Health Risk Assessment of Trihalogenmethanes in Drinking Water
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Abstract—Tribhalogenmethanes (THMs) are disinfection byproducts with non-carcinogenic and genotoxic effects. The contamination of 6 sites close to the water treatment plant has been monitored in second largest city of the Czech Republic. Health risk assessment including both non-carcinogenic and genotoxic risk for long term exposition was realized using the critical concentrations. Concentrations of trihalogenmethanes met national standards in all samples. Risk assessment proved that health risks from trihalogenmethanes are acceptable on each site.

Keywords—Drinking water, health risk assessment, trihalogenmethanes, water pollution.

I. INTRODUCTION

WATER intended for human consumption is called drinking water and is defined in national legislation [1] and international directive too [2]. Not all water is suitable for treatment in order to obtain drinking water. According to the composition of the source water are correct methods and their combination of the water treatment chosen. In general filtration and disinfection are always used [3].

The purpose of disinfection is to ensure bacteriological safety and prevent the spread of the infectious diseases. Disinfection is one of the last steps in the water treatment process [3]. Nowadays is chlorine, chlorine dioxide, chloramines, ozone or ultraviolet disinfection used. Combination of the chlorination and ozone disinfection is worldwide extended [4]. There is a tendency to use UV disinfection because of its indisputable advantages. Both of these methods are highly effective against resistant pathogens like cryptosporidium [5].

A number of products called disinfection byproducts (DBPs) are formed during the disinfection process. Their quantity depends on disinfection method, chemical and physical properties of water. During ozone and UV disinfection are produced the lowest concentration of the DBPs [6].

II. ANALYSIS OF CURRENT STATE

Among the DBPs which occur in the highest concentrations and have the potential to seriously threaten the health of consumers belong chloroform (CHCl₃), bromodichloromethane (CHBrCl₂), dibromochloromethane (CHBr₂Cl), and bromoform (CHBr₃). Mentioned pollutants fall among trihalogenmethanes (THMs) [4].

International levels for THMS pollution vary between 25-250μg dm⁻³ according to the World Health Organization (WHO) [7]. Limit of total amount of THMs in drinking water was reduced from 150 to 100μg dm⁻³ in the Czech Republic in 2010 and correspond to the European Union requirement [2]. US Environmental Protection agency (US EPA) sets maximum contamination level for THMs as 80μg dm⁻³ [8].

Attention is not only given to the total amount of THMs but also to the concentrations of the individual pollutants. Czech Republic has THMS amount allowable concentration higher than the USEPA; however, limits for chloroform are lower than those provided for US EPA and WHO. WHO does not, unlike the standards of the above mentioned institutions, specific limits for each pollutant, but pays attention only the summation content THMs [9].

The reaction rate and the spectrum of created DPBs depends on the water temperature and pH [10], on the content of ions Mo²⁺, Na⁺, K⁺, Fe²⁺, Mn²⁺ and Ca²⁺ [11], the type and dose of applied disinfection agent, concentration and chemical composition of the organic precursors in the water and distribution system and the time that water remains in disinfection [12], [13]. Authors disagree on what proportion has THMs on the total amount of DPBs [14]. The major pollutant is chloroform [6].

THMs enter to the human body through three exposure pathways-ingestion, inhalation and dermal contact. They have neurotoxic, immunotoxic, cytotoxic, hepatotoxic and nephrotoxic effects [15], [16]. Carcinogenic, mutagenic, teratogenic and embryotoxic effects are not excluded [16]. There are suspicions that higher concentrations of bromodichloromethane causes spontaneous abortions, reduced birth weight, and increase in the risk of defects, although this fact was not sufficiently demonstrated [17].

Bromoform, chloroform, dibromochloromethane and bromodichloromethane are volatile colorless to yellowish liquid, odorless or with slightly sweet odor [18]-[21]. Tests on animals have shown genotoxic effects of chloroform [22], dibromochloromethane [9], bromodichloromethane [23] and bromoform [24]. US EPA classified chloroform into B2 group same as bromoform [25], [26] and bromodichloromethane into group C [9].

III. APPLIED METHODS AND DEVICES

The samples of drinking water have been taken and analyzed according to the relevant standards [27]. The concentration of THMs in the samples of drinking water has...
been determined by the liquid-gas extraction technology with
the help of the TriPlus static head space dosing device and the
Trace GC Ultra gas chromatograph with the Trace DSQ mass
detector, produced by Thermo Electron Corporation. The limit
of determination for individual THMs was 0.1 or 0.5 μg dm⁻³.

