Exposure to Wastewater Effluent Disrupts Hypoxia Responses in Killifish (*Fundulus heteroclitus*)

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1 Abstract

2 Hypoxia (low oxygen) often occurs in aquatic ecosystems that receive effluent from municipal 3 wastewater treatment plants (WWTP). The combination of hypoxia and WWTP effluent could impair fish health, because WWTP effluent contains multiple contaminants that could disrupt the 4 physiological pathways fish use to cope with hypoxia, but the interactive effects of these stressors 5 on fish physiology are poorly understood. We have examined this issue by exposing mummichog 6 7 killifish (Fundulus heteroclitus) to hypoxia (5 and 2 kPa O₂) and/or 100% WWTP effluent for 21 days in a full factorial design. We then measured hypoxia tolerance, whole-animal metabolism, 8 gill morphology, haematology, and tissue metabolites. In clean water, killifish responded to 9 chronic hypoxia with improvements in hypoxia tolerance, as reflected by increases in time to loss 10 of equilibrium at 0.5 kPa (t_{LOE}). These improvements occurred in association with increases in the 11 exposed surface of gill lamellae that resulted from a regression of interlamellar cell mass (ILCM). 12 Concurrent exposure to wastewater attenuated the increases in t_{LOE} and gill remodeling in chronic 13 hypoxia, and nearly depleted brain glycogen stores. Therefore, exposure to WWTP effluent can 14 disrupt the physiological mechanisms fish use to cope with chronic hypoxia and impair hypoxia 15 tolerance. Our research suggests that the combination of stressors near WWTPs can have 16 interactive effects on the physiology and health of fish. 17

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19 *Keywords*: Pollution; Respirometry; Pharmaceuticals and personal care products; Aerobic

20 metabolism; Metabolic depression

21

22 Capsule

• Combinations of stressors near wastewater treatment plants can have interactive effects on

24 metabolism, low oxygen tolerance, and health of fish.

25 **1. Introduction**

Environmental hypoxia (low oxygen availability), is a common feature of many aquatic 26 ecosystems, and it can occur as a result of natural causes as well as from anthropogenic pollution 27 28 (Diaz, 2001; Friedrich et al., 2014). Many tide pools, estuarine habitats, stratified or ice-covered lakes and ponds are characterized by naturally low or fluctuating oxygen levels (Diaz and 29 Rosenberg, 2008). In some other cases, the depletion of dissolved oxygen can be linked to 30 eutrophication events due to nutrient loading from fisheries, agricultural run-off, or discharge from 31 32 wastewater treatment plants that leads to the proliferation of primary producers (Breitburg et al., 2009; Brooks et al., 2006; Carey and Migliaccio, 2009; Diaz, 2001; Diaz and Rosenberg, 2008; 33 Friedrich et al., 2014). The occurrence of such hypoxic events is predicted to increase with further 34 progression of climate change, urbanization, and pollution (Friedrich et al., 2014). 35

36 Fish exhibit a suite of behavioural, physiological, and biochemical responses to hypoxia that contribute to maintaining the balance between oxygen supply and demand and to thus cope 37 with low oxygen conditions (Bickler and Buck, 2007; Perry et al., 2009; Pollock et al., 2007; 38 Richards, 2011). Such responses have been well described in the literature and often act to improve 39 O₂ extraction from the environment (e.g., by increasing gill ventilation and surface area), reduce 40 activity and metabolism, and/or increase anaerobic energy production (Borowiec et al., 2015; 41 Kramer and McClure, 1982; Perry and Tzaneva, 2016; Regan et al., 2017; Sollid et al., 2003). 42 However, hypoxia often occurs concurrent with other environmental stressors, including 43 fluctuations in temperature and/or salinity or pollution (Friedrich et al., 2014). The potential 44 45 interactions between hypoxia and many other types of stressors are poorly understood, and whether anthropogenic stressors can disrupt the natural adaptive responses to hypoxia remains unresolved. 46

Effluents discharged from municipal wastewater treatment plants (WWTP) are complex 47 contaminant mixtures that can contain excess nutrients, pharmaceuticals and personal care 48 products (PPCPs), and industrial chemicals (Brooks et al., 2006). The investigation of these 49 contaminants of emerging concern (CECs) are necessary due to their increasing usage and 50 potential for having significant effects on fish and other aquatic life (Corcoran et al., 2010; Kolpin 51 et al., 2002; Metcalfe et al., 2003; Zenker et al., 2014). Exposure to WWTP effluent can have a 52 number of physiological effects on fish, having been shown to disrupt reproductive function 53 (Bahamonde et al., 2015) and metabolic rate (Du et al., 2019, 2018; Mehdi et al., 2018). Hypoxia 54 55 exposure is also known to affect metabolic rate and its underlying physiological determinants (Fu et al., 2011; Hochachka et al., 1996; Richards et al., 2009). The eutrophication of aquatic
environments, including wastewater dominated ecosystems, can reduce oxygen levels and
potentially lead to hypoxic conditions, but the effects of combined exposure to wastewater effluent
and hypoxia are largely unknown.

