

Characteristics of air quality and sources affecting high levels of PM₁₀ and PM_{2.5} in Poland, Upper Silesia urban area

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Received: 15 November 2017 / Accepted: 12 June 2018 / Published online: 14 August 2018
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Abstract The reports concerning air quality published by WHO and EEA showed that 33 out of 50 cities with highest concentration of particulate matter (PM)_{2.5} in UE are located in Poland. Various investigations identify main health outcomes to be consistently related to PM₁₀ and PM_{2.5}. Increased concentration of PM is responsible for 47.3 thousands of premature deaths every year in Poland. The objective of this study was the measurement-based assessment for determining whether the concentrations of PM₁₀ and PM_{2.5} are within admissible limits or exceeded in Silesia Province. The data provided by the Voivodship Inspectorate for Environmental Protection in Katowice was used in the analysis. The measurements were made in years 2009–2016 for PM_{2.5} and 2014–2017 for PM₁₀ in three measurement stations: two in Katowice (capital of Silesia Province) and one in Żory. The increase in the number of excessive levels of average daily PM₁₀ concentration in year 2017 were observed in all three measurement stations, both for

the acceptable level, information and alarm level, with lack or singular excessive levels in the previous years. The increase in average annual PM_{2.5} concentrations in year 2016 was also observed, as compared to the previous year in all three measurement stations. The highest pollution is observed in winter. The main cause of exceeded acceptable PM concentrations in Poland is household heating systems, boilers and furnaces burnt with coal or wood, and chimneys. In Silesian Province, the air quality is poor and has deteriorated over the last year.

Keywords PM₁₀ · PM_{2.5} · Air pollution · Population health · Environmental policy

Introduction

In the recent years, the highest annual average concentration of particulate matter (PM)₁₀ and PM_{2.5} particles in Europe has been observed in the countries located in the East-Central Europe, mainly in Poland. The report published by World Health Organization (WHO) showed that 33 out of 50 cities with highest concentration of PM_{2.5} in European Union (UE) are located in Poland (WHO 2016a). The highest concentrations in excess were found both in large cities, e.g., Cracow, Katowice, and Gliwice, as well as in smaller ones, such as Żywiec, Pszczyna, Rybnik, and Wodzisław (which are in the first five cities), or in middle-sized cities such as Przemyśl and Nowy Sącz. Difficulties with maintaining standards are also experienced by such countries as Bulgaria, Slovakia, and Croatia. A high number of stations in which excessive levels were

Electronic supplementary material The online version of this article (<https://doi.org/10.1007/s10661-018-6797-x>) contains supplementary material, which is available to authorized users.

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noted are also in the north of Italy (WHO 2016a; European Environment Agency, 2017).

Air pollution is the main environmental health risk affecting human health (Samoli et al. 2005; Fenger 2009; Anderson 2009; Chang et al. 2015; Li et al. 2016); thus, air quality and its health impact are major public health issues. One of the key indicators concerning air quality monitoring and urban air pollution is the concentration of the suspended PM. PM exposure limitation goals for the protection of human health are included in EU directives (EC 1999, 2008) and numerous WHO documents and guidelines (WHO 1987, 2000, 2006, 2012, 2013).

Particulate matter (PM) is defined as a widespread microscopic air pollutant consisting of solid and liquid particles suspended in the air atmosphere. PM may be dispersed through the air from natural sources (desert dust particles, sea-salt aerosols, wild-land fires) or combustion processes, industrial activities, and communal heating (EEA 2012; OECD 2001). PM includes ions of metals and heavy metals (e.g., potassium, sodium, calcium, magnesium, cadmium, copper, nickel, vanadium, and zinc), sulfates, nitrates, ammonium, and other organic and inorganic chemical compounds as well as allergens and microbial compounds. Primary particles are released directly into the atmosphere; secondary particles are formed by the transformation of the precursors (WHO 2013a).

PM with aerodynamic diameter larger than 10 μm have a relatively high rate of descent in the atmosphere. Therefore, atmospheric aerosols consisting of particulates greater than 10 μm rarely occur far from the source of emissions; thus, their impact on human health is lower. Aerosols dominated by the mass concentration of particles with a diameter smaller than 10 μm (PM_{10}), and with a diameter smaller than 2.5 μm ($\text{PM}_{2.5}$), have most significant influence on human health, because these particles can penetrate through the respiratory system (WHO 2013b).

Aim

The objective of this study was the measurement-based assessment for determining whether the concentrations of PM_{10} and $\text{PM}_{2.5}$ are within admissible limits or exceeded in Silesia Province. Data was also analyzed to develop key trends from the period 2014–2017 for PM_{10} and from the period 2009–2016 for $\text{PM}_{2.5}$.

Methodology

The data provided by the Voivodship Inspectorate for Environmental Protection in Katowice, collected in the scope of National Environmental Monitoring, was used in the analysis. The received data constitutes the result of 24-h concentrations of $\text{PM}_{2.5}$ and PM_{10} particles in suspension in selected air monitoring stations in Katowice (capital of Silesia Province) and Żory. The measurements were made in years 2009–2017 for $\text{PM}_{2.5}$ and 2014–2017 for PM_{10} . The studies of analyzed suspended particles in selected air monitoring stations are conducted with referential methods specified in appendix no. 6 of the regulation of the Minister of Environment (J. Laws 2012, No. 217, item 1032) on the assessment of levels of substances in the air. The descriptions of measurement methods applied for registration of $\text{PM}_{2.5}$ and PM_{10} particles in suspension are presented below, in part on the measurement stations. The values of concentration of $\text{PM}_{2.5}$ particles in suspension for the averaging period of 1 year (averaged per year) were calculated as average arithmetic values of 24-h concentrations of the analyzed particles in suspension for a given year. The relative differences in annual concentrations of the analyzed $\text{PM}_{2.5}$ particles in suspension in years 2009–2016 for selected measurement stations were calculated according to the following formula:

- $\text{PM}_{2.5}$ An arithmetic mean of concentration of $\text{PM}_{2.5}$ particles in suspension calculated on the basis of average daily values for the averaging period of 1 year;
- PD Acceptable level of concentration of $\text{PM}_{2.5}$ particles in suspension for the averaging period of 1 year for year 2015 was $25 \mu\text{g}/\text{m}^3$, whereas it has been equal to $20 \mu\text{g}/\text{m}^3$ since 2016, with achievement date in year 2020.

For the purpose of more precise and comprehensive analysis of concentrations of $\text{PM}_{2.5}$ and PM_{10} , the established levels (standards) of concentrations of analyzed particles in suspension were applied. Under the regulation of the Minister of Environment (J. Laws 2012, No. 217, item 1031), the definition of the levels of concentrations of studied particles in suspension used in this paper is the following:

Acceptable level—the level of substance in the air established on the basis of scientific knowledge in order

to avoid, prevent, or limit harmful impact on the human health and environment as a whole, which must be achieved on a specified date, and upon such date, it must not be exceeded.

