

# Occurrence of Antibiotics in Drinking Water

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## Abstract

The occurrence of antibiotics in the aquatic environment has raised concern regarding their potential impact on drinking water quality. Analytical methods were developed for determination of a wide range of antibiotics in source and finished drinking waters using solid-phase extraction and liquid chromatography electrospray tandem mass spectrometry. The methods were applied to a preliminary occurrence study in source and finished drinking waters in North Carolina. A variety of antibiotics, including fluoroquinolones, sulfonamides, lincomycin, tetracyclines and macrolides were detected in source waters. Some of the antibiotic analytes persisted into finished drinking waters albeit at very much reduced levels.

## Introduction

Antibiotics are widely used in human and veterinary medicines for disease treatment. They are also largely used in animal operations for growth promotion and for disease prophylaxis. They are often partially metabolized after administration and a significant portion of the antibiotic can be excreted as the parent compound or in conjugated forms that can be converted back to the parent antibiotic [1-3]. The residual antibiotics from human and animal use can enter the environment via various pathways, including wastewater effluent discharge, runoff from land to which agricultural or human waste has been applied, and leaching. A variety of antibiotics have been detected in wastewater effluents [4-10] and natural waters [4, 11-17] at ng/L to low µg/L levels.

As microcontaminants, antibiotics in the aquatic environment may persist and be transported to reservoirs supplying source water to drinking water treatment plants. The potential presence of antibiotics in source drinking water is of concern due to the unknown health effects of chronic low-level exposure to antibiotics over a lifetime if the antibiotics survive drinking water treatment and are present in consumer's drinking water. The objective of this study is to determine the occurrence levels of antibiotics in source and finished drinking waters.

## Experimental

### *Chemicals*

Tetracycline standards in their hydrochloride form, sulfonamides, macrolides, trimethoprim, lincomycin hydrochloride, and meclocycline sulfosalicylate salt were purchased from Sigma-Aldrich (St. Louis, MO). Ciprofloxacin hydrochloride was purchased from ICN Biochemicals, Inc. (Irvine, CA). Enrofloxacin hydrochloride (≥ 98%) was purchased from Fluka (Buchs, Switzerland). <sup>12</sup>C<sub>6</sub>-sulfamethazine was purchased from Cambridge Isotope Laboratories (Andover, MA). Simatone was purchased from Accustandards (New Haven, CT).

### *Sample collection*

Source water samples were collected at drinking water treatment plant intakes prior to any water treatment process. Finished water samples were collected after the final treatment step and before entry into the

distribution system. The residual chlorine disinfectants in finished water were quenched by ascorbic acid at the time of sample collection. Grab samples were collected in acid-washed 1 L amber glass bottles, which were packed on ice and transported to the laboratory overnight. The samples were stored at 4°C and extracted within 3 days of collection.

### *Analytical methods*

250 mL of source water and 500 mL of finished water samples were extracted using 200 mg hydrophilic-lipophilic balance (HLB) cartridges (Waters, Milford, MA). The sample was spiked with surrogate standards (<sup>13</sup>C<sub>6</sub>-sulfamethazine and meclocycline). Na<sub>2</sub>EDTA was added at 1 mg/L into sample to ensure that tetracycline antibiotics do not form complex with divalent ions and metals. The source water sample was adjusted to pH 6 while the pH of the finished water sample was adjusted to 3. The sample was then extracted through a HLB cartridge and subsequently eluted with acidified methanol. The extracts were reduced to a volume of 100 µL under a gentle stream of nitrogen, reconstituted up to 250 µL in a mixture of water/methanol (9:1), and spiked with the internal standard simatone. The extracts were filtered through 0.45 µm syringe filters (Waters, Milford, MA), transferred to amber autosampler vials, stored at -15°C, and analyzed within one week.

The detection methods for antibiotics were developed on a Varian model 1200L triple quadrupole mass spectrometer (Varian, Walnut Creek, CA). All the analytes were separated using a Pursuit C-18 column (150 × 2 mm, 3 µm, Varian, Walnut Creek, CA) using gradient elution at a mobile phase flow rate of 0.2 mL/min. Mobile phase A was 0.1% formic acid (v/v) in water and phase B was 100% acetonitrile. 20 µL of sample was injected. All the analytes were analyzed using electrospray ionization in positive mode. Two major fragment ions of each analyte were monitored in MS/MS detection. Detection was based on the identification of the most intense product ion for each analytes. Quantitation was based on the ratio of peak area of the most intense product ion of the analyte to that of the product ion of internal standard. The method of standard addition was used for quantitation. The raw water samples were spiked with analytes at 20 to 100 ng/L, while the finished water samples were spiked with analytes at 10 to 75 ng/L.

## **Results and Discussion**

Samples were collected from five drinking water treatment plants (WTP) that use conventional treatment processes. Antibiotics were detected in source and finished water samples (Tables 1 and 2). The values in parentheses indicate positive identification of the species but at concentrations below the lowest spiked level.