Given the molecular targets of many pharmaceuticals and other contaminants found in 60 WWTP effluents, exposure to these effluents could disrupt the physiological pathways fish use to 61 cope with hypoxia. For example, the pharmaceuticals in wastewater have molecular targets 62 involved in oxygen sensing (e.g., serotonin reuptake inhibitors), homeostatic regulation by the 63 sympathetic nervous system (e.g., beta blockers), and control of metabolic pathways (e.g., anti-64 diabetics, lipid lowering drugs) (Arlos et al., 2015; Corcoran et al., 2010; Kolpin et al., 2002; 65 Metcalfe, 2013; Metcalfe et al., 2003). Indeed, exposure to the serotonin reuptake inhibitor, 66 fluoxetine, has been shown to attenuate the cardiovascular and ventilatory responses to hypoxia in 67 Gulf toadfish (Opsanus beta) (Panlilio et al., 2016). Several industrial contaminants (e.g., 68 polychlorinated biphenyls, polycyclic aromatic hydrocarbons) may also disrupt hypoxia signaling 69 pathways that underlie the physiological adjustments to chronic hypoxia, such as the hypoxia 70 inducible factor (HIF) pathway (Chan et al., 1999; Kraemer and Schulte, 2004; Vorrink and 71 Domann, 2014; Silva et al., 2017). However, it is largely unknown whether the concentrations of 72 these contaminants in wastewater effluent is sufficient to disrupt the ability of fish to respond and 73 cope with hypoxia. 74

75 The objective of this study was to help address these knowledge gaps in the literature by determining whether exposure to WWTP effluent disrupts the adaptive physiological responses of 76 mummichog killifish (Fundulus heteroclitus) to hypoxia. We examined the effects of chronic 77 exposure to hypoxia and/or municipal wastewater effluent in a full factorial design on metabolism, 78 79 hypoxia tolerance, and several underlying respiratory and metabolic traits. Killifish are an ideal model organism for this study as they naturally experience hypoxia and fluctuations in various 80 other environmental conditions in their estuarine habitat (Burnett et al., 2007). This species can 81 also be found in heavily polluted estuarine environments containing high levels of persistent 82 83 organic pollutants, including dioxins, polyaromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs), and heavy metals, and some wild populations from such environments have 84 evolved exceptional tolerance of pollution exposure (Bugel et al., 2010; Reid et al., 2016; Weis 85

and Weis, 1989). We hypothesized that the response of killifish to chronic hypoxia would be
disrupted by exposure to municipal wastewater, such that fish would be less tolerant of hypoxia.

88

89 2. Materials and methods

90 2.1 Study animals and housing

Adult mummichog killifish (Fundulus heteroclitus) were wild caught by a commercial supplier 91 92 (Aquatic Research Organisms, Hampton, New Hampshire, USA) and shipped to McMaster University in Hamilton, Ontario, Canada in the autumn of 2018. Killifish were kept in well-aerated 93 brackish water (4 ppt), produced by mixing artificial sea salt (Reef Pro Mix Redline Complete Sea 94 Salt, Fritz Aquatics, Mesquite, Texas) with dechlorinated City of Hamilton tap water. Holding 95 tanks were kept at room temperature (~18°C), and killifish were fed 5 days a week to satiation 96 with commercial pellets (AgloNorse Complete Fish Feed, 0.6-0.9 mm, Tromsø, Norway). The 97 photoperiod was 12 h:12 h light:dark between 0700 and 1900 local time. All animal protocols were 98 99 developed in accordance with guidelines established by the Canadian Council on Animal Care and were approved by the McMaster University Animal Research Ethics Board. 100

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102 2.2 Wastewater effluent collection

Wastewater effluent was collected from Woodward Avenue Wastewater Treatment Plant 103 (43°15'15.6"N; 79°46'25.4"W) in Hamilton, Ontario in March-May of 2019. Woodward WWTP 104 is a secondary conventional activated sludge treatment plant with sludge dewatering and digestion 105 106 and has a maximum daily capacity of 409 million litres (City of Hamilton, 2019). Effluent was collected every Tuesday and Saturday during the exposure period between the hours of 0930 and 107 1130 local time. Using a submersible sump-pump, wastewater effluent from the final clarifier 108 chimney was collected into 20 L carboys (Reliance Rectangular AquaPak Containers, BPA Free) 109 for transportation to McMaster University. Effluent was stored in a dark and refrigerated cold room 110 111 at 4°C for at most three days before use in chronic exposures (see below). We obtained water 112 quality data of 24 h composite samples from each day of effluent collection from the City of Hamilton Environmental Laboratory (Figs. S1-3). For each effluent collection, we also preserved 113 a sample of effluent (500 mL) in pre-cleaned amber glass bottles containing sodium azide (1 g/L) 114 115 and ascorbic acid (50 mg/L) and stored these samples at 4°C for up to 2 days until extractions for analytical chemistry, and there were no systematic differences between treatment groups in theduration of storage before extraction.

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119 2.3 Chronic exposures of fish

120 Killifish were exposed to wastewater and/or hypoxia in a full factorial design in 40 L aquaria for 21 days at room temperature (~18°C). Conditions of normoxia (well aerated to ~20 121 122 kPa O₂), moderate hypoxia (5.0 ± 0.1 kPa), or severe hypoxia (2.0 ± 0.1 kPa) were maintained in clean water (Hamilton dechlorinated tap water adjusted to 4 ppt with artificial sea salt) or in 100% 123 wastewater effluent. Each of these 6 chronic exposure groups was replicated 2-3 times over the 124 period of wastewater collection (24 fish per tank). Wastewater effluent was brought up to room 125 temperature and 4 ppt salinity immediately before use. For hypoxic treatments, oxygen tension 126 (PO₂) was reduced from 20 kPa to the treatment setpoint over the first three days of exposure, and 127 was maintained by injecting N₂ gas using O₂ controllers that we have previously described 128 (Borowiec et al., 2015). Bubble wrap was held on the water surface in the hypoxic treatments to 129 reduce O₂ diffusion from the air and to prevent aquatic surface respiration. Water was gently mixed 130 with a submersible aquarium pump and filtered through a sponge filter (but not a charcoal filter). 131 Every 72 hours, faeces and other debris were removed, physicochemical parameters were 132 measured (pH, conductivity, total dissolved solids, salinity, temperature, and NH₃, NO₂, NO₃ 133 levels; Table S1), and the appropriate tank water was renewed (clean water or wastewater). 134 135 Because effluent was stored for ~3 days after collection before use, which we anticipated would lead to the degradation of some contaminants found in the water, we took water samples (125 mL) 136 137 for analytical chemistry from each tank replicate in each wastewater treatment group to provide an indication of the level of exposure. We also anticipated that the concentrations of some 138 139 contaminants may change over the 3 days between water changes, so paired water samples (125 mL) were performed once for each wastewater tank replicate – one immediately after a water 140 change and the second immediately prior to the next water change. Water samples were preserved 141 using sodium azide and ascorbic acid as described above. After completing the 21-day exposure, 142 one subset of fish in each tank was immediately euthanized for tissue sampling, and two other 143 subsets of fish were used for respirometry and hypoxia tolerance measurements (see below). We 144 were not able to make all measurements in all individuals, so the number of individuals used for 145

