

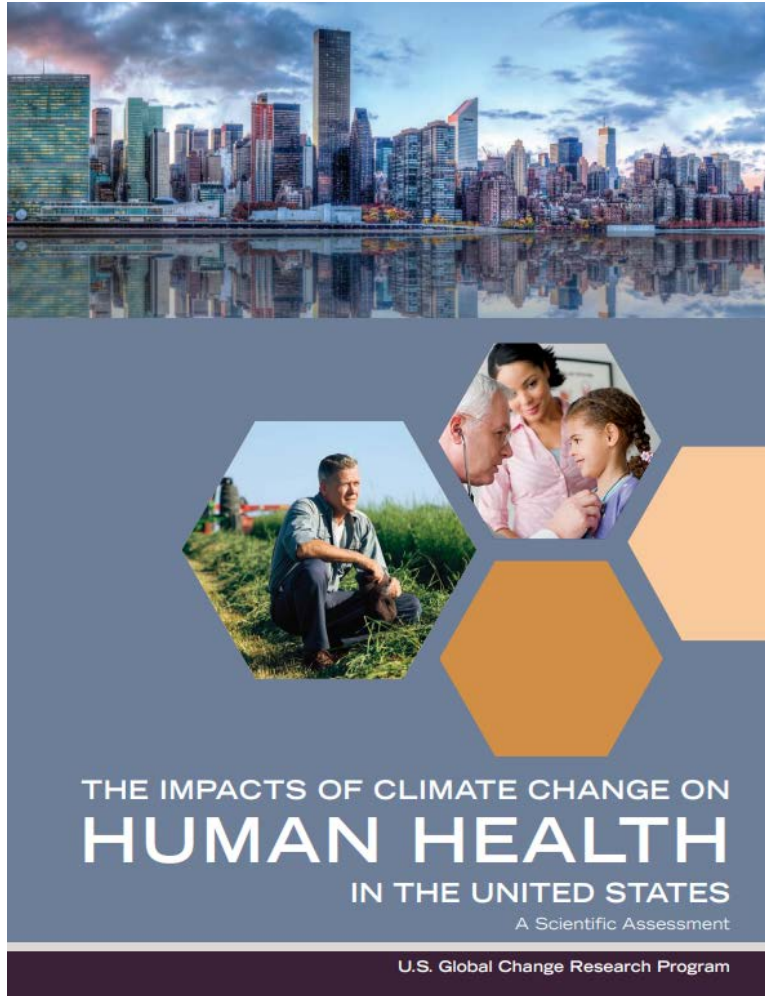
# Climate Change and the Environment: Respiratory Impacts, General Health Risks, and the IAQ Implications of Increased Flooding and Wildfires

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ANCHORAGE



Climate Change and the Indoor Environment:

*Scientific research on nature of impact (the “what”), but what about practitioner voice? (the “how”)*

# 3 Air Quality Impacts



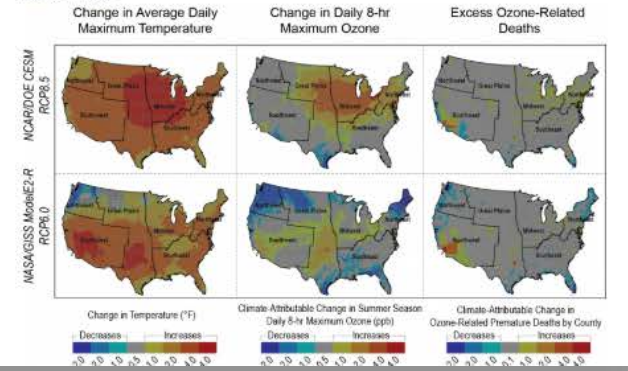
HIDE CHAPTER SUMMARY

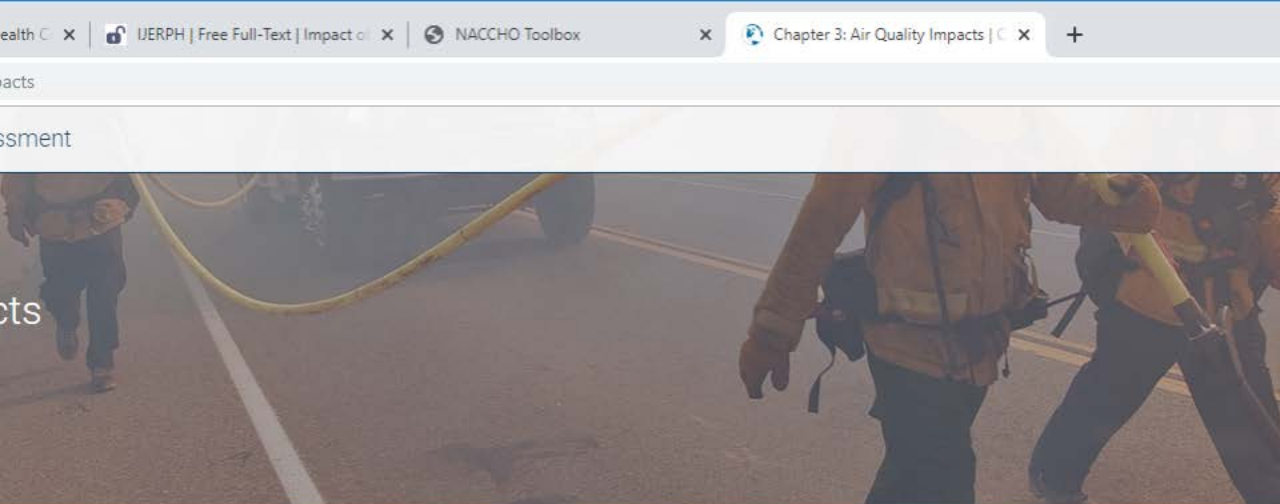
## Summary

### Air Quality Impacts

Changes in the climate affect the air we breathe, both indoors and outdoors. The changing climate has modified weather patterns, which in turn have influenced the levels and location of outdoor air pollutants such as ground-level ozone (O<sub>3</sub>) (see Figure E54) and fine particulate matter. Increasing carbon dioxide (CO<sub>2</sub>) levels also promote the growth of plants that release airborne allergens (aeroallergens). Finally, these changes to outdoor air quality and aeroallergens also affect indoor air quality as both pollutants and aeroallergens infiltrate homes, schools, and other buildings. Poor air quality, whether outdoors or indoors, can negatively affect the human respiratory and cardiovascular systems. Higher pollen concentrations and longer pollen seasons can increase allergic sensitization and asthma episodes and thereby limit productivity at work and school.

Figure E54: Projected Change in Temperature, Ozone, and Ozone-Related Premature Deaths in 2030





## Key Findings

### Key Finding 3: Worsened Allergy and Asthma Conditions

Changes in climate, specifically rising temperatures, altered precipitation patterns, and increasing concentrations of atmospheric carbon dioxide, are expected to contribute to increasing levels of some airborne allergens and associated increases in asthma episodes and other allergic illnesses [High Confidence].

Supporting Evidence



[View All Key Findings](#)

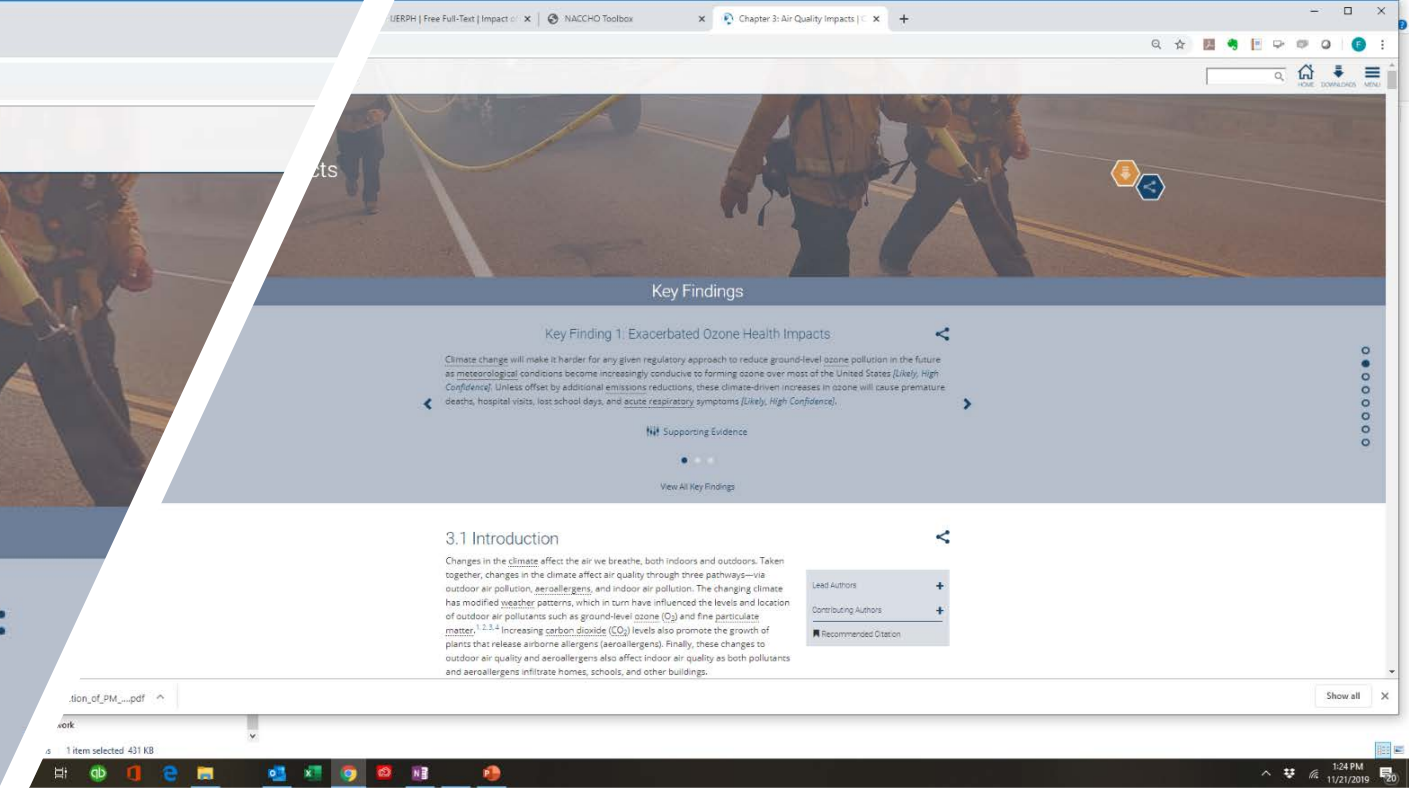
### 3.1 Introduction

Changes in the climate affect the air we breathe, both indoors and outdoors. Taken together, changes in the climate affect air quality through three pathways—via outdoor air pollution, aeroallergens, and indoor air pollution. The changing climate has modified weather patterns, which in turn have influenced the levels and location of outdoor air pollutants such as ground-level ozone (O<sub>3</sub>) and fine particulate matter.<sup>1,2,3,4</sup> Increasing carbon dioxide (CO<sub>2</sub>) levels also promote the growth of plants that release airborne allergens (aeroallergens). Finally, these changes to outdoor air quality and aeroallergens also affect indoor air quality as both pollutants and aeroallergens infiltrate homes, schools, and other buildings.

Lead Authors

Contributing Authors

Recommended Citation



## Key Findings

### Key Finding 1: Exacerbated Ozone Health Impacts

Climate change will make it harder for any given regulatory approach to reduce ground-level ozone pollution in the future as meteorological conditions become increasingly conducive to forming ozone over most of the United States [Likely, High Confidence]. Unless offset by additional emissions reductions, these climate-driven increases in ozone will cause premature deaths, hospital visits, lost school days, and acute respiratory symptoms [Likely, High Confidence].

Supporting Evidence



[View All Key Findings](#)

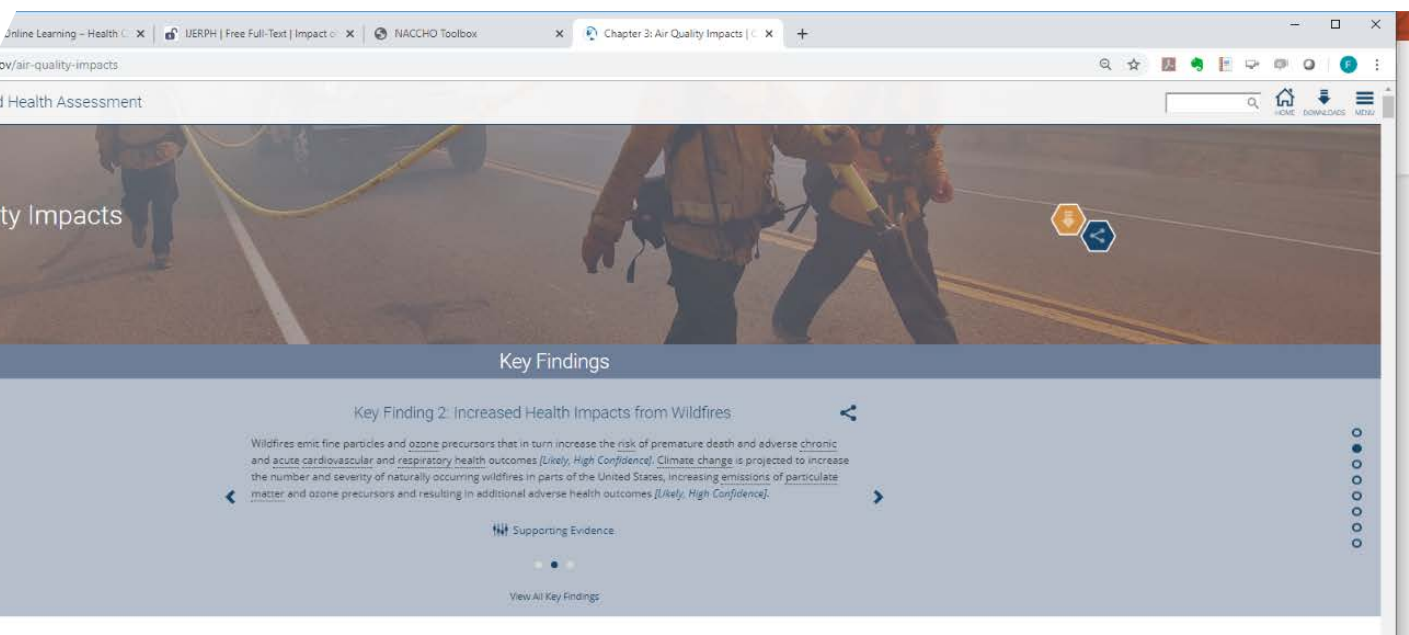
### 3.1 Introduction

Changes in the climate affect the air we breathe, both indoors and outdoors. Taken together, changes in the climate affect air quality through three pathways—via outdoor air pollution, aeroallergens, and indoor air pollution. The changing climate has modified weather patterns, which in turn have influenced the levels and location of outdoor air pollutants such as ground-level ozone (O<sub>3</sub>) and fine particulate matter.<sup>1,2,3,4</sup> Increasing carbon dioxide (CO<sub>2</sub>) levels also promote the growth of plants that release airborne allergens (aeroallergens). Finally, these changes to outdoor air quality and aeroallergens also affect indoor air quality as both pollutants and aeroallergens infiltrate homes, schools, and other buildings.

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## Key Findings

### Key Finding 2: Increased Health Impacts from Wildfires

Wildfires emit fine particles and ozone precursors that in turn increase the risk of premature death and adverse chronic and acute cardiovascular and respiratory health outcomes [Likely, High Confidence]. Climate change is projected to increase the number and severity of naturally occurring wildfires in parts of the United States, increasing emissions of particulate matter and ozone precursors and resulting in additional adverse health outcomes [Likely, High Confidence].

Supporting Evidence



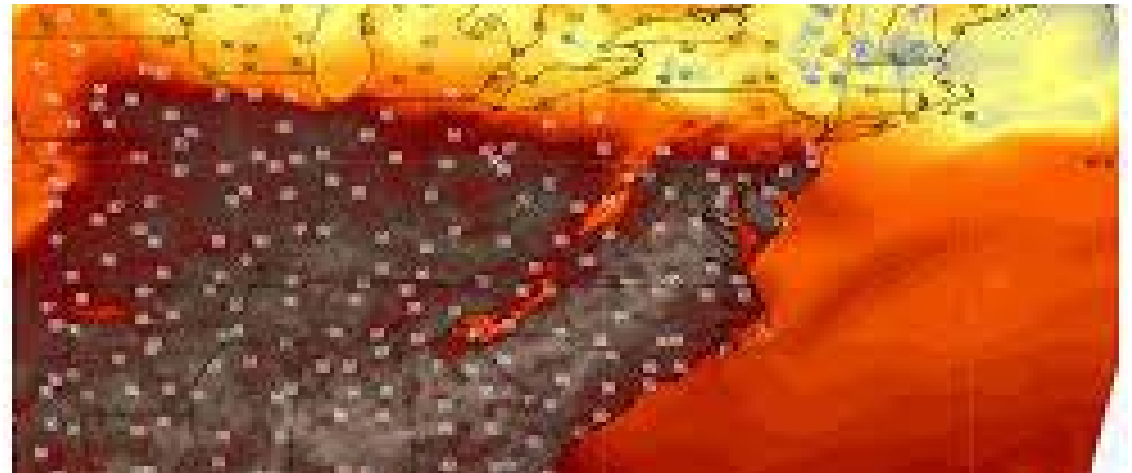
[View All Key Findings](#)

## Practitioner Knowledge

Healthy Homes and Indoor Air Quality professionals are *on the front line of impacts to the indoor environment.*

Data + field experience + first-hand knowledge of barriers and opportunities on building not just healthy homes but on programs and systems to mitigate lead, radon, mold, pests, smoke...

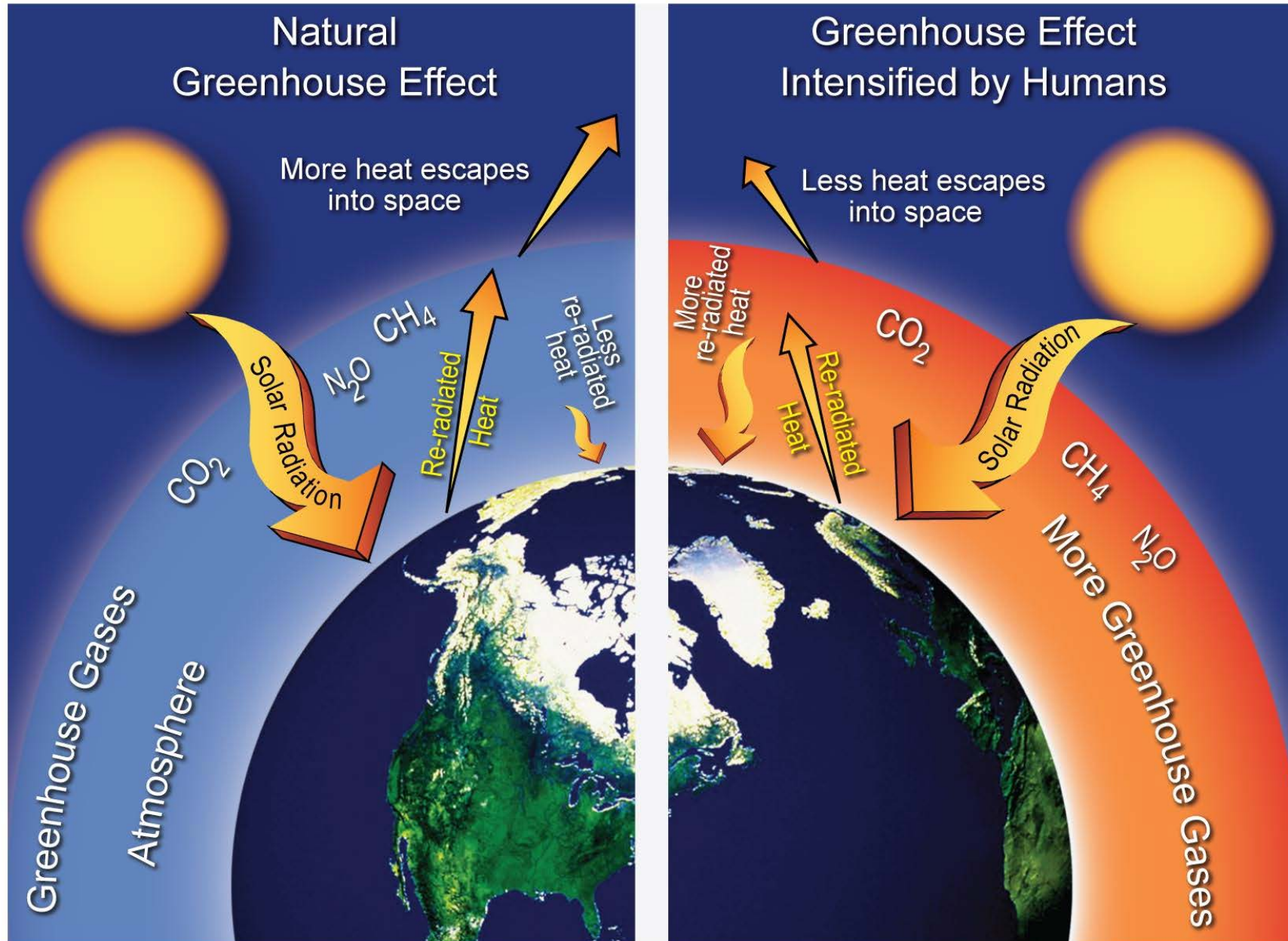
(The “How”)



