

## **Boil Water Notices**

In the UK, it is not necessary to boil tap water for drinking purposes. However, there may be occasions, as a precaution, that a Water Company (or local authority with regards to private water supplies) may instruct you to boil water for a limited period.

The following information provided by the World Health Organisation (WHO) sets out the science behind Advice to Boil Water notices.

# BOIL WATER

## Introduction

There are a number of circumstances in which it may be necessary to treat water at the point of use to remove or inactivate microbial pathogens. These include:

- failure of control measures, including lack of or improper disinfection and unsafe handling and storage;
- emergencies and disasters leading to inadequate sanitation, hygiene and protection of water sources; and
- uncertain quality of water sources when travelling.

A number of proven water treatment methods exist for the removal or inactivation of microbial pathogens, including chemical disinfection, filtration, flocculation/disinfection and heat. Boiling is one heat method. It is highly efficacious, killing human pathogens even in turbid water and at high altitude. However, boiling involves the high-cost use of carbon-based fuel sources and does not provide any residual protection.

### Scientific basis for the efficacy of boiling

Enteric bacteria, protozoa and viruses in liquids are sensitive to inactivation at temperatures below 100 °C. Thermal inactivation has been examined in water, sewage, milk and other liquids at temperatures close to those used for pasteurization (e.g. 63 °C for 30 minutes, 72 °C for 15 seconds) and in hot water (about 60 °C). Only a few studies have examined thermal inactivation in liquids at temperatures approaching 100 °C.

The results of these investigations, which are summarized in Table 1, show that bacteria are particularly sensitive to heat, and rapid kills – less than 1 minute per log (90%) reduction – are achieved at temperatures above 65 °C. Viruses are inactivated at temperatures between 60 °C and 65 °C, but more slowly than bacteria. However, as shown for poliovirus and hepatitis A, as temperatures increase above 70 °C, a greater than 5 log inactivation (99.999% reduction) is achieved in less than 1 minute. *Cryptosporidium parvum* oocysts are inactivated in less than 1 minute once temperatures exceed 70 °C. The data for *Giardia* cysts are more limited, but inactivation at temperatures ranging from 50 °C to 70 °C has been reported.

#### Conclusions

Based on these results, it is considered that the process of heating water to a rolling boil, as recommended in the WHO *Guidelines for Drinking-water Quality* (WHO, 2011), is sufficient to inactivate pathogenic bacteria, viruses and protozoa. After the water has reached a rolling boil, it should be removed from the heat, allowed to cool naturally, without the addition of ice, and protected from post-treatment recontamination during storage. If turbid water needs to be clarified for aesthetic reasons, this should be done before boiling.





#### Table 1. Thermal inactivation of bacteria, viruses and protozoa

Organism	Temperature (°C)	Inactivation time(s)	Log <sub>10</sub> reduction	Reference
BACTERIA				
	60	300	3.9 log	D'Aoust et al. (1988)
	63	300	> 5 log	D'Aoust et al. (1988)
<i>Campylobacter</i> spp.	60	8.2	Per log	Sörgvist (2003)
	62	15	3.5–5 log	Juffs & Deeth (2007)
Coxiella burnetii	79.4	25	No survivors	Juffs & Deeth (2007)
Escherichia coli	60	1 800	6 log	Moce-Llivina et al. (2003)
	65	< 2	Per log	Spinks et al. (2006)
	72	0.4	Per log	Sörqvist et al. (2003)
Escherichia coli 0157	60	300	1.5 log	D'Aoust et al. (1988)
	64.5	300	> 5 log	D'Aoust et al. (1988)
	65	3	Per log	Spinks et al. (2006)
	62	15	$< 1-5 \log$	Juffs & Deeth (2007)
Enterococcus faecalis	65	7—19	Per log	Spinks et al. (2006)
Klabsiella proumenies	72	23	Per log	Sörqvist (2003)
Neusiena pheumomae	65	< 2	Per log	Spinks et al. (2006)
Legionella pneumophila	58	360	Per log	Dennis, Green & Jones (1984)
Legionella spp.	80	18-42	Per log	Stout, Best & Yu (1986)
Mycobacterium paratuberculosis	72	15	> 4 log	Juffs & Deeth (2007)
Pseudomonas aeruginosa	65	5	Per log	Spinks et al. (2006)
Salmonella typhimurium	65	< 2	Per log	Spinks et al. (2006)
Salmonella choleraesuisª	60	300	Per log <sup>b</sup>	Moce-Llivina et al. (2003)
Salmonella spp. except Salmonella seftenberg	72	0.1	Per log	Sörqvist (2003)
Salmonella seftenberg	60	340	Per log	Sörqvist (2003)
Serratia marcescens	65	< 2	Per log	Spinks et al. (2006)
Shigella sonnei	65	3	Per log	Spinks et al. (2006)
Vibrio cholerae	55	22.5	Per log	Johnston & Brown (2002)
	70	120	> 7 log	Johnston & Brown (2002)
Yersinia enterocolitica	64.5	300	> 5 log	D'Aoust et al. (1988)
	72	0.5	Per log	Sörqvist (2003)
VIRUSES				
Adenovirus 5	70	1 260	> 8 log	Maheshwari et al. (2004)
Coxsackievirus B4	60	1 800	5.1 log	Moce-Llivina et al. (2003)
Coxsackievirus B5	60	1 800	4.8 log	Moce-Llivina et al. (2003)
Echovirus 6	60	1 800	4.3 log	Moce-Llivina et al. (2003)
Enteroviruses	60	1 800	4.3 log	Moce-Llivina et al. (2003)
Hepatitis A	65	120	2 log	Parry & Mortimer (1984)
	65	1 320	3 log	Bidawid et al. (2000)
	75	30	5 log	Parry & Mortimer (1984)
	80	5	5 log	Parry & Mortimer (1984)
	85	< 30	5 log	Bidawid et al. (2000)
	85	< 1	5 log	Parry & Mortimer (1984)
Poliovirus 1	60	1 800	5.4 log	Moce-Llivina et al. (2003)
	62	1 800	> 5 log	Strazynski, Kramer & Becker (2002)
	/2	30	> 5 log	Strazynski, Kramer & Becker (2002)
	95	15	> 5 log	Strazynski, Kramer & Becker (2002)
PROTOZOA				
Cryptosporidium parvum	60	300	3.4 log	Fayer (1994)
	72	60	3.7 log	Fayer (1994)
	72	5-15	> 3 log	Harp et al. (1996)
Giardia	56	600	> 2 log <sup>c</sup>	Sauch et al. (1991)
	70	600	$> 2 \log^d$	Ongerth et al. (1989)

<sup>a</sup> Now known as Salmonella enterica.

<sup>b</sup> The log reductions were calculated from the results presented in Moce-Llivina et al. (2003).

<sup>c</sup> The log reductions were calculated from the results presented in Sauch et al. (1991).

<sup>d</sup> The log reductions were calculated from the results presented in Ongerth et al. (1989).

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