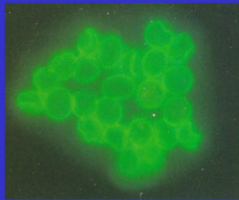


Ecology of Disease

Weekly theme: WATER
Lecture: Treatment



Prof Peter O'Donoghue

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Water-borne disease outbreaks USA 2003-2004

92 episodes (5,000 people)

- 30 linked to drinking water (2,000 people)
 - 20 gastroenteritis (bacterial, viral, protozoal) (Cu, Br, bleach, petrol)
 - 8 pneumonitis (Legionnaires)
 - 2 dermatitis (chemical, NaOH)
 - 62 linked to recreational water (3,000 people)
 - 43 pools/spas
 - 19 lakes/ivers
- 40% gastroenteritis
20% dermatitis
40% lung/eye/ear/bladder

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Need to cleanse water

- decontaminate (**remove** contaminants)
 - sediment
 - flocculate
 - filter
 - adsorb
- disinfect (**destroy** contaminants)
 - chemical
 - heat
 - energy sources

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Surface disinfectants

- | <u>Chemical</u> | <u>Heat</u> | <u>Energy sources</u> |
|-----------------|------------------|-----------------------|
| • acids/alkalis | • autoclaving | • ultraviolet |
| • alcohols | • flaming | • gamma |
| • aldehydes | • steam-cleaning | • X-ray |
| • ammonials | | • ultrasonic |
| • chlorines | | • LAV electron |
| • phenols | | |
| • iodines | | |

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Water disinfection

Watson's Law $K = C^n t$ (concentration.time)

- chlorine
- chloramine
- chlorine dioxide
- ozone
- ultraviolet radiation
- solar radiation
- gamma radiation
- high energy electron beams

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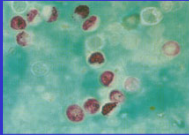
Drinking water treatment

- raw water storage
- pre-chlorination
- coagulation-flocculation
- water softening
- filtration
 - slow sand filtration
 - rapid sand filtration
 - diatomaceous earth filtration
- activated carbon (adsorbent)
- biological processes (aerobic biofilm processes)

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Exemplar: *Cryptosporidium*

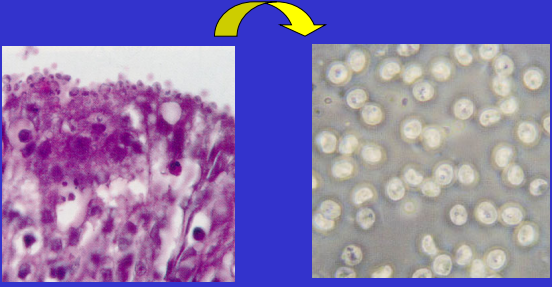
Very small oocysts
Overlooked for years,
but now....



- newly recognized enteropathogen
- protozoan parasite similar to coccidia
- causes significant morbidity, some mortality
- anthroponotic, zoonotic, water-borne

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Enteric coccidia - *Cryptosporidium parvum*



endogenous stages faecal-oral exogenous oocyst

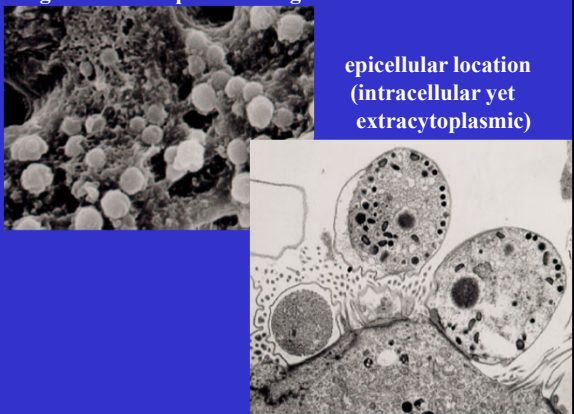
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Potted history

- emergence 1907 - discovery
 1950 - avian disease
 1980 - human disease
- identity protozoan parasite, typical coccidian
 endogenous development on mucosa
 exogenous transmissible oocysts
- significance clinical - human
 - animal
 environmental - food
 - water

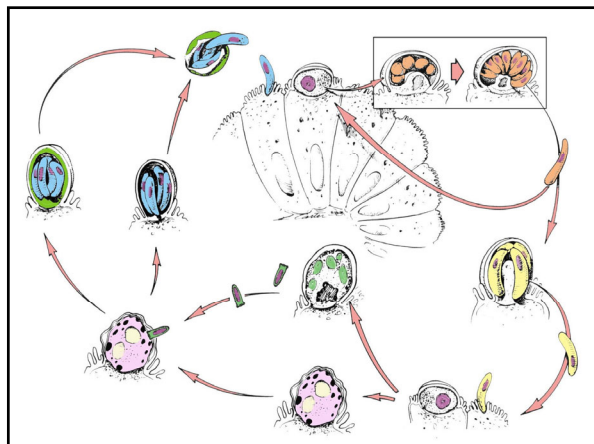
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endogenous developmental stages



epicellular location
(intracellular yet
extracytoplasmic)

