



# Onsite Water and Septic Systems Health Effects?

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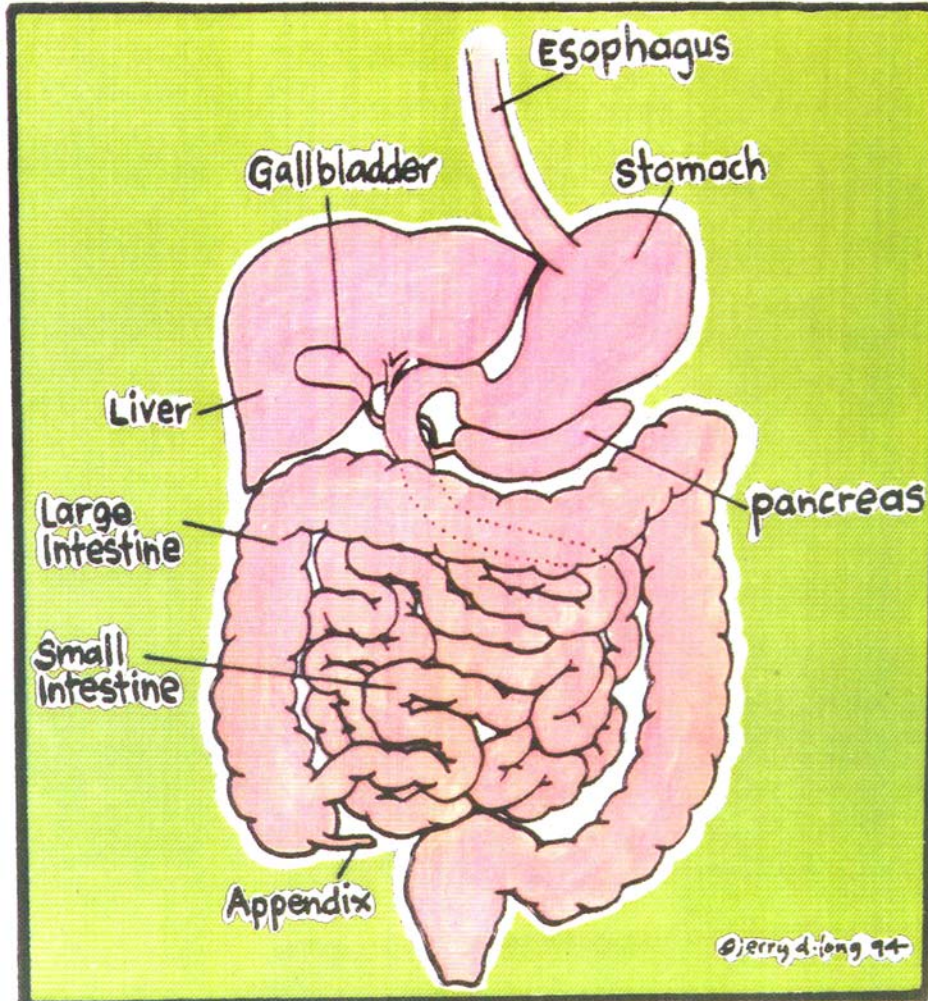
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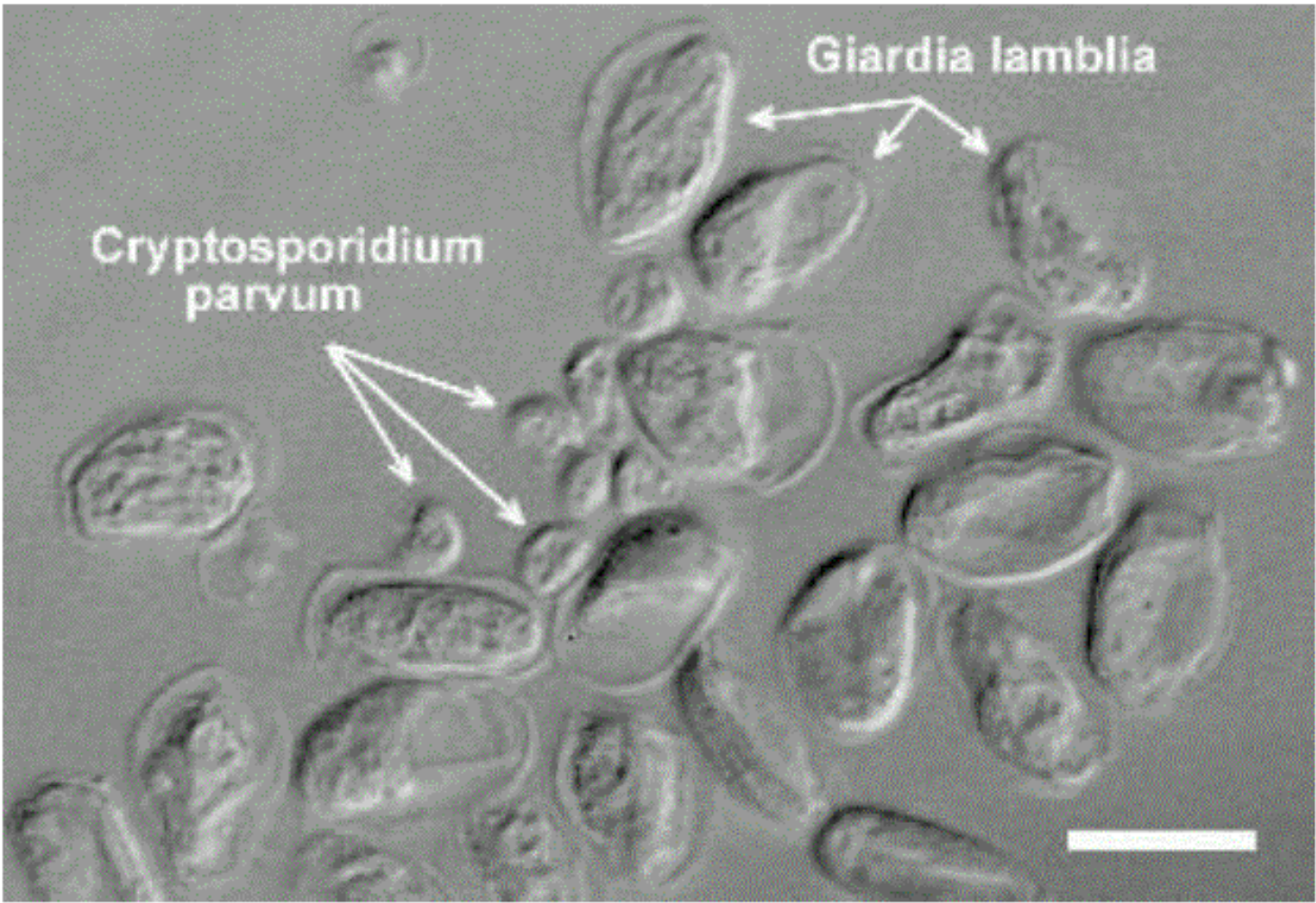
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<sup>4</sup>University of California-Riverside





