



Linkages between air pollution, COVID-19, and human health

Illustration courtesy CDC

MARY PRUNICKI, PHD, MD
STANFORD UNIVERSITY

April 27, 2021

 **Stanford** | Sean N. Parker Center
MEDICINE | for Allergy & Asthma Research

The What

AIR POLLUTION VS COVID

Short-term and long-term exposure to air pollution (esp PM_{2.5} and NO₂) may contribute to higher rates of COVID-19 infection and mortality.



Disease Similarities

Air Pollution



29%

OF DEATHS FROM
LUNG CANCER



24%

OF DEATHS FROM
STROKE



25%

OF DEATHS FROM
HEART DISEASE

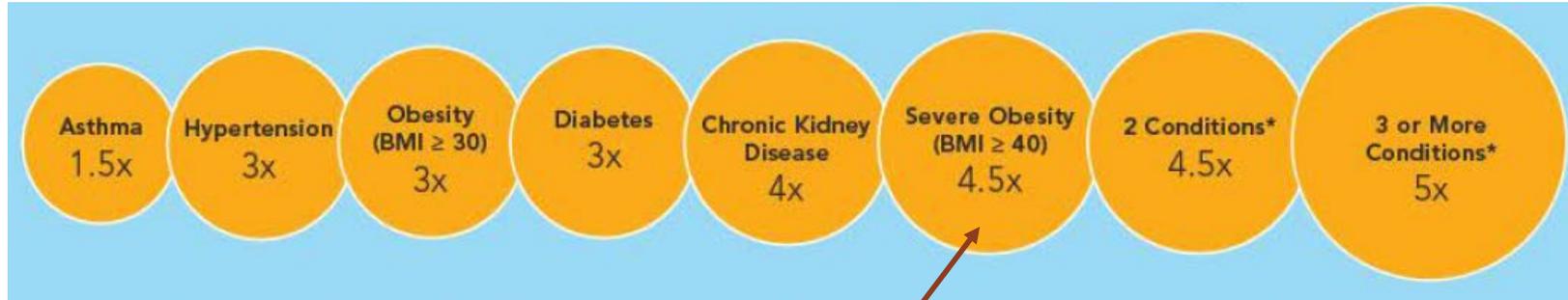


43%

OF DEATHS FROM
