Microbial Exposure and Health in Schools – Effects of Moisture Damage and Renovation

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ACADEMIC DISSERTATION

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ABSTRACT

A total of 32 school buildings were studied to determine whether the microbial indoor air quality and associated respiratory symptoms among children in schools with visible moisture and mold problems differed from those in non-damaged schools. Also, the effect of the building frame (concrete/brick or wood) of schools was analyzed and the size distributions of airborne microorganisms in school buildings were considered. A total of 5345 children returned the symptom questionnaire.

To study the effects of moisture and mold damage repairs on microbial exposure and symptom prevalence in the schools, four school buildings were selected to the study. Samplings of indoor air microbes were performed identically before and after repair works in the damaged schools. Change in symptom prevalence caused by repairs was studied before and after repairs in the cross-sectional surveys. Comparable surveys were done in two non-damaged schools. Over 1300 schoolchildren participated the study.

The type of building frame material affected the microbial content of the building; mean concentrations of fungi were significantly higher in the school buildings of wooden construction than in the schools with a concrete/brick frame. An association between concentrations of fungi and moisture damage was found in concrete schools, but not in wooden schools. Typically, in moisture-damaged school buildings of concrete construction, the geometric mean wintertime concentration was above 10 cfu/m³, there was a low frequency of samples with values under the detection limit, and the frequent occurrence of samples with concentrations above 50 cfu/m³.

Elevated concentrations of *Cladosporium* and actinobacteria (concrete schools) and the occurrence of *Aspergillus versicolor*, *Stachybotrys* and *Acremonium* (both frame types of schools) were associated with moisture damage. The average geometric mean diameter of total viable fungi was smaller in the wooden schools than in the concrete schools, and smaller in the moisture-damaged than in the reference schools.

Moisture damage in the school building was a risk factor for respiratory symptoms among schoolchildren. The association between moisture damage and respiratory symptoms was statistically significant only in the concrete schools. Indoor characteristics causing discomfort were also more often reported in the damaged schools than in the reference schools.

After a thorough renovation of moisture- and mold damage in a school, the levels of airborne microbes and the fungal diversity of the samples normalized to the level in the reference school. Also, a remarkable decrease in prevalence of 10 symptoms out of studied 12 symptoms among schoolchildren was achieved. After only partial repairs, an increase of contamination was detected in the air samples. An improvement in symptom prevalence was less marked than after thorough renovation.

To Riku, Reetta, Juhani and Elina To my parents Olavi Pelkonen and late Leena Pelkonen

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ABBREVIATIONS

ac/h air change per hour

a_w water activity

CFU colony forming units

d_{g,ave} average mean diameter

DG18 dichloran 18% glyserol agar

DL detection limit

DNA deoxyribonucleic acid

FEV₁ forced expiratory volume in 1s

FVC forced vital capacity

GM geometric mean

HVAC heating, ventilation and air conditioning

IAQ indoor air quality

IgG immunoglobulin G

MEA malt extract agar

PVC polyvinyl chloride

RCS Reuter centrifugal sampler

spp. species

TGY tryptone glucose yeast agar

VOC volatile organic compounds

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1 INTRODUCTION

In Finland, 600 000 children attended primary and secondary schools in 2001 and they were being taught by 42 000 teachers (Statistics Finland 1999, 2001). In a middle-sized Finnish town, on an average, 20.2 children are seated in each classroom in primary schools (School office, Kuopio). Due to the large number of people occupying school buildings, indoor air quality (IAQ) of schools should be recognized as a priority topic for public health.

High occupant density in schools is also an aspect highlighting the importance of good indoor air quality and adequate ventilation. As many as 40% of Finnish school buildings suffer from insufficient ventilation (Kurnitski *et al.* 1996). Poor ventilation leads to the accumulation of pollutants from different sources and may increase the incidence of symptoms among building occupants (Seppänen *et al.* 1999). Also, with regard to infectious diseases, the importance of good ventilation is obvious. For example, it has been shown that massive spread of measles by airborne transmission occurred in a school building with poorly ventilated hallway even though the students were vaccinated (Paunio *et al.* 1998). Poor ventilation may also indirectly contribute to moisture damage in a building by increasing the risk of condensation of water (Lstiburek and Carmody 1994). On the other hand, when ventilation is adequate and there is no moisture damage in buildings, then the risk of indoor air quality related diseases remains low (Sundell 2000), since effective ventilation dilutes all potential pollutants in indoor air.

There are various sources of pollutants in school buildings. Air contaminants are derived from moisture and mold-damaged materials and old or deteriorating furnishings, cleaning materials, likewise as emissions from new furnishing. Also, activities such as experiments in science laboratories and handwork training areas can be occasional sources of pollutants (Thompson 1998, EFA 2001). The occupants of the building are important sources of human-derived pollutants.

Moisture and mold problems in buildings are among the major factors affecting the indoor air quality. The association between moisture damage in buildings, microbial

growth due to excess moisture and adverse health outcomes of the occupants has been convincingly demonstrated in many epidemiological studies (Waegemaekers *et al.* 1989, Dales *et al.* 1991, Brunekreef *et al.* 1992, Spengler *et al.* 1994,). The risk of respiratory symptoms, such as cough and wheeze or asthma as well as respiratory infections and general symptoms like headache and tiredness, is higher for occupants in moisture damaged buildings (Peat *et al.* 1998, Bornehag *et al.* 2001). The headmasters of Finnish schools have estimated in the questionnaire that moisture damage was present in 53% and serious damage as indicated by visible mold growth or mold odor in 26% of the school buildings (Kurnitski *et al.* 1996). Moisture damage repairs had been undertaken in about 30% of school buildings in Finland during the years 1996-1999. Unfortunately, these repairs have often been postponed for many years due to financial restrains. Recent reviews in Finland have shown that the need for repairs due to moisture damage in school buildings may even increase in the future (The Association of Finnish Local and Regional Authorities 2000).

Due to the high prevalence of moisture and mold damage in schools, especially since it can impact on human health, tools to evaluate and characterize the microbial status of the building are needed. The present guidelines for microbial sampling and interpretation of the results, however, are mainly based on findings from residential environments. Schools differ from homes in many ways; size, activities and occupant density may alter the microbial status in schools. Also, information about the effects of moisture damage repairs on microbial indoor air quality and the health status of schoolchildren is lacking.

2 REVIEW OF THE LITERATURE

2.1 Moisture damage and microbial growth

In principle, properly designed, built and maintained buildings should be able to remain undamaged (Lstiburek and Carmody 1994). This ideal situation is not always experienced in practice. Microbial growth may occur in buildings if the growth requirements of environmental microorganisms are satisfied. In general terms, moisture is the critical factor. Thus, the whole issue of microbial contamination focuses around moisture damage in buildings. The greatest moisture and water load comes from outdoors. Water leaks due to defects in roofs, foundations and walls are common (Flannigan and Morey 1996, Nevalainen et al. 1998, Chelelgo et al. 2001). Structural faults may lead to moisture damage after moisture movement due to water flow, capillary suction, air movement or vapor diffusion (Lstiburek and Carmody 1994). On the other hand, modern lifestyles require abundant use of water inside the building, and therefore, the risk of moisture damage is also high (Oliver 1997). Housing characteristics, such as ventilation and heating facilities, age of construction as well as building materials, may associate with high levels of humidity in the indoor environment (Hyndman 1990, Verhoeff et al. 1992). This may lead to moisture condensation on cold interior surfaces (Lstiburek and Carmody 1994).

In many types of climates, outdoor humidity determines the relative humidity levels in the indoor air. If not properly vented, dampness problems may occur due to condensation. This is not common in countries with cold climates having a prolonged heating season. According to the study by Chelelgo *et al.* (2001), only 12% of the Finnish houses and 33% of the apartments had relative air humidity higher than 45%.

In addition to the microbial growth, chemical deterioration is often related to moisture damage in building materials, degradation of components in polyvinyl chloride (PVC) floor coatings or carpet glues as an example (Norbäck *et al.* 2000a). Accumulation of mineral salts within and on the surface of materials can occur after moisture damage, because the penetrating water may contain mineral salts or water can act as a solvent for the salts naturally present in most building materials. Accumulation of

mineral salts may lead to erosion, flaking, or even total deterioration of the building materials (Oliver 1997).

2.1.1 Basic requirements for microbial growth

Vegetation, soil and decomposing organic material are continuous sources of microbial spores and cells, and spores are always present in the outdoor air. The snow cover on the ground reduces the concentrations in winter. When entering the building, the spores tend to settle down on interior surfaces depending on their aerodynamic properties. The growth of these environmental microbes is regulated by the environmental conditions. The most important factor is the water activity (a_w) of the building material. Its optimum is 0.95-0.99 for the mesophilic molds (Gravesen et al. 1994). According to field and laboratory studies, the colonization of molds is found to follow a distinct progression on gradually moistening building materials, i.e., the primary colonizers come first ($a_w < 0.80$), followed by secondary ($a_w 0.80$ -0.90) and tertiary colonizers (a_w > 0.90) (Grant et al. 1989). Microbial growth associated with fluctuating moisture conditions is a complex phenomenon which also depends on the material in question (Adan 1994, Viitanen and Bjurman 1995, Korpi et al. 1998, Pasanen et al. 2000). The basic preconditions for fungal growth on a material include a temperature minimum, for most fungi this is 2-5 °C (optimum 22-27°C for mesophilic fungi), and a pH minimum (optimum 5-6.5). Organic substances can function as a source of carbon and nitrogen. The inorganic nutrients include potassium, phosphorus, magnesium, and sulfur. Therefore, various building materials differ in their potential to provide nutrients for microbial growth. Once the fungi have colonized a material, they are able to synthesize the vitamins they need for themselves (Ingold and Hudson 1993).

When enough water is available in building materials, nutritional factors become crucial as growth-limiting factors as shown in a study where, at a similar moisture content, a ceiling tile containing cellulose supported the growth of fungi whereas inorganic ceiling tiles did not (Karunasena *et al.* 2000). By increasing the nutritional content of the substrate, the minimum a_w required for growth decreases (Grant *et al.* 1989, Foarde *et al.* 1996). However, germination of fungi also depends on temperature (Vujanovic *et al.* 2001). Nutritional conditions may also affect the toxic

properties of microbes, i.e. the same microbes can exhibit different biological responses when grown on different materials (Roponen *et al.* 2001, Murtoniemi *et al.* 2001). Microorganisms rarely exist alone but as mixed populations. Different interactions, such as synergism or competition occur within and between the populations and this modifies the growth and survival of microbes (Atlas and Bartha 1993). The life span of a building is usually several decades. Thus, there is a multitude of factors related to the development of moisture damage and attendant microbial growth.

2.1.2 Wood and concrete as building materials favoring microbial growth

Virtually any damp surface in a building, including concrete, stone, brick, plaster, wood, plastics, painted surfaces or metal, may become colonized by microbial cells settling from the air. The colonizing microbes are bacteria, fungi and some algae and together with the products of their metabolism, such as acids and polymeric materials, they form a biofilm, which can trap particulate materials, thus increasing the disfiguring effect of the biofilm (Gaylarde and Morton 1999). Wood, concrete or brick are the materials most commonly used in the building frame in the industrialized countries.

Cellulose is a major constituent of plant material and it accounts for about 30-40% of the dry weight of wood. Many microfungi are able to degrade cellulose (Dix and Webster 1995). Alternaria, Aspergillus, Aureobasidium, Botrytis, Chaetomium, Cladosporium, Doratomyces, Exophiala, Fusarium, Gliocladium, Humicola, Mucor, Oidiodendron, Paecilomyces, Penicillium, Phialophora, Phoma, Rhinocladiella, Rhodotorula, Trichoderma, and Verticillium have been reported to be among the fungi which can colonize wooden materials (Dix and Webster 1995, Viitanen and Bjurman 1995, Viitanen 1996, Gaylarde and Morton 1999, Parker et al. 1999, Reiman et al. 2000, Hyvärinen et al. 2002). Penicillium and Aspergillus species have been found to be tolerant against fluctuating humidity conditions (Viitanen and Bjurman 1995). The presence of basidiomycetes often indicates excessive moisture in a wooden structure (Levetin 1995a). In comparison of different moisture damaged building materials, the highest median concentrations of fungi and a larger variety of fungi were observed in wooden materials (Hyvärinen et al. 2002).

Numerous bacteria such as *Bacillus, Clostridium* and *Pseudomonas* may also colonize wood (Gaylarde and Morton 1999). Bacterial growth often occurs in wood that is either saturated with moisture or under virtually anaerobic conditions. Wood degrading bacteria have also been found together with rot fungi (Powell *et al.* 2001). The extent of damage varies greatly with the type of the wood; softwoods, such as pine, are generally much more susceptible than hardwoods (Higley 1995).

In addition to the ability of microbes to grow on stone surfaced materials, they may also degrade stone itself. Biodeterioration of stone by biological organisms often begins after other types of environmentally induced degradation such as weathering. Fungi require the presence of organic material which may be deposited on the surface of the stone. Fungi and bacteria produce a spectrum of inorganic and organic acids, which can demineralize various stone substrates such as calcium, iron or magnesium. Fungi are also able to degrade stone mechanically; fungal hyphae can penetrate deeply into the stone (Griffin et al. 1991). Several filamentous fungi such as Alternaria, Aspergillus spp., A. niger, A. flavus, Aureobasidium, Botrytis, Cladosporium, Exophiala, Fusarium, Penicillium, Paecilomyces and Torula contribute to deterioration of construction materials made of concrete and stone (May et al. 1993, Gaylarde and Morton 1999). Stone based materials seemed to favor the growth of Acremonium and Aspergillus versicolor (Reiman et al. 2000, Hyvärinen et al. 2002) as well as Scopulariopsis, Stachybotrys, Sphaeropsidales and Trichoderma (Reiman et al. 2000).

Bacteria colonizing stone may also derive energy from light and chemical redox reactions. *Thiobacillus, Nitrosomonas, Flavobacterium* and *Pseudomonas* are bacteria which have been isolated from decaying stone (May *et al.* 1993) and actinobacteria from stone based building materials (Hyvärinen *et al.* 2002).

2.2 Assessment of moisture and mold damage in buildings

2.2.1 Technical investigations of buildings

Technical investigations of moisture and mold damaged building may be divided to those bared methods like walk-troughs where no dismantling and opening of the structures are made and to those where dismantling and subsequent measurements of moisture content of a material and other such measurements are performed. Invasive investigations are rarely possible in epidemiological studies. In most case studies of indoor air quality problems, sources and location of possible moisture damage are not evident, but the analyses of the risk structures are needed anyway. Initially this is based on visual observations of moisture, mold odor or other such noninvasive methods. Investigations made by trained experts have been found to reveal more accurate results than questionnaires filled in by building occupants (Nevalainen et al. 1998). Such a walk-through based technical inspection is recommended when studying indoor air problems (Redlich et al. 1997, Dillon et al. 1999, Macher 1999, Burge et al. 2000). A grading system for moisture damage profile to support modeling of the association between excessive moisture and health consequences has been recently presented (Haverinen et al. 2002).

2.2.2 Sampling of viable indoor air microbes

The outdoor air is the most important source of indoor air fungi during frost- and snow-free periods (Burge 1990, Levetin 1995a). This is a normal phenomenon and presumably not associated with building related indoor air quality problems or health risks. Ventilation systems equipped with filters effectively remove particles from the incoming air (Reponen *et al.* 1989), whereas the building frame itself has been shown to act only as a poor filter against airborne particles in the ambient air (Thatcher and Layton 1995). Since it is difficult to discriminate fungi coming from outdoor and indoor sources, it is a challenge to identify the indoor sources by air sampling. Traditionally, the indoor/outdoor ratios of fungal concentrations or microbial flora have been compared (Macher 1999). Identification of microbial source with direct sampling is also commonly employed (Dillon *et al.* 1996, Pasanen 2001). Mold

growth is not necessarily visible in large buildings but air sampling may reveal the hidden mold growth (Miller *et al.* 2000, Morey *et al.* 2002).

