

STRUCTURE OF MY PRESENTATION



- 1.Introduction & Background
- 2. Research Plan including progress and next stage

Data Linkage stage/Retrospective Study

3. Significance & Conclusion



INTRODUCTION





"Climate change is the biggest global health threat of the 21st century" Lancet 2009¹

More frequent and severe extreme events such as bushfires are predicted to get intense².

Exposure to smoke from bushfires is a serious public health problem

¹Costello A et al. Lancet &UCL.2009

²Westerling AL et al. Science 2006

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PREDICTIONS



- Increase in number of severe fire weather days in SE Australia
- More days with temperatures over 35°C
- Frequent droughts
- Increased risk of bushfires and heat waves

	2020		2050	
	Low global warming (0.4°C)	High global warming (1°C)	Low global warming (0.7°C)	High global warming (2.9°C)
Very high	+2-13%	+10-30%	+5-23%	+20-100%
Extreme	+5-25%	+15-65%	+10-50%	+100-300%

Percentage change in the number of days with very high and extreme fire weather

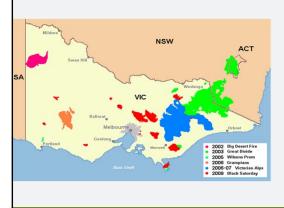
Lucas H et al. Consultancy Report 2008

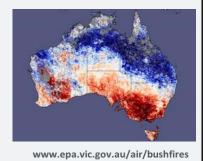
BUSHFIRES IN VICTORIA



Victoria is one of the most fire prone regions in the world and bushfires are an inherent part of the Victorian environment

Victoria has had a number of severe bushfires during the past 100 years





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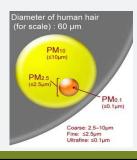
PARTICULATE MATTER



Bushfire smoke consists of pollutants which can affect health

PM (particulate matter) is the pollutant of most concern and is associated with most of the adverse health effects.

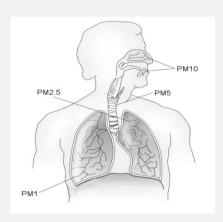
PM concentrations can reach extreme levels, travel vast distances, and affect densely populated areas far from their source



Particulate Matter classified according to their aerodynamic diameter into size fractions

PM DEPOSITION IN THE RESPIRATORY SYSTEM





With ease of inhalation deep into the respiratory tract, particulates can readily exacerbate respiratory conditions including asthma, chronic respiratory disease

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PM AND CARDIOVASCULAR HEALTH



PM inhaled into the lungs may affect CV health in a number of ways



- Promote ischemic events/acute events
- > Hypertension
- ➤ MI
- Heart failure
- Arrhythmias
- Cardiac arrest
- > Chronic events: Atherosclerosis





RANGE OF HEALTH EFFECTS OF PM EXPOSURE | mortality | | hospital | | admissions | | emergency room visits | | physician office visits | | reduced physician performance | | medication use | | severity of | | effect | | severity of | | effect | | younged to be proportion of population affected | | World Health Organization. 2006 | Population at risk: children, elderly, pre existing cardiorespiratory condition, people | | working at the fire front and indigenous community

CHALLENGES & GAPS



- ➤ Challenges associated with **exposure assessment** : e.g. exposure is unpredictable and rarely constant, pollutants are diverse and complex
- ➤ Limited number of studies evaluating the health impact of air pollution from bushfire smoke in the community as compared to studies in urban air pollution
- > Studies investigating the impact of bushfire smoke on **subtle health effects** are sparse
- > Little is known regarding susceptibility of subgroups in the community



RATIONALE



This study is important for two main reasons:

- 1. The results will provide an insight into the health effects on communities living in regional and peri-urban areas of Victoria
- 2. This study will allow for more accurate exposure assessment including areas with no air quality monitors



RESEARCH PLAN



AIM

To assess the *cardiovascular and respiratory health* effects from exposure to air pollutants emitted from bushfire smoke in the rural and urban communities in Victoria

Hypothesis

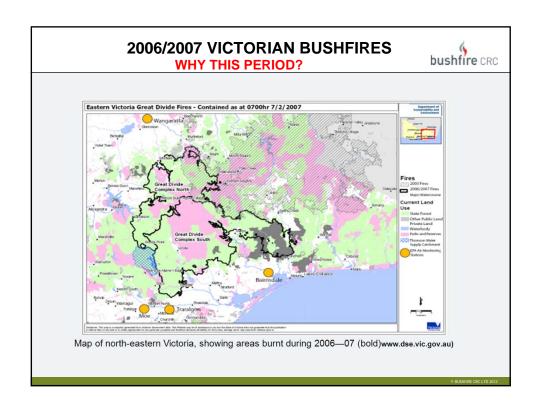
Exposure to particulate matter air pollutants due to bushfire smoke increases the risk of adverse cardio respiratory health outcomes in the affected communities