PM_{2.5}—for the averaging period of 1 calendar year, the acceptable level was 25 µg/m³ with the date of achievement of this value by the concentrations of the analyzed particles in suspension until 2015 and 20 µg/m³ for the averaging period of 1 calendar year with the date of achievement of this value by the concentrations of the analyzed particles in suspension until 2020.

Information level—the level of substance in the air above which there is a threat to human health arising from short-term exposure of especially sensitive groups of people to the impact of pollution and, in the case of which, immediate and relevant information is required.

PM₁₀—for the 24-h period of averaging measurement results, the information level for the analyzed particles in suspension is equal to 200 µg/m³ (the threshold value for informing the society about the risk of exceeding the alarm level for PM₁₀).

Alarm level—the level of substance in the air above which there is a threat to health of the entire community arising from short-term exposure to the impact of pollution and, in the case of which, EU member states take immediate actions.

PM₁₀—for the 24-h period of averaging measurement results, the alarm level for the analyzed particles in suspension is equal to 300 µg/m³.

Description of measurement points

The measurements were carried out in three measurement stations belonging to Regional Environmental Protection Inspectorate in Katowice.

The first station was located in Katowice, 40–844, Kossutha Street 6. The measurements were carried out from 2014/01/01 to 2017/07/31 for PM₁₀ and from 2009/01/01 to 2016/12/31 for PM_{2.5}. Measurement type: automatic and manual. Name: SL09KA. International code: PL0008A. Start of measurements: PM₁₀—2005-01-01, PM_{2.5}—2008-04-01. Cod position: SIKatoKossut-PM₁₀—24 h and SIKatoKossut-PM_{2.5}—24 h. Method name: gravimetric analysis, LVS—automatic filter change 2.3 m³/h. Instrument name: TECORA, model Charlie TCR for PM₁₀; ATMOSERVICE PNS3D15/LVS3D for PM_{2.5}. Type: urban background station. Measurement zone: Silesian agglomeration. Measurement target: human health protection.

The second station was located in Katowice, Plebiscytowa Street/A4. The measurements were carried out from 2014/01/01 to 2017/07/31 for PM₁₀ and from 2011/01/01 to 2016/12/31 for PM_{2.5}. Measurement type: automatic, manual, and passive. Name: SL18KA. International code: PL0567A. Start of measurements: PM₁₀—2011-01-01, PM_{2.5}—2011-01-01. Cod position: SIKatoPlebA4-PM₁₀—24 h; SIKatoPlebA4-PM_{2.5}—24 h. Method name: gravimetric analysis, LVS—automatic filter change 2.3 m³/h. Instrument name: MCZ Umwelttechnik Micro PNS LVS17 for PM₁₀; MCZ

Table 1 PM₁₀ and PM_{2.5} concentration standards (in µg/m³), based on national and EU legislation, WHO, and EPA recommendation

PM ₁₀ and PM _{2.5} concentration admissible limits	Time	WHO	EPA	EU	Poland
PM ₁₀	24-h mean	50 µg/m ³	150 µg/m ³ , primary and secondary, not to be exceeded more than once per year on average over 3 years	50 µg/m ³ , not to be exceeded more than 35 times a calendar year	50 µg/m ³ , not to be exceeded more than 35 times a calendar year
	Annual mean	20 µg/m ³	–	40 µg/m ³	40 µg/m ³
PM _{2.5}	24-h mean	25 µg/m ³ , not to be exceeded more than three times a calendar year	35 µg/m ³ , primary and secondary, averaged over 3 years	–	–
	Annual mean	10 µg/m ³	12.0 µg/m ³ , primary averaged over 3 years 15.0 µg/m ³ , secondary	25 µg/m ³	25 µg/m ³ Target value 20 µg/m ³

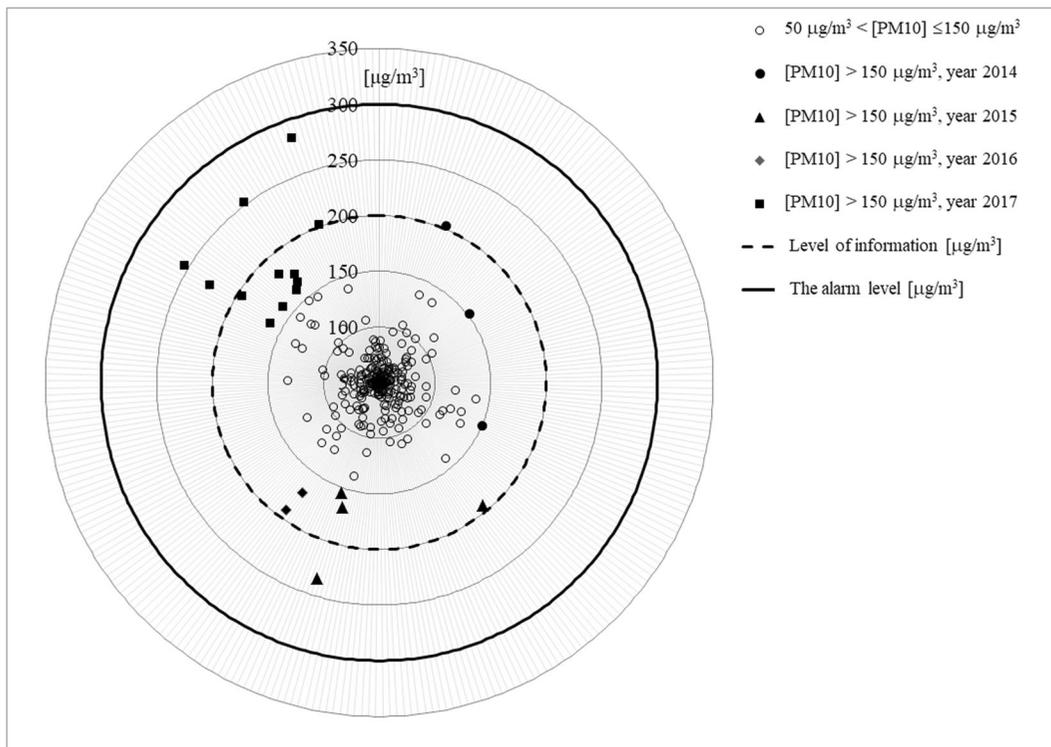


Fig. 1 Measurement station in Katowice—PL0008A

Umwelttechnik MicroPNS LVS16 for $PM_{2.5}$. Urban communication station. Measurement zone: Silesian agglomeration. Measurement target: human health protection.