Few exact guidelines have been published detailing how microbial sampling in indoor environments should be carried out. The number of samples or the sampling times needed are important factors if one aims to obtain representative results of viable fungi in indoor air. Sequential duplicate sampling for airborne viable spores has shown that their concentrations vary with time (Verhoeff et al. 1990, Waegemaekers et al. 1989). Similarly, variations in concentrations between samples taken periodically within the same week or different weeks in the same dwelling (Hunter et al. 1988, Pasanen et al. 1992, Hyvärinen et al. 2001) or office (Luoma and Batterman 2000) have been observed. In a study including 46 houses, the within-house variation in the concentrations of mold propagules was much higher than the between-house variation (Verhoeff et al. 1992). Due to these fluctuations, the decisions on where, when and how to measure biological agents are frequently based on training, experience, and the individual preferences of the investigators. Resources are generally the major limiting factor and determine how the sampling will actually be performed (Macher 1999). It has been concluded that up to eleven different days may be needed to collect sufficient data to show the presence or absence of moisture damage associated contamination with the desired degree of certainty (Hyvärinen et al. 2001). On the other hand, practical experiences have shown that even extensive air sampling protocols may not necessarily define the microbial status of a building, but other investigations such as technical inspections are still needed (Burge et al. 2000). Occupational hygiene instructions suggest that a minimum of six samples from a workplace must be taken to statistically obtain a valid assessment of the confidence interval around the mean, and a minimum of 11 samples is needed to estimate the variance of a data set (Rock 1995).

The microbes in indoor environments have traditionally been measured with culturing methods. Even though sampling viable microbes in the air reveals only about 1% of the total number of spores (Toivola *et al.* 2002), the advantage of the culturing based technique is related to the information on microbial genera and species obtained. On the other hand, there is no method that reveals all the characteristics of the microbial aerosol (Nevalainen *et al.* 1992, Crook and Sherwood-Higham 1997, Reponen *et al.*

2001). New techniques, such as DNA-based or immunochemical methods for quantitative measurement and identification of different species, are being validated for indoor air applications (Haugland *et al.* 1999, Zhou *et al.* 2000, Buttner *et al.* 2001, Raunio *et al.* 2001, Calderon *et al.* 2002).

Impactors are commonly used for collecting culturable bioaerosols. The 1-stage impactor sampler in combination with DG18 (dichloran 18% glycerol agar) and MEA (malt extract agar) growth media was shown to give the best precision and the highest yield in terms of cfu/m³ in a comparison of five commercially available air sampling devices (Verhoeff *et al.* 1990). Similarly, the impactor sampler had the highest sensitivity and repeatability for fungi among several tested samplers (Buttner and Stetzenbach 1993), and was also one of the best samplers in recovering free bacteria (Jensen *et al.* 1992). The 2-stage impactor has even been used as a reference sampler in a comparison of the abilities of portable samplers to monitor airborne fungi (Mehta *et al.* 1996). The characteristics and concentrations of bioaerosol of interest determine the selection of the sampler (Nevalainen *et al.* 1992, Reponen *et al.* 2001, Pasanen 2001). The six-stage impactor, with its six collection plates, provides both a relatively large collection surface to allow screening of the different genera, and the analysis of the particle size distribution of the collected aerosol (Dillon *et al.*1996).

2.3 Fungal concentrations in indoor air of schools and factors affecting them

2.3.1 Climate

The concentrations of viable microbes in school buildings have been reported in studies representing different climatic regions. Table 1 summarizes these studies, showing the location and season of the sampling, sampling device, number of the sampled school buildings and the reported mean and ranges of the fungal and bacterial concentrations. The studies are listed according to their year of publication. The reported concentrations of airborne viable fungi vary extensively, mostly depending on differences in climatic conditions. Concentrations of 1000 cfu/m³ occur in warm climates, such as southern USA and Taiwan (Dungy *et al.* 1986, Levetin *et*

al. 1995b, Su et al. 2001). In colder climates, such as Scandinavia and Canada, seasonal variations in outdoor air concentrations of fungi also affect the indoor levels of fungi. Mean concentrations of 100 cfu/m³ are found during warm seasons (Smedje et al. 1997a, Bartlett et al. 1999), but when sampling is performed during winter conditions, with snow cover on the ground, extremely low levels (10 cfu/m³) are present in the normal indoor school environment (Dotterud et al. 1995, Lappalainen et al. 2001). At that time, outdoor air concentrations are also extremely low and thus do not contribute to any major extent to the indoor mycobiota (Reponen et al. 1992). Under those circumstances, overall mean concentrations of viable airborne fungi found in school buildings are also low compared with those found in homes where concentrations of 100 cfu/m³ are often detected (Reponen et al. 1992, Hyvärinen et al. 1993).

A similar effect of climatic and seasonal variation has also been shown on microbial levels in other indoor environments. In warm or moderate regions, mean concentrations of airborne viable fungi of up to 1000 cfu/m³ have been found in office buildings (Hodgson *et al.* 1998, Schillinger *et al.* 1999, Burge *et al.* 2000, Pastuszka *et al.* 2000, Law *et al.* 2001). Lower number of fungi, i.e., geometric mean of 10 cfu/m³, have been found in wintertime samples in a Polish study (Pastuszka *et al.* 2000).

Table 1 also shows the diversity of the methods that have been used to measure the indoor air concentrations of microbes. In the 20 studies cited, 7 different sampling methods have been used. Since the collection characteristics of different sampling devices vary (Nevalainen *et al.* 1992, Willeke and Macher 1999), the exact levels of fungi or bacteria cannot be directly compared. All these samplers collect particles within the range 2-6 μ m, which is the size range, where the most microbial particles in the indoor air are found.

Table 1. Summary of the studies of viable indoor air microbes in schools.

Study	Location/ Sampling season	Sampling device	Number of sites	Fungal concentration	Bacterial concentration
Gravesen et al. 1983	Denmark/ Not mentioned	BIAP Slit- sampler	15 schools and day- care centers	Mean 291 cfu/m³ (range, 12-2000) / carpets in the rooms Mean 155 cfu/m³ (range, 36-309) / no carpets in the rooms	Mean 1538 cfu/m³ (range, 15-6000) / carpets in the rooms Mean 840 cfu/m³ (range, 105-3000) / no carpets in the rooms
Dungy <i>et al.</i> 1986	California/ Late spring	Andersen multi-stage impactor	10 schools	Mean 1040.3 spores/m ³	-
Thorstensen et al. 1990	Denmark/ March	-	10 schools	Mean 51 m ³ (range, 3-193 cfu/m ³)	Mean 519 m ³ (range, 47-1429 cfu m ³)
Mouilleseaux et al. 1993	France, Paris/ Year around	RCS	10 schools	Mean100 cfu/m ³ (range, some units to 1000 cfu/m ³)	-
Dotterud et al. 1995	Norway / Winter	BIAP Slit- sampler	7 schools	Concentrations <30 cfu/m ³	-
Levetin <i>et al.</i> 1995b	Kansas City (KC) /Sept. Spokane (SP) / Dec. Santa Fe (SF)/ Feb. Orlando (OR)/ April	Andersen N6 sampler Burkard personal air sampler	13 schools	Mean 1124 cfu/m³(range, 136-4969 cfu/m³) / KC Mean 130 cfu/m³(range, 16-531 cfu/m³) / SP Mean 352 cfu/m³(range, 17-4134 cfu/m³) / SF Mean 1119 cfu/m³(range, 76-6454 cfu/m³) / OR	-

Smedje <i>et al.</i> 1997b	Sweden /Spring- Summer	25-mm nucleopore filters	38 schools	Mean 500 cfu/m ³ (range 100-4500 cfu/m ³), Relations to subjective indoor air quality	Mean 900 cfu/m³ (range, 100-18000 cfu/m³)
Wålinder et al. 1997	Sweden / March, January	25-mm nucleopore filters	2 schools	Mean 580 cfu/m³ (range, 60-1500 cfu/m³) / low air exchange rate Mean 250 cfu/m³ (range, 100-600 cfu/m³) / high air exchange rate	Mean 1500 cfu/m³ (range, 110-3600 cfu/m³) / low air exchange rate Mean 870 cfu/m³ (range 80-1400 cfu/m³) / high air exchange rate
Cooley et al. 1998	USA (southern Atlantic states/ year around	Andersen air sampler (two stage)	48 schools	Cladosporium mean 177 cfu/m³ (complaint areas) Cladosporium mean 210 cfu/m³ (non-complaint areas, lower than outdoors) Penicillium mean 60 cfu/m³ (complaint areas) Penicillium mean 10 cfu/m³ (non-complaint areas, higher than outdoors)	
Bartlett et al. 1999	Canada/fall, winter, spring	Andersen N6 sampler	39 schools	GM 323 cfu/m ³	GM 226 cfu/m ³
Carlson et al. 1999	USA, Minneapolis/ not mentioned	Andersen impactor	1 school	Range 72-448 cfu/m ³ , Visible mold growth	-
Haverinen et al. 1999a	Finland/ Not mentioned	Andersen six-stage impactor	A school center	Aspergillus versicolor range 0-180 cfu/m³, Moisture damage	-
Rand 1999	Canada/ Not mentioned	RCS Biotest sampler	631 schools	Mean about 80-280 cfu/ m ³ , wood frame Mean about 50-200 cfu/ m ³ , masonry Mean about 10-50 cfu/ m ³ , steel frame Mean about 20-120 cfu/ m ³ , other frame	
Robertson 1999	USA	Andersen N6 sampler	1 school	Trichoderma viride 494 cfu/ m ³ Stachybotrys chartarum 212 cfu/ m ³ , Moisture damage	-

Lee and Chang 2000	Hong Kong/ November- January	A portable air sampler for agar plates (Burkard)	5 class- rooms	-	Mean <1000 cfu/m ³ , lower than outdoors
Liu <i>et al.</i> 2000	Southeastern US/April and May	Andersen N6 sampler	2 schools	-	Mean 77-1463 cfu/m³, median 64-1359 cfu/m³ (range 10-4400 cfu/m³), Perceived IAQ problems
Scheff et al. 2000	Illinois/ February	Andersen N6 sampler	1 school	Range of mean concentrations, 460-811 cfu/m ³	Range of mean concentrations, 577-946 cfu/m ³
Lappalainen et al. 2001	Finland/ Winter	Andersen six-stage impactor	9 schools	GM 42 cfu/m ³ (range 5-95) non-damage area GM 97 cfu/m ³ (range 35-780) damage area GM 132 cfu/m ³ (range 25-405) most damaged area	GM 256 cfu/m³ (range, 10-4400) non-damaged GM 457 cfu/m³ (range, 10-4600) damage area GM 538 cfu/m³ (range, 75-3500) most damaged area
Smedje and Norbäck 2001	Sweden/ Winter-Spring	25-mm nucleopore filters	39 schools	GM 200 cfu/m ³ (range 30-4500 cfu/m ³)	GM 360 cfu/m ³ (range 50-18000 cfu/m ³)
Su <i>et al</i> . 2001	Taiwan /winter, summer	Burkard sampler	2 schools	GM 9730 cfu/m ³ winter GM 3565 cfu/m ³ summer	

2.3.2 Ventilation

The ventilation system influences fungal aerosol levels in school buildings. A high air exchange rate or the use of mechanical ventilation usually decreases the concentrations of microbial aerosols (Bartlett *et al.* 1999), partly due to filtration of incoming air, partly due to removal of particles derived from intramural sources via the exhaust air. In the rooms with low air exchange rates (0.6 ac/h), fungal (up to 1500 cfu/m³) and bacterial (up to 870 cfu/m³) concentrations have been reported to be twice as high compared to the rooms with a higher exchange rate (5.2 ac/h) (Wålinder *et al.* 1997). In naturally ventilated office buildings, the indoor fungal contents were dependent on the outdoor contents of fungi (Harrison *et al.* 1992) and the fungal and bacterial concentrations were both significantly higher and more variable than in an airconditioned office (Parat *et al.* 1997). The highest bacterial and fungal concentrations have been detected during the starting-up period of HVAC systems, these then decrease rapidly within a few hours (Law *et al.* 2001, Reynolds *et al.* 1990).

2.3.3 Occupants' activity and intramural sources

The presence of viable fungi in indoor air is not solely a result of the transport of the outdoor fungi, but there are also intramural sources. This can often be seen as differences in the airborne concentrations of the fungi *Aspergillus* sp. and *Penicillium* sp. (Verhoeff *et al.* 1992). A high level of activity by occupants has been shown to produce higher levels of spores than lower levels of activity in different indoor environments (Hunter *et al.* 1988, Lehtonen *et al.* 1993, Levy *et al.* 1999, Luoma and Batterman 2001). Fungal spores may be carried indoors attached to the fur of pets (Lehtonen *et al.* 1993) or to the clothes of the occupants (Burge 1990, Pasanen *et al.* 1989).

Merely the occupants' presence in the building may affect the levels of bioaerosols. The presence of people and movement of office workers or visitors have been reflected in fluctuating numbers of airborne viable microbes (Reynolds *et al.* 1990, Law *et al.* 2001, Sessa *et al.* 2002). The result may be

partly explained by the resuspension of outdoor fungi previously deposited on the floor (Buttner and Stetzenbach 1993, Levy *et al.* 1999). The resuspension rate has been found to increase with particle size (Thatcher and Layton 1995) and especially particles greater than 1 µm in particle size are resuspended (Luoma and Batterman 2001). People have indeed been shown to be surrounded by a "personal cloud" caused by resuspension and other factors related to their activities (Rodes *et al.* 1991, Wallace 1996, Janssen *et al.* 2000). This can also be seen in the higher respirable particle concentrations obtained by personal sampling than those measured by stationary sampling techniques (Spengler *et al.* 1985, Clayton *et al.* 1993, Janssen *et al.* 1997, Toivola *et al.* 2002).

In school buildings, the structures, furniture and textiles may act as reservoirs of microbes. Their mechanical handling leads to the microbial emissions to the indoor air. Gravesen et al. (1983) reported that higher indoor air concentrations of fungi and bacteria were detected in carpeted than in noncarpeted classrooms. Cleaning routines also affect the microbial levels in schools (Smedje et al. 2001). The increasing age of the school building may increase the microbial levels of indoor air (Bartlett et al. 1999, Rand 1999), similarly as in residential buildings (Pasanen 1992). The effect of the type of the construction of the school building on the microbial content of indoor environment has not been studied in any great detail. Rand (1999) showed that school buildings with steel frame had the lowest concentrations of indoor air fungi, followed by masonry framed buildings. The wooden framed buildings had the highest concentrations. There are a number of factors that affect microbial content of indoor air in school environments. Since the focuses of the related studies have been different, the studies also vary in their conclusions.

2.3.4 Exceptional events

Exceptional events such as the water use in fire fighting may cause a dramatic increase in the concentrations of airborne fungi. Concentrations of viable fungi have increased up to 10000 cfu/m³ after fire fighting operations

(Morey 1993, Rautiala *et al.* 1996). In a 10-story office building, where massive fungal growth after fire fighting was visible, the airborne flora was dominated by *Aspergillus niger, A. flavus, A. versicolor* and *Paecilomyces* (Morey 1993). Migration of spores from water damaged-areas to non-damaged rooms was also demonstrated. Floods are another type of disastrous event leading to extensive mold growth (Morey 1996, Thi *et al.* 2000).

