# **AN ASSESSMENT OF FUNGAL OCCURRENCE IN TREATED DRINKING WATER AND IMPLICATIONS TO PUBLIC HEALTH**

Report to the **Water Research Commission**

by

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# **EXECUTIVE SUMMARY**

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## **BACKGROUND**

Safe drinking water is of paramount importance in the protection of public health. Raw water is normally treated to produce drinking water that meets national standards, set according to the acceptable physical, chemical and biological properties. However, it is acknowledged that the final treated drinking water environment is nonsterile, and it hosts a diverse microbiome as total elimination of microorganisms from drinking water during treatment and distribution is impractical. Although the quality of final water leaving the treatment plant can be of acceptable standards, its quality can still deteriorate within the water distribution system. Microbial deterioration of treated drinking water can occur due to a number of reasons which include insufficient disinfectant residual, occurrence of microbial biofilms within the distribution system and contaminant intrusion during breakdown and maintenance of the systems. The presence of microscopic undesirable fungi in drinking water and distribution systems is deemed unfavourable because the fungi can potentially cause diverse effects on human health including the potential of producing mycotoxins. The presence of pathogenic and mycotoxic fungi in drinking water, although not specified in the national water quality standards, needs to be ascertained if their impacts on human health through the drinking water supplies route is to be established, studies of which have not yet been done in South Africa.

## **AIMS AND OBJECTIVES**

In South Africa, provision of safe potable water is one of the main responsibilities of municipalities to users in their jurisdictions. This study focused on the assessment of fungal occurrence in treated drinking water in Johannesburg West as a case study and implications to public health as a means of strengthening existing water safety planning practices, as well as to provide the baseline information to regulatory authorities to consider working towards including fungi in the battery of drinking water microbial quality tests in South Africa to protect human health. The specific aims for the study were:

- 1. To determine the presence of fungi and total and faecal coliforms from selected sites along the treated drinking water distribution network in Johannesburg West.
- 2. To characterise fungal isolates to confirm identity and the presence of potentially mycotoxigenic fungi.
- 3. To analyse water samples for the presence of mycotoxins.
- 4. To determine statistically correlations between the presence of coliforms and fungi in treated drinking water and the potential health impacts.
- 5. Make output-dependent recommendations about monitoring and the potential health impacts of fungi in drinking water distributions.

## **METHOD**

Water samples were collected from selected sites in the Johannesburg West areas, mainly in Roodepoort. Thirty sampling sites covering inlets and outlets to reservoirs, clinics, garages, schools and households, were identified along the distribution points in consultation with Johannesburg Water. Water samples were collected monthly for a period of 12 months. The samples were analysed for pH, total and free chlorine, the presence of fungi, mycotoxins and total and faecal coliforms. The presence of total and faecal coliforms was determined culturally on m-Endo and m-FC plates respectively while fungi were determined culturally on Potato Dextrose Agar (PDA). Molecular identification of axenic fungal cultures was also done by DNA analysis of the ITS gene using ITS1 and ITS4 universal primers. SPE-LC-MSMS was used in the analysis of the water samples for mycotoxins.

## **SUMMARY OF FINDINGS AND CONCLUSIONS**

Analysis of the samples showed the presence of fungi in treated drinking water from all the sampling points studied. Fungi were more prevalent at monitoring sites located within informal settlements and such occurrence can be attributed to poor hygiene standards at the communal collection sites. The predominant fungal genera detected included Penicillium, Aspergillus, Cladosporium, Alternaria, Phoma, Epicoccum and Trichoderma species. Most of the identified fungi are known to produce mycotoxins and therefore potentially mycotoxigenic.

LC-MS analysis confirmed the presence of the following mycotoxins and concentrations: 15-acetyldeoxynivalenol (15.154 to 71.606 ng/Kg); nivalenol, tenuazonic acid, deoxynivalenol (8.405 to 96.139 ng/Kg), 3-acetyldeoxynivalenol (18.737 to 145.689 ng/Kg), aflatoxin G2, aflatoxin G1, aflatoxin M1, aflatoxin B1 (3.069 to 3.083 ng/Kg), and sterigmatocystin (0.223 ng/Kg). In the absence of defined standard limits for mycotoxins in water, the concentrations of the detected mycotoxin were compared to the South African acceptable maximum limits for food, foodstuffs and beverages. The concentration of the targeted mycotoxins from the analysed samples were below the South African acceptable maximum limits for food, foodstuffs and beverages, and consumption risk estimations against limits from literature showed that no risks to human health can be implied with the current results. Overall, the work done here shows that a wide range of potentially mycotoxigenic fungi are detectable in treated drinking water from Johannesburg West, while the observed levels were low (minimal risk), their presence however, may signal a potential water quality problem that requires monitoring.

Low total coliform counts were detected at a number of the sites but to a lesser extent compared to fungi, rarely were the faecal coliforms encountered. The recorded total coliform counts per site were low at 1-6 cfu/100ml. Almost all sites with fungi had bacteria but more sites had fungi and in higher counts than coliform bacteria. Statistically, no strong correlation was observed between total coliforms and fungi (r=0.4266). The fact that the total coliforms were detected across sampling sites at levels within SANS 241 (2015) limits of ≤10 and to a less extent as compared to the fungal incidence's points to a preliminary conclusion that the water is bacterial safe and that there is no correlation between faecal coliform and fungal occurrence in drinking water. Coliform indicator bacteria are therefore not a good indicator of fungi in drinking water.

## **RECOMMENDATIONS**

As recommendations for future studies and water safety planning, research covering wider sampling areas and with more regular sampling is recommended so as to come up with concrete evidence for decision-making on the extent of the fungal occurrence and implication to human health. Also, since it has been shown in this study that fungi occur in the drinking water, further studies need to be done to establish the conditions that influence the establishment of fungi and the production of mycotoxins.

# **ACKNOWLEDGEMENTS**

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#### <span id="page-12-1"></span><span id="page-12-0"></span> $1.1$ **INTRODUCTION**

Ensuring that drinking water is of good quality and free of pathogenic microorganisms is paramount to human health protection and as a basic human right (WHO, 2011a; Pereira et al., 2010). Though drinking water is supposedly treated to meet the set standards before leaving the water treatment plants, it is acknowledged that drinking water distribution systems are a non-sterile water environment habitable by diverse microorganisms including fungi. Reasons being that treatment does not always completely eradicate all microorganisms and also often microbial re-growth and/or contamination occurs during distribution. Water distribution systems are expected to act as conduits that transport sufficient quantities of safe drinking water to consumers while creating a physical barrier against the external environment that can introduce pathogenic organisms (Van Zyl, 2014). Douterelo et al. (2014a) stated that some microorganisms may be able to survive disinfection in a drinking water treatment plant, and manifest in the distribution network and up to the consumer's point of use. In drinking water distribution systems, microbial growth is controlled by secondary disinfection, such as the addition of chlorine that remains as chlorine residual or free chlorine in the distribution system, limiting growth of microorganisms including fungi (Pereira et al., 2013). However, despite the presence of chlorine residual, microorganisms such as fungi, viruses and protozoa, have shown an ability to survive in the treated water systems (Douterelo et al., 2014b). Many studies have been carried out to assess the effectiveness of chlorine disinfection against bacteria (Murphy et al., 2008; Lee et al., 2010), protozoa (Corona-Vasquez et al., 2002), and viruses (Page et al., 2009; Lim et al., 2010), with satisfactory results against bacteria and viruses. However, Pereira et al. (2013) have reported that fungi demonstrate more resistance to chlorine inactivation compared to bacteria and viruses. The effectiveness of chlorine on fungal spores has also not been well established (Douterelo et al., 2014a).

Monitoring water quality during distribution and establishing appropriate remedial actions are therefore imperative in the framework of process control and risk management (El-Chakhtoura et al., 2015) and as part of the water safety planning process (WHO, 2011b). In South Africa, fungi are not part of the set drinking water quality standards (SANS 241: 2015) and as such are not part of the tests or requirements for compliance for drinking water (SANS 241: 2015). Lack of standard requirements for fungi have resulted in studies on fungal occurrence in drinking water being limited when compared to those on bacteria (Babič et al., 2017; Douterelo, et al., 2014b; Pereira et al., 2009;). This study was therefore set to investigate the occurrence of fungi, mycotoxins and their influence on water quality and human health from inlet and outlet of reservoirs, hospitals, households and schools along the treated water distribution networks in Johannesburg West, South Africa.

#### <span id="page-12-2"></span> $1.2$ **RESEARCH PROBLEM AND JUSTIFICATION**

Drinking water quality guidelines require monitoring of microbiological properties to determine the quality against set standards (WHO, 2011a). It has been observed that although water can be treated to acceptable standards, its quality deteriorates in the water distribution systems (Hageskal et al., 2009). Fungi are known to occur widely in treated drinking water, but there has been little attention given to their existence and implications to human health (Babic et al., 2017). The World Health Organisation stated that the mortality rate of water-related diseases is over 5 million persons a year, above 50% being microbial intestinal infections (Cabral, 2010). Fungi are amongst pathogens that are believed to cause hostile infections that may contribute to the mortality rate (Arvanitidou et al., 1999; Sonigo et al., 2011). Water is one of the routes through which pathogenic fungi reach target individuals (Babic et al., 2017). There is

need to evaluate the extent of occurrence of fungi in treated drinking water distribution systems to determine the less studied mycological qualities of treated drinking water in South Africa.

Microbial water quality differs from area to area as it is affected by a wide range of natural and human influences (Manivanan, 2008; Babič et al., 2016). The types of fungi that produce mycotoxins in South Africa may be different from that of other countries and they need to be known. The occurrence of fungal species and potential to produce mycotoxins and their influence on water quality and human health in the treated drinking water distribution networks in Johannesburg West, South Africa was investigated. The study contributes to knowledge on fungi in drinking water and makes recommendations on the relevancy of fungi to water quality and consumer health.

#### <span id="page-13-0"></span> $1.3$ **PROJECT AIMS**

The aim of this study was to assess fungal and mycotoxin occurrence in treated drinking water in Johannesburg West and its implications to public health. Project specific research objectives were:

- 1. To determine the presence of fungi and total faecal coliforms from selected sites along the treated drinking water distribution network in Johannesburg West.
- 2. To characterise the fungal isolates to confirm identity and the presence of potentially mycotoxigenic fungi.
- 3. To analyse water samples for the presence of mycotoxins.
- 4. To determine statistically if any correlations between the presence of coliforms and fungi in treated drinking water and the potential health impacts.
- 5. Make output-dependent recommendations about monitoring and the potential health impacts of fungi in drinking water distributions.

#### <span id="page-13-1"></span> $1.4$ **SCOPE AND LIMITATIONS**

The study set to investigate the occurrence of fungi and detect mycotoxins and their implications on water quality and human health in the treated drinking water distribution network in Johannesburg West, South Africa. The study makes use of microbial cultural and molecular methods for coliform enumeration and in fungal diversity studies. Chemical detection and quantification of selected mycotoxin were done to evaluate the occurrence of these fungal metabolites and possible health risks likely to occur to humans through drinking water intake. The work was done on selected points of the drinking water distribution system and only looked at the water towers/reservoirs, water tanks, outside taps at households, garage, schools and clinics. Drinking water points inside consumer buildings were not evaluated as part of this study. In this study, sampling was limited to 30 sites dominantly in the Roodepoort area. This can be considered a smaller representative area and the sample number rather limited, and this was due to budgetary constraints.

A strict selection criterion was applied to ensure that diverse key sampling points were represented. Informal settlements, schools, clinics, garage and houses represent different consumers receiving points with different environmental settings for the treated drinking water and as such these were some of the selected sites. Water quality analysis was limited only to pH, residual chlorine levels, mycotoxins, bacterial coliforms and fungi. The number of physiochemical parameters to analysed was reduced so as to cut on the analysis cost and also since monitoring was done at sites mostly analysed by Johannesburg water, the project steering committee had recommended that extensive duplication of activities was to be avoided. However due to challenges in arranging for data access with Johannesburg municipality, it was not possible to obtain the monitoring data as had been set at the beginning of the project as well as the identity of the reservoir supplying the different consumer sampling points. Monitoring was also done only once a month, over a 12 months, critical incidences or changes in the drinking water system could have been missed

when no sampling was done. Raw water sources are known to influence the quality of the treated drinking water (Kanzler et al., 2007; Babič et al., 2017), however, as a limitation of this study it was not possible to obtain consent to sample the source water and treated water at the Rand Water treatment plant. Another limitation of the study was that it was not possible to do biofilm studies and fungal occurrences as influenced by microbial biofilms in the distribution system. Fungi are known to thrive and form an important part of the microbial biofilm community in drinking water distribution systems and as such to have a complete picture of fungal diversity and metabolites in drinking water, the inclusion of fungi would be highly recommended (Babic et al., 2017).

