

European Water Association Position Paper 2021



Position Paper for the evaluation
roadmap/inception Impact assessment to review
the EU rules of bathing water quality

The main objective of Directive 2006/7/EC of the European Parliament and of the Council concerning the management of bathing water quality is the protection of public health and the preservation, protection and improvement of the quality of the environment. In order to achieve these aims it is important to review periodically the parameters and methodology used for determining bathing water quality that are set out in the Bathing Water Directive.

In the larger picture, it is also important to maintain a coherent approach with regard to other EU water policies (eg. UWWTD) as well to the ambitious objectives set out in the European Deal and in climate change discussions.

EWA supports the following recommendations from the WHO:

- Protect bathing water quality by maintaining and ensuring bathing water testing methods for E. coli and intestinal enterococci are up to date and appropriate for use
 - The ISO method (9308-1) for E. coli analysis is no longer recommended. As of its 2014 revision, it is suitable for waters with low bacterial numbers and, as such not applicable to bathing waters. Therefore, it should be replaced by ISO method 9308-2
 - Remove ISO 7899-2 as a recommended method for testing enterococci in coastal waters. The 2018 WHO Report clarifies that the ISO 7899-2 method “is best suited to drinking-water, water from swimming pools or other disinfected/clean water sources“.
- Maintain the four levels within the current classification system (excellent, good, sufficient and poor) and use the 95-percentile value for each category of the classification system instead of a mixture of 95- and 90-percentile water quality standards.
- Increase the annual minimum number of samples from four to twenty to reduce the risk of misclassifications of bathing water generating either adverse health effects or unnecessary economic costs for the location.

Evidence has been presented suggesting that 1 in 12 bathers exposed to bathing water complying with the requirements to enterococci in the “sufficient quality“ category may develop gastrointestinal disease. The Commission should therefore carry out a thorough review of the level of protection provided by the current quality standards in order to assess whether the standards satisfy the requirement of a high level of protection as set out in the Treaty on the Functioning of the European Union.

In addition, it is important for EWA to maintain a coherent approach concerning other EU water policies.

- Encourage the use of updated standards and/or alternative methods for culture enumeration which can generate results in shorter time periods
 - Replace „CFU per volume“ with „Number per volume“ as adopted in Annex 1 Part A of Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020

- Ensure simplified procedures for updating methods of analysis, e.g. by authorising implementing or delegated acts.

Monitoring requirements and related costs to Member States would certainly be less of a burden if multiple validated tools were available (test methods and kits). For this reason, it is important to set a common EU assessment procedure for validation of alternative methods. Likewise, it is prudent to ensure that only appropriate monitoring tools are being used by including a requirement to reconsider the status of accepted alternative methods when the reference method (or principle) relative to which they demonstrated equivalence is withdrawn from the Directive.

We recognise that the discussion of the feasibility of possible additional parameters has led to a conclusion that currently available evidence would not support inclusion of a viral indicator or pathogen as a regulatory parameter. It is important, nonetheless to promote research and innovation in order to prepare for the future by considering emerging threats to Bathing Water quality. EWA calls on the Commission to clarify that it will carry out a risk analysis and to review the virus parameter, including covid-19, and, if appropriate, make a proposal in this respect.

The current system (i.e. consideration as part of the bathing water profile) for marine phytoplankton should be retained. However, the locations at risk of freshwater cyanobacterial blooms should be subject to a new classification system. This should be based on guidance levels currently under development by the World Health Organization and should allow Member States to choose which parameters to monitor (biovolume, chlorophyll-a, phycocyanin, transparency, toxin concentration) while taking into consideration European frameworks.

For its clear public health benefit, a requirement to provide information to the public before and during the bathing season should be implemented and prioritised.

A Member State should introduce a permanent bathing prohibition or permanent advice against bathing if for a third consecutive year period the bathing water is classified as ‘poor’ for five consecutive years if it considers that the achievement of ‘sufficient’ quality would be infeasible or disproportionately expensive.

We also identify as opportunities for further improvement:

- A definition of bathing water that would improve the public health situation of non-designated bathing sites/wild bathing
 - MS should be provided with criteria, eg. Seasonal, number of people, new urban area etc.
- A holistic approach concerning bathing water in urban areas (UWWTD, value in water...)
- Protection in the beach environment by monitoring sand quality for faecal indicators
 - Extensive use of digital solutions for water monitoring and for early warning systems, particularly for short-term pollution events.

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