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APRIORA risk assessment framework

APRIORA webinar | 2025-12-15

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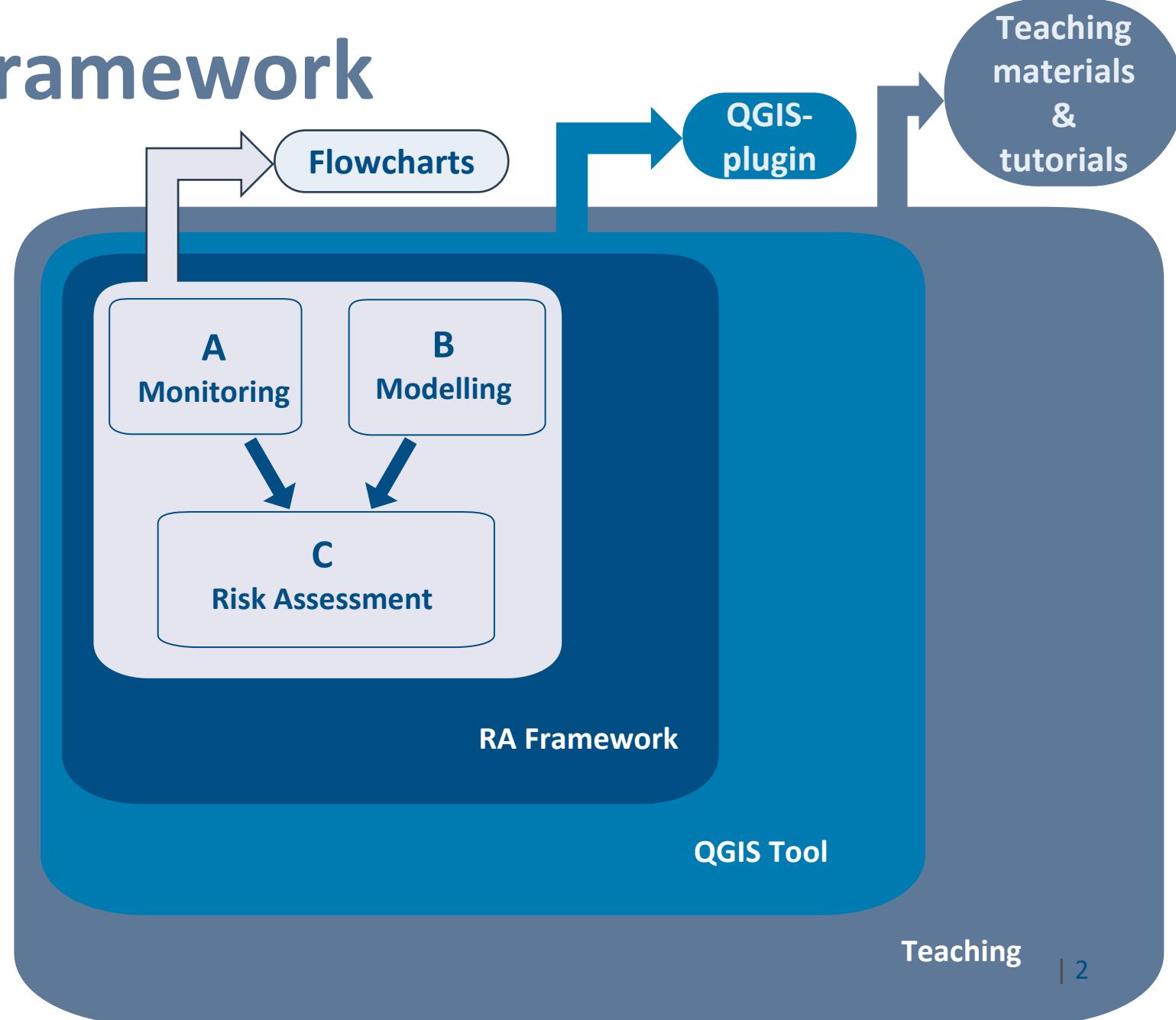
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Risk assessment framework

Goal

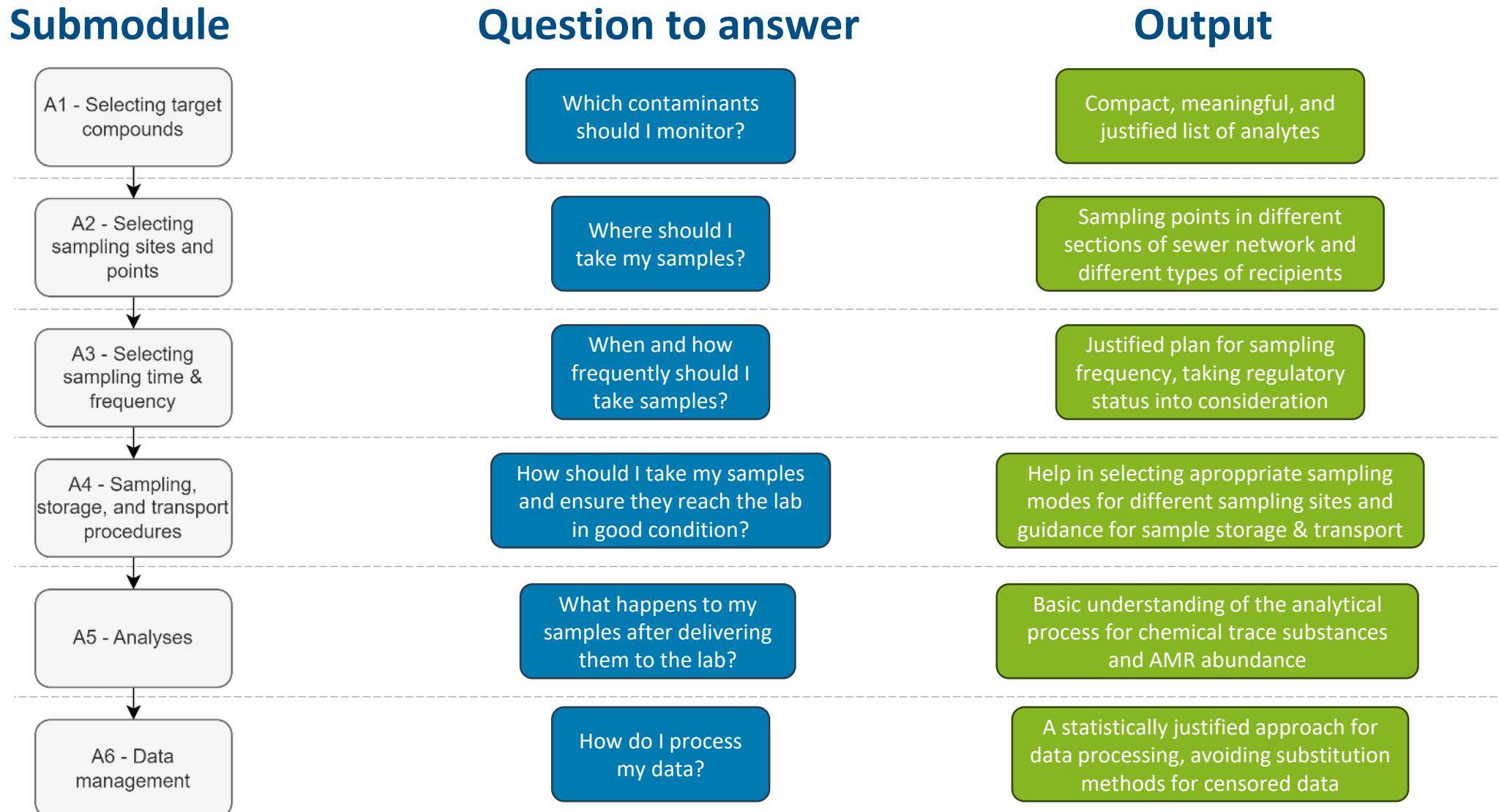
- Representative concentration data that 1) allows for load estimation and 2) is suitable for risk assessment
- Accessible modelling tool that allows authorities and WWTP operators to estimate contaminant concentrations in recipient
- Risk assessment method that 1) accounts not only for environmental risks, but also human health and AMR, and 2) allows WWTP prioritization





