



Severe dioxin-like compound (DLC) contamination in e-waste recycling areas: An under-recognized threat to local health



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ABSTRACT

Electrical and electronic waste (e-waste) burning and recycling activities have become one of the main emission sources of dioxin-like compounds (DLCs). Workers involved in e-waste recycling operations and residents living near e-waste recycling sites (EWRS) are exposed to high levels of DLCs. Epidemiological and experimental *in vivo* studies have reported a range of interconnected responses in multiple systems with DLC exposure. However, due to the compositional complexity of DLCs and difficulties in assessing mixture effects of the complex mixture of e-waste-related contaminants, there are few studies concerning human health outcomes related to DLC exposure at informal EWRS. In this paper, we have reviewed the environmental levels and body burdens of DLCs at EWRS and compared them with the levels reported to be associated with observable adverse effects to assess the health risks of DLC exposure at EWRS. In general, DLC concentrations at EWRS of many countries have been decreasing in recent years due to stricter regulations on e-waste recycling activities, but the contamination status is still severe. Comparison with available data from industrial sites and well-known highly DLC contaminated areas shows that high levels of DLCs derived from crude e-waste recycling processes lead to elevated body burdens. The DLC levels in human blood and breast milk at EWRS are higher than those reported in some epidemiological studies that are related to various health impacts. The estimated total daily intakes of DLCs for people in EWRS far exceed the WHO recommended total daily intake limit. It can be inferred that people living in EWRS with high DLC contamination have higher health risks. Therefore, more well-designed epidemiological studies are urgently needed to focus on the health effects of DLC pollution in EWRS. Continuous monitoring of the temporal trends of DLC levels in EWRS after actions is of highest importance.

Abbreviations: DLC, dioxin-like compound; e-waste, electrical and electronic waste; EWRS, e-waste recycling site; PCDD/F, polychlorinated dibenzo-*p*-dioxin and dibenzofuran; DL-PCB, dioxin-like polychlorinated biphenyl; PBDD/F, polybrominated dibenzo-*p*-dioxin and dibenzofuran; PXDD/F, mixed halogenated dibenzo-*p*-dioxin and dibenzofuran.; TCDD, 2,3,7,8-tetrachlorodibenzo-*p*-dioxin; AhR, aryl-hydrocarbon receptor; TEQ, toxic equivalent; TEF, toxic equivalency factor; dw, dry weight; PeCDF, pentachlorodibenzofuran; bw, body weight; SWHS, Seveso Women's Health Study; TSH, thyroid stimulating hormone; T₄, thyroxine; T₃, triiodothyronine; BMI, body mass index

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1. Introduction

With the rapid development of the economy and technology, the replacement cycle of electronic products is getting shorter, which has resulted in electrical and electronic waste (e-waste) growing at an alarming rate, threatening the environment and human health (Heacock et al., 2016; Awasthi et al., 2018; Kumar et al., 2017; Bakhiyi et al., 2018; Parajuly et al., 2019; Pascale et al., 2018; Xu et al., 2015). The Global E-waste Monitor 2017 shows that the total amount of the world's e-waste generation in 2016 reached 44.7 million tons, on average 6.1 kg per inhabitant (Balde et al., 2017). It is reported that 80% of e-waste generated globally has been treated informally (Balde et al., 2017), especially in developing countries of Asia and Africa (Breivik et al., 2014), including the cities of Guiyu, Qingyuan, and Taizhou, China (Chan et al., 2007; Leung et al., 2006; Wen et al., 2009; Zhang et al., 2017b); Accra, Ghana (Tue et al., 2019; Wittsiepe et al., 2015); Bengaluru and Delhi, India (Chakraborty et al., 2018; Karri et al., 2008); Lagos, Nigeria (Iwegbue et al., 2019); and Trang Minh and Bui Dau, Vietnam (Kincaid, 2019; Tue et al., 2010) (Fig. 1). China once received the largest share of e-waste from around the world (Zhang et al., 2012a), and has surpassed the United States to become the world's largest producer of e-waste (Zeng et al., 2016). After the ban on the import of foreign solid waste effective 1st January 2018 (Fu et al., 2018), predominant sources of e-waste in China have changed to domestic generation. This move leaves a potential for the South Asian and African regions, especially India, to receive and recycle e-waste (Asante et al., 2019; Garg and Adhana, 2019).

Primitive crude recycling processes in informal e-waste recycling sites (EWRS) (unregulated, unregistered, and low-technology units) result in the environmental release of dioxin-like compounds (DLCs) (Ni et al., 2010; Liu et al., 2008; Vaccari et al., 2019; Leung, 2019). The term "DLCs" is a general name for structurally and chemically related planar aromatic hydrocarbons with the capability of binding to the aryl-hydrocarbon receptor (AhR) and dioxin-like toxicity (van den Berg et al., 2006, 2013). The most toxic DLCs include 17 congeners of 2,3,7,8-polychlorinated dibenzo-*p*-dioxins and dibenzofurans (PCDD/Fs) and 12 dioxin-like polychlorinated biphenyls (DL-PCBs) (WHO,

2016; van den Berg et al., 2006). 2,3,7,8-Substituted polybrominated and mixed halogenated dibenzo-*p*-dioxins and dibenzofurans (PBDD/Fs and PXDD/Fs) have chemical structures similar to PCDD/Fs and have been recommended to be included in the WHO toxic equivalency factor (TEF) scheme (van den Berg et al., 2013; WHO, 1998a). TEFs are assigned based on the relative potency of each dioxin congener to induce AhR activation compared to 2,3,7,8-tetrachlorodibenzo-*p*-dioxin (TCDD), the most toxic of these DLCs, for which TEF value is fixed to 1.0 (van den Berg et al., 2006). Total toxicity of such a complex mixture mediated by the aggregate activation of AhR receptors is expressed as TCDD toxic equivalent (TEQ) which is calculated by summing the multiplication products of congener concentrations with congener-specific TEFs (van den Berg et al., 1998, 2006). Many studies reported that PBDD/Fs contribute larger dioxin TEQs than PCDD/Fs and DL-PCBs in EWRS (Xiao et al., 2016; Tue et al., 2016, 2019; Ma et al., 2009). However, they are less studied because of the complexity of analytical procedures and paucity of analytical reference standards (Zhang et al., 2016a).

Dioxin-like compounds are released as unintentional byproducts in low-tech e-waste recycling operations including manual disassembly, shredding/comminution, roasting circuit boards, acid-stripping metals, and open burning of e-waste containing chlorinated polymers and/or brominated additives such as polyvinyl chlorides and brominated flame retardants (Wong et al., 2007; Li et al., 2007; Leung et al., 2006b; Xiao et al., 2016; Duan et al., 2011; Zennegg et al., 2014). PBDD/Fs on the other hand can be generated from chemical reaction, photochemical degradation and thermolysis of plastics containing brominated flame retardants (Weber and Kuch, 2003; Ebert and Bahadir, 2003; Kajiwara et al., 2008; Kannan et al., 2012). DL-PCBs are also found in dielectric fluids, lubricants and coolants in generators, capacitors and transformers (WHO/IPCS, 1992). Furthermore, the production of chlorinated chemicals such as pesticides, herbicides, insecticides, and processes like metal smelting, paper production, petroleum refining, and incomplete combustion of municipal, medical and industrial waste can unintentionally produce PCDD/Fs and DL-PCBs (Kulkarni et al., 2008; Ssebugere et al., 2019; Zhu et al., 2008; Zheng et al., 2008; Trinh et al., 2018). PCDD/Fs and DL-PCBs persist widely in the environment and

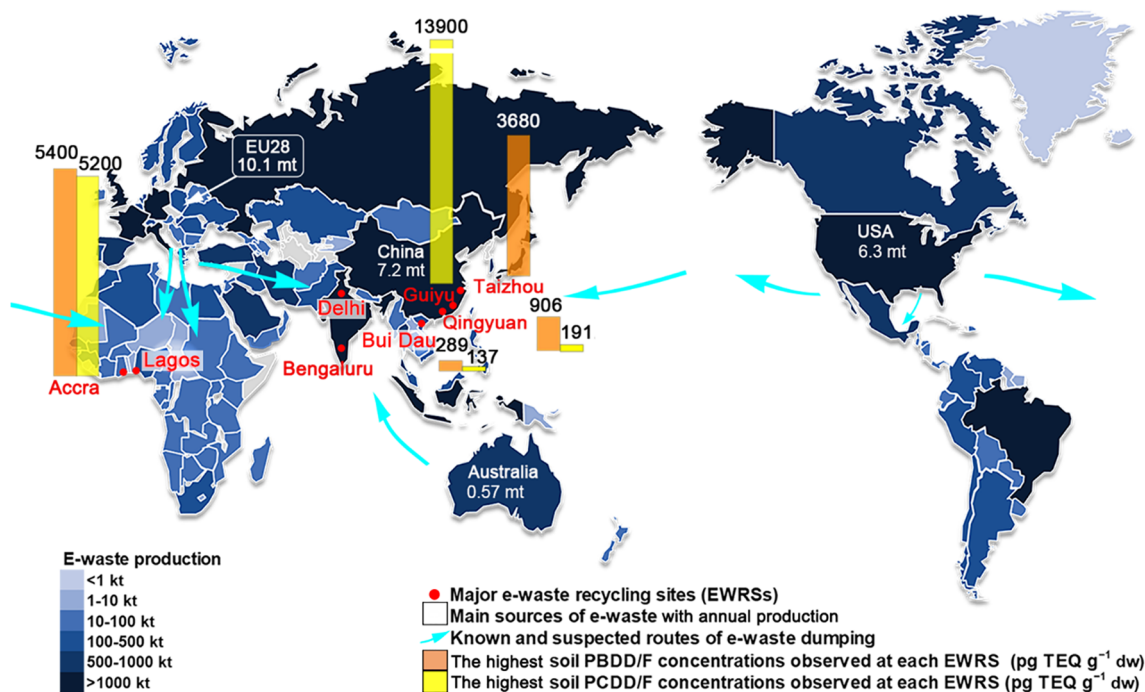


Fig. 1. E-waste production, flows, and recycling sites with the highest soil PCDD/F and PBDD/F concentrations reported (Chen et al., 2011; Balde et al., 2017; Eurostat Statistics Explained, 2019; Pascale et al., 2018).

bioaccumulate through the food chain because they are lipophilic and resistant to biological and chemical degradation (Sadler and Connell, 2012). The half-life of PCDD/Fs and DL-PCBs in the body is estimated to be 7–11 years (WHO, 2016). PBDD/Fs are more lipophilic and more sensitive to UV degradation, and appear to be less persistent in the environment (WHO, 1998a). However, bioaccessibility of PBDD/Fs and PXDD/Fs and their persistence in the human body are still undetermined (Piskorska-Pliszczynska and Maszewski, 2014).

Many epidemiological studies have reported health effects of PCDD/F and DL-PCB exposure, such as skin diseases, reproductive and developmental abnormalities, nervous system disorders, immune deficiency, cancer promotion, and endocrine disruption (Kogevinas, 2001; Marinkovic et al., 2010; Schecter, 2013; World Health Organization WHO, 2010). Although there are limited data on toxicity of PBDD/Fs to human health, comparable biological and toxic effects as their chlorinated analogues (PCDD/Fs) have been found in mammalian and fish models (van den Berg et al., 2013; WHO, 1998a; Mennear and Lee, 1994; Birnbaum et al., 2003). The follow-up studies include occupational or accidental high PCDD/F and DL-PCB exposure cohorts in Seveso, Italy (Bertazzi et al., 1998; Consonni et al., 2008; Eskenazi et al., 2018; Slama et al., 2019; Warner et al., 2013b, 2019), Japan (Kondo et al., 2018; Nagayama et al., 2001; Tsukimori et al., 2008), Germany (BASF Study) (Ott et al., 1993, 1994; Zober et al., 1994, 1997), the Netherlands (McBride et al., 2009, 2018; Mannetje et al., 2018; Mannetje et al., 2005), the Ranch Hand Vietnam Veterans (The Air Force Health Study) (Buffler et al., 2011; Knafl, 2018; Wolfe et al., 1990, 1995), and the US (National Institute for Occupational Safety and Health) (Calvert et al., 1999; Ruder and Yiin, 2011; Sweeney et al., 1997). Background exposed general population cohorts have also been studied in Norway (Caspersen et al., 2016a, 2016b), Germany (the Duisburg birth cohort study) (Neugebauer et al., 2015; Wilhelm et al., 2008; Nowack et al., 2015; Winneke et al., 2014), Japan (the Hokkaido Study on Environment and Children's health) (Kishi et al., 2010, 2013; Miyashita et al., 2018a; Nakajima et al., 2006, 2017), and Taiwan, China (Su et al., 2010, 2012; Wang et al., 2005). Chloracne and cancer are the only TCDD-induced effects established with certainty (Warner et al., 2013a; Mannetje et al., 2018). The possible mechanisms of DLC-induced health hazards may include excessive oxidative stress and oxidatively generated damage to DNA and lipids (Zhang et al., 2019). People working or living in EWRS show evidence of greater DNA

damage (Wang et al., 2018; He et al., 2015; Grant et al., 2013; Wen et al., 2008).

