

**Journal of Human, Environment and Health Promotion**



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# **Assessment of the Risk of Non - Cancerous Diseases under the Exposure of Heavy Element in Urban Areas and Troubleshooting Pollutant Sources (The Case of Zanjan)**

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*Article history:* Received April 18, 2017 Accepted May 27, 2017

*Article Type:* Original Article

*Keywords:* Urban Air Quality Heavy Metals Non - Cancerous Diseases Risk Zanjan

#### **A R T I C L E I N F O A B S T R A C T**

**Background:** Heavy metals are the main air pollutants in cities. Therefore, assessment of the risk of exposure to these metals through inhalation, ingestion, and dermal contact on inhabitants of contaminated areas of the world is of great importance.

**Methods:** A weekly sampling of air particles smaller than 10 microns was performed in a residential area of Zanjan for two years. Risk assessment in the face of heavy metals from inhalation, ingestion, and dermal contact for were measured for two children and adults. After fingerprinting high -risk metals, the air pollutants of the region were analyzed according to the PMF5 model.

**Results:** The results showed that children at risk assessment  $(1.40 \times 1000)$  at the highest concentration of manganese. The PMF5 model results of fingerprinting 15 heavy metals showed that predominant pollutants in the region, included lead and zinc industries with 42.3%, suspended soil with 26.4%, industrial activities with 23.5%, and combustion and fuel with 7.8% of contamination. It was also found that 55.5 percent of manganese emission was associated with lead and zinc industries and 22.4 percent were related to suspended soil.

**Conclusion:**  Risk assessment showed that children were exposed to non -cancerous diseases due to inhalation of manganese particles.

## **1. Introduction**

 Heavy metals are the main air pollutants in cities [ 1 ] [ 2 ]. The main route of their entry into the body is through inhalation and ingestion [ 3 ]. Over the past few decades, a lot of research has been done on the concentration, fingerprinting and

distribution of sources of these metals, indicating the importance of these metals in terms of health [4] [2, 5-7] [8] [9] [10, 11] [12] [13] [14] [15] [1], therefore, the risk assessment of exposure to these metals through inhalation, ingestion and dermal

**To cite:** Farahmandkia Z, Moattar F, Zayeri F, Sekhavatjou MS, Mansouri N. Assessment of the Risk of Non -Cancerous Diseases under the Exposure of Heavy Element in Urban Areas and Troubleshooting Pollutant Sources . J Hum Environ Health Promot. 2017: 2(3):177-185.

contact on the inhabitants of the contaminated areas of the world is of great importance .

Iran is the fourth largest producer of lead and<br>zinc in Asia after China, Kazakhstan, and India  $[16]$ . The city of Zanjan is the lead and zinc production center in Iran and Anguran mine, the largest mine of lead and zinc in Iran, is located in this area. More than 100 factories are associated with the lead and zinc industry around the city.

 Several studies have shown high concentrations of heavy metals in the air [17 ], water [18 ] and the soil of this area [19 ]. Therefore, assessment of the health risks related to heavy metals in the air is necessary for residents of this region [20 ]. In this context, risk assessment has been carried out in China on particulate particles collected at bus stations [21 ]. Risk assessment has been also conducted on children near the largest coking plant in China [22 ]. Among the similar investigations in this field, India [23], Oman [2][4] [24], and Pakistan [6] can be mentioned.

 Therefore, the purpose of this study was to investigate changes in the concentration of suspended PM10 particles and 15 heavy metals, to determine the coefficients of hazard index, and finally to assess the risk of non -cancerous pathogens caused by heavy metals of arsenic, cadmium, chromium, copper, manganese, nickel, Lead, vanadium, and zinc via respiration, ingestion and dermal contact in two age groups including children (4 -12 years) and adults (20 to 50 years) in the residential area of the selected city. After fingerprinting high -risk metals, fingerprinting of all of the heavy metals measured was carried out using the PMF5 model, and main sources of air pollutants and the share of each source were identified for managing and controlling the emission of pollutants.

