

“Thunderstorm Asthma”: Respiratory Emergencies during Thunderstorm Events

Eric Zou (Oregon & NBER)

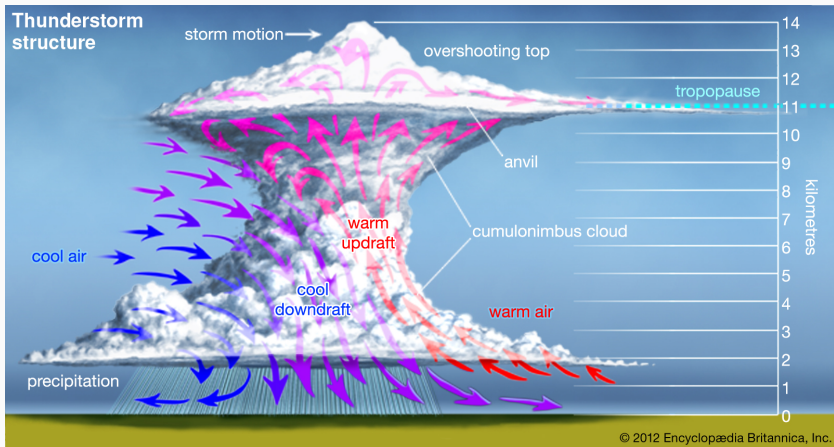
Nolan Miller (Illinois & NBER)

David Molitor (Illinois & NBER)

Julian Reif (Illinois & NBER)

Christopher Worsham (Harvard & Massachusetts General Hospital)

Anupam Jena (Harvard & NBER & Massachusetts General Hospital)



Source: britannica.com

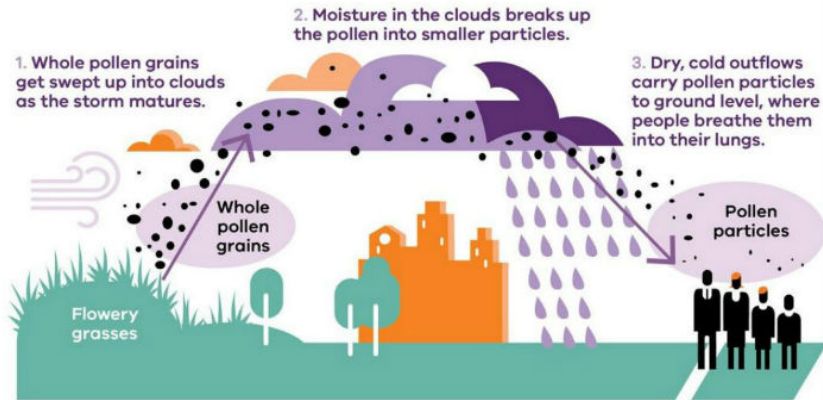
“Thunderstorm asthma”

- Epidemic outbreaks of acute asthma exacerbations temporally associated with a thunderstorm
 - 1983, Birmingham, England: 106 patients with asthma patients within 2 days after a thunderstorm
 - 2016, Victoria, Australia: 8,000 asthmatics, 8 asthma deaths
 - Similar epidemics in North America, UK, Europe, Australia, Kuwait, etc.

The working hypothesis

- The “perfect storm” theory
 - High pollen/spore stock before the event
 - Updraft winds bring up pollen spores from the ground
 - Precipitation causes pollen to rupture and release small allergenic particles
 - Downdraft winds help release smaller particles to ground level
 - Large number of susceptible people in the storm area

What is thunderstorm asthma?



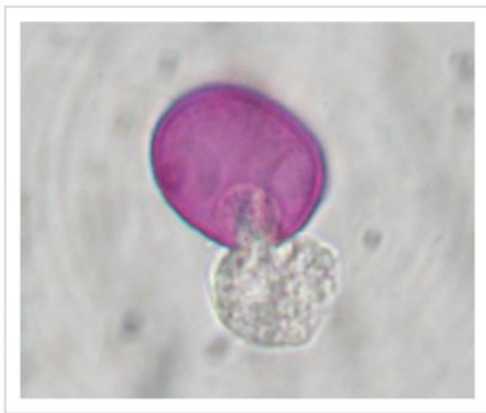


Figure 1

[Open in figure viewer](#) | [PowerPoint](#)

Parietaria pollen bursting under osmotic shock with release of cytoplasmic fragments carrying allergens.

