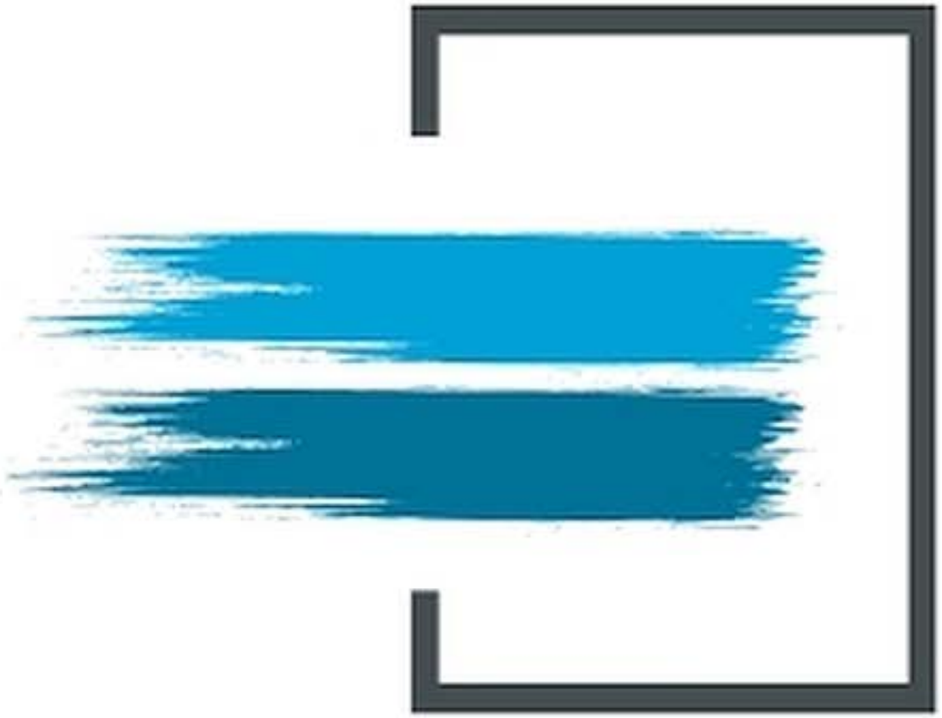


СДРУЖЕНИЕ
ВЪЗДУХ ЗА ЗДРАВЕ

Чист въздух – Работещи решения за България

(стратегически подход към превенция)

Д-р Ал. Симидчиев

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#GDPR privacy update


Новият източник на власт не са парите в ръцете на малцина, а информацията в ръцете на мнозина
—John Naisbitt and Patricia Aburdene, Megatrends 2000

Вредност

Доза □ Отговор

Ниво

+

Експозиция

Болести

+

Смърт



EU urban [illegible]ation exposed to harmful levels of air pollution in 2010 - 2012, according to:



EU limit/target values

WHO guidelines

$PM_{2.5}$

PM_{10}

O_3

NO_2 8 - 13 %



8 - 13 %



BaP

SO_2

Read more: EEA Report 5/2014: Air quality in Europe - 2014

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JUNE 29, 2017 VOL. 376 NO. 26

Air Pollution and Mortality in the Medicare Population

Qian Di, M.S., Yan Wang, M.S., Antonella Zanobetti, Ph.D., Yun Wang, Ph.D., Petros Koutrakis, Ph.D., Christine Choirat, Ph.D., Francesca Dominici, Ph.D., and Joel D. Schwartz, Ph.D.

ABSTRACT

BACKGROUND

Studies have shown that long-term exposure to air pollution increases mortality. However, evidence is limited for air-pollution levels below the most recent National Ambient Air Quality Standards. Previous studies involved predominantly urban populations and did not have the statistical power to estimate the health effects in underrepresented groups.

METHODS

We constructed an open cohort of all Medicare beneficiaries (60,925,443 persons) in the continental United States from the years 2000 through 2012, with 460,310,521 person-years of follow-up. Annual averages of fine particulate matter (particles with a mass median aerodynamic diameter of less than 2.5 μm [$PM_{2.5}$]) and ozone were estimated according to the ZIP Code of residence for each enrollee with the use of previously validated prediction models. We estimated the risk of death associated with exposure to increases of 10 μg per cubic meter for $PM_{2.5}$ and 10 parts per billion (ppb) for ozone using a two-pollutant Cox proportional-hazards model that controlled for demographic characteristics, Medicaid eligibility, and area-level covariates.

