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## Do children react more strongly to environmental pollutants?

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## **Conclusions: why are children special?**

- 1. Other disease spectrum than adults
- 2. Developing organism
- 3. Long post exposure period
- 4. Different exposure circumstances and paths
- 5. Different cognitive, physiologic and metabolic processes than adults
- Children are not small adults!





## 1) Other disease spectrum: deaths in relation to age in high SDI countries https://vizhub.healthdata.org/gbd-compare/





## Disability adjusted life years in 5-14 years, high SDI: Chronic diseases, infectious diseases, accidents



https://vizhub.healthdata.org/gbd-compare/



## 2) Organism is developing: critical time windows

Thalidomide during pregancy:



#### from http://www.kent-depesche.com



## 2) Critical time window: lung function and air pollution





## 2) Critical time window: developing brain

The darker the area, the more developed





## Moible phone use and the developing brain



For non-radiation effects of e-media use:

- Poster of Chetty-Mhlanga et al
- FMH round table 29.8. 13:15



- Association with verbal memory for left side users only
- No association with symptoms, behaviour and concentration capacity
- Needs confirmation

Foerster et al. EHP 2018



## 3) Long post exposure period





## 3) Long post exposure period: latency for cancer



**Childhood tumours:** 

No environmental risk factors established (Zumel-Marne, Neuroepi, 2019) but high risk of ionizing radiation (Kutanzi et al., ijerph, 2016)



## 4) Different exposure circumstances

- 1. Surface to volume ratio is larger
- 2 Faster metabolism
- Child exposed to larger doses relative to the body weight: eating, drinking, inhalation



#### Temperature increase from EMF

Martin Röösli

Auto

befreien. Dienstag 7. August 2018 12:15

Swiss Public Health Conference 2019, Winterthur



## The Minamata 1956 example: in-utero exposure to mercury

> The mother's chemical burden is shared with fetus.



Minamata disease victim, from Wikipedia

…in every case the mother was healthy and it was not until more than three months after birth that the symptoms were recognized



## **Effects of mercury exposure**

Mental retardation

Ataxia and cerebral palsy

Seizures

Vision and hearing loss

Delayed developmental milestones

Language disorders

Deficits in fine motor function

Visual spatial disabilities

Memory problems

High blood pressure low cardiac rate variability

Dose

from Bose-O'Reilly et al., 2010



<sup>1</sup> führen sollen. Die Kinder blicken <sup>1</sup> zum Lehrer und denken: Ob er <sup>2</sup> Topi Matchen halm ihre Hawaufgaben herror like und ihre. <sup>3</sup> Nachtarin mahn auf dem Black Klaus und Bernd setam <sup>3</sup> Gedanlem Viei den vielen Mönnern, Typun und Kindern, die un Knig sterken mußten. Die schnelkliche Ales Krieges sellen wor Vielen Dank für das Weinahtspäcken <sup>(4)</sup> The halt mich sehr daniber zehgenheit

5 Quit du auxie inel tentre

**FIG 7.** Handwriting example of a 9-year-old girl in monthly intervals after an accidental intake of mercury, showing the increasing tremor in her handwriting (© Stephan Boese-O'Reilly).<sup>161</sup>

Fig. 7 from Bose-O'Reilly et al., 2010



## 4) Sudden infant deaths and smoking

#### Risk estimate (95% CI) Reference restrospective studies Bergman, A.B. 1976 2.15 (1.08, 4.27) 3.32 (1.55, 7.11) McGlashan, N.D. 1989 Schoendorf, K.C.1992 3.08 (2.45, 3.87) Mitchell, E.A.1993 4.09 (3.28, 5.10) Klonoff-Cohen, H. S.1995 3.29 (2.28, 4.74) Alm. B.1998 3.60 (2.42, 5.35) Kohlendorfer, U. 1998 2.02 (1.14, 3.58) L'Hoir.M.P.1998 1.48 (0.37, 5.93) Dwyer, T.1999 3.34 (1.52, 7.35) Fleming, P.J.2003 2.86 (1.92, 4.27) 3.24 (2.83, 3.72) Subtotal prospective studies Lewak, N.1979 4.41 (2.11, 9.22) Malloy, M.H.1992 2.38 (1.66, 3.41) Nordström, M-L. 1993 1.80 (1.45, 2.23) Mitchell, E.A.1997 6.05 (3.90, 9.39) Shah.T.2006 2.30 (1.81, 2.92) Subtotal 2.87 (1.95, 4.23) Overall 2.94 (2.43, 3.57) .5 2 8