#### <span id="page-14-0"></span>**ETHICAL STATEMENT**  $1.5$

Ethical clearance for the project was obtained from UNISA College of Agriculture and Environmental Science following college ethics procedures and, specifically covering the research of both the PhD and MSc student as part of the prerequisite for such a funded research project and research module. As part of the ethics clearance requirements, consent was sought from all participants including Johannesburg Water and all the other private participants.

# **CHAPTER 2: LITERATURE REVIEW**

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#### $2.1$ **INTRODUCTION**

The natural environment harbors a variety of microbial diversity including many microorganisms that have not been studied and are not known (Tekere et al., 2011). Drinking water and different water sources have been described to contain a variety of fungal species (Gonçalves et al., 2006; Hageskal et al., 2006; Hageskal et al., 2007; Hageskal et al., 2009; Pereira et al., 2009; Ali et al., 2017; Babič et al., 2017; Siqueira et al., 2011; Oliveira et al., 2016). Both filamentous fungi and yeasts have previously been isolated in treated drinking water including; *Aspergillus, Cladosporium, Epicoccum, Penicillium, Trichoderma, Arthrinium phaeospermum, Aspergillus flavus, Cladosporium cladosporioides, Fusarium culmorum, Mucor hiemalis* and *Trichoderma harzianum* as predominant fungal genera and species found in treated and untreated water (Kinsey et al., 1998; Siqueira et al., 2011; Sonigo et al., 2011). Potentially pathogenic fungi are amongst these fungi found in aquatic ecosystems (Biedunkiewicz et al., 2014). Pathogenic fungi are known to cause hostile infections that may contribute to the mortality rate (Arvanitidou et al., 1999; Sonigo et al., 2011). Despite the widespread occurrence of fungi in aquatic environments, treated water contamination with fungi has received considerably minimal attention and may be considered to be an underestimated problem (Hageskal et al., 2009; Sonigo et al., 2011). While drinking water is considered an unnatural habitat for fungi, fungi do in fact, enter drinking water through various pathways (Hageskal et al., 2009; Sonigo et al., 2011). Fungi are now regarded as a potential prevailing problem (Hageskal et al., 2009; Doggett, 2000). Potentially pathogenic, allergenic and toxigenic fungal species like *Aspergillus fumigatus* were recovered from 49% of investigated hospital tap water samples in Oslo (Warris et al., 2002). Whereas fungal species are known to produce mycotoxins in foods and beverages (Kamili et al., 2012), concern is increasing over pathogenic fungi in drinking water. Paterson et al. (1997) detected aflatoxins produced by *A. flavus* from a cold-water storage tank and Mata et al. (2015), showed that *Cladosporium*, *Fusarium* and *Penicillium* frequently occurred in sampled bottled water.

#### <span id="page-15-2"></span> $2.2$ **DRINKING WATER QUALITY MANAGEMENT IN SOUTH AFRICA**

Water quality management is defined as the maintenance of the fitness for sustainable use of water resources by striking an equilibrium between socio-economic development and environmental protection. In South Africa, the provision of safe and reliable water is the cornerstone of municipal services (DWS, 2015). The national government through the Department of Water and Sanitation has implemented regulations and policies to safeguard the provision of good quality and safe water to all (DWS, 2015). Some municipalities especially rural municipalities however, often struggle to meet these national set guidelines, leading the majority of rural populations to still rely on individual boreholes and other surface water sources (Rivett et al., 2012). Over the years, the South African water quality management has improved from a pollution control approach to the integrated water quality management which takes into account the receiving water users and aquatic ecosystem's water quality requirements (DWS, 2015). This new approach consists of measures and arrangements such as water resources protection, water use licensing and national pricing of waste discharge, that are provided for in the National Water Act, 1998 (Act No. 36 of 1998). In 2008, the Department of Water and Sanitation launched the Blue/Green Certification programme as an incentive for municipalities to improve the quality of water provided to their consumers (DWS 2015).

In the blue drop certification, requirements for monitoring water quality during distribution, and establishing appropriate remedial actions are imperative in the framework of process control and risk management (El-

Chakhtoura et al., 2015) and as part of the water safety planning process. In the blue-drop, the microbiological compliance for tap water is measured at 97.3% against the National Standard (SANS 241; 2015) and the City of Johannesburg always attains the blue drop status.

#### <span id="page-16-0"></span> $2.3$ **DRINKING WATER TREATMENT AND INACTIVATION OF FUNGI**

The objectives for water treatment are not only to produce water that is acceptable in terms of being aesthetically pleasing in appearance (clearness) and taste and odour (Momba et al. 2008), but the destruction or inactivation of pathogenic microorganisms to prevent the spread of waterborne diseases (EPA 2013). According to Berry et al. (2006), the supply of clean drinking water is a major public health milestone. However, the increasingly demand of this scarce water caused by urbanization and industrialization must ultimately be matched by the increasing intensity of land-based treatment and recycle (Cosgrove & Loucks, 2015). Many studies have been done to guarantee the provision of good drinking water quality and face the challenge resulting from environmental pollution. Nevertheless, literature has revealed that water treatment plant processes do not completely remove all pathogenic microorganisms including fungi in water that end up in treated water distribution systems (Sammon et al. 2011; Pereira et al. 2013). In general most water utilities treat water via coagulation, flocculation, sedimentation and filtration methods that are designed with the main objective of removing microbial pathogens using disinfectants such as chlorine as a significant component in the water treatment process (Adam et al., 1998).

Coagulants aid in destabilising colloidal particles in water to promote agglomeration to form larger sized particles known as flocculants (flocs) which can be effectively removed by sedimentation or flotation (Almamun et al. 2016). Sedimentation and flotation processes however, remove most of the microorganisms including fungi as they are trapped within the particles and settle to the bottom in sedimentation tanks or float out in flotation tanks, where they eventually get disposed of with the sludge (Kinsey et al. 2003). Most of the time there are light broken flocs or non-flocculated colloidal particles that are suspended in water (Jun et al. 2009; Oyegbile et al. 2016; Rasteiro et al. 2016; Marques et al. 2017) whereunto microorganisms can attach themselves. These suspended particles, depending on the quality of water, end up being transferred to the filtration process (Thupaki et al. 2013).

For effective disinfection of water, water turbidity must be reduced to less than one nephelometric turbidity units (1 NTU) (WRC 2002). Rapid sand filters are commonly used though they do not have enough retention time to remove all particle-adsorbed microorganisms from the water (O'Connor & O'Connorr 2001). Fungi can grow attached to a substrate and colonize filters in water treatment plants giving them an excellent opportunity to resist water treatment (Hageskal et al. 2009). If fungi survive sedimentation and flocculation, rapid sand filtration does not become an effective treatment for fungi (Kinsey et al. 2003) as these filters have been shown to partially remove microorganisms especially fungi that end up in the distribution system (Kinsey et al. 2003). After filtration, the final and most trusted treatment process for destroying pathogenic microorganisms is disinfection (Tellen et al. 2010).

The use of disinfection in water treatment as a public health measure has resulted in a major decline in people contracting water-related diseases from drinking water (EPA 2013). As a survival strategy, fungi and other bacteria often enter into a state of dormancy when conditions become hostile. However, when the conditions become favourable again, they get back to their vegetative state and start the process of spore germination (Luu et al. 2015). This phenomenon is popular with melanised thick-walled fungal species hence their resistance to water treatment and disinfection (Hageskal et al. 2012). When the turbidity of water is greater than 1 NTU, usually as a result of organic particles, microorganisms become protected from disinfection by being entrapped in the particles or adsorbed onto particle surfaces which then act as shields against the disinfectant (Al-berfkani et al. 2014; Spellman 2014). Different fungal species vary in

their resistance to disinfection. *Penicillium* and *Aspergillus* species are more resistant to chlorine disinfection than the *Cladosporium* and *Phoma* species (Pereira et al. 2013). Ozone and UV radiation are more capable in the destruction of most pathogenic organisms than chlorine, but their disadvantages are high costs and mostly the inability to have a residual concentration that persists long enough to prevent the re-growth of microorganisms in the distribution system (Freese & Nozaic 2004).

Ozone inactivates fungal species by causing irreversible cellular damage (Rojas-Valencia 2011). However, there are resistant species to ozone like *Trichoderma viride* that is slightly affected only in elevated concentrations and *Penicillium spinulosum,* which is the most resistant due to its hydrophobic cell surface (Hageskal et al. 2012). Additionally, fungi with pigmented spores such as *Aspergillus* and *Penicillium* have a better defence against radiation and are not responsive to UV treatment (Hageskal et al. 2009). The radiation cannot destroy fungal species even in slightly turbid water as the fungi tend to be harboured within the particles and escape disinfection (EPA 2013). Furthermore, disinfection by exposing some species of fungi to ultraviolet light may seem futile as strongly melanised spores of *Aureobasidium pullulans* and *Aureobasidium melanogenum* have shown resistance to elongated radiation interactions (Castiglia & Kuhar 2015). The widely used chemical disinfectant is chlorine. However, despite its strong oxidant properties that make it reliable in removing or inactivating pathogenic microorganisms in water, fungi were discovered to be more resistant to chlorine inactivation than the commonly used indicator organism *E. coli* (Luyt et al. 2012; Oliveira et al. 2013; Al-berfkani et al. 2014).

#### <span id="page-17-0"></span>**FUNGI OCCURRENCE IN DRINKING WATER DISTRIBUTION SYSTEMS**   $2.4$

Generally, local authorities and other assigned private and government entities are the custodians of bulk drinking water supplies where water is stored in reservoirs and towers for distribution to different users (Ayanshola et al. 2015; Earle et al. 2005). Water from treatment plants to consumers is transported for long distances via different engineered systems that include pipe networks of different materials, storage vessels, fittings and valves (Tinker et al. 2009). When water leaves the treatment plant the water quality may deteriorate in the distribution system (Douterelo et al. 2014). Some microorganisms, including fungi, have been linked to drinking water problems within distribution networks (Doull et al., 1982; Fish et al. 2015). Treated drinking water distribution systems have been identified to harbour both terrestrial and zoosporic fungi (Magwaza et al. 2017). Terrestrial fungal species often enter water bodies through dead animals, plants, soil and through litter that have been in contact with water (Nasser 2003). Fungi are members of a large group of eukaryotic organisms belonging to the kingdom Eumycota and can occur as unicellular yeast or filamentous and, multicellular moulds (Thliza et al. 2015). The group contains more than 70 000 species of fungi, of which less than 0.5% of them are of concern in human diseases and cause about 90% of all fungal infections (Hundalani & Pammi 2013). They are widely distributed in nature with some being known as aquatic fungi, adapted naturally to survive in water (Ali et al. 2017). Mitosporic fungi produce spores, which are released into their environment. Ecology of aquatic fungi has not attained the degree of importance as the ecology of soil fungi and the qualitative composition of the fungal population in water is now becoming fairly well known (Hundalani & Pammi 2013). Both forms of fungi, i.e., filamentous and yeasts have previously been isolated in treated drinking water (Siqueira et al. 2011; Sonigo et al. 2011). *Aspergillus, Cladosporium, Epicoccum, Penicillium, Trichoderma, Arthrinium phaeospermum, Aspergillus flavus, Cladosporium cladosporioides, Fusarium culmorum, Mucor hiemalis* and *Trichoderma harzianum* are the predominant fungal genera and species often found in treated and untreated water (Kinsey et al., 1998; Kamili et al. 2012).