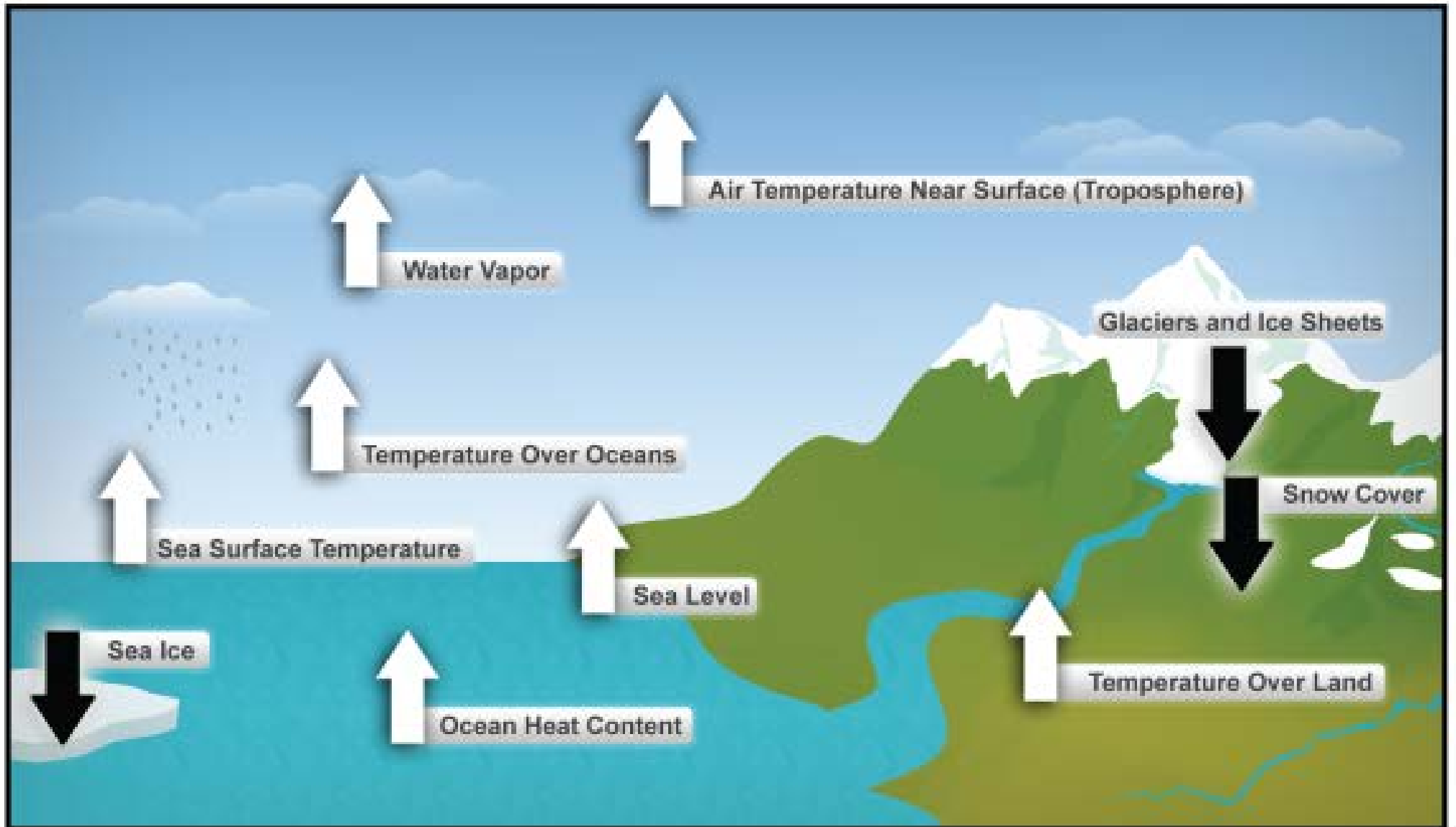
## *The American Public Health Association...*

“The environments in which people live, work, learn and play have a tremendous impact on their health. Certain groups, like children, the elderly, the underserved and communities of color, are less climate-resilient and, therefore, more vulnerable to the negative health effects of climate change. ”

# Human Influence on the Greenhouse Effect



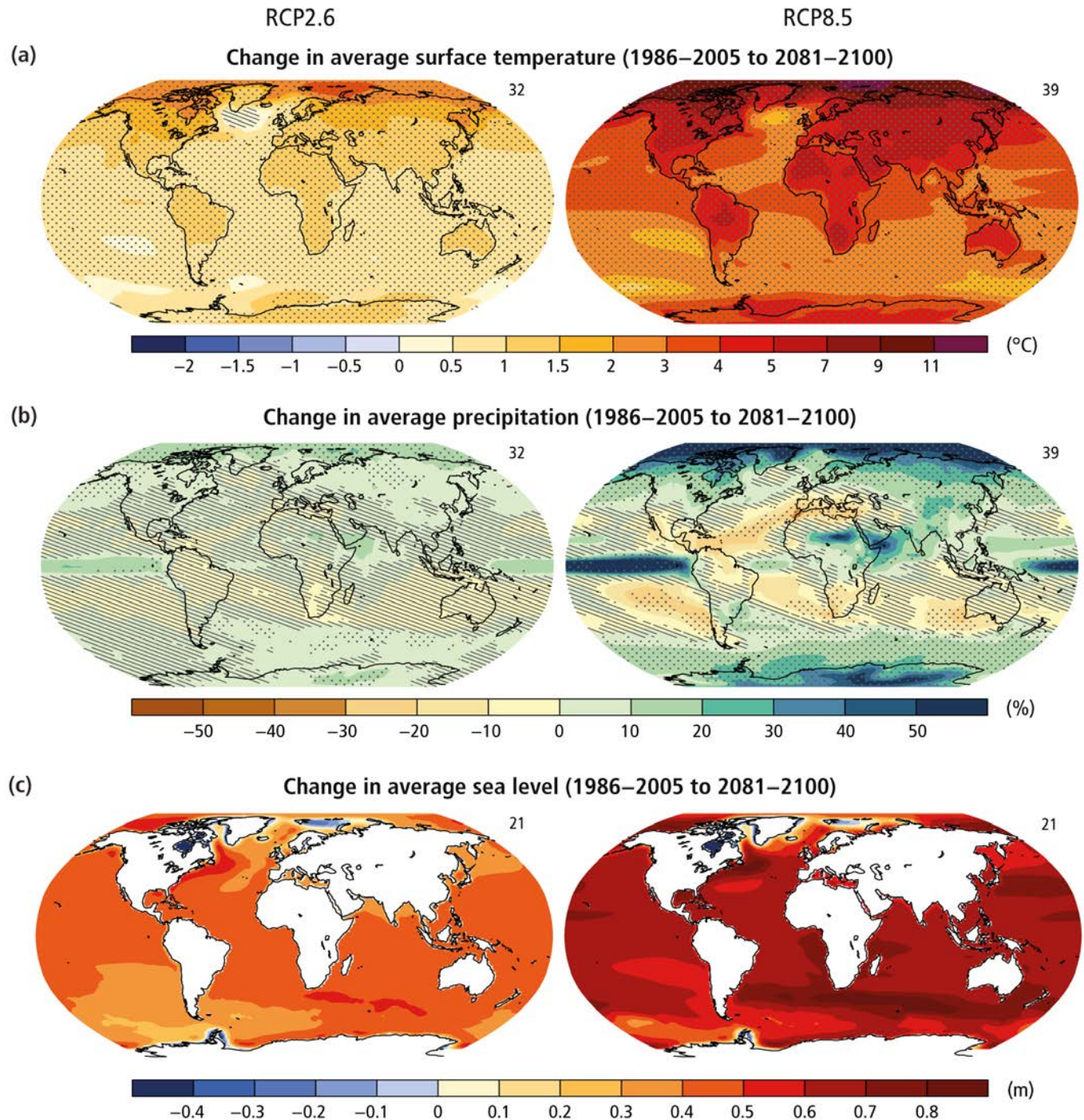
# Ten Indicators of a Warming World



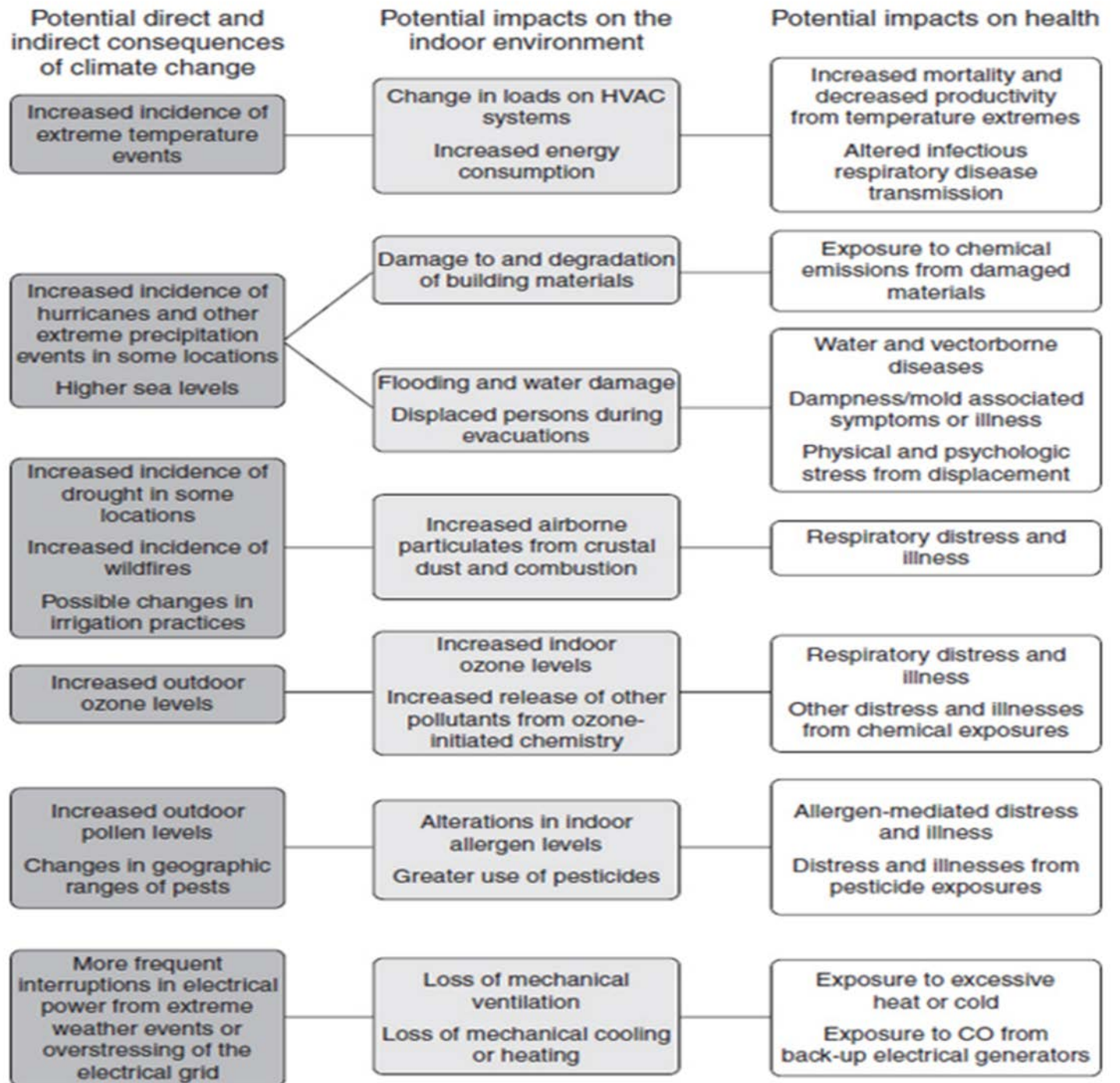


# IPCC

The Intergovernmental Panel on Climate Change (IPCC) is the United Nations body for assessing the science related to climate change



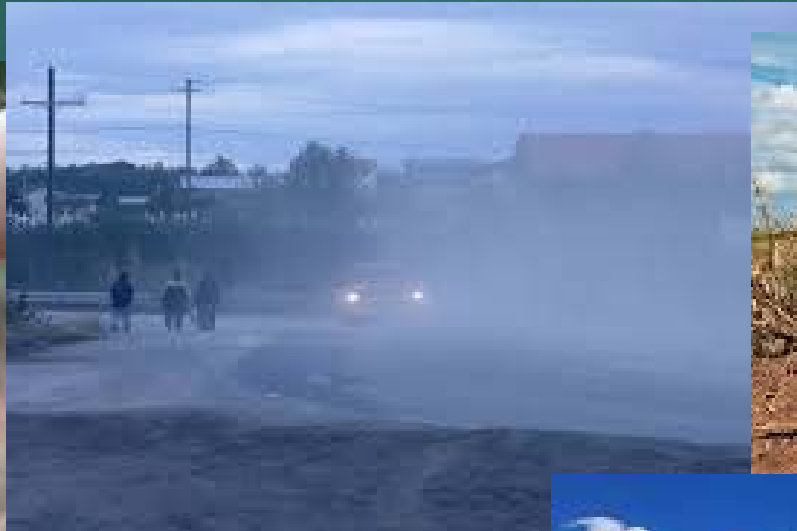
# Climate change, potential impacts on the indoor environment, and the potential impacts on health



# Changes in the environment: Wildfires



# Changes in the environment: Thermal stress



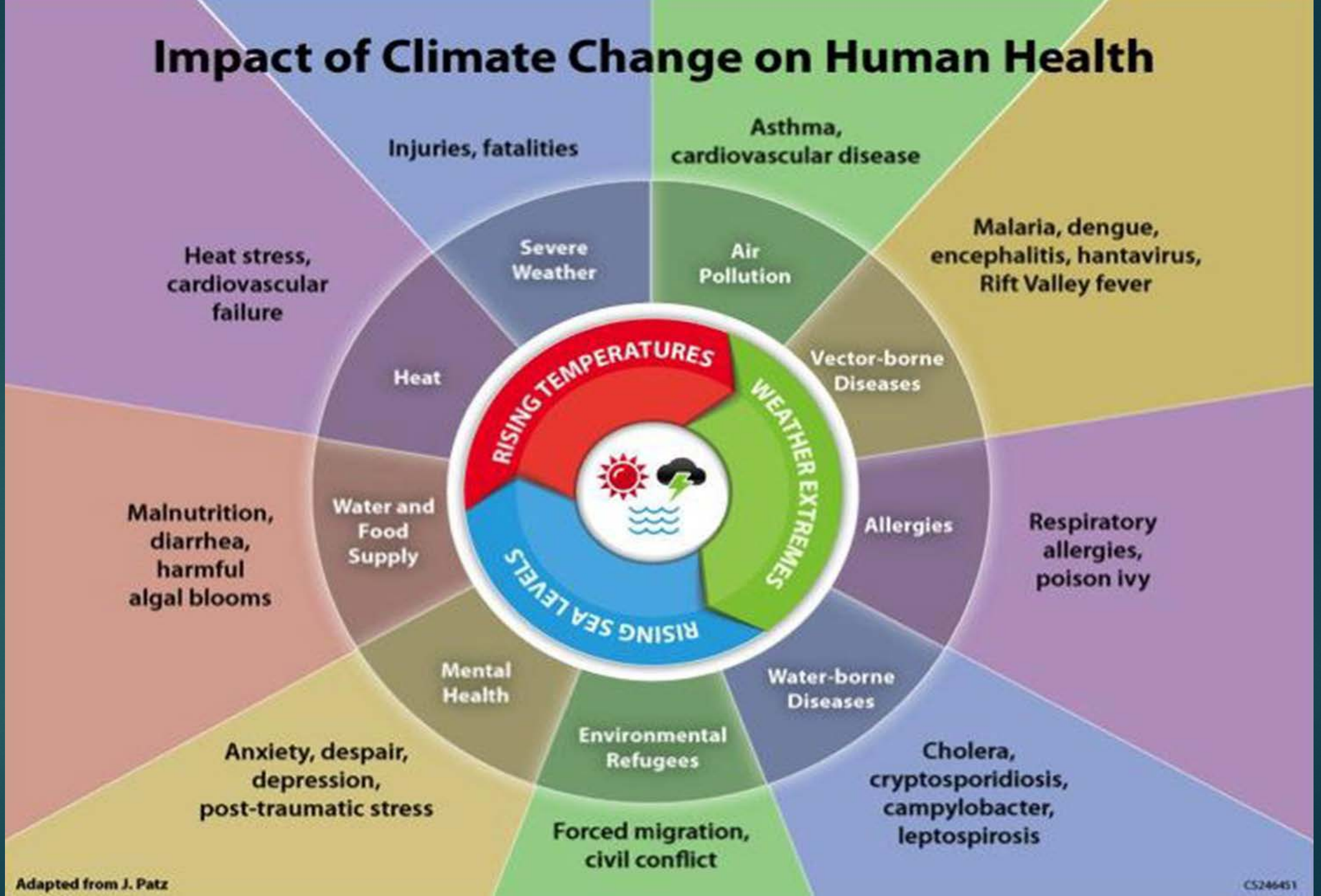
# Changes in the environment: Flooding



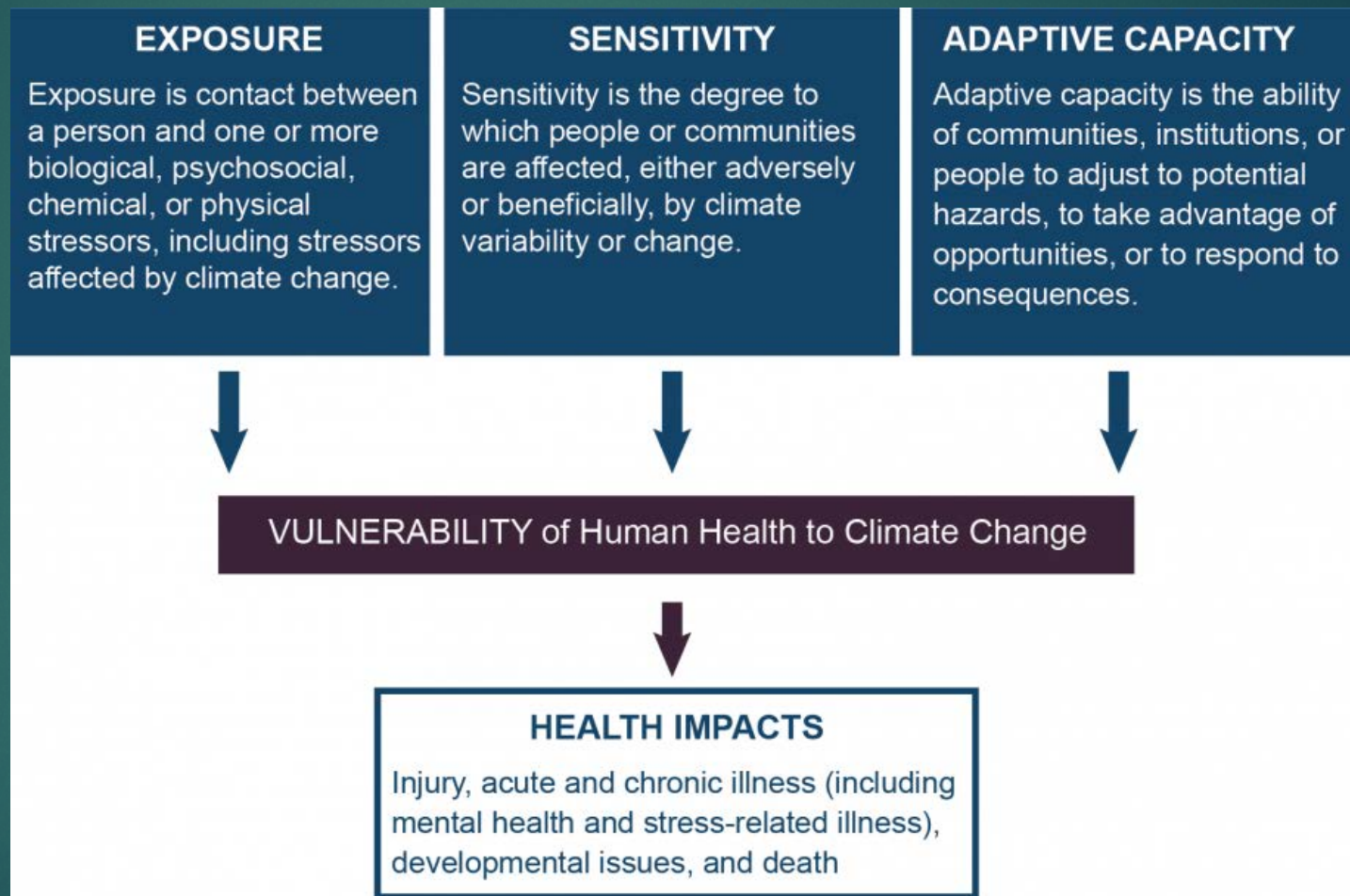
“The sharp decline in summer Arctic sea ice has continued, is unprecedented, and is consistent with human-induced climate change. A new record for minimum area of Arctic sea ice was set in 2012.”

<https://www.globalchange.gov/>

# Impact of Climate Change on Human Health



# Climate change factors that can have critical importance on human health and quality of life



Defining the determinants of vulnerability to health impacts associated with climate change, including exposure, sensitivity, and adaptive capacity. (Figure source: adapted from Turner et al. 2003)

# So why are we so concerned about climate change and housing?

- ▶ We spend 90 - 92% of our time indoors, and our indoor air can be up to 5 times as polluted as our outdoor air
- ▶ The quality of our indoor environment is a key determinant the quality of life and health
- ▶ With climate change, attention to building quality increases as the indoors becomes more and more of a refuge against heat and other climate events
- ▶ We are going to have to adapt to the multifactorial challenges of global warming!



