

1 **Temporal profile of PM₁₀ and associated health effects in one of the most polluted cities of**
2 **the world (Ahvaz, Iran) between 2009 and 2014**

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4 Heidar Maleki¹, Armin Sorooshian^{2,3}, Gholamreza Goudarzi^{4,5*}, Amir Hossein Nikfal⁶,
5 Mohammad Mehdi Baneshi⁷

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7 ¹Master of Environmental Engineering, School of Science Water Engineering, Shahid Chamran
8 University of Ahvaz, Ahvaz, Iran

9 ²Department of Chemical and Environmental Engineering, University of Arizona, Tucson,
10 Arizona, USA

11 ³Department of Hydrology and Atmospheric Sciences, University of Arizona, Tucson, Arizona,
12 USA

13 ⁴Department of Environmental Health Engineering, School of Public Health, Ahvaz Jundishapur
14 University of Medical Sciences, Ahvaz, Iran

15 ⁵Environmental Technologies Research Center (ETRC), Ahvaz Jundishapur University of Medical
16 Sciences, Ahvaz, Iran

17 ⁶Iranian Meteorology Research Center, Tehran, Iran

18 ⁷Social Determinants of Health Research Center, Yasuj University of Medical Science, Yasuj, Iran

19

20 *Corresponding Author's Email: ghgoodarzi@ajums.ac.ir

21 **Abstract**

22 Ahvaz, Iran ranks as the most polluted city of the world in terms of PM₁₀ concentrations that lead
23 to deleterious effects on its inhabitants. This study examines diurnal, weekly, monthly and
24 annual fluctuations of PM₁₀ between 2009 and 2014 in Ahvaz. Health effects of PM₁₀ levels are
25 also assessed using the World Health Organization AirQ software. Over the study period, the
26 mean PM₁₀ level in Ahvaz was 249.5 $\mu\text{g m}^{-3}$, with maximum and minimum values in July (420.5
27 $\mu\text{g m}^{-3}$) and January (154.6 $\mu\text{g m}^{-3}$), respectively. The cumulative diurnal PM₁₀ profile exhibits a
28 dominant peak between 08:00-11:00 (local time) with the lowest levels in the afternoon hours.
29 While weekend PM₁₀ levels are not significantly reduced as compared to weekdays, an
30 anthropogenic signature is instead observed diurnally on weekdays, which exhibit higher PM₁₀
31 levels between 07:00-17:00 by an average amount of 14.2 $\mu\text{g m}^{-3}$ as compared to weekend days.
32 PM₁₀ has shown a steady mean-annual decline between 2009 (315.2 $\mu\text{g m}^{-3}$) and 2014 (143.5 μg
33 m^{-3}). The AirQ model predicts that mortality was a health outcome for a total of 3777 individuals
34 between 2009 and 2014 (i.e., 630 per year). The results of this study motivate more aggressive
35 strategies in Ahvaz and similarly polluted desert cities to reduce the health effects of the
36 enormous ambient aerosol concentrations.

37

38 **Key Words:** PM₁₀, dust storm, aerosol, health effects, AirQ, Ahvaz

39 1. Introduction

40 The World Health Organization (WHO) recently reported that the most polluted city
41 based on mean-annual PM_{10} concentration is Ahvaz, Iran ($372 \mu\text{g m}^{-3}$) (Goudie et al., 2014).
42 Three other cities in Iran ranked in the top ten including Sanandaj as third ($254 \mu\text{g m}^{-3}$),
43 Kermanshah as sixth ($229 \mu\text{g m}^{-3}$), and Yasouj as ninth ($215 \mu\text{g m}^{-3}$). Among these cities, all of
44 which are in western Iran, Ahvaz is the most populated with approximately 1.11 million people
45 (UN Data, 2013; <http://data.un.org/>). As a result, dust is a major issue in Ahvaz owing to effects
46 on public health, visibility, radiative transfer, agriculture, air traffic, industrial activity, and
47 tourism (e.g., Soleimani et al., 2013, 2016; Derakhshandeh et al., 2014; Goudarzi et al., 2014).
48 Major sources of dust observed in Ahvaz include the Sahara Desert and deserts in Iraq, Saudi
49 Arabia and Kuwait (Soleimani et al., 2013; Naimabadi et al., 2016). Many investigations have
50 been conducted to determine the physical, chemical and biological characteristics of Middle East
51 Dust (MED) (Heidari-Farsani et al., 2014; Naimabadi et al., 2016; Shahsavani et al., 2012a/b).
52 However, there is a scarcity of information about the diurnal, weekly, monthly and inter-annual
53 variability in PM_{10} in Ahvaz. This is especially important for this city, which is an area of global
54 focus owing to its ranking as one of the most polluted cities in terms of particulate matter.