The third station was located in Żory, gen. Władysława Sikorskiego 52. The measurements were carried out from 2014/01/01 to 2017/07/31 for PM_{10} and from 2009/01/01 to 2016/12/31 for $PM_{2.5}$. Measurement type: automatic and manual. Name: SL24ZO. International code: PL0489A. Start of measurements: PM_{10} —2010-04-07, $PM_{2.5}$ —2008-08-19. Cod position: SIZorySikor2- PM_{10} —24 h; SIZorySikor2- $PM_{2.5}$ —24 h. Method name: gravimetric analysis, LVS—automatic filter change 2.3 m^3/h . Instrument name: ATMOSERVICE PNS3D15/LVS3D for PM_{10} and $PM_{2.5}$. Type: urban background station. Measurement zone: Rybnik and Jastrzębie agglomeration. Measurement target: human health protection (Map 1).

Health risk

Increased concentrations of PM_{10} and $PM_{2.5}$ pose a real health risk to the local population. WHO estimated that in 2012, one out of nine deaths was due to the

air pollution, and ambient air pollution caused 3 million of those deaths worldwide (WHO 2016b). It is estimated that all-cause daily mortality increases by 0.2–0.6% per 10 $\mu g/m^3$ of PM_{10} and long-term exposure to $PM_{2.5}$ is associated with increase in the long-term risk of cardiopulmonary mortality by 6–13% per 10 $\mu g/m^3$ of $PM_{2.5}$ (WHO 2013a). $PM_{2.5}$ pollution is one of the leading causes of death and disability worldwide resulting in significant health expenditures (WHO 2015). Both short-term exposure (hours, days) on high levels of PM and long-term (months, years) exposure on moderate concentrations of PM have negative influence on human respiratory and cardiovascular systems (Kelly and Fussell 2015).

Multiple studies confirm that $PM_{2.5}$ and PM_{10} can affect lung growth and development in children and adolescents, number of medical visits, and hospital emergency admissions due to the asthma, respiratory symptoms, and upper and lower respiratory tract disorders (Brown et al. 2013; Linares and Diaz 2010; Praznikar and Praznikar 2012; WHO 2013).

High extent of $PM_{2.5}$ could be connected with increased level of AC133+ stem cells in peripheral blood, which may be an early indicator of the cardiovascular

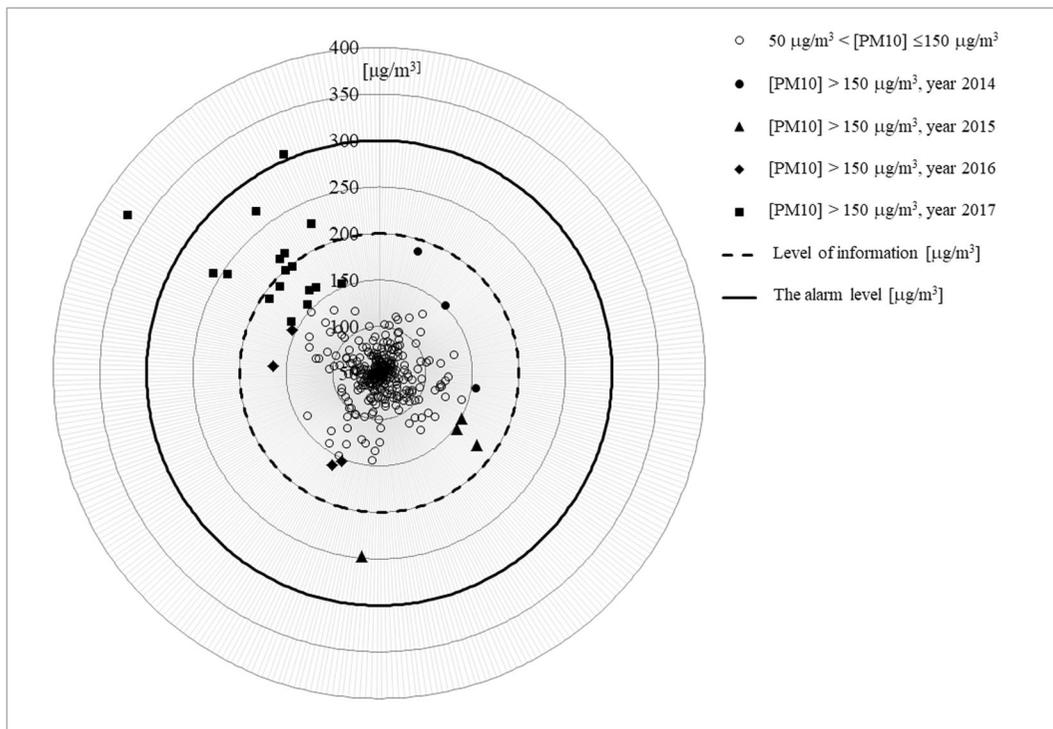


Fig. 2 Measurement station in Katowice—PL0567A

system damage (De Jarnett et al. 2015). There are also associations between exposure to air pollutants and hypertension, myocardial infarction, heart failure hospitalizations, and mortality. Anoop et al. estimated that reducing median daily $PM_{2.5}$ concentrations by a mean of $3.9 \mu\text{g}/\text{m}^3$ would prevent 7978 heart failure hospitalizations in the USA and would be associated with savings of 307 million USD per year (Anoop et al. 2013). According to Brook et al., short-term exposure to $PM_{2.5}$ (from hours to weeks) can provoke mortality connected with cardiovascular diseases and a long-term (several years of exposure) increases the risk of cardiovascular mortality and reduces life expectancy for several months to a few years. Consequently, the reductions in PM levels are connected with decreases of cardiovascular mortality (Brook et al. 2010). There is also an association between $PM_{2.5}$ exposure and hospital admissions for both ischemic and hemorrhagic stroke (Szu-Ying et al. 2014). The association between $PM_{2.5}$ exposure and hospital admissions for stroke has also been found (Leiva et al. 2013). Increased level of $PM_{2.5}$ particle exposure in the atmosphere should be also considered as a risk factor of premature birth (Malley et al. 2017; Liu et al. 2017).

WHO and EPA guidelines

According to the guidelines of WHO, the daily concentration of $PM_{2.5}$ should not exceed $25 \mu\text{g}/\text{m}^3$ (and not more often than 3 days in a year) and the average annual concentration should not exceed $10 \mu\text{g}/\text{m}^3$, whereas daily concentration of $PM_{2.5}$ should not exceed $50 \mu\text{g}/\text{m}^3$ and annual concentration should not be higher than $20 \mu\text{g}/\text{m}^3$ (WHO 2006). WHO guidelines are stricter than those applicable in EU, like the national law.

Environmental Protection Agency (EPA) in USA is responsible for setting National Ambient Air Quality Standards for key pollutants considered dangerous to general population and the environment; periodically, they are reviewed and may be revised (EPA 2012). The Clean Air Act, amended in 1990, requires identifies two types of national ambient air quality standards: “primary standards provide public health protection, including protecting the health of high-risk populations such as asthmatics, children, and the elderly. Secondary standards provide public welfare protection, including protection against decreased visibility and damage to animals, crops, vegetation, and buildings” (Clean Air Act 1990).