RESULTS

Increases of 10 μg per cubic meter in $PM_{2.5}$ and of 10 ppb in ozone were associated with increases in all-cause mortality of 7.3% (95% confidence interval [CI], 7.1 to 7.5) and 1.1% (95% CI, 1.0 to 1.2), respectively. When the analysis was restricted to person-years with exposure to $PM_{2.5}$ of less than 12 μg per cubic meter and ozone of less than 50 ppb, the same increases in $PM_{2.5}$ and ozone were associated with increases in the risk of death of 13.6% (95% CI, 13.1 to 14.1) and 1.0% (95% CI, 0.9 to 1.1), respectively. For $PM_{2.5}$, the risk of death among men, blacks, and people with Medicaid eligibility was higher than that in the rest of the population.

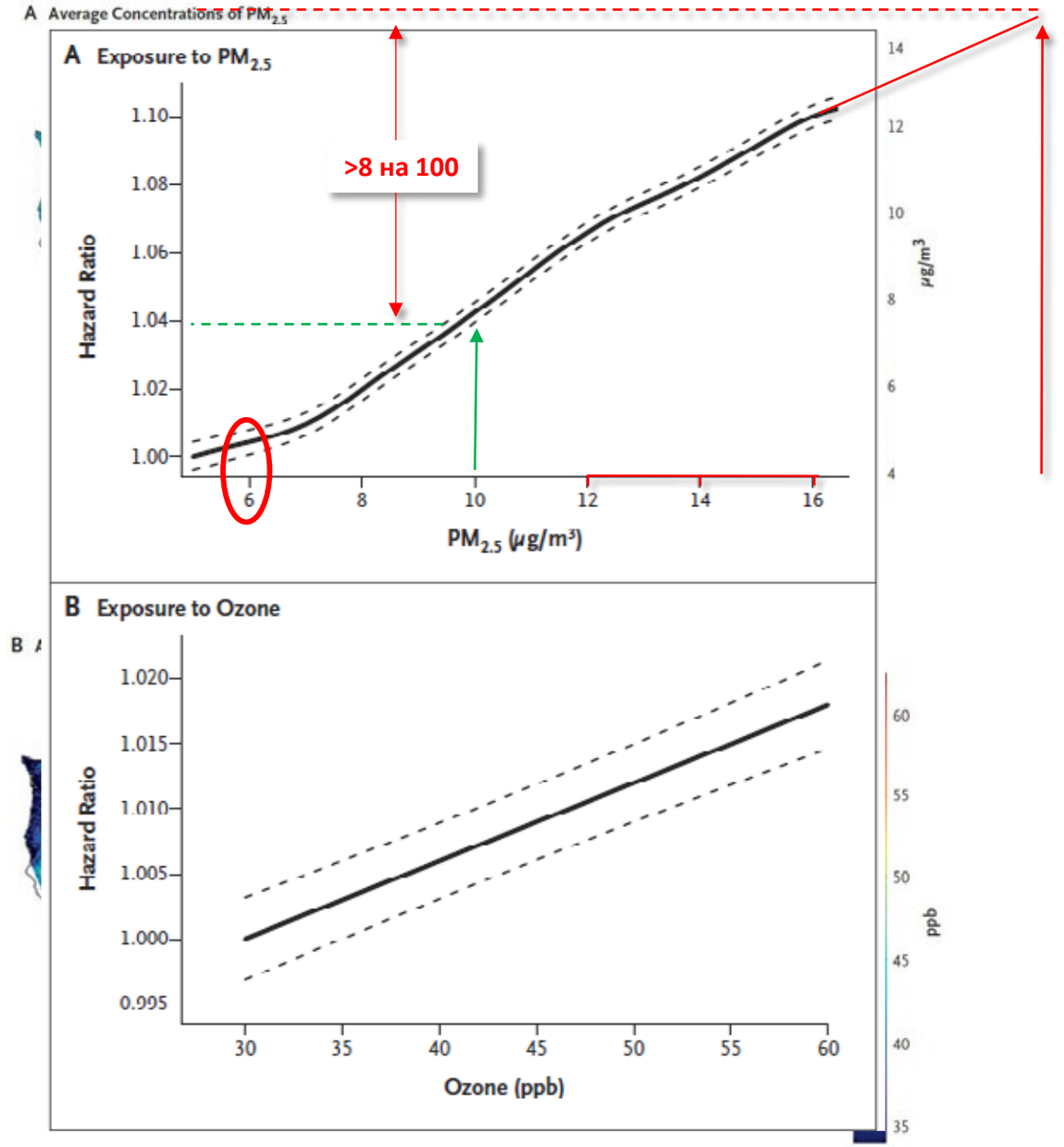
CONCLUSIONS

In the entire Medicare population, there was significant evidence of adverse effects related to exposure to $PM_{2.5}$ and ozone at concentrations