The assessment of health risks was carried out in
compliance with the valid Czech guidelines and instructions
[28], which are based on the method proposed by the U.S.
EPA [29].

The hazard quotient \( HQ \) characterizes non-carcinogenic
risks as the ratio of the exposure dose expressed as \( CDI \)
and the reference dose \( R/D \) according to (1):

\[
HQ = \frac{CDI}{R/D}
\]  

where \( CDI \) [μg kg⁻¹ day⁻¹] represents chronic daily intake and
\( R/D \) [μg kg⁻³ day⁻³] reference dose.

Chronic daily intake has been calculated for each exposure
pathway according to relations (2), (3) and (4) when \( INH \)
means ingestion, \( DC \) dermal contact and \( INH \) inhalation.

\[
CDI_{INH} = c_w \times IR_{INH} \times b \times EF \times ED \times BW^{-1} \times AT^{-1}
\]  

\[
CDI_{DC} = c_w \times SA \times K_p \times ET \times EF \times ED \times CF \times BW^{-1} \times AT^{-1}
\]  

\[
CDI_{INH} = c_w \times IR_{INH} \times ET \times EF \times ED \times BW^{-1} \times AT^{-1}
\]  

where \( c_w \) [μg dm⁻³] is the concentration of contaminant in
drinking water acquired through measurement, \( IR_{INH} \) [dm³
day⁻¹] is the daily rate of consumed water, \( b \) the rate of
consumed water from private sources, \( EF \) [days] is the
exposure frequency, \( SA \) [cm²] the skin area which is in contact
with contaminated water, \( K_p \) [cm hour⁻¹] the coefficient of skin
permeability, \( CF \) is the cm² to dm² conversion factor, \( c_w \) [μg
m⁻³] the concentration of contaminant in air calculated
according to (5), \( IR_{INH} \) [m³ hour⁻¹] the rate of air inhaled per

\[
c_w = c_w \times f \times Q \times t \times V^{-1} \times 2^{-1}
\]  

where \( f \) represents the fraction of releasable contaminant,
\( Q \) [dm³ hour⁻¹] the water flow per hour, \( t \) [hour] the showering
time, and finally \( V \) [m³] is the volume of bathroom.

When \( HQ \leq 1 \) the risk is tolerable and when \( HQ > 1 \) the
risk is unacceptable.

The acceptability of genotoxic risk is given by excess
lifetime cancer risk \( ELCR \) value. This can be calculated
from the chronic daily intake \( CDI \), which is same as \( CDI \)
for each contaminants and exposure ways are in

\[
ELCR = 1 - e^{-(CSF \times CDI)}
\]  

The acceptable limit for the socially genotoxic risk is
\( ELCR \leq 10^{-4} \).

Associated uncertainty related to errors in measurements
and estimation of exposure factors.

IV. OUTCOMES AND DISCUSSION

Sampling has been carried out in Brno which is the second
largest city of the Czech Republic. There have been 6
locations near the water treatment plant, where the disinfection
with gaseous chlorine takes place. Table I shows the averages
concentrations of THMs in individual sites. The number of
measurements in each site ranged from 3 to 7.

| TABLE I |
| THE CONCENTRATIONS OF THMS |
|-----------------|-----------------|
| Average concentration of contaminants [μg dm⁻³] | 1 | 2 | 3 | 4 | 5 | 6 |
| CHCl₃ | 1.433 | 2.02 | 0.386 | 0.543 | 0.597 | 0.627 |
| CHBrCl₂ | 2.066 | 1.840 | 0.342 | 0.386 | 0.321 | 0.386 |
| CHBr₂Cl | 2.330 | 1.780 | 0.329 | 0.329 | 0.300 | 0.386 |
| CHBr₃ | 0.533 | 0.880 | 0.514 | 0.514 | 0.586 | 0.657 |

The chronic daily intake was calculated for long-term
residents using the following exposure factors: the daily
water intake \( IR_{INH} \) was set as 1.4dm³ day⁻¹, the consumed water
from private sources \( b \) as 1, the rate of air inhaled per hour
\( IR_{INH} \) 0.6m³ hour⁻¹, the fraction of releasable contaminant \( f \)
was 0.75, the water flow per hour \( Q \) was 600 dm³ hour⁻¹, the
showering time \( t \) was 0.33 hour, \( V \) is the volume of bathroom
and was set as 9m³, the skin area which is in contact with
contaminated water \( SA \) was 18 000cm², \( K_p \) the coefficient of skin
permeability 0.01cm hour⁻¹, \( CF = 10³ \text{dm}³ \text{cm}⁻³ \). In the
case of the inhalation and the dermal contact were the daily
exposure time \( ET \) 0.33 hour day⁻¹. The body weight \( BW \) was
70kg, the exposure frequency \( EF \) was 350 days and finally the time during
which the concentration \( c_w \) of contaminant may be considered constant
\( AT \) was 25 550 days for all expositions.

