1	Weather Patterns and All-Cause Mortality in England, UK
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9	Abstract
10 11 12 13 14 15 16 17 18 19 20 21 22 23	Cold- and heat-related mortality poses significant public health concerns worldwide. Although there are numerous studies dealing with the association between extreme ambient temperature and mortality, only a small number adopt a synoptic climatological approach in order to understand the nature of weather systems that precipitate increases in cold or heat- related mortality. In this paper, the Lamb Weather Type synoptic classification is used to examine the relationship between daily mortality and weather patterns across nine regions of England. Analysis results revealed that the population in England is more susceptible to cold weather. Furthermore, it was found that the Easterly weather types are the most hazardous for public health all-year-long, however during the cold period the results are more evident and spatially homogenous. Nevertheless, it is noteworthy that the most dangerous weather conditions are not always associated with extreme (high or low) temperatures, a finding which points to the complexity of weather-related health effects and highlights the importance of a synoptic climatological approach in elucidating the relationship between temperature and mortality.
24 25 26	Keywords: temperature; mortality; synoptic climatology; Lamb Weather Types; atmospheric circulation; Easterly weather.

28 Introduction

Over the last few decades, the impact of prevailing weather on public health has received 29 30 increased scientific interest and numerous epidemiological studies have established the 31 association between ambient temperature and adverse health effects (see e.g. Analitis et al., 32 2008; Guo et al., 2013; Tsangari et al., 2016; Song et al., 2017), with the greatest research 33 interest being focused on extreme events like cold spells or heat waves. The 148,279 fatalities 34 in subtropical China during a severe cold spell in 2008 (Zhou et al., 2014) and the 80,000 35 deaths arising from the 2003 European heat wave (Robine et al., 2006) are pertinent examples 36 that highlight the adverse impact of extreme weather on public health. Currently, and 37 especially in the context of early warning systems as an adaptation strategy in response to

climatic variability and change, the need to elucidate the relationship between synoptic
weather conditions and human health seems more pressing than ever, as extreme weather

weather conditions and human health seems more pressing than ever, as extreme weatherevents are expected to increase in frequency, duration and intensity due to climate change

41 (McMichael et al., 2006).

In general terms, studies have demonstrated a "U", "V", or "J" shape relationship between
temperature and adverse health effects (Armstrong, 2006; Braga et al., 2002). The lower

44 extrema of the curve depict the comfort zone, while mortality/morbidity increases when there

45 is a displacement from the so-called "temperature threshold". Both in cold and hot weather,

46 the vast majority of morbidity or mortality incidents are linked to respiratory or

47 cardio/cerebro vascular diseases (see e.g. Donaldson and Keatinge, 1997; Aylin et al., 2001;

Hajat and Haines, 2002; Keatinge, 2002; Carder et al., 2005; Anderson and Bell, 2009; 48

49 Gasparrini et al., 2012; Bunker et al., 2016; Arbuthnott and Hajat, 2017). The effects of heat

50 waves on public health are almost immediate, while the results of cold spells are persistent up

to 10-25 days after the exposure, forming a lag effect (Hajat and Haines, 2002; Keatinge, 51

52 2002; Carder et al., 2005; Analitis et al., 2008; Anderson and Bell, 2009; Chung et al., 2015;

Hajat, 2016). The severity of weather's effects on public health depends on many factors, 53

such as the latitude, the vulnerability and acclimatization of population, lifestyle and the 54

quality of housing (Guo et al., 2014; Donaldson and Keatinge, 2013). The elderly, probably 55 56 because of their poor thermoregulatory ability (Aylin et al., 2001; Analitis et al., 2008;

57 Conclon et al., 2011; Hajat et al., 2007), children and people with already compromised

58 health (IPCC 2012; Wilkinson et al., 2004; Arbutnott and Hajat, 2017) compose the most

59 vulnerable population groups.

While much of the published literature on climate and health follows an epidemiological 60 61 approach based on time series analysis, several researchers have adopted a different 62 perspective by considering the large-scale synoptic weather situations associated with noticeable increases in mortality/morbidity. For instance, Kassomenos et al. (2007) examined 63 the daily mortality in relation to air mass types in Athens, Greece and concluded that the 64 highest death rates were associated with southerly flows for both the warm and the cold 65 66 season. Similarly, southerly flows characterized by warm and humid conditions were found to 67 be hazardous during summer in the Eastern USA (Kalkstein and Greene, 1997). In addition, 68 hot air masses originating from North Africa, caused by the Atlantic low and persistent high 69 pressures over northern and Western Europe, were associated with excess summer mortality 70 in Barcelona, Spain (Peña et. al, 2014). Moreover, Lupo et al. (2014) correlated hot, dry summers in Moscow, Russia, like the fatal summer of 2010, with atmospheric blocking and 71 72 El Niño transitions. In the case of England, winter mortality has been associated with cold air masses originating from continental Europe or with eastern flows resulting in rapid changes in 73 74 weather conditions (Paschalidou et al., 2017). Additionally, a west-to-east contrast in the 75 nature of air masses linked with increased mortality was identified by Dimitriou et al. (2016) 76 who reported that, for the West Midlands and northwest regions of England, relatively warm 77 weather conditions from the west are associated with the highest daily average winter 78 mortality, whereas, for the northeast, Humberside/York, and the southeast regions, cold 79 continental air advection from northern/eastern Europe appears to be important in mortality terms.

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81 Building on these studies which approach the climate and health research problem essentially 82 from an environment-to-circulation perspective (Yarnal, 1994), the purpose of this paper is to 83 present the results of the application of a circulation-to-environment approach, using the 84 Lamb Weather Types (LWT) synoptic weather classification scheme, to the analysis of 85 mortality across England for both the warm and the cold period of the year. To the authors' 86 knowledge, the LWT scheme has not been employed in the analysis of health outcomes in 87 England previously, despite it enjoying wide usage in understanding the degree of 88 dependence of a range of environmental variables on variations in large-scale atmospheric circulation conditions. Specifically, the intent of the paper is to shed light on the 89

90 climatological association between mortality in nine regions of England and large-scale

91 weather patterns.