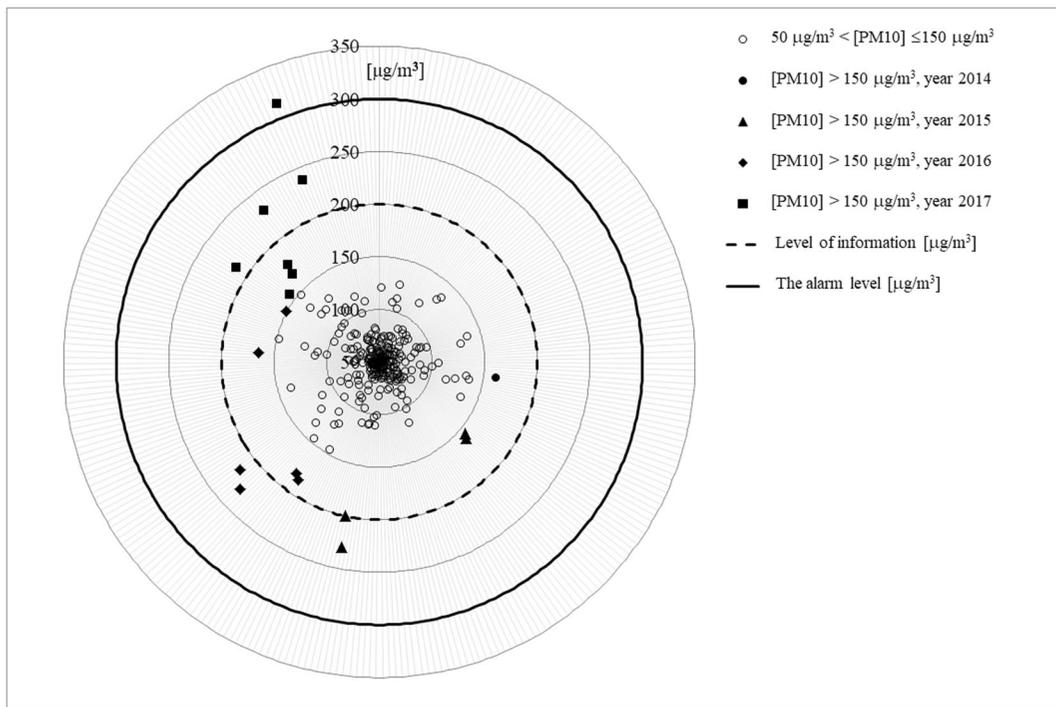


Fig. 3 Measurement station in Żory—PL0489A

European and national policy

The European Union has only established the acceptable level for PM_{10} and $PM_{2.5}$, respectively, for PM_{10} — $50 \mu\text{g}/\text{m}^3$ (daily) and $40 \mu\text{g}/\text{m}^3$ (average annual) as well as for $PM_{2.5}$ — $25 \mu\text{g}/\text{m}^3$ (average annual) (CAFE 2008). A daily standard for $PM_{2.5}$ has not been established either in the EU regulations or in the Polish law. The EU regulations do not specify the information and alarm level of PM even though it is the case for other substances.

In Poland, the maximum allowable level of average annual concentration of PM_{10} is $40 \mu\text{g}/\text{m}^3$ (this level can be exceeded up to 35 times per year), while the maximum allowable level of 24-h mean is $50 \mu\text{g}/\text{m}^3$. The maximum allowable level of average annual concentration of $PM_{2.5}$ is $25 \mu\text{g}/\text{m}^3$ (to achieve until 1.01.2015) and $20 \mu\text{g}/\text{m}^3$ (to achieve until 1.01.2020) (J. Laws 2012, No. 217, item 1031).

As it has been presented above, according to national standards, three levels relating to PM_{10} can be distinguished:

- Acceptable level (daily— $50 \mu\text{g}/\text{m}^3$), it means that the air quality is not good, but does not result in serious effects on the human health;

- Information level (daily)— $200 \mu\text{g}/\text{m}^3$, it means that the situation is bad and it is necessary to limit outdoor activity since the standard has been exceeded four times; and
- Alarm level (daily)— $300 \mu\text{g}/\text{m}^3$, it means that the situation is very bad, the standard has been exceeded six times, and it is absolutely necessary to limit staying outside and it is best to stay home, especially for people with diseases (Table 1).

Results

PM_{10} concentrations

The presented radar diagrams include average daily value of PM_{10} concentrations exceeding the acceptable level ($50 \mu\text{g}/\text{m}^3$) in specified years for selected measurement stations. Only dates for PM_{10} exceeding $150 \mu\text{g}/\text{m}^3$ are presented in diagrams for better clarity. With the purpose of more comprehensive (more detailed) analysis of distributions of concentrations of studied particles in suspension, so-called

Table 2 PM₁₀ concentrations, the information level exceedances, above 200 µg/m³, in period 2014–2017, data obtained from three automatic stations of State Environmental Monitoring in the Silesian Voivodship (Upper Silesian urban area)

Measurement stations	Year	PM ₁₀ —the information level exceedances above 200 µg/m ³	Date
PL0008A Katowice	2014	203.0 µg/m ³	04 February
	2015	234.7 µg/m ³	05 November
		Not reported	–
	2017	226.1 µg/m ³	08 January
		254.8 µg/m ³	10 January
	2017	253.2 µg/m ³	01 February
		202.2 µg/m ³	14 February
	2017	284.1 µg/m ³	15 February
		Not reported	–
	PL0567A Katowice	2014	Not reported
2015		248.1 µg/m ³	05 November
		Brak	–
2017		258.0 µg/m ³	08 January
		369.5 µg/m ³	09 January
2017		244.6 µg/m ³	10 Jan.
		212.8 µg/m ³	28 Jan.
2017		214.3 µg/m ³	31 January
		268.2 µg/m ³	01 February
2017		226.7 µg/m ³	14 February
	306.2 µg/m ³	25 February	
PL0489A Żory	2014	Not reported	–
	2015	229.5 µg/m ³	05 November
		229.3 µg/m ³	19 January
	2016	217.2 µg/m ³	23 January
		212.7 µg/m ³	01 January
	2017	230.4 µg/m ³	01 February
		237.1 µg/m ³	14 February
	2017	304.2 µg/m ³	15 February

information level (200 µg/m³) and alarm level (300 µg/m³) are marked in the diagrams.

The analysis of diagrams shows a characteristic distribution of the values of analyzed concentrations of PM₁₀ in specific years for the selected measurement stations. In the period of January–February 2017, it was reported the highest number of PM₁₀ concentrations above the information level. Also, for the period January–February 2017, the highest values of average daily concentrations of analyzed particles in suspension were noted as compared to the previous years.

The obtained results mean that the condition of air pollution with PM₁₀ particles in suspension at the present time has not decreased, but it is even possible to state

that it is subject to exacerbation (Figs. 1, 2, and 3 and Table 2).

