## Environmental Hazards and Human Health Chapter Seventeen

## Risk Analysis

Risk an	alvsis
	involves identifying and evaluating their associated risks (risk assessment)
0	ranking risks (comparative risk analysis)
0	determining option and making decisions about reducing or eliminating risks (risk)
0	informing decision makers and the public about risks (risk communication)
	Risk & Hazards
Risk is	the possibility of suffering harm from a hazard that can cause injury, disease, economic loss, or
enviror	mental damage.
Risk is	expressed in terms of
Major t	ypes of hazards:
	: poor diet, drugs, driving, assault
	Chemical: harmful chemicals in the air, water, soil and food
0	: fire, weather, radiation
0	Biological: pathogens, allergens and animals
	Chemical Hazards
A	chemical is one that can cause temporary or permanent harm or death.
	ous chemicals are
	Flammable or
	Irritating or damaging to the skin or lungs
	Interfering with oxygen uptake
0	Inducing allergic reactions
Mutage	ens cause random in DNA
Carcino	ogens promote growth of malignant tumors
	Biological Magnification
	ajor problem with some chemical hazards, particularly heavy metals and
	nts (POPs) is bioaccumulation and biomagnification.
0	Bioaccumulation is an increase in the concentration of a chemical in specific organs or tissues over time.
0	Biomagnification is an increase in concentration of chemicals in organisms at successively higher trophic levels.
	Minamata Disease
	ata Disease is not a disease, but refers to the neurological effects from poisoning. It was first
	ered in 1956 in Minamata, Japan, where methyl mercury from industrial wastewater bioaccumulated in the
	and shellfish that people ate.
	<b>Determining Toxicity</b>
The me	edian lethal dose () is the amount of chemical received in one dose that kills exactly 50% of the
subject	s in a test population.
A	is a chemical that has an $LD_{50}$ of 50 mg or less per kilogram of body weight.
The thr	eshold level of toxicity is the dose below which no toxic effects are observed and/or above which the toxic
effects	are apparent.
	Physical Hazards
Earthqu	pakes resulting in loss of life and property
_	oes resulting in loss of life and property
	Radiation in the form of X-rays, radiation from nuclear sources, and ultraviolet radiation from the
sun or s	sun lamps

## **Biological Hazards**

•	Nontra	nsmissible diseases are not caused by living organisms and do not spread from one person to another
	0	diabetes, bronchitis, malnutrition,
•	Transn	nissible diseases are caused by living organisms and can be spread from one person to another. The
	infection	ous agent is called a pathogen.
	0	tuberculosis, HIV, West Nile virus,, malaria, dysentery, SARS, MERS
	0	
		Seven Deadliest Infectious Diseases
	0	Number of Deaths Worldwide per year (in millions) (World Health Organization, 2015)
		• 3.2 and
		<ul><li>1.7 - Tuberculosis</li></ul>
		<ul> <li>1.5 – Diarrheal diseases</li> </ul>
		• 1.1 – HIV/AIDS
		• 0.9 – Hepatitis B
		• 0.5 - Malaria
		■ 0.2 – Measles
		770
	m, 5.	Zika!
•	The Z <sub>1</sub>	ka virus, first identified in Africa in 1947, is spread primarily through mosquitoes. Zika can cause
		and has no cure, though only one in five infected people die. It has been spreading faster in
	recent	years, with a notable outbreak in 2016, in part due to warming global temperature.
		Ebola!
•	Ebolo 1	has killed one person in the U.S. and that person had just returned from Liberia where he contracted the
		e. In comparison, an American dies every 33 seconds from Heart Disease.
•		4, the worst Ebola outbreak, about died, mostly in West Africa.
	III 201.	+, the worst Ebola outbreak, about thet, mostly in west Africa.
		Preventable Causes of Death
•	Preven	table Causes of Death
	0	#1 – obesity/
	0	#2 – #3 – lung disease
	0	#3 – lung disease
	0	#4 – stroke
	0	#5 – drugs & alcohol #6 – accidents/vehicles
	0	#7 – firearms
	0	#8 – STD's
		Epidemiological Transition
•	As a co	ountry industrializes, it usually makes an epidemiological transition, where chronic diseases overtake
		ood infectious diseases in mortality
	0	Phase one is characterized by extremely high death rates with peaks due to epidemics, famines, and wars
	0	Phase two is characterized by less frequent epidemic peaks and a dropping death rate due to
		advances
	0	Phase three is characterized by a leveling off of death rate with most death occurring from
		diseases associated with aging
	0	Phase four continues with a level death rate and shows an increasing average life span due to medical
		advances
	0	Phase five (proposed) shows an increase in rate due to the reemergence of new infectious
		diseases due to urbanization and the overuse of antibiotics and pesticides