2.3.5 Moisture damage

Only a few reports deal with concentrations of viable fungi related to moisture damage in school buildings. Lappalainen *et al.* (2001) reported higher levels (GM=100 cfu/m³) of fungi in damaged areas compared to non-damaged ones (GM=10 cfu/m³). In warmer climatic conditions, where the baseline concentrations are higher due to the outdoor air spore load, it is especially difficult to detect mold damage as elevated microbial levels in the indoor air samples (Carlson *et al.* 1999). Although moisture and mold damage in materials present in a building are potential sources of indoor air microbes (Hunter *et al.* 1988, Miller *et al.* 2000, Ellringer *et al.* 2000, Backman *et al.* 2000, Pessi *et al.* 2002), the source strength of the growth may not be sufficient to increase the airborne microbial levels, especially if the baseline is high. The emissions from these types of sources are also affected by a number of factors regulating the spore release.

Regarding home environments, it has been reported that there are differences in microbial concentrations between moisture damaged and non-damaged houses (DeKoster and Thorne 1995, Pasanen *et al.*1992, Reponen *et al.* 1993, Flannigan *et al.* 1993, Hyvärinen *et al.* 1993, Pastuszka *et al.* 2000). These differences are more obvious during winter conditions than during seasons with higher outdoor microbial concentrations as shown in a study from daycare centers (Reponen *et al.* 1994). Even in temperate or tropical areas, abnormal fungal concentrations or flora may reflect difference to outdoor air despite the presence of high fungal concentrations in the outdoor air, as seen in a moisture-damaged office building (McGrath *et al.* 1999).

2.3.6 Release and dispersion of microbial particles

A number of factors affect the release and dispersion of the microbial spores and cells. Variation in spore release depends on the characteristics of the microbial colony and fungal spores, so that tighter colony morphology and shorter chains of spores are likely to evoke minor release (Górny et al. 2001). Thus, the release is strongly dependent on the fungal genus and species (Ingold and Hudson 1993, Pasanen et al. 1991). Some microbes such as *Sporobolomyces* have also active mechanisms which discharge spores into the atmosphere (Atlas and Bartha 1993). The conditions optimal for fungal growth do not always favor the release of spores, additional drying of the culture or increased temperature may be needed (Reponen et al. 1998, Adhikari et al. 1999). The release also depends on the surface where the microbial growth occurs, i.e., release is easier from rough surfaces than from smooth surfaces due to increased air turbulence above the surface. In addition, vibration facilitates the release of spores (Górny et al. 2001).

2.4 Fungal flora in indoor air of schools

The indoor air mycoflora generally largely reflects the fungal flora present in the outdoor air (Li and Kendrick 1996, Reponen *et al.* 1992, Wu *et al.* 2000) especially during frost–free periods when soil and vegetation are continuous sources of microbes. Hence, the common outdoor air fungi, *Penicillium, Cladosporium, Alternaria, Aspergillus*, and *Aureobasidium* are also among the fungi commonly found in indoor air samples of school buildings (Cooley *et al.* 1998, Dungy *et al.* 1986, Levetin *et al.* 1995a, Mouilleseaux *et al.* 1993, Rand 1999). In samples taken during winter conditions, *Penicillium, Cladosporium* and yeasts are the genera and groups of fungi normally found in schools (Dotterud *et al.* 1995, Lappalainen *et al.* 2001).

Certain microbes that often grow on damp building materials but do not belong to the normal mycoflora of the indoor air can be regarded as indicators of moisture damage. These have been suggested to include *Aspergillus fumigatus*, *Aspergillus versicolor*, *Exophiala*, *Fusarium*, *Stachybotrys* and *Wallemia* (Samson *et al.* 1994, Flannigan and Morey 1996). The frequent occurrence of *Aspergillus versicolor* (Haverinen *et al.* 1999a, Backman *et al.* 2000, Lappalainen *et al.* 2001) as well as *Paecilomyces*, *Chaetomium* and *Acremonium* (Rand 1999) and *Stachybotrys* and *Trichoderma* (Robertson 1999) have been reported in the schools with moisture damage. On the other hand, the published data supporting the categorization of fungi into "normal" flora and "indicator fungi" is sparse, with differentiation more often based on empirical observations rather than on a larger database.

2.5 Bacterial concentrations in indoor air of schools

Bacteria that are detected in the indoor air of building environments are mainly derived from humans (Otten and Burge 1999) and thus, high concentrations of bacteria normally reflect insufficient ventilation in relation to the number of persons and activity in the space in question (Macher 1999). Mean concentrations of 100 cfu/m³ for viable airborne bacteria have been reported as normal findings in the indoor air of schools (Smedje et al. 1997a, Bartlett et al. 1999, Liu et al. 2000, Scheff et al. 2000). Levels up to 1000 cfu/m3 may occur when the air exchange rate is low (Wålinder et al. 1997) and when indoor air quality problems due to ineffective ventilation, high temperature and high relative humidity are present (Liu et al. 2000). A concentration of 5000 cfu/m³ was suggested as an upper limit of the normal range of viable airborne bacteria based on data collected from urban residences in winter conditions (Reponen et al. 1992). No association between bacterial levels and moisture damage findings was seen in a study conducted in schools (Lappalainen et al. 2001). The most common bacterial genera in the indoor air are *Micrococcus*, Staphylococcus, Bacillus and Moraxella (Nevalainen 1989).

In addition to the bacteria deriving from humans, several indoor air bacteria can also have environmental sources. Actinobacteria, which are mainly soil bacteria such as families of *Actinomycetaceae* and *Streptomycetaceae*

(Stackebrandt *et al.* 1997), can be regarded as indicators of moisture damage (Samson *et al.* 1994, Flannigan and Morey 1996). Thus, their abundant occurrence in indoor air is a clear signal of the presence of abnormal microbial sources in a building. A potential trend for such indication has been shown from school environments (Lappalainen *et al.* 2001).

2.6 Particle size of spores and cells

Particle's behavior in the indoor air largely depends on its size. Large particles, e.g., those sized 10 μm or larger, settle down more rapidly than smaller particles which may remain airborne for long periods and can be inhaled (Owen *et al.* 1992). Small particles may aggregate to larger particles and condensation also changes the size distribution towards larger particles. The hygroscopic properties of fungal spores may vary (Pasanen *et al.* 1991, Reponen *et al.* 1996). On the other hand, viable particles may become nonviable and fragmented by the process of desiccation (Menetrez *et al.* 2001).

Particle size not only determines the fate and behavior of particles in air, but it also greatly affects their penetration and deposition in the airways and lungs (Seinfeld 1986, Owen *et al.* 1992, Venkataraman and Kao 1999). Therefore, it is an important factor also for the health effects caused by airborne particles. The inhaled daily doses expressed as the number of particles can be about 10^5 times higher for the fine fraction (PM_{2.5}) than for the coarse fraction (PM_{2.5-10}) (Venkataraman and Kao 1999). Studies on outdoor air particles suggest that especially ultrafine particles (<0.1 μ m) have a major potential to cause adverse health effects (Dockery *et al.* 1993, Laden *et al.* 2000).

The spores of different fungal genera and species vary in their shape and size. For example, the shape of the spores of the different species of the most common indoor air fungi, *Penicillium, Aspergillus* and *Cladosporium* vary from globose to ellipsoidal and thus their spores can have distinct dimensions 2.5-8.0 μm (*Penicillium*), 1.5-6.5 μm (*Aspergillus*) and 2-17 μm (*Cladosporium*)

(Samson *et al.* 1996). The particle sizes of microbes, which are based on measurements of cell dimensions under a microscope, do not necessarily correspond to the aerodynamic particle sizes (Pasanen *et al.* 1991; Reponen *et al.* 1996, Reponen *et al.* 1998). A six-stage impactor yields data on particle size distribution, though also fragmented particles or parts of microbes may occur in air as shown in the studies of Menetrez *et al.* (2001) and Kildesø *et al.* (2000).

It is evident that particle size distribution may vary in environments with different emission sources (Górny *et al.* 1999). The largest differences in concentrations of viable fungi between moisture damaged dwellings and non-damaged ones have been found in the size range 1.1-3.3 µm (Reponen *et al.* 1994, Hyvärinen *et al.* 2001), while in day care centers, the clearest difference was found in the size range of 3.3-4.7 µm (Reponen *et al.* 1994). The average mean diameters (d_{g,ave}) for fungi showed larger mean spore sizes in moisture-damaged homes than in reference homes, whereas no such difference was observed in the day-care centers (Reponen *et al.* 1994, Reponen, 1995). The reason for this variation in spore sizes is not known. A comparison of the fungal spore sizes of outdoor and indoor air revealed that average particle sizes for the most common fungi were larger in the outdoor air (Mishra *et al.* 1997).

The size of bacterial cells and spores is usually around 1 μ m, thus being smaller than that of fungal spores. There may well be differences in the particle size distributions of bacteria in different indoor environments. The highest concentrations of viable airborne bacteria in new suburban homes were in the size range of 1.1-2.1 μ m, while in moisture damaged homes, the highest levels were detected in the size range 2.1-3.3 μ m (Nevalainen 1989).

2.7 Symptoms in relation to school environment

2.7.1 Symptoms among schoolchildren

An association between moisture and mold damage in buildings and adverse health outcomes has been shown in a number of questionnaire studies from residential and work environments (Dales et al. 1991, Spengler et al. 1994, Maier et al. 1997, Peat et al. 1998, Bornehag et al. 2001). The relatively few studies suggest that this association is also true in school environments. A higher prevalence of respiratory symptoms, respiratory infections and other symptoms, such as eye irritation and fatigue have been reported among schoolchildren exposed to moisture and mold in schools compared with children attending the reference school (Haverinen et al. 1999a, Savilahti et al. 2000, Ahman et al. 2000). Visits to physician and the use of antibiotics were more prevalent among children in a moisture-damaged school than in a non-damaged one (Savilahti et al. 2000). A high prevalence of asthma (13%) was reported among the children in a moisture damaged school (Haverinen et al. 1999a), compared to the general asthma prevalence among Finnish primary schoolchildren of 4.4% (Timonen et al. 1995). The results concerning the link between schoolchildren's asthma and fungal concentrations of indoor air in the school have been somewhat conflicting. Smedje et al. (1997a) found a positive correlation between asthma prevalence among schoolchildren and the concentrations of viable fungi and bacteria in the school environment, while no difference in the fungal exposure between asthmatic or nonasthmatic schoolchildren was noted in the study by Su et al. (2001).

School-aged children spend about 20% of their time in school (Schwab *et al.* 1992, Statistics Finland, 1992) and 58% at home (Schwab *et al.* 1992). Thus, it is obvious that in addition to the school environment, the exposure received in the home environment may also play a role in the health outcomes. There is some preliminary evidence that moisture and mold exposure occurring both at school and at home trigger the manifestations. This was seen as increased

asthma prevalence among schoolchildren (Taskinen et al. 1997) and as increased IgG levels to some fungi (Hyvärinen et al. in press).

2.7.2 Symptoms among school personnel

Health outcomes in moisture and mold damaged schools have also been shown among teachers and other school personnel. Such symptoms include fatigue, headache, runny and stuffy nose, eye irritation, nausea, sleeping difficulties, episodes of fever, dry throat and hoarseness (Thörn *et al.* 1996, Cooley *et al.* 1998, Sigsgaard *et al.* 2000, Åhman *et al.* 2000).

Responses to the exposure in the moisture and mold damaged school environment have been verified by objective clinical measurements. An increased production of proinflammatory mediators in the nasal lavage fluid was reported among the school personnel working in a school with moisture damage (Hirvonen *et al.* 1999). The responses disappeared during vacation, but increased again by the end of the fall term, thus pointing to a connection between the school environment and the inflammatory responses in nasal lavage fluid. In addition, reduced nasal patency measured by acoustic rhinometry and increased levels of lavage biomarkers have been shown among teachers (Norbäck *et al.* 2000b, Wålinder *et al.* 2001), as well as increased mucosal reactivity to histamine (Rudblad *et al.* 2001) and decreased pulmonary function measured as FVC and FEV₁ (Dahlqvist and Alexandersson 1993).

2.7.3 Exposure aspects

Although the association between moisture damage of buildings and adverse health effects is apparent, the factors responsible for the symptoms are not at all clear (Bornehag 2001). Many authors have linked microbial findings in the indoor air of school buildings with the health complaints of building users. Cooley *et al.* (1998) showed that in the certain areas of the school buildings where people complained of symptoms, the indoor air concentrations of *Penicillium* and *Aspergillus* were higher compared to the concentrations in the

outdoor air. Elevated levels of *Stachybotrys* and *Trichoderma* (Robertson 1999) or *Aspergillus versicolor* (Haverinen *et al.* 1999a) have been associated with adverse health outcomes. Li *et al.* (1997) showed an association between elevated *Aspergillus* levels and work related symptoms in day-care centers. The evidence that elevated levels of fungi would be a causal factor for the health complaints remains insubstantial. The role of volatile organic compounds (VOC), mycotoxins or other factors related to microbes may have importance with respect to the health effects (Ström *et al.* 1994, Johanning *et al.* 1996, Etzel 2000), but these factors have rarely been studied in connection with school buildings.

There are multitudes of other factors contributing to symptoms. In a Swedish study, the increased asthma prevalence among schoolchildren seemed to be attributable to technical and physical parameters, i.e., larger school size, classrooms with more open shelves, lower room temperature and higher relative humidity as well as to the higher concentration of formaldehyde (Smedje *et al.* 1997a). Even low socioeconomic status, determined by parental occupation, may be a risk factor for reduced lung function among schoolchildren (Demissie *et al.* 1996).

2.7.4 Perceived indoor air quality

Personal perceptions can be used to characterize the conditions of the indoor environments. Smedje *et al.* (1997b) reported that 53% of the personnel of Swedish schools perceived the indoor air quality as poor. They found that the perception of poor air quality associated with elevated levels of VOCs, total molds, bacteria, and respirable dust. Complaints of dustyness in schools have been associated with an increased number of particles larger than 1 μm (Kinshella *et al.* 2001). High temperature causes a sensation of dryness, independently of the air humidity (Reinikainen and Jaakkola 2001). Personal characteristics can affect the perception; e.g., young, female and persons with atopic background and poorer general health condition may be more sensitive (Skov *et al.* 1987, Sundell and Lindvall 1993, Norbäck 1995, Smedje *et al.* 1997b, Wargocki *et al.* 1999, Moschandreas and Chu 2002).

Perceptions of unpleasant smells, dustiness and dirtiness may be associated with moisture damage, since there were fewer complaints after the repair of moisture damage in a school building (Rudblad *et al.* 2001). The occupants' environmental perceptions were also improved after renovation of the ventilation system and changing the carpeting materials (Pejtersen *et al.* 2001).

2.8 Effects of interventions on indoor air quality and health

2.8.1 Effect of moisture damage repairs on microbial status of the building

Assuming that moisture damage causes abnormal presence of microbial spores in the indoor air, the renovation and elimination of such a source should decrease the numbers of microbes in the air. There are examples of successful mitigation. An abnormal fungal profile in the indoor air with elevated concentrations of *Penicillium* was shown to normalize and become similar to the profile in the outdoor air after the renovation in schools (Cooley *et al.* 1998) and also in a hotel building (Ellringer *et al.* 2000). Reynolds *et al.* (1990) reported a major reduction in the total concentration of viable airborne fungi from a level >7200 cfu/m³ to the level of 50 cfu/m³ after the repair of a leak in the roof and the cleaning of the ventilation system in an office.

Moisture damage renovation of a daycare-center resulted in a significant decrease in the concentration of airborne ($1\rightarrow3$) β -D-glucan, a cell wall component of fungi and some bacteria (Rylander *et al.* 1997). Shaw *et al.* (1999) reported a reduction in the indoor concentration of VOCs after moisture damage repairs in houses. Thus, there is some evidence of decreasing levels of indoor air pollutants as a result of renovations aimed at the elimination of their sources.