For comparison of the previous years, we also presented the data from period 2006–2013. It is worth noting that the maximum levels in winter months were much lower than over the past 4 years (Table 3).

PM_{2.5} concentrations

The radar diagrams for PM_{2.5} show the values of average annual concentrations of analyzed particles in suspension in specific years for selected measurement stations. The acceptable level of PM_{2.5} concentration is presented in the diagrams for the studied particles in suspension, which was 25 µg/m³ until 2015 and has

Table 3 PM₁₀ concentrations (maximum and minimum level during each year) in period 2006–2013, data obtained from automatic station of State Environmental Monitoring in the Silesian Voivodship—PL0008A (Upper Silesian urban area)

Year	PM ₁₀ concentration maximum level in µg/m ³	PM ₁₀ concentration minimum level in µg/m ³
2006	118 January	37 June
2007	64 March	25 January
2008	54 December	30 June
2009	68 December	23 June
2010	122 December	30 January
2011	99 November	23 July
2012	121 February	25 June, July
2013	65 January	25 June

been equal to 20 µg/m³ since 2016 with achievement date in 2020.

The analysis of shapes of distributions of average annual concentrations of PM_{2.5} conducted on the basis of prepared radar diagrams allowed for formulation of a very important information. The average

annual concentrations of PM_{2.5} particles in suspension exceed the acceptable values in selected measurement stations in years 2009–2016. The calculated relative differences in annual concentrations of the analyzed PM_{2.5} particles in suspension (%) in years 2009–2016 for selected measurement stations clearly indicate that air pollution with PM_{2.5} particles in suspension in year 2016 did not decrease, but was even observed to increase. The clear increase of PM_{2.5} concentration in year 2016, as compared to the previous years, only in the measurement station in Katowice, Kossutha Street 6 (PL0008A), results from the change in the acceptable level. For other selected measurement stations, the clear increase of PM_{2.5} in year 2016, as compared to the previous years, does not depend on the change of the acceptable level. The change of the acceptable level only influences the size of observed PM_{2.5} (%) (Figs. 4, 5, and 6 and Table 4).

It is essential that the highest concentrations of PM₁₀ and PM_{2.5}, both in terms of annual mean and number of days on which daily concentration

