

# Florida Red Tide Exposure: Systematic Review analyzing the respiratory effects experienced by the Gulf Coast population

Katrina Zdanowicz; Dr. Cindy Liu

Department of Environmental and Occupational Health, The George Washington University Milken Institute School of Public Health

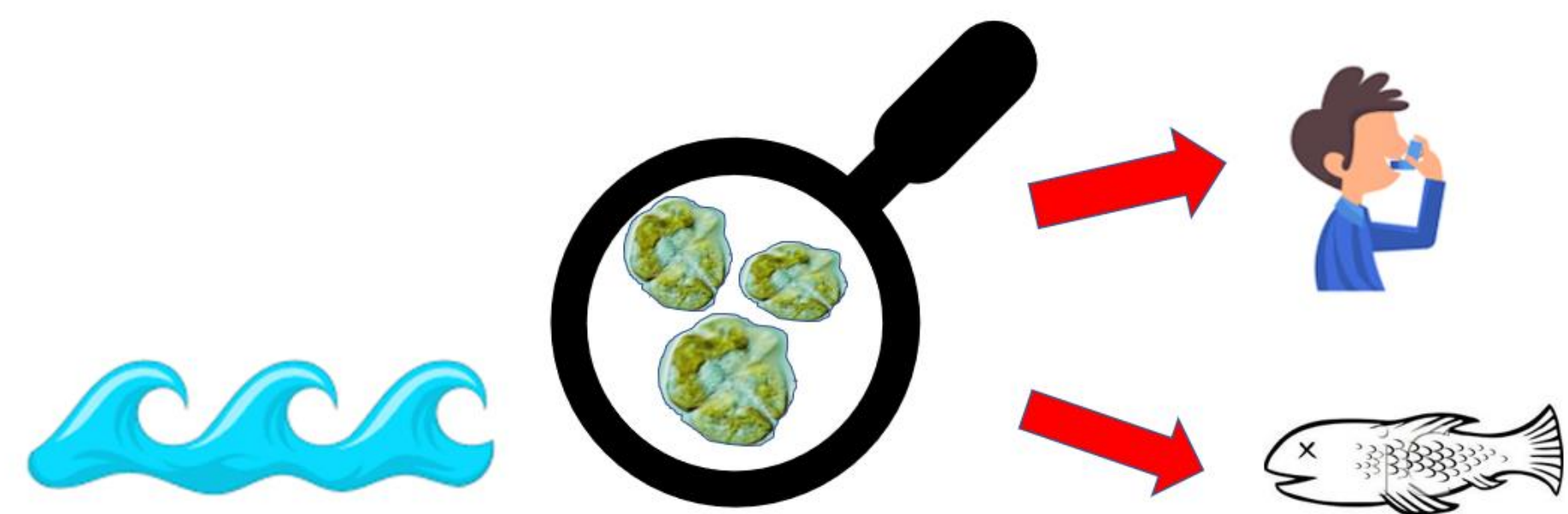
## PECO Statement/Research Question

- Population:** humans on Florida's west coast beaches
- Exposure:** time spent on the beach during a red tide occurrence
- Comparator:** population before their exposure to red tide on the beach
- Outcome:** respiratory irritation

Do those who live along Florida's west coast experience respiratory irritation associated with red tide?