When fungi enter the water distribution system, they can be harboured by places in the network like reservoirs that generates stratification, stagnation, dead zones, depletion of residual disinfectants and biofilm formation (Oliveira et al. 2016). These conditions, together with chemical-physical characteristics like high turbidity and temperature, pH, total organic carbon (TOC) and dissolved oxygen (DO), are

favourable for microbial growth placing these environments at potential high risk of water quality degradation by fungi (Oliveira et al. 2016). Fungi have been shown to enter the water distribution system in many ways that may be unavoidable like mains interruptions, installations and maintenance (Doull et al., 1982). Others may include treatment breakthrough, water storage problems and cross-connections (Gashgari et al. 2013). When introduced in water, fungal species get established into biofilms in the inner surfaces of pipes (Mains 2008). Many water companies have encountered operational and technological challenges that have at times led to consumer complaints because of fungi related problems (Grabińska-Łoniewska et al. 2007; Hurtado-McCormick et al. 2016; Douterelo et al. 2014). Fungi produce secondary metabolites such as organic acids which contribute to microbiological corrosion in water pipes (Grabińska-Łoniewska et al. 2007). The corrosion inhibits proper disinfection as accurate concentrations of chlorine residual in the treated distribution water system are altered (Sonigo et al. 2011). Even though water distribution systems are maintained with chlorine residual or chloramines; microorganisms including fungi, viruses and protozoa, have been shown to thrive in pipe networks (Douterelo et al. 2014). Different types of materials including stainless steel, cast iron galvanised steel, copper and polyethylene have been used to manufacture water distribution pipes and these materials often favour the formation of biofilm in the water distribution systems (Mulamattathil et al. 2014).

Rand Water supplies treated drinking water in bulk to the City of Johannesburg (CoJ) who then distributes the water to consumers through Johannesburg Water. The water is transported over long distances to the receiving storage reservoirs for distribution and then sent via different engineered systems that include pipe networks of different materials, storage vessels, fittings and valves to the end users. The Mayor of Johannesburg in his State of the City Address for 2016 did recognise the ageing infrastructure of the water distribution system (Parks 2016). While water distribution systems are expected to act as a barrier for the treated water in order to protect the water against contamination (Speight, 2008), literature has shown that ageing infrastructure has been responsible in encouraging the growth of biofilms that harbour microorganisms, including fungi (Mulamattathil et al. 2014; Siqueira et al. 2011; Gonçalves et al. 2006). If biofilm has been formed in the water distribution system, fungi that produce mycotoxins can prevail and are protected against residual chlorine treatment (Oliveira et al. 2016). The City of Johannesburg conducts water quality monitoring in their treated water distribution system monthly and Rand Water also audits the water quality in the distribution network once a year and an independent third party is assigned for the audit. The audit results compare very well with the requirements set for the water quality standards (SANS 241: 2015). There is however a lack of information on fungal prevalence in drinking water distribution systems generally in South Africa and its implications to public health as it is not prescribed in routine monitoring.

Fungi in treated drinking water have been identified in many countries as shown in Table 2-1. Fungi in treated drinking water from the various investigations as in Table 2-1 shows that the most prevalent are Acremonium sp., Alternaria sp., Aureobasidium sp., Aspergillus sp., Chaetomium sp., Cladosporium sp., Epicoccum sp., Exophiala sp., Fusarium sp., Geotrichum sp., Mucor sp., Paecilomyces sp., Penicillium sp., Phialophora sp., Phoma sp., Rhizopus sp., Trichoderma sp. and Verticillium sp. Most of the fungal genera described in the studies are dematiaceous fungi which are capable of secreting melanin or melanin-like pigment in their cell walls, that makes them to be thick-walled species with hydrophobic spores which give them an advantage to resist water treatment (Sonigo et al. 2011; Auwal & Taura 2013; Al-gabr et al. 2014; Babič et al. 2017). These persistent fungi normally originate from soil, wood and decomposing plant material (Fox et al. 2016), which explains why they end up in raw water. Cladosporium sp., Penicillium sp., Fusarium sp., Penicillium sp., Aspergillus sp., Phoma sp., Epicoccum sp., Trichoderma sp., Acremonium sp., Exophiala sp., Alternaria sp. and Phialophora sp. are capable of producing mycotoxins and other secondary metabolites that produce toxic chemicals that impair water quality and become a threat to humans and animals (Sonigo et al. 2011; Pitt et al. 2000a; Pereira et al. 2010).

<span id="page-19-0"></span>

# **Table 2-1: Conducted surveys for fungi in treated drinking water globally**



#### <span id="page-21-0"></span> $2.5$ **OCCURRENCE OF FUNGI AND MYCOTOXINS IN DRINKING WATER**

Fungal entrance into drinking water distribution systems can be attributed to contamination pathways that include; breakthrough during treatment, deficiencies in stored water facilities cross-connections, mains breaks and intrusions, and during maintenance of the mains (Sonigo et al. 2011). The fungi become established on the inner surfaces of pipes, can interact and react with sealing and coatings, and biofilms within distribution systems, or can be suspended in the water; the fungi and/or their metabolites can, in turn, reach the consumer. The presence of microscopic fungi in drinking water and distribution systems has been associated with its secondary contamination that results from damages to pipes caused by prolonged utilization and release of compounds that are substrates for growth and development of these fungi (Biedunkiewicz et al. 2014). Fungi can survive after filtration and are thus accounted for as a significant cause of post-treatment water pollution (Cabral & Fernandez 2002; Kirk et al. 2008).

Pathogenic microorganisms like bacteria, viruses and parasites are well known as water contaminants (Hageskal et al. 2009) but fungi, however, have not been considered for years when discussing water quality. Pathogenic fungi are believed to cause hostile infections that may contribute to the mortality rate (Arvanitidou et al., 1999; Sonigo et al. 2011). Some fungal species and their metabolites are known and /or allergens (Sonigo et al. 2011). The study by Memon (2012) reveals that the incidence of fungal species from the samples of drinking water in the distribution system of the city of Hyderabad (Pakistan) mostly contained more than one species. It has also been observed that *A. flavus, A. fumigatus* and *A. Niger* were the most frequently isolated species. *Penicillium* and *Aspergillus* species have been shown to have both high resistance to disinfection and ability to produce mycotoxins (Sonigo et al. 2011; Babič et al. 2016). These species of fungi and many others have been implicated in waterborne infections (Kanzler et al. 2007). Similar to human cells, infections from mycotoxigenic fungi are a challenge to diagnose and difficult to cure as they are eukaryotes (Yamaguchi et al. 2007). Mycotoxins have severe and chronic effects on humans and animals, as many of them are believed to be carcinogenic, cytotoxic, and mutagenic and have immunosuppressive complexes (Arroyo-Manzanares et al. 2015).

The occurrence of fungi in treated drinking water may cause adverse effects on human health as they have the potential of producing mycotoxins (Biedunkiewicz et al. 2014). The concentrations of these mycotoxins may increase during storage of water due increase in the population of the fungi species, and daily intake of such water containing mycotoxin could result in bioaccumulation in the body which could be hazardous to human health (Biedunkiewicz et al. 2014). An assessment for the presence of yeasts and filamentous fungi in bottled mineral water and tap water from municipal supplies in Brazil by Yamaguchi et al. (2007) showed the presence of both yeasts and filamentous fungi in both types of water samples. Despite of their wide occurrence in treated water, there has been little attention given to their existence and implications for human health (Yamaguchi et al. 2007). Worldwide, water quality legislations do not discuss about fungi or even set parameters for the control of fungi in treated water, their omission from the battery of microbial water quality parameters routinely done in water quality testing laboratories lead to the lack of information about the possible impact in human health (Babič et al. 2016). Monitoring fungi, their metabolites and potential risks is being considered in this study as part of monitoring studies for emerging pathogens in drinking water and domestic water distribution systems. On the other hand, establishing correlation between fungi and indicator bacteria is essential to understand if the presence and abundance of indicator bacteria can be used to accurately predict the presence of fungi in drinking water. To date literature presents conflicting results on the correlations that exist between fungi and bacteria in drinking water (Sonigo et al. 2011).

With clear evidence that the occurrence of fungi in drinking water distribution systems is a reality that cannot be ignored, this study endeavoured to address the need for monitoring the prevalence of fungi in water distribution systems to determine the less studied mycological qualities of treated drinking water as part of a broader initiative to safeguard public health in South Africa. Mycotoxins are secondary metabolites that are produced by fungi and they are hazardous to humans (Zain 2011). Fungi that produce mycotoxins have also been reported in treated drinking water (Paterson & Lima 2015) and mycotoxins may be ingested through food or water containing poisonous fungi (Volk 2013) or ingested as mycotoxins secreted by fungi without eating the fungus itself. Mycotoxins have serious and chronic effects on humans, as many mycotoxins are carcinogenic, mutagenic, cytotoxic, and have immunosuppressive complexes (Arroyo-Manzanares et al. 2015).

Although water in distribution networks contains some residual chlorine, microorganisms including fungi have shown to thrive in the networks (Grabińska-Łoniewska et al. 2007; Douterelo et al. 2014a). Fungi have been shown to survive still and reproduce in distribution systems biofilms, producing metabolites of concern in water (Kinsey et al. 2003), and some fungi have shown higher resistance to chlorine disinfection than *E. coli* (Pereira et al. 2013). Biofilms are colonization sites that play a key role in the dissemination of these species to public drinking water (Göttlich et al. 2002). Maintenance including frequent scouring of pipes is important as the sediments in the water supply systems are a potential site for the proliferation of fungal population. Fungal mycelia growing on this substrate is dense, and sporulation is more prolific than the growths of fungi observed in pipe wall samples (Sammon et al. 2011). Several fungal mycotoxins have been described. Table 2-2 gives some examples of mycotoxin toxicity and their food sources. Table 2-3 shows some toxic effects of some of the mycotoxins and producing genera.

<span id="page-22-0"></span>

## **Table 2-2: Relative toxicity and known sources of some of the mycotoxins in foods.**

Data sources from<http://www.who.int/ceh/capacity/mycotoxins.pdf> (accessed 0/12/2018)

<span id="page-23-0"></span>

### **Table 2-3: Fungal mycotoxins, producing fungal genera and health effects**



#### <span id="page-25-0"></span> $2.6$ **PUBLIC HEALTH IMPLICATIONS OF FUNGI AND MYCOTOXINS IN TREATED DRINKING WATER**

The biggest fear for public health regards the consumption of treated drinking water contaminated with pathogenic microorganisms (Hageskal et al. 2009). The presence of fungi in treated drinking water and its health impacts became a major issue of concern after cases of fungal contaminated water were reported in Finland and Sweden during the 1980s and 1990s (OECD & WHO 2003; Boe-Hansen et al. 2003). Several waterborne filamentous fungi are known to act as pathogens or allergens that have adverse impacts on human health and mostly on immune-compromised patients (Oliveira et al. 2016). This has raised human health concerns as fungi have been proven to resist water treatment processes, especially the melanised fungal species (Awopetu et al. 2013; Obi et al. 2008). Fungal infections were quite low from the late 1950s and early 1960s even in immunocompromised patients, yet over the past two decades fungal infections have drastically increased as they are easily diagnosed and individuals whose immune response is inadequate have increased (Khan et al. 2010). Most of the fungi that were identified in Table 2-1 are dematiaceous and are characterized by their pale brown to dark melanin-like-pigment in the cell walls.

Dematiaceous fungi are responsible for causing a number of cutaneous and subcutaneous infections in immunocompetent people and invasive or disseminated infections in both immunocompetent and immunocompromised patients (Pfaller & Diekema 2004). A significant proportion of waterborne illnesses related to fungi are likely to go undetected by the communicable disease surveillance and reporting systems especially to those people with these underlying conditions. The possible health impacts caused by fungi in treated water are still not well documented, although protective measures are recommended for people who are at high risk (Hageskal et al. 2009) especially patients having an impaired immune system as their immune effector cells become compromised allowing fungi to colonize and attack the human tissues leading to more complications (Oliveira et al. 2013).