Module A: Monitoring

A: Monitoring



Example parameter list

APRIORA piloting substances

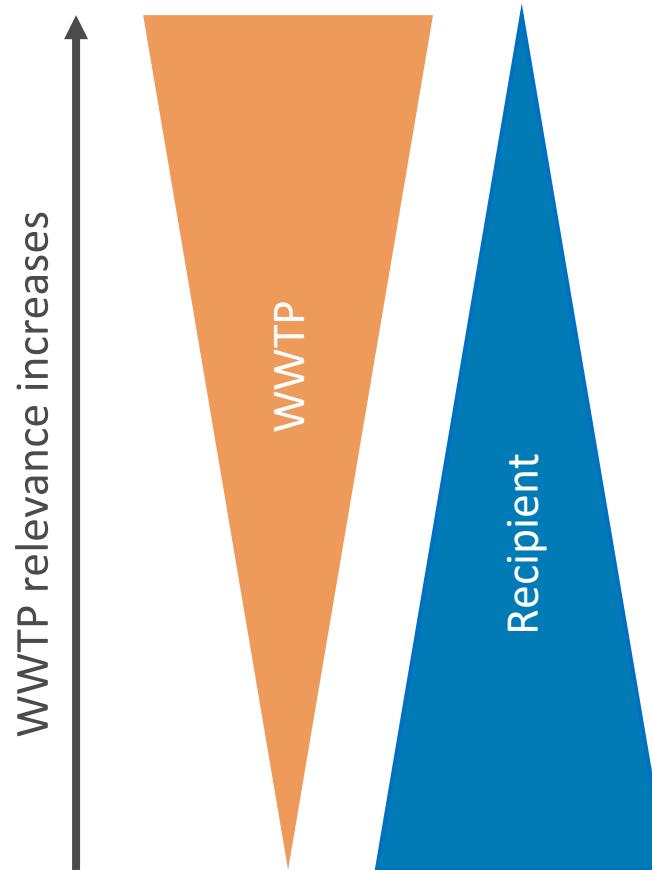
Name of contaminant	CAS No.	UWWTD proposal (EC, 2022a)	EQS proposal (EC, 2022b)	GW EQS proposal (EC, 2022b)	WL1 (2015/495)	WL2 (2018/840)	WL3 (2020/1161)	WL4 (2022/1307)	Swedish RBSP (HVMFS 2019:25)	Number of reference concentration exceedances ⁵⁾	Reference concentration [µg/l]
17a-ethinylestradiol (EE2)	57-63-6		X	X					X	38	0.0000170 ¹⁾
17b-estradiol (E2)	50-28-2		X	X		X			X	7	0.000180 ¹⁾
Amisulpride	71675-85-9	X								0	6.78 ²⁾
Amoxicillin	26787-78-0				X	X				3	0.0780 ³⁾
Azithromycin	83905-01-5		X	X						24	0.0190 ¹⁾
Candesartan	139481-59-7	X								0	124 ²⁾
Carbamazepine	298-46-4	X	X	X						2	2.50 ¹⁾
Ciprofloxacin	85721-33-1				X	X			X	7	0.0890 ³⁾
Citalopram	59729-33-8	X								0	4.14 ²⁾
Clarithromycin	81103-11-9	X	X		X	X				6	0.130 ¹⁾
Clindamycin	18323-44-9									17	0.0440 ⁴⁾
Clotrimazole	23593-75-1						X	X		12	0.0200 ⁴⁾
Diclofenac	15307-86-5	X	X		X				X	870	0.0400 ¹⁾
Erythromycin	114-07-8		X		X	X				0	0.500 ¹⁾
Estrone (E1)	53-16-7		X		X	X				21	0.000360 ¹⁾
Fluconazole	86386-73-4						X	X		1	0.250 ⁴⁾
Gualynurea	141-83-3								X	0	100 ⁴⁾
Hydrochlorothiazide	58-93-5	X								0	9.02 ²⁾
Ibuprofen	58560-75-1		X							86	0.220 ¹⁾
Irbesartan	138402-11-6	X								0	178 ²⁾
Metformin	657-24-9									0	156 ⁴⁾
Metoprolol	37350-58-6	X								0	19.0 ²⁾
Miconazole	22916-47-8						X	X		0	0.200 ⁴⁾
O-desmethylvenlafaxine	93413-62-8						X	X		28	0.0600 ⁴⁾
Oflloxacin	82419-36-1							X		1	0.0260 ⁴⁾
Primidone	125-33-7			(X) ¹⁾						0	3.98 ²⁾
Sulfamethoxazole	129378-89-8			X		X	X			21	0.100 ⁴⁾
Triclosan	3380-34-5		X						X	5	0.0200 ¹⁾
Trimethoprim	738-70-5					X	X			4	0.100 ⁴⁾
Venlafaxine	93413-69-5	X						X		15	0.0600 ⁴⁾
										48	9

¹EC, 2022a
²WL3, 2020/1161
³WL4, 2022/1307
⁴Concentration data from UBA 2021
⁵Number of reference concentration exceedances for use in environmental protection, assessment, and management of aquatic ecosystems for 12 386 chemicals. Environmental Toxicology and Chemistry 38, 905-917. <https://doi.org/10.1002/etc.4373>

Sampling sites

Where should samples be taken?

- Focus on WWTPs as the primary source of pharmaceutical pollution
- Prioritize WWTPs, where discharge volume (or number of connected persons) is high compared to recipient flow
- Site types
 - Upstream from WWTP
 - WWTP influent
 - WWTP effluent
 - Downstream from WWTP
 - End of catchment
 - Points of interest



Sampling sites

Some considerations...

- Consider using dilution factor for prioritization, consider using cumulative wastewater load
- Use actual number of connected persons in stead of PEs
- Sites in surface waters, upstream from suspected emission sources are important for pinpointing emissions
- The availability of other monitoring data should be considered when selecting sampling sites
- Surface water sampling sites are ideally located at or near stream gauging stations
 - Optionally, use regional models

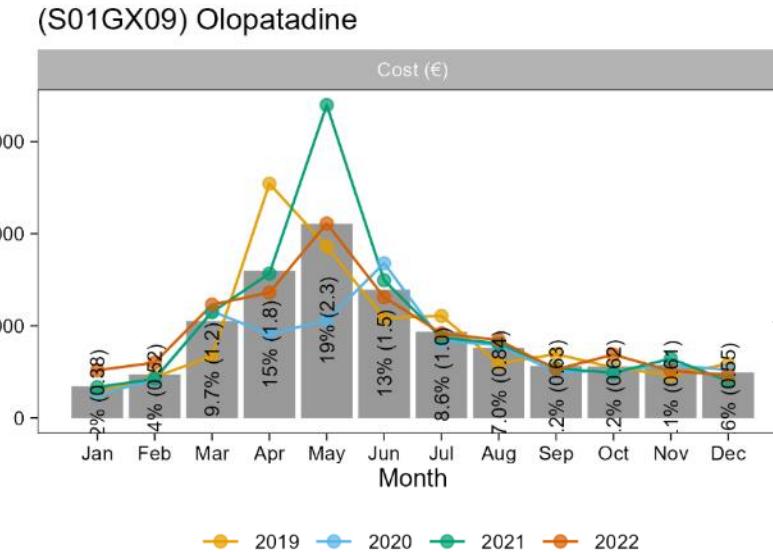
WWTP	Notes	WWTP & recipient flow			Population				
		Recipient flow (m ³ /a)	Dilution factor		Population		Recipient flow / population (m ³ /(person*a))		
			Individual plant	Cumulative	Individual plant	Cumulative	Individual plant	Cumulative	
A	Upstream sampling point could act as a "background"	126 000 000	111	111	13 200	13 200	9 600	9 600	
B	Upstream sampling point could act as a "background"	198 000 000	417	417	8 000	8 000	25 000	25 000	
C	The only WWTP in this tributary	284 000 000	36.6	36.6	66 200	66 200	4 300	4 300	
D	Downstream from A & B	516 000 000	456	189	14 000	35 200	37 000	15 000	
E	Downstream from A, B & D	669 000 000	476	161	12 300	47 500	54 000	14 000	
F	Downstream from A, B, C, D & E. The last WWTP before household water intake	1 320 000 000	2000	105	4 510	118 000	293 000	11 000	

Sampling frequency & timing

- Pharmaceutical discharges are driven by their consumption
 - Seasonal patterns are likely for some contaminants
- Environmental conditions affect concentrations & load (dilution & removal processes)
- As a bare minimum, the number of samples in surface waters should match the number of seasons in the region, meaning at least four samples per year
- Sampling frequency may be affected by consumption patterns
 - Discharged only by those using the compound
 - If monitoring compounds with very low consumption, or sites with low number of connected persons, sporadic sampling might not "hit a pulse"

$$N_{\text{pulses in WWTP catchment}} = \frac{Cons_{nat}}{365} \times \frac{Pop_{WWTP}}{Pop_{nat}} \times \frac{1}{dose_{day}} \times n_T, \text{ where}$$

$N_{\text{pulses in WWTP catchment}}$ = Number of pulses containing the substance of interest (e.g. number of toilet flushes at the sampling location) [-]
 $Cons_{nat}$ = Total annual pharmaceutical consumption data [kg/a]
 Pop_{WWTP} = Population connected to the WWTP
 Pop_{nat} = Total population
 $dose_{day}$ = Typical dose per patient [kg/d]
 n_T = Number of times a person goes to the toilet per day (default = 5)