Due to the ubiquity of DLCs and their high toxicity, humans potentially have chronic exposure through the environment throughout their entire life which may pose a serious threat to public health (Berry et al., 1993). In addition, accidental and/or occupational exposure may occur (Hens et al., 2016). Even a small daily exposure can accumulate to yield detectable amounts over time. It can be inferred that people living in EWRS with heavy DLC contamination are at higher health risks. There have been several reviews on DLC levels in EWRS (Tue et al., 2013; Chan and Wong, 2013) and many studies on the health effects of DLC exposure. However, partly due to the huge toxicological data gap for the possible mixture effects of a large number of e-waste-related contaminants and limited techniques and finances in developing countries, current data on DLCs in EWRS provide very limited information regarding body burdens and health impacts on e-waste workers and local residents (Wang et al., 2019; Zhang et al., 2010; Xu et al., 2014), especially the vulnerable populations of pregnant women and developing children. Therefore, it is critical to assess the DLC exposure and health risk of people in EWRS. In this context, we identified and reviewed the published literature available online up to November 2019, by using PubMed, Web of Science, Google Scholar, and Medline to search the combined keywords “dioxins” and “health effects,” “e-waste recycling site” for health effects of DLCs and their exposure levels at EWRS. We compare the DLC body burdens at EWRS with the levels reported to be associated with observable adverse effects to help better understand the contamination status and human health risks of DLCs at EWRS.

2. Health hazards of DLCs

Dioxin-like compounds interrupt multiple systems and organ functions of the body (nervous, endocrine, immune, and reproductive systems), mediated through an interaction with the AhR (National Research Council, 2006; Schecter, 2013; Lundqvist et al., 2008; Mandal, 2005). It induces inappropriate modulation of gene expression and an inflammatory response which represent the initial steps in a succession of biochemical reactions, cellular and tissue changes that lead to the observed toxicity and health effects (Fig. 2) (Lindén et al., 2010; Tuomisto, 2019; Mandal, 2005). Epidemiological studies indicate that

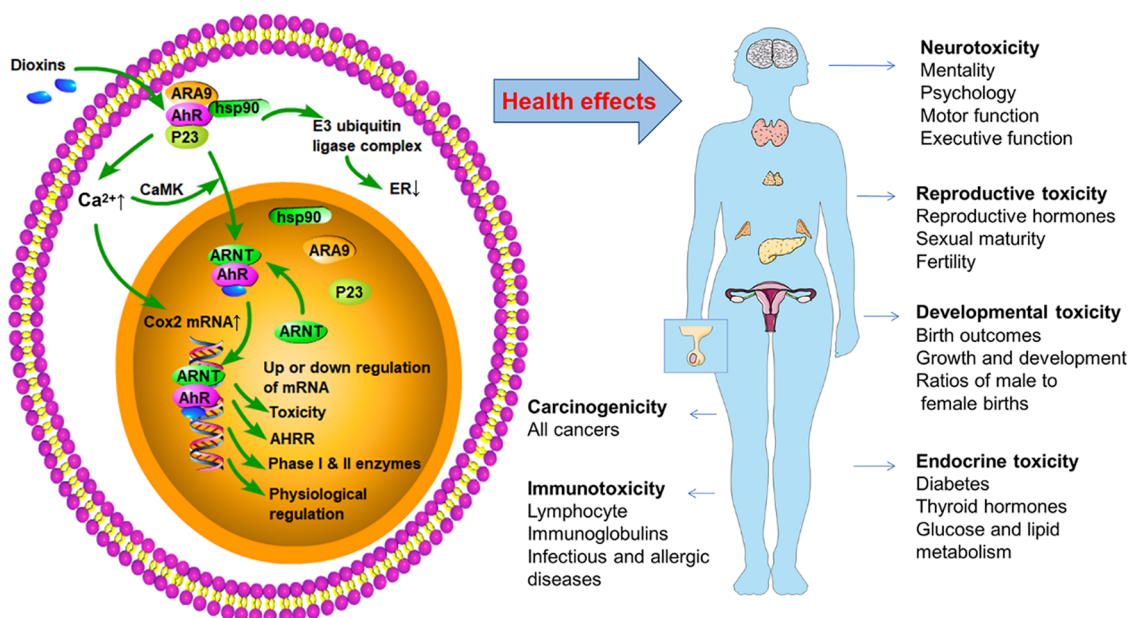


Fig. 2. Toxicity mechanism and health effects of PCDD/Fs and DL-PCBs (Lindén et al., 2010; Tuomisto, 2019).

Table 1
Epidemiological studies examining the effects of PCDD/F and DL-PCB exposure.

Country	Population	Exposure level	Health effect	Reference
Neurotoxicity (children)				
Japan	42 mother-neonates pairs	Breast milk (mean) 0.5 ^a ; 8.6 ^b	↓ Newborn head circumference, $r = 0.424$, $p < 0.01$	(Nishijo et al., 2007b)
Japan	134 mother-infant pairs	Maternal blood (mean) 11.9 ^b ; 18.8 ^c	6 m, PCDD/Fs ↓ Mental development, $\beta = -0.22$, $p = 0.014$; DLCs ↔ Mental and motor development	(Nakajima et al., 2006)
Japan	191 (6 m) and 122 (8 m) mother-infant pairs	Maternal blood (mean) 9.8 ^b ; 15.1 ^c	6 m, DLCs ↓ Motor developmental, $p < 0.05$; 18 m, Six DLC isomers ↑ Mental developmental in female, $p < 0.05$	(Nakajima et al., 2017)
Da Nang, Vietnam	216 mother-infant pairs	Breast milk (mean) 12.5 ^b	4 m ↓ Cognitive scores, $p = 0.009$; 1 y ↓ Social-emotional scores, $p = 0.049$; 3 y ↓ Expressive communication scores in boys, $p = 0.03$; 5 y ↓ Total test and balance scores in boys, $p < 0.05$	(Pham et al., 2015; Tai et al., 2013, 2016; Tran et al., 2016)
Norway	44,092 (3 y) and 1024 (3.5 y) mother-child pairs	Maternal dietary intake (median) 0.6 ^{cd}	3 y ↑ Language delay in girls, OR = 2.9 (1.1–7.1); 3.5 y ↔ IQ scores; Executive functions: Attention Deficit/Hyperactivity Disorder	(Caspersen et al., 2016a, 2016b)
Germany	100 (9–10 y) and 117 (8.5 y) mother-child pairs	Maternal blood (median) 12.9 ^b ; 13.2 ^b	9–10 y ↓ Social Responsiveness Scale scores, $\beta = -6.66$, $p < 0.05$; 8.5 y ↑ Omission errors in the Subtest Divided Attention, $\exp(\beta) = 1.47$ (1.08–2.00), $p < 0.05$	(Nowack et al., 2015; Neugebauer et al., 2015)
Seveso, Italy	161 children of 120 mothers	Maternal serum (median) 1976 74.6 ^a ; Pregnancy 4.5 ^b	7–17 y ↔ Reverse learning; Memory; Attention/Impulsivity; Non-verbal intelligence	(Ames et al., 2019)
Neurotoxicity (adults)				
Seveso, Italy	154 women for physical functioning and 459 for working memory	Serum (median) 1976 45.2 ^a ; 60.1 ^a	↓ Grip strength, inverted U-shaped association; ↔ Walking speed, upper body mobility, manual dexterity, working memory	(Ames et al., 2018a)
Goto, Japan	140 Yusho patients	Blood 2,3,4,7,8-PeCDF	≥ 72.27 pg/g lipid ↑ Pittsburgh Sleep Quality Index global score ≥ 8, OR = 4.84 (1.10–21.25)	(Kondo et al., 2018)
Reproductive toxicity (males)				
Japan	183 mother-child pairs	Maternal blood (median) 14.5 ^c	↓ Testosterone/estradiol ratio, sex hormone-binding globulin, and inhibin B levels in male; ↑ Adrenal androgen/glucocorticoid ratios, follicle-stimulating hormone, and dehydroepiandrosterone levels in male	(Miyashita et al., 2018a)
Seveso, Italy	39 exposed mother-son pairs vs 58 reference pairs	Maternal serum (median) 1976 51.7 ^a vs 10.0 ^a ;	↑ Sperm concentration, progressive motility, total motile count, inhibin B, $p < 0.05$;	(Mocarelli et al., 2011)
Seveso, Italy	71 male (1–9 y); 44 (10–17 y); 20 (18–26 y)	Conception 26 ^a vs 10.0 ^a	↑ Follicle-stimulating hormone	(Mocarelli et al., 2008)
Chapaevsk, Russia	473 boys (8–9 y); 315 (17–18 y)	Serum (median) 21.1 ^c	1–9 y in 1976 ↓ Sperm concentration, motile sperm, and FSH; ↓ Estradiol, ↔ 17–26 y in 1976	(Burns et al., 2016)
Bien Hoa, Vietnam	42 male residents	Blood (mean) 37.8 ^c	↓ Pubertal onset [testicular volume = 11.6 months (3.8–19.4) and genitalia = 10.1 months (1.4–18.8)]; ↓ Sexual maturity [testicular volume = 11.6 months (5.7–17.6); genitalia = 9.7 months (3.1–16.2)]	(Van Luong et al., 2018)
Reproductive toxicity (females)				
Bien Hoa, Vietnam	162 mother-infant pairs	Breast milk (mean) 8.8 ^b	↓ Testosterone in girls, $\beta = -0.23$, $p < 0.05$; ↔ Estradiol	(Boda et al., 2018)
Seveso, Italy	310 women; 616; 278; 601	Serum (median) 1976 67.5 ^a ; 43.7 ^a ; 50.0 ^a ; 54.9 ^a	↑ Menstrual cycle, 0.93 days in women who were premenarchal in 1976; ↑ Early menopause, 20.1–100 ppt; ↑ Time to pregnancy, 25%; ↑ Infertility, OR = 1.9 (1.14–3.22); ↑ Endometriosis, ≥ 100 ppt	(Eskenazi et al., 2002a, 2002b, 2005, 2010)
Taiwan, China	56 mother-child pairs	Placenta (median) 14.8 ^c	8 y ↓ Estradiol, $p = 0.003$; ↓ Fundi and uteri lengths in girls, $p = 0.016$	(Su et al., 2012)
Norway	50,651 mother-child pairs	Maternal dietary intake (median) 0.6 ^{cd}	↓ Birth weight, 62 g (–73, –50); ↓ Birth length, 0.26 cm (–0.31, –0.20); ↓ Head circumference, 0.10 cm (–0.14, –0.06); ↓ Male proportion, 0.483 (0.46, 0.51); ↑ Spontaneous stillbirth, RR = 2.16 (1.58–2.97)	(Papadopoulou et al., 2013)
Japan	10,959 residents	PCBs + PeCDFs	1968–1977 ↑ Spontaneous stillbirth rates ratio, 2.16 (1.58–2.97); ↓ Sex ratio (male proportion), 0.483 (0.457–0.508); 1978–1987 ↑ Spontaneous stillbirth rates ratio, 1.8 (1.25–2.60)	(Yorifuji et al., 2013)
Japan	214 Yusho women	Blood at delivery PCBs + PeCDFs	1968–1977 ↑ Induced abortion and preterm delivery, $p = 0.03$; 1968–1977 ↑ Spontaneous abortion, $p = 0.11$; pregnancy loss, $p = 0.08$; ↔ 1978–2003	(Tsukimori et al., 2008)
Seveso, Italy	510 women (1996–1998) and 611 (2008–2009)	Serum (median) in 1976 and estimated at pregnancy 1996–1998 46.6 ^a ; 2008–2009 55.0 ^a ; 9.9 ^a	1996–1998 ↔ Spontaneous abortions, birth weight, births small for gestational age; ↓ Gestational age, 1.0–1.3 day; ↑ Preterm delivery, 20–50%; 2008–2009 ↔ Spontaneous abortion, fetal growth, or gestational length; ↓ Birthweight, $\beta = -22.8$ (–80.1, –34.6)	(Eskenazi et al., 2003; Weselink et al., 2014)