Shit doesn't just happen.



*Cryptosporidium parvum*

*Giardia lamblia*

**Jed forgets rule # 1 of The  
New Mexico Water Quality  
Handbook: “Always drink  
upstream from the herd.”**



# Background

- Ground water may be subject to fecal contamination from a variety of sources, including onsite wastewater treatment (septic) system.
- Most studies have focused on the migration of enteric viruses from septic systems to water supplies.
- It is unknown whether large microbes such as *Cryptosporidium* are able to move significant distances through soils.

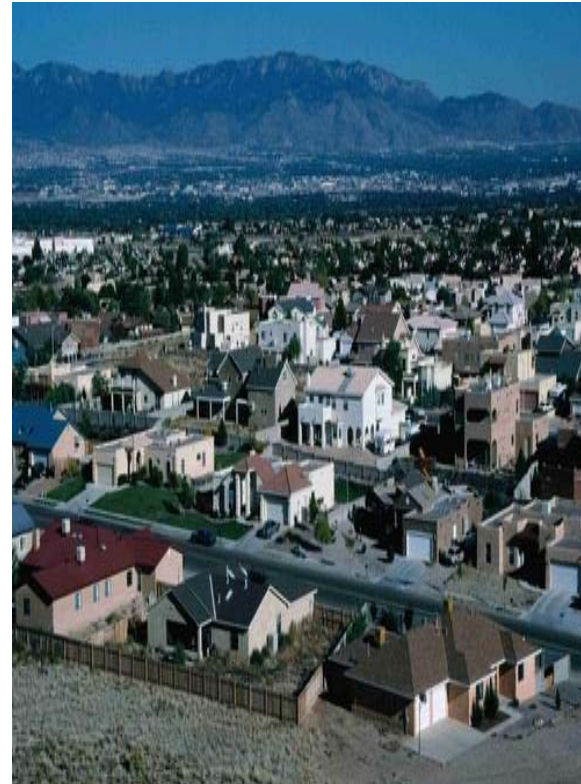
# Methods

- Recruited from Albuquerque, NM alluvial soil area:
  - 100 households with city water and city sewer hookups.
  - 100 households with private well and septic systems.
- One adult from each household gave a blood sample.
- Water tested from private wells.