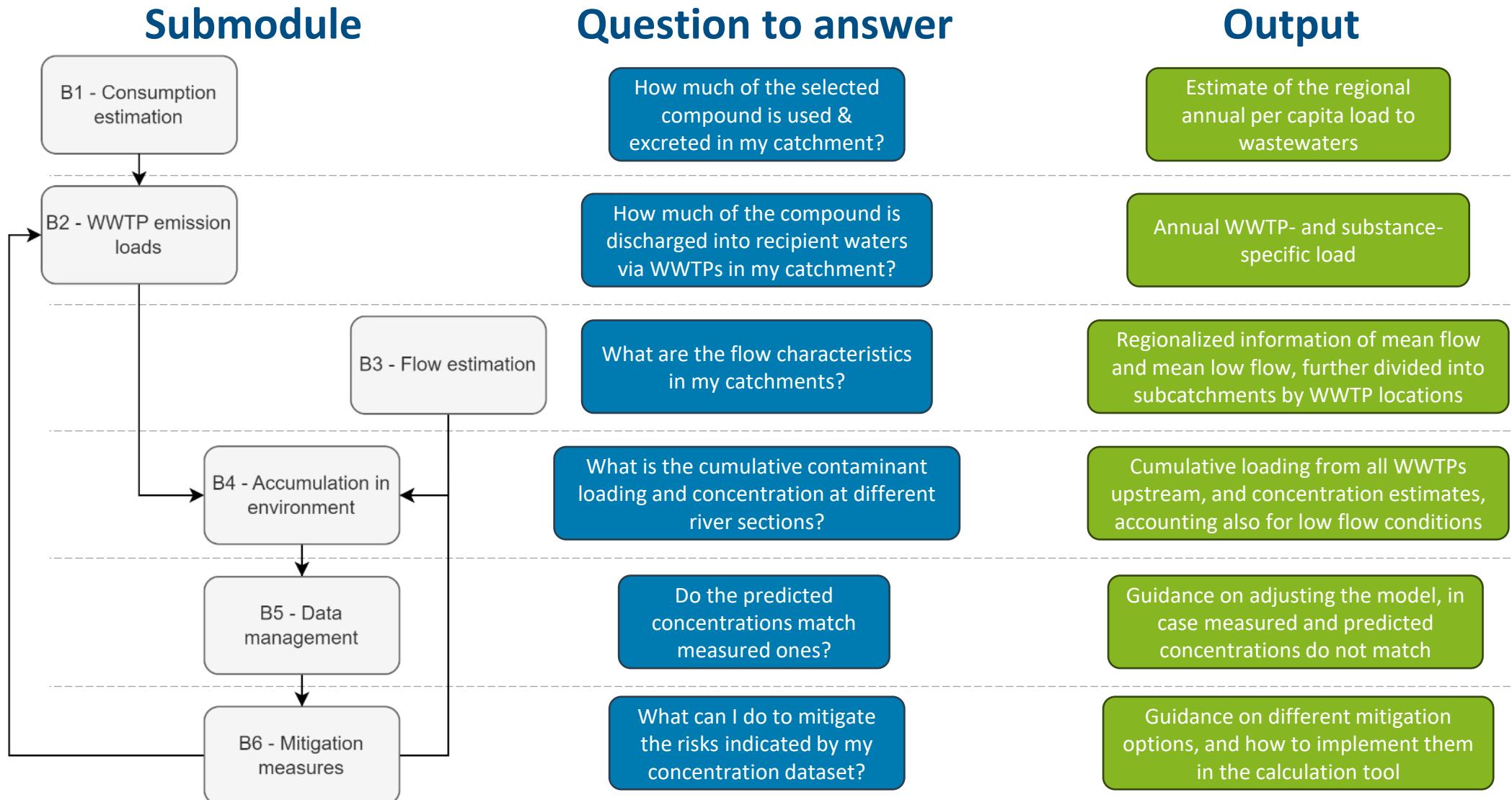
APRIORA – Piloting Monitoring – in action