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Human infections

- prevalence coprology 0-32%
 serology 25-91%
- disease asymptomatic infections
 clinical infections (diarrhoea, resp. signs)
- susceptibility immunodeficient (congenital, acquired)
 immunosuppressed
 malnourished
 young
- treatment none (but most self-cure)
- transmission human-human (faecal-oral)
 animal-human (zoonotic)
 water-borne

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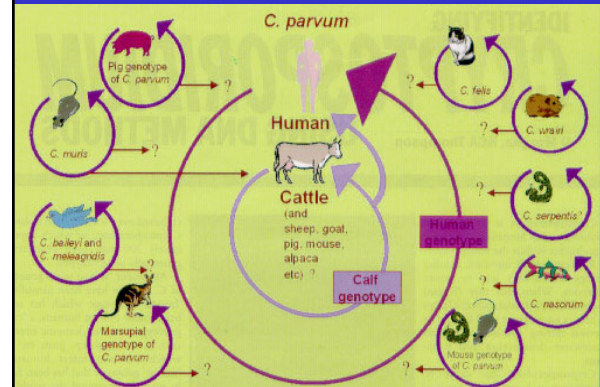
Animal infections

• mammals	<i>C. parvum</i> *	intestines	acute
	<i>C. muris</i>	stomach	chronic
	<i>C. wrairi</i>	intestines	chronic
• birds	<i>C. meleagridis</i>	intestines	acute
	<i>C. baileyi</i> *	trachea	acute
• reptiles	<i>C. serpentis</i>	stomach	chronic
• fish	<i>C. nasorum</i>	stomach	chronic

Diagnosis: host occurrence, parasite morphology, site of infection, proteins, nucleic acids (rDNA, HSP, COWP)

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Genetic characterization



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Environmental

• food-borne	several small outbreaks (cider, milk, sausages, salads)
• water-borne	outbreaks due to system failure outbreaks due to treatment failure
• sources	human effluent (containment/treatment) agricultural waste (intensive industries) passive carriers (waterfowl, seagulls)
• control	watershed management (creek>river>reservoir>lake) water treatment (decontamination/disinfection)

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Recent events in Australia

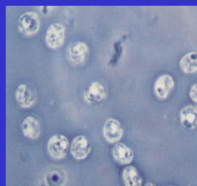
1980's	- clinical cases in humans and animals
1990's	- oocysts detected in effluent - oocysts detected in raw surface water
1998	- oocysts detected in swimming pools (disease present) - oocysts detected in drinking water (disease absent) - Sydney water contamination (boil water alerts)

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Detection Technologies

SAMPLING

- cartridge filtration
- membrane filtration
- immunomagnetic separation
- flocculation
- flow cytometry
- vortex flow filtration
- cross flow filtration
- continuous flow filtration

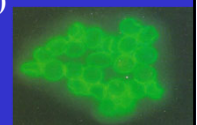


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Detection Technologies

IDENTIFICATION

- microscopy (phase/DIC/fluorescence)
- histochemistry (acid-fast, lipid biomarker)
- enzyme immunoassays (ELISA)
- fluorescent *in situ* hybridization (FISH)
- DNA/RNA sequencing (PCR)
- laser scanning
- cooled charge-couple device



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Water Treatment

OOCYST REMOVAL

- sand filtration 4 log (99.99%)
- diatomaceous earth 4 log (99.99%)
- coagulation/flocculation 3 log (99.9%)
- micro/ultra filtration 6 log (99.9999%)
- dissolved air flotation 2 log (99%)

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Water Treatment

OOCYST DISINFECTION

- chlorine/monochloramine Ct 7200 for 1 log
- chlorine dioxide Ct 78 for 1 log
- ozone Ct 5-10 for 2 log
- ultraviolet radiation 2 log
- boil water alert rolling boil for 1-3'

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Other disinfection procedures

- ammonia 5% for 120', 50% for 30'
- formol saline 10% for 120'
- hydrogen peroxide 3% for 30'
- Exspor 5% for 30'
- Oocide 5% for 5'
- cold -70°C
- dessication airdrying 240'
- heat 65°C for 30'

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How to assess oocyst viability?

- vital dyes (PI-, DAPI+)
- nucleic acid stains (SYT09-, MPR71059+)
- *in vitro* excystation
- *in vitro* tissue culture
- *in vivo* animal infectivity
- genetic analysis
 - 18S rRNA-FISH
 - RT-PCR Hsp70 mRNA

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The Dilemma

- DETECTION (reliable recovery)
- IDENTIFICATION (differential diagnosis)

- VIABILITY (alive or dead?)
- INFECTIVITY (infective or not?)
- SPECIFICITY (infective to humans?)
- VIRULENCE (pathogenic or not?)

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Take home message

As far as water treatment is concerned:

- nothing is cast in concrete
- still developing technology (thankfully based on science)
- community need high
- society expectation high
- translates to political dollars

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