

Interim Report

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Airborne Fine Particulates in the Environment: A Review of Health Effect Studies, Monitoring Data and Emission Inventories

Matthias Koch

Approved by

Markus Amann

Project Leader

Transboundary Air Pollution Project

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Abstract

Airborne fine particles are a mixture of various components and are emitted by different sources. Short-term and long-term epidemiological studies have associated fine particles with adverse health effects, excess mortality, respiratory and cardiovascular diseases. There are indications that the health effects are more associated with the fine fraction of PM₁₀ and with ultrafine particles ($< 0.1 \mu\text{m}$) than with the coarse fraction. Recently, diesel exhaust and vehicular emissions have been identified in epidemiological studies as important factors for explaining adverse health effects of fine particles; there are also indications for a biological mechanism. For acid aerosols and sulfate particles, a biological mechanism is proposed in the literature, but results from epidemiological studies are not entirely conclusive. Commonly, no threshold is found and a linear dose-response relationship is proposed.

The spatial and temporal distribution of fine particle levels may vary substantially. Low PM₁₀ levels are found in remote areas at about $10 \mu\text{g m}^{-3}$, heavily polluted urban areas may reach $100 \mu\text{g m}^{-3}$ on average. PM_{2.5} ($< 2.5 \mu\text{m}$ in diameter) commonly comprises 60 % of PM₁₀. Fine particles are emitted as primary pollutants and are also formed during secondary processes in the atmosphere, i.e., through the oxidation of SO₂, NO_x and VOC emissions. Fine particles are modeled deductively and inductively, i.e., via dispersion and receptor models, respectively. Emission inventories are still in an early stage and need careful consideration of adequate emission factors and other assumptions.

In urban areas, traffic is usually an important source of fine particles, although locally the situation can be dominated by emissions from local industries. For remote areas, where local sources are absent, regional and transboundary sources may be prevalent. We hypothesize that vehicular emissions and particularly diesel exhaust are likely to be important, if not the major, factors for the adverse health effects associated with fine particles.

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About the Author

Matthias Koch studied environmental science at Technische Universität Berlin (Germany), Edinburgh University (Scotland/UK) and Umeå Universitet (Sweden). He was a consultant with Prognos AG in Basel (Switzerland). At present, he is a research scientist at Technische Universität Berlin. His research interests focus on environmental pollutants, particularly source identification, flow analysis, integrated modeling and reduction strategies.

E-mail: matthias.koch@tu-berlin.de

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This work was carried out as part of IIASA's Young Scientists Summer Programme (YSSP) in 1998 and reflects the state of knowledge in 1998.

1. Introduction

It is well known for decades that air pollution causes adverse health effects. During smog periods, substantial amounts of excess deaths were reported, e.g., the London fog episodes (Thurston *et al.*, 1989). The association between high levels of ambient particles and human mortality has been well established in the past.

In the last decades, the emission of total suspended particles (TSP) and ambient levels of TSP have fallen substantially due to the implementation of air pollution control devices, i.e., filters, electric precipitators etc. Thereafter, it was expected that these measures would prevent further human health effects associated with particles. However, since the late 1980's epidemiological studies were published relating mortality and morbidity to ambient levels of fine particles. Most emphasis was then given to the particles with an aerodynamic diameter smaller than 10 μm (PM₁₀).

In several countries (USA, the Netherlands, Sweden, UK), governmental commissions reviewed the evidence of the association between ambient levels of fine particles and human health effects (US-EPA 1996a, Gezondheidsraad 1995, Camner *et al.* 1992, COMEAP 1995). Even though the mechanism of action was not clear, the general conclusion was that ambient levels of airborne fine particles are associated with excess mortality and morbidity. Regulatory measures concerning ambient levels of fine particles were put forward in the US and in the European Union. The World Health Organization-Europe did not recommend specific thresholds in their guidelines, but suggested a continuum of effects with increasing exposure (WHO-Europe, 1995). Table 1 summarizes the air quality standards.

Governments commissioned some large-scale epidemiological studies on the link between air pollutants and human health: the Harvard Six Cities Study in the US and the APHEA and the PEACE projects in Europe. Emission inventories were established. The monitoring of fine particles in the environment was intensified.

Even though PM₁₀ is only a fraction of TSP, it still consists of a mixture of many different constituents. PM₁₀ is emitted by various sources. Established size fractions are: ultrafine particles (diameter < 0.1 µm), the fine fraction of PM₁₀ with an aerodynamic diameter smaller than 2.5 µm (i.e., PM_{2.5}) and the coarse fraction of PM₁₀ with an aerodynamic diameter between 2.5 and 10 µm (PM_{10-2.5}), see Figure 1. The sources of primary particles can be categorized as anthropogenic or biogenic, fugitive emissions.

Table 1 Air quality standards and guidelines for fine particles in various countries¹, in µg m⁻³

Particle size	Time period	USA	NL	Sweden	Brazil	Mexico	WHO	EU proposal	
Reference		US-EPA 1996b	RIVM 1996	Natur-vardsverket 1997	Kretz-schmar 1994	Kretz-schmar 1994	WHO-Europe 1987		
Enforcement								until 2005	until 2010
PM ₁₀	Annual average	50	40	(20)	50			30	20
	Daily average	150	70	100	150	150	70	50	50
PM _{2.5}	Annual average	15							
	Daily average	65							
Particulate strong acidity	Annual average								
	Daily average			10					

Fine particles are divided into primary and secondary particles. Primary particles are emitted by a source as particles and dispersed in the atmosphere without any major chemical transformation. Secondary particles are emitted as gaseous pollutant (e.g., SO₂, NO_x) and react chemically in the atmosphere to form particles. For instance, SO₂ is

¹ The detailed US standards are 15 µg m⁻³ for the 3-year-average of annual arithmetic mean PM_{2.5} concentrations from single or multiple community-oriented monitors, 65 µg m⁻³ for the 3-year average of the 98th percentile of 24-hour PM_{2.5} concentration at each population-oriented monitor within an area, 15 µg m⁻³ for the 99th percentile of 24-hour PM₁₀ concentrations at each monitor within an area, 50 µg m⁻³ for the 3-year average of the annual arithmetic mean concentration.

The EU proposal for the PM₁₀ 24-hour average limit value is not to be exceeded more than 25 times per year until 2005 and more than 7 times per year until 2010.

The Swedish guideline of 20 µg m⁻³ is not an annual average but a half-year average for the winter period October until March.

oxidized to sulfate and forms with ammonia/ammonium ammonium sulfate particles. Fine particles are found to constitute of six major categories (US-EPA, 1996b): sulfates, nitrates, organic carbon, elemental carbon, trace metals, and water. Sulfates and nitrates are mainly secondary particles. For organic carbon, both primary and secondary formation is relevant. Elemental carbon and metals are usually emitted as primary particles. Table 2 gives an overview on the most relevant sources of primary and secondary fine particles.

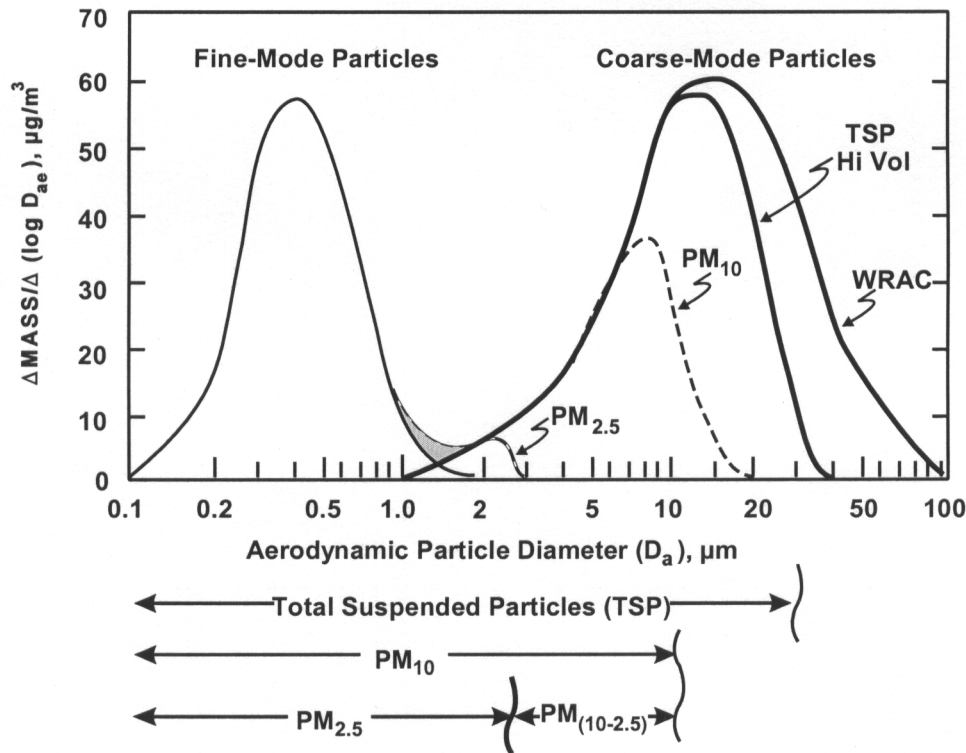


Figure 1 Size distribution of fine particles and fractions collected by size-selective samplers (US-EPA 1996b)

In general, for PM_{2.5} the secondary formation is more relevant than primary emissions. For PM_{10-2.5}, the primary emissions should be considered in more detail than the secondary formation. PM₁₀ is considered more a local and urban scale problem, whereas PM_{2.5} has a much longer residence time and is considered a regional or even a transboundary problem (see Figure 2). PM_{2.5} is highly correlated with PM₁₀ but poorly correlated with PM_{10-2.5} (Wilson and Suh, 1997). The spatial variation is higher for PM_{10-2.5} than for PM_{2.5} (Burton *et al.* 1996).

Table 2 Sources of primary and secondary fine particles

	Transformation process	Sources
Primary particles	-	anthropogenic: fuel combustion, road transport, industrial processes, domestic heating, wood combustion natural: soil dust, sea salt
Secondary particles		
SO_4^{2-}	Oxidation of SO_2	Fossil fuel combustion, volcanic emissions
NO_3^-	Oxidation of NO_x	Fossil fuel combustion, vehicle exhaust
NH_4^+	Reduction of NH_3	Animals, sewage, motor vehicles
Elemental carbon	-	Motor vehicle exhaust, wood burning
Organic carbon	- / Oxidation of hydrocarbons	Chemical use, vegetation, motor vehicles

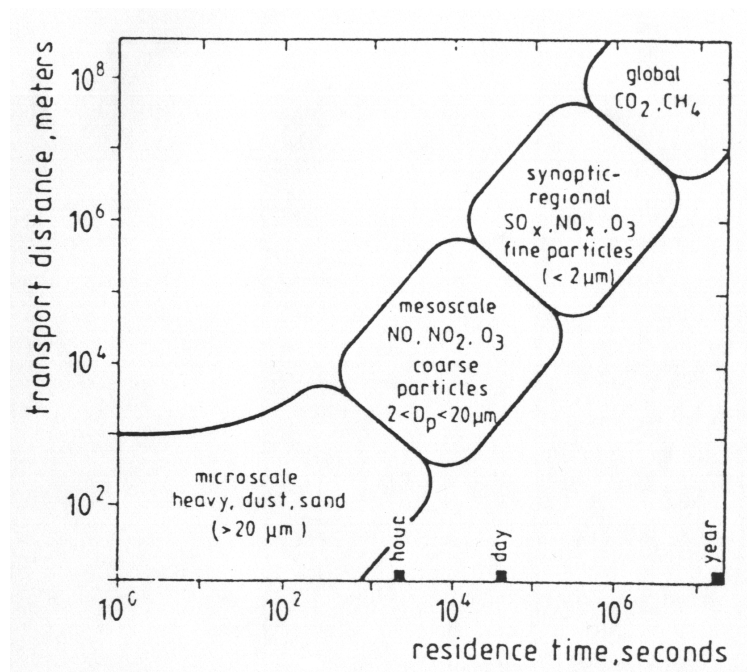


Figure 2 Travel distance and residence time of particles and gaseous pollutants (from: van Houdt 1990)

2. Health Effects

Health effects of fine particles are of concern in many countries, and a number of national review boards were established. Associations like the American Thoracic Society and the Air & Waste Management Association have set up communities or have commissioned reviews (N.N., 1996; Vedal, 1997). Several reviews are published in the scientific literature (Schwartz 1994a; Dockery and Pope 1994; Pope et al. 1995a; Ostro 1993).

Most of these commissions and reviews concluded that (i) there is an association between ambient levels of fine particles and human health effects, (ii) that this association is statistically significant, and (iii) that it can not be explained by confounding factors, even though the mechanism of action is not yet known and the specific constituent causing these effects has not yet been clearly identified.

Several dozens of epidemiological studies on the health effects of fine particles are published. In these studies, the population or subgroups, like the elderly, children or people with pre-existing illnesses, were investigated. The end points considered were mortality or morbidity, particularly respiratory and cardiovascular diseases. These were related to ambient levels of airborne fine particles, measured at one or several monitoring sites.

These studies were either conducted as short-term study, comparing time series of pollutant levels and health effects, or long-term studies, i.e., cross-sectional studies, comparing the effects and the factors between regions. Figure 3 gives an overview on the relevant aspects of these studies. Because usually only one aspect in each of the three groups was investigated, the results of these studies can not easily be compared.