Primary contributions

- First national-scale study of tstorm-related respiratory complication
 - Event studies of 2.6 million thunderstorms at county×day level, 1992-2012
 - Track elderly's emergency room (ER) visits for respiratory complaints

Primary contributions

- First national-scale study of tstorm-related respiratory complication
 - Event studies of 2.6 million thunderstorms at county×day level, 1992-2012
 - Track elderly's emergency room (ER) visits for respiratory complaints
- Main finding: thunderstorm asthma needs no “perfect storm”
 - Can observe spike in respiratory ER visits around the [average](#) thunderstorm
 - Larger effect for patients with a history of asthma or COPD

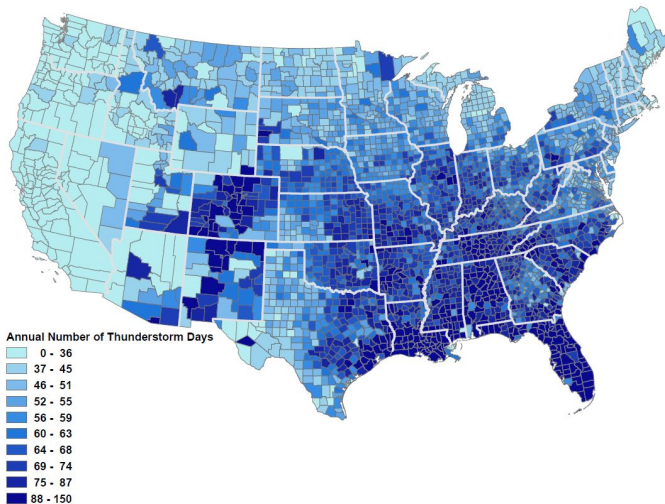
Primary contributions

- First national-scale study of tstorm-related respiratory complication
 - Event studies of 2.6 million thunderstorms at county×day level, 1992-2012
 - Track elderly's emergency room (ER) visits for respiratory complaints
- Main finding: thunderstorm asthma needs no “perfect storm”
 - Can observe spike in respiratory ER visits around the [average](#) thunderstorm
 - Larger effect for patients with a history of asthma or COPD
- Mechanism: “calm before the storm”
 - Thunderstorms are preceded by a week of significant slow air motion
 - Meanwhile, significant build-up of [particulates pollution](#)
 - Correspondingly, gradual increase of respiratory ER in the week leading to the storm

Data

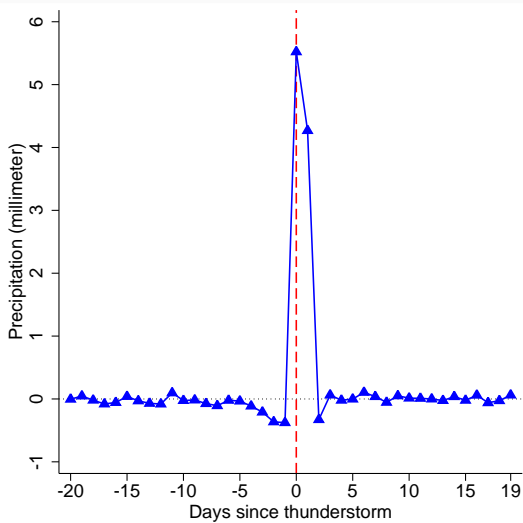
- Thunderstorms
 - U.S. National Lightning Detection Network (NOAA & Viasala)
 - Near-universal coverage: 98% of cloud-to-ground lightning flashes
 - High accuracy in time (0.5 microseconds) and space (200 meters)
 - We define a “thunderstorm” = any county×day with lightning flashes
- Atmospheric conditions
- Emergency room visits among the elderly

Annual Number of Thunderstorm Days



Notes: Days with cloud-to-ground lightning flashes and positive precipitation.

Precipitation around thunderstorms



Notes: Mean daily precipitation = 2.90 millimeter.