92 Data and Methods

93 i. Area Description and data sources

The research focus of the present study is England, United Kingdom for the period 1981 to 94 95 2015. Notwithstanding the region is well-known to be heavily afflicted by excess winter 96 mortality (Aylin et al., 2001; Wilkinson et al., 2001; Wilkinson et al., 2004; Keatinge 2002; Healy et al., 2003; Hajat and Kovats, 2014; Gasparrini et al., 2015), many studies have also 97 98 demonstrated notable rates of heat related mortality (Gasparrini et al., 2012; Bunker et al., 99 2016; Hajat et al., 2007; Armstrong et al., 2011), confirming the public health importance of 100 both cold and hot weather. In this study, the response of mortality in nine official Office of 101 National Statistics (ONS) regions, namely (a) Yorkshire and the Humber, (b) the West Midlands, (c) Northeast, (d) Northwest, (e) Southeast, (f) the East Midlands, (g) East of 102 England, (h) Southwest and (i) London (Fig 1) is examined for November to March and May 103 104 to September, defined here as the 'cold' and 'warm' periods respectively. It is noted that April 105 and October were considered transitional in nature and were excluded from the analysis. As 106 well as the daily catalogue of LWT, daily minimum and maximum air temperatures (°C) and

107 all-cause mortality are used in the analysis.



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Fig. 1 ONS study regions. Star symbols indicate the place of meteorological stations. Placenames are for major regional cities.

Population and mortality data were obtained from the Office of National Statistics. The 112 113 mortality data include daily all-cause casualties per region. The temperature data were 114 obtained from the U.K. Met Office (Met Office, 2006) through the Centre for Environmental Data Analysis (CEDA) (http://www.ceda.ac.uk/). In order for the temperature data to be 115 representative of each region, the final temperature values used per region (and day) were 116 117 calculated by estimating the daily average maximum and minimum values of four different meteorological stations within the region under-study. Table 1 displays the location of the 118 meteorological stations used, their minimum/maximum temperature and their data coverage 119 120 (%). 121 122 Table 1. Location, minimum/maximum temperature recorded and data coverage for the 123 meteorological stations used

	East of England	East Midlands	London
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src_id	471	454	456	436	539	578	384	393	695	697	708	723
Latitude (decimal	51.8062	52.1935	52.4012	52.0902	53.2577	52.2732	53.1751	53.0935	51.5601	51.5042	51.4787	51.4813
degrees): Longitude												
(decimal degrees):	-0.35858	0.13113	-0.23532	0.62961	-1.91242	-0.87937	-0.52173	-0.17119	-0.17839	-0.12948	-0.44904	-0.29276
Elevation	128	13	41	55	307	127	68	6	137	5	25	6
(m) Max								-				
Temperature (°C)	33.8	36.9	35.5	37.3	32.7	34.7	27.8	29.3	37.4	39.7	32.5	38.1
Min	17	161	16.6	16.1	14	16.0	14	12.2	11.0	10.2	11.0	10
Temperature (°C)	-17	-16.1	-16.6	-16.1	-14	-16.8	-14	-13.3	-11.9	-10.3	-11.8	-12
Data coverage (%)	99.95	96.11	98.59	99.96	99.92	99.98	99.99	99.97	98.86	98.83	99.98	97.58
		North	n East			North	West			South	East	
src_id Latitude	326	315	289	310	16851	1073	1070	1105	808	605	863	830
(decimal	54.7679	55.4208	55.2343	55.2129	54.0761	54.6699	54.9342	54.0138	50.7587	51.758	50.7845	51.4408
degrees): Longitude												
(decimal degrees):	-1.58455	-1.59966	-2.579	-1.68615	-2.85825	-2.78644	-2.96223	-2.77371	0.28458	-1.57649	-0.98462	-0.93662
Elevation (m)	102	23	201	95	7	169	28	95	15	82	4	66
Max												
recorded Temperature	32.5	24.2	30	32.6	32.7	31.1	26.6	32.1	32.6	28.9	31.5	36.4
(°C) Min												
recorded Temperature	-16.1	-12.3	-25	-12	-29.2	-25.4	-14.8	-10	-14	-20.9	-9.4	-14.5
(°C)												
Data coverage (%)	99.73	99.98	92.01	98.60	99.49	88.24	98.16	99.48	96.36	99.98	97.77	99.80
		South	West				idlands			Yorkshire &		
src_id Latitude	1393	1395	1302	1362	658	622	638	643	513	525	367	17314
(decimal	50.0838	50.2178	51.0059	50.2922	52.0996	52.9986	52.7243	52.7943	53.811	53.381	54.1048	54.2968
degrees): Longitude												
(decimal degrees):	-5.25609	-5.32656	-2.64148	-3.65074	-2.05856	-2.2688	-2.84043	-2.66329	-1.86526	-1.48986	-0.64149	-1.53145
Elevation (m)	76	87	20	32	37	179	71	72	262	131	175	33
Max	26.5	20.4	20.1	26.2	24.0	22.0	24.6	26.6	20.1	24.2	22.2	24.0
Temperature (°C)	26.5	29.4	29.1	29.2	34.9	32.9	34.6	26.6	32.1	34.3	33.2	24.9
Min Temperature	-10.9	-9.4	-16.1	-8	-19.2	-12.5	-22.6	-25.2	-11.9	-9.2	-14.6	-17.9
(°C) Data												
coverage (%)	99.95	99.96	99.95	98.19	98.07	98.65	92.76	99.99	99.03	99.74	95.37	99.99

125 126

ii. Methodology

At first, all mortality data were standardized as deaths per 100,000 of population to excludeany bias due to regional variability of the population and population trends over time.