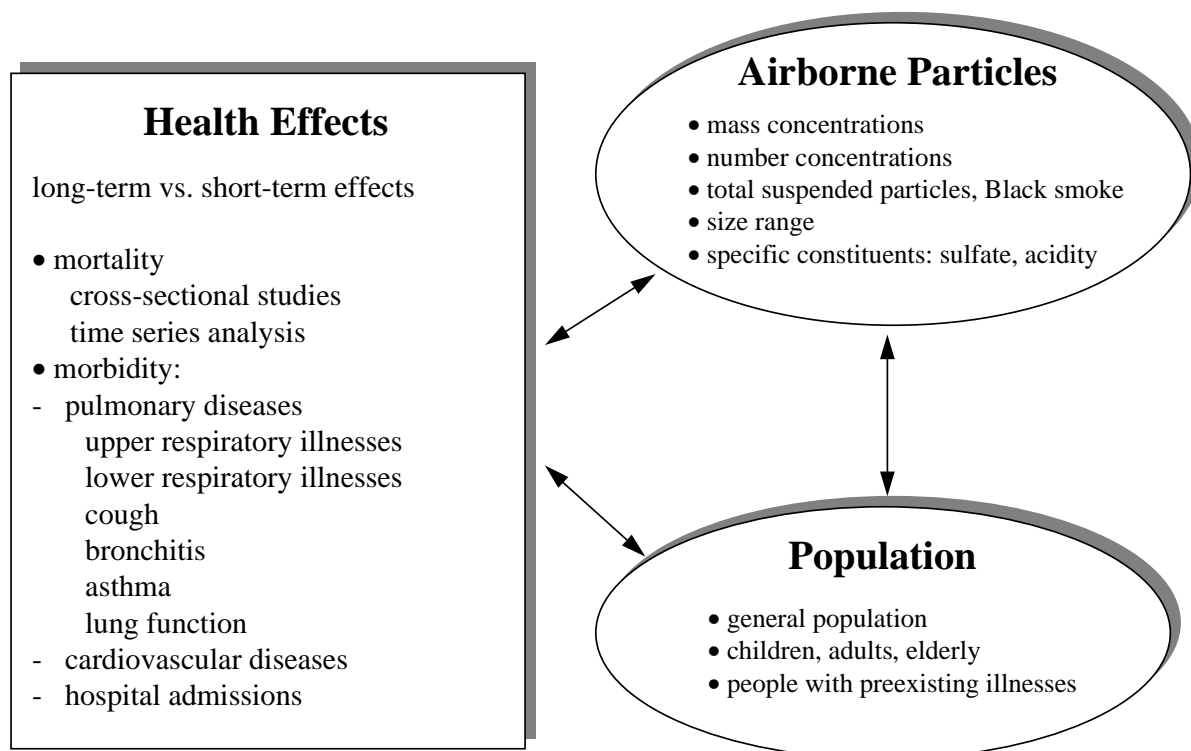


Figure 3 Structure and measurement scope of epidemiological studies

Numerous studies have been undertaken in North America, and some are available from Europe. The knowledge from Latin America and particularly from Asia is rather limited. Dockery and Pope (1994) reported a statistically significant 1 % increase (95 % confidence interval (CI): 0.7 %, 1.6 %) in daily mortality for each $10 \mu\text{g m}^{-3}$ increase in PM10 concentration in North America. No threshold was found. In the European APHEA project, the corresponding value was a 2 % increase (95 % CI: 1%, 3 %) in daily mortality for a $50 \mu\text{g m}^{-3}$ increase in PM10 concentrations (Katsouyanni *et al.*, 1997). The European PEACE project did not find a significant association between PM10 levels and the short-term changes in the health status of children with chronic respiratory symptoms (PEACE, 1998).

Several Latin American studies confirmed the associations of human health effects with ambient levels of airborne particulate matter (Ostro *et al.*, 1996; Saldiva *et al.*, 1995; Borja-Aburto *et al.*, 1997; Romieu *et al.*, 1996; Romieu and Borja-Aburto, 1997), but not all studies (Saldiva *et al.*, 1994). In Asia, epidemiological research in this field is sparsely available. When extrapolating the American results, the excess mortality due to PM10 for the regions of Kathmandu Valley, Jakarta, Manila, and Mumbai was estimated 85, 4500, 1300, and 2765 cases, respectively (World Bank 1997a, b, c, d).

2.1 The Overall Evidence

The strength of the evidence, relating human health effects to airborne particles, has been discussed extensively in the scientific literature (Vedal 1997 and comments, Moolgavkar and Luebeck, 1996; Gamble and Lewis, 1996; Moolgavkar *et al.* 1995a; Dockery and Schwartz, 1995; Moolgavkar *et al.*, 1996; Moolgavkar *et al.* 1995b; Lipfert and Wyzga, 1995; Samet *et al.* 1998; Moolgavkar 1994; Kaiser 1998). The major criticism addressed the question of inadequate adjustment for confounding factors, i.e., weather and climate, co-pollutants and age. It was also criticized that the monitoring data inadequately represents the population exposure, that the biological mechanism of action is still not known and that earlier exposures could disturb the investigation, i.e., if the population had already been exposed to particles before the epidemiological study started.

The value of epidemiological studies can be limited because of deficiencies in controlling the effect of confounding co-pollutants, that show either a high correlation or that have not been measured at all (Moolgavkar and Luebeck, 1996). In time-series studies, it is not an easy task to distinguish the effect of one pollutant from the effect of other pollutants, when they are highly correlated. This can be the case for other air pollutants, i.e., SO₂, NO_x, ozone, CO. Particularly ultrafine particles and PM_{2.5} are usually well correlated with SO₂. In cross-sectional studies, this is less problematic when comparing regions with very different pollutant levels. In several US communities with low sulfur dioxide and ozone concentrations e.g., Utah Valley (Pope, 1996), the association between fine particle pollution and human health was still significant and could not be explained by confounding co-pollutants (Dockery and Schwartz, 1996).

The effect of temperature, weather and climate on mortality has been known for a long time (Ellis, 1972). The epidemiological studies on the association between airborne fine particles and mortality have been criticized because of inadequately addressing the effect of weather on mortality (Gamble and Lewis, 1996; Lipfert and Wyzga, 1995; Moolgavkar and Luebeck, 1996; Pope and Kalkstein, 1996). Samet *et al.* (1998) showed that applying alternative approaches to control for temperature and weather had little effect on the association between mortality and air pollution. It was also shown that the association was independent of the region for different climate and weather characteristics (Schwartz 1993).

Two major factors can disturb the extrapolation from central monitoring data to personal exposure. The spatial distribution of the pollutant within one study area may not be represented appropriately by relying on central monitoring data. This is of particular concern for the coarse fraction of PM₁₀, where spatial variability is known to be higher than for the fine fraction (Lipfert and Wyzga, 1997). Because human beings spend most of the time indoors rather than outdoors, indoor concentrations are much more relevant than outdoor concentrations. The indoor-outdoor relationship and the infiltration rates were discussed in detail by Wilson and Suh (1997). All these factors will increase the error when assuming that central monitoring data represent population exposure adequately. This is particularly problematic for the coarse fraction of PM₁₀.

Emphasizing the missing or inadequately addressed confounding factors is in the sense convincing that noise in the epidemiological data and uncertainties still need to be kept in mind, but it is not convincing in the sense that the observed effects can only be explained by confounding factors. Finally, it remains a political question how strong the evidence needs to be until action is taken and how much uncertainty is still accepted.

2.2 Size Ranges

Because PM₁₀ and total suspended particles (TSP) consist of a broad mixture of primary and secondary particles from various sources with different kinds of properties, the identification of the specific size range and constituents most likely to be associated with the observed health effects was and still is a critical task.

When investigating the role of PM_{2.5}, PM_{10-2.5}, sulfate and acidic particles within the Harvard six cities study, Schwartz *et al.* (1996) found that the daily mortality was much more associated with the fine fraction (PM_{2.5}) than with the coarse fraction (PM_{10-2.5}). A similar weaker association was also found for sulfate particles, but not for H⁺ concentrations. Lipfert and Wyzga (1997) and White (1998) criticized these findings of being biased by differential measurement errors, i.e., that the measurement error for the coarse fraction is substantially higher than for the fine fraction and that this would lead to misattribute effects of coarse particles to fine particles. But this effect was only discussed qualitatively without quantifying the effects.

The effect of fine and ultrafine particles on the respiratory system of asthmatics was investigated in a German study by Peters *et al.* (1997) and in a Finnish study by Pekkanen *et al.* (1997). A size range between 0.01 µm to 10 µm was considered. Peters *et al.* (1997) showed that a decrease in morning peak expiratory flow was best associated with the concentration of ultrafine particles (0.01 – 0.1 µm), particularly with their number concentration. Pekkanen *et al.* (1997) observed a statistically significant association for PM₁₀ and black smoke, but not for the smaller size fractions. It was suggested that this difference might be explained by the difference in their sources. In the German city of Erfurt, combustion of brown coal was the major particle source, whereas in Kuopio (Finland) traffic exhausts were dominating.

There is some indication that human health effects are more associated with the fine fraction than with the coarse fraction and that specifically the ultrafine particles - as hypothesized by Seaton *et al.* (1995) - are of major concern, but some uncertainty on the size range mainly responsible remains.

2.3 Constituents

Fine particles do not only vary in size but also in their constituents, chemical composition, physical properties etc. There are less epidemiological studies available having measured particle constituents compared to the number of studies without information on particle constituents. Sulfate and acidity are covered in some studies, other constituents like metals and diesel exhaust or a comparison of crustal vs. combustion related particles have rarely been studied.

The acidity of fine particles was the constituent most frequently investigated (US-EPA 1996b; Vedal 1997). Investigations of historical air pollution episodes showed an association between acid aerosol concentrations and mortality (Thurston *et al.*, 1989). The association between particulate acidity and human health effects was shown for several types: the peak expiratory flow of children (Raizenne *et al.*, 1996), respiratory hospital admissions (Thurston *et al.*, 1994), emergency room visits of children (Delfino *et al.*, 1997). Other studies did not find a significant association for the respiratory symptoms of children (Schwartz *et al.*, 1994), and mortality (Dockery *et al.*, 1992, Schwartz *et al.*, 1996). The US-EPA (1996b) concluded that chronic exposure might have effects on the respiratory system of children. The overall picture is not very clear, particularly whether or not acidity plays an important role in the health effects of fine particles. Because of the high correlation to PM_{2.5} in time series studies, it is particularly difficult to clearly distinguish these from each other.

Sulfate has shown positive and statistically significant associations with the respiratory health (Lippmann and Thurston, 1996). Several studies in Canada and the US have shown the effect of sulfate on human health: on mortality (Schwartz *et al.*, 1996, Pope *et al.*, 1995b, Dockery *et al.*, 1993), on hospital admissions (Burnett *et al.*, 1995, Burnett *et al.*, 1994), on respiratory health of children (Dockery *et al.*, 1996, Dockery *et al.*, 1989) and on emergency room visits (Delfino *et al.*, 1997). A Dutch study did not show an association with acute respiratory symptoms in children (Hoek and Brunekreef, 1995). Although an association between sulfate and respiratory illnesses seems well documented, a related cause-effect relationship may be flawed by the strong correlation with PM_{2.5} and acidity. A biological mechanism was proposed for acidity, but not yet for PM_{2.5}.

Diesel exhaust may cause human illnesses, including cancer (Cox 1997; Bhatia *et al.*, 1998; Pott and Roller, 1997). Recent investigations in the Netherlands found an association between living distance from motorways or other streets with high traffic density and respiratory symptoms in children (Oosterlee *et al.*, 1996; Wjst *et al.*, 1993; Duhme *et al.*, 1996). A British study did not show an association between proximity to a motorway and asthma in children (Waldron *et al.*, 1995). At a living distance less than 100 m (van Vliet *et al.*, 1997) and 300m (Brunekreef *et al.*, 1997) from a motorway, significantly more chronic respiratory illnesses in children were reported. The lorry traffic density, but not the passenger traffic density, on a motorway was significantly associated with respiratory symptoms in children (de Hartog *et al.*, 1997; Brunekreef *et al.*, 1997).

Diesel exhaust is a most convincing constituent of fine particles associated with adverse health effects. Toxicological tests also showed respiratory diseases caused by diesel exhaust, even though these were not necessarily identical to those effects found in the epidemiological studies. The majority of epidemiological studies also supports that sulfate particles are associated with adverse health effects, but no biological mechanism is yet available and a high correlation to fine or ultrafine particles may be responsible instead. Particulate strong acidity has been shown to affect human health at high levels in the past, but whether this holds true for lower concentration levels observed now is not clear.

