

# Time scales of air pollution exposure health effects: what do they mean for local air quality management?

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# Presentation points:

- lags vs. exposure duration
- time scales
  - very short, short (acute), longer, longest (chronic)
  - PM vs. ozone effects
- air quality management
  - averaging times and the EPA risk assessment

# lags vs. exposure duration:

- lag =
  - time between air pollutant measurement and health endpoint, e.g.,
    - 0,1,2,3 (individual day lags)
    - distributed lag (e.g., lags 0-3)
- exposure duration
  - short-term (days) vs. long-term (year or longer)

## exposure time scales:

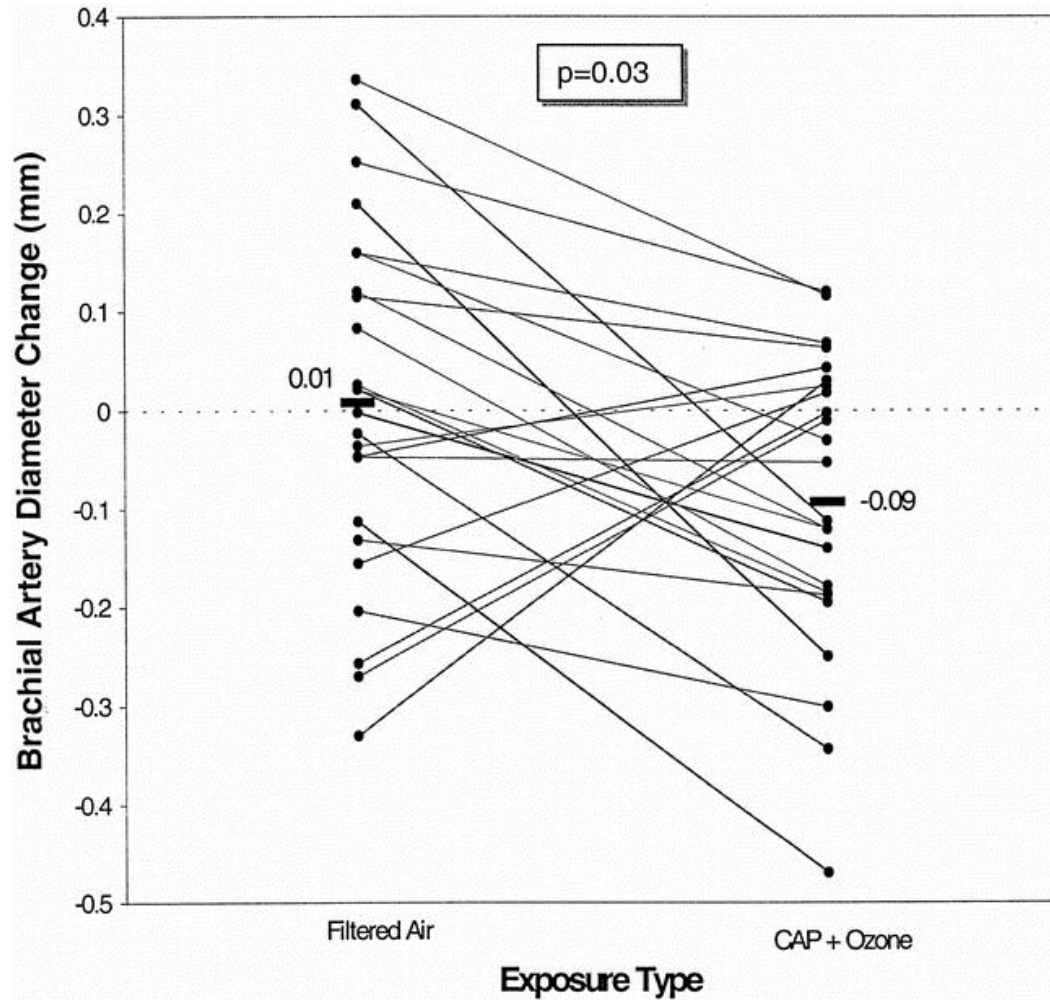
- very short → hours
- short (short-term) → days
- longer → weeks - months
- longest (long-term) → year and longer

# exposure duration: PM vs. ozone

- very short-term (epi & experimental) - hrs
  - good evidence for ozone (much human experimental)
  - unclear for PM
    - intriguing published pilot findings
      - myocardial infarction - Peters A. Circulation 2001
      - not confirmed in unpublished findings (HEI report # 124, June 2005)
    - some negative findings
      - myocardial infarction - Sullivan JH. Epidemiol 2005.
    - but, human experimental and toxicology