55 PM_{10} has been extensively examined in many global regions with a wide range of
56 concentrations and documented sources. PM_{10} concentrations range widely globally with mean-
57 annual concentrations as low as $30 \mu\text{g m}^{-3}$ and $40 \mu\text{g m}^{-3}$ across the United States (Malm and
58 Sisler, 2000) and Madrid, Spain (Salvador et al., 2011), respectively, and up to $95 \mu\text{g m}^{-3}$ in
59 western Saudi Arabia between 2012-2015 (Lihavainen et al., 2016), $138.5 \mu\text{g m}^{-3}$ in Beijing
60 between 2004-2012 (Liu et al., 2015), and $140.1 \mu\text{g m}^{-3}$ and $196.6 \mu\text{g m}^{-3}$ in residential and
61 industrial sites, respectively, in Kolkota, India (Gupta et al., 2008). Major PM_{10} sources include
62 crustal matter (dust, sea salt), biomaterials, combustion, biomass burning, shipping, industrial
63 activity, construction, and vehicular emissions (e.g., Im et al., 2010; Unal et al., 2011; Hersey et
64 al., 2015; Lopez et al., 2016). PM_{10} is influenced by seasonally-dependent source emissions and
65 meteorological factors such as wind and precipitation. Thermodynamic factors are also important
66 including boundary layer height, which strongly influences ambient aerosol concentrations. It is
67 currently uncertain as to how such environmental factors affect PM_{10} in Ahvaz on a temporal
68 basis.

69 The first objective of this work is to evaluate the temporal nature of PM_{10} in Ahvaz
70 between 2009 and 2014 using surface measurements at four locations. The second objective is to
71 assess the health effects of PM_{10} concentration on citizens of Ahvaz. The subsequent results
72 discussed have major implications for inhabitants of this and other nearby regions of the Middle
73 East that consistently rank as the most polluted cities of the world owing to the overwhelming
74 influence of dust on a mass basis.

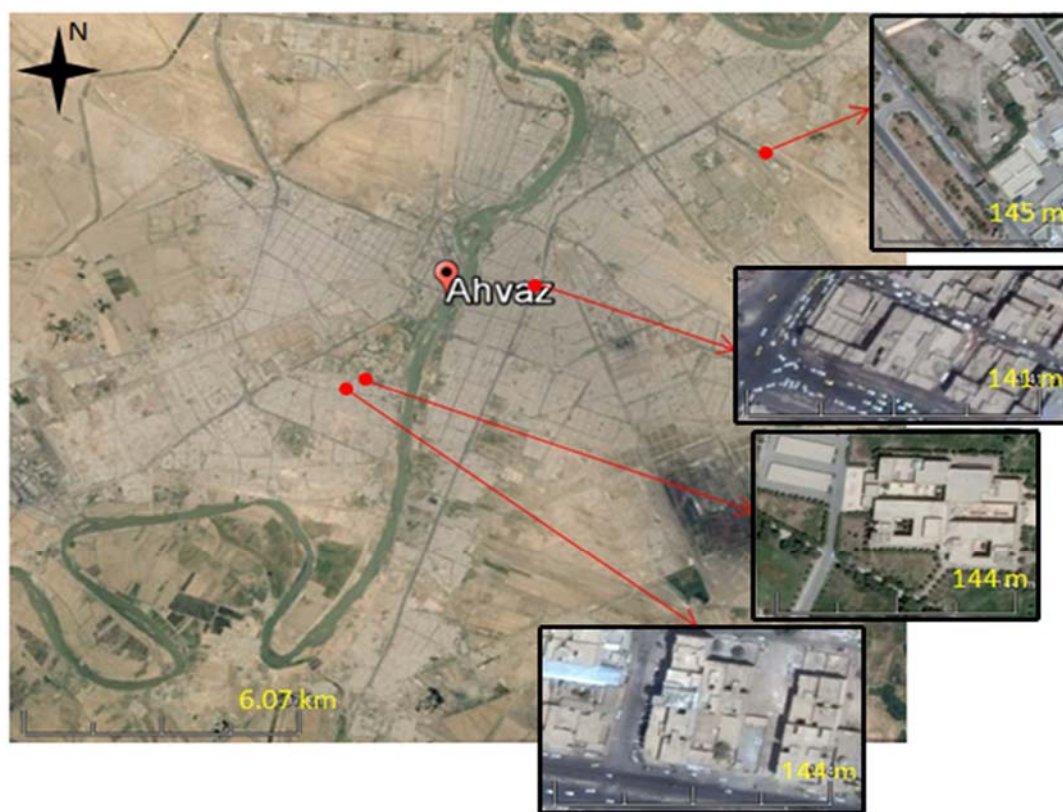
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76 2. Materials and methods

77 **2.1. Field measurements**

78 Ahvaz (31° 32' N and 48° 68' E) is in the Khuzestan province and is the most populated
79 city in southwest Iran, with an area of ~530 km². Measurements of PM₁₀ were conducted at four
80 locations (Figure 1) to achieve improved spatial coverage as compared to one site. The
81 environmental protection agency of the Khuzestan province is responsible for the operation of
82 these four stations. PM₁₀ concentration was measured each month from 2009 through 2014 using
83 the Beta Attenuation method. This sampling method relies on absorption of beta radiation by
84 sampled aerosol to quantify PM₁₀ and is often used in routine monitoring networks (e.g., Watson
85 et al., 2000; Salminen and Karlsson, 2003; Hauck et al., 2004). Data collected from the four
86 stations are averaged for the results discussed subsequently.

87



88

89 **Figure 1.** Location of the four air quality monitoring stations in the city of Ahvaz, Iran. Names
90 of stations (from top to bottom) are Havashenasi, Naderi, Behdashte ghdim, and Mohit Zist.

91

92 Based on the classification method of Hoffmann et al. (2008) involving PM₁₀, wind
93 speed, and visibility, our PM₁₀ are placed into different categories based on the severity of dust
94 storms experienced (Table 1). The categories are referred to here as the following: Dusty Air
95 (DA), Light Dust Storm (DS₁), Dust Storm (DS₂), Strong Dust Storm (DS₃) and Serious Dust
96 Storm (DS₄).