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Table 1 (continued)

Country	Population	Exposure level	Health effect	Reference
Seveso, Italy	239 men and 296 women	Serum (median) 1976 Fathers 96.5 ^a , mothers 62.8 ^a	↓ Sex ratio in fathers < 19 years in 1976 and TCDD > 15 ppt, 0.38 (0.30–0.47); ↔ Sex ratio in fathers ≥ 19 years in 1976 and TCDD > 15 ppt	(Mocarelli et al., 2000)
Seveso, Italy	611 children of 402 mothers	Maternal serum (median) 1976 63.2 ^a	2–39 y ↓ BMI in daughters; ↔ In sons	(Warner et al., 2019)
Belgian, Norway, Slovak	367 infant for growth (0–24 m); 251 for BMI (7 y)	Cord blood or breast milk (mean) 18.2 ^{c2}	0–24 m ↑ Growth, β = 0.07 (–0.01, 0.14); 7 y ↑ BMI in girls but not in boys, β = 0.49 (0.07, 0.91); ↑ Overweight in girls, 54% (–6%, 151%)	(Izatt et al., 2016)
Tai Zhou	50 exposed mother–child pairs vs 50 reference pairs	Breast milk (mean) 12.9 ^b vs 4.3 ^b	6 m ↔ Height; 3 y ↑ Height in girls, p = 0.001; ↓ Height in boys, p = 0.046	(Wang et al., 2019)
Endocrine toxicity				
12 countries (1939–1992)	21,863 workers	Blood TCDD and highly-chlorinated dioxins	↑ Diabetes, RR = 2.25 (0.53–9.50)	(Vena et al., 1998)
New Zealand	245 workers	Serum (mean) 15.2 ^a	↑ Diabetes, workers worked in TCDD exposed jobs, OR = 4.0 (1.0–15.4); TCDD ≥ 10 pg/g, OR = 3.1 (0.9–10.7); ↓ FT ₄ , < 12.8 pmol/l, OR = 4.5 (1.4–14.4)	(t. Manneffe et al., 2018)
Seveso, Italy	981 women	Serum (median) 1976 55.9 ^a	↔ Diabetes, HR = 0.76 (0.45–1.28); ↑ Metabolic syndrome in women ≤ 12 y in 1976, OR = 2.03 (1.25–3.29), p = 0.01	(Warner et al., 2013b)
Nurses' Health Study II	756 diabetes and 766 control	Blood PCB-105, 118, 156, 157, and 167	OR = 1.78 (1.14–2.76), p = 0.006	(Zong et al., 2018)
Seveso, Italy	51 mother–child pairs	Extrapolated pregnancy (median) 18.9 ^a , 44.8 ^c	↑ b-TSH, p < 0.01	(Baccarelli et al., 2008)
Seveso, Italy (2008–2009)	909 women	Serum (median) 1976 60.2 ^a , 1996 7.0 ^a , 25.6 ^c	1996 ↓ TT ₄ , β = –0.27 (–0.49, –0.05); ↔ TSH, FT ₃ , FT ₄ ; 2008 ↓ TT ₄ , β = –0.11 (–0.32, 0.12); ↔ TSH, FT ₃ , FT ₄ in 2008	(Chevrier et al., 2014)
Taiwan, China	118 (0 m) and 92 (2 y) mother–newborn pairs	Placenta (median) 16.3 ^c	Newborns, non-ortho PCBs ↓ FT ₄ × TSH, r = –0.2, p < 0.05; 2 y, PCDD/FS ↑ FT ₄ × TSH; ↔ 5 y	(Su et al., 2010; Wang et al., 2005)
Immunotoxicity				
Japan	239 mother–infant pairs (0 m); 364 (18 m); 327 (3.5 y); 264 (7 y)	Maternal blood (median) during pregnancy 14.0 ^c ; 13.9 ^c ; 14.2 ^c ; 15.0 ^c	Newborns ↓ IgE in boys, –0.87 (–1.68, –0.06); 18 m, PCDFs ↑ Otitis media, OR = 2.5 (1.1–5.9); 3.5 y ↓ Frequency of wheezing in boys, OR = 0.03 (0.00–0.94); 7 y ↑ Frequency of wheezing, OR = 7.81 (1.42–42.9)	(Kishi et al., 2013; Miyashita et al., 2011, 2018b)
Netherlands	207 mother–infant pairs	Maternal and cord plasma, human milk PCBs and PCDD/FS	Prenatal PCB ↑ T-cell lymphocyte population; ↓ Antibody levels to mumps and measles, and shortness of breath with wheeze, chickenpox; Postnatal PCB ↑ Middle-ear infections, chicken pox; ↓ Allergic reactions; Postnatal DLCs ↑ Coughing, chest congestion, and phlegm	(Weisglas-Kuperus et al., 2000, 2004)
Seveso, Italy	676 children of 438 mothers	Maternal serum (median) 1976 64.7 ^a ; Pregnancy 11.2 ^a	1976 TCDD ↑ Eczema; ↔ Asthma, hay fever; Pregnancy TCDD ↔ Eczema, asthma, and hay fever	(Ye et al., 2018)
Japan	2264 participants	Blood (median) 16.0 ^c	Significant inverse dose–response ↓ Atopic dermatitis, OR = 0.26 (0.08–0.70)	(Nakamoto et al., 2013)
Carcinogenic teratogenicity				
Seveso, Italy	278,108 residents; 981 women	Serum (median) 1976 447.0 ^a vs 94.0 ^b ; 71.8 ^a vs 51.1 ^a	↑ Lymphatic-hematopoietic cancer; ↑ Breast cancer, HR = 2.1 (1.0–4.6)	(Consonni et al., 2008; Warner et al., 2002)
French	429 breast cancer cases vs 716 controls	Air (mean) 0.14 ^{b1} vs 0.12 ^{b1}	↔ Breast cancer	(Danjou et al., 2019)

TCDD, ^apg g⁻¹; PCDD/FS, ^bpg WHO-TEQ g⁻¹ lipid, ^{b1}μg-TEQ m⁻²; DLCs, ^cpg WHO-TEQ g⁻¹ lipid, ^{c1}pg TEQ kg⁻¹ bw day⁻¹, ^{c2}pg CALUX TEQ g⁻¹ lipid; CALUX, chemical-activated luciferase expression; TT₄, total thyroxine; FT₄, free thyroxine; HR, hazard ratio; RR, rate ratio; OR, odd ratio; (95% confidence interval).

PCDD/F and DL-PCB exposure is associated with numerous adverse health outcomes (Table 1). The magnitude of effects varies depending on sex, sources and routes of exposure, and timing of cumulative exposure at different life stages (Sexton and Hattis, 2007). There is almost no data on the health effects of PBDD/Fs on people possibly due to limited evidence for general population exposure. However, high PBDD/F concentrations have been found in environmental matrices (Xiao et al., 2016; Ma et al., 2009) and human tissues in EWRS (Bruce-Vanderpuje et al., 2019; Tue et al., 2014), as well as high PCDD/F and DL-PCB levels. Thus, investigations on DLC exposure and the combined human health effects in EWRS is urgent.

2.1. Neurotoxicity

In experimental animal studies, exposure to TCDD during the critical period of brain development has been shown to disrupt expression of key developmentally regulated genes (Hill et al., 2003), alter neurogenesis (Williamson et al., 2005), and induce premature senescence and apoptosis in neuronal cells (Parmg et al., 2007; Wan et al., 2014). AhR-mediated dioxin neurotoxicity produces sex-specific disruptions in behavioral and cognitive functions of learning, memory, emotion and motor development in mice (Hajima et al., 2010; Nishijo et al., 2007a; Seo et al., 1999). The toxins that induce neurotoxicity in zebrafish and rodents may cause similar neurotoxicity in humans (Wan et al., 2014; Parmg et al., 2007).

Epidemiological studies indicate that perinatal PCDD/F and DL-PCB exposure can interfere with the brain development of fetuses and infants and adversely affect a variety of neuropsychological functions which may last into childhood, including cognition, memory, learning, attention, language, motor function, executive function, and behavior (Neugebauer et al., 2015; Nishijo et al., 2007b; Pham et al., 2015; Tai et al., 2013, 2016). However, in some studies only weak associations were found in subgroups (Ames et al., 2019; Caspersen et al., 2016a). Sex-specific differences in the effect of prenatal PCDD/F and DL-PCB exposure (15.1 pg WHO-TEQ g⁻¹ lipid) on mental and motor development were found in some Japanese infants aged 6–18 months. The effect may be stronger in male infants and be attenuated or disappear at later stages of infancy (Nakajima et al., 2006, 2017; Kishi et al., 2013). Some studies demonstrated that poorer cognitive and motor abilities in 42-month-old Dutch children were negatively associated with prenatal but not postnatal PCDD/F and DL-PCB exposure (Patandin et al., 1999), which indicates a more dominant role of *in utero* exposure than lactational exposure (van den Berg et al., 2017). In Norwegian 3–4 year old children, higher odds for language delay was significantly associated with high maternal dietary PCDD/F and DL-PCB exposure, but only in girls (Caspersen et al., 2016b). The sex-specific associations may occur because girls are more vulnerable to endocrine active effects of DLCs in terms of language development (Caspersen et al., 2016b). In general, boys tend to develop language skills later than girls and catch up before school age (Rice et al., 2008; Koenigsknecht and Friedman, 1976). No associations were found with Attention-Deficit/Hyperactivity Disorder, verbal/non-verbal intelligence, or executive functions (Caspersen et al., 2016b). The methodological limitation of dietary PCDD/F and DL-PCB exposure measurement from food frequency questionnaires should be taken into consideration. High prenatal PCDD/F and DL-PCB exposure is also found to increase autistic traits of 8–10 year-old children (Guo et al., 2018; Nishijo et al., 2014; Nowack et al., 2015), particularly in boys (Tran et al., 2016). However, in older Seveso children aged 7–17 years who were born after the industrial accident in 1976, which resulted in one of the highest levels of residential TCDD contamination known, no association between *in utero* TCDD exposure and their neuropsychological function was found, except for subtle deficits among sensitive subgroups of boys and children with shorter lactation histories (Ames et al., 2019). The evidence supports the view that neurodevelopmental decrements associated with *in utero* PCDD/F and DL-PCB exposure may be compensated in later infancy by breastfeeding

and a more advantageous parental and home environment (Vreugdenhil et al., 2002; Patandin et al., 1999). Although DLCs can be transferred to infants through breastfeeding, the advantages of breastfeeding far outweigh the potential adverse effects (van den Berg et al., 2017). Infant DLC exposure should be lowered by reducing maternal exposure rather than discouraging breastfeeding.