2.4 Biological Mechanism

When investigating cause effect relations of exposure-related health issues, epidemiological studies are a very useful tool for identifying possible associations. However, for obtaining evidence also toxicological studies should be taken into account. The accurate simulation of ambient fine particles in toxicological studies is a challenge because they are a mixture of different components with broad toxicological characteristics and composed of various sources. The goal of the toxicological studies would be to identify specific components or sources that are mainly responsible for the health effects. Ultrafine particles, acidic sulfates as well as diesel exhaust and vehicular emission have been brought forward (Schlesinger, 1995). Oberdörster *et al.* (1995) found that ultrafine particles below a diameter of 0.1 μm caused increased pulmonary inflammatory responses in animal studies. Acidic sulfates have been shown in animal studies to induce nonspecific airway hyperresponsiveness (el-Fawal and Schlesinger, 1994) and other pulmonary effects (Amdur and Chen, 1989). Diesel exhaust and other vehicular emissions cause lung function deficiencies in human and animals (Mauderly, 1994; Scheepers and Bos, 1992a and 1992b). Fine particles from vehicular sources had a higher mutagenic effect than samples from other sources (Bronzetti *et al.*, 1997; Stevens *et al.*, 1990). When comparing these three components, it remains unclear which of these is closest to the effects shown in epidemiological studies. The specificity of the effects found in epidemiological studies was best seen for acidic sulfate. For diesel exhaust and vehicular emissions, toxicological effects were also shown for „real world“ samples.

2.5 Thresholds, Dose Response Relationship and Health Costs

For the development of abatement strategies it is important to understand dose-response relationships and, if possible, define appropriate critical levels below which effects do not occur according to present knowledge. Several studies found health effects even at low ambient levels of particles (Brandli, 1996; Hoek *et al.*, 1997; US-EPA 1996b). No threshold at all or, if any, below common ambient levels was concluded in a number of studies (Schwartz, 1993; Schwartz, 1994b; Wordley *et al.*, 1997; Brandli, 1996; Hoek *et*

al., 1997). The dose-response relationship was commonly found to be linear (Pope and Kalkstein, 1996; Schwartz 1994b; Wordley *et al.*, 1997; Hoek *et al.*, 1997). The WHO-Europe did not recommend a guideline value but suggested instead an exposure-response approach (WHO-Europe, 1995).

The health effects associated with fine particles also affect the society and the economy. Adverse productivity effects on labor force, particularly sickness leaves, have been found for Norway (Hansen and Selte, 1997; Rosendahl, 1998). Excess mortality and morbidity results in higher costs for health services. Pearce and Crowards (1996) estimated for the UK 7000 deaths annually and £14 billion annual health costs attributed to anthropogenic PM10. In the United States, the enforcement of the new PM2.5 standard is estimated to bring health benefits in the order of \$32 billion annually (Ostro and Chestnut, 1998). Globally, 8 million additional deaths between 2000 and 2020 were estimated when comparing a business-as-usual and a climate change control policy (N.N. 1997). The link between climate change policy and excess mortality was obtained through the emission reductions of particulate matter and their health effects.

Overall, the emission control of fine particles does not only impose additional costs to industry and other emission generating economic sectors but will also have positive economic effects in terms of health benefits and reduced sickness leaves for the economy and society as a whole.

3. Monitoring of Particulate Concentrations in the Atmosphere

Present efforts for monitoring of fine particles is not evenly distributed throughout the world. TSP measurements are readily available in most countries. By using relative ratios, i.e. the proportion of specific size ranges relative to TSP, levels of PM₁₀ and PM_{2.5} have been estimated. Instead of applying this approach, we reviewed the literature about direct measurements of PM₁₀, PM_{2.5} and their constituents throughout the world.

Until the late 1980's, most of PM monitoring was done in North America; while much less is available from other continents. Because the analytical techniques were not very well developed until then, these studies are not outlined in detail here. Instead, the studies published since the beginning of the 90's are discussed in detail, focussing on Europe, Latin America and Asia, where the amount of research in this field is still limited. Finally, a general overview about the observed levels of fine particles in the environment, the temporal variation, their components, the contributing sources and the modeling approaches is given.

3.1 Europe

Until recently, continuous monitoring of fine particles is established only in a few European countries. In 1999, however, the EU Air Quality Daughter Directive on SO₂, NO₂, particulate matter and lead (99/30/EC) obliged countries to regularly monitor PM levels and to report to the European Commission.

In the present data, PM₁₀ measurements are much more common than measurements of PM_{2.5} or specific constituents. The UK is monitoring PM₁₀ at 16 sites since 1995 (QUARG, 1996) and at some more sites since 1998. PM_{2.5} is measured at four sites since the beginning of 1998. In Norway, Sweden and the Netherlands PM₁₀ was monitored for some years at several sites, particularly in urban areas. In Germany, the state Baden-Württemberg is monitoring PM₁₀ at four sites and PM_{2.5} at one site since 1996/97 (Siegel, 1998).

When the PEACE study was undertaken, PM₁₀ levels were measured at twelve urban and control locations in various countries in Europe during the winter of 1993-94. The observed average concentrations during this period were between 11 and 99 $\mu\text{g m}^{-3}$ (see Table 3). Lowest values were observed in Scandinavia, with PM₁₀ concentrations between 10 and 20 $\mu\text{g m}^{-3}$. In Germany and the Netherlands concentrations between 33 and 52 $\mu\text{g m}^{-3}$ were measured. In Central Europe (i.e., Czech Republic, Poland and Hungary) up to 74 $\mu\text{g m}^{-3}$ were measured. In southern Europe, the observed average concentrations were between 50 and 99 $\mu\text{g m}^{-3}$.

Table 3: European PM10 levels in winter 1993-94, in $\mu\text{g m}^{-3}$ (PEACE 1998)

	Urban location	Control location
Umea, Sweden	13.4	11.5
Southern Sweden	22.9	16.2
Kuopio, Finland	17.7	13.0
Oslo, Norway	19.3	11.2
Amsterdam, The Netherlands	45.3	44.4
Berlin, Germany	52.3	43.0
Eastern Germany	40.3	32.9
Teplice, Czech Republic	74	32
Prague, Czech Republic	52.7	49.6
Katowice, Poland	68.7	73.8
Krakow, Poland	60.1	56.1
Hungary	60.9	52.1
Pisa, Italy	61.8	69.5
Athens, Greece	98.8	50.0

The monitoring data from selected European studies are summarized in Table 4.

Table 4 Concentrations of fine particles in Europe, in $\mu\text{g m}^{-3}$

Location	Rome, Italy	Norwich, UK	Ljubljana, Slovenia	Erfurt, Germany	Birming- ham UK	Switzer- land	Wage- ningen, Nether- lands	Arnhem, Nether- lands	Erfurt, Ger- many	Sokolov, former CSSR	Nether- lands
Source	D'Innocenzio 1998	Nicholson and Davies 1990	Bizjak <i>et al.</i> 1988	Tuch <i>et al.</i> 1997	Harrison <i>et al.</i> 1997	Monn <i>et al.</i> 1995	Janssen <i>et al.</i> 1997		Cyrus <i>et al.</i> 1995		RIVM 1996
TSP	52										
PM10	37				20	10 (alpine) 33 (urban)	39 (street) 32 (back- ground)	75 (street) 62 (back- ground)	60	54	35 (Range of mean con- centrations from 10 monitoring sites)
PM10-2.5	16										
PM2.5	22			74	16		43 (street) 35 (back- ground)				
H ⁺									0.3	0.4	
SO ₄ ²⁻		8 - 12	30 – 80						9.8	8.9	
Details	urban air, 44 samples, 1 sampling site		winter period								

In 1993-94, the annual average PM10 concentrations at the continuous monitoring sites in the UK were usually 20 – 34 $\mu\text{g m}^{-3}$, with slightly higher concentrations at sites with large traffic densities and domestic coal burning. Maximum hourly concentrations reached several hundred $\mu\text{g m}^{-3}$.

Harrison *et al.* (1997) monitored PM10 and PM2.5 in Birmingham (UK) and investigated major sources between October 1994 and October 1995. The mean PM10 concentrations were approximately 20 $\mu\text{g m}^{-3}$ at three sites in the city center, at a background site and close to a motorway; i.e. the PM10 concentrations were essentially similar at all three sites. The mean PM2.5 concentration at the site close to the motorway was 16 $\mu\text{g m}^{-3}$. PM10 mainly consisted of three distinct components: Primary vehicular emissions, secondary pollutants and wind blown dust. Vehicle exhaust contributed 32 % of PM10, 41 % of PM2.5 and negligible to the coarse fraction. The fine fraction was primarily derived from vehicle emissions and secondary aerosols. The coarse fraction was mainly composed of re-suspended dust. In winter, particulate pollution episodes were primarily related with elevated levels of the fine fraction from vehicular emissions, whereas summer episodes were more related to wind-blown dust affecting the coarse fraction.

Nicholson and Davies (1990) analyzed sulfate particles and SO₂ sampled in Norwich (UK) over a period of nine months. Mean sulfate concentrations were 8 – 12 $\mu\text{g m}^{-3}$ for the five sites. The results indicate that a distinct proportion of the SO₄²⁻ has been transported via long distances from the east.

In Sweden, PM10 was measured by the Swedish Environmental Protection Agency and by Stockholm University. The observed half-year averages were about 15 $\mu\text{g m}^{-3}$ with maximum daily averages of 30 – 60 $\mu\text{g m}^{-3}$ from 1993 until 1997 (Naturvardsverket, 1997). The diurnal profile shows that during summer the highest concentrations occur around noon, the minimum concentrations are reached in the night around 3 a.m. During winter, the diurnal variation is less pronounced (Areskoug *et al.*, 1995).

Annema *et al.* (1996) reviewed the research and monitoring of fine particles in the Netherlands during 1994. The overall mean PM10 concentration was 35 $\mu\text{g m}^{-3}$, ranging between 30 and 42 $\mu\text{g m}^{-3}$ at each of the 10 monitoring stations between February 1992 and July 1993. During winter daily mean concentrations reached more than 100 $\mu\text{g m}^{-3}$, but very rarely in summer. No substantial diurnal cycle was found. The one hour concentrations were considerably higher at low wind speed compared to higher wind speed. The fine particles consisted of primary particles (25 – 30 %), secondary nitrate (25 – 30 %), secondary sulfate (15 – 20 %) and ammonium (15 – 20 %). Neighboring countries contribute substantially to the ambient levels in the Netherlands: Germany (35 %), Belgium, France, and the UK (10 % each). The Netherlands itself contributed only 20 %.

Janssen *et al.* (1997) investigated the effect of traffic on the levels of PM10 and PM2.5 by comparing the levels near a busy road and a background location in the Netherlands during 1994. In Arnhem, PM10 average concentrations of 75 $\mu\text{g m}^{-3}$ and 62 $\mu\text{g m}^{-3}$ were measured at street sites and background sites, respectively. The corresponding PM2.5 average concentrations were 43 $\mu\text{g m}^{-3}$ and 35 $\mu\text{g m}^{-3}$, respectively. In Wageningen, PM10 average concentrations were 39 $\mu\text{g m}^{-3}$ and 32 $\mu\text{g m}^{-3}$ for the street and

background samples, respectively. The levels in the street samples were generally 30 % higher than in the background samples. The greater part of this difference for the PM_{2.5} could be related to elemental carbon. This emphasizes the role of diesel exhaust emissions.

Kainka *et al.* (1997) measured PM₁₀ and PM_{2.5} at four locations in Germany. Single particle analysis revealed that surrounding sources were reflected in the coarse fraction whereas soot particles and soot agglomerates were more or less present in all locations.

Brand *et al.* (1991) measured the particle mass and number concentrations of the size range 0.01 – 25 µm at a remote site and at an urban site in Germany. The particle number concentration was about 5000 cm⁻³ and 32000 cm⁻³ at the remote site and at the urban site, respectively; the corresponding mass concentrations were 38 µg m⁻³ and 71 µg m⁻³, respectively. The particle number concentration was higher at the urban site below a particle diameter of 2 µm and higher at the remote site above 2 µm.

Tuch *et al.* (1997) measured particle mass and number concentrations of the size range 0.01 – 2.5 µm for a period of 180 days during the winter 1991/92 at a site in eastern Germany, which is directly influenced by brown coal combustion. The particle number concentration was 18000 cm⁻³. It was dominated by the fraction smaller than 0.1 µm (72%). The size range of 0.1 - 0.5 µm governed the particle mass concentration (83%), the mass concentration was 74 µg m⁻³. The mass and number concentrations were poorly correlated.

Cyrus *et al.* (1995) measured sulfate, acidity, and PM₁₀ concentrations in Erfurt (Germany) and Sokolov (Czech Republic) from December 1990 until June 1992. The mean PM₁₀ concentrations were 60 µg m⁻³ and 54 µg m⁻³, the mean SO₄²⁻ concentrations 9.8 µg m⁻³ and 8.9 µg m⁻³ and the H⁺ concentrations 0.3 µg m⁻³ and 0.4 µg m⁻³ for Erfurt and Sokolov, respectively.

Monn *et al.* (1995) measured PM₁₀ and TSP at for a period of one year in 1993 urban, rural, and alpine sites in Switzerland. The PM₁₀ concentrations ranged between 10 µg m⁻³ at alpine sites and 33 µg m⁻³ at urban sites. The PM₁₀ concentration showed a good correlation with NO₂ and SO₂ at urban sites, indicating similar emission sources.

D’Innocenzio *et al.* (1998) measured urban air at one monitoring site in Italy for the period October 1995 until September 1996. The concentrations of PM_{2.5} and PM₁₀ were substantially higher during the winter period compared to the summer period, while only little difference was seen for PM_{10-2.5} and TSP. The ratio of PM_{10-2.5}/PM_{2.5} was 0.97 and 0.68 in the winter period and in the summer period, respectively.

