

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

FISEVIER

Contents lists available at ScienceDirect

Science of the Total Environment

journal homepage: www.elsevier.com/locate/scitotenv



Can PM_{2.5} pollution worsen the death rate due to COVID-19 in India and Pakistan?

Check for updates

Keywords: PM2.5 COVID-19

There is growing evidence of a positive correlation between PM_{2.5} pollution and COVID-19, suggesting that mitigation of PM_{2.5} will be a decisive step towards easing out the lockdown over India and Pakistan. PM_{2.5} is a bothering factor for both countries experiencing the worst air pollution in the world. According to the World Air Quality Report (2018), 22 cities in India and two cities in Pakistan are among the world's top 30 most polluted cities (IQAir AirVisual, 2018). Recently, it has been estimated that 645,000 premature deaths in India, and 111,000 in Pakistan, are recorded every year (Lelieveld et al., 2015). The direct cost of environmental damages associated with the regional air pollution exceeds US\$ 0.5 trillion in India and US\$ 1.07 billion in Pakistan (Sanchez-Triana et al., 2014; OECD, 2014).

The World Health Organization (WHO) has notified that persons of any age group, who suffer from severe underlying medical conditions, are at a higher risk of getting critically sick from COVID-19. Certain preconditions, including lung cancer, and the respiratory or cardiovascular disorders are triggered by air pollution, and the residents of the region with high levels of PM_{2.5} before the Corona pandemic are more vulnerable to the infection in comparison to patients in cleaner parts of the world, reports WHO. Persons suffering from cardiovascular and chronic respiratory diseases like asthma and those immunocompromised due to conditions like smoking or cancer, etc., are more susceptible to Corona virus infection (WHO, 2020). A research conducted by Cui et al. (2003) during the SARS (Severe Acute Respiratory Syndrome) epidemic in China highlighted that SARS, caused by a virus genetically identical to COVID-19, caused high mortality in areas with deteriorated air quality. In a recent study in China, a substantial relationship has been found between PM_{2.5} and COVID-19 infection, which was reported across 120 cities (Zhu and Xie, 2020). It was noted that a 10 µgm⁻³ increase in pollution concentration led to a statistically significant increase in daily counts of the confirmed symptomatic Corona-positive cases. Wu et al. (2020) at the Harvard University T.H. Chan School of Public Health have suggested that an increase of just 1 µgm⁻³ of PM_{2.5} corresponds to a 15% increase in COVID-19 deaths. Another study that establishes the relationship of higher COVID-19 mortality and morbidity to PM_{2.5} in northern Italy provides a piece of sharp evidence that persons living in an area with high levels of PM_{2.5} are more susceptible to developing respiratory diseases, which facilitate the impact of any infectious agent, especially in children and unhealthy population (Mehmood et al., 2020; Conticini et al., 2020).

Recently, transboundary air pollution in this region has resulted in an exceptionally high $PM_{2.5}$ concentration of 1000 μg m⁻³ in Lahore (Malik, 2017) and 700 μg m⁻³ in New Delhi (Anand, 2016). These levels are 40 and 28 times higher, respectively than the average daily $PM_{2.5}$

level of 25 μg m⁻³, as established by the World Health Organization (WHO). After May 2020, the Pakistan and Indian governments have started to ease the lockdown restrictions, which were imposed to curtail the COVID-19 pandemic. They are trying to resume normal life in the larger more substantial interest of both the nations already perturbed with their crumbling economies. Industrial productions, public transport as well as construction sites have already resumed their operation in most of the Pakistani provinces and Indian states with implementation of social distancing and personal hygiene practices. According to the WHO official COVID-19 data, India is now the 4th worst affected country by COVID-19 with more than 395,048 infected cases and 12,948 deaths till June 20. In comparison, Pakistan has so far recorded over 171,666 cases of infection with 3382 deaths.