Adults accidentally exposed to a highly TCDD-contaminated environment also show effects on their peripheral and central nervous systems (Urban et al., 2007; Pelcl et al., 2018), especially the biological clock and sleep/wake systems. Frequent symptoms of insomnia and lower subjective sleep quality were associated with higher blood concentrations of 2,3,4,7,8-pentachlorodibenzofuran (PeCDF) in Yusho patients (Japan), following ingestion of rice bran oil contaminated with PCBs. Blood 2,3,4,7,8-PeCDF concentrations were high among patients with depression or schizophrenia (Kondo et al., 2018). Some studies also suggest that workers exposed to any TCDD-contained phenoxyacid herbicide or chlorophenol have higher rates of psychological disorders, including fatigue, headache, and suicide (Pelclova et al., 2009, 2018; Vena et al., 1998). However, the Seveso Women's Health Study (SWHS) on women who were in their 30s at the time of the explosion does not indicate an adverse effect on neuropsychological and physical functioning except for grip strength twenty and thirty years after exposure, possibly since the exposure time was not a critical period of brain development and the cohort is not yet old enough for age-related susceptibility to dioxin neurotoxicity to manifest (Ames et al., 2018a). The heterogeneity in exposure time and methods, and neurological assessment measures, limits drawing definite conclusions on health outcomes of neuropsychological function associated with PCDD/F and DL-PCB exposure in children and adults.

2.2. Reproductive toxicity

The reproductive toxicity of PCDD/Fs and DL-PCBs in humans is mainly seen as influencing the reproductive hormones (Egeland et al., 1994), sexual maturation (Burns et al., 2016; Den Hond et al., 2002), and fertility (Eskenazi et al., 2010; Hsu et al., 2003). Except for decreased serum testosterone levels (Sweeney et al., 1997; Gupta et al., 2006; Sun et al., 2020), studies on TCDD's effects on luteinizing, estradiol and follicle-stimulating hormones of highly exposed cohorts have yielded inconsistent results. Significant positive associations with luteinizing hormone and follicle-stimulating hormone were found in chemical plant workers (Egeland et al., 1994), and decreased estradiol and increased follicle-stimulating hormone in Seveso males who were infants and adolescents at exposure, however, not in adults (Mocarelli et al., 2008), nor in residents of dioxin hotspots in the Vietnam war (Van Luong et al., 2018). The age and dose of exposure may account for the inconsistent results. TCDD exposure in infancy was negatively related to sperm concentration and motility, but an opposite association was found with exposure during puberty, which may reflect the differences in the hormonal regulation of Sertoli cells with age (Mocarelli et al., 2008). Pilsner et al. (2017) found that DLCs may induce epigenomic reprogramming in male germ cells of adults during spermatogenesis, causing an increase in the incidence of birth defects in their offspring. TCDD exposure may affect ovarian function of exposed women, which is more sensitive during maturation such as when exposure occurs before menarche, as evidenced by early onset of menopause (Eskenazi et al., 2005), prolonged menstrual cycle (Eskenazi et al., 2002b), endometriosis (Cano-Sancho et al., 2019; Eskenazi et al., 2002a; Koninckx et al., 1994; Martínez-Zamora et al., 2015; Mayani et al., 1997), and infertility (Eskenazi et al., 2010). This may be because TCDD compromises the hypothalamic–pituitary–gonadal regulatory axis, making women less sensitive to estrogen, as well as decreasing ovarian weight and the number of follicles (Schmidt, 2017), although this was not confirmed in the Seveso cohort (Warner et al., 2007).

Prenatal exposure to relatively low PCDD/F and DL-PCB doses, below those that induce overt maternal toxicity, may affect steroid

hormone levels (e.g. lower estradiol and testosterone) (Boda et al., 2018; Miyashita et al., 2018a), behavioral sexual dimorphism (Winneke et al., 2014) and pubertal onset (e.g. shorter penile length and delayed initiation of breast development) of offspring (Leijds et al., 2008; Guo et al., 2004), the consequence of which differ between boys and girls, presumably by interacting with the hypothalamic–pituitary–gonadal axis (Bergman et al., 2013). It suppresses the male secretion of inhibin B and follicle-stimulating hormone which influences the testicular function, including decreased spermatogenic capacity and sperm quality (Mocarelli et al., 2011). Lower estradiol levels in 8-year-old Taiwan children and shorter fundi and uteri lengths in girls were also found to be associated with *in utero* background PCDD/F and DL-PCB exposure (14.8 pg WHO-TEQ g⁻¹ lipid) (Su et al., 2012). However, no reproductive developmental effects in boys were found, probably because they were too young at the time of examination to have any signs of reproductive maturation. The evidence indicates that *in utero* DLC exposure may impact the reproductive development of offspring.

2.3. Developmental toxicity

Prenatal and perinatal period, infancy, childhood, and puberty are considered to be the most sensitive exposure windows in terms of growth and development (Beszterda and Franski, 2018; Rice and Barone, 2000), during which exposure to PCDD/Fs and DL-PCBs is associated with poor birth outcomes (Revich et al., 2001), decreased male to female birth ratio (Mocarelli et al., 1996, 2000; Pesatori et al., 2003), and child growth retardation (Guo et al., 2004; Rogan et al., 1988). Studies on Vietnam veterans and residents exposed to dioxin-containing Agent Orange reported a higher incidence of poor birth outcomes, such as miscarriage, preterm birth, stillbirth risk (Le and Johansson, 2001), congenital birth defects (Kang et al., 2000; Knaf, 2018; Ngo et al., 2006), and developmental enamel defects (Ngoc et al., 2019). Among Japanese severely affected by PCB- and PCDF-contaminated rice oil, the incidences of spontaneous abortion and stillbirth, pregnancy loss, and preterm delivery increased, and the ratio of male to female births decreased, but the associations diminished over time (Yorifuji et al., 2013; Tsukimori et al., 2008). Higher maternal blood PCDD/F and DL-PCB levels in Yusho women were associated with lower birth weight, especially in male infants (Tsukimori et al., 2012). The mechanism may be the genetic variation across the maternal AhR gene that increases the susceptibility to low birth weight in newborns prenatally exposed to DLCs (Ames et al., 2018b). Male infants are more susceptible than females to growth restriction induced by prenatal DLC exposure (Tsukimori et al., 2012). The SWHS reported that initial maternal TCDD levels in 1976 were non-significantly associated with low birthweight and increased incidents of preterm delivery. However, no association between maternal TCDD levels at pregnancy and spontaneous abortions or gestational age was found (Eskenazi et al., 2003; Wesselink et al., 2014). The findings suggest that, in epidemiologic studies of pregnancy outcomes associated with dioxin exposure, the highest dose may be more relevant than pregnancy dose. Prenatal and perinatal PCDD/F and DL-PCB exposure is adversely associated with fetal growth and positively associated with infant growth (Papadopoulou et al., 2013; Iszatt et al., 2016). The association exhibit gender-specific differences in 3-year-old children, with a negative effect in boys but a positive effect in girls (Wang et al., 2019; Tai et al., 2016). Studies on European birth cohorts found that perinatal PCDD/F and DL-PCB exposure was associated with increased body mass index (BMI) and risk of overweight in 7-year-old girls (Iszatt et al., 2016). However, the Seveso Second Generation Study found an inverse association between initial maternal TCDD levels in 1976 and BMI of their 2–39 year-old daughters (Warner et al., 2019). The wide age range of the cohort likely increased the variability of the results. These studies on populations worldwide have described the inconsistent effects of DLC exposure on birth and growth outcomes at various ages, for which limited sample size, various exposure assessments, and lack of a standardized measurement of child

growth may account.

2.4. Endocrine toxicity

Dioxin-like compounds are known to induce hormone and growth dysregulation and therefore act as environmental endocrine disruptors. When incorporated into the body, they may interfere with the normal functioning of the endocrine system, which is responsible for regulating hormone balance, growth, reproduction, and behavior (Colborn et al., 1993; Bergman et al., 2013; Damstra et al., 2002). Dioxins can alter the metabolic levels of thyroid hormones and insulin, and lower insulin levels or insulin receptors, resulting in glucose metabolic disorders, and ultimately diabetes (Calvert et al., 1999; Remillard and Bunce, 2002; Henriksen et al., 1997; Kern et al., 2004; Lee et al., 2014) and its underlying conditions such as modified glucose metabolism, insulin resistance, impaired insulin secretion and metabolic syndrome (Jaacks and Staimez, 2015; Kokichi, 2018; Uemura et al., 2009; Warner et al., 2013b, 2019). The US Department of Veterans Affairs added type 2 diabetes to the list of presumptive diseases associated with exposure to Agent Orange (Department of Veterans Affairs, 2001).

Epidemiological and experimental *in vivo* studies have revealed that DLC exposure may induce diabetes through insulin resistance and the destruction of beta cell function (Alonso-Magdalena et al., 2011; Chang et al., 2010, 2011; Cranmer et al., 2000; Kim et al., 2019; Lee et al., 2017; Lim et al., 2010). The most informative human data on this association come from studies of high PCDD/F and DL-PCB exposed cohorts, involving Vietnam War veterans (Henriksen et al., 1997; Kang et al., 2006; Kim et al., 2003; Michalek and Pavuk, 2008), occupationally exposed workers in Czech Republic (Pelcl et al., 2018), New Zealand (t Mannelje et al., 2018), the United States (Calvert et al., 1999), and the International Agency for Research on Cancer multi-centric mortality study comprising 36 cohorts from 12 countries (Vena et al., 1998), and residents of contaminated communities in the United States (Klein et al., 2011), Taiwan (Chen et al., 2006; Huang et al., 2015; Wang et al., 2008) and Seveso (Bertazzi et al., 2001; Consonni et al., 2008). Chronic low-level exposures to DLCs of the general population in Japan (Nakamoto et al., 2013; Uemura et al., 2008), Belgium (Fierens et al., 2003), and the National Health and Nutrition Examination Survey from the US (Dzierlenga et al., 2019; Everett et al., 2007; Lee et al., 2006a, 2006b), the Nurses' Health Study II (Zong et al., 2018), and a pregnancy cohort in Crete, Greece (Vafeiadi et al., 2017), are also linked with an increased risk of diabetes (Kokichi, 2018). A systematic review and meta-analysis concluded that there is sufficient evidence of a significant association between serum PCDD/F and PCB concentrations and the risk of type 2 diabetes (Song et al., 2016). However, Goodman et al. (2015) found that a positive dose-response relationship is present only in cross-sectional studies of populations with current TCDD levels less than 10 pg g⁻¹ lipid. The cause-effect relationships and detailed molecular mechanisms between DLC body burdens and diabetes remain to be elucidated.

Thyroid hormones play a crucial role in human growth and development, and in the maintenance of normal physiological status. Any deficiency or increase of thyroid hormones during critical periods of brain development may result in irreversible impairment, morphological and cytoarchitecture abnormalities, disorganization, maldevelopment, and physical retardation (Ahmed et al., 2008). DLCs interact strongly with transthyretins and thyroid hormone receptors, which accelerate thyroid hormone clearance (McKinney et al., 1985; Ishihara et al., 2003). *In utero* and lactational exposure to PCDD/Fs and PCBs may have different effects on thyroid hormone levels [thyroid stimulating hormone (TSH), thyroxine (T₄), triiodothyronine (T₃)] and thyroid function in neonates and children (Koopman-Esseboom et al., 1994; Wang et al., 2005; Baccarelli et al., 2008), and may diminish or disappear over time (Su et al., 2010; Plum et al., 1993). Once again the thyroid hormone metabolism may be influenced by current background exposure to DL-PCBs during adolescence (Leijds et al., 2012). Systematic

reviews of epidemiological studies on the association between perinatal TCDD exposure and thyroid function of children showed inconsistent results, despite some evidence of sub-clinical hypothyroidism found to be induced by dioxin exposure within three months of birth (Giacomini et al., 2006). Epidemiological studies on highly exposed cohorts of Vietnam Air Force Veterans during 1982–1992 found that serum TCDD levels were positively correlated with TSH but not thyroid disease (Pavuk et al., 2003). The SWHS found that initial TCDD exposure before girls' menarche may permanently alter total T₄ (but not free T₄, free T₃, or TSH levels), which tends to be more influential than later TCDD body burden (Chevrier et al., 2014). However, no associations with T₃, T₄, and TSH were found in Yusho patients (Nagayama et al., 2001). Between-studies discrepancies in thyroid levels may not only reflect complex time-specific actions of mixed DLC exposure, but also differences in laboratory methodology, age and sample size (Giacomini et al., 2006; Khoa et al., 2015). The toxicological mechanism of the effect of dioxin exposure on the thyroid gland needs to be further explored.