Fungi have been implicated in a number of diseases including allergies, respiratory illness, cutaneous infection and life-threatening meningitis (Sulaiman et al. 2014). *Alternaria* sp.*, Cladosporium* sp.*, Aspergillus* sp.*, Penicillium* sp. and *Fusarium* sp. have been linked to allergies and respiratory illness (Korzeniewska 2011), *Cryptococcus* and *Candida* typically cause meningitis (Black & Baden 2007) with the *Candida* species responsible for cutaneous infections (Volk 2013). Taste and odor problems in water are caused by *Aspergillus sp., Acremonium sp., Phialophora* sp. and *Penicillium* sp. (Sonigo et al. 2011; Hageskal et al. 2006). Fungi such as *Rhizopus, Fusarium, Alternaria, Aspergillus* and *Penicillium* produce mycotoxins that are harmful to public health as these mycotoxins are carcinogenic and have the ability to impair the immune system (Bhat et al. 2010). Mycotoxins of great concern for public health include aflatoxins (AF), ochratoxins (OT), trichothecenes, zearalenone (ZEN), fumonisins (F), tremorgenic toxins, and ergot alkaloids (Zain 2011).

The types of infections caused by mycotoxigenic fungi depends on the type of mycotoxin, the concentration and length of exposure; as well as age, health, and sex of the exposed individual (Bennett et al. 2003). Mycotoxins found in water may be extremely diluted and may not be of major concern, their concentrations may increase resulting in hazardous levels to human health particularly when water is stored in reservoirs for longer periods (Siqueira 2011). Table 2-3 gives some of the mycotoxin producing fungi and the health effects. The absence of toxigenic fungi in treated drinking water may not give an assurance that the water is free of mycotoxins, as mycotoxins may persevere long after the fungi had died (Pitt et al. 2000a). Mycotoxins have serious and chronic effects on humans and animals, as many of them are believed to be carcinogenic, cytotoxic, mutagenic and may lead to immunosuppressive complexes (Arroyo-Manzanares et al. 2015).

Although now there are reports regarding advances in antifungal therapy, it is worth noting also that the number of cases of infection and antifungal resistance are also getting high, and the control of antifungal disease does not indicate any possibilities of being achieved soon (Araj et al. 2015; Meirelles et al. 2017; Pellon et al. 2018).

### <span id="page-26-0"></span> $2.7$ **FUNGAL-BACTERIAL INTERACTIONS AND CORRELATIONS IN WATER DISTRIBUTION SYSTEMS**

Bacteria and fungi exist and interact in many environments as they often share common substrates. The interaction of fungi with bacteria ranges from disorderly polymicrobial assemblies to closely related symbiotic associations of fungal hyphae and bacterial cells (Frey-Klett et al. 2011). Bacteria are the ones responsible for the initial construction of biofilms while fungi colonise pre-established bacterial biofilms, which is a form of commensalism as one benefits while the other is unaffected due to different ecological requirements of the two organisms (Sonigo et al. 2011).

Fungi and bacteria are believed to positively use their competitive interactions during fungal decomposition of unmanageable organic matter Boer et al. 2005). Fungi produce most enzymes because they have higher biomass and bacteria benefit from the enzymatic capacity of fungi, in particular when it comes to enzymes involved in degrading plant polymers (Mille-lindblom 2005). However, some fungal species tend to suppress bacterial growth through production of antibacterial substances, for example penicillin from the fungus *P. notatum* (Mille-Lindblom et al. 2006). Studies have found different relationships between fungi and bacteria depending on bacterial and fungal species compositions and biological mechanisms affecting the relationship (Sonigo et al. 2011). It is vital to ascertain the prevalence of fungi and make deductions as to the interactions and correlations between fungi and bacteria and any need to include fungi in the drinking water standards. Understanding the interactions between bacteria and fungi in water will give an insight as to whether the presence of certain bacterial species in water can be used as an indicator of its fungal content (Gonçalves et al. 2006).

To date, no correlation has been found between indicator organisms such as *E. coli* and other coliforms to fungi in treated drinking water systems (Oliveira et al. 2016). This is because fungi can resist disinfection while coliform bacteria would be eradicated (Kinsey et al. 2003). This lack of correlation between coliforms and fungi presence in drinking water distribution systems may mean that there is a possibility for bacteriologically safe water to contain some pathogenic fungi (Sonigo et al. 2011). Since a single indicator or even ranges of indicators are unlikely to be appropriate for every occasion, it can be beneficial to modify indicator organisms to specific conditions when developing national standards. Some researchers (Ashbolt et al. 2001) argue that with the change in monitoring standards, more indicators of process efficiency are required rather than the reliance on the 'old-style' *E. coli* as indicators. However, a point worth noting is that fungi often colonise pre-established bacterial biofilms and as such the correlations deductible in biofilms is not necessarily the same as for water samples. Some of the reported correlations reports between fungi and bacteria are shown Table 2-4.

<span id="page-27-1"></span>

<b>Positive correlations</b>	<b>Negative correlations</b>	No correlation
A positive correlation was found between yeasts and total heterotrophic bacteria in tap water (Brazil) (Yamaguchi et al. 2007)	A negative correlation has been observed between fungi and bacteria in samples of high bacterial biomass (Germany) (Göttlich et al. 2003)	No correlation was found between fungal and bacterial biomass in unchlorinated groundwater-derived water in Germany (Göttlich et al. 2003) nor in treated water in Poland (Grabinska-Loniewska et al. 2007)
A significant positive correlation was observed between yeasts and total and faecal coliforms (Greece) (Aravanitidou et al., 1999)	ä,	No correlation was observed between filamentous fungi and total coliform (Brazil) (Yamaguchi et al. 2007)
A significant correlation was observed between filamentous fungi and total heterotrophic bacteria (Greece) (Aravanitidou et al., 1999)		No correlation found between levels of fungi and total coliform (untreated water) (Pereira et al. 2009).
Correlation between level of fungi and E. coli and Enterococcus (untreated water) (Pereira et al. 2009).		

**Table 2-4: Some reported correlations between fungi and bacteria**

#### <span id="page-27-0"></span> $2.8$ **SUMMARY**

Water treatment is critical in controlling pathogenic microorganisms from reaching consumers. The literature review as presented here have shown that fungi are microorganisms of concern in treated drinking water and there need for more studies to provide for information upon which monitoring decisions can be made. In South Africa there are standards in place to test and monitor pathogenic microorganisms like bacteria, viruses and parasites in treated drinking water from the water source to the final drop of the tap (SANS 241:2015). Fungi have been left out from the battery of drinking water quality compliance monitoring parameters yet scientific literature has proven the presence of fungi and its mycotoxins in treated drinking water. Melanised and slimy conidia have been found in treated water distribution systems with the prevalence of *Cladosporium, Phoma, Alternaria, Aspergillus, Penicillium, Exphiala Fusarium, Acremonium, Exophiala* and *Phialophora* that has a general capacity to resist disinfection regimes (Göttlich et al. 2002; Babic et al., 2018). The potential health impact of waterborne fungi is still not clear whilst precautions are often needed in hospitals for high-risk patients. Monitoring and keeping the number of fungi under surveillance after water treatment and in distribution systems is fundamental in guarding against potential harm to human health, and also to improve the aesthetic quality of water in relationship to taste and odour. Although examination of fungi can be difficult as cautious and experienced personnel is required, nevertheless this cannot be disregarded anymore as fungi influence water quality in many ways.

# **CHAPTER 3: EXPERIMENTAL DESIGN AND METHODS**

<span id="page-28-1"></span><span id="page-28-0"></span> $\_$  , and the set of th

#### $3.1$ **STUDY SITES AND IDENTIFICATION OF SAMPLING SITES**

The city of Johannesburg is located at 26.2044° S, 28.0456° E in Gauteng Province, South Africa covering an area of 1,645 km² and with a population of about 4.1 million. The study was conducted in Roodepoort, Johannesburg West. The population of Roodepoort is 11.6% of the city's population (City of Johannesburg 2013). The treated drinking water distributed by Johannesburg water is received from Rand Water (Zuikerbosch treatment plant in Vereeniging), sourced from Vaal Dam and Zuurbekom. The bulk treated water is distributed through pipes to distribution reservoirs/towers in Johannesburg. Water samples were collected from selected sites in the Johannesburg West mainly in Roodepoort (Figure 3-1). Sampling sites included communal taps, clinic taps, school taps, household taps, filling points, garages and quality monitoring points (reservoir inlets/outlets and towers outlets) along the treated drinking water distribution network. Permission and assistance with site identification were obtained from Johannesburg Water. Thirty (30) sampling sites were chosen based on security, ease of access, and the cooperation of landowners. Twenty-five sampling sites were from the Johannesburg Water monitoring sites. Table 3-1 shows a detailed description of the sampling sites.



### <span id="page-28-2"></span>**Figure 3-1: Location of selected study sites in Roodepoort, Johannesburg West**

## **Table 3-1: List of sampling sites in Roodepoort areas, Johannesburg West**

<span id="page-29-0"></span>



#### <span id="page-30-0"></span> $3.2$ **SAMPLE COLLECTION**

Water for all microbial analysis was collected using 500mL sterile bottles containing 1 ml of 1.8 % m/v sodium thiosulphate solution. Autoclaved 500mL glass bottles were used to collect water for mycotoxin analysis. Five litre sterile plastic bottles were used to collect water for metagenomics analysis. Before sample collections, the tap was flushed for 3 minutes and bottles filled up and tightly capped following the Johannesburg Water sampling protocol. All the samples were kept in cooler boxes containing ice bricks and transported to the Environmental Sciences laboratory at UNISA (Florida Campus, Johannesburg) for analysis within 24 hours, except for the mycotoxin analysis.

#### <span id="page-30-1"></span>**SAMPLE ANALYSIS**  $3.3$

The collected water samples were analysed for pH, total and free chlorine, the presence of fungi, total and faecal coliform. Microbiological analysis was done within 24 hours of sampling. Figure 3-2 shows the scheme of work for the analysis of samples.



<span id="page-30-2"></span>**Figure 3-2: Scheme of work for the analysis of the samples.**

#### <span id="page-31-0"></span> $3.3.1$ **pH, total and free chlorine analysis**

Free chlorine, total chlorine and pH were measured and recorded on site using Lovibond apparatus with chlorine disc No.3/40A, chlorine disc3/40S and pH disc2/1J with cuvettes and colorimeter. DPD 1 and 3 tablets for chlorine and total chlorine were used respectively, and phenol red tablets were used for pH in a pH colorimeter.

#### <span id="page-31-1"></span> $3.3.2$ **Total and Faecal coliform**

Total and faecal coliforms were analysed for according to standard procedures (Method 9132; EPA 2002) using m-Endo Agar (Sigma, South Africa) and m-FC agar (Sigma, South Africa) respectively. The membrane filters were placed grid side up onto petri dishes containing the m-Endo agar for total coliform enumeration and m-FC agar for faecal coliform enumeration and incubated at 37°C for 18-24 hours and 44.5°C for 48 hours respectively. All colonies exhibiting a greenish-gold metallic sheen on m-Endo were enumerated as CFU of total coliforms per 100 ml while blue colonies that developed on m-FC agar were enumerated as CFU of faecal coliforms per 100 ml.

#### <span id="page-31-2"></span> $3.3.3$ **Determining the presence of fungi**

To determine the presence of fungi, 100 ml of water was filtered through 47 mm diameter; 0.45µm pore size Millipore HA-type cellulose filter membranes (Merck-Millipore, RSA) in duplicate and placed on potato dextrose agar (PDA). The potato dextrose agar (PDA) plates with the filter membranes were incubated at 27°C and observed after 48 hours for the growth of fungal colonies with continuous monitoring for 4-7 days. The fungal cultures were purified by cutting approximately 1cm<sup>2</sup> fungal plugs and transferring them onto freshly prepared PDA plates until axenic cultures were obtained.

#### <span id="page-31-3"></span> $3.3.4$ **Molecular analysis and identification of fungal isolates**

DNA was extracted from axenic fungal cultures using ZR Quick-DNA™ Fungal/Bacterial DNA MiniPrep™ Kit (Inqaba Biotech, RSA) following the manufacturer's protocol. Fungal universal primers sets ITS1 (TCCGTAGGTGAACCTGCGG) and ITS4 (TCCTCCGCTTATTGATATGC) were used to amplify the extracted DNA using PCR. For PCR, 25 µl reaction volumes comprising of 12.5 µl 2X PCR Master Mix (Inqaba Biotech, Pretoria, RSA), 0.5 µl each of the forward and reverse primers, 6 µl DNA template and 5.5 µl nuclease free water were used. The cycling program was set as follows: initial denaturation step at 95°C for 5 minutes, followed by 32 cycles melting at 95°C for 30 seconds, annealing at 55°C for 30s, and elongation at 72°C for 1 minute and a final elongation step of: 72°C for 10 minutes. The PCR amplicons were purified and sent to Inqaba Biotech (Pretoria, South Africa) for sequence analysis after which a FinchTV1.4.0 software (Geospiza, PerkinElmer, Inc.) was used to manually correct the chromatograms. The resultant sequences were subjected to BLAST analysis to compare the identity of the isolates. Finally, all the sequences obtained in this study were submitted to GenBank to obtain the accession numbers.