LUNG DISEASE

- ✓ Asthma
- ✓ Hypertension
- ✓ Obesity
- ✓ Heart Attack
- ✓ Diabetes

COVID



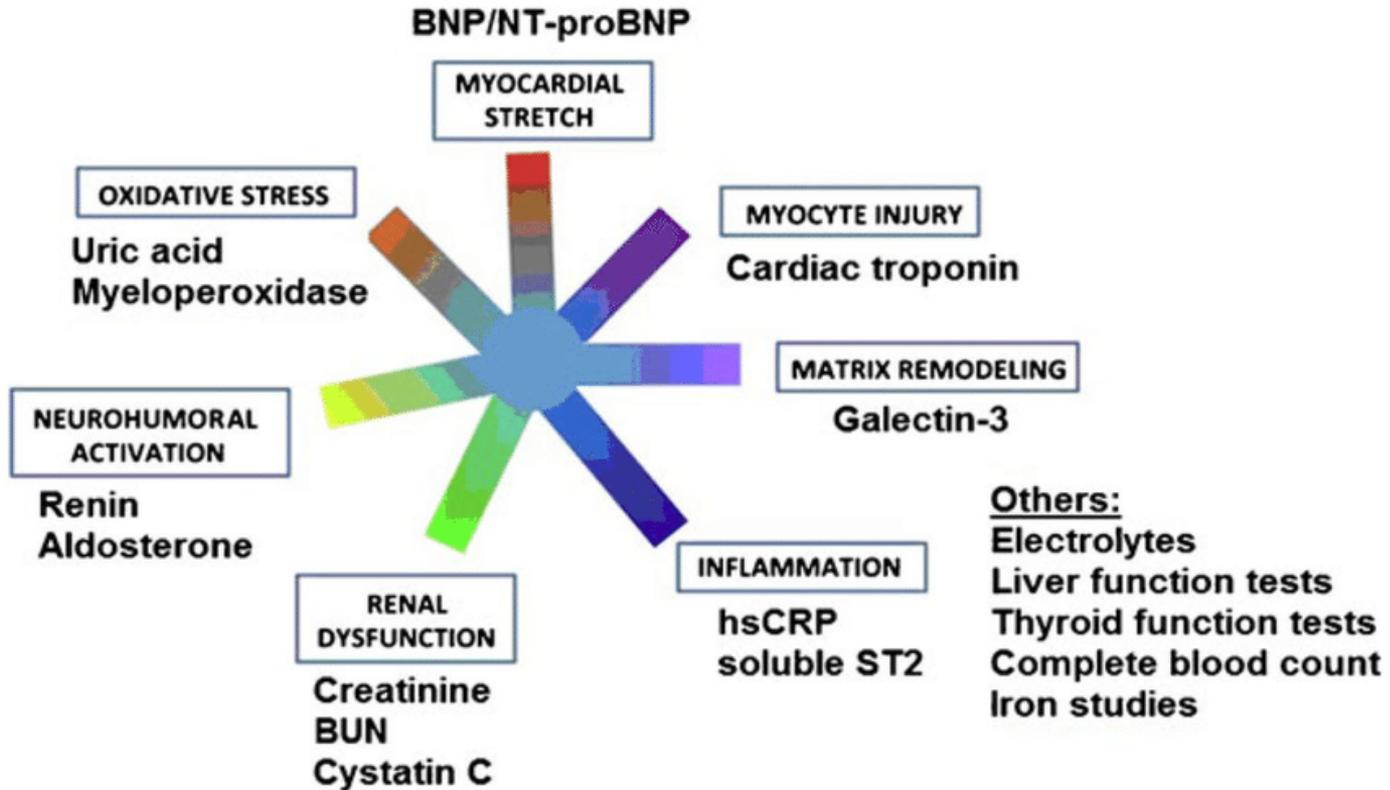
Risk of COVID hospitalization



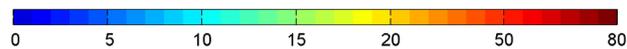
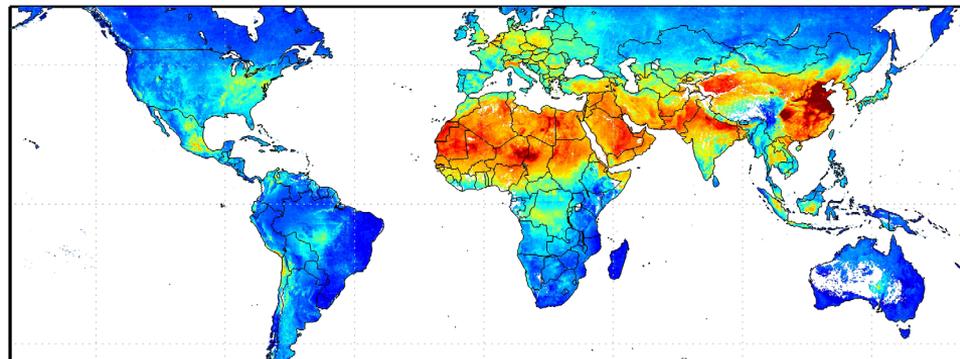
Stanford
MEDICINE

Sean N. Parker Center
for Allergy & Asthma Research

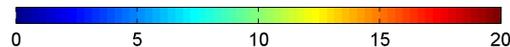
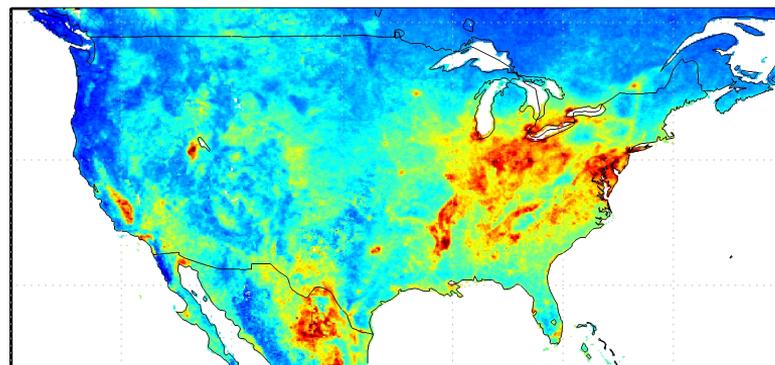
Air Pollution and COVID: Widespread Inflammatory Impacts



PM_{2.5} Levels Worldwide



Satellite-Derived PM_{2.5} [$\mu\text{g}/\text{m}^3$]



Satellite-Derived PM_{2.5} [$\mu\text{g}/\text{m}^3$]