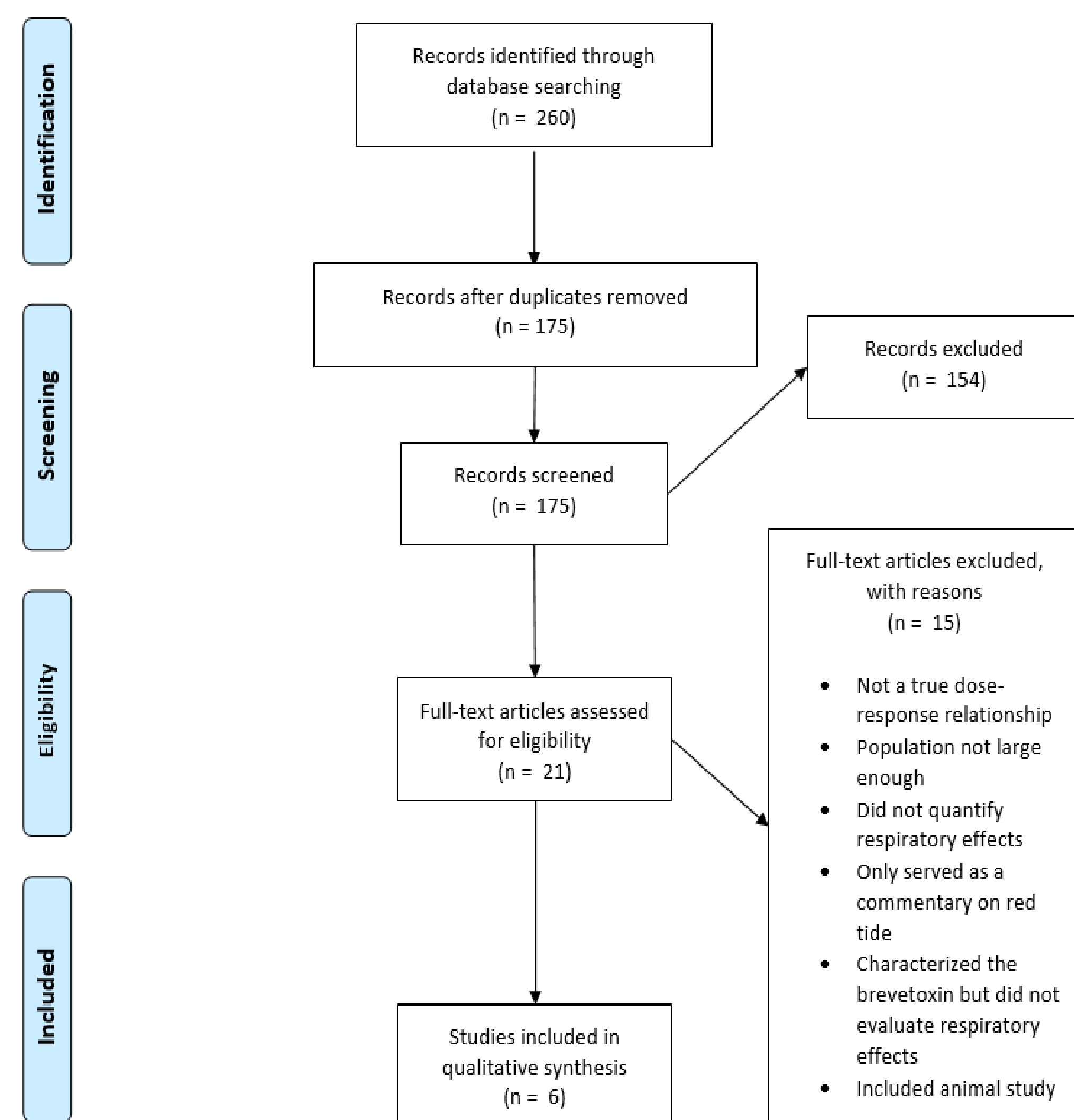
## Background

- Florida red tide is a harmful algal bloom that annually occurs in the Gulf of Mexico
- Red tide is caused by a marine dinoflagellate called *Karenia brevis* (*K. brevis*), which emits brevetoxins that can cause mass fish kills
- Human health impacts = respiratory irritation from brevetoxin inhalation and neurotoxic poisoning from ingestion of tainted seafood



- Agricultural runoff into the Gulf of Mexico has exacerbated this naturally occurring event
- 4 billion people die from chronic respiratory conditions annually, 180,000 of them contributed to asthma
- Aerosolized brevetoxin exposure can lead to asthma attacks in susceptible subjects
- Even in those without asthma, brevetoxins are known to cause upper and lower respiratory irritation in their aerosol form

## Study Selection



## METHODS: NAVIGATION GUIDE



- Data Sources**
- PubMed
  - Scopus
  - Greenfile
  - CINAHL
  - Agricultural & Environmental Science Database

- Exclusion Criteria**
- the report did not contain original data
  - the report did not quantify the brevetoxin exposure of human study populations
  - the study did not speak to inhalation as the primary route of exposure for Florida red tide brevetoxin
  - there was no comparator-control group
  - the study did not evaluate the negative respiratory health effects experienced by the study population
  - the study only analyzed respiratory effects in animal subjects.

### Example of Search Terms

Exposure	{harmful algal bloom [Mesh] OR red tide [tiab] OR harmful algal bloom* [tiab] AND brevetoxin* [tiab] OR Karenia brevis [tiab] OR K. brevis [tiab] OR FRT [tiab] OR dinoflagellida [mesh] OR dinoflagellida [tiab]} AND (florida [mesh] Or florida [tiab])
Outcome	(Signs and Symptoms, Respiratory [mesh] OR respiratory [tiab] OR asthma [mesh] OR asthma* [tiab] OR lung [tiab] OR lung [mesh] OR aerosol* [tiab] OR aerosols [mesh])

*"Wildlife is kind of the proverbial canary in the coal mine...and right now, the canary just died."* –Heather Barron, Florida's Clinic for the Rehabilitation of Wildlife

## Results

	Backer et al., 2003	Fleming et al., 2005	Backer et al., 2005	Fleming et al., 2007	Fleming et al., 2009	Kirkpatrick et al., 2011
Selection bias	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Blinding	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Exposure misclassification	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Outcome misclassification	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Confounding	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Incomplete outcome data	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Selective outcome reporting	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
Conflict of interest	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk

Low Risk	Blue
Probably Low Risk	Light Blue
Probably High Risk	Green
High Risk	Dark Green

### Quality of Evidence

Upgrading factors: Confounding minimizes effect

Downgrading factors:

- Risk of bias
- Imprecision

Overall Quality of Evidence: **Low**

### Strength of Evidence

Strength considerations:

- quality
- direction of and confidence in effect estimate
- additional compelling evidence

Overall Strength of Evidence: **Inadequate**

First Author and Date	Study population	Location	Sample size	Self-Reported Symptoms	Spirometry measures
Backer, 2003	Beachgoers, ≥ 18 years old	Beaches in Sarasota and Jacksonville, FL	129	Increase	No change
Backer, 2005	Healthy lifeguards, ≥ 18 years old	Beaches in Sarasota or Manatee counties in Florida	28	Increase	No change
Fleming, 2009	Open cohort of asthmatics ("≥ 12 years of age, history of smoking ≤ 10 years; able to walk on the beach continuously for at least 30 min; and at least 6 months residence in the Sarasota area")	Siesta Beach (Sarasota, FL)	87	Increase	No change
Fleming, 2005	persons who reported a physician's diagnosis of asthma, ≥ 12 years of age	Siesta Beach (Sarasota, FL)	59	Increase	Decreased function
Fleming, 2007	persons ≥ 12 years of age with physician-diagnosed asthma	Siesta Beach (Sarasota, FL)	97	Increase	Decreased function
Kirkpatrick, 2011	≥ 12 years of age; history of smoking ≤ 10 years; able to walk on the beach continuously > 30 minutes; and > 6-month residence in the Sarasota area	Siesta Beach (Sarasota, FL)	52	Increase	No change

## Conclusions/Recommendations

Based on our application of the Navigation Guide, we conclude that there is an **inadequate evidence of correlation** between red tide exposure and respiratory effects. There may be existing uncertainty, as studies did include an increase in self-reported symptoms and 2 populations who experienced decreased pulmonary function. However, the size and strength of the included studies do not independently support a significant correlation. We do not discourage further expert judgment and recommend additional research on the true short- and long-term effects of red tide on both asthmatic and non-asthmatic populations.

### Limitations

- All studies conducted in a short time frame
- Same cohort of researchers conducted all studies
- Lack of diversity in study design

### Strengths

- Ability to quantify respiratory effects through pulmonary function tests
- Correlation of greater risks of respiratory effects for those with asthma
- Consistency of studies

### Knowledge Gaps

- Impacts of regular red tide exposure over time
- Chronic diseases potentially associated with red tide exposure

### Recommendations

- Future long term prospective studies
- More thoughtful management of the increased nutrients that runoff into Florida waterways
  - reduce red tide presence to begin with

## References

\*indicates studies included in systematic review

Abraham WM, et al. 2004. Harmful Algae 2002.  
 \*Backer LC, et al. 2003. Harmful Algae. doi:10.1016/s1568-9883(03)00005-2.  
 \*Backer LC, et al. 2005. Environmental Health Perspectives. doi:10.1289/ehp.7502.  
 Baden DG 2005. Environmental Health Perspectives. doi: 10.1289/ehp.7499.  
 Chen W, 2018. Harmful Algae. doi:10.1016/j.hal.2017.11.004  
 Cheng YS, et al. 2005. Environmental Health Perspectives. doi: 10.1289/ehp.7496.  
 Ferkol T & Schraufnagel D 2014. Annals of the Am. Thoracic Society. doi: 10.1513/AnnalsATS.201311-405PS.  
 \*Fleming LE, et al. 2005. Environmental Health Perspectives. doi: 10.1289/ehp.7500.  
 \*Fleming LE, et al. 2007. Chest Journal. doi:10.1378/chest.06-1830.  
 \*Fleming LE, et al. (2009). Environmental Health Perspectives. doi:10.1289/ehp.0900673.  
 IARC 2006. WHO. Available: <http://monographs.iarc.fr/ENG/Preamble/index.php>.  
 Johnson, PI, et al. 2014. Environmental Health Perspectives. doi:10.1289/ehp.1307893.  
 \*Kirkpatrick B, et al. 2011. Harmful Algae doi:10.1016/j.hal.2010.08.005.  
 Lam J, et al. 2017. Environmental Health Perspectives. doi:10.1289/ehp1632.  
 Murrell RN & Gibson JE 2010. Human & Experimental Toxicology. doi:10.1177/0960327110372644  
 Sawaya GF, et al. 2007. Annals of Internal Med. doi: 10.7326/0003-4819-147-12-200712180-00007.  
 Wei-Haas M 2018. National Geographic. Available: <https://www.nationalgeographic.com/environment/2018/08/news-longest-red-tide-wildlife-deaths-marine-life-toxins/>

## Contact Information

Katrina Zdanowicz  
 kzdhanowicz@gwu.edu