



Temporal Variations of Urban Air Pollutants in Damietta Port, North Egypt

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Authors' contributions

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

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ABSTRACT

Air pollution is considered one of the most important factors that affect the surrounding environment and the human health. This study investigated seasonal variation in air pollutants parameters (CO, NO₂, O₃, SO₂ and PM₁₀) in Damietta Port (DP), Egypt using the archive data, from the Egyptian Environmental Affairs Agency (EEAA) branch in DP, for the period from 2015 to 2017. Statistical results showed that the mean concentration of CO was 2.7, 6.2 and 3.2 mg/m₃ in 2015, 2016 and 2017 respectively. Mean concentration of NO₂ was 27.9, 28.5, and 16.5 µg/m₃ in 2015, 2016 and 2017. Ozone mean concentration was 27.7, 25.1, and 16.5 µg/m₃ in 2015, 2016 and 2017. PM₁₀ mean concentration was 83.5, 111, and 74.4 µg/m₃ in 2015, 2016 and 2017. Mean concentration of SO₂ was 17.5, 22.3, and 11.9 µg/m₃ in 2015, 2016 and 2017. The CO concentration increased from 2015 to 2017, due to increasing port activities from vessels, cargo handling equipment, and heavy-duty vehicles. On the other hand, ozone decreased from 2015 to 2017, and this may be related to the improvement and application of safety and environmental rules, and systems in the port. From the collected results, it was observed that some pollutant concentrations were exceeded, beyond the threshold limit for CO and PM₁₀, according to Environmental Law no. 4/1994. Finally, we recommend to monitor and measure the concentration of different air pollutants in the port regularly, to assess, analyze, and control the environmental risks to achieve health in the surrounding environment for the port man-power.

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1. INTRODUCTION

Urban air quality in Egypt, like all developing countries, has deteriorated gradually because of rapid urbanization, population growth, and industrialization [1]. The pollutants are added to the environment through various natural processes, as well as anthropogenic sources, industrial processes, auto exhaust, and domestic sources [2]. The air pollutants are categorized as particulate matter, and gases, and their associated forms including carbon, nitrogen, sulfur compounds, and ozone, that have adverse effects on human health, and cause environmental damage [3]. Outdoor air pollution, mostly PM 2.5, is estimated to lead to 3.3 million premature deaths per year worldwide [4]. The high concentration of air pollutants has worsened human health [5], and quality of life. This increased level of air pollutants in urban areas is responsible for deficits in pulmonary functions, cardiovascular disease, neurobehavioral effects, and mortality [6,7,8]. Different studies in the US and Europe have reported significant associations between daily mortality and PM₁₀ [9] [10]. It is well-known that both respiratory and cardiovascular diseases are the major causes of death. Many studies have also shown positive associations between daily PM₁₀ concentrations and daily hospital admissions for respiratory diseases (e.g., asthma, pneumonia, chronic obstructive pulmonary disease (COPD), etc.) [11] [12]. Other studies have reported increased hospital admissions for cardiovascular diseases (e.g., congestive heart failure, increase in coronary artery disease, etc.) associated with increased particle concentrations [13]. The impact of gaseous and particulate pollutants on health varies with season, hence seasonality has always been a factor in determining the concentration of pollution in the lower atmosphere [14]. Poor air quality is considered a significant problem, not only does it affect human health, but also ecosystem health, crops, climate, visibility and man-made materials [15]. The morbidity and premature mortality due to air pollution entails significant economic and social costs. These include, but are not limited to, the cost to society of premature deaths, the costs of healthcare for the sick, due to poor air quality, and the loss of productivity associated with sickness and/or caregiving for oneself or others [16]. Thus, significant cost savings can be added to the health gains attainable through air pollution abatement. The aim of this present study is to

investigate the temporal variations of air pollutants (CO, NO₂, SO₂, O₃ and PM₁₀) in New Damietta Port (Fig. 1) from 2015 to 2017.

2. MATERIALS AND METHODS

2.1 Study Area

DP is located 10 km to the west of the Nile River (Damietta Branch), 70 km to the west of Port Said and 200 km from Alexandria Port with total area 11.8 million m² (Fig. 1). The land area covers approximately 7.9 million m², and the water area is approximately 3.9 million m². The percentage of water to land area is 1: 2. The channel is approximately 11.3 km long, 300 m wide, and 15 m in depth. The Nile River connects to the port via a barge channel 4.5 km long and 5 m deep. The width of the barge channel is 90 m. The DP connects to the main transportation network through railways and highway roads between Damietta and Mansoura.

2.2 Sampling and Analytical Methods

The investigated air pollutants (particulates and gases) were collected by the Egyptian Environmental Affairs Agency (EEAA) branch in the DP from 2015 to 2017. Air pollutants were measured using Thermo Environmental Instrument (TEI) Model 42i for NO, NO_x, TEI Model 48i for CO, TEI Model 410i for CO₂, TEI Model 49i for O₃, and Thermo ESM Andersen, FH 62 I-R for PM₁₀.