# Human experimental:

Exposure to CAPs plus O<sub>3</sub> resulted in systemic artery constriction  
(10 min after 2-hr exposure) (Brook *et al.* Circulation 2002)



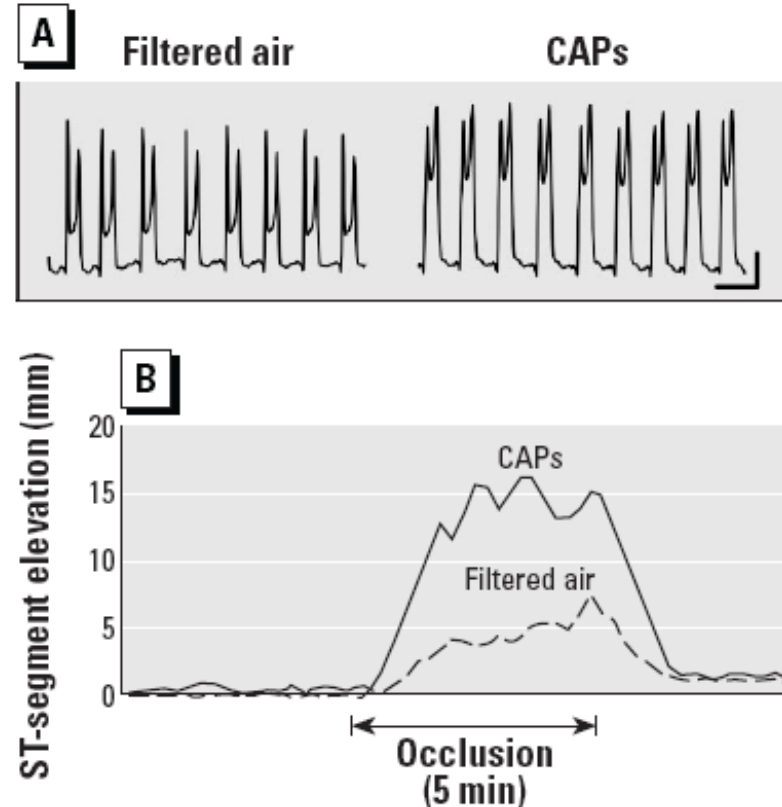
# Toxicology:

## Inhalation of Concentrated Ambient Air Particles Exacerbates Myocardial Ischemia in Conscious Dogs

Gregory A. Wellenius,<sup>1</sup> Brent A. Coull,<sup>2</sup> John J. Godleski,<sup>1,3</sup> Petros Koutrakis,<sup>1</sup> Kazunori Okabe,<sup>1,4</sup> Sara T. Savage,<sup>1</sup> Joy E. Lawrence,<sup>1</sup> G. G. Krishna Murthy,<sup>1</sup> and Richard L. Verrier<sup>1,3,5</sup>

<sup>1</sup>Department of Environmental Health and <sup>2</sup>Department of Biostatistics, Harvard School of Public Health, Boston, Massachusetts, USA; <sup>3</sup>Harvard Medical School, Boston, Massachusetts, USA; <sup>4</sup>Thoracic Surgery Division, Brigham and Women's Hospital, Boston, Massachusetts, USA; <sup>5</sup>Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

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# exposure duration: PM vs. ozone

- short-term (epi) - days
  - time series (case-crossover) studies
  - panel studies  
(multiple measurements on each person in a panel over time)
  - longitudinal - cross-sectional hybrid studies  
(one measurement for each person, but different times for different people)

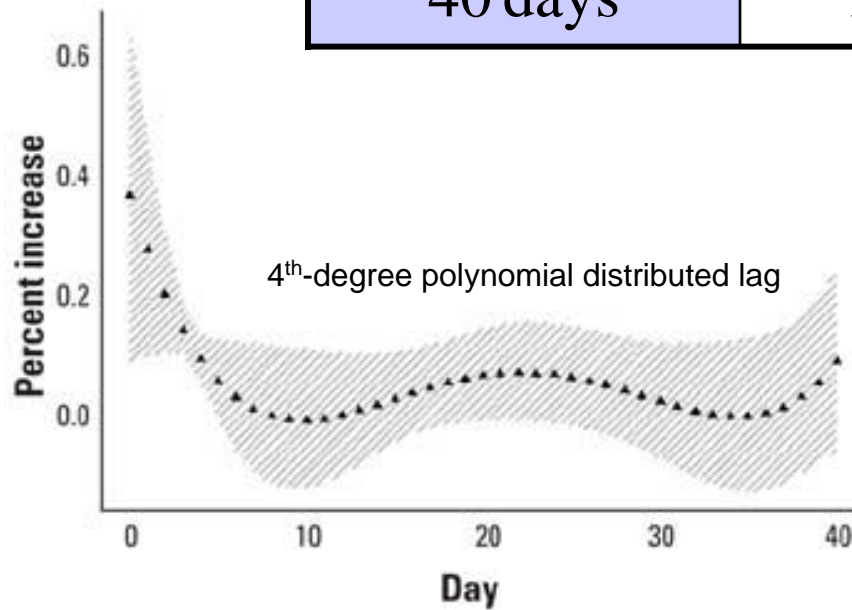
Not much here to distinguish PM and ozone