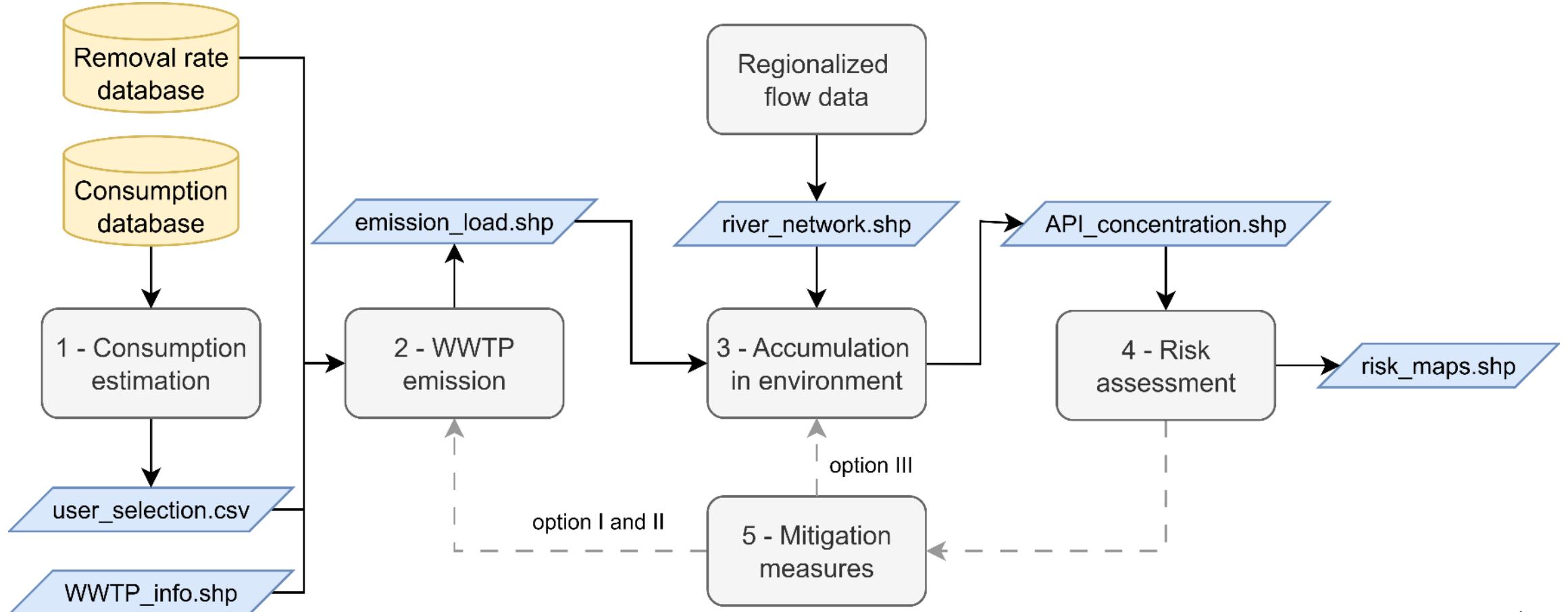
Module B: Modelling

B: Modelling

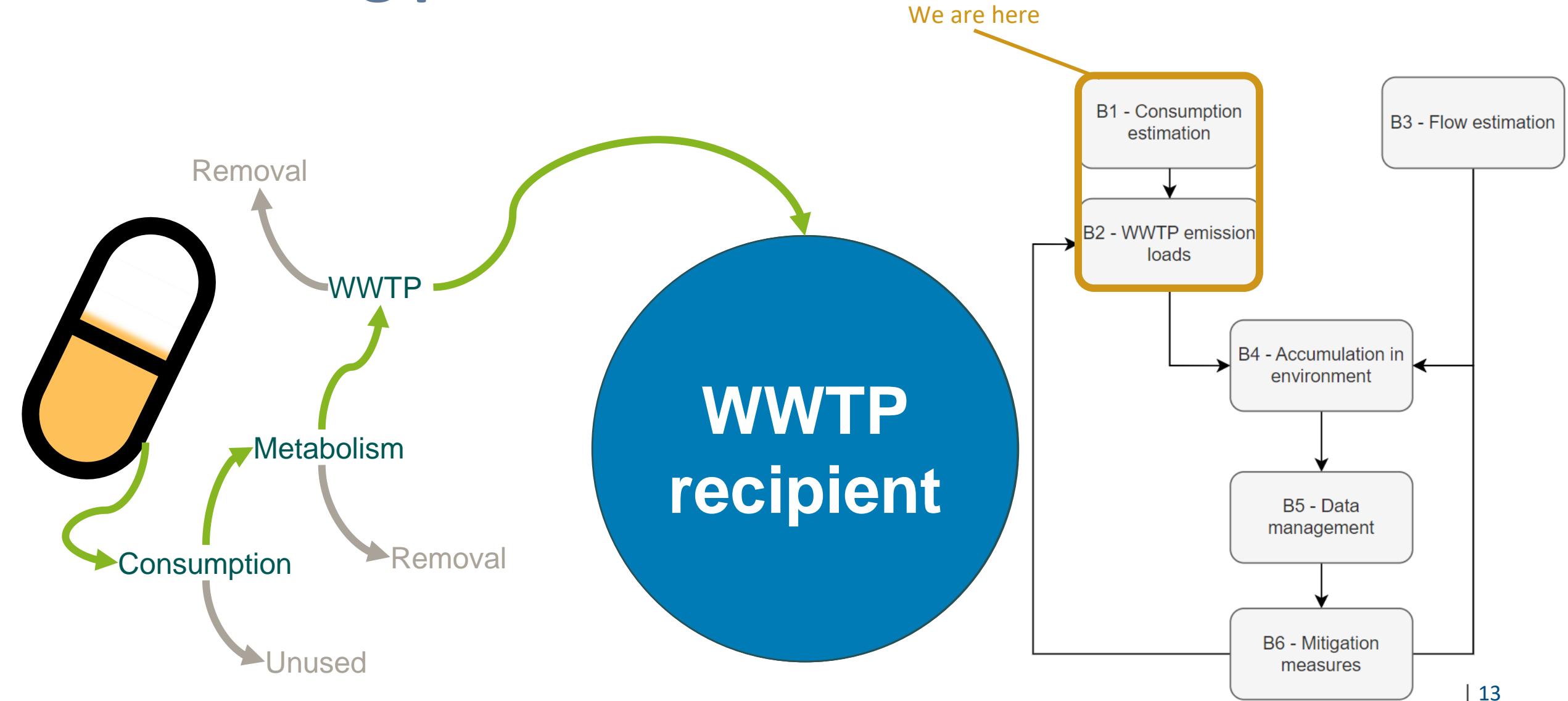


APRIORA output – tool

Technical transfer of model into QGIS



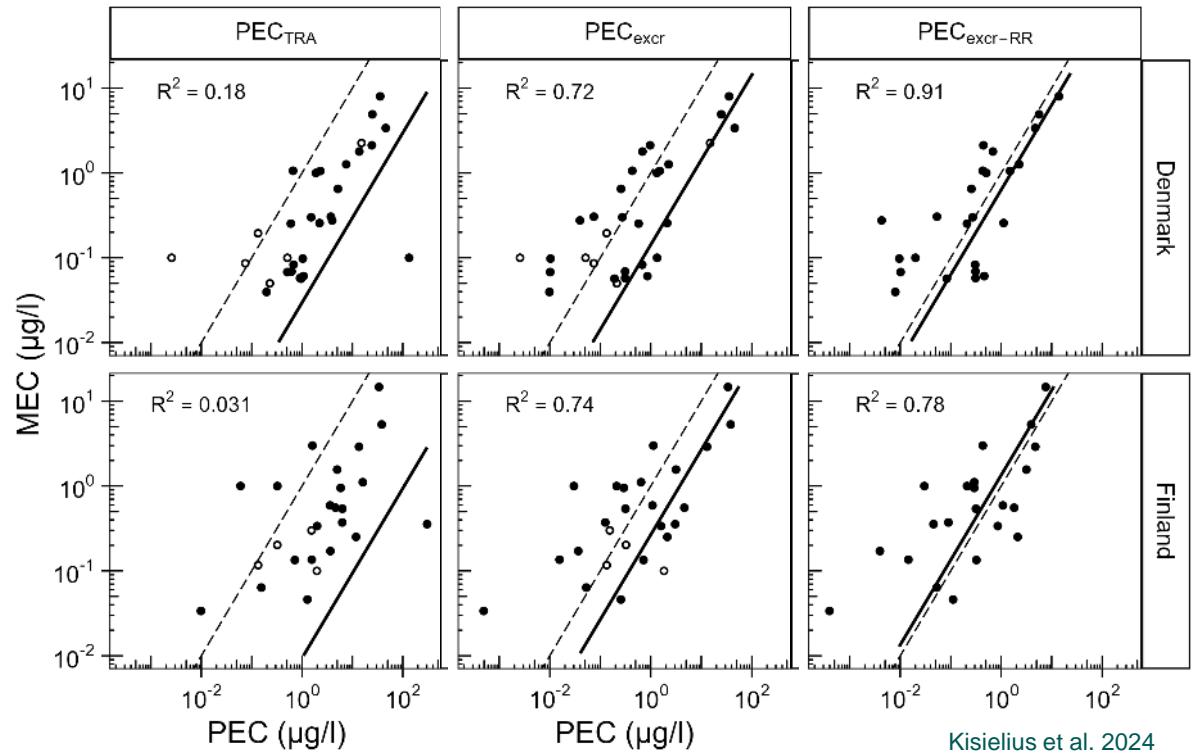
Estimating pharmaceutical load



Reality check

Can we estimate effluent concentration?

- Kisielius et al. (2024) measured 35 pharmaceuticals in 82 WWTPs across 8 countries and compiled sales data
- Predicted WWTP effluent concentrations calculated using three approaches
 - PEC_{TRA} = Total residue approach
⇒ Quite conservative
 - PEC_{excr} = PEC_{TRA} adjusted with human metabolism
⇒ Correlation improves
 - $PEC_{excr-RR}$ = PEC_{excr} adjusted with WWTP removal rate
⇒ Correlation further improves



Estimating recipient flow

Why do we need it?

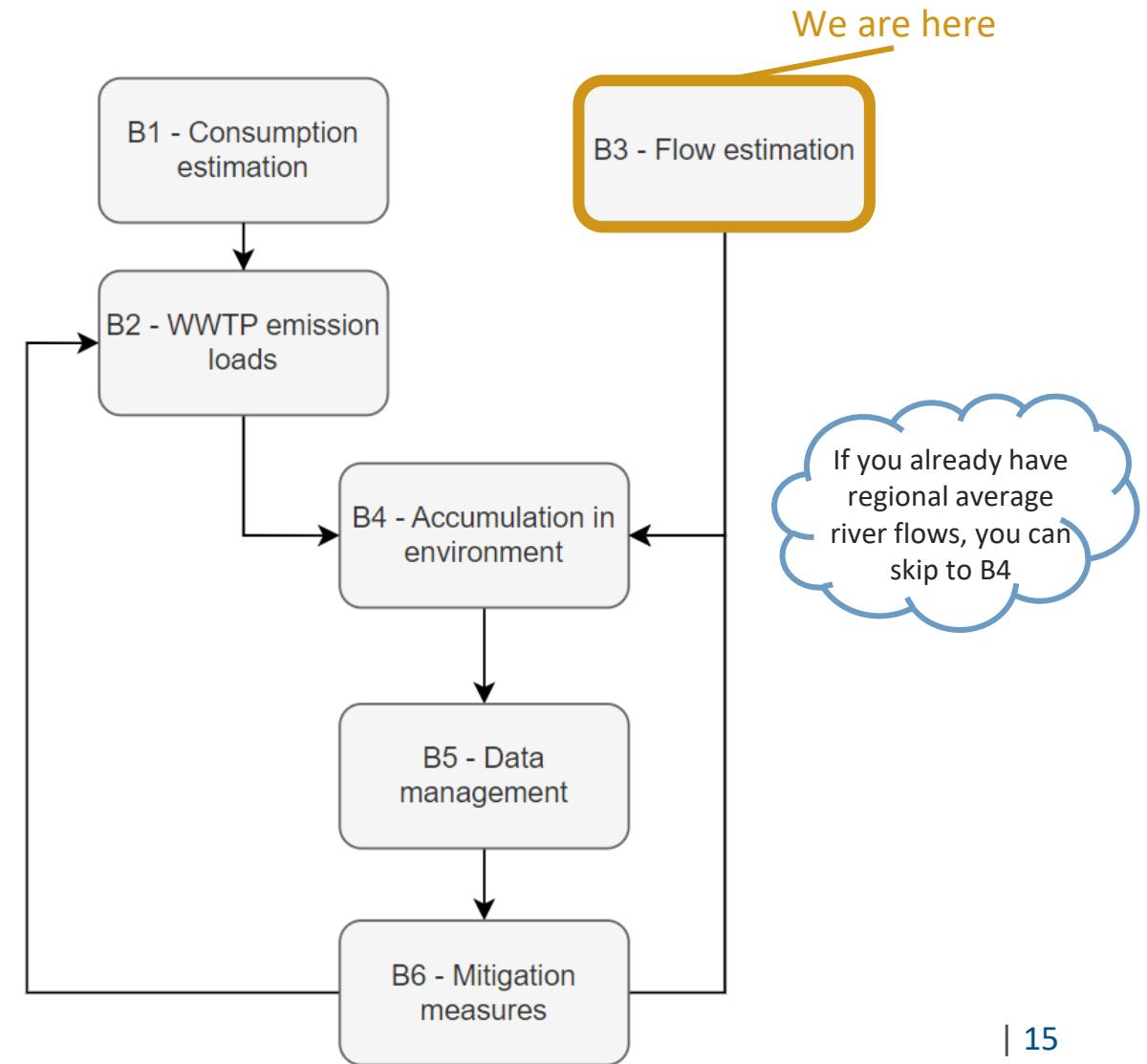
- To estimate environmental concentrations of selected contaminants.

Which resolution is the output?

