

Original Research

Water-Borne Diseases Classification and Prevention

¹Vinita Mahant, ²Diksha Biswal

^{1,2}Medical Surgical Nursing, Department of Nursing, SGT University, Gurugram (Haryana), India

ABSTRACT:

Illnesses that are spread through water by harmful microorganisms are known as waterborne diseases. These diseases can spread through bathing, washing, consuming tainted water, or consuming contaminated food. Even while diarrhoea and vomiting are the most frequently reported symptoms of waterborne illness, there may also be problems with the skin, ear, respiratory, or eye system. The study focuses on the classification of the water borne disease, prevention and treatment. The study says that there are various classifications of water borne disease are Water-Borne Disease, Water-Washed Disease, Soil-Transmitted Helminths, Insect Vector-Based Disease. Prevention of water-borne disease by Microbial pollution is by a wide margin the most serious general wellbeing risk related to drinking-water supplies. Since the earliest instances of waterborne illnesses, monitoring waterways for bacteria has become widespread. The Most Probable Number technique approach has been successfully applied for something like a long time to the study of drinking water.

Key Words: Water-Borne Disease, Water-Washed Disease, Soil-Transmitted Helminths, Insect Vector-Based Disease, Multiple Tube Fermentation (MTF), Most Probable Number Technique (MPN)

Received: 23 October, 2022

Accepted: 27 November, 2022

Corresponding author: Vinita Mahant, Medical Surgical Nursing, Department of Nursing, SGT University, Gurugram (Haryana), India

This article may be cited as: Mahant V, Biswal D. Water-Borne Diseases Classification and Prevention. J Adv Med Dent Scie Res 2022;10(12):109-113.

INTRODUCTION

Illnesses that are spread through water by harmful microorganisms are known as waterborne diseases. These diseases can spread through bathing, washing, consuming tainted water, or consuming contaminated food. Even while diarrhoea and vomiting are the most frequently reported symptoms of waterborne illness, there may also be problems with the skin, ear, respiratory, or eye systems. The most notable examples include various types of watery diarrheal illness, which disproportionately impact young people in impoverished nations.[1,2] An estimated 37.7 million Indians are thought to be affected by waterborne illnesses each year; 1.5 million children are thought to die from diarrhoea alone, and 73 million working days are thought to be missed as a result. According to the World Health Organization, 80 percent of infections are waterborne globally.[2]

WATERBORNE DISEASE CLASSIFICATION

Infections carried on by both direct and indirect interactions with water, such as by ingestion or skin contact while bathing or indulging in other water-related activities, are referred to as waterborne or

water-related disorders. It covers illnesses brought on by microorganisms and toxins found in water. A wider definition covers diseases associated with vectors that spend part of their life cycle in aquatic habitats as well as illnesses connected to water scarcity or pollution during catastrophic climate events, such as floods and droughts. In general, there are four primary ways that waterborne illnesses can spread: the waterborne route, the insect vector or water-related route, the water-washed path, and the water-based route.[3]

WATERBORNE ILLNESS

Waterborne illnesses are infections spread by consuming water that has been contaminated with harmful bacteria by utilizing similar bacteria when food is prepared, contaminated drinking water might cause a food borne illness.

Loose stools, which may involve copious faeces and frequently result in dehydration and even mortality, are a common feature of most aquatic infections.[4-6] Diarrhea is the second most common cause of mortality in children under the age of five, and it claimed the lives of 370,000 kids in 2019.[5]

68% of the world's population has access to better sanitation systems in 2020.[6] In provincial African areas, waste defilement of water emerges from spillovers from neighboring brambles and woodland which act as crap locales for country tenants. Waterborne sickness can be brought about by protozoa, infections, microorganisms, and digestive parasites. [7,8]

WATER-WASHING ILLNESS

Diseases that thrive in environments with inadequate freshwater supplies and unfortunate sterilization are known as "water washed" or "water scant" diseases. The quantity of water is more important than the quality for the control of water-washed illnesses. *Sarcoptes scabiei* var. *Hominis*, camp fever, weave, recurring fever, Pyoderma, conjunctivitis, skin ulcers, and trachoma are examples of water-washed disorders.[7] Here, four categories of water-washed disorders are recognized: helminths transmitted through the soil, acute respiratory infections, eye and skin conditions, and infections brought on by insects, lice, parasites, or ticks. For people who are susceptible, washing and better personal cleanliness are essential for limiting the transmission of disease.[7]