below current national standards. This effect was most pronounced among self-identified racial minorities and people with low income. (Supported by the Health Effects Institute and others.)

From the Departments of Environmental Health (Q.D., Yan Wang, A.Z., P.K., J.D.S.) and Biostatistics (Yun Wang, C.C., F.D.), Harvard T.H. Chan School of Public Health, Boston. Address reprint requests to Dr. Dominici at Harvard T.H. Chan School of Public Health, Biostatistics Department, Bldg. 2, 4th Flr., 655 Huntington Ave., Boston, MA 02115, or at fdominic@hsph.harvard.edu.

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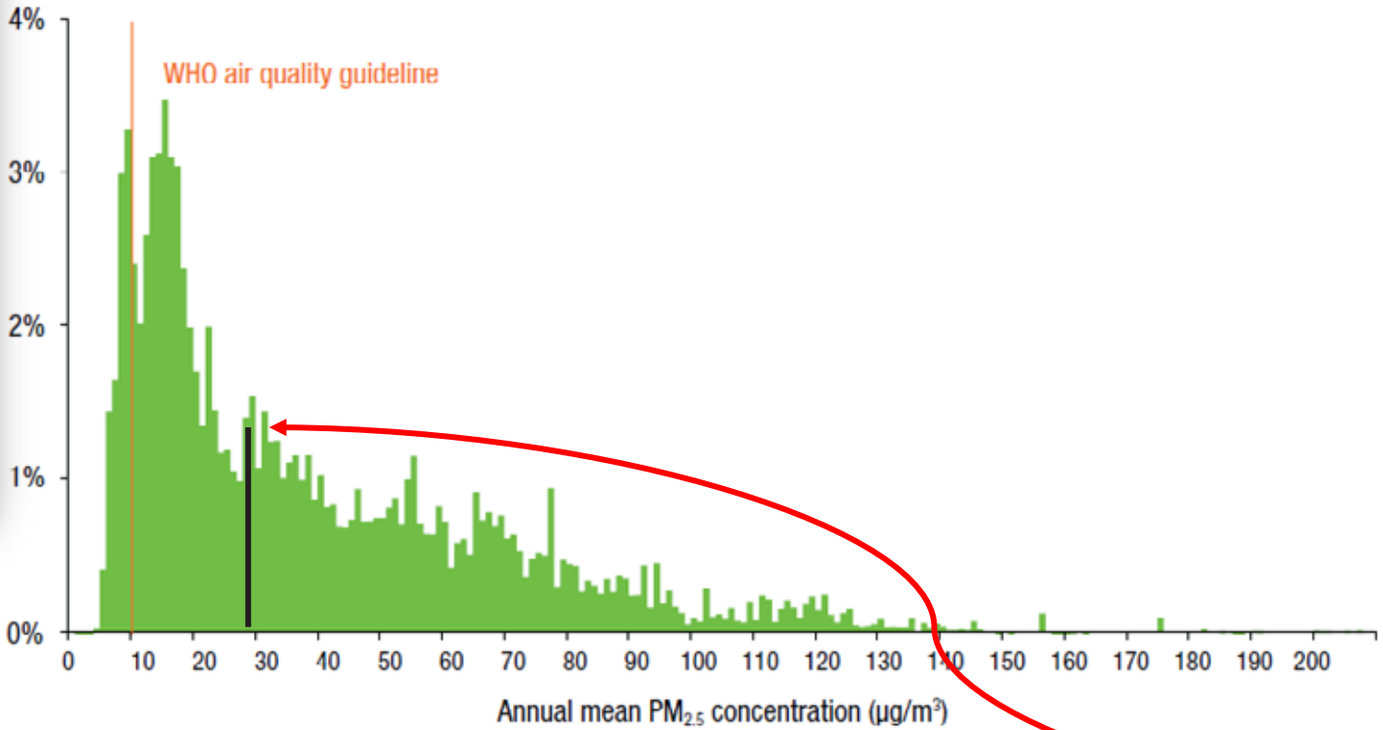
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Figure A.26.1.
Distribution of world's urban population by concentration of particulate matter with an aerodynamic diameter of 2.5 µm or less ($PM_{2.5}$), 2014