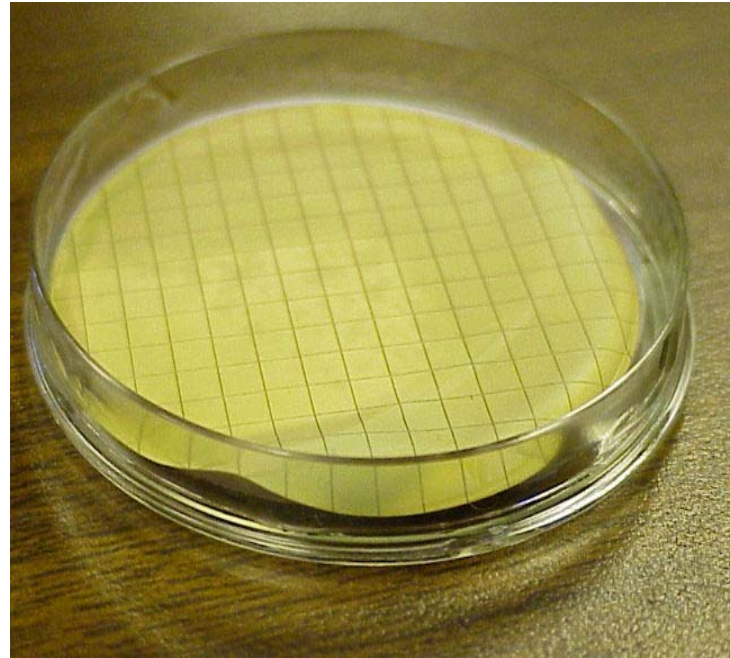
# Methods-continued

- Criteria:
  - Lived in the area for 1 year.
  - Drank the tap water.
    - No filters or reverse osmosis on tap.
    - Allowed pitcher filters.
  - Overall, self-reported good health.



# Water Analysis

- Water samples were tested by Marylynn Yates, Ph.D. for
  - Total Coliforms
  - Fecal Coliforms
  - Enterococci
  - Coliphage



# Marker of Infection

- We wanted evidence that a pathogen was being transmitted via the septic system.
- It could not be so common that it is everywhere but not so rare that it seldom, if ever occurs.
- We needed to be able to measure the response.

# Stool surveys versus serosurveys?

- In 1992 CDC asked EPA to fund massive stool surveys to estimate the prevalence of infection in several cities.
- I argued for serosurveys, based on work by NIH researcher Beth Ungar, M.D.
- EPA funded the serosurveys.

# Why Did We Develop the Assay?

- Surface water testing found many streams had oocyst contaminated water.
- We could not find evidence of illness associated with these findings
- We needed an intermediate marker of infection, even if there was associated illness.

# Beth Ungar M.D.

- The original assay was developed by Dr. Beth Ungar of NIH.
- It effectively detected serological response to oocysts but was expensive to conduct.
- We converted the test from a large-format gel to a mini-blot gel.

# Intensity of Response

- We wanted to not just determine that there was a response, but also how intense was the response.
- We developed techniques for examining the intensity of the response.

# *Cryptosporidium??*

- We had the means to measure serological response to *Cryptosporidium* and to interpret the findings.
- During the Milwaukee outbreak it did not appear to be commonly transmitted person-to-person.

