

Wildfire, Air Quality, and Viral Respiratory Infections (including COVID-19)

Sarah B. Henderson

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National Academies of Sciences, Engineering, and Medicine Workshop



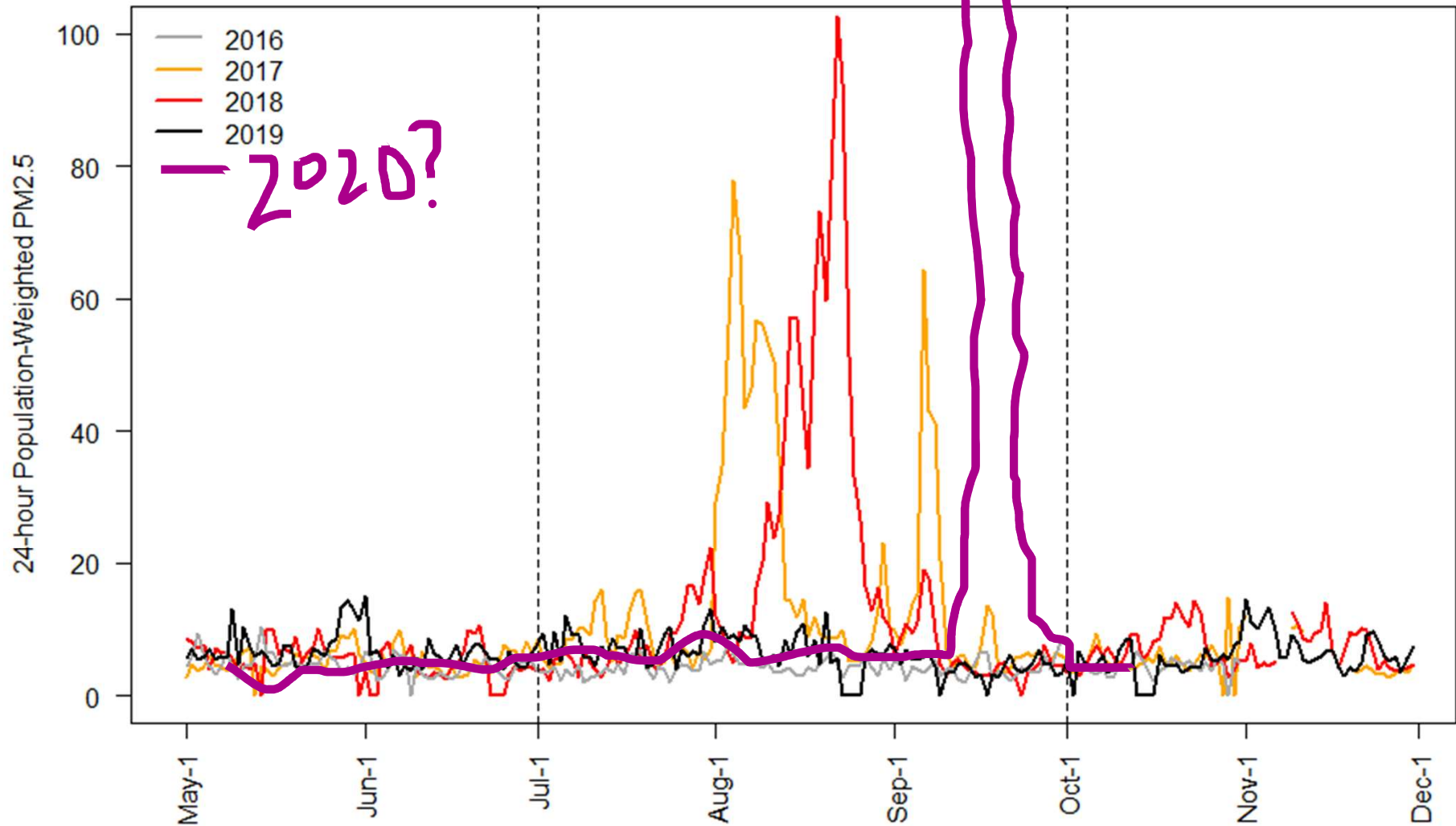
BC Centre for Disease Control



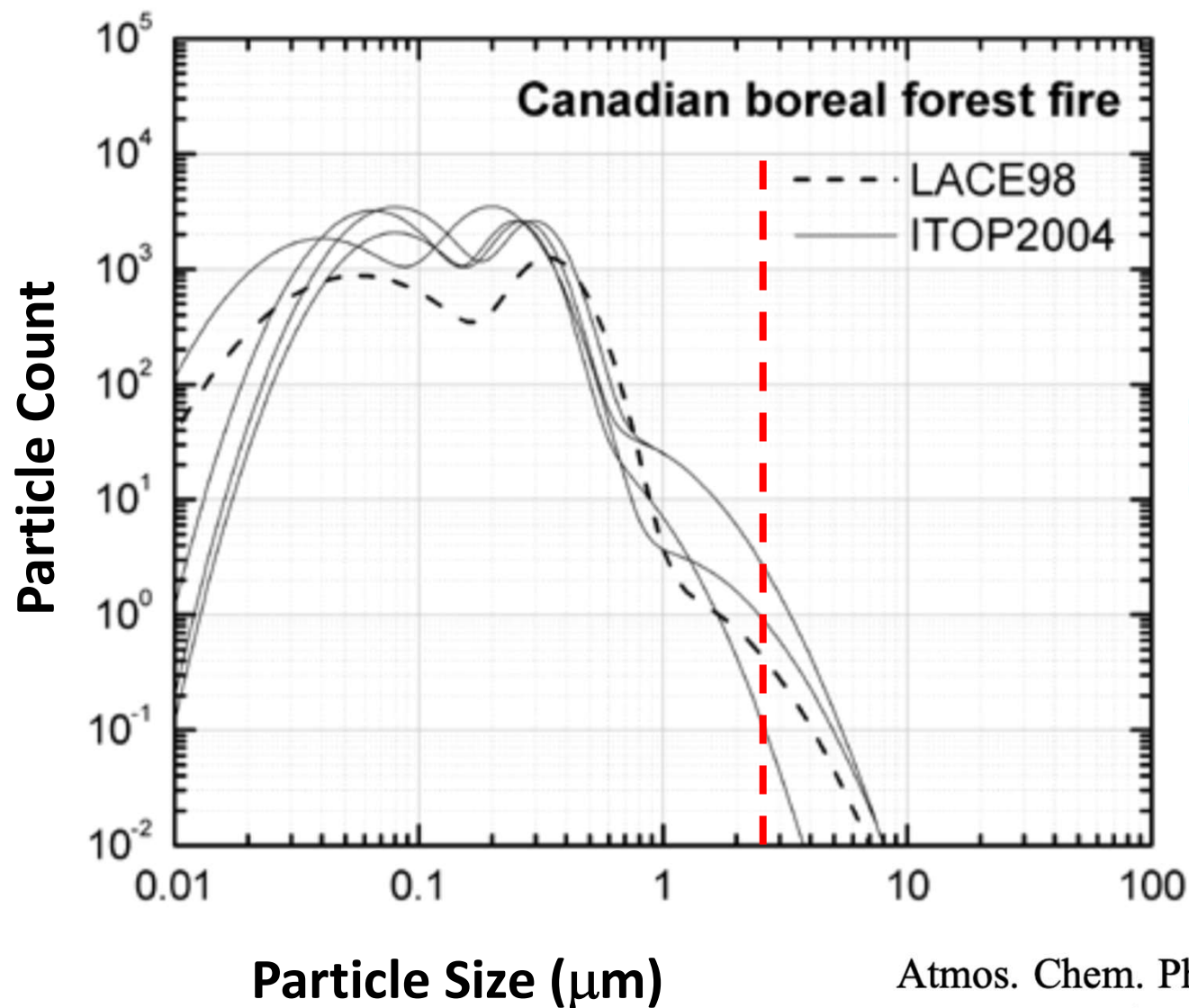
Key messages

- Wildfire smoke is different from other types of ambient pollution
