

Swiss Tropical and Public Health Institute Schweizerisches Tropen- und Public Health-Institut Institut Tropical et de Santé Publique Suisse

Department of Epidemiology and Public Health

## Ultrafine particles and health –

## the urban exposome perspective



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#### June 19, 2019

on

of

UFP



### Particulate Matter Air Pollution and Health

- Increases all-cause mortality
- Impacts particularly on respiratory, cardiometabolic and cognitive health, and early childhood development

Thurston ERJ 2017

 Considered the most important environmental risk factor for mortality worldwide

Cohen Lancet 2017; Forouzanfar Lancet 2016

• Estimated to reduce life expectancy in EU by  $\sim 1$  year

European Environmental Agency 2017 https://doi.org/10.2800/358908



## **Ultrafine Particles (UFP)**

- aerodynamic size < 100 nm
- urban areas: mostly originate from motorized vehicles (& air ports)
- peak concentrations at the curbside up to 10fold higher than background - reaching background concentrations within 150 m of the road

#### Karner Environ Sci Technol 2010

- inhaled deeply into the lungs penetrate biological membranes pass into the systemic circulation - overcome the placental barrier diffuse into all organ systems including the brain & nervous system
- Toxicology: higher toxicity per mass unit than larger particles HEI 2013. Understanding the health effects of ambient ultrafine particles. HEI perspectives 3.



#### Short-term UFP Effects – evidence 2011-2017

Ohlwein Int J Publ Health 2019

# Suggestive evidence for independent short-term health effects on inflammation, autonomic tone and blood pressure

- majority of 11 studies indicate an association with increased arterial blood pressure
- likely short-term exposure to UFP/quasi-UFP changes autonomic tone and therefore adversely influences arterial blood pressure
- potentially contributing pathway to an increased cardiovascular disease risk: elicitation of pulmonary and systemic inflammation

# Insufficient evidence on effects on mortality or ER/hospital admissions:

• Effects may be larger in warm season



#### **Long-term UFP Effects** – evidence 2011-2017 *Ohlwein Int J Publ Health 2019*

- ten studies on long-term UFP effects & various health outcomes
- mostly modeled UFP concentrations: limited external validation of the model output
- mostly elevated point estimates for associations of UFP with adverse health outcomes - still unclear to what extent these associations overlap with other pollutants

#### insufficient evidence to draw firm conclusions on long-term effects of UFP

i.e. associations with natural, cardiovascular, respiratory, neurological, or birth outcome-related morbidity and mortality



### **Cohort Approaches to Long-term UFP Effects**

Ostro et al. EHP 2015 suggested an association between UFP mass and ischemic heart disease mortality:

UFP was calculated via chemical transport models over a 4km 2 spatial scale that would not have captured small-scale variation, which has been found to be important for UFP

Van Nunen E Environ Sci Technol 2017 in Exposomics:

- harmonized short-term and mobile monitoring campaign contemporaneously in six European study areas
- robust cross-area UFP LUR models on short-term monitoring explaining around 50% of spatial variance in longer-term measurements
- providing the opportunity to better investigate the role of long-term UFP exposure