3. RESULTS AND DISCUSSION

3.1 Temporal Variations of CO Concentration

Carbon monoxide (CO) is often associated with combustion of fuels, heating devices (e.g., boilers, furnaces), vehicles, truck, or bus exhaust from attached garages, nearby roads, or parking areas. At moderate concentrations, angina, impaired vision, and reduced brain function may result. At higher concentrations, CO exposure can be fatal [17,18].

In this study, CO concentrations varied from 2015 to 2017 as illustrated in Fig. 2 and Table 1. The annual mean of CO concentrations in 2015 was 2700 µ/m³, and ranged from 200 to 6800 µ/m³. In 2016, the concentration ranged from 100

to 11609 μm_3 , with an annual mean of 6200 μm_3 , and ranged from 100 to 1300 μm_3 , with an annual mean of 3190 μm_3 in 2017. According to Table 2, the concentration of CO exceeds the local threshold limit (10000 $\mu\text{m}_3/8$ hours) during

the months (August, September and October, late summer/ early autumn) in 2016 and 2017, and this might have cause hazardous effects on human health and the environment in the study area.

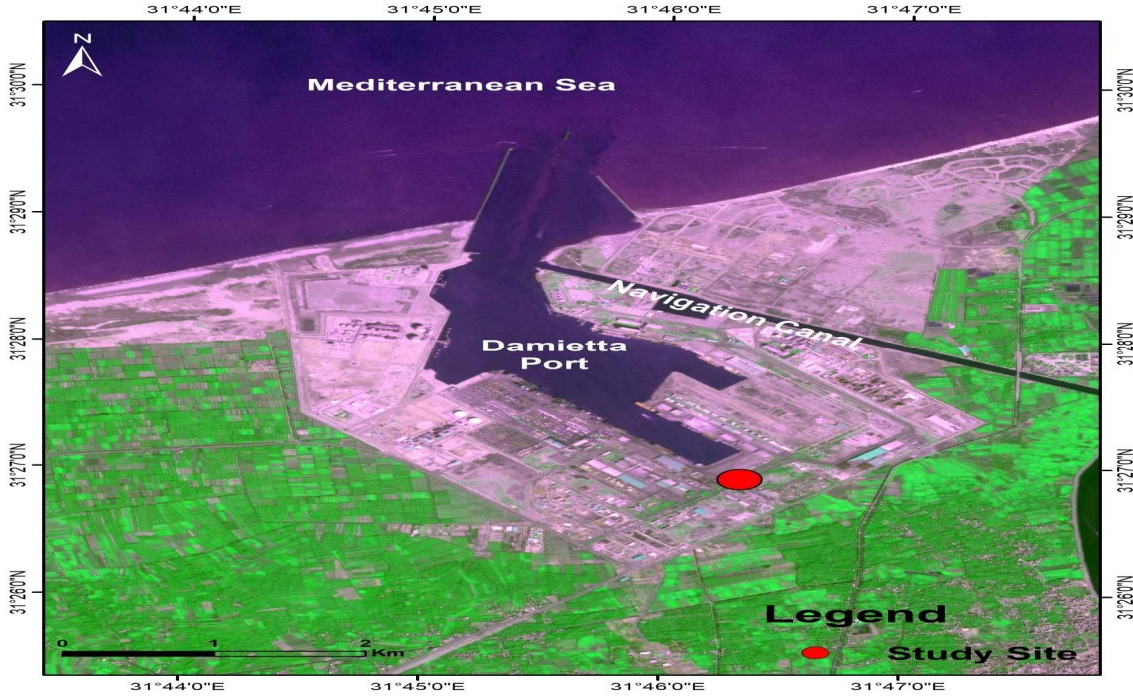


Fig. 1. Map of the study area showing sampling site at Damietta Port, Egypt

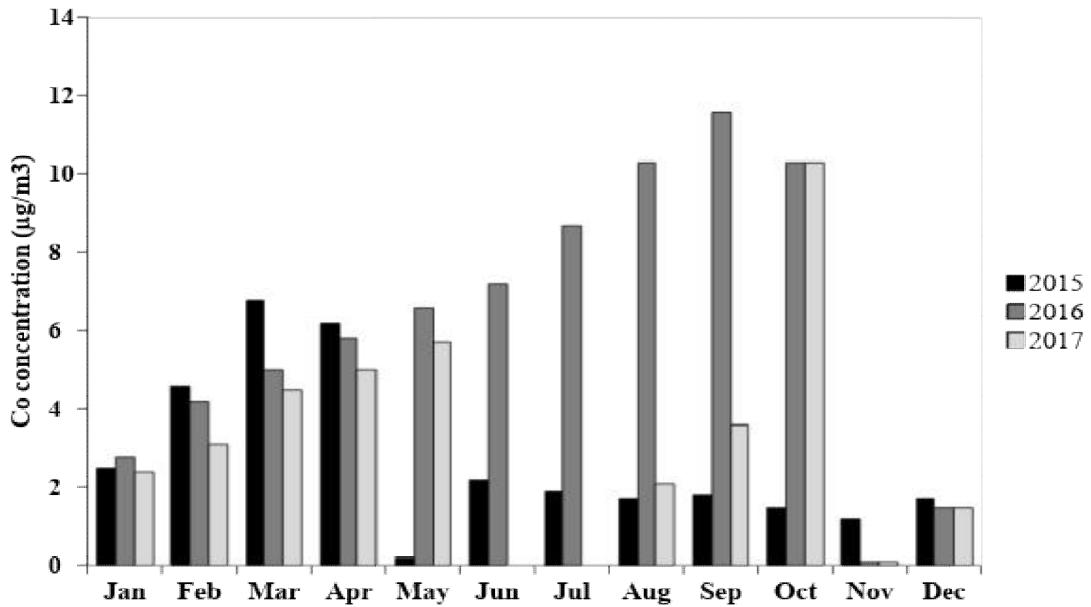


Fig. 2. Annual variation of CO concentrations in 2015, 2016 and 2017 at the DP site

Table 1. Summary statistics of the investigated air pollutants; CO, NO₂, SO₂, O₃ and PM₁₀ concentrations in 2015, 2016 and 2017

Year	Air pollutants	Min.	Max.	Mean	Median	Standard deviation	Coeff.of variation	Std. skewness	Std. kurtosis
2015	CO	0.2	6.8	2.69	1.85	2.053	76.26%	1.707	0.274
	NO ₂	1.8	66.8	27.93	18.8	23.920	85.66%	1.104	-0.609
	SO ₂	6.2	72.4	17.52	13.15	17.513	99.98%	4.666	7.926
	O ₃	11.2	35.8	27.73	31.8	8.131	29.32%	-1.410	-0.212
	PM ₁₀	29.8	130.1	83.48	87.3	29.547	35.39%	-0.591	-0.184
2016	CO	0.1	11.6	6.18	6.2	3.651	59.13%	-0.180	-0.674
	NO ₂	2.7	68.1	28.47	27.85	16.635	58.44%	1.444	1.707
	SO ₂	13.52	69.75	22.33	17.515	15.332	68.67%	4.481	7.374
	O ₃	7.2	69.6	25.11	21.56	18.175	72.37%	1.925	1.887