## exposure duration: PM vs. ozone

- longer term – weeks to months
  - time series studies (here distinction between lag and exposure duration gets confusing)
  - evidence for PM only
  - how to interpret these longer time scale studies? (control for “time”)

## Daily CVD mortality change for $10\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{10}$ : 10 cities

unconstrained distributed lag	%	95% CI
20 days	1.34	0.89-1.79
30 days	1.72	1.20-2.25
40 days	1.97	1.38-2.55



Zanobetti A. Environ Health Perspect 2003; 111: 1188-93

# exposure duration: PM vs. ozone

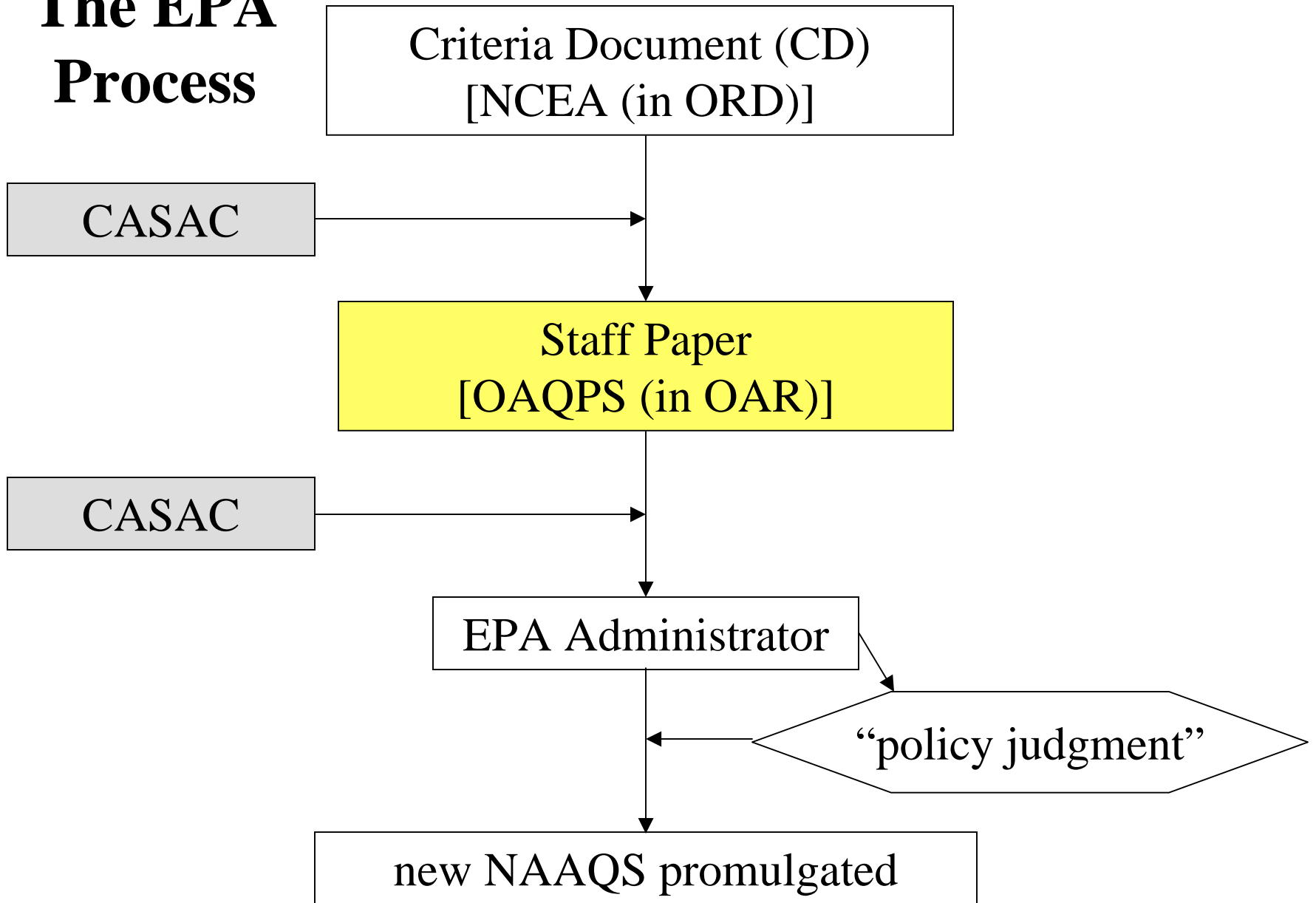
- long-term - years
  - toxicology - support for both PM (Sun Q. JAMA 2005; 294: 3003-10) and ozone (Hyde DM. Am J Respir Crit Care Med 2002; 185: A811)
  - epidemiology - largely only evidence for PM (vs. ozone) (ACS study - Pope JAMA 2002; WHI study - Miller NEJM 2007; Gauderman WJ NEJM 2005)