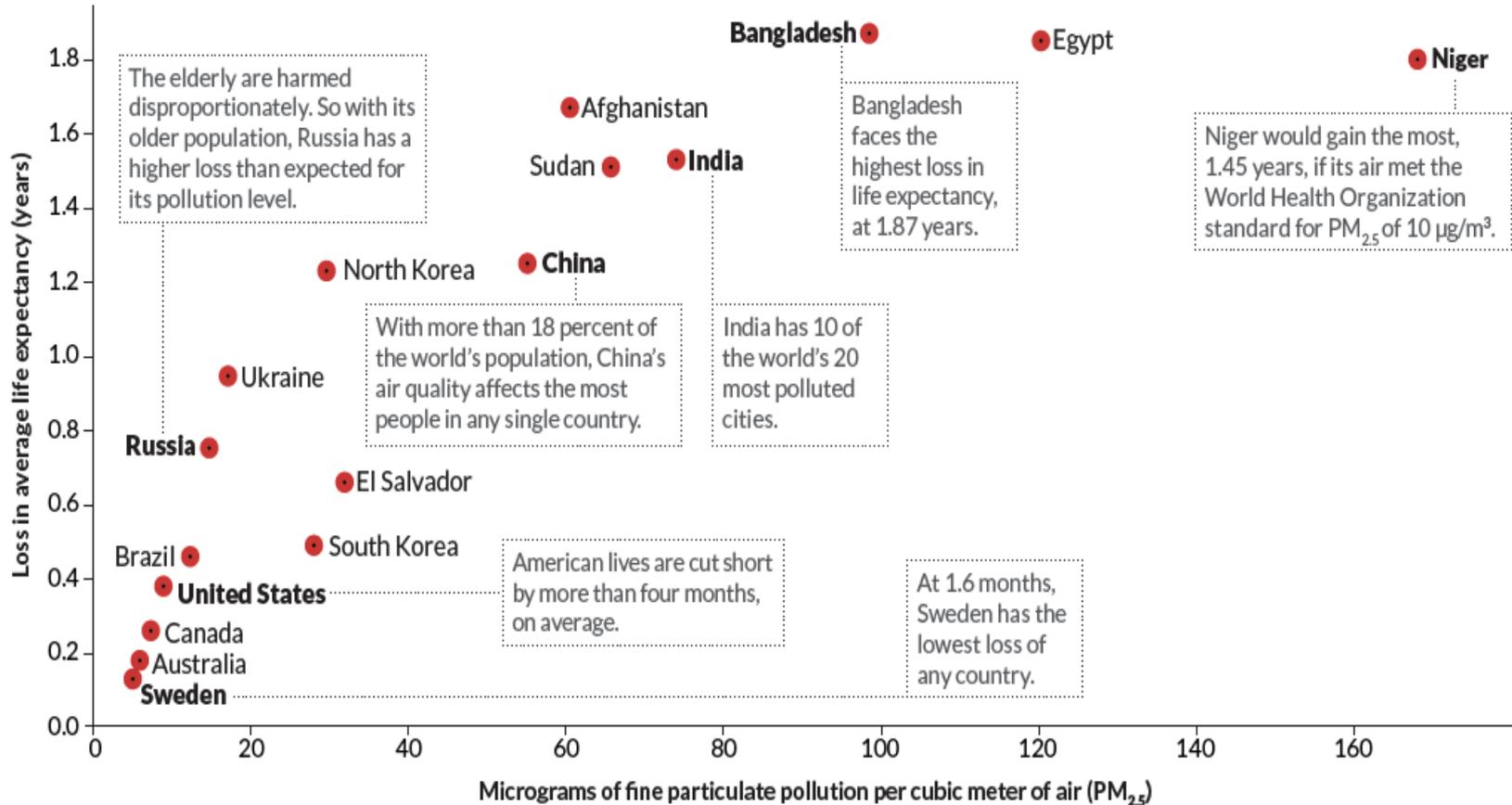
Courtesy of nasa.gov



Stanford | Sean N. Parker Center
MEDICINE | for Allergy & Asthma Research

PM_{2.5} is shortening lives around the world

How much air pollution shortens lives, for selected countries



Breathing more polluted air worsen the effects of COVID-19

- ✓ China study of 120 cities and found a significant relationship between air pollution and COVID-19 infection. (Zhu, 2020)
- ✓ NO₂ increased by 10 ug/m³ in the five years before the pandemic had 22% more Covid-19 cases vs PM had a 15% increase. (Tian, 2020; Wang, 2020)
- ✓ Yao et al found that air pollution was positively associated with increased COVID-19 mortality. (Yao, 2020)
- ✓ NO₂ associated with the transmission ability of COVID-19. (Yao, 2021)
- ✓ The United Kingdom's Office for National Statistics found that without controlling for ethnicity, long-term exposure to fine particulate matter could increase the risk of contracting and dying from COVID-19 by up to 7%. (United Kingdom's Office for National Statistics, August 13, 2020)
- ✓ 1 µg/m³ PM_{2.5} x 9.4 more COVID-19 cases, 3 more hospital admissions, and 2.3 more deaths in Netherlands city (Cole, 2020)
- ✓ For deaths in 66 regions of Italy, Spain, France & Germany, 78% of them occurred in most polluted 5 regions (Ogen, 2020)
- ✓ Mortality in northern Italy assoc w/ with the highest levels of air pollution. (Conticini, 2020)
- ✓ Petroni et al found an increase in exposure to hazardous air pollutants (HAPs) is associated with a 9% increase in COVID-19 mortality. (Environmental Research Letters, September 11, 2020)
- ✓ US long-term elevated pollution assoc with 8% increase in mortality for every 1 ug/m³ increase in PM_{2.5} (Wu, 2020)
- ✓ 4.6 ppb increase NO₂ from traffic assoc w/ 11% increase in mortality. (Liang, 2020)
- ✓ Increase in NO₂ of 8.7 ppb assoc w/ 35–60% increase in incidence & mortality in LA County (Lipsitt, 2021).



Air Pollution associated with prior epidemics and influenza

SARS

- ✓ Highly polluted area of China twice as likely to die from SARS than someone in an area with cleaner air (Cui, 2003)
- ✓ SARS epidemic - increases in particulate matter air pollution increased risks of dying from the disease (Kan, 2019)

MERS

Influenza

- ✓ Researchers have found that several viruses, including adenovirus and influenza virus, can be carried on air particles. Zhao et al found that particulate matter likely contributed to the spread of the 2015 avian influenza. (Scientific Reports, August 13, 2019)
- ✓ Chen et al found that air pollution can accelerate the spread of respiratory infections. (Environment International, January 2017)



Smoking increases respiratory infections, including COVID

Smoking doubles your risk of developing respiratory infections.