#### <span id="page-31-4"></span> $3.3.5$ **Metagenomics analysis**

Genomic DNA was sent to Inqaba Biotechnical Industries, a commercial NGS service provider, for sequencing. The genomic DNA samples were PCR amplified using a universal primer pair (ITS1f and ITS4). Resulting amplicons were gel purified, end repaired and illumina specific adapter sequence were ligated to each amplicon. Following quantification, the samples were individually indexed, and another purification step was performed. Amplicons were then sequenced on Illumina's MiSeq platform, using a MiSeq v3 (600 cycle) kit. 20Mb of data (2x300bp long paired end reads) were produced for each sample.

The BLAST-based data analysis was performed using an Inqaba in-house developed data analysis pipeline.

#### <span id="page-32-0"></span> $3.3.6$ **Analysis of water samples for mycotoxins**

## <span id="page-32-1"></span>*3.3.6.1 Standard preparation*

LC-MS grade standards purchased from Sigma Aldrich, South Africa for each mycotoxin were used in the quantification and identification of mycotoxins. The selected mycotoxins for analysis are listed in Table 3-2. These were selected based on the diversity of fungi detected in the water samples from the regular sampling conducted as well as informed by the literature on the common mycotoxins in water that are produced by the prevalent fungi. Ochratoxin, though an important mycotoxin produced by some of the fungi that prevail in the drinking water, was not analysed due to unavailability of the necessary standards at the time of analysis. Individual stock standard solutions were prepared following the method by Mata et al. (2015), where each standard was dissolved in acetonitrile. Standards were later mixed to a solution consisting of Sterigmatocystin 600 µl, B-Trichothecene 300 µl, Gliotoxin 300 µl, Patulin 300 µl, Fumonisin (FB<sub>1</sub> and FB<sub>2</sub>), Tenuazonic acid 30 µl, Aflatoxin B<sub>1</sub> 30 µl, Aflatoxin M<sub>1</sub>, Aflatoxin G<sub>1</sub> 30 µl and Aflatoxin G<sub>2</sub> 30 µl. The solution was then topped up with acetonitrile to a volume of 3000 µl. To evaluate the linearity of the method, mixed standard solutions of all mycotoxins at a concentration range from 0.1, 0.5, 1, 2.5, 5, 10, 25, 50, 250, 500 and 1000 ppb were prepared using acetonitrile/water (1:3, v/v). All the standard solutions were stored at -20°C in amber glass vials after preparation.

<span id="page-32-3"></span>

<b>Mycotoxin</b>	Fungi		
Aflatoxins $(B_1, G_1, G_2, M_1)$	Aspergillus		
Citrinin	Penicillium, Aspergillus and Acremonium		
(Deoxynivalenol $(DON)$ , B-Trichothecene	Fusarium, Trichoderma		
3-Acetyldeoxynivalenol Nivalenol (NIV), $(3 -$			
AcDON) and 15-acetyldeoxynivalenol $(15 -$			
AcDON))			
Fumonisin (FB1 and FB2)	Fusarium		
Patulin	Penicillium, Aspergillus and Paecilomyces		
Sterigmatocystin	Aspergillus		
Tenuazonic acid	Phoma and Alternaria		
Gliotoxin	Trichoderma		

**Table 3-2: List of analysed mycotoxins and producing fungi**

## <span id="page-32-2"></span>*3.3.6.2 Sample preparation*

The water samples were prepared following the procedure by (Mata et al. 2015) using solid phase extraction (SPE) on Oasis HLB 6cc (200mg) extraction cartridges (Waters – Microsep (PTY) LTD, South Africa). These cartridges were chosen because of their wide application range and the high capacity to retain a large number of both hydrophilic and hydrophobic compounds (Mata et al. 2015). Water samples (500 mL) used in the analysis were selected from sites where potentially mycotoxigenic fungi were identified the most and one site with limited mycotoxigenic fungi. The Dionex Auto Trace SPE instrument (ThermoFisher Scientific, USA) was used for the sample's preparation. The cartridges were conditioned with 5 mL methanol and 5 mL UHP grade water into aqueous waste. The water samples were then passed through the cartridges at a flow rate of 10 mL per min. The retained compounds were eluted with 5 mL of

methanol, dried up under a nitrogen gas stream and reconstituted with 500 µL of acetonitrile for chromatographic analysis.

## <span id="page-33-0"></span>*3.3.6.3 LC-MS and data analysis*

The targeted mycotoxins were analysed using an LC-Quadrupole Orbitrap Mass Spectrometry as described by Lehner et al. (2011) with slight modifications. Briefly, the chromatographic separation of individual mycotoxin from samples was conducted using UHPLC system (Accela, Thermo Fisher Scientific, San Jose, CA, USA) equipped with a reversed-phase Gemini C<sub>18</sub> analytical column, 150 x 2.0 mm i.d., 5 µm particle size, set at a temperature of 20°C and connected with a C<sub>18</sub> 4 x 2 mm i.d. security cartridge (Phenomenex, Torrance, CA, USA). The mobile phase consisted of 0.1% (v/v) formic acid and 5 mM ammonium acetate in water (A) and 0.1% (v/v) formic acid with methanol (B). The analysis was done using a gradient separation starting with 100% of eluent A. Eluent B was increased to 20% in 2 min and increased further to 95% in 11 min. This composition was held for 3 min and returned to initial conditions in 0.1 min, followed by a re-equilibration time of 5 min (total running time = 18 min) before the next injection. The flow rate was 0.6 mL/min and the column temperature were set at 30°C. The HPLC system was coupled to a Thermo Fisher Scientific Orbitrap mass spectrometer (Q Exactive Plus) with a heated electrospray interface (HESI). Standard MS source conditions compatible with the flow rate were used (capillary temperature, 290°C; sheath flow, 55; spray voltage, 3500 V; auxiliary temperature, 450°C). Analysis was performed in full MS SIM in positive mode over a scan range from *m/z* 53.4 to 800 with a mass accuracy of <5 ppm. The mass resolution was set to 140 000, AGC (automatic gain control) target was set at  $3.0 \times 10^6$  with a maximum injection time (IT) of 100 ms. Generated data were processed using Trace Finder EFS Software Version 3.2 (Thermo Scientific). Parameters set in the software used to identify and quantify target analytes were the presence of the protonated molecule at accurate mass and retention time. Linear regression analysis and linearity were qualified by the linear correlation coefficient, r2.

# **CHAPTER 4: RESULTS AND DISCUSSION**

<span id="page-34-1"></span><span id="page-34-0"></span> $\_$  , and the set of th

#### **INTRODUCTION**  $4.1$

From public health perspective, treated drinking water supply system should be safe and always free from any pathogenic microorganism (WHO 2004). Water may be polluted at its sources by excreta or sewage, and the presence of faecal coliforms indicates potential public health risk of contamination by pathogenic microorganisms (WHO 2017; DWAF, 1996). Though the distribution system is a pressurised and closed system to protect supplied water from potential contamination, water pipes often, burst and allow contamination of drinking water. If total coliforms are identified in treated drinking water distribution systems and stored water supplies, it often indicates that there was regrowth and possible biofilm formation or contamination through ingress of foreign material, including soil or plants (WHO 2017; DWAF, 1996).

#### <span id="page-34-2"></span>**TOTAL AND FAECAL COLIFORM COUNTS**  $4.2$

Looking at seasonal variation, temperature was found to have no significant effect on the coliform concentrations (Plummer et al. 2014). There were no detectable seasonal trends for total coliform that were apparent in this study as shown by the occurrences of total coliform throughout the different seasons. This may be partly due to that treated water in the distribution system is transported in subsurface, pressurized and closed water distribution pipelines that do not allow atmospheric temperatures to have much effect on the water as attested by Plummer et al. (2014). From this study only RSI11 had no total coliforms detected at any point during the study period. Figure 4-1 shows that coliforms were present at all other site and the counts were variable throughout the sampling.



<span id="page-34-3"></span>

Overall, the recorded total coliform counts were < 10 cfu/100ml at all the sites, and were within the target for treated drinking water quality range set in SANS 241 (2015) of ≤10 per 100m/L. This indicated that according to the set water quality standards, there is negligible risk of microbial contamination effects to public health from the treated drinking water (DWAF, 1996). In contrast to total coliforms that were reported at almost all sampling sites, faecal coliforms were only detected at four sites in three months within the study period. The sampling sites CM 25 and CM 26 had the highest faecal coliform counts of 8 cfu/100ml in March and the sites are communal taps in informal sites where hygienic conditions are often low and high populations exists. The target set for faecal coliforms for domestic water quality in SANS 241 (2015) is 0 cfu/100 ml. The range 0-10 cfu/100 ml is considered a slight risk of microbial contamination. In this study, faecal coliform presence was sporadic in occurrence at each site at < 10 cfu/100ml. The results therefore indicate that risk of faecal coliform contamination detected was negligible, within the slight risk range, and in compliance with water quality standards. Although the source of faecal contamination of the treated drinking water in these sites could not be conclusively determined, ingression during pipe bursts and maintenance coupled with associated lower residual chlorine concentration in the distribution system might have contributed to the occurrence of faecal coliforms. To this effect an analysis of the chlorine levels occurring in the drinking water system were determined.

#### <span id="page-35-0"></span> $4.3$ **FREE CHLORINE, CHLORAMINE AND PH**

Chlorination is the most widely used method for disinfecting water supplies worldwide. However, maintenance of residuals chlorine levels throughout the water distribution systems on a continuous basis is generally challenging due to degradation of chlorine (Housewright et al., 1982). During the chlorination process, aqueous chlorine reacts with ammonia and forms chloramines, either mono-, di- and trichloramines, but only monochloramine has useful disinfection effect. The set national standards for minimum monochloramine concentration in treated drinking water is ≤ 0.3 mg/L at any point of delivery and a daily intake of <3 mg/day is recommended (SANS 241: 2015 ). Also according to the (SANS 241: 2015), free chlorine level of ≤ 5 mg/L is sufficient residual to maintain the quality of treated water through the distribution network. In this study, the results for the average free chlorine and residual monochloramine concentration detected during summer (Nov-Jan), autumn (Feb-Apr), winter (May-Jul), and spring (Aug-Oct), were between 0.09-0.26 (Figure 4-2) and 0.50-1.52 mg/ml (Figure 4-3) respectively. These results show that free chlorine and chloramine levels found in the treated water distribution network of Johannesburg West, Roodepoort areas were within the acceptable set standard range (SANS 241: 2015). Average higher free chlorine concentration (>0.2 mg/ml) were observed for sampling sites RSI09, RSI07, RS010, CM26 and FP28, while lower concentration (~0.10 mg/ml) was reported for sites CL13 and SC29. Despite the residual monochloramine and free chlorine concentration levels being within the acceptable range, fungi were still prevalent in the analysed samples and to a less extent, coliforms. Literature has shown that some fungal species like *Aspergillus* and *Penicillium* resist chlorine disinfection (Sisti et al., 2012; Pereira et al., 2017; Ali et al., 2017). A study conducted by Pereira et al. (2017) on inactivation of fungi in treated surface water by chloramination, showed that at concentrations below 4 mg/L residual concentration, *Penicillium* and *Aspergillus* species were more resistant to chloramines inactivation than the *Cladosporium* and *Phoma* species.