HELMINTHS SPREAD THROUGH THE SOIL

Nematodes called helminths are digested food and spread mostly through contact with contaminated soil. *Ascaris*, hookworm, and roundworm are the most common helminths. Whipworm and *Ascaris lumbricoides*, also known as *Acylostoma duodenale* *Necator* and *Americanus*. *Trichiura* *Trichuris* Together, these "geohelminths" currently infect between 25% and 33% of the population.[9] More than 130 million youngsters experience the ill effects of extreme focus geohelminthic diseases; Every year, helminths account for about 1.5 billion passings. These illnesses can be viewed as water washed. Further developed cleanliness and sterilization can decrease their rate. Mass deworming of kids is additionally perceived as a compelling control strategy.[7]

INTENSE RESPIRATORY INFECTION

Intense respiratory diseases including pneumonia are answerable for roughly 59.1% of absolute youngster passouts consistently.[7] Proof showing that great cleanliness rehearses, particularly washing hands with cleanser, can fundamentally diminish the ARI transmission is actively growing. Considering the connection among Intense respiratory diseases and cleanliness, It is now regarded as a disease that was watered down.[10-12]

SKIN AND EYE DISEASE

The microscopic bacteria *Chlamydia trachomatis* that attract attention cause trachoma. After many years of recurring illnesses, the eyelids may be severely

damaged to the point where the eyelid bends inward and the eyelashes scour the one's eye. Flies are involved in the spread of trachoma and are frequently observed releasing toxins from infected eyes. Enhanced access to water for face washing is the most effective way to avoid trachoma and conjunctivitis. Additionally a water-washed illness, ringworm (fungus) is common in both young and old children. This unstoppable illness, which is caused by an organism, affects the skin, scalp, and keratinized tissues.[7]

INSECT VECTOR-BASED DISEASE

These illnesses are not straightforwardly connected with the quality of water for drinking. These are the ailments that are transmitted by insect pests that breed near or in bodies of water and reside there. Being bitten by such bug vectors taints the victim. In any case, taking into consideration vector control while planning, developing, and operating external waterways for drinking water might lessen the risk of the spread of water-related illnesses.[1] Tropical Africa has a high prevalence of water-related ailments due to inadequate ecological management and sanitation. Seepages typically have standing water, which serves as a breeding ground for such bug vectors.[1] The most well-known vector insects are flies and mosquitoes. diseases caused by mosquitoes Fly-borne diseases, Dengue fever, Yellow fever, Onchocerciasis (River-visual impairment), and Filariasis.[1]

WATER-BORNE DISEASE CONTRIBUTING FACTORS

Water-borne illness episodes increase where guidelines of water disinfection individual cleanliness are poor.[13] As indicated by, waterborne infections are exceptionally owing to absence of perfect and safe drinking water, unfortunate sterilization and cleanliness rehearses. Furthermore, research shows that the greater part of intense sicknesses are inferable from water, sterilization and cleanliness across all age groups gatherings. Water-borne illnesses are usually detailed in poor-paying nations as arrangement of secure water, disinfection, and cleanliness is sub-standard when contrasted with created nations which have more water assets. Also, even with additional assets in created nations, siphons, lines and decontamination offices could bomb leaving individuals defenseless to waterborne illnesses.[13]

A few examinations have uncovered the meaning of water quality, sterilization and cleanliness in making sense of the event of water-borne illnesses. Example, In a review it was finished in Ile-Ife, Nigeria trying to evaluate and plan the occurrence factors liable for the propagation of water-borne illnesses saw that as, a large portion of the revealed instances of water borne illnesses were because of ecological factors like poor natural sterilization, unpredictable garbage removal, impact old enough lengthy mutual emergency, low geography and bogs that prompted high microbial

development, The adjacent wells and groundwater water have hardness and a high pH.^[13]

WATERBORNE DISEASE PREVENTION PRACTICES

Different medications to diminish waterborne illnesses are upgrades in drinking water, cleanliness practices and sterilization offices and in less evolved nations.^[13] For example; A review that was directed on forestalling diarrhoeal event in a high-risk country Kenyan populace through mark of-purpose chlorination, safe water stockpiling and water gathering found that chlorinating put away water utilized for drinking to work on its quality and utilization of restricted mouthed and covered compartments to keep put away water from defilement all diminished diarrhoeal gamble to the populace and supported great wellbeing.^[13] Thus, enhancing cleanliness conduct can diminish the possibilities leading to disease. Advantages of cleanliness enhancement for decrease of waterborne illnesses is accounted for in a review which was finished in BamendaNkwen Municipality-North West Cameroon found that greater part of individuals impacted by water borne sickness were the people who didn't not rehearse normal hand washing prior to eating food. Advancing hand washing after poop was defensive and decreased the weight of sickness from horrendous the runs while restricting foolish antimicrobial use.^[13] Disinfection mediations have been tracked down fundamental in forestalling waterborne illnesses. Disinfection offices, for example, lavatories, latrines viable seepage are critical in partition of human waste or different squanders which can sully water utilized by people for drinking while perhaps not all around made due.^[13]