	PM ₁₀	63.8	250.9	110.98	105.55	49.255	44.38%	3.219	4.605
2017	CO	0.1	10.3	3.19	2.75	2.963	92.84%	1.672	1.361
	NO ₂	2.1	74.8	16.53	10.4	22.647	137.05%	2.648	2.448
	SO ₂	9.14	18.23	11.87	10.9	4.959	41.79%	-1.370	1.499
	O ₃	7.2	38.35	16.50	13.285	11.980	72.61%	1.193	-0.189
	PM ₁₀	11.6	126.9	74.38	83.6	47.586	63.97%	-0.882	-0.699

Table 2. The threshold limits of air pollutants according to local (Egyptian environmental law no. 4(1994) and International thresholds (US EPA, EU EPA, etc)

Pollutant	Local threshold limit	International limits US EPA	EU EPA
CO	10000 µg/m ₃ / 8 hours	9000 µg/m ₃ / 8 hours	10000 µg/m ₃ / 8 hours
NO ₂	150 µg/m ₃ / 24 hours	100 µg/m ₃ / 1 hour	200 µg/m ₃ / 1 hour
SO ₂	150 µg/m ₃ / 24 hours	75 µg/m ₃ / 24 hours	125 µg/m ₃ / 24 hours
O ₃	120 µg/m ₃ / 8 hours	70 µg/m ₃ / 8 hours	120 µg/m ₃ / 8 hours
PM ₁₀	150 µg/m ₃ / 24 hours	150 µg/m ₃ / 24 hours	50 µg/m ₃ / 24 hours

3.2 Temporal Variations of NO₂ Concentration

NO₂ primarily gets in to the air from the burning of fuel, and from vehicle emissions, power plants, and off-road equipment. NO₂ exposures over short periods cause respiratory diseases, particularly asthma, coughing, wheezing, or difficulty breathing. Longer exposures to high concentrations of NO₂ may increase susceptibility to respiratory infections [19,20,21]. In this study, the annual variation of NO₂ concentration from 2015 to 2017 was illustrated in Fig. 3. The annual mean of NO₂ concentration in 2015 was 27.93 µg/m₃, and ranged from 1.8 to 66.8 µg /m₃. The annual mean in 2016 was 28.5 µg/m₃, which is slightly higher than in 2015, and ranged from 2.7 µg /m₃ to 68.1 µg /m₃. In 2017, the annual mean concentration of NO₂ was 16.5µg /m₃, and ranged from 2.1 to 74.8 µg /m₃, which is the maximum value over the three period (Table 1). NO₂ concentration did not exceed the local threshold limits (150 µg/m₃/ 24 hours, Table 2) or International thresholds that were shown in (Table 2), and have no any adverse effects on human health or the environment of the study area.