2.8.2 Moisture and mold damage repairs in relation to the health of occupants

As stated earlier, there is a well-documented association between moisture and mold damage and adverse health effects experienced by occupants (see paragraphs 2.7.1 and 2.7.2). Assuming that these health effects are reversible, renovation of the moisture damage should lead to an improvement in the symptoms. Such changes have been documented in a few studies. A decrease in respiratory symptoms and infections among schoolchildren following water damage renovation has been reported (Haverinen et al. 1999b, Savilahti et al. 2000). In a Swedish study, where the association between health outcomes and damage findings was more obvious among teachers than among students, the decrease in symptom prevalence after renovation was also more obvious in the teaching staff (Åhman et al. 2001). Increased prevalence in fatigue, headache, eye irritation, dry throat, hoarseness, cough, and dyspnea reported by teachers disappeared after remedial actions in a school study in the USA (Cooley et al. 1998). Similar findings concerning nose and eye irritation, headache and sinusitis among teachers were found in a Danish study (Sigsgaard et al. 2000).

On the other hand, partial moisture damage repairs may not be sufficient to decrease the elevated symptom prevalence, as observed in some case studies. In a study of an office building, the health problems disappeared only after extensive and thorough repair of the moisture damage (Andersson *et al.* 1993). According to Jarvis and Morey (2001), after thorough repair measures in a moldy building, re-entry of occupants with hypersensitivity disease, originally due to the building related exposure was possible. Instead, the high frequencies in fatigue, headache and stuffy nose among pupils were still found after the repairs in the moisture-damaged school suggesting incomplete repairs (Åhman *et al.* 2001). Also, the increased prevalence of mucous membrane irritation among teachers even one year after remedial measures (Rudblad *et al.* 2001) evidenced for the insufficient elimination of emission sources. Only a slight and non-significant decrease in symptom prevalence was reported in a small group of workers in a moisture and mold-damage day-

care center after renovation (Rylander *et al.* 1997). However, a small decrease in airway responsiveness was found in a pulmonary function test.

An improvement in the health status of occupants may be achieved by their transfer into a non-damaged environment. This was shown among office workers by Sudakin (1998) and Johanning *et al.* (1999). Koskinen *et al.* (1995) reported a decrease in respiratory symptoms and infections among children after they left a mold-damaged day-care center.

2.8.3 Other technical measures

Several building related factors may contribute to the environmental perceptions as well as the symptoms experienced by the occupants. Increasing the ventilation effectiveness by renovating the HVAC-system has been shown to reduce the asthmatic symptoms of schoolchildren (Smedje and Norbäck 2000) as well as the symptoms and complaints of the indoor air quality among the teachers (Jalas et al. 2000, Mathisen and Frydenlund 2000). A lower frequency of general symptoms and less irritation of the mucous membranes were also intervention-associated findings. Likewise, after the installation of a ventilation system, which provided the office workers the possibility to individually control the temperature and airflow, significantly lower frequencies of symptoms, i.e., skin, eye, nose and throat irritation, were observed compared with a reference group of employees (Menzies et al. 1997). When a casein-containing flooring cover was an obvious source of indoor air quality problems in apartment houses, increasing the ventilation efficiency did not decrease the symptoms of the occupants, but the removal of the harmful component turned out to be necessary (Stridh and Andersson 1995). Reduced complaints of indoor air quality among office workers were observed after both increasing the ventilation efficiency and removing the highly polluting materials to low-emission materials (Pejtersen et al. 2001). After removing carpets from classrooms, improvement in general symptoms among schoolchildren was evident (Mathisen and Frydenlund 2000).

In an office building with poor ventilation system, both the levels of respirable suspended particulate matter and occupants' symptoms reduced simply by increasing the efficiency of cleaning (Kemp *et al.* 1998). The elimination of an old carpet, found to be a source of VOCs in an office, decreased the prevalence of headache and increased productivity of the employees (Wargocki *et al.* 1999). After installing high efficiency particulate air filters into the ventilation system serving the main living room, somewhat lower levels of airborne microorganisms were demonstrated but no improvement in the asthmatic symptoms of occupants were detected (Warburton *et al.* 1994). The relatively short time spent in the living room probably masked the potential benefit. The electrostatic air cleaning system decreased the concentrations of the indoor air particles and also the children's absenteeism in day-care centers (Rosén *et al.* 1999).

As the examples given above indicate, the elimination of identified sources of indoor air pollution may have beneficial effects on the occupants' health. This suggests that the symptoms in question are reversible. This also supports the hypothesis that the pollution source has a causal relationship with the health outcomes, although the underlying mechanisms responsible for the symptoms are still poorly understood.

3 AIMS OF THE STUDY

This research aimed to characterize different factors affecting the microbial quality of indoor air in school buildings, to provide information about the importance of moisture damage in school buildings as a risk factor for schoolchildren's symptoms, and to document the changes in microbial exposure and symptom prevalence among children as a result of moisture and mold renovation.

The detailed objectives of this study were:

- to characterize fungal concentrations in school buildings and to identify the most important building related factors affecting them (I and II)
- 2. to investigate how moisture damage affects the concentration and flora of viable indoor air microbes in schools (I and II)
- 3. to characterize the size distributions of indoor microbes with respect to moisture damage in concrete and wooden schools (III)
- 4. to determine whether the moisture damage of a school building is associated with symptoms among schoolchildren (I and IV)
- 5. to investigate the effects of moisture and mold renovations on microbial indoor air quality and the prevalence of respiratory and general symptoms among the schoolchildren (IV)

4 MATERIAL AND METHODS

4.1 Study protocol

In studies I-III, technical investigations and microbial characterization were performed in 32 school buildings located in central Finland. The schools were either primary or secondary schools owned by the municipalities. The effects of moisture damage were studied by classifying the buildings into moisture damaged (index) and non-damaged buildings (reference) according to the observations made during the technical investigations. The effect of building frame material was studied separately. On an average, the school buildings that had a timber frame were older than the schools that had a frame made of concrete or brick. The numbers of school buildings classified as index/reference and wooden/concrete buildings in the studies I-IV are presented in Table 1.

Table 1. Numbers of school buildings included in the studies.

	<u>Index</u>		Reference	
	Concrete/ Brick	Wooden	Concrete/ Brick	Wooden
Studies I-III	12	12	3	5
Study IV	2		2	

The prevalence of respiratory symptoms was studied in 26 schools (study I). The total number of pupils was 5345. Six out of 32 schools were excluded from the epidemiological analyses, since the symptom questionnaire used in these schools was slightly different from that used for the rest of the schools.

The effect of moisture and mold renovation of schools on microbial exposure and children's health was studied in two school buildings (A_{int} and B_{int}) of concrete construction (study IV). Two reference schools (A_{ref} and B_{ref}) of concrete construction without such damage were included in the study. These buildings were included in the material that consisted of 32 schools in studies

I-III. The sampling campaigns as well as the questionnaire surveys were performed before and after repair measures in the damaged schools and at the same time in their reference schools.

4.2 Technical investigations of the schools

The classification of the school buildings was based on technical investigations, which were performed at the beginning of the studies in all the buildings. Trained civil engineers thoroughly inspected the buildings without dismantling or opening the structures according to a standardized protocol developed earlier (Nevalainen *et al.* 1998). A detailed checklist was used for recording various types of moisture signs in the building. Surface moisture recorders (Doser BD-2) were used to assess the moisture level of surface materials. The types of and obvious reasons for the damage were recorded when possible. The areas and severity of the damage as well as the size of the building were taken into account when classifying the schools into damaged and non-damaged buildings. This classification was used in the analysis of microbial and health data.

4.3 Characterization of microbial indoor air quality of schools

Indoor microbes were sampled by using six-stage impactors (Andersen 10-800). Samples for airborne fungi were taken simultaneously on 2% malt extract agar (MEA) and on dichloran 18% glycerol agar (DG18), and samples for bacteria on tryptone glucose yeast agar (TGY). All the samples were taken in winter and during the school days when the buildings were occupied. Sampling times were from 7 to 15 minutes and detection limits ranged from 2 to 5 cfu/m³ depending on the sampling time. The numbers of air samples taken on different growth media in the schools in each campaign are presented in Table 2. From 5 to 22 samples per sampling campaign were taken in each school, mainly from the rooms occupied by children and teachers i.e., classrooms, hall facilities and personnel rooms. Each room was sampled once in studies I-III. In the intervention study (IV), samples were taken twice in the same rooms, i.e., before and after intervention. In addition,

10 outdoor air samples were taken. The mean number of samples taken in corresponding index and reference schools and in schools in the intervention study (IV) were similar.

Table 2. Total numbers of samples taken from indoor air of the schools.

		Index			Reference						
Studies I-III		Concrete/ Brick MEA 117		Wooden	Concret Brick	e/	Wooden	total n			
	MEA			54	34		19				
	DG18	117		37	29		19	202			
	TGY	117		52	33		20	222			
Study IV *		\mathbf{A}_{int}	B_{int}		${\sf A}_{\sf ref}$	B_{ref}					
	MEA	2x18	2x16	_	2x17	2x13		148			
	DG18	2x18	2x16		2x17	2x13		148			
	TGY	2x18	2x16		2x17	2x13		148			

^{*} duplicate sampling performed before and after the renovation in the damaged schools

Fungi were incubated for 7 days at 25°C, and bacteria for up to 14 days at 20°C. The total number of bacterial colonies was counted after 5 days of incubation, actinobacteria colonies were incubated for 14 days. The concentrations were counted as colony forming units per cubic meter of air (cfu/m³) using positive hole correction (Andersen 1958). The fungi were identified morphologically by genus using an optical microscope. *Aspergillus fumigatus, A. glaucus, A. niger, A. ochraceus, A. penicillioides* and *A. versicolor*, were identified to the species level. *Aspergillus fumigatus, A. penicillioides, A. versicolor, Alternaria, Eurotium, Exophiala, Fusarium, Mucor, Phialophora, Sporobolomyces, Stachybotrys, Trichoderma, Ulocladium, Wallemia* and actinobacteria were considered as indicators of moisture damage in further data analysis (Samson *et al.* 1994, Flannigan and Morey 1996). The detection of actinobacteria colonies was based on their dry, actinobacteria-type appearance.

4.4 Assessment of the ventilation type and the age of the building

First, the analyses to study the effect of the ventilation type and the age of the building were performed separately for two construction types, wooden and concrete (II). The age of the building and the ventilation type were also associated with the frame type, so most of the wooden buildings were older (built between 1890-1975) than the concrete buildings (1935-1994). Likewise, most of the wooden schools had natural ventilation (73% of the studied rooms) and most of the concrete buildings mechanical exhaust and air supply (63%). Thus, the additional analyses to study the effect of these characters were performed combining the schools of both frame types.

4.5 Follow-up of respiratory symptoms

Detailed information on respiratory symptoms and general health of the participating children was collected by a questionnaire. The questionnaire used was a modified version of those used in other Finnish studies on respiratory symptoms and diseases (Susitaival and Husman 1996). The questionnaire consisted of 32 questions concerning health, perceived indoor air quality in school and home environment characteristics. Questionnaires were delivered to the schools, where teachers distributed them to the pupils and then collected the completed forms. Secondary school pupils answered the questionnaire by themselves. Parents were asked to fill in the questionnaire together with the children in primary schools. The number of participating children was 4365 in the study I, and a total of 1371 and 1330 children aged from 7 to 17 years, participated in the study before and after the intervention, respectively (IV).

4.6 Statistical methods

Concentrations of airborne microbes were not normally or log-normally distributed and therefore, non-parametric tests were used for data analysis. Differences in total concentrations of viable airborne fungi and bacteria and

concentrations of the most common fungi between index and reference schools were compared with Wilcoxon Rank-Sum test (studies I, II, IV) and those between the intervention and reference schools with Mann Whitney's Utest (IV). χ^2 – test was used to test for the differences in the occurrence of certain fungal genera between the buildings (I, II, IV) and McNemar test for variation within the building (IV). Kruskal-Wallis oneway analysis of variance was used to test differences in microbial concentrations and particle size distributions between the index and reference schools of similar construction. Multiple comparisons were performed using Dunn's test (Zar 1996) (I-III). The effect of the ventilation type and the age of school buildings were examined with mixed model analysis of variance. When studying the effect of the ventilation type, the data were adjusted for moisture damage and when studying the age of the building, adjusting was made for the ventilation type and moisture damage.

The association between symptoms and moisture damage findings in index and reference schools was analyzed using logistic regression models. Crude odds ratios were calculated after cross-tabulations as well as differences in symptom prevalence before and after intervention within a school and between the schools using χ^2 – test. Odds ratios were adjusted for gender, age, atopy and moisture observations at home. Associations between symptoms and moisture damage repair in damaged schools were verified using logistic regression models adjusting for gender, age, moisture observations at home, atopy and smoking (I and IV).

SAS statistical package (SAS Institute Inc. 1990) was used for all analyses in studies I-III and and SPSS statistical package, version 10 (SPSS inc., 1988) for the analyses in study IV, where all the differences were tested using exact p-values.

5 RESULTS

5.1 Moisture damage in schools

Technical investigations on moisture damage revealed several types of damage in the school buildings (II, Figure 1). Eight out of 32 schools were considered non-damaged. There were no notable differences in the mean relative humidity of the indoor air and temperature between the school buildings.

5.2 Airborne viable fungi in school buildings

5.2.1 Distributions of fungal concentrations

The geometric means (GM) and ranges of total concentrations of airborne viable fungi and bacteria and those for actinobacteria in the indoor air of the school buildings are presented in Table 3. After classifying the school buildings according to the moisture damage observations carried out in the technical inspections, no significant difference in concentrations of fungi between the index and reference schools was found (Table 3, column A) (I).

When the buildings were classified according to the frame construction material, higher (p<0.05) mean concentrations of fungi were detected in the wooden schools than in the concrete schools (Table 3, column B; II, Figure 4). The analyses of the frequencies of different concentration categories (II, Figure 5a-d) showed the following differences between the building types:

- values below the detection limit (<DL) were only found in the schools of concrete construction
- in the wooden schools, the lowest detected concentration was 5 cfu/m³
- frequency of low values (1 to 50 cfu/m³) was 60-70% in concrete schools, 50% in wooden schools (p<0.001)

- the concentrations 50-200 cfu/m³ were almost three times more frequent in the wooden schools (41%) than in the concrete schools (16%) (p<0.001)
- concentrations higher than 500 cfu/m³ were rare, but more frequent (p=0.031) in the wooden schools than in concrete schools

Moisture damage-associated differences in the fungal concentrations were observed in the concrete schools; total concentrations of fungi were significantly higher (p<0.05) in the index schools than in the reference schools. In the wooden schools, no such difference was found (Table 3, column C; I, Figures 1 and 2). When the statistical variation of total concentrations in the wooden and concrete schools with and without moisture damage was considered, intra-school variances were greater than interschool variances in all cases except in the reference schools of wooden construction. The greatest intra-school variance was found in concrete reference schools (II, Table 1).

The following features were typical for the concentration distributions in the concrete schools: (II, Figure 5a-b):

- values <DL were less frequent (p=0.001) in the index schools (6%) than in the reference schools (25%) (p<0.001)
- concentrations 50-200 cfu/m³ were more common in the index schools
 (18%) than in their references (10%) (p=0.125)
- concentrations 200-500 cfu/m³ were found equally often (4-6%) in the index and reference schools

In the wooden schools, the only difference was the more common occurrence of concentrations from 200 to 500 cfu/m³ in the index schools (13%) than in the reference schools (5%) (Figure 1; II, Figure 5c-d).