BACTERIOLOGICAL ANALYSIS OF WATER

By far, the most important public health risk associated with drinking water supply is microbiological contamination. To analyse water for each and every microorganism would be impractical because some of them might cause infection at really low doses.

All things considered, it is more practical to break down water for marker species that are also present in faeces because the majority of looseness of the bowels causing microorganisms are waste in the beginning. The cornerstone of water bacteriology has continued to be the use of marker life forms in water bacteriological analysis.^[1] It's extremely possible that it was caused by soil or other natural material getting into the water, or by conditions favourable for the growth of certain coliforms. Complete coliforms are placed in or on a medium containing lactose at a temperature range of 35-37°C at the research facility. They are momentarily identifiable by the production of gas and caustic byproducts of lactose maturation. Coliforms from excrement, in contrast to those from natural sources, can Withstand greater temperatures.

These have a stronger link to waste pollution than fullblown coliforms.^[1]

The most obvious indicator of waste contamination is, which is not at all similar to some E. coli waste coliforms that have never been replicated in the seagoing climate that exists today. The most appropriate indicator of waste contamination is E. coli. The extent of the incident in the source water is correlated with the contributions of waste contamination (human or creature)^[15] Different living things that are used as indicators of wasterelated water contamination include coliphages and other bacteriophages, Fecal Streptococci, Enterococci, Clostridium perfringens, and Pseudomonas aeruginosa.^[1]

CONVENTIONAL METHODS OF BACTERIOLOGICAL ANALYSIS OF WATER

Since the earliest instances of waterborne illnesses, monitoring waterways for bacteria has become widespread. In 1884, with the development of culture media and microscopy, Georg Gaffky Vibrio and Robert Koch independently isolated the two known major causes of waterborne sickness in the nineteenth century cholera and typhoid, respectively.^[1] Two works of art/traditional techniques have been used for a long time to examine water for the presence of coliform bacteria. These include different maturation tube or most likely number procedures (MPN) and film filtration techniques.^[1]

Recently, there have been two more options: the prote in substrate (characterised substrate technique) and H 2S procedures. These strategies take into account the huge quantity of cylinders needed and the lengthy amount of time required for the entire test. In a similar vein, this exam has been getting more and more popular.^[1]

MULTIPLE TUBE FERMENTATION (MTF) OR MOST PROBABLE NUMBER TECHNIQUE (MPN)

The MPN approach has been successfully applied for a long time to the study of drinking water. It works best when examining highly murky water samples or, on the other hand, when breaking down semisolids like residue or slops. The test is used in many countries, and the methodology used is fundamental to bacteriological exams. The results of multiple maturation tube tests for coliforms are typically reported as a generally plausible number (MPN) list.^[1] This is a list of the number of coliform microorganisms that, more often than not, would produce the results indicated by the test. It is by no means an accurate count of the number of marker microorganisms actually present in the example. Although this test is simple to conduct, it takes a lot of time because the results may not be available for 48 hours. In sterile cylinders, various water samples are put to a supplement stock and brooded for the appropriate amount of time and at the right

temperature (typically 24 hours). In the unlikely event that the water supply is unprotected or contamination is suspected, successive water weakenings (often 10, 1, and 0.1 mL) may be made.[1] For every weakness, three or five cylinders are often used, although ten cylinders could be used for greater awareness. The acid and gas that coliform microscopic organisms make as they grow alters the stock tone and produces bubbles, which are captured in a small, adapted tube. A quantifiable measurement of the MPN of microscopic organisms can be made by counting the number of cylinders yielding a positive result and comparing and standardising tables; the results are revealed as MPN per 100 mL.[1]

This first test is referred to as a "hypothetical" test since various noncoliform microorganisms can also age lactose. Microbes from a positive cylinder can be injected into a medium that more specifically selects coliforms, producing "affirmed" findings. By obstructing affirmative examples from the validated test to some other distinctive proof advancements, the test might finally be deemed "completed." Each of the three phases hypothetical, affirmed, and finished requires one to two days of contemplation.[1] This method's (and other MPN techniques') additional drawback is that the result is a measured estimate with very low precision and as such should only be viewed as semiquantitative.[7]