Data

- Thunderstorms
- Atmospheric conditions
 - Weather: NOAA Global Historical Climatology Network
 - Air pollution: U.S. EPA Air Quality System
 - Pollen counts (61 cities): American Academy of Allergy Asthma & Immunology
- Emergency room visits among the elderly

Data

- Thunderstorms
- Atmospheric conditions
- Emergency room (ER) visits among the elderly
 - Medicare inpatient and outpatient records (100% claims)
 - Covers 98% of U.S. population aged 65+
 - Observe all ER visits, whether or not ended up hospitalization
 - For each visit: patient's county of residence, date of visit, primary diagnosis, preexisting medical conditions

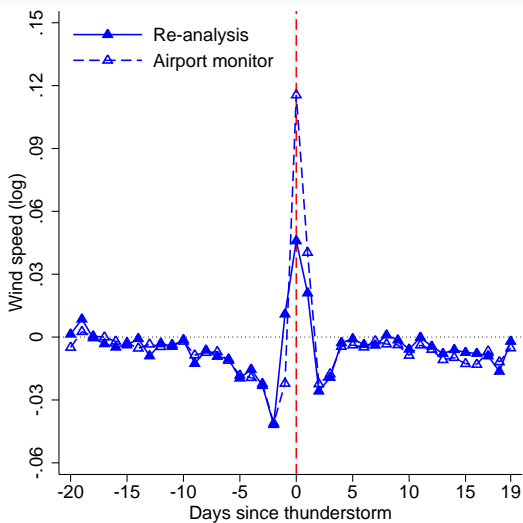
Weather and health around thunderstorms

- Event study of thunderstorm

$$Y_{ct} = \overbrace{\sum_{d=[-20,20]} \beta_d \cdot \text{Thunderstorm}_{c(t+d)}}^{\text{leads \& lags of t-storm indicators}} + \text{Covariates}_{ct} + \varepsilon_{ct}$$

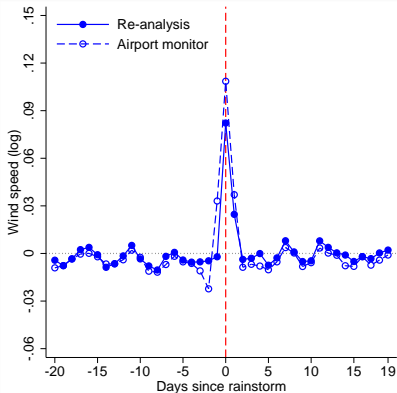
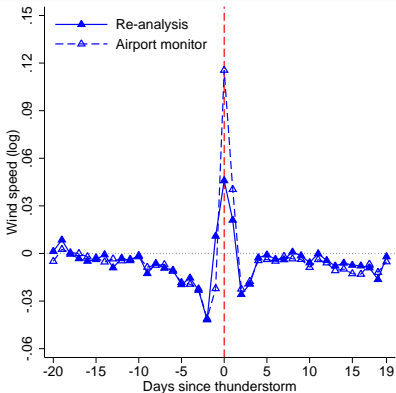
- Covariates_{ct} include FEs indicators
 - County FEs
 - Year, month, day-of-week FEs
- Cluster standard errors at the county level

Wind speed around thunderstorms



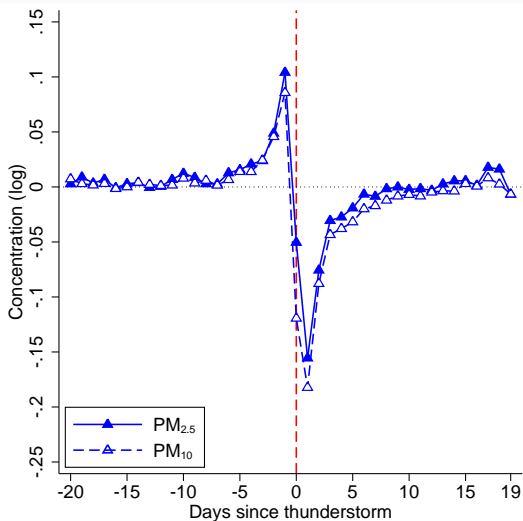
Notes: Average daily wind speed = 3.51 m/s (near-airport measure).