## air quality regulations:

implications of different effects for  
different durations of exposure

1. obvious for the averaging time of a standard/objective

# The EPA Process



# PM: averaging period and level of the NAAQS

- 24-hr average  $\text{PM}_{2.5}$  :  $35 \mu\text{g}/\text{m}^3$
- annual average  $\text{PM}_{2.5}$  :  $15 \mu\text{g}/\text{m}^3$
- shorter averaging time?

# Ozone: averaging period and the NAAQS

- current 8-hr average  $O_3$ : 82ppb
  - averaging period based on:
    - 6.6-hr human exposure studies
    - daily time course of ozone concentrations

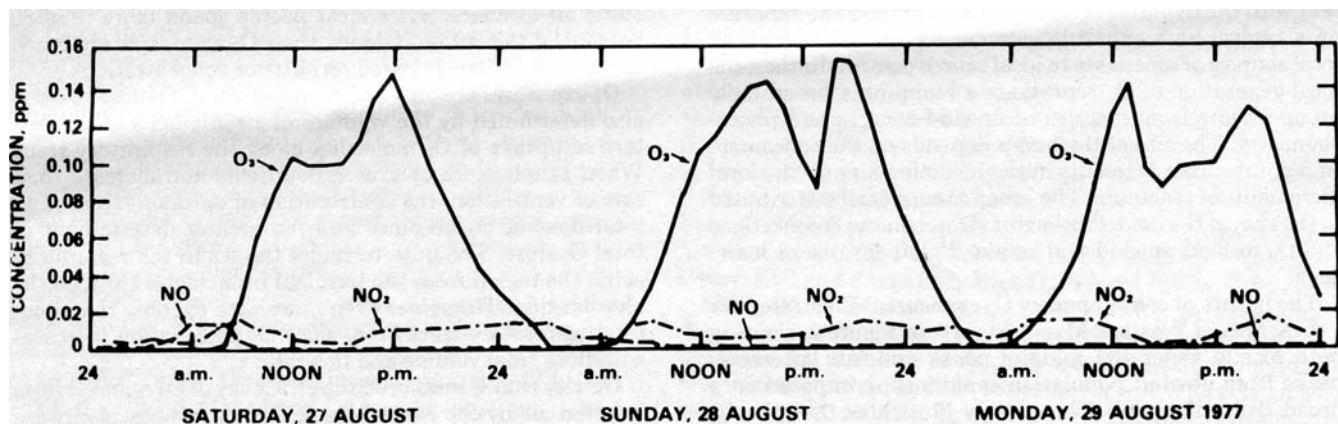


Figure 2. Three-day sequence of hourly ozone concentrations at Montague, MA, SURE station showing locally generated midday peaks and transported late peaks. From: EPA.<sup>7</sup>