3.3 Temporal Variation of SO₂ Concentration

Sulfur dioxide (SO₂) is derived from natural sources, such as volcanoes, or anthropogenic contributions, which is a major air pollutant in many parts of the world [22]. Oxidation of SO₂, especially at the surface of particles in the presence of metallic catalysts, leads to the formation of sulfurous and sulfuric acids. Neutralization of SO₂, by ammonia, leads to the production of bi-sulfates and sulfates. Inhalation is the only route of exposure to SO₂ that is of interest with regard to its effects on health [23]. Short-term exposures to SO₂ have been connected to increased emergency department visits and hospital admissions for respiratory illnesses, particularly for at-risk populations including children, older adults, and those with asthma [24]. According to Table 1 and Figure 4 in this study, the mean values of SO₂ concentration were 17.52, 22.3, and 11.9 µg/m₃ in 2015, 2016, and 2017 respectively. While the annual concentration of SO₂ ranged from 6.2 to 72.4 µg/m₃, (the highest values) in 2015 from 13.52 to 69.8 µg/m₃ in 2016, and from 9.14 to 18.2 µg/m₃ in 2017. Based on the above results,

SO₂ concentration values did not exceed the local threshold limit (150 µg/m₃/ 24 hours, Table 2). Therefore, SO₂ had no adverse effect on

human health or the environment in the study area.

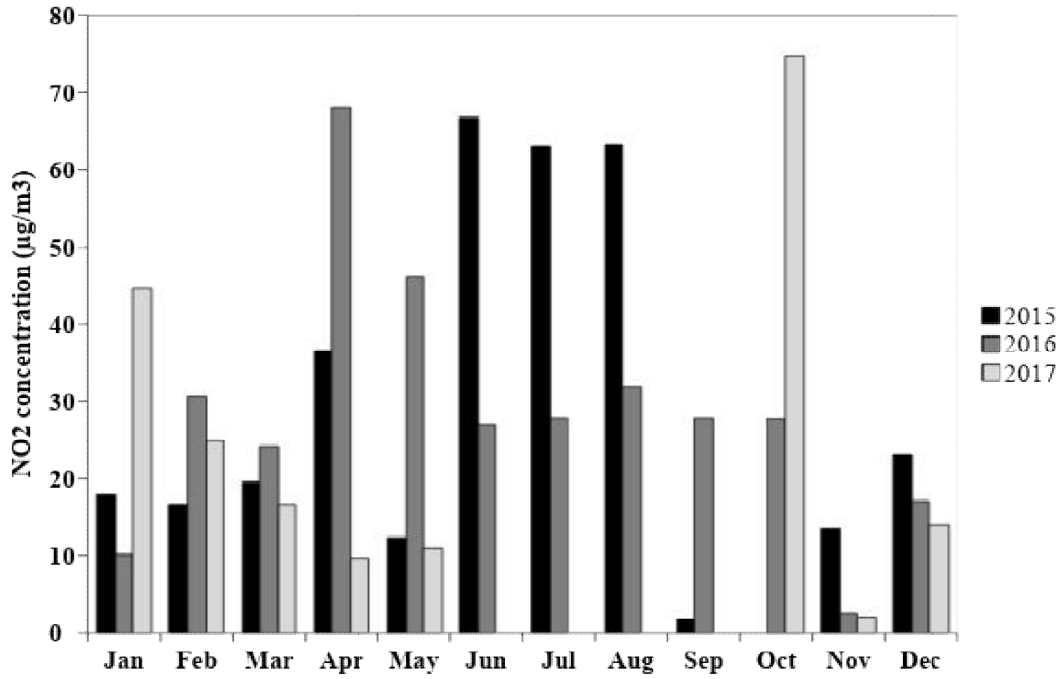


Fig. 3. Annual variation of NO₂ concentrations in 2015, 2016 and 2017 at the DP site

