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Contact CEH NORA team at
noraceh@ceh.ac.uk

1 **Pandemic pharmaceutical dosing effects on wastewater treatment: no**
2 **adaptation of activated sludge bacteria to degrade the antiviral drug**
3 **Oseltamivir (Tamiflu) and loss of nutrient removal performance**

4 Slater, F.R.¹, Singer, A.C.², Turner, S.³, Barr, J.J.¹ & Bond, P.L.^{1*}

5
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7
8 ¹The University of Queensland, Advanced Water Management Centre (AWMC), Australia.

9 ²The Centre for Ecology and Hydrology, Wallingford, United Kingdom.

10 ³The University of Auckland, New Zealand.

11
12 ***Corresponding author.** Mailing address: Advanced Water Management Centre (AWMC),
13 The University of Queensland, Level 6, Gehrman Laboratories, Research Road, St. Lucia,
14 QLD 4072. Telephone: +61 7 334 63226. Fax: +61 7 336 54726 E-mail:

15 phil.bond@awmc.uq.edu.au

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26 **ABSTRACT**

27 The 2009-2010 influenza pandemic saw many people treated with antivirals and antibiotics.
28 High proportions of both classes of drugs are excreted and enter wastewater treatment plants
29 (WWTPs) in biologically active forms. To date, there has been no study into the potential for
30 influenza pandemic-scale pharmaceutical use to disrupt WWTP function. Furthermore, there
31 is currently little indication as to whether WWTP microbial consortia can degrade antiviral
32 neuraminidase inhibitors when exposed to pandemic-scale doses. In this study, we exposed
33 an aerobic granular sludge sequencing batch reactor, operated for enhanced biological
34 phosphorus removal (EBPR), to a simulated influenza-pandemic dosing of antibiotics and
35 antivirals for 8 weeks. We monitored removal of the active form of Tamiflu, oseltamivir
36 carboxylate (OC), bacterial community structure, granule structure and changes in EBPR and
37 nitrification performance. There was little removal of OC by sludge and no evidence that the
38 activated sludge community adapted to degrade OC. There was evidence of changes to
39 bacterial community structure and disruption to EBPR and nitrification during and after high-
40 OC dosing. This work highlights the potential for antiviral contamination of receiving waters
41 and indicates the risk of destabilising WWTP microbial consortia as a result of high
42 concentrations of bioactive pharmaceuticals during an influenza pandemic.

43

43 INTRODUCTION

44 Society has never been more prepared for the emergence of pandemic influenza than at
45 present, due in part to the development and stockpiling of a novel class of antiviral drugs,
46 neuraminidase inhibitors, notably: Tamiflu[®] (oseltamivir ethylester-phosphate (OP)) and
47 Relenza[®] (zanamivir). National stockpiling of neuraminidase inhibitors began in earnest with
48 the emergence of the 2009 influenza pandemic (H1N1). These stockpiles were dominated by
49 Tamiflu largely owing to its relative ease of administration (tablet), as compared with
50 Relenza (disc-inhaler). Tamiflu is a prodrug which, after absorption into the blood, is
51 converted to the active antiviral, oseltamivir carboxylate (OC) in the liver. Approximately
52 80% of an oral dose of Tamiflu is excreted as OC in the urine (He et al., 1999), with the
53 remainder excreted as OP in the faeces. Both the parent chemical and its bioactive metabolite
54 ultimately reach the receiving wastewater treatment plants (WWTPs) where it was projected
55 to reach a mean of ~2 to 12 $\mu\text{g L}^{-1}$ during a moderate and severe pandemic respectively
56 (Singer et al., submitted).

57 Current evidence suggests conservation of OC as it passes through WWTPs (Accinelli et al.,
58 2010, Fick et al., 2007, Ghosh et al., 2010, Prasse et al., Soderstrom et al., 2010), hence,
59 rivers receiving WWTP effluent will also be exposed to OC throughout a pandemic.

60 Concentrations of between 293 and 480 ng OC L^{-1} have been recorded in rivers receiving
61 WWTP effluent during the 2009 pandemic (Ghosh et al., 2010, Soderstrom et al., 2010).

62 Several studies have demonstrated the potential for removal of OC from fresh water
63 (amended in some cases with sediment) and activated sludge (amended in some cases with a
64 granular bioplastic formulation entrapping propagules of white rot fungi) via adsorption,
65 microbial degradation and indirect photolysis (Accinelli et al., 2007, Accinelli et al., 2010,
66 Bartels and von Tumpling, 2008, Sacca et al., 2009). A key factor in determining the amount
67 of OC removal appears to be the length of incubation, with batch incubations of 40 days

68 resulting in degradation of up to 76% OC in the presence of an activated sludge inoculum
69 (Accinelli et al., 2010). However, batch experiments do not reflect the activities of a WWTP
70 as the hydraulic residence time for wastewater in the activated sludge system is commonly
71 only a few hours and degradation would therefore be expected to be much lower. In a
72 pandemic scenario, Tamiflu use would rapidly rise over an 8 week period as the outbreak
73 spread and would follow a similarly rapid decline after the peak (Singer et al., 2007, Singer et
74 al., 2008, Singer et al., submitted). We hypothesise that the prolonged exposure of WWTP
75 microbial consortia over the course of a pandemic might hasten the generation of OC-
76 degraders in the activated sludge bacterial community thereby minimising the risks posed
77 from widespread environmental release.

78 The key processes in WWTPs (removal of organic carbon, nitrogen (N) and phosphorus (P)),
79 are microbiologically mediated by activated sludge. Activated sludge systems are constantly
80 exposed to pharmaceuticals from a variety of sources (Daughton and Ternes, 1999), however,
81 it remains unclear as to their effective toxicity (i.e., impact on nutrient removal performance).

82 The functioning of activated sludge under a pandemic scenario is of concern given the
83 projected heavy usage of not only antivirals but also antibiotics (ABs) (Singer et al., 2008,
84 Singer et al., submitted). There is recent evidence that bacterial neuraminidases are important
85 in biofilm formation (Parker et al., 2009, Soong et al., 2006). Consequently, antiviral
86 neuraminidase inhibitors themselves may inhibit bacterial neuraminidases which could prove
87 detrimental to the structure of the suspended biofilms that make up activated sludge. Whilst
88 this is yet to be fully investigated, current data indicate that the ecotoxicological risks posed
89 by OC are low (Straub, 2009).

90 In addition to examining the potential evolution of OC-degradation in a microbial consortium
91 we aimed to investigate the effects of OC and ABs on activated sludge bacterial community
92 structure and function and activated sludge biofilm structure. We implemented a 56-day,

93 pandemic-scenario dosing regime of OC and three ABs (with different modes of action):
94 amoxicillin (cell-wall-synthesis inhibition), erythromycin (protein-synthesis inhibition) and
95 levofloxacin (DNA-replication inhibition), in a laboratory-scale sequencing batch reactor
96 (SBR) operated for granular enhanced biological phosphorus removal (EBPR). The three
97 antibiotics selected for this study are among the most frequently employed antibiotics, within
98 their class, for the treatment of influenza-associated bacterial pneumonia (Lim et al., 2007).
99 An additional high OC dosing period without ABs was employed to examine OC toxicity and
100 WWTP function in the absence of the presumed AB stress.

101

102

102 MATERIALS AND METHODS

103 Reactor Operation

104 A laboratory-scale sequencing batch reactor (SBR) had a working volume of 8 L, with 2 L of
105 treated wastewater removed and replaced with synthetic influent wastewater every 6 h,
106 resulting in a hydraulic retention time (HRT) of 24 h. The sludge age was approximately 24
107 days. The synthetic influent wastewater contained either acetate or propionate as the sole
108 carbon source (alternated on a fortnightly basis; Lu et al., 2006) and orthophosphate (P-PO_4^{3-}
109) at concentrations of approximately 1100 mg chemical oxygen demand (COD) L^{-1} and 23
110 mg P-PO_4^{3-} L^{-1} respectively (see SI for further details). The SBR was operated for EBPR, an
111 activated sludge process for removing phosphate from wastewater. It is appropriate to
112 investigate because it is commonly used in full-scale WWTPs and the bacterial community
113 and biochemical transformations involved are well characterised (Seviour et al., 2003). The
114 current study used granular activated sludge as the reactor biomass. This is a novel activated
115 sludge technology which selects for aggregates ($>200 \mu\text{m}$) which are larger than those
116 occurring in conventional floccular activated sludge (de Kreuk et al., 2007).

117 The operational parameters necessary for EBPR include introducing the wastewater into an
118 anaerobic phase of operation, with an aerobic phase following. Typically, during the
119 anaerobic stage the carbon source is taken up and phosphate is released by the bacteria, then
120 in the subsequent aerobic phase the phosphate is taken up by the bacteria, over and above that
121 which was released in the anaerobic phase (Seviour et al., 2003). Prior to dosing of
122 pharmaceuticals the SBR was performing good EBPR for more than 6 months. During
123 dosing, the reactor operation did not change, except that the principal carbon source in the
124 reactor feed was no longer alternated between acetate and propionate but rather only acetate
125 was used in order to reduce the number of variables. OC and ABs were added as detailed
126 below.

127 **OC and AB dosing**

128 The OC and AB dosing for the SBR mirrored projected usage in the United Kingdom, as per
129 Singer et al. (submitted), with stepwise dosing up to the pandemic peak. OC and ABs were
130 dissolved in sterile distilled water and added to autoclaved acetate feed. The maximum
131 amount of each AB and OC in the reactor influent was: 36 $\mu\text{g L}^{-1}$ OC, 70 $\mu\text{g L}^{-1}$ amoxicillin,
132 30 $\mu\text{g L}^{-1}$ erythromycin, and 10 $\mu\text{g L}^{-1}$ levofloxacin. During the 14-day OC-only dosing
133 period the reactor influent contained 360 $\mu\text{g OC L}^{-1}$ (see Table S1). At the peak of the
134 simulated pandemic the concentration of ABs and OC were ~ 2 to $20 \times$ projected mean
135 concentrations in WWTPs as per Singer et al. (submitted), during a moderate pandemic (R_0
136 = 2.3, where R_0 indicates the average number of infections generated by an infectious
137 individual in a fully susceptible population) with conservative estimates of Tamiflu use
138 within the populations, (30% of infected people utilise OC). Although the experimental
139 concentration of pharmaceuticals in the reactor were above mean projected levels (Singer et
140 al., submitted), they reflect a realistic worst-case scenario.

141 **Measurement of OC**

142 OC was quantified from the influent and effluent during a single cycle of the SBR on the
143 final day of each dosing regime. Approximately 10 mL of each sample was filtered through a
144 0.22 μm disposable filter (Millipore, Billerica, MA, USA) into glass GC vials and kept at -20
145 $^{\circ}\text{C}$ until measurement. OC concentrations were measured by direct aqueous injection of the
146 sample into an Agilent 6410B Triple Quad LC MS at the National Laboratory Services
147 (Wales) (see SI for further details).

148 **Biochemical analyses**

149 Mixed liquor suspended solids (MLSS), effluent suspended solids (effluent SS) and mixed
150 liquor volatile suspended solids (VSS) were measured according to standard methods
151 (APHA, 1998). Ammonium (N-NH_4^+), nitrate (N-NO_3^-), nitrite (N-NO_2^-), orthophosphate

152 (P-PO₄³⁻) and acetate concentrations in the liquid phase were analysed at the AWMC
153 Analytical Laboratory (Brisbane, QLD, Australia) (see SI for further details).

154 **Granule structure analyses**

155 Visual inspections of whole granules were performed using an Olympus SZH10 stereo-
156 microscope with a DP70 digital camera. Approximately 25 mL of mixed liquor was removed
157 from the SBR at the end of the aerobic phase and photographed in a glass petri dish against a
158 black background. Volumetric size distribution of granules was determined by pumping
159 approximately 30 mL of mixed liquor (again, removed at the end of the aerobic phase)
160 through a Malvern laser light scattering instrument (Mastersizer 2000 series, Malvern 457
161 Instruments, Worcestershire, UK).

162 **T-RFLP**

163 T-RFLP analysis of 16S rRNA genes was carried out as previously described (Slater et al.,
164 2010) (see SI for further details).

165 **Fluorescence *in situ* hybridisation (FISH)**

166 Biomass samples were taken during the aerobic phase of the SBR and fixed in 4%
167 paraformaldehyde in phosphate-buffered saline at 4°C for 2 h. FISH was performed as
168 described previously (Amann, 1995) (see SI for further details).

169

169 **RESULTS**

170 **OC degradation**

171 Over the experimental period there was evidence of varying rates of removal of OC (Figure
172 1). These were equivalent to between 2 and 41% removal per 6 h SBR cycle (estimated for
173 each dosing period based on measured influent OC concentrations, four draw and fill cycles
174 per day (Figure S1), and assuming a constant rate of removal for each dosing period). There
175 was a general, although not consistent, trend for removal rates to be lower in the latter part of
176 the experiment (i.e. after day 35) than in the earlier part (Figure 1).

177 **Nutrient removal performance**

178 Phosphate levels from full-scale WWTP effluents are legally regulated. The laboratory SBR
179 was operating for biological phosphorus removal and thus this formed the basis for
180 monitoring reactor function. Effluent P-PO₄⁻³ levels during the 40-day pre-pandemic
181 simulation period and first 21 days of the simulated pandemic (i.e., 0.1% and 1% OC dosing)
182 were between 2 and 7 mg L⁻¹ (Figure 2). Notably, effluent P-PO₄⁻³ levels decreased to less
183 than 1.2 mg L⁻¹ by day 28, indicating a well-functioning reactor. However, from day 33 at
184 the beginning of the 100% OC-only dosing, effluent P-PO₄⁻³ values became erratic and were
185 typically high, reaching a maximum of 34 mg L⁻¹, indicating reduced EBPR performance.
186 This reduced EBPR during the dosing period was confirmed by other measures of
187 performance. Firstly, the anaerobic phosphate release (Figure S2; used by others previously
188 as a measure of EBPR performance; He et al., 2008, Slater et al., 2010, Zilles et al., 2002).
189 Secondly, complete anaerobic consumption of acetate, which occurred for the 40-day pre-
190 pandemic period and throughout the simulated pandemic period, failed on day 56, when
191 consumption became incomplete (data not shown). Thirdly, nitrification (which occurred
192 despite the operation of the SBR primarily for EBPR), as evidenced by aerobic nitrate
193 production (Figure S3) decreased from over 0.85 mg N-NO₃⁻ g⁻¹ VSS for the pre-pandemic

194 period and the first 35 days of simulated pandemic to below $0.4 \text{ mg N-NO}_3^- \text{ g}^{-1} \text{ VSS}$ at the
195 end of the 100% OC dosing period.

196 **Granule structure**

197 The mixed liquor suspended solids (MLSS; equivalent to cell dry weight) in the SBR was
198 between 12.68 and 15.12 g L^{-1} from 7 days before dosing to day 56 (data not shown).

199 Granule particle size distribution was between approximately $80 \mu\text{m}$ (10th percentile) and
200 $1320 \mu\text{m}$ (90th percentile), with a median granule size of approximately $620 \mu\text{m}$ (Figure S4).

201 Neither of these measures showed significant trends over the experiment. However, there
202 were indications from light microscopy that some of the granules lost some structural
203 integrity during the dosing as there was an appearance of fluffier material at days 49 and 58
204 (Figure S5). Additionally, there was evidence of an increase in the effluent SS from
205 approximately 100 mg L^{-1} before dosing to approximately 400 mg L^{-1} on days 42 and 56
206 (Figure S6), suggesting sludge settling was poorer due to granule biofilm disruption.

207 **Bacterial community structure**

208 Diversity indices derived from 16S rRNA T-RFLP data indicated that there were changes in
209 the community structure over the dosing period, with the Shannon diversity index decreasing
210 over the last 14 days of dosing (Figure 3). This appeared to be a result of the development of
211 a less even community structure (Figure S7) rather than the disappearance of particular
212 operational taxonomic units (Figure S8). Whilst there was therefore some evidence of
213 change in diversity indices, i.e. those describing aggregate community characteristics, there
214 appeared to be little change in the relative abundance of two of the model organisms
215 commonly found in EBPR systems. The relative abundance of a key organism responsible
216 for EBPR, *Candidatus* “*Accumulibacter phosphatis*” (Hesselmann et al., 1999), was 27.1 %
217 on day 0 (92% congruency score) and 22.8% on day 42 (end of 100% OC dosing; 96%
218 congruency score), as assessed by quantitative FISH. The relative abundance of a glycogen-

219 accumulating organism and known EBPR antagonist, *Candidatus* "Competibacter
220 phosphatis" (Crocetti et al., 2002), was below 1% on days 0 and 42.

221 **DISCUSSION**

222 This is the first study in which the removal of OC, microbial diversity, nutrient removal
223 performance and granule structure has been tested in a simulated activated sludge system
224 exposed to OC and ABs in pandemic-scenario dosing.

225 There was up to 41% removal of OC per 6 h SBR cycle, with the most successful removal
226 occurring in the first 35 days of dosing. It may be that in a real pandemic scenario, 35 days of
227 significant removal at the beginning of an epidemic would reduce the amount of OC released
228 into receiving waters. However, during the SBR operation there was no evidence of
229 significant OC removal after day 35. Hence, there does not appear to be sufficient selective
230 pressure for the enrichment of OC-degraders in the system investigated.

231 There was no evidence of any adverse effects on reactor performance during the first 28 days
232 of simulated pandemic (i.e. up to $36 \mu\text{g L}^{-1}$ OC, $70 \mu\text{g L}^{-1}$ amoxicillin, $30 \mu\text{g L}^{-1}$
233 erythromycin, and $10 \mu\text{g L}^{-1}$ levofloxacin). There was however evidence during and after the
234 two-week high-OC dosing period (days 29 – 42; $360 \mu\text{g L}^{-1}$ OC) of a reduction in EBPR and
235 nitrification, bacterial community diversity and disruption to granule structure. This evidence
236 of ecotoxicity in a simulated WWTP complements, but also contrasts with other studies that
237 found no OC toxicity in fresh water (Accinelli et al., 2010) and activated sludge performance
238 (Straub, 2009; testing limited to COD removal only). The positioning of the high OC-only
239 dosing period in the middle of the pandemic scenario (i.e. dosing of OC and ABs) meant that
240 we were not able to completely differentiate the causes of the perturbation to community
241 structure and function; however, it is clear from this study that WWTPs may experience
242 reduced efficiency during an influenza pandemic owing to high concentrations of bioactive
243 pharmaceuticals, such as antivirals and antibiotics.

244 The SBR chosen for this study had a relatively long history of stable EBPR performance (>6
245 months). EBPR failure has previously been shown to occur as a result of competition with

246 glycogen accumulating organisms (Bond et al., 1999) and from bacteriophage infection(Barr
247 et al., 2010) (Barr et al., 2010), hence, the loss in reactor function in this study might not be
248 due to pharmaceutical exposure. However, as quantitative FISH analyses did not
249 demonstrate a decrease in the relative abundance of *Candidatus* “Accumulibacter
250 phosphatis”, as would be expected if bacterial competition or bacteriophage predation was to
251 blame, it was concluded that pharmaceutical exposure was the more likely cause. As the
252 SBR was operated as a granular (rather than floccular) sludge, it remains untested whether
253 floccular sludge would respond differently to such exposure. Granular sludge systems do
254 have some operational differences to floccular systems, such as longer sludge ages, higher
255 mixed liquor suspended solids and lower available surface area, all of which might affect
256 sludge-pharmaceutical interactions.

257 It was only after dosing high concentrations of ABs and OC that effects on EBPR
258 performance were noticed. Therefore, it may be that it is only under severe pandemic
259 scenarios that disruption to WWTPs is of concern. Nonetheless, this research highlights the
260 reality of this chemical risk to WWTP function and the need for additional mixed-
261 pharmaceutical dosing studies in WWTP systems. These will be important for optimising
262 WWTP operation to contend with threats to WWTP function, and for understanding and
263 modelling the release of pharmaceuticals to the environment.

264

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271

271 **Figure legends**

272

273 **Figure 1.** Effluent OC concentration, showing observed values (filled circles) and predicted
274 values assuming no degradation (open circles). Dotted lines represent the ends of a particular
275 dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

276

277 **Figure 2.** Effluent P-PO₄⁻³ concentrations, from flow injection analysis (filled circles) and
278 colourimetric tests (open circles). Dotted lines represent the ends of a particular dosing
279 regime and indicate the OC dosing level as a percentage of the maximum dose.

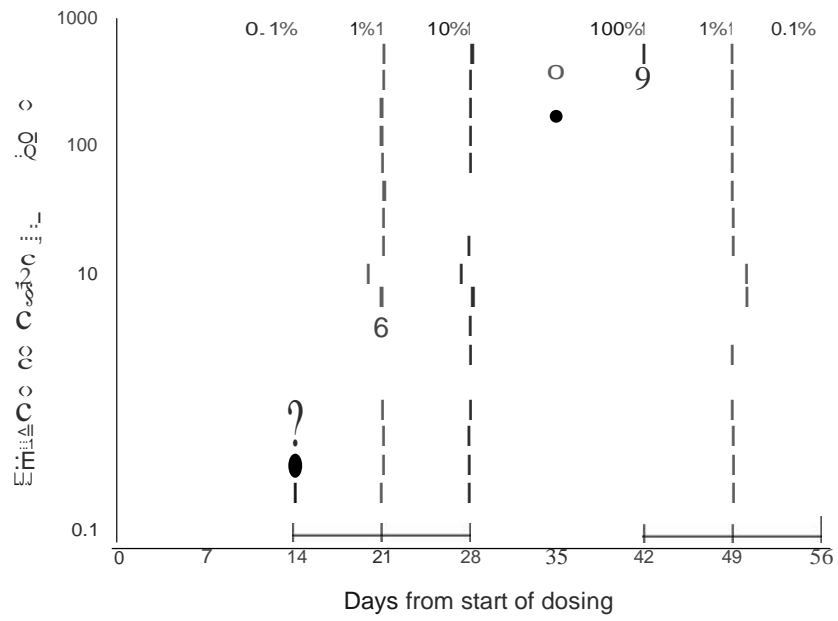
280

281 **Figure 3.** Shannon diversity, *H*, derived from analysis of T-RFLP data. Dotted lines
282 represent the ends of a particular dosing regime and indicate the OC dosing level as a
283 percentage of the maximum dose.

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285

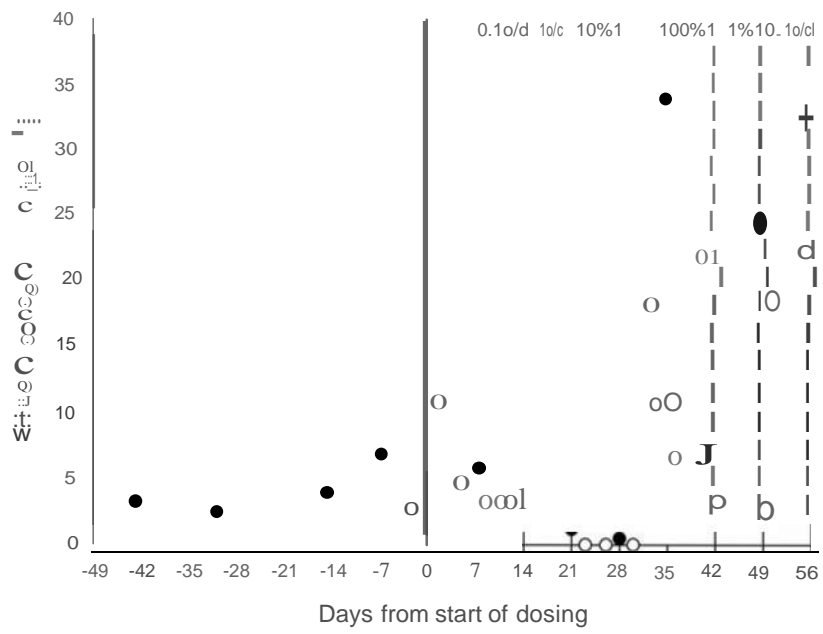
285 Figure1



286

287

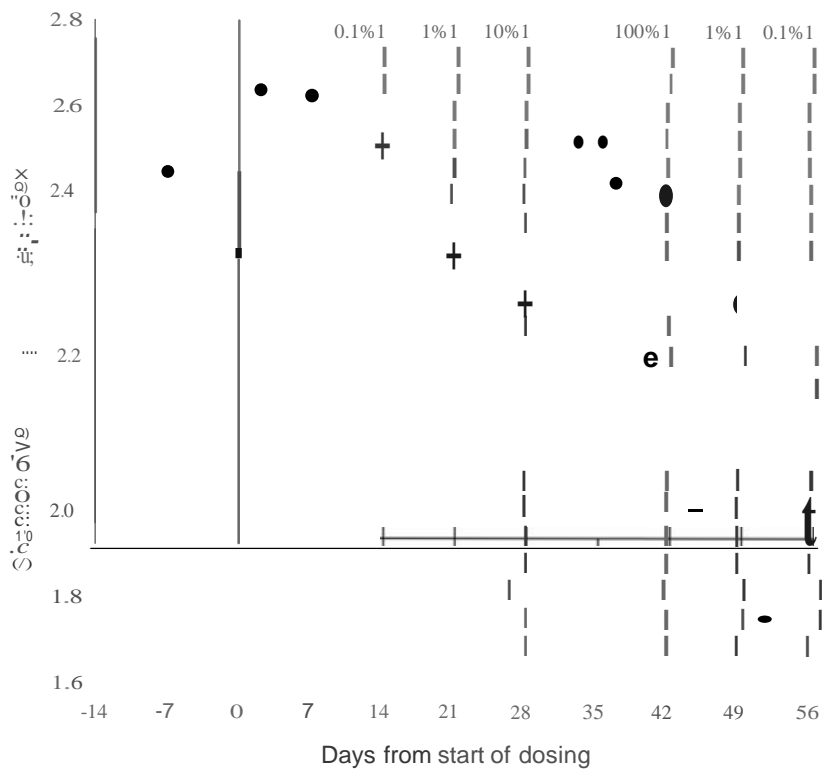
287 **Figure 2**



288

289

289 **Figure 3**



290

291

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For submission to FEMS Microbiology Letters

Reactor Operation

The synthetic feed introduced to the SBR at the beginning of each cycle comprised approximately 0.6 L solution A (autoclaved) and 1.3 L solution B. Solution A contained (g L⁻¹ unless otherwise stated): NH₄Cl (1.02), peptone (0.014), yeast (0.014), MgSO₄·7H₂O (5.48), CaCl₂·2H₂O (0.588), nutrient solution after Smolders et al. (1994) (1 mL), allyl-n thiourea (ATU, a nitrification inhibitor; 0.014) and *either* NaCH₃COO·3H₂O (8.5) *or* CH₃CH₂COOH (2.646 mL) and 2M NaOH (8 mL) to provide identical mg COD L⁻¹. Solution B contained (g L⁻¹): K₂HPO₄ (0.132), KH₂PO₄ (0.103) and 2M NaOH (1.6 mL). Each cycle was 6 h, with a draw and fill (36 mins), an anaerobic phase (90), aerobic phase (232), waste (1), settle (1). The SBR was operated stably for EBPR for a period of 6 months before dosing, with effluent P concentrations consistently below 7 mg L⁻¹.

Oseltamivir Carboxylate (OC) measurement

The OC concentration in the samples was determined by high performance liquid chromatography tandem mass spectrometry (LCMSMS). The system used was an Agilent 1200 HPLC system coupled to the Agilent 6410B triple quadrupole mass spectrometer. 50 μL of the aqueous samples was injected onto an ACE C18 column (2.1 mm i.d. \times 150 mm length, 3 μm particle size) held at 45 $^{\circ}\text{C}$. The mobile phase was 0.1% formic acid in deionised water (solvent A) and 0.1% formic acid in methanol (solvent B) starting at 15% solvent B and with the following solvent gradient at a flow rate of 0.3 mL min^{-1} :

Time (mins)	Solvent B (%)
0.00	15
10.00	70
10.50	100
11.50	100
12.00	15

Posttime/equilibration time: 10 mins

The Agilent triple quadrupole mass spectrometer was operated in positive electrospray ionisation mode. The nebuliser pressure, dry gas flow, dry gas temperature and Capillary voltage were held constant at 60 psig, 12 L min⁻¹, 350 °C and 5000 V respectively. Data was acquired in multiple reaction monitoring mode monitoring the 285.1 → 197.1 and 285.1 → 138.1 transitions with collision energies of 4 V and 16 V respectively and a fragmentor voltage of 90 V. To check the performance of the method with real matrix samples a spike recovery was performed on surface water spiked at 30 ppb and 1000 ppb which returned recoveries of 110% and 107% and RSDs of 6.3% and 3% respectively ($n = 5$). To check that there was consistent recovery over a range of relevant concentrations, a series of 10-fold dilutions of OC, from 0.018 to 1800 µg L⁻¹ OC, in sterile distilled water were measured. All were within 9.7% of their predicted values. The limit of detection was 0.01 µg L⁻¹.

Biochemical analyses

Ammonium (N-NH₄⁺), nitrate (N-NO₃⁻), nitrite (N-NO₂⁻), orthophosphate (P-PO₄³⁻) were measured using either a Lachat QuikChem8000 flow injection analyser or, for P- PO₄³⁻ only, a Reflectoquant[®] P test (5-20 mg PO₄³⁻ L⁻¹; Merck KGaA, Darmstadt, Germany). Acetate concentrations were measured using an Agilent 7890A gas chromatograph (GC) with a FID detector and a Phenomenex ZB-FFAP column (30 m × 0.53 mm × 1.0 μm).

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Genomic DNA was subjected to PCR using the primers 63F (5' FAM (6-carboxyfluorescein)-labelled) and 1389R (Marchesi et al., 1998) and the purified PCR products subjected to digestion using the restriction enzyme MspI. Digested products were ethanol precipitated and sent to the Australian Genome Research Facility (Glen Osmond, SA, Australia) to be analysed on an AB3730 Genetic Bioanalyzer (Applied Biosystems, Foster City, CA, USA) fitted with a 36 cm array and using the GS500(-250)LIZ standard. Data was processed and standardised and calculations of diversity indices, including Richness (*S*), the Shannon Diversity Index (*H*), and Shannon Evenness (*J*), were made as before (Slater et al., 2010) .

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The artefact rejection tool was set at a congruency threshold of 75%.

Table S1. Dosing of pharmaceuticals. N.B. Only OC was measured; the measured concentrations of OC were within 16% of their expected values for all except the lowest dose (i.e. 0.36 $\mu\text{g OC L}^{-1}$ or 0.1% of the maximum dose), for which the measured values were different by between 27 and 75% of their expected values.

Days from start of dosing	Dosing of pharmaceuticals in influent wastewater ($\mu\text{g L}^{-1}$)			
	OC	Amoxicillin	Erythromycin	Levofloxacin
1-7	0.36	0.7	0.3	0.1
8-14	0.36	0.7	0.3	0.1
15-21	3.6	7	3	1
22-28	36	70	30	10
29-35	360	0	0	0
36-42	360	0	0	0
43-49	3.6	7	3	1
50-56	0.36	0.7	0.3	0.1

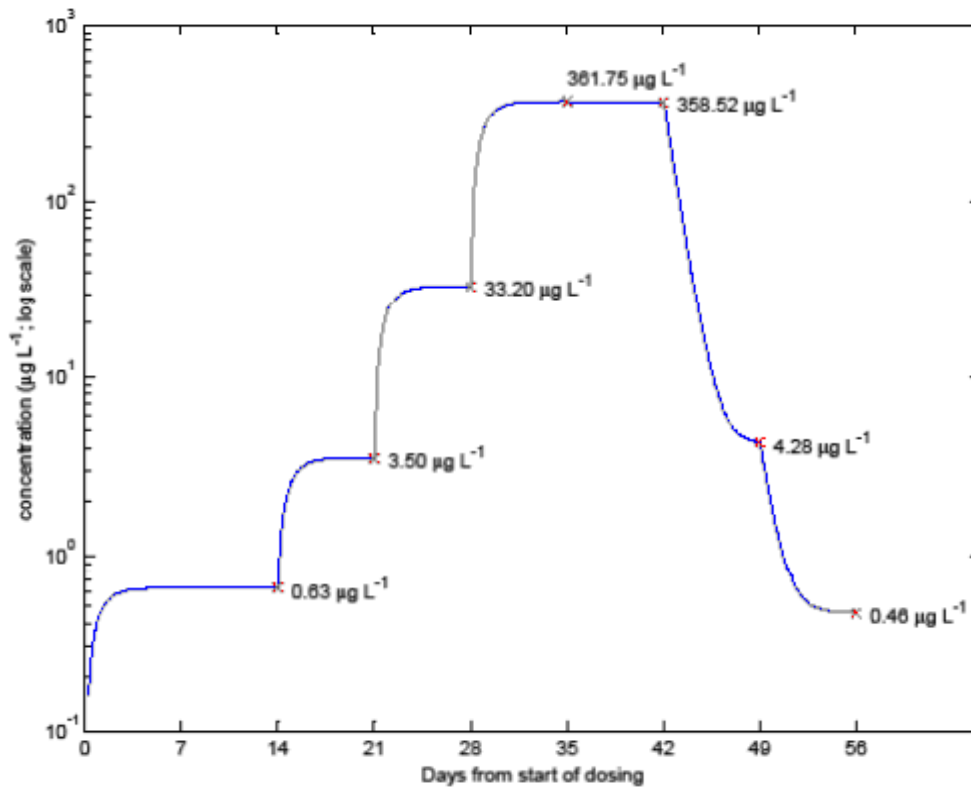


Figure S1. Simulated effluent OC concentrations based on measured influent OC concentrations and four SBR draw and fill occurrences per day, each with a volumetric exchange ratio of 1:4, and assuming no sorption or biological transformation (i.e. no removal of OC) by sludge.

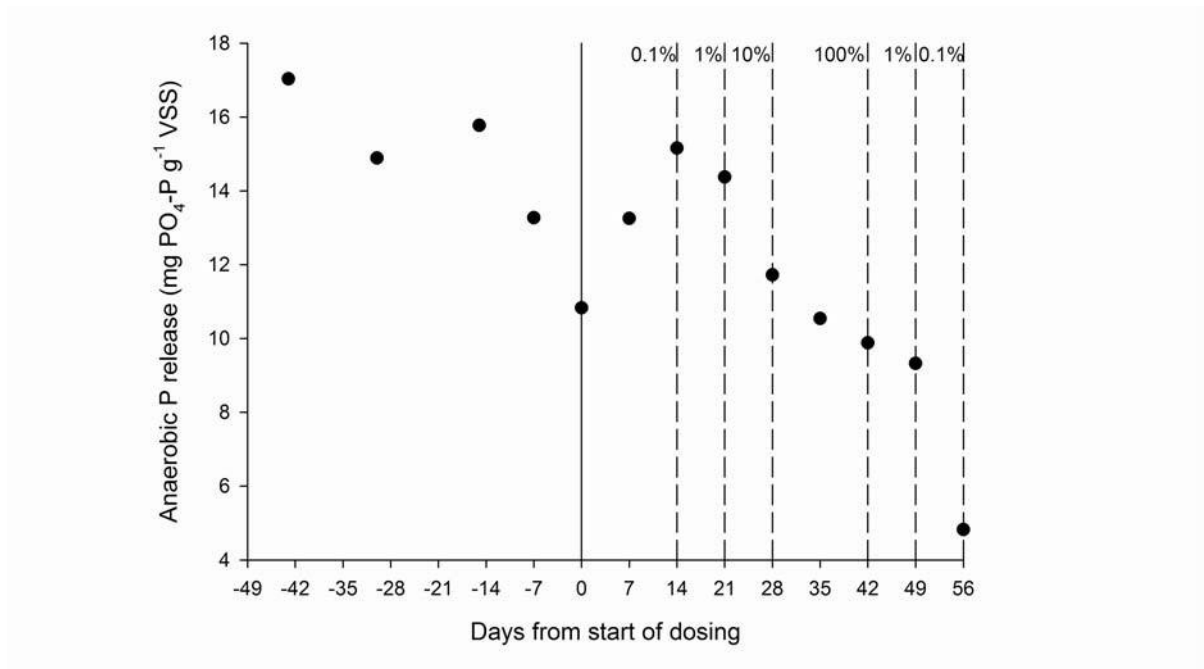


Figure S2. Anaerobic P-PO₄⁻³ release (normalised to volatile suspended solids (VSS); analogous to cell dry weight). Whilst anaerobic release averaged greater than 13.5 mg P-PO₄⁻³ g⁻¹ VSS for the 40 day pre-pandemic period and first 21 days of the simulated pandemic period, it went below 10 mg P-PO₄⁻³ g⁻¹ VSS in the 100% OC dosing period and had decreased to below 5 mg P-PO₄⁻³ g⁻¹ VSS by the end of the dosing period. Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum OC dose.

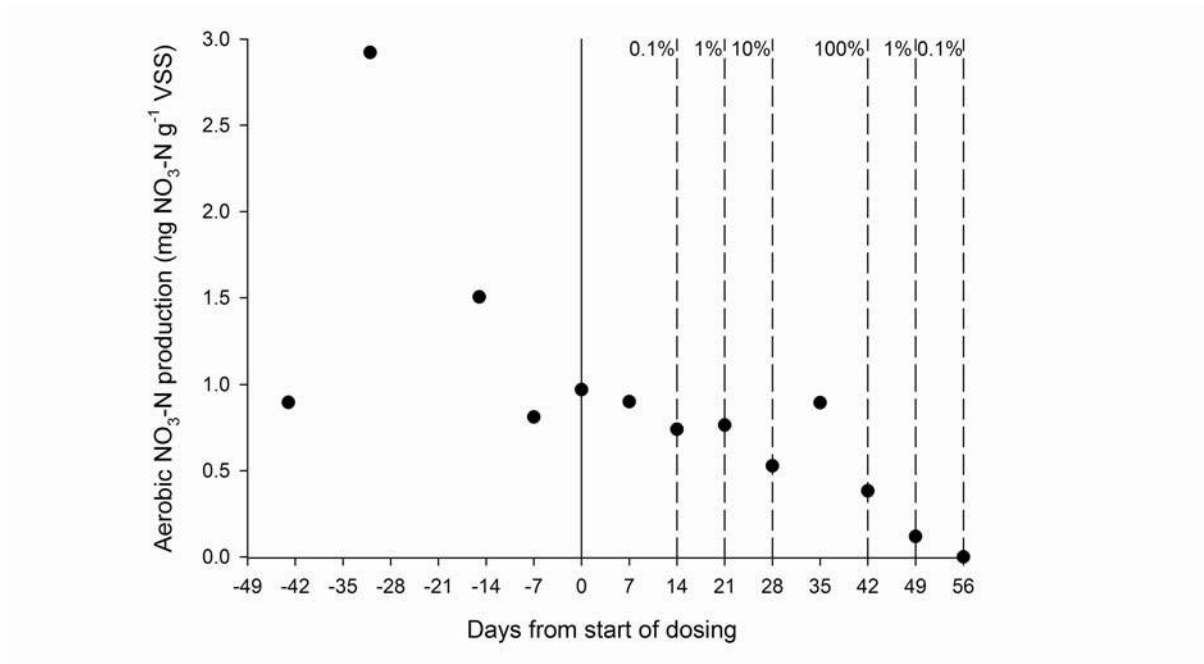


Figure S3. Aerobic nitrate production (normalised to volatile suspended solids (VSS); analogous to cell dry weight). Whilst aerobic nitrate production averaged over $0.85 \text{ mg N-NO}_3^- \text{ g}^{-1} \text{ VSS}$ for the pre-pandemic period and the first 35 days of simulated pandemic period (excluding outlier at 31 days before start of dosing), it had decreased to below $0.4 \text{ mg N-NO}_3^- \text{ g}^{-1} \text{ VSS}$ by day 42 and there was no nitrate production by day 56. Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

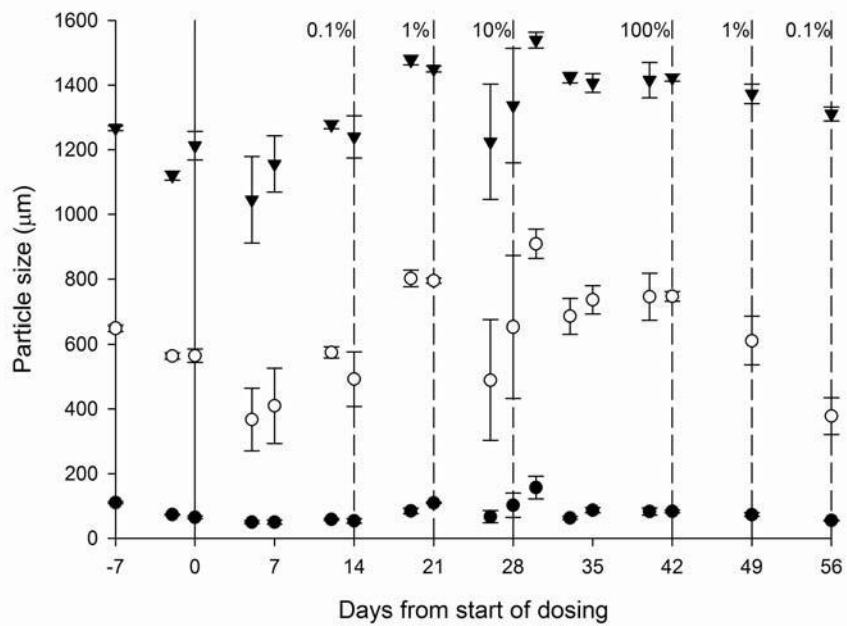


Figure S4. Particle size distribution of granules, including 10th (filled circles), 50th (open circles) and 90th (filled triangles) percentiles. Error bars represent standard error of the mean of three replicate measurements. Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

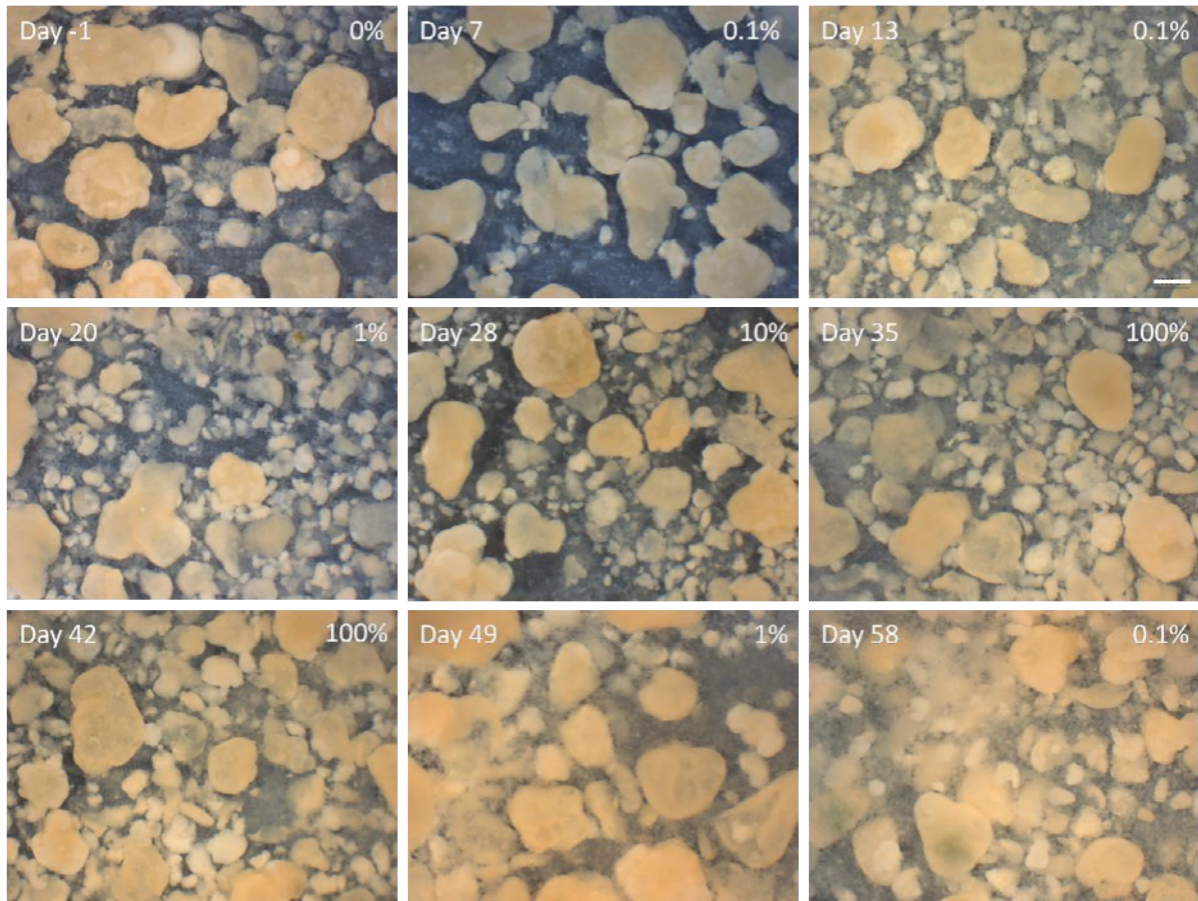


Figure S5. Light microscopy images of granules against a black background taken on different days at different dosing regimes (indicated as the OC dosing level as a percentage of the maximum dose). All images were taken at the same magnification. Scale bar (Day 13 image) represents 1500 μm .

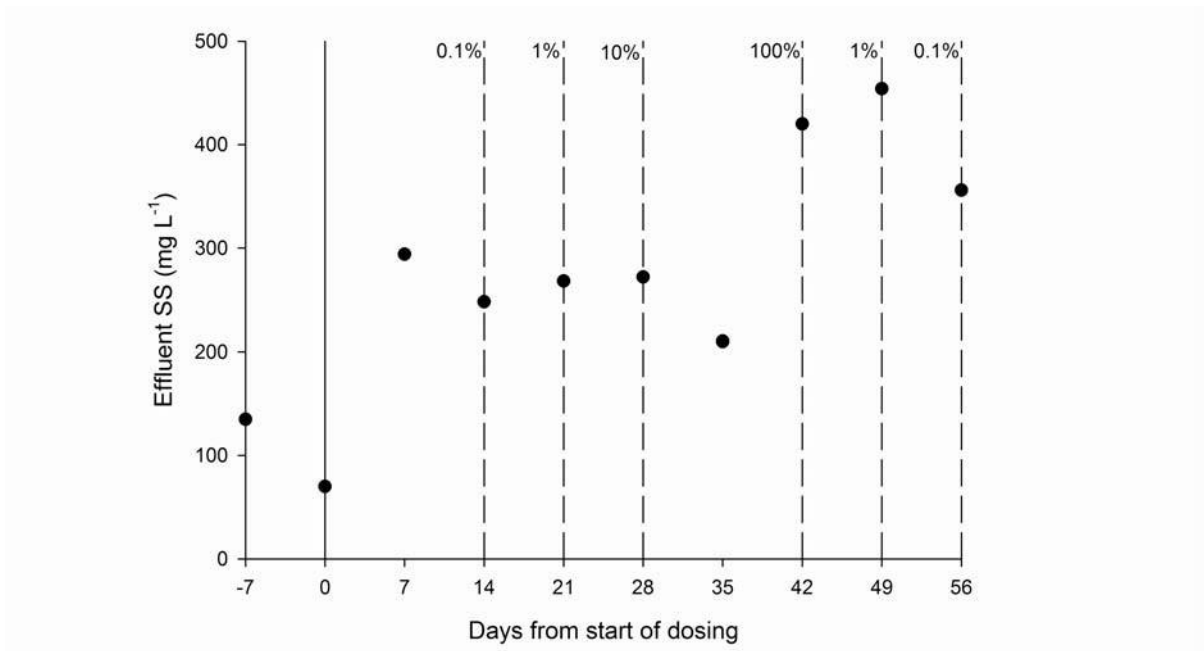


Figure S6. Effluent suspended solids (SS). Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

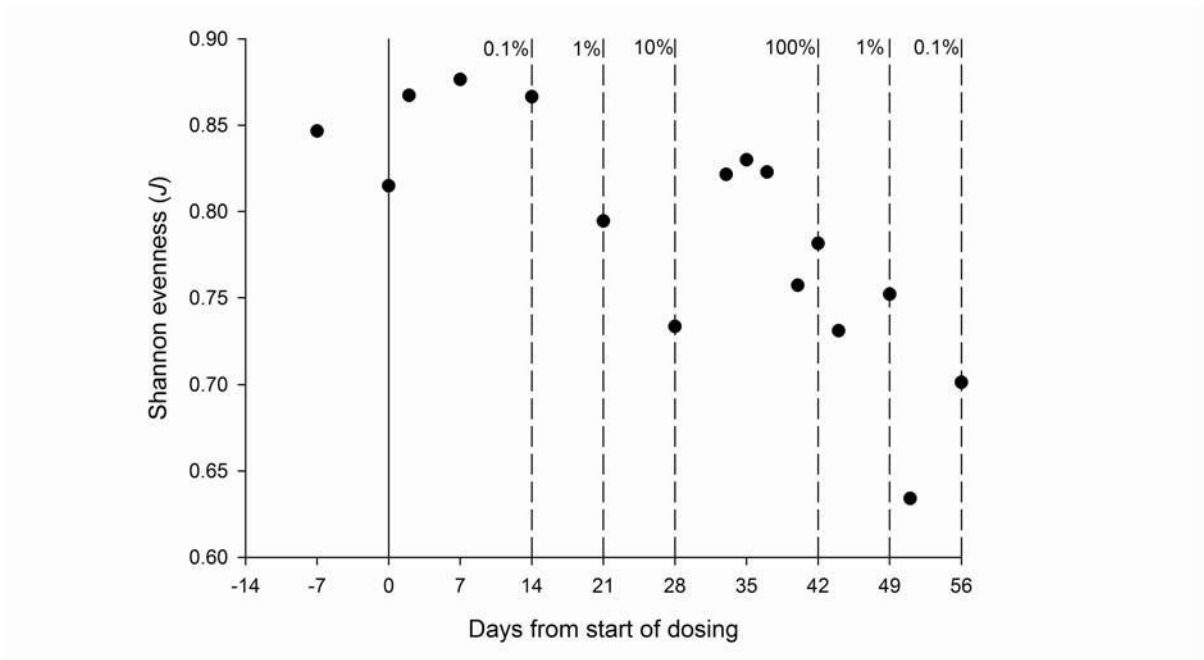


Figure S7. Shannon evenness (J) derived from T-RFLP data. Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

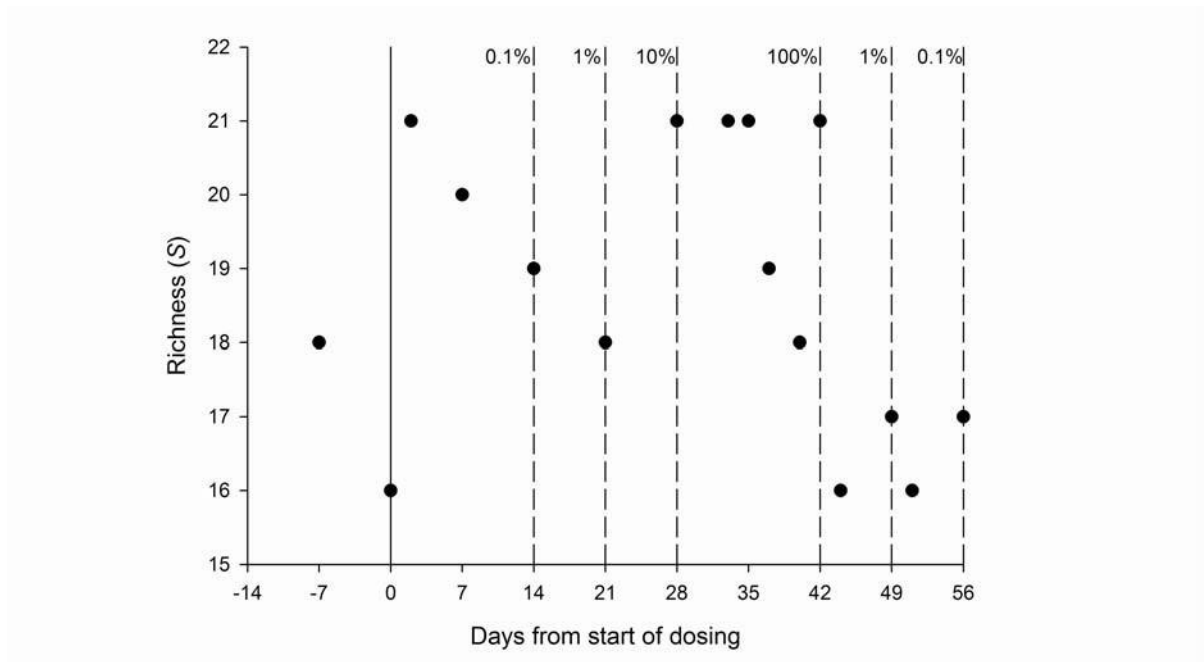


Figure S8. Richness (S) derived from T-RFLP data. Dotted lines represent the ends of a particular dosing regime and indicate the OC dosing level as a percentage of the maximum dose.

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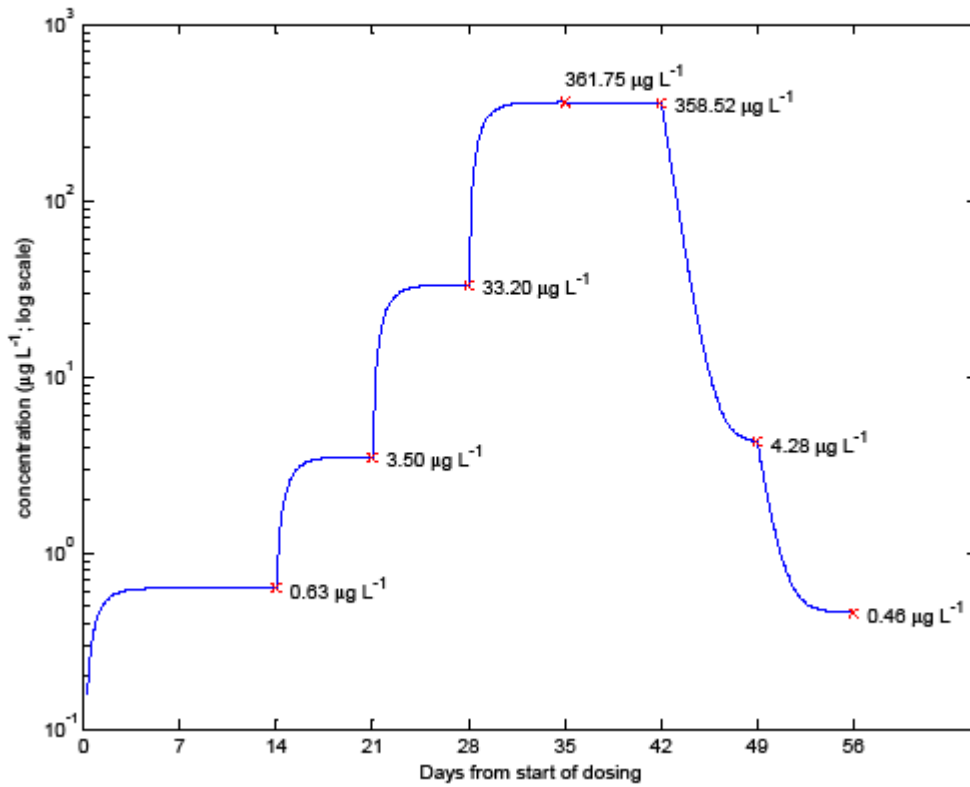


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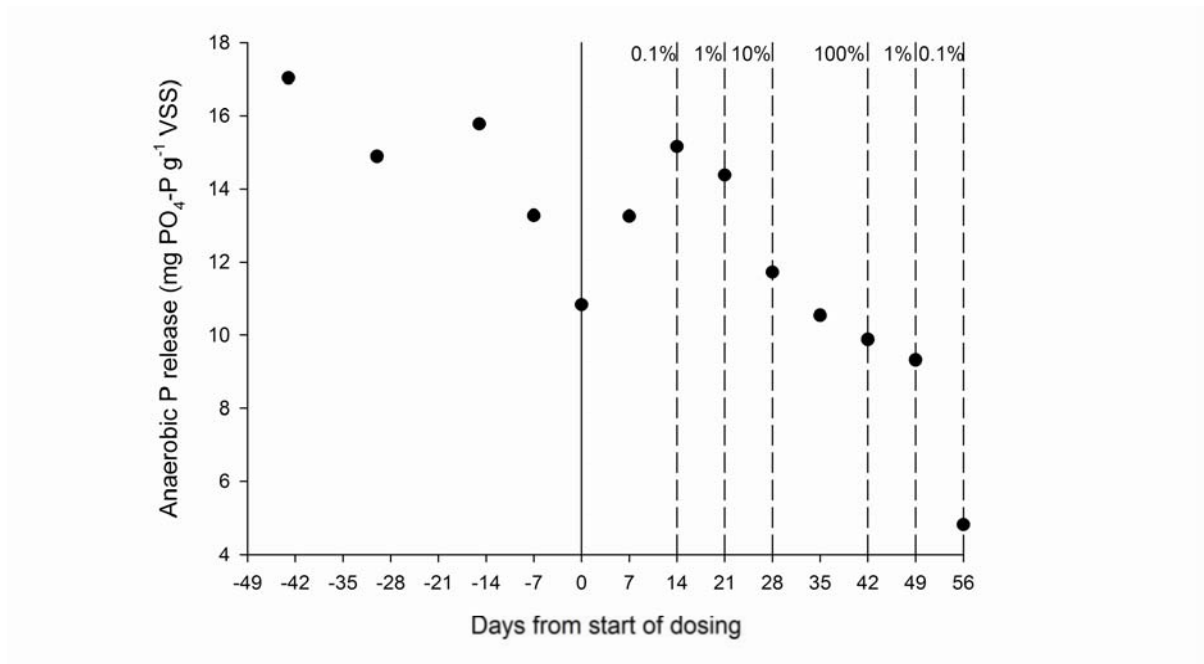


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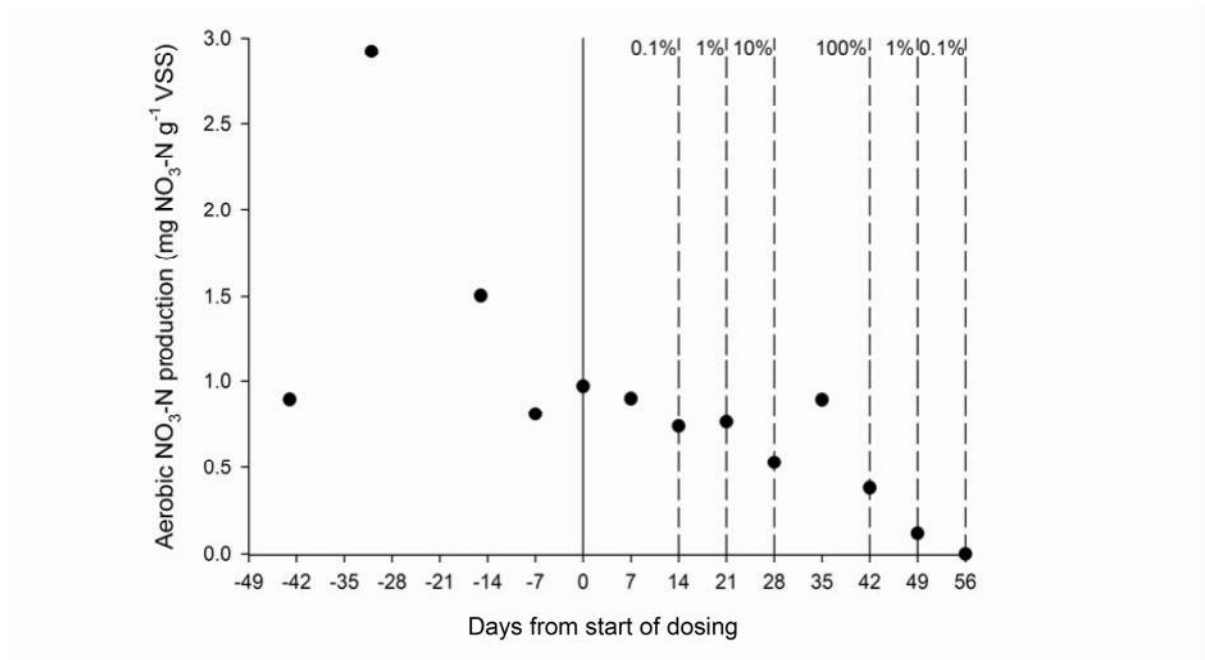


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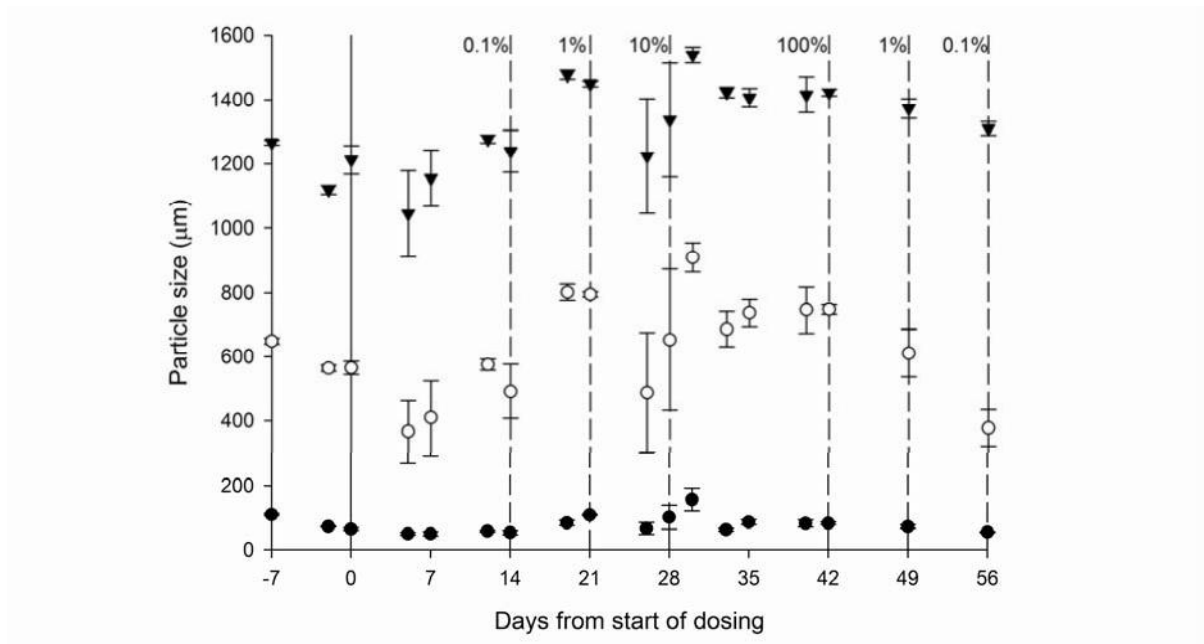


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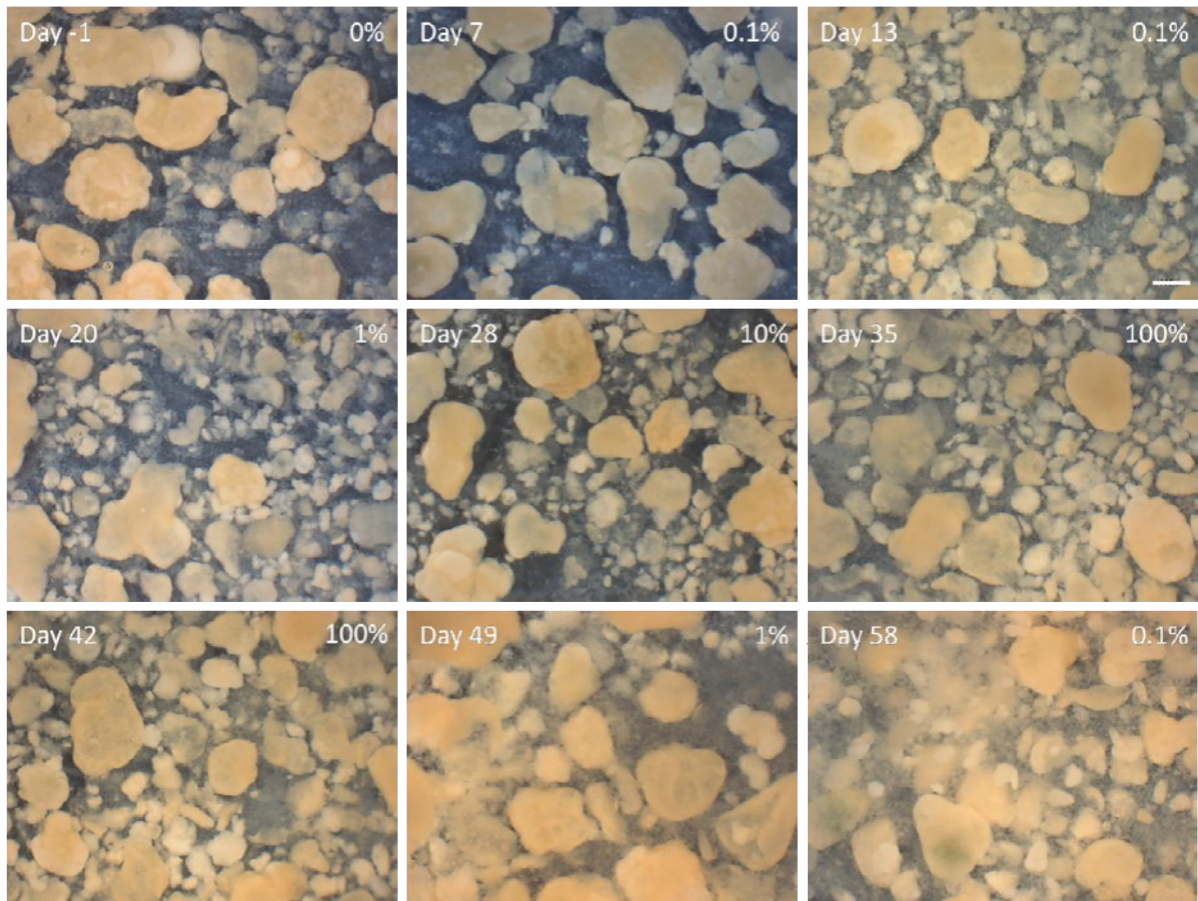


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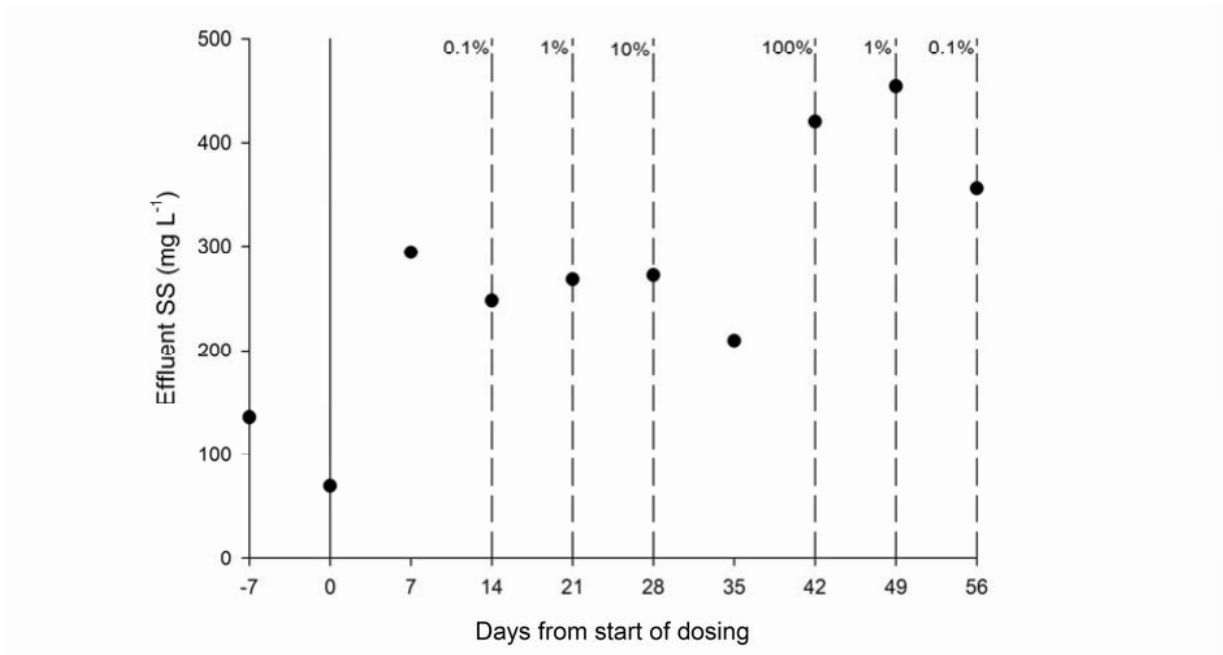


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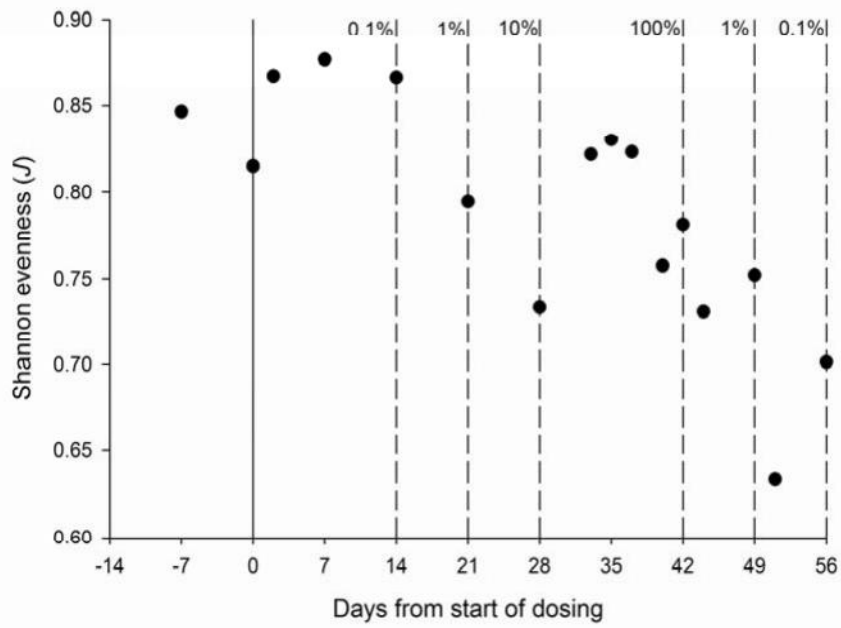


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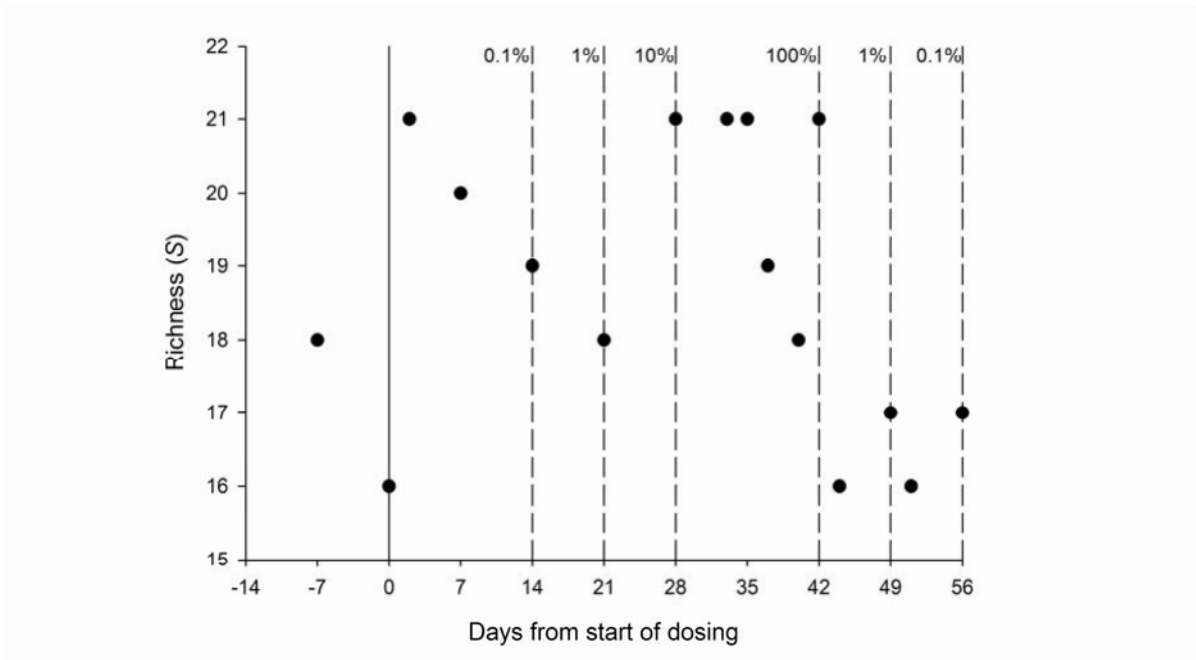


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