## air quality regulations:

implications of different effects for  
different durations of exposure

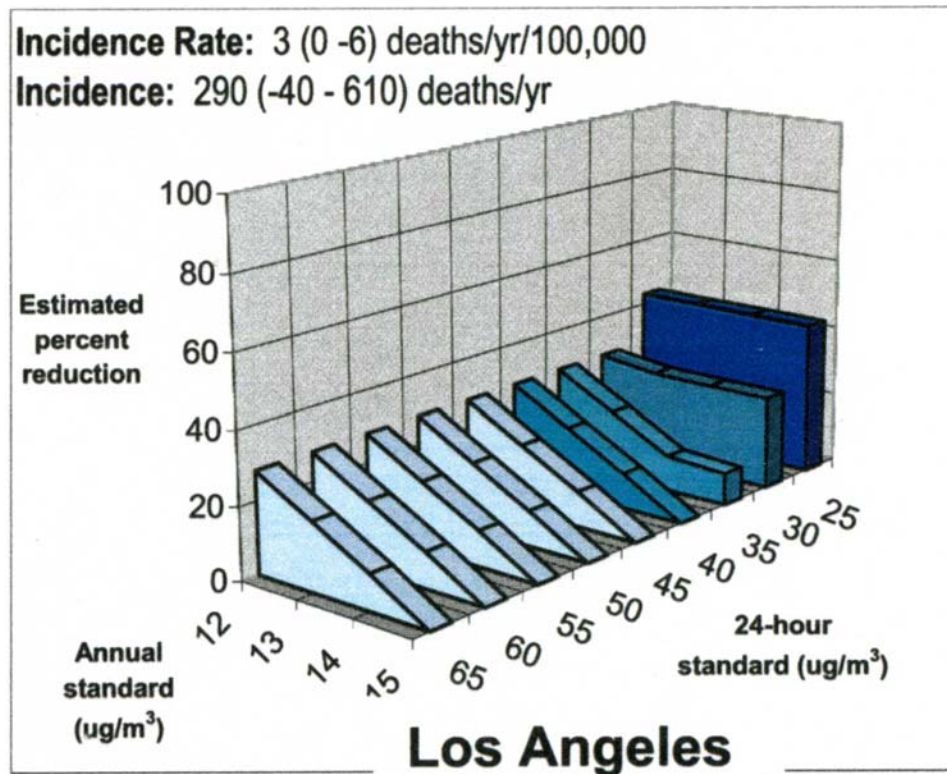
1. obvious for the averaging time of a standard/objective
2. lowering concentrations at one averaging time may also lower them for other averaging times

# EPA risk-based approach to translating health effects findings into policy

1. utilizes risk assessment
  - selected cities (and their air pollution concentrations) to illustrate health impacts of lowering standards
  - concentration-response functions from epidemiological studies
2. takes a sensitivity approach to handling uncertainty
  - vary threshold assumptions
3. evaluating short- and long-term standard impacts together

## Example of risk-based assessment for PM<sub>2.5</sub>

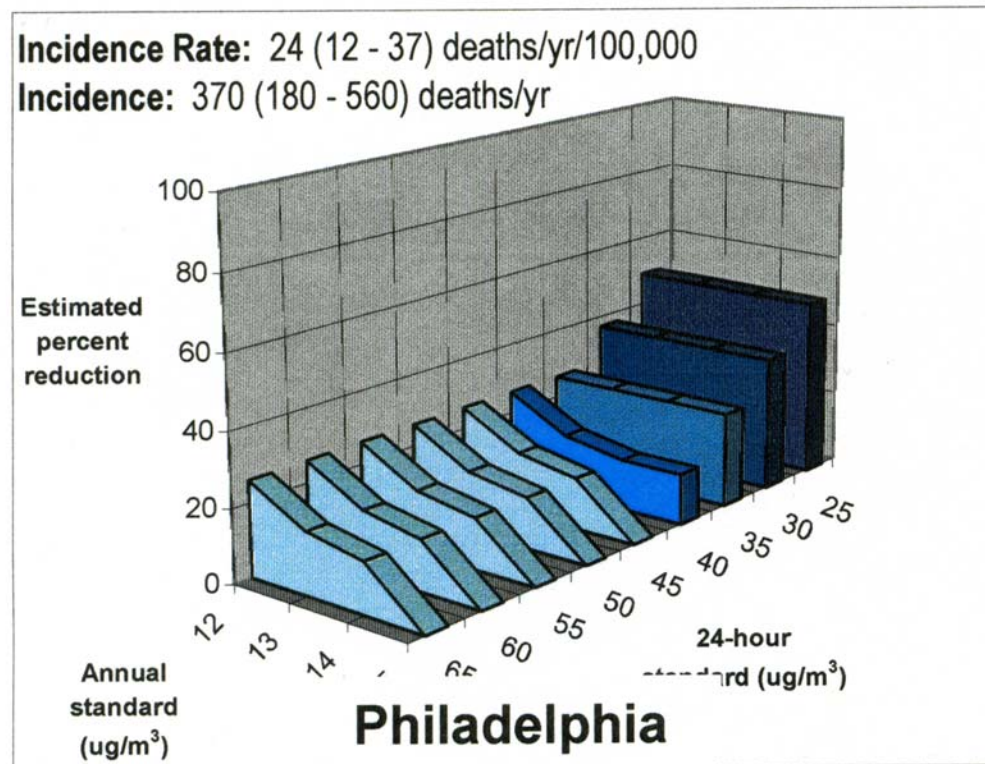
- effect of short-term exposure
- background concentration threshold