Wind speed around thunderstorms (L) vs. rainstorm (R)



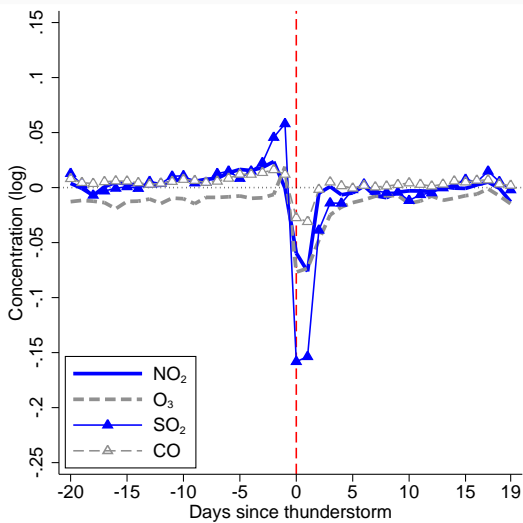
Notes: Average daily wind speed = 3.51 m/s (near-airport measure).

Particulate matter around thunderstorms



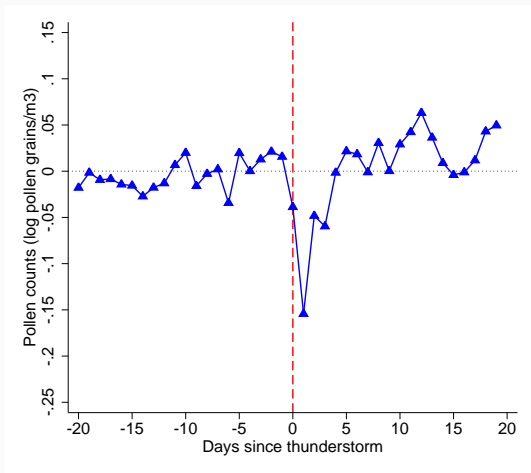
Notes: Average PM_{2.5} (PM₁₀) = 12.1 (24.8) ug/m³.

Other (gaseous) pollutants around thunderstorms



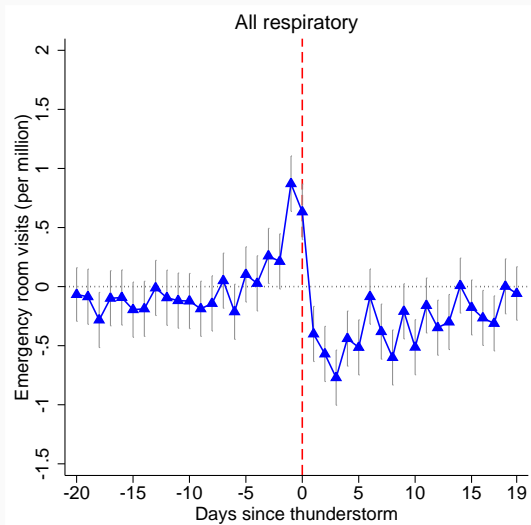
Notes: Average NO₂ = 15.0 ppm.

Pollen counts around thunderstorms (61 cities)



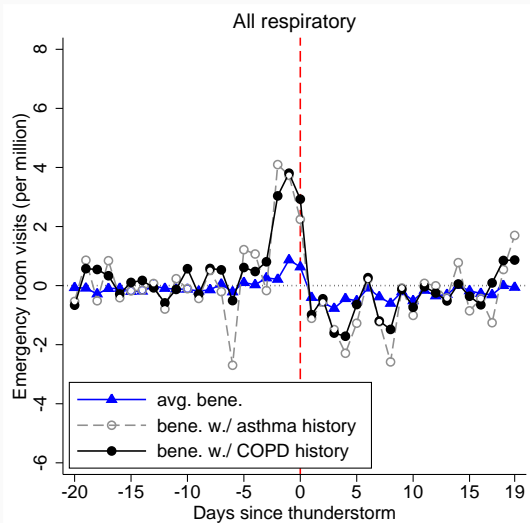
Notes: Average pollen count = 170 grains/m³.

