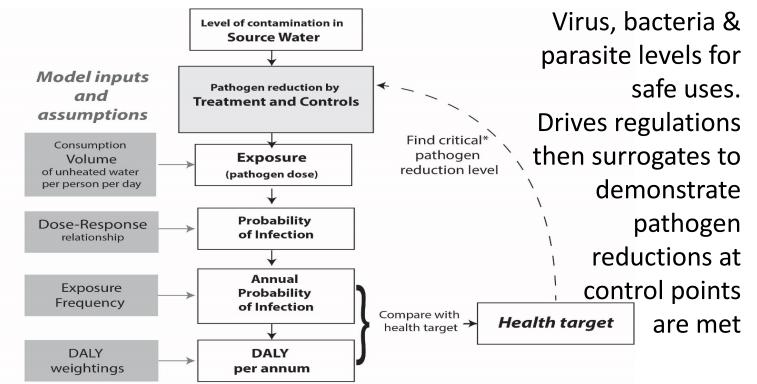
Alternative systems: suitable for Arctic? Four person household (pathogen log reduction target – LRT)



Different financial model & political will for:

- Within home treatment of drinking water and re-circulated shower and clothes greywater & separate blackwater loops
- Fit-for-purpose, QMRA modeled water safety plan

Risk-defined treatment requirements



*The critical pathogen reduction level is the Log10 reduction that yields a measure of risk equal to the health target

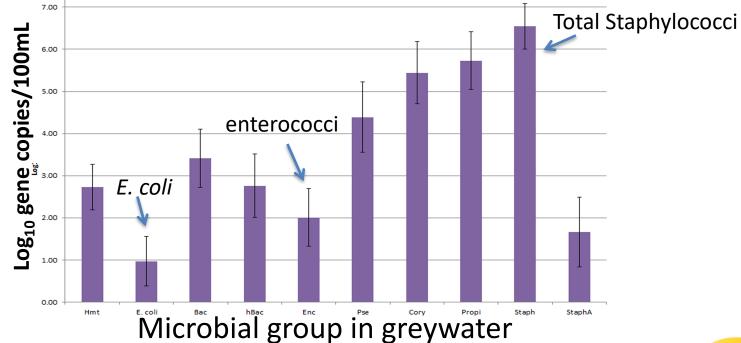
UNIVERSITY OF ALBERTA SCHOOL OF PUBLIC HEALTH Petterson & Ashbolt (2016) J Wat Health 4(4): 571-589 WHO (2016) *Quantitative Microbial Risk Assessment, Geneva*

Pathogen log reduction targets for various household uses

| Water Source | Use | Pathogen log ₁₀ reduction target to meet < 1 infection / 10,000.y | | | How? |
|-----------------|-----------------|---|----------|-----------|---------|
| | | Viruses | Bacteria | Parasites | |
| Roof | Drinking | ? | 3.5 | ? | MF + UV |
| Roof | Washing | ? | 3.5 | ? | MF + UV |
| Snow-melt | Drinking | 4.0 | 3.5 | 4.0 | MF + UV |
| Snow-melt | Clothes washing | 3.0 | 3.0 | 3.0 | MF + UV |
| Shower/clothes | Showering | 7.0 | 4.5 | 5.5 | UF + UV |
| Shower/clothes | Clothes washing | 6.0 | 3.5 | 4.5 | UF + UV |

Adapted from: Sharvelle, S.; Ashbolt, N.; Clerico, E.; Hultquist, R.; Leverenz, H. L.; Olivieri, A. I(2016). *Risk* Based Framework for the Development of Public Health Performance Standards for Decentralized Nonpotable Water Systems. Water Environment Research Foundation Alexandria, VA

Bacterial genera in laundry greywater – identifying¹ & demonstrating² treatment surrogate



¹Zimmerman *et al.* (2014) *Env Sci Tech 48: 7993-8002* SCHOOL OF PUBLIC HEALTH 2 Shoults & Ashbolt (2017) *Environ Sci Pollut Res:* 10.1007/s11356-017-9050-1



Your tasks

- Building on your case study with Petter Jenssen or another system recently inspired from this course to provide sustainable/adaptable water services to a circumpolar community
 - Identify relevant waterborne/water-wash reference pathogens and the management information you seek from a QMRA
 - Identify exposure pathways from your water system
 - Clarify data needs to undertake a QMRA
 - Explain how you could monitor your system & how would you use the results to aid in setting water policy