97

98 **2.2. Health effect calculations**

99 Health assessment calculations attributed to PM₁₀ are computed using the Air Quality
100 Health Impact Assessment software (AirQ2.2.3) developed by the WHO. This software has been
101 employed in a variety of past studies (Fattore et al., 2011; Naddafi et al., 2012; Gharehchahi et
102 al., 2013; Gholampour et al., 2014; Ghozikali et al., 2015; Goudarzi et al., 2015; Marzouni et al.,
103 2016) and allows for calculations of the potential impact of exposure to air pollutants in specific
104 urban areas during a specific time period. The method is based on quantification of ‘attributable
105 proportion (AP)’, which is the fraction of a given health outcome in a population due to exposure
106 to a specific pollutant with the assumption of a proven causal relationship between exposure and
107 the health outcome. The formula for AP is as follows:

108

$$109 \quad AP = \frac{\sum[(RR(c)-1) \times p(c)]}{\sum[RR(c) \times p(c)]} \quad (\text{Equation 1})$$

110

111 where RR(c) is the relative risk for a health outcome in category “c” of exposure, and p(c) is the
112 proportion of population in category “c” of exposure. In this study we compute the number of
113 cases associated with total mortality (TM), cardiovascular mortality (CM), respiratory mortality
114 (RM), hospital admission respiratory disease (HARD), hospital admission for chronic obstructive
115 pulmonary disease (HA COPD), and hospital admission cardiovascular disease (HACD)
116 attributed to PM₁₀ in Ahvaz between 2009 through 2014.

117

118 **3. Results**

119 **3.1. Temporal profile of PM₁₀**

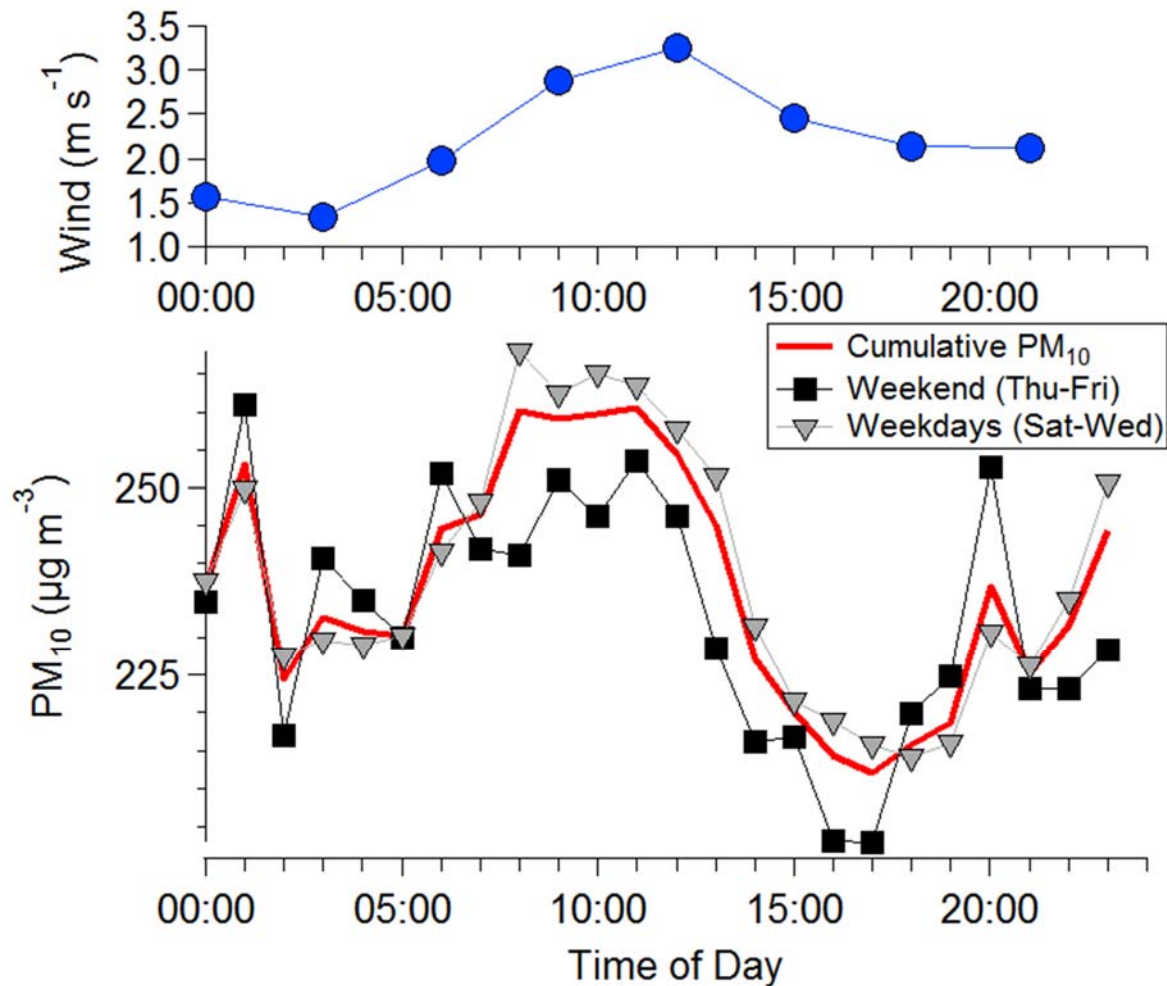
120 The cumulative diurnal PM₁₀ profile exhibits a dominant concentration peak between
121 08:00-11:00 (local time) with values ranging between 259-261 μg m⁻³ (Figure 2). The next
122 largest PM₁₀ concentration (253 μg m⁻³) was observed at 01:00. The lowest PM₁₀ was measured
123 at 17:00 reaching 212 μg m⁻³. The lowest levels were observed in the afternoon hours at least
124 partly due to the deeper mixing layer that dilutes the concentrations of pollutants as compared to
125 the early morning hours (e.g., Crosbie et al., 2014). Diurnal wind speed data were obtained from
126 the Iran Meteorological Organization (www.irimo.ir) and they exhibit a trend similar to PM₁₀
127 with a dominant peak in the late morning (Figure 2). Thus, the PM₁₀ mode in the morning after
128 08:00 is due to a likely combination of wind-driven emissions and activities associated with the
129 work day such as vehicular emissions, road dust, construction and emissions from steel, oil, gas
130 and petroleum industries.