2.5. Immunotoxicity

The immune system is one of the most sensitive targets for dioxins. The immune response of mammals exposed to DLCs during their maturation stage is more severe and persistent than that caused by adult exposure (Nowak et al., 2019; Dietert, 2009). A broad range of immunotoxicity of DLCs has been observed in animal studies (Gehrs et al., 1997; O'Driscoll et al., 2019; Vorderstrasse et al., 2003), including thymic atrophy, immunosuppression of both humoral and cell-mediated immune responses (Fine et al., 1989; Kerkvliet, 2002; Vos et al., 1973; Camacho et al., 2004). In humans, prenatal background exposure to DLCs may cause postnatal immune dysfunctions and increased susceptibility to infectious and allergic diseases in infancy which persist into childhood (Miyashita et al., 2011; Stølevik et al., 2013; Guo et al., 2004). Common infectious diseases acquired in early life may affect the maturation of the immune system and may thereby prevent the development of allergic diseases (Weisglas-Kuperus et al., 2004). Breast-feeding for 4 months or more can counteract the negative effect of perinatal exposure and prevent children from developing allergic and infectious diseases (Pluim et al., 1994; Ten et al., 2003; Ip et al., 2007; van den Berg et al., 2017). The findings of the Seveso Second Generation Health Study (Ye et al., 2018), the Hokkaido Study on Environment and Children's Health (Kishi et al., 2013; Miyashita et al., 2011, 2018b), and a Dutch birth cohort study (Weisglas-Kuperus et al., 1995, 2000, 2004) support the conclusion that prenatal TCDD exposure may increase the development of infectious diseases and decrease allergic conditions.

Adult exposure to dioxins also adversely affects the immune system function, altering T-lymphocyte subpopulations and immunoglobulins levels (Kim et al., 2018), and increasing susceptibility to infectious diseases (Zober et al., 1994). Increased TCDD levels of Seveso inhabitants were found to be inversely associated with only plasma IgG but not with IgM, IgA, C3, or C4 levels, which indicates that TCDD may play a role in suppressing antibody production (Baccarelli et al., 2002, 2004). A large sample-size cross-sectional study on background dioxin exposure of the general Japanese residents found that low-level DLC exposure (16.0 pg WHO-TEQ g⁻¹ lipid) is associated with reduced risk of atopic dermatitis (Nakamoto et al., 2013). However, no immune response (immunoglobulins, autoantibodies, and lymphocyte subsets) was found in 83 adult Yusho patients with relatively high blood PCDD/F and DL-PCB levels, possibly due to the rather small-scale sample size (Nagayama et al., 2001). Therefore, in order to obtain more conclusive results concerning the effects of DLCs on immune response systems, further uniform large-scale investigations with standard exposure assessment methods are needed.

2.6. Carcinogenicity

The International Agency for Research on Cancer classified TCDD, 2,3,4,7,8-PeCDF, PCBs and DL-PCBs as multi-site carcinogens (group 1) (IARC, 1997, 2012, 2016). Overall, human and animal studies indicate that the carcinogenicity of TCDD is for all cancers combined rather than for any specific site (IARC, 1997; Warner et al., 2011; Xu et al., 2016). Excess risks have been observed in TCDD-exposed subjects for all cancers (Manuwald et al., 2012), such as lymphomas (Viel et al., 2008), multiple myeloma (Consonni et al., 2008), soft-tissue sarcoma (Pesatori et al., 2003), lung (Steenland et al., 1999) and liver (Kogevinas et al., 1997) cancers. Mortality and morbidity findings of the Seveso population exposed to TCDD showed increased risk from lympho-hemopoietic neoplasms, digestive system, and respiratory system cancers, and also thyroid gland cancer (Pesatori et al., 2003). An increased prevalence of reproductive cancers (breast, cervical, testicular, endometrial cancer) has been found in high TCDD exposed cohorts (Revich et al., 2001; Warner et al., 2002; Kogevinas, 2001). However, in a recent French case-control study, no increased risk of breast cancer was found for higher airborne PCDD/F levels but an increased risk in estrogen receptor-positive breast cancer with low PCDD/F exposure was observed (Danjou et al., 2019). The findings might be consistent with a non-monotonic dose-response effect of dioxins on breast cancer. The cancer-induced effects found in high DLC-exposed cohorts are still inconsistent, for which specific study limitations (e.g. sample sizes and adjustments for confounders) and the differences in study population and methodology (e.g. exposure assessment) may partially explain (Xu et al., 2016). The impact of temporal variation in exposure should be taken into consideration (Rodgers et al., 2018).

Since DLCs are not directly genotoxic, their carcinogenicity is likely mediated via activation of the AhR leading to tumor promotion. The tumor promoting action of TCDD is reflected in facilitating the growth rate and clonal expansion of initiated cells (Baccarelli et al., 2006; Knerr and Schrenk, 2006), inhibiting the apoptosis of tumor precursor cells, and increasing oxidative stress (Schwarz and Appel, 2005). The dose-response relationship and the mechanisms of action between DLC exposure and cancer needs to be clarified, of which inter-individual variability and susceptibility in response are key determinants (Guyton et al., 2009). Careful consideration should be taken when formulating the maximum tolerated dose of long-term environmental DLC exposure and the cancer potency threshold for TCDD.

3. Environmental levels and human exposure in EWRS

E-waste recycling is a significant source of DLC contamination in China and some other developing countries (Lei et al., 2020; Prithiviraj et al., 2019). High levels of DLCs were detected in environmental (air, particulate, soil, dust, and sediment) and biological (hair, blood, breast milk, placenta, and meconium) samples in well-known EWRS (Chan and Wong, 2013). Concentrations of PCDD/Fs in air and soils near e-waste recycling operations were greater than those reported around municipal solid waste incinerators and chemical industries (Ma et al., 2008). The PCDD/F and DL-PCB concentrations in the blood and breast milk samples from EWRS were higher or comparable to the levels reported to be associated with observable adverse effects in epidemiological studies. It suggests that the health risk of DLC exposure on local workers and residents in EWRS should be assessed in a timely manner.

3.1. Atmosphere

Dioxin-like compounds can be generated when incineration temperatures are not high enough and will then be released into the atmosphere (Shibamoto et al., 2007; Zhang et al., 2017a; Zhang et al., 2016a). The atmospheric particulates act as an important vector for the transport of DLCs in the environment from the emission sources to other environmental matrices and may be the largest exposure route for e-

waste recycling workers (Ma et al., 2008; Qin et al., 2019). However, possibly due to the methodological complexity of air sampling and analysis, data on DLC concentrations in the air of EWRS is scarce, and virtually absent in developing countries except China (Table 2). Air samples taken near Guiyu, the “World Electronic Waste Terminal,” in 2005 contained the highest DLC level, with PCDD/F concentrations of 64.9–2765.0 (mean 891.4) pg m^{-3} and 2,3,7,8-PBDD/F concentrations of 8.12–461.0 (mean 118.0) pg m^{-3} (Li et al., 2007). These are 12–18 times higher than in Chendian, a non-EWRS only 9 km away from Guiyu, and 37–133 times higher than in Guangzhou, the nearest major city. Since the atmospheric PCDD/F level in Chendian is still much higher than that in other urban areas, the data indicate that the severe dioxin pollution in Guiyu may affect the nearby Chendian. Fortunately, due to the enhanced law enforcement and environmental regulations on centralized e-waste dismantling with advanced technology by the authorities of Guangdong province and local governments in 2010, air quality in Guiyu has improved greatly. The mean atmospheric TEQ concentrations of PCDD/Fs in 2013 was seven times lower than that in 2005 (Xiao et al., 2012; Zhang et al., 2017b). Similarly, in 2013, atmospheric PCDD/F concentrations in Qingyuan (Guangdong, China), famous for its e-waste recycling industry, significantly decreased by 31 times compared with the values measured in 2010, and by 49 times than in 2006, possibly due to implementation in recent years of laws banning open burning of waste wires, acid washing, and other uncontrolled e-waste recycling activities (Ren et al., 2015; Xiao et al., 2014; Zhang et al., 2017b). Consistent results were also observed in Taizhou (Zhejiang, China), another large e-waste recycling region with a nearly 40-year history of informal e-waste disposal and recycling. The average atmospheric PCDD/F concentration (0.4 pg TEQ m^{-3}) in 2010 was 62% lower than that in 2005 (1.1 pg TEQ m^{-3}) (Zhang et al., 2012b). This may have benefited when the local government started to standardize the dismantling processes in 2005. Small-sized informal workshops were urged to close and replaced with formal e-waste dismantling centers. Sophisticated recycling technologies were encouraged to minimize open burning activities (Fu et al., 2012). These data indicate that the strengthened regulations and centralized dismantling measures in EWRS showed a significant reduction in the release of PCDD/Fs. However, the atmospheric PCDD/F concentrations are still much higher than reference areas and municipal solid waste incinerators and heavily industrialized areas.

3.2. Soil

Levels of DLCs in soils of EWRS and nearby agricultural lands have been examined in many studies (Table 3). As expected, relatively high PCDD/F levels were found in the soils from an open e-waste burning site [$2.1 \times 10^4 \text{ pg g}^{-1}$ dry weight (dw)] and an acid leaching site ($3.9 \times 10^4 \text{ pg g}^{-1}$ dw) in Guiyu (Leung et al., 2007), which were comparable to those reported for EWRS in Qingyuan ($2.1 \times 10^4 \text{ pg g}^{-1}$ dw) (Hu et al., 2013). The soil TEQ levels of PCDD/Fs in Guiyu were comparable or even higher than that of the former storage of Agent Orange in A-So airborne collected in 1996 (nearly 26 years after last exposure), which is hotspot during the Vietnam War (112.6 pg TEQ g^{-1} dw) (Dwernychuk et al., 2002). Open burning and dismantling of e-waste and acid leaching activities are identified as the major sources of high PCDD/F concentrations (Leung et al., 2007; Tue et al., 2019). The mean soil PCDD/F concentration of household e-waste facilities in Fengjiang, Taizhou ($4.3 \times 10^3 \text{ pg g}^{-1}$ dw) (Ma et al., 2008), was one order of magnitude greater than that of a nearby agricultural field ($5.0 \times 10^2 \text{ pg g}^{-1}$ dw) (Shen et al., 2009), and a chemical industrial complex in Wujing, Shanghai ($2.9 \times 10^2 \text{ pg g}^{-1}$ dw) (Ma et al., 2008). Soils from informal backyard EWRS in Bangalore (India) where crude processes, like heating, acid treatment, and open burning, were employed, also contained high levels of PCDD/Fs, DL-PCBs, and PBDD/Fs, with mean concentrations of 3.6×10^4 , 1.3×10^4 , and $1.1 \times 10^5 \text{ pg g}^{-1}$ dw, respectively (Karri et al., 2008). These concentrations were much higher than those in soils of an Indian e-waste facility where recycling of e-waste did not involve any thermal processes, with mean PCDD/F, DL-PCB, and PBDD/F concentrations of 6.4×10^2 , 6.5×10^3 , and $2.9 \times 10^4 \text{ pg g}^{-1}$ dw, respectively (Karri et al., 2008). However, in India, 95% of the e-waste is informally treated and crude processed (Raghupathy et al., 2010). With the awareness about e-waste among government and general public, in 2016, the Indian Government released a more stringent and powerful legislative management framework, where e-waste is collected by municipalities, authorized retailers or commercial pick-up services and then sent to different centers for further processing. The whole process is controlled by the Central Pollution Control Board to ensure the collection and disposal of e-waste in a sustainable manner according to the principle of Producer Responsibility. Such rules are expected to control the release of hazardous substances in the e-waste disposal stream (Government of India, 2016;

Table 2

Mean concentrations of atmospheric 2,3,7,8-substituted PCDD/Fs and PBDD/Fs at typical EWRS and some other locations.