# A Useless Piece of Information

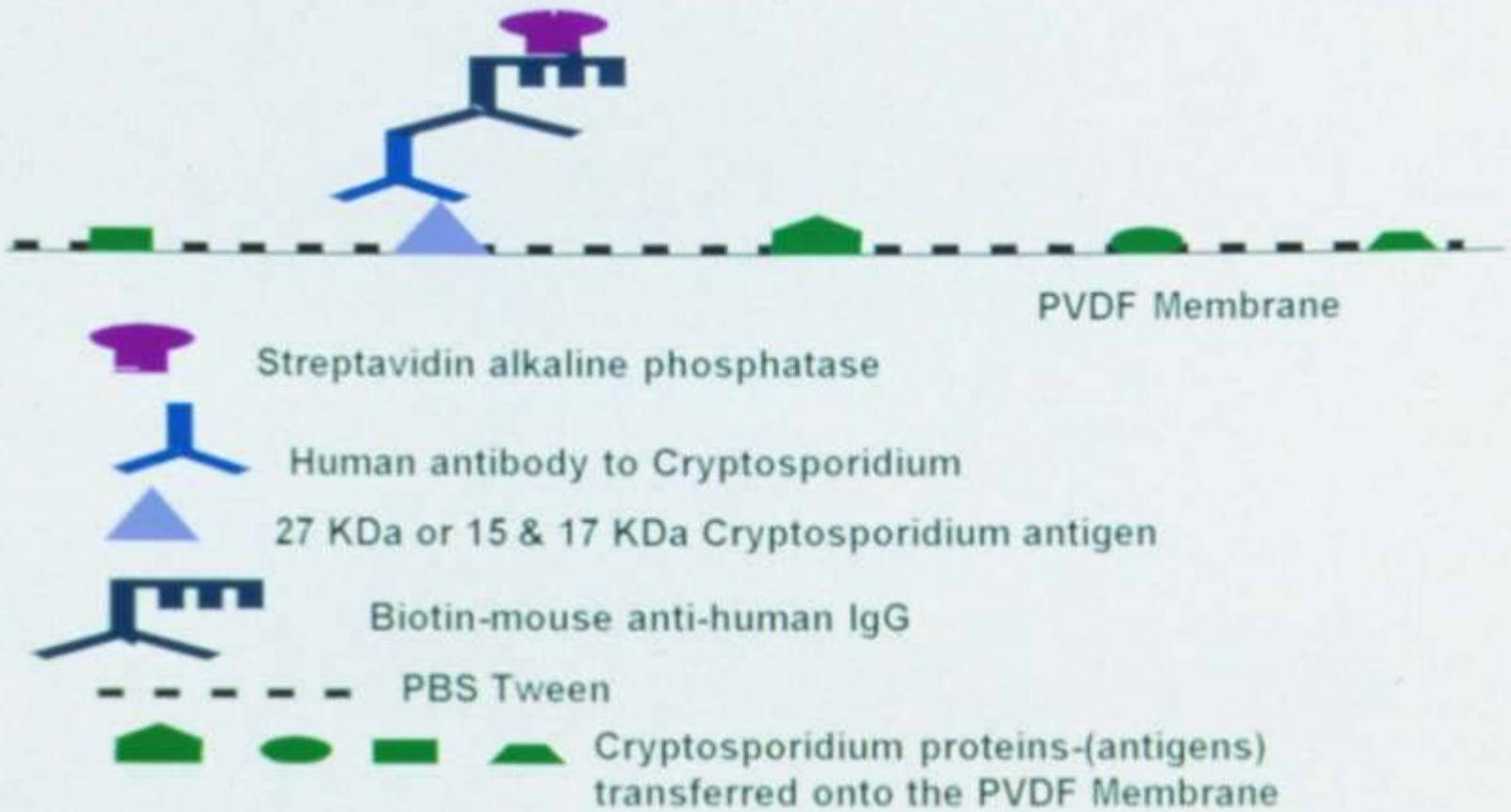
- What does a strong serological response to *Cryptosporidium* antigens do for you?
- The serological response appears to be a marker of immunity or reduced risk of illness.
- This likely explains why we saw so much *Cryptosporidium* in streams and so little cryptosporidiosis.

# Serological Analyses

- Sera samples were analyzed at Lovelace Clinic Foundation in Albuquerque, NM for *Cryptosporidium* 15/17 –kDa and 27 –kDa antigen groups by Western miniblots.



