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<b>Title</b>	<b>Managing greywater with microbial risk assessment</b>
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### Managing greywater with microbial risk assessment

#### Aims

Attention has been paid to the possibility of re-using greywater. The potential risks with such a re-use needs to be systematically addressed. The aim with this study was to show how microbial risk assessment, MRA, could be a tool to manage potential health risks with greywater and greywater re-use.

#### Methods and Results

Faecal load in greywater (Ottoson & Stenström, 2003) and epidemiological data gave the input of selected pathogens in greywater. The accepted dose was calculated from dose-response curves (Teunis et al., 1996; Ward et al., 1986) setting the  $P_{inf}$  to 0.001 (1/1000). Accepted doses gave accepted pathogen concentrations in the water for different exposures. Finally the environmental die-off was estimated. Subtracting the figures log accepted concentration and log environmental removal from the log input value (figure 1) gave the sum of the log removal needed in greywater treatment to be inside the specified accepted risk.

In figure 1, a Swedish scenario is shown where the treatment need for four different exposures - 1) accidental ingestion of greywater, for example from a pond, 2) drinking superficial groundwater produced from greywater, 3) swimming in a lake where greywater has been discharged and 4) eating crops irrigated with greywater – was assessed. The daily incidences of infections were calculated from reported yearly incidences, adjusted for underreporting and mean number of excretion days. For drinking superficial groundwater 1/1000 represented a yearly risk, expecting consumption to be 1 L/day of which 100 mL is recharged greywater.

Treatment was needed for rotavirus and Campylobacter in some exposures, highlighted in red (superficial groundwater and accidental ingestion), whereas no treatment was needed to manage Salmonella or parasitic (oo)cyst exposure (Figure 1).

	Rotaviru	Camp.	Salm.	Giardia	Crypto	Ref
g faeces/p d	0,1213	0,1213	0,1213	0,1213	0,1213	Ottoson and Stenström
incidence	0,0071	0,0009	0,0005	0,0002	3E-05	Wheeler et al., SMI
underreporting	1	15	15	18,7	30	Mead et al.
disease proportion	0,75	0,23	0,23	0,39	0,39	Havelaar et al., Haas et al., Gerba
days of excretion	10	15	15	15	30	Gerba et al., Faechem et al.
<b>daily incidents of infection</b>	<b>0,0003</b>	<b>0,0025</b>	<b>0,0015</b>	<b>0,0003</b>	<b>0,0002</b>	
log organisms excreted	9	8	8	7	7	Faechem et al., Gerba et al., Ward
<b>Flow [mL/day]</b>	<b>64900</b>	<b>64900</b>	<b>64900</b>	<b>64900</b>	<b>64900</b>	Ottoson and Stenström
organisms excreted [g]	1E+09	1E+08	1E+08	1E+07	1E+07	
input [mL]	0,4848	0,4739	0,273	0,0065	0,0031	
log input	-0,3145	-0,324	-0,564	-2,188	-2,504	
<b>Accepted concentration [mL]</b>	<b>0,0017</b>	<b>0,0525</b>	<b>9,2453</b>	<b>0,0503</b>	<b>0,2498</b>	
Log accepted concentration [mL]	-2,7769	-1,279	0,9659	-1,299	-0,602	
<b>Accepted concentration, drinking water (yearly risk)</b>	<b>5E-08</b>	<b>1E-06</b>	<b>0,0003</b>	<b>1E-06</b>	<b>7E-06</b>	
Log accepted concentration, drinking water (yearly risk)	-7,3392	-5,842	-3,596	-5,861	-5,165	
<b>Accepted concentration swimming (dilution 1000)</b>	<b>0,0334</b>	<b>1,0509</b>	<b>184,91</b>	<b>1,0055</b>	<b>4,9963</b>	
Log accepted concentration swimming	-1,4759	0,0216	2,2669	0,0024	0,6986	
<b>Environmental die-off (percolation) [log/m unsaturated]</b>	<b>0,7</b>	<b>0,7</b>	<b>0,7</b>	<b>0,7</b>	<b>0,7</b>	Asano et al.
<b>Environmental die-off (aquifer) [log/day]</b>	<b>0,029</b>	<b>0,02</b>	<b>0,02</b>	<b>0,042</b>	<b>0,011</b>	Yates et al., Asano et al.
<b>Environmental die-off (on ground) [log/h]</b>	<b>0,119</b>	<b>0,119</b>	<b>0,119</b>	<b>0,119</b>	<b>0,119</b>	Badawy et al.
Treatment need [log], accidental ingestion	2,4624	0,9551	-1,53	-0,89	-1,902	
Treatment need [log], drinking water (3m, 60 days)	3,1847	2,2174	-0,267	-0,947	-0,1	
Treatment need [log], swimming	1,1614	-0,346	-2,831	-2,191	-3,203	
Treatment need [log], eating unprocessed crop (1 mL, 24 h)	-0,3936	-1,901	-4,386	-3,746	-4,758	

**Figure 1.** Excel spreadsheet showing a microbial risk assessment for treatment need of greywater in a Swedish scenario.

## Discussion

In this exercise it was shown that greywater treatment in Sweden should be directed to remove viruses. Unless diluted, extensive treatment is needed for the production of superficial groundwater. Removing viruses will also remove Campylobacter, which was the other index organism of concern in the Swedish scenario. The background data are taken from references applicable for Sweden (groundwater 4° C, 1 litre/day drinking water, incidences of infection etc.) Further we have used 1/1000 as an acceptable limit. In many parts of the world that figure could be higher leading to less treatment need. Other variables that would lead to less treatment are higher die-off rates in warmer countries and a higher flow (more dilution) whereas higher incidences of infections and lower flow give a need for more extensive treatment. All figures could be changed, but figures in bold are those that might vary the most between regions. It may also be more interesting to look at other exposure scenarios than the ones presented here. What we wanted to show however was that microbial risk assessment does not have to be complicated or expensive in terms of computer power and need for software, but could be computed with a simple calculator giving a lot of communicable information.

## References

- Ottoson, J. & Stenström, T. A. (2003). Faecal contamination of greywater and associated microbial risks. *Water Res*, **37**(3), 645-655.
- Teunis, P. F. M., van-der-Heijden, O. G., van-der-Giessen, J. W. B. & Havelaar, A. H. (1996). The dose-response relation in human volunteers for gastro-intestinal pathogens. RIVM. 28450002.
- Ward, R. L., Bernstein, D. I., Young, E. C., Sherwood, J. R., Knowlton, D. R. & Schiff, G. M. (1986). Human rotavirus in volunteers: Determination of infectious dose and serological response to infection. *J Infect Dis*, **154**(5), 871-80.