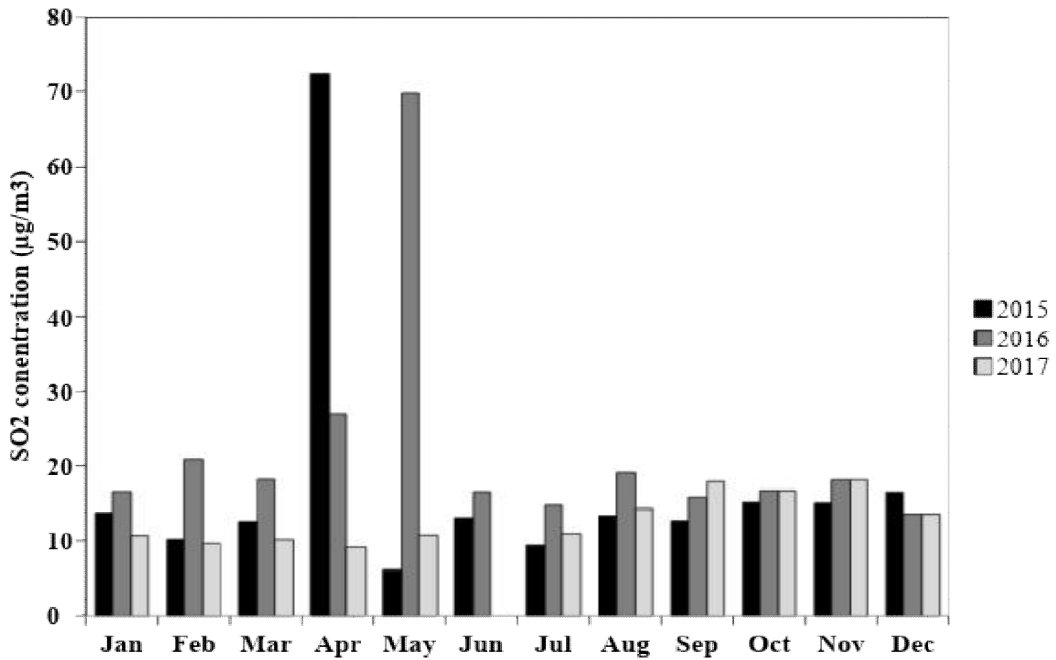


Fig. 4. Annual variation of SO₂ concentrations in 2015, 2016 and 2017 at the DP site

3.4 Temporal Variation of O₃ Concentration

Ozone is formed by photochemical reactions in the presence of precursor pollutants such as NO_x and volatile organic compounds, where its concentrations are often high in busy urban centers and lower in suburban and adjacent rural areas [25,26]. O₃ is also subject to long-range atmospheric transport, and is therefore considered as a trans-boundary problem. Based on its photochemical origin, O₃ displays strong seasonal and diurnal patterns, with higher concentrations in summer, and in the afternoon [27,28]. The correlation of O₃ with other pollutants varies by season, and location. Epidemiological studies also addressed the effects of short and long-term exposures to O₃, and provided important results [23]. However, the health effects of O₃ have been less studied than those of PM, and thus more research is needed, especially addressing the spatial and seasonal patterns, and misclassification, of individual exposure in association with health outcomes [23,29]. Annual variations of O₃ concentration from 2015 to 2017 were illustrated in Fig. 5. In 2015, the mean value of O₃ concentration was 27.7 µg/m₃, and ranged from 11.2 to 35.8 µg/m₃. In 2016, the mean value was 25.1 µg/m₃ and ranged from 7.2 to 69.6 µg/m₃. While in 2017, the mean value was 16.5 µg/m₃, and ranged from 7.2 to 38.4 µg/m₃. O₃ values are under the local threshold limit (120 µg/m₃/8 hours, Table 2), and with no adverse effects on human health or the environment in the study area.

3.5 Temporal Variations of Particulate Matter PM₁₀ Concentration

Air borne Particulate Matter (PM₁₀) has a diameter of equal to or less than 10 microns. Exposure to PM₁₀ in particular, poses a definite risk to human health, because it is more likely to be inhaled, and the fine fraction of PM₁₀ (i.e., PM_{2.5}) is respirable, and may reach the alveolar region of the lung [30,31]. PM, almost regardless of source, has detrimental health

effects [23]. Particles can either be directly emitted into the air (primary PM) or be formed in the atmosphere from gaseous precursors such as SO₂, NO_x, ammonia, and non-methane volatile organic compounds (secondary particles). Anthropogenic sources of primary PM include combustion engines (both diesel and gasoline), solid-fuel (coal, lignite, heavy oil, and biomass) and other industrial activities and materials such as building, mining, cement, ceramic, bricks, and smelting [32,33]. Secondary particles are mostly found in fine PM, while soil and dust re-suspension is a contributing source of PM in arid areas, or during episodes of long-range transport of dust [23,34]. The annual variations of PM₁₀ concentrations are shown in Fig. 6. The mean value of PM₁₀ concentration in 2015 was 83.48 µg/m₃, and ranged from 29.8 to 130.1 µg/m₃. In 2016, the mean value of PM₁₀ was 110.98 µg/m₃, and ranged from 63.8 to 250.9 µg/m₃ which is the highest value of PM₁₀ in the found study. While in 2017, the mean value of PM₁₀ was 74.4µg/m₃, and the concentration ranged from 11.6 to 126.9 µg/m₃. PM₁₀ values exceeded the local threshold limit (150 µg/m₃/ 24 hours, Table 2). The maximum value of PM₁₀ concentration was in January, 2016, and it is related to the weather condition, that had a serious effect on the air pollutant concentrations. In general, the concentrations of PM₁₀ during winter are higher than summer, resulting in a higher risk to health during winter. This can cause adverse effects on the human health in the study area.