Figure 4  
Summary of the Results



OCYST RETRIEVAL  
SITE



OCYST PROCESSING  
LAB



CRYPTOSPORIDIUM EXPOSURE  
TESTING LAB



SAMPLE POPULATIO



BLOOD SAMPLE  
COLLECTION LAB





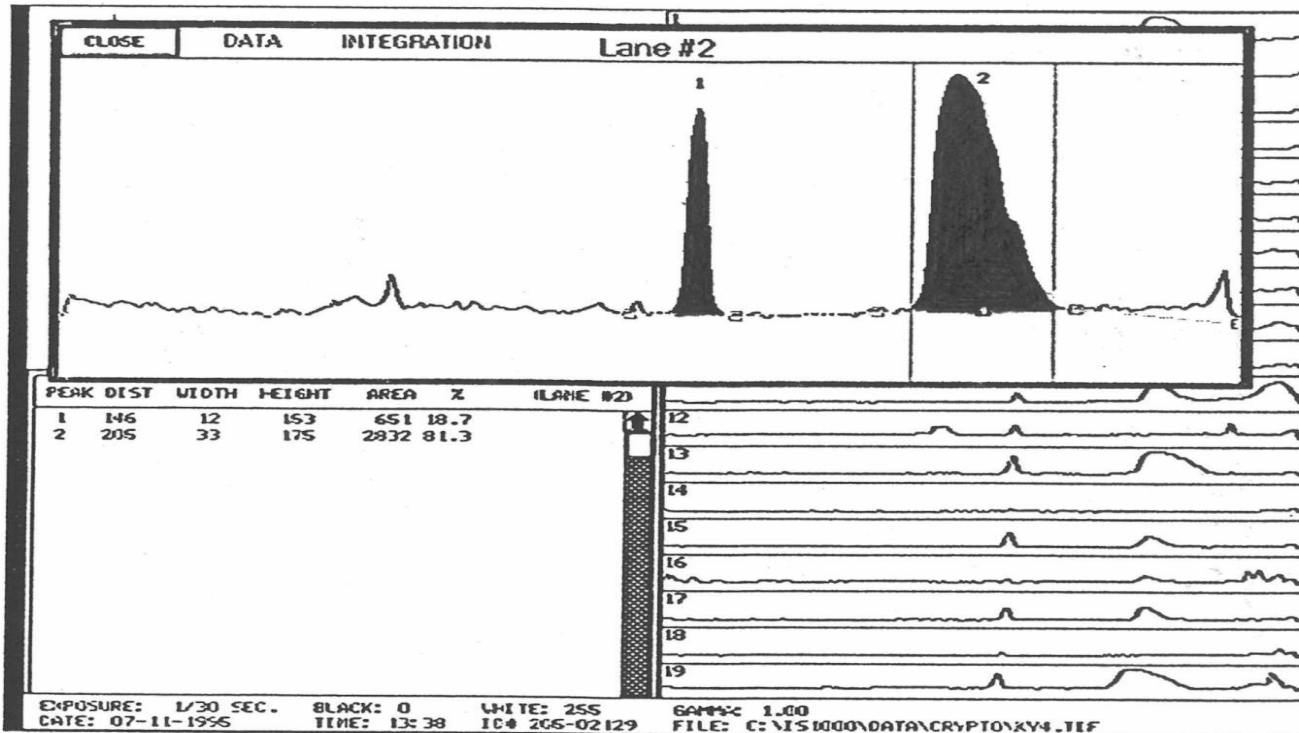
# REPLICATE SAMPLE EXPERIMENT



# Computer Scan of Western Blot

## Intensity Graph for Lane 2

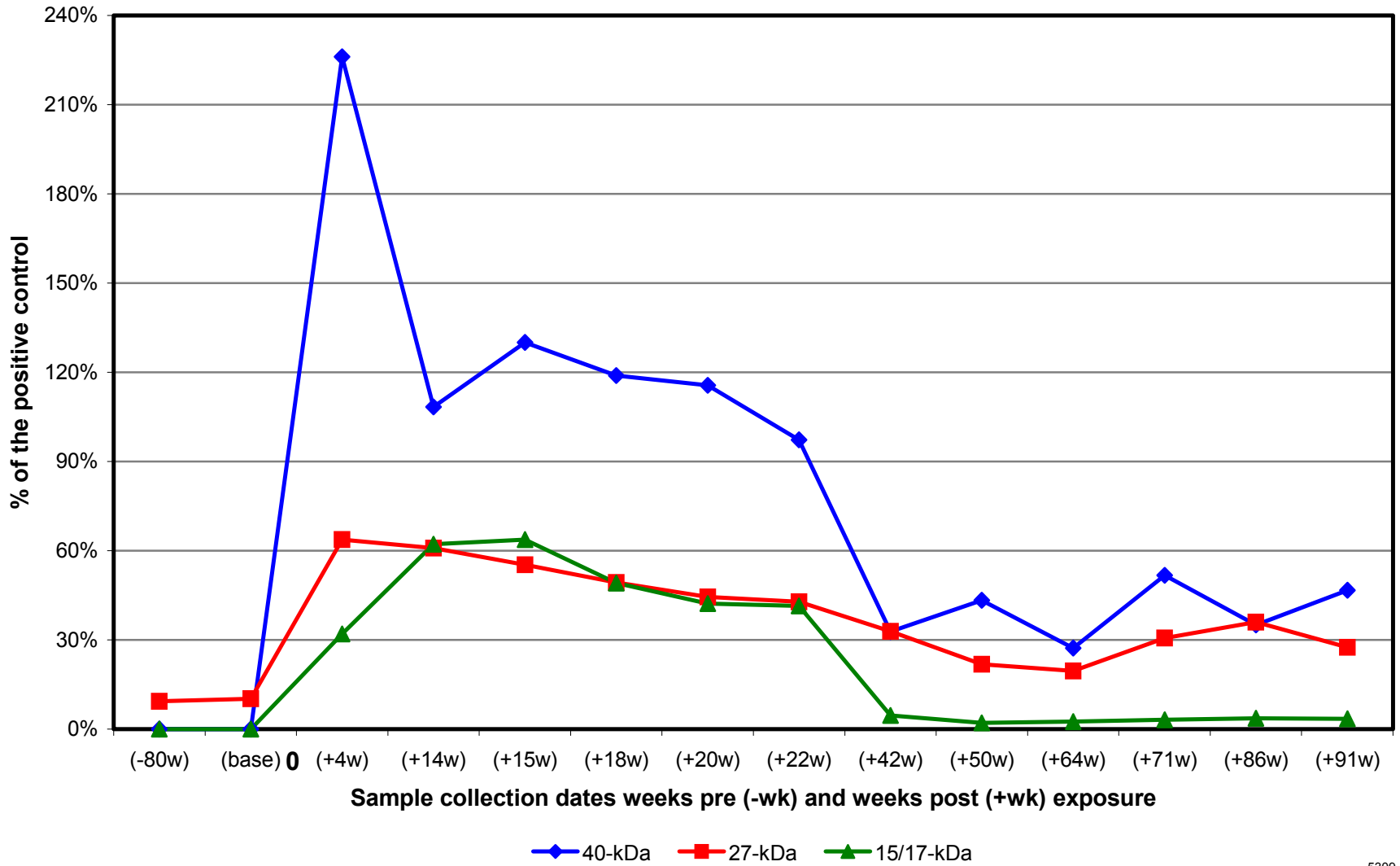
<b>Peak #1</b>	<b>Intensity score</b>	<b>height = 153</b>	
	<b>+ control was</b>	<b>area = 651</b>	
		<b>height = 136</b>	
		<b>area = 526</b>	
	<b>Adjusted intensity score</b>	<b>height=153/136 =</b>	<b>113%</b>
		<b>area= 651/526=</b>	<b>124%</b>
<b>Peak #2</b>	<b>Intensity score</b>	<b>height=175</b>	
	<b>+ control was</b>	<b>area=2832</b>	
		<b>height=167</b>	
		<b>area=3632</b>	
	<b>Adjusted intensity score</b>	<b>height=175/167=</b>	<b>105%</b>
		<b>area=2832/3632=</b>	<b>78%</b>



# A Published Bowel Movement

- Because of problems with oocyst sonication, oocysts contaminated our laboratory, infecting Tim Muller, our laboratory technician.
- His reward was a publication of some memorable bowel movements.

## IgG Response by Week Post *Cryptosporidium* Exposures



# SOURCE OF HOUSEHOLD WATER?



# Questionnaire Data

- Data collected at the time of blood draw included:
  - Age, gender, marital status, education level
  - Length of time at residence
  - Type of water supply
  - Children, pets, travel, activity around water
  - Amount of water consumed in past 24 hours
  - Past diagnosis of cryptosporidiosis

# Results-Water Samples

	# of Samples Collected	# of Samples positive for any agent	# of Samples Positive for Total Coliform	# of Samples Positive for Fecal Coliform	# of Samples Positive for Enterococci	# of Samples Positive for Coliphage
No Fecal Coliform Analysis	32	2	2	N/A	1	0
With Fecal Coliform Analysis	68	15	14	2	1	0
Total	100	17	16	2	2	0