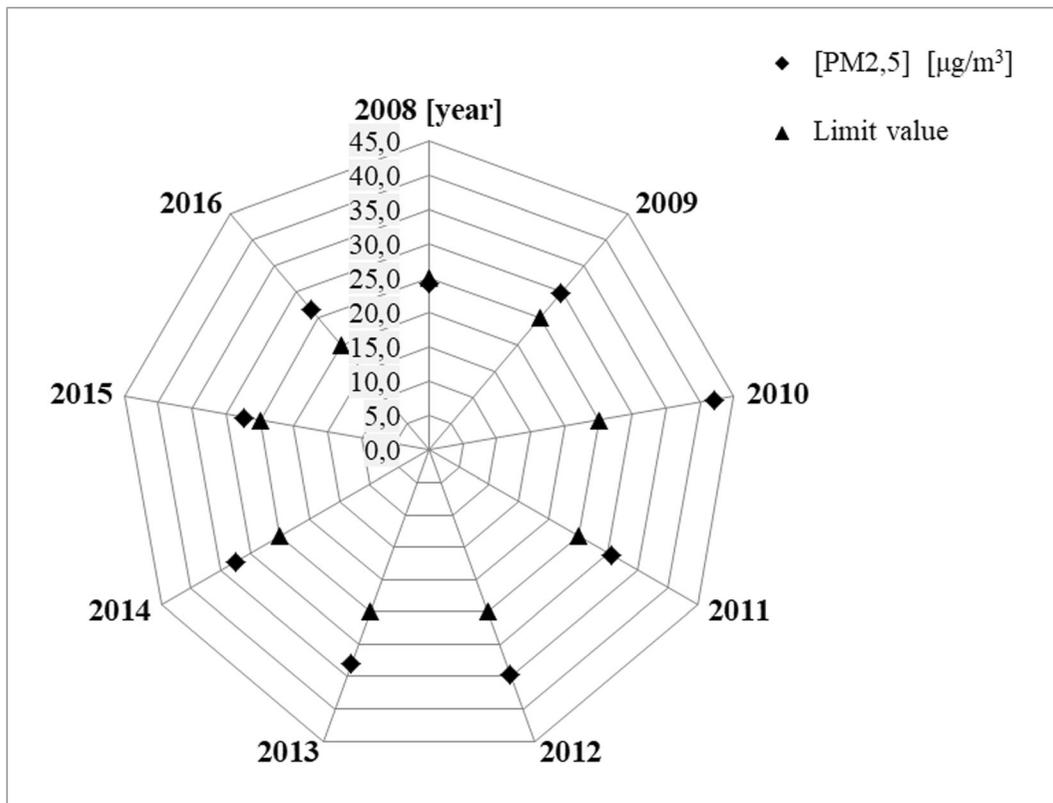


Fig. 4 Measurement station in Katowice—PL0008A

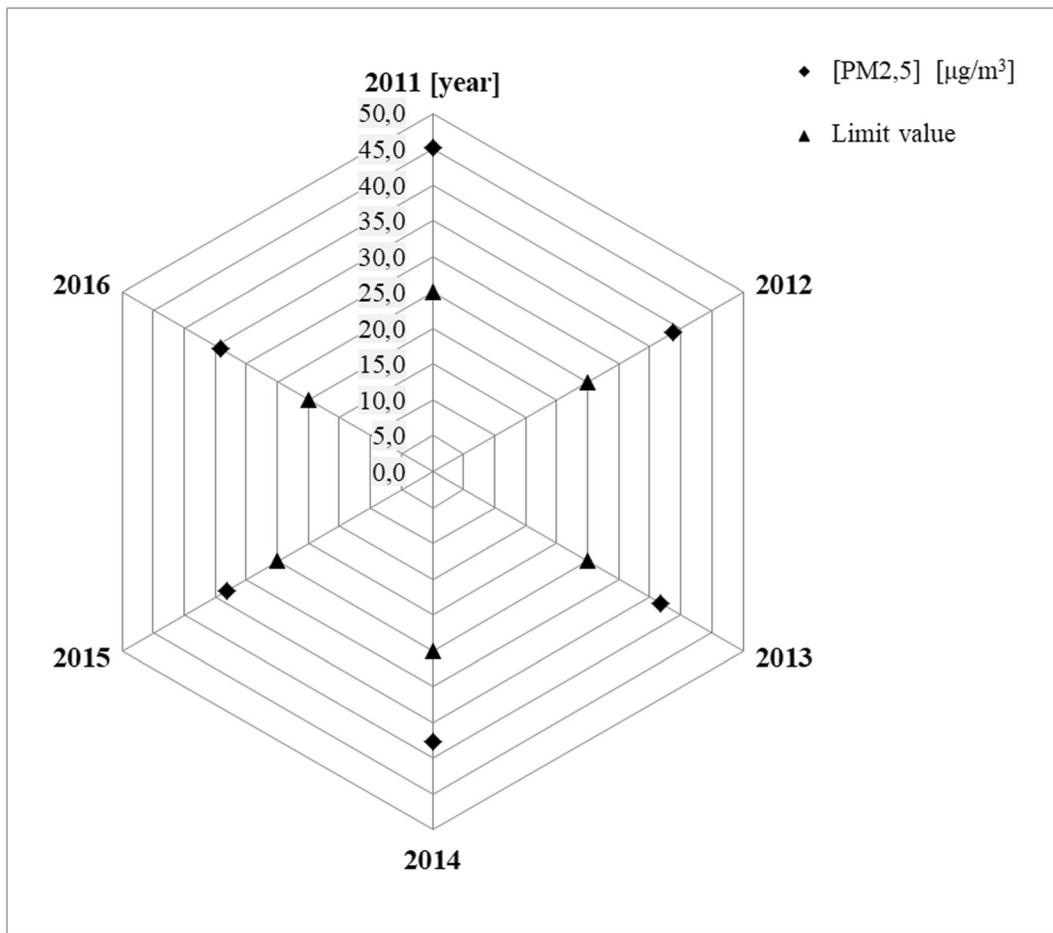


Fig. 5 Measurement station in Katowice—PL0567A

standard was exceeded, are noted not only in large cities but also in contrast to the majority of EU member states, small towns without industry, or busy road traffic. In addition, the highest pollution concentrations are observed in winter. It results from the fact that the main cause of exceeded acceptable PM concentrations in Poland is burning coal and/or biomass in residential boiler plants as well as heating buildings individually, household heating systems, boilers and furnaces burnt with coal or wood, and chimneys (The National Centre for Emissions Management 2017) (Table 5).

The worst situation is in the area of southern Poland as it is a site where the following factors accumulate: high density of detached residential development, common use of coal in household boilers, industrial emission, and land shape contributing to

accumulation of pollution (Chief Inspectorate of Environmental Protection 2017).

Discussion

Air in Poland is one of the most polluted in the entire European Union, and the standards included in the EU and Polish law concerning the air quality have not been followed over the last years. Air pollution (mainly PM₁₀ and PM_{2.5}) is responsible for 47.3 thousands of premature deaths every year in Poland (Supreme Audit Office 2014). It has been noted that the situation is subject to exacerbation in this scope (Sobolewski 2016). As far as the air pollution emitted by industry and energetics has been significantly limited due to implementation of

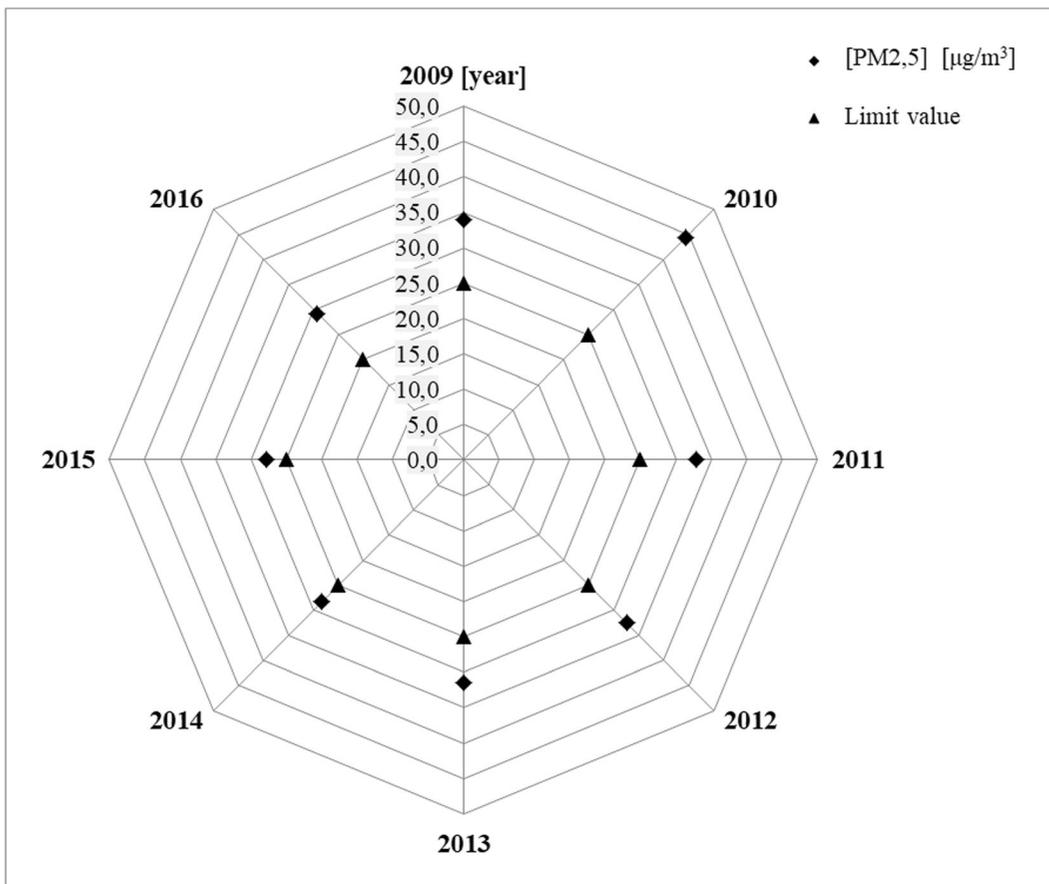


Fig. 6 Measurement station in Żory—PL0489A

the requirements for this sector at the level of EU regulations (Kobza et al. 2016), there is a lack of effective regulations concerning the heating systems used in households, i.e., furnaces and boilers burnt with solid fuels or chimneys (Supreme Audit Office 2016). Although Poland has adopted several vehicle emission control policies over the past decades (Kobza and Geremek 2017), there are still no key legal solutions in the scope of transport which would allow to limit the use of cars which pollute the air most.

The establishment of the National Program of Air Protection (ME 2015) and adoption of the so-called anti-smog law seem to be not enough. The amendment of the Environmental protection law (a so-called anti-smog law) finally adopted in October 2015 allowed the voivodship self-governments in the entire Poland to introduce prohibitions of burning coal in the communes and heating only with

high-quality coal or modern furnaces. Two voivodships have introduced it and the next three are preparing it. Supreme Audit Office highlighted in their reports that Ministry of Environment in Poland should introduce emission limits for a new household coal-fired boiler systems and implement quality standards for solid fuels (Supreme Audit Office 2014; Supreme Audit Office 2016).