City/Country	Site	PCDD/Fs (pg m^{-3})	PBDD/Fs (pg m^{-3})	Type	Time	Reference
Guiyu, China	E-waste open-burning sites	6.5 (0.7 ^a)		Gas + TSP	2004	(Wong et al., 2007)
Guiyu, China	EWRS, summer/winter	127.3/253.0 (8.8 ^b /16.0 ^b)	21.9/118.0 (4.5 ^b /26.9 ^b)	Gas + TSP	2005	(Li et al., 2007)
Guiyu, China	Circuit boards recycling sites	317 (14.5 ^b)	481 (91.3 ^b)	TSP	2007	(Ren et al., 2014)
Guiyu, China	Circuit board recycling sites	17.6 (0.8 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Guiyu, China	Plastic recycling workshops	31.1 (1.7 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Guiyu, China	Remote small villages	1.1 (0.02 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Chendian, China	Underwear industry	22.9 (1.2 ^a , 1.4 ^b)	3.6 (0.9 ^b)	Gas + TSP	2005	(Li et al., 2007)
Guangzhou, China	Urban	6.7 (0.3 ^a , 0.4 ^b)	1.0 (0.2 ^b)	Gas + TSP	2005	(Li et al., 2007)
Taizhou, China	EWRS	14.3 (1.1 ^b)		Gas + TSP	2005	(Li et al., 2008)
Taizhou, China	EWRS, summer/winter	84.5/212.2 (4.9 ^a /12.7 ^a)	5.4/17.6 (0.8 ^a /2.4 ^a)	Gas + TSP	2006–2007	(Zhou, 2011)
Taizhou, China	EWRS, summer/winter	32.8/32.9 (0.5 ^a /0.4 ^a)	58.9/73.7 (0.2 ^a /0.2 ^a)	Gas + TSP	2010	(Zhang et al., 2012b)
Hangzhou, China	Solid waste incinerator	31.9 (0.5 ^b)		Gas + TSP	2007–2008	(Xu et al., 2009)
Qingyuan, China	Courtyard open burning sites	237.0 (13.6 ^a)		Gas + TSP	2006	(Ren et al., 2015)
Qingyuan, China	Courtyard open burning sites	159.4 (8.0 ^b /8.5 ^b)		Gas + TSP	2009–2010	(Xiao et al., 2014)
Qingyuan, China	A green recycling center	34 (0.6 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Qingyuan, China	Neighborhoods near EWRS	5.0 (0.3 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Qingyuan, China	Remote small villages	2.9 (0.1 ^b)		Gas + TSP	2013	(Zhang et al., 2017b)
Chennai, India	EWRS	(1.65 ^c)		Gas		(Chakraborty et al., 2016a)
Korea	Solid waste incinerators	(0.2 ^b)		Gas + TSP		(Kim et al., 2008)
Duisburg, Germany	Heavily industrialized areas	(0.3 ^b , 0.1 ^b)		Gas + TSP TSP	1987, 1993	(Hiester et al., 1997)

TEQs are given in parentheses.

^a pg WHO-TEQ m^{-3} .

^b pg I-TEQ m^{-3} .

^c $\text{pg CALUX-TEQ m}^{-3}$; TSP, total suspended particulate.

Table 3
Concentrations of soil/dust/sediment DLCs at typical EWRS and some other locations.

Country	City	Site	Data type (sampling year)	PCDD/Fs	DL-PCBs	PBDD/Fs	Reference
Soil (pg g⁻¹ dw)							
China	Guiyu	Open-burning sites	Range (2004)	3.1 × 10 ⁴ –9.7 × 10 ⁵ (627.0 ^a –13,900.0 ^b)	2.2 × 10 ⁴ –4.5 × 10 ⁵ (7.0 ^a –878.0 ^b)		(Wong et al., 2007; Yu et al., 2008)
China	Guiyu	Combusted residue	Mean (2004)	2.1 × 10 ⁴ (129.0 ^a)			(Leung et al., 2007)
China	Guiyu	Acid leaching area	Mean (2004)	3.9 × 10 ⁴ (506.0 ^a)		9.7 ^b	(Leung et al., 2007)
China	Guiyu	Open burning and acid leaching sites	Mean (2009)				(Xu et al., 2017)
China	Guiyu	E-waste roasting sites	Mean (2009)			8.4 ^b	(Xu et al., 2017)
China	Guiyu	Manual disassembly and shredding sites	Mean (2009)			5.4 ^b	(Xu et al., 2017)
China	Taizhou	Large EWRS	Mean (2007)	1.0 × 10 ⁵ (49.3 ^a)		1.1 × 10 ⁵ (799.0)	(Ma et al., 2008, 2009)
China	Taizhou	Household EWRS	Mean (2007)	1.5 × 10 ⁵ (92.0 ^a)			(Ma et al., 2008)
China	Wujing	Chemical industrial complex	Mean (2007)	1.6 × 10 ⁵ (5.4 ^a)		57.8 (0.5)	(Ma et al., 2008, 2009)
China	Taizhou	Farmland near EWRS	Mean (2006)	5.0 × 10 ² (12.2 ^a)	2.1 × 10 ⁴ (6.7 ^b)		(Shen et al., 2009)
China	Qingyuan	EWRS	Mean (2009)			2.9 × 10 ² (68.4 ^a)	(Xiao et al., 2016)
China	Qingyuan	EWRS	Mean (2009)	2.1 × 10 ⁴ (43.0 ^a)			(Hu et al., 2013)
China	Qingyuan	Farmland near EWRS	Mean (2006)	(7.1 ^b)			(Ren et al., 2015)
China	East	Disassembly industrial park	Mean	6.9 × 10 ² (7.2 ^b)	6.0 × 10 ³		(Liu and Liu, 2009)
China	Yangtze River Delta	Farmland in EWRS	Mean (2004)	2.6 × 10 ⁵ (21.0 ^a)			(Luo et al., 2005)
India	Bangalore and Chennai	Backyard recycling site	Mean (2006)	3.6 × 10 ⁴	1.3 × 10 ⁵		(Karri et al., 2008)
India	Bangalore and Chennai	E-waste facility	Mean (2006)	6.4 × 10 ²	6.5 × 10 ³		(Karri et al., 2008)
India	New Delhi, Kolkata, Mumbai and Chennai	EWRS	Mean (2014)	5.0 × 10 ⁵ (31.0 ^a)	4.6 × 10 ⁴ (39.0 ^b)		(Chakraborty et al., 2018)
India	New Delhi, Kolkata, Mumbai and Chennai	Open dump	Mean (2014)	2.5 × 10 ⁵ (16.0 ^a)	1.8 × 10 ³ (11.5 ^b)		(Chakraborty et al., 2018)
Ghana	Agbogbloshie	Open burning areas	Median (2010)	2.8 × 10 ⁵	4.2 × 10 ⁴	9.3 × 10 ⁵	(Tue et al., 2016)
Ghana	Agbogbloshie	Non-burning areas	Median (2010)	3.8 × 10 ³	1.9 × 10 ³	7.1 × 10 ³	(Tue et al., 2016)
Ghana	Agbogbloshie	Open burning areas	Median (2013)	3.3 × 10 ⁴ (360.0 ^b)		1.8 × 10 ⁵ (870.0 ^a)	(Tue et al., 2019)
Ghana	Agbogbloshie	Dismantling area	Median (2013)	1.6 × 10 ⁴ (270.0 ^a)		4.5 × 10 ⁵ (2200.0 ^b)	(Tue et al., 2019)
Vietnam	Bui Dau	Open burning sites	Median (2012)	(77.0 ^a)	(4.8 ^b)		(Suzuki et al., 2016)
Vietnam	Bui Dau	E-waste-processing workshop	Median (2012)	(4.5 ^b)	(1.3 ^b)	(20.0 ^b)	(Suzuki et al., 2016)
Vietnam	Bui Dau	Farmland near EWRS	Median (2012)	(1.2 ^b)	(0.3 ^b)	(0.3 ^a)	(Suzuki et al., 2016)
Vietnam	A-So	Storage for herbicides during Vietnam War	Mean (1996 ~ 26 y)	(112.6 ^b) 8.5 × 10 ² (91.1 ^b)			(Le et al., 2019; Dwernychuk et al., 2002)
Vietnam	A-So	Mean (2014 ~ 44 y)					
Dust (pg g⁻¹ dw)							
China	Guiyu	Workshop floor, EWRS	2004	1.3 × 10 ³ (76.2 ^b)			(Leung et al., 2011)
China	Guiyu	Schoolyard near EWRS	2004	1.3 × 10 ³ (103.0 ^b)			(Leung et al., 2011)
China	Guiyu	Street-lined with workshops	2004	6.5 × 10 ² (53.1 ^b)			(Leung et al., 2011)
China	Guiyu	Workshop, EWRS	Mean (2013)	(2.7 × 10 ³)			(Zhang et al., 2017 ^b)
China	Qingyuan	Workshop, EWRS	Range (2013)	(49.0–446.0)			(Zhang et al., 2017 ^b)
China	Qingyuan	Workshop, EWRS	Mean (2009)	5.7 × 10 ² (380.0 ^a)	2.0 × 10 ³ (400.0 ^a)		(Hu et al., 2013; Xiao et al., 2016)
China	Taizhou	Floor, EWRS	Mean (2007)	1.3 × 10 ⁴ (1070.0 ^a)	1.2 × 10 ⁵ (1480.0 ^a)		(Ma et al., 2008, 2009)
China	Taizhou	Floor, EWRS	Mean (2006)				(Wen et al., 2008)
India	Chennai	Metal recovery workshop	Mean (2014)	2.6 × 10 ⁴ (724.1 ^b)	26,200.0 ^a		(Chakraborty et al., 2016b)
India	Chennai	Dismantling and shredding workshop	Mean (2014)		5.8 × 10 ⁴ (1000.0 ^b)		(Chakraborty et al., 2016b)
Vietnam	Bui Dau	Furniture and fan blades surface, EWRS	Median (2008)	1.4 × 10 ³	1.0 × 10 ³	4.9 × 10 ⁴	(Tue et al., 2010)
Vietnam	Trang Minh	Furniture and fan blades surface, EWRS	Median (2008)	2.4 × 10 ³	2.2 × 10 ³	2.3 × 10 ⁴	(Tue et al., 2010)

Sediment (pg g⁻¹ dw)

(continued on next page)

Table 3 (continued)

Country	City	Site	Data type (sampling year)	PCDD/Fs	DL-PCBs	PBDD/Fs	Reference
China	Guiyu	Ash-dumped riverbank		(3.5×10^{4a})			(Luksemburg et al., 2002)
China	Guiyu	Residential areas near the river		(2.7×10^{3a})			(Luksemburg et al., 2002)
China	Qingyuan	Pond in EWRS	Mean (2009)	3.4×10^4 (128.0 ^a)		5.3×10^2 (146.0 ^a)	(Hu et al., 2013; Xiao et al., 2016)
China	East	Disassembly industrial park	Mean	643.0 (8.9 ^a)	1.3×10^4		(Liu and Liu, 2009)
Vietnam	Bui Dau	E-waste-processing area	Median (2012)	1.2×10^3 (7.3 ^{ab})	(0.9 ^b)	1.7×10^3 (4.4 ^b)	(Suzuki et al., 2016)
Ghana	Agbogbloshie	Lagoon near EWRS		(988.0)			(Brigden et al., 2008)
Vietnam	A-So	Hotspots in Vietnam War	(1996 ~ 26 y) Mean (2014 ~ 44 y)	(7.8^{b1}) 2.8×10^2 (22.0 ^a - 385 ^b)			(Le et al., 2019; Dwernychuk et al., 2002)

TEQs are given in parentheses; ^apg WHO-TEQ g⁻¹ dw; ^bpg I-TEQ g⁻¹ dw.