In order to identify any seasonality in annual mortality, the cold to warm mortality ratio (n)was estimated, using the equation below:

131
$$n = \frac{\sum M_i}{\sum M_j}$$
(1),

- where M_i and M_j stand for the daily cold (November to March) and warm (May to
- 133 September) period mortality, respectively.
- 134 With the aim of elucidating the link between mortality and prevailing weather conditions, the
- 135 Lamb Weather Types (LWT) synoptic classification (Lamb, 1950) was used. According to
- this classification, synoptic weather can be classified into a total of 27 types, namely (a) 7
- 137 basic types: Anticyclonic (A), Cyclonic (C), Westerly (W), North-Westerly (NW), Northerly
- 138 (N), Easterly (E), and Southerly (S), (b) 19 hybrid types and (c) the Unclassifiable type (U)
- 139 (Table 2). The Anticyclonic/Cyclonic type reflects the occurrence of
- 140 anticyclones/depressions, while the remaining five basic types refer to the general direction of
- 141 air movement. Moreover, in general terms, a hybrid type indicates a condition between two or
- 142 more basic types, e.g. AW stands for anticyclonic westerly flows. Jenkinson and Collison
- 143 (1977) developed an objective classification scheme based on Lamb's prior work by using
- 144 grid-point mean sea level pressure data to determine geostrophic flow and vorticity over the
- 145 British Isles in order to automatically classify the daily weather type. The subjective (Lamb,
- 146 1950) and objective (Jenkinson and Collison, 1977) schemes are in very good agreement,
- according to Jones et al. (1993).

For this study the daily classification of LWT for the period 1981 to 2015, according to thecatalogue of weather pattern types as set out in Table 2 below, was used.

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Table 2. The Lamb Weather Types number coding

Lamb Weather Types									
			Non-						
-1	U	-9	existent						
			day						
0	А			20	С				
1	ANE	11	NE	21	CNE				
2	AE	12	Е	22	CE				
3	ASE	13	SE	23	CSE				
4	AS	14	S	24	CS				
5	ASW	15	SW	25	CSW				
6	AW	16	W	26	CW				
7	ANW	17	NW	27	CNW				
8	AN	18	Ν	28	CN				

151

So as to control for the varying frequency of the various LWT, the number of deaths were standardized according to level of mortality for each weather type (C_i), using the PI sign-test (Paschalidou and Kassomenos, 2016).

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156
$$PI_i = 100x \left(\frac{\text{Number of Deaths in } C_i/_{\text{Total Number of Deaths}}}{\text{Number of days in } C_i/_{\text{Total Number of Days}}} - 1 \right)$$
 (2),

157

where C_i stands for the different weather types. Values of PI_i equal to 0 or -100 indicate that the number of deaths is equally divided among weather types or there is a "mortality-free" type, respectively. Positive/negative PI_i values indicate that the fatal incidents are more/less frequent in the specific weather type.

- 162
- 163

164 iii. Results and Discussion

165 For the period between 1981 and 2015, 17,140,715 deaths were recorded. Fig.2 demonstrates 166 the standardized number of deaths per year and region. It is apparent that there is a clear reduction trend in annual mortality over time for all 9 regions studied. In case of London, this 167 168 reduction is more substantial, as the number of deaths almost halves over the years. It is noteworthy that 366,597 fatalities were recorded for the period 1981-1985, while for the 169 170 period 2011-2015 the number decreased to 229,160. It should be noted that in this study we used all-cause mortality, rather than heat- or cold-related events exclusively, as to establish 171 172 the latter is considered beyond the scope of the present work. Notwithstanding this, Carson et 173 al. (2006) note that the vulnerability of population to thermal stress has declined over the 20th 174 century for London and Donaldson and Keatinge (1997) have confirmed this declining trend for the elderly in Southeast England. As Carson et al. (2006) highlighted, determining and 175 176 quantifying the factors that affect the vulnerability of population is not an easy task. Among the influencing factors are the improvements in infrastructure and house insulation, different 177 lifestyles, the development and provision of health-care services (e.g. vaccination for 178 influenza), improvements in nutrition and the decrease of time spent outdoors (Donaldson and 179 Keatinge, 1997; Wilkinson et al., 2001; Keatinge et al., 2002; Rau, 2007). 180

181

According to Christidis et al. (2010), the population over 50 in the UK has adapted better to 182 cold rather than heat, resulting, for the period 1976 to 2005, in a reduction of cold related 183 184 mortality (and on the other hand in a small increase of heat related mortality). Under a 185 changing climate, an increase in heat-related mortality is expected (Huang et al., 2011; Hajat 186 et al., 2014; Heaviside et al., 2016), whereas winter mortality is projected to decrease, 187 although the future of winter mortality is confounded by many factors and is not completely understood (Wang et al., 2016). Specifically, for the UK, Vardoulakis et al. (2014) have 188 reported that the decreasing trend in winter mortality is going to continue and reach 189 approximately 42 deaths per 100,000 of population per year, whereas the heat-related 190 191 mortality is projected to rise to approximately 9 deaths per 100,000 of population per year as 192 of the 2080s.

193

Table 3 shows the ratio of cold to warm standardized number of deaths. It is evident that the cold to warm mortality ratio is always greater than 1, in agreement with previous studies, such as Carson et al. (2006) who calculated the ratio in London equal to 1.22, for the decade 1986-1996. Furthermore, estimates of the winter to non-winter mortality ratio for the elderly in UK were found equal to 1.31 (Wilkinson et al., 2004). These results do not come as a surprise, as the UK presents some of the highest rates of excess winter mortality in Europe, surpassing other colder countries like the Scandinavian (Keatinge et al., 1997; Aylin et al., 2001;

201 Wilkinson et al., 2001; Healy 2003; Gasparrini et al., 2015).

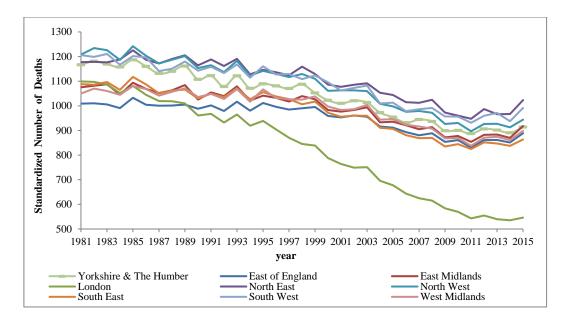






Fig. 2 The standardized number of deaths per year and region

Tables 4 and 5 present the number of days falling in each LWT, the maximum/minimum 206 temperature (in °C), the total standardized number of deaths and the PI index for each LWT 207 208 for the nine regions studied for the cold and warm period, respectively. It is apparent that 209 some classes (weather types) present a greater level of hazard than others for public health, as 210 indicated by high PI values. Closer examination reveals that the PI values in cold period are 211 considerably higher than in warm period, corroborating the results of previous studies that 212 found the population in England to be more susceptible to cold- compared to heat-related 213 mortality.