Pearson's correlation has been applied to air pollutant data in the present study, and the results are illustrated in Table 3. There is a high significant correlation between the studied air pollutants such as CO and PM₁₀ (0.931), NO₂, and O₃ (0.964), NO₂ and SO₂ (0.907), and, PM₁₀ and SO₂ (0.947). Also, there is a medium significant between some other parameters as NO₂ and PM₁₀ (0.724), O₃ and PM₁₀ (0.515), and O₃ and SO₂ (0.763). There is no significance between CO, NO₂ (0.422) and CO, and O₃ (0.167).

Table 3. Pearson's Correlation analysis among air pollutants

	CO	NO ₂	O ₃	PM ₁₀	SO ₂
CO	1				
NO ₂	0.422	1			
O ₃	0.167	0.964**	1		
PM ₁₀	0.931**	0.724*	0.515*	1	
SO ₂	0.765*	0.907**	0.763*	0.947**	1

*. Correlation is medium significant, **. Correlation is high significant

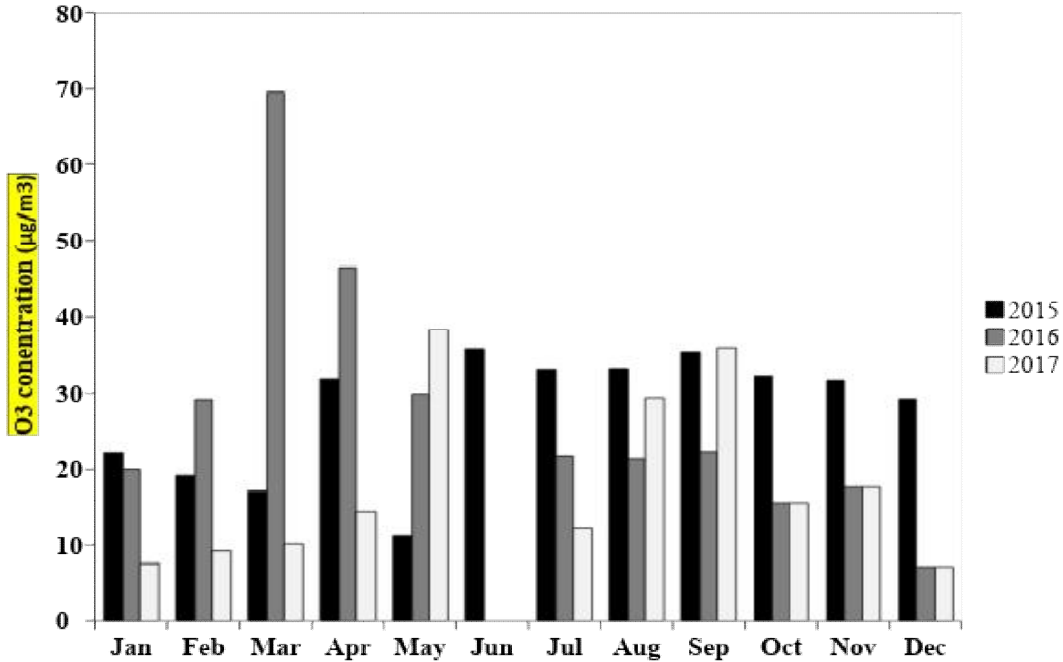


Fig. 5. Annual variation of O₃ concentrations in 2015, 2016 and 2017 at the DP site