- Smoke exposure can affect susceptibility to respiratory viruses via different mechanisms
 - 1) Disrupted immune and ciliary function
 - 2) Interactions between acute health effects
 - 3) Longer-term immunosuppression
- We must learn from the 2020 experience
- We must plan for smoke with ongoing COVID-19, influenza, and future pandemics

BC has had extreme and prolonged
smoke in 3 of 5 seasons

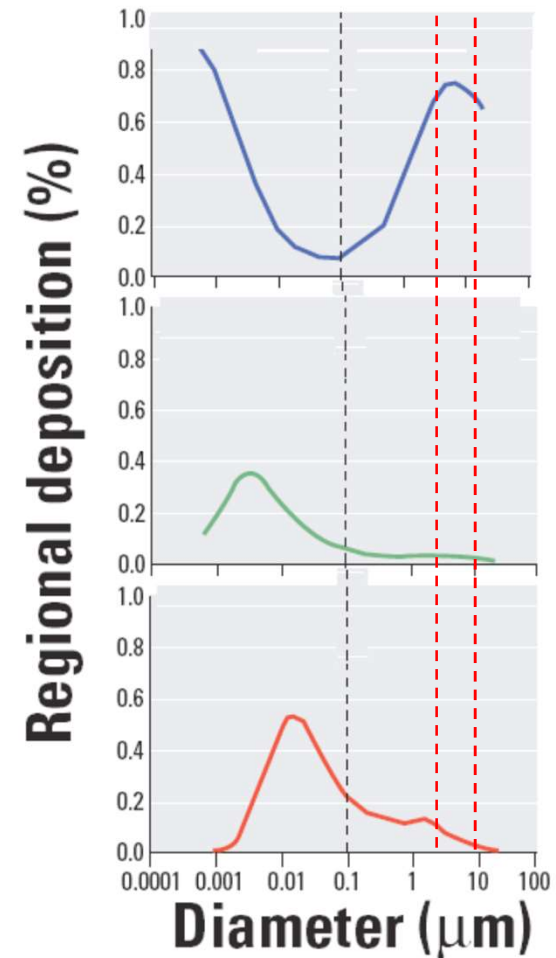
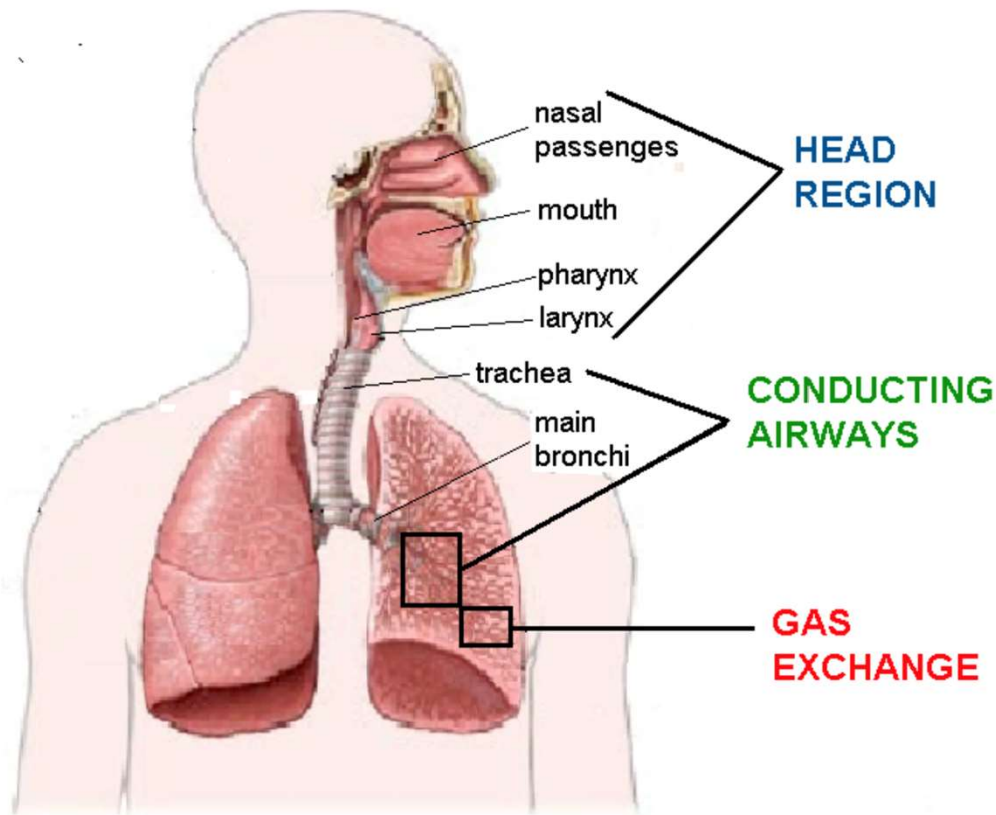