213

For the cold period, the PI index for each LWT per region is illustrated in Fig.3. For all cases, 215 216 the highest PI values are found in LWT 2 (AE) which exhibits the lowest minimum and 217 maximum temperatures (ranging from -1.62 to 4.05 °C) and comprises 0.56% of the total cold period days (November - March). For almost all regions, the second lowest temperatures are 218 219 presented in LWT 12 (E) (ranging from -0.09 to 5.13 °C) which comprises 1.18% of the total 220 cold period days and represents one of the most hazardous classes, as the high PI values 221 indicate (Table 4). These findings support those of Dimitriou et al. (2016) who found 222 statistically significant positive correlations between mortality and specific atmospheric pathways related to Low Temperature Episodes (LTE) for five regions across England. 223 224

225 It is worth mentioning that high PI values in Fig. 3 do not always coincide with the lowest temperatures. For instance, LWT 21 (CNE) which features as one of the most hazardous for 226 all regions, is associated in almost all regions with higher temperatures than LWT 11 (NE) 227 which has almost zero or even negative PI values (Table 4). Such a finding is not uncommon 228 229 in the scientific literature, as moderate winter-time temperatures have been found to be 230 associated with a perceptible increase in mortality (Hajat and Kovats, 2014; Gasparrini et al., 2015; Hajat et al., 2016). Similarly, Paschalidou et al. (2017), who studied the relationship 231 between winter mortality and prevailing weather in 5 regions of England by using synoptic 232 233 classification, confirmed the correlation between low temperatures and mortality, but also linked elevated risk of winter casualties to sometimes relatively higher temperatures. In 234 235 addition, Gasparrini and Leone (2014), in a previous study for London, reported that the 236 greatest proportion of cold-related deaths (almost 70%) occurred in days with temperatures 237 above 5 °C. Increased number of deaths during days with moderate temperatures could be 238 explained as a lagged result of a previous cold-spell or it could indicate that excess mortality 239 may be associated with a zone of low temperatures and not necessarily the lowest

temperatures (Paschalidou et al., 2017). Rapidly changing weather producing temperature
increases can also result in increased winter mortality, as noted by McGregor (2001) and
Dimitriou et al. (2016). Another explanation could be that the extremes such as extremely low
temperatures are understood by a larger segment of the population to be hazardous and
people, hence, avoid going outside into danger. This could result in higher rates of
hypothermia deaths during relatively warmer days.

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247 During the warm period, in the majority of regions, the highest PI values are found in LWT 23 (CSE) and LWT 11 (NE) which comprise 0.9% and 1.46% of the total warm period days, 248 249 respectively (Table 5, Fig.4). In almost all cases, the 'hottest' LWT is 4 (AS) which is not among the two most dangerous classes in any of the regions studied, except for the North 250 West and the North East regions. The most hazardous LWT (CSE) records the second highest 251 temperatures. In general terms, high PI values do not necessarily coincide with the highest 252 temperatures, as opposed to epidemiological studies which observed concomitant increase in 253 both mortality rates and temperature beyond regional thresholds (Baccini et al., 2008; 254 Armstrong et al., 2011; Gasparrini et al., 2012; Bunker et al., 2016). A similar trend is 255 observed when only the hottest months (June to September) are considered. For instance, 256 LWT 22 (CE) presents the highest PI values for most of the regions, although it does not 257

258 include the highest temperatures (estimations and figures are omitted). Similarly, Gasparrini

et al. (2015) found for 13 countries including the UK that the highest rates of heat related

260 deaths were attributed to moderately high rather than extreme high temperatures.

Similar to the case of cold-related mortality, elevated mortality during moderately hot days 261 262 may be the result of a previous heat wave or it could indicate that heat-related mortality is associated with a zone of high temperatures. From another perspective, the aforementioned 263 264 increased mortality during moderately hot (or cold) weather could imply that other 265 atmospheric properties besides temperature may play a dominant role in elevated mortality. 266 For example, previous studies have stated that a fall in atmospheric pressure is associated with elevated morbidity or mortality from hemorrhagic stroke (Dawson et al., 2008), 267 268 myocardial infarction or coronary disease (Danet et al., 1999) and cardiovascular diseases 269 (Plavcová and Kyselý, 2014).

270

In terms of synoptic classification, during the cold period LWT 2 (AE) appears to be the most
hazardous class for all regions, followed by types 12 (E) and 21 (CNE) in almost all cases.
These are all Easterly weather types associated with flows of 'cold' air from over the North
Sea or the wider European continent originating as far away as Siberia. The same pattern is
repeated during the warm period (and also during the hottest months), when the most
hazardous classes appear to be LWT 23 (CSE) and LWT 11 (NE), for almost all regions
studied.

278

According to Lamb (1950), the Easterly weather type is characterized by anticyclonic 279 280 conditions over Scandinavia, which often extend towards Iceland, and depressions that 281 circulate over the western North Atlantic and the Bay of Biscay region. This atmospheric pattern is generally associated with cold weather in autumn, winter and spring, while 282 extremely low temperatures and occasional snowy weather is reported in the southern 283 284 districts. Similarly, Easterly flows can bring snow or sleet showers in the eastern and northeastern districts, but fine weather and dry conditions in the western and northwestern 285 districts. They are notorious for provoking persistent low temperatures in wintertime. These 286 freezing flows are associated with subsidence of several hundred hPa before they reach the 287 surface (Walsh et al., 2001) and are linked to a negative phase of the North Atlantic 288 289 Oscillation (NAO) coupled with positive sea level pressure anomalies over the Arctic (Walsh et al., 2001; Cattiaux et al. 2013). During summer Easterly flows are associated with warm 290 291 weather and dry conditions especially in the west, sometimes thundery though. Concerning

air advection, Easterly flows trigger cold spells (in wintertime) and heat waves (in
 summertime) transferring cold or warm air masses originating from continental Europe
 (Plavcová and Kyselý 2019).