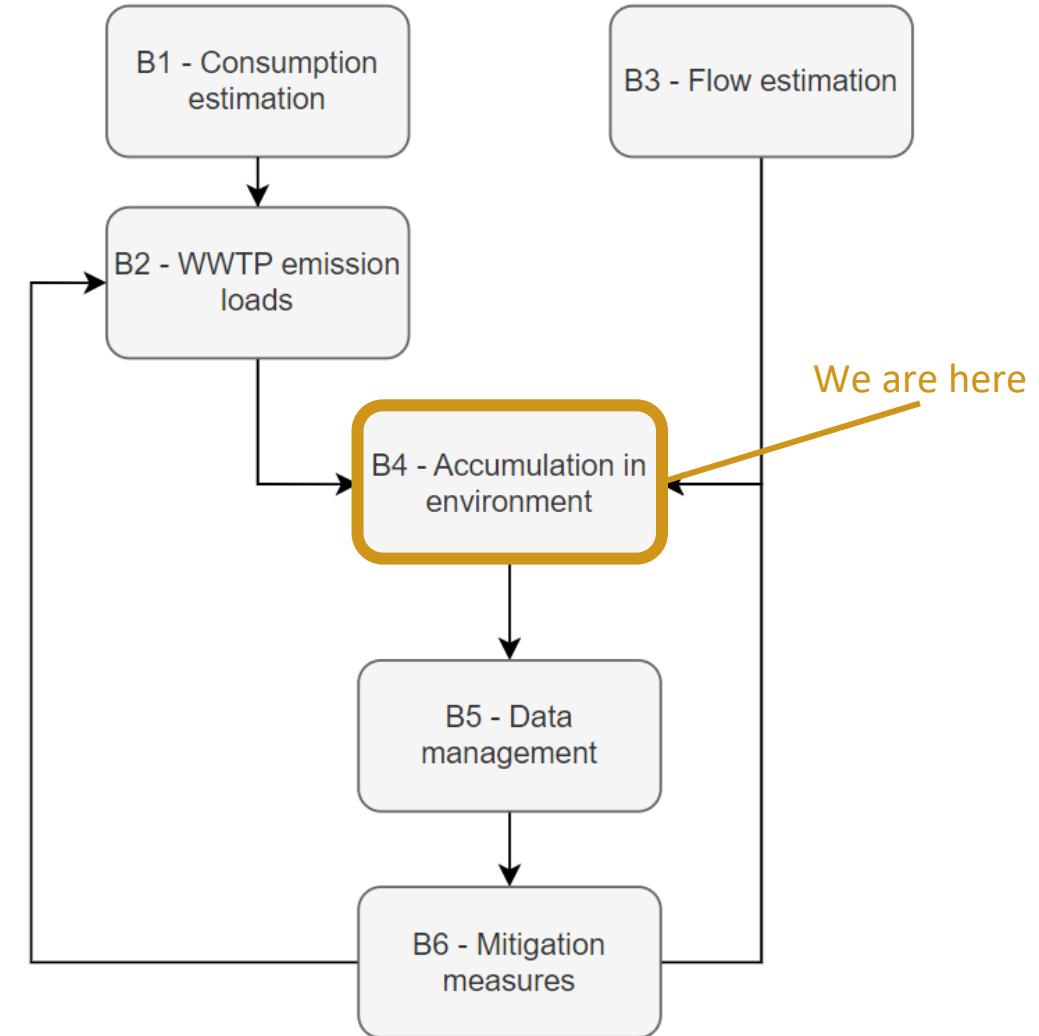
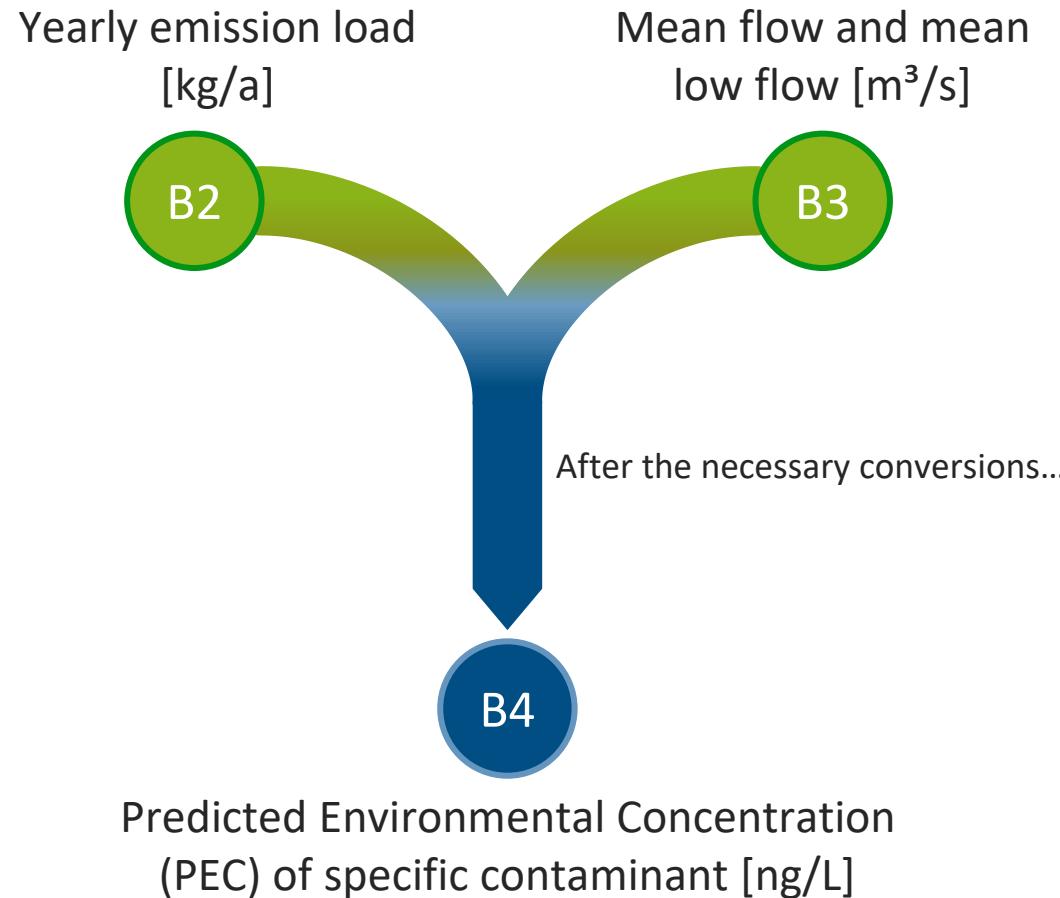
- Annual mean flow and annual mean low flow

Why this resolution?

- Consumption statistics are in masses per inhabitant year (kg/i/a), so a better resolution is not necessary for this purpose.
- Low flow periods are ecologically sensitive and critical for risk assessment (lower flow = higher concentrations).