## **2. Materials and Methods**

## *2.1. Description of the area under study*

 The selected region is one of the largest cities in northwestern Iran with an area of 81 square kilometers and a population of 480,000 in 2015.

 The existence of lead and zinc mines and the development of this industry has been

accompanied by the construction of more than 100 lead and zinc factories around the city. The activities of these industries have resulted in the production of large amounts of waste grit in two parts of the city, the geographical location of the city and the location of the factories (Fig. 1), and the location of the waste deposits of the lead and zinc factories (Fig. 2) .







**Fig. 1:** Map of Zanjan and the location of the surrounding pollutants.



**Fig. 2:** Map of Zanjan and the location of deposits of lead and zinc waste.

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#### *2.2. Sampling*

 Given the location of metal factories in the region, sampling was carried out in the residential area without traffic in the east of the city. Samples were collected with a high -volume sampler, TCR - TECORA, for PM10 particles, 24 hours at a discharge rate of 16.7 liters per minute. Samples were collected randomly and weekly with a micro quartz fiber filter. Ninety -six samples were collected during July 2013 to July 2015. The samples were digested using microwave method USEPA -IO -3.1 with the MDS -10 -SINEO machine [25] and then the ICP-OES machine was used to measure aluminum, arsenic, calcium, cadmium, chromium, copper , Iron, manganese, nickel, lead, antimony, titanium, vanadium, zinc and mercury.

#### *2.3. Health Risk Assessment*

 According to the US EPA, arsenic, cadmium, chromium, copper, manganese, nickel, lead, vanadium, and zinc were selected to assess the risk of non -cancerous diseases. Daily intake amounts of metals in the air through ingestion (AD ing), inhalation (A D inh) and dermal contact (AD der) were calculated using Formulas [1], [2] and [3] in the study area. Then, the hazard quotient (HQ) from respiration, ingestion, and dermal contact of children and adults living in the area was assessed using Formula [4]. Finally, the hazard index (HI) of non -cancerous diseases was assessed by adding the risk ratios according to Formula [5] [26 -28].

 The effective parameters in the above calculations are presented in Tables (1) and (2).



**Table 1:** Daily intake formulas [28] [29] [30, 31] .



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	As	Cd	Сr	Cu	Mn	Ni	Pb		Zn
$RfD_{ing}$	$3.00\times10^{-4}$	$1.00\times10^{-3}$	$3.00\times10^{-3}$	$4.00\times10^{-2}$	$4.60\times10^{-2}$	$2.00\times10^{-2}$	$3.50\times10^{-3}$	$5.04\times10^{-3}$	$3.00\times10^{-1}$
$RfD_{inh}$	$3.01\times10^{-4}$	$1.00\times10^{-3}$	$2.86\times10^{-5}$	$4.02\times10^{-2}$	$1.43\times10^{-5}$	$2.06\times10^{-2}$	$3.52\times10^{-3}$	$7.00\times10^{-3}$	$3.00\times10^{-1}$
$RfD_{\text{der}}$	$1.23\times10^{-4}$	$1.00\times10^{-5}$	$6.00\times10^{-5}$	$1.20\times10^{-2}$	$1.84\times10^{-3}$	$5.40\times10^{-3}$	$5.25 \times 10^{-4}$	$7.00\times10^{-5}$	$6.00\times10^{-2}$

**Table 2:** Reference Absorbed Dose (Mg.kg<sup>-1</sup>, day<sup>-1</sup>) caused by inhalation, ingestion and dermal contact [30] [32, 33].