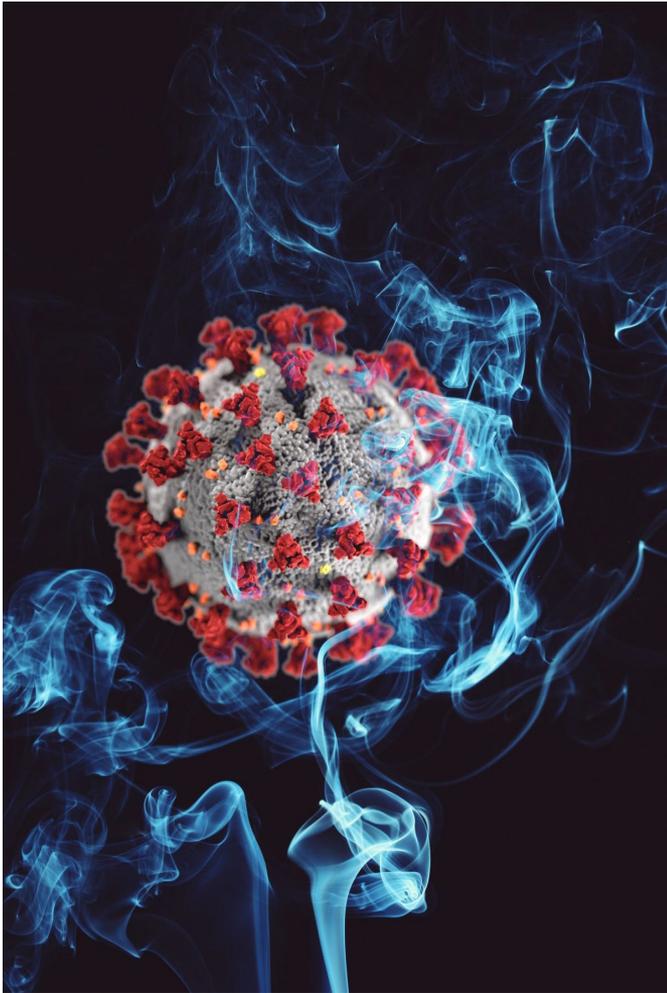
- Healthy volunteers (n=391) had 1 of 5 respiratory viruses, including a coronavirus, dropped in a liquid into their noses. Smokers were twice as likely to develop an infection (Cohen, 1993)
- Exposures to SHS and air pollution are associated with significant hypermethylation and decreased expression of *IFN-γ* in Tregs and *Foxp3* in Tregs (Nadeau, 2012).

Smoking doubles your risk of getting sicker from COVID-19

- Smoking is associated with getting sicker with COVID-19. In the largest study of 1099 people with COVID-19, people who smoke were 2.4 times more likely to be admitted to ICU, need mechanical ventilation or dying compared to those who did not smoke (Guan, 2020).

Smoking increases ACE2 receptors.

- Goblet cells (mucus-producing) make the most ACE2 receptors.
- Smoking increases goblet cells, increasing the amount of ACE2 in the lungs (Sheltzer, 2020)



The Why

THE IMMUNE SYSTEM

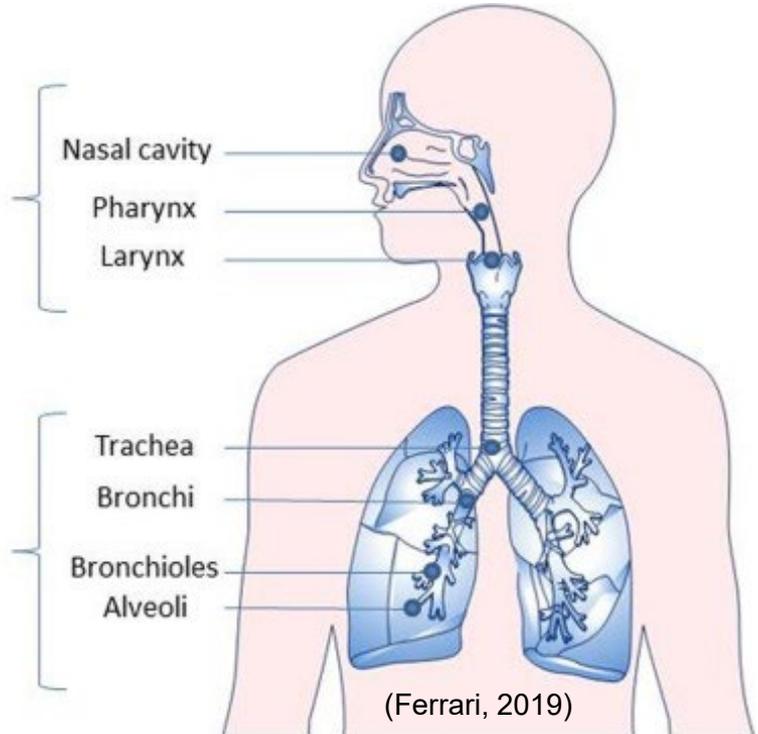
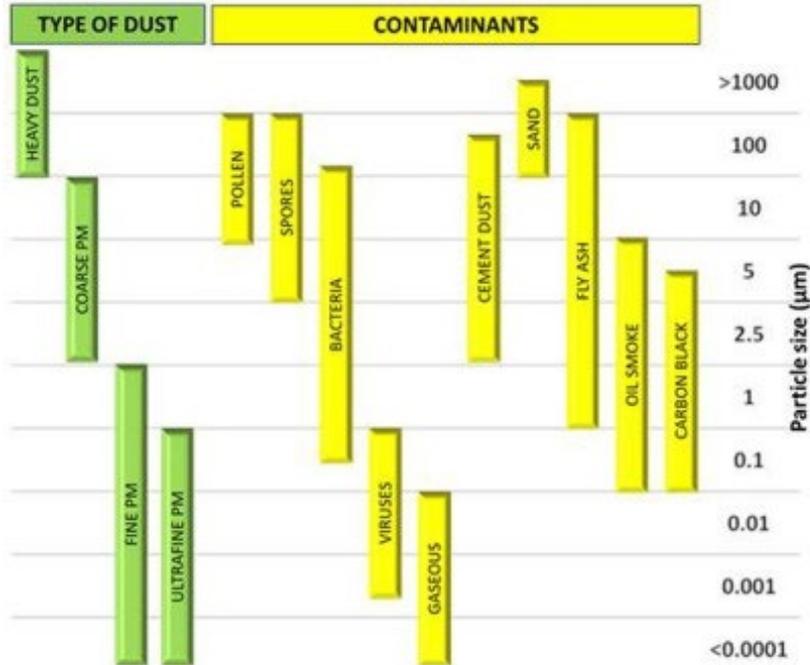
Air pollution exposure impairs the immune systems ability to defend against COVID



