

# Comparative assessment of indoor and outdoor air quality at a semi-urban site in Delhi for observing seasonal variations and potential health effects

Presentation by:

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# **PRESENTATION OUTLINE**

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# INTRODUCTION



Source: Guaita et al., 2011

#### **Epidemiological studies:**

Air pollution and Ambient PM ~increased hospital admission, morbidity & mortality globally. (Dockery et al., 1993; Pope et al., 1995, Pope et. al. 2004; Meister et al., 2012; Fang et al., 2013; Bhardawaj et al., 2017a; Bhardawaj et al., 2017b)

Delhi is consistently ranked among the top air polluted cities of the world.

(Bhardawaj et al., 2016)

#### **Global Mortality:**

5.5 million people worldwide including 1.4 million in India die prematurely due to fine PM. (AAAS, 2016).

Outdoor air pollution: 5<sup>th</sup> largest killer in India. (Vos et al., 2015)

#### **RESEARCH GAPS**



## **OBJECTIVES**

- 1. To perform a Comparative assessment study of indoor and outdoor air quality at a semi-urban site in Delhi for observing seasonal variations.
- 1. To predict the potential health effects at the observed air quality levels theoretically using epidemiological formulas.

### **METHODOLOGY**



#### **SITE INCLUSION CRITERIA**

- The *location* selected (i.e. Anand Vihar, Delhi, India) is a *semi-urban locality* nearby (within 1 km) an official outdoor air quality monitoring station (28.6502° N, 77.3027° E)
- A total of 12 houses (Code identified as A, B, C, D, E, F, G, H, I, J, K, L) were selected for indoor air quality monitoring.
- Only those houses were selected that *did not have any air purifier*.
- The owners of the houses selected were pre-briefed about the research and their consent taken voluntarily.



#### **DEVICE DETAILS**

- The IoT device used in this experiment i.e. AirCubic indoor air quality sensor model T1595 consists of 5 sensors has been developed by us that extracts continuous values for air quality parameters such as PM<sub>2.5</sub>, PM<sub>10</sub>, CO<sub>2</sub>, VOC, CO, RH, Temperature & Air Pressure at set time intervals from per second to per hour as per study needs. The device also contains a small fan which act as a inlet of the air.
- Of these parameters, PM<sub>2.5</sub>, PM<sub>10</sub>, CO, RH and Temperature were included in this study recorded at five minute intervals.
- The IoT device has a built in Microcontroller with Wi-Fi functionality which sends the continuous stream of data to the cloud.







Number of Days/month with Outdoor PM<sub>2.5</sub> in different value ranges (µg/m³)















- On an average, the CO concentration was 1.19 times more indoors than outdoors at the select locations.
- Primary reason: **Poor ventilation.**





- Annual Average Outdoor RH in Anand Vihar: 67% (2021).
- Annual Average indoor RH at selected locations: 79% (2021).
- Outdoor RH Seasonal Variation was 42% (Summer) to 82% (Monsoon).
- Most humid months: September (82%) & August (81.8%).
- Least humid months: May (41.7%) & April (44.4%).

- Relative humidity (RH) affects the natural deposition process of Particulate Matter (PM).
- Moisture particles adhere to PM, accumulating atmospheric PM concentration.
- With increasing humidity, moisture particles eventually grow in size to a point where 'dry deposition' occurs, reducing PM<sub>10</sub> concentrations in the atmosphere.
- This correlates with the air quality observed during the experimental period as the **highest RH** values were observed during August & September that also reported the lowest PM<sub>10</sub> concentrations.



#### Hazard ratio (HR) [Outdoor]:

HRi = Ci/RfCi

Where,

HRi: Hazard Ratio

Ci: Average concentration

RfCi: Corresponding reference concentration

Pollutant	Hazard Ratio
PM <sub>10</sub>	2.744
PM <sub>2.5</sub>	2.147
СО	0.785

## **Potential Health Effects**

• Cardiopulmonary mortality associated with long-term exposure to PM<sub>2.5</sub> (log - linear exposure) is expressed by the following Relative risk function for >30 years old:

#### $RR = [(X + 1)/(X_0 + 1)]^{\beta}$

where Suggested  $\beta$  coefficient (95% CI) is 0.15515 (0.0562, 0.2541)

[Pope et al., 2002; Ostro et al., 2004]

X = Current pollutant concentration ( $\mu$ g/m<sup>3</sup>) Xo = target or threshold concentration of pollutant ( $\mu$ g/m<sup>3</sup>) \*Recommended relationships assuming background concentration for PM<sub>10</sub>=10  $\mu$ g/m<sup>3</sup> and for PM<sub>2.5</sub>=3  $\mu$ g/m<sup>3</sup>

 For Delhi the outdoor PM<sub>2.5</sub> values have been recorded as high as 999 μg/m<sup>3</sup>. The following table presents theoretical RR values based on above formula for different ranges of PM<sub>2.5</sub> values:

PM <sub>2.5</sub> value ranges (µg/m <sup>3</sup> )	Calculated Theoretical RR Ranges
0-100	0-1.081
101-200	1.081-1.203
201-300	1.203-1.286
301-400	1.286-1.339
401-500	1.339-1.386
501-600	1.386-1.426
601-700	1.426-1.460
701-800	1.460-1.491
801-900	1.491-1.518
901-1000	1.518-1.543

- Averaging across all locations, indoor PM<sub>2.5</sub> & PM<sub>10</sub> in Anand Vihar locality, Delhi were 73% & 78% of outdoor air.
- The variation in outdoor and indoor air quality parameters varied **more during winters than other seasons**. Hence the role of temperature was quite significant.
- PM and RH values were less indoors than outdoors whereas CO levels were more indoors than outdoors.
- The theoretical Relative Risk of Cardiopulmonary mortality associated with long-term exposure to PM<sub>2.5</sub> (log - linear exposure) has been calculated & varies from 0-1.543 for PM<sub>2.5</sub> values 0-1000 µg/m<sup>3</sup>.
- In most cases the values of CO, PM<sub>2.5</sub> & PM<sub>10</sub> parameters obtained were above permissible limits as per Indian & international standards which may lead to chronic and acute negative health effects, morbidity and mortality; if the exposure is for a long duration of time.

### **CONCLUSIONS**

- There is an **urgent need for installing** a huge **web of stationary and mobile air quality monitoring stations** for observing outdoor air quality and compact sensorbased air quality monitoring devices for examining indoor air quality.
- The public in general needs to be educated more about the adverse health effects of pollution and make them understand that *clean air is not a privilege but a right*.

#### Scientific & Social contribution of this Research

 It is expected that this research will help motivate the policy makers, government officials and public in general to install more indoor air quality sensors as a necessary health monitoring equipment and increase the number of outdoor monitoring stations to help the residents in planning their daily activities as per the prevailing indoor and outdoor air quality to reduce the exposure to pollutants and lead a healthy life.

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#### **Thank You**