# The external environment and agents of concern for the indoor environment:

- ▶ Temperature
- ▶ Biological contaminants
- ▶ Combustion-formed gases
- ▶ Formaldehyde
- ▶ Ozone
- ▶ Particulate matter (PM)
- ▶ Volatile organic compounds (VOCs)



# Impacts of Climate change on indoor air quality



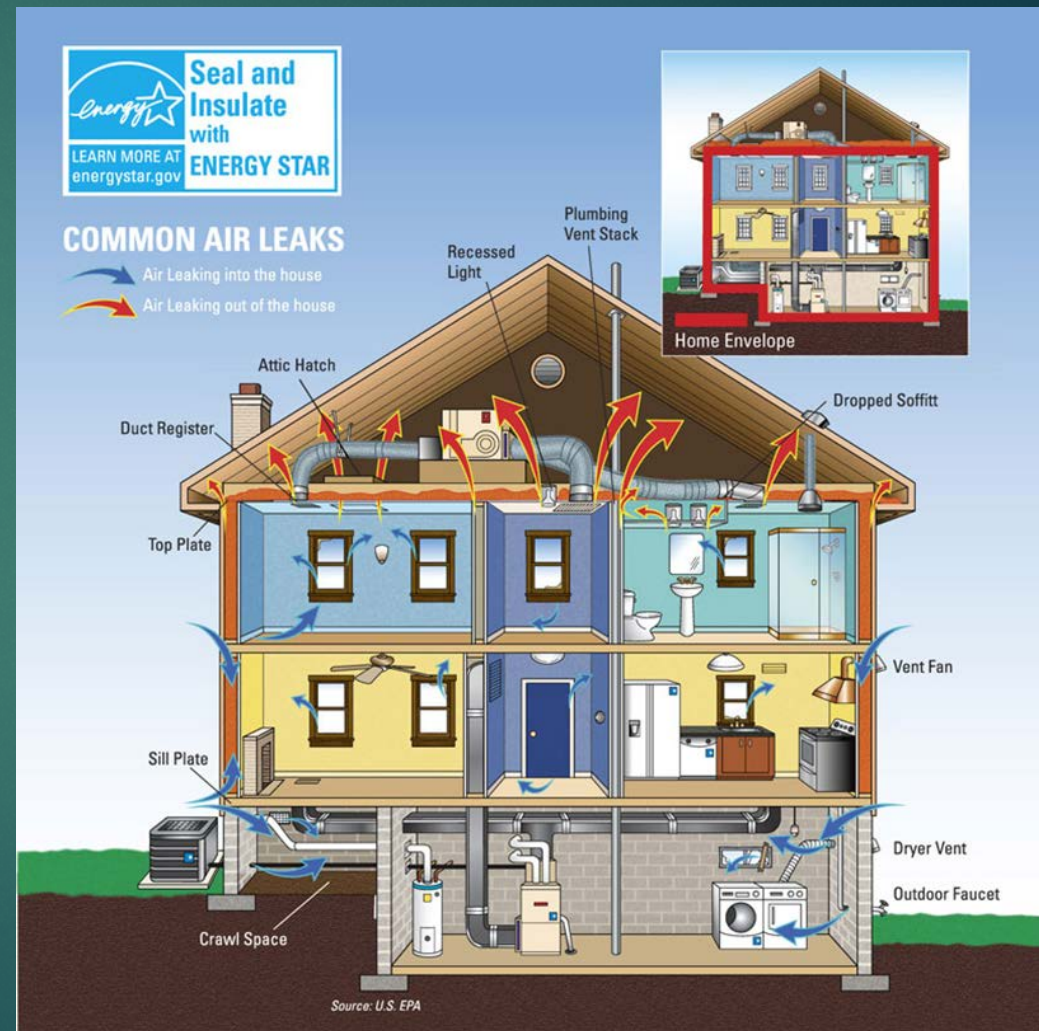
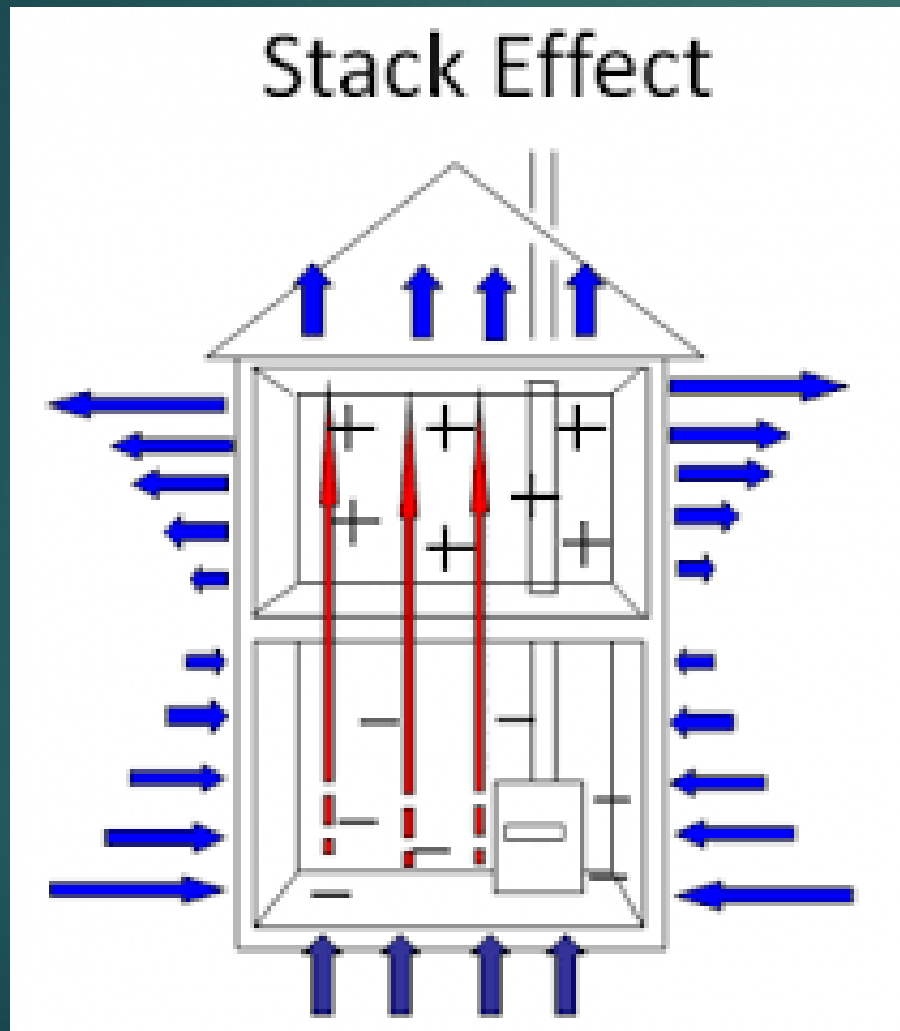
Changes in climate are likely to alter existing patterns of air pollution concentrations:

- ▶ Winds, vertical mixing, and rainfall

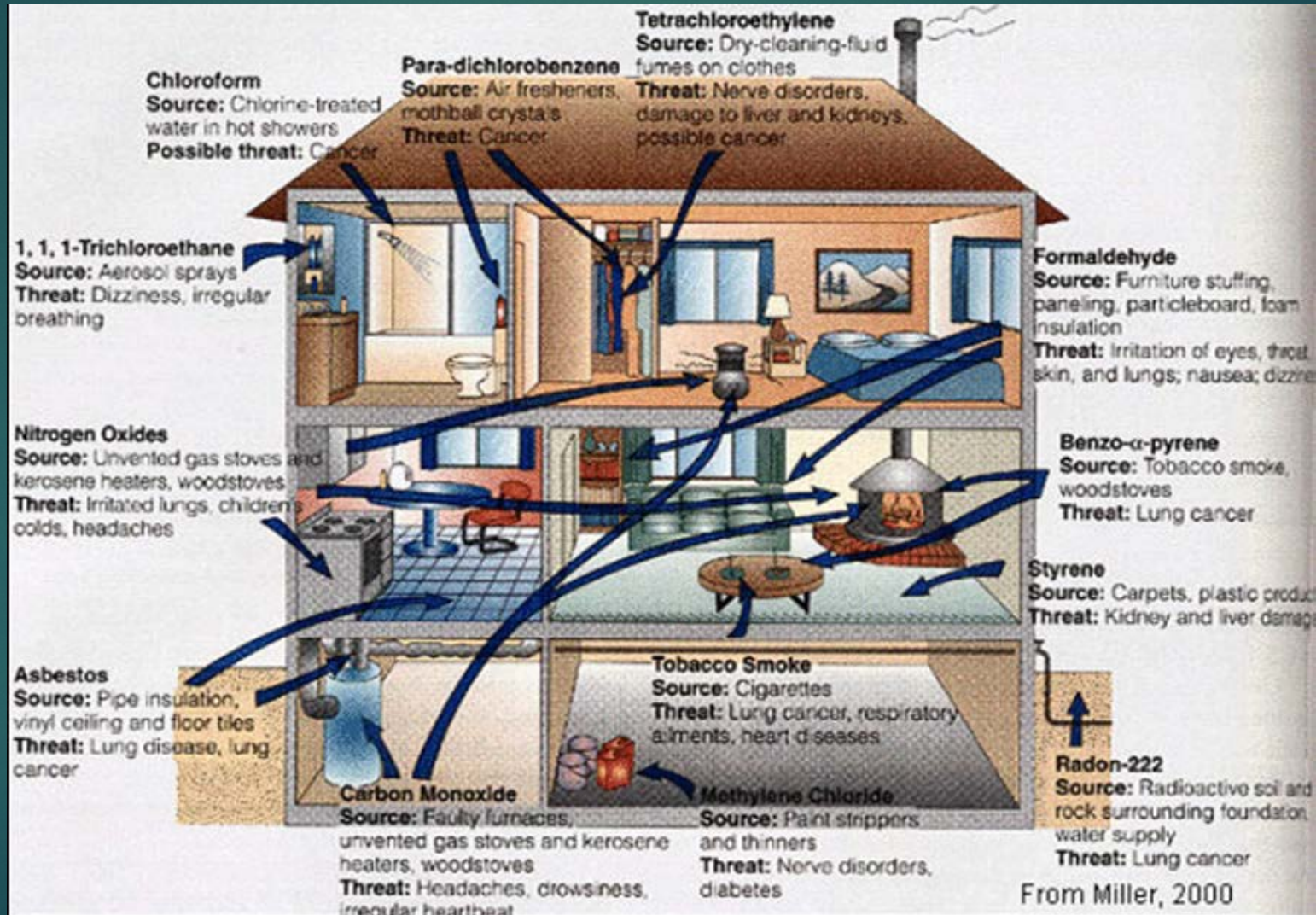
Higher temperatures will lead to:

- ▶ Increased ozone pollution and fine particle formation
- ▶ Wildfires (frequency, duration, and spread) are increased by higher temperatures, drier winters, decreased soil moisture, and extended periods of drought

# How air (and exterior pollution) moves into and through a building



# Exterior and Interior pollutant sources



# INDOOR AIR QUALITY

## CHEMICAL

- GASES (CO, CO<sub>2</sub>, O<sub>3</sub>, NO)
- VOLATILE ORGANIC CHEMICALS (PERFUMES, CLEANERS, DISINFECTANTS, PAINTS, PESTICIDES, OFF-GASES)
- ASBESTOS

## BIOLOGICAL

- HUMANS
- PET ANIMALS (CATS, DOGS, BIRDS)
- VERMIN (MICE, COCKROACHES)
- HOUSE PLANTS
- MICROBES (FREE-FLOATING, BIOFILM-BASED, MYCOTOXINS)
- POLLEN & ALLERGENS (ANIMAL DANDER, DUST MITES)

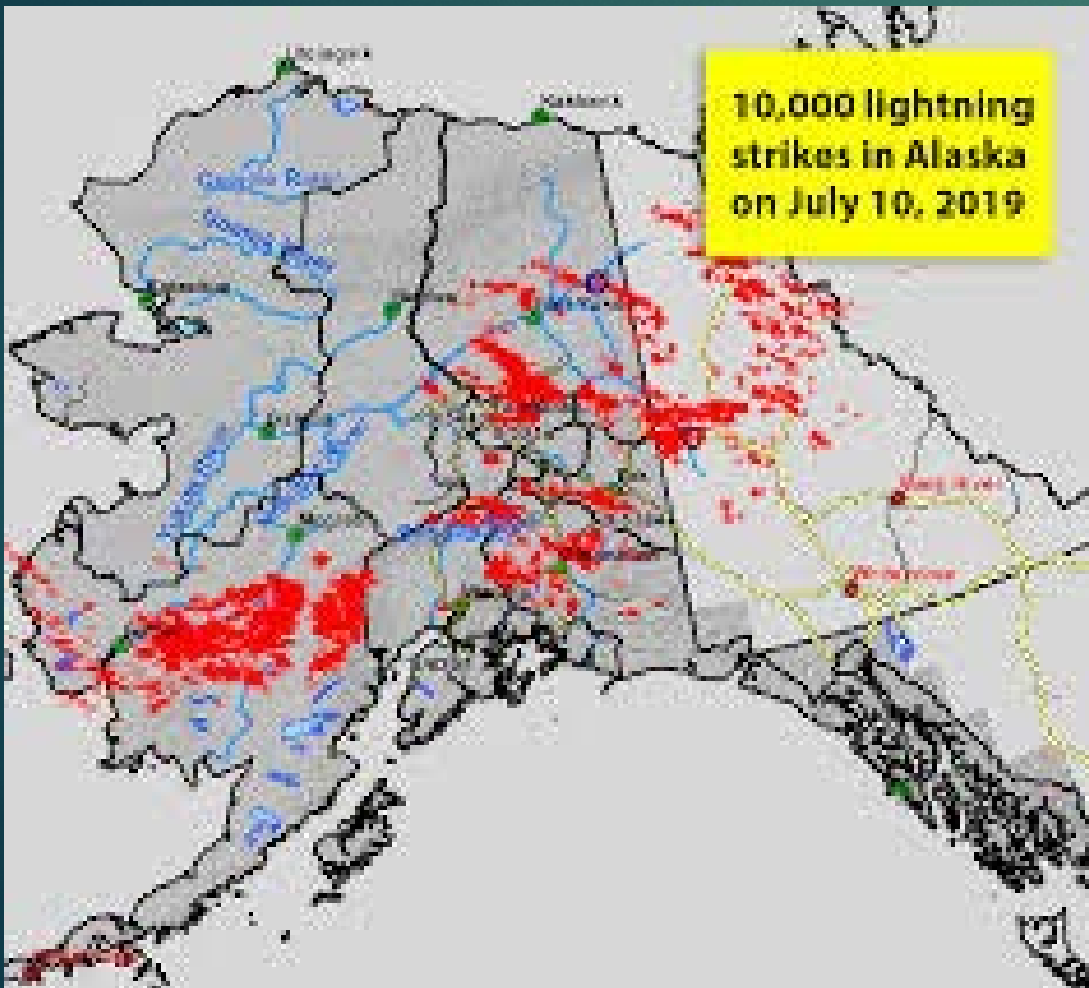
## PHYSICAL

- RADON
- PARTICULATES (CIGARETTE SMOKE, PRINTERS/COPIERS)
- SMOKE FROM COOKING & HEATING FUELS
- DUST

## ENVIRONMENTAL

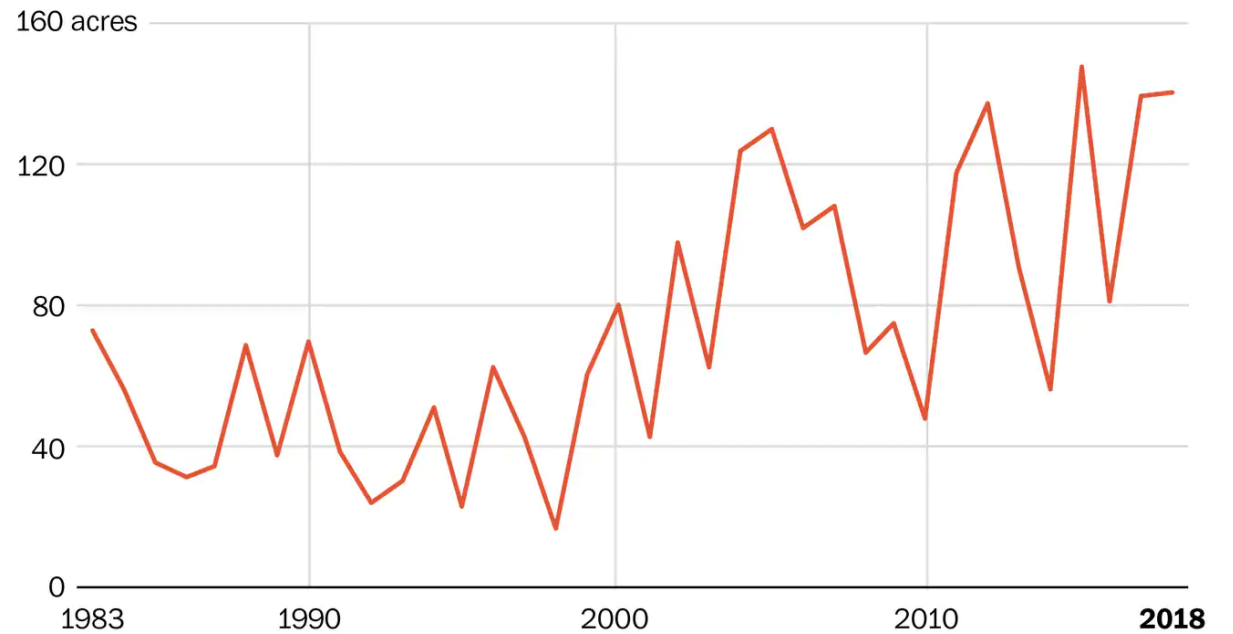
- OUTDOORS (WEATHER & CLIMATE)
- HVAC SYSTEM
- LIFE-STYLES (AIR TEMP., RH, OCCUPANT TYPE & DENSITY)

Let's look at just one pollutant (that just happens to have most of the agents of concern...)



### Fires get bigger

Average size in burned acres of wildfires, 1983 through 2018



Note: 2018 figures through August 13

Source: National Interagency Fire Center

▶ Wildfires are occurring with greater frequency, intensity, and duration



▶ Today, as much as 12% of homes (or up to 75% in rural or tribal areas) may burn wood as primary or secondary heating source





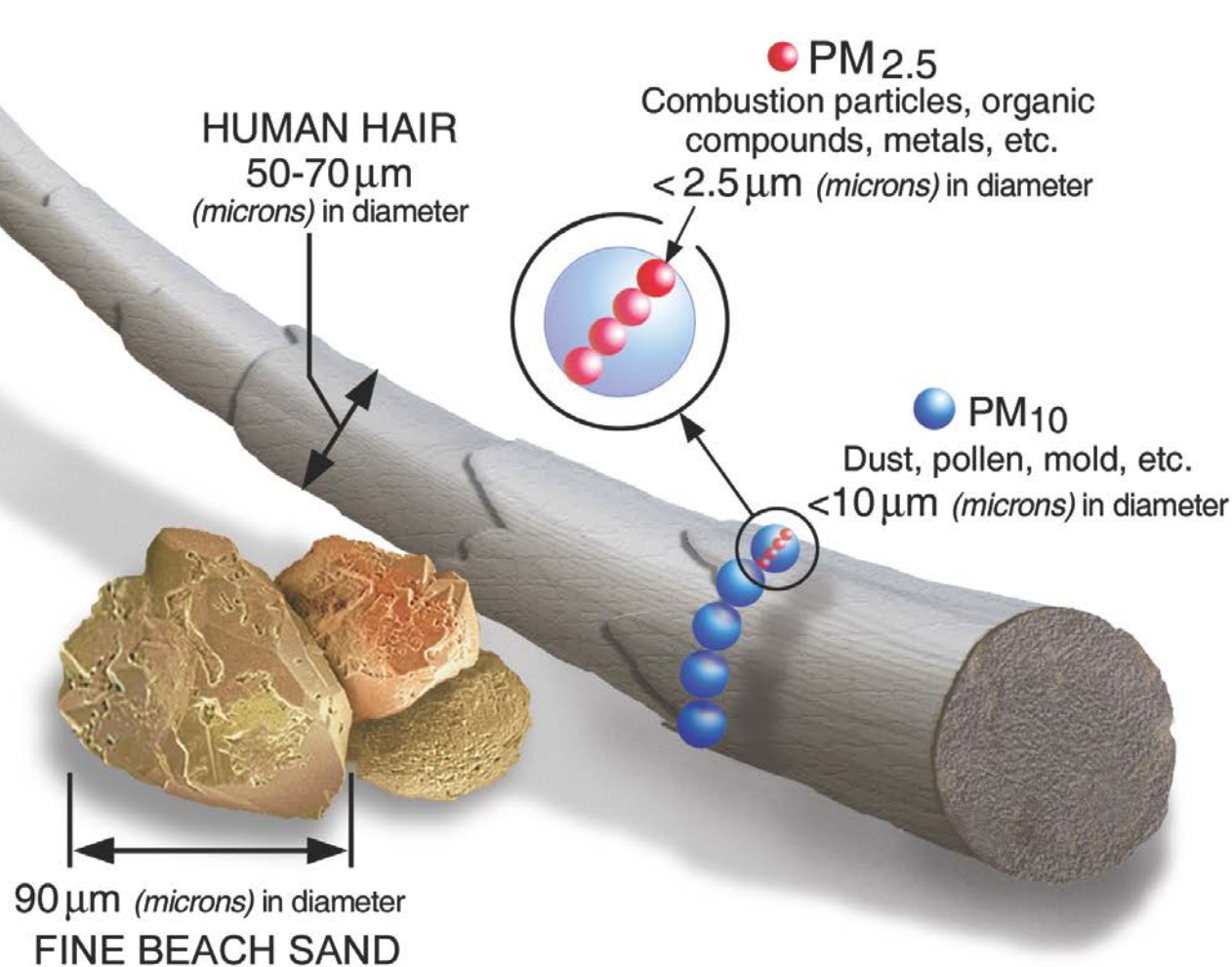
Table 1: Summary of the Toxic Chemical Agents Identified in Woodsmoke.