There is a reason for the hope that the two governments can find common ground and resolve together to reduce $PM_{2.5}$ pollution to improve the health condition of their citizens on both sides of the border. We suggest that multi-pronged efforts be urgently initiated in both the countries to avoid the worse disaster of the current pandemic in the days to follow.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

Anand, G., 2016. Farmers' Unchecked Crop Burning Fuels India's Air Pollution. New York Times (November 2, 2016).

Conticini, E., Frediani, B., Caro, D., 2020. Can atmospheric pollution be considered a cofactor in extremely high level of SARS-CoV-2 lethality in northern Italy? Environ. Pollut. 114. 465–470.

Cui, Y., Zhang, Z., Froines, J., et al., 2003. Air pollution and case fatality of SARS in the People's Republic of China: an ecologic study. Environ. Health 2, 15. https://doi.org/ 10.1186/1476-069X-2-15.

IQAir AirVisual, 2018. 2018 World Air Quality Report. IQAir AirVisual, Staad, Switzerland Available at:. https://www.airvisual.com/world-most-polluted-citie.

Lelieveld, J., Evans, J.S., Fnais, M., Giannadaki, D., Pozzer, A., 2015. The contribution of out-door air pollution sources to premature mortality on a global scale. Nature 525 (7569), 367–371 (September 17, 2015).

Malik, M.Z., 2017. In Lahore, Pakistan, Smog has become a 'Fifth Season'. New York Times (November 10, 2017).

Mehmood, K., Saifullah, M.Iqbal, et al., 2020. Canexposure to PM_{2.5} particles increase the incidence of coronavirus disease 2019 (COVID-19)? Sci. Total Environ. 741, 140441.

OECD, 2014. The Cost of Air Pollution: Health Impacts of Road Transport. OECD Publishing, Paris.

Sanchez-Triana, E., Enriquez, S., Afzal, J., Nakagawa, A., Khan, A.S., 2014. Cleaning Pakistan's Air: Policy Options to Address the Cost of Outdoor Air Pollution (English). Directions in Development, Energy and Mining. World Bank Group, Washington DC.

WHO, 2020. Clinical Management of Severe Acute Respiratory Infection when Novel Coronavirus (2019-nCoV) Infection is Suspected: Interim Guidance. p. 21.

Wu, X., et al., 2020. Exposure to Air Pollution and COVID-19 Mortality in the United States: A Nationwide Cross-Sectional Study. Preprint from medRxiv. https://doi. org/10.1101/2020.04.05.20054502.

Zhu, Y., Xie, J., 2020. Association between ambient temperature and COVID-19 infection in 122 cities from China. Sci. Total Environ. 724, 138201.

Khalid Mehmood (Sipra), PhD

Research Center for Air Pollution and Health and the MOE Key Laboratory of Environment Remediation and Ecosystem Health, College of Environmental and Resource Sciences, Zhejiang University, Hangzhou, Zhejiang 310058, PR China

*Corresponding author at: Research Center for Air Pollution and Health and the MOE Key Laboratory of Environment Remediation and Ecosystem Health, College of Environmental and Resource Sciences, Zhejiang University, Hangzhou, Zhejiang 310058, PR China E-mail addresses: khalid_mehmood@zju.edu.cn, sipra.khalid@yahoo.com.

Saifullah

Institute of Soil and Environmental Sciences, University of Agriculture, Faisalabad 38040, Pakistan

Muhammad Mohsin Abrar

National Engineering Laboratory for Improving Quality of Arable Land, Institute of Agricultural Resources and Regional Planning, Chinese Academy of Agricultural Sciences, Beijing 100081, PR China Muhammad Iqbal Jamia Hamdard (Deemed University), New Delhi 110062, India

Ehtesham Haider

Department of Veterinary Pathology, Faculty of Veterinary Science, University of Agriculture Faisalabad, Pakistan

Hafiz Muhammad Hassan Shoukat Miami Valley Hospital, Dayton, OH, United States of America

20 June 2020