#### **Long-term UFP exposure & cardiovascular disease incidence** *Downward GS et al. EHP 2019*

	All cardiovascular disease	Coronary heart disease	Myocardial infarctions	Heart failure
Pollutants	4,304 events	2,399 events	797 events	369 events
Single-pollutant models	_	—	_	_
PM <sub>2.5</sub>	0.98 (0.75, 1.28)	0.80 (0.55, 1.15)	0.83 (0.44, 1.57)	0.44 (0.16, 1.20)
PM <sub>coarse</sub>	1.21 (1.01, 1.45)	1.26 (0.99, 1.60)	1.50 (1.01, 2.21)	1.70 (0.90, 3.21)
$PM_{10}$	1.20 (0.96, 1.50)	1.14 (0.85, 1.53)	1.27 (0.77, 2.09)	2.09 (0.99, 4.40)
UFP	1.18 (1.03, 1.34)	1.12 (0.94, 1.33)	1.34 (1.00, 1.79)	1.76 (1.17, 2.66)
PM <sub>2.5</sub> absorbance	1.07 (0.92, 1.23)	0.97 (0.80, 1.18)	1.12 (0.80, 1.56)	1.16 (0.70, 1.90)
NO <sub>x</sub>	1.03 (0.98, 1.09)	1.02 (0.95, 1.10)	1.10 (0.97, 1.25)	1.13 (0.93, 1.37)
NO <sub>2</sub>	1.04 (0.98, 1.10)	1.04 (0.97, 1.12)	1.12 (0.99, 1.26)	1.22 (1.01, 1.48)
Two-pollutant models			_	_
$UFP + PM_{2.5}$				_
UFP	1.28 (1.09,1.49)	1.27 (1.04, 1.57)	1.59 (1.13, 2.24)	3.10 (1.89, 5.10)
PM <sub>2.5</sub>	0.74 (0.54, 1.02)	0.61 (0.40, 0.94)	0.51 (0.24, 1.05)	0.11 (0.03, 0.36)
$UFP + PM_{coarse}$			_	_
UFP	1.14 (0.95, 1.37)	0.99 (0.77, 1.27)	1.16 (0.76, 1.77)	1.84 (1.04, 3.26)
PM <sub>coarse</sub>	1.06 (0.83, 1.37)	1.27 (0.91, 1.78)	1.30 (0.74, 2.28)	0.90 (0.37, 2.19)
$UFP + PM_{10}$			_	_
UFP	1.25 (1.01, 1.56)	1.16 (0.86, 1.57)	1.67 (1.01, 2.75)	1.94 (0.96, 3.92)
PM <sub>10</sub>	0.88 (060, 1.28)	0.93 (0.56, 1.55)	0.63 (0.26, 1.50)	0.80 (0.22, 2.92)
$UFP + PM_{2.5abs}$	—	—	_	
UFP	1.42 (1.13, 1.77)	1.49 (1.10, 2.01)	1.87 (1.12, 3.10)	3.98 (1.97, 8.04)
PM <sub>2.5abs</sub>	0.78 (0.60, 1.00)	0.68 (0.48, 0.95)	0.63 (0.35, 1.13)	0.30 (0.13, 0.73)
$UFP + NO_x$	—			—
UFP	1.26 (1.04, 1.51)	1.17 (0.91, 1.51)	1.31 (0.85, 2.03)	2.10 (1.17, 3.79)
NO <sub>x</sub>	0.96 (0.89, 1.04)	0.97 (0.87, 1.09)	1.01 (0.83, 1.22)	0.86 (0.67, 1.18)
$UFP + NO_2$	—			—
UFP	1.28 (1.04, 1.59)	1.09 (0.82, 1.47)	1.22 (0.74, 2.02)	1.75 (0.89, 3.45)
$NO_2$	0.96 (0.86, 1.05)	1.01 (0.90, 1.14)	1.05 (0.85, 1.28)	1.00 (0.74, 1.37)



#### **Long-term UFP exposure & cerebrovascular disease incidence** *Downward GS et al. EHP 2019*

Pollutants	All incident cerebrovascular disease 1,283 events	Incident ischemic CVA 846 events	Incident hemorrhagic CVA 241 events
Single-pollutant models	_	_	
PM <sub>2.5</sub>	1.13 (0.69, 1.83)	0.90 (0.49, 1.66)	1.88 (0.66, 5.39)
PM <sub>coarse</sub>	1.14 (0.80, 1.61)	1.22 (0.79, 1.86)	1.91 (0.90, 4.04)
$PM_{10}$	1.10 (0.73, 1.68)	1.13 (0.67, 1.89)	1.79 (0.71, 4.52)
UFP	1.11 (0.88, 1.41)	1.07 (0.80, 1.44)	1.48 (0.88, 2.51)
PM <sub>2.5</sub> absorbance	1.07 (0.82, 1.40)	1.01 (0.72, 1.41)	1.47 (0.81, 2.66)
NO <sub>x</sub>	1.03 (0.92, 1.14)	1.04 (0.92, 1.18)	1.15 (0.91, 1.44)
NO <sub>2</sub>	1.00 (0.90, 1.11)	1.05 (0.92, 1.19)	1.09 (0.86, 1.37)
Two-pollutant models		_	
$UFP + PM_{2.5}$	—	—	_
UFP	1.11 (0.83, 1.48)	1.16 (0.81, 1.66)	1.38 (0.72, 2.64)
PM <sub>2.5</sub>	1.00 (0.55, 1.80)	0.76 (0.36, 1.59)	1.29 (0.35, 4.74)
$UFP + PM_{coarse}$	—	_	—
UFP	1.09 (0.79, 1.52)	0.96 (0.64, 1.43)	1.18 (0.57, 2.44)
PM <sub>coarse</sub>	1.04 (0.64, 1.68)	1.27 (0.71, 2.29)	1.63 (0.57, 4.63)
$UFP + PM_{10}$	—	—	—
UFP	1.19 (0.79, 1.78)	1.03 (0.63, 1.71)	1.44 (0.60, 3.48)
$PM_{10}$	0.87 (0.42, 1.77)	1.08 (0.45, 2.59)	1.07 (0.22, 5.17)
$UFP + PM_{2.5abs}$	—	_	—
UFP	1.19 (0.79, 1.79)	1.19 (0.72, 1.99)	1.42 (0.57, 3.52)
PM <sub>2.5abs</sub>	0.91 (0.57, 1.46)	0.86 (0.48, 1.53)	1.07 (0.38, 3.01)
$UFP + NO_x$	—	—	—
UFP	1.14 (0.81, 1.59)	1.01 (0.67, 1.52)	1.41 (0.68, 2.93)
NO <sub>x</sub>	0.99 (0.85, 1.14)	1.04 (0.87, 1.24)	1.03 (0.75, 1.43)
$UFP + NO_2$	—	—	—
UFP	1.34 (0.91, 1.98)	0.96 (0.59, 1.57)	1.95 (0.84, 4.53)
NO <sub>2</sub>	0.90 (0.76, 1.07)	1.06 (0.86, 1.31)	0.86 (0.59, 1.25)