Concentration of THMs in all samples met maximum
allowed concentration according to the national legislation
same as the international recommendation. Pollutant which
was observed in the highest levels was chloroform. Contrary
the lowest concentrations were found in the case of
dibromochloromethane.

The reference doses \( R/D \) are in Table II and the cancer slope
factors \( CSF \) for each contaminants and exposure ways are in

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Table III [16], [30]. According to (2)-(4) chronical daily intakes were calculated. Results are shown in Table IV.

<table>
<thead>
<tr>
<th>Exposure pathway</th>
<th>Unit</th>
<th>CHCl₃</th>
<th>CHBrCl₂</th>
<th>CHBr₂Cl</th>
<th>CHBr₃</th>
<th>( \text{CSF}_{\text{ING}} )</th>
<th>( \text{CSF}_{\text{INH}} )</th>
<th>( \text{CSF}_{\text{DC}} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingestion</td>
<td>( \mu g \text{ kg}^{-1} \text{ day}^{-1} )</td>
<td>6.1E-06</td>
<td>6.2E-05</td>
<td>8.4E-05</td>
<td>7.9E-06</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inhalation</td>
<td>( \mu g \text{ kg}^{-1} \text{ day}^{-1} )</td>
<td>8.1E-05</td>
<td>-</td>
<td>-</td>
<td>3.9E-06</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dermal contact</td>
<td>( \mu g \text{ kg}^{-1} \text{ day}^{-1} )</td>
<td>3.1E-05</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Under the assumption non carcinogenic risk is acceptable when \( HQ \leq 1 \) and using appropriate reference dose \( RfD \) the critical concentration has been deduced from (1) using (2)-(4) for each exposure pathway. The calculated critical concentrations for non-carcinogenic risk \( c_{nc} \) are shown in Table IV. Analogously the critical concentrations in relation to genotoxic risk have been calculated according to (6) and cancer slope factors \( CSF \) when \( ELCR = 10^{-4} \). Critical concentrations for genotoxic risk \( c_g \) are in Table V.

<table>
<thead>
<tr>
<th>Exposure pathway</th>
<th>Unit</th>
<th>CHCl₃</th>
<th>CHBrCl₂</th>
<th>CHBr₂Cl</th>
<th>CHBr₃</th>
<th>( \text{CNC}_{\text{ING}} )</th>
<th>( \text{CNC}_{\text{INH}} )</th>
<th>( \text{CNC}_{\text{DC}} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingestion</td>
<td>( \mu g )</td>
<td>521.429</td>
<td>1042.857</td>
<td>1042.857</td>
<td>1042.857</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inhalation</td>
<td>( \mu g )</td>
<td>3.843</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dermal Contact</td>
<td>( \mu g )</td>
<td>2457.912</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

It is clear from Tables IV and V that observed concentrations are multiply lower than calculated critical concentration. The lowest observed critical concentration are for chloroform and inhalation exposure way. In this case the critical concentration for non-carcinogenic risk only three times higher. Negative effects of chloroform are well known and described in the literature. It is therefore possible to assume that chloroform is also in Brno, the most important pollutant from the group THMS.

It is possible that at sites closer to disinfection point where are the concentrations highest [31] inhabitants could feel some effects results from exposition to THMs, for example headache or dizziness. These are caused not only by exposure to THMs but also increased the temperature and humidity in unventilated bathroom.

V. CONCLUSION

Trihalogenmethanes are pollutants with variety of negative effects on human health including both non-carcinogenic and genotoxic risk.

Critical concentrations based on health risk assessment are not only useful for risk assess but also provide a clear overview about how they differ from those observed concentrations that represent the limits of acceptability or tolerability of health risk.

Health risk assessment using comparison of observed concentration and calculated critical concentration proved that water pollution in Brno city is on acceptable level. The main pollutant which observed concentrations are the closest to the critical concentration is chloroform.

The authors believe that a well-ventilated bathrooms ensure low concentrations THMS in air and ensure adequate protection of the population at the surveyed sites.

REFERENCES