Bizjak *et al.* (1988) investigated the sources of sulfate particles in Ljubljana (Slovenia, former Yugoslavia). Three distinct periods were found within the diurnal cycle: (i) heterogeneous, aqueous oxidation of local SO₂ was attributed to the sulfate particles in the morning; (ii) in the evening, sulfate particles were from primary emission; (iii) during the other periods, heterogeneous and homogeneous oxidation of regional SO₂ was responsible.

In Europe, annual average PM₁₀ concentrations were usually around 30 µg m⁻³ and averages in the winter period at about 50 µg m⁻³. In Scandinavia and in remote sites in

Switzerland, concentrations between 10 and 20 $\mu\text{g m}^{-3}$ were measured. Very high concentrations (up to 100 $\mu\text{g m}^{-3}$) were typically found in eastern and southern Europe.

Few measurements of PM_{2.5} have been reported in Europe: 11 – 16 $\mu\text{g m}^{-3}$ as monthly averages in Birmingham (UK), about 40 $\mu\text{g m}^{-3}$ in Arnhem (The Netherlands), 22 $\mu\text{g m}^{-3}$ in Rome (Italy) and 74 $\mu\text{g m}^{-3}$ in Erfurt (Germany). Sulfate concentrations were typically about 10 $\mu\text{g m}^{-3}$. Particle number concentrations were only reported from Germany: 5000 cm^{-3} at a remote site in the North Sea, 32000 cm^{-3} in Frankfurt/Main.

3.2 Latin America

No data from continuous monitoring stations in Latin America were found. We therefore only report single studies from Brazil, Chile, Mexico, and Puerto Rico. Table 5 gives an overview on fine particle monitoring data in Latin America.

Table 5 Concentrations of fine particles in Latin America, in $\mu\text{g m}^{-3}$

Location	Mexico City	Santiago de Chile	Mexico City	Sao Paulo	Sao Paulo
Source	Salazar <i>et al.</i> , 1992	Rojas <i>et al.</i> , 1990	Vega <i>et al.</i> , 1997	Andrade <i>et al.</i> , 1993	Kretzschmar <i>et al.</i> , 1994
Year			1989-90	1989	
TSP			210		
PM ₁₀		100			70-150 (1981) 20-100 (1992)
PM _{10-2.5}	36 / 29	66	96	61	
PM _{2.5}	33 (dry season) 23 (wet season)	34		37.5	

Kretzschmar *et al.*, (1994) reported PM₁₀ levels in several Latin American cities. Average PM₁₀ concentrations of 16 sites in Sao Paulo were between 70 and 150 $\mu\text{g m}^{-3}$ in 1981 and 20 – 100 $\mu\text{g m}^{-3}$ in 1992. The general trend was decreasing; while at some sites there was a dramatic reduction, at other sites there was hardly any change. In Rio de Janeiro, PM₁₀ levels averaged 70 $\mu\text{g m}^{-3}$ during the measurement period in winter 1984.

Salazar *et al.*, (1992) measured the particle concentrations for five size cuts in Mexico City. For the fine fraction (0.49 – 3 μm), 33 $\mu\text{g m}^{-3}$ and 23 $\mu\text{g m}^{-3}$ were measured as geometric mean in the dry and rainy season, respectively. The corresponding concentrations for the coarse fraction (3 μm - > 7.2 μm) were 36 $\mu\text{g m}^{-3}$ and 29 $\mu\text{g m}^{-3}$. The concentration was lowest for the size range 1.5 – 3 μm (about 10 $\mu\text{g m}^{-3}$), much higher for the coarser fractions 3 – 7.2 μm and > 7.2 μm and moderately higher for the finer fractions 0.49 – 0.95 μm and 0.95 – 1.5 μm .

For the winter 1989/1990, Vega *et al.* (1997) investigated the sources of fine particles (PM_{2.5}) in Mexico City. A PM_{2.5} average concentration of 96 $\mu\text{g m}^{-3}$ was measured. The TSP average concentration was 210 $\mu\text{g m}^{-3}$. Major contributors to PM_{2.5} were gasoline vehicles without catalytic converter at approximately 40 %, followed by oil refineries (about 15 %) and re-suspended dust (15 – 20 %). Secondary aerosols (sulfate, nitrate, and organic carbon) contributed about 10 %, 2 – 5 %, and 3 – 5 %, respectively. Heavy-duty diesel vehicles were responsible for approximately 5 %. Because the samples were taken before regulatory action (catalytic converters, closure of a refinery etc.) were put in place, they might not reflect the current situation.

Andrade *et al.* (1993) investigated the sources of fine and coarse mode particles (PM_{2.5}, PM_{15-2.5}) for Sao Paulo, Brazil, by means of receptor modeling. In 1989, mean concentrations of PM_{2.5} and PM_{15-2.5} were 37.5 $\mu\text{g m}^{-3}$ and 61 $\mu\text{g m}^{-3}$, respectively. Combustion of residual oil and diesel, soil dust, and industrial emissions accounted for 41 %, 28 % and 13 % of PM_{2.5}, respectively. For the coarse particles, soil dust, industrial emissions, sea salt, and oil burning were contributing 59 %, 19 %, 14 %, and 8 %, respectively.

Rojas *et al.* (1990) investigated the sources of fine and coarse particles in Santiago de Chile. For the fine fraction (< 2.5 μm) and for the coarse fraction (2.5 – 15 μm), 34 $\mu\text{g m}^{-3}$ and 66 $\mu\text{g m}^{-3}$, respectively, were measured. Secondary sulfate particles were responsible for approximately 50 % of the fine fraction, wood burning/car exhausts and residual oil combustion contributed 25 % and 13 %, respectively.

Infante *et al.* (1990) investigated the particles size distribution in Ponce (Puerto Rico) in 1985 – 1987 for the size ranges > 7 μm , 3.3 – 7 μm , 2 – 3.3 μm , 1.1 – 2 μm , and < 1.1 μm . The corresponding arithmetic mean concentrations were 24 $\mu\text{g m}^{-3}$, 12 $\mu\text{g m}^{-3}$, 5 $\mu\text{g m}^{-3}$, 4 $\mu\text{g m}^{-3}$ and 8 $\mu\text{g m}^{-3}$, respectively. The TSP concentration was dominated by the size fraction > 7 μm , over 75 % of TSP is of the size fraction > 3.3 μm .

Only very few studies on airborne fine particles are available in Latin America. The urban concentrations in Latin America are similar and higher compared to those at urban sites in southern Europe. No measurements from rural sites were available. PM_{2.5} concentrations were about 30 $\mu\text{g m}^{-3}$ in Mexico City and 61 $\mu\text{g m}^{-3}$ in Sao Paulo.

3.3 Asia and Oceania

For Asia, no monitoring data on fine particles from continuous measurements were found. Instead studies from Japan, Taiwan, Indonesia and Saudi Arabia are outlined in the following (see Table 6). A study from Australia is also included here.

Chan *et al.* (1997) investigated levels and sources of airborne particulate matter PM2.5 and PM10 in Brisbane, Australia. The average PM10 concentration of five sites was $27 \mu\text{g m}^{-3}$. For one site PM2.5 and PM10-2.5 in Brisbane were also measured: $7.3 \mu\text{g m}^{-3}$ and $10.4 \mu\text{g m}^{-3}$, respectively. In other Australian cities, PM2.5 concentrations of $8 \mu\text{g m}^{-3}$ and $17 \mu\text{g m}^{-3}$ were found in New South Wales and Footscray (Melbourne), respectively. By using the elemental composition as a source indicator, crustal matter (from local industries, soil etc.), organic matter, sea salt, elemental carbon and ammonium sulfate contributed 25 %, 17 %, 12 %, 10 %, 7 %, to the PM10 concentrations, respectively. The site with high traffic load had a higher content of elemental carbon (17 %) and less crustal matter (18%). In the single PM2.5 sample elemental carbon, organics, Pb/Br and sulfate components were enriched relative to the PM10 samples, whereas sea salt and crustal components were less abundant. Some influence from local sources (traffic, industry) was found, but in general anthropogenic sources were relatively evenly distributed.

Table 6 Fine particle concentrations in Asia and Oceania, in $\mu\text{g m}^{-3}$

Location	Taipei, Taiwan	Riyadh, Saudi Arabia	Brisbane, Australia	New South Wales, Australia	Mel- bourne	Sapporo, Japan	Taiwan
Source	Li <i>et al.</i> , 1993	El- Shobokshy <i>et al.</i> , 1990	Chan <i>et al.</i> , 1997			Kaneyasu <i>et al.</i> , 1995	Chen <i>et al.</i> , 1997
TSP	70- 270						
PM10 or PM15	150	639	27 (five sites)			25	
PM10-2.5 or PM15-2.5		275	10.4 (one site)				30 – 47
PM2.5	86	370	7.3 (one site)	8	17		15 – 48

Kaneyasu *et al.* (1995) investigated the composition of PM10 and its seasonal variation in Sapporo, Japan during an 18-month period in 1987-1988. The PM10 concentrations were about $25 \mu\text{g m}^{-3}$ at two sites. Organic carbon, from direct emissions and from secondary formation, contributed about 17 % to PM10, and elemental carbon, mainly from automobile exhaust and domestic heating, about 14 %. SO_4^{2-} was about 16 % of PM10, NO_3^- were responsible for 4 % of PM10. A seasonal maximum in April/June

indicated the role of tropospheric ozone, i.e., as a nighttime chemical processes. Cl^- , mainly from sea salt, contributed about 2 %.

When investigating the influence of particles of outdoor air on indoor air quality in Taipei, Taiwan, Li *et al.* (1993) measured TSP, PM10 and PM2.5 concentrations in the vicinity of three residences. The average concentrations ($n=29$) were $150 \mu\text{g m}^{-3}$ and $86 \mu\text{g m}^{-3}$ for PM10 and PM2.5, respectively. The indoor concentrations were generally lower than the outdoor concentrations, indicating an infiltration of outdoor air.

Chen *et al.* (1997) investigated the source contribution to PM2.5 and PM10-2.5 at three sites in Taiwan in the period 1992 – January 1994. Mean concentrations for 2-6 day periods were $30 - 47 \mu\text{g m}^{-3}$ and $15 - 48 \mu\text{g m}^{-3}$ for the coarse and the fine fraction, respectively. The main sources for the coarse fraction were soil dust and (paved) road dust (21 – 42 %), burning of agricultural wastes (31 – 40 %), coal and fuel oil combustion (7 – 27 %), and marine aerosols (3 – 11 %). The main sources for the fine fraction were burning of agricultural wastes (31 – 39 %), sulfates (16 – 26 %), coal and oil combustion (11 – 19 %), and diesel exhaust (7.5 – 12 %).

Zou and Hooper (1997) investigated the particle size distribution and the morphology of airborne particles in Jakarta, Indonesia. The size ranges of $0.02 - 0.95 \mu\text{m}$, $0.95 - 1.5 \mu\text{m}$, $1.5 - 3 \mu\text{m}$, $3.0 - 7.2 \mu\text{m}$, $> 7.2 \mu\text{m}$ were associated with 48 %, 9 %, 9 %, 17 %, and 17 % of TSP, respectively. The particles were bimodal lognormal distributed, maxima were at $0.6 \mu\text{m}$ and $6.3 \mu\text{m}$. Zn, Pb, and K were more abundant in the fine fraction. Ca, Si, Al, and Mn were relatively evenly distributed and Na was more abundant in the coarse fraction than the other elements.

Sharma and Patil (1992) investigated the size distribution of airborne particles in Bombay, India. For the size ranges $< 0.1 \mu\text{m}$, $0.1 - 0.2 \mu\text{m}$, $0.2 - 0.4 \mu\text{m}$, $0.4 - 0.8 \mu\text{m}$, $0.8 - 1.6 \mu\text{m}$, $1.6 - 3.2 \mu\text{m}$, $3.2 - 6.4 \mu\text{m}$, $6.4 - 12.5 \mu\text{m}$, $12.5 - 25 \mu\text{m}$, $> 25 \mu\text{m}$ the following mass concentrations were measured: $7 \mu\text{g m}^{-3}$, $13 - 18 \mu\text{g m}^{-3}$, $4 - 8 \mu\text{g m}^{-3}$, $7 - 11 \mu\text{g m}^{-3}$, $8 - 13 \mu\text{g m}^{-3}$, $11.5 \mu\text{g m}^{-3}$, $16 - 21 \mu\text{g m}^{-3}$, $6 - 13 \mu\text{g m}^{-3}$, $3 - 4 \mu\text{g m}^{-3}$, $7 - 8 \mu\text{g m}^{-3}$, respectively. The mass size distribution was bimodal, but tended towards trimodal for the industrial site. Mass distribution maxima were at $0.1 \mu\text{m}$ and $2 \mu\text{m}$ for the background site and at $0.05 \mu\text{m}$, $0.3 \mu\text{m}$, and $2 \mu\text{m}$ for the industrial site.

El-Shokobokshy *et al.* (1990) measured the fine and coarse fraction (PM2.5 and PM15-2.5) in Riyadh, Saudi Arabia. The mean concentrations in March - May 1988 were $379 \mu\text{g m}^{-3}$ and $275 \mu\text{g m}^{-3}$ for PM2.5 and PM15-2.5, respectively.

