

Does the Covid-19 pandemic require changes in pool water disinfection now and in the future?

Regina Sommer

Professor, Medical University Vienna, Institute for Hygiene and Applied Immunology, Unit Water Hygiene, Vienna, Austria



Regina Sommer is Professor at the Medical University Vienna, Austria, at the Institute for Hygiene and Applied Immunology. She is head of the unit Water Hygiene, where she is teaching, researching and running the accredited Laboratory and Inspection Body "Hygiene Vienna" (authorized by the Ministry of Health) at the Medical University. She serves as co-head of the Interuniversity Cooperation Centre (ICC) Water & Health (www.waterandhealth.at). Regina is convenor of the Austrian drinking water commission, member of the Advisory Board for Bathing Water Hygiene of the Austrian Ministry of Health and member of the European Microbiology Expert Group (EMEG), an advisory board for the European Commission. Since 2019 she is chair of the IWA Specialist Group Health Related Water Microbiology.

Her scientific fields and expertise cover water quality and health, water disinfection technologies and infection control as well as water quality in health care facilities and water for medical applications. Regina has established the "UV Team Austria" running the Water Test Centre Wiental with a Test Facility for the measurement of the microbicidal efficacy of UV disinfection systems (www.uv-team-austria.at).

Regina Sommer has studied Food- and Biotechnology at the University of Natural Resources and Applied Life Sciences, Vienna, and did her PhD at the Medical University Vienna. In 1999 she received the Venia docendi and was appointed as Professor in 2000.

Presentation Abstract

Although the risk of transmission of SARS-CoV-2 from pool water can be considered negligible, it has provoked a discussion about the effectiveness of existing recommendations for managing the quality of bathing water in pools. There is a general agreement that conventional treatment of bathing water of public pools is sufficient to inactivate enteric pathogens including non- and enveloped viruses, like coronaviruses. However, there is no uniform understanding on conventional pool water disinfection. Basic parameters having

impact on the microbicidal efficacy are given in the following examples of recommendations:

- WHO (2006) values hydraulics and filtration; a free chlorine level of 1 mg/l throughout the pool or lower (≤ 0.5 mg/l), if in combination with ozone or UV irradiation; pH 7.2 to 7.8.
- CDC (2016) specifies a free chlorine level of 1-3 mg/l; pH 7.2 to 7.8 and a filtration and recirculation systems operated according to manufacturer instructions.
- In the Austrian legislation (1976; 2012) flocculation and filtration according to national standards are mandatory, hydraulics has to be proven by a staining-test, active chlorine-concentration 0.3- 1.2 mg/l; combined chlorine ≤ 0.3 mg/l; pH 6.5 to 7.8; redox potential 700 mV. The disinfection capacity is fulfilled, if *Pseudomonas aeruginosa* is inactivated within 30 seconds for 4-log.

Optimisation potential for the future lies in the flocculation-filtration-technology. Despite proper pool water disinfection, special attention must be paid to the engineered bathing load, which even needs to be tightened in order to ensure the necessary distance between the bathers especially during the Covid-19 pandemic.

References

World Health Organization (2006). Guidelines for safe recreational water environments - Volume 2. Swimming pools and similar environments. Geneva: World Health Organization
Center for Disease Control (CDC) Healthy Swimming, Operation & Maintenance, Operating Public Swimming Pools (2016) <https://www.cdc.gov/healthywater/swimming/aquatics-professionals/operating-public-swimming-pools.html>

Austrian Law (1976) and Ordinance of the Minister of Health on hygiene in pools, whirl tubs, sauna facilities hot air and steam baths and natural ponds (2012) BGBl. II Nr. 321/2012.