Most Smoke $\text{PM}_{2.5} \lll 2.5 \mu\text{m}$



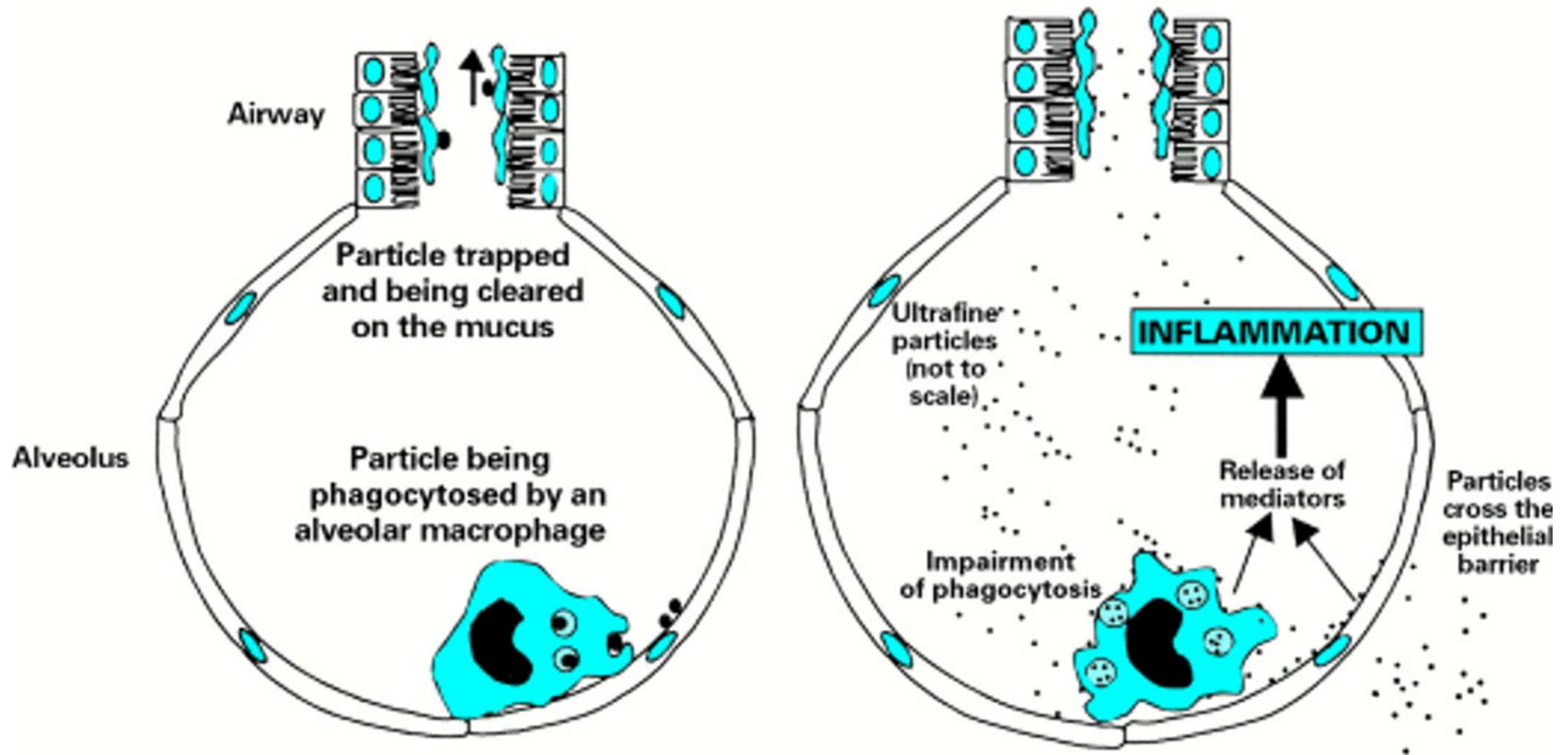
Atmos. Chem. Phys., 13, 2487–2505, 2013
www.atmos-chem-phys.net/13/2487/2013/
[doi:10.5194/acp-13-2487-2013](https://doi.org/10.5194/acp-13-2487-2013)

The smaller the particles, the deeper they go into your lungs



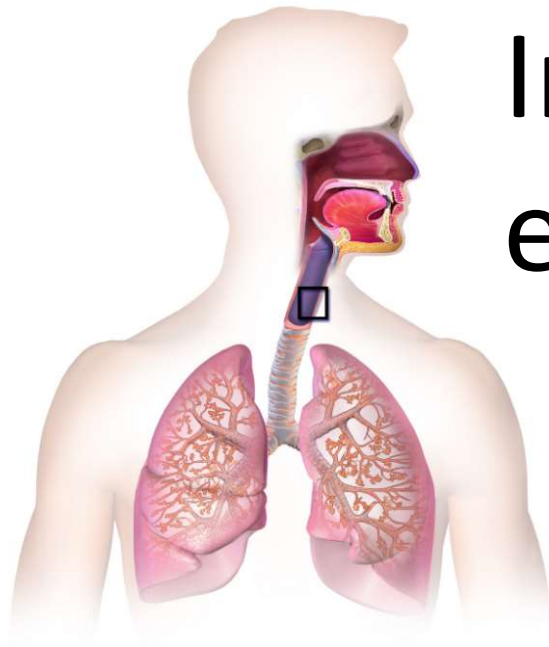
Particle deposition and clearance from the respiratory tract: <https://tinyurl.com/y7uzpk8k>