Despite the obligation not to exceed annual and daily acceptable values for PM_{10} particles in suspension came into force on 1 January 2005 and the situation of exceeding daily acceptable PM_{10} values in Poland did not improve upon 2013, in connection with the aforementioned, it was decided to initiate the procedure on the infringements of CAFE Directive. In December 2015, the European Commission filed a complaint to the Court of Justice of the European Union for the second time, in which it included the following irregularities:

Table 4 The relative differences in annual concentrations of the analyzed PM_{2.5} particles in suspension in years 2009–2016 for selected measurement stations, for acceptable level 25 µg/m³, and in 2016 additionally for level 20 µg/m³

Measurement stations	Years	PM _{2.5} (%) PD-acceptable level—25 µg/m ³ in 2016 also for new level—20 µg/m ³
PL0008A Katowice	2009	19.4
	2010	68.5
	2011	22.4
	2012	38.5
	2013	32.1
	2014	30.0
	2015	9.1
	2016	33.1 (6.4) PD—20 µg/m ³
PL0567A Katowice	2011	81.0
	2012	55.0
	2013	47.0
	2014	50.9
	2015	32.5
	2016	71.1 (36.9) PD—20 µg/m ³
PL0489A Żory	2009	35.6
	2010	77.4
	2011	31.9
	2012	30.3
	2013	25.8
	2014	13.5
	2015	11.1
2016	46.4 (17.1) PD—20 µg/m ³	

Calculated according to the following formula: PM_{2.5} – an arithmetic mean of concentration of PM_{2.5} particles in suspension calculated on the basis of average daily values for the averaging period of 1 year and PD – acceptable level of concentration of PM_{2.5} particles in suspension for the averaging period of 1 year for year 2015 was 25 µg/m³, whereas it has been equal to 20 µg/m³ since 2016, with achievement date in year 2020)

- Exceeding the daily acceptable values for PM₁₀ particles in 35 air quality zones in the territory of the state since 2007,
- Lack of adoption of appropriate actions in air protection programs aiming to achieve the shortest period of occurrence of exceeded acceptable PM₁₀ values, and

Table 5 Sources of emissions and main causes of PM₁₀ and PM_{2.5} permissible concentration exceedances in Poland, based on The National Centre for Emissions Management 2016 and Chief Inspectorate of Environmental Protection 2015 (Rok 2017)

Air pollutant	Main sources of emission	Main causes of permissible concentration exceedances in Poland
PM ₁₀	Communal heating—38% Road transport—9% Commercial power industry—9%	Communal heating—85% Intensive traffic of vehicles—9%
PM _{2.5}	Communal heating—40% Road transport—13% Commercial power industry—10%	Communal heating—89% Intensive traffic of vehicles—8%

- Inappropriate transposition of CAFE directive to the Polish legal system.

With low effectiveness of current actions in the scope of air quality improvement, the estimates of external costs of air pollution, especially health (WHO 2016b) and economic costs (OECD 2015; World Bank and Institute for Health Metrics and Evaluation 2016), can provide important arguments in discussion. The results of scientific studies constitute an essential argument for experts, politicians, and society with the purpose of taking actions to improve the situation. More determined and consistent policy of air pollution reduction in Poland would have had non-negligible public health profits.

Conclusion

The results of this study provide the evidence that in the territory of the Silesian voivodship, the air quality is poor and has deteriorated over the course of the last year. The increases in the number of excessive levels of average daily PM₁₀ concentration in year 2017 were observed in all three measurement stations, both for the acceptable level, information and alarm level, with lack or singular excessive levels in the previous years. In addition, the increase in average annual PM_{2.5} concentrations in year 2016 was also observed as compared to the previous year.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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References

- Anderson, H. R. (2009). Air pollution and mortality: A history. *Atmospheric Environment*, *43*, 142–152.
- Anoop, S. V. S., Langrish, J. P., Nair, H., McAllister, D. A., Hunter, A. L., Donaldson, K., Newby, D. E., & Mills, N. L. (2013). Global association of air pollution and heart failure: A systematic review and meta-analysis. *Lancet*, *382*, 1039–1048.
- Brook, R. D., Rajagopalan, S., Pope, A., Brook, J. R., Bhatnagar, A., Diez-Roux, A. V., Holguin, F., Hong, Y., Luepker, R. V., Mittleman, M. A., Peters, A., Siscovick, D., Smith, S. C., Whitsel, L., & Kaufman, J. D. (2010). Particulate matter air pollution and cardiovascular disease. An update to the scientific statement from the American Heart Association. *Circulation*, *121*, 2331–2378.
- Brown, J. S., Gordon, T., Price, O., & Asgharian, B. (2013). Thoracic and respirable particle definitions for human health risk assessment. *Particle and Fibre Toxicology*, *10*, 12.
- Chang, L. T., Chuang, K. J., Yang, W. T., Wang, V. S., Chuang, H. C., Bao, B. Y., Liu, C. S., & Chang, T. Y. (2015). Short-term exposure to noise, fine particulate matter and nitrogen oxides on ambulatory blood pressure: A repeated-measure study. *Environmental Research*, *140*, 634–640.
- Chief Inspectorate of Environmental Protection. (2017). Official webpage. Available at: <http://www.gios.gov.pl/>. Accessed 20 October 2017.
- Clean Air Act. (1990). Full text. <https://www.epa.gov/clean-air-act-overview/clean-air-act-text>. Accessed 20 October 2017.
- De Jarnett, N., Yeager, R., Conklin, D. J., Lee, J., O'Toole, T. E., McCracken, J., Abplanalp, W., Srivastava, S., Riggs, D. W., Hamzeh, I., Wagner, S., Chugh, A., De Filippis, A., Ciszewski, T., Wyatt, B., Becher, C., Higdon, D., Ramos, K. S., Tollerud, D. J., Myers, J. A., Rai, S. N., Shah, J., Zafar, N., Krishnasamy, S. S., Prabhu, S. D., & Bhatnagar, A. (2015). Residential proximity to major roadways is associated with increased levels of AC133+ circulating angiogenic cells. *Arteriosclerosis Thrombosis and Vascular Biology*, *35*(11), 2468–2477.
- European Commission. (1999). Directive 1999/30/EC of 22 April 1999 relating to limit values for sulphur dioxide, nitrogen dioxide and oxides of nitrogen, particulate matter and lead in ambient air. Official Journal of the EU L 163, 29/06/1999 P. 0041–0060.
- European Commission. (2008). Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe. Official Journal of the EU, OJ L 152, 11.6.2008, 1–44.
- European Environment Agency. (2012). *Particulate matter from natural sources and related reporting under the EU Air Quality Directive in 2008 and 2009*. Copenhagen: European Environment Agency.
- European Environment Agency. (2017). Air Quality in Europe. EEA Report No 13/2017. <https://www.eea.europa.eu/about-us/who/who-we-are>. Accessed 20 October 2017.
- Fenger, J. (2009). Air pollution in the last 50 years—From local to global. *Atmospheric Environment*, *43*, 13–22.
- Kelly, F. J., & Fussell, J. C. (2015). Air pollution and public health: Emerging hazards and improved understanding of risk. *Environmental Geochemistry and Health*, *37*(4), 631–649.
- Kobza, J., & Geremek, M. (2017). Do the pollution related to high-traffic roads in urbanized areas pose a significant threat to the local population? *Environmental Monitoring and Assessment*, *189*, 33. <https://doi.org/10.1007/s10661-016-5697-1>.
- Kobza, J., Pastuszka, J. S., & Gulis, G. (2016). Consideration on the predicted health risk reduction related with attainment of the new ambient standards for PM 10 in Poland: A top-down policy risk assessment approach. *International Journal of Occupational Medicine and Environmental Health*, *29*(1).
- Leiva, M. A. G., Santibanez, D. A., Ibarra, S. E., Matus, P. S., & Seguel, R. (2013). A five-year study of particulate matter (PM_{2.5}) and cerebrovascular diseases. *Environmental Pollution*, *181*, 1–6.
- Li, S., Guo, Y., & Williams, G. (2016). Acute impact of hourly ambient air pollution on preterm birth. *Environmental Health Perspectives*, *124*, 1623–1629. <https://doi.org/10.1289/EHP200>.
- Linares, C., & Diaz, J. (2010). Short-term effect of concentrations of fine particulate matter on hospital admissions due to cardiovascular and respiratory causes among the over-75 age group in Madrid, Spain. *Public Health*, *124*, 28–36.
- Liu, C., Sun, J., Liu, Y., Liang, H., Wang, M., Wang, C., & Shi, T. (2017). Different exposure levels of fine particulate matter and preterm birth: A meta-analysis based on cohort studies. *Environmental Science and Pollution Research*, *24*(22), 17976–17984.
- Malley, C. S., Kuylenstierna, J. C. I., Vallack, H. W., Henze, D. K., Blencowe, H., & Ashmore, M. R. (2017). Preterm birth associated with maternal fine particulate matter exposure: A global, regional and national assessment. *Environment International*, *101*(April), 173–182.
- Ministry of the Environment. (2015). National Program of Air Protection. Available at: <https://www.mos.gov.pl/srodowisko/ochrona-powietrza/krajowy-program-ochrony-powietrza/>. Accessed 20 October 2017.
- OECD Glossary of statistical terms (2001). Suspended particulate matter (SPM). <https://stats.oecd.org/glossary/detail.asp?ID=2623>. Accessed 20 October 2017.
- Praznikar, Z. J., & Praznikar, J. (2012). The effects of particulate matter air pollution on respiratory health and on the cardiovascular system. *Zdrav Var*, *51*, 190–199.