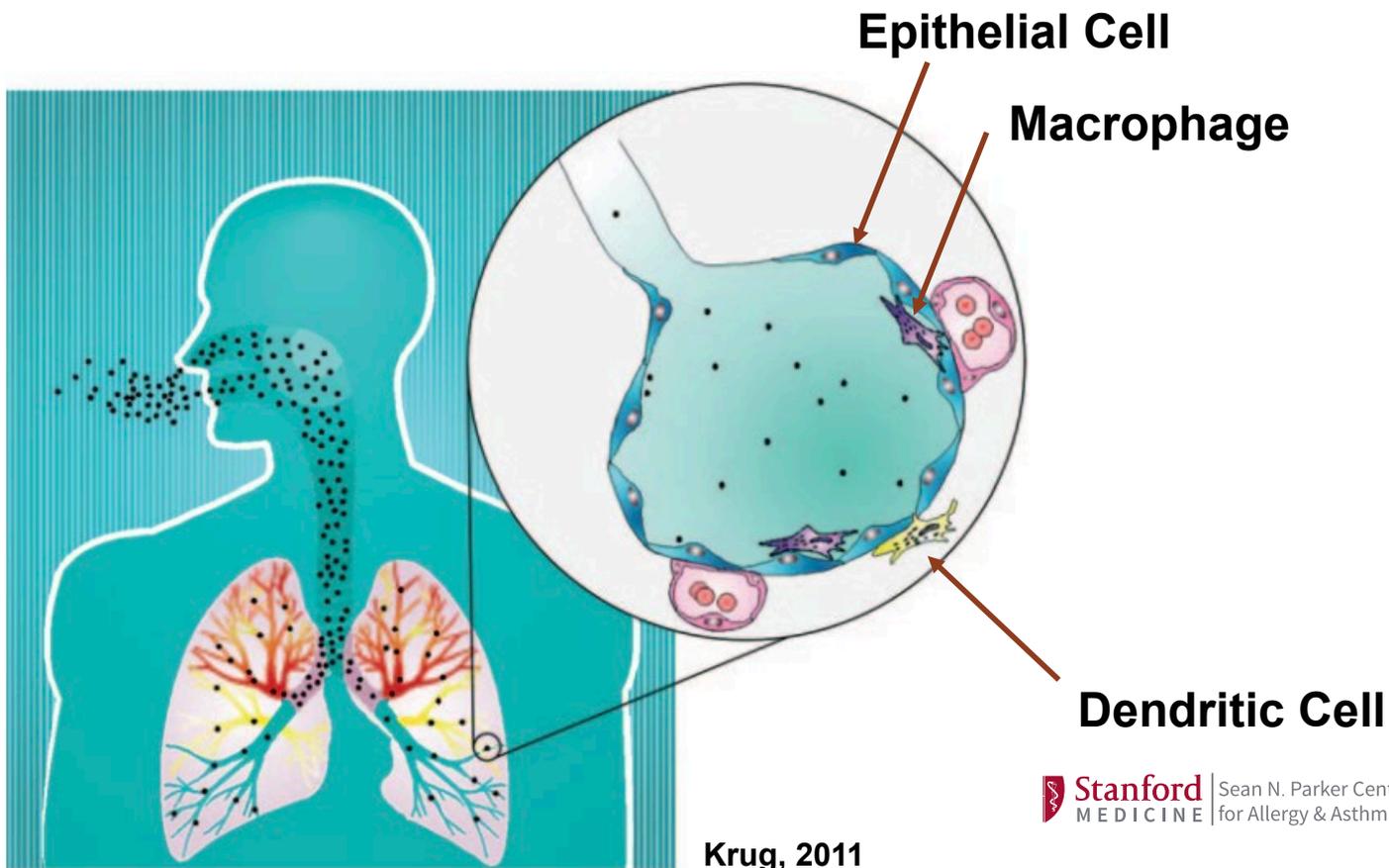
Stanford
M E D I C I N E

Sean N. Parker Center
for Allergy & Asthma Research

Depth of Inhalation Varies with Size

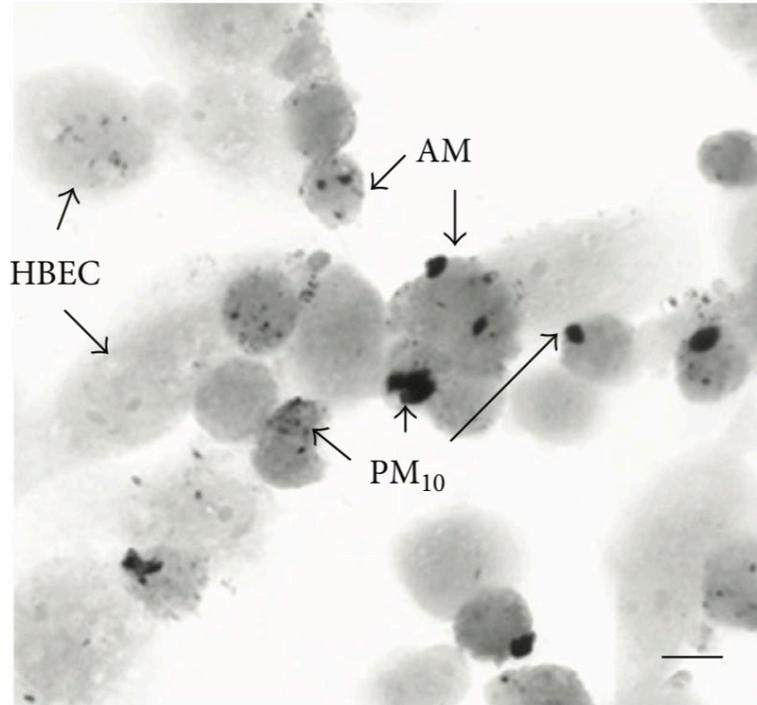


Wildfire Smoke Inhalation: Alveolar Barrier



Krug, 2011

Alveolar Macrophages



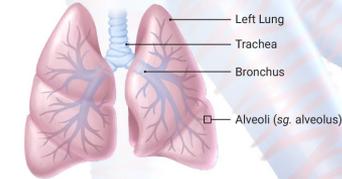
Hiraiwa, 2013

- Interact with other lung cells (e.g. bronchial epithelial cells and dendritic cells) to try to clear the PM from the lung
- mobilization of inflammatory cells from the bone marrow into the circulatory system
- production of acute phase proteins by the liver
- increase in circulating inflammatory mediators

COVID-19

HOW DOES IT AFFECT YOU?

Coronavirus Disease 2019 (COVID-19) is a pandemic caused by Severe Acute Respiratory Syndrome Coronavirus 2, also called SARS-CoV-2. Despite the widespread awareness regarding COVID-19, many are still unaware about how it affects the human body.

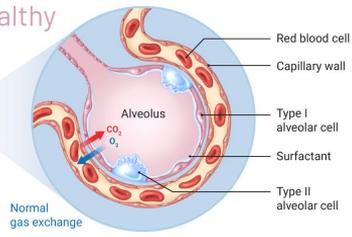


SARS-CoV-2 starts its journey in the nose, mouth, or eyes and travels down to the alveoli in the lungs. Alveoli are tiny sacs of air where gas exchange occurs.