Because the few available measurements from Asia, the conclusions that can be drawn are limited. The highest concentrations in Asia and in the rest of the world were measured in Riyadh, Saudi Arabia, with concentrations of $640 \mu\text{g m}^{-3}$ and $370 \mu\text{g m}^{-3}$ for PM10 and PM2.5, respectively. The range of PM10 concentrations was very broad, ranging from about $30 \mu\text{g m}^{-3}$ at locations in Australia and Japan to $150 \mu\text{g m}^{-3}$ in Taipei, Taiwan.

3.4 North America

Monitoring of fine particles is well established in North America, particularly in the United States. Since the PM₁₀ air quality standards were established, intensive PM₁₀ monitoring, particularly in urban areas, was set up. PM_{2.5} monitoring stations still need to be implemented throughout the country (Tyson, 1997; Kaiser, 1998). Many studies on monitoring of fine particles have been undertaken in North America, and only a general picture from the US is given. An overview on receptor model applications in the US is shown in Table 7.

Brook *et al.* (1997) measured PM₁₀, PM_{2.5}, acidity, and sulfate at urban and rural locations in Canada in the context of health effect studies. The mean PM₁₀ and PM_{2.5} concentrations at the sites were 11 – 31 $\mu\text{g m}^{-3}$ and 7 – 19 $\mu\text{g m}^{-3}$, respectively. The inter-site correlations were highest for SO_4^{2-} , followed by PM_{2.5} and H^+ , and were lowest for PM_{10-2.5}. The corresponding H^+ and SO_4^{2-} concentrations were between 4 and 30 nmol m^{-3} and 21 – 71 nmol m^{-3} . Ammonium was the dominating cation, sulfate the dominating anion. PM_{2.5} and PM₁₀ showed a high temporal correlation, but the coarse fraction (PM_{10-2.5}) showed a low temporal correlation to other particulate measures. PM₁₀ and PM_{2.5} concentrations were highest at the urban sites and in areas with higher SO_4^{2-} concentrations. H^+ concentrations were highest at the Atlantic coast, SO_4^{2-} concentrations were highest in southern Ontario.

US-EPA (1996b) extensively reviewed the state of the art on the monitoring of PM₁₀, PM_{2.5} and their chemical composition in the United States in the context of the preparation of the update of air quality guidelines in the US. Urban sites have been intensively monitored with the AIRS network since the mid/late 1980s. In the IMPROVE/NESCAUM networks, non-urban sites have been monitored in a much smaller number. Between 1988 and 1994, a substantial decrease in PM₁₀ concentrations was found, in the urban sites usually 20 – 24 %. This decrease was more pronounced in the western regions (23 - 37 %) than for the Northwest (18 - 19 %) and for the industrial Midwest (12 – 19 %). For both, the fine and coarse fraction of PM₁₀, a decrease was generally found. The ratio of PM_{2.5} to PM₁₀ at urban sites usually averaged 0.55 – 0.6. The PM_{2.5} to PM_{10-2.5} ratio showed a much higher spatial and temporal variability. In summer, the seasonal profile of PM₁₀ had a peak for urban and non-urban sites and this was usually associated with PM_{2.5} peaks. Daily average PM₁₀ concentrations at urban sites usually were between 10 - 60 $\mu\text{g m}^{-3}$. Natural background levels, excluding all anthropogenic sources in the US and elsewhere, were 4 – 11 $\mu\text{g m}^{-3}$ and 1 – 5 $\mu\text{g m}^{-3}$ for PM₁₀ and PM_{2.5}, respectively.

Table 7 Selected receptor modeling studies from the United States

Location	Granite City, Illinois	Southern California	Philadelphia	California	Bullhead City, Arizona	San Joaquin Valley, California	Rubidoux, California	St. Louis, Missouri	Shenandoah Valley, VA	Boston, MA
Source	Glover <i>et al.</i> , 1991	Watson <i>et al.</i> , 1994	Dzubay <i>et al.</i> , 1988	Schauer <i>et al.</i> , 1996	Gertler <i>et al.</i> , 1995	Chow <i>et al.</i> , 1992a	Chow <i>et al.</i> , 1992b	Alpert and Hopke 1981	Stevens <i>et al.</i> , 1984	Thurston and Spengler 1985
Year of sampling	1986-87	1987		1982	1988-89	1988-89	1988	1975-77		
Size fraction	PM10, PM10-2.5, PM2.5	PM10 (PM2.5)	PM10	Organic fine aerosol, PM2	PM10	PM10	PM10	PM2.4, PM20-2.4	PM2.5	PM2.5, PM15-2.5
Method(s)	Factor analysis, chemical mass balance, wind trajectory		Chemical mass balance, multiple linear regression, wind trajectory receptor models	Receptor model based on organic compounds	Chemical mass balance receptor model	Chemical mass balance receptor model	Chemical mass balance receptor model	Target transformation factor analysis	Factor analysis	Principal component analysis
Major sources	PM2.5: regional sources; PM10-2.5: local industries	In summer: suspended dust; in fall: primary motor vehicle exhaust, secondary ammonium nitrate	Sulfate (49-55 %), crustal matter (17-24 %), vehicle exhaust (4-6 %), stationary sources (<5 %), sulfate mainly from coal and oil fired power plants	PM2: primary (43-64 %): diesel engine exhaust, paved road dust, gasoline-powered vehicle exhaust, food cooking and wood smoke; secondary (36-57 %): sulfate > nitrate > ammonium	Geological dust (80 %), primary motor vehicle exhaust (17 %), secondary ammonium sulfate (4 %)	Primary geological material (54 %), secondary ammonium nitrate (15 %), primary motor vehicle exhaust (10 %), primary construction (8 %)	Road and wind blown dust (52-53 %), secondary ammonium nitrate (23-26 %), primary motor vehicle exhaust (7-11 %), secondary ammonium sulfate (6-8 %), lime and gypsum (5-8 %)	PM2.4: sulfate (84 %), steel (7 %), motor vehicle (6 %), smelters (2 %); PM20-2.4: lime stone (39 %), soil (31 %), sulfate (11 %), soil/fly ash (10 %), steel (5 %)	Coal fired power plants, sulfate and nitrate	Coal combustion 40 % of PM2.5 and 25 % of PM15-2.5

Sulfate, particularly $(\text{NH}_4)\text{HSO}_4$ or $(\text{NH}_4)_2\text{SO}_4$, was the largest contributor in the eastern United States, while in the western United States nitrates and organics were relatively more abundant. Sulfate contributed more to $\text{PM}_{2.5}$ than to PM_{10} , soil particles or minerals dominated $\text{PM}_{10-2.5}$. Particle strong acidity was spatially relatively evenly distributed, with some neutralization by ammonia in large urban areas. Fine particles tended to be acid, coarse particles basic. Number concentrations were dominated by ultrafine particles; they ranged from 1000 cm^{-3} up to $100,000 \text{ cm}^{-3}$. Metals were concentrated in the ultrafine particles, particularly those volatilized during combustion.

3.5 Summary of the Available Observations

PM_{10} mean concentrations were typically $10 - 80 \mu\text{g m}^{-3}$ around the world. $10 - 20 \mu\text{g m}^{-3}$ are found at remote sites with no local sources. More than $50 \mu\text{g m}^{-3}$ were found at heavily polluted sites with high traffic density and/or local sources in the surroundings. In heavily polluted cities of southern Europe, Latin America and Asia, e.g. Mexico City, average PM_{10} concentrations can reach $100 \mu\text{g m}^{-3}$ and more. Single measurements may even reach much higher levels.

$\text{PM}_{2.5}$ mean concentrations were between 7 and $80 \mu\text{g m}^{-3}$. High levels were found in the winter during coal heating periods and during dry seasons, in large cities of the South, and at locations close to streets with a high traffic density. Daily concentrations can reach several hundred $\mu\text{g m}^{-3}$ and single 1-hour measurements even higher.

A seasonal variation of PM_{10} ambient levels was not always obvious. In some countries, enhanced particle emissions during the winter heating period were seen, e.g., in Italy, Eastern Europe and Switzerland. In Brisbane, Australia, higher $\text{PM}_{2.5}$ levels were associated with meteorological conditions of more westerly winds transporting inland crustal matter. In the UK, the coarse fraction increased relative to the fine fraction during the summer due to wind blown dust. In other countries, no distinct seasonal variation was obvious, e.g., in Sweden. In general, the seasonal variation is not as pronounced as for other air pollutants.

PM_{10} and $\text{PM}_{2.5}$ concentrations were elevated close to main roads compared to background sites. The elevation was attributable to elemental carbon from diesel exhaust and suspended road dust.

PM_{10} trends were decreasing in the last decade, both for emission and ambient levels, in the developed and in the developing world. After abatement of SO_2 emissions started some years ago, particulate sulfate concentrations started to decline. For particulate nitrate, the trend remained increasing even in recent years.

The coarse fraction ($\text{PM}_{10-2.5}$) is usually of similar magnitude as the $\text{PM}_{2.5}$ concentration. The prevalence of local sources, with either a dominating fine or coarse fraction, may shift this ratio. The most common ratio of $\text{PM}_{2.5}$ to PM_{10} is 0.60. Seasonal variation may also shift this ratio substantially, i.e., the enhanced formation of secondary particles in summer will result in a higher $\text{PM}_{2.5}/\text{PM}_{10}$ ratio. Table 8 gives an overview on relative ratios of airborne particles.

Table 8 Relative ratios of PM2.5, PM10 and TSP

Location	Birmingham UK	Italy	Switzerland	Netherlands	Mexico City	Birmingham UK	Germany
Source	Harrison <i>et al.</i> , 1997	D’Innocenzo 1998	Monn <i>et al.</i> , 1997	Janssen <i>et al.</i> , 1997	Andrade <i>et al.</i> , 1993	QUARG 1996	Kainka <i>et al.</i> , 1997
PM10/TSP		0.87	0.57-0.74				
PM2.5/PM10	summer: 0.50, winter: 0.80	0.58		0.57		0.48-0.70	0.70-0.80
PM10-2.5 / PM2.5		0.81					0.25-0.50
PM2.5/TSP					0.40-0.60		
Details		urban air				Monthly averages Jan. – June 95	

Within the size range of 0.01 - 2.5 μm , Tuch *et al.*, 1997 reported about the dominating role of the size range 0.1 – 0.5 μm for the mass concentration. Urban aerosols usually show a bimodal mass distribution with a maximum around 0.2 – 0.3 μm for the coagulation mode and a maximum around 8 μm for the sedimentation mode. A minimum is usually measured around 1 – 2 μm , see Figure 1 (Finlayson-Pitts and Pitts, 1986, p.736). We have plotted the particle mass distribution of Bombay (Sharma and Patil, 1992), Mexico City (Salazar *et al.*, 1992), Ponte, Puerto Rico (Infante *et al.*, 1990) and Jakarta (Zou and Hooper, 1987) and found a minimum around 2 μm . Figure 4 shows the size specific particle mass concentration. Here, the coagulation mode and the sedimentation mode did not have distinct maxima. This shows that the distinction between coagulation mode and sedimentation mode particles reported in the literature can also be seen here.

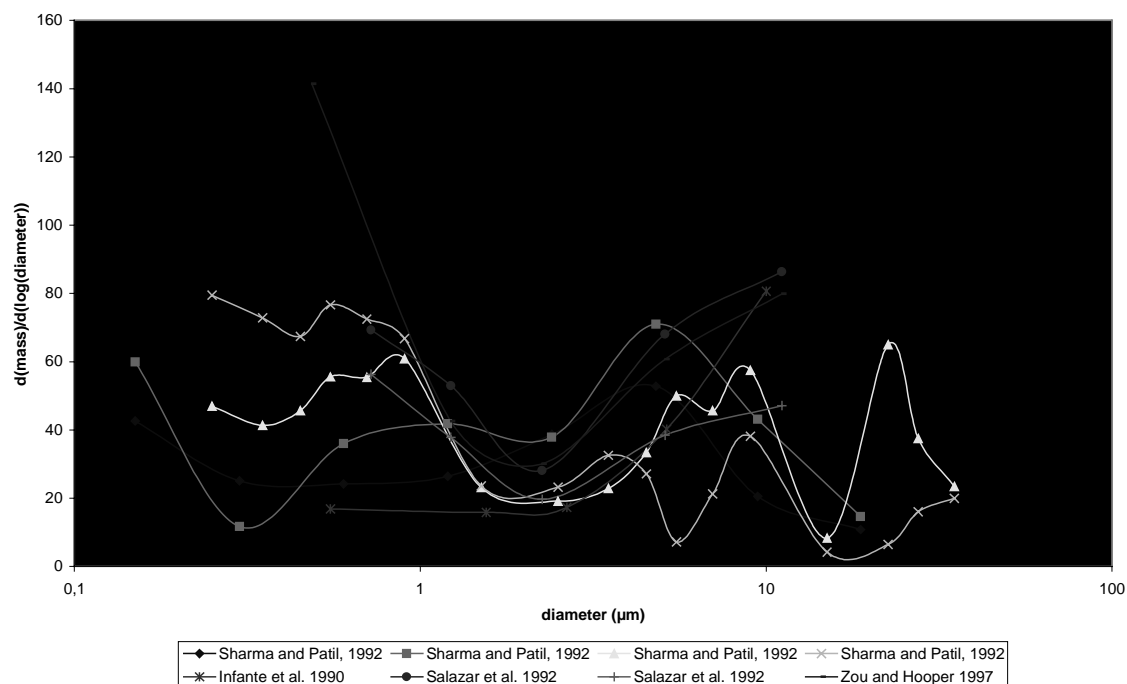


Figure 4 Size distribution of samples from Asia and Latin America

Secondary sulfate particles were more abundant in the fine fraction than in the coarse fraction, whereas secondary nitrate does not show enrichment in the fine fraction. The secondary sulfate particles showed a seasonal profile with higher levels during summer related to enhanced secondary formation processes because of higher temperature and humidity. In contrast, the sulfate concentrations measured in Japan showed a minimum in autumn. Secondary nitrate particles do not show a pronounced seasonal variation.