Maternal smoking during pregnancy

#### Paternal smoking after birth\*



#### Maternal smoking after birth\*



\* adjusted for maternal smoking during pregnancy

Röösli, PBMB, 2011



## **Environmental tobacco exposure (ETS)**

### The Report of the Surgeon General (2006) concludes:

- 1. Sufficient evidence:
  - Sudden infant deaths (SIDS)
  - Reduced birth weight (maternal ETS exposure)
  - Lower respiratory illnesses
  - Middle ear disease
  - Cough, phlegm, wheeze, and breathlessness among children of school age
  - Asthma/wheeze illnesses
  - Lung function
- 2. Suggestive evidence:
  - Preterm delivery
  - Childhood cancer



## 4) Different exposure paths: e.g. playing habits, "hands-to-mouth" behaviour)





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Kwong et al., ijerph 2016



## **Brominated flame retardants**

- Included in plastics, textile applications, electronics, furniture etc.
- High persistency in the environment and bioaccumulative
- May disrupt thyroid hormone functions
- Possible neurobehavioral effects
- Possible endocrine disruption
- Systematic review on exposure studies (Malliari & Kalntzi, Env Int, 2017):
  - Many studies on different indoor environment characteristics, but knowledge gap on the association between children's behaviour and activity patterns and their exposure
  - Only two studied exposure via mouthing toys
  - Infants and toddlers have higher exposures than older children.



## **Brominated flame retardants**



Fig. 1. Worldwide distribution of median BDE-47 indoor house dust concentrations (ng/g).

Malliari & Kalntzi, Env Int, 2017



## **Brominated flame retardants**



Fig. 2. Worldwide distribution of median BDE-209 indoor house dust concentrations (ng/g).

Malliari & Kalntzi, Env Int, 2017



# 5) Different cognitive, physiologic and metabolic processes than adults

- Survey on aircraft noise annoyance in 9 to 10 year old children in Europe: 5% at 52 dB and 12% at 62 dB (L<sub>den</sub>).
- Proportion of highly annoyed people in a representative survey of Swiss adults (Brink et al, 2019):



Aircraft



## Road traffic noise and behavioural problems in children

An analysis of 46,940 children from the Danish National Birth Cohort Study.



Hjortebjerg, EHP; 2016



## **Aircraft noise and cognitive functions**

Cross-sectional study of 2844 children aged 9–10 years who were attending 89 schools from the Netherlands, Spain and the UK:



Figure 1: Adjusted mean reading Z score (95% CI) for 5 dB bands of aircraft noise (adjusted for age, sex, and country) Stansfeld et al., Lancet, 2005



## Aircraft noise and reading capacity: NORAH study

Cross-sectional stur 1,243 children from schools around the Frankfurt airport





## **Possible mechanisms**

- Repeated activation of the hypothalamic-pituitary-adrenal axis (HPA) affects mood of the children
- Chronic stress demotivates the teacher
- Psychological stress: Lack of control results in a passive attitude
- Acoustic discrimination
- Blocking all acoustic stimuli (inattention)
- Interruption of teaching during noise events (slower movement)



## Conclusions

- 1. Other disease spectrum than adults
- 2. Developing organism
- 3. Long post exposure period
- 4. Different exposure circumstances and paths
- 5. Different cognitive, physiologic and metabolic processes than adults
- Only a few health examples mentioned
- In many circumstances children are more vulnerable but sometimes their resilience and adaptive capacity is higher than adults
  - Environmental regulation scarcely consider effects in children