Table 3. Geometric means (GM), arithmetic means (AM) and ranges of concentrations of airborne viable microbes as well as p-values of significance of differences between the two groups of the schools (I-III). Column A, the schools classified as moisture damaged (index) and reference schools; column B, classified into wooden and concrete schools; and column C, wooden and concrete schools classified according to the moisture damage.

		Α		В			С					
				Wooden Concrete			Wooden Concrete					
	Index cfu/m³	Ref. cfu/m³	P	cfu/m³	cfu/m³	р	Index cfu/m³	Ref. cfu/m³	р	Index cfu/m³	Ref. cfu/m³	p
Fungi												
N	325	101		129	297		91	38		234	63	
GM	26	18		57	16		57	58		19	9	
AM	94	60		99	41		102	92		41	40	
Range	ND-950	ND-550	N.S.	5-950	ND-510	< 0.05	5-950	12-550	N.S.	ND-330	ND-510	<0.05
Bacteria												
N	169	53		72	150		52	20		117	33	
GM	593	432		844	447		985	565		473	366	
AM	1168	903		1359	983		1552	860		998	929	
Range	ND-11400	ND-5900	N.S.	48-11400	ND-7600	0.0032	48-11400	81-2300	N.S.	ND-7600	ND-5900	N.S.
Actinobact.												
N	155	53		72	136		52	20		103	33	
GM	2.3	1.3		5.9	0.9		5.7	6.3		1.3	0.1	
AM	28	4		58	2.8		76	10		3.5	0.3	
Range	ND-2700	ND-47	N.S.	ND-2700	ND-43	0.0001	ND-2700	ND-47	N.S.	ND-43	ND-7	< 0.05

N number of samples

p refers to statistical significance of differences

ND not detected

N.S. not statisticaly significant

5.2.2 Fungal flora in the indoor environment of the school buildings

The most common fungi in the indoor air of the school buildings were *Penicillium*, yeasts, *Cladosporium*, and *Aspergillus*. These genera accounted for about 70% of the mean total concentration of airborne viable fungi in the wooden schools, and approximately 60% in the concrete schools (II, Figure 7a-d). The rank order of the fungal types was the same on all the six stages of the six-stage impactor (III, Table 3). Concentrations of *Penicillium* (p<0.0001), yeasts (p<0.0208) and *Cladosporium* (p<0.0002) were higher in the wooden schools than in the concrete schools. The following genera were also more frequent in the wooden schools: *Oidiodendron*, *Olpitrichum*, *Paecilomyces*, *Hyalodendron*, *Wallemia* and Sphaeropsidales-group (II, Figures 6a-b). *Aspergillus versicolor* was more frequent (p=0.03) in the concrete schools than in wooden schools.

The effect of moisture damage was seen in the concrete schools as elevated concentrations of *Cladosporium* (p<0.05). The fungi that were more frequently detected in the index schools than in their reference schools and the fungi that were not detected in the reference schools at all are presented in Table 4.

Table 4. Fungi detected more frequently in the index schools than in their reference schools. Asterisk (*) indicates fungi, that were not detected in the corresponding reference schools at all.

Wooden index schools	Concrete index schools					
Acremonium * Aspergillus versicolor * Stachybotrys *	Cladosporium Penicillium yeasts non-sporing isolates Acremonium * Aspergillus versicolor Geomyces * Exophiala * Mucor * Oidiodendron * Scopulariopsis * Stachybotrys *					

5.3 Airborne viable bacteria in school buildings

Significantly higher (p=0.0032) concentrations of airborne bacteria were detected in the wooden schools than in the concrete schools (I, Figure 2). Also, the concentrations of actinobacteria alone were higher (p=0.0001) in the wooden schools than in the concrete schools. (Table 3).

Moisture damage did not have any effect on the mean concentrations of total viable bacteria in either school type. In the concrete schools, actinobacteria were more prevalent and their concentrations were higher (p<0.05) in the index schools than in the references (Table 3, column C). In the wooden schools, no difference was found between the index and reference schools.

5.4 The effect of the ventilation type and the age of the building

When the additional analyses to study the effect of the ventilation type on airborne fungal levels were performed, this effect seemed to be significant in combined analysis, i.e., when both the wooden and concrete buildings were combined. Since some of the buildings had parts, which were either mechanically or naturally ventilated, the analysis was performed room by room. The significance was seen as lower concentrations (p<0.0001) of airborne viable fungi in the rooms with totally mechanical ventilation. No major difference in the fungal levels between the rooms with natural ventilation and mechanical exhaust was detected either in separate (II, Figure 2) or in combined analysis for both construction types of buildings. The number of the rooms with totally mechanical ventilation was too low (1%) in the wooden buildings for the comparison of the effect of ventilation separately in wooden and concrete schools.

In the separate analyses for the two frame types of school buildings, the effect of the age of the buildings on fungal aerosol levels was not significant (II, Figure 3). In the combined analyses of the both frame types of buildings, the highest levels were found in the two oldest groups of buildings and the lowest

levels in the youngest buildings, but the overall effect of the building age on the concentrations of viable airborne fungi was not statistically significant.

5.5 Fungi in wintertime outdoor air samples

The geometric mean (GM) of total concentration of airborne viable fungi was 5.9 cfu/m³ (range <DL-18 cfu/m³) in wintertime outdoor air samples (n=10). The most common fungi were *Penicillium*, non-sporing isolates and yeasts found in 60%, 40% and 20% of the samples, respectively. Their concentrations remained low, smaller than 7 cfu/m³ in each sample. Other microbes, e.g., *Aspergillus*, *Paecilomyces*, *Scopulariopsis* and *Oidiodendron*, were only detected as single colonies in sporadic samples.

5.6 Effect of moisture damage repairs on the microbial indoor air quality of the school buildings

The GMs and ranges of total concentrations of airborne viable fungi and bacteria and those for actinobacteria before and after the repairs are presented in Table 5. In the initial survey, before any repair measures were carried out in the damaged schools, the GMs of total concentrations of airborne fungi were higher in the intervention school A_{int} than in the reference school A_{ref} (p<0.001/p=0.005 depending on sample media; IV, Figure 1). Values below the detection limit (DL) were less frequent (p<0.001-0.006) in the intervention schools A_{int} and B_{int} (0-3%) than in the reference schools A_{ref} and B_{ref} (25-31%) (IV, Figure 1).

The total number of fungal types (groups, genera, species) found in the air samples were 22-25 in the two damaged and 9-14 in the reference schools. In all, 15 fungal genera found in the intervention schools were not detected in the reference schools. With respect to fungi regarded as moisture damage indicators, *Mucor*, *Exophiala* and *Stachybotrys* occurred in the damaged schools but were not found in the reference schools. *Eurotium* and *Wallemia* were also more frequently detected in the index schools.

After the moisture damage renovation was completed in the intervention school A_{int} , a significant decrease in the mean concentrations of viable airborne fungi (p=0.002) was observed (Table 5; IV, Figure 1). The frequencies of samples with low levels became similar to those measured in the reference school A_{ref} (IV, Figure 1). All observed fungal concentrations were <100 cfu/m³. Likewise, the number of the microbial types was at the same level than in A_{ref} (IV, Table 3). *Mucor* and *Wallemia* disappeared and a lower frequency of *Eurotium* was found after renovation in the intervention school A_{int} .

In the partly repaired intervention school B_{int} , the mean fungal concentration was higher (p=0.010) in the final survey than before the repairs and higher (p<0.001) than in its reference school B_{ref} (p<0.001) (Table 5; IV, Figure 1). Stachybotrys disappeared but Eurotium and Trichoderma were more frequent in the final survey compared with the initial sampling (IV, Table 3).

Wider ranges of total concentrations of airborne bacteria were observed in the two damaged schools than in the two reference schools in the initial study, although no difference was found in the mean concentrations between the schools. After the thorough renovation of the school A_{int} , the total concentration of viable bacteria were significantly lower (p=0.006) than before the repairs. In the intervention school B_{int} , the mean concentration of bacteria was significantly higher (p<0.001) after partial repairs than before (Table 4).

Table 5. Geometric means (GM), arithmetic means (AM) and ranges of concentrations of airborne viable microbes before and after the interventions in the two pairs of schools, (IV).

	A _{int}			A_{ref}	A _{ref}			B _{int}			B _{ref}		
	Initial Cfu/m³	final cfu/m³	Р	Initial cfu/m³	Final cfu/m³	р	initial cfu/m³	Final Cfu/m³	р	initial cfu/m³	Final cfu/m³	р	
Fungi													
N	36	36		34	30		32	32		26	26		
GM	23	6.3		6.1	7.9		19	23		8.7	2.1		
AM	31	16		23	14		26	37		55	5.6		
Range	ND-130	ND-96	0.002	ND-250	ND-54	N.S.	4-130	ND-120	0.010	ND-510	ND-25	<0.001	
Bacteria													
N	18	18		16	16		16	16		13	13		
GM	888	210		239	277		429	1455		367	103		
AM	1868	765		721	830		672	1857		580	296		
Range	71-7600	ND-4700	0.006	ND-2100	ND-2600	N.S.	54-2000	150-3900	<0.001	50-1500	21-1600	0.013	
Actinobact.													
N	18	18		16	16		16	16		13	13		
GM	0.6	0.2		0.1	0.1	N.S.	1.2	-		-	0.4		
AM	1.6	0.2		0.2	0.2		2.4	-		-	1.2		
Range	ND-10	ND-4	N.S.	ND-4	ND-3		ND-8	_	_	_	ND-22	-	

N number of samples p refers to statistical significance of differences

ND not detected

N.S. not statisticaly significant

5.7 Size distributions of indoor air microbes in schools

The total concentrations of airborne viable fungi were higher in the wooden schools than in the concrete schools through all size classes from 0.65 to >7.0 μ m (p<0.001). Moisture damage-associated differences in the size distributions were seen in the concrete schools; concentrations of viable fungi in the size class of 1.1-2.1 μ m (stage 5) were higher (p<0.05) in the index schools than in the reference schools. In the wooden school buildings, no such a difference was found (III, Figure 1).

The average geometric mean diameter ($d_{g,ave}$) of total viable fungi was smaller (p<0.001) in wooden schools than in concrete schools, but variation according to genus was observed. When comparing the buildings for the presence of moisture damage, $d_{g,ave}$ of both total fungi and the most common fungal types were almost invariably smaller in the index schools than the reference schools of both construction types, although the difference was significant (p<0.05) only for *Penicillium* spores in the concrete schools (III, Table 4).

The mean concentrations of viable airborne bacteria were significantly higher (p<0.001-0.034) in the wooden schools than in the concrete schools. This difference was observed in the particle size ranges of 0.65-2.1 μ m and 4.7->7.0 μ m (stages 5-6 and 1-2, respectively). (III, Figure 2).

No differences in particle size distributions of airborne bacteria were observed between the index and reference schools of the two construction types. The highest proportions of actinobacteria were detected on stage 6 (0.65-1.1 μ m).

5.8 Prevalence of moisture damage-associated respiratory symptoms among schoolchildren

Respiratory symptoms were more prevalent among the children in the index schools than among the children in the reference schools (I, Table 2/column A). Likewise, after classifying the buildings according to the frame material, a higher symptom prevalence was found among the children in the index schools of concrete/brick construction than among the children in the corresponding reference schools (I, Table 2/column B). A similar trend was observed in the association with moisture damage in wooden schools, but the differences were generally not significant (I, Table 2/column C).

A difference in the symptom prevalence between the damaged and reference schools was also seen in the initial survey of the intervention study (IV). The differences in 9 out of 12 symptoms were significant ($p \le 0.009$) between the intervention school A_{int} and its reference school A_{ref} . In the intervention school B_{int} , the prevalences of hoarseness and general symptoms were significantly higher than in its reference school B_{ref} (IV, Table 4).

Children perceived the indoor air quality to be poor significantly more often in index schools than in reference schools (I, Table 3/column A). More complaints about indoor air characteristics came from children in index schools of both concrete/brick and wooden construction compared with their reference schools (I, Table 3/-columns B and C).

After the renovation of the intervention school A_{int} , a decrease (p<0.036) in the prevalence of 10 out of 12 symptoms was observed. The differences in the symptom prevalence between the intervention school A_{int} and the reference school A_{ref} disappeared (IV, Table 4)

The prevalence of rhinitis, sore throat and cough with phlegm in spring term were lower (p<0.034) after the repairs than before the repairs in the intervention school B_{int} . Separate analyses were made for the 74 children who

took part in both the initial and the final survey in the school B_{int}. No improvement of reported symptoms of these 74 individuals were found, except for an improvement in the of fall term reports of difficulties in concentration (IV, Table 5).

After the renovation in the intervention school A, a significant reduction in reports of weekly occurring annoyance factors was reported. In the intervention school B, mold odor was reported less often after repairs, but draft (p=0.019) and dust and dirt (p=0.005) were even more often reported than before repair measures were undertaken in the school (IV, Table 6).

6 DISCUSSION

6.1 Fungal concentrations

When the school buildings with different frame materials, i.e., concrete/brick or wood, were grouped together, no significant differences in the concentrations of viable airborne fungi between the 24 moisture damaged schools and 8 reference schools were found. The building frame material greatly influenced the fungal concentrations. The mean concentrations of fungi were significantly and systematically higher in the wooden schools than in the concrete schools. A similar difference between building frame type and airborne spore load has also been reported by Rand (1999). On the other hand, in this study, the presence of moisture damage did not increase the fungal concentrations in the wooden schools, whereas the moisture damage significantly increased the fungal concentrations in the buildings of concrete/brick construction. An association between moisture damage and total concentrations of fungi in school environment has also been shown in the study of Lappalainen et al. (2001). Some results on the association between fungal concentrations and moisture damage in school buildings are ambiguous, probably due to the strong effect of outdoor air fungi on the indoor air in these studies (Levetin et al. 1995b, Carlson and Quraishi 1999).

In general, fungal concentrations detected in the indoor air of schools were low (GM 9-58 cfu/m³) compared to those previously found in Finnish homes (GM 58-150 cfu/m³) (Reponen *et al.* 1992, Hyvärinen *et al.* 1993). Lower levels in schools compared to residential environments have also been reported in another study from Northern conditions (Dotterud *et al.* 1995). This is probably due to larger volume of rooms and thus the greater spatial dilution in the schools than in the residences. In addition, there are less normal fungal sources in the schools than in homes.

Analyses for intra- and inter-school variation of fungal concentrations showed that about 60% of the variation was explained by variation within the school

buildings. A categorized comparison of concentrations in the concrete schools showed that findings under the detection limit were more common in the reference schools, and values from 50 cfu/m³ to 200 cfu/m³ in the damaged schools. High values, exceeding 200 cfu/m³, were sporadically observed even in reference schools, without any association with moisture damage. Normal background sources of spores, such as human activities or transport of spores on clothing of occupants probably explain these unusually high concentrations (Hunter et al. 1988, Pasanen et al. 1989, Lehtonen et al. 1993, Luoma and Batterman 2001). Thus, moisture damage in school buildings is not necessarily characterized by clearly "high" concentrations of fungi in this cold climate, but rather as an elevation of the base level. This elevation of the base level concentration was only detected in the concrete buildings, while in the wooden school buildings, moisture damage did not alter the mean fungal concentrations. Only a greater proportion of concentrations from 200 cfu/m³ to 500 cfu/m³ in the damaged wooden schools was different from their reference schools.

The effect of the ventilation type and the age of the building on fungal concentrations were also analyzed. This was made room by room according to the ventilation type in each of them. Totally mechanical ventilation decreased the fungal levels. Measurements on air exchange rates in schools have indicated similar findings (Wålinder et al. 1997, Bartlett et al. 1999). In this study, the air exchange measurements were not carried out and the number of rooms with mechanical ventilation was too low for separate analyses in the wooden school buildings. Thus, the effect of ventilation cannot be analyzed in more detail. Interestingly, the age of the building had no significant effect on fungal levels, opposite to the findings of Pasanen (1992), Bartlett et al. (1999) and Rand (1999). It is apparent that several factors significantly affect the microbial concentrations in the indoor air and cannot be totally distinguished from each other.