Impairment of immune function

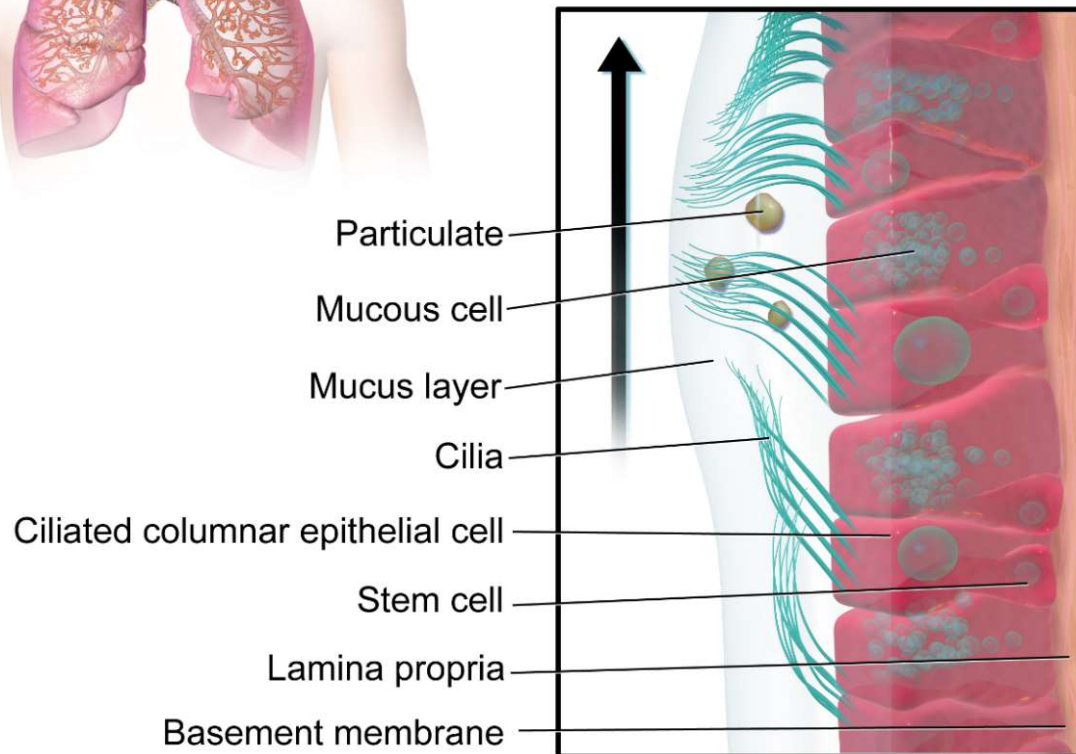


Donaldson K, Stone V, Clouter A, *et al* Ultrafine particles. *Occupational and Environmental Medicine* 2001;**58**:211-216.

Impairment of epithelial cilia



Movement of mucus to the pharynx



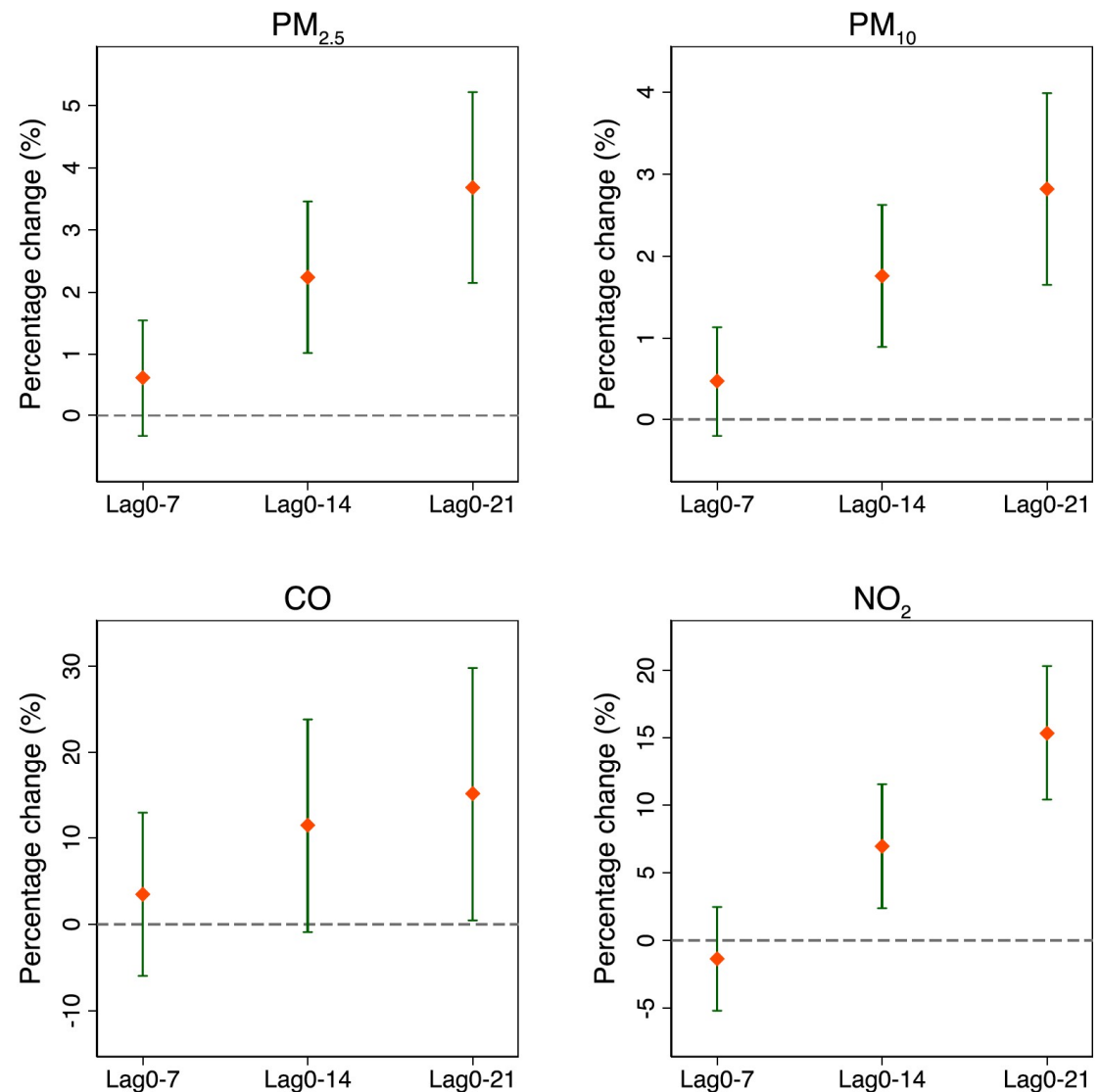
Epithelial cilia:
sweep mucus
and dirt out of
the respiratory
tract