Elemental carbon was highest in winter and lowest in summer. A similar pattern was found for organic carbon, but not as pronounced as for elemental carbon.

Table 9 summarizes the major components of fine particles. Typically, PM₁₀ contains more than 10 percent of sulfate, organic carbon, and elemental carbon and less than 10 percent of nitrate, chloride, ammonium, and H⁺. In the coarse fraction, soil dust and sea salt are relatively more abundant than in the fine fraction. The opposite is true for the combustion products and secondary particles.

Table 9 Major components of fine particles, in %

Component	organic carbon OC	elemental carbon EC	SO ₄ ²⁻	NO ₃ ⁻	Cl ⁻	NH ₄ ⁺	H ⁺
Mass percent	12-20	10-15	17	4-6	2	3-6	<1

4. Modeling and Source Identification

For fine particle modeling, two approaches have been used: receptor models and dispersion models. For receptor models, detailed information on the composition of ambient particles as well as on the composition of relevant sources is needed. Usually, no information on the meteorology and the spatial distribution of the sources is used. With multivariate statistical analysis, the fingerprints of ambient particles and of the sources are compared and the contribution of the sources investigated. Receptor models have been extensively applied for PM₁₀ studies in the United States. Table 7 gives an overview on the scope and the results of the studies from the US, Table 10 on those from other countries. Because receptor models assume that fractionation and transformation processes are not relevant during transport, the pollutant pattern does not change during transport and dispersion, secondary particle formation is difficult to introduce or to be taken into account. This gives restrictions against the use of receptor models for ultrafine particles and even to some extent for PM_{2.5}. The introduction of some information on wind trajectories and the spatial distribution of the sources may help to address this issue. Figure 5 gives an overview on the source-exposure relationship for the modeling of fine particles.

For dispersion modeling, detailed information on the spatial and temporal distribution and on the meteorology is needed. Data on the ambient levels is also needed for the validation of the model. Episodic models and long-term models are two distinct classes of dispersion models (Seigneur *et al.*, 1997). Episodic models have a detailed treatment of chemical reactions introduced but cover a time period of only few days, whereas long-term models introduce a simplified chemistry but cover longer time periods. The secondary formation of fine particles is covered with varying extent in the dispersion models. The secondary sulfate formation is generally included. The secondary nitrate and the secondary organic aerosol formation have been introduced in several dispersion models. Both regional and local models exist. As model output, usually one particle size range PM₁₀ or PM_{2.5} is given. Because detailed information on gaseous pollutants, particularly SO₂, NO_x, VOC and ammonia, is needed for appropriate modeling of the secondary formation processes, it is advantageous to introduce a fine particle module into an existing model of gaseous pollutants. For a detailed discussion on fine particle dispersion and receptor modeling, see Seigneur *et al.*, 1997.

Emission inventories are a first and important step in obtaining an overview on the sources of fine particles and their contribution to ambient levels. The most intense activities have been undertaken in the United States. A national inventory for fine particles has been published (US-EPA, 1997). In Europe, TNO published a country-by-country inventory for PM₁₀, PM_{2.5}, and PM_{0.1} (Berdowski *et al.*, 1997). Only very few national and local inventories are available in Europe. In the UK, a national as well as several local inventories for PM₁₀ were compiled (Salway *et al.*, 1996; Buckingham *et al.*, 1997a; Buckingham *et al.*, 1997b; Buckingham *et al.*, 1997c). In Germany, a national PM₁₀ inventory is being compiled at present from the state authorities for stationary sources (Hoffmann, 1998). In Sweden, Wallin (1998) has prepared a PM₁₀ inventory for the county of Stockholm. Fine particle emission inventories were not available for Latin America, Asia and Africa. Table 11 outlines the emission inventories

for airborne fine particles available. For a detailed discussion on emission inventories, emission factors and their results, see Paounova (1998).

Table 10 Receptor and dispersion modeling studies from various countries

	Santiago de Chile	Sao Paulo	Mexico City	Central Taiwan	Norrköping, Gothenburg
Source	Rojas <i>et al.</i> , 1990	Andrade <i>et al.</i> , 1993	Vega <i>et al.</i> , 1997	Chen <i>et al.</i> , 1997	Bringfelt <i>et al.</i> , 1997
Year of sampling	1987	1993	1989-90	1993-94	
Size fraction	PM2.5, PM15-2.5	PM2.5, PM15-2.5	PM2.5	PM2.5, PM10-2.5	PM10
Method	Absolute Principal Factor Analysis	Absolute Principal Components Analysis	EPA CMB7 receptor model	EPA CMB7 receptor model	MATCH model
Major sources	PM2.5: secondary sulfate (49%), wood-burning/car exhaust (26%), residual oil combustion (13%); PM15-2.5: soil dust (74%), soil dust and industrial release (13%), secondary sulfates (9%)	PM2.5: residual oil and diesel (41%), soil dust (28%), industrial emissions (13%); PM15-2.5: soil dust (59%), industrial emissions (19%), sea-salt (14%), oil burning (8%)	Pre-catalytic converter gasoline vehicles (36-41%), secondary aerosols (20-23%), oil refineries (13-18%), re-suspended dust (10-15%)	PM2.5: agricultural wastes (31-39%), sulfates (16-26%), coal and oil combustion (11-19%), diesel exhaust (7.5-12%); PM10-2.5: soil dust and (paved) road dust (21-42%), burning of agricultural wastes (31-40%), coal and fuel oil combustion (7-27%), marine aerosols (3-11%)	

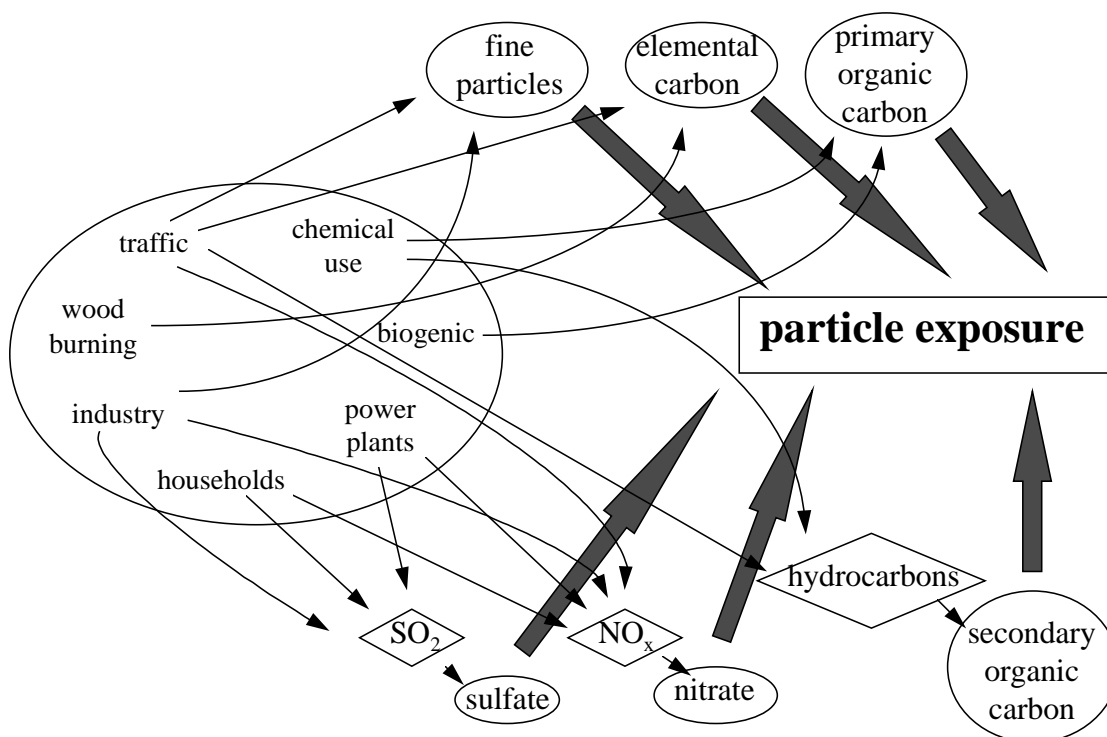


Figure 5 Structure of source-receptor modeling of fine particles

To some extent also single source types have been monitored. Emission factors may be obtained thereof. It remains unclear to what extent the results of these measurements can be extrapolated to other countries and continents and whether these early measurements still reflect the current situation.

The source apportionment from emission inventories and receptor models need to be considered with some caution. Few measurements of fine particles even for major sources have been made in recent years. Often, measurements from the early 1980's are used or measurements of total suspended particles are extrapolated to the relevant size fractions. But the same holds true for results of receptor models, where source compositions are usually taken from the literature without having measured the local sources. It would therefore not be surprising if the focus of relevant sources need to be adjusted in the coming years.

The source contributions to PM10 are usually heavily dependent upon local and regional conditions. The major sources on national level may be different from those on a local level. Sources which make a substantial contribution to annual emissions may be different from those relevant during high pollution episodes.

Table 11

Overview on emission inventories

Region	Europe, country by country level	United Kingdom	London	Stockholm	USA
	TNO 1997	AEA 1996	LRC 1997	Wallin 1998	US-EPA 1997
Year	1990, 1995	1970 – 1994	1995	1995-96	1900-96
Compound, size range	PM10, PM2.5, PM0.1	PM10 and other air pollutants	PM10 and other air pollutants	PM10, no secondary particle formation	PM10, PM2.5
Categories		UN-ECE categories	General coverage		General coverage
Major sources	<p>PM10: power generation, production processes, road transport, small combustion sources;</p> <p>PM2.5: power generation, production processes, road transport;</p> <p>PM0.1: road transport, production processes, power generation</p>	<p>For 1994: road transport (26 %), non-combustion sources (25 %), industrial combustion (18 %), public power (15 %), commercial residential and institutional combustion (13 %)</p>	<p>Heavy goods vehicles (50 %), cars and taxis (15 %), light goods vehicles (6 %), buses (6 %), waste treatment and disposal (5 %), industrial processes (4 %), public power (4%)</p>	<p>Wood combustion and residential heating (55 %), other types of heating and industry (19 %)</p>	<p>In 1996: fugitive dusts (89 %): unpaved roads, natural sources, agricultural crops, construction; non-fugitive dusts (11 %)</p>
Comments, details	Without natural sources				

5. Conclusions

Ambient levels of fine particles in the environment cause adverse human health effects. Fine particles have been associated with increased mortality and pulmonary and cardiovascular diseases. The majority of epidemiological studies have shown this association for various countries on different continents, for regions with different climatic conditions, for varying levels of gaseous co-pollutants, and for high as well as for low levels of fine particles. No threshold was commonly found and a linear dose-response relationship seems appropriate. Even though this association is still under debate in the scientific community, the epidemiological evidence is reasonably strong. No particle size range has yet been clearly identified as being primarily associated with the adverse health effects and no general biological mechanism has been established. There are indications that the fine fraction ($< 2.5 \mu\text{m}$) is more likely related to adverse health effects than the coarse fraction ($2.5 \mu\text{m} - 10 \mu\text{m}$). Seaton *et al.* (1995) hypothesized that ultrafine particles ($< 0.1 \mu\text{m}$) are the fraction most responsible for health effects.

In this survey we have shown that concentrations of fine particle are high close to main roads and that road transport and particularly diesel exhaust are a major source of fine particles in urban areas, that children and adults living close to motorways experience more respiratory diseases, and that a biological mechanism for the adverse effects of diesel exhaust has been identified. We therefore hypothesize that road transport and particularly diesel exhaust is one, if not the main, cause for excess mortality and morbidity associated with fine particles in urban areas.