Respiratory ER visits around thunderstorms



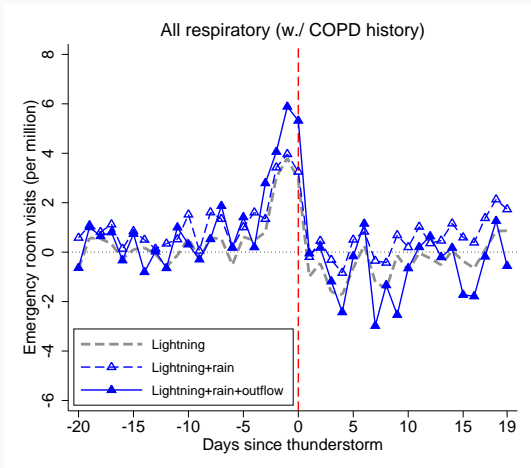
Notes: Mean = 152.7 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

Respiratory ER visits around thunderstorms: COPD patients



Notes: Mean = 562.9 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

Respiratory ER visits around thunderstorms: Storm intensity

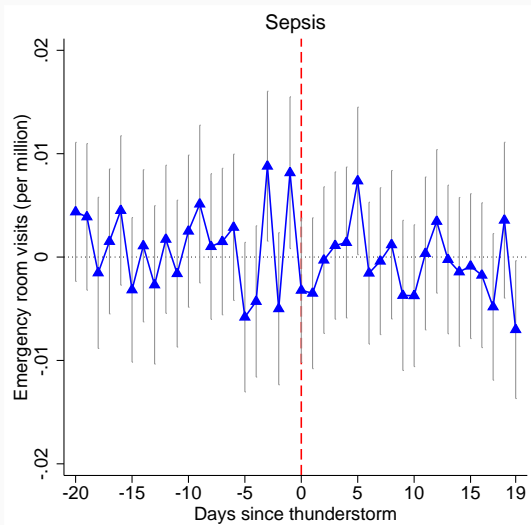


Notes: Mean = 562.9 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

Robustness and falsification checks

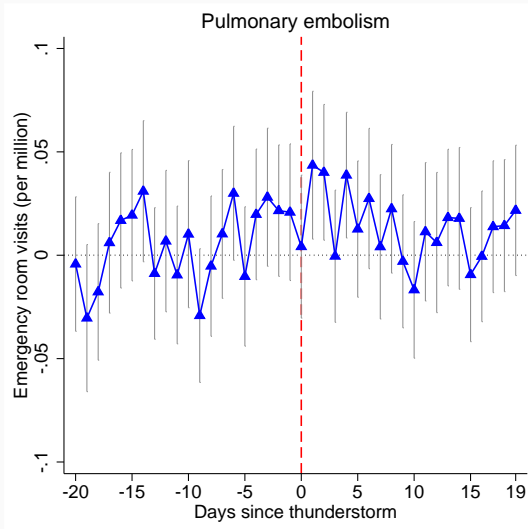
- No “build-up” effect for rainstorm (precipitation without lightning)
- **Placebo tests using broad diagnoses unrelated to pollution**

“Placebo” ER visits around thunderstorms: Sepsis



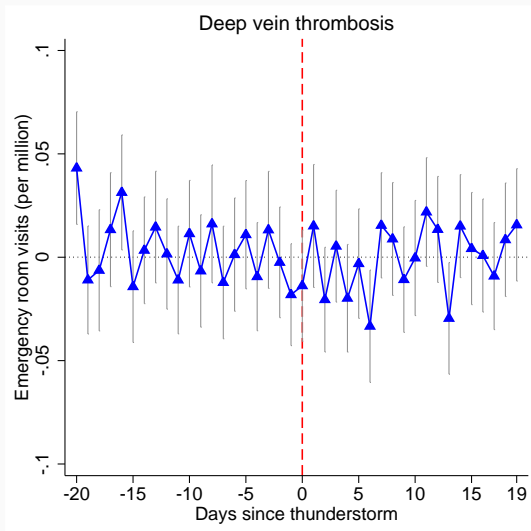
Notes: Mean = 0.18 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

“Placebo” ER visits around thunderstorms: PE



Notes: Mean = 3.92 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

“Placebo” ER visits around thunderstorms: DVT



Notes: Mean = 2.56 visits per million. Range bars show 95% CIs constructed using SEs clustered at the county level.

Conclusion

- Emergency visits for respiratory problems among Medicare beneficiaries were increased in the days surrounding thunderstorms in the U.S., particularly among patients with a history of COPD
- Older patients with reactive airway disease are less sensitive to airway hyperreactivity compared to younger patients
 - The amount of additional acute respiratory illness related to lightning and thunderstorms requiring emergency care is likely higher among children and younger adults