Chemical class	Number of compounds	Mode of toxicity	Representative compounds *
<b>Toxic gases</b>	4+	Irritant, acute toxicity	Carbon monoxide Ammonia Nitrogen dioxide Sulfur dioxide
<b>VOCs (C2-C7)</b>	30+	Irritant, possibly carcinogenic	Methyl chloride Methylene chloride
<b>Saturated hydrocarbons</b>	25+	Irritant, neurotoxicity	Hexane
<b>Unsaturated hydrocarbons</b>	40+	Irritant, carcinogenic, mutagenic	1,3-butadiene Acrolein
<b>Mono-aromatics</b>	28+	Irritant, carcinogenic, mutagenic	Benzene Styrene
<b>Polycyclic aromatic hydrocarbons (PAHs)</b>	20+	Carcinogenic, mutagenic, Immunotoxic	Benzo[163]pyrene, Dibenz[a,h]anthracene
<b>Organic alcohols and acids</b>	25+	Irritant, acute toxicity, Teratogenic	Methanol Acetic acid
<b>Aldehydes</b>	20+	Irritant, carcinogenic, mutagenic	Formaldehyde, Acetaldehyde
<b>Phenols</b>	33+	Irritant, carcinogenic, mutagenic, teratogenic	Catechol Cresol (methyl-phenols)
<b>Quinones</b>	3	Irritant, allergenic, Redox active, causes oxidative stress and inflammation response, possibly carcinogenic	Hydroquinone Fluorenone Anthraquinone
<b>Free radicals</b>		Redox active, cause oxidative stress and inflammation response, possibly carcinogenic	Semi-quinone type radicals
<b>Inorganic compounds</b>	14+	Carcinogenic, acute toxicity	Arsenic Lead Chromium
<b>Fine particulate matter</b>		Inflammation, may be allergenic	PM <sub>2.5</sub>
<b>Chlorinated dioxins</b>		Irritant, may be carcinogenic or teratogenic	
<b>Particulate acidity</b>		Irritant	Sulfuric acid

\* Compounds in italics are either criteria air pollutants, or are included on the EPA list of hazardous air pollutants. At least 26 hazardous air pollutants are known to be present in woodsmoke



# Why the concern?

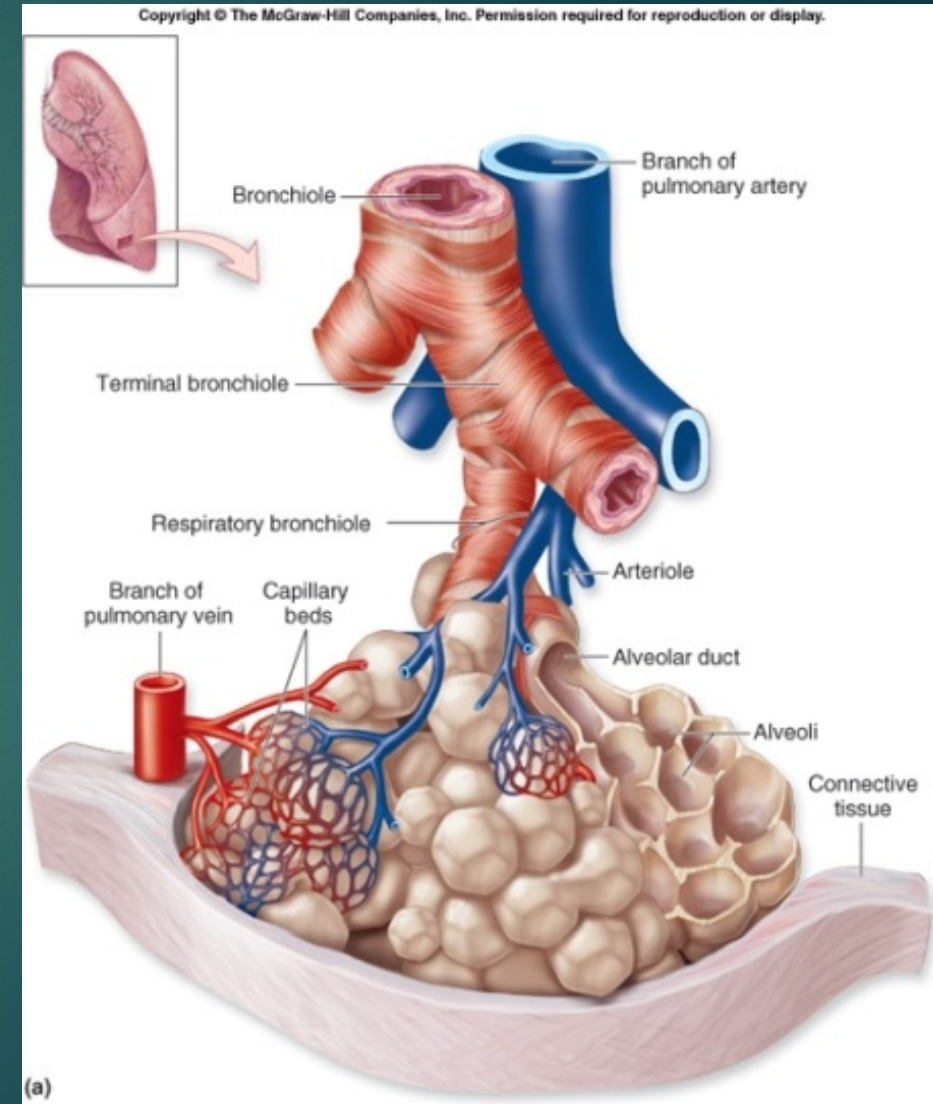


Over 90% of woodsmoke particles are smaller than 1 micron - behaving more like a gas than a particle

# What particles do to the body...

Epidemiological studies have associated exposure to “particles less than  $10\ \mu\text{m}$  (microns) in diameter with increased pulmonary and cardiovascular morbidity and mortality.”

*Franklin et al., 2007; Katsouyanni et al., 2001; Metzger et al., 2004; Ostro et al., 2006; Pope III et al., 2002; Zanobetti et al., 2000*

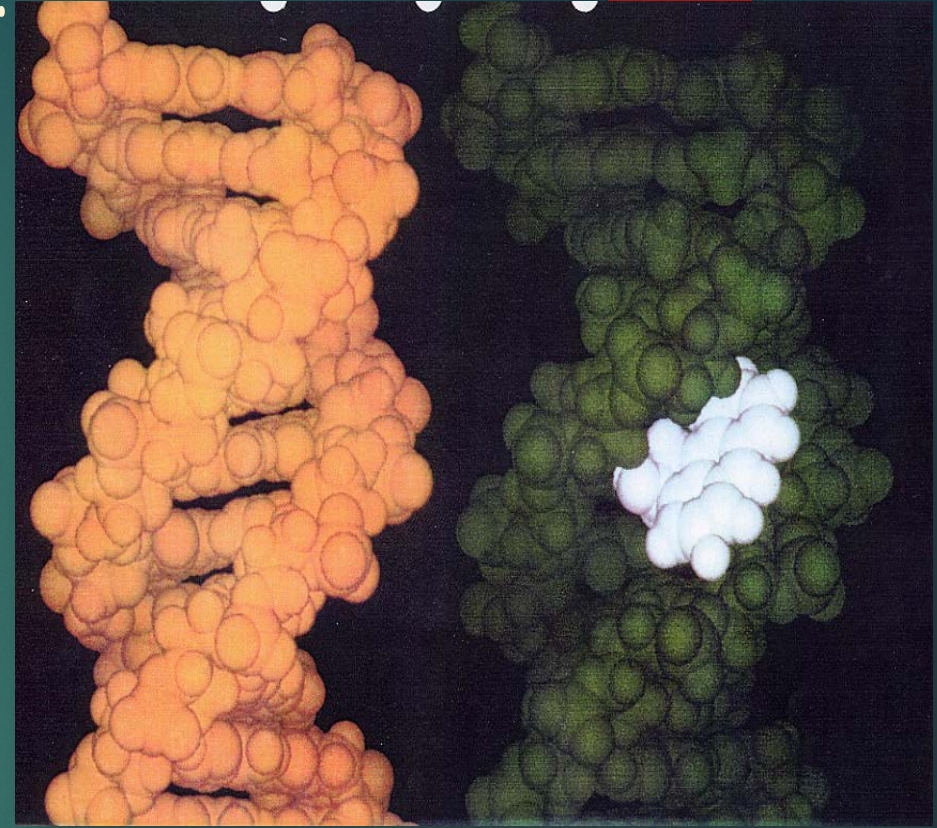


# The results and the “term” .....


## Transgenerational epigenetic inheritance

- ▶ “...wood smoke particulates were found to be more powerful than other kinds of air pollution in causing potentially cancerous changes to DNA”

Journal of [Chemical Research in Toxicology](#) Steffen Loft



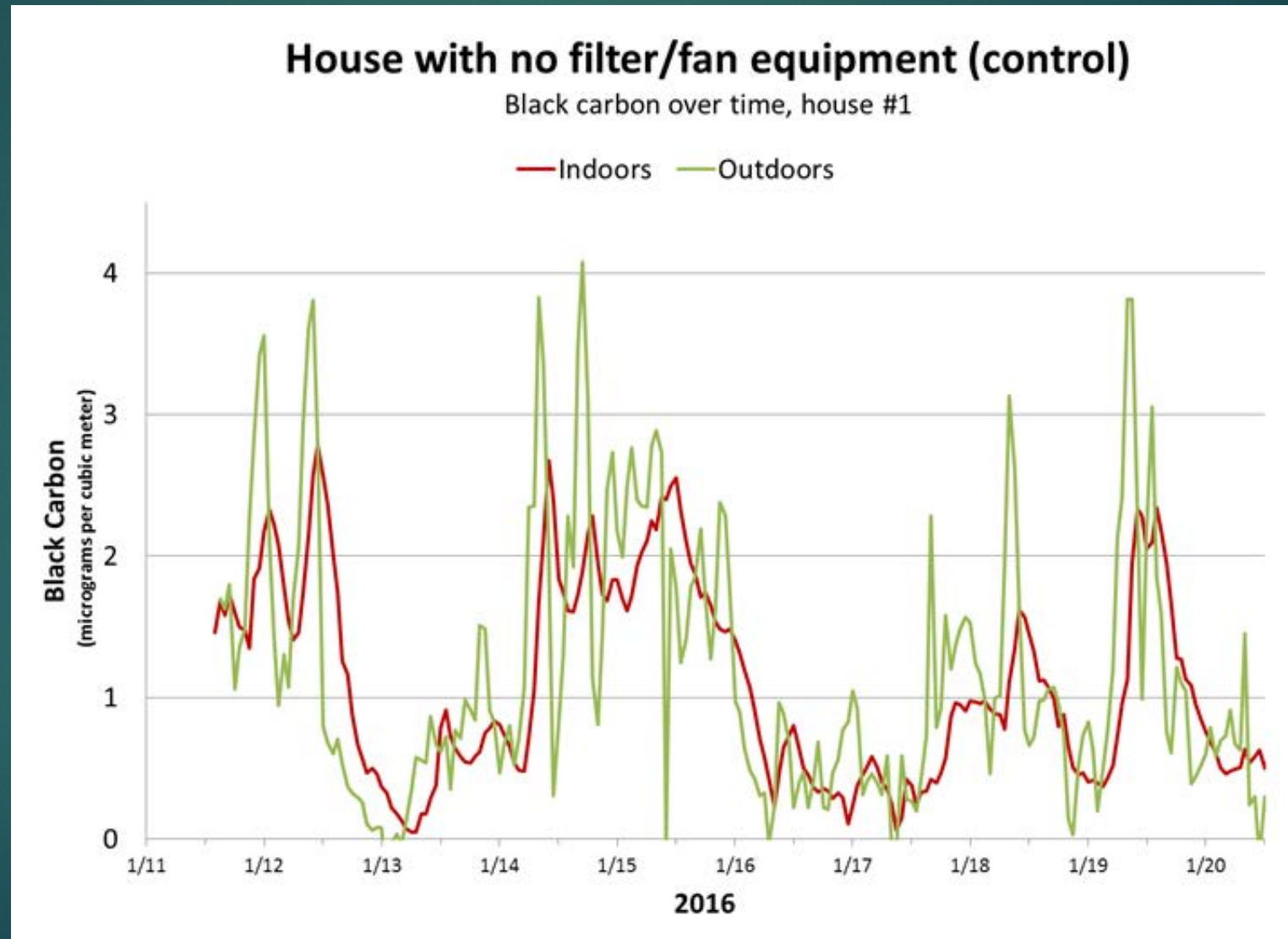
The white area shows where cancer-causing woodsmoke chemicals altered and damaged the DNA in lung cells



“Proactively preparing for climate change can reduce impacts while also facilitating a more rapid and efficient response to changes as they happen. ....to build adaptive capacity and resilience to climate change impacts”

<https://www.globalchange.gov/>

# Outside air IS indoor air



# So...what can we do about wood/wildfire smoke in our homes?

How many people here have filtration systems in their homes?

When was the last time you changed your filter?



# Study from a Seattle home August 2018

- ▶ 1906 home retrofitted with MERV 11 filter in whole-house HVAC system
- ▶ New filter installed July 2018 in anticipation of wildfire event
- ▶ Dylos air quality monitor installed and readings taken between 8.6.18 – 8.17.18
- ▶ HVAC system ran continuously for duration of wildfire event
- ▶ Two HEPA air cleaners in continuous operation in first-floor office and second-floor master bedroom



# Filters



Filter post 8.18. wildfire event



Filter 10.8.18



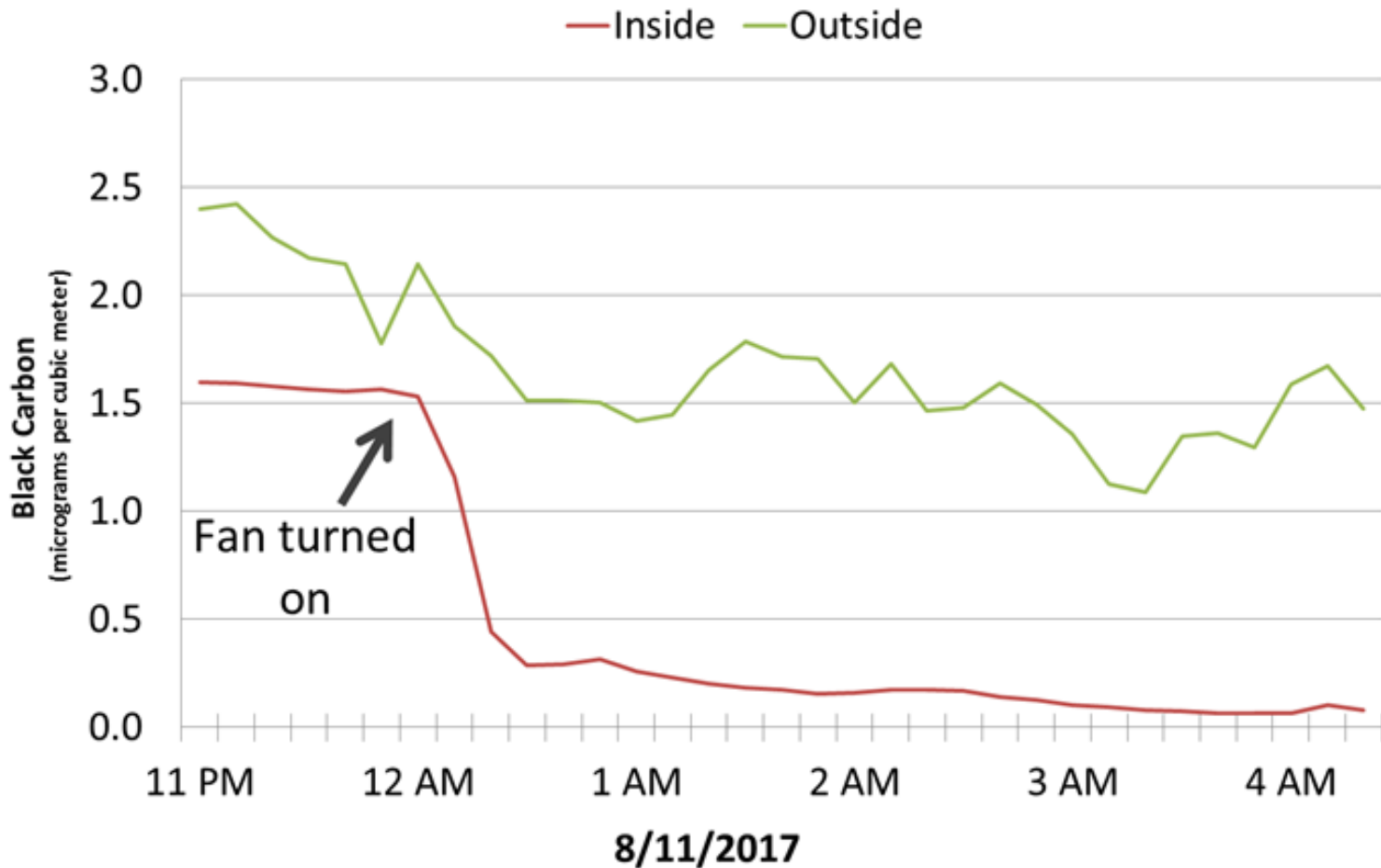
New filter



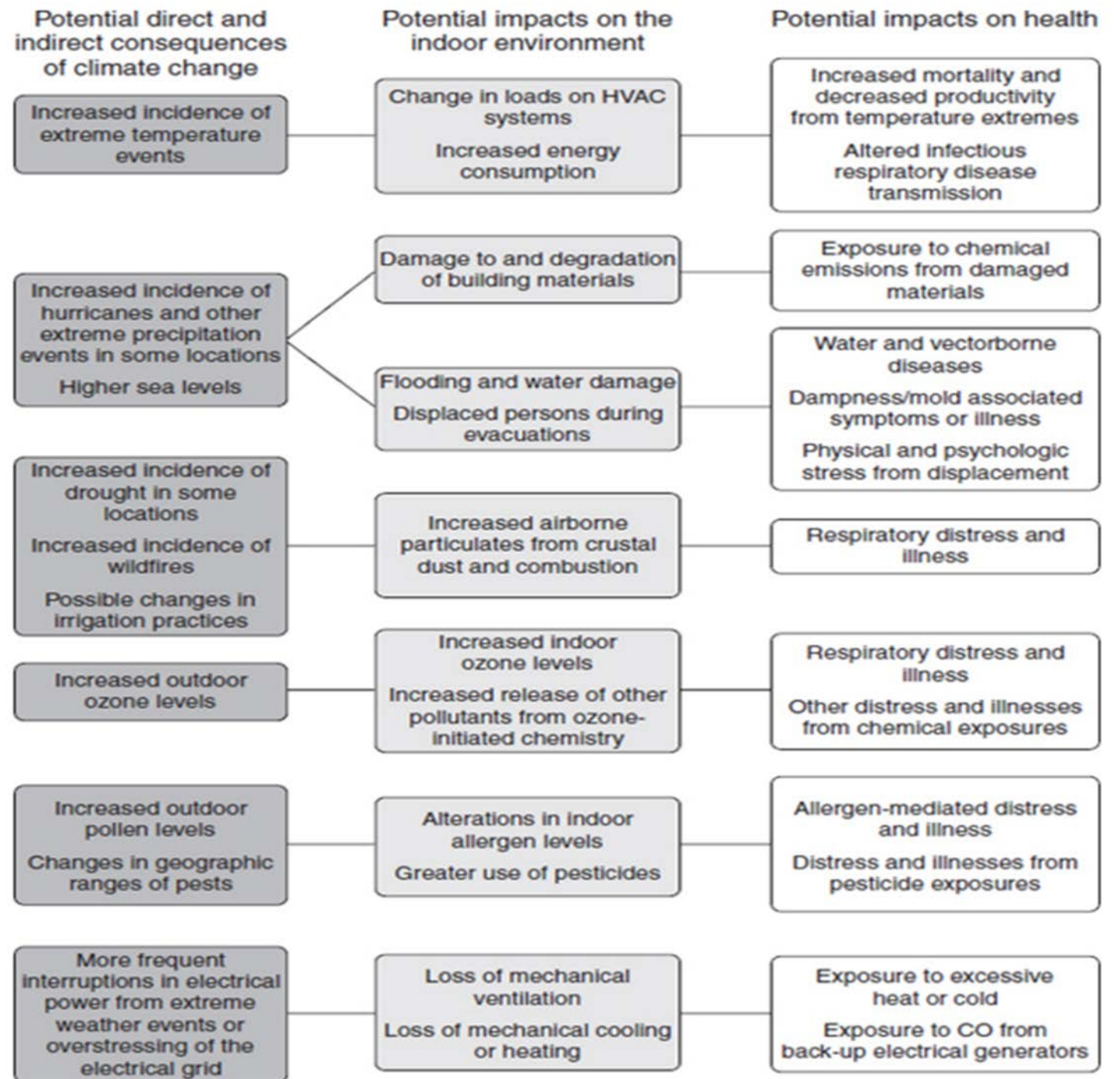


### Example of filter/fan performance

Black carbon during wildfire smoke event, house #4, windows and doors closed



# Climate change, potential impacts on the indoor environment and the potential impacts on health



# Climate Change and the Environment: Respiratory Impacts, General Health Risks, and the IAQ Implications of Increased Flooding and Wildfires

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# Lancet Report 2018

**Climate Change greatest health threat of the  
21st century**

# Impact of weather and climate change with indoor and outdoor air quality in asthma

Poole JA, Barnes CS, Demain JD, et al. J Allergy Clin Immunol 2019; 143(5): 1702-09

- Robust data on the direct effects of climate change on respiratory allergy are lacking
- Current knowledge is provided by epidemiological factors
  - Environmental factors
  - Meteorological variables
  - Airborne allergen patterns
  - Air pollution and air quality levels
- Considerable data associating air quality and pollen levels with prevalence and severity of asthma & allergy

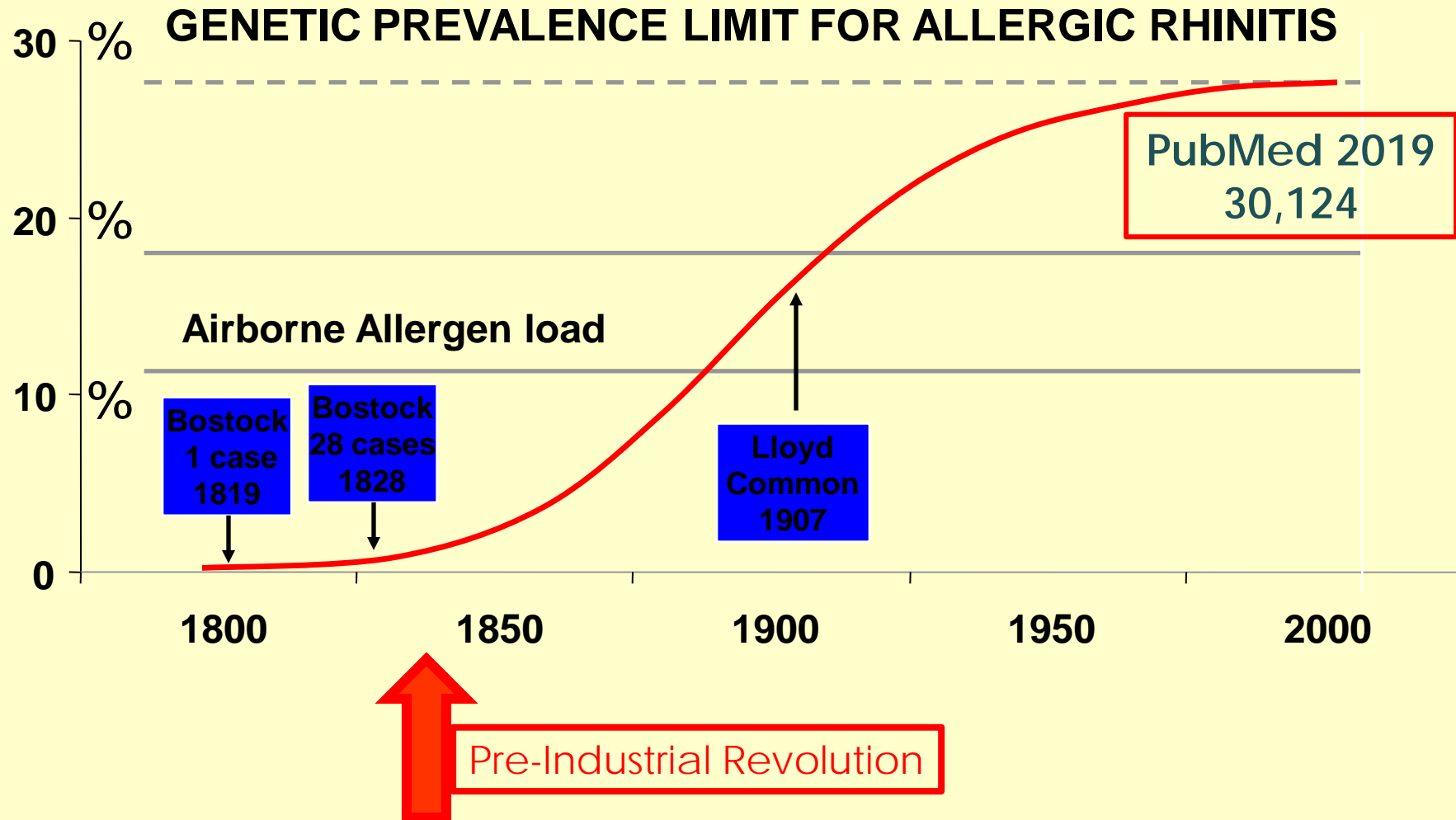
# Suspected factors contributing to the rising prevalence of allergic & pulmonary disease