References

- Alpert DJ, Hopke PK (1981) A determination of the sources of airborne particles collected during the regional air pollution study. *Atmospheric Environment* 15, 675-687
- Amdur MO, Chen LC (1989) Furnace-generated acid aerosols: speciation and pulmonary effects. *Environ Health Perspect* 79, 147-150
- Andrade F, Orsini C, Maenhaut W (1993) Receptor Modeling for Inhalable Atmospheric Particles in Sao-Paulo, Brazil. *Nuclear Instruments & Methods in Physics Research Section B* 75, 308-311
- Annema JA, Booiij H, Hesse JM, van der Meulen A, Slooff W (1996) Integrated Criteria Document fine particulate matter. National Institute of Public Health and the Environment report no. 601014015
- Areskoug H, Alesand T, Egeback A-L, Jansson C, Johansson K, Karlsson H, Vesely V, Widequist U. (1995) Mätning av luftföroreningar vid Aspvreten (preliminär 13/11-95). Rapport från verksamheten 1993-1994. Institutet för Tillämpad Miljöforskning vid Stockholms Universitet
- Berdowski JJ, Mulder W, Veldt C, Visschedijk AJH, Zandveld PYJ (1997) Particulate matter emissions (PM10 - PM2.5 - PM0.1) in Europe in 1990 and 1993. TNO-report TNO-MEP - R 96/472
- Bhatia R, Lopipero P, Smith A. H. (1998) Diesel Exhaust Exposure and Lung Cancer. *Epidemiology* 9, 84-91
- Bizjak M, Benner WH, Hansen ADA, Hrcek D, Hudnik V, Novakov T (1988) Spatial and temporal variations of aerosol sulfate and trace elements in a source-dominated urban environment. *Atmospheric Environment* 22, 2851-2862
- Borja-Aburto V, Loomis D, Bangdiwala S, Shy C, Rascon-Pacheco R (1997) Ozone, Suspended Particulates, and Daily Mortality in Mexico City. *American Journal of Epidemiology* 145, 250-257
- Brand P, Gebhart J, Below M, Georgi B, Heyder J (1991) Characterization of environmental aerosols on Heligoland Island. *Atmospheric Environment* 25A, 581-585
- Brandli O (1996): Are inhaled dust particles harmful for our lungs? *Schweiz Med Wochenschr* 126, 2165-2174
- Bringfelt B, Backström H, Kindell S, Omstedt G, Persson C, Ullerstig A (1997) Calculations of PM-10 concentrations in Swedish cities - Modelling of inhalable particles. Swedish Meteorological and Hydrological Institute, report No. 76
- Bronzetti G, Cini M, Paoli M, Ciacchini G, Giaconi V, Morichetti E (1997) Mutagenicity and chemical analysis of airborne particulate matter collected in Pisa. *Journal of Environmental Pathology, Toxicology and Oncology* 16, 147-156

- Brook J, Dann T, Burnett R (1997) The Relationship Among TSP, PM₁₀, PM_{2.5}, and Inorganic Constituents of Atmospheric Particulate Matter at Multiple Canadian Locations. *Journal Air and Waste Management Association* 47, 197-199
- Brunekreef B, Janssen NA, de Hartog J, Harssema H, Knape M, van Vliet P (1997) Air pollution from truck traffic and lung function in children living near motorways. *Epidemiology* 8, 298-303
- Buckingham C, Clewley L, Hutchinson D, Sadler L, Shah S (1997a) London Atmospheric Emissions Inventory. London Research Centre
- Buckingham C, Clewley L, Hutchinson D, Sadler L, Shah S, Banham S, Forest G, Spence E, Wickham L (1997b) Atmospheric emissions inventories for four urban areas: Merseyside, Bristol, Southampton/Portsmouth, Swansea/Port Talbot. London Research Centre
- Buckingham C, Forrest G, Sadler L, Shah S, Wickham L (1997c) Atmospheric Emissions Inventory for Greater Manchester. London Research Centre
- Burnett R, Dales R, Krewski D, Vincent R (1995) Associations between Ambient Particulate Sulfate and Admissions to Ontario Hospitals for Cardiac and Respiratory Diseases. *American Journal of Epidemiology* 142, 15-22
- Burnett RT, Dales RE, Raizenne ME, Krewski D (1994) Effect of Low Ambient Levels of Ozone and Sulfates on the Frequency of Respiratory Admissions to Ontario Hospitals. *Environmental Research* 65, 172-194
- Burton R, Suh H, Koutrakis P (1996) Spatial Variation in Particulate Concentrations within Metropolitan Philadelphia. *Environmental Science and Technology* 30, 392-399
- Camner P, Johansson A, Boström C-E, Nyqvist G (1992) Health Effects of Particles in the Ambient Air. Swedish Environmental Protection Agency report 4261
- Chan YC, Simpson RW, Mctainsh GH, Vowles PD, Cohen DD, Bailey GM (1997) Characterization of Chemical-Species in PM_{2.5} and PM₁₀ Aerosols in Brisbane, Australia. *Atmospheric Environment* 31, 3773-3785
- Chen WC, Wang CS, Wei CC (1997) An Assessment of Source Contributions to Ambient Aerosols in Central Taiwan. *Journal of the Air & Waste Management Association* 47, 501-509
- Chow JC, Watson JG, Lowenthal DH, Solomon PA, Magliano KL, Ziman SD, Richards LW (1992a): PM₁₀ Source Apportionment in California San-Joaquin Valley. *Atmospheric Environment* 26A, 3335-3354
- Chow JC, Liu CS, Cassmassi J, Watson JG, Lu ZQ, Pritchett LC (1992b) A Neighborhood-Scale Study of PM-10 Source Contributions in Rubidoux, California. *Atmospheric Environment* 26A, 693-706
- COMEAP (1995) Health Effects of Non-Biological Particles. Committee on the Medical Effects of Air Pollutants (COMEAP), Department of Health, HMSO, London

- Cox LA (1997) Does Diesel Exhaust Cause Human Lung Cancer? *Risk Analysis* 17, 807-829
- Cyrus J, Gutschmidt K, Brauer M, Dumyahn T, Heinrich J, Spengler JD, Wichmann HE (1995) Determination of Acidic Sulfate Aerosols in Urban Atmospheres in Erfurt (FRG) and Sokolov (Former CSSR). *Atmospheric Environment* 29, 3545-3557
- de Hartog JJ, van Vliet PH, Brunekreef B, Knape MC, Janssen NA, Harssema H (1997) [Relationship between air pollution due to traffic, decreased lung function and airway symptoms in children]. *Ned Tijdschr Geneeskde* 141, 1814-1818
- Delfino RJ, Murphy-Moulton AM, Burnett RT, Brook JR, Becklake MR (1997) Effects of air pollution on emergency room visits for respiratory illnesses in Montreal, Quebec. *Mil Med* 155, 568-576
- Dinnocenzio F, Difilippo P, Lepore L, Marconi A (1998) PM10 and PM2.5 Concentrations in Urban Air and Size Fraction Distribution of Toxic Metals. *Annali di Chimica* 88, 281-289
- Dockery DW, Cunningham J, Damokosh AI, Neas LM, Spengler JD, Koutrakis P, Ware JH, Raizenne M, Speizer FE (1996) Health effects of acid aerosols on North American children: respiratory symptoms. *Environ Health Perspect* 104, 500-505
- Dockery DW, Pope AC 3d, Xu X, Spengler JD, Ware JH, Fay ME, Ferris BG Jr, Speizer FE (1993) An association between air pollution and mortality in six U.S. cities. *N Engl J Med* 329, 1753-1759
- Dockery DW, Pope CA 3rd (1994) Acute respiratory effects of particulate air pollution. *Annu Rev Public Health* 15, 107-132
- Dockery DW, Schwartz J (1995) Particulate air pollution and mortality: more than the Philadelphia story. *Epidemiology* 6, 629-632
- Dockery DW, Schwartz J, Spengler JD (1992) Air pollution and daily mortality: associations with particulates and acid aerosols. *Environ Res* 59, 362-373
- Dockery DW, Speizer FE, Stram DO, Ware JH, Spengler JD, Ferris BG Jr (1989) Effects of inhalable particles on respiratory health of children. *Am Rev Respir Dis* 139, 587-594
- Duhme H, Weiland S, Keil U, Kraemer B, Schmid M, Stender M, Chambless L (1996) The Association between Self-Reported Symptoms of Asthma and Allergic Rhinitis and Self Reported Traffic Density on Street of Residence in Adolescents. *Epidemiology* 7, 571-577
- Dzubay TG, Stevens RK, Gordon GE, Olmez I, Sheffield AE, Courtney WJ (1988) A composite receptor method applied to Philadelphia aerosol. *Environmental Science & Technology* 22, 46-52
- el-Fawal HA, Schlesinger RB (1994) Nonspecific airway hyperresponsiveness induced by inhalation exposure to sulfuric acid aerosol: an in vitro assessment. *Toxicol Appl Pharmacol* 125, 70-76

- El-Shokobokshy MS, Al-Tamrah SA, Hussein FM (1990) Inhalable particulates and meteorological characteristics of the city of Riyadh, Saudi Arabia. *Atmospheric Environment* 24B, 261-265
- Finlayson-Pitts BJ and Pitts JN (1986) *Atmospheric Chemistry: Fundamentals and Experimental Techniques*. New York
- Gamble JF, Lewis RJ (1996) Health and respirable particulate (PM10) air pollution: a causal or statistical association? *Environ Health Perspect* 104, 838-850
- Gertler A, Lowenthal D, Coulombe W (1995) PM10 Source Apportionment Study in Bullhead City, Arizona. *Air and Waste* 45, 424
- Gezondheidsraad (1995) Particulate air pollution, including assessment of an integrated criteria document. Report of a committee of the Health Council of the Netherlands. Gezondheidsraad 1995/14
- Glover DM, Hopke PK, Vermette SJ, Landsberger S, Dauben DR (1991) Source Apportionment with Site Specific Source Profiles. *Journal of the Air & Waste Management Association* 41, 294-305
- Hansen AC and Selte HK (1997) Air Pollution and Sick-leaves - is there a Connection? A Case Study using Air Pollution Data from Oslo. Discussion Papers No. 197, Statistics Norway
- Harrison RM, Deacon AR, Jones MR, Appleby RS (1997) Sources and Processes Affecting Concentrations of Pm10 and Pm2.5 Particulate Matter in Birmingham (UK). *Atmospheric Environment* 31, 4103-4117
- Hoek G, Brunekreef B (1995) Effect of photochemical air pollution on acute respiratory symptoms in children. *Eur J Gastroenterol Hepatol* 151, 27-32
- Hoek, G. Schwartz, J. D. Groot, B. Eilers, P. (1997) Effects of Ambient Particulate Matter and Ozone on Daily Mortality in Rotterdam, the Netherlands. *Archives of Environmental Health* 52, 455-463
- Hoffmann (1998) Personal communication. Landesumweltamt Nordrhein-Westfalen, Essen
- Infante R, Carrasquillo A, Perez V (1990) Size distribution measurements of suspended particulate matter in Ponce, Puerto Rico. *Atmospheric Environment* 24B, 275-281
- Janssen N, Van D, Van K, Harssema H, Hoek G (1997) Mass concentration and elemental composition of airborne particulate matter at street and background locations. *Atmospheric Environment* 31, 1173-1184
- Kainka E, Kramer G, Dudzevicius J (1997) Characterisation of particulate matter PM10 and PM2.5 in Northrhine Westphalia, Saxonia and Lithuania - first results. In: *Inhaled Particles VIII: Proceedings of an International Symposium on Inhaled Particles* organised by the British Occupational Hygiene. *Annals of Occupational Hygiene* 41/SUP1, 54-59
- Kaiser J (1998) Panel Scores EPA on Clean Air Science. *Science* 5361, 193

- Kaneyasu N, Ohta S, Murao N (1995) Seasonal variation in the chemical composition of atmospheric aerosols and gaseous species in Sapporo, Japan. *Atmospheric Environment* 29, 1553
- Katsouyanni K, Touloumi G, Spix C, Schwartz J, Balducci F, Medina S, Rossi G, Wojtyniak B, Sunyer J, Bacharova L, Schouten JP, Ponka A, Anderson HR (1997) Short-term effects of ambient sulphur dioxide and particulate matter on mortality in 12 European cities: results from time series data from the APHEA project. Air Pollution and Health: a European Approach. *British Medical Journal* 314, 1658-1663
- Kretzschmar JG (1994) Particulate Matter Levels and Trends in Mexico-City, Sao-Paulo, Buenos-Aires and Rio-de-Janeiro. *Atmospheric Environment* 28, 3181-3191
- Li CS, Hsu LY, Chuang YYT (1993) Elemental Profiles of Indoor and Outdoor Particulate Matter Less-Than 10 μ m (PM10) and 2.5 μ m (PM2.5) in Taipei. *Chemosphere* 27, 2143-2154
- Lipfert FW, Wyzga RE (1995) Air pollution and mortality: issues and uncertainties. *J Air Waste Manag Assoc* 45, 949-966
- Lipfert FW, Wyzga RE (1997) Air pollution and mortality: the implications of uncertainties in regression modeling and exposure measurement. *J Air Waste Manag Assoc* 47, 517-523
- Lippmann M, Thurston GD (1996) Sulfate concentrations as an indicator of ambient particulate matter air pollution for health risk evaluations. *J Expo Anal Environ Epidemiol* 6, 123-146
- Mauderly JL (1994) Toxicological and epidemiological evidence for health risks from inhaled engine emissions. *Environm Health Perspect* 102 Suppl 4, 165-171
- Monn C, Fuchs A, Hogger D, Junker M, Kogelschatz D, Roth N, Wanner HU (1997) Particulate Matter Less-Than 10 μ m (PM10) and Fine Particles Less-Than 2.5 μ m (PM2.5) - Relationships Between Indoor, Outdoor and Personal Concentrations. *Science of the Total Environment* 208, 15-21
- Moolgavkar S, Luebeck E, Hall T, Anderson E (1995b) Particulate Air Pollution, Sulfur Dioxide, and Daily Mortality: A Reanalysis of the Steubenville Data. *Inhalation Toxicology* 7, 35-44
- Moolgavkar SH, Luebeck EG (1996) A critical review of the evidence on particulate air pollution and mortality. *Epidemiology* 7, 420-428
- Moolgavkar SH, Luebeck EG, Hall TA, Anderson EL (1995a) Air pollution and daily mortality in Philadelphia. *Epidemiology* 6, 476-484
- Moolgavkar SH, Luebeck EG, Hall TA, Anderson EL (1996) Particulate air pollution and mortality. *Epidemiology* 7, 212-214
- Naturvardsverket (1997) Luftkvalitet i tätorter vintern 1996/97. Statistiska meddelanden. Naturvardsverket/Statistiska centralbyran. p. 28 and p.41