# Race/ethnicity/gender

	• Onsite	City
• Female	• 66%	77%
• White (non-Hispanic)	• 73%	63%
• Hispanic	• 24%	32%
• Other/not stated	• 3%	2%



# Marital Status/Age

- |             |          |      |
|-------------|----------|------|
| • Married   | • Onsite | City |
| • Age < 40  | • 33%    | 67%  |
| • Age 40-54 | • 13%    | 25%  |
| • Age 55-64 | • 41%    | 31%  |
| • Age 65+   | • 28%    | 28%  |
|             | • 18%    | 16%  |

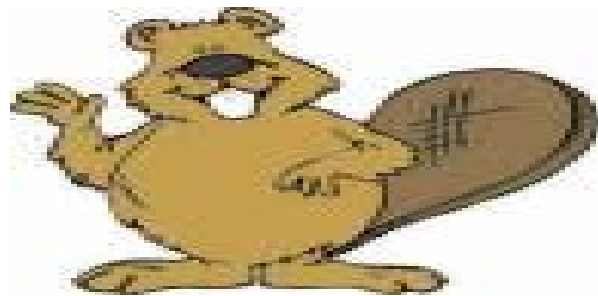


# Subject Characteristics

	Onsite	City
• College graduate	• 64%	• 61%
• Has dog or cat	• 84%	• 79%
• Child is in day care	• 11%	• 9%
• Handled diapers	• 19%	• 21%
• Had diarrhea (< 1 yr)	• 43%	• 40%
• Drank untreated water	• 4%	• 1%

# Characteristics Unrelated to a Strong Serological Response

- Drank untreated water from lakes/streams
- Swam or waded in a lake or stream, pool
- Had plumbing work done in home
- Traveled outside of U.S.
- Education level



# Strong Serological Responses by Water Consumption

- 27-kDa
- <6 glasses vs 6+      • % 40% vs 56%
- Relative risk      • 1.36 [.95,1.96]



# Risk Factors for Strong Serological Responses

- |                                                       | Relative risk    |
|-------------------------------------------------------|------------------|
| • Handled diapers                                     | 1.54 (1.09,2.18) |
| • Cared for someone with diarrhea<br>(yes=31, no=166) | 1.38 (0.93,2.05) |



# Characteristics Unrelated to Strong Serology Responses

- Marital status or race/ethnicity or gender
- Had a child from your home attend day care
- Visited anyone in the hospital
- Handled pets
- Handled young pets
- Handled livestock



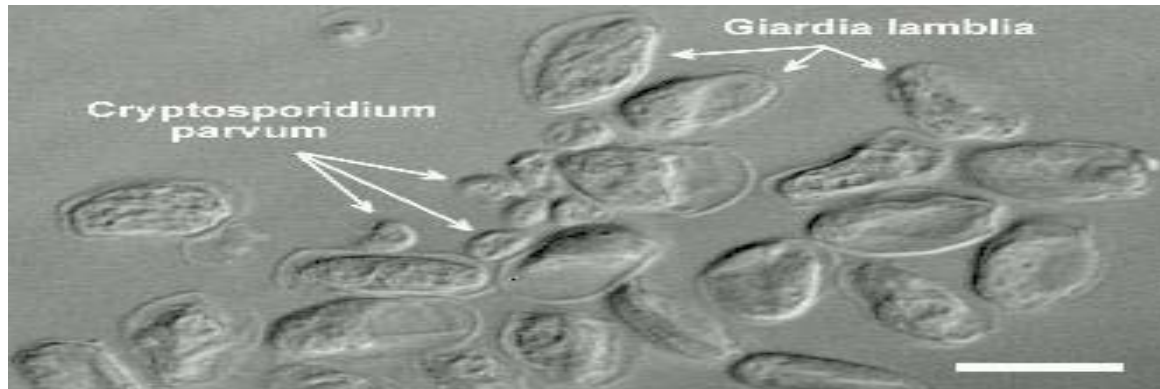
# Odds Ratios of Risk Factors

- **15/17-kDa antigen**  
• \*\*\*\*\*
- **Onsite septic sys.**  
**1.4 [0.8, 2.5]**
- **Diaper exposure**  
**2.5 [1.2, 5.1]**
- **Age 65+**  
**2.5 [1.1, 5.3]**