Association between short-term exposure to air pollution and COVID-19 infection: Evidence from China

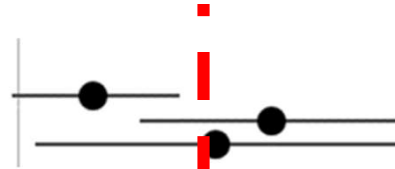
Positive associations of $PM_{2.5}$, PM_{10} , CO, NO_2 and O_3 with newly diagnosed COVID-19

Controlled for meteorology, city size and density, and lockdown start, but not otherwise

Possible artefact of there likely being more testing in symptomatic

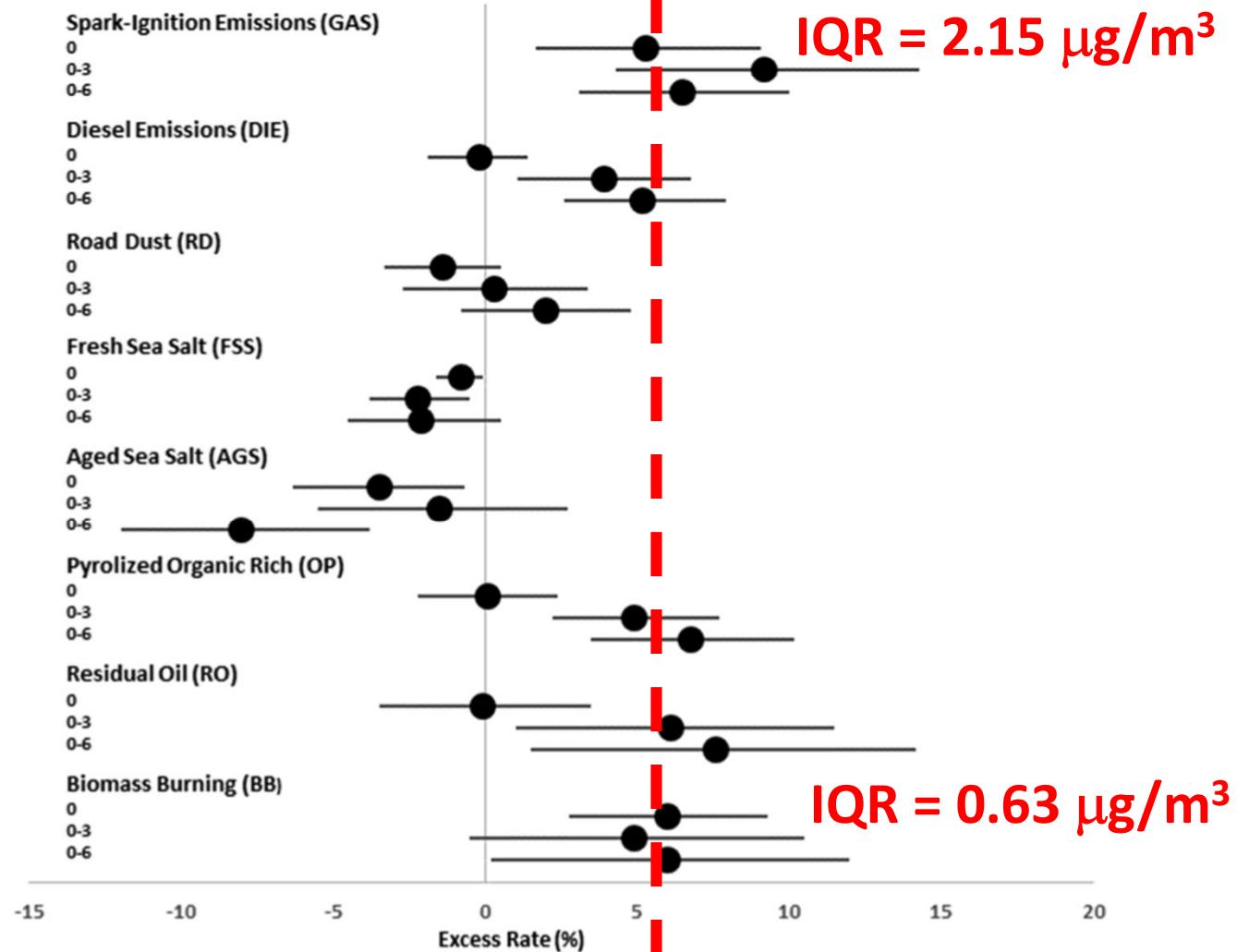


Total PM_{2.5}
0
0-3
0-6



Associations between Source-Specific Particulate Matter and Respiratory Infections in New York State Adults

Daniel P. Croft,^{*,†,lb} Wangjian Zhang,[⊥] Shao Lin,[⊥] Sally W. Thurston,[‡] Philip K. Hopke,^{†,§,#,lb}
Edwin van Wijngaarden,^{§,||} Stefania Squizzato,[§] Mauro Masiol,[§] Mark J. Utell,^{†,||} and David Q. Rich^{†,§,||}



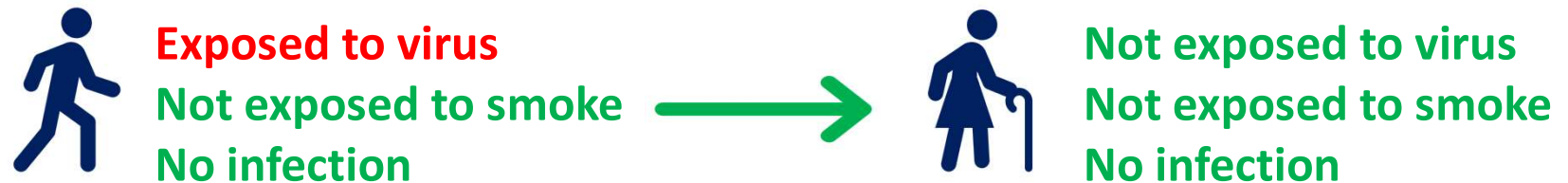
Co-exposure to wildfire smoke and respiratory viruses may lead to:

1. More cases of COVID-19 disease

Scenario #1



Scenario #2

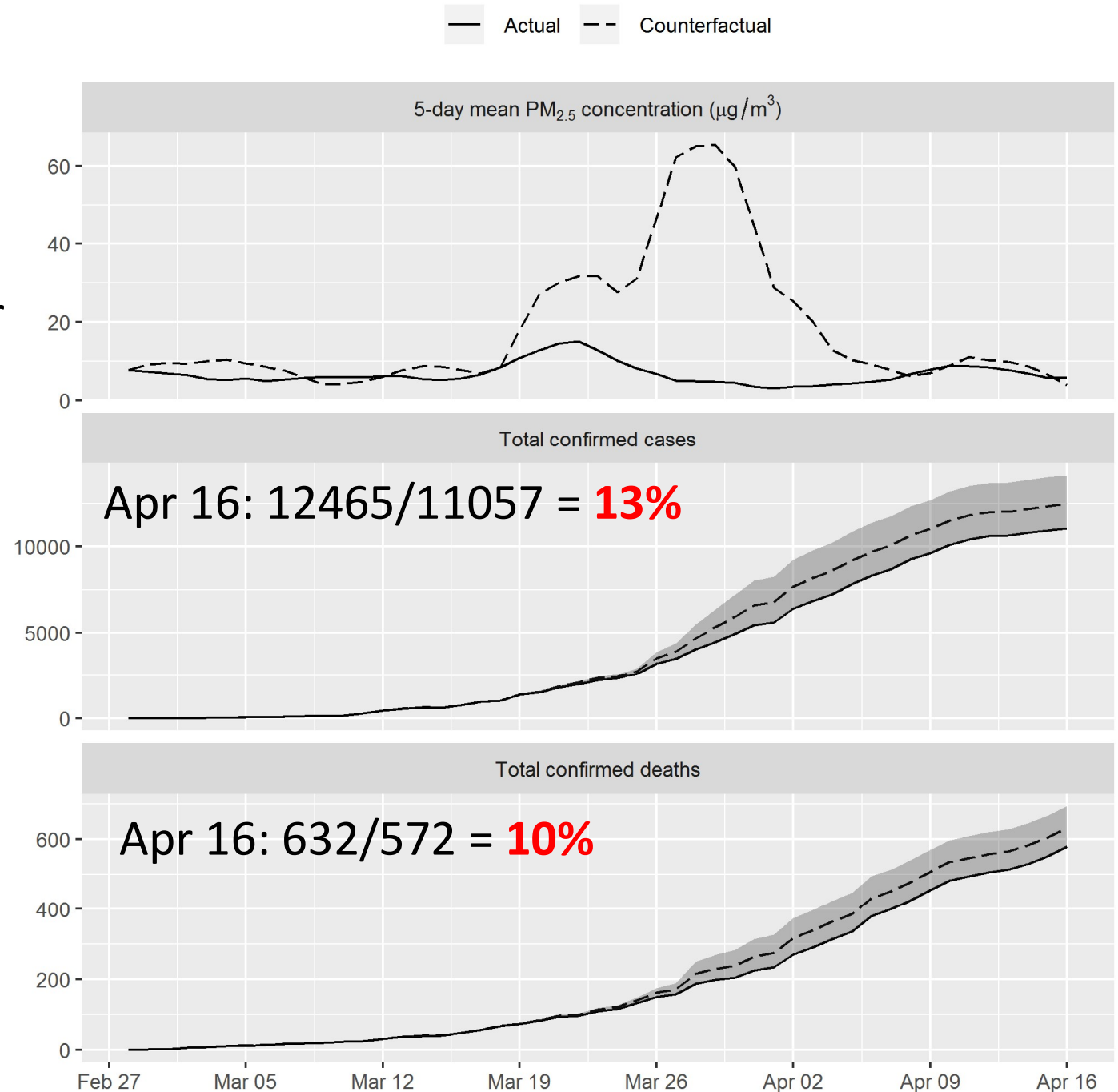


2. More severe infections

AJPH Editorial

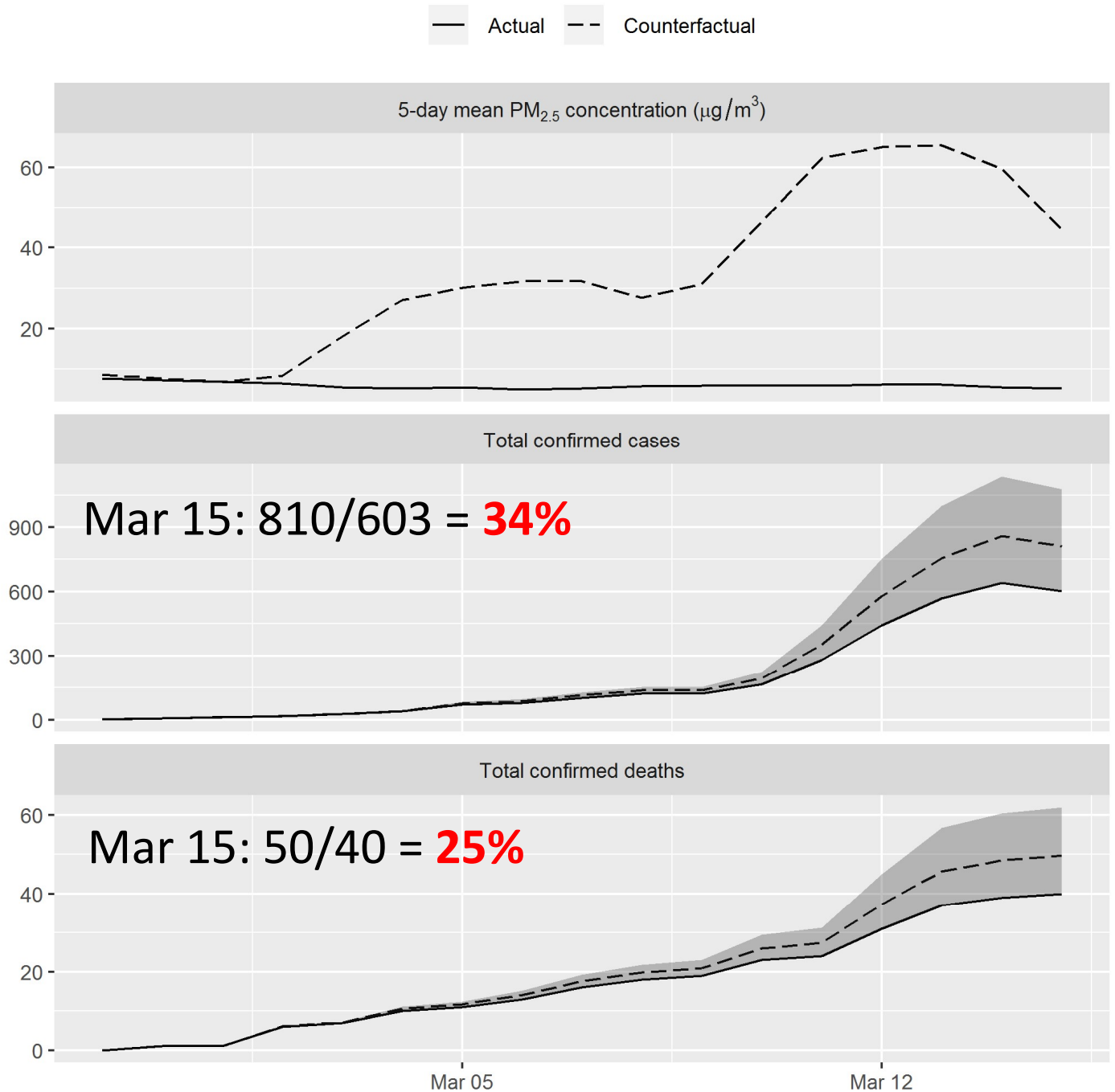
Summer 2018 air
quality in WA
applied to spring
2020 COVID-19
cases