131 It is of interest to contrast the results of Figure 2 with the diurnal profile observed in the
132 nearby metropolitan city Tehran (Hassanvand et al., 2014). The latter study showed that
133 minimum and maximum concentrations of PM₁₀ between May 2012 and January 2013 occurred

134 at 06:00 and 09:00, respectively, and that concentrations were much less than at Ahvaz. Ahvaz
135 exhibits a more long-lived peak in the mid-to-late morning and a more defined long-lived
136 minimum in the afternoon as compared to Tehran. It is unclear as to what explains the varying
137 diurnal behavior but possibilities include a larger population in Tehran (> 12 million; United
138 Nations Population Fund, <http://iran.unfpa.org/>), the closer proximity of Ahvaz to natural dust
139 sources to the west, and varying wind patterns owing partly to different surrounding terrain.

140 As Ahvaz is a city with over 1 million people, the diurnal PM₁₀ profile is also divided
141 between weekday and weekend days to determine if there is an anthropogenic signature
142 manifested in the form of enhanced levels during weekdays. Note that the weekend in Iran is
143 typically on Friday but that Thursday is also a reduced work day for some industries. Figure 2
144 shows that weekday PM₁₀ levels indeed are enhanced between the hours of work (07:00-17:00)
145 by an average amount of 14.2 µg m⁻³, which is suggestive of anthropogenic effects leading to the
146 difference in the diurnal profiles. In nearby western Saudi Arabia, PM₁₀ exhibited a minimum in
147 the early afternoon and peaks around 09:00 and 19:00 (Lihavainen et al., 2016); when diurnal
148 data at that location was examined separately for weekends and weekdays, PM₁₀ was higher
149 between 11:00-20:00 on weekdays. In Beijing, PM₁₀ exhibited a bimodal diurnal behavior with
150 peaks at 07:00-08:00 and 19:00-23:00, owing presumably to rush hour traffic, and a minimum at
151 noon (Liu et al., 2015). In western India, PM₁₀ peaked during the morning and evening rush
152 hours with minimum values in the afternoon when there is less vehicular traffic (Yadav et al.,
153 2014).

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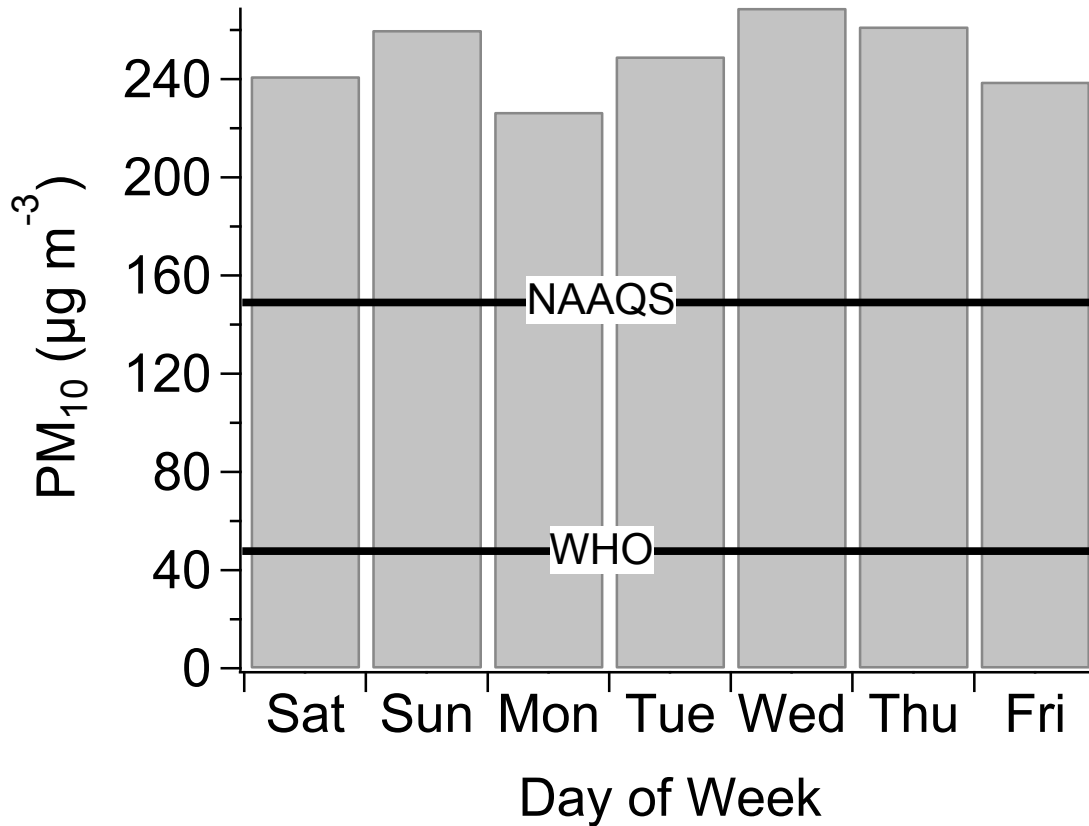
155
 156 **Figure 2.** Diurnal profile of (top) wind speed and (bottom) PM₁₀ concentration in Ahvaz based
 157 on average data from the four stations in Figure 1. Data are shown for the cumulative dataset and
 158 when divided between weekdays and weekends.