146 each measurement is clearly indicated in each figure and table. In all cases, we used individuals147 from every tank replicate for every measurement.

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149 *2.4 Analytical chemistry of water samples*

Preserved water samples were analyzed for twenty-two PPCPs and other CECs using 150 previously established methods (Arlos et al., 2015; Mehdi et al. 2021). The analyzed chemicals 151 152 included lipid regulators and metabolites, anti-epileptics, analgesics, antibacterials, antibiotics, antidepressants, non-steroidal anti-inflammatory agents, herbicides, and industrial chemicals 153 (Table 1). Wastewater effluent samples were first divided into 100 mL aliquots, and tank samples 154 were divided into 50 mL aliquots. Each sample was individually spiked with 100 μ L of 100 μ g/L 155 of isotopically labelled standards prior to extraction. Solid phase extraction (SPE) was performed 156 using Agilent Bond Elute Plexa cartridges (6cc, 500 mg) on samples adjusted to pH 2, with final 157 extracts reconstituted in 500 µL methanol with internal standards. These extracts were then stored 158 at -20°C until analysis using an Agilent 1260 HPLC with 6460 triple guad mass spectrometer (LC-159 MS/MS) with Agilent Jet Stream (AJS) electrospray ionization in both positive and negative 160 modes (Mehdi et al. 2021). Of all the preserved water samples, technical issues precluded the 161 analysis of three samples of wastewater tank replicates. Some individual data points for 162 163 acetaminophen and caffeine were excluded due to problems with matrix effects for these particular compounds. 164

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166 *2.5 Sampling of fish tissues*

167 The sampled fish were first euthanized with a sharp blow to the head followed by spinal transection, and the tail was severed for blood collection. A portion of blood (5 μ L) was stored in 168 169 Drabkin's reagent for determining haemoglobin concentration according to product instructions (Sigma-Aldrich, St. Louis, MO, USA). The remaining blood was collected in a heparinized 170 171 capillary tube and centrifuged at 12,700 g for 5 min to determine haematocrit. Brain, liver, and axial white muscle were excised, weighed, freeze-clamped in liquid nitrogen, and then stored at -172 173 80°C for later analysis of metabolites. Gills were dissected, placed in 0.2 M PBS (274 mmol/L NaCl, 30.4 mmol/L Na₂HPO₄, 5.4 mmol/L KCl, 3.0 mmol/L KH₂PO₄; pH 7.8) containing fixative 174 (2% paraformaldehyde and, 2% glutaraldehyde) for at least 48 h, then stored in PBS at 4°C for 175 later analysis of gill morphometrics. 176

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178 *2.6 Respirometry and hypoxia tolerance*

179 Killifish were subjected to two series of measurements of metabolism and hypoxia tolerance. In one subset of fish from each chronic exposure group, we used stop-flow respirometry 180 in clean water at 4 ppt to measure standard metabolic rate (SMR) and critical oxygen tension (P_{crit}). 181 Fish were fasted for the last 48 h of chronic exposures and were then transferred at ~1700-1900 182 183 local time to 90 mL cylindrical acrylic chambers containing normoxic water, which were covered in dark plastic to minimize visual disturbance. Measurements of O₂ consumption rate (MO₂) were 184 made overnight in normoxia using an automated respirometry system (AutoResp, Loligo Systems, 185 Viborg, Denmark) that has been previously described in detail (Borowiec et al., 2015, 2020). MO₂ 186 was determined from the depletion of water oxygen content over time, and is expressed relative to 187 body mass (µmol/g/h). SMR was calculated as the average of the lowest 10 MO₂ measurements 188 that were made overnight during the inactive phase. Starting at $\sim 1100-1200$ the following day, 189 resting metabolic rate (RMR) was calculated as the average MO₂ measured at 100% air saturation. 190 MO₂ was continuously measured throughout a stepwise hypoxia protocol, during which the water 191 O₂ level was reduced by 10% air saturation every 10 min, as previously described (Borowiec et 192 al., 2015, 2020). Critical PO₂ (P_{crit}) was calculated using the 'Respirometry' package in R. In a 193 194 second subset of fish from each chronic exposure group, we measured time to loss of equilibrium (tLOE) by exposing fish to an O₂ tension of 0.5 kPa in 5 L aquaria. Fish were monitored 195 196 continuously, and t_{LOE} was determined as the duration of time at 0.5 kPa until the fish was unable 197 to maintain an upright position in the water column and was unresponsive to a gentle tail pinch.

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199 2.7 Gill histology

Gill histology was performed for the first gill arch for the normoxic and severe hypoxic exposure groups in both clean water and wastewater. We followed methods that have been previously described in detail for cryoprotection, embedding, sectioning at 5 μ m in a cryostat, and haematoxylin and eosin staining (Du et al., 2018). For each individual, 10-15 brightfield images were taken of sections throughout the whole gill arch tissue using a Nikon Eclipse E8000 microscope (Nikon Instruments, Melville, New York, USA). Gill morphometrics were analyzed using ImageJ (v1.52a) software (Rasband, 2008).