- Industrialization
- Changes in antigen exposure
- Changes in childhood infections
- Changes in home construction
- Changes in activity: location and intensity
- Changes in dietary habits
- Smoking by infant's care givers
- Hygiene Hypothesis
- Biodiversity loss / Microbiota

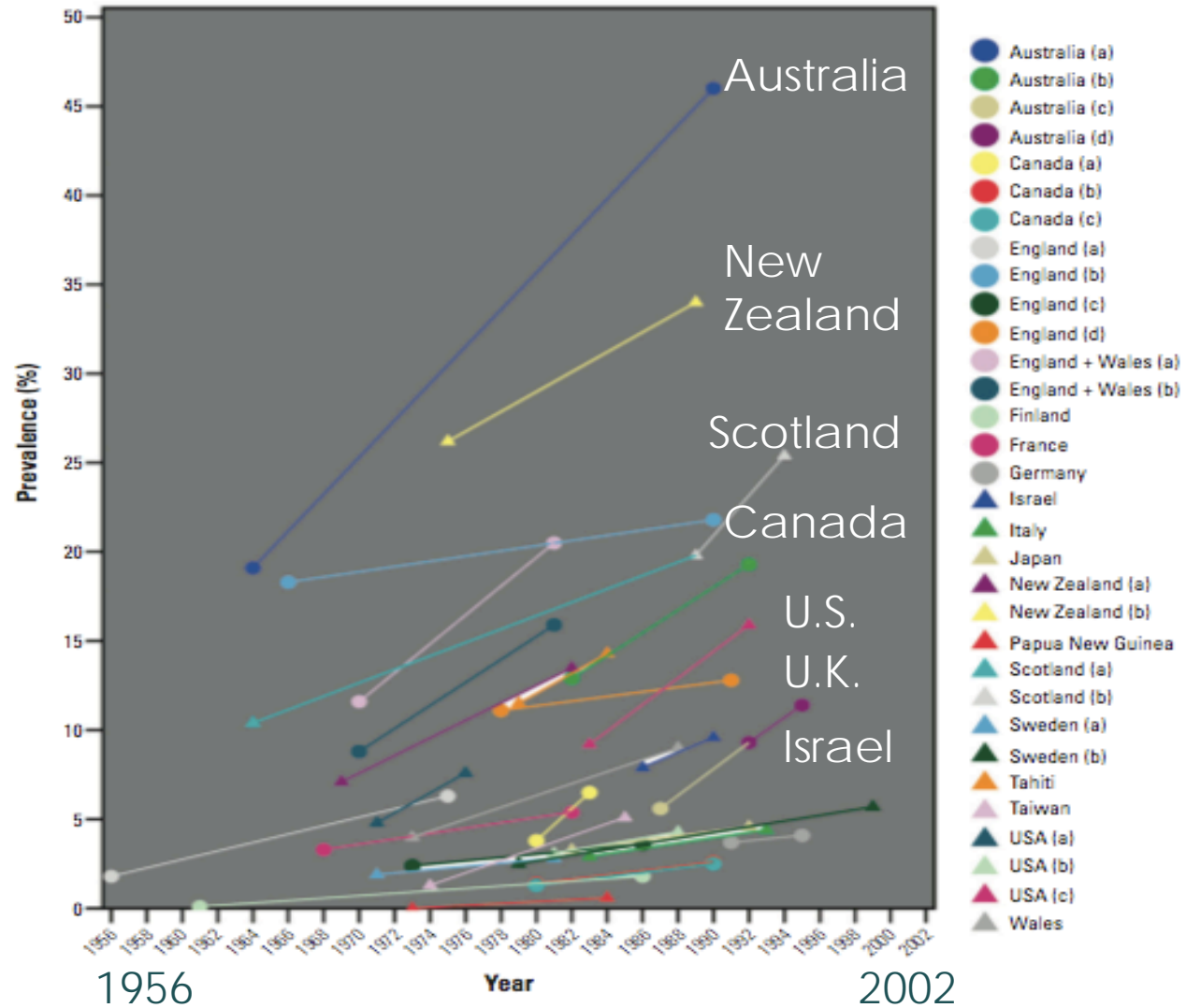
Climate Change



# PREVALENCE OF ALLERGIC RHINITIS SINCE THE INDUSTRIAL REVOLUTION



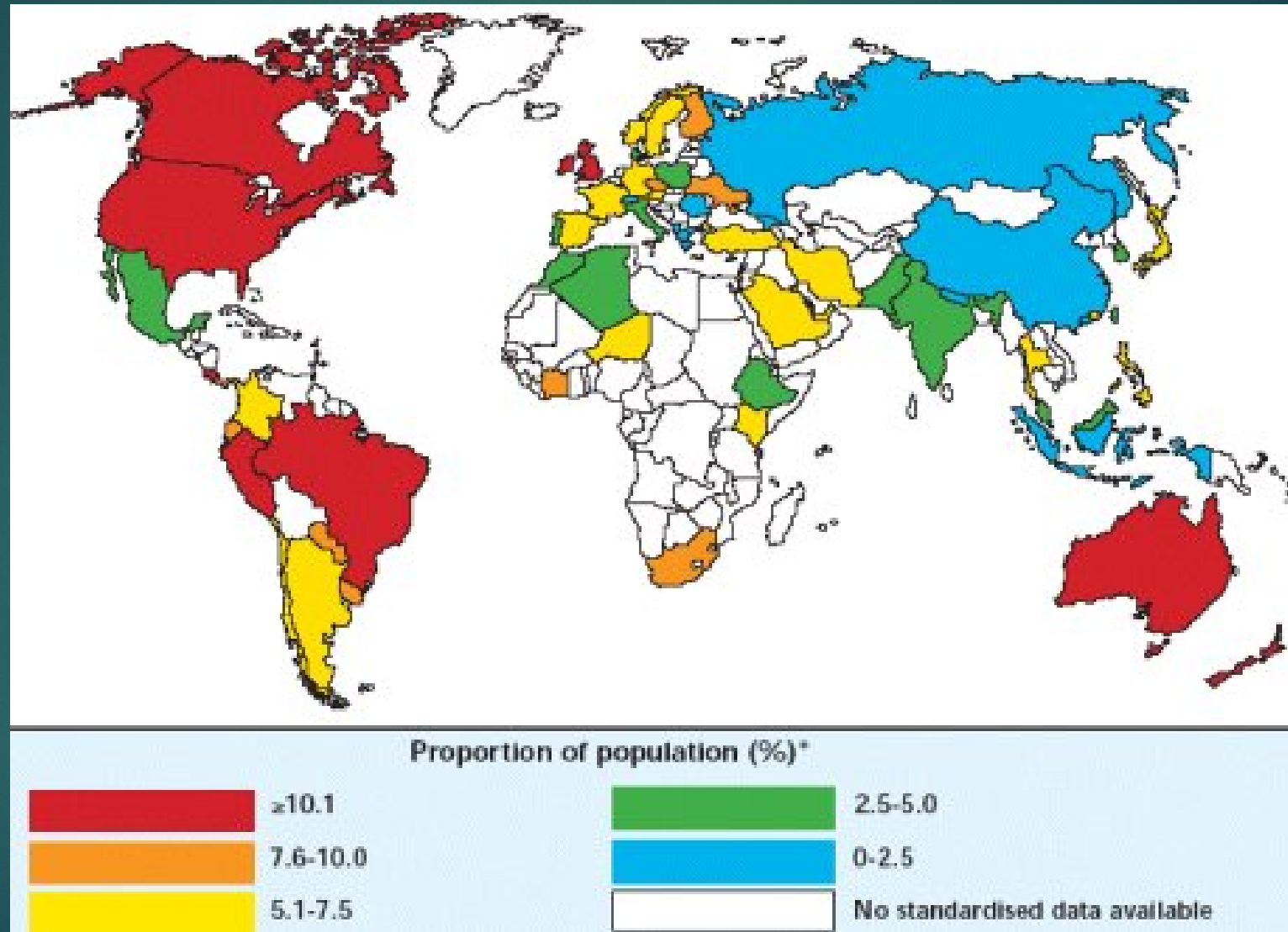
# Changes in Asthma Prevalence



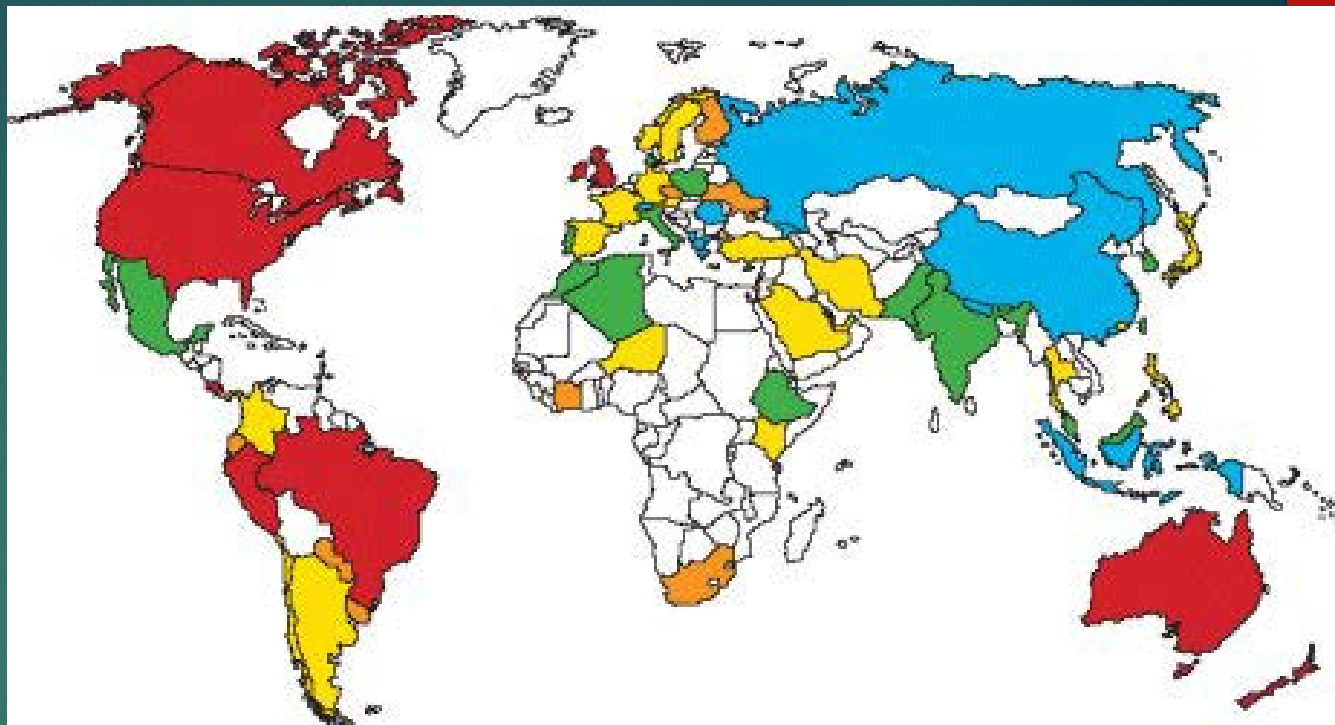
**Figure 1.** Changes in asthma point prevalence observed since 1956. The locations used different diagnostic criteria, but these were consistent within each study location. Different studies for the same nation are distinguished by a, b, c, and d. Data from Pearce et al. (2000).



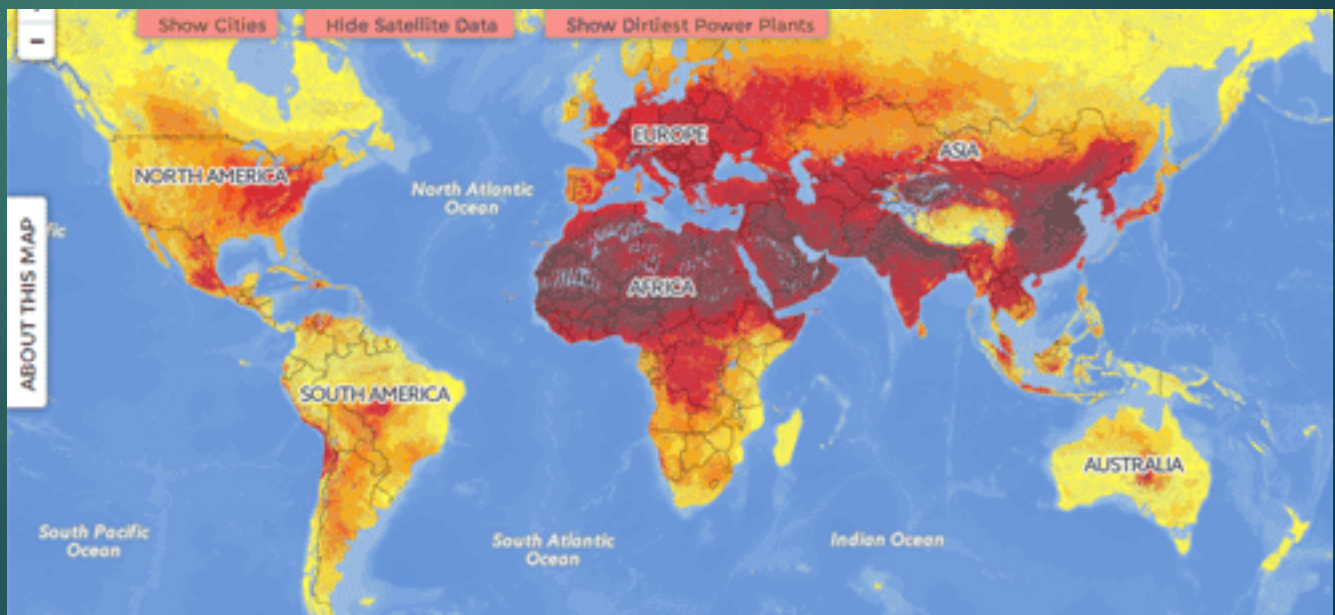
# Worldwide Asthma



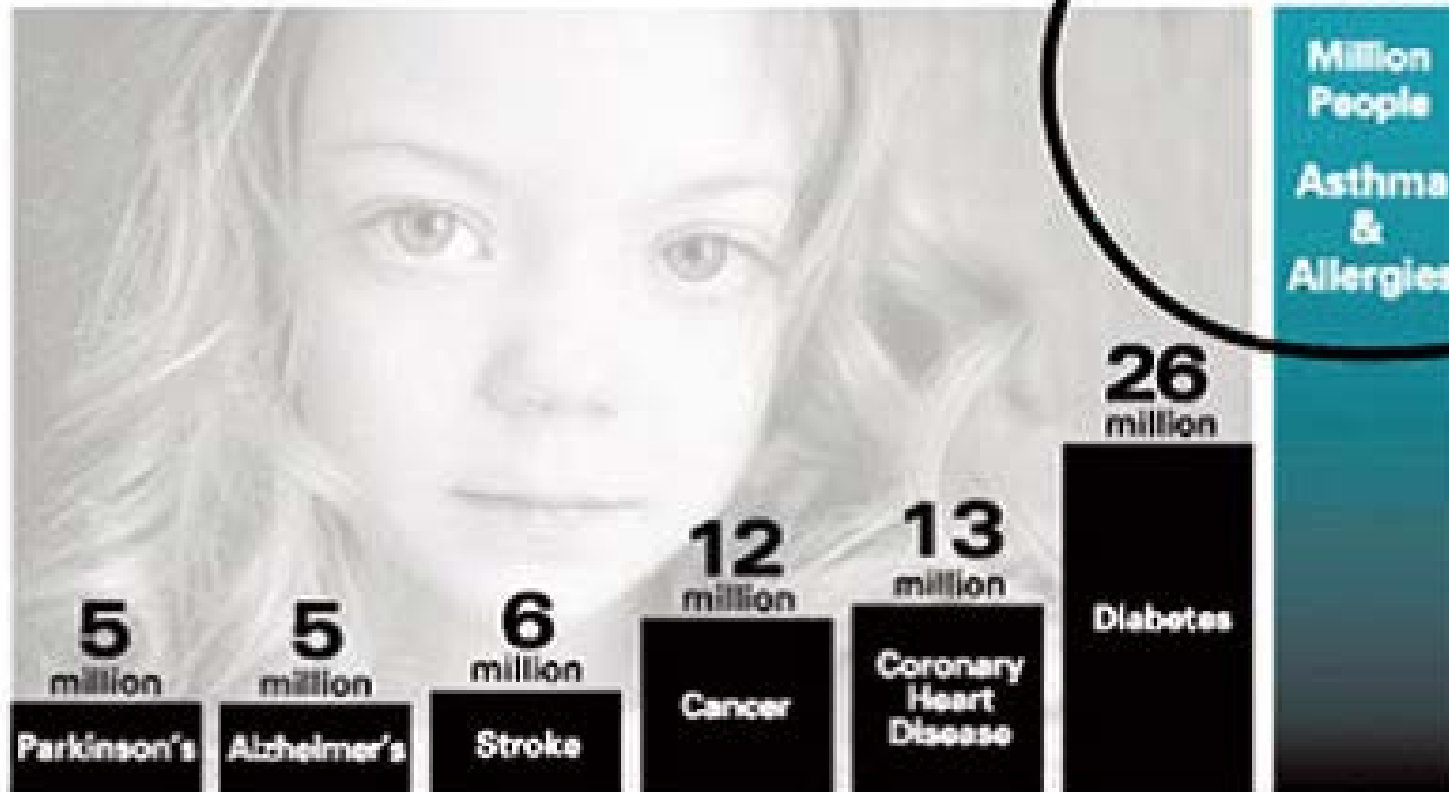
Asthma



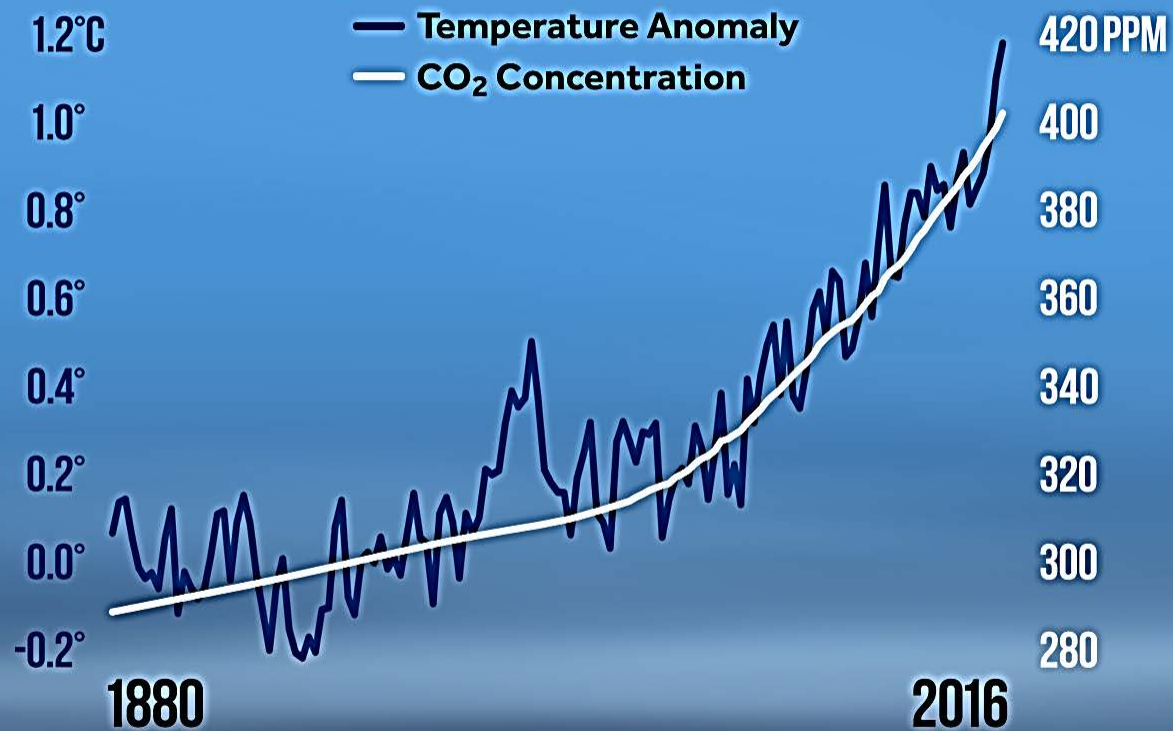
Pollution



Asthma and allergies  
strike 1 out of 5 Americans



## Global Temperature and Carbon Dioxide



Global temperature data averaged and adjusted to early industrial baseline (1881-1910).  
Source: NASA GISS, NOAA NCEI, ESRL

CLIMATE  CENTRAL

National Oceanic and Atmospheric Administration  
Department of Commerce

# HEALTH EFFECTS OF CLIMATE CHANGE

**CLIMATE CHANGE**

*Temperature Rise*<sup>1</sup>

*Sea level Rise*<sup>2</sup>

*Hydrologic Extremes*

<sup>1</sup> 3°C by 2100  
<sup>2</sup> 40 cm by 2100

*IPCC estimates*

Urban Heat Effect

Heat Stress  
Cardiorespiratory failure

**Air Pollution & Aeroallergens**

Respiratory diseases, COPD, Asthma & Allergy

Insect related Diseases

Malaria  
Dengue  
Encephalitis  
Hantavirus  
Rift Valley Fever  
Stings / Anaphylaxis