159
 160 To further isolate an anthropogenic pollution signature, the day-of-week profile of PM₁₀
 161 is shown in Figure 3. There is a minimum value on Monday (226.9 µg m⁻³) and a maximum
 162 value at the end of the work week on Wednesday (269.2 µg m⁻³). The weekly average of PM₁₀
 163 level in Ahvaz (250 µg m⁻³) is 1.7 and 5 times higher than daily average guideline values of the
 164 National Ambient Air Quality Standard (NAAQS) (US EPA, 2008) (150 µg m⁻³) and WHO
 165 (WHO, 2006) (50 µg m⁻³), respectively. It is interesting that there is no evident ‘weekend effect’
 166 observed (i.e., lower PM₁₀ levels on the weekend owing to less anthropogenic activity) but that
 167 higher PM₁₀ is observed during work hours on weekdays (Figure 2). This is likely due to the
 168 large influence from natural dust emissions that are insensitive to the day of the week.

169 The weekend effect is more evident in other desert regions such as in the Sonoran Desert
 170 where dust tracers such as Si exhibit a peak near the end of the work week (Thursday) and a

171 minimum on the weekend (Sunday) (e.g., Prabhakar et al., 2014). Weekend PM₁₀ levels are
 172 lower in other regions such as western Saudi Arabia (Lihavainen et al., 2016), western India
 173 (Yadav et al., 2014), and eastern India (Gupta et al., 2008). Even in less arid regions such as
 174 Istanbul, Turkey, PM₁₀ exhibits a weekend effect with lower levels on weekends, especially
 175 Sunday (Unal et al., 2011).

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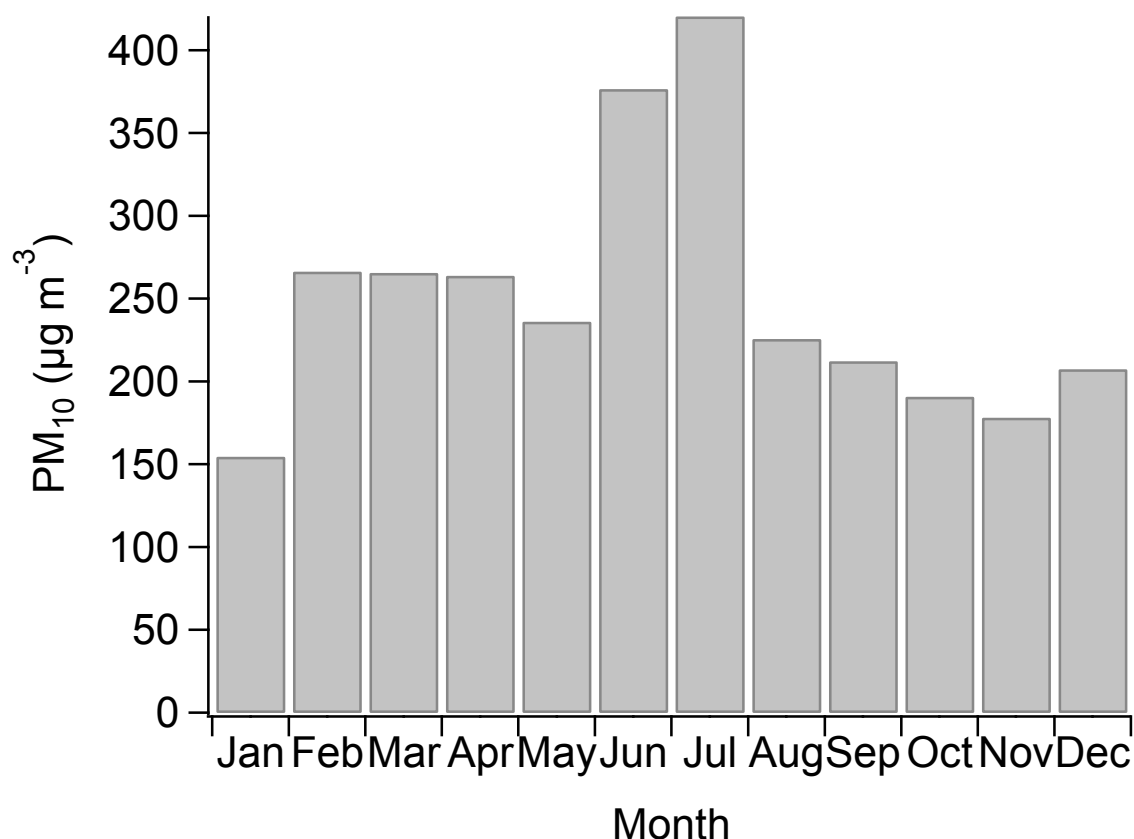
178 **Figure 3.** Weekly average variation of PM₁₀ concentration in Ahvaz relative to the 24-hour
 179 guidelines of WHO (50 µg m⁻³) and NAAQS (150 µg m⁻³).