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208 *2.8 Tissue metabolite assays*

209 Lactate, free-glucose, and glycogen levels were determined in brain, muscle, and liver. For 210 muscle and liver samples, tissues were first ground into fine powder using insulated mortar and pestle that were pre-cooled using liquid nitrogen and were then stored at -80°C. Approximately 20 211 212 mg of these powdered tissues and whole brain samples were homogenized in \sim 300 µL of ice-cold 6% HClO₄. Homogenate was then vortexed, an aliquot of 100 μL was immediately frozen in liquid 213 214 nitrogen and stored at -80°C for later analysis of glucose and glycogen, and the remaining unfrozen homogenate was used for analysis of lactate. Assays were carried out using standard protocols that 215 have been previously described in detail (Borowiec et al., 2018). 216

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218 *2.9 Statistical analysis*

All statistical analyses were performed using the lme4 package (Bates et al., 2015) in R 219 (version 3.6.2, R Core Team, 2019). We tested for the main and interactive effects of chronic 220 hypoxia and chronic wastewater exposure using linear mixed effects models. We included body 221 mass and sex as additional fixed independent variables. Furthermore, to account for any 222 differences in the potency of wastewater as the exposures proceeded, start date of each tank 223 replicate was included in the model as a covariate. Although absolute values of metabolic rate 224 (SMR and RMR in µmol/h) was analyzed statistically with body mass as a covariate, these data 225 are reported normalized to body mass (µmol/g/h) to facilitate comparison with previous literature. 226 Data were log or square root transformed if necessary, to meet the assumptions of the model. 227 Tukey HSD post-hoc tests were used to identify significant pairwise differences (a) between clean 228 229 water and wastewater within each chronic oxygen treatment, (b) between normoxia and hypoxia within the clean water groups, and (c) between normoxia and hypoxia within the wastewater 230 231 groups. Data are reported as means ± standard error (SEM) unless otherwise stated, and in all 232 analyses, α was set to 0.05.

233

234 **3. Results**

235 *3.1 Water quality and contaminant concentrations*

Several indices of water quality during the exposures were comparable between clean and wastewater treatments (Table S1). Although ammonia and nitrate levels were high in the collected wastewater effluent (Fig. S1), nitrogenous wastes were reduced by the in-tank filters during 239 exposures and did not vary between treatments or as a function of time. However, killifish were 240 exposed to the complex mixture of contaminants present in the wastewater effluent. Of the twentytwo contaminants that were measured, all but one (monensin) were detected in tank water from 241 the wastewater treatment groups (Table 1). Over the course of our chronic exposures, the quality 242 of water collected from the treatment plant seemed to improve and the concentrations of target 243 chemical contaminants declined or remained stable, and the magnitude of changes for some 244 contaminants appeared to vary between normoxia and hypoxia. This was supported by 245 measurements of several water quality parameters in 24-hour composite samples of final effluent 246 that were taken on the dates of collection (Figs. S1-S3), and from measurements of target chemical 247 contaminants in the wastewater collected for exposures (Figs. S4-S8). Nevertheless, we used a 248 staggered tank replicate design to help minimize undesired systematic variation between treatment 249 groups, and we accounted for any such variation that did exist by including start date of each tank 250 replicate as a covariate in our statistical models. However, the concentrations of target 251 contaminants were higher in wastewater at the time of collection (Figs. S4-S8) compared to those 252 measured after the three-day storage period when wastewater was added to tanks after water 253 changes (Table 1). Degradation of some (but not all) contaminants continued during the tank 254 exposures (Table S2). Therefore, the data in Table 1 provides a relative indication of the exposure 255 conditions in wastewater, but only approximate the variable concentrations that were likely 256 experienced during chronic exposures. 257

258

259 *3.2 Metabolic rate*

260 Concurrent exposure to wastewater effluent and chronic hypoxia reduced standard metabolic rate (SMR) (Fig. 1; Table S3). There was a significant interaction between chronic 261 hypoxia and wastewater (p = 0.02) across all oxygen treatments in clean water and wastewater. 262 Hypoxia acclimation did not affect SMR among fish held in clean water, but concurrent exposure 263 to hypoxia and wastewater reduced SMR by 37% and 25% in the moderate and severe hypoxic 264 groups, respectively (Fig. 1A) and likely drove the significant hypoxia effect (p = 0.03). Resting 265 266 metabolic rate (RMR), which was measured during the daytime in normoxia, did not show the 267 same patterns observed in SMR. There were no statistically significant effects of chronic hypoxia or wastewater on RMR across treatment groups (Hypoxia effect, p = 0.42; Wastewater effect, p =268 0.96; Fig. 1B), suggesting that the relationship between SMR and RMR may be altered by chronic 269

270 hypoxia and/or wastewater exposure. The data did not appear to result from variation in body mass,

as there were no significant differences in body mass across groups, nor were there any differences

in indices of condition (Fulton's K, hepatosomatic index; Table S4).

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274 *3.3 Hypoxia tolerance*

In general, killifish regulated MO₂ across a range of higher PO₂, and MO₂ declined at lower PO₂ (Fig. S9). The data for MO₂ as a function of PO₂ for each individual were used to calculate the critical O₂ tension (P_{crit}). There was a reduction in critical oxygen tension (P_{crit}) after chronic exposure to severe hypoxia, as reflected by a significant main effect of hypoxia (p =0.048), but this trait was unaffected by wastewater exposure (p = 0.84; Fig. 2A; Table S3).