Water-borne Diseases

Cholera  
Vibrio parahaemolyticus  
Cryptosporidiosis  
Campylobacter  
Leptospirosis

Water resources & food supply

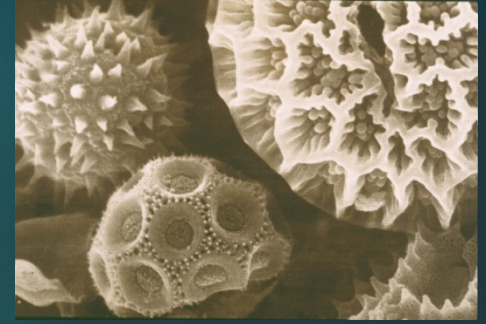
Malnutrition  
Diarrhea  
Toxic Red Tides  
Failed ice cellars  
Contaminated water

Mental Health & Environmental Refugees

Forced Relocation  
Overcrowding  
Infectious diseases

*Adapted from Patz, 1998*

# Climate Change is Correlated with Allergens



- Increased and faster plant growth
- Increase in plant height & biomass
- Increase in pollen production
- Increase in allergenic proteins in pollen
- Earlier and longer pollen seasons
  - Higher latitudes more affected

Demain JG. *Curr Allergy Asthma Rep* 2018;18 (22):1-5

Barnes CS, et al. *J Allergy Clin Immunol:In Practice* 2013;1:137-41

D'Amato GD, et al. *WAO Journal* 2011; 4:121-25

Ziska L, et al. *Proc Natl Acad Sci* 2011;108(10):4248-51

Shea K, et al. *J Allergy Clin Immunol* 2008;122:443-53

Wayne P et al. *Ann Allergy Asthma Immunol* 2002;88:279-82



# Changes in Weed Pollination

Ziska L, Caulfield. Amer J of Plant Physiology, 2000; 27: 893-8 (US)



- Tested the hypothesis that the increase in atmospheric CO<sub>2</sub> concentrations since the Industrial Revolution may alter growth and pollen production of ragweed

- Controlled chambers:

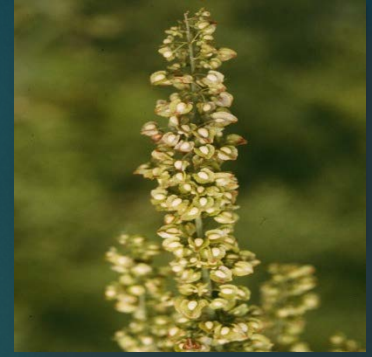
- Pre-industrial levels of CO<sub>2</sub> (280 mcl/L)
- Current levels of CO<sub>2</sub> (370 mcl/L)  + 132 %
- Projected 2100 of CO<sub>2</sub> (600 mcl/L)  + 90 %

- Results

- +132% increase in pollen production from preindustrial to current
- +90% increase in pollen production from current to 2100

# Changes in Weed Pollination

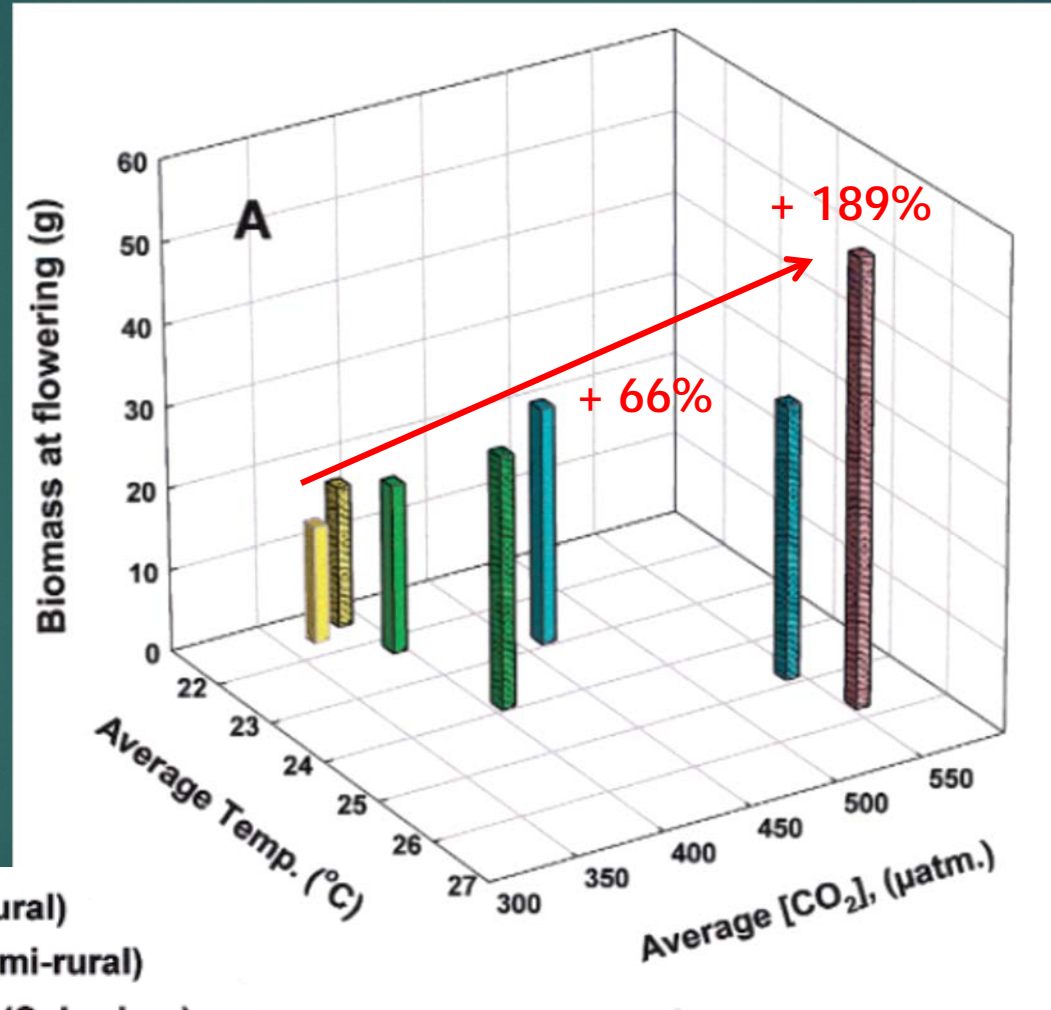
Ziska L, et al. J Allergy Clin Immunol, 2003. 111(2):290-5



- URBAN versus SUBURBAN versus RURAL (Baltimore, USA)
- Existing temperature and CO<sub>2</sub> concentration
  - 2000
    - CO<sub>2</sub> 30% higher in urban
    - Temperature 1.8° C higher in urban
  - 2001
    - CO<sub>2</sub> 31% higher in urban
    - Temperature 2° C higher in urban
- Ragweed grew faster, flowered earlier, and produced significantly greater biomass & pollen in the urban areas (189%) versus rural
  - Associated with increased temperature & CO<sub>2</sub>



# Rural vs. Urban Ragweed



- Farm (Rural)
- Park (Semi-rural)
- Towson (Suburban)
- Baltimore (Urban)

Urban ragweed emerged 3-4 days earlier vs. rural

Suburban ragweed 61-66% greater biomass vs. rural

Urban 189% greater vs. rural

# Differential Amb a 1 Contents in Common Ragweed Depending on CO<sub>2</sub> Levels

[Choi YJ, Oh HR, Kim KR, et al. Allergy Asthma Immunol Res. 2018;10\(3\):278-282](#)

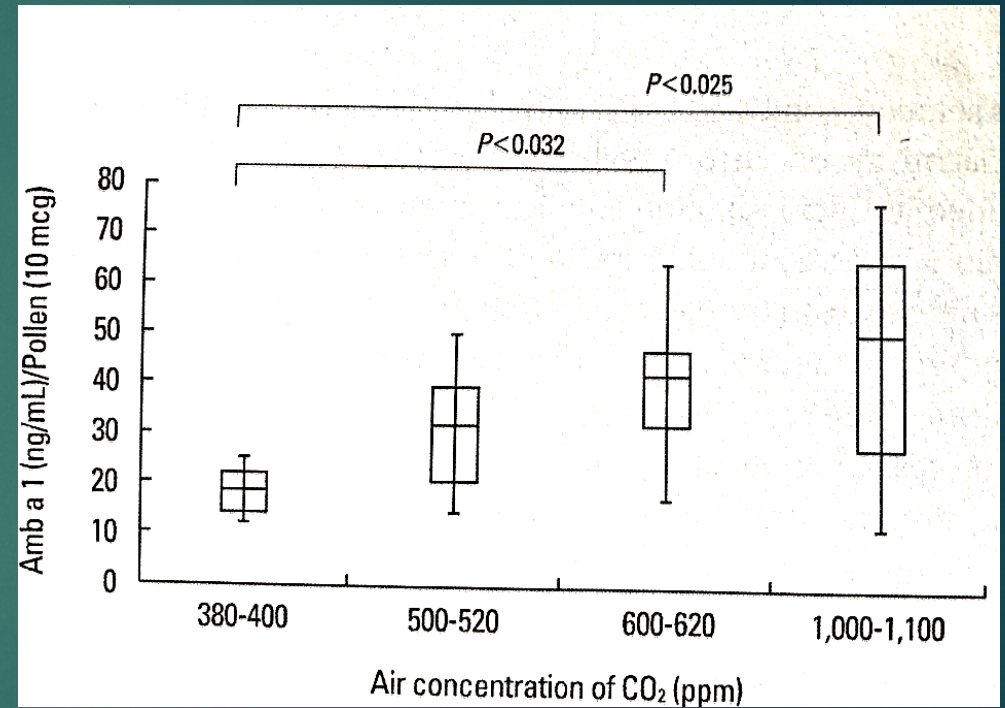
- 4 chambers
  - All variables controlled
  - Only variance was CO<sub>2</sub>
- Ragweed plants, 3 colonies of 20 (60 plants) per chamber. 3 containers in each growth module.
  - Colonies originated with wild seeds
- Top growth harvested every 2 weeks until maturity
- Amb a 1 concentration measured with an Enzyme Linked Immunosorbant Assay (ELISA)

# Differential Amb a 1 Contents in Common Ragweed Depending on CO<sub>2</sub> Levels

[Choi YJ, Oh HR, Kim KR, et al. Allergy Asthma Immunol Res. 2018;10\(3\):278-282.](#)

CO<sub>2</sub> ppm      Amb a1 ng/mcg

■ 380-400	1.88	67%
■ 500-520	3.14	236%
■ 600-620	4.44	285%
■ 1000-1100	5.36	



380-400	current outdoor conditions
500-520	1.2x current polluted urban conditions
600-620	1.5x projected world CO <sub>2</sub> by 2050
1000-1100	2x higher than predicted world CO <sub>2</sub> in 2050

# Increasing Amb a 1 content in Ragweed pollen as a function of rising CO<sub>2</sub> concentration

Singer BD et al, Func Plant Biology 2005;32:667-70 (US)

**Table 2. Protein and Amb a 1 in extracts of ragweed pollen obtained from plants grown under controlled conditions of [CO<sub>2</sub>]**

The [CO<sub>2</sub>] used correspond approximately to the pre-industrial concentration, the current concentration and that projected for 2050. Samples of pollen pooled from plants grown under the different [CO<sub>2</sub>] were extracted as described in the methods. ELISA was performed in triplicate with each sample; results are mean ± standard deviation

CO <sub>2</sub>	Protein	Amb a 1	Amb a 1/pollen
[CO <sub>2</sub> ] ( $\mu\text{mol mol}^{-1}$ )	Protein concentration ( $\mu\text{g mg}^{-1}$ pollen)	Amb a 1 concentration (ELISA $\text{mg}^{-1}$ protein)	Amb a 1 concentration (ELISA $\text{mg}^{-1}$ pollen)
280	21 ± 2	4490 ± 960 <sup>A</sup>	93 ± 20 <sup>A</sup>
370	20 ± 2	5290 ± 560 <sup>B</sup>	103 ± 11 <sup>B</sup>
600	22 ± 2	8180 ± 900	178 ± 20

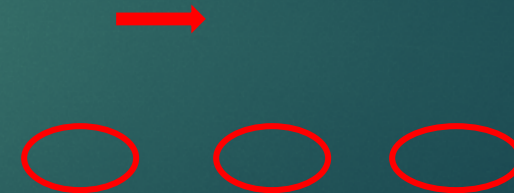
<sup>A</sup> $P < 0.005$  when compared with projected 21st century [CO<sub>2</sub>], *t*-test using unequal variances.

<sup>B</sup> $P < 0.01$  when compared with projected 21st century [CO<sub>2</sub>], *t*-test using unequal variances.

Estimated Amb a 1 exposure →

Studies conducted in controlled environmental chambers

→ Increased Amb a 1 concentrations as a function of CO<sub>2</sub>.



Change in relative exposure to Amb a 1 (mg plant<sup>-1</sup>) as a function of total pollen production

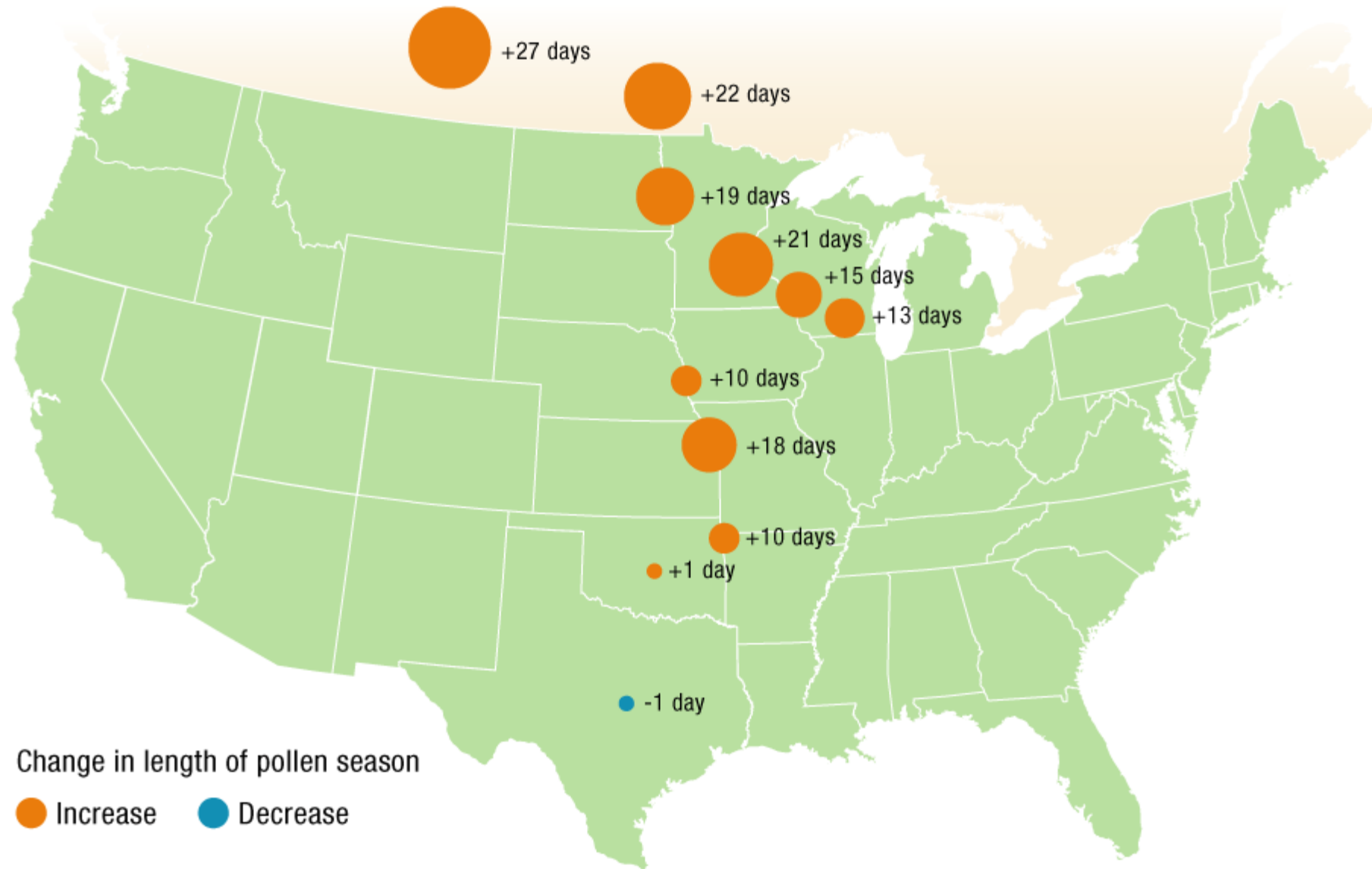
# Recent warming by latitude associated with increased length of ragweed pollen season in central North America

Ziska L, et al. Proc Natl Acad Sci 2011, 108(10):4248-51

Northern latitude		Length	First-Frost	Frost-Free
▪ Saskatoon Canada	52.07	▪ +27	+18	-21
▪ Winnipeg Canada	50.07	▪ +25	+17	-23
▪ Fargo ND	46.8	▪ +16	+15	-20
▪ Minneapolis MN	45.0	▪ +16	+13	-22
▪ LaCross WI	43.8	▪ +13	+9	-18
▪ Madison WI	43.0	▪ +12	+8	-18
▪ Papillon NE	41.15	▪ +11	+8	-13
▪ Rogers AR	36.33	▪ -3	+3	-8
▪ Oklahoma City OK	35.47	▪ +1	+6	-11
▪ Georgetown TX	30.63	▪ -4	-1	+7



## Change in ragweed pollen season, 1995-2013



Change in length of pollen season

● Increase ● Decrease

Source: U.S. Environmental Protection Agency

# Changes in Tree Pollination



- International research to identify pollen trends
  - Poland (Puc, Wolski. Ann Agric Environ Med, 2002)
    - increase in birch pollen concentration correlated with air temperature
  - Denmark (Rasmussen A. Aerobiologia, 2002)
    - earlier start, earlier peak and increased level of birch pollen correlated with increased winter and spring temperature
  - Spain (Vazquez L. et al. Int J Biometeorol, 2003)
    - projectors of pollen concentration included temperature and sunlight hours
- Summary
  - Pre-season temperature & sunlight are important projectors of tree pollen production and start date

# Changes in Birch Allergenicity (*Finland*)

Ahlholm JU, et al. Clin Exp Allergy, 1998, 28:1384-1388

Genetic and environmental factors affecting the allergenicity of birch (*Betula pubescens* ssp. *czerepanovii* [Orl.] Hämet-Ahti) pollen

J. U. AHLHOLM, M. L. HELANDER and J. SAVOLAINEN\*

Unit of Aerobiology and Mycological Ecology, Department of Biology and \*Medicity Research Laboratory, Department of Pulmonary Diseases and Clinical Allergology, University of Turku, Turku, Finland

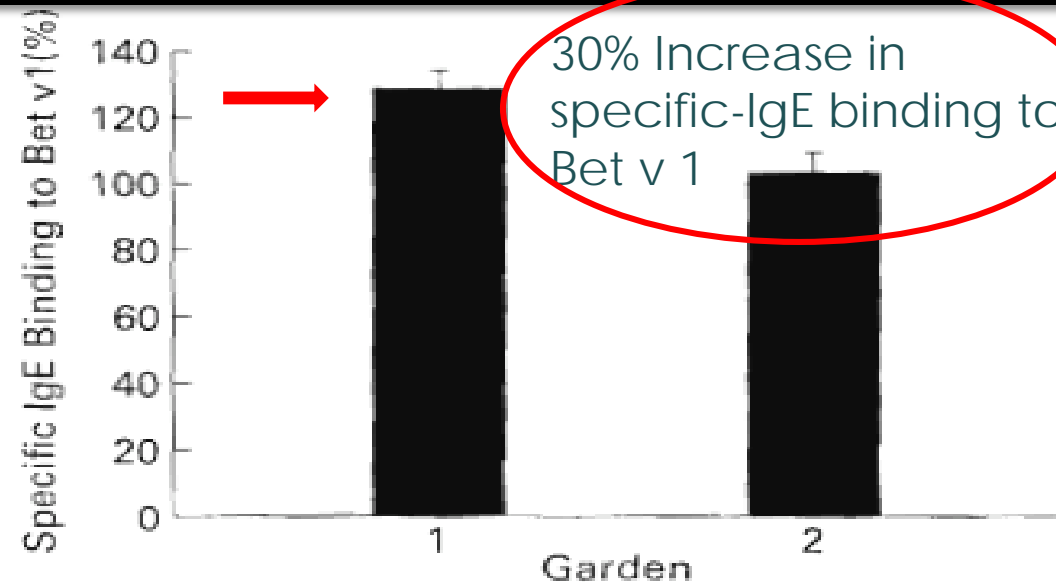


Fig. 2. The means and the standard errors of the band intensities of Bet v 1 in pollen samples collected from the tree line gardens. Values are proportional to standard bands and expressed as percentages. The bars were significantly different (Tukey's test,  $P < 0.05$ ).



