

APHEIS: Influence of traffic-related PM₁₀ emissions on public health in 1999

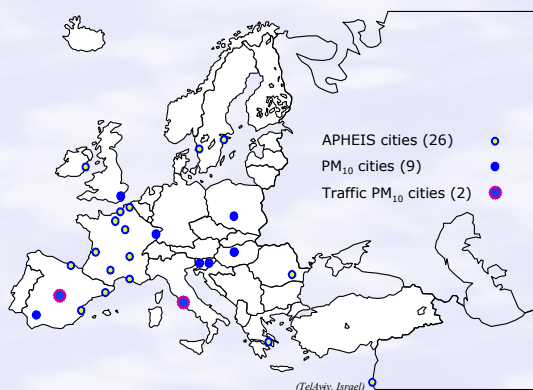
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Background and objective

Apheis (Air Pollution and Health: A European Information System) has been designed to provide decision makers, environmental professionals and the public of Europe with a comprehensive, up-to-date and easy-to-use information source on air pollution and health.

For health impact assessment air quality measurements of urban background monitoring sites should be considered (defined by the Apheis guideline on exposure assessment).

Because the location of PM₁₀ monitoring sites of Madrid and Rome were characterised as traffic-related the opportunity is given to analyse the influence of PM₁₀ emissions of vehicular traffic, and consequently their impact on public health, in comparison to urban background PM₁₀ measurements of seven other Apheis cities.



PM₁₀ concentration findings

In 1999, the PM₁₀ mean concentration ranged from 20 to 45 µg/m³. The specific traffic-related analyses show first, that PM₁₀ of traffic related-sites of Madrid and Rome is in the upper concentration level (37 and 43 µg/m³) such as the PM₁₀ urban background data of cities in eastern Europe (Celje, Cracow and Ljubljana), and they have approximately the same number of days per year with exceeded 24-hour limit values. Second, a comparison within western European cities show that PM₁₀ urban background levels of e.g. London and Strasbourg (~22 µg/m³) are about two times lower than those of Madrid and Rome.

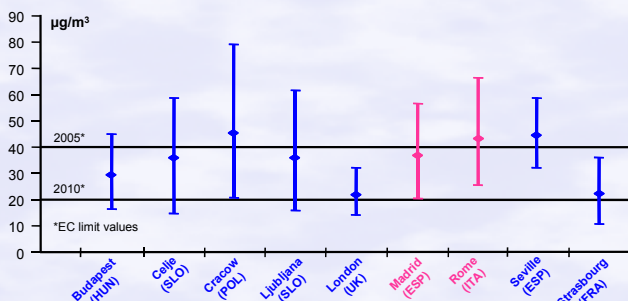


Fig. 1: Annual mean, 10th and 90th percentiles of PM₁₀ concentration

Furthermore, the PM₁₀ concentration in Seville is 44 µg/m³, as high as in Rome. Although PM₁₀ was measured at urban background monitoring sites, the city of Seville identified vehicular transport as the main cause for PM₁₀ air pollution.

Health impact assessment findings

In terms of health impact assessment, the result with the biggest potential health benefit was found for a reduction of the annual PM₁₀ mean value to a level of 20 µg/m³ (PM₁₀ EC limit value for 2010). It shows that in Madrid and Rome, the corresponding reductions in the number of deaths per 100,000 inhabitants per year attributable to chronic effects of PM₁₀ would range between 50 and 70, comparable to Budapest and Ljubljana, and are more than ten times higher than in other western European cities (e.g., London and Strasbourg: 5 deaths/100,000 inhabitants).

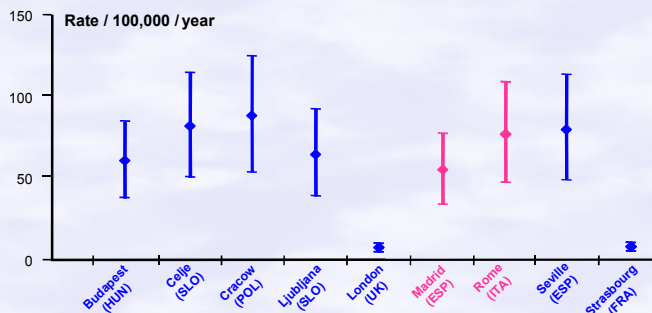


Fig. 2: Potential benefits of reducing annual mean values of PM₁₀ to a level of 20 µg/m³ (2010 limit values for PM₁₀) - Number of deaths per 100,000 inhabitants (95% confidence limits) attributable to the chronic effects of PM₁₀

Conclusions

In 1999, western European cities with a significant influence of vehicular traffic show higher PM₁₀ concentrations and an increased mortality rate due to acute and chronic effects of particles compared to people in eastern Europe who are exposed to urban background level.

By chance, a discrepancy within the characterization of air monitoring stations was identified, which could result in data misinterpretations. Within Apheis data compilation air monitoring meta data of Madrid and Rome was reported as traffic-related. The PM₁₀ concentration in Seville was comparable to Rome, but PM₁₀ monitoring sites were characterised as urban background. The city of Seville identified vehicular traffic as the main cause of PM₁₀ air pollution.

As this study shows, to avoid misinterpretations in the comparison of air quality data and in the assessment of their health impact a harmonised and standardised air monitoring siting criteria should be used within Europe, as fixed at the EC Council Decision (97/101/EC of 27 January 1997) to establish a reciprocal exchange of information and data from networks and individual stations measuring ambient air pollution within Member States (revised by Commission Decision 2001/752/EC of 17 October 2001).

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