Wastewater exposure impeded the improvement with hypoxia acclimation in a key metric 280 of hypoxia tolerance, the time to loss of equilibrium (t_{LOE}) in near anoxia (0.5 kPa) (Fig. 2B; Table 281 S3). There was a significant main effect of chronic hypoxia on t_{LOE} (p<0.001), driven largely by 282 fish in clean water, which increased t_{LOE} by 1.79-fold on average after acclimation to moderate 283 hypoxia and 3.56-fold after acclimation to severe hypoxia. There was also a significant effect of 284 wastewater on t_{LOE} (p<0.01), which completely eliminated improvements in t_{LOE} in fish acclimated 285 to moderate hypoxia and appeared to reduce the improvements in those acclimated to severe 286 hypoxia. 287

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289 *3.4 Gill morphology*

Wastewater exposure disrupted changes in gill morphology that were associated with 290 291 hypoxia acclimation (Fig. 3; Table S3). The total height, width, and density of lamellae did not vary significantly across treatment groups (Fig. 3B-D), but there was a significant interaction (p =292 293 0.03) between hypoxia and wastewater on the proportion of lamellae that were covered by interlamellar cell mass (ILCM; Fig. 3E). Chronic exposure to severe hypoxia in clean water led to 294 295 a large reduction in the proportional height of the ILCM, which appeared to drive the significant main effect of hypoxia on this trait (p < 0.01). In contrast, among wastewater exposed fish, the 296 297 proportional ILCM height was unchanged by chronic hypoxia.

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299 *3.5 Haematology*

Wastewater exposure also altered haematology (Tables 2, S3). Fish in clean water responded to chronic hypoxia with increases in haematocrit (hypoxia effect, p < 0.001) and decreases in mean corpuscular haemoglobin concentration (MCHC; hypoxia effect, p = 0.01), such that there was no significant change in blood haemoglobin content (hypoxia effect, p = 0.88). Wastewater affected these haematological responses, increasing haematocrit in normoxia and/or moderate hypoxia and increasing blood haemoglobin in moderate hypoxia (hypoxia×wastewater, p = 0.01).

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308 *3.6 Tissue metabolites*

Exposure to wastewater affected glycogen stores in normoxia and hypoxia (Fig. 4; Table 309 S3). Wastewater had a particularly detrimental effect on glycogen stores in brain tissue, for which 310 there was significant hypoxia×wastewater interaction (p = 0.04) and concurrent exposure to 311 wastewater and severe hypoxia led to nearly complete glycogen depletion (Fig. 4A). There was 312 also a significant hypoxia×wastewater interaction on glycogen content in liver (p = 0.03), but in 313 this tissue, wastewater exposure appeared to minimize glycogen depletion in severe hypoxia (Fig. 314 315 4B), although the decrease in liver glycogen in severe hypoxia compared to normoxia in clean water was not quite significant (p = 0.075). In contrast, there was no significant variation in muscle 316 glycogen content, nor were there significant variations in concentrations of glucose or lactate in 317 any tissue (Tables S3, S5). 318

319

320 **4. Discussion**

Aquatic hypoxia is prevalent in many ecosystems that are heavily burdened by 321 contaminants, including those that receive effluent discharge from municipal wastewater treatment 322 plants, but the interactive effects of hypoxia and wastewater effluent on fish physiology and health 323 are poorly understood. This study helps address this knowledge gap, showing that exposure to 324 wastewater effluent can disrupt many key physiological adjustments for coping with chronic 325 hypoxia. Wastewater exposure had relatively modest effects on killifish in normoxia, but it 326 impeded the improvements in hypoxia tolerance in response to chronic hypoxia and disrupted the 327 plasticity of several associated physiological traits. This suggests that the ability of fish to cope 328 with other natural or anthropogenic stressors may be impaired in environments contaminated with 329 330 wastewater effluent.

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4.1 Wastewater exposure had modest physiological effects in normoxia

333 The evidence emerging from our findings here in killifish and those from previous studies suggest that the metabolic impacts of wastewater exposure may differ between species. The lack 334 of any effect on metabolic rate in killifish from exposure to wastewater in normoxia is similar to 335 previous findings in round goby that were cage exposed to the receiving waters near a WWTP 336 337 (McCallum et al., 2017). In contrast, some other species exhibit a prominent increase in metabolic rate in response to wastewater exposure, including bluegill sunfish (Lepomis macrochirus) (Du et 338 al., 2019, 2018) and rainbow darter (Etheostoma caeruleum) (Mehdi et al., 2018). These 339 differences between studies are unlikely to have been caused by differences in exposure 340 conditions, because the approximate range of contaminant concentrations observed here are 341 generally comparable to those detected in wastewater effluents and surface waters near municipal 342 WWTPs in previous studies (McCallum et al., 2017; Du et al., 2019; Fick et al., 2017; Metcalfe et 343 al., 2010; Verlicchi et al., 2012). This could indicate that some species are more sensitive and 344 experience a greater metabolic cost of wastewater exposure than others. Killifish are often found 345 346 in contaminated sites and are considered to be a relatively tolerant species, and several populations have evolved especially high resistance to persistent organic pollutants (Crawford et al., 2020; 347 Reid et al., 2016; Weis, 2002). However, it is possible that degradation of some contaminants 348 within exposure tanks weakened the magnitude of exposure here, but exposure had several 349 350 physiological effects in hypoxia and there did not appear to be any overall difference between normoxia and hypoxia in the level of degradation (Table S2). Killifish may therefore experience 351 352 less metabolic stress than other less tolerant species when exposed to wastewater effluent, and thus avoid increases in whole-animal energy demands. 353

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355 *4.2 Wastewater exposure disrupts responses to chronic hypoxia*