Easterlies have already been blamed for their adverse outcome on public health in the UK. 296 297 both for the winter and the summer time. Paschalidou et al. (2017) linked the easterly weather type to low winter temperatures and to a significant increase in mortality. During summer, 298 299 Petrou et al. (2015) established strong connections between East-Southeast flows and heat 300 casualties in the West Midlands and North West regions. Along the same lines, Pope et al. (2016) concluded that Easterly and Anticyclonic conditions lead to enhanced levels of ozone 301 concentrations and elevated risk of mortality during the warm period (April to September). 302 303 On the other hand, Dimitriou et al. (2016) noted that high winter mortality is observed not 304 only during Low Temperature Episodes due to Easterly flows but also when marine air flows from the Atlantic dominate (especially for northwest and central England). 305

306

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307 In the case of the CSE type, warm air advection from the general region of France or the

308 Iberian Peninsula may induce an increase in heat-related mortality. In contrast, the summer

309 occurrence of a north-easterly weather pattern brings summer cool weather which may

310 increase the chances of summer cold-related mortality as a result of intra-seasonal variability.

Finally, the European heat wave of 2003 was used as a case-study, and data from the first

312 fortnight of August were analyzed. During that period anomalously anticyclonic conditions

and blocking patterns occurred in Western Europe (Black et al., 2004). This was also

confirmed by our methodology for England, where LWT 0 (A) was found to strongly

315 predominate (occurring in 9 days). For the majority of the regions studied, LWT 8 (AN) that

316 occurred in the 6th of August appeared to be either the hottest or the most dangerous class or,

in some cases, both (estimations and figures are omitted). These findings support the

318 hypothesis that the highest rates of mortality do not necessarily coincide with the highest

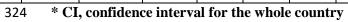
temperatures and are also in agreement with Pope et al. (2016) who reported the importance

- 320 of anticyclonic weather on summer mortality.
- 321
- 322

323 Table 3: Cold to warm ratio of the standardized number of deaths

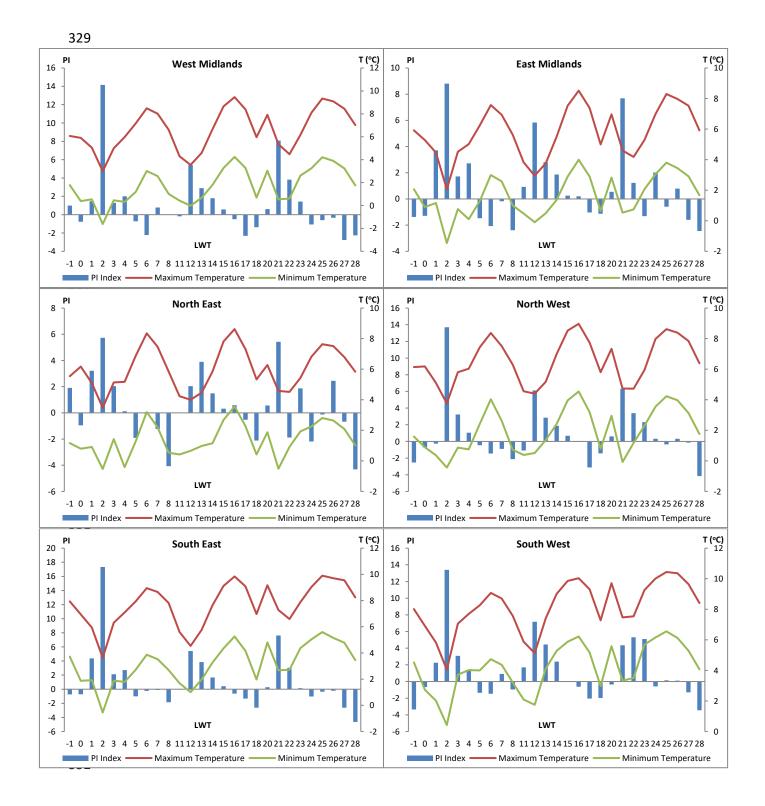
						~ -	~ -				
	East of England	East Midlands	London	North East	North West	South East	South West	West Midlands	Yorkshire & The Humber	95%	• CI*
1981	1.24	1.20	1.21	1.21	1.20	1.22	1.23	1.22	1.21	1.20	1.22
1982	1.26	1.28	1.23	1.23	1.24	1.22	1.24	1.23	1.25	1.23	1.25
1983	1.22	1.21	1.23	1.20	1.23	1.22	1.22	1.17	1.19	1.19	1.23
1984	1.18	1.16	1.19	1.17	1.21	1.18	1.17	1.21	1.20	1.17	1.20
1985	1.28	1.28	1.31	1.27	1.31	1.29	1.25	1.27	1.27	1.27	1.29
1986	1.25	1.24	1.28	1.23	1.25	1.26	1.29	1.25	1.26	1.24	1.27
1987	1.15	1.15	1.20	1.19	1.18	1.18	1.17	1.17	1.18	1.17	1.19
1988	1.22	1.19	1.23	1.20	1.21	1.19	1.20	1.21	1.20	1.20	1.22
1989	1.27	1.24	1.27	1.21	1.28	1.25	1.28	1.28	1.25	1.24	1.27
1990	1.16	1.17	1.15	1.15	1.18	1.15	1.17	1.17	1.16	1.15	1.17
1991	1.23	1.25	1.24	1.20	1.22	1.24	1.22	1.25	1.25	1.22	1.25
1992	1.18	1.24	1.21	1.20	1.20	1.19	1.20	1.19	1.20	1.19	1.21
1993	1.25	1.24	1.27	1.23	1.23	1.22	1.22	1.24	1.25	1.23	1.25
1994	1.15	1.17	1.14	1.16	1.15	1.14	1.16	1.14	1.17	1.14	1.16
1995	1.25	1.21	1.22	1.15	1.21	1.21	1.22	1.21	1.23	1.19	1.23
1996	1.24	1.18	1.26	1.22	1.23	1.22	1.22	1.24	1.22	1.21	1.24
1997	1.26	1.24	1.24	1.21	1.22	1.26	1.27	1.23	1.23	1.23	1.25
1998	1.20	1.25	1.18	1.22	1.19	1.17	1.15	1.19	1.21	1.17	1.22