6.2 Fungal flora

The most common fungal genera or groups were similar in both frame types of school buildings, i.e., Penicillium, yeasts, Cladosporium and Aspergillus. These are also the most common fungi in residential environments in northern climate (Reponen et al. 1994, Pasanen et al. 1992). Their common occurrence in indoor air is explained by their ubiquity in nature and outdoor air in Finland (Reponen et al. 1994). They even dominate the indoor air during the wintertime conditions when outdoor levels are low. The same fungal genera have also been found in other school studies in Northern countries (Dotterud et al. 1995, Lappalainen et al. 2002). While the rank order was the same, the concentrations of Penicillium, yeasts and Cladosporium were higher in the wooden schools than in the concrete schools, suggesting that the wooden frame may act as a source of these fungi. Differences in the frequency of less common fungi between the school buildings of different frame type were also seen. Aspergillus versicolor was more common in the concrete schools than in the wooden schools, while Oidiodendron, Olpitrichum, Paecilomyces, Hyalodendron, Wallemia and Sphaeropsidalesgroup were more abundant in the wooden schools. Interestingly, Hyvärinen et al. (2002) found that ceramic products including concrete products and bricks favored the growth of Aspergillus versicolor. They also have found a larger diversity of microbes in moisture damaged wooden materials compared with the other materials. The growth of various microbes on both wooden and stone based materials is possible (May et al. 1993, Dix and Webster 1995, Viitanen and Bjurman 1995, Viitanen 1996, Gaylarde and Morton 1999, Parker et al. 1999, Reiman et al. 2001) and because there are many other building materials found in both types of buildings, i.e., concrete or wooden frames, no detailed conclusions on the association of individual genera and building type can be drawn.

Moisture damage elevated concentrations of *Cladosporium* (>10 cfu/m³) in the concrete schools. *Cladosporium* spp. has also been found in higher concentrations in damp residences (Pasanen *et al.* 1992). Thus, elevated levels of *Cladosporium* may be an indication of moisture damage. Likewise

the more frequent prevalence of *Penicillium* and yeasts associated with moisture damage in concrete schools. These fungi have also been found to be the most frequent genera growing on damaged building materials (Hyvärinen *et al.* 2002). These associations were only observed in concrete buildings, and it appears that there were also other sources for these fungi than the moisture damage in the wooden school buildings.

Aspergillus versicolor, Stachybotrys and Acremonium were associated with moisture damage for both frame types and Exophiala, Mucor, Geomyces, Scopulariopsis and Oidiodendron in the concrete schools. Airborne Stachybotrys, Acremonium and Oidiodendron have also been found in residences and day care centers with mould problems (Hyvärinen et al. 1993), and Aspergillus versicolor in other studies in moisture damaged schools (Haverinen et al. 1999a, Lappalainen et al. 2001).

There were no differences in average concentrations of viable airborne bacteria in school buildings categorized either by the construction type or by the moisture damage. Indoor air bacteria originate mainly from humans and high concentrations of viable airborne bacteria usually indicate that there is insufficient ventilation in a building (Nevalainen 1989, Macher 1999). Thus, measurements of total airborne viable bacteria do not seem to provide information about the possible presence of moisture damage. The occurrence of actinobacteria, which are bacteria not of human origin but frequently growing in damaged building materials (Hyvärinen *et al.* 2002), can be regarded as a sign of moisture damage in concrete schools. Actinobacteria have also been found to have such indicator value in residences (Nevalainen *et al.* 1991).

The geometric mean of total concentration of airborne viable fungi in wintertime outdoor air samples was low, 5.9 cfu/m³, consisting mainly of *Penicillium*, non-sporing isolates and yeasts. This is a considerably lower level than that observed in the indoor air of school buildings during the wintertime. Thus, fungi in wintertime outdoor air seem only to have marginal contribution to the levels in the indoor air of schools. Considering the source strength of

other factors such as mold damage, outdoor air fungi seem to have no practical importance. As Reponen *et al.* (1992) have previously shown, the outdoor concentrations of microbes in the Scandinavian winter conditions during the snow cover are low, and indoor measurements mainly reflect the microbial content of the indoor environment. In milder climates, the effects of snow cover cannot be exploited, and the indoor concentrations of fungi are affected by the outdoor air fungi throughout the year (Dungy *et al.* 1986, Levetin *et al.* 1995a).

6.3 Effects of moisture damage renovation on microbial indoor air quality

After the building had undergone a thorough renovation, both the levels of airborne microbes and the fungal diversity of the samples decreased significantly, down to the levels detected in the reference school or even lower. Obviously the elimination of the moisture and mold damage which were the abnormal sources of fungi, had been successful. Normalization of fungal indoor air concentrations after moisture damage renovation has also been reported by Cooley *et al.* (1998), Haverinen *et al.* (1999b), Ellringer *et al.* (2000) and Reynolds *et al.* (1990). A decrease in other contaminants, e.g., (1→3) β-D-glucans or volatile organic compounds has been shown in the studies by Rylander *et al.* (1997) and Shaw *et al.* (1999). In the other intervention school, where the repairs were only partial and the total elimination of moisture damage failed, there was even an increase of contamination detected in the air samples. Thus, microbial concentrations in the indoor air seem to follow the presence or elimination of moisture damage, evidently acting as a surrogate of the exposure in question.

6.4 Particle size distributions of fungi in schools

The highest concentrations of fungi were in the size range of 1.1-4.7 μm in both the wooden and concrete schools. In concrete schools, moisture damage

was associated with higher concentrations of airborne fungi within the size range of 1.1-2.1 μ m. Differences between moisture-damaged and non-damaged residences and day-care centers have been previously presented in the size ranges of 1.1-2.1 μ m, 2.1-3.3 μ m and 3.3-4.7 μ m (Hyvärinen *et al.* 2001, Reponen *et al.* 1994). The discrepancy in aerodynamic particle sizes may be due to differences in the buildings and their use. Occupant density, activities and ventilation rates, which are different in different types of buildings, can affect spore release and resuspension of fungi via air currents and vibration (Górny *et al.* 2001).

The average mean diameters ($d_{g,ave}$) for total viable fungi and the most ubiquitous fungi were smaller in the moisture damaged schools than in the reference schools of both construction types. The differences in fungal flora or different sources are the most likely explanations. The finding contrasts with the reports about larger mean spore sizes in moisture-damaged homes (Reponen *et al.* 1994) while no difference in the mean spore sizes between damaged and reference day-care centers was observed (Reponen 1995). Hence, no general conclusion on whether the moisture damage increases or decreases the mean size of airborne fungi can be drawn at this point.

6.5 Symptoms

The existence of moisture damage in the school building was a risk factor for respiratory symptoms among schoolchildren. The prevalence of respiratory symptoms among the schoolchildren was higher in the damaged than in the non-damaged schools. Similar relationships have been reported for schoolaged children living in mold-damaged residential environments (Dales *et al.* 1991, Brunekreef *et al.* 1992, Spengler *et al.* 1994, Koskinen *et al.* 1999). Differences in the symptom prevalence during the spring season were greater than during the fall, which may be an evidence for the prolonged exposure period of the entire school year. The association between moisture damage and respiratory symptoms was also only statistically significant in the concrete schools, whereas in the wooden schools the trend was similar but did not achieve statistical significance.

Indoor characteristics causing discomfort were more often reported in the damaged schools than in the reference schools. Symptomatic children complained more than non-symptomatic children both in the moisture damaged and reference schools. Perceived indoor air quality has been shown to characterize the indoor environmental conditions in schools (Smedje *et al.* 1997b) and ill health obviously leads to the more sensitive perceptions of the discomfort factors (Norbäck 1995, Smedje *et al.* 1997b).

The symptom prevalence decreased remarkably after the thorough renovation of the school building. A significant decrease was observed in the prevalence of 10 symptoms out of the studied 12 symptoms, thus supporting earlier findings among schoolchildren after repairs were undertaken in a damaged school (Savilahti et al. 2000). These clear and measurable changes in symptom prevalence as a result of moisture damage renovation also again are evidence in favour of a causative relationship between the damage and symptoms, although the actual exposing agents are still obscure. The positive effect of building renovation emphasizes the importance of building maintenance in the prevention of adverse respiratory health outcomes. In order to be effective, the renovation must eliminate the microbial sources. Obviously this was not achieved in the other school, where only a partial repair was attempted. Some improvement in the symptom prevalence was also observed there. An insufficient elimination of moisture and mold damage neither lead to the hoped-for result in another school study (Ahman et al. 2000).

No change in symptom prevalence was found among those children in the final survey who had attended the damaged school before the repair measures were attempted. The final survey was carried out one year after the partial repairs had been completed. Apparently, for the children who had been exposed to the damaged school environment before the repairs and developed symptoms, one year was not long enough to permit any recovery. Hence, the main result was that even partial repairs appeared slightly beneficial for the new pupils in that school, while the already symptomatic

children did not enjoy this benefit. Consistently, Jarvis and Morey (2001) observed that chest symptoms among adult occupants in a mold damaged office remained elevated for several months after they had left the building.

After the complete renovation, a significant reduction in reports of weekly occurring annoyance factors was seen. Instead, the perceived quality of the indoor air was poorer after the partial repairs, possibly this being indicative of inadequate ventilation. Obviously, the successful repairs led to good perceived indoor air quality. Resolving indoor air problems often necessitate both improvement of ventilation and elimination of the emission sources (Stridh and Andersson 1995) as was the case in the intervention school in this study where the school underwent a thorough renovation.

7 CONCLUSIONS

This investigation concerned the effects of moisture damage, and the effects of repairs of such damage on the microbial quality of the indoor air of school buildings and on schoolchildren's health. Microbial exposure was characterized by measurements of viable fungi and bacteria from indoor air of school buildings, and the status of the schoolchildren's health was surveyed by questionnaires. The following conclusions can be drawn from the results of this study:

- The type of building frame material affected the microbial content of the building; mean concentrations of fungi were significantly higher in the school buildings of wooden construction than in the schools with a concrete/brick frame. This difference was mainly attributable to the higher concentrations of the common fungi *Penicillium*, yeasts, *Cladosporium*, and *Aspergillus*.
- 2. An association between concentrations of fungi and moisture damage was found in concrete schools, but not in wooden schools nor in the combined material of schools. Typically, in moisture-damaged school buildings of concrete construction, the geometric mean wintertime concentration was above 10 cfu/m³, there was a low frequency of samples with values under the detection limit, and a frequent occurrence of samples with concentrations above 50 cfu/m³.

Elevated concentrations of *Cladosporium* and actinobacteria (concrete schools) and the occurrence of *Aspergillus versicolor*, *Stachybotrys* and *Acremonium* (both frame types of schools) were associated with moisture damage.

3. In moisture damaged concrete schools, higher levels of fungi were observed especially in the particle size class of 1.1-2.1 µm. In the wooden

school buildings, no moisture damage-associated differences in the size distributions of indoor air microbes were seen.

- 4. Moisture damage in the school building was a significant risk factor for respiratory symptoms among schoolchildren. The association between moisture damage and respiratory symptoms was statistically significant in the concrete schools, while only a trend towards such an association was seen in the wooden schools.
- 5. After a thorough renovation, the levels of airborne microbes and the fungal diversity of the samples normalized to the level in the reference school. However, after only partial repairs, an increase of contamination was detected in the air samples.

A remarkable decrease in symptom prevalence among schoolchildren was achieved by thoroughly renovating the moisture- and mold-damaged school building. A less marked improvement was seen in the school which underwent only partial repair measures.

8 REFERENCES

Adan OCG. 1994. On the fungal defacement of interior finishes. *Ph.D.Thesis*, Eindhoven University of Technology, the Netherlands, pp. 224.

Adhikari A, Sen MM, Gupta-Bhattacharya S, Chanda S. 1999. Studies on airborne fungal spores from two indoor cowsheds of suburban and rural areas of West Bengal, India. *Indoor+Built Environment* 8, 221-229.

Andersen AA. 1958. New sampler for collection, sizing and enumeration of viable airborne particles. *Journal of Bacteriology* 76, 471-484.

Andersson K, Andesson B, Blomquist J. 1993. Clean-up of a sick building. *Proceedings of Indoor Air'93 Conference*, 6, 675-680.

Atlas RM, Bartha R. 1993. Microbial Ecology, Fundamentals and Applications. 3rd Edition, The Benjamin/Cummings Publishing Company, Inc. CA, USA. pp 563.

Backman E, Hyvärinen M, Lindberg R, Reiman M, Seuri M, Kokotti H. 2000. The effect of air leakage through the moisture damaged structures in a school building having mechanical exhaust ventilation. *Proceedings of Healthy Buildings Conference* 3, 141-145.

Bartlett KH, Kennedy SM, Brauer M, Dill B, Vannetten C. 1999. Assessing bioaerosols in elementary school classrooms. In: *Bioaerosols, Fungi and Mycotoxins: Health effects, Assessment, Prevention and Control*, (Ed.), Johanning E, Albany: Eastern New York Occupational and Environmental Health Center. pp. 240 – 244.

Bornehag C-G, Blomquist G, Gyntelberg F, Järvholm B, Malmberg P, Nordvall L, Nielsen A, Pershagen G, Sundell J. 2001. Dampness in buildings and health. Nordic interdisciplinary review of the scientific evidence on associations between exposure to "dampness" in buildings and health effects. *Indoor Air* 11, 72-86.

Brunekreef B. 1992. Association between questionnaire reports of home dampness and childhood respiratory symptoms. *The Science of the Total Environment* 127, 79-89.

Burge H. 1990. Bioaerosols: Prevalence and health effects in the indoor environment. *The Journal of Allergy and Clinical Immunology* 86(5), 687-701.

Burge HA, Pierson DL, Groves TO, Strawn KF, Mishra SK. 2000. Dynamics of airborne fungal populations in a large office building. *Current Microbiology* 40,10-16.

Buttner MP, Cruz-Perez P, Stetzenbach LD. 2001. Enhanced detection of surface-associated bacteria in indoor environments by quantitative PCR. *Applied and Environmental Microbiology* 67(6), 2564-2570.

Buttner MP, Stetzenbach LD. 1993. Monitoring airborne fungal spores in an experimental indoor environment to evaluate sampling methods and the effects of human activity on air sampling. *Applied and Environmental Microbiology* 59(1), 219-226.

Calderon C, Ward E, Freeman J, McCartney A. 2002. Detection of airborne fungal spores sampled by rotating-arm and Hirst-type spore traps using polymerase chain reaction assays. *Journal of Aerosol Science* 33, 283-296.

Carlson N, Quraishi A. 1999. Anatomy of fungal problem. In: *Bioaerosols, Fungi and Mycotoxins: Health Effects, Assessment, Prevention and Control*, (Ed.), Johanning E, Albany: Eastern New York Occupational and Environmental Health Center. pp. 245–253.

Chelelgo J, Haverinen U, Vahteristo M, Koivisto J, Husman T, Nevalainen A. 2001. Analysis of moisture findings in the interior spaces of Finnish housing stock. *Journal of the Air & Waste Management Association* 51, 69-72.

Clayton CA, Perritt RL, Pellizzari ED, Thomas KW, Whitmore RW. 1993. Particle total exposure assessment methodology (PTEAM) study: distributions of aerosol and elemental concentrations in personal, indoor, and outdoor air samples in a Southern California community. *Journal of Exposure Analysis and Environmental Epidemiology* 3(2), 227-250.

Cooley JD, Wong WC, Jumper CA, Straus DC. 1998. Correlation between the prevalence of certain fungi and sick building syndrome. *Occupational & Environmental Medicine* 55, 579-584.