One of the most significant impacts of wastewater exposure was the attenuation of plastic improvements in hypoxia tolerance, as reflect by time to loss of equilibrium (t_{LOE}) in near anoxia (0.5 kPa), which normally occur in response to chronic hypoxia (Fig. 2B). Killifish in clean water responded to chronic hypoxia with increases in t_{LOE} , consistent with previous findings in several killifish species (Borowiec et al., 2020, 2015), which could reflect an improved ability to match O₂ supply and O₂ demand during hypoxia. The effect of wastewater that reduced t_{LOE} in chronic 362 hypoxia could not be explained by a metabolic cost of exposure that increased O_2 demands, because combined exposure to wastewater and hypoxia reduced rather than increased SMR (Fig. 363 364 1). Wastewater exposure could have instead reduced t_{LOE} by impairing tissue O_2 supply. This possibility is supported by our observation that wastewater exposure blunted the plastic responses 365 of gill morphology to chronic hypoxia, eliminating the regression of the ILCM that occurred in 366 response to chronic hypoxia in clean water (Fig. 3). The regression of the ILCM is considered 367 advantageous in hypoxia by increasing the surface area of the gills for O₂ diffusion (Sollid et al., 368 2003). Wastewater exposure could have also reduced t_{LOE} by reducing the ability of killifish to use 369 anaerobic metabolism. Glycogen stores in the brain are a key fuel for anaerobic metabolism that 370 help determine the ability to maintain ATP levels and avoid losing equilibrium in severe hypoxia 371 (Speers-Roesch et al., 2013). Therefore, the low brain glycogen reserves in killifish that were 372 chronically exposed to wastewater and hypoxia (Fig. 4A) likely reduced the ability to fuel 373 anaerobic metabolism and thus constrained t_{LOE} . 374

Exposure to wastewater effluent had no effects on P_{crit}. Killifish responded to chronic 375 hypoxia with decreases in P_{crit}, consistent with previous findings in killifish and other species 376 (Borowiec et al., 2020, 2015; Fu et al., 2011), but this plastic response was unaffected by 377 wastewater exposure (Fig. 2A). This contrasts recent findings in three-spined stickleback 378 379 (*Gasterosteus aculeatus*), in which waterborne copper exposure (20 μ g/l) impaired improvements in P_{crit} that result from hypoxia acclimation (Fitzgerald et al., 2019). P_{crit} is often considered to 380 381 reflect the ability to extract oxygen from the environment during hypoxia, and is considered to be a useful indicator of hypoxia tolerance in many species (Regan et al., 2019; Rogers et al., 2016; 382 383 Speers-Roesch et al., 2013). However, in hypoxia-tolerant species such as killifish that readily depress metabolic rate (Borowiec et al., 2018), the reductions in MO₂ below P_{crit} (Fig. S9) could 384 385 reflect a facultative reduction in O₂ demands rather than a hypoxia-induced constraint on tissue O₂ supply. This may explain why wastewater exposure impaired gill plasticity but had no effect on 386 the decreases in P_{crit} in response to chronic hypoxia. Furthermore, this leads to the possibility that 387 effects of contaminant exposure on gill morphology will only affect P_{crit} for species in which MO₂ 388 389 depression below P_{crit} results from O₂ supply limitation. For example, many populations of threespine stickleback do not employ metabolic depression in hypoxia (Regan et al., 2017), which 390 may make P_{crit} more susceptible to contaminant exposure in stickleback than it is in killifish. 391

392 The disruption of hypoxia responses could be attributed to several of the chemical contaminants in wastewater effluent. Selective serotonin reuptake inhibitors (SSRIs) like 393 394 fluoxetine could inhibit serotonin signaling by oxygen sensing neuroepithelial cells in the gills, which may have disrupted key cardiorespiratory adjustments to hypoxia exposure. Indeed, in gulf 395 toadfish, hypoxia exposure during acute intraperitoneal treatment of 20 or 50 μ g/g of fluoxetine 396 have been shown to accentuate oxyconformation (i.e., decreased regulation index) and reduce the 397 398 ventilatory response, respectively (Amador et al., 2018; Panlilio et al., 2016). Serotonin also 399 regulates glycogenolysis in the brain of rainbow trout (Pérez-Maceira et al., 2012), so SSRI exposure could have also contributed to the effects of hypoxia and wastewater exposure on 400 glycogen levels that were observed here. β-blockers such as propranolol can affect heart rate in 401 zebrafish larvae at waterborne exposure concentrations of 0.05 mM (Fraysse et al., 2006), can 402 disrupt oxygen chemoreception by neuroepithelial cells in the gills of rainbow trout at 403 concentrations of 1-2 mM in the gill perfusate (Burleson and Milson, 1990), and can disrupt 404 blood-flow distribution through the gills of rainbow trout at 0.1 mM in gill perfusate (Payan and 405 Girard, 1977). Ligands of the aryl hydrocarbon receptor (AHR), such as polycyclic aromatic 406 407 hydrocarbons (PAHs), polychlorinated biphenyls (PCBs), and other persistent organic pollutants, could also disrupt cellular responses to hypoxia (Fleming et al., 2009; Kraemer and Schulte, 2004). 408 409 This is because many of the biochemical and physiological responses to hypoxia result from activation of the hypoxia-inducible factor (HIF) pathway (Pelster and Egg, 2018), and there can 410 411 be cross-talk between HIF- α and AHR signaling as they require the same dimerization partner (HIF-1ß, also called the AHR Nuclear Translocator or ARNT) to drive the expression of target 412 413 genes. Given that many of the cellular responses to hypoxia lead to adjustments in flux through metabolic pathways, it is also possible that such changes could be disrupted by the various 414 pharmaceuticals that target metabolic pathways (e.g., statins such as atorvastatin, diabetes 415 medications such as metformin, etc.). Although exposure to wastewater makes it difficult to 416 disentangle the relative effects of each of these contaminants, it is nevertheless important to 417 understand the emergent effects of the complex real-world contaminant mixtures that enter the 418 environment and how they might interact with other abiotic stressors like hypoxia. 419