<https://ajph.apha.org/publications.org/doi/10.2105/AJPH.2020.305744>



Depends on timing along the curve

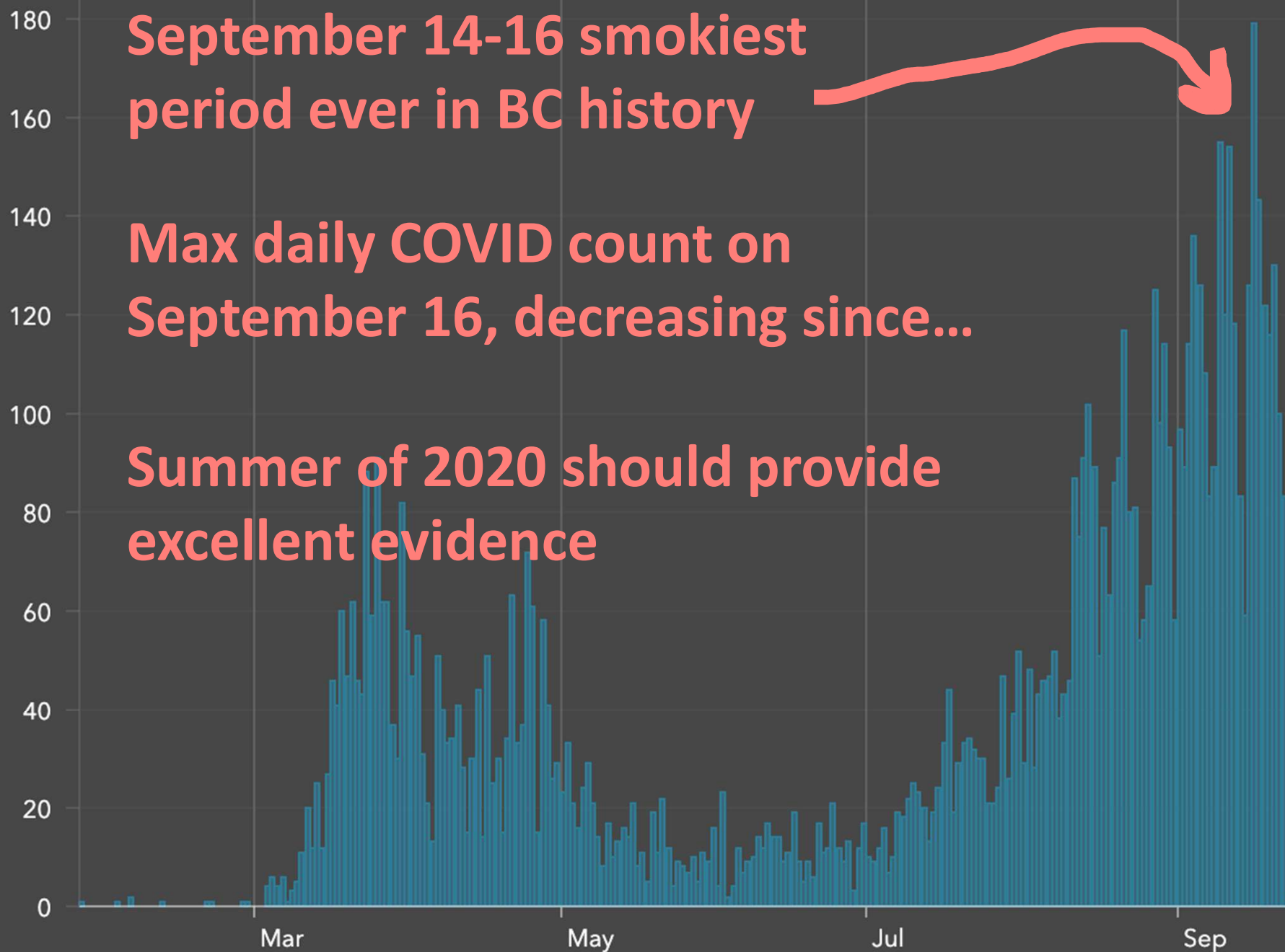
Implications
for potential
subsequent
waves in
summer and
fall



**September 14-16 smokiest
period ever in BC history**

**Max daily COVID count on
September 16, decreasing since...**

**Summer of 2020 should provide
excellent evidence**



Interaction between the acute health effects

The health effects of wildfire smoke and COVID-19, colour-coded by strength of the evidence (darker = stronger).