<span id="page-36-0"></span>**Figure 4-2: Average seasonal free chlorine residual concentration/site from November 2016 to October 2017. Error bars represent standard deviation of the averages for the sampling seasons.** 



<span id="page-36-1"></span>**Figure 4-3: Average seasonal monochloramine concentration per site in drinking treated water for the period November 2016 to October 2017. Error bars represent the standard deviation of the averages for the sampling period seasons.**

The pH of the treated drinking water samples was also assessed, and the average seasonal results for the different sampling sites are presented in Figure 4-4. All sampling sites had pH values between 7.9 and 8.3. These values are within the set standards of acceptable pH range of 5-9.7 (SANS 241; 2015). The pH of water is known to have an important role on fungal presence, their growth and bioremediation processes (Babič et al., 2017). A positive correlation was observed between the growth of aquatic hyphomycetes and pH between 5 and 7 (Babič et al., 2017). As fungi are known to often prefer acidic pH for their growth, the slight alkaline pH reported for water samples in this study indicates that treated water conditions maybe inhibitory to fungal growth and helps in reducing their prevalence in the distribution system.



<span id="page-37-1"></span>**Figure 4-4: pH determined per season per sampling sites from November 2016 to October 2017. Error bars represent standard deviation of the seasonal averages for the sampling period.**

#### <span id="page-37-0"></span>**OCCURRENCE OF FUNGI IN RELATIONSHIP TO TOTAL COLIFORM**   $4.4$

It is very important to understand the interactions between bacteria and fungi in water in order to validate if the bacterial presence in water can be used as an indicator of fungal content (Gonçalves et al., 2006). Coliform indicator bacteria are widely accepted as standard indicator parameter for microbial quality of water (SANS 241; 2015). Coliform organisms, however have been shown to be an unreliable indicator for most other organisms including *Giardia* or *E. histolytica* in drinking water (Goncalves et al., 2006). Enteroviruses and protozoa are more resistant to disinfection than *E. coli*, such that even under conditions where *E. coli* has been killed or inactivated such as by disinfectants, a zero total coliform count does not necessarily indicate that resistant microorganisms are absent (WHO, 2017). This may be the case with some of the fungi that are capable of resisting disinfection (Frey-Klett et al., 2011). Bacteria and fungi have been shown to exist and interact in many environments as they often share a common substrate (Frey-Klett et al., 2011). Both fungi and total coliforms are both likely to be introduced to drinking water systems during maintenance procedures or enter during low and negative pressure events. Figure 4-5 shows the sites where there was the detection of both the fungi and total coliforms. Communal taps and reservoir samples had the highest occurrence of both fungi and coliforms, with fungi occurring in higher numbers and months, than coliforms throughout the sampling period.



<span id="page-38-0"></span>**Figure 4-5: Total number of occurrences of both total coliforms and fungi at the study sampling sites during the sampling period (October 2016-November 2017).**

To establish if there was a relationship between the total coliforms, fungal incidences and residual chlorine concentration of treated drinking water samples, correlation analysis of the results was undertaken using PAST (v3.0). Pearson's correlation coefficient was used to determine whether statistically significant correlation exists between cultured microbes and measured residual chlorine. Pearson's correlation coefficient and obtained values are shown in Table 4-1. There was a weak correlation between fungi and residual chlorine (r = 0.1937), which indicates that fungal species are highly resistant than bacteria (r= 0.8941) to free-chlorine treatment and can survive in treated water and it have potential to colonize the distribution systems. According to Pereira et al. (2013), chlorination effectiveness also depends on the chlorine concentration, matrix parameters such as organic matter, suspended solids and exposure conditions such as pH and temperature. **Example 14.1**<br>
Example 14.1 and the method of the method of the study and the study samples<br>  $\frac{3}{5}$ <br>  $\frac{3}{$ 

provaiches and total comonic counts in treated dimining water samples						
	<b>Parameter</b>		∍			
	Fungi	-				
2.	Total coliform count	0.4266				
3.	Residual chlorine	$-0.1937$	$-0.8941$	$\blacksquare$		

<span id="page-38-1"></span>**Table 4-1: Pearson correlation coefficient (at p < 0.05) of residual chlorine concentration, fungal prevalence and total coliform counts in treated drinking water samples<sup>a</sup>**

Fungi prevalence in treated drinking water system <sup>a</sup> weak correlation ( $0 < |r| < 0.3$ ), moderate correlation  $(0.3 < |r| < 0.7)$  and strong correlation ( $|r| > 0.7$ ).

A variety of fungal species belonging to the genera *Acremonium, Alternaria, Aspergillus, Aureobasidium, Beauveria, Botrytis, Candida, Chaetomium, Cladosporium, Epicoccum, Exop hiala, Fusarium, Geotrichum, Gliocladium, Mortierella, Mucor, Naganishia, Ochroconis, Paecilomyces, Pe*

*oderma* have been cultivated from chlorinated water, pointing out possible resistance to the regular chlorination process (Babič et al., 2017). Also, recent research confirmed that fungi could survive treatment and disinfection methods and most of the single water treatment trials are not effective against all fungal species (Ali et al., 2017). The results also showed that there was an overall moderate positive correlation (r=0.4266) between the total coliform counts and fungal prevalence (Table 7). However, no statistical correlation between faecal coliforms and fungi was conducted due to sporadic detection of faecal coliforms within the study period. It has been shown that the obligatory microbial drinking water standards (*E. coli*, faecal coliforms or *Clostridia i.*e. total coliforms) have no indicative value for fungal contamination (Babič et al., 2017). Although there was moderate correlation between fungi and total coliform per site, the presence of both the bacteria and fungi might be indicative of poor hygiene standards at the sampling sites or contamination of the distribution systems. The less prevalence of coliforms compared to fungi, indicate that there is the likelihood that the water is bacteriologically safe but has potentially pathogenic fungi. Use of indicator coliform therefore is not necessarily an applicable quality measure for eukaryotic fungi.

#### <span id="page-39-0"></span>4.5 **FUNGI PREVALENCE IN TREATED DRINKING WATER SYSTEM**

#### <span id="page-39-1"></span> $4.5.1$ **Isolation, Identification and diversity of the fungal isolates**

Fungi were positively detected at most of the sampling sites for the duration of the sampling period. For identification, fungal isolates obtained from plating were characterized by DNA sequencing of the internal transcribed spacer (ITS). The partial ITS sequences of isolates obtained were further subjected to hierarchical clustering to pick operational taxonomic units (OTUs) for diversity analysis. The ITS region sequences were conducted against the UNITE Database [\(https://unite.ut.ee/analysis.php\)](https://unite.ut.ee/analysis.php) which allowed identification to the genus level of 282 isolates. Based on a taxa cut-off set at 97% similarity, the sequences were grouped into 31 OTUs (Table 4-2). The Shannon diversity index and chao1 estimator of species diversity for each sampling source cluster are given in Table 4-2. The results show that species diversity was higher for communal tap (CM), reservoir outlet (RSO), tower (TW), school tap (SC) and reservoir inlet (RSI) samples compared to garage tap and clinical tap water samples (Figure 4-6). The lowest species diversity was observed in the garage tap water. However, it should be noted that the number of sequenced isolates also varied with sample type, thus the OTUs identified also followed same trend.

<span id="page-39-2"></span>

Sample source	No. of sequenced isolates	No. of OTUs <sup>b</sup>	$H^{\prime a}$	Chao1
Community tap water (CM)	107	24	2.725	26.14
Reservoir outlet (RSO)	45	16	2.226	43.50
Household tap water (HT)	30	11	2.039	13.50
Tower (TW)	24	12	2.301	15.75
School tap water (SC)	23	12	2.255	17.50
Reservoir inlet (RSI)	20	11	2.221	14.75
Filling point (FP)	16	9	2.133	9.50
Clinic tap water (CL)	13	8	1.925	11.33
Garage water (GR)	$\overline{4}$	4	1.386	10.00

**Table 4-2: Analyses of fungal isolates libraries from all treated municipal water sources** 

**<sup>a</sup>** Shannon-Weaver diversity index (H' =∑P<sup>i</sup> log Pi *N*). <sup>b</sup> Hierarchical clustering of sequences (at 97% similarity).



<span id="page-40-0"></span>**Figure 4-6: Total number of different fungal species that were identified at each site from November 2016 to October 2017.**

Figure 4-6 shows the total number of times, and the different types of fungi detected at each site over the sampling period. Site RSO06 (reservoir outlet) had the most occurrences of fungi with 17 counts followed by sites CM21 (communal tap) and the lowest occurrences were reported for FP28. In terms of fungal diversity, site CM21 (community tap) had the most diverse fungal genera with 10 different genera isolated followed by site CM26 (communal tap), RS107 (reservoir inlet), and SC29 (school) with nine different genera each. Sites CM16 (communal tap), TWO4 (tower), and FP28 (household tap) had the least diversity of fungi (Figure 4-6). *Penicillium citrinum* and *Aspergillus fumigatus* dominated the identified fungi across the sampling sites. *Purpureocillium lilacinum* was detected most at TW04 and TW05 which are water towers.

The communal tap cluster of samples followed by reservoirs and then households were dominating in fungal occurrence (Figure 4-7). The detected fungi are common in terrestrial and aquatic environments. Large numbers of people assess communal taps and this often introduces reduced hygienic conditions thus external environmental input of fungi is likely. Niaz et al. (2012) showed that microbial incidences are high in overpopulated areas with poor hygienic standards. All isolates characterized were from phylum *Ascomycota* and grouped into 17 genera; the most common genera being *Aspergillus* (20% of isolates), *Penicillium* (16% of isolates), *Trichoderma* (9% of isolates), and *Purpureocillium* (10% of isolates) (Figure 4-7). Other genera isolated included *Fusarium*, *Alternaria*, *Coniothyrium*, *Cladosporium*, *Sarocladium*, *Exophiala*, *Auerobasidium*, *Arthrinium*, *Meyerozyma*, *Phoma*, *Talaromyces*, and unclassified *Nectriaceae* and *Dothidomycetes*. A study by Niaz (2012) revealed that the incidence of fungal species from samples of drinking water tested from the distribution system of the city of Karachi (Pakistan), was characterised by the presence of more than one species at a site. Similar to their finding, most sites in this study had more than four different types of fungi genera isolated during the sampling period.

#### <span id="page-41-0"></span> $4.5.2$ **Seasonal distribution of fungi over the sampling period**

The monthly distribution of the fungal isolates for all sampling sites during the study period is shown in Figure 4-8. The most fungal occurrences were reported in April (15 different genera), followed by June (14 different genera), August (13 different genera), December and March with 10 different genera. The lowest occurrences were observed in February (2 genera). The occurrence does not seem to be in any way tied up to seasonal periods and it can be concluded that fungal occurrence varies within the distribution system with time independent of seasons. The most occurring genera throughout the sampling period were *Aspergillus, Penicillium* and *Trichoderma*.



<span id="page-42-0"></span>**Figure 4-7: Spatial profile of the fungal community structure based on ITS gene sequences of isolates from different drinking water sources and treated water infrastructure. a) Relative abundance of all sequenced isolates as grouped into different OTUs at 97% similarity. b) Taxon abundance of the OTUs according to sampling sources.**



### Occurrence of fungi in drinking water

<span id="page-43-0"></span>\_

**Figure 4-8: Monthly frequency of fungal occurrence during the study period.**

Comparatively, *Aspergillus* followed by *Trichoderma* species constituted the majority of the fungi isolated from all sampling sites in September and October (Spring); these accounted for approximately two-thirds of the fungal species during this period. *Penicillium* species were the most abundant fungal isolates in April (Autumn) as shown in Figures 4-9 to 4-11. The study area experience wet seasons towards end of Spring, in Summer and beginning of Autumn. The results show that there were more occurrences of fungi in Autumn, Winter and Spring. Fungal occurrences were less in summer. The results are in agreement with the results obtained by Okpako et al. (2009) that showed that *Aspergillus, Fusarium, Trichoderma* and *Penicillium* were the most occurring genera in the rainy season than in the dry season. *Aspergillus* species grows well in warm temperatures and tends to dominate other fungal species (Milani, 2013). Although *Aspergillus* species were identified throughout the sampling period, more isolates were recorded in September and October, which are in warm and wet season in the study area (Figure 4-9 to 4-11).