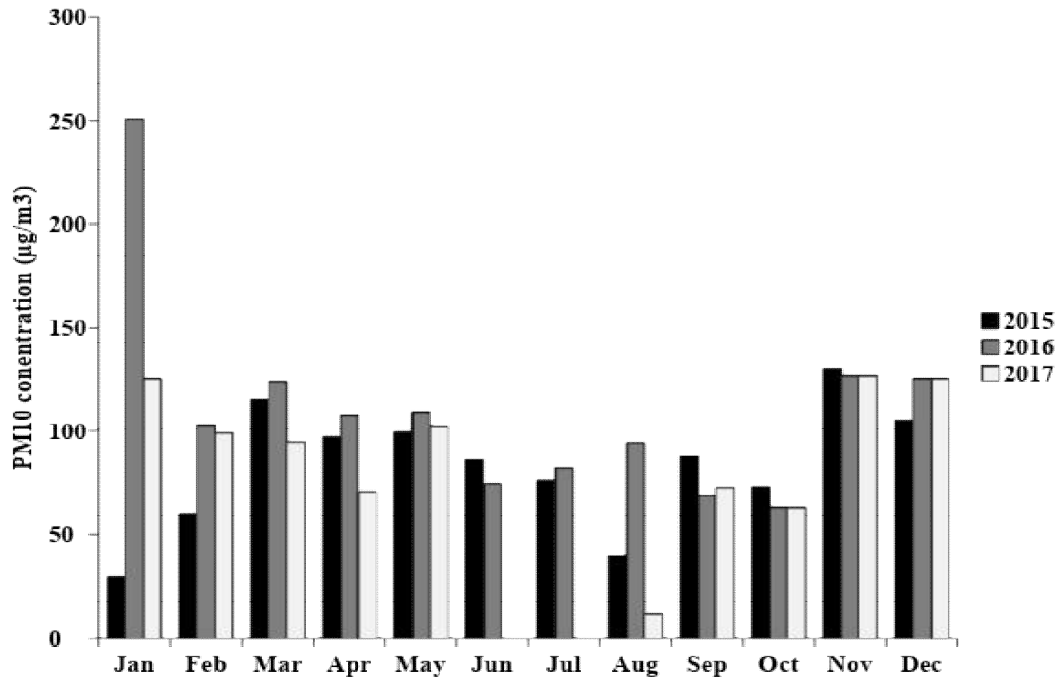


Fig. 6. Annual variations of PM₁₀ concentration in 2015, 2016 and 2017 at the DP site

4. CONCLUSION

Damietta Port is considered one of the marine ports in Egypt that is exposed to various kind of hazards, and this is related to different daily

activities including diesel trucks, servicing cargo, handling equipment, and fueling of ships. CO concentrations increased from 2015 to 2017, due to increased fossil fuel burning related to the high activity of the port. On the other hand, ozone

decreased from 2015 to 2017, and this may be related to improvement of applied safety and environmental rules and systems in the port. From the collected results, some pollutants concentrations exceeded the threshold limit, e.g., CO and PM₁₀, according to the environmental law no. 4/1994. Finally, we recommended monitoring and measurement of the concentration of different air pollutants in the port regularly to assess, analyze, and control environmental risk to achieve occupational health criteria, and safety, for the port workers.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Turaliog˘lu FS, Nuhog˘lu A, Bayraktar H. Impacts of some meteorological parameters on SO₂ and TSP concentrations in Erzurum, Turkey. *Chemosphere*. 2005;59:1633-1642.
2. Goyal P, Sidhartha. Present scenario of air quality In Delhi. A case study of CNG implementation. *Atmospheric Environment*. 2003;37(38):5423–5431.
3. Ozcen HK. Long term variations of the atmospheric air pollutants in Istanbul City. *International Journal of Environmental Research and Public Health*. 2012;9:781-790.
4. Lelieveld J, Evans JS, Fnais M, Giannadaki D, Pozzer A. The contribution of outdoor air pollution sources to premature mortality on a global scale. *Nature*. 2015;525:367–371.
5. Tandon A, Yadav S, Attri AK. City-wide sweeping a source for respirable particulate matter in the atmosphere. *Atmospheric Environment*. 2008;42:1064–1069.
6. Gupta AB. Vehicular air pollution and asthma. *Asthma Sanjeevani*. 1999;5(2):3–5.
7. WHO. Air quality guidelines global update published by World Health Organization; 2005. Available: <http://www.euro.who.int/document/E87950.pdf>
8. Zulu EM, Beguy D, Ezeh AC, Bocquier P, Madise NJ, Cleland J, Falkingham J. Overview of migration, poverty and health dynamics in Nairobi City's slum settlements. *Journal of Urban Health*. Bulletin of the New York Academy of Medicine. 2011;88:185–199.
9. Schwartz J. Air pollution and daily mortality in Birmingham. Alabama. *American Journal of Epidemiology*. 1993;137:1136-1147.
10. Janssen NAH, Fischer P, Marra M, Ameling C, Cassee FR. Short-term effects of PM_{2.5}, PM₁₀ and PM_{2.5-10} on daily mortality in the Netherlands. *Science of the Total Environment*. 2013;464:20-26. Available: <https://www.safework.sa.gov.au/sites/g/files/net4331/f/3.20.5communityworkerswhsguidelines.pdf?v=1524456775>, <http://dspace.knust.edu.gh/bitstream/123456789/4225/1/Sikpa%20Francis%20thesis.pdf>
11. Schwartz J, Slater D, Larson TV, Pierson WE, Koenig JQ. Particulate air pollution and hospital emergency room visits for asthma in Seattle. *American Review of Respiratory Disease*. 1993;147:826-831.
12. Dockery DW, Pope CA. Acute respiratory effects of particulate air pollution. *Annual Review of Public Health*. 1994;15:107-132.
13. Schwartz J, Morris R. Air pollution and hospital admissions for cardiovascular disease in Detroit, Michigan. *American Journal of Epidemiology*. 1995;142:23-35.
14. Balogun VS, Orimoogunje OO. An assessment of seasonal variation of air pollution in Benin City. Southern Nigeria. *Atmospheric and Climate Sciences*. 2015;5:209–218.
15. Nowak DJ, Hirabayashi S, Doyle M, McGovern M, Pasher J. Air pollution removal by urban forests in Canada and its effect on air quality and human health. *Urban Forestry and Urban Greening*. 2018;29:40-48.
16. Holland M. Cost benefit analysis of final policy scenarios for the EU clean air package. The International Institute for Applied Systems Analysis. Laxemburg, Austria; 2014. Available: <http://ec.europa.eu/environment/air/pdf/TSAP%20CBA.pdf>
17. Fierro MA, O'Rourke MK, Burgess JL. The University of Arizona, College of Public Health, Adverse health effects of exposure to ambient carbon monoxide; 2001.
18. Hampson NB, Moon RE. Efficacy of hyperbaric oxygen for carbon monoxide poisoning. *Chest*. 2018;153(3):764.
19. Chen R, Samoli E, Wong CM, Huang W, Wang Z, Chen B, Kan H. Associations between short-term exposure to nitrogen