Designed by Avesta Rastan
www.azuravesta.com
@azuravesta
@azuraviz

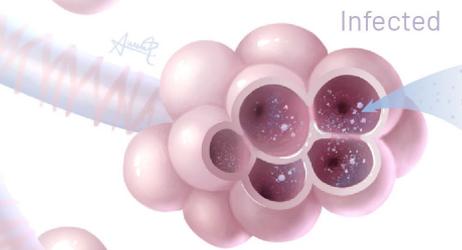


Healthy

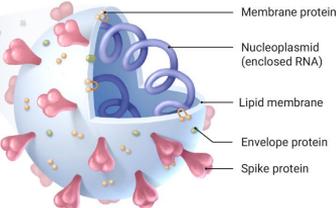


Gas Exchange

Each sac of air, or alveolus, is wrapped with capillaries where red blood cells release **carbon dioxide** (CO₂) and pick up **oxygen** (O₂). Two alveolar cells facilitate gas exchange; **Type I** cells are thin enough that the oxygen passes right through, and **Type II** cells secrete **surfactant** – a substance that lines the alveolus and prevents it from collapsing.



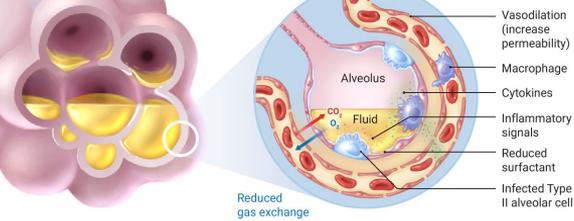
SARS-CoV-2 Structure



Viral Infection

The spike proteins covering the coronavirus bind ACE2 receptors primarily on type II alveolar cells, allowing the virus to inject its RNA. The RNA "hijacks" the cell, telling it to assemble many more copies of the virus and release them into the alveolus. The host cell is destroyed in this process and the new coronaviruses infect neighbouring cells.