Chakraborty et al., 2018). In Agbogbloshie, Ghana, concentrations of PCDD/Fs and PBDD/Fs found in soils from open burning (3.3×10^4 and 1.8×10^5 pg g⁻¹ dw, respectively) and dismantling areas (1.6×10^4 and 4.5×10^5 pg g⁻¹ dw, respectively) in 2013 were lower than in soil samples collected in 2010 (2.8×10^5 and 9.3×10^5 pg g⁻¹ dw, respectively) and were comparable to the highest reported for informal EWRS (Tue et al., 2019). These data suggest that low-tech e-waste recycling facilities have been an important emission source for DLCs, and have contaminated the nearby agricultural environment (Shen et al., 2008).

3.3. Dust and sediment

Dust is a complex mixture of particulate matter and acts as a repository of environmental pollutants which represents average levels of contamination over long periods of time (Butte et al., 2002). Dust ingestion is an important pathway for human DLC exposure in EWRS (Tue et al., 2014). However, investigations of DLC levels in dust and sediment of EWRS are so far scarce (Table 3). The PCDD/F concentrations in dust from an e-waste recycling workshop in Guiyu (1.3×10^3 pg g⁻¹ dw) were approximately 13 times greater than the concentrations found in the dust from a reference site (96.1 pg g⁻¹ dw) (Leung et al., 2011). Zhang et al., 2017b detected even higher TEQ concentrations of PCDD/Fs in indoor dust in Guiyu (1020.0–3637.0, mean 2662.0 pg TEQ g⁻¹ dw). These were 59 times higher than the reference site (45.4 pg TEQ g⁻¹ dw) and 10 times higher than that from Qingyuan (49.0–446.0 pg TEQ g⁻¹ dw). The PCDD/F concentrations of dust samples collected from Taizhou e-waste workshop floor were 17–28 times higher than that of dust on the surface of furniture and fan blades from Vietnamese EWRS (Ma et al., 2008; Tue et al., 2010). The average TEQ concentrations of PCDD/Fs and PBDD/Fs in Taizhou (1070.0 and 1480.0 pg WHO-TEQ g⁻¹ dw, respectively) were three times higher than that collected from large-scale e-waste facilities in Qingyuan (380.0 and 400.0 pg WHO-TEQ g⁻¹ dw, respectively) (Ma et al., 2008, 2009; Hu et al., 2013; Xiao et al., 2016). Dust from informal e-waste recycling workshops engaged in metal recovery in Chennai, India, showed a mean DL-PCB concentration of 5.8×10^4 pg g⁻¹ dw, much higher than that from shredding and dismantling sites (1.3×10^3 pg g⁻¹ dw) (Chakraborty et al., 2016b). This might have resulted from recycling activities like burning electric wires to recover copper, heating printed circuit boards to recover lead-tin solder and integrated components, and using acid chemical strippers to recover gold and other metals (Chakraborty et al., 2016b). These data show that high PCDD/F values of dust samples derived from primitive crude e-waste recycling activities may ultimately transfer to the indoor environments in these EWRS.

Sediments have a large adsorption capacity which makes them major reservoirs and sinks for chemicals. DLCs prefer adsorption to sediments because of their hydrophobic properties (Evenset et al., 2007). The sediment PCDD/F concentrations in Lianjiang river of Guiyu ranged from 21.2 to 35,200.0 pg WHO-TEQ g⁻¹ dw, which were noticeably higher than that in locations downstream from Guiyu (Luksemburg et al., 2002), and in Korle lagoon adjacent to Agbogbloshie e-waste disposal and burning areas (988.0 pg WHO-TEQ g⁻¹ dw) (Brigden et al., 2008). For sediments collected from an EWRS of Qingyuan, the mean TEQ concentrations of PCDD/Fs and PBDD/Fs were 128.0 and 146.0 pg WHO-TEQ g⁻¹ dw, respectively (Hu et al., 2013), higher than that in sediments of an EWRS in Bui Dau (7.3 and 4.4 pg WHO-TEQ g⁻¹ dw, respectively) (Suzuki et al., 2016).

3.4. Human body burdens

In recent years, DLC concentrations in human matrices, such as human hair, breast milk and blood, have been extensively measured to assess individual exposure (Table 4) and the health effects (Table 1). Hair is one of the best mediums to reflect short-term contaminant

exposure derived from direct atmospheric deposition (Covaci et al., 2002; Nakao et al., 2005). Mean PCDD/F concentrations in the hair of residents from EWRS of China, such as Guiyu, Taizhou and Fengjiang, have been measured at 21.0, 36.1 and 33.8 pg WHO-TEQ g⁻¹ dw, respectively (Chan et al., 2007; Luksemburg et al., 2002; Ma et al., 2011). These levels are markedly higher than hair samples of municipal solid waste incineration workers (Liu et al., 2019b) and the general population from Shanghai (2.2 pg WHO-TEQ g⁻¹ dw) and Hangzhou (5.6 pg WHO-TEQ g⁻¹ dw) (Li et al., 2007). The average PCDD/F concentration of maternal breast milk (21.0 pg WHO-TEQ g⁻¹ lipid) in Taizhou is higher than that of Vietnam residents living near Da Nang Air Base (12.7 pg WHO-TEQ g⁻¹ lipid) which has been proved to be adversely associated with the growth and neurodevelopment of children (Chan et al., 2007; Pham et al., 2015; Tai et al., 2016; Tran et al., 2016). Compared with maternal breast milk samples collected in 2005 (21.0 pg WHO-TEQ g⁻¹ lipid), the PCDD/F concentrations in breast milk were notably lower in 2015 (12.9 pg WHO-TEQ g⁻¹ lipid) (Wang et al., 2019), but were still much higher than the average level of the Chinese general population (4.9 pg WHO-TEQ g⁻¹ lipid) (Zhang et al., 2016b).

Breast milk PCDD/F levels were reported to be associated with physical growth of 3-year-old children (Wang et al., 2019). The placenta PCDD/F and DL-PCB concentrations in Taizhou (31.2 pg WHO-TEQ g⁻¹ lipid) were much higher than that in Taiwan (14.8 pg WHO-TEQ g⁻¹ lipid) which have been reported to be associated with growth, hormone levels and reproductive development (Su et al., 2012). The blood PCDD/F and DL-PCB levels of children in Taizhou (22.2 pg WHO-TEQ g⁻¹ lipid) were comparable to that of Russian boys (21.1 pg WHO-TEQ g⁻¹ lipid) which were reported to be associated with delayed pubertal onset and sexual maturity (Shen et al., 2010; Burns et al., 2016). Maternal blood PCDD/F and DL-PCB concentrations of primiparous Ghanaians living near EWRS (3.1 pg WHO-TEQ g⁻¹ lipid) were lower than that of the Sapporo cohort of the Hokkaido Study on Environment and Children's Health in Japan (14.9 pg WHO-TEQ g⁻¹ lipid) which were known to be related with lower birth weight, immune function and neurodevelopment of their infants (Bruce-Vanderpuije et al., 2019; Kishi et al., 2013). However, limited information was found on maternal blood DLC levels in other EWRS.

The blood PCDD/F and DL-PCB concentrations of these high (New

Table 4
Body burdens of PCDD/Fs and DL-PCBs at typical EWRS and some other locations.

Country	City	Study population	Data type	PCDD/Fs	DL-PCBs	Sampling year	Reference
Hair (pg WHO-TEQ g⁻¹ dw)							
China	Guiyu	Residents living near EWRS	Mean	21.0			(Luksemburg et al., 2002)
China	Taizhou	Mothers living near EWRS	Mean (2005)	33.8		2005	(Chan et al., 2007)
China	Taizhou	E-waste workers	Mean (2006)	42.4	41.5	2006	(Wen et al., 2008)
China	Taizhou	E-waste workers	Mean (2007)	36.1		2007	(Ma et al., 2011)
China	South	Waste incineration workers	Median	1.7			(Liu et al., 2019b)
China	Hangzhou	General mothers	Mean	5.6		2005	(Chan et al., 2007)
China	Shanghai	General population	Mean	2.2		2007	(Ma et al., 2011)
Cord blood (pg WHO-TEQ g⁻¹ lipid)							
China	Guiyu	Neonates born near EWRS	Median	3.9	16.0	2007	(Liu et al., 2019a)
China	Taizhou	Neonates born near EWRS	Median		18.0	2002	(Zhao et al., 2007)
China	Taiwan	General neonates	Mean	5.4	1.3	2000–2001	(Wang et al., 2004)
Vietnam	Bien Hoa	Neonates born near airbase	Mean	14.5		2012	(Boda et al., 2018)
Blood (pg WHO-TEQ g⁻¹ lipid)							
Ghana	Agbogbloshie	E-waste workers	Median	6.2		2011	(Wittsiepe et al., 2015)
Ghana	Agbogbloshie	Mothers living near EWRS	Mean	3.8	1.5	2017	(Bruce-Vanderpuije et al., 2019)
China	Taizhou	Children living near EWRS	Mean	10.3	11.9	2008	(Shen et al., 2010)
China	Taizhou	Children living near EWRS	Mean	8.4			(Xu et al., 2014)
Japan	Sapporo	General mothers	Mean	10	4.9	2002–2005	(Konishi et al., 2009)
China	Taiwan	General mothers	Mean	9.1	4.5	2000–2001	(Wang et al., 2004)
Russia	Chapaevsk	Boys living near chemical industries	Median DLCs	21.1		2003–2005	(Burns et al., 2016)
America		Ranch Hand veterans	Mean	(40.8 ^a)		1982 ~ 15 y	(Michalek and Tripathi, 1999)
America		Ranch Hand veterans	Median PCDDs PCDFs	18.7 (5.0 ^a) 3.4		2002 ~ 33 y	(Pavuk et al., 2014)
Vietnam	Bien Hoa	Men living near airbase	Mean	34.0 (7.3 ^a)	3.3	2014	(Van Luong et al., 2018)
Germany	Duisburg	Women living in industrialized area	Median	15.3	10.8	2000–2003	(Wittsiepe et al., 2007)
New Zealand		Herbicide production plant workers	Mean	(109.0 ^b)		1987 ~ 0 y	(t Mannetje et al., 2016)
New Zealand		Herbicide production plant workers	Mean	30.0 (19.1 ^a)	3.7	2007 ~ 20 y	(t Mannetje et al., 2016)
Italy	Seveso	Women experienced chemical explosion	Median	(105.0 ^a)		1976 ~ 0 y	(Warner et al., 2013a)
Italy	Seveso	Women experienced chemical explosion	Median DLCs	26.2 (7.3 ^a)		1996 ~ 20 y	(Warner et al., 2013a)
Breast milk (pg WHO-TEQ g⁻¹ lipid)							
China	Guiyu	Mothers living near EWRS	Mean		0.9	2006	(Xing et al., 2009)
China	Taizhou	Mothers living near EWRS	Mean	21.0		2005	(Chan et al., 2007)
China	Taizhou	Mother living near EWRS	Mean	12.9		2015	(Wang et al., 2019)
China	Hangzhou	General mothers	Mean	9.4		2005	(Chan et al., 2007)
Vietnam	Bui Dau	Mothers living near EWRS	Range PCDFs	13.0 ^a –15.0 ^a	6600.0 ^a –7600.0 ^a	2008	(Tue et al., 2014)
China	Taiwan	General mothers	Mean	7.6	5.2	2000–2001	(Wang et al., 2004)
Vietnam	Bien Hoa	Mothers living near airbase	Mean	11.3		2012	(Boda et al., 2018)
Spain	Tarragon	Mothers living near incinerators		7.6		2007	(Schuhmacher et al., 2009)
Germany	Duisburg	Mothers living in industrialized area	Median	23.9	24.5	2000–2003	(Wittsiepe et al., 2007)
Placenta (pg WHO-TEQ g⁻¹ lipid)							
China	Taizhou	Mothers living near EWRS	Mean	31.2		2005	(Chan et al., 2007)
China	Hangzhou	General mothers	Mean	11.9		2005	(Chan et al., 2007)
China	Taiwan	General mothers	Mean	10.3	2.9	2000–2001	(Wang et al., 2004)
Meconium (pg WHO-TEQ g⁻¹ dw)							
China	Taizhou	Neonates born near EWRS	Median		0.8	2002	(Zhao et al., 2007)

^a pg g⁻¹ lipid; TCDD concentrations are given in parentheses.

