



MEMORANDUM

DATE: October 19, 2017
TO: Water Quality Control Division
FROM: Christopher A. Czaja, MD MPH, Antimicrobial Stewardship Medical Epidemiologist
RE: Antibiotic Resistance in Reclaimed Water

To Whom It May Concern:

Lillian Gonzales and Brandi Honeycutt asked me to offer my opinion regarding antibiotic resistant bacteria and the proposed new uses of reclaimed water. The proposed uses of reclaimed water include toilet and urinal flushing and irrigation of cannabis. While I am only somewhat familiar with reclaimed water, Lillian and Brandi provided a good explanation of the process of treatment, distribution, and the exposure pathways for the proposed uses. I also reviewed several peer-reviewed articles regarding antibiotic resistance and water, attended a presentation of a Water Research Foundation study, and informally spoke with an environmental antimicrobial resistance researcher at Colorado State University. In my review, I considered two questions.

The first question was whether reclaimed water amplifies antimicrobial resistance. Conceptually, reclaimed water could amplify antimicrobial resistance if horizontal transfer of resistance genes between bacteria occurred in reclaimed water storage and distribution systems, or, perhaps, if persistent bacteria were exposed to antibiotics in water. Existing studies demonstrate that antibiotic resistant genes are prevalent in, and occasionally enriched in, reclaimed water, spray irrigation sites that use reclaimed water, and soil in urban parks irrigated with reclaimed water (1-5). Investigators have also detected antibiotic resistant bacteria at the point of use of reclaimed water (2). In a controlled study set in Arizona, the prevalence of antibiotic resistant *Enterococcus* species was similar in sediment from water storage basins containing reclaimed water and ground water (6). This latter research implies that antimicrobial resistance found in reclaimed water represented environmental levels rather than amplification. Given there are multiple studies that vary in methods and that do not present definitive findings, the potential for reclaimed water to amplify antibiotic resistance remains unknown. My impression is that amplification of antimicrobial resistance, if it occurs, is more likely to occur upstream in the wastewater treatment plant, where concentrations of bacteria are higher (7-8).

The second question I considered was whether reclaimed water could cause antibiotic resistant infection in humans. Potential exposure pathways include the contamination of crops or other food products later ingested by humans or direct occupational exposure of workers handling reclaimed water, although the actual risk of infection is not clear (2, 9). Currently, there are no documented risk assessments that allow us to assess the risk of antibiotic resistant infection from the proposed uses of reclaimed water. Regardless, according to the potential exposure pathways, the risk for any bacterial infection, whether or not associated with antimicrobial resistance, should be of concern. Any regulation should consider current standards for human exposure to bacteria in water, and proposed uses of reclaimed water should meet these standards.

Antibiotic resistant bacteria present a clear public health threat. However, at this time, I find there is no definitive evidence to indicate that reclaimed water amplifies antimicrobial resistance or specifically poses a risk of antimicrobial resistant infections in humans when used as proposed. I did not complete a formal systematic review of all published research. In the absence of further data, I recommend that water safety measures established to prevent bacterial infection in humans be applied when considering the newly proposed uses of reclaimed water.



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Water Quality Control Division
Department of Public Health & Environment

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References

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