420

421 *4.3 Conclusions*

422 Our findings suggest that the interaction between the chemical contaminants in wastewater and the other abiotic stressors near WWTPs may have significant detrimental effects on the 423 424 physiology and health of fish. Wastewater exposure disrupted the physiological adjustments employed by killifish to cope with chronic hypoxia and thus impaired hypoxia tolerance. Chronic 425 exposure to the combination of wastewater and hypoxia also led to the near depletion of brain 426 glycogen reserves, which could put animals at extreme risk if faced with an additional metabolic 427 428 stress (e.g., heat waves). Our results thus demonstrate that the real-world complex mixtures of contaminants in wastewater can have significant emergent effects on health and the ability to cope 429 with environmental variability, at least in part by disrupting respiratory and metabolic processes. 430 Further studies should prioritize the elucidation of mechanisms underlying the interactive effects 431 of wastewater and other abiotic stressors, including hypoxia and other stressors that are projected 432 to become more prevalent with climate change (warming temperature, reduced pH). Such 433 mechanistic approaches can improve our capacity to predict the impacts of aquatic pollution at 434 organismal and population levels. 435

436

437 Credit Author Statement

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Draft, Visualization. Hossein Mehdi: Conceptualization, Methodology, Formal Analysis. Leslie
M. Bragg: Investigation. Mark R. Servos: Resources. Sigal Balshine: Conceptualization,
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Review & Editing, Supervision, and Funding acquisition.

443

444 Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

447

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Class	Chemical	Concentration (ng/L)	
Lipid Regulator	Gemfibrozil	10.0 (±1.4)	
	Atorvastatin	10.5 (±3.4)	
	p-hydroxy Atorvastatin	26.6(±5.9)	
	o-hydroxy Atorvastatin	20.5 (±6.1)	
Antiepileptic	Carbamazepine	44.4 (±3.0)	
Analgesic	Acetaminophen	27.2 (±26.2)	
Stimulant	Caffeine	266.1 (±150.8)	
Antibacterial	Triclosan	12.6 (±2.8)	
	Sulfamethazine	16.0 (±1.2)	
Antibiotic	Monensin	<dl< td=""></dl<>	
	Trimethoprim	22.6 (±4.1)	
	Lincomycin	7.0 (±1.1)	
	Sulfamethoxazole	63.9 (±5.5)	
Antidepressant	Fluoxetine	2.2 (±0.6)	
-	Norfluoxetine	2.2 (±0.6)	
	Venlafaxine	89.2 (±6.8)	
	Desvenlafaxine	155.3 (±12.9)	
NSAID	Ibuprofen	152.5 (±51.1)	
	Naproxen	131.2 (±41.5)	
	Diclofenac	154.4 (±9.3)	
Herbicide	Atrazine	4.6 (±0.2)	
Industrial	Bisphenol A	138.3 (±48.0)	

Table 1: Average concentrations of various classes of contaminants and some associated metabolites measured in tank water during wastewater exposures.

Data above represent measurements of samples taken once from each tank replicate in each wastewater treatment group immediately after the renewal of tank water with fresh effluent (see Materials and Methods), shown as means (\pm SEM) of all measurements made in wastewater (n = 13-14). <DL indicates measurement that was below the detection limit. NSAID: Nonsteroidal anti-inflammatory drug.

	Normoxia (20 kPa)		Moderate hypoxia (5 kPa)		Severe hypoxia (2 kPa)	
Hct (%)	Clean 24.32 ± 0.98 (7)	WW $30.51 \pm 3.70^{*}$ (11)	Clean 26.55 ± 1.90 (11)	WW $34.91 \pm 1.73^*$ (15)	Clean 35.00 ± 1.24 [†] (13)	WW 37.50 ± 1.74 (12)
[Hb] (g/dl)	9.09 ± 0.64 (7)	9.39 ± 0.67 (13)	7.78 ± 0.46 (11)	$10.08 \pm 0.53^{*}$ (19)	10.46 ± 0.31 (12)	9.89 ± 0.60 (13)
MCHC (g/dl)	37.48 ± 2.46 (7)	43.33 ± 11.99 (11)	29.73 ± 1.04 (11)	29.93 ± 2.24 (15)	29.41 ± 0.72 (12)	25.98 ± 1.21 [†] (12)

Table 2: The effects of hypoxia and/or wastewater exposure on haematological traits.

Clean, clean water; WW, wastewater; Hct, haematocrit; [Hb], blood haemoglobin content; MCHC, mean corpuscular haemoglobin concentration. Data are expressed as means \pm SEM (*n*). Statistical results of linear models are as follows. Hct: hypoxia effect, *p*<0.001; wastewater effect, *p*=0.063; hypoxia×wastewater, *p*=0.279. [Hb]: hypoxia effect, *p*=0.881; wastewater effect, *p*=0.664; hypoxia×wastewater, *p*=0.013. MCHC: hypoxia effect, *p*=0.010; wastewater effect, *p*=0.754; hypoxia×wastewater, *p*=0.230. Statistical symbols as in Fig. 1. **Figure 1:** Chronic exposure to the combination of hypoxia and wastewater reduced standard metabolic rate (MO₂) but not resting MO₂. (A) Statistical results of linear models: hypoxia effect, p=0.030; wastewater effect, p=0.066; hypoxia×wastewater, p=0.021. (B) Hypoxia effect, p=0.424; wastewater effect, p=0.960; hypoxia×wastewater, p=0.166. *Significant pairwise difference from clean water controls within an oxygen treatment (p<0.05). † Significant pairwise difference from normoxic controls within clean water or wastewater groups (p<0.05). Data are presented as means ± SEM, with sample sizes indicated within each bar.