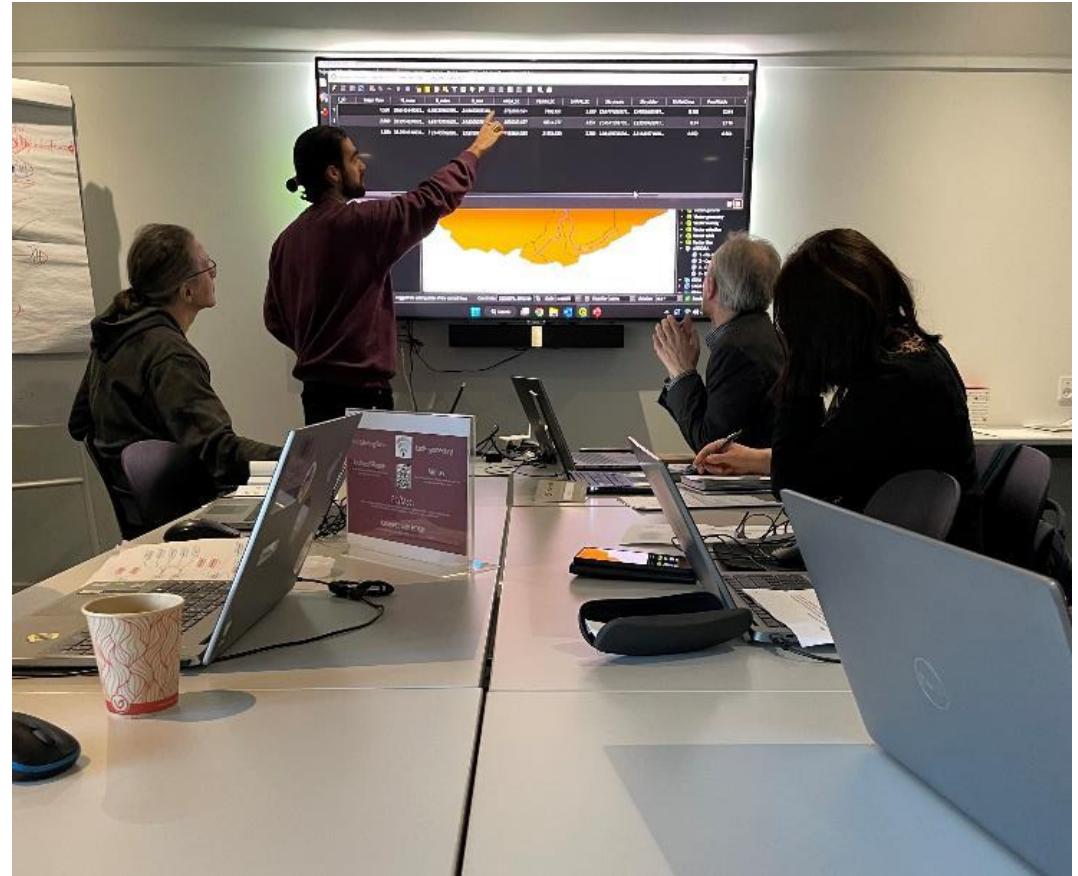


B4: Pollution Loads and Concentrations in the Environment



APRIORA – Piloting

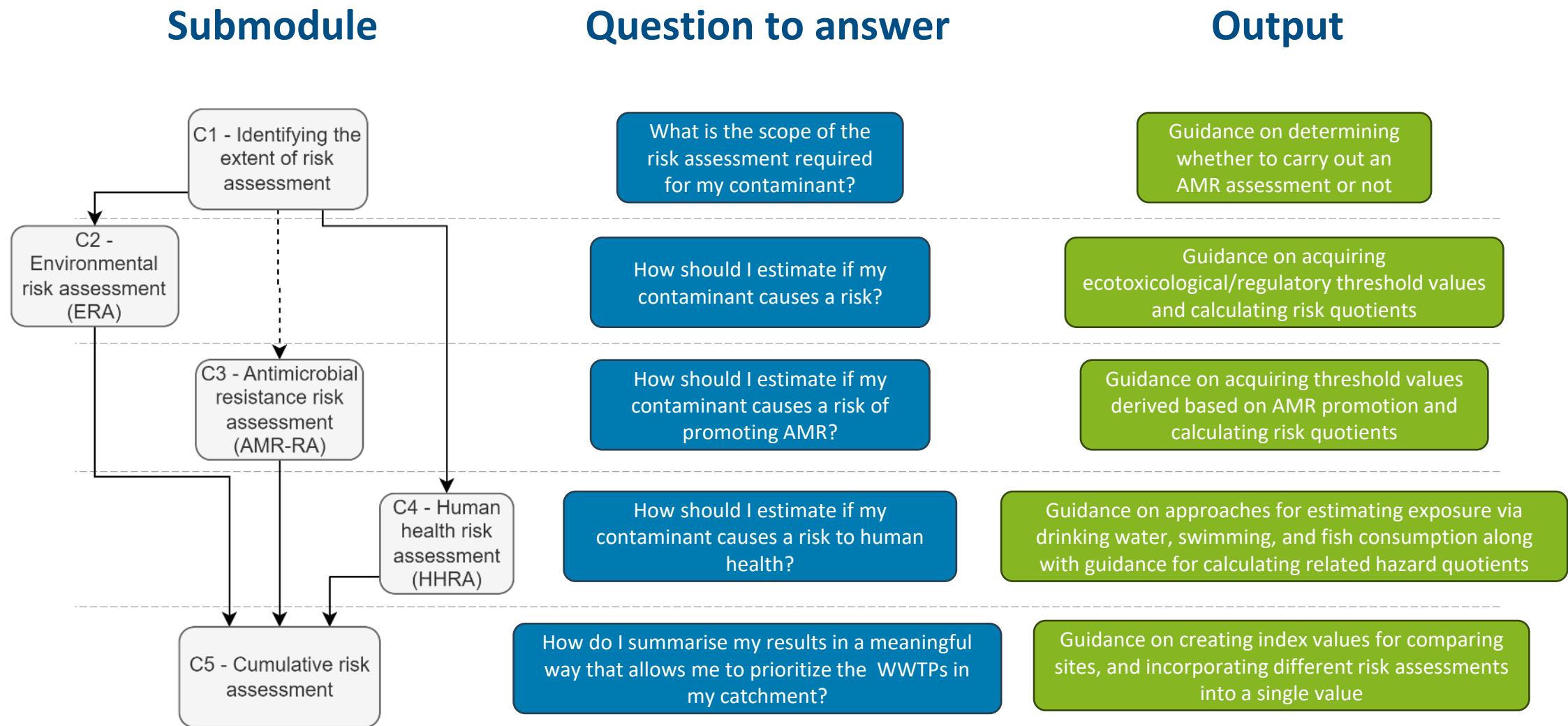
Model development & teaching in practice





Module C: Risk assessment

C: Risk assessment



Risk assessment (Env., human, AMR)

General approach

- RQ>1 indicates risk
- For environmental risk assessment, ecotoxicological thresholds derived under EU WFD processes have been prioritized
- PNECs derived on AMR-basis are being developed by Gdansk University of Technology
- For human health risk assessment, reference dosages are difficult to obtain
 - Rough orientation values for drinking water are available
 - Work in progress...

$$RQ = \frac{Conc.}{RefConc.} \quad , \text{ where}$$

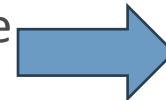
RQ = Risk quotient

Conc. = Concentration in relevant environmental compartment (predicted or measured)

RefConc = Reference concentration (e.g. EQS)

**Health Reference Values
("gesundheitlicher Orientierungswert" - GOW)**

https://www.umweltbundesamt.de/sites/default/files/medien/5620/dokumente/listegowstoffeohnepsm-20230317-homepage_0.pdf



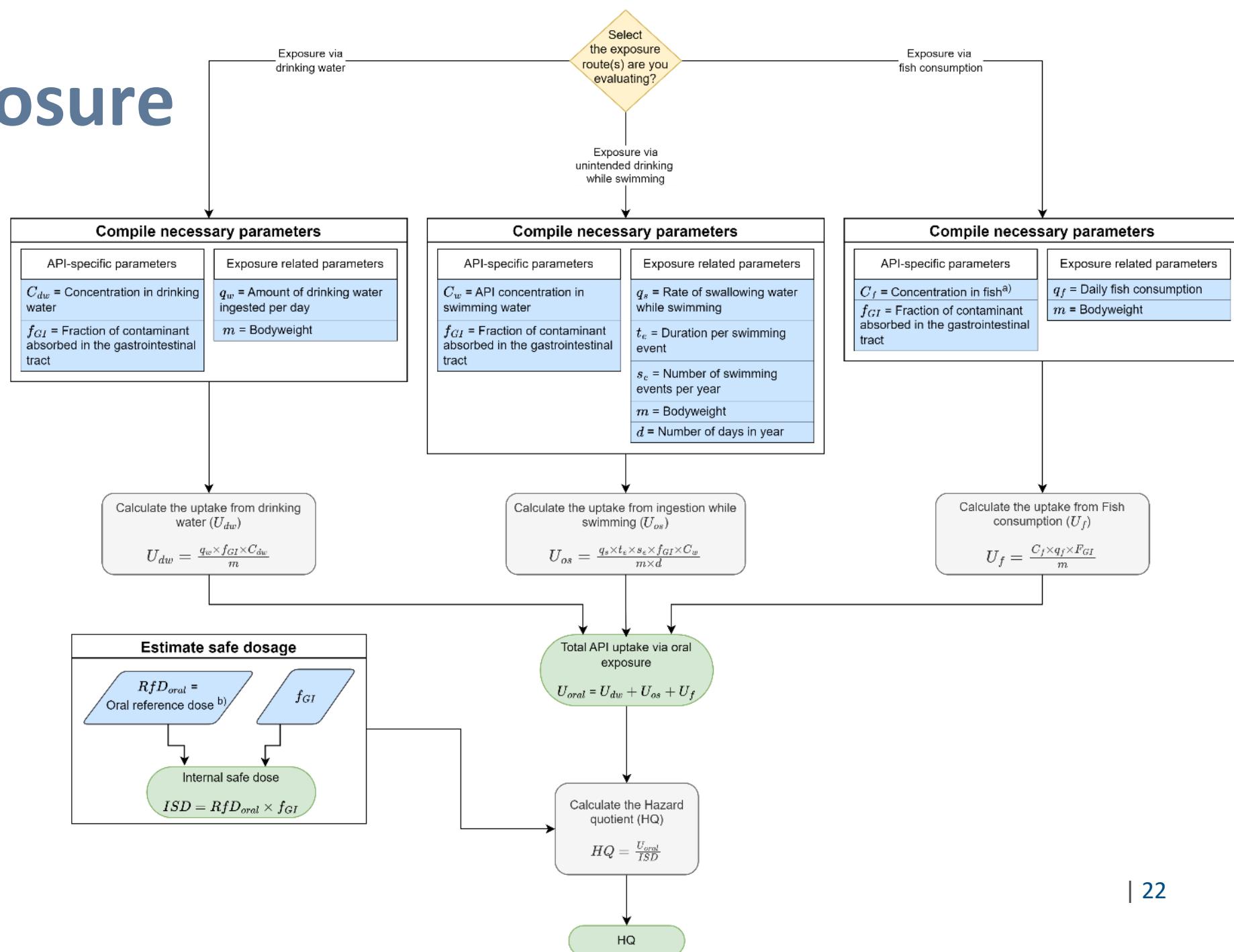
	GOW [$\mu\text{g}/\text{L}$]
No data available	0,1
Less data, but mainly negative	< 0,3
Non-genotoxic	< 1,0
Non-genotoxic, harmful to germ cells nor neurotoxic	< 3,0

Exposure assessment (Env., human, AMR)

- Environmental risk assessment & AMR risk assessment
 - Exposure assessment relies on predicted and measured concentrations
- Human health risk assessment
 - 1) Exposure via drinking water
 - 2) Exposure via unintended drinking while swimming
 - 3) Exposure via fish consumption



Human exposure assessment



Cumulative risk assessment



ERA

Site 1

Site 2

Site 3

AMR-RA

Site 1

Site 2

Site 3

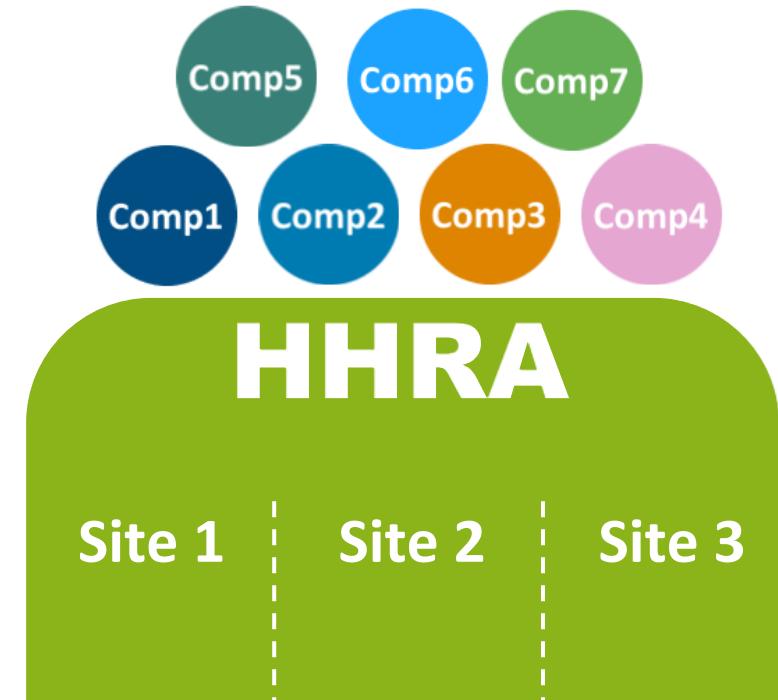
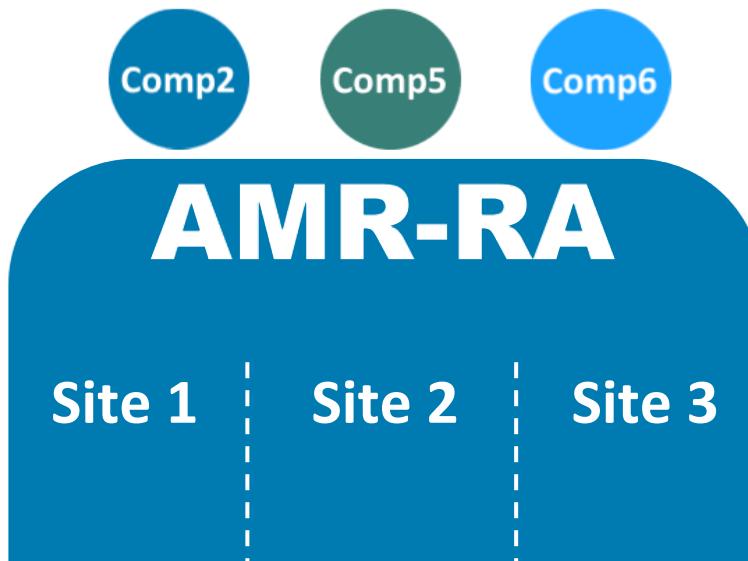
HHRA

Site 1

Site 2

Site 3

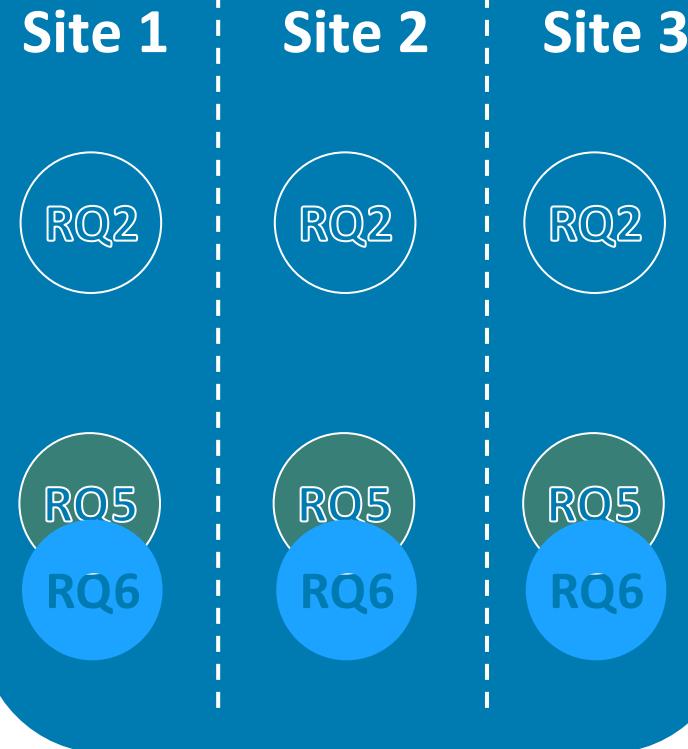
Cumulative risk assessment



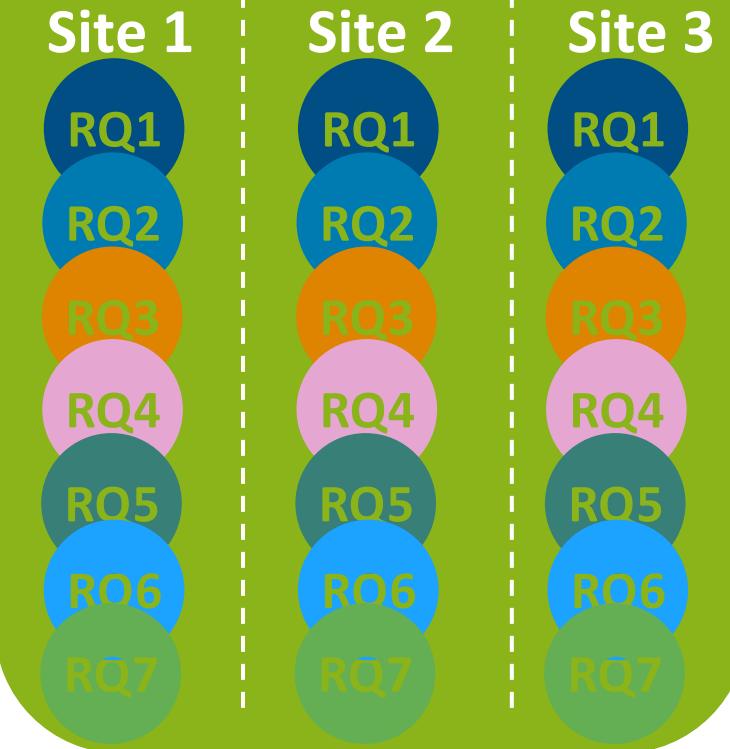
ERA



AMR-RA



HHRA



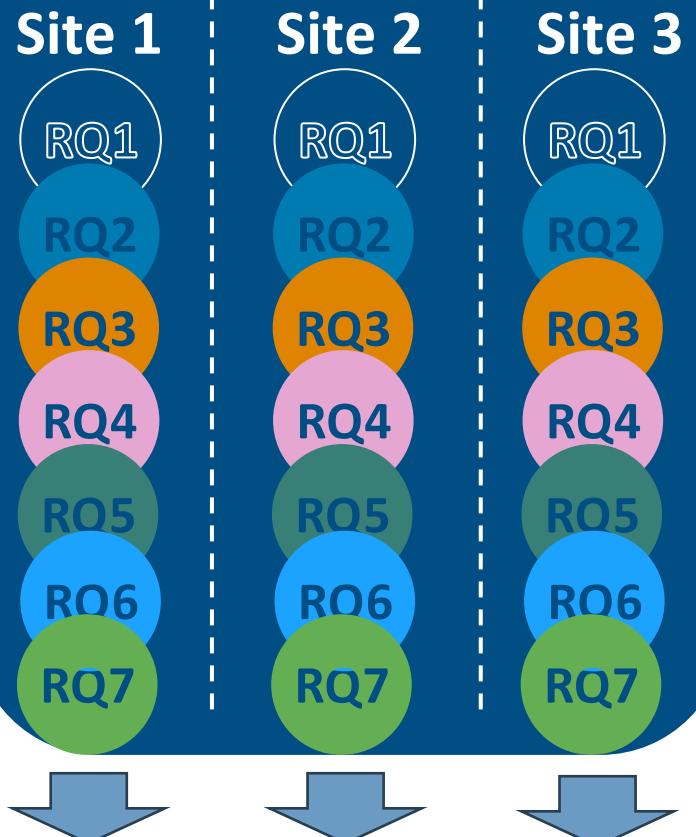
How to prioritize, when we have multiple RQs for each site?

Cumulative risk assessment

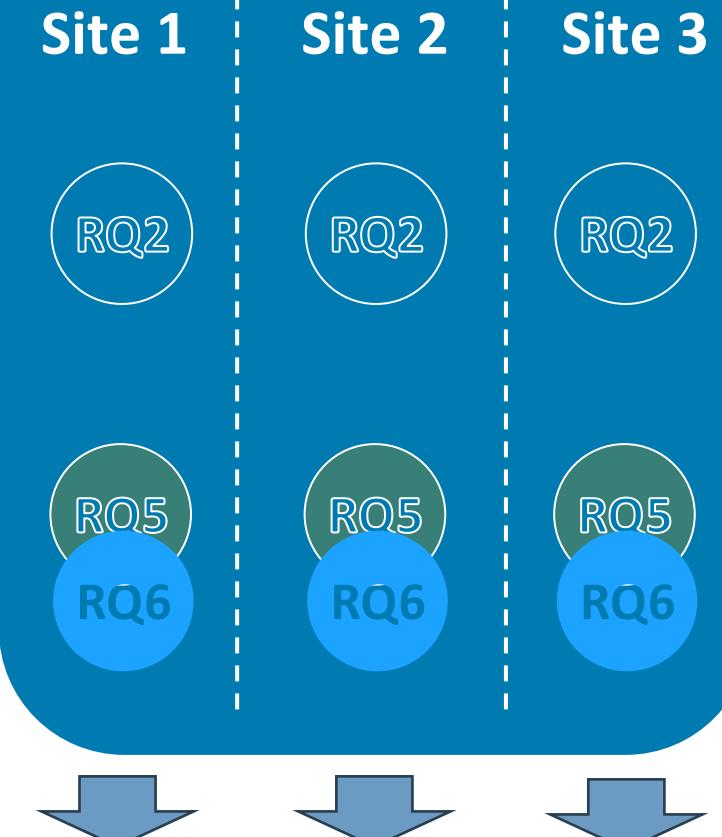
Solution

- Component Cumulative Risk Index (CCRI)
 - Summarises RQs within each risk category for each sampling site into an index value with fixed minimum and maximum values
 - Increasing the number of analytes will not result in increasing risk indication

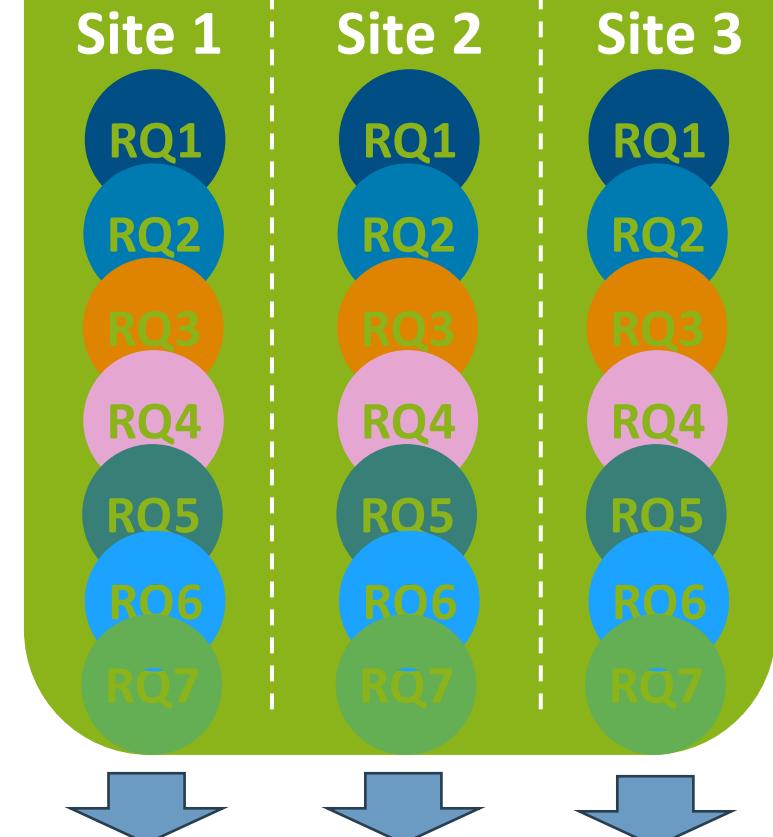
ERA



AMR-RA



HHRA

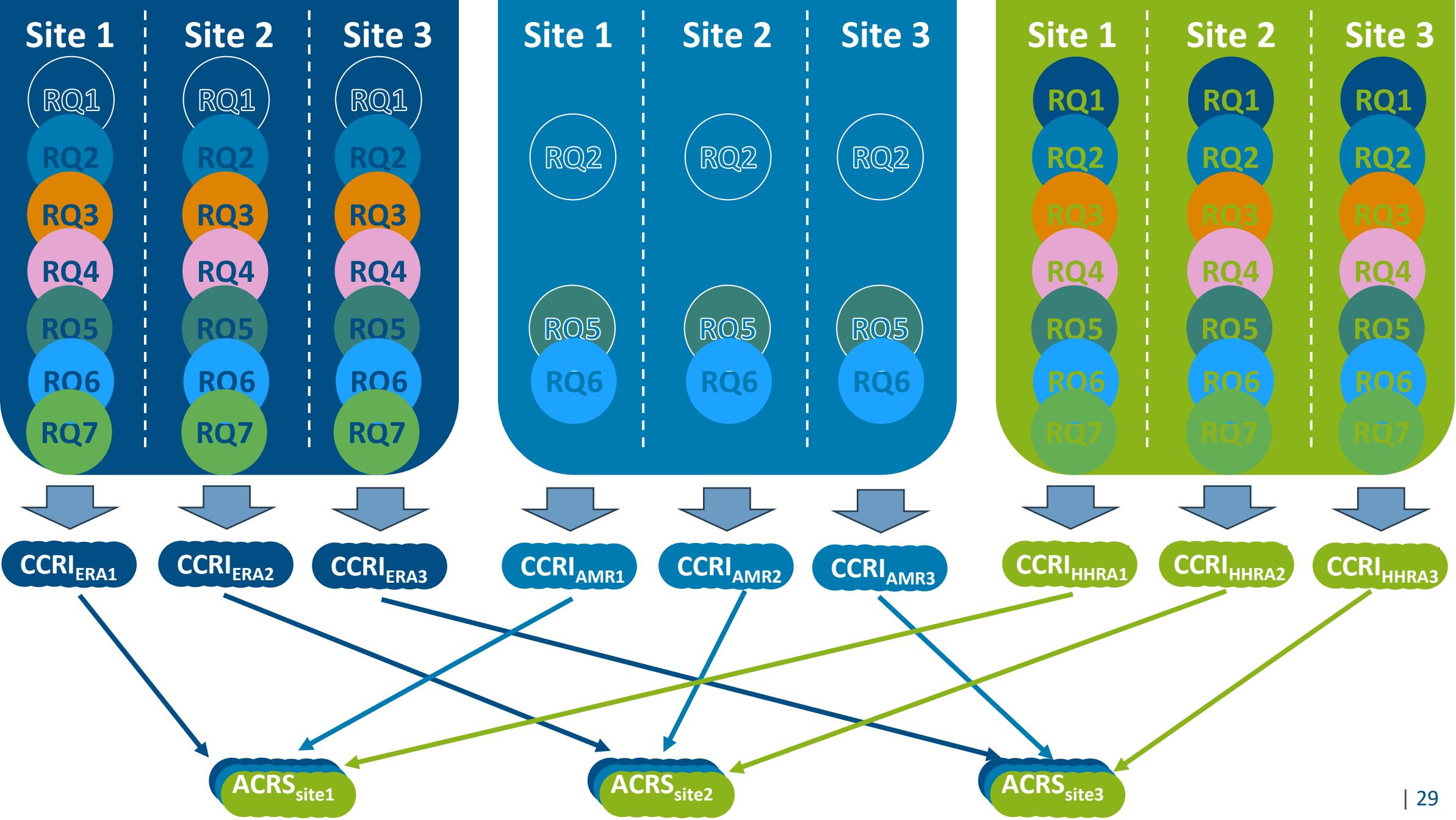


How to prioritize, when we have three different types of risks?

Cumulative risk assessment

Solution

- Component Cumulative Risk Index (CCRI)
 - Summarises RQs within each risk category for each sampling site into an index value with fixed minimum and maximum values
 - Increasing the number of analytes will not result in increasing risk indication
- Aggregated Component Risk Score (ACRS)
 - Summarises site- and risk category- specific CCRIs into an index value, which will allow for prioritizing sites
 - The user will have the option of implementing their own weighing factors for ACRS calculation
 - ACRS increases => priority should increase



APRIORA – conclusions and outlook

- Piloting the framework ongoing since 11/2024
- Model quality still needs to be further evaluated
- QGIS-plugin to be published in 2026, but already accessible via local repository
- Better information on threshold concentrations for AMR and health risks is needed



Contacts

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Co-funded by the European Union (ERDF), this #MadeWithInterreg project helps to remove pollutants from our waters.

References

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