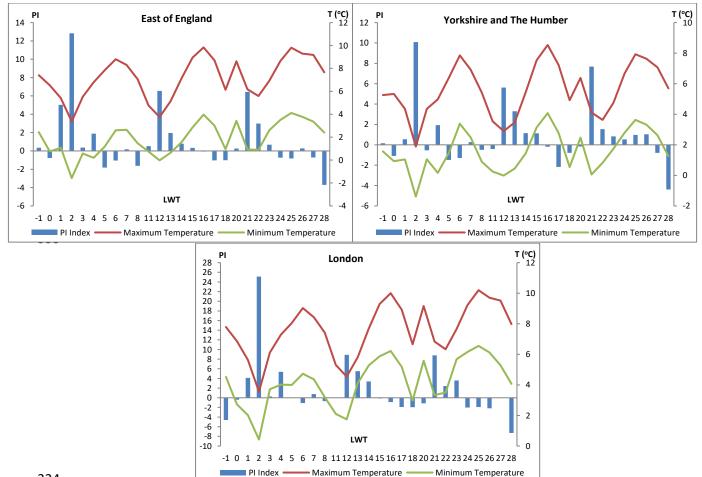
1999	1.30	1.28	1.32	1.27	1.28	1.30	1.26	1.35	1.29	1.27	1.31
2000	1.23	1.25	1.24	1.24	1.21	1.26	1.23	1.21	1.24	1.22	1.25
2001	1.15	1.17	1.15	1.16	1.17	1.14	1.15	1.16	1.17	1.15	1.17
2002	1.17	1.17	1.15	1.19	1.19	1.17	1.14	1.15	1.16	1.15	1.18
2003	1.17	1.19	1.14	1.18	1.18	1.16	1.16	1.19	1.19	1.16	1.19
2004	1.14	1.15	1.17	1.17	1.15	1.15	1.18	1.16	1.17	1.15	1.17
2005	1.20	1.20	1.20	1.17	1.20	1.20	1.20	1.21	1.20	1.19	1.21
2006	1.18	1.15	1.13	1.16	1.13	1.19	1.16	1.15	1.13	1.14	1.17
2007	1.18	1.19	1.17	1.19	1.18	1.17	1.19	1.20	1.19	1.18	1.19
2008	1.23	1.22	1.26	1.24	1.24	1.22	1.21	1.22	1.22	1.22	1.24
2009	1.22	1.20	1.21	1.17	1.21	1.23	1.21	1.23	1.21	1.20	1.22
2010	1.21	1.20	1.20	1.16	1.20	1.21	1.20	1.20	1.17	1.18	1.21
2011	1.15	1.17	1.14	1.14	1.15	1.16	1.14	1.16	1.15	1.14	1.16
2012	1.16	1.16	1.20	1.14	1.14	1.19	1.13	1.14	1.15	1.14	1.18
2013	1.19	1.22	1.19	1.18	1.22	1.19	1.21	1.23	1.20	1.19	1.22
2014	1.14	1.16	1.17	1.16	1.18	1.15	1.16	1.18	1.16	1.15	1.17
2015	1.22	1.23	1.19	1.24	1.22	1.22	1.22	1.23	1.21	1.21	1.23