DATA LINKAGE STAGE / RETROSPECTIVE STUDY



This stage will focus on the *cardiorespiratory* health effects from 2006/2007 Victorian bushfires

- > Large population based epidemiological study
- > Data collected retrospectively for the entire state of Victoria
- Health outcome data: Large health registries and hospital databases
- > Air exposure data : Air quality models



PM DURING 2006/2007 BUSHFIRES National standard for PM₁₀ levels was exceeded over 34 days Advisory standard for PM_{2.5} levels was exceeded over 16 days **PM2.5** PM10 **PM2.5** **PM2.5** PM10 **PM2.5** **PM2.5** PM10 **PM2.5** **PM2.5** PM10 **PM2.5** **P





This study will seek to explore whether elevated levels of PM during the bushfire period was related with changes in the cardiorespiratory health outcomes

Air Exposure Data

CSIRO Marine & Atmospheric Research Victoria (CMAR)
(Air quality Models)



Daily average PM₁₀ and PM_{2.5} levels Meteorological Data Postcode



DATA SOURCES



Health Outcome Data

Department of Health



VAED (Admission episodes)

ICD-10 AM code Cardiovascular Disease Respiratory Disease

VEMD (Emergency attendance)

Ambulance Victoria

VACAR (Out of hospital cardiac arrest: cardiac etiology)



De identified data has been received (event code, postcode, date of the event, gender, age etc.)



Melbourne : 2006-2007 Bushfires. Out of hospital cardiac arrest

Association between daily air pollutant concentrations and outof-hospital cardiac arrests: Percent increases of risk associated with an interquartile range

	%	95% CI	IQR
PM10	6.58	.42, 13.11	11.67µg/m³
PM _{2.5}	4.51	.48, 8.70	6.01µg/m ³

Dennekamp M et al 2011

STUDY DESIGN AND ANALYSIS



A time stratified *case cross over study design* will be used adjusted for temperature and humidity.

Time stratified into months and day of week. Reference days - the same day of week within the same month. → Elimination of confounding by day of week and monthly trends, elimination of selection bias

Association between health outcomes and PM levels analysed using conditional logistic regression models

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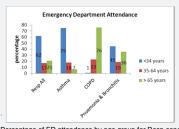
DESCRIPTIVE ANALYSIS VEMD

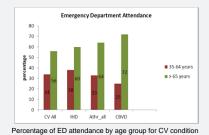


Percentage of emergency department attendance for cardiorespiratory condition Victoria (January 2006-December 2007)

Of all the ED attendances for CR conditions **65%** diagnosed as having a respiratory disease and **35%** as having a cardiovascular disease

Of all the ED attendances for CR conditions 53% were males and 47% females





Percentage of ED attendance by age group for Resp condition

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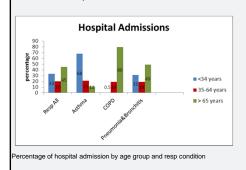
DESCRIPTIVE ANALYSIS VAED

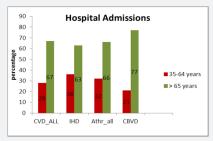


Percentage of Hospital admissions for cardiorespiratory(CR) conditions Victoria (January 2006-December 2007)

Of all the hospital admissions for CR conditions 47% diagnosed as having a respiratory disease and 53% as having a cardiovascular disease

Of all the hospital admissions for CR conditions 54% were males and 46% females





Percentage of hospital admission by age group and CV condition

DESCRIPTIVE ANALYSIS VACAR



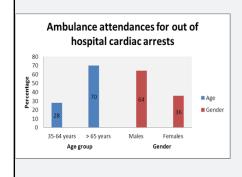
Percentage of ambulance attendances for out of hospital cardiac arrests Victoria

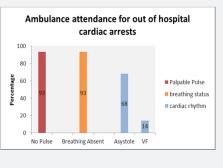
(January 2006-December 2007)

There were 6356 ambulance attendances for cardiac arrests



72% were attended by MAS and 28% were attended by RAV





SIGNIFICANCE





This study has major public health implications:

- ➤ It will advance the understanding of the health impacts of smoke from bushfires in the rural and urban communities
- Allow for targeted evidence based advice to the clinicians and policy makers of the measures required to implement appropriate preventive strategies



ACKNOWLEDGEMENT





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