Figure 2: Wastewater exposure attenuated the improvement in hypoxia tolerance (as reflected by the time to loss of equilibrium during acute exposure to 0.5 kPa O₂) in response to chronic hypoxia without affecting critical O₂ tension. (**A**) Statistical results of linear models: hypoxia effect, p=0.048; wastewater effect, p=0.836; hypoxia×wastewater, p=0.561. (**B**) Hypoxia effect, p<0.001; wastewater effect, p=0.002; hypoxia×wastewater, p=0.072. Other statistical information as in Figure 1.

Figure 3: Morphological changes in the gills of killifish in response to exposure to hypoxia and/or wastewater. (**A**) Representative images of the gills of killifish exposed to normoxia in clean water, severe hypoxia in clean water, normoxia in wastewater, and severe hypoxia in wastewater. Slides are stained with haematoxylin and eosin. Scale bar represents 50 μ m and all images are shown at the same scale. (**B**) Statistical results of linear models: hypoxia effect, *p*=0.165; wastewater effect, *p*=0.847; hypoxia×wastewater, *p*=0.236. (**C**) Hypoxia effect, *p*=0.451; wastewater effect, *p*=0.502; hypoxia×wastewater, *p*=0.392. (**D**) Hypoxia effect, *p*=0.269; wastewater effect, *p*=0.719; hypoxia×wastewater, *p*=0.244. (**E**) Hypoxia effect, *p*=0.001; wastewater effect, *p*=0.617; hypoxia×wastewater, *p*=0.027. Other statistical information as in Figure 1.

Figure 4: The effects of hypoxia and/or wastewater exposure on glycogen content in brain and liver. (A) Statistical results of linear models: hypoxia effect, p=0.149; wastewater effect, p=0.706; hypoxia×wastewater, p=0.038. (B) Hypoxia effect, p=0.417; wastewater effect, p=0.270; hypoxia×wastewater, p=0.028. Other statistical information as in Figure 1.

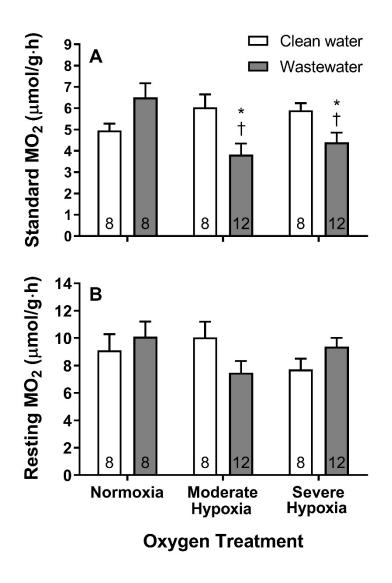


Figure 1.

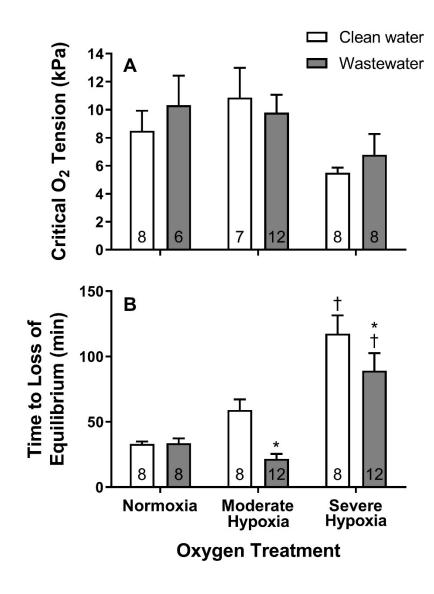


Figure 2.

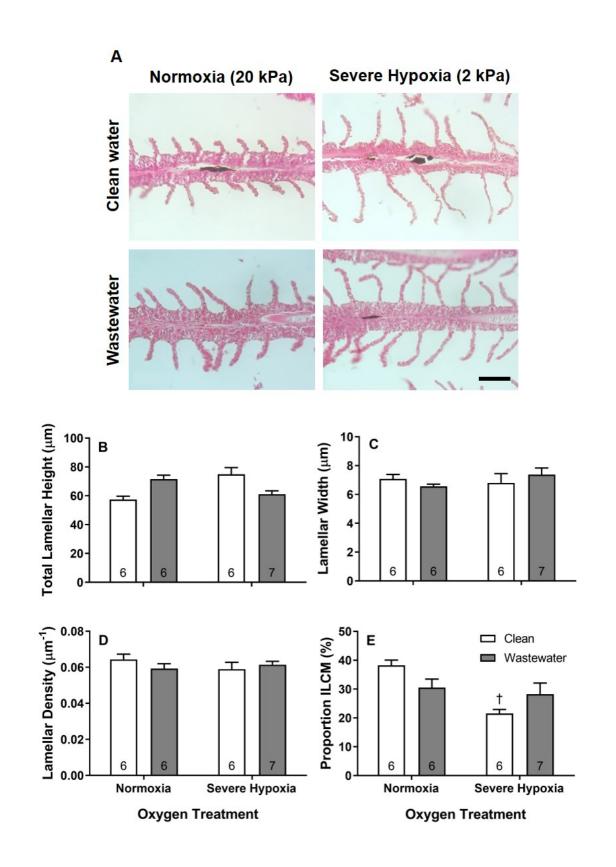
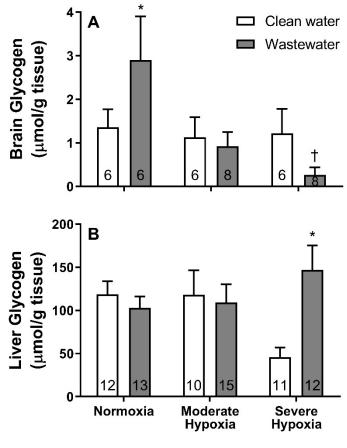


Figure 3.



Oxygen Treatment

Figure 4.