## **Challenges in studying UFP health effects**

Ohlwein Int J Publ Health 2019

High spatial and temporal variability of UFP necessitate different exposure assessment designs than the "classical" air pollutants with more homogeneous spatial distribution

Probability of systematic bias toward the null in single- and multi-pollutant studies due possibily larger exposure estimation error for UFP

Unclear confounding by other environmental factors (transportation noise; green space) and socio-economic status





Insights offered by

#### exposome

## approaches



## The exposome concept: an opportunity in environmental research

Siroux V Eur Resp Rev 2016





#### **External Exposome: Personalized ultrafine particle measurements**





### Personal exposure monitoring: regression calibration

- Regression calibration to derive de-attenuated dose-response relationship to estimate relative risks and disease burden
- Example: PM2.5 regression calibration applied to ESCAPE estimates

	Not Calibrated	Calibrated, high end	Calibrated, low end
Mortality	1.07	1.19	1.13
Ischemic heart disease incidence	1.13	1.38	1.24
Asthma incidence	1.04	1.11	1.07

- higher disease burden but wider confidence intervals
- BUT:
  - Are 3\*24h personal monitoring more valid than long-term LUR models ?
  - Is personal monitoring the gold standard particularly for peaky UFP exposures ?



### Internal Exposome: Molecular fingerprints mediating UFP effects

Vineis Environmental Molecular Mutagenesis 2013

#### Prospective Biosampling in Longitudinal Cohorts



#### Acute changes in DNA methylation in relation to 24 h personal air pollution exposure measurements: A panel study in four European countries *Mostavafi N Env Int 2018*





## Association between immune markers and personal (A) and ambient (B) air pollution in two Exposomics study populations

Mostavafi N Env Int 2018

time lag ? UFP summary measure? short- vs. long-term effects?





# Oxidative stress and inflammation mediate the effect of air pollution on cardio- and cerebro-vascular disease

Fiorito G Environ Mol Mutagenesis 2018



Pathway enrichment for inflammation related to:

- Cytokine signaling
- ROS/Glutathione/
  Cytotoxic granules



Perturbation of Metabolic Pathways Mediates the Association of Air Pollutants with Asthma and CVDs

Jeong A et al. Environ Int 2018



#### Linoleate metabolism

found to mediate association of long-term UFP exposure with asthma, but not with CVD





Towards systems epidemiology

approaches



#### Systems epidemiology in the era of precision health from exposome \* genome to phenome Manrai AK et al. Annu. Rev. Public Health 2017. 38:279–94







#### Life and health in urban space







Towards global systems epidemiology

UFP

#### &

## infections



#### Life and health in urban space in epidemiological transition





# In utero UFP exposure causes offspring pulmonary immunosuppression

Rychlik KA PNAS 2019

Mouse model representing a period of immune maturation: exposed to UFP representing urban composition & concentration

In utero UFP exposure at a level close to the WHO recommended PM guideline suppresses an early immune response to HDM allergen, likely predisposing neonates to respiratory infection and altering long-term pulmonary health



## Acknowledgement

#### **SAPALDIA Team - SNF funded**

#### **Exposomics Team – EU funded**







## **Recommended Readings**

Ohlwein S, Kappeler R, Kutlar Joss M, Künzli N, Hoffmann B. Health effects of ultrafine particles: a systematic literature review update of the epidemiological evidence. Int J Public Health 2019;64(4):547-559