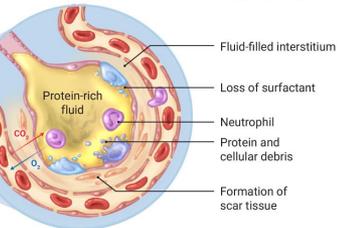
Moderate



Impaired Gas Exchange

When the immune system attacks the area of infection it also kills healthy alveolar cells. This results in three things that hinder gas exchange:

- 1) Alveolar collapse due to loss of surfactant from Type II cells
- 2) Less oxygen enters the bloodstream due to lack of Type I cells
- 3) More fluid enters the alveolus



Severe

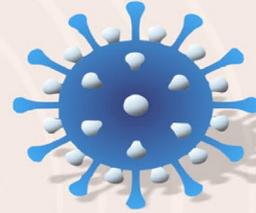
- Stay Home
Symptoms may start to show (e.g. dry cough, fever, etc.)
- Pneumonia develops
Shortness of breath
- Hospitalization
Dangerous for high-risk individuals; secondary infections may occur
- Intensive Care (ICU)
Patients may require ventilators and life-support
- Complications unrelated to COVID-19 may occur

With proper care, patients may recover at any point during this process

Immune Response

- 1 After infection, Type II cells release **inflammatory signals** that recruit **macrophages** (immune cells).
- 2 Macrophages release **cytokines** that cause vasodilation, which allows more immune cells to come to the site of injury and exit the capillary.
- 3 Fluid accumulates inside the alveolus.
- 4 The fluid dilutes the surfactant which triggers the onset of alveolar collapse, decreasing gas exchange and increasing the work of breathing.
- 5 **Neutrophils** are recruited to the site of infection and release Reactive Oxygen Species (ROS) to destroy infected cells.
- 6 Type I and II cells are destroyed, leading to the collapse of the alveolus and causing **Acute Respiratory Distress Syndrome** (ARDS).
- 7 If inflammation becomes severe, the protein-rich fluid can enter the bloodstream and travel elsewhere in the body, causing **Systemic Inflammatory Response Syndrome** (SIRS).
- 8 SIRS may lead to **septic shock** and **multi-organ failure**, which can have fatal consequences.