EPA OAQPS PM Staff Paper, 2005

## Example of risk-based assessment for PM<sub>2.5</sub>

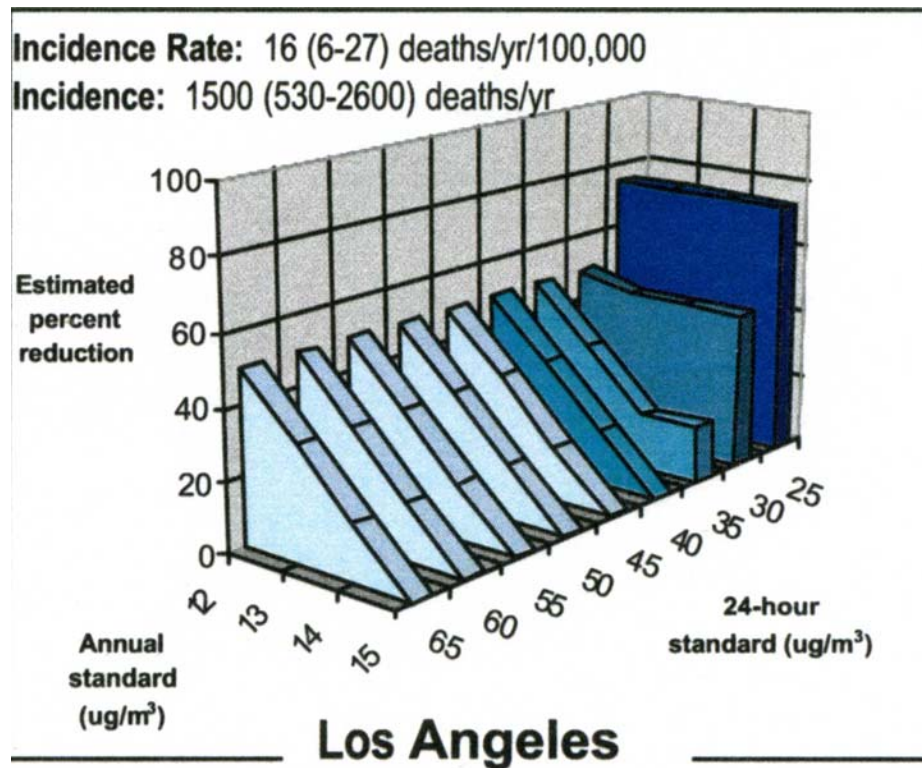
- effect of short-term exposure
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EPA OAQPS PM Staff Paper, 2005

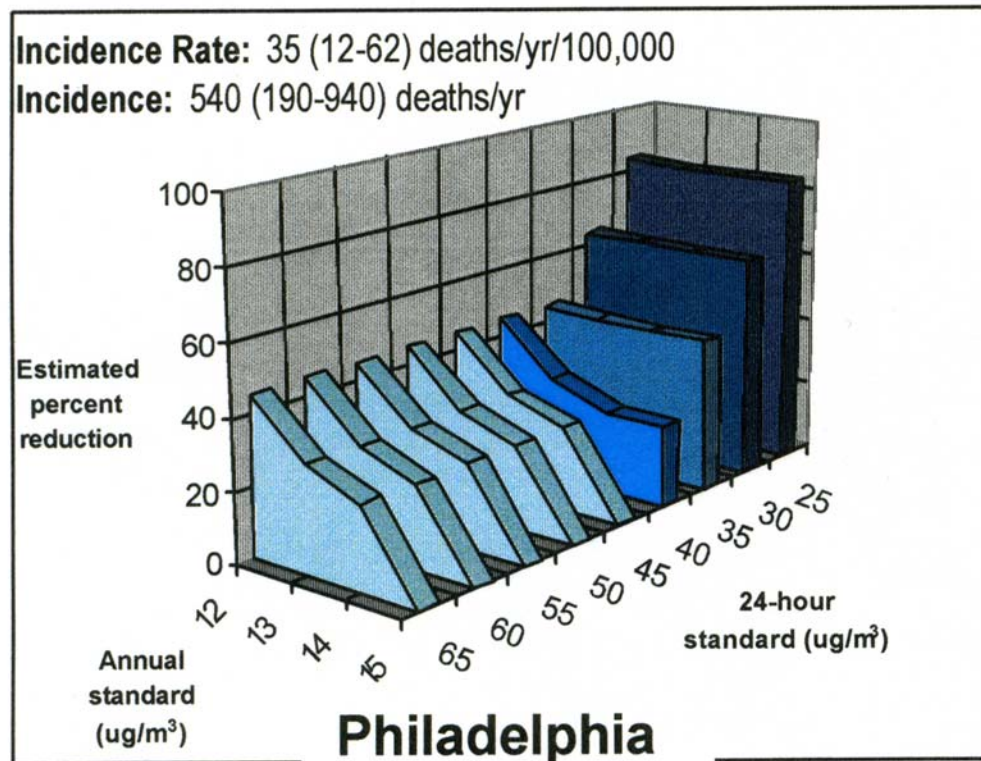
## Example of risk-based assessment for PM<sub>2.5</sub>