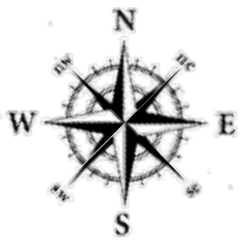




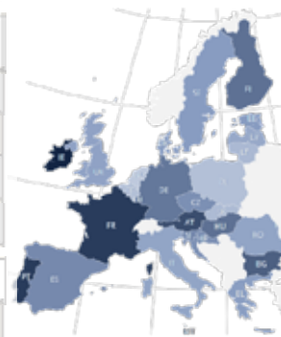
ANNEX B
Part 2

Member State	3.9 Mortality rate attributed to household and ambient air pollution[g] (per 100 000 population) 2012	3.9 Mortality rate attributed to exposure to unsafe WASH services[k] (per 100 000 population) 2012	3.9 Mortality rate attributed to unintentional poisoning[k] (per 100 000 population) 2015	3.a Age-standardized prevalence of tobacco smoking among persons 15 years and older[r] (%) Male 2015	3.a Age-standardized prevalence of tobacco smoking among persons 15 years and older[r] (%) Female 2015	3.b Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds[s] (%) 2015	3.b Total net official development assistance to medical research and basic health per capita[s] (constant 2014 US$), by recipient country 2014	3.c Skilled health professional density[t] (per 10 000 population) 2005–2015	3.d Average of 13 International Health Regulations core capacity scores[u] 2010–2016	1.a General government health expenditure as % of general government expenditure[v] 2014
Democratic People's Republic of Korea	238.4	1.4	2.3	–	–	96	1.13	68.7	73	–
Bosnia and Herzegovina	230.6	<0.1	1.9	47.2	30.0	82	3.06	74.8	57	14.1
Bulgaria	217.3	<0.1	0.8	42.4	28.2	91	–	88.6	69	11.0
The former Yugoslav Republic of Macedonia	137.4	<0.1	0.4	39.6	26.4	91	3.01	80.1	80	12.9
Serbia	137.0	0.5	0.6	39.7	26.5	95	2.25	75.1	87	13.9
Romania	129.5	<0.1	0.7	36.1	22.7	89	–	89.1	77	12.8
Turkey	51.0	0.8	0.5	39.8	12.4	96	0.03	42.7	78	10.5
Greece	45.1	<0.1	0.3	52.6	32.7	99	–	96.9	76	10.0
Russian Federation	98.6	0.2	2.1	59.0	22.8	97	–	78.8	99	5
Finland	7.6	0.6	0.6	25.6	19.3	93	–	119.6	96	16.6
Sweden	7.4	0.6	0.6	20.2	15.3	93	–	119.5	96	18.3
Canada	5.4	0.6	0.6	17.7	12.2	91	–	119.5	100	17.8
United States of America	12.1	0.6	1.2	19.5[39]	15.0[39]	95	–	117.8	96	21.3
New Zealand	0.5	0.6	0.3	17.2	15.4	92	–	135.7	96	23.4
Australia	0.4	<0.1	0.5	16.7	13.1	93	–	157.2	100	17.3
European Region	64.2	0.6	1.0	–	–	93	–	106.4	81	13.2
Global	92.4	12.4	1.5	–	–	86	1.16	45.6	73	11.7