SARS-CoV-2



Coagulation

- ↑D-dimer
- ↑FDP
- ↑APTT and PT
- ↓Platelets

Storm of cytokines

- ↑ IL-6, IL-2, IL-4, TNF α

Mononuclear Cell

Cells Inflammatory

Pro-inflammatory cytokines



coagulation activation



Thrombin generation



Fibrinogen to fibrin



Impairment of natural anticoagulant pathways

Shut down of fibrinolysis

P-selectin

Activated platelet

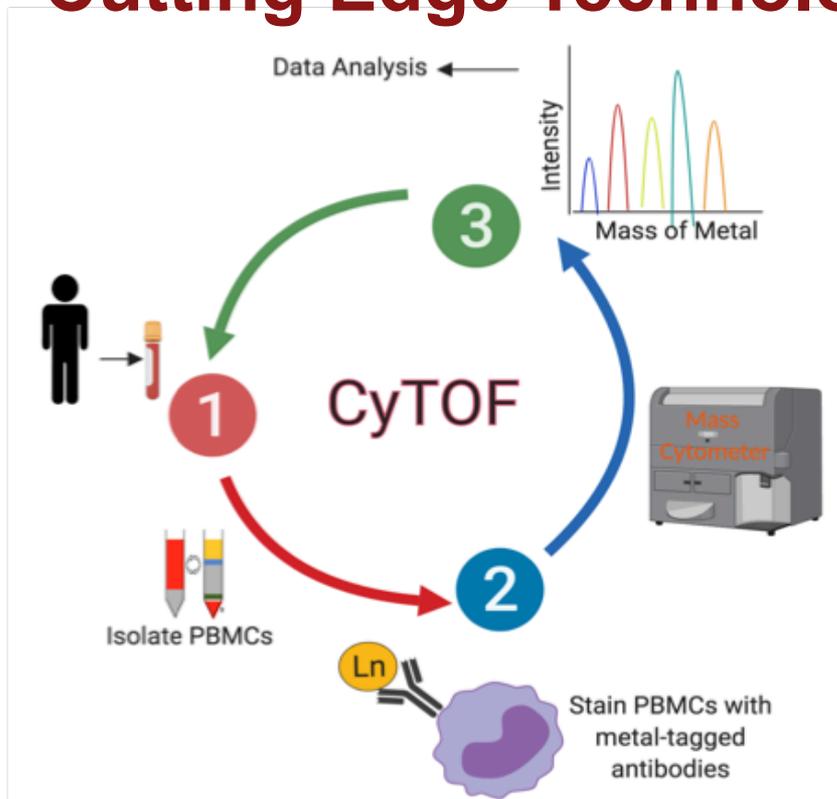


Vascular endothelium

Fibrin clot and platelets



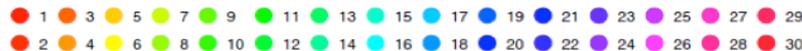
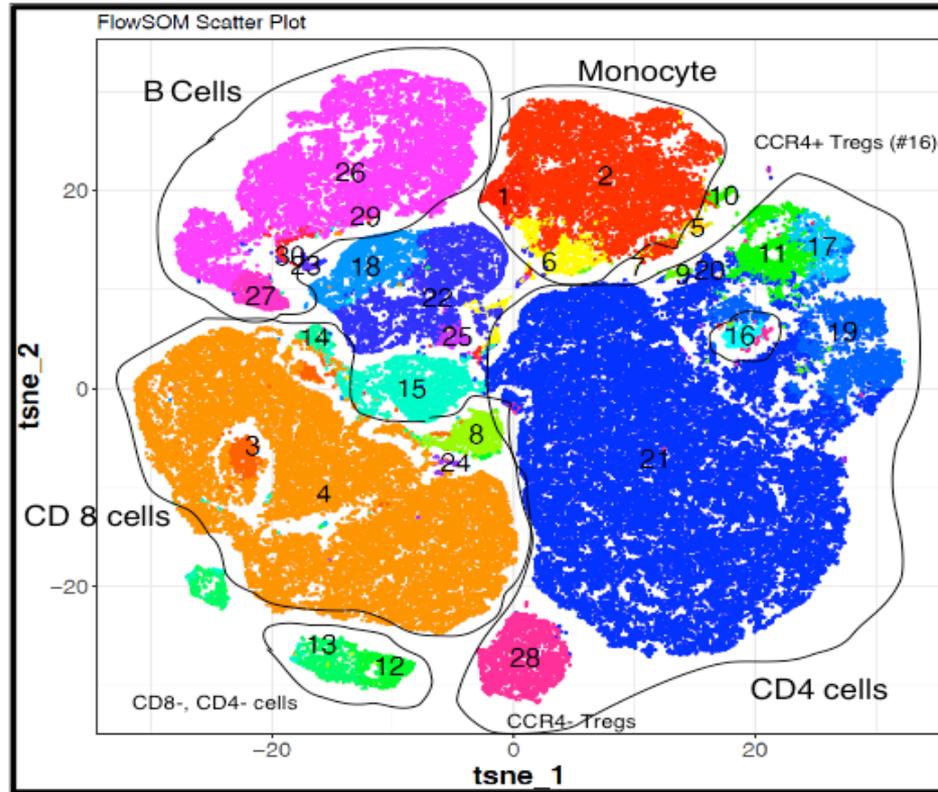
Cutting Edge Technology



Stanford
MEDICINE

Sean N. Parker Center
for Allergy & Asthma Research

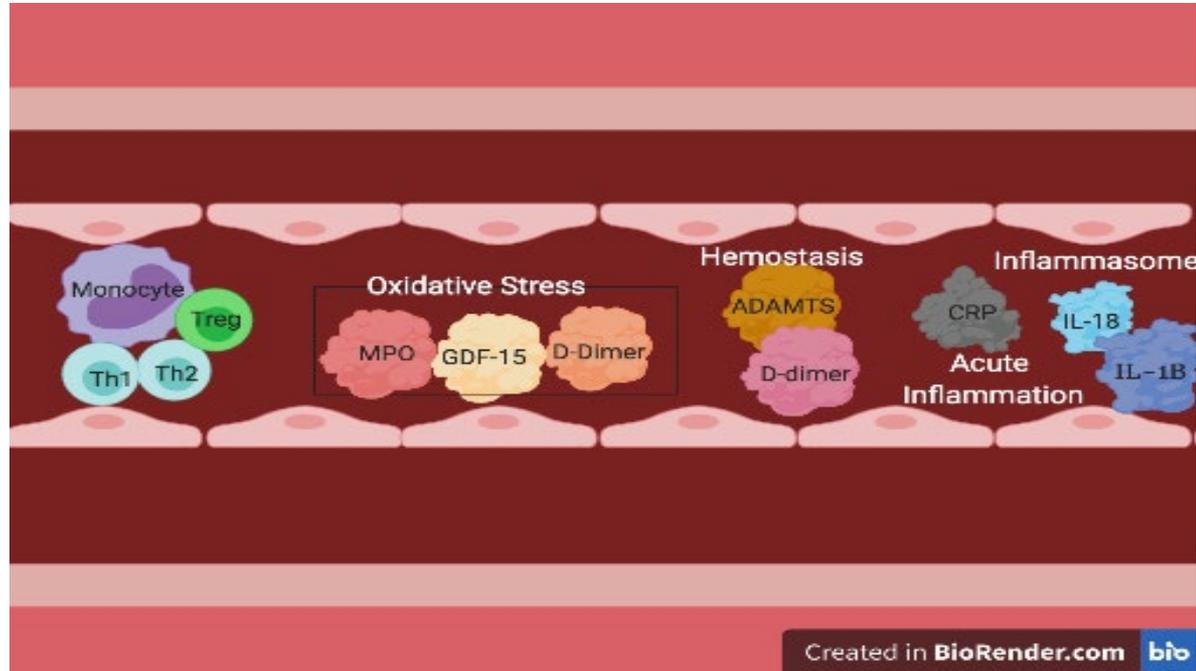
Immune Cell Plot



Stanford
MEDICINE

Sean N. Parker Center
for Allergy & Asthma Research

Inflammatory Biomarkers are Assoc with Air Pollution and COVID



Air pollution exposure is linked with methylation of immunoregulatory genes, altered immune cell profiles, and increased blood pressure in children. (Prunicki, 2021).

With Appreciation, Patients and Families, Clinical and Laboratory Team, Collaborators and funding