- N.N. (1996) Health Effects of Outdoor Air Pollution. *American Journal of Respiratory and Critical Care Medicine* 153, 3-50
- N.N. (1997) Short-term improvements in public health from global-climate policies on fossil-fuel combustion: an interim report. *Lancet* 9088, 1341-1349
- Nicholson KW, Davies TD (1990) Sulphate in atmospheric particulate at five sites in Norwich (U.K.): Use of national survey archive filters. *Atmospheric Environment* 24B, 329-334
- Oberdorster G, Gelein RM, Ferin J, Weiss B (1995) Association of Particulate Air-Pollution and Acute Mortality - Involvement of Ultrafine Particles. *Inhalation Toxicology* 7, 111-124
- Oosterlee A, Drijver M, Lebrete E, Brunekreef B (1996) Chronic respiratory symptoms in children and adults living along streets with high traffic density. *Occupational and Environmental Medicine* 53, 235-240
- Ostro B (1993) The association of air pollution and mortality: examining the case for inference. *Arch Environ Health* 48, 336-342
- Ostro B, Chestnut L (1998) Assessing the health benefits of reducing particulate matter air pollution in the United States. *Environ Res* 76, 94-106
- Ostro B, Sanchez JM, Aranda C, Eskeland GS (1996) Air pollution and mortality: results from a study of Santiago, Chile. *J Expo Anal Environ Epidemiol* 6, 97-114
- Paounova I (1998) Towards Integrated Assessment of Particulate Matter Air Pollution: Contribution Analysis of Sources and Emissions of Atmospheric Particles. In preparation
- PEACE (1998) PEACE study; Brunekreef B. (ed.). *European Respiratory Review* 52, 1-130
- Pearce D, Crowards T. (1996) Particulate matter and human health in the United Kingdom. *Energy Policy* 24, 609-620
- Pekkanen J, Timonen KL, Ruuskanen J, Reponen A, Mirme A (1997) Effects of ultrafine and fine particles in urban air on peak expiratory flow among children with asthmatic symptoms. *Environ Res* 74, 24-33
- Peters A, Wichmann HE, Tuch T, Heinrich J, Heyder J (1997) Respiratory Effects Are Associated with the Number of Ultrafine Particles. *American Journal of Respiratory and Critical Care Medicine* 155, 1376-1383
- Pope CA 3rd (1996) Adverse health effects of air pollutants in a nonsmoking population. *Toxicology* 111, 149-155
- Pope CA 3rd, Kalkstein LS (1996) Synoptic weather modeling and estimates of the exposure-response relationship between daily mortality and particulate air pollution. *Environ Health Perspect* 104, 414-420
- Pope CA, Dockery DW, Schwartz J (1995a) Review of Epidemiological Evidence of Health-Effects of Particulate Air-Pollution. *Inhalation Toxicology* 7, 1-18

- Pope CA 3rd, Thun MJ, Namboodiri MM, Dockery DW, Evans JS, Speizer FE, Heath CW Jr (1995b) Particulate air pollution as a predictor of mortality in a prospective study of U.S. adults. *Am J Epidemiol* 151, 669-674
- Pope, CA III (1996) Particulate pollution and health: A review of the Utah Valley experience. *Journal of Exposure Analysis and Environmental Epidemiology* 6, 23-34
- Pott F, Roller M (1997) Current Data and Questions of Interest on the Carcinogenicity of Solid Particles of Diesel-Engine Exhaust and Other Sources. *Zentralblatt für Hygiene und Umweltmedizin* 200, 223-280
- QUARG (1996) Airborne Particulate Matter in the United Kingdom. Third Report of the Quality of Urban Air Review Group (QUARG), prepared for the Department of the Environment
- Raizenne M, Neas LM, Damokosh AI, Dockery DW, Spengler JD, Koutrakis P, Ware JH, Speizer FE (1996) Health effects of acid aerosols on North American children: pulmonary function. *Environ Health Perspect* 104, 506-514
- Rojas CM, Artaxo P, van Grieken R (1990) Aerosols in Santiago de Chile: A study using receptor modeling with x-ray fluorescence and single particle analysis. *Atmospheric Environment* 24B, 227-241
- Romieu I, Borja-Aburto VH (1997) Particulate air pollution and daily mortality: can results be generalized to Latin American countries? *Salud Publica Mex* 39, 403-411
- Romieu I, Meneses F, Ruiz S, Sienra JJ, Huerta J, White MC, Etzel RA (1996) Effects of air pollution on the respiratory health of asthmatic children living in Mexico City. *Am J Respir Crit Care Med* 154, 300-307
- Rosendahl, K E (1998) Health effects and social costs of particulate pollution - a case study for Oslo. *Environmental Modeling and Assessment* 3, 47-62
- Salazar S, Lemoyne L, Rosas I (1992) Preliminary-Results of Size Distribution Airborne Particles in Mexico-City. *Water Air and Soil Pollution* 64, 649-658
- Saldiva PH, Lichtenfels AJ, Paiva PS, Barone IA, Martins MA, Massad E, Pereira JC, Xavier VP, Singer JM, Bohm GM (1994) Association between air pollution and mortality due to respiratory diseases in children in Sao Paulo, Brazil: a preliminary report. *Environ Res* 65, 218-225
- Saldiva PH, Pope CA 3rd, Schwartz J, Dockery DW, Lichtenfels AJ, Salge JM, Barone I, Bohm GM (1995) Air pollution and mortality in elderly people: a time-series study in Sao Paulo, Brazil. *Arch Environ Health* 50, 159-163
- Salway AG, Eggleston HS, Goodwin JWL, Murrells TP (1996) UK Emissions of Air Pollutants 1970-1994. AEA Technology/Department of the Environment
- Samet J, Zeger S, Kelsall J, Xu J, Kalkstein L (1998) Does weather confound or modify the association of particulate air pollution with mortality? An analysis of the Philadelphia data, 1973-1980. *Environ Res* 77, 9-19

- Schauer JJ, Rogge WF, Hildemann LM, Mazurek MA, Cass GR (1996) Source Apportionment of Airborne Particulate Matter Using Organic-Compounds as Tracers. *Atmospheric Environment* 30, 3837-3855
- Scheepers PT, Bos RP (1992a) Combustion of diesel fuel from a toxicological perspective. I. Origin of incomplete combustion products. *Int Arch Occup Environ Health* 64, 149-161
- Scheepers PT, Bos RP (1992b) Combustion of diesel fuel from a toxicological perspective. II. Toxicity. *Int Arch Occup Environ Health* 64, 163-177
- Schlesinger RB (1995) Toxicological Evidence for Health-Effects from Inhaled Particulate Pollution - Does It Support the Human- Experience. *Inhalation Toxicology* 7, 99-109
- Schwartz J (1993) Air pollution and daily mortality in Birmingham, Alabama. *Am J Epidemiol* 137, 1136-1147
- Schwartz J (1994a) Air pollution and daily mortality: a review and meta analysis. *Environ Res* 64, 36-52
- Schwartz J (1994b) Air pollution and hospital admissions for the elderly in Birmingham, Alabama. *Am J Epidemiol* 139, 589-598
- Schwartz J, Dockery DW, Neas LM (1996) Is daily mortality associated specifically with fine particles? *J Air Waste Manag Assoc* 46, 927-939
- Schwartz J, Dockery DW, Neas LM, Wypij D, Ware JH, Spengler JD, Koutrakis P, Speizer FE, Ferris BG Jr (1994) Acute effects of summer air pollution on respiratory symptom reporting in children. *Environ Health Perspect* 150, 1234-1242
- Seaton A, MacNee W, Donaldson K, Godden D (1995) Particulate air pollution and acute health effects. *Lancet* 345, 176-178
- Seigneur C, Pai P, Louis J-F, Hopke P, Grosjean D (1997) Review of Air Quality Models for Particulate Matter. American Petroleum Institute, Washington DC
- Sharma VK, Patil RS (1992) Size distribution of atmospheric aerosols and their source identification using factor analysis in Bombay, India. *Atmospheric Environment* 26B, 135-140
- Siegel (1998) personal communication. UMEG GmbH, Karlsruhe
- Stevens RK, Dzuby TG, Lewis CW, Shaw RW Jr. (1984) Source apportionment methods applied to the determination of the origin of ambient aerosols that affect visibility in forested areas. *Atmospheric Environment* 18, 261-272
- Stevens RK, Lewis CW, Dzuby TG, Cupitt LT, Lewtas J (1990) Sources of mutagenic activity in urban fine particles. *Toxicol Ind Health* 6, 81-94
- Thurston GD, Ito K, Hayes CG, Bates DV, Lippmann M (1994) Respiratory hospital admissions and summertime haze air pollution in Toronto, Ontario: consideration of the role of acid aerosols. *Environ Res* 65, 271-290

- Thurston GD, Ito K, Lippmann M, Hayes C (1989) Reexamination of London, England, mortality in relation to exposure to acidic aerosols during 1963-1972 winters. *Environ Health Perspect* 79, 73-82
- Thurston GD, Spengler JD (1985) A quantitative assessment of source contributions to inhalable particulate matter pollution in metropolitan Boston. *Atmospheric Environment* 19, 9-25
- Tuch T, Brand P, Wichmann HE, Heyder J (1997) Variation of Particle Number and Mass Concentration in Various Size Ranges of Ambient Aerosols in Eastern Germany. *Atmospheric Environment* 31, 4193- 4197
- Tyson R (1997) Next step to EPA's new air quality regs: Monitoring. *Environmental Science & Technology* 31, 404A-405A
- US-EPA (1996a) Review of the National Ambient Air Quality Standards for Particulate Matter: Policy Assessment of Scientific and Technical Information; OAQPS Staff Paper. United States Environmental Protection Agency EPA-452/R-96-013
- US-EPA (1996b) Air Quality Criteria for Particulate Matter. United States Environmental Protection Agency
- US-EPA (1997) National Air Pollutant Emission Trends, 190-1996. United States Environmental Protection Agency EPA-454/R-97-011
- van Houdt JJ (1990) Mutagenic activity of airborne particulate matter in indoor and outdoor environments. *Atmospheric Environment* 24B, 207-220
- Van Vliet P, Knape M, De J, Janssen N, Harssema H, Brunekreef B (1997) Motor Vehicle Exhaust and Chronic Respiratory Symptoms in Children Living near Freeways. *Environmental Research* 74, 116-121
- Vedal S (1997) Ambient particles and health: lines that divide. *J Air Waste Manag Assoc* 47, 551-581
- Vega E, Garcia I, Apam D, Ruiz M, Barbiaux M (1997) Application of a Chemical Mass Balance Receptor Model to Respirable Particulate Matter in Mexico City. *Journal Air and Waste Management Association* 47, 517-523
- Waldron G, Pottle B, Dod J (1995) Asthma and the motorways - one District's experience. *Journal of Public Health Medicine* 17, 77
- Wallin A (1998) Particles - sources and dispersion in Stockholm. Master thesis, Department of Meteorology, Stockholm University
- Watson JG (1997) Ambient Particles and Health: Lines that Divide. *J. Air & Waste Manage. Assoc.* 47, 995-1008
- Watson JG, Chow JC, Lu ZQ, Fujita EM, Lowenthal DH, Lawson DR, Ashbaugh LL (1994) Chemical Mass-Balance Source Apportionment of PM(10) During the Southern California Air-Quality Study. *Aerosol Science and Technology* 21, 1-36

- White WH (1998) Statistical Considerations in the Interpretation of Size- Resolved Particulate Mass Data. *Journal of the Air & Waste Management Association* 48, 454-458
- WHO-Europe (1987) Air quality guidelines for Europe. WHO Regional Publications, European Series No. 23
- WHO-Europe (1995) Update and Revision of the Air Quality Guidelines for Europe. Meeting of the Working Group „Classical“ Air Pollutants; Bilthoven, The Netherlands 11-14 October 1994. WHO Regional Office for Europe, Copenhagen
- Wilson WE, Suh HH (1997) Fine particles and coarse particles: concentration relationships relevant to epidemiologic studies. *J Air Waste Manag Assoc* 47, 1238-1249
- Wjst M, Reitmeir P, Dold S, Wulff A (1993) Road traffic and adverse effects on respiratory health in children. *British Medical Journal* 307, 591
- Wordley J, Walters S, Ayres JG (1997) Short term variations in hospital admissions and mortality and particulate air pollution. *Occup Environ Med* 54, 108-116
- World Bank (1997a) Urban Air Quality Management Strategy in Asia: Kathmandu Valley Report. World Bank Technical Paper No. 378
- World Bank (1997b) Urban Air Quality Management Strategy in Asia: Jakarta Report. World Bank Technical Paper No. 379
- World Bank (1997c) Urban Air Quality Management Strategy in Asia: Manila Report. World Bank Technical Paper No. 380
- World Bank (1997d) Urban Air Quality Management Strategy in Asia: Mumbai Report. World Bank Technical Paper No. 381
- Zou LY, Hooper MA (1997) Size-Resolved Airborne Particles and Their Morphology in Central Jakarta. *Atmospheric Environment* 31, 1167-1172