180

181 The monthly profile of PM₁₀ level in Figure 4 exhibits a clear mode in June and July with
 182 average values of 376.8 and 420.5 µg m⁻³, respectively. The lowest values were in the winter,
 183 with a minimum in January (154.6 µg m⁻³). These results indicate that Ahvaz is much more
 184 influenced by dust sources as compared to anthropogenic sources and seasonally-related burning,
 185 the latter two of which translate to higher aerosol levels in winter months typically. In addition,
 186 the overwhelming abundance of airborne dust in the summer in Ahvaz easily trumps the dilution
 187 effect due to higher boundary layer heights at that time of the year as compared to the winter.

188 There are varied monthly profiles of PM₁₀ in different global regions. In the Sonoran
 189 Desert of North America, PM₁₀ was shown to be highest in the winter in the highly urbanized
 190 city of Phoenix, Arizona while less populated areas in the same region exhibited peak levels in
 191 the spring and summer owing to the more dominant relative influence of dust versus
 192 anthropogenic sources at those times of the year (Sorooshian et al., 2011). Other sites with
 193 maximum PM₁₀ levels in the winter include the Gobi Desert of Mongolia (Judger et al., 2011),
 194 an urban area of Italy (Malandrino et al., 2013), northern China (Zhou et al., 2016), and Kolkota,
 195 Indian (Gupta et al., 2008). In contrast, peak PM₁₀ was observed in the spring in Beijing (Liu et
 196 al., 2015), western Saudi Arabia (Lihavainen et al., 2016), and western India (Yadav et al.,
 197 2014). PM₁₀ was a maximum between June and September in the Madrid, Spain air basin
 198 (Salvador et al., 2011). The varying results between these sites are attributed to the relative
 199 importance of dust and anthropogenic emissions, in addition to seasonally dependent wind
 200 directions and emissions.

201

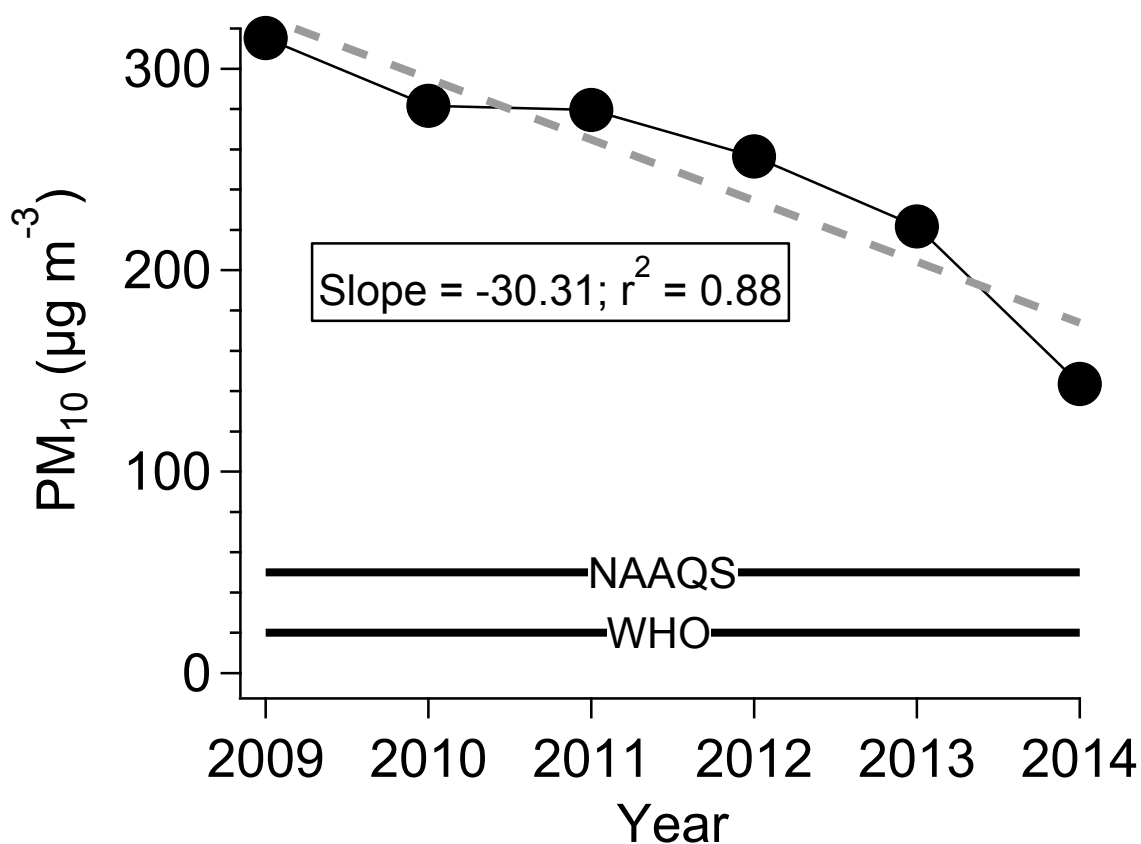


202

203 **Figure 4.** Monthly average variations of PM₁₀ concentration in Ahvaz based on average data
 204 from the four stations in Figure 1.