### *2.4. Fingerprinting pollutants with the PMF5*

 To determine the sources of emission of suspended PM10particles and heavy metals of USEPA -PMF5 model was used. This is a bivariate model that can predict the number of pollutant sources and contribution of each source in the study area by receiving the concentration matrix and the uncertainty matrix [34] [35, 36]. In this study, three scenarios of 4, 5 and 6 pollutant agents (major source of emissions) were considered for the model by entering the required data into the PMF5 model which included PM10 species, aluminum, arsenic, calcium, cadmium, chromium, copper, iron, manganese, nickel, lead, antimony, titanium, vanadium, zinc and mercury.

 After running the model with respect to the output of the model in the field of modeling error, the 4 -agent scenario was selected using tools such as displacement, bootstrap, and simultaneous implementation of these two factors.

## **3. Results and Discussion**

## *3.1. Risk Ratio (HQ) and Index (HI) for groups of children and adults in the region*

 To measure the risk of non -cancerous diseases, the minimum, maximum and average concentrations of arsenic, cadmium, chromium, copper, manganese, nickel, lead, vanadium and zinc in particles of PM10 were used and their health effects in inhalation, ingestion and dermal contact was assessed for two groups of children aged 4 to 12 years old and adults aged 20 -50 years old. The assessment showed that the overall trend belonged to HQ<sub>inh</sub>, HQ<sub>ing</sub>, HQ<sub>der</sub> respectively.

 According to HQ results, the non -cancerous pathogenicity index (HI) for two groups was calculated and presented in Tables (3) and (4).

 The assessment provided in Table ( 3 ) for adults in the area shows that at maximum Mn concentrations, the highest respiratory HI was  $6.47\times10^{-01}$  and adults are safe within the HI range. However, according to Table 4, children in this area are at risk of exposure to respiratory HI of  $1.40\times10^{-00}$  at maximum Mn concentrations and the highest HI in children is greater than 1, which means that the levels of heavy metals in terms of non -cancerous pathogens for children in this region are in the hazardous range and can contribute to disease.

## *3.2. Fingerprinting PM10 emission sources and heavy metals in the region*

 The USEPA -PMF5 model was used to determine the sources of PM10 and heavy metals emissions. The model was used for Scenarios 4, 5 and 6 pollutant agents (major source of emissions) and the 4 - agent scenario was selected based on the best results of the model. The results of the implementation of the 4 -agent scenario that had the best results in model implementation are shown in Table 5, indicating that 23.5% of PM10 particles are from industrial activities, 42.5% of lead and zinc industries and deposited waste, 26.4% of re -suspended soil and 7.8% of traffic and combustion. The model showed that 16.4% of manganese is from industrial activities, 55.5% of lead and zinc industries and deposited waste, 22.4%of open soil, and 5.7% of traffic and combustion.

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Table 3: Results of the risk of non-cancerous diseases for adults.

**Table 4:** Results of the risk of non -cancerous diseases for children.



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**Table 5:** Sources and their contribution to PM10 and heavy metals emission in the region.

## **4. Conclusion**

 The risk of exposure to heavy metals affecting non -cancerous diseases was assessed on residents of an area in two age groups of children aged 4 to 12 years and adults aged 20 -50 years. According to the EPA recommendation, if the HI is greater than 1, the concentration of contaminant is extremely harmful for human health [30, 31, 37 ].

 The results showed that adults with the highest HI (6.47E -01) are not exposed to non -cancerous diseases, but children were exposed to non cancerous diseases due to the concentration of maximum Mn with HI ( $1.40E + 00$ ). Accordingly, the PMF5 model was used to detect the pollutants and the contribution of each source to PM10 airborne particles. The results showed that the share of lead -zinc industries and deposited waste

in the region under study was 42.5% of PM10 particles and the share of re -suspended soil was 26.4%, and 55.5% of manganese emitted from lead and zinc industries and deposited waste, and another 22.4% was emitted from re -suspended soil. Therefore, as a conclusion of the research in this region, it can be stated that in order to reduce the risk of non -cancerous diseases in the children of this region, the share of the emission of lead zinc industries and deposited waste near the city should be reduced. Further, the proportion of the re -suspended soil emitted in this area should decrease.

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