Seasonal trends for other fungal species was not that much apparent in this study, the fungi occurred throughout the season. From the results in Figure 4-9 to 4-11, it can be concluded that autumn and spring favoured proliferation of fungi at the different sampling points. Noting that disturbances in the distribution systems such as maintenance episodes and re-contamination, and poor hygienic practices could be the main sources of fungi in the treated drinking water, fungal species dominating the external environment as influenced by seasons would also be expected to find their way into the system. This is supported by the reason that treated water in the distribution system is conveyed in closed water distribution pipelines that are laid underground preventing atmospheric temperatures and other environmental changes from causing impacts that affect the water distribution system (Plummer et al., 2014).



<span id="page-45-0"></span>**Figure 4-9: Stacked bar charts of the seasonal distribution of the fungal ITS gene clusters of all sequenced isolates.**

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<span id="page-46-0"></span>**Figure 4-10: Stacked bar charts of the seasonal distribution of the fungal ITS gene clusters of all sequenced isolates.**





<span id="page-47-0"></span>**Figure 4-11: Stacked bar charts of the seasonal distribution of the fungal ITS gene clusters of all sequenced isolates.**

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#### <span id="page-48-0"></span>4.5.3 **Phylogenetic analysis of the fungal ITS sequences**

A phylogenetic tree was constructed to show the relationships between the OTUs (31 OTUs, representing 282 sequences) and their closest neighbours (Figure 4-12). The phylogenetic affiliations of the fungal isolates per site, grouped into different OTUs as given in Table 4-3, ranging from 2 to 55. Based on the valid reference tree, all the fungal isolates grouped in the phylum *Ascomycota*, with majority of OTUs being classified as *Aspergillus*, *Penicillium* and *Trichoderma*. A total of five OTUs representing 91 sequences were classified within genus *Aspergillus*, followed by *Penicillium* (five OTUs representing 65 sequences, *Trichoderma* (two OTUs representing 31 sequences). Other less prevalent fungal isolates included *Cladosporium species*, *Alternaria species*, *Fusarium species*, *Purpureocillium species* and *Phoma species*. A study by Memon (2012) also revealed that samples of drinking water tested from the distribution system of the city of Hyderabad (Pakistan), contained these identified fungal species. Figure 4-12 shows that the most prevalent fungi found in treated drinking water distribution network supplying Johannesburg West are *Penicillium, Aspergillus, Cladosporium, Alternaria, Phoma, Epicoccum* and *Trichoderma species.* This was also confirmed through phylogenetic analysis, where the greatest number of OTUs grouped with the *Penicillium* clade (Figure 4-12). These results are consistent with findings that members of the ascomycetous filamentous fungi genera *Acremonium, Alternaria, Aspergillus, Cladosporium, Fusarium, Penicillium* and *Trichoderma* are the main groups detected in treated potable water using cultivation techniques. The second most cultivated group are fungi from the subphylum *Mucormycotina* (former phylum *Zygomycota*), which was not detected in the current study (Babič et al., 2017).

Most of the fungal species identified in the present study are known to be of public health concerns. *Penicillium, Aspergillus* and *Cladosporium species* have been implicated in a numerous health conditions including allergies, respiratory illness, cutaneous infection and life-threatening meningitis (Sulaiman et al., 2014). *Alternaria* species*, Cladosporium* species*, Aspergillus* species*, Penicillium* species and *Fusarium*  species have also been linked to allergies and respiratory illness (Korzeniewska, 2011). Taste and odor problems in water are caused by *Aspergillus species, Acremonium species* and *Penicillium* species (Sonigo et al., 2011; Hageskal et al., 2006). In addition to their health implications, fungi such as *Rhizopus, Fusarium, Alternaria, Aspergillus* and *Penicillium* are known to produce mycotoxins that are harmful to public health as they may be carcinogenic and have the ability to impair the immune system (Bhat et al., 2010). Mycotoxins of great concern for public health include aflatoxins (AF), ochratoxins (OT), trichothecenes, zearalenone (ZEN), fumonisins (F) and ergot alkaloids (Zain, 2011).



<span id="page-49-0"></span>**Figure 4-12: Maximum likelihood phylogenetic tree based on analysis of the representative ITS gene sequences obtained from different OTUs. The tree was constructed using the neighbourjoining method in MEGA 7. Bootstrap analysis was conducted using 1000 replicates.**

## <span id="page-50-0"></span>**Table 4-3: Phylogenetic affiliation of fungal isolates obtained from treated municipal water samples collected from different sources in Johannesburg as deduced from BLAST search of the UNITE fungal ITS database**





#### <span id="page-51-0"></span> $4.5.4$ **Metagenomics community analysis of the fungi**

Phylogenetic diversity of fungi in the environment is still largely overlooked (Maza-Márquez et al., 2016), especially where drinking water is concerned. However, exploration of fungal biodiversity in aquatic habitats is gaining momentum as new molecular tools and approaches like next-generation sequencing have revealed an unexpected abundance of fungi with unidentified ecological functions and unclear phylogenetic placement (Grossart et al., 2016). Out of 15 selected samples targeted for total DNA extraction, three samples had good quality DNA for downstream metagenomics analysis. A total of 54767 quality-filtered reads were obtained from the selected three water samples after removal of PCR artifacts and chimeric sequences and used for further analysis. The complete phylogenetic taxonomy analysis assigned the fungal reads to 6 phyla, 31 classes and 92 genera in all drinking water samples (Figure 4-13). Phylum level phylogenetic fingerprint of fungal communities in this study produced a total of 6 phyla dominated by *Basidiomycota* whose relative abundance ranged from 56.12% in CM26 (communal tap) to 88.03% in CM24 (communal tap) samples followed by *Ascomycota* with a relative abundance of 9.66% in CL13 (clinic tap) to 22.85% in CM26. Similar to the present findings, previous studies on fungal diversity in terrestrial

system using amplicon metagenomic sequencing in Chile found fungal communities to be dominated by fungi of the phyla *Basidiomycota* and *Ascomycota* (Baeza et al., 2017).



<span id="page-52-0"></span>**Figure 4-13: Relative abundances of fungal phyla from three different drinking water samples. Sequences that could not be classified into any known group of phyla were assigned as "unclassified" fungi.**

The overwhelming abundance of fungi belonging to these two phyla may be attributed to fact that *Ascomycota and Basidiomycota* constitutes the largest phyla of fungi encompassing more than 33,000 named species and a vast number of undescribed fungi (Money, 2016; Peralta et al., 2017). Other phyla including *Chytridiomycota, Glomeromycota* and *Neocallimastigomycota*, *Zoopagomycota* and *Mucoromycota* occurred in low percentages. The occurrence of the fungal phyla *Glomeromycota* and *Neocallimastigomycota* in drinking water corroborates the findings of *previous* research (Babič et al., 2017). Unclassified fungal sequences occurred at relatively high abundance ranging from 1.99% in clinic tap water to 20.75% in the communal informal setting, hypothetically suggesting that these water samples may contain different fungal species. The detailed distribution of the fungal phyla is given in Figure 4-13. For the in-depth analysis, the top 15 OTUs of three different water samples were analysed from the metagenomic data. Samples from the communal informal setting water exhibited the following fungal members; *Agaricus bisporus, Naematelia encephala, Pleosporineae genus, Fibulorhizoctonia sp., Penicillium sp., Aspergillus sp., Heterobasidion annosum, Wickerhamomyces anomalus, Gloniaceae sp., Basidiomycota\_species, Mycosphaerellaceae\_genus, Pleurotus ostreatus, Eurotiales sp. and Pleosporomycetis sp.* 

While the samples collected from communal tap (CM26) exhibited following fungal members; Sistotremastrum sp., Naematelia encephala, Rhodotorula graminis, Agaricus bisporus, Aspergillus sp., Lobosporangium transversal, Pleosporineae sp., Wickerhamomyces anomalus NRRL Y-366-8, Basidiobolus meristosporus CBS, Piromyces finnis, Eurotiales, Pleosporomycetidae, Pichia and Asc0 members, samples collected from the clinical tap (CL13 demonstrated the following fungal members; Sistotremastrum niveocremeum, Lobosporangium transversal, Agaricus bisporus, Aspergillus sp., Capnodiales, Pleosporomycetidae incertae sedis, Hypocreales, Schizophyllum commune, Gelatoporia subvermispora, Metschnikowia bicuspidate, Pichia kudriavzevii, Aspergillus aculeatus, Aspergillus lentulus. Detailed analysis of top 15 genera is given in Figure 4-14.



<span id="page-53-0"></span>**Figure 4-14: Heat map graph of hierarchy cluster for the top 15 genera. The colour intensity indicates the relative abundance of each genus within each sample.**

Culture-based methods are often biased by the selection of culture media. Moreover, dead microorganisms are not culturable even though they may retain activity linked to allergenic proteins or toxic secondary metabolites (Babič et al., 2017). NGS is a growing sequencing technology that can identify the fungal genera that are not only the most frequently reported in drinking water but also often being recognised as causative agents of diseases. Apart from the fungal isolate identification, bacterial genera from the collected drinking water were also identified using metagenomics approach. Metagenomics results demonstrated various pathogenic bacterial members in collected drinking water including members such as *Acinetobacter baumannii, Arcobacter cryaerophilus, Brucella suis, Candidatus Harrisonbacteria bacterium, Corynebacterium xerosis, Cutibacterium acnes, Enterococcus casseliflavus, Enterococcus faecalis, Enterococcus faecium, Erwinia amylovora, Escherichia coli, Galdieria sulphuraria, Legionella pneumophila, Listeria monocytogenes, Microbacterium aurum, Mycobacterium abscessus subsp. Abscessus, Mycobacterium tuberculosis complex, Propionibacterium acnes HL043PA2, Propionibacterium acnes HL053PA2, Pseudomonas oleovorans/pseudoalcaligenes group, Salpingoeca rosetta, Serratia marcescens, Staphylococcus aureus, Staphylococcus sciuri, Streptococcus pneumonia, Streptomyces himastatinicus ATCC 53653, Streptomyces himastatinicus ATCC 53653, Vibrio anguillarum.* The results of this study suggest that the ecology and pathogenesis of fungal contaminants in water is essential to measure and understand in drinking water, particularly in environments with high numbers of immunocompromised people.

#### <span id="page-54-0"></span>4.6 **MYCOTOXINS IN WATER**

#### <span id="page-54-1"></span> $4.6.1$ **Concentrations of mycotoxins detected in water**

There are hundreds of different types of mycotoxins of which only aflatoxins, patulin, ochratoxin A, fumonisins, zearalenone, sterigmatocystin, nivalenol and deoxynivalenol present a concern to both human and animal health (Zain, 2011). Of all mycotoxins, aflatoxins are the most potent mutagenic and carcinogenic compounds to animals and humans (Chen, 2017; Kamika et al., 2016). It should be noted that mycotoxins are commonly present in a variety of food-crops, foodstuffs and beverages (Babič et al., 2017). However, very few studies have reported their presence in water destined for drinking (Sonigo et al., 2011; Mata et al., 2015). Figures 4-15 and 4-16 show the LC-MS/MS chromatographic profiles of the different mycotoxins. All analysed samples contained the trichothecenes deoxynivalenol (8.405 to 96.139 ng/Kg), 15-acetyldeoxynivalenol (15.154 to 71.606 ng/Kg), 3-acetyldeoxynivalenol (18.737 to 145.689 ng/Kg). Trichothecenes are a group of mycotoxins that are produced mainly by the *Fusarium* genus and Deoxynivalenol (DON) has shown to be one of the most abundant trichothecenes in food and animal feed frequently occurring in toxicological conditions. Complete avoidance of these toxins by organisms is a bit difficult as they are dependent on environmental conditions such as humidity and temperature. Continuous exposure to these toxins can be a permanent health risk for human beings (Awad, 2010).



<span id="page-55-0"></span>**Figure 4-15: LC-MS/MS chromatographic profiles of the different mycotoxins showing peak detection of different mycotoxins (1000ppb).**



## <span id="page-55-1"></span>**Figure 4-16: LC-MS/MS chromatographic profiles of the different mycotoxins showing peak detection of Aflatoxin B1 from sample view in tracefinder.**

In the present study, 15-acetyldeoxynivalenol, nivalenol, tenuazonic acid, deoxynivalenol, 3 acetyldeoxynivalenol, aflatoxin G2, aflatoxin G1, aflatoxin M1, aflatoxin B1, sterigmatocystin and patulin were detected from the collected drinking water samples (Table 4-4). Thus, despite the low levels detected in this study, long term intake from water among other sources can be a risk factor in human health. In this study the results of 15-acetyl deoxynivalenol, deoxynivalenol and 3-acetyl deoxynivalenol were below the maximum standard limits in food and animal feed (Table 4-4 and 4-5). It is assumed therefore that they were secreted in low quantities in addition to possible microbiological degradation and detoxifying that can occur in biofilms in water distribution pipelines. Aflatoxins are furanocoumarins produced by Aspergillus species. Aflatoxins are carcinogenic to humans. In this study aflatoxins, especially aflatoxin B1 was noted in 37% of all analysed samples at concentration range 3.069 to 3.083 ng/Kg.