- dioxide and mortality in 17 Chinese cities: The China air pollution and health effects study (CAPEs). *Environmental International*. 2012;45:32–38.
20. Qiu H, Tian LW, Pun VC, Ho KF, Wong TW, Yu IT. Coarse particulate matter associated with increased risk of emergency hospital admissions for pneumonia in Hong Kong. *Thorax*. 2014;69:1027–1033.
 21. Qiu H, Yu ITS, Tian L, Wang X, Tse LA, Tam W, Wong TW. Effects of coarse particulate matter on emergency hospital admissions for respiratory diseases: A time-series analysis in Hong Kong. *Environmental Health Perspective*. 2012;120:572–576.
 22. Ling Z, Huang T, Zhao Y, Li J, Zhang X, Wang J, Lian L, Mao X, Gao H, Ma J. OMI-measured increasing SO₂ emissions due to energy industry expansion & relocation in Northwestern China. *Atmospheric Chemistry and Physics*. 2017;17:9115–9131.
 23. WHO. Review of evidence on health aspects of air pollution - REVIHAAP Project. World Health Organization Regional Office for Europe. Copenhagen, Denmark; 2013.
Available:http://www.euro.who.int/__data/assets/pdf_file/0004/193108/REVIHAAP-Final-technical-report-final-version.pdf
 24. EPA. Air quality criteria for carbon monoxide. Report on United States Environmental Protection Agency Office of Research and Development. Washington, DC; 2000.
Available:https://ofmpub.epa.gov/eims/eimscomm.getfile?p_download_id=523419
 25. Atkinson R. Atmospheric chemistry of VOCs and NOx. *Atmospheric Environment*. 2000;34:2063–2101.
 26. Monks P, Archibald A, Colette A, Cooper O, Coyle M, Derwent R, Fowler D, Granier C, Law K, Mills G, Stevenson D, Tarasova O, Thouret V, Von Schneidemesser E, Sommariva R, Wild O, Williams M. Tropospheric ozone and its precursors from the urban to the global scale from air quality to short-lived climate forcer. *Atmospheric Chemistry and Physics*. 2015;15:8889–8973.
 27. WHO. Health aspects of air pollution with particulate matter, Ozone and Nitrogen Dioxide. Report on a World Health Organization Working Group, Bonn, Germany; 2003.
Available:http://www.euro.who.int/__data/assets/pdf_file/0005/112199/E79097.pdf
 28. Butler T, Lawrence M, Taraborrelli D, Lelieveld J. Multi-day ozone production potential of volatile organic compounds calculated with a tagging approach. *Atmospheric Environment*. 2018;45:4082–4090.
 29. EPA. Integrated science assessment of ozone and related photochemical oxidants. Report on United States Environmental Protection Agency Office of Research and Development. Washington; 2013.
Available:<http://cdn.moms-cleanairforce.org/wp-content/uploads/2015/05/Ozone-2013-ISA-Executive-Summary.pdf>
 30. Franchini M, Mannucci PM. Short-term effects of air pollution on cardiovascular diseases. Outcomes and mechanisms. *Journal of Thrombosis and Haemostasis*. 2007;5:2169–2174.
 31. Franchini M, Mannucci PM. Thrombogenicity and cardiovascular effects of ambient air pollution. *Blood*. 2011;118:2405–2412.
 32. Schwarze PE, Ovreik J, Lag M, Refsnes M, Nafstad P, Hetland RB, Dybing E. Particulate matter properties and health effects. Consistency of Epidemiological and Toxicological Studies. 2006;25:559–579.
 33. Franchini M, Mannucci PM. Impact on human health of climate changes. *European Journal of Internal Medicine*. 2015;26(1):1–5.
 34. Vanos JK, Hebborn C, Cakmak S. Risk assessment for cardiovascular and respiratory mortality due to air pollution and synoptic meteorology in 10 Canadian cities. *Environmental Pollution*. 2014;185:322–332.

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