- effect of long-term exposure
- 7.5  $\mu\text{g}/\text{m}^3$  threshold



## Example of risk-based assessment for PM<sub>2.5</sub>

- effect of long-term exposure
- 7.5  $\mu\text{g}/\text{m}^3$  threshold



EPA OAQPS PM Staff Paper, 2005

## The level of the PM<sub>2.5</sub> standard:

- CASAC recommendations:
  - 24-hr average PM<sub>2.5</sub> : 30 - 35  $\mu\text{g}/\text{m}^3$
  - annual average PM<sub>2.5</sub> : 13-14  $\mu\text{g}/\text{m}^3$
- Administrator:
  - 24-hr average PM<sub>2.5</sub> : 35  $\mu\text{g}/\text{m}^3$
  - annual average PM<sub>2.5</sub> : 15  $\mu\text{g}/\text{m}^3$

EPA “largely ignored recommendations for tighter control from its own scientists and from an independent panel of outside experts.” Michael Janofsky, NY Times, Dec 21, 2005.

# other criteria pollutants: averaging period and level of the NAAQS

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## **SO<sub>2</sub>**

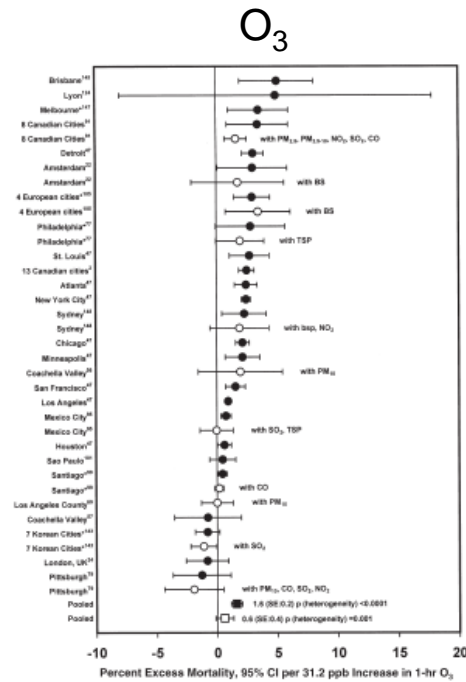
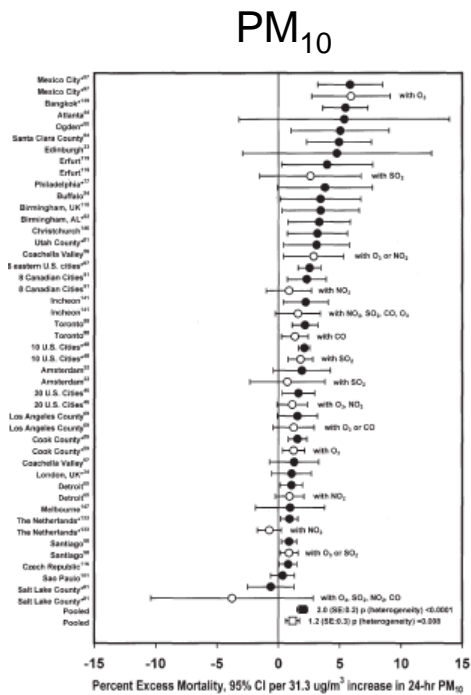
- annual: 140ppb
- 24-hr: 30ppb