WTP1 showed the largest number of antibiotics in its source water that is downstream of multiple wastewater plants and agricultural non-point discharge. Overall, fluoroquinolones were the most frequently detected antibiotics in source waters followed by sulfonamides, lincomycin, tetracyclines and macrolides. Although the detection of ciprofloxacin, which is only used in human medication, seems to indicate the impact of wastewater discharge, the possibility of contamination from animal source should not be precluded as the veterinary fluoroquinolone enrofloxacin can, under certain conditions, be metabolized to ciprofloxacin [3]. The occurrence levels of antibiotics obtained in this study are generally lower than the data included in the U.S. Geological Survey's national reconnaissance survey [13] in which the selection of sampling streams was biased towards those susceptible to wastewater contamination. Although the occurrence level of individual antibiotics is low, the presence of a broad range of antibiotics in some source waters suggests that the overall effect of the antibiotics as a contaminant group should not be underestimated.

Most of the antibiotics detected in source water are not detected in finished water or are present at a much lower levels if detected, indicating their partial removal during conventional treatment processes or chemical transformation during disinfection. The incomplete removal of some antibiotics, such as ciprofloxacin, is of concern due to their unknown health effects if they do persist in finished waters even at ng/L levels. Future research will be focused on how these compounds persist and transform during drinking water treatment processes.

Table 1. Occurrence of Antibiotics in Source Drinking Water (ng/L)

	WTP1	WTP2	WTP3	WTP4	WTP5
Ciprofloxacin	70	68	55	(17)	(8.3)

Norfloxacin	64	37	38	< 20	< 20
Enrofloxacin	43	24	20	49	< 20
Sarafloxacin	(15)	< 20	< 20	< 20	< 20
Lincomycin	(8.0)	< 20	(14)	(7.0)	< 20
Sulfamethoxazole	62	< 20	< 20	< 20	< 20
Sulfadimethoxine	(15)	< 20	< 20	< 20	< 20
Sulfathiazole	< 20	< 20	< 20	< 20	< 20
Sulfamerazine	< 20	< 20	< 20	< 20	< 20
Sulfamethazine	< 20	< 20	< 20	< 20	< 20
Sulfamethizole	< 20	< 20	< 20	< 20	< 20
Sulfachlorpyridazine	< 20	< 20	< 20	< 20	< 20
Trimethoprim	< 20	< 20	< 20	< 20	< 20
Oxytetracycline	(15)	< 20	< 20	< 20	< 20
Tetracycline	25	(13)	< 20	< 20	< 20
Doxycycline	< 20	22	< 20	< 20	< 20
Chlortetracycline	< 20	< 20	< 20	< 20	< 20
Demeclocycline	< 20	< 20	< 20	< 20	< 20
Minocycline	< 100	< 100	< 100	< 100	< 100
Tylosin	21	(12)	< 20	< 20	< 20
Erythromycin	(6.7)	< 20	< 20	< 20	< 20
Roxithromycin	< 20	< 20	< 20	< 20	< 20

Table 2. Occurrence of Antibiotics in Finished Drinking Water (ng/L)

	WTP1	WTP2	WTP3	WTP4	WTP5
Ciprofloxacin	(18)	(13)	(7.6)	< 10	< 10
Norfloxacin	< 20	5.5	< 75	< 10	< 20
Enrofloxacin	< 20	< 20	< 75	< 10	< 10
Sarafloxacin	< 20	< 20	< 75	< 10	< 10
Lincomycin	(9.6)	< 20	< 75	< 10	< 10
Sulfamethoxazole	< 20	< 20	< 75	< 20	< 10
Sulfadimethoxine	< 20	< 20	< 75	< 10	< 10
Sulfathiazole	< 20	< 20	< 75	< 20	< 20
Sulfamerazine	< 20	< 20	< 75	< 20	< 10
Sulfamethazine	< 20	< 20	< 75	< 10	< 10
Sulfamethizole	< 20	< 20	< 75	< 20	< 20
Sulfachlorpyridazine	< 20	< 20	< 75	< 10	< 10
Trimethoprim	< 20	< 20	< 75	< 10	< 10
Oxytetracycline	< 20	< 20	< 75	< 10	< 10
Tetracycline	< 20	< 20	< 75	< 10	< 10
Doxycycline	< 20	(4.5)	< 75	< 10	< 10
Chlortetracycline	< 20	< 20	< 75	< 10	< 10
Demeclocycline	< 20	< 20	< 75	< 10	< 10
Minocycline	< 75	< 75	< 75	< 50	< 50
Tylosin	< 20	(12)	< 75	< 10	< 10
Erythromycin	< 20	< 20	< 75	< 10	< 10
Roxithromycin	< 20	< 20	< 75	< 10	< 10

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