<span id="page-56-0"></span>

<b>Sample</b>	<b>DON</b>	15	$\mathbf{3}$	<b>Aflatoxin</b>	Aflatoxin	Aflatoxin	Aflatoxin	<b>Sterigmato</b>
		acetyl	acetyl	G <sub>2</sub>	G <sub>1</sub>	M1	<b>B1</b>	cystin
		<b>DON</b>	<b>DON</b>					
<b>FP27</b>	15.361	15.154	20.891	3.049	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	0.223
<b>SC30</b>	12.593	20.308	28.059	3.06	$\mathbf 0$	$\pmb{0}$	$\mathbf 0$	$\mathbf 0$
CL13	17.733	69.106	60.472	3.066	0.008	0.044	$\overline{0}$	$\overline{0}$
<b>RSO06</b>	19.270	30.572	24.417	3.048	$\mathbf 0$	$\pmb{0}$	3.069	$\pmb{0}$
<b>HT14</b>	26.355	27.006	33.521	$\mathbf 0$	$\mathbf 0$	$\pmb{0}$	3.066	$\pmb{0}$
<b>FP28</b>	75.130	30.917	57.915	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	3.073	$\mathbf 0$
<b>TW15</b>	43.551	30.699	26.589	3.068	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$
<b>RSO08</b>	17.535	29.226	29.825	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\pmb{0}$
<b>RSO06</b>	8.405	37.173	38.645	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\overline{0}$
<b>HT14</b>	24.289	20.361	18.737	3.085	$\mathbf 0$	0.099	3.079	$\pmb{0}$
<b>RSI07</b>	21.062	28.293	32.912	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	3.071	$\pmb{0}$
CL <sub>13</sub>	44.142	32.159	36.575	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	3.074	$\mathbf 0$
<b>TW15</b>	12.787	32.603	40.919	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\overline{0}$	$\overline{0}$
<b>CM26</b>	44.667	47.456	47.221	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	3.073	$\mathbf 0$
<b>SC30</b>	21.526	25.913	32.202	3.053	$\mathbf 0$	$\pmb{0}$	$\mathbf 0$	$\pmb{0}$
HT03	44.846	51.022	46.921	3.047	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$
<b>CM18</b>	44.667	47.456	47.221				3.073	
<b>FP28</b>	52.298	28.518	26.237	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	$\pmb{0}$
<b>CM19</b>	96.139	31.086	23.574	3.06	0.013	$\mathbf 0$	$\mathbf 0$	$\overline{0}$
<b>CM17</b>	11.884	57.472	19.923	$\mathbf 0$	$\mathbf 0$	$\pmb{0}$	3.076	$\overline{0}$
<b>FP27</b>	87.827	45.940	46.705	$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	3.071	$\overline{0}$
<b>CM24</b>	53.500	71.606	145.689	3.183	$\pmb{0}$	0	3.083	0

**Table 4-4: Mycotoxin contents of drinking water (ng/Kg), collected from Johannesburg West.**

From the analysed samples, Sterigmatocystin (0.223 ng/Kg) could only be detected in one sample (FP27) collected in May 2017. The aflatoxin concentrations were below the maximum standard limits in food and animal feed (Table 4-4 and 4-5). Sterigmatocystin was also below the maximum standard limits in food and animal feed (Table 4-4 and 4-5). Apart from the deoxynivalenol and its conjugates, four samples collected from September (RSO06, RSO08, TW15 and FP28) revealed no other detectable mycotoxins. RSO06 had high Fusarium which is known to produce deoxynivalenol.

Aflatoxins and Sterigmatocystin may have also been reduced by microbiological degradation and detoxification in biofilms in water distribution pipelines. Since no mycotoxin legal limits have been set for drinking water, maximum acceptable concentrations of targeted mycotoxins from food-crops, foodstuffs as well as beverages set by South Africa, UN-FAO, European Union and the United States of America were used (Mazumder and Sasmal, 2001). When comparing the current results to maximum legal concentration set by South Africa for aflatoxins (aflatoxin B1: 5ug/Kg; total aflatoxin: 10 µg/Kg), patulin (50 µg/Kg) and fumonisin (100-200 µg/Kg), and by those set by the United States of America for deoxynivalenol and its conjugates (1000 µg/Kg), it was noted that none of the mycotoxins exceeded the set legal limits (Mazumder and Sasmal, 2001; Kamika et al., 2016). However, since the set acceptable limits were not for drinking water, it is recommended to establish new maximum limits for this matrix. These findings suggest that the contamination of the collected drinking water is not of toxicological concern but can still contribute to the overall intake of mycotoxins and lead to exceeding the maximum acceptable concentration for the detected mycotoxins.

#### <span id="page-57-0"></span> $4.6.2$ **Mycotoxin average daily dose for human health**

<span id="page-57-1"></span>Human health problems from mycotoxin exposure are linked to cancer induction, kidney toxicity and immune suppression among other effects. The exposure to mycotoxins is chronic due to low-dose contact over long periods of time (Bennett and Klich, 2003). The toxicity of mycotoxins may depend on the type of mycotoxin, amount consumed, duration of consumption and the health status of the exposed individual (Mengelers & van Eijkeren, 2015). Codex has set the maximum levels for aflatoxins in grains, dried nuts, figs and milk at the range of 0.5 to 15 µg/kg. The Codex maximum limit for patulin in apple juice is 50 µg/L (Welke et al., 2009). Food safety authorities have come up with measures to ensure that human exposure is below health-based guidance values, such as tolerable daily or weekly intake or reference dose (Welke et al., 2009). In this study the average daily dose (ADD) was calculated on daily consumption of 1.5 litres of drinking water and average adult weight of 70kg (Mata et al., 2015). Estimated ADD were below tolerable daily intake, suggesting that analysed drinking water do not pose toxicological risk (Table 4-5).

<b>Mycotoxin</b>	<b>Detected levels</b> (ng/kg)	<b>Standard maximum</b> limit in food (mg/kg)	Calculated daily intake (ng/kg bw/day)	<b>Tolerable daily</b> limit (TDI)
Aflatoxin B1	3.07-3.08	4-10 (EU, 2006)	1.432	1.5 ng/kg bw (Mata et al., 2015
Aflatoxin M1	0.099		0.002	
Aflatoxin G1	0.008	4-10 (EU, 2006)	0.0001	
Aflatoxin G2	3.18	4-10 (EU, 2006)	0.064	
Sterigmatocyst in	0.22		0.0045	
15-acetyl deoxynivalenol	15.15-71.61		1.432	1 mg/kg bw/day (EFSA, 2013)
deoxynivalenol	8.41-96.14		1.923	
3-acetyl deoxynivalenol	18.74-145.69	300-2000 (FAO, 2003)	2.914	1 mg/kg (WHO, 2011)

**Table 4-5: Mycotoxin detection and calculated daily exposure level from drinking water**

 $^{\text{1}}$ Average daily dose (ADD) was calculated on daily consumption of 1.5 litres of drinking water and average adult weight of 70 kg.

#### <span id="page-58-0"></span>4.7 **SUMMARY OF FINDINGS**

The work so far shows that a wide range of potentially pathogenic and mycotoxigenic fungi contaminate treated drinking water from Johannesburg West distribution system. The most prevalent fungi detected at most sites and sampling intervals using culture method were *Aspergillus* (32% of isolates), *Penicillium* (23% of isolates), *Trichoderma* (11% of isolates), and *Purpureocillium* (10% of isolates) belonging to the Ascomycota phylum. Other genera isolated included *Fusarium, Alternaria, Coniothyrium, Cladosporium, Sarocladium, Exophiala, Auerobasidium, Arthrinium, Meyerozyma, Phoma, Talaromyces,* and unclassified *Nectriaceae* and *Dothidomycetes*. In Contrast, metagenomics study showed that fungal community was populated by six phyla with Basidiomycota as the most predominant. These results indicate that the use of both culture method and metagenomics should be used in order to elucidate the complete picture of the prevalence of fungi in drinking water. The study further established a moderate correlation between total coliform and fungal occurrence in the drinking water system and this suggest that total coliform as well as faecal coliform cannot be a good indicator for fungal contamination. Despite the stipulated chlorine level in the collected drinking water, fungal contamination was prevalent hence a weak correlation was noted (r= 0.4266). Furthermore, LC-MS results showed that the collected drinking water samples were contaminated with mycotoxins such as 15-acetyldeoxynivalenol, nivalenol, tenuazonic acid, deoxynivalenol, 3-acetyldeoxynivalenol, aflatoxin G2, aflatoxin G1, aflatoxin M1, aflatoxin B1 and Sterigmatocystin at concentration below the acceptable maximum limits for food, foodstuffs and beverages in South Africa.

# **CHAPTER 5: CONCLUSIONS & RECOMMENDATIONS**

<span id="page-59-1"></span><span id="page-59-0"></span> $\_$  , and the set of th

#### $5.1$ **CONCLUSIONS**

Findings from this study suggest that contamination of the collected drinking water with fungi is prevalent but it is not of toxicological concern but can still contribute to the overall intake of mycotoxins and lead to exceeding the maximum acceptable concentration for the detected mycotoxins. There was detection of some potentially pathogenic species and these can possibly lead to other health risks such as allergies and fungal infection diseases, thus further studies on fungal pathological risks need to be done. Coliforms were found not to be a good indicator for fungi, thus there is need to establish water quality standards that are specific to fungi. Also residual disinfect which was always within acceptable set limits was not effective in excluding the occurrence of fungi in the treated water. Despite the low values in mycotoxin concentrations, long-term studies need to be done to address the exposure effects of detected mycotoxins to human health. This study also suggests that there is a need for further study to establish appropriate monitoring systems and standards in South Africa that are specific for fungi and mycotoxins in drinking water.

#### <span id="page-59-2"></span> $5.2$ **RECOMMENDATIONS**

- i. There is a need to establish a direct link between mycotoxins and mycotoxigenic fungal occurrence and environmental conditions promoting the production of the toxins.
- ii. Origin of fungi and mycotoxins in drinking water should be investigated including analysis of the raw water sources.
- iii. More studies towards the establishment of monitoring standards for fungal contamination in drinking water are needed
- iv. A more comprehensive monitoring scheme, based on the water safety planning process, is required to ensure surveillance of the distribution system is done on a wider area and even during and after maintenance of the distribution system. This will help to properly ascertain the public health implications of fungal occurrence in the distribution systems and whether there is a valid motivation for the inclusion of fungi in the water regulation standards.
- v. Noting that no biofilm studies were done due to consent restrictions, there is need that studies that involve microbial biofilm studies and fungal occurrence be also done if the prevalence of fungi in water system is to be well characterised.

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## **APPENDIX A: PUBLISHED REVIEW PAPER**

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# **Prevalence and Public Health Implications of Mycotoxigenic Fungi in Treated Drinking Water Systems**

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### **Abstract**

Insufficient potable water resources and poorly treated drinking water quality are the world's number one cause for preventable morbidity and mortality from water-related pathogenic microorganisms. Pathogenic microorganisms, including mycotoxigenic fungi, have been identified in treated drinking water. This paper presents a review of mycotoxigenic fungi as a health risk to the public as these fungi are responsible for allergies, cancers, and opportunistic infections mainly to immunocompromised patients. The exacerbating factors contributing to fungal presence in water distribution systems, factors that lead to fungi being resistant to water treatment and treated drinking water quality legislations are also discussed. This paper provides a review on the prevalence of mycotoxigenic fungi and their implications to public health in treated drinking water and need for the inclusion in treated drinking water quality regulations.

**Keywords:** fungi, mycotoxins, mycotoxigenic fungi, public health, treated drinking water

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