Wildfire smoke

- Respiratory
- Cardiovascular
- Diabetes
- Pregnancy
- Cognitive
- Mental health

COVID-19 infection

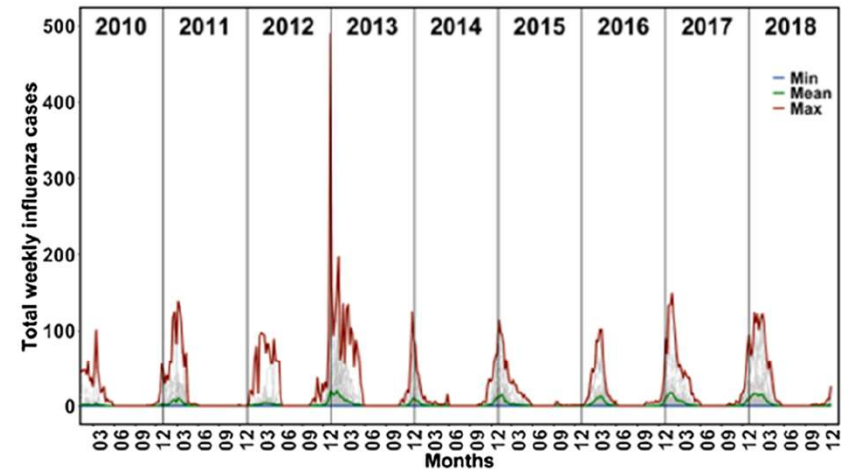
- Respiratory
- Cardiovascular
- Kidney
- Pregnancy
- Central nervous system
- Mental health

Smoke may increase susceptibility to future infections

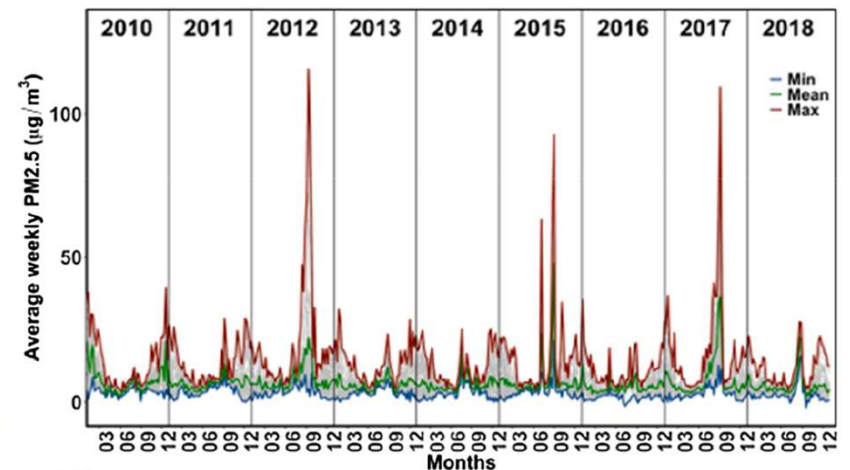
*“Higher daily average $PM_{2.5}$ concentrations during the wildfire season was positively associated with increased influenza the following winter (**16% or 22% increase per 1 $\mu g/m^3$** based on two analyses, $p = 0.04$ or 0.008).”*

The delayed effect of wildfire season particulate matter on subsequent influenza season in a mountain west region of the USA

Erin L. Landguth^{a,*}, Zachary A. Holden^b, Jonathan Graham^{a,c}, Benjamin Stark^c, Elham Bayat Mokhtari^c, Emily Kaleczyc^d, Stacey Anderson^e, Shawn Urbanski^f, Matt Jolly^f, Erin O. Semmens^a, Dyer A. Warren^a, Alan Swanson^a, Emily Stone^c, Curtis Noonan^a



1A

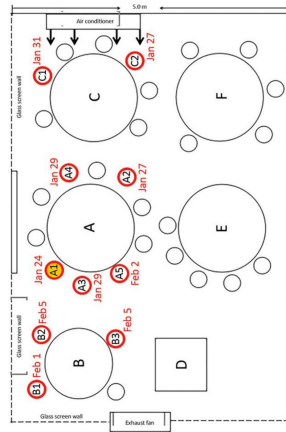
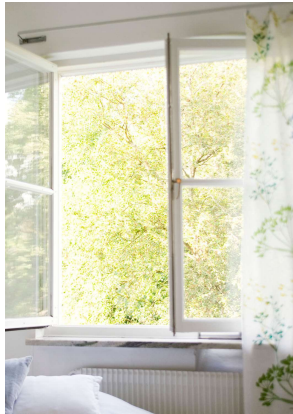


1C

Pandemic viruses complicate summer, which was already complicated

Virus	Smoke	Heat	Health protections required (prioritization is context-specific)
High	High	High	Virus measures, clean air, cooling
		Low	Virus measures, clean air
	Low	High	Virus measures, cooling
		Low	Virus measures
Low	High	High	Cooling, clean air
		Low	Clean air
	Low	High	Cooling
		Low	Phew! Enjoy!

Intersections and tensions



Comparing different masks

N95 respirators

- Filters at least 95% of airborne particles if fitted and worn properly
- Medical grade masks are preferred
- Non-medical grade N95 masks OK during outbreak if medical alternatives unavailable



Surgical masks

- Normally worn in operating room to protect patients and medical staff against large droplets
- Looser fit, less protection than N95
- Doesn't protect against small airborne particles



Homemade masks

- Health Canada says they may not be effective in blocking virus particles
- Toronto's Michael Garron Hospital is calling for visitors and discharged patients to use homemade fabric masks when physical distance not possible and manufactured masks unavailable
- Two-ply, pleated design (dark-coloured polyester outside, light-coloured 100% cotton inside, an elastic recommended)
- More info: [Canada.ca/covid-19](https://canada.ca/covid-19)



CBC NEWS

Sources: 3M, Health Canada, Michael Garron Hospital

Natural ventilation reduces virus risk, and activities outdoors are recommended whenever possible. Both increase smoke exposure.

Air conditioning and cleaning are most effective with doors and windows closed, which may increase virus risk. Directed airflows may also contribute to virus transmission.

Face masks offer varying protection from wildfire smoke, and the supply of N95 respirators is precarious. Cleaner indoor air is the preferable protection, regardless.

Pre-season preparedness is the key to mid-season successes

<http://www.bccdc.ca/health-info/prevention-public-health/wildfire-smoke>

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/wildfires>

1. Guidance for individuals sheltering in place
2. Guidance for long-term care facilities
3. Guidance for acute care facilities
4. Guidance for schools
5. Guidance for childcare
6. Guidance for...?



Thank you!

sarah.henderson@bccdc.ca



BC Centre for Disease Control