- Rok, J. (2017). Let's talk seriously about air pollution in Poland. <https://wiedzadlapolityki.wordpress.com/2016/12/05/porozmawiajmy-serio-o-zanieczyszczeniu-powietrza-w-polsce/>. Accessed 20 October 2017.
- Samoli, E., Analitis, A., Touloumi, G., Schwartz, J., Anderson, H. R., & Sunyer, J. (2005). Estimating the exposure-response relationship between particulate matter and mortality within the APHEA multicity project. *Environmental Health Perspectives*, 113, 88–95.
- Sobolewski M. (2016). Air protection in Poland. Warszawa: Biuro Analiz sejmowych nr 13 (217) 14.07. 2016. ISSN 2082-0666. [http://orka.sejm.gov.pl/WydBAS.nsf/0/1C58F849B742C348C1257FEE002B3D43/\\$file/Infos_217.pdf](http://orka.sejm.gov.pl/WydBAS.nsf/0/1C58F849B742C348C1257FEE002B3D43/$file/Infos_217.pdf). Accessed 20 October 2017.
- Supreme Audit Office. (2014). Air protection. LKR-4101-007-00/2014 Nr ewid.177/2014/P/14/086/LKR 2014. <https://www.nik.gov.pl/plik/id,7764,vp,9732.pdf>. Accessed 20 October 2017.
- Supreme Audit Office. (2016). Elimination of low emissions household and communal boilers in Silesian voivodship. LKA.410.007.2016 Nr ewid. 191/2016/P/16/065/LKA <https://www.nik.gov.pl/plik/id,12929,vp,15337.pdf>. Accessed 20 October 2017.
- Szu-Ying, C., Yu-Lin, L., Wei-Tien, C., Chung-Te, L., Chang-Chuan, C. (2014). Increasing emergency room visits for stroke by elevated levels of fine particulate constituents. *Science of the Total Environment*, 473–474.
- The Act of 13 August 2012 on the assessment of levels of substances in the air. Laws 2012, No.217, item 1032. [In Polish].
- The Act of 24 August 2012 of levels of certain substances in air. J. Laws 2012, No.217, item 1031. [In Polish].
- The National Centre for Emissions Management. (2017). National database about greenhouse gas emissions and other substances. <https://krajowabaza.kobize.pl/o-krajowej-bazie/show>. Accessed 20 October 2017.
- United States Environmental Protection Agency. (2012). Air Quality Planning and Standards. <https://www3.epa.gov/airquality/cleanair.html>. Accessed 20 October 2017.
- WHO Regional Office for Europe, OECD. (2015). *Economic cost of the health impact of air pollution in Europe: Clean air, health and wealth*. Copenhagen: WHO Regional Office for Europe.
- World Bank and Institute for Health Metrics and Evaluation. (2016). *The Cost of Air Pollution: Strengthening the Economic Case for Action*. Washington, DC: World Bank. License: Creative commons attribution CC BY 3.0 IGO.
- World Health Organisation. (2013). *Review of evidence on health aspects of air pollution—REVIHAAP project, technical report*. Copenhagen: WHO Regional Office for Europe.
- World Health Organization. (1987). *Air quality guidelines for Europe*. Copenhagen: World Health Organization Regional Office for Europe. WHO Regional Publications, European Series, No.23.
- World Health Organization. (2000). *Air quality guidelines for Europe*, 2nd ed. Copenhagen: World Health Organization Regional Office for Europe. WHO Regional Publications, European Series, No.91.
- World Health Organization. (2006). *Air Quality Guidelines for, Particulate Matter, Ozone, Nitrogen Dioxide and Sulfur Dioxide*. Global Update 2005. Copenhagen: WHO Regional Office for Europe.
- World Health Organization. (2012). *Environmental Indicator Report*. Copenhagen: WHO European Environment Agency.
- World Health Organization. (2013). *Health effects of particulate matter: Policy Implications for countries in eastern Europe, Caucasus and central Asia*. Copenhagen: WHO Regional Office for Europe.
- World Health Organization. (2016a). WHO Global Urban Ambient Air Pollution Database. http://www.who.int/phe/health_topics/outdoorair/databases/cities/en/. Accessed 20 October 2017.
- World Health Organization. (2016b). Ambient air pollution: A global assessment of exposure and burden of diseases. <http://www.who.int/phe/publications/air-pollution-global-assessment/en/>. Accessed 20 October 2017.