Zealand, Seveso, Vietnam, Ranch Hand veterans) and background (Japan, Taiwan) exposed cohorts ranged from 13.6 to 37.8 pg WHO-TEQ g⁻¹ lipid, which were reported to be associated with numerous observable adverse health effects. The average blood PCDD/F and DL-PCB levels of children in Taizhou were in the middle range. Although there is a lack of comprehensive data on the DLC body burden of people in EWRS, considering the high environmental levels in EWRS, we can infer that they are at high health risks, especially in the case of children and infants. Health effects related to DLC exposure of people in EWRS have to our knowledge been rarely studied. Meanwhile, information on human body burdens of PBDD/Fs and PXDD/Fs in EWRS is notably scarce, and is currently available only for small numbers of maternal serum samples of women living near Agbogbloshie EWRS (0.49 and 0.50 pg WHO-TEQ g⁻¹ lipid, respectively) (Bruce-Vanderpuije et al., 2019) and breast milk samples of women living in Vietnamese EWRS (Tue et al., 2014). The data suggest that e-waste recycling activities contribute to high DLC body burdens of people in EWRS and may put them at high health risk.

3.5. Exposure and health risk assessment

Human exposures to PCDD/Fs and PBDD/Fs in EWRS through air inhalation, soil/dust ingestion, dermal absorption, and dietary intake are either adopted or derived from the published data (Table 5), which are estimated based on the models, originated from Nouwen et al. (2001) and simplified by Minh et al. (2003). Although direct summation and comparison of daily intakes from different exposure pathways can in some cases be confounding as the differences in sampling, analyzing, and treating data of the studies, it provides some generalizations

on the total PCDD/Fs and PBDD/Fs exposures via different pathways in EWRS (Chan and Wong, 2013).

Total daily intakes of PCDD/Fs through four exposure ways in EWRS of China are much higher than that in waste incinerators of Wilrijk, Belgium (Chan and Wong, 2013; Nouwen et al., 2001). Soil ingestion and dermal absorption of PCDD/Fs and PBDD/Fs in EWRS of China are comparable to that of Ghana (Hu et al., 2013; Ma et al., 2008, 2009; Tue et al., 2019; Xiao et al., 2016). PCDD/F exposures through soil ingestion and dermal absorption in India and Vietnam are much lower than that in EWRS of China and Ghana, comparable to that in open dumping sites (Chakraborty et al., 2018; Suzuki et al., 2016; Minh et al., 2003). Although there is a lack of data on air and food DLC concentrations in EWRS in other countries, according to the data from EWRS in China, we can infer that the total daily intake of dioxins in EWRS are comparable or much higher than the contaminated areas of open dumping and waste incineration sites.

Food consumption is the main route for the general population, accounting for approximately 90% of the tolerable daily intake (WHO, 2016). However, this estimate is not appropriate for workers involved in e-waste recycling and residents living near EWRS (Zhang et al., 2017b). They are chronically highly-exposed via inhalation and dermal absorption of DLC-contaminated vapors, fumes, fly ashes and dust (Chakraborty et al., 2016b; Wu et al., 2016). Non-dietary exposure of DLCs may contribute more to the total body burdens than dietary exposure, and may cause more severe effects on human health (Ma et al., 2008; Qin et al., 2019; Tue et al., 2010, 2014; Xing et al., 2009; Leung, 2006). Dietary ingestion of food grown on DLC-contaminated cropland next to EWRS can further increase their DLC exposure. The estimated non-dietary daily intake doses of PCDD/Fs for children and adults in

Table 5

Comparison of estimated daily intakes of PCDD/Fs and PBDD/Fs from different exposure pathways at EWRS and some other polluted sites.

City	Site	Air inhalation		Soil/dust ingestion		Dermal exposure		Dietary intake			Total intake		
		Adults	Children	Adults	Children	Adults	Children	Adults	Children	Infants	Adults	Children	Infants
PCDD/Fs (pg TEQ kg⁻¹ bw day⁻¹)													
Guiyu, China	EWRS	2.54 ^a	4.50 ^a	0.15 ^b	1.68 ^b	0.35 ^b	0.30 ^b	4.55 ^d	6.67 ^{d,e}	102.98 ^f	7.59	13.15	105.14
Taizhou, China	EWRS	0.68 ^c	1.21 ^c	0.22 ^b	2.25 ^b	0.14 ^b	0.048 ^b	4.55 ^d	6.67 ^{d,e}	102.98 ^f	5.59	10.18	104.15
Qingyuan, China	EWRS	1.82 ^g	3.22 ^g	0.081 ^h	0.84 ^h	0.065 ^h	0.032 ^h	4.55 ^d	6.67 ^{d,e}	102.98 ^f	6.52	10.76	104.34
New Delhi, Kolkata, Mumbai, Chennai, India	EWRS			0.0090 ⁱ	0.10 ⁱ	0.021 ⁱ	0.018 ⁱ						
Agbogbloshie, Ghana	EWRS			0.11 ^j	1.20 ^j	0.25 ^j	0.21 ^j						
Bui Dau, Vietnam	EWRS			0.023 ^k	0.26 ^k	0.053 ^k	0.046 ^k						
Chennai, India	Open dumping sites			0.015 ^l	0.17 ^l	0.036 ^l	0.031 ^l						
Hanoi, Vietnam	Open dumping sites			0.030 ^l	0.34 ^l	0.071 ^l	0.061 ^l						
Wilrijk, Belgium	Waste incinerators	0.0065 ^m	0.001 ^m	0.008 ^m	0.068 ^m	0.0073 ^m	0.015 ^m	0.71 ^m	2.63 ^m		0.73	2.72	
PBDD/Fs (pg TEQ kg⁻¹ bw day⁻¹)													
Guiyu, China	EWRS	3.37 ^a	5.98 ^a										
Taizhou, China	EWRS	0.45 ⁿ	0.79 ⁿ	0.37 ^o	4.06 ^o	0.63 ^o	0.11 ^o	6.26 ^p			7.71		
Qingyuan, China	EWRS	0.30 ^q	0.71 ^q	0.081 ^q	0.94 ^q	0.33 ^q	0.28 ^q	7.56 ^p			8.27		
Agbogbloshie, Ghana	EWRS			0.25 ^j	2.89 ^j	0.60 ^j	0.52 ^j						
Bui Dau, Vietnam	EWRS			0.004 ^k	0.047 ^k	0.0097 ^k	0.0084 ^k						

^a Li et al. (2007).

^b Ma et al. (2008).

^c Wen et al. (2011).

^d Song et al. (2011).

^e Liu et al. (2010).

^f Chan et al. (2007).

^g Xiao et al. (2014).

^h Hu et al. (2013).

ⁱ Chakraborty et al. (2018).

^j Tue et al. (2019).

^k Suzuki et al. (2016).

^l Minh et al. (2003).

^m Nouwen et al. (2001).

ⁿ Zhou (2011).

^o Ma et al. (2009).

^p Miyake et al. (2008).

^q Xiao et al. (2016).

three major EWRS of China account for 19%–54% (mean 40%) of the total daily intake, which far exceeds the WHO recommended total daily intake limit [1–4 pg TEQ kg⁻¹ body weight (bw) day⁻¹] (WHO, 1998b; van Leeuwen et al., 2000). High exposure quantity and absorption rate lead to higher intake of PCDD/Fs by infants (103.0 pg WHO-TEQ kg⁻¹ bw day⁻¹) for their exclusive consumption of breast milk with relatively high PCDD/F concentration in Taizhou (Li et al., 2007; Gies et al., 2007). That is higher than the daily intake of Taiwan infants (38.4 pg WHO-TEQ kg⁻¹ bw day⁻¹) (Wang et al., 2004) and comparable to that of Duisburg infants (131.0 pg WHO-TEQ kg⁻¹ bw day⁻¹) (Wittsiepe et al., 2007), both of which have been reported to adversely affect their neurological and reproductive development (Su et al., 2012; Nowack et al., 2015). Infants and Children are more vulnerable to DLCs because they are at critical windows of growth and development with immature body defenses and faster absorption (Chen et al., 2011). Their lower body weight and larger ingestion of contaminated dust and soil than adults can further increase their toxicant body load. There is need for additional investigation and priority protection (Song and Li, 2014; Heacock et al., 2016; UN Human Rights, 2016; WHO, 2017).

4. Foresight from current knowledge

4.1. Data gaps

Since the Stockholm Convention came into force in 2004, many countries have carried out nationwide periodical monitoring of background concentrations of DLCs (UNEP, 2016). However, there are limited case studies on reducing environment levels and body burdens of DLCs after action was taken. Although there are many epidemiological studies on the health effects of PCDD/F and DL-PCB exposure in the world, weak associations, inconsistent findings across studies, complex contaminant mixture, and poor understanding of biological mechanisms make it hard to establish causal relationships. There are also few studies of the body burdens of DLCs and their related health outcomes among people in EWRS with such high DLC contamination. Possible reasons for the scarce data may be the complexity and high costs of sampling and analysis, and the difficulties in assessing compounded health risks posed by multi-contaminant exposure derived from informal e-waste recycling. The potential complex interactions for synergistic effects between the chemical components of e-waste have not been well explored or understood. We can only compare the body burdens of DLCs in EWRS with levels observed in epidemiological studies that are associated with various health outcomes to assess the health risk of people living in EWRS.

4.2. Future work

In the future, intervention and prevention approaches should be adopted to address the DLC problems in EWRS, including enhancing regulations, developing a new generation of electronics, assessing exposures and related health effects in informal e-recycling, improving formal recycling technologies, and developing effective remedial techniques to contain and eliminate legacy sources of exposure (Ceballos and Dong, 2016; Bakhiyi et al., 2018; Heacock et al., 2016; Asante et al., 2019). Stakeholders in the international health community, academia, industry, policy experts and governments should then cooperate to build a more recyclable electronics system, promote e-waste recovery, re-use, and prevention, to control the release of DLCs in the e-waste disposal stream (Heacock et al., 2018; WEF, 2019). Although the existing measures have led to progress in reduced releases of DLCs, the pollution status in EWRS is still considered severe (Fu et al., 2012; Zhang et al., 2017b). This will require further industrial reforms and scientific investigations.

For effective assessment of environmental and human exposure to DLCs in informal EWRS, comprehensive emission inventories of DLCs from e-waste processing and their environmental emission factors need

to be investigated and linked with atmospheric deposition or ambient air monitoring data. Continuous monitoring in EWRS of DLC release, levels in different environmental media, food and the human body, potential trends over time, and related human health effects are urgently needed. PBDD/Fs and PXDD/Fs should be considered and included in future biomonitoring studies on DLCs because of their significant TEQ contribution. Further investigations on the potencies and toxicokinetics of PBDD/F and PXDD/Fs are necessary to develop a consensus for their TEF. E-waste groups worldwide should work together to develop unified environmental and biological monitoring indicators and harmonize survey instruments. Since expensive chemical DLC analytical techniques are out of reach for many resource-poor laboratories in developing countries, cheap and robust sensitive bioanalytical techniques that are easy to set up should be developed and validated. Moreover, large and high-quality epidemiological studies on human health effects of DLCs and their potential pathogenic mechanism should be conducted. Future research should pay more attention to the unity of survey methods and the standardization of the exposure reference category to control heterogeneity.

5. Conclusion

This review presents the health effects of DLCs and the severe contamination in EWRS. High DLC-contaminant concentrations derived from informal e-waste recycling put the DLC body burden of workers and residents in EWRS at a high level. Comparison with the levels reported to be associated with observable adverse effects indicate that people in EWRS may suffer higher health risks, especially for infants and children. Given the current paucity of information on the human body burdens and health effects of DLCs in EWRS, these data and findings can serve as reference values for the population in EWRS who have had long-term exposure to high DLC contamination. More importantly, intervention and prevention approaches, as well as continuous monitoring of DLCs, should be taken in EWRS to promote the reuse of e-waste and minimize the adverse impacts on people.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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