## **NO<sub>2</sub>**

- annual: 53ppb

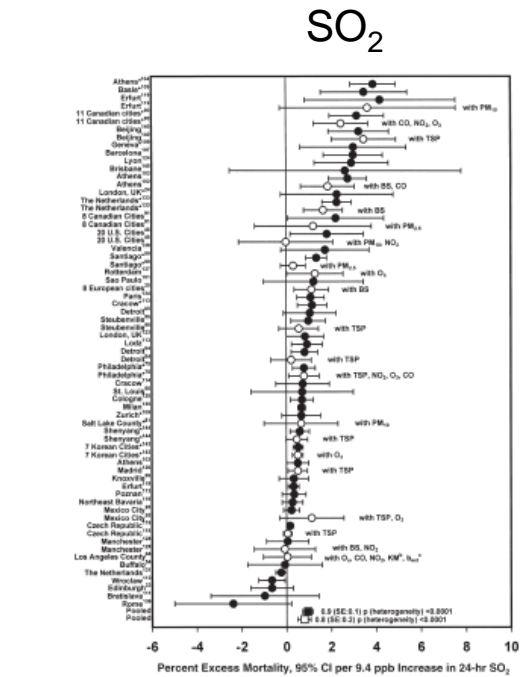
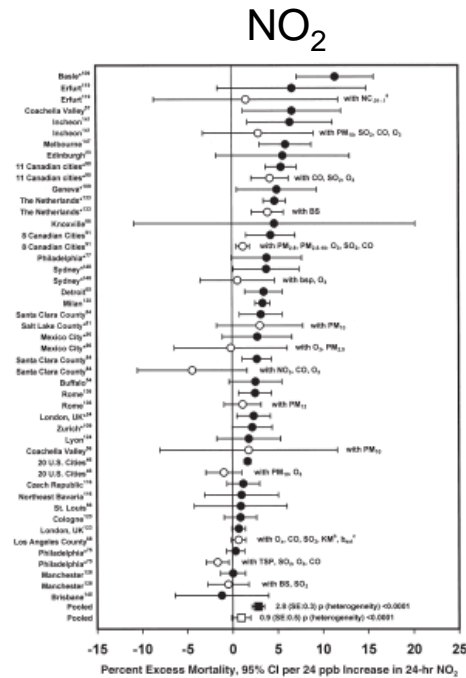
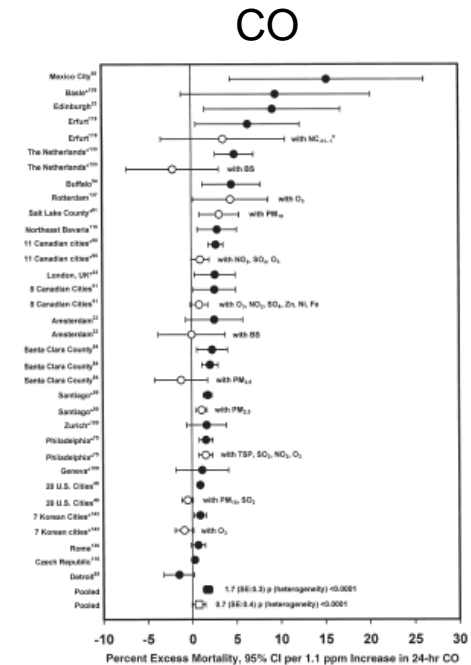
## **CO**

- 1-hr: 35ppm
- 8-hr: 9ppm



Time series (short-term) effects of the criteria pollutants

Stieb D. JAWMA 2002



## long-term effects of NO<sub>x</sub> and SO<sub>2</sub>?

- for SO<sub>2</sub>, at least, findings on effects of long-term exposures are as strong or stronger than those associated with PM<sub>2.5</sub> (Hong Kong intervention - Hedley AJ. Lancet 2002; ACS study - Pope CA. JAMA 2002)
- why isn't this reflected in more stringent standards? (because few believe it's SO<sub>2</sub>)

Time scales of exposure effects:  
challenges for future air quality  
management

1. translating *operationalized* exposure periods used in health studies into standards and guidelines

Health effect estimates  
by varying exposure averaging times  
(estimated percent changes in HRV)

$\text{Log}_{10}\text{SDNN}$	4-hr average	24-hr average	48-hr average
$\text{PM}_{2.5}$	-0.1	-2.2	-5.4
$\text{O}_3$	-3.6	-5.3	-2.2

Park SK. Environ Health Perspect 2005; 113: 304-9

# Time scales of exposure effects: challenges for future air quality management

1. translating *operationalized* exposure periods used in health studies into standards and guidelines
2. the multi-pollutant/PM component/source world