# The Possible Role of Climate Changes In Variations of Pollen Seasons and Allergic Sensitizations over 27 years

Ariano R, Canonica GW, Passalacqua G; Genoa Italy

- Study Period 1981-2007
- Methods
  - Pollen collected with a Hirst-type trap
  - Pollens monitored
    - ▶ birch, cypress, olive, grass, weed (*parietaria*)
  - Patients evaluated
    - ▶ Prick skin test for both indoor and outdoor allergens
  - Climate variables monitored
    - ▶ Irradiation, Temperature, # days >30° C, Humidity & Rainfall



# The Possible Role of Climate Changes in Variations of Pollen Seasons and Allergic Sensitizations over 27 years

Ariano R, et al. *Annals Allergy Asthma Immunol* 2010;104:215-222 (Italy)

- Results:
  - Pollen trends
    - ▶ Increased pollen cycle duration (earlier)
      - Trees & Weeds
    - ▶ Increased pollen load
      - Trees, Grasses & Weeds
  - Patient trends (# of patients with positive skin test)
    - ▶ Increased pollen sensitivity throughout study period
    - ▶ No change in DM sensitivity during same period
  - Correlation between Climate & Pollen/Patient trends
    - ▶ Increased irradiation > increased temp & # days >30° C
    - ▶ No correlation with humidity & rainfall

# Findings

## Variables

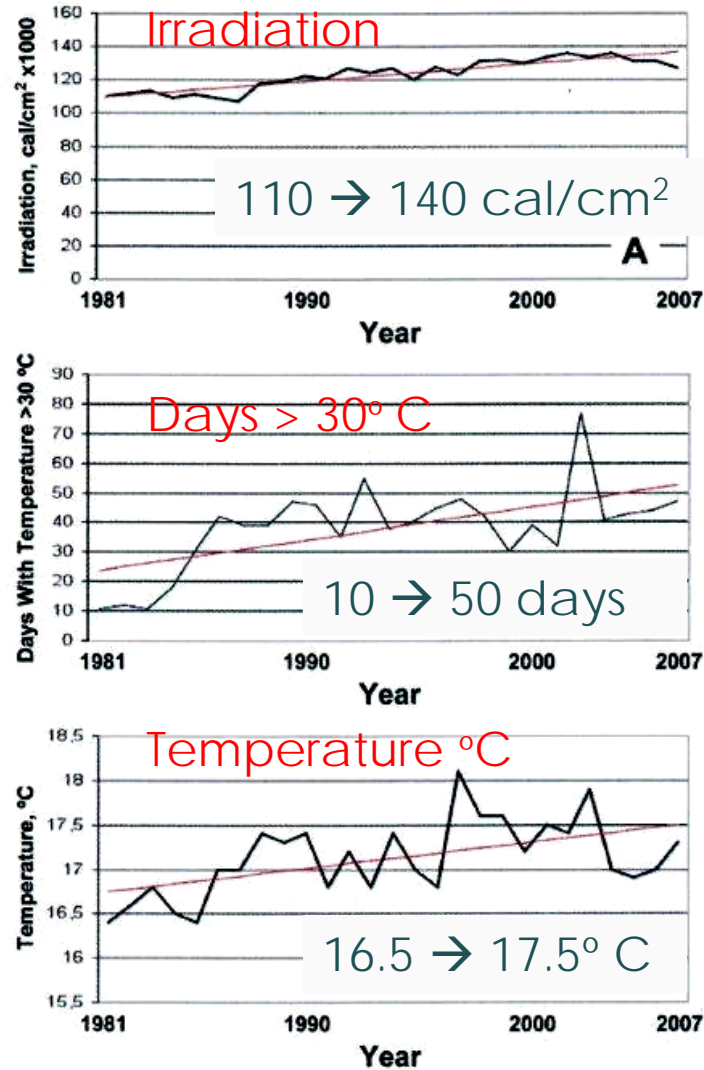


Figure 8. Year-by-year values of radiation (A), number of days with a temperature greater than 30°C (B), and average temperature (C). Linear trend lines are shown in red.

## Olive Pollen

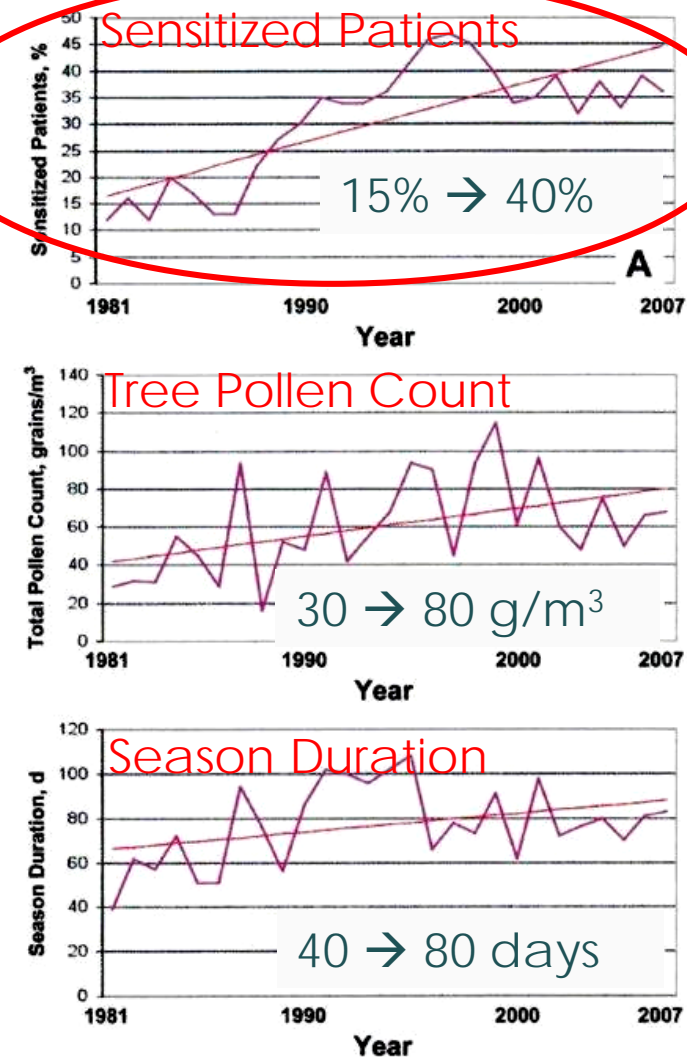


Figure 5. Olive. A, Percentage of sensitized patients. B, Total pollen count. C, Duration of the pollen season. Linear trend lines are shown in red.

# Findings

## Dust Mite (control)

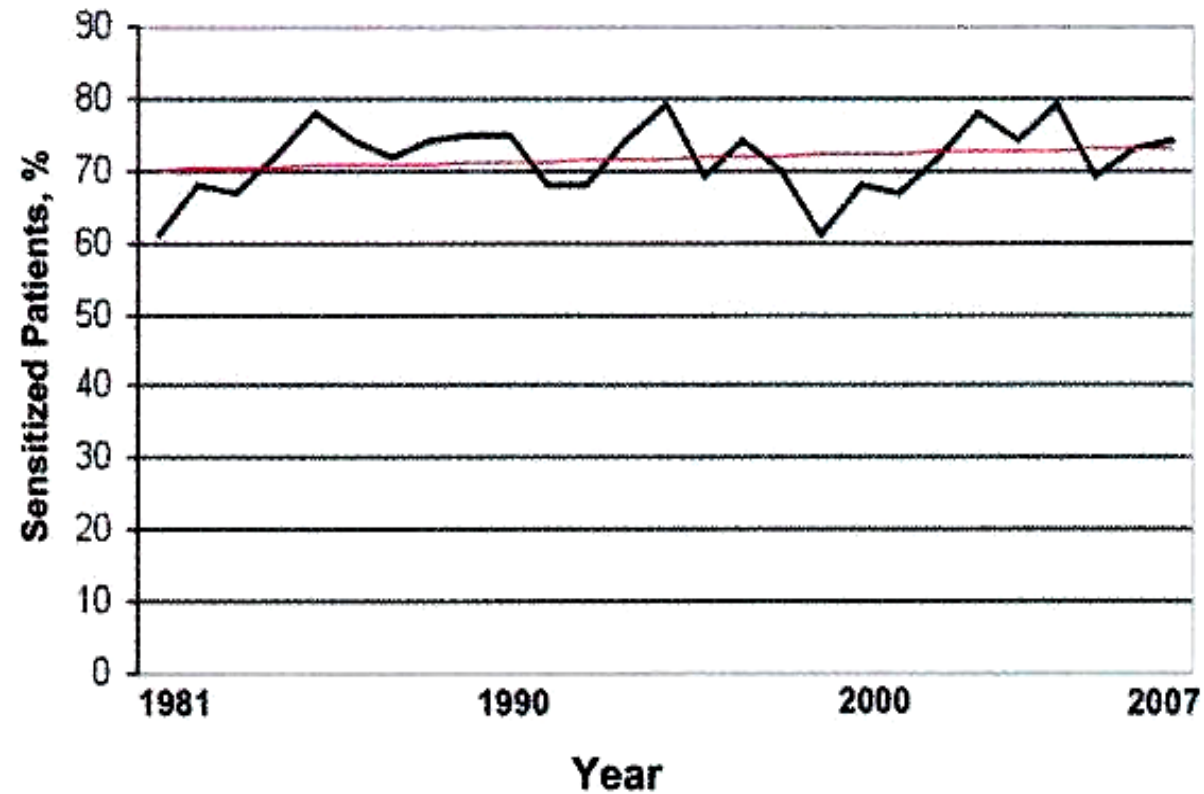


Figure 7. Percentage of patients sensitized to house dust mite during the study period. The linear trend line is shown in red.

# The Possible Role of Climate Changes in Variations of Pollen Seasons and Allergic Sensitizations over 27 years

Ariano R, et al. *Annals Allergy Asthma Immunol* 2010;104:215-222 (Italy)

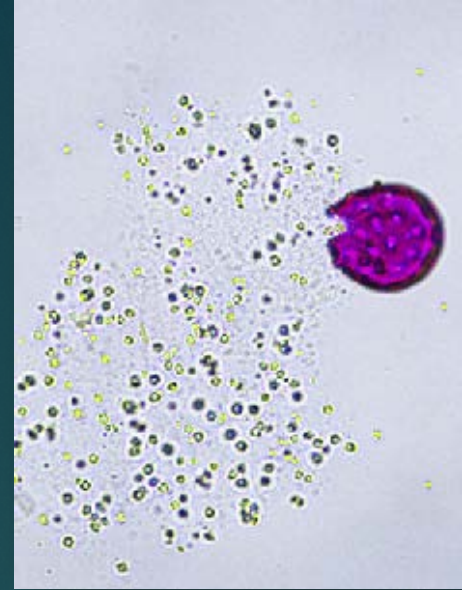
## Conclusion:

- The progressive climate changes, with
  - increased temperatures
  - days >30° C (86° F)
  - irradiation
- may modify the global pollen load and may influence the rate of allergic sensitization over long periods.

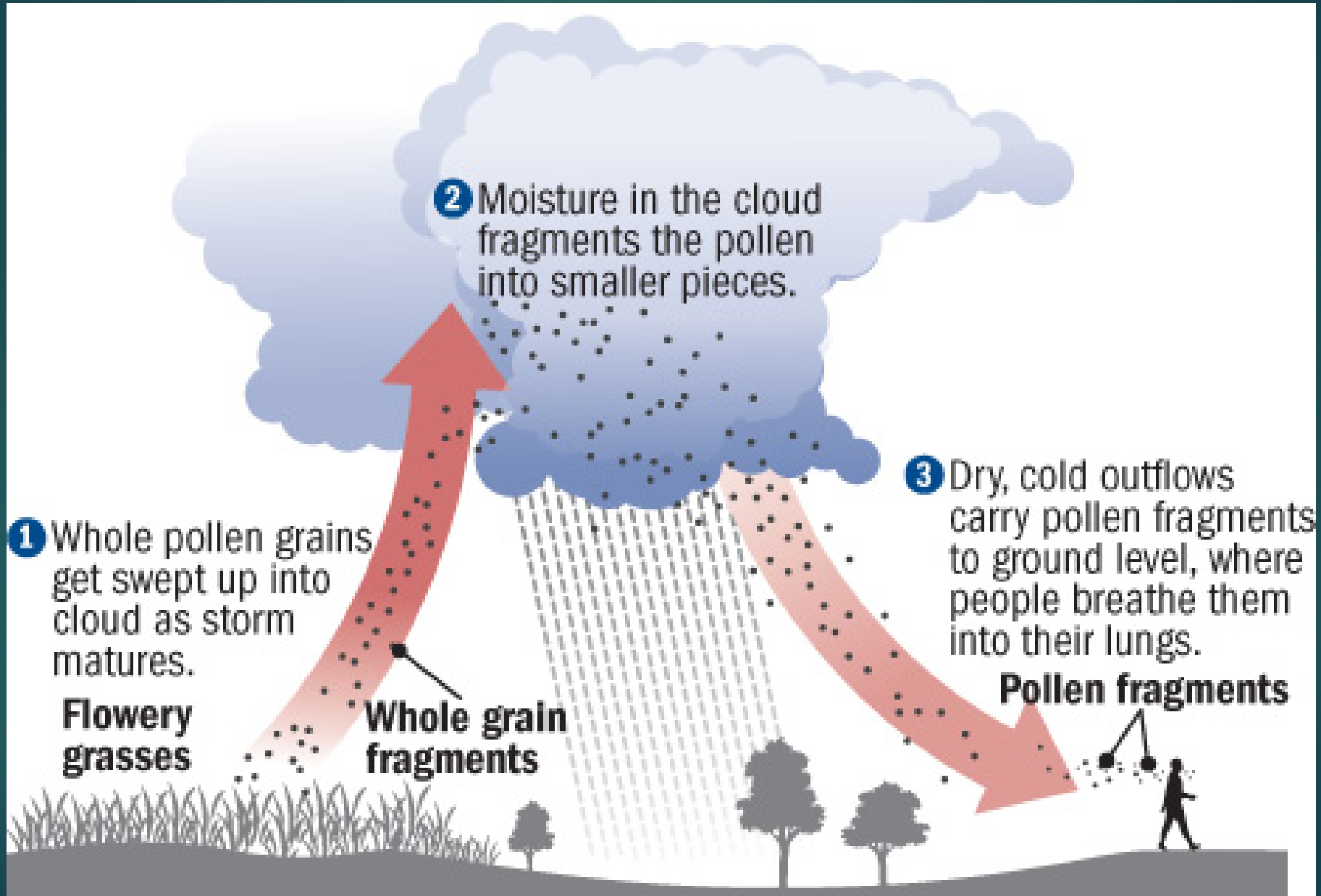


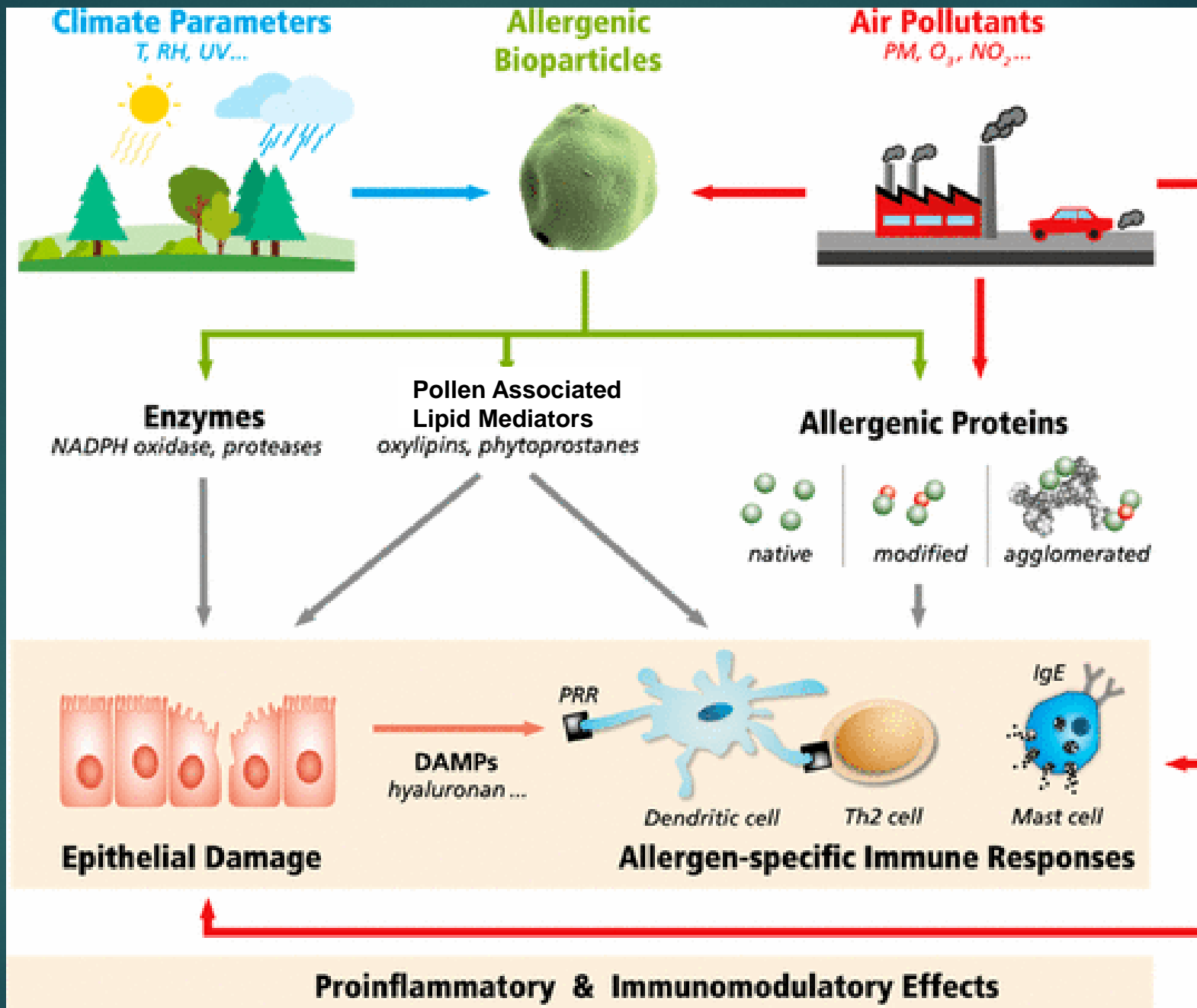
# Pollen Grains → Pollen Allergen

- Pollen allergens:
  - water-soluble proteins or glycoproteins, which make them readily available biologically, being capable of evoking an IgE antibody-mediated allergic reaction in seconds
- Pollen allergens rapidly diffuse releasing allergen-containing particles
  - Direct contact with mucosa (isotonic medium of tears and mucus)
  - Exposure to a hypotonic medium (such as rain-water)
- Environmental factors that induce pollen allergen release
  - High relative humidity
  - Heavy rainfall
  - Thunderstorms due to osmotic shock
  - Pollutants
    - Associated with carbon particles, many allergen molecules on a single particle
- High frequency of asthma crisis during heavy rainfall and thunderstorms



# “Thunderstorm Asthma”





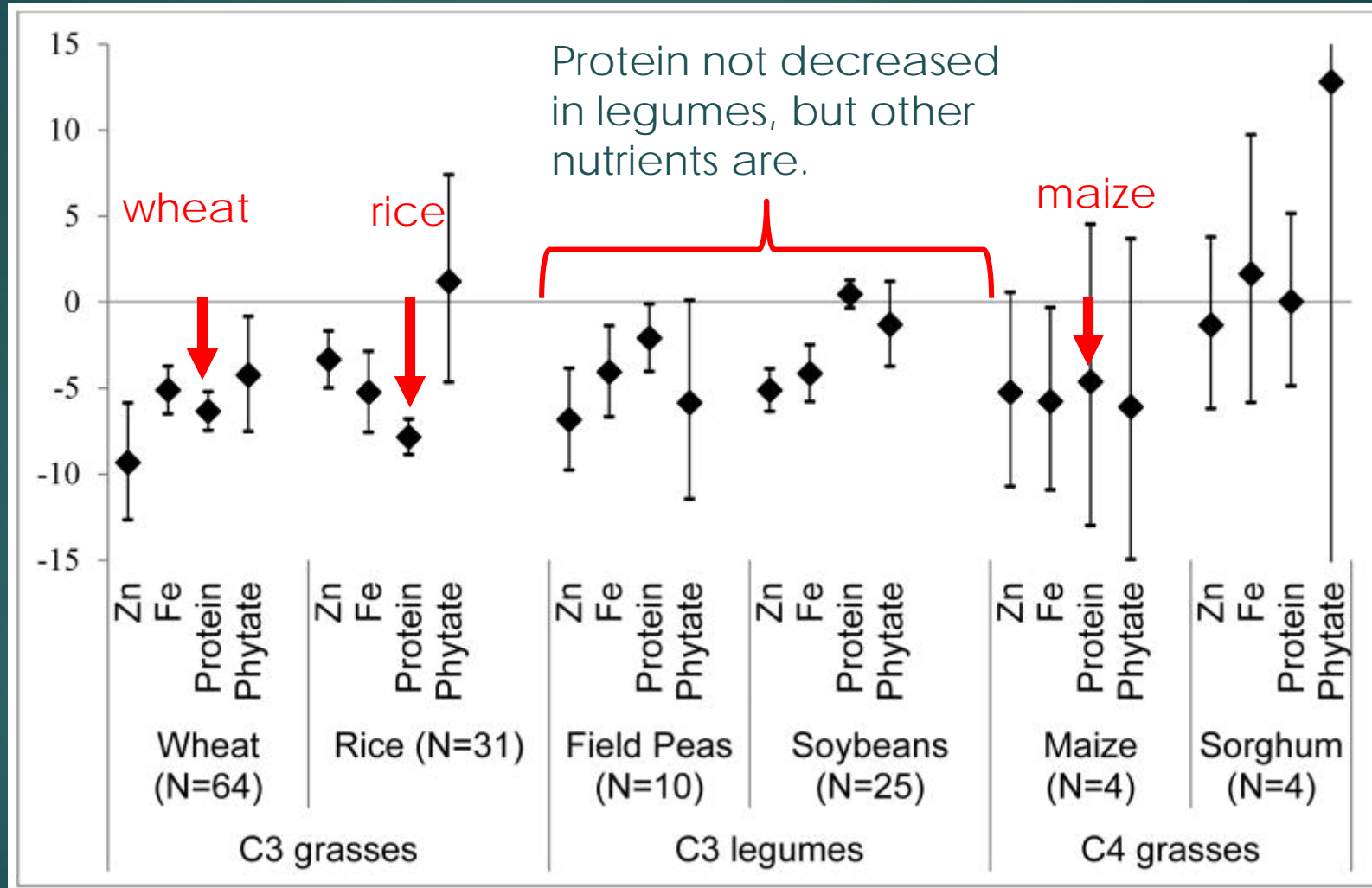


# Increased CO<sub>2</sub> decreases Rice Protein

J Sci Food Agric.2016 Aug;96(11):3658-67

- Compared with the control (ambient CO<sub>2</sub> and air temperature), elevated CO<sub>2</sub>:
  - Increased rice grain length and width
  - Increased grain chalkiness
  - Decreased protein concentrations.

