What to do with the Enterococci Standard?

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Other Sources of Enterococci

It's the wetlands, it's the birds, it's the sand, it's the groundwater

• It's not the Wetlands

- Decades of research show wetlands remediate pollution (sink, not a source)
- Municipalities use wetlands to treat domestic waste daily functioning proof.
- Only one study concludes wetlands generate enteric bacteria, and that was refuted by further study of the same system by the same researchers.

It's not the Birds

- Birds do add fecal matter, but the impact is in small restricted water bodies (ponds & bays).
- Majority of beaches have birds and the majority are clean.
- If the birds, then wetlands would have the worst water quality but they don't.

• It's not the Sand

- Majority of beaches are sand beaches and the majority are clean.
- Can post excretion growth generate Ent. levels of 400 cfu for open ocean beaches?
- BUT IF TRUE:
- Must assume other bacteriological pathogens (*Strep.*, *Staph.*, *E.coli, pseudomonas, Salmonelia, eramones*, etc.) are also growing, and the risk is elevated
 - not a false positive
 - Sand can not be a selective growth media for only benign indicator bacteria.

• It's not the Ground Water

– Purified freshwater pumped underground to combat saltwater intrusion can not be a source.

• It is the people

Applicability to California Beaches

1: EPA studies conducted in the presence of domestic waste

- 2: The Mission Bay Study says it doesn't work
- Santa Monica Bay study found Enterococci to be the best indicator
 low flow urban runoff from relatively small watersheds.
- Four meta-analysis all agree on Enterococci for marine waters
 Saliba, 1990; Pruss, 1998; Zmirou, 2003; Wade, 2003
- Some So. Cal. beaches can be affected by domestic sewage.
 - Urban runoff contains raw waste from degrading infrastructure
 - 75% LA rivers' dry weather flow is treated sewage. 30% for SG River.
- Mission Bay Study:
 - Their conclusion: "it is difficult to extrapolate this finding beyond Mission Bay"... "or beyond our study conditions"
 - They found risk increased between swimmers vs. non-swimmers, so there was
 pollution in the water and elevated risk and the system did not detect it.

Variability of Bacteria Levels

- 1: Bacteria levels fluctuate with time and tides
- 2: Results take too long to be of any value

- Phenomena occurs at polluted beaches
 - Majority of beaches are clean with low variation
- Variation between beaches (and seasons) validates the monitoring system
- Tidal effect is a sampling artifact
 - tides do not affect growth of enteric bacteria
- Testing takes too long
 - Delay becoming moot with advancements in rapid testing

Mean Monthly Enterococci Levels 2000 - 2005



Both beaches have sand, birds, groundwater, tides, kelp

How to Improve the System

- Reevaluate the "acceptable illness rate"
 - 1.9% risk rate HCGI is too high
 - EPA's Cabelli reported they "expected local officials would want small risks of illness and, hence, would promulgate more more restrictive standards"
 - The result: 1 million GI illnesses per year (LA & OC) resulting in \$36 million in health costs. (Given, 2006)
 - Illnesses occurred when beaches were open
 - Is this acceptable? A question that needs further discussion

Current monitoring system underestimates risk

- Bacteria underestimate risk from viruses
- Cabelli dose/response curve underestimates risk
 - Kay/Fleisher model more appropriate
- Accumulative risk higher from respiratory, eye, ear and skin inf.
- Children more susceptible than adults
 - Should be the target population (50% of user population)

Summary

- Humans are the source of coastal water pollution
- Enterococci standard is applicable to Cal. beaches

 Current system underestimates risk
- The current standard (1.9% HCGI) is too high
 - Allows millions of illnesses per year
 - Costing tens of millions of dollars in health costs.
- The Solutions
 - Clean up water pollution
 - Need new technology to test water directly for pathogens
 - allow us to abandon indicators

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Thank you