



Sulfur Dioxide Health

Current scientific evidence links short-term exposures to SO₂, ranging from 5 minutes to 24 hours, with an array of adverse respiratory effects including bronchoconstriction and increased asthma symptoms. These effects are particularly important for asthmatics at elevated ventilation rates (e.g., while exercising or playing.)

Studies also show a connection between short-term exposure and increased visits to emergency departments and hospital admissions for respiratory illnesses, particularly in at-risk populations including children, the elderly, and asthmatics.

EPA's National Ambient Air Quality Standard for SO₂ is designed to protect against exposure to the entire group of sulfur oxides (SO_x). SO₂ is the component of greatest concern and is used as the indicator for the larger group of gaseous sulfur oxides (SO_x). Other gaseous sulfur oxides (e.g. SO₃) are found in the atmosphere at concentrations much lower than SO₂.

Emissions that lead to high concentrations of SO₂ generally also lead to the formation of other SO_x. Control measures that reduce SO₂ can generally be expected to reduce people's exposures to all gaseous SO_x. This may have the important co-benefit of reducing the formation of fine sulfate particles, which pose significant public health threats.

SO_x can react with other compounds in the atmosphere to form small particles. These particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. EPA's NAAQS for particulate matter (PM) are designed to provide protection against these health effects.

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