Crook B, Sherwood-Higham JL. 1997. Sampling and assay of bioaerosols in the work environment. *Journal of Aerosol Science* 28(3), 417-426.

Dahlqvist M, Alexandersson R. 1993. Acute pulmonary function impairment in school staff working in a 'sick building': a pilot study. *Indoor Environment* 2, 179-185.

Dales RE, Zwanenburg H, Burnett R, Franklin CA. 1991. Respiratory health effects of home dampness and molds among Canadian children. *American Journal of Epidemiology* 134(2), 196-203.

DeKoster JA, Thorne PS. 1995. Bioaerosol concentrations in noncomplaint, complaint, and intervention homes in the Midwest. *American Industrial Hygiene Association Journal* 56, 573-580.

Demissie K, Ernst P, Hanley JA, Locher U, Menzies D, Becklake MR. 1996. Socioeconomic status and lung function among primary school children in

Canada. American Journal of Respiratory & Critical Care Medicine 153,719-723.

Dillon HK, Heinsohn PA, Miller D. (Eds.), 1996. Field guide for the determination of biological contaminants in environmental samples. American Industrial Hygiene Association, Fairfax, Virginia, USA, pp. 174.

Dillon HK, Miller JD, Sorenson WG, Douwes J, Jacobs RR. 1999. Review of methods applicable to the assessment of mold exposure to children. *Environmental Health Perspectives*, 107, suppl. 3, 473-480.

Dix NJ, Webster J. 1995. Fungal ecology. 1st Edition, Chapman & Hall, London, UK, pp. 549.

Dockery DW, Pope CA, Xu X, Spengler JD, Ware JH, Fay ME, Ferris BG, Speizer FE. 1993. An association between air pollution and mortality in six U.S. cities. *The New England Journal of Medicine* 329 (24), 1753-1759.

Dotterud LK, Vorland LH, Falk S. 1995. Viable fungi in indoor air in homes and schools in the Sør-Varanger community during winter. *Pediatric Allergy and Immunology* 6, 181-186.

Dungy CI, Kozak PP, Gallup J, Galant SP. 1986. Aeroallergen exposure in the elementary school setting. *Annals of Allergy* 56, 218-221.

EFA, European Federation of Asthma and Allergy Associations. 2001. Indoor air pollution in schools, the project report, Allergy and Asthma Federation, Helsinki, Finland, pp. 178.

Ellringer PJ, Boone K, Hendrickson S. 2000. Building materials used in construction can affect indoor fungal levels greatly. *American Industrial Hygiene Association Journal* 61, 895-899.

Etzel RA. 2000. The "fatal four" indoor air pollutants. *Pediatric Annals* 29(6), 344-350.

Flannigan B, McCabe EM, Jupe SV, Jeffrey IG. 1993. Mycological and acaralogical investigation of complaint and non-complaint houses in Scotland. *Proceedings of Indoor Air'* 93 Conference 4, 143-148.

Flannigan B, Morey PR. 1996. Control of moisture problems affecting biological indoor air quality. ISIAQ - International Society of Indoor Air Quality and Climate, Guideline: Task Force 1, pp. 70.

Foarde KK, VanOsdell DW, Chang JCS. 1996. Evaluation of fungal growth on fiberglass duct materials for various moisture, soil, use, and temperature conditions. *Indoor Air* 6(2), 83-92.

Gaylarde C, Morton LHG. 1999. Deteriogenic biofilms on buildings and their control: a review. *Biofouling* 14(1), 59-74.

Grant C, Hunter CA, Flannigan B, Bravery AF. 1989. The moisture requirements of moulds isolated from domestic dwellings. *International Biodeterioration* 25, 259-284.

Gravesen S, Frisvad JC, Samson RA. (Eds.), 1994. Microfungi. 1st Edition, Munksgaard, Copenhagen, Denmark, pp. 168.

Gravesen S, Larsen L, Skov P. 1983. Aerobiology of schools and public institutions - part of a study. *Ecology of Disease* 2(4), 411-413.

Griffin PS, Indictor N, Koestler RJ. 1991. The biodeterioration of stone: a review of deterioration mechanisms, conservation case histories, and treatment. *International Biodeterioration* 28, 187-207.

Górny RL, Dutkiewicz J, Krysińska-Traczyk E. 1999. Size distribution of bacterial and fungal bioaerosols in indoor air. *Annals of Agricultural and Environmental Medicine* 6, 105-113.

Górny RL, Reponen T, Grinshpun SA, Willeke K. 2001. Source strength of fungal spore aerosolization from moldy building material. *Atmospheric Environment* 35, 4853-4862.

Harrison J, Pickering CAC, Faragher EB, Austwick PKC, Little SA, Lawton L. 1992. An investigation of the relationship between microbial and particulate indoor air pollution and the sick building syndrome. *Respiratory Medicine* 86,225-235.

Haugland RA, Vesper SJ, Wymer LJ. 1999. Quantitative measurement of *Stachybotrys chartarum* conidia using real time detection of PCR products with the TagManTM fluorogenic probe system. *Molecular and Cellular Probes* 13, 329-340.

Haverinen U, Husman T, Toivola M, Suonketo J, Pentti M, Lindberg R, Leinonen J, Hyvärinen A, Meklin T, Nevalainen A. 1999a. An approach to management of critical indoor air problems in school buildings. *Environmental Health Perspectives* 107, suppl. 3, 509-514.

Haverinen U, Husman T, Wahlman J, Toivola M, Suonketo J, Leinonen J, Kolehmainen U, Pentti M, Lindberg R, Nevalainen A. 1999b. A follow-up of the repairs and health effects in a moisture damaged school center. *Proceedings of Indoor Air'99 Conference* 4,191-196.

Haverinen U. 2002. Modeling moisture damage observations and their association with health symptoms. *Ph.D. Thesis*. Publications of the National Public Health Institute A10, Kuopio, Finland. pp. 106.

Higley TL. 1995. Comparative durability of untreated wood in use above ground. *International Biodeterioration & Biodegradation* 409-419.

Hirvonen M-R, Ruotsalainen M, Roponen M, Hyvärinen A, Husman T, Kosma V-M, Komulainen H, Savolainen K, Nevalainen A. 1999. Nitric oxide and proinflammatory cytokines in nasal lavage fluid associated with symptoms and exposure to moldy building microbes. *American Journal of Respiratory & Critical Care Medicine* 160, 1943-1946.

Hodgson MJ, Morey P, Leung W-Y, Morrow L, Miller D, Jarvis BB, Robbins H, Halsey JF, Storey E. 1998. Building-associated pulmonary disease from exposure to *Stachybotrys chartarum* and *Aspergillus versicolor. Journal of Occupational and Environmental Medicine* 40(3), 241-249.

Hunter CA, Grant C, Flannigan B, Bravery AF. 1988. Mould in buildings: the air spora of domestic dwellings. *International Biodeterioration* 24, 81-101.

Hyndman SJ. 1990. Housing dampness and health amongst British Bengalis in East London. *Social Science & Medicine* 30(1), 131-141.

Hyvärinen A, Husman T, Laitinen S, Meklin T, Taskinen T, Korppi M, Nevalainen A. Microbial exposure and mold specific serum IgG levels among children with respiratory symptoms in two school buildings. (in press).

Hyvärinen A, Meklin T, Vepsäläinen A, Nevalainen A. 2002. Fungi and actinobacteria in moisture-damaged building materials – concentrations and diversity. *International Biodeterioration & Biodegradation* 49, 27-37.

Hyvärinen A, Reponen T, Husman T, Ruuskanen J. Nevalainen A. 1993. Characterizing mold problem buildings - concentrations and flora of viable fungi. *Indoor Air* 3, 337-343.

Hyvärinen A, Vahteristo M, Meklin T, Jantunen M, Nevalainen A, Moschandreas D. 2001. Temporal and spatial variation of fungal concentrations in indoor air. *Aerosol Science and Technology* 35, 688-695.

Ingold CT, Hudson HJ. (Eds.), 1993. The Biology of Fungi, 6th Edition. Chapman & Hall, London, UK. pp. 224.

Jalas J, Karjalainen K, Kimari P. 2000. Indoor air and energy economy in school buildings. *Proceedings of Healthy Buildings Conference*, 4, 273-278.

Janssen NAH, de Hartog JJ, Hoek G, Brunekreef B. 2000. Personal exposure to fine particulate matter in elderly subjects: relation between personal, indoor, and outdoor concentrations. *Journal of the Air & Waste Management Association* 50, 1133-1143.

Janssen NAH, Hoek G, Harssema H, Brunekreef B. 1997. Childhood exposure to PM₁₀: relation between personal, classroom and outdoor concentrations. *Occupational and Environmental Medicine* 54, 888-894.

Jarvis JQ, Morey PR. 2001. Allergic respiratory disease and fungal remediation in a building in a subtropical climate. *Applied Occupational and Environmental Hygiene* 16(3), 380-388.

Jensen PA, Todd WF, Davis GN, Scarpino PV. 1992. Evaluation of eight bioaerosol samplers challenged with aerosols of free bacteria. *American Industrial Hygiene Association Journal* 53(10), 660-667.

Johanning E, Biagini R, Hull DL, Morey P, Jarvis B, Landsbergis P. 1996. Health and immunology study following exposure to toxigenic fungi (*Stachybotrys chartarum*) in a water-damaged office environment. *International Archives of Occupational and Environmental Health* 68, 207-218.

Johanning E, Landsbergis P, Gareis M, Yang CS, Olmsted E. 1999. Clinical experience and results of a sentinel health investigation related to indoor fungal exposure. *Environmental Health Perspectives* 107(3), 489-494.

Karunasena E, Markham N, Brasel T, Cooley JD, Straus DC. 2000. Evaluation of fungal growth on cellulose-containing and inorganic ceiling tile. *Mycopathologia* 150, 91-95.

Kemp PC, Dingle P, Neumeister HG. 1998. Particulate matter intervention study: a causal factor of building-related symptoms in an older building. *Indoor Air* 8, 153-171.

Kildesø J, Würtz H, Nielsen KF, Wilkins CK, Gravesen S, Nilesen PA, Thrane U, Schneider T. 2000. The release of fungal spores from water damaged building materials. *Proceedings of Healthy Buildings Conference* 1, 313-318.

Kinshella MR, Van Dyke MV, Douglas KE, Martyny JW. 2001. Perceptions of indoor air quality associated with ventilation system types in elementary schools. *Applied Occupational and Environmental Hygiene* 16(10), 952-960.

Korpi A, Pasanen A-L, Pasanen P. 1998. Volatile compounds originating from mixed microbial cultures on building materials under various humidity conditions. *Applied and Environmental Microbiology* 64(8), 2914-2919.

Koskinen O, Husman T, Hyvärinen A, Reponen T, Nevalainen A. 1995. Respiratory symptoms and infections among children in a day-care center with mold problems. *Indoor Air* 5, 3-9.

Koskinen O, Husman T, Meklin T, Nevalainen A. 1999. Adverse health effects in children associated with moisture and mold observations in houses. *International Journal of Environmental Health Research* 9, 143-156.

Kurnitski J, Palonen J, Engberg S, Ruotsalainen R. 1996. Koulujen sisäilmasto – rehtorikysely ja sisäilmastomittaukset. Helsinki University of Technology, B 43, Espoo, pp. 62 (in Finnish, abstract in English).

Laden F, Neas LM, Dockery DW, Shwartz J. 2000. Association of fine particulate matter from different sources with daily mortality in six U.S. cities. *Environmental Health Perspectives* 108 (10), 941-947.

Lappalainen S, Kähkönen E, Loikkanen P, Palomäki E, Lindroos O, Reijula K. 2001. Evaluation of priorities for repairing in moisture-damaged school buildings in Finland. *Building and Environment* 36, 981-986.

Law AKY, Chau CK, Chan GYS. 2001. Characteristics of bioaerosol profile in office buildings in Hong Kong. *Building and Environment* 36, 527-541. Lee SC, Chang M. 2000. Indoor and outdoor air quality investigation at schools in Hong Kong. *Chemosphere* 41, 109-113.

Lehtonen M, Reponen T, Nevalainen A. 1993. Everyday activities and variation of fungal spore concentrations in indoor air. *International Biodeterioration & Biodegradation* 31, 25-39.

Levetin E. 1995a. Fungi. In *Bioaerosols*. Burge HA. (Ed.), Indoor air research series. Lewis Publishers, Boca Raton, Florida, USA, pp. 87-120.

Levetin E, Shaughnessy R, Fisher E, Ligman B, Harrison J, Brennan T. 1995b. Indoor air quality in schools: exposure to fungal allergens. *Aerobiologia* 11, 27-34.

Levy JI, Nishioka Y, Gilbert K, Cheng C-H, Burge HA. 1999. Variabilities in aerosolizing activities and airborne fungal concentrations in a bakery. *American Industrial Hygiene Association Journal* 60, 317-325.

Li C-S, Hsu C-W, Tai M-L. 1997. Indoor pollution and sick building syndrome symptoms among workers in day-care centers. *Archives of Environmental Health* 52(3), 200-207.

Li D-W, Kendrick B. 1996. Functional and causal relationships between indoor and outdoor airborne fungi. *Canadian Journal of Botany* 74, 194-209.

Liu L-JS, Krahmer M, Fox A, Feigley CE, Featherstone A, Saraf A, Larsson L. 2000. Investigation of the concentration of bacteria and their cell envelope components in indoor air in two elementary schools. *Journal of the Air & Waste Management Association* 50,1957-1967.

Lstiburek J, Carmody J. 1994. Moisture Control Handbook, principles and practises for residential and small commercial buildings. John Wiley & Sons, Inc. New York, USA, pp. 214.

Luoma M, Batterman SA. 2000. Autocorrelation and variability of indoor air quality measurements. *American Industrial Hygiene Association Journal* 61, 658-668.

Luoma M, Batterman SA. 2001. Characterization of particulate emissions from occupant activities in offices. *Indoor Air* 11, 35-48.

Macher J (Ed.). 1999. *Bioaerosols: Assessment and Control*, American Conference of Governmental Industrial Hygienists, Cinncinnati, Ohio, USA.

Maier WC, Arrighi HM, Morray B, Llewellyn C, Redding GJ. 1997. Indoor risk factors for asthma and wheezing among Seattle school children. *Environmental Health Perspectives* 105(2), 208-214.

Mathisen HM, Frydenlund F. 2000. Preventive measures and intervention on carpet removal and ventilation improvement in eleven schools. *Proceedings of Healthy Buildings Conference*, 1, 219-224.

May E, Lewis FJ, Pereira S, Tayler S, Seaward MRD, Allsopp D. 1993. Microbial deterioration of building stone – a review. *Biodeterioration Abstracts* 7(2), 109-123.

McGrath JJ, Wong WC, Cooley JD, Straus DC. 1999. Continually measured fungal profiles in sick building syndrome. *Current Microbiology* 38, 33-36.

Mehta SK, Mishra SK, Pierson DL. 1996. Evaluation of three portable samplers for monitoring airborne fungi. *Applied and Environmental Microbiology* 62, 1835-1838.

Menetrez MY, Foarde KK, Ensor DS. 2001. An analytical method for the measurement of nonviable bioaerosols. *Journal of Air & Waste Management Association* 51, 1436-1442.

Menzies D, Pasztor J, Nunes F, Leduc J, Chan C-H. 1997. Effect of a new ventilation system on health and well-being of office workers. *Archives of Environmental Health* 52(5), 360-367.

Miller JD, Haisley PD, Reinhardt JH. 2000. Air sampling results in relation to extent of fungal colonization of building materials in some water-damaged buildings. *Indoor Air* 10, 146-151.