Поведението
(мотивация и навик)



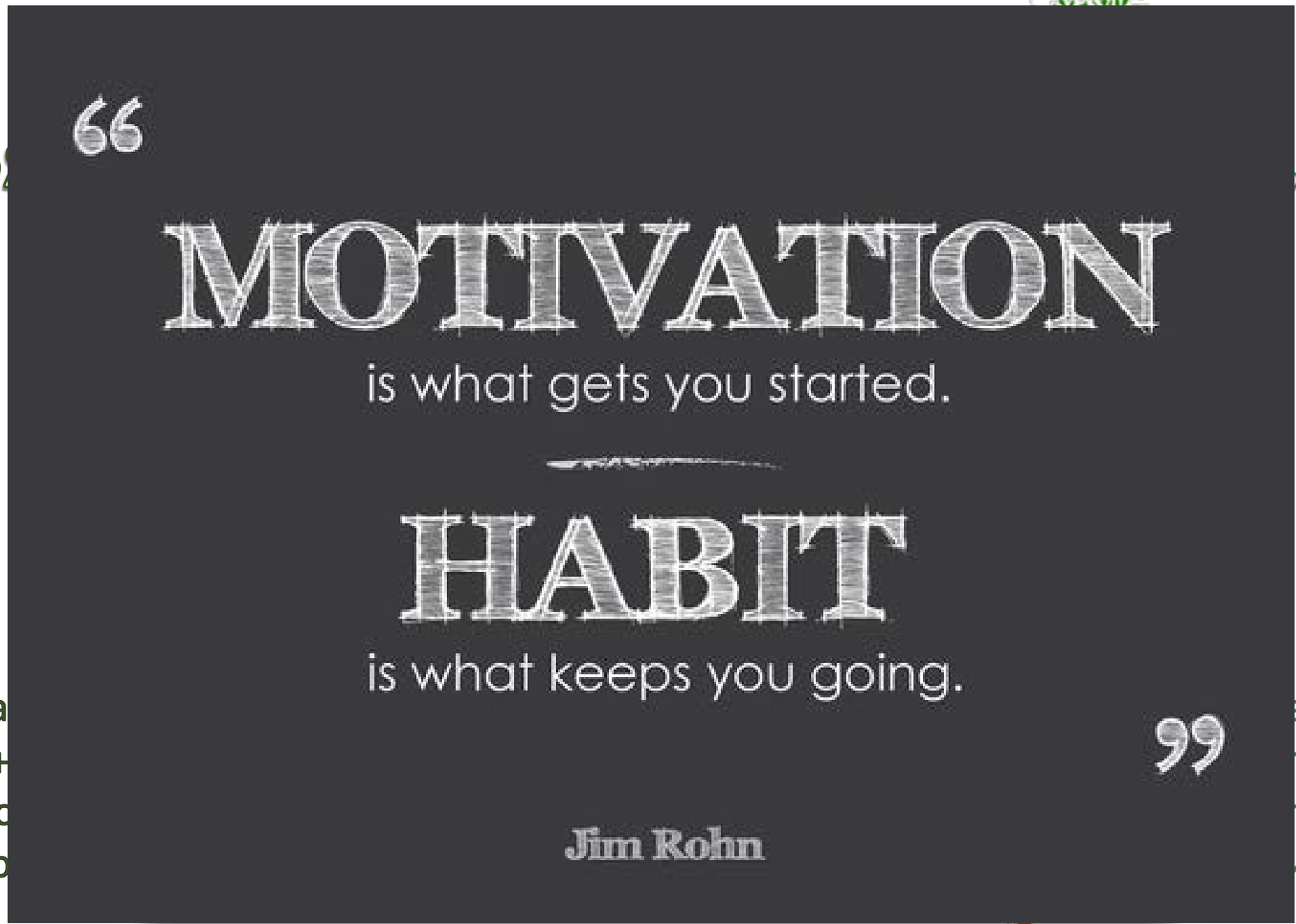






http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1

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