326 Table 4: Estimations for the cold period

78		0		3 7.66	_	52 127.78	2 -3.70		2 7.98		73 106.71			5.83	-	14 146.16	7 -4.31		5 6.39	3 1.75	96 144.54	4 -4.16		5 8.24	3.45	22 129.82	3 -4.64		4 8.42	9 4.07		9 -3.45	1 02		-	0 -2.44	-	4 7.02		-	-	-	5 5.70	-	53 138.64
27	91			9.18	-	1 260.62	-0.72		9.52		7 227.73	-	-	6.79	2.08	а,	-0.67		7.85	3.13	5 297.96	-0.14		9.55	4.78	3 262.22	-2.63			5.29		-1.29	C 3 E	-	104	-1.60	-	8.44		~	-	-	7.06		8 284 63
26	135	2.46		9.30	_	390.51	0.28		9.70		330.37	-		7.51	2.64	4	2.45		8.39	3.97	444.05	0.32		9.71	5.15	398.63	-0.22		10.36	6.13		0.10	10 1	3.45	4	0.79		90.6	3.90	4	-		7.64	3.32	00000
25	146	2.66		9.81	_	417.73	-0.82		10.20	5.38	<i>a</i> ,			7.64	2.81	484.18	-0.13		8.63	4.23	476.99	-0.36		9.90	5.60	430.57	-0.35		10.44	6.55	7	0.15	000	3.80	4	-0.59		9.33	4.21	4	-		7.93	3.63	Ľ
24	94	1.71		8.65	3.51	269.18	-0.73		9.22	4.95	230.46	-2.01		6.82	2.25	305.31	-2.18		7.98	3.55	309.17	0.31		9.03	5.04	275.32	-1.03		10.01	6.15		-0.58	002	3.04	288.19	2.02		8.09	3.25	278.44	-1.07		6.66	2.79	00 000
23	33	09.0		6.93	2.62	95.84	0.68		7.67	4.22	85.51	3.57		5.43	1.92	111.62	1.86		5.95	2.30	110.70	2.31		7.87	4.36	97.80	0.14		9.25	5.69	113.86	5.10	002	2.07	97.87	-1.31		6.15	2.60	100.21	1.42		4.76	1.75	00101
22	21	0.38		5.59	0.00	62.39	2.99		6.33	2.91	53.82	2.44		4.51	0.91	68.42	-1.88		4.72	1.18	71.19	3.39		6.58	2.71	64.02	3.02		7.54	3.51	72.59	5.30	4.10	4.10	63.88	1.23		4.47	0.61	65.28	3.83		3.63	0.82	
21	20	0.36		6.18	0.92	61.41	6.44		6.84	2.56	54.45	8.81		4.57	-0.51	70.01	5.42		4.74	-0.07	69.71	6.31		7.28	2.68	63.69	7.61		7.47	3.33	68.51	4.35	4 60	0.53	64.71	7.68		5.34	0.54	64.72	8.08		4.12	0.06	ļ
8	618	11.25		8.62	3.42	1787.33	0.26		9.16	4.70	1528.47	-1.15		6.28	1.88	2063.63	0.56		7.33	2.95	2038.49	0.60		9.17	4.80	1833.99	0.28		9.71	5.58	2021.50	-0.35	20.2	2.83	1867.13	0.54		7.91	3.04	1861.53	0.61	l	6.37	2.47	
18	161	2.93		6.14	_	459.73	-1.01		6.66	1.75	395.01			5.33	0.41		-2.11		5.81	0.80	520.30	-1.44		6.96	1.97	464.02	-2.61		7.27	2.97		-1.96	200	0.65	478.32	-1.13		5.96	0.69	475.48	-1.36	Ì	4.92	0.54	
17	297	5.41		8.70	-	847.97	-1.03		8.92	3.83	728.80	-1.92		7.31	2.27	980.95	-0.53		7.74	3.20	943.39	-3.12		9.08	4.15	867.34	-1.32		9.31	5.18		-2.04	00 1	2.90	6	-1.04		8.39	3.27	9	_	Ì	7.23	2.77	I
16	667	12.14		9.83		3	-0.07		10.00	5.06	1653.91			8.62	3.56	2227.79	0.59		8.97	4.54	2185.88	-0.05		9.84	5.26	1961.40	-0.63		10.04	6.22	10	-0.63	0 5 0	3.99	6	0.20		9.46	4.24	× 8		l	8.53	4.07	I
15	652	11.87	pr	8.95		1887.23	0.34		9.30	4.16	1629.21	_		7.82	2.68	2171.75 2	0.31		8.52	3.96	2152.40	0.69		9.12	4.36	1937.67	0.42		9.85	5.88	8	0.03	15.7	2.89	5	0.25	ł	8.65	3.27	9	_	lumber	7.54	3.14	I
14	290	5.28	East of England	7.13	_		0.79	London	7.69	3.04			North East	5.84	1.16	977.36 2	1.50	North West	6.98	2.40	968.59 2	1.87	South East	7.64	3.26	872.55 1	1.67	South West	_	5.28		Eact Midlands	E EN	1.36		1.86	and	6.66	+		-	Yorkshire & The Humber	5.43	1.43	
13	128	2.33	East	5.14	-	376.44	1.95		5.81	2.15	337.95	_	Ž	4.46	0.97		3.90		5.17	1.37	431.63	2.85		5.75	1.97	393.39	3.85	So	7.40	4.11	438.85	4.44	276	0.49	-	2.81	Wes	4.59	0.68	~	-	orkshire	3.47	0.44	I
12	65	1.18		3.76	_		6.54		4.54	1.35	~	_		4.00	0.66		2.04		4.40	0.52	226.16	6.12		4.53	1.01	202.79	5.42		5.13	1.75	10	7.16	200	60.0-	-	5.84		3.54	-0.03		-	1	2.89	-0.02	t
п	64	1.17		4.77	0.74	185.58	0.52		5.31	1.75	160.05	-0.05		4.23	0.41	212.56	0.02		4.56	0.39	207.58	-1.08		5.60	1.69	189.31	-0.05		5.88	2.10	~	1.71	, 0, C	0.47		0.92		4.29	0.43	-	-	Ì	3.53	0.25	t
8	58	1.06		7.06	1.47	164.59	-1.63		7.42	2.54		_		5.84	0.53	184.76	-4.07		6.30	0.72	186.13	-2.12		7.82	2.69	168.47	-1.85		7.57	3.20		-0.95	5 60	20.0 1.00	6	-2.39		6.62	1.02	173.68	0.01	Ì	5.43	0.89	
7	310	5.64		8.29	2.64	895.84	0.18		8.43	3.43	781.46	0.76		7.47	2.20	1016.65	-1.24		7.51	2.61	1007.38	-0.89		8.65	3.52	916.43	-0.11		8.70	4.37	2	0.90	201	0.94 2.57	929.95	-0.17		8.01	2.57	935.42	0.78		6.91	2.48	
9	233	4.24		8.80	2.60		-1.04		9.03	3.71		-1.09		8.35	3.20		-0.08		8.37	4.03	752.90	-1.45		8.95	3.86	.95	-0.23		9.07	4.73		-1.47	13 1	10.1		-2.08		8.49	3.01		-2.22	l	7.86	3.39	t
s	159	2.89		7.85	1.18	450.37	-1.81				397.67	-0.04			1.28	517.87	-1.91		7.44	2.42 4.03	518.95	-0.46		7.94	2.71	465.81	-1.01		-	4.00	514.90	-1.35		0.24	470.74	-1.48					-0.72		6.38	1.45	Т
4	11	1.40		6.79		226.33			7.29	1.95	203.04	5.40		5.18	-0.41	255.98	0.12		6.03	0.75	255.11	1.05			1.79							1.32	5 01	0.10	237.69	2.73		5.97					4.98		t
3	44	0.80	ł	5.52		127.39			6.11	2.04	110.37	0.26		5.13	1.42	149.08	2.04			0.86					1.88	132.99	2.13				148.89		150			1.72			0.45		-		4.36		T.
		0.56	ł		-1.57	_						25.12		3.48		108.84 1				-0.44							17.33		-		115.38 1		100		101.35 1				-1.62	_		_	1.89		╉
		0.51	ł		1.08							4.13				95.96 1								-			4.38				93.99 1				87.26 1				0.54	-	1.46	-	4.36	-	t
		18.26	1	6.53		_	-0.76					-0.40		6.17		3298.74				0.89	-	-0.73			1.88	2946.96	-0.72			2.73	3270.37	-0.67	-	0.90	6				1	~		-	5.33		t
		0.40			2.44	63.68 2			7.79	3.52	52.52 2	-4.59		5.55	1.17	74.44 3	1.91			1.59	70.31 3	-2.53			3.71	64.63 2	-0.73			4.52	69.79	-3.36		2.06	65.20 2	-1.38				66.52 2	0.99		5.26	1.57	Т
LWT	Total Davs	Total Days%				Ŗ	PI index		Max T			PI index		Max T	Min T	ed	PI index		Max T	Min T		PI index		Max T	Min T		PI index			Min T	Standardized	PI index	Terr T		eq			Max T			PI index		Max T	Min T	•