# Percent change in nutrient content at elevated [CO<sub>2</sub>] relative to ambient [CO<sub>2</sub>]



# Projected 3-fold increase in severe storms



Hurricane Katrina 2005  
-winds up to 175 mph  
-death toll:1,836  
-storm surge 20 feet

Hurricane Harvey 2017  
-death toll 88,  
-13 million impacted  
-rainfall 24 inches in 24 hours  
-204,000 homes water damaged

Hurricane Maria 2017  
-death toll 2982  
-sustained winds of 175 mph  
-floodwaters 5-6 feet

# Health Effects: Intense Storms and Flooding

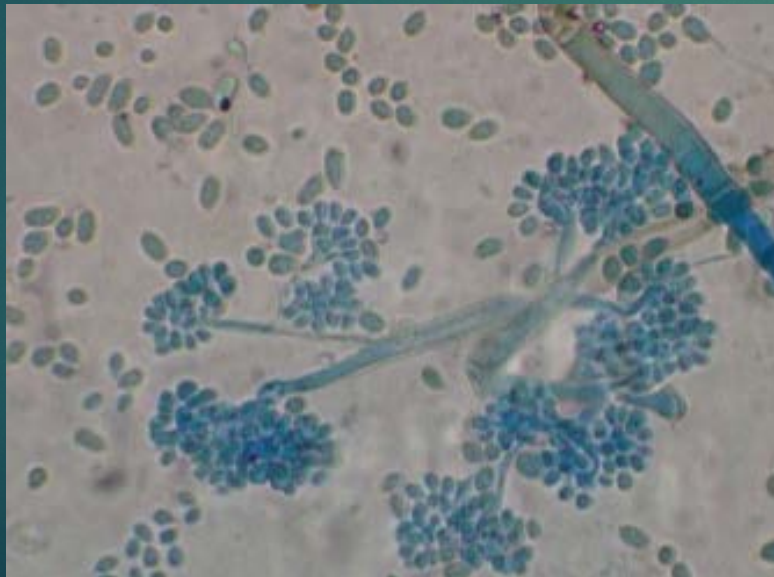
- Increased risk of deaths and injuries
- Water damage
  - risk of mold contamination
  - associated respiratory disease
- Water- and food-borne diseases
- Loss of homes
- Ecosystem and economic impacts
- Displacement of families
- Stress and mental health issues

Just add water and mold will grow



# Mold and the Damp House

- Typical indoor mold include Aspergillus, Penicillium, Stachybotrys, fusarium, etc
- Spores are extremely small, airborne, and respirable

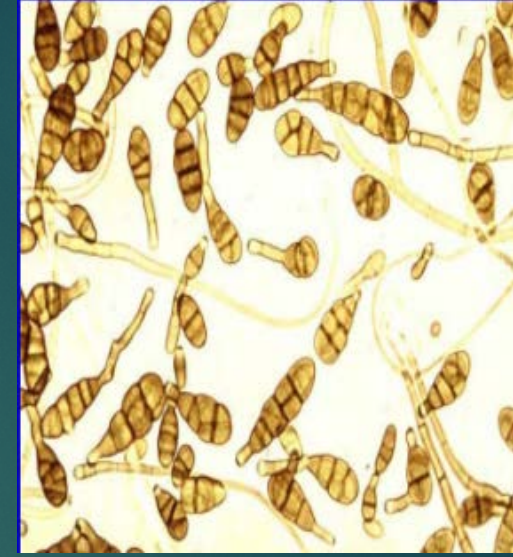


# Changes in Mold Sporulation



- Although not well studied, several papers suggest a correlation between rising CO<sub>2</sub> & Temperature and increasing mold spore counts and mycelia growth
- Retrospective study of mold spore concentrations over 27 years in the UK  
Hollins PD, et al. *Int J Biometerol*.2004;48(3):137-43
  - Increased number of days *Cladosporium* spores exceeded allergenic concentration correlated with rising regional temperature
- Correlation between rising CO<sub>2</sub> and increasing mycelia colonies has been established Lake JA, et al. *J Experimental Botany*.2009;60(11):3123-3131
  - Increase of CO<sub>2</sub> from 400ppm to 800ppm
  - increased established mycelia colonies 40%.
  - Changes in C/N ratio (>30:1, slows decomposition)

# Health Effects of Mold



- Allergic reaction
  - Most common; nasal and eye symptoms
- Asthma
  - Can exacerbate asthma attacks
  - Associated with more severe asthma
- Hypersensitivity pneumonitis
  - Can occur with acute or chronic exposure
- Opportunistic infections
  - Immunocompromised
- Mycotoxin effect:
  - controversial, anecdotal



# Hotspots: Cities



- Air pollution / CO<sub>2</sub>
- Heat waves
- Increased pollen
- Exacerbations of chronic disease
- Extreme precipitation events and storms
- Heat-related impacts

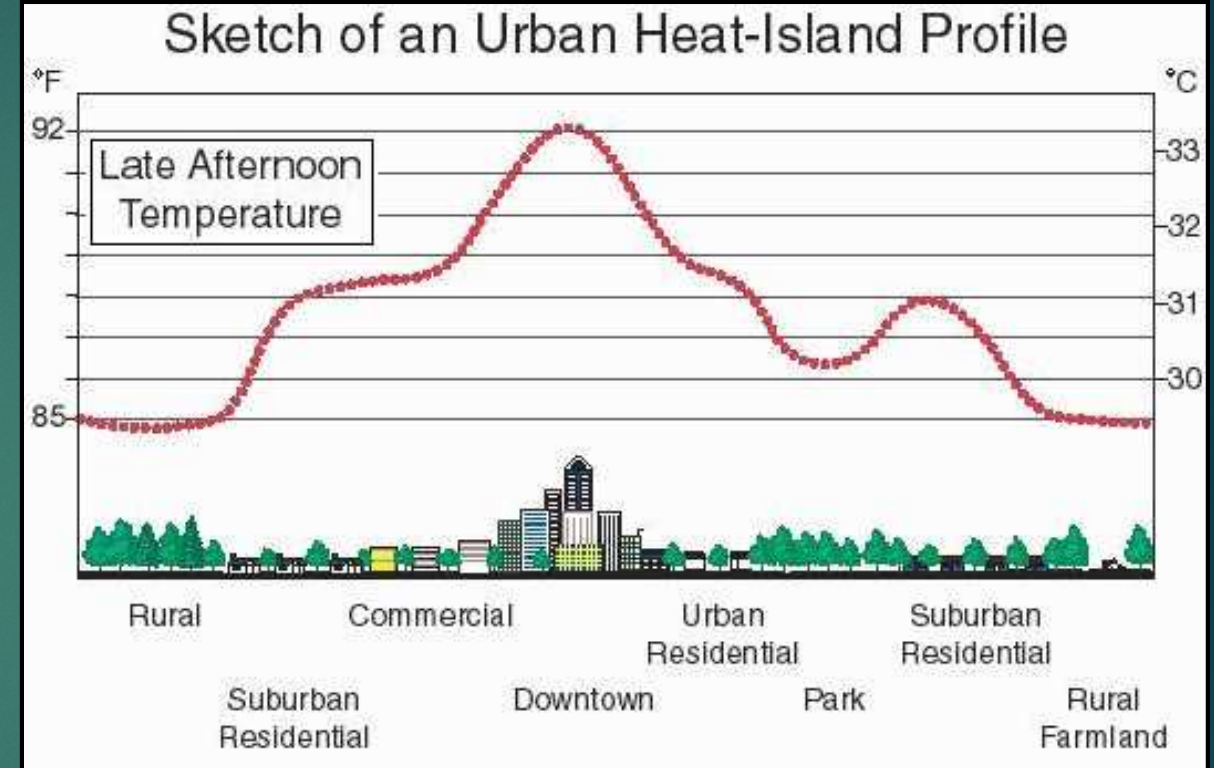
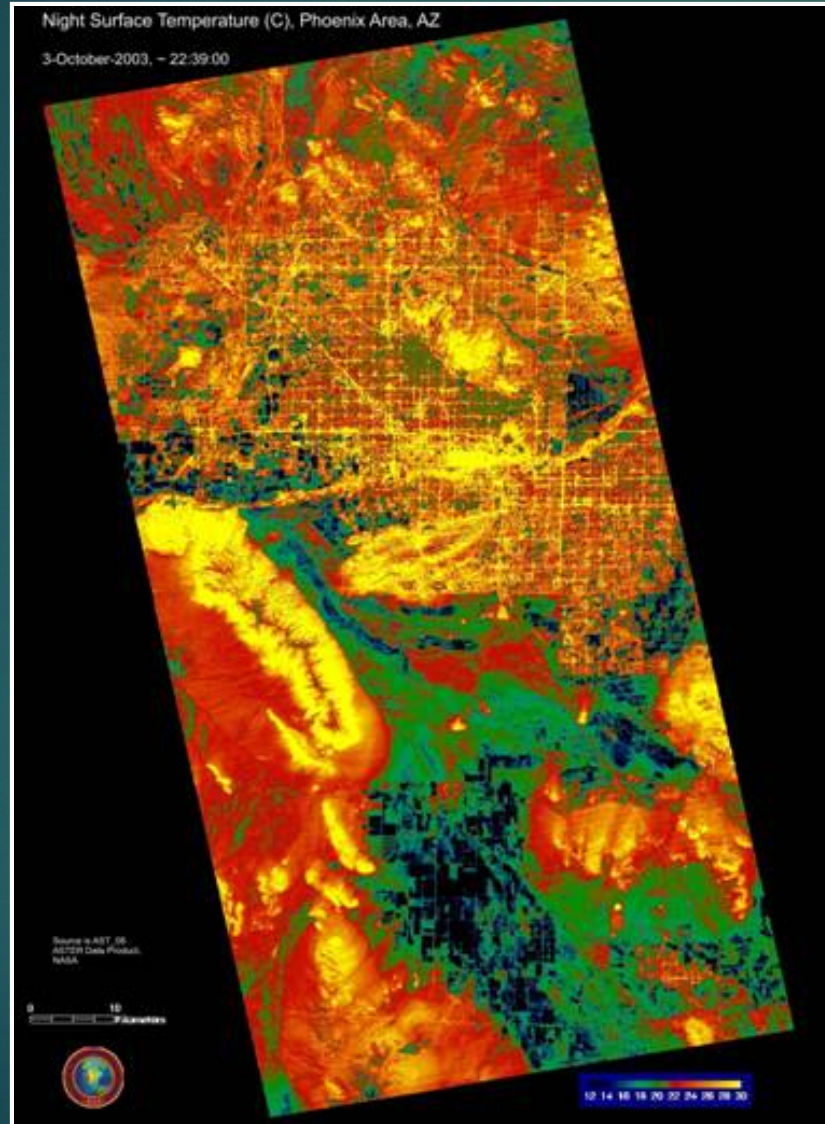


Atlanta



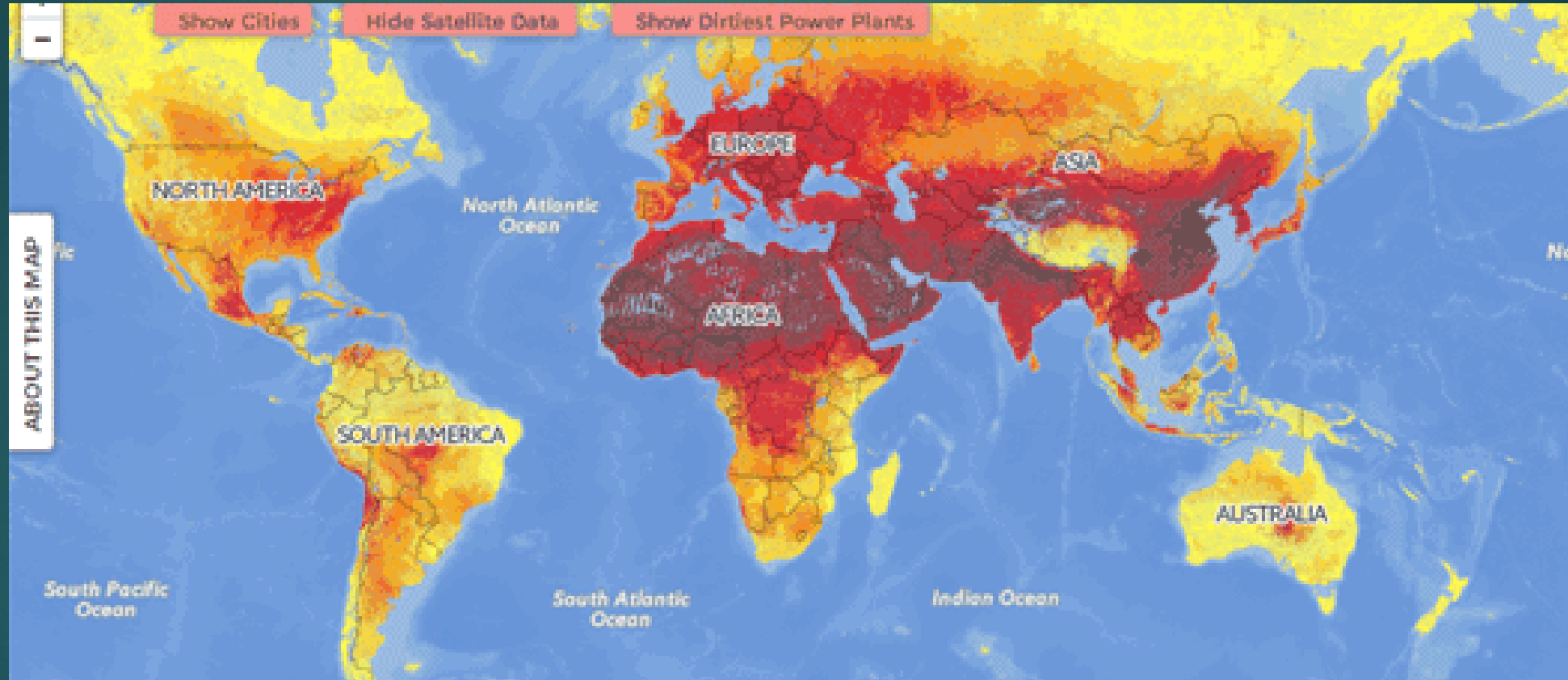
Anchorage

# Urban Heat-Island Effect

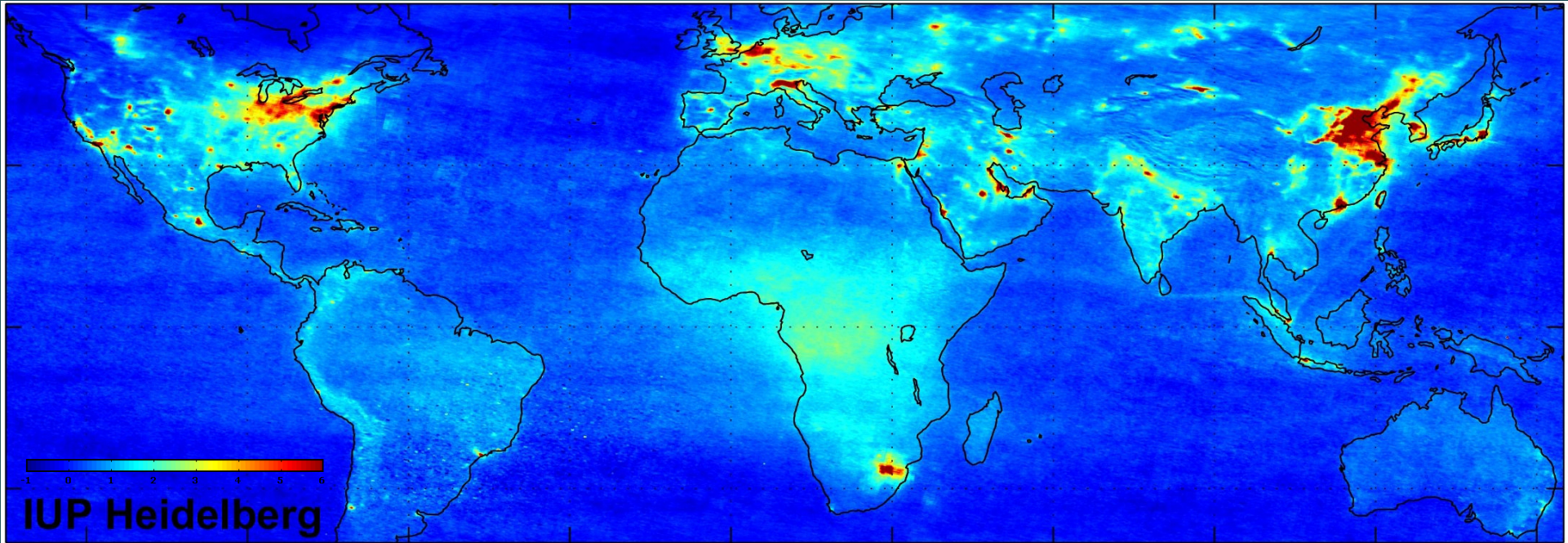


Thermal Satellite Image of Phoenix, AZ Night Surface Temperature

# Air Pollution Hotspots



# Air Pollution Hotspots



# Common Air Pollutants

Ozone (ground ozone)

Nitrogen dioxide

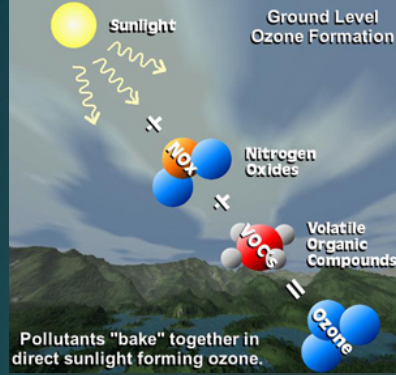
Sulfur dioxide

Carbon monoxide

Lead

Particulate matter (PM<sub>2.5</sub>)





# Ozone (O<sub>3</sub>)



## Stratospheric Ozone

- ▶ Naturally occurring in the stratosphere (6-30 miles)
- ▶ Protective "ozone layer"
- ▶ Blocks most UV-B rays

## Tropospheric Ozone (aka Ground Ozone)

- ▶ Near ground level (0-6 miles)
- ▶ Cars, factories, power plants, gasoline vapors & chemical solvents
- ▶ VOC + NO<sub>x</sub> + Heat + Sunlight = OZONE
- ▶ Increased risk of respiratory disease
- ▶ Interferes with the ability of plants to produce and store food, which increases susceptibility to disease, insects, other pollutants, and harsh weather

# Asthma in Exercising Children Exposed to Ozone



- 3535 non-asthmatic children (9-16 y/o)
- 12 communities in CA
- 1993 – 1998, annual follow-up
- 265 developed asthma (7.4%)
  - 104 (0) sports 1.0 RR
  - 90 (1) sport 1.3 RR
  - 36 (2) sports 1.1 RR
  - 29 (3+) sports 1.8 RR

# Sports versus Ozone

	Low ozone		High ozone	
<u># sports</u>	<u>N</u>	<u>RR</u>	<u>N</u>	<u>RR</u>
0	58	1.0	46	1.0
1	50	1.3	40	1.3
2	20	0.8	16	1.3
3/+	9	0.8	20	3.3





# Wildfires



- Associated with Increased  $PM_{2.5}$   
(Fine particulate matter: 2.5mcl, 1/3 size of red blood cell)
  - Fine particulate matter penetrates deeper into Lungs
  - Greater impact on human health
  - Can bind with pollen allergens
- Increases in  $PM_{2.5}$  is Linked to:
  - Cardiovascular disease
  - Respiratory disease
  - Increased hospital admissions



# Health Effects: Air Pollution

- Increases in ground-level ozone, increase in allergens levels and potency
- Damaging lung tissue, reducing lung function, increased respiratory diseases (COPD, asthma, allergic rhinitis, bronchitis)
- Repeated exposure may permanently scar lung tissue

# The greatest environmental risk to human health

- Air pollution has a range of negative impacts, including human health, damage to ecosystems, food crops, and the built environment.
- The World Health Organization (WHO) highlights air pollution as the greatest environmental risk to human health (note that this is based on current risk—longer-term environmental threats, such as climate change, may exceed this in the future).
- It's estimated to be the cause of seven million premature deaths every year

# Respiratory Disease & Climate Change Summary

- Air quality affected by several pathways
  - Increases in regional ambient concentrations of  $O_3$ ,  $PM_{2.5}$  fine particles & dust
  - Increases in production & allergenicity of aeroallergens (pollen & mold spores)
- Aeroallergens act with other harmful air pollution worsening respiratory disease (asthma, COPD) and lasting lung disease
- Ozone causes direct lung injury; increases premature mortality; worsens asthma & COPD, and may cause lasting lung damage
- $PM_{2.5}$  are associated with respiratory and cardiovascular diseases

# CO<sub>2</sub>, Climate Change and Health

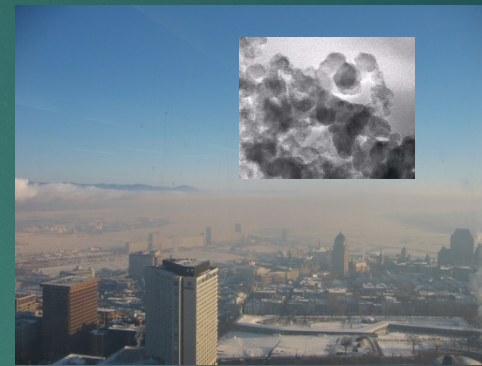
## in our Backyards



↑ Bet v 1



Fire & Smoke  
Pollution

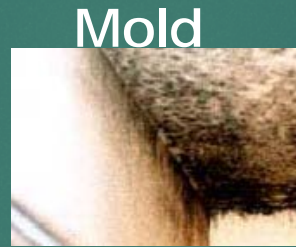


Heatwaves & smog

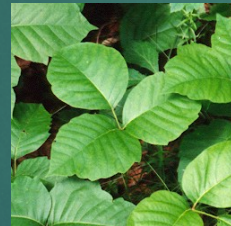
Particulates & pollen



Tree pollen



Mold



Poison Ivy



Pollen

Mosquitoes

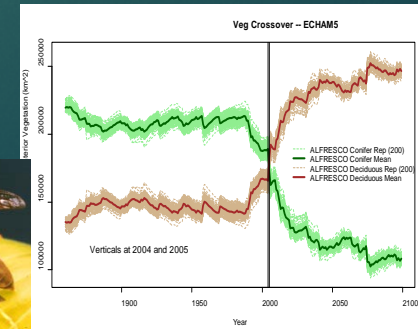


Changing  
Insect Patterns

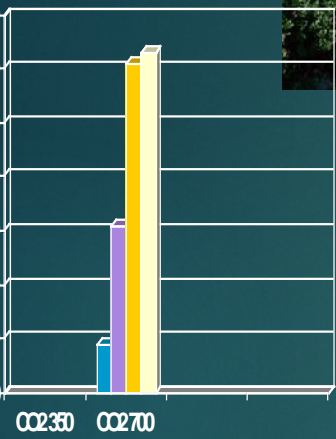
Ticks



Hymenoptera

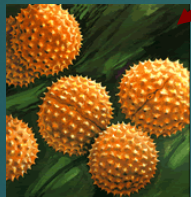


2X CO<sub>2</sub>



Ragweed

ELISA-quantified Amb a 1





“You can observe a lot just by watching”

Lawrence Peter “Yogi” Berra

# Questions?

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