MEMBRANE FILTRATION METHODS

The identification of coliforms and E. coli in light of the production of gas from lactose in fluid medium and evaluation of most plausible numbers using the quantifiable approach initially proposed were the only methods used for pointer purposes in viable water bacteriology up to the 1950s. However, workers tried to cultivate microbes on layer channels in Russia and Germany, and by 1943, Mueller in Germany was using film channels connected to Endostock for the testing of consumable waters for coliforms. By the 1950s, film filtering was a sensible alternative to the MPN strategy, albeit the inability of layers to demonstrate gas generation was seen as a serious drawback.[1] However, turbid waters should not be used with this procedure since they can impede the layer or prevent the growth of the desired microorganisms on the channel.[7] Therefore, the method is prohibited for typical waters that contain unusually high levels of suspended debris, oozes, or silt, as all of these could obstruct the channel before enough water has passed through. Another issue with this approach is that it might not be able to identify pushed or damaged coliforms. The process can now be used in the field thanks to adaptable equipment that was originally designed for use in research centres. A deliberate amount of water is separated through a sheet having pores that are approximately 0.45 microns wide..[1, 7]

WASTEWATER COLLECTION AND DISPOSAL SYSTEMS

To comprehend the current wastewater removal framework in completely chosen towns in the review region, site visits were directed. Wastewater organization and removal framework were considered. As the greater part of the towns in the review region were seen to have drain organizations, they were Commonness of water-borne illnesses in western India: reliance on the nature of consumable water and individual cleanliness rehearses planned alongside removal locales and the water sources, which are situated adjacent to the organization, were identified as the potential cross-defilement areas.[14]

ETHICS STATEMENT

Authorizations were gained from particular neighborhood and state authoritative government bodies alongside the division of wellbeing to direct this review. The group of assessors gathered information by deliberate enlistment of members in the review region. To record the reaction, poll overview sheets, appropriately endorsed by respondents in the wake of making sense of the goals of study, reason for information assortment, examination of gathered information and protection freedoms, were gathered. The system was endorsed by the Ethics Board.[14]

REFERENCE

1. https://www.researchgate.net/publication/285542875_Water_and_Waterborne_Diseases_A_Review
2. World Health Organization (WHO) Heterotrophic Plate Counts and Drinkingwater safety. Edited by J. Bartram; 2003.
3. Stanwell-Smith R. Classification of water related diseases in water and health. Encyclopedia of Life Support Systems (EOLSS). 2010;1.
4. WHO/UNICEF. Global Water supply and sanitation assessment report. Geneva and New York: WHO and UNICEF; 2000.
5. WHO. World Health Report. Geneva: WHO; 2005
6. Pruss-Ustun A, Bos R, Gore F, Bartram J. Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health. World Health Organization, Geneva, Switzerland; 2008. Available:http://www.who.int/quantifying_e_himpacts/publications/saferwater/en/index.html.
7. United Nations Children's Fund. Handbook on Water Quality. United Nations Plaza New York, NY 10017, USA; 2008 Available: <http://www.unicef.org/wes>
8. Cheesbrough M. District laboratory practice in tropical countries part 2 Cambridge University Press, New York; 2006. ISBN-13 978-0-511-34842-6
9. WHO. World Health Report. Geneva: WHO; 2002.
10. Luby SP, Agboatwalla M, Feikin DR, Painter J, Billhimer W, Altamirano A, Hoekstra RM. Effect of handwashing on child health: A randomized controlled trial. Lancet 2005;366(9481):225–33.
11. Cairncross S. Editorial: Handwashing with soap – a new way to prevent ARIs? Tropical Medicine and International Health. 2003;8(8):677–679. DOI: 10.1046/j.1365-3156.2003.01096.x

12. Rabie T, Curtis V .Handwashing and risk of respiratory infections: A quantitative systematic review. *Tropical Medicine & International Health*. 2005;11(3):258–67.
13. <https://www.scirp.org/journal/paperinformation.aspx?paperid=109142>
14. <https://iwaponline.com/washdev/article/11/3/405/81233/Prevalence-of-water-borne-diseases-in-western>
15. https://www.who.int/health-topics/diarrhoea#tab=tab_1
16. <https://ourworldindata.org/sanitation>