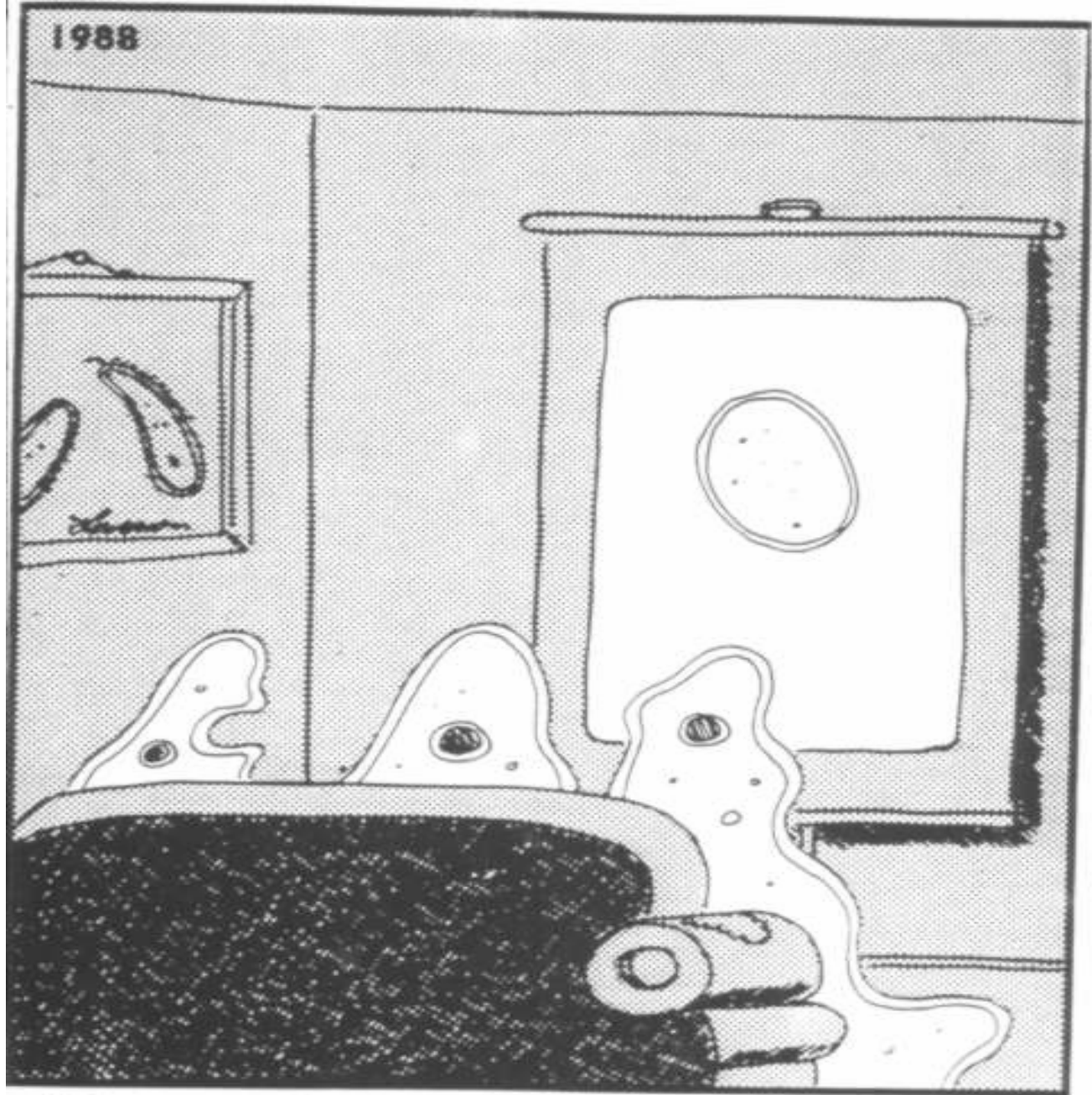
- **27-kDa antigen**  
• \*\*\*\*\*
- **Onsite septic sys**  
**2.0 [1.1, 3.6]**
- **Diaper exposure**  
**1.3 [0.6, 2.7]**
- **Livestock Exposure**  
**0.5 [0.3, 0.9]**

# Conclusion

- This study suggests that having an onsite private well and septic system may increase the risk of *Cryptosporidium* infection.
- It also suggests that relatively large parasites may be capable of moving considerable distances through the soil.



1988



"No, wait! *That's* not Uncle Floyd! Who is that?  
... Criminy, I think it's just an air bubble!"

