

Interreg
Baltic Sea Region



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SUSTAINABLE WATERS

APRIORA

APRIORA risk assessment framework

APRIORA webinar | 2025-12-15

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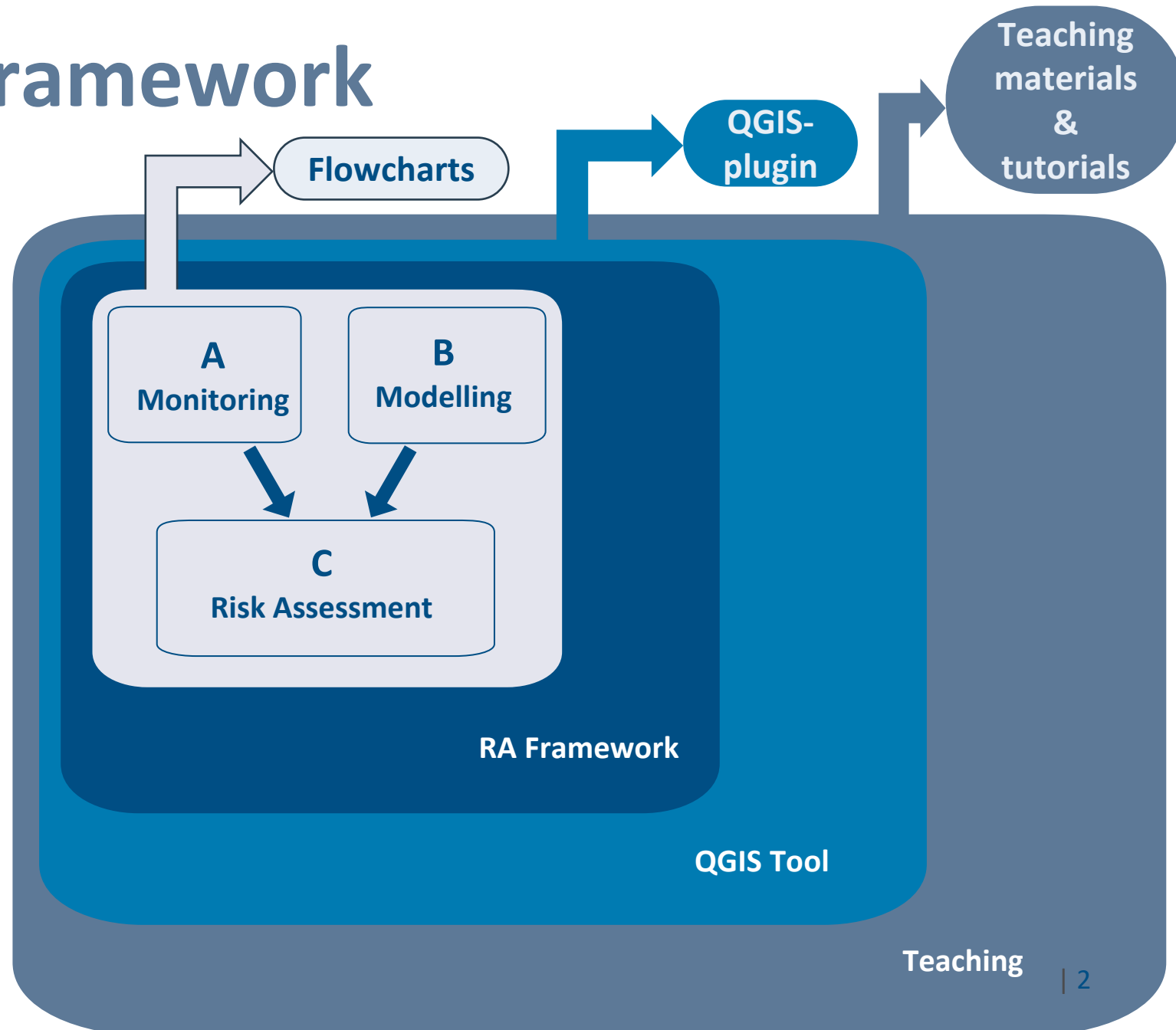
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Risk assessment framework