Mishra S, Randolph T, Pierson D, Burge H. 1997. Particle size characteristics of airborne cultural fungi. Abstract in *Journal of Allergy and Clinical Immunology* 99(1), suppl, p. 390.

Morey PR. 1993. Microbiological events after a fire in a high-rise building. *Indoor Air* 3, 354-360.

Morey P. 1996. Mold growth in buildings: removal and prevention. *Proceedings of Indoor Air'96 Conference* 2, 27-36.

Morey P, Andrew M, Ligman B, Jarvis J. 2002. Hidden mold sometimes enters the indoor air. *Proceedings of Indoor Air'02 Conference* (CD-ROM).

Moschandreas DJ, Chu P. 2002. Occupant perception of indoor air and comfort in four hospitality environments. *American Industrial Hygiene Association Journal* 63, 47-54.

Mouilleseaux A, Squinazi F, Festy B. 1993. Microbial characterization of air quality in classrooms. *Proceedings of Indoor Air'* 93 Conference 4, 195-200.

Murtoniemi T, Nevalainen A, Suutari M, Toivola M, Komulainen H, Hirvonen M-R. 2001. Induction of cytotoxicity and production of inflammatory mediators in RAW264.7 macrophages by spores grown on six different plasterboards. *Inhalation Toxicology* 13, 233-247.

Nevalainen A. 1989. Bacterial aerosols in indoor air. *Ph.D. Thesis*. Publications of the National Public Health Institute A3, Kuopio, Finland. pp. 85.

Nevalainen A, Partanen P, Jääskeläinen E, Hyvärinen A, Koskinen O, Meklin T, Vahteristo M, Koivisto J, Husman T. 1998. Prevalence of moisture problems in Finnish houses. *Indoor Air* Suppl. 4, 45-49.

Nevalainen A, Pastuszka J, Liebhaber F, Willeke K. 1992. Performance of bioaerosol samplers: collection characteristics and sampler design considerations. *Atmospheric Environment* 26A(4), 531-540.

Norbäck D, Björnsson E, Janson C, Widström J, Boman G. 1995. Asthmatic symptoms and volatile organic compounds, formaldehyde, and carbon dioxide in dwellings. *Occupational & Environmental Medicine* 52, 388-395.

Norbäck D, Wieslander G, Nordström K, Wålinder R. 2000a. Asthma symptoms in relation to measured building dampness in upper concrete floor construction, and 2-ethyl-1-hexanol in indoor air. *The International Journal of Tuberculosis and Lung Disease* 4(11), 1016-1025.

Norbäck D, Wålinder G, Wieslander G, Smedje G, Erwall C, Venge P. 2000b. Indoor air pollutants in schools: nasal patency and biomarkers in nasal lavage. *Allergy* 55, 163-170.

Oliver, A. 1997. Dampness in buildings. 2nd Edition, revised by Douglas J and Stirling JS. Blackwell Science Ltd, London, England, pp. 353.

Otten JA, Burge HA. 1999. Bacteria. In: Bioaerosols, Assessment and control. Macher J (Ed.), American Conference of Governmental Industrial Hygienists, Cincinnati, Ohio, USA, 18-1 – 18-10.

Owen MK, Ensor DS, Sparks LE. 1992. Airborne particle sizes and sources found in indoor air. *Atmospheric Environment* 26(12), 2149-2162.

Parat S, Perdrix A, Fricker-Hidalgo H, Saude I, Grillot R, Baconnier P. 1997. Multivariate analysis comparing microbial air content of an air-conditioned

building and a naturally ventilated building over one year. *Atmospheric Environment* 31(3), 441-449.

Parker BJ, Veness RG, Evans CS. 1999. A biochemical mechanism whereby *Paecimyces variotii* can overcome the toxicity of the wood protectant, borate. *Enzyme and Microbial Technology* 24, 402-406.

Pasanen A-L. 1992. Airborne mesophilic fungal spores in various residential environments. *Atmospheric Environment* 26A(16), 2861-2868.

Pasanen A-L. 2001. A review: fungal exposure assessment in indoor environments. *Indoor Air* 11, 87-98.

Pasanen A-L, Kalliokoski P, Pasanen P, Salmi T, Tossavainen A. 1989. Fungi carried from farmers' work into farm homes. *American Industrial Hygiene Association Journal* 50(12), 631-633.

Pasanen A-L, Kasanen J-P, Rautiala S, Ikäheimo M, Rantamäki J, Kääriäinen H, Kalliokoski P. 2000. Fungal growth and survival in building materials under fluctuating moisture and temperature conditions. *International Biodeterioration & Biodegradation* 46,117-127.

Pasanen A-L, Niininen M, Kalliokoski P, Nevalainen A, Jantunen MJ. 1992. Airborne *Cladosporium* and other fungi in damp versus reference residences. *Atmospheric Environment* 26B(1), 121-124.

Pasanen A-L, Pasanen P, Jantunen MJ, Kalliokoski P. 1991. Significance of air humidity and air velocity for fungal spore release into the air. *Atmospheric Environment* 25A(2), 459-462.

Pastuszka JS, Paw UKT, Lis DO, Wlazlo A, Ulfig K. 2000. Bacterial and fungal aerosol in indoor environment in Upper Silesia, Poland. *Atmospheric Environment* 34, 3833-3842.

Paunio M, Peltola H, Valle M, Davidkin I, Virtanen M, Heinonen OP. 1998. Explosive school-based measles outbreak. *American Journal of Epidemiology* 148(11), 1103-1110.

Peat JK, Dickerson J, Li J. 1998. Effects of damp and mould in the home on respiratory health: a review of the literature. *Allergy* 53, 120-128.

Pejtersen J, Brohus H, Hyldgaard CE, Nielsen JB, Valbjørn O, Hauschildt P, Kjærgaard SK, Wolkoff P. 2001. Effect of renovating an office building on occupants' comfort and health. *Indoor Air* 11,10-25.

Pessi A-M, Suonketo J, Pentti M, Kurkilahti M, Peltola K, Rantio-Lehtimäki A. 2002. Microbial growth inside insulated external walls as an indoor air biocontamination source. *Applied and Environmental Microbiology* 68(2), 963-967.

Powell KL, Pedley S, Daniel G, Corfield M. 2001. Ultrastructural observations of microbial succession and decay of wood buried at a bronze age archaeological site. *International Biodeterioration & Biodegradation* 47,165-173.

Rand TG. 1999. An assessment of mould contamination problems in Atlantic Canada schools: Mold burdens, amplifying sites and benefits of proactive school inspection policies. In: *Bioaerosols, Fungi and Mycotoxins: Health Effects, Assessment, Prevention and Control*, (Ed.), Johanning E. Albany, Eastern New York Occupational and Environmental Health Center. pp. 581–592.

Raunio P, Kärkkäinen M, Virtanen T, Rautiainen J, Pasanen A-L. 2001. Preliminary description of antigenic components characteristics of *Stachybotrys chartarum*. *Environmental Research* section A 85, 246-255.

Rautiala S, Reponen T, Nevalainen A, Husman T, Hyvärinen A, Kalliokoski P. 1996. Fire-fighting efforts may lead to a massive-fungal exposure within one week. A case report. *Proceedings of Indoor Air'96 Conference* 2, 1113-1117.

Redlich CA, Sparer J, Cullen MR. 1997. Sick-building syndrome. *The Lancet* 349, 1013-1016.

Reiman M, Kujanpää L, Vilkki R, Sundholm P, Kujanpää R. 2000. Microbes in building materials of different densities. *Proceedings of Healthy Buildings Conference* 3, 313-316.

Reinikainen L-M, Jaakkola JJK. 2001. Effects of temperature and humidification in the office environment. *Archives of Environmental Health* 56(4), 365-368.

Reponen T. 1995. Aerodynamic diameters and respiratory deposition estimates of viable fungal particles in mold problem dwellings. *Aerosol Science and Technology* 22(1), 11-23.

Reponen TA, Gazenko SV, Grinshpun SA, Willeke K, Cole EC. 1998. Characteristics of airborne actinomycete spores. *Applied and Environmental Microbiology* 64(10), 3807-3812.

Reponen T, Hyvärinen A, Ruuskanen J, Raunemaa T, Nevalainen A. 1994. Comparison of concentrations and size distributions of fungal spores in buildings with and without mould problems. *Journal of Aerosol Science* 25(8),1595-1603.

Reponen T, Nevalainen A, Jantunen M, Pellikka M, Kalliokoski P. 1992. Normal range criteria for indoor air bacteria and fungal spores in a subarctic climate. *Indoor Air* 2, 26-31.

Reponen T, Nevalainen A, Raunemaa T. 1989. Bioaerosol and particle mass levels and ventilation in Finnish homes. *Environment International* 15, 203-208.

Reponen T, Willeke K, Grinshpun S, Nevalainen A. 2001. Biological particle sampling. In: Aerosol measurement, Principles, Techniques and Applications. 2nd Edition. (Eds.), Baron PA, Willeke K. John Wiley and Sons, New York, USA, pp. 751-778.

Reponen T, Willeke K, Ulevicius V, Reponen A, Grinshpun SA. 1996. Effect of relative humidity on the aerodynamic diameter and respiratory deposition of fungal spores. *Atmospheric Environment* 30(23), 3967-3974.

Reynolds SJ, Streifel AJ, McJilton CE. 1990. Elevated airborne concentrations of fungi in residential and office environments. *American Industrial Hygiene Association Journal* 51(11), 601-604.

Robertson LD. 1999. Case study: Airborne concentrations of *Trichoderma* and *Stachybotrys* linked to mycotoxicosis. In: *Bioaerosols, Fungi and Mycotoxins: Health Effects, Assessment, Prevention and Control*, (Ed.), Johanning E. Albany, Eastern New York Occupational and Environmental Health Center. pp. 282 – 286.

Rock JC. 1995. Occupational air sampling strategies. In: *Air sampling instruments for evaluation of atmospheric contaminants,* (Eds.), Cohen BS, Hering SV. 8th Edition, American Conference of Governmental Industrial Hygienists, Inc., Cincinnati, Ohio, pp. 19-44.

Rodes CE, Kamens RM, Wiener RW. 1991. The significance and characteristics of the personal activity cloud on exposure assessment measurements for indoor contaminants. *Indoor Air* 2, 123-145.

Roponen M, Toivola M, Meklin T, Ruotsalainen M, Komulainen H, Nevalainen A, Hirvonen M-R. 2001. Differences in inflammatory responses and cytotoxicity in RAW264.7 macrophages induced by *Streptomyces anulatus* grown on different building materials. *Indoor Air* 11, 179-184.

Rosén KG, Richardson G. 1999. Would removing indoor air particulates in children's environments reduce rate of absenteeism - A hypothesis. *The Science of the Total Environment* 234, 87-93.

Rudblad S, Andersson K, Stridh G, Bodin L, Juto J-E. 2001. Nasal hyperreactivity among teachers in a school with a long history of moisture problems. *American Journal of Rhinology* 15(2), 135-141.

Rylander R. 1997. Airborne (1->3)-ß-D-glucan and airway disease in a day-care center before and after renovation. *Archives of Environmental Health* 52(4), 281-285.

Samson RA, Flannigan B, Flannigan ME, Verhoeff AP, Adan OCG, Hoekstra ES. (Eds.), 1994. Recommendations In: *Health Implications of Fungi in Indoor Environments. Air Quality Monographs.* Vol. 2. Elsevier Science B.V. Amsterdam, The Netherlands, pp. 529-538.

Samson RA, Hoekstra ES, Frisvad JC, Filtenborg O. (Eds.) 1996. Introduction to food-borne fungi. 5th Edition. Centraalbureau voor Schimmelcultures, The Netherlands, pp. 322.

SAS User's Guide. 1990. Version 6, 4rd Edition. SAS Institute Inc., Cary, NC, USA.

Savilahti R, Uitti J, Laippala P, Husman T, Roto P. 2000. Respiratory morbidity among children following renovation of a water-damaged school. *Archives of Environmental Health* 55(6), 405-410.

Scheff PA, Paulius VK, Curtis L, Conroy LM. 2000. Indoor air quality in a middle school, part II: development of emission factors for particulate matter and bioaerosols. *Applied Occupational and Environmental Hygiene* 15(11), 835-842.

Schillinger JE, Vu T, Bellin P. 1999. Airborne fungi and bacteria, background levels in office buildings. *Environmental Health Features*, September 9-14.

School office, City of Kuopio, oral information, 25.3.2002.

Shaw CY, Salares V, Magee RJ, Kanabus-Kaminska M. 1999. Improvement of indoor air quality in four problem homes. *Building and Environment* 34, 57-69.

Schwab M, McDermott A, Spengler JD. 1992. Using longitudinal data to understand children's activity patterns in an exposure context: data from the Kanawha county health study. *Environment International* 18, 173-189.

Seinfeld JH. (Ed.), 1986. Atmospheric chemistry and physics of air pollution. John Wiley & Sons Inc., New York, USA, pp. 737.

Seppänen OA, Fisk WJ, Mendell MJ. 1999. Association of ventilation rates and CO₂ concentrations with health and other responses in commercial and institutional buildings. *Indoor Air* 9, 226-252.

Sessa R, Di Pietro M, Schiavoni G, Santino I, Altieri A, Pineli S, Del Piano M. 2002. Microbiological indoor air quality in healthy buildings. *Microbiologica* 25, 51-56.

Sigsgaard T, Jensen H, Nichum E, Gravesen S, Larsen L, Hansen MØ. 2000. Decrease in symptoms after rebuilding a water damaged school building. *Proceedings of Healthy Buildings Conference*, 3, 409-414.

Skov P, Valbjørn O, DISG. 1987. The "sick" building syndrome in the office environment: The Danish town hall study. *Environment International* 13, 339-349.

Smedje G, Norbäck, D. 2000. New ventilation systems at select schools in Sweden - effects of asthma and exposure. *Archives of Environmental Health* 55(1), 18-25.

Smedje G, Norbäck, D. 2001. Irritants and allergens at school in relation to furnishings and cleaning. *Indoor Air* 11, 127-133, 2001.

Smedje G, Norbäck D, Edling C. 1997a. Asthma among secondary schoolchildren in relation to the school environment. *Clinical and Experimental Allergy* 27, 1270-1278.

Smedje G, Norbäck D, Edling C. 1997b. Subjective indoor air quality in schools in relation to exposure. *Indoor Air* 7,143-150.

Spengler J, Neas L, Nakai S, Dockery D, Speizer F, Ware J, Raizenne M. 1994. Respiratory symptoms and housing characteristics. *Indoor Air* 4, 72-82.

Spengler JD, Treitman RD, Tosteson TD, Mage DT, Soczek ML. 1985. Personal exposures to respirable particulates and implications for air pollution epidemiology. *Environmental Science & Technology* 19, 700-707.

SPSS inc. 1988. SPSS-XTM user's guide, 3rd Edition, Chicago, IL, USA.

Stackebrandt E, Rainey FA, Ward-Rainey NL. 1997. Proposal for a new hierarchic classification system, *Actinobacteria* classis nov. *International Journal of Systematic Bacteriology* 47(2), 479-491.

Statistics Finland, 1992. Vuotuinen ajankäyttö, Studies 183, pp.82, (in Finnish)

Statistics Finland, 1999. http://statfin.stat.fi/statweb/statfincatalog.

Statistics Finland, 2001. http://statfin.stat.fi/statweb/statfincatalog.

Stridh G, Andersson K. 1995. The effect of different restoring measures in a domestic area with severe indoor climate problems. In: Indoor Air, (Eds.), Morawska L, Bofinger ND, Maroni M, 1st Edition, Elsevier Science Ltd., Oxford, England, pp. 247-250.

Ström G, West J, Wessén B, Palmgren U. 1994. Quantitative analysis of microbial volatiles in damp Swedish houses. In Samson RA, Flannigan B, Flannigