STUDENT STUDY PROJECT

ON

"DR B.R.R GOVT DEGREE COLLEGE STUDENTS TYPES OF DRINKING WATER-HEALTH PROBLEMS"

DEPARTMENT OF ZOOLOGY, Dr.BRR Government College Jadcherla Mahabubnagar-509001



(Accredited by NAAC with "B" Grade, An ISO 9001-201 Institution

Mahabubnagar (DIST), Telangana State, India-509301

Affiliated to Palamuru University)

SUBMITTED BY:

P.Vani	IIIBZC	20033006445583
J.Pavani	IIIBZC	20033006445537
K.Ashwini	IIIBZC	20033006445551
B.Anusha	IIIBZC	20033006445510
C.Sandhya	IIIBZC	20033006445518

Supervised by: K. Neeraja, Asst Prof of Zoology

Student study project ON

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Acadamic Year 2022-2023

Supervisor

Head of the Department

Dr B.R.A. GOV COLLEGE

Principal

PRINCIPAL

Dr.B.R.R. Govt. Degree College Jadcherla

K.Neeraja

Assistant Professor of Zoology Dr.BRR Government College Jadcherla-509301 Mahabubnagar District Telangana State, India.

Email:

Mobile:9502053812

CERTIFICATE

This is to certify that the project of "DR B.R.R GOVT DEGREE COLLEGE STUDENTS TYPES OF

DRINKING WATER-HEALTH PROBLEMS" is a bonafide work done by K.Ashwini, P.vani, J.Pavani, B.Anusha, C.Sandhya the students of Bsc VI semester students under my supervision in zoology at the department of zoology Dr B.R.R GOVT COLLEGE (JACDHERLA) During 2022-2023 and the work has not been submitted in any other college or university either part of full for the award of degree.

Place:

Date :

K. NEERAJA

ASSISTANT PROFESOR OF ZOOLOGY

Signature of External examiner

Signature of Internal examiner

DECLARATION

1 We hereby declare that this project report entitled is a genuinerecord of project "DR B.R.R GOVT DEGREE COLLEGE STUDENTS TYPES OF DRINKING WATER-HEALTH PROBLEMS"

work done by me under the guidance of .K.NEERAJA Assistant professor, Department of Zoology, of Dr. Burgula RamaKrishna Rao Govt . Degree College, Jadcherla" and has not been submitted to any University or Institution for the award of any Degree

I further declare that the results presented this work and considerations made there in, contribute in general to the advancement of knowledge in science.

NAMES	CLASS	HT.NUMBERS	SIGNATURE
K.ASHWINI	III BZC	20033006445551	K. Ashwin i
C.SANDHYA	III BZC	20033006445518	C. Sandhya
P.VANI	III BZC	20033006445583	P. Vani
J.PAVANI	III BZC	20033006445537	J. Pavani
B.ANUSHA	III BZC	20033006445510	B.Anusha

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P.Vani	III BZC	20033006445583
J.Pavani	III BZC	20033006445537
K.Aswini	III BZC	20033006445551
B.Anusha	III BZC	20033006445510
C.Sandhya	III BZC	20033006445518

ABSTRACT

A survey of "DR B.R.R GOVT DEGREE COLLEGE STUDENTS TYPES OF

State was done from September 2022 to May 2023. Based on this survey some people drinking tap water and some people drinking filter water, those people who are drinking filter water they may suffering from more disease's like cold, thyphoid, stomach ache, loose motions. Those people who are drinking tap water may suffering from cold .from these survey we identified that tap water contains less health peoblems when compare to the filter water.

INTRODUCTION

- Over 2 billion people live in water-stressed countries, which is expected to be exacerbated in ome regions as result of climate change and population growth.
- Globally, at least 2 billion people use a drinking water source contaminated with faeces. Microbial contamination of drinking-water as a result of contamination with faeces poses the greatest risk to drinking-water safety.
 - While the most important chemical risks in drinking water arise from arsenic,
 fluoride or nitrate, emerging contaminants such as pharmaceuticals, pesticides,
 per- and polyfluoroalkyl substances (PFASs) and microplastics generate public concern.
 - Safe and sufficient water facilitates the practice of hygiene, which is a key
 measure to prevent not only diarrhoeal diseases, but acute respiratory
 infections and numerous neglected tropical diseases.
 - Microbiologically contaminated drinking water can transmit diseases such as diarrhoea, cholera, dysentery, typhoid and polio and is estimated to cause 485 000 diarrhoeal deaths each year.
 - In 2020, 74% of the global population (5.8 billion people) used a safely managed drinking-water service – that is, one located on premises, available when needed, and free from contamination.

Safe and readily available water is important for public health, whether it is used for drinking, domestic use, food production or recreational purposes. Improved water supply and sanitation, and better management of water resources, can boost countries' economic growth and can contribute greatly to poverty reduction.

In 2010, the UN General Assembly explicitly recognized the human right to water and sanitation. Everyone has the right to sufficient, continuous, safe, acceptable, physically accessible and affordable water for personal and domestic use.

Drinking-water services

Sustainable Development Goal target 6.1 calls for universal and equitable access to safe and affordable drinking water. The target is tracked with the indicator of "safely managed drinking water services" – drinking water from an improved water source that is located on premises, available when needed, and free from faecal and priority chemical contamination.

In 2020, 5.8 billion people used safely managed drinking-water services – that is, they used improved water sources located on premises, available when needed, and free from contamination. The remaining 2 billion people without safely managed services in 2020 included:

- 1.2 billion people with *basic* services, meaning an improved water source located within a round trip of 30 minutes;
- 282 million people with *limited* services, or an improved water source requiring more than 30 minutes to collect water;
- 368 million people taking water from unprotected wells and springs; and
- 122 million people collecting untreated surface water from lakes, ponds, rivers and streams.

Sharp geographic, sociocultural and economic inequalities persist, not only between rural and urban areas but also in towns and cities where people living in low-income, informal or illegal settlements usually have less access to improved sources of drinking-water than other residents.

Water and health

Contaminated water and poor sanitation are linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Absent, inadequate, or inappropriately managed water and sanitation services expose individuals to preventable health risks. This is particularly the case in health care facilities where both patients and staff are placed at additional risk of infection and disease when water, sanitation and hygiene services are lacking. Globally, 15% of patients develop an infection during a hospital stay, with the proportion much greater in low-income countries.

Inadequate management of urban, industrial and agricultural wastewater means the drinking-water of hundreds of millions of people is dangerously contaminated or chemically polluted. Natural presence of chemicals, particularly in groundwater, can also be of health significance, including arsenic and fluoride, while other chemicals, such as lead, may be elevated in drinking-water as a result of leaching from water supply components in contact with drinking-water.

Some 829 000 people are estimated to die each year from diarrhoea as a result of unsafe drinking-water, sanitation and hand hygiene. Yet diarrhoea is largely preventable, and the deaths of 297 000 children aged under 5 years could be avoided each year if these risk factors were addressed. Where water is not readily available, people may decide handwashing is not a priority, thereby adding to the likelihood of diarrhoea and other diseases.

Diarrhoea is the most widely known disease linked to contaminated food and water but there are other hazards. In 2017, over 220 million people required preventative treatment for schistosomiasis – an acute and chronic disease caused by parasitic worms contracted through exposure to infested water.

In many parts of the world, insects that live or breed in water carry and transmit diseases such as dengue fever. Some of these insects, known as vectors, breed in clean, rather than dirty water, and household drinking water containers can serve as breeding grounds. The simple intervention of covering water storage containers can reduce vector breeding and may also reduce faecal contamination of water at the household level.

Economic and social effects

When water comes from improved and more accessible sources, people spend less time and effort physically collecting it, meaning they can be productive in other ways. This can also result in greater personal safety and

reducing musculoskeletal disorders by reducing the need to make long or risky journeys to collect and carry water. Better water sources also mean less expenditure on health, as people are less likely to fall ill and incur medical costs and are better able to remain economically productive.

With children particularly at risk from water-related diseases, access to improved sources of water can result in better health, and therefore better school attendance, with positive longer-term consequences for their lives.

Challenges

Historical rates of progress would need to double for the world to achieve universal coverage with basic drinking water services by 2030. To achieve universal safely managed services, rates would need to quadruple. Climate change, increasing water scarcity, population growth, demographic changes and urbanization already pose challenges for water supply systems. Over 2 billion people live in water-stressed countries, which is expected to be exacerbated in some regions as result of climate change and population growth. Re-use of wastewater to recover water, nutrients or energy is becoming an important strategy. Increasingly countries are using wastewater for irrigation; in developing countries this represents 7% of irrigated land. While this practice if done inappropriately poses health risks, safe management of wastewater can yield multiple benefits, including increased food production.

Options for water sources used for drinking-water and irrigation will continue to evolve, with an increasing reliance on groundwater and alternative sources, including wastewater. Climate change will lead to greater fluctuations in harvested rainwater. Management of all water resources will need to be improved to ensure provision and quality.

WHO's response

As the international authority on public health and water quality, WHO leads global efforts to prevent water-related disease, advising governments on the development of health-based targets and regulations.

WHO produces a series of water quality guidelines, including on drinking-water, safe use of wastewater, and recreational water quality. The water quality guidelines are based on managing risks, and since 2004 the *Guidelines for drinking-water quality* promote the Framework for safe drinking-water. The Framework recommends establishment of health-based targets, the development and implementation of water safety plans by water suppliers to most effectively identify and manage risks from catchment to consumer, and independent surveillance to ensure that water safety plans are effective and health-based targets are being met.

The drinking-water guidelines are supported by background publications that provide the technical basis for the Guidelines recommendations. WHO also supports countries to implement the drinking-water quality guidelines through the development of practical guidance materials and provision of direct country support. This includes the development of locally relevant drinking-water quality regulations aligned to the principles in the Guidelines, the development, implementation and auditing of water safety plans and strengthening of surveillance practices.

Since 2014, WHO has been testing household water treatment products against WHO health-based performance criteria through the WHO

Benefits of improving sanitation

Benefits of improved sanitation extend well beyond reducing the risk of diarrhoea. These include:

- reducing the spread of intestinal worms, schistosomiasis and trachoma,
 which are neglected tropical diseases that cause suffering for millions;
- reducing the severity and impact of malnutrition;
- promoting dignity and boosting safety, particularly among women and girls;
- promoting school attendance: girls' school attendance is particularly boosted by the provision of separate sanitary facilities;
- reducing the spread of antimicrobial resistance;
- potential recovery of water, renewable energy and nutrients from faecal waste; and
- potential to mitigate water scarcity through safe use of wastewater for irrigation especially in areas most affected by climate change.

A WHO study in 2012 calculated that for every US\$ 1.00 invested in sanitation, there was a return of US\$ 5.50 in lower health costs, more productivity and fewer premature deaths.

Tap Water

In the Washington, DC area, our tap water comes from the Potomac or Patuxent Rivers. This water is process with basic filtration techniques like flocculation, which adds chemicals to the water to get particles to coagulate and float so that they can be removed; sand filtration, which filters out large pieces of debris; or chlorination, which adds chlorine to kill bacteria and microorganisms.

Despite tap water being considered drinkable by the EPA, it can lead to numerous problems. For one, chlorine is not ideal for human consumption—while our bodies can technically handle it, chlorine can lead to a variety of health complications and is <u>potentially carcinogenic</u> (leads to cancer). There is also a risk of lead in tap water due to lead being present in the pipes that bring tap water to your home.

DC tap water ranges from 200 PPM to 400+ PPM in TDS (total dissolved solids), which measures the concentration of soluble impurities in pure H2O. It has such a range of quality due to water temperature (warmer water is better for dissolving things), water flow, runoff, time of year (fertilizers, which are predominantly used in the spring, can leach into fresh water), and more.

Tap water *is* the cheapest water option available, but as you can see, it comes with a number of compromises. If you're concerned about additives and chemicals in your food, then you should be just as particular with your water choices.

Spring Water

Spring water is often mistaken for being equal or interchangeable with purified water. However, spring water often contains many of the same impurities found in well or tap water. In fact, since springs feed our rivers, there is a lot of spring water in our tap water! Spring water generally has the same TDS range as tap water.

Many spring water companies advertise their water as "100% pure—" but if it's not purified, what does that mean? The "pure" part actually refers to the source, not the water itself—in that 100% of that bottle's contents came from an underground source (rather than surface water). This clever wording leads many people to believe that spring water is just as clean as purified water.

Thanks to this crafty marketing, spring water often conjures up natural, pleasant imagery. In reality, most spring water is not actually bottled at the source, but rather, is pumped into large tanker trucks from the source to be transported to the bottling facility. The water in those trucks must be chlorinated or ozonated at all times to protect against contamination. In this sense, spring water is hardly different from tap water, since it is largely treated the same way. Once the water is at the bottling facility, it goes through a carbon filtration process to remove the chlorine. This process may separate spring from tap water, but nitrates, metals, and more are likely to remain.

Distilled Water

Distilled water is processed by boiling H2O out of its contaminants. Many of said contaminants include inorganic minerals or metals. Those impurities have a much higher boiling point than water's boiling point of 212 degrees Fahrenheit. So, the steam that results from the boiling is captured and cooled—and the water that results from the steam is what is classified as distilled water. Because many of the volatile compounds in water have a lower boiling point than water, they boil off first. As a result, it is important to employ additional purification methods beyond distillation in order to have truly clean, pure water.

Filtered Water

Filtered water is what you are most likely to find in a grocery store. It is typically sourced from municipal tap water, which is then run through carbon filters to remove the chlorine (which improves the taste) and sometimes a micron filter as well. After the filtering, it is ozonated and bottled. In essence, filtered water is

facilities, not sleeping well, and psychological stress.[6] The symptoms are mostly due to the body's immune response to the infection rather than to tissue destruction by the viruses themselves.[15] The symptoms of influenza are similar to those of a cold, although usually more severe and less likely to include a runny nose

Difference between tap water and distilled water:-

Distillation removes all minerals from water. This results in demineralised water, which has not been proven to be healthier than drinking water. The World Health Organization investigated the health effects of demineralised water in 1982, and its experiments in humans found that demineralised water increased diuresis and the elimination of electrolytes, with decreased serum potassium concentration. [citation needed] Magnesium, calcium, and other nutrients in water can help to protect against nutritional deficiency.

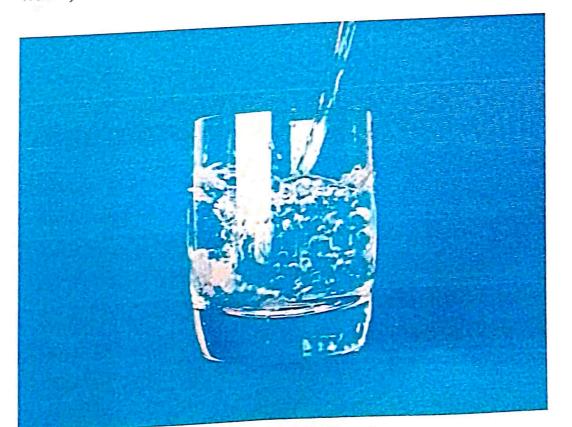
Recommendations for magnesium have been put at a minimum of 10 mg/L with 20–30 mg/L optimum; for calcium a 20 mg/L minimum and a 40–80 mg/L optimum, and a total water hardness (adding magnesium and calcium) of 2–4 mmol/L. At water hardness above 5 mmol/L, higher incidence of gallstones, kidney stones, urinary stones, arthrosis, and arthropathies have been observed. [citation needed] For fluoride the concentration recommended for dental health is 0.5–1.0 mg/L, with a maximum guideline value of 1.5 mg/L to avoid dental fluorosis. [17]

The drinking of distilled water as a replacement for drinking water has been both advocated and discouraged for health reasons. Distilled water lacks minerals and ions such as calcium that playkey roles in biological functions such as in nervous system homeostasis, and are normally foundin potable water. The lack of naturally occurring minerals in distilled water has raised some concerns.

International Scheme to Evaluate Household Water Treatment
Technologies. The aim of the scheme is to ensure that products protect
users from the pathogens that cause diarrhoeal disease and to
strengthen policy, regulatory and monitoring mechanisms at the
national level to support appropriate targeting and consistent and

correct use of such products.

WHO works closely with UNICEF in a number of areas concerning water and health, including on water, sanitation, and hygiene in health care facilities. In 2015 the two agencies jointly developed WASH FIT (Water and Sanitation for Health Facility Improvement Tool), an adaptation of the water safety plan approach. WASH FIT aims to guide small, primary health care facilities in low- and middle-income settings through a continuous cycle of improvement through assessments, prioritization of risk, and definition of specific, targeted actions. A 2019 report describes practical steps that countries can take to improve water, sanitation and hygiene in health care facilities.



quite similar to spring water. It comes from a "natural" source, goes through minimal filtration, and is then bottled and shipped to market.

Purified Water

The source of purified water isn't what makes it the best choice on the market—it's the purification methods that separate purified water from the rest of the pack. Purified water goes through a process similar to what filtered water goes through, but with a few added steps like reverse osmosis, distillation, or deionization. The end result is far purer than filtered, spring, or tap water.

Thanks to our <u>12-step purification</u> process, our water is guaranteed to be the same high quality every time, regardless of variations in the source water's quality. For this reason, purified water is viewed as the objective benchmark against which the purity of other waters is judged. If you want guaranteed purity and taste, choose purified water.

Schedule Purified Bottled Water Delivery in MD, DC, or VA

If you are looking for the cleanest, purest water on the market, look no further than DrinkMore Water. We have perfected our 12-step purification system and are constantly updating our processing plant with newer and better technologies so that we can continue to guarantee our purity and taste. We truly care about your satisfaction with our water and will never stop improving our process.

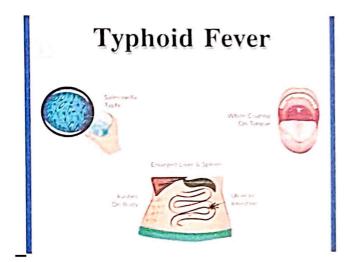
LOOSE MOTION:-

Osmotic diarrhea occurs when too much water is drawn into the bowels. If a person drinks solutions with excessive sugar or excessive salt, these can draw water from the body into the bowel and cause osmotic diarrhea. Osmotic diarrhea can also result from maldigestion, e.g. pancreatic disease or coeliac disease, in which the nutrients are left in the lumen to pull in water. Or it can be caused by osmotic laxatives (which work to alleviate constipation by drawing water into the bowels). In healthy individuals, too much magnesium or vitamin

undigested lactose can produce osmotic diarrhea and distention of the bowel. A person who has lactose intolerance can have difficulty absorbing lactose after an extraordinarily high intakeof dairy products. In persons who have fructose malabsorption, excess fructose intake can also cause diarrhea. High-fructose foods that also have a high glucose content are more absorbableand less likely to cause diarrhea. Sugar alcohols such as sorbitol (often found in sugar-free foods) are difficult for the body to absorb and, in large amounts, may lead to osmotic

diarrhea.[15] In most of these cases, osmotic diarrhea stops when the offending agent, e.g. milk orsorbitol, is stopped.

TYPHOID FEVER



Typhoid fever, also known as typhoid, is a disease caused by <u>Salmonella</u> <u>serotype</u> Typhi bacteria.[2] Symptoms vary from mild to severe, and usually begin six to 30 days after exposure.[3][4] Often there is a gradual onset of a high <u>fever</u> over several days.[3] This is commonlyaccompanied by weakness, <u>abdominal pain</u>, <u>constipation</u>, <u>headaches</u>, and mild vomiting.[4][5] Some people develop a skin rash with <u>rose colored spots</u>.[4] In severe cases, peoplemay experience confusion.[5] Without treatment, symptoms may last weeks or months.[4] <u>Diarrhea</u> may be severe, but is uncommon.[5] Other people may

months.^[4] <u>Diarrhea</u> may be severe, but is uncommon.^[5] Other people may carry the bacterium without being affected, but they are still able to spread

the disease.^[6] Typhoid fever is a type of <u>enteric</u> fever, along with <u>paratyphoid fever</u>.^[2] <u>S. enterica Typh</u>i is believed to infect and replicate only within humans.^[7]

Typhoid is caused by the bacterium <u>Salmonella enterica</u> subsp. <u>enterica</u> serovar Typhi growing in the intestines, <u>peyers patches</u>, <u>mesenteric lymph</u> nodes, <u>spleen</u>, liver, <u>gallbladder</u>, <u>bone marrow</u> and <u>blood</u>.[4][5] Typhoid is spread by eating or drinking food or water contaminated with the <u>feces</u> of an infected person.[6] Risk factors include limited access to clean drinking water and poor <u>sanitation</u>.[2] Those who have not yet been exposed to the pathogen and ingest contaminated drinking water or food are most at risk for developing symptoms.[5] Only humans can be infected; there are no known animal reservoirs.

STOMACH PAIN



Indigestion, also known as dyspepsia or upset stomach, is a condition of impaired digestion. [2] Symptoms may include upper abdominal

fullness, heartburn, nausea, belching, or upper abdominal pain. [3] People may also experience feeling full earlier than expected when eating. [4] Indigestion is relatively common, affecting 20% of people at some point during their life, and is frequently caused

by gastroesophageal reflux disease (GERD) or gastritis.[1][5]

Indigestion is subcategorized as "organic" or "functional", but making the

diagnosis can provechallenging for physicians.^[6] Organic indigestion is the result of an underlying disease, such

as gastritis, peptic ulcer disease (an ulcer of the stomach or duodenum), or cancer. [6] Functional indigestion (previously called nonulcer dyspepsia) [7] is indigestion without evidence of underlying disease. [8] Functional indigestion is estimated to affect about 15% of the general population in western countries and accounts for a majority of dyspepsia cases.

COLD



The **common cold** or the **cold** is a <u>viral infectious disease</u> of the <u>upper respiratory tract</u> that primarily affects the <u>respiratory mucosa</u> of the <u>nose</u>, <u>throat</u>, <u>sinuses</u>, and larynx.[6][8] Signs and symptoms may appear fewer than two days after exposure to the virus.[6] These may

include <u>coughing</u>, <u>sore throat</u>, <u>runny nose</u>, <u>sneezing</u>, <u>headache</u>, <u>and fever</u>.[3][4] People usually recover in seven to ten days,[3] but some symptoms may last up to three weeks.[7] Occasionally, those with other <u>health problems</u> may develop pneumonia.[3]

Well over 200 <u>virus strains</u> are implicated in causing the common cold, with <u>rhinoviruses</u>, <u>coronaviruses</u>, <u>adenoviruses</u> and <u>enteroviruses</u> being the most common.[14] They spread through the air during close contact with infected people or indirectly through contact with objects in the environment, followed by transfer to the mouth or nose.[3] Riskfactors include going to <u>child care</u>

MATERIAL AND METHODS

As a part of the curriculum of B.Sc. Program, the affiliated University of Dr.BRR Govrnment College has introduced a student study project in VI semester from the Academic year 2019-20 onwards.

Study Area:

Dr.BRR Government Degree College Jadcherla, an educational institution, offering undergraduate programs to the students. Established in the year 1963. Located at Signal gadda in the town with 15 acres of land.





Fig.1: Google map showing the location of the study area (courtesy: https://www.google.com/maps/@16.7637025,78.1460863,18z)

METHODOLOGY















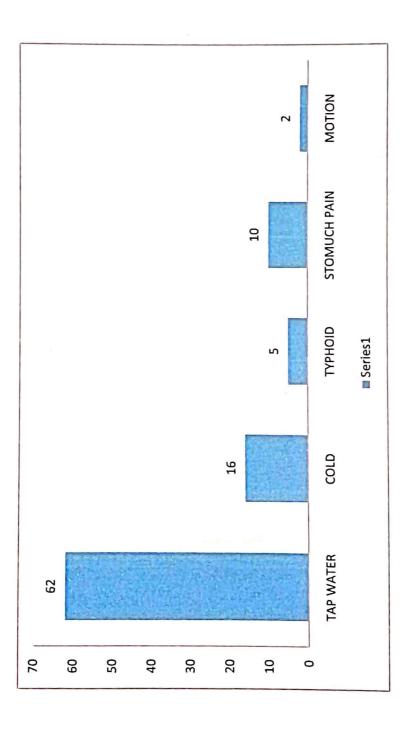
		DRIN WA			OSE TION	ТҮРЬ	IOID	томас	H PAII		COLD
NAME OF THE PERSON	NAME OF THE VILLAGE	TAP WATER	FILTER WATER	WEEK	монтн	WEEK	MONTH	WEEK	монтн	WEEK	моптн
LINGAM	GOLLAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
SATHAIAH	JP NAGAR	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
VENKATAIAH	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
SAILU	BHAIRAMPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES
RAMASWAMY	NERALLAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO
RAMACHANDRAIAH	JP NAGAR	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES
MADHIREEDY	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
ANJANEYULU	JP NAGAR	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
GOVARDHAN	BHAIRAMPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
KURMURTHY	CHERLAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES
VENKATAIAH	NERALLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES
KURMAIAH	KANCHANPALLY	YES	NO	NO	NO	YES	NO	NO	NO	NO	YES
RAMULU	RAJAPUR	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO
KRISHNAIAH	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
SRINU	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
NARESH	BALANAGAR	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES
SRIKANTH	ALLUR	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
SHIVA	BHAIRAMPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
ASHOK	MIDJIL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
LAVANYA	MIDJIL	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
KALYANI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
ASHWINI	CHOUTAGADA TANDA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
NAVEENA	PEDAIKUNTA TANDA	NO	YES	YES	NO	NO	NO	NO	NO	YES	NO
CHAITANYA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
RAJESHWARI	KOTHAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
MANASA	CHILVER	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
NANDHINI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
RAVALI	BALANAGAR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
GEETHA	JADCHERLA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
VASANTHA	JADCHERLA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
MAHESH	DONUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
SHIRISHA	DONUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
AJMI	VADYAL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
WAHEEDHA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
NAZMA	VADYAL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
WAJID	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
PASHA	MIDJIL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
NANDHINI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
SARASWATHI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
MANIKYA	MUNNANUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
BHAVANI	RANIPET	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
SARSWATHI	KAVERAMAPET	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
ANITHA	MIDJIL	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
CHANDHANA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
HARITHA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
ANUSHA	VASPULA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
SHIVANI	VASPULA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO

			,									
	SHESHU	VALLABURAVPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	SRIKANTH	VELUGOMULA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
50	SWAMY	MUNNANUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
51		RANIPET	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
52	MOUNIKA	BURGUPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
53	AMANI	BURGUPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
54	NIANASA	JANGAREEDYPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
55	LAVANYA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
50	SRAVANI	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
57	AJITH	MAHABUBNAGAR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
58	NARESH	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
59	SRAVANI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
50	SHIRISHA	LINGAMPET	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
61	SHOBA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
62	AKHILA	NASARLABAD	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
63	SHIVA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
54		KETHIREDDY PALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
	VASSIM	NANCHARLA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
56		MAHABUBNAGAR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
57	JOSPH	MAHABUBNAGAR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
58		RANIPET	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO
_	HEMALATHA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
_	TEJASHWINI	NASRLABAD	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
71		NAMCHARLA	NO	_	_	_				_		_
72		NEKONDA	_	YES	NO	NO	NO	NO	NO	NO	NO	NO
\vdash	JANGAIAH	POLEPALLY	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO
-	MOUNIKA	POLEPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
	GEETHA	JADCHERLA	NO	YES	NO	NO NO	NO NO	NO	NO	NO	NO	NO
-	NIKHITHA	KANCHANPALLY	YES	NO	NO	NO	NO	NO NO	NO	NO	NO	NO
_	SHASHIKALA	DONUR	YES	NO	NO	NO	NO	NO	NO NO	NO	NO	NO
	NAGALAKSHMI	BOINPALLY	YES	NO	NO	NO	NO	_		NO	NO	NO
-			YES	NO	NO	_	_	NO	NO	NO	NO	YES
\vdash	GOUVARDANA	GADWAL		YES	NO	NO	NO	NO	NO	NO	NO	NO
	PRAVEEN	MAHABUBNAGAR	NO	-	_	NO	NO	NO	NO	NO	NO	NO
	MOUNIKA	RAJAPUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	GORI	NERALLAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	SANGEETHA	POLEPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	MALLESH	KOTHAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	NAVEENA	MUDHIREDDY PALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
86	PURNA CHANDAN	MUDHIREDDY PALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
37	HARIKRISHNA	JADCHERLA	YES	NO	NO	NO	NO	NO	NO	ИО	NO	NO
	SRIDHAR	MARIKAL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
	SPANDHANA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
90	HUZAMA	AVANCHA	YES	NO	NO	ИО	NO	NO	NO	NO	NO	NO
1	AKHILA	KAVERAMAPET	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
92	RADHIKA	KAVERAMAPET	YES	NO	NO	NO	ИО	NO	NO	NO	NO	NO
23	PRIYANKA	CHINNA ADHIRALA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
14	MANASA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
25	RAMYA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
6	RAJITHA	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
27	VIJAYALAKSHMI	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
18	SRINU	KOTHAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
			YES	NO	ИО	NO	NO	NO	NO	NO	NO	NO
9	MALLESH	CHILVER	1123	1110		1		1	1	1	1110	1110

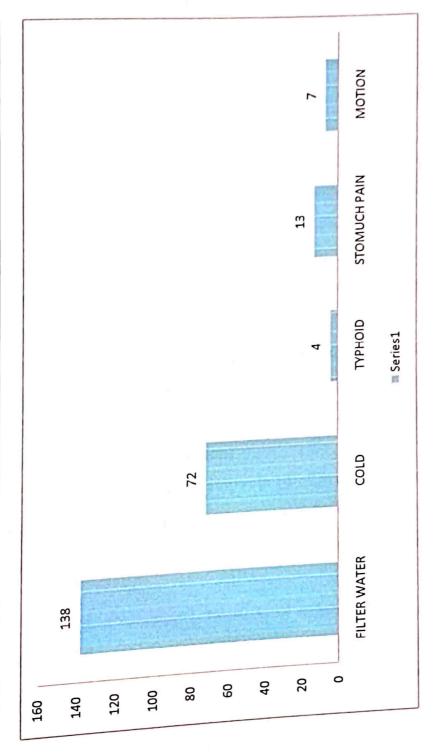
									-	,	,	1
101	VARSHITHA	MADOOL	NO	YES	ИО	ИО	NO	NO	ИО	ИО	ИО	ИО
02	GEETANJALI	JADCHERLA	NO	YES	NO	NO	ИО	ИО	ИО	ИО	YES	ИО
101	VIJETHA	BALANAGAR	NO	YES	NO	NO	NO	NO	ИО	ИО	YES	ИО
04	JASHWIN	MAHABUBNAGAR	YES	NO	NO	NO	NO	ИО	ИО	NO	ИО	ИО
	ATUFFÀ BEGAM	KAVERAMAPET	NO	YES	NO	NO	NO	ИО	ИО	ИО	ИО	ИО
06	JAVERIYA AMBER	JADCHERLA	NO	YES	NO	NO	ИО	ИО	NO	ИО	ИО	ИО
07	SANIYA BEGAM	JADCHERLA	NO	YES	NO	NO	ИО	ИО	NO	ИО	ИО	ИО
08	AMINA	SHADNAGAR	NO	YES	NO	NO	ИО	NO	YES	NO	NO	ИО
09	AYESHA	SHADNAGAR	NO	YES	NO	NO	ИО	ИО	NO	ИО	ИО	ИО
10	наввіва	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	ИО	ИО
11	MEHARUBA	AVANCHA	NO	YES	NO	NO	ИО	NO	NO	NO	NO	ИО
12	SRAVANI	GOLLAPALLY	NO	YES	NO	NO	ИО	NO	NO	ИО	NO	NO
13	BHARATH	GOLLAPALLY	NO	YES	NO							
14	PUSHPA	VADYAL	NO	YES	NO	NO	NO	NO	NO	ИО	ИО	YES
15	BAGYAMMA	SHADNAGAR	NO	YES	NO	ИО	NO	NO	NO.	ИО	YES	NO
16	ASHWINI	MUDHIREDDY PALLY	NO	YES	NO	ИО	NO	NO	NO	ИО	ИО	NO
17	PAVANI	AMMAPALLY	NO	YES	NO	NO	NO	NO	NO	ИО	ИО	NO
18	ANUSHA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	ИО	ИО	ИО	NO
19	KRISHNAVENI	NANDARAM	NO	YES	ИО	YES	NO	NO	ИО	ИО	YES	ИО
20	SURESH	MAHABUBNAGAR	YES	NO	NO	ИО	NO	NO	NO	ИО	NO	YES
21	ASHWINI	JADCHERLA	NO	YES	NO	YES	NO	YES	NO	ИО	YES	NO
22	SRINU	NANDARAM	YES	NO	ИО	NO	NO	NO	NO	YES	NO	YES
23	BHAVANI	JADCHERLA	YES	NO	NO	ИО	NO	ИО	NO	YES	ИО	YES
24	KUMAR	TIRUMALAPUR	ИО	YES	ИО	NO	ИО	NO	ИО	YES	ИО	YES
25	SRIKANTH	PEEDAPALLY	NO	YES	NO	ИО	ИО	NO	NO	NO	ИО	ИО
26	NAVEENA	SHERGUDEM	YES	NO	ИО	ИО	ИО	NO	NO	NO	YES	ИО
27	SRIDHAR	TIRUMALAPUR	YES	NO	NO	ИО	NO	NO	NO	NO	ИО	YES
28	KARTHIK	NANDARAM	YES	NO	NO	NO	ИО	NO	NO	NO	NO	YES
29	KUMAR	MACHARAM	ИО	YES	NO							
30	KISHOR	JADCHERLA	YES	NO	ИО	NO	NO	NO	NO	ИО	NO	YES
31	TIRUPATHI	NANDARAM	YES	NO	ИО	ИО	ИО	NO	NO	NO	YES	NO
32	SHEKAR	JADCHERLA	NO	YES	NO	ИО	ИО	NO	NO	NO	NO	NO
33	CHENAIAH	NAGASALA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
34	SAROJA	GANGAPUR	NO	YES	NO							
35	SHEKAR	JADCHERLA	NO	YES	NO							
36	VENKATAIAH	GANGAPUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
37	MAHESH BABU	VUDANDAPUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
38	VENKATAIAH GOUD	VUDANDAPUR	NO	YES	NO							
39	KRISHNAIAH	VUDANDAPUR	NO	YES	NO							
10	SRINU	VUDANDAPUR	NO	YES	NO							
	SHIVA LINGAM	VUDANDAPUR	NO	YES	NO	NO	NO	YES	NO	NO	NO	YES
	SRIKANTH	VUDANDAPUR	YES	NO	NO	NO	NO	NO	YES	NO	NO	YES
_	SUMALATHA	IBRAHIM PALLY	NO	YES	NO							
	VARALAKSHMI	VUDANDAPUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
	VANDHINI	VUDANDAPUR	NO	YES	NO	YES	NO	NO	NO	YES	YES	NO
	YOTHI	VUDANDAPUR	YES	NO	NO	YES	NO	YES	NO	NO	NO	NO
	SATHI REDDY	VALLUR	NO	YES	NO	YES						
	SUMITHRA	KISTARAM	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO
	PADMA	VUDANDAPUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	_
_	DEEPIKA	KALWAKURTHY	NO	YES	NO	NO	NO	NO	NO	NO		NO
	SHIVAKUMAR		YES	NO	NO	NO	NO	NO	YES	_	YES	NO
	SRIDAR	VUDANDAPUR	NO	YES	NO	YES						
	BHANU	VALLUR	_	YES		NO	NO	NO		NO	NO	NO
	THAINU	TIGALAPALLY	NO	1123	INO	IVO	INO	INO	NO	YES	YES	NO

54 VAMSHI	HYDRABAD	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
55 BHARATH	HYDRABAD	NO	YES	ИО	NO	YES	NO	NO	YES	YES	NO
56 HARI	JADCHERLA	NO	YES	NO	NO	NO	YES	NO	NO	NO	NO
57 RAJESHWARI	KARNOOL	NO	YES	YES	NO	NO	NO	NO	YES	NO	YES
58 SAHADEV	VUDANDAPUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
59 SRINU	VUDANDAPUR	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO
60 RAMESH	VUDANDAPUR	YES	NO	YES	NO	NO	NO	YES	NO	YES	NO
61 SHEKAR	VUDANDAPUR	NO	YES	NO	YES	NO	NO	NO	NO	YES	NO
62 ARCHANA	AVANCHA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
63 MAHESHWARI	MIDJIL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
64 GIRIJA	MAREPALLY	YES	NO	NO	ИО	NO	NO	NO	NO	NO	NO
65 ARUNÁ	MAHABUBNAGAR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
66 SUNITHA	AVANCHA	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
67 KUMAR	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
68 RAJU	GOLLAPALLY	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO
69 GOPAL	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
70 YADHAMMA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
71 NARSIMULU	GOLLAPALLY	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
72 MANEMMA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
73 HARIKRISHNA	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
74 SAIKUMAR	GOLLAPALLY	NO	YES	YES	NO	NO	NO	NO	NO	YES	NO
75 YADAIAH	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
76 SRIKANTH CHARY	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO
77 VENKATESH	GOLLAPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
78 RAJU	BHAIRAMPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
79 BUCHAIAH	RAJAPUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
30 LAKSHMAMMA	RAJAPUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
RAMESH	RAJAPUR	NO	YES	NO	NO	NO	YES	NO	NO	NO	NO
32 MALAMMA	RAJAPUR	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
3 PARVATHALU	EDHIRE	NO	YES	NO	NO	YES	NO	NO	NO	YES	NO
4 BEERAIAH	MACHARLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
5 MALAYAIAH	VENKATAPURAM	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
6 VIRAYAIH	BAVAJIPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
7 BARATHAMMA	EDHIRE	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
8 MALAMMA	VENKATAPURAM	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
9 LAKSHMAMMA	KODGAL	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
o BEERAIAH	MACHARLA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
1 SRINU	MARCHARLA	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
2 ROJA	MALLEPALLY	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
3 SRISHELAM	HYDRABAD	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
1 RAJU	JADCHERLA	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES
5 VANI	ALVANPALLY	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO
RANI	MUNNANUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
SUVARNNA	MUNNANUR	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
		NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
SHIRISHA	KURVAGADAPALLY	YES	NO	NO	NO	NO	NO	YES	NO	NO	YES
ANUSHA	KANCHANPALLY		NO	NO	NO	NO	NO	NO		1	
NANDHINI	MUNNANUR	YES	INO	INO	NO	1110	TIVO	INO	NO	NO	YES

2	10	5	16	62
MOTION	STOMUCH PAIN	TYPHOID	COLD	AP WATER



7	13	4	72	138
MOTION	STOMUCH PAIN I	TYPHOID	COLD	WATER



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