205

206 The interannual profile of PM₁₀ interestingly shows a clear and steady decline in levels
 207 during the study period between 2009 (315.2 μg m⁻³) and 2014 (143.5 μg m⁻³), with a slope of -
 208 30.31 μg m⁻³ yr⁻¹. Even the lowest annual-mean concentration in 2014 still exceeded both the
 209 annual-mean limits of NAAQS (US EPA, 2008) and WHO (WHO, 2006) by factors of 2.9 and
 210 7.2, respectively. It is unclear exactly with the dataset as to what factor(s) govern this reduction
 211 of PM₁₀ to result in a mean level in 2014 that is 46% of that in 2009. Possibilities include
 212 changes in meteorology, land use change, and variations in human activity. In contrast, PM₁₀
 213 levels increased significantly between 1997 and 2012 to the west in Mecca, Saudi Arabia (Munir
 214 et al., 2013) with stated reasons including construction, increasing number of people who visit
 215 for Hajj and Umrah, and meteorological factors. Thus, it may be possible that an examination of
 216 PM₁₀ over a longer time scale would yield different results for Ahvaz, but such data are not
 217 available for this study.



218
 219 **Figure 5.** Interannual profile of Ahvaz PM₁₀ concentration relative to the annual-mean
 220 guidelines of WHO (20 μg m⁻³) and NAAQS (50 μg m⁻³).

221
 222 **3.2. Temporal profile of number of dust storm days**

223 Tables 2-3 summarize the distribution of dust storm days as a function of month and year,
 224 respectively. The total number of dust storm days (i.e, DS₁ + DS₂ + DS₃ +DS₄) reached 780,

225 which equates to a cumulative 2.14 years of time within the six-year study period (2009-2014).
226 As expected based on results of Figure 4, the most and least amount of dust storm days occurred
227 in June-July (105-110) and January (23), respectively, during the entire six-year period. A
228 previous study in Ahvaz spanning from 2001 to 2009 reported that the monthly concentration
229 maximum of total suspended particles (TSP) was observed in July and September during dusty
230 days (Shahsavani et al., 2012a). A remarkable result of the current study is that 58.3% and 59.1%
231 of days in June and July, respectively, qualified as dust storm days.

232 In terms of interannual variability, the number of dust storm days ranged from 186 (in
233 2009) to 42 (in 2014). There was a decreasing trend of dust storm days with time, similar to
234 interannual variability in PM_{10} concentration (Figure 5). Although not shown, a linear best fit
235 line between number of dust storm days versus year exhibits a slope of $-23.2 \text{ days yr}^{-1}$ and a r^2
236 value of 0.75.

237

238 **3.3. Categorization of PM_{10} data**

239 Table 4 shows how the PM_{10} data are distributed among the categories defined in Table
240 1. Of the 2191 days between 2009 and 2014, 39 of them (1.8% of all days) exhibited PM_{10} levels
241 below $50 \mu\text{g m}^{-3}$ and 1372 days (62.6% of all days) were Dusty Air (DA) days with PM_{10}
242 between $50\text{-}200 \mu\text{g m}^{-3}$. After DA days, the next most common category of events was for Light
243 Dust Storm Days (DS_1) with 618 days (28.2% of all days). DS_2 , DS_3 , and DS_4 comprised the
244 remaining 6.6%, 0.7%, and 0.1% of days in the dataset. Table 4 shows that as the average PM_{10}
245 concentration increased from DA to DS_4 , the standard deviation also increased from 36.6 to
246 $1838.5 \mu\text{g m}^{-3}$.

247

248 **3.4 Health risk assessment of PM_{10}**

249 Results of health effects of PM_{10} in Ahvaz, as simulated by the AirQ2.2.3 model, are
250 summarized in Table 5. A total of 3777 individuals were calculated as having Total Mortality
251 (TM) as a health outcome due to PM_{10} exposure between 2009 and 2014, which equates to an
252 average of 630 per year during the study period. The interannual profile of TM closely mimics
253 that of the number of dust storm days in Table 3 rather than PM_{10} levels. The interannual profile
254 of Cardiovascular Mortality (CM) and Respiratory Mortality (RM) correlate strongly with TM,
255 where a mean-annual amount of 381 and 108 people are computed as having CM and RM,
256 respectively, as health outcomes. The interannual profile of hospital admissions due to
257 respiratory disease (HARD), chronic obstructive pulmonary disease (HACOPD), and
258 cardiovascular disease (HACD) matched those of mortality. The highest mean-annual amounts
259 of admissions was for HARD (2411), followed by HACD (505) and then HACOPD (99).

260 While the calculations with the AirQ2.2.3 model are specific to PM_{10} data, it is well
261 documented that particulates associated with $PM_{2.5}$ are better related to health effects as

262 compared to coarser particles ($D_p > 2.5 \mu\text{m}$) as the latter deposit more effectively in the upper
263 respiratory tract via impaction (e.g., Dockery et al., 1993). Future work is warranted in the study
264 region to examine aerosol concentrations for smaller sizes than this study, and to relate those
265 concentrations to PM_{10} as the latter is routinely monitored in the study region. It is highly
266 plausible that smaller particles are enhanced in concentration during dust storms in Ahvaz. Aside
267 from health effects associated with inhaling dust, another important issue with regard to PM_{10} is
268 that of decreased visibility leading to traffic accidents.

269

270 **4. Conclusions**

271 This study examines six years of PM_{10} data in Ahvaz, Iran to characterize the temporal
272 profile of airborne particulate matter, and to also calculate the health impacts of PM_{10} exposure
273 in this area with the AirQ model. The mean PM_{10} level in Ahvaz was $249.5 \mu\text{g m}^{-3}$, with
274 maximum and minimum values in July ($420.5 \mu\text{g m}^{-3}$) and January ($154.6 \mu\text{g m}^{-3}$), respectively.
275 The cumulative diurnal PM_{10} profile exhibits a dominant peak between 08:00-11:00 (local time)
276 with the lowest levels in the afternoon hours. An anthropogenic signature is observed diurnally
277 on weekdays, which exhibit higher PM_{10} levels between 07:00-17:00 as compared to weekend
278 days. Interannually, PM_{10} has shown a steady mean-annual decline between 2009 ($315.2 \mu\text{g m}^{-3}$)
279 and 2014 ($143.5 \mu\text{g m}^{-3}$). The AirQ model predicts that mortality was a health outcome for a total
280 of 3777 individuals between 2009 and 2014 (i.e., 630 per year).

281 The results of this study motivate more aggressive strategies in Ahvaz and similarly
282 polluted desert cities to reduce the health effects of the enormous aerosol levels confronting the
283 public. The integration between temporally-resolved measurements of PM_{10} and health model
284 calculations provides a suitable tool for the general public, urban air pollution managers and
285 decision makers to mitigate effects associated with the time of PM_{10} peaks. The results of this
286 work motivate immediate the use of personal protection devices and use of air conditioning
287 systems equipped with effective particle filtration to improve indoor air quality.

288

289 **Acknowledgements**

290 AS acknowledges support from Grant 2 P42 ES04940 from the National Institute of
291 Environmental Health Sciences (NIEHS) Superfund Research Program, NIH.

292

293

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418 **Table 1.** Dust storm classification method as described by Hoffmann et al. (2008).

419

Category	Visibility (m)	Wind speed (m s^{-1})	Hourly PM_{10} ($\mu\text{g m}^{-3}$)
Dusty air (DA)	Haze	–	50-200
Light dust storm (DS_1)	<2000	–	200-500
Dust storm (DS_2)	<1000	>17	500-2000
Strong dust storm (DS_3)	<200	>20	2000-5000
Serious strong DS (DS_4)	<50	>25	>5000

420

421 **Table 2.** Monthly profile of number of dust storm days, in addition to the average and standard
 422 deviation of PM₁₀ measurements in Ahvaz between 2009 and 2014.
 423

Month	# dust storm days	% of dust storm days in month	PM ₁₀ average (µg m ⁻³)	PM ₁₀ Std. Deviation
January	23	12.4	439.9	237.7
February	51	30.2	586.2	518.5
March	77	41.4	466.2	477.8
April	63	35.0	507.5	1233.9
May	75	40.3	392.6	279.3
June	105	58.3	546.2	800.0
July	110	59.1	610	722.8
August	71	38.2	376.3	207.1
September	56	31.1	370.7	482.2
October	66	35.5	295.7	107.4
November	39	21.7	411.2	261.8
December	44	23.7	483.1	536.9

424

425 **Table 3.** Interannual profile of number of dust storm days, in addition to the average and standard
426 deviation of all PM₁₀ measurements in Ahvaz between 2009 and 2014.
427

Year	# dust storm days	% of dust storm days in year	PM ₁₀ average (µg m ⁻³)	PM ₁₀ Std. Deviation
2009	186	51.0	480.1	445.0
2010	165	45.2	453.9	458.0
2011	117	32.1	602.1	1233.2
2012	145	39.6	445.3	405.3
2013	125	34.2	396.7	334.6
428 2014	42	11.5	411.2	401.1

429 **Table 4.** Categorization of Ahvaz PM₁₀ data into groups defined in Table 1.

430

Category	Wind speed (m s ⁻¹)	# days	% of total days	PM ₁₀ average (μg m ⁻³)	PM ₁₀ Std. Deviation
Other	2.64	39	1.8	40.2	7.3
DA	2.00	1372	62.6	130.8	36.6
DS ₁	2.49	618	28.2	296.9	75.7
DS ₂	2.89	145	6.6	834.7	316.7
DS ₃	2.62	15	0.7	2945.4	758.1
DS ₄	3.94	2	0.1	8700	1838.5

431

432 **Table 5.** Health impact assessment of PM₁₀ on Ahvaz inhabitants. TM = Total Mortality; CM =
 433 Cardiovascular Mortality; RM = Respiratory Mortality; HARD = Hospital Admission
 434 Respiratory Disease; HACOPD = Hospital Admission For Chronic Obstructive Pulmonary
 435 Disease; HACD = Hospital Admission Cardiovascular Disease.

436

Year	TM	CM	RM	HARD	HACOPD	HACD
2009	771	463	130	3047	121	619
2010	707	426	120	2117	111	567
2011	605	368	105	2445	94	486
2012	653	395	112	2619	102	524
2013	625	379	108	2517	98	501
2014	416	256	75	1723	65	334
Average	630	381	108	2411	99	505
Sum	3777	2287	650	14468	591	3031

437