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339

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Fig.3: PI values during the cold period for each LWT per region

338 Conclusions

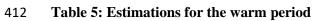
The link between Lamb Weather Types and mortality at the daily time-scale, both for the cold
and warm period has been considered in this study, in order to bring new perspectives to the
understanding of the climatology of mortality across 9 regions of England. Study results have
revealed:

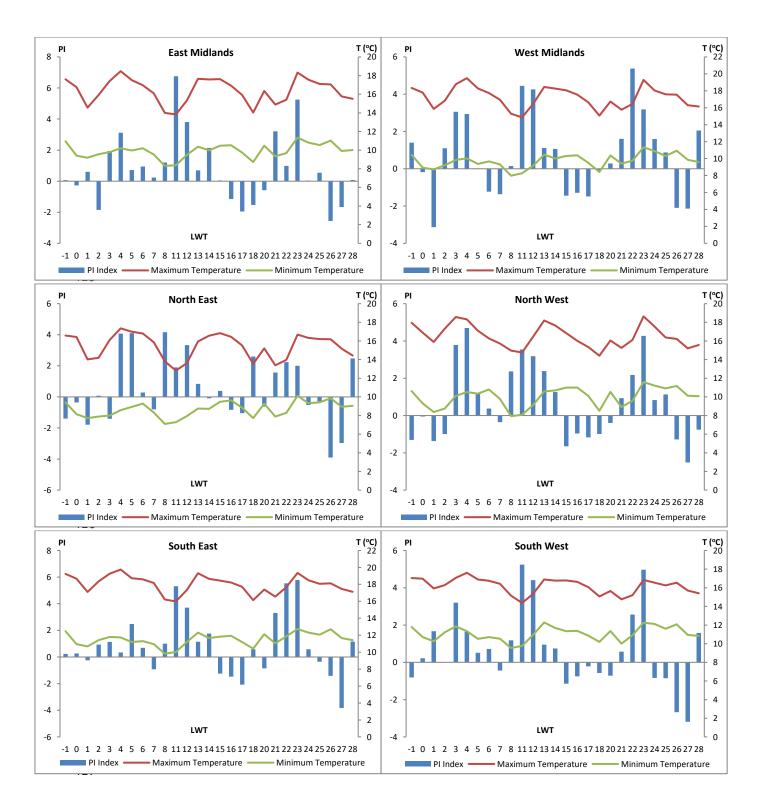
- 344 (a) The susceptibility of the English population to temperature is more profound
 345 in cold period, for which the highest PI values were observed.
- 346 (b) During the cold period, Easterly weather types were found to be the most
 347 hazardous for public health for all 9 regions, highlighting a spatial homogeneity in the
 348 response of mortality to weather patterns across England.
- 349 (c) During the warm period, although there appears to be some regional variation
 350 with regards to the most hazardous LWT in relation to public health, weather patterns
 351 originating from the east are generally the most hazardous.
- 352 (d) Regardless of season, it is not necessarily the lowest/highest temperatures
 353 that are linked to the most hazardous LWT, indicating the complexity of weather354 related health effects and confirming the importance of synoptic climatology in
 355 elucidating the relationship between temperature and mortality.
- These findings highlight that, although weather-related mortality is confounded by a series of
 factors including socio-economic, physiological or behavioral parameters, the changing
 likelihood of adverse health outcomes, as a result of short-term weather changes, can be
 understood via adopting a synoptic climatological perspective with benefits accruing in the

361	case of the develo	pment of early war	ning systems focused	on climate-sensitive health

outcomes. Therefore, weather-related mortality can be predicted and prevented by applying
 intervention strategies for alerting the public, allocating the healthcare resources, and
 accessed and accessed accesed accessed accesed accessed accessed accessed accessed accesse

364 consequently reducing exposure and effect.





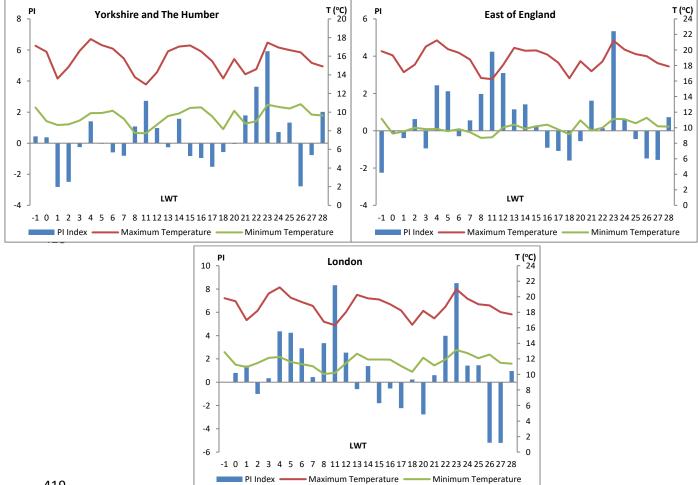


Fig.4: PI values during the warm period for each LWT per region

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- Conflicts of Interest. The authors are not aware of any conflicts of interest.

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