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





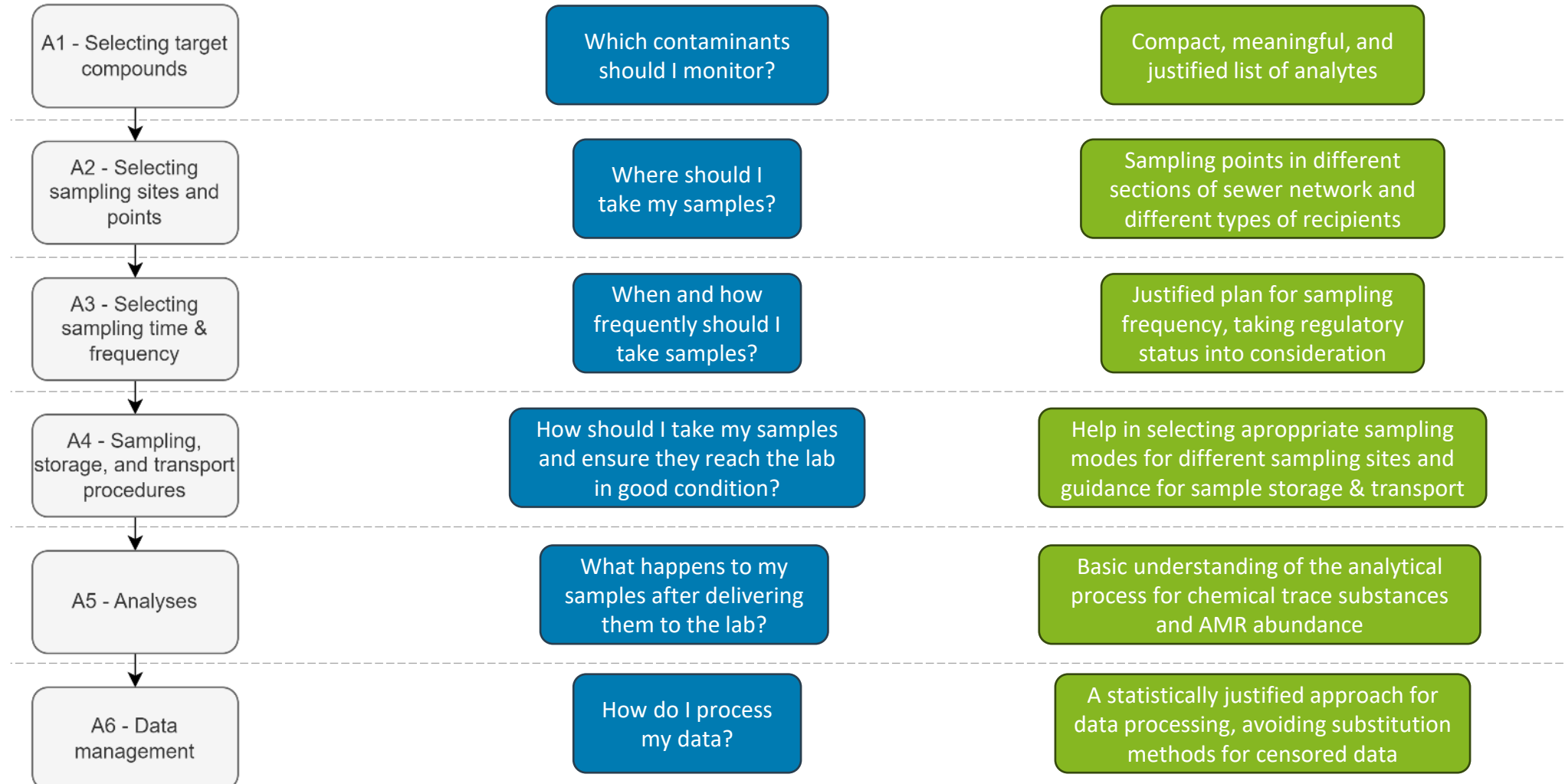
Module A: Monitoring

A: Monitoring

Submodule

Question to answer

Output



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]
										Surface water	WWTP effluent	WWTP influent	
17a-ethinylestradiol (EE2)	57-63-6		X		X	X			X	38	21	11	0.0000170 ¹⁾
17b-estradiol (E2)	50-28-2		X		X	X			X	7	16	14	0.000180 ¹⁾
Amisulpride	71675-85-9	X								0	0	0	6.78 ²⁾
Amoxicillin	26787-78-0					X	X			3	1	1	0.0780 ³⁾
Azithromycin	83905-01-5		X		X	X				24	45	4	0.0190 ¹⁾
Candesartan	139481-59-7	X								0	0	0	124 ²⁾
Carbamazepine	298-46-4	X	X	X						2	10	7	2.50 ¹⁾
Ciprofloxacin	85721-33-1					X	X		X	7	25	25	0.0890 ³⁾
Citalopram	59729-33-8	X								0	0	0	4.14 ²⁾
Clarithromycin	81103-11-9	X	X		X	X				6	30	3	0.130 ¹⁾
Clindamycin	18323-44-9							X		17	55	4	0.0440 ⁴⁾
Clotrimazole	23593-75-1						X	X		12	8	2	0.0200 ⁴⁾
Diclofenac	15307-86-5	X	X		X				X	870	89	46	0.0400 ¹⁾
Erythromycin	114-07-8		X		X	X				0	2	1	0.500 ¹⁾
Estrone (E1)	53-16-7		X		X	X				21	14	13	0.000360 ¹⁾
Fluconazole	86386-73-4						X	X		1	7	2	0.250 ⁴⁾
Gualynurea	141-83-3							X		0	3	0	100 ⁴⁾
Hydrochlorothiazide	58-93-5	X								0	0	0	9.02 ²⁾
Ibuprofen	58560-75-1		X							86	20	44	0.220 ¹⁾
Irbesartan	138402-11-6	X								0	0	0	178 ²⁾
Metformin	657-24-9							X		0	0	9	156 ⁴⁾
Metoprolol	37350-58-6	X								0	0	0	19.0 ²⁾
Miconazole	22916-47-8						X	X		0	0	0	0.200 ⁴⁾
O-desmethylvenlafaxine	93413-62-8						X	X		28	5	5	0.0600 ⁴⁾
Ofloxacin	82419-36-1							X		1	24	7	0.0260 ⁴⁾
Primidone	125-33-7			(X) ¹⁾						0	1	0	3.98 ²⁾
Sulfamethoxazole	129378-89-8			X			X	X		21	27	9	0.100 ⁴⁾
Triclosan	3380-34-5		X						X	5	16	21	0.0200 ¹⁾
Trimethoprim	738-70-5						X	X		4	35	18	0.100 ⁴⁾
Venlafaxine	93413-69-5	X					X			15	48	9	0.0600 ⁴⁾

¹⁾EC, 2022a

²⁾Posthuma, L., van Gils, J., Zipp, M. C., van de Meent, D., de Zwart, D., 2019. Species sensitivity distributions 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>

³⁾WL3, 2020/1161

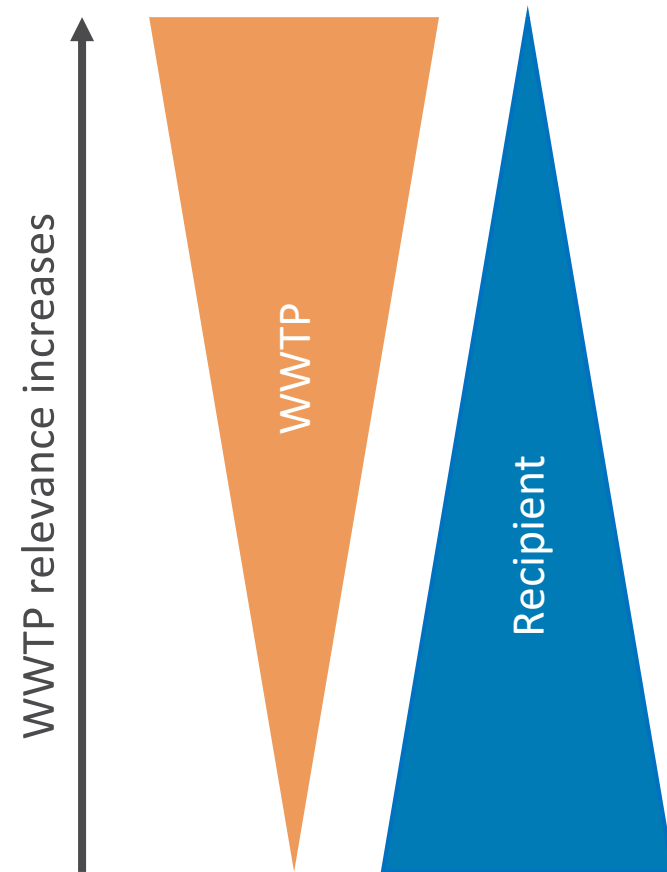
⁴⁾WL4, 2022/1307

⁵⁾Concentration data from UBA 2021

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

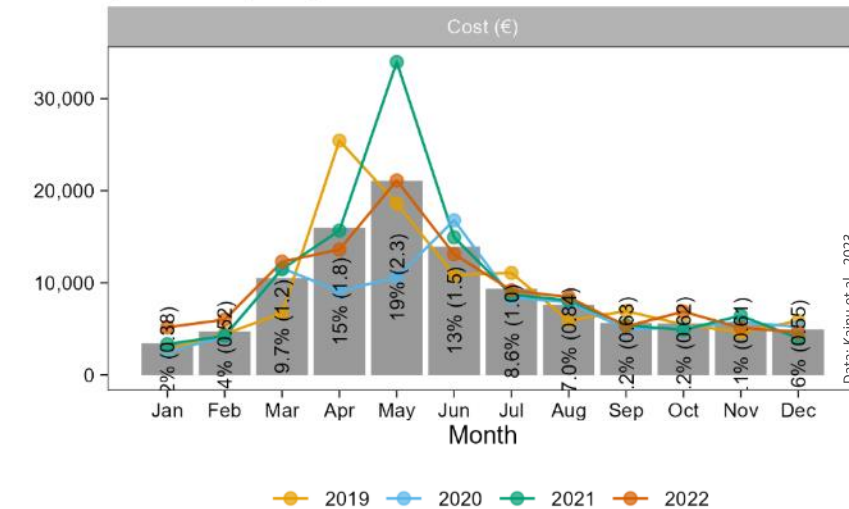
WWTP	Notes	WWTP & recipient flow			Population			
		Recipient flow (m3/a)	Dilution factor		Population		Recipient flow / population (m3/(person*a))	
			Individual plant	Cumulative	Individual plant	Cumulative	Individual plant	Cumulative
A	Upstream sampling point could act as a "background"	126 000 000	111	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

- Surface water sampling sites are ideally located at or near stream gauging stations
 - Optionally, use regional models

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"

(S01GX09) Olopatadine



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

$N_{pulses\ in\ WWTP\ catchment}$ = 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)

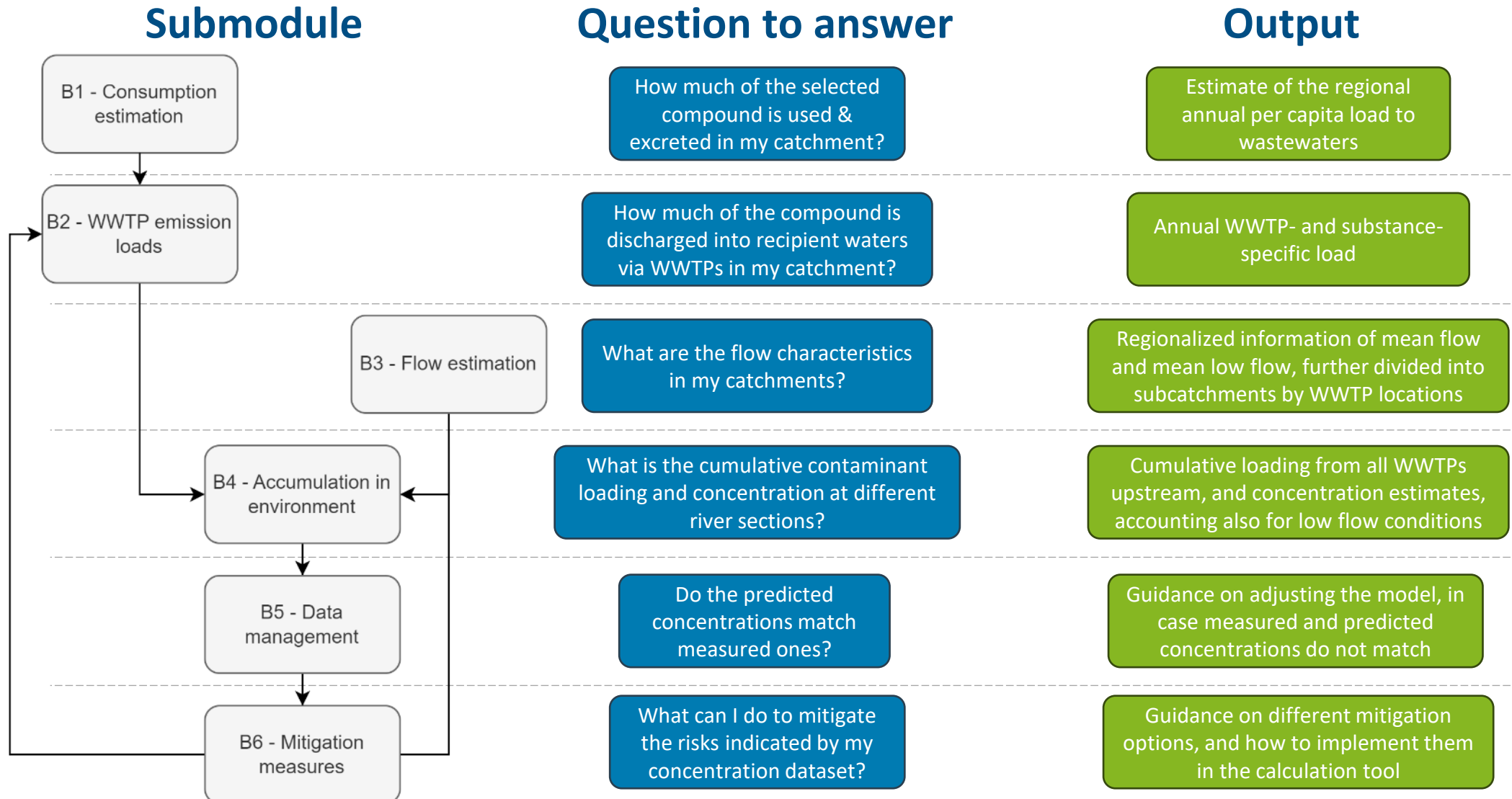
APRIORA – Piloting Monitoring – in action





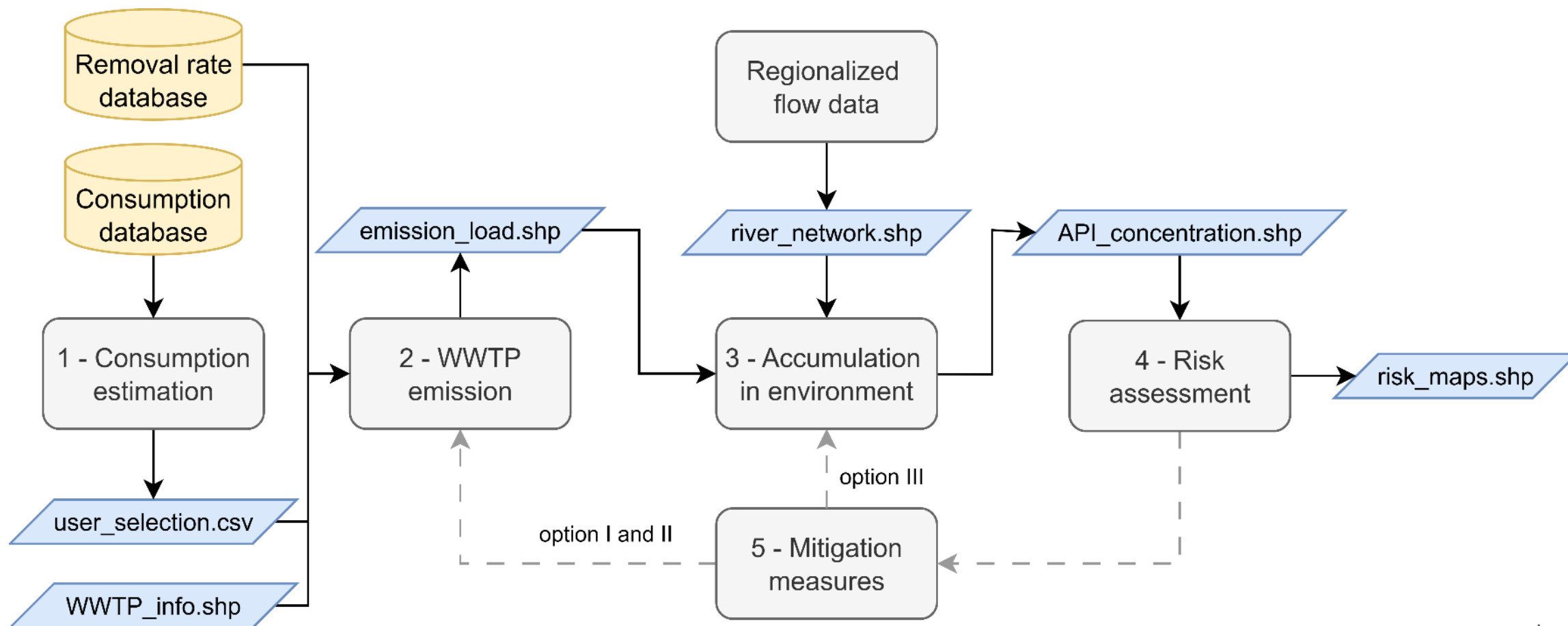
Module B: Modelling

B: Modelling



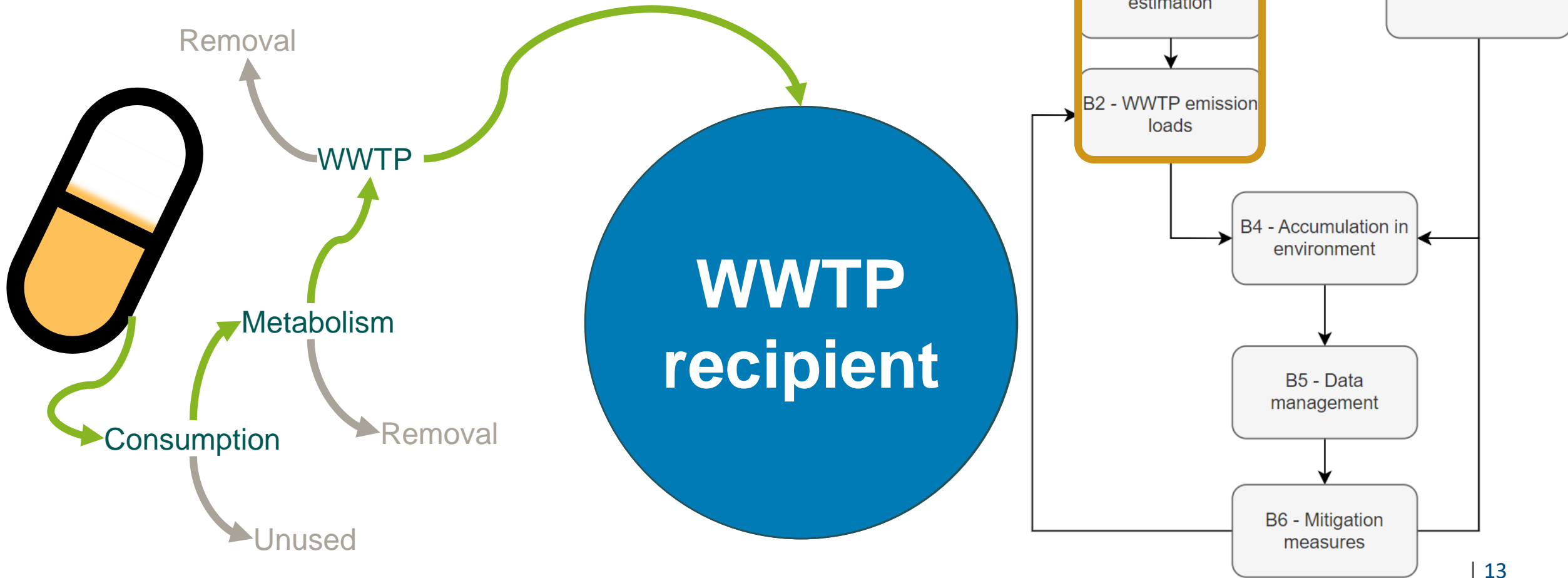
APRIORA output – tool

Technical transfer of model into QGIS



Estimating pharmaceutical load

We are here



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

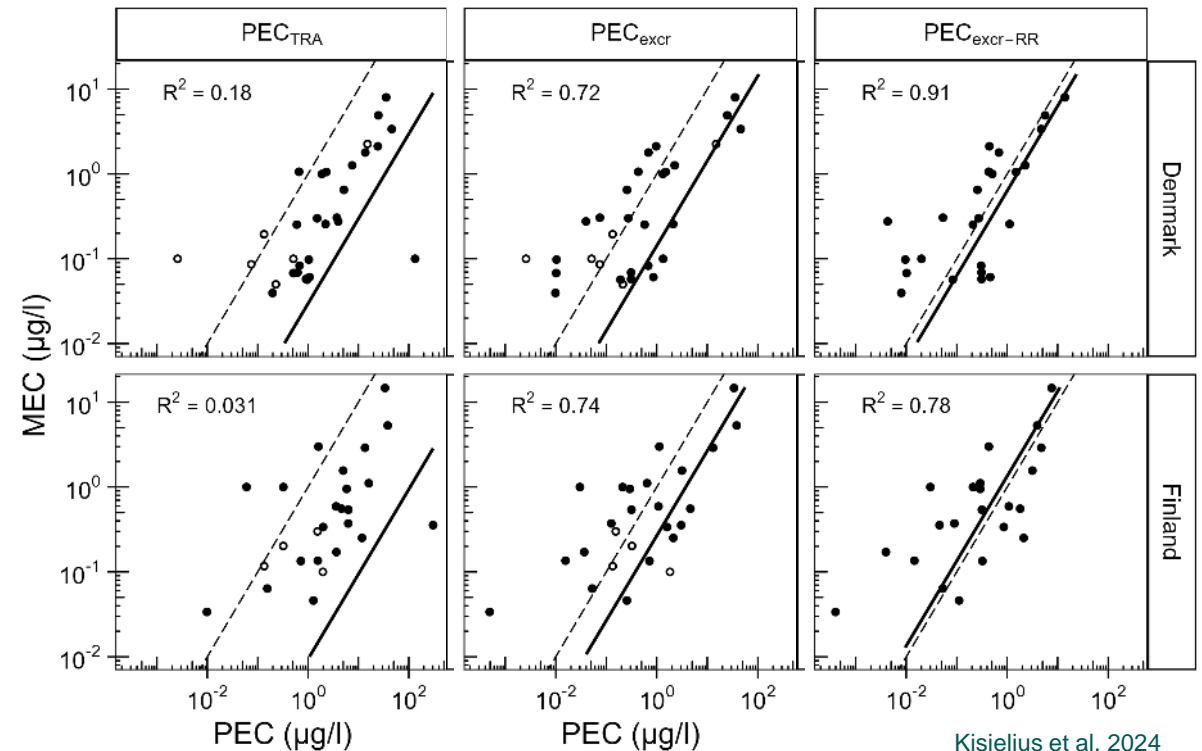
⇒ Quite conservative

PEC_{excr} = PEC_{TRA} adjusted with human metabolism

⇒ Correlation improves

$PEC_{excr-RR}$ = PEC_{excr} adjusted with WWTP removal rate

⇒ Correlation further improves



Kisielius et al. 2024

Estimating recipient flow

Why do we need it?

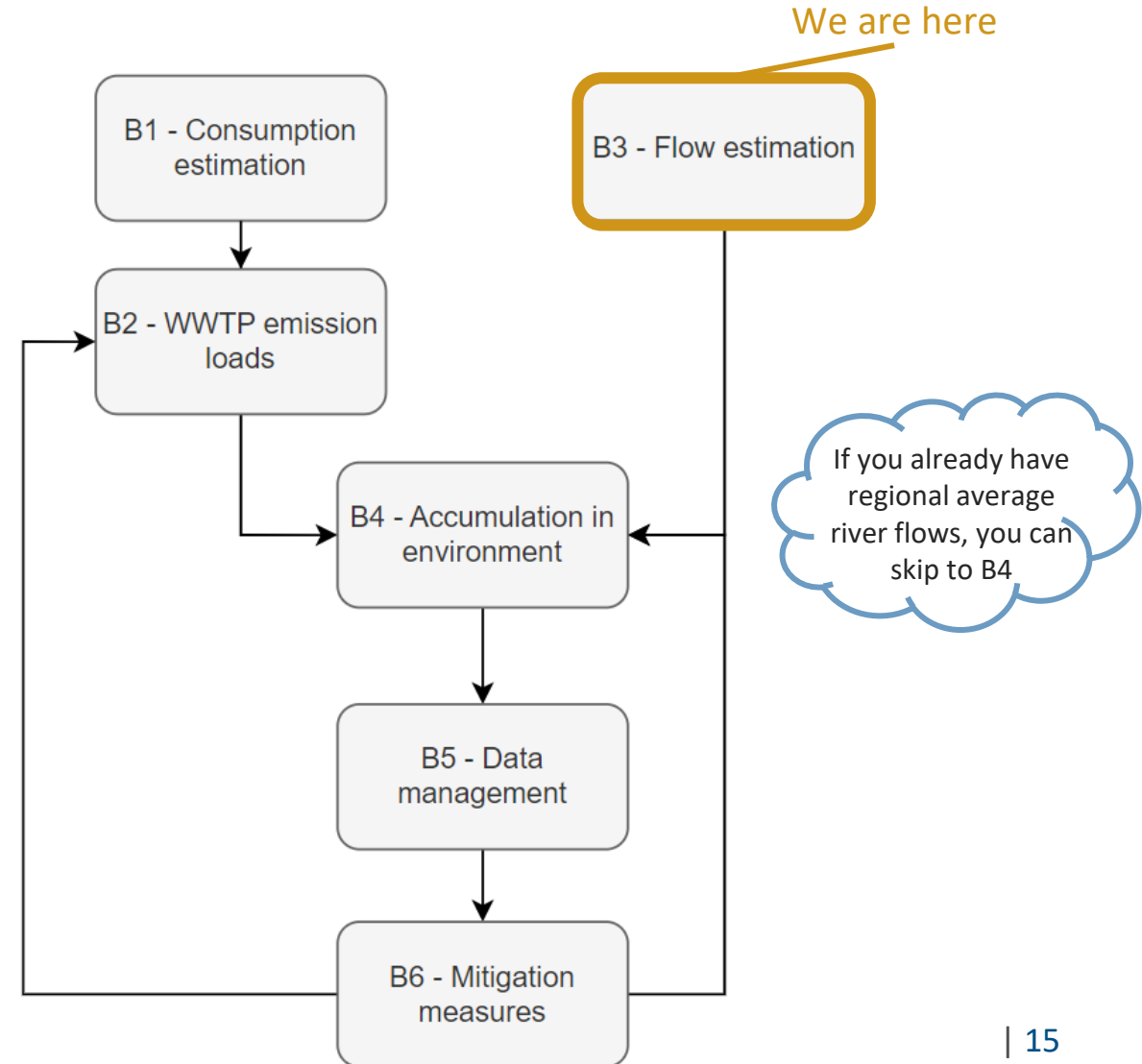
- To estimate environmental concentrations of selected contaminants.

Which resolution is the output?

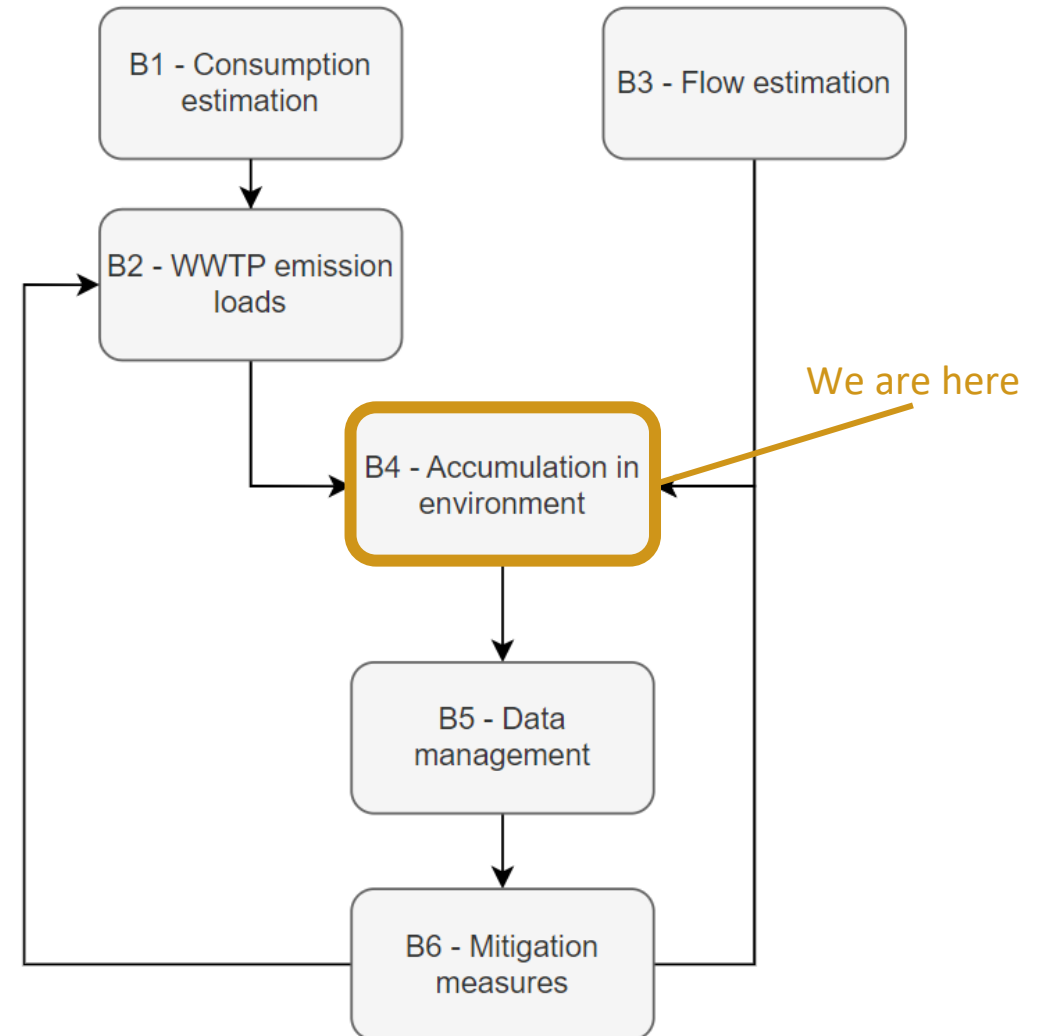
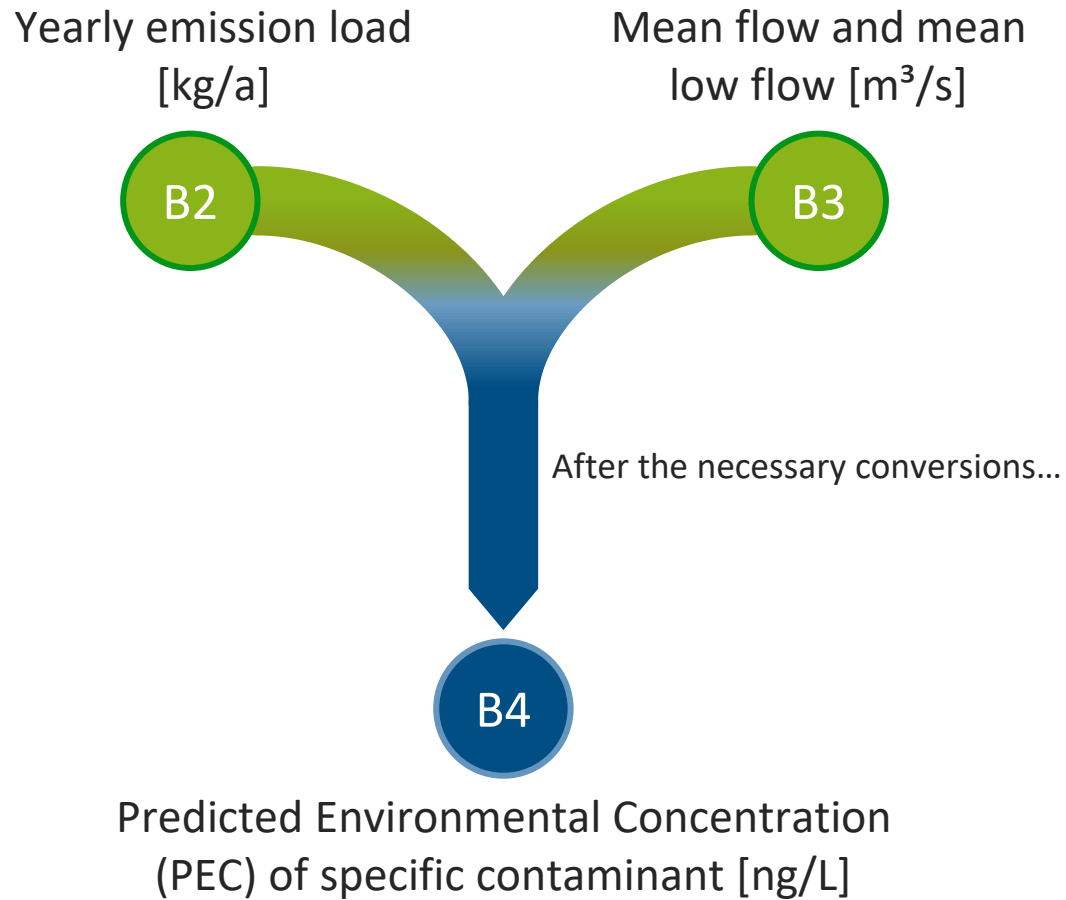
- Annual mean flow and annual mean low flow

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).

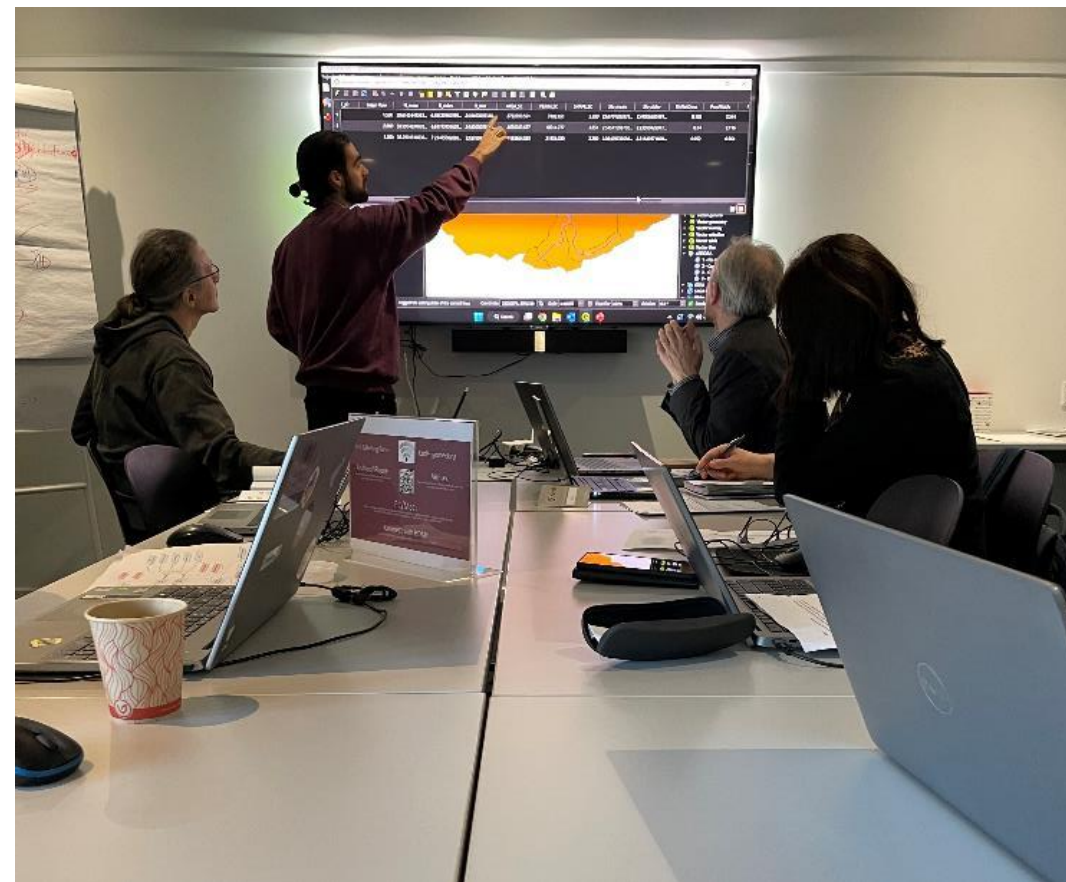


B4: Pollution Loads and Concentrations in the Environment



APRIORA – Piloting

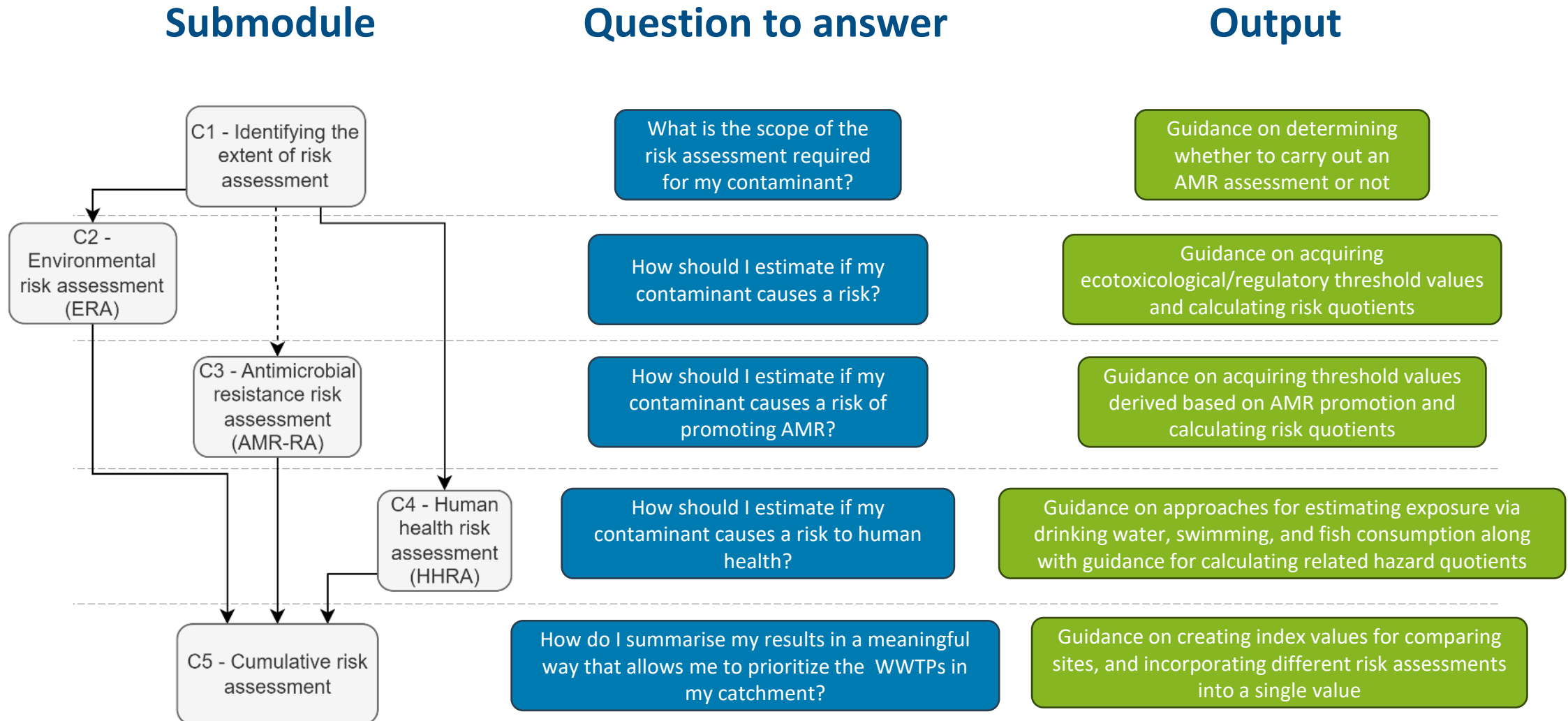
Model development & teaching in practice





Module C: Risk assessment

C: Risk assessment



Risk assessment (Env., human, AMR)

General approach

$$RQ = \frac{Conc.}{RefConc.}$$

, where

RQ = Risk quotient

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

$RefConc$ = Reference concentration (e.g. EQS)

- $RQ > 1$ 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...

Health Reference Values ("gesundheitlicher Orientierungswert" - GOW)

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

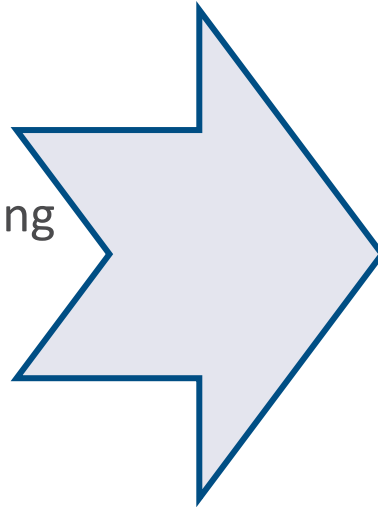
	GOW [µg/L]
No data available	0,1
Less data, but mainly negative	< 0,3
Non-genotoxic	< 1,0
Non-genotoxic, harmful to germ cells nor neurotoxic	< 3,0

Exposure assessment (Env., human, AMR)

- Environmental risk assessment & AMR risk assessment
 - Exposure assessment relies on predicted and measured concentrations

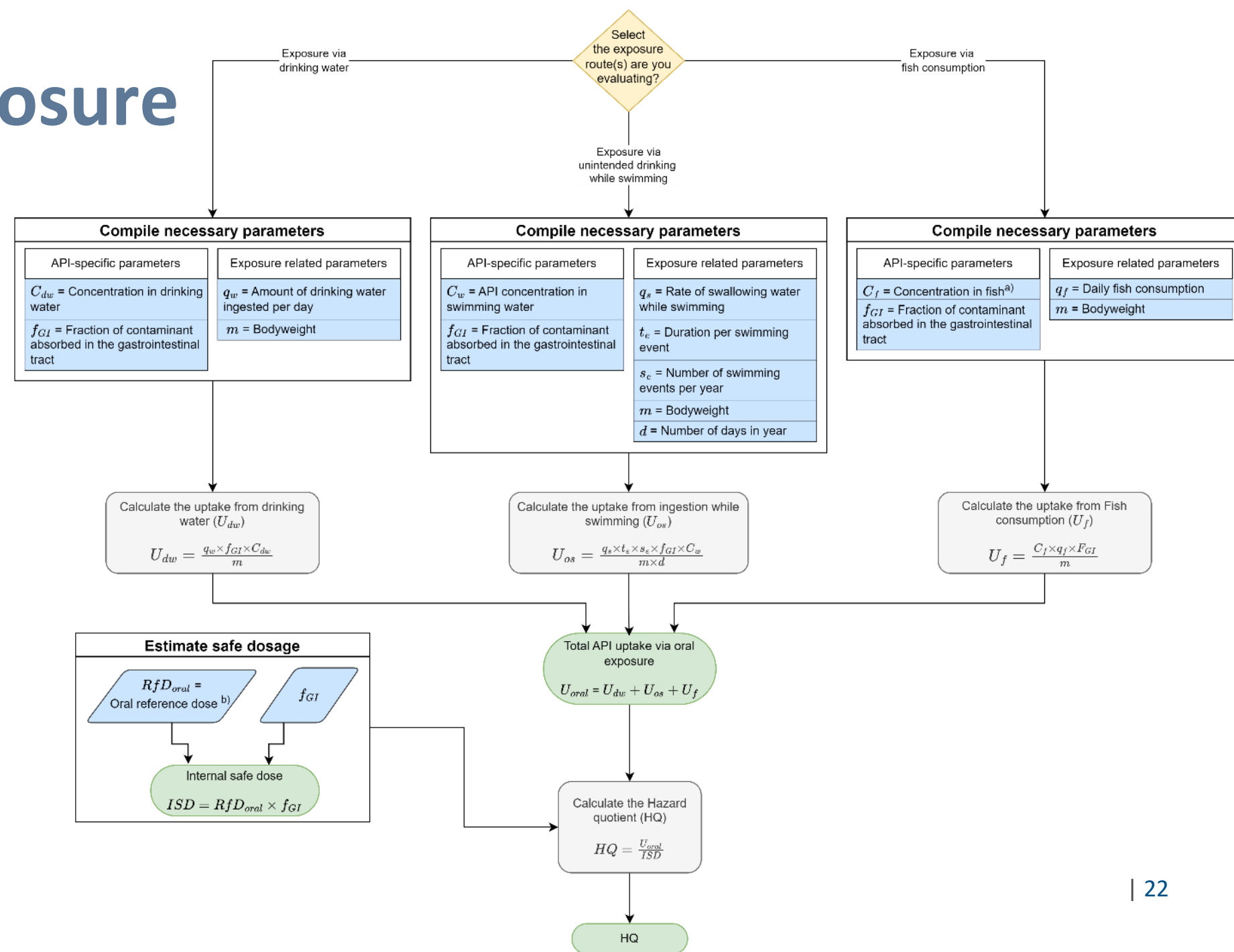
- Human health risk assessment

- 1) Exposure via drinking water
- 2) Exposure via unintended drinking while swimming
- 3) Exposure via fish consumption

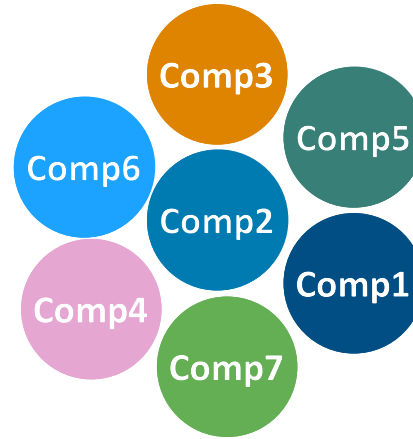


Total exposure

Human exposure assessment



Cumulative risk assessment



ERA

Site 1

Site 2

Site 3

AMR-RA

Site 1

Site 2

Site 3

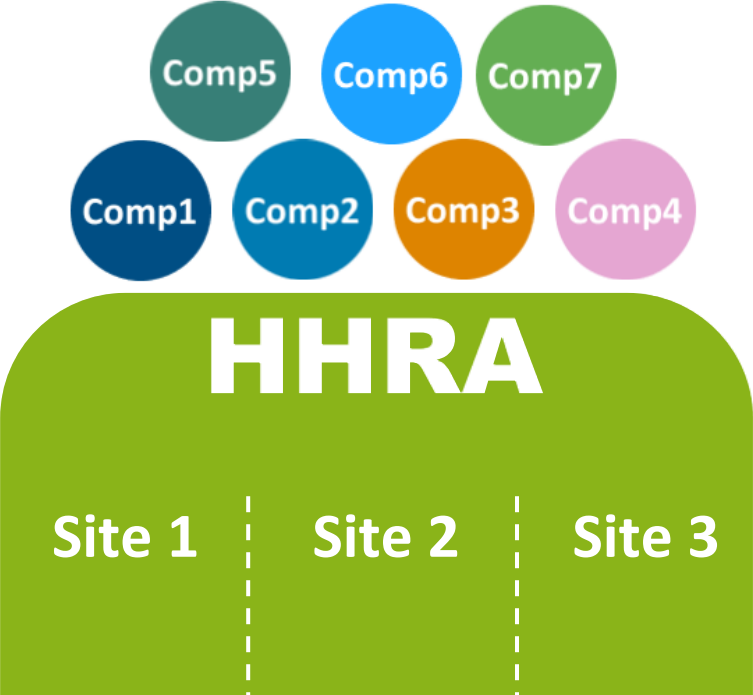
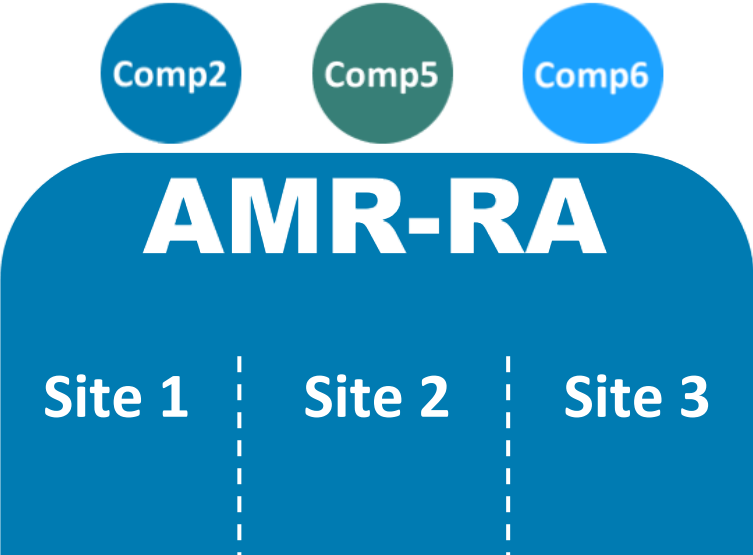
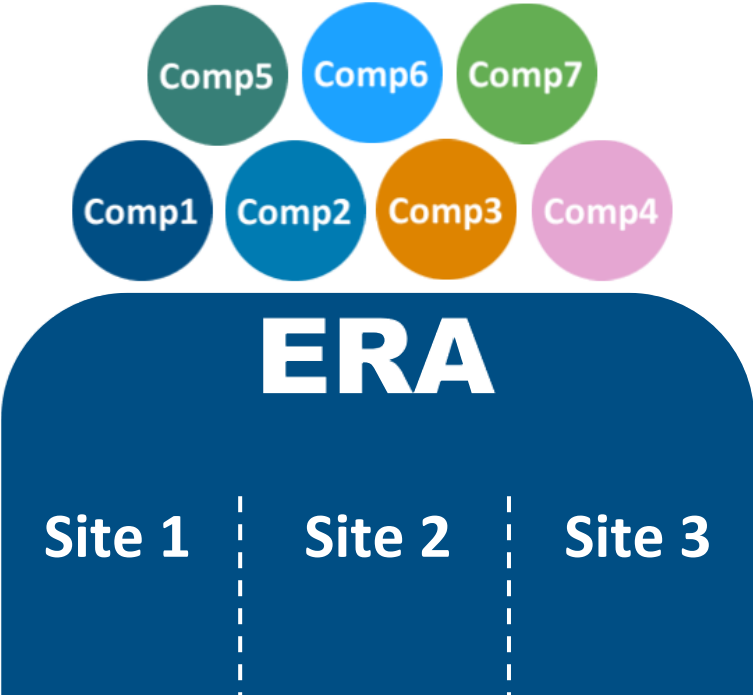
HHRA

Site 1

Site 2

Site 3

Cumulative risk assessment



ERA

Site 1



Site 2



Site 3



AMR-RA

Site 1



Site 2



Site 3



HHRA

Site 1



Site 2



Site 3



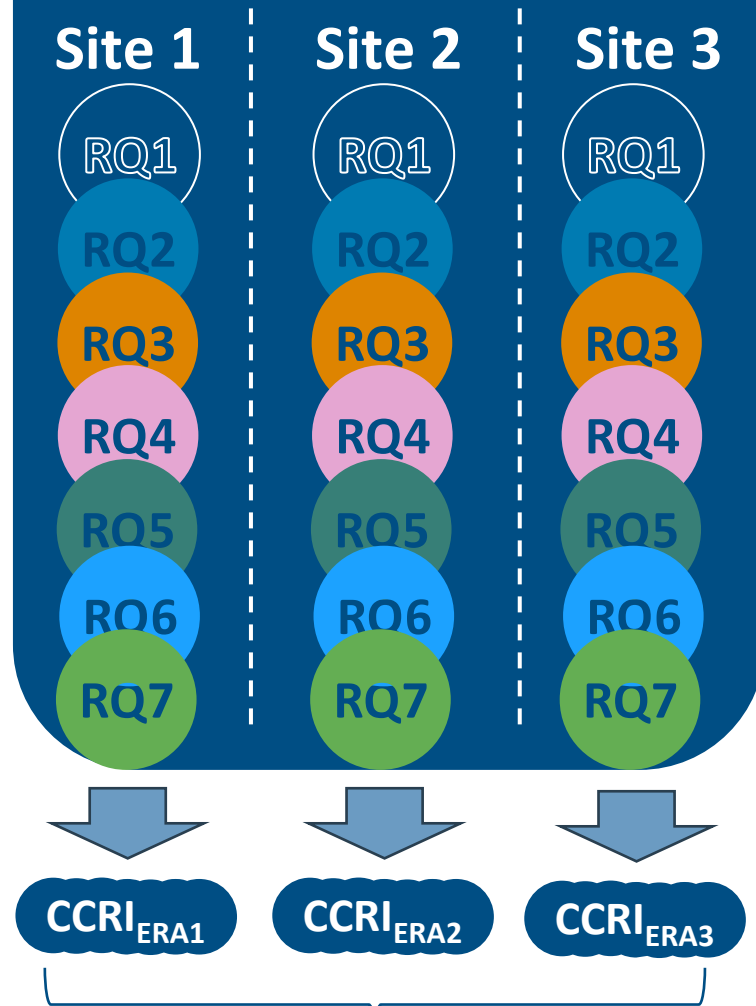
How to prioritize, when we have multiple RQs for each site?

Cumulative risk assessment

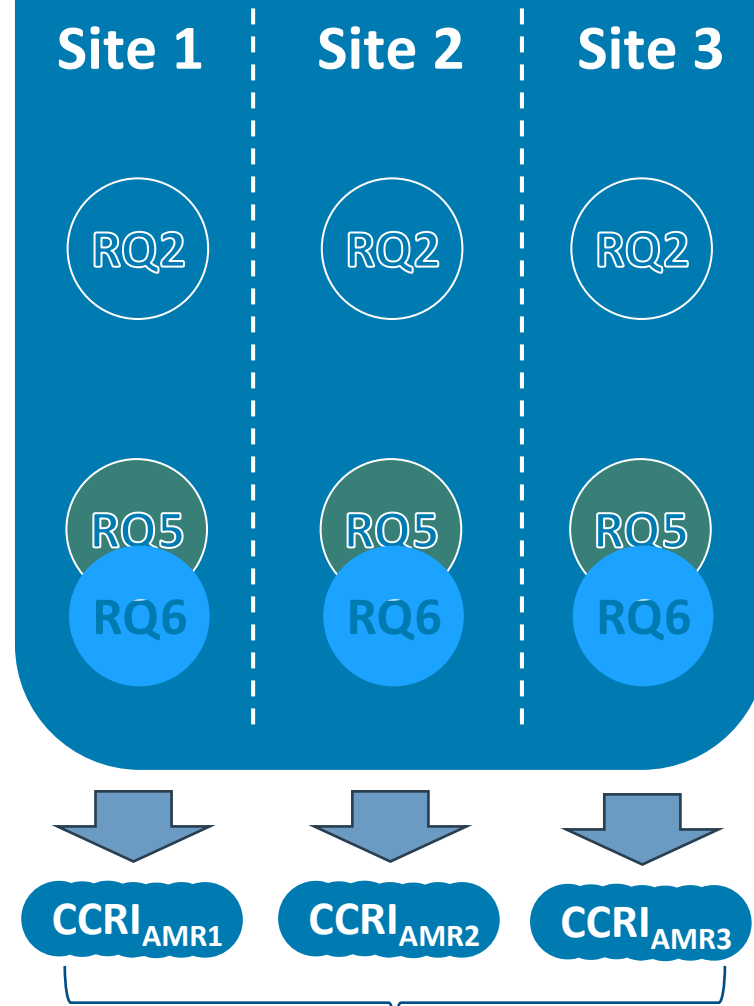
Solution

- 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

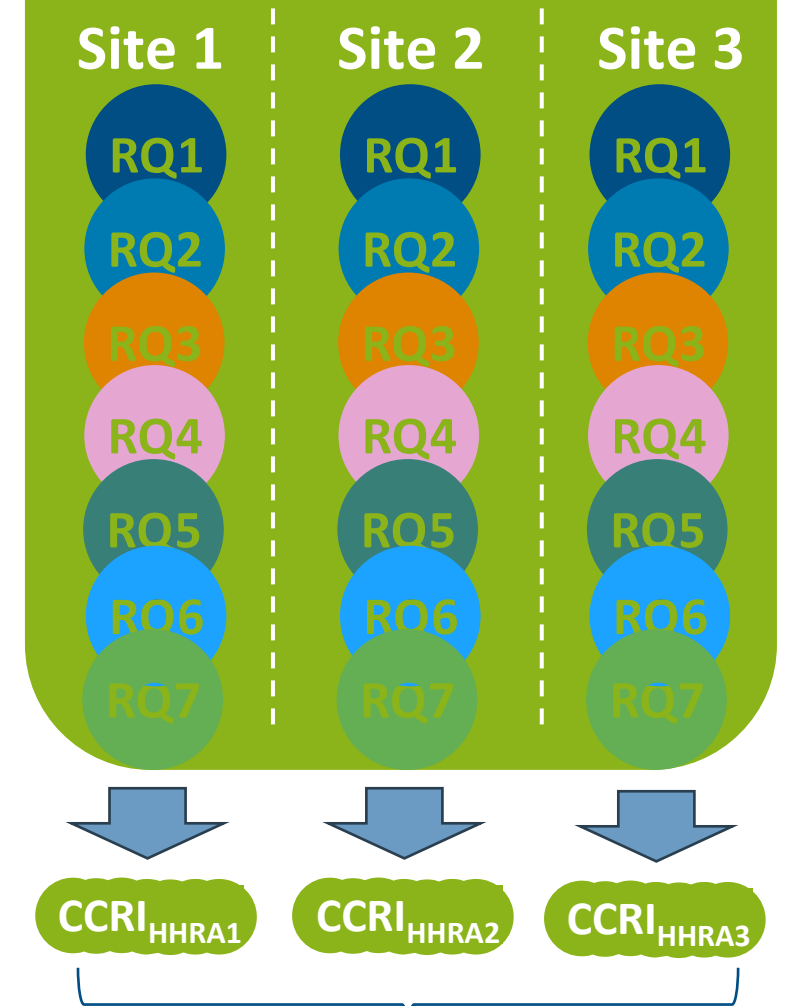
ERA



AMR-RA



HHRA

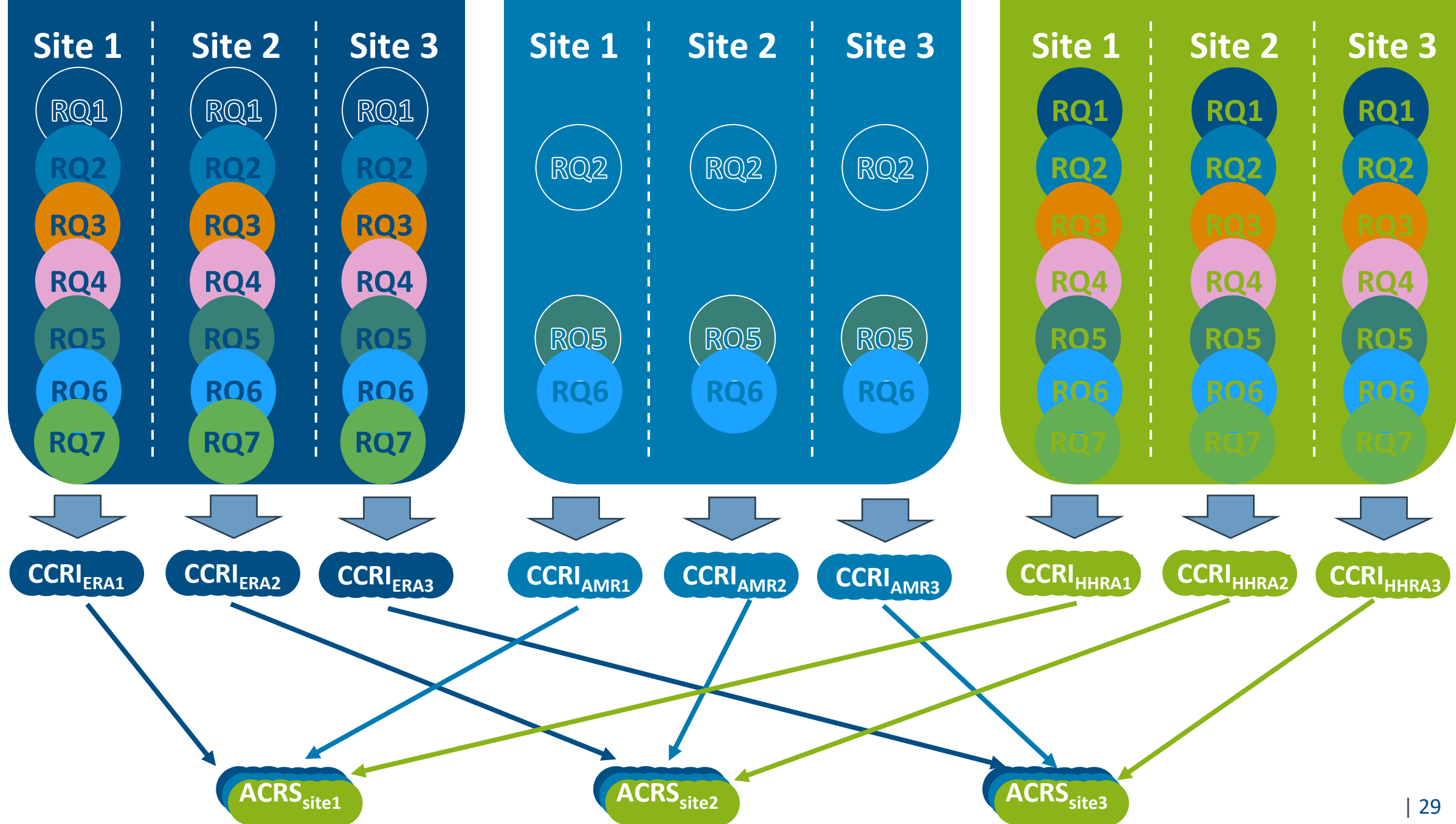


How to prioritize, when we have three different types of risks?

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 CCRI 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

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References

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