440

CRYPTOSPORIDIUM CONTAMINATION OF SURFACE AND WATER SUPPLIES IN HAITI

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Cryptosporidiosis is one of the most frequent causes of diarrhoea in Haiti. Transmission in children less than five years-old, HIV-infected individuals, and people living in low socio-economic conditions is frequently due to consumption of water or food contaminated by *Cryptosporidium* oocysts. This study examined the circulation of *Cryptosporidium* oocysts in surface waters and in public water supplies in the district of Port-au-Prince and in the surface water and groundwater used by the population of Les Cayes (Haiti). Data were gathered in 37 sample sites in Port-au-Prince and in 15 sites in les Cayes and in surroundings of the city (bathing water, household waste water, spring water, boreholes, water supply, domestic wells). Each sample of 100 litres of water was collected and immediately filtered using a polyethersulfone capsule. Oocysts were isolated using an immuno-magnetic method and counted under fluorescence microscopy after labelling with a monoclonal antibody. In the district of Port-au-Prince, 24/37 (65%) of water samples collected were contaminated by *Cryptosporidium* oocysts and the number of oocysts per 100L ranged from 4 to 1,274. In the reservoirs used by people living in peripheral areas, 10/11 (91%) of samples collected were contaminated with a mean number of 140 oocysts per 100L. In water samples from public standpipes provided by Camep, the public company of water distribution in Port-au-Prince, 7/13 (54%) were contaminated. All surface water 4/4 collected in Port-au-Prince or in peripheral areas was highly contaminated. In Les Cayes 8/15 (53%) samples contained *Cryptosporidium* oocysts and the number detected varied from 5 to 100 (mean 29) / 100 L of water filtered. In conclusion, a commitment to environmental improvement in Port-au-Prince and in Les Cayes is required to improve the quality of drinking water and to limit the risk of human transmission of cryptosporidiosis.

441

DETERMINANTS OF HOUSEHOLD WATER QUALITY IN PERI-URBAN SETTINGS

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Public standpipes providing access to treated drinking water form municipal distribution systems are an increasingly common approach in urban environments; however, little data is available on the quality of drinking water at the household-level in urban and peri-urban environments. In February 2009, we assessed the determinants of household water contamination in a peri-urban settlement in Kisumu, Kenya. Data collection included: water quality measures at all drinking water sources; a population-based survey of 1,000 households, water source selection, and water handling practices; and water quality measures (fecal coliform and *E.coli* concentrations) of all household stored drinking water. Socio-economic position was assessed through an inventory of household goods and respondents divided into wealth quintiles. Logistic regression models were developed to determine the association between drinking water contamination and household behaviors and socio-economic characteristics. A total of 88 potential drinking water sources were identified, including 25 municipal standpipes and 63 shallow wells. Three of the municipal taps tested positive for *E.coli* contamination. Over 91% of respondents reported collecting drinking water from a municipal tap; and 47.9% of household stored drinking water samples tested positive for *E.coli* contamination. Significant predictors of *E. coli* contamination included: ever using a well as a drinking water source (OR=2.6), having a water treatment product in the house (OR=0.74), storing water in a narrow-mouthed container (OR=0.68). There was a marginally significant reduction in the odds of contamination among wealthier households when compared to poorer households. In conclusion, findings suggest that efforts to provide clean drinking water through public standpipes are not sufficient to guarantee clean drinking water at the household level. Even when clean drinking water is provided from municipal distribution systems, household water contamination is mediated by a variety of household-level behavioral factors.

442

EVALUATION OF POT-CHLORINATION OF WELLS DURING A CHOLERA OUTBREAK, BISSAU, GUINEA-BISSAU, 2008

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Waterborne cholera epidemics are a major public health problem in sub-Saharan Africa. Guinea-Bissau has experienced five cholera epidemics since 1994. The most recent epidemic occurred in 2008, causing >14,000 cases and 225 deaths. In the capital city, Bissau, UNICEF-designed pot-chlorinators were used to disinfect shallow wells, a common source of drinking water. We evaluated the ability of pot-chlorinators to achieve free residual chlorine (FRC) levels in well water adequate to inactivate *Vibrio cholerae*. Thirty wells were randomly selected from six neighborhoods. Pot-chlorinators - bottles filled with gravel, sand, and calcium hypochlorite granules - were placed in each well. FRC was measured before and 24, 48, and 72 hours after placement and compared with WHO-recommended levels of ≥1-5 mg/L during cholera outbreaks and 0.2-5mg/L in non-outbreak settings. Water turbidity, presence of well covers, distance from wells to latrines, and rainfall were noted and pH was measured at each well 24, 48, and 72 hours post-chlorination. Complete post-chlorination data were collected from 26 wells; 15 (58%) were <2 meters deep, with well volumes of 0.6-8.0 m3. Twenty-four (92%) wells were <30 meters from a latrine. Four (15%) wells were covered on all observation days; rain fell on the second night at all wells. Four to 15% of wells had turbid water over the observation period; rainfall and presence of a lid did not appear to affect water turbidity. All wells had a pH <8 at baseline, 24, and 48 hours post-chlorination; one well had a pH >8 at 72 hours. At baseline, no wells had FRC >0.09 mg/L. Four (15%), one (4%), and no wells had FRC ≥1 mg/L and 16 (62%), 4 (15%), and 1 (4%) wells had FRC between 0.2-5 mg/L at 24, 48, and 72 hours post-chlorination, respectively. Pot-chlorinators failed to achieve WHO-recommended FRC levels in wells during a cholera outbreak, and may convey a false sense of security to local residents. Pot-chlorination should be discouraged and alternative approaches to well-water disinfection promoted.

443

CERAMIC WATER FILTERS REDUCE DAYS OF DIARRHEAL ILLNESS IN HIV-INFECTED INDIVIDUALS IN LIMPOPO PROVINCE, SOUTH AFRICA

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Individuals infected with HIV frequently suffer from diarrheal illness transmitted by water-borne pathogens. Locally produced ceramic water filters impregnated with colloidal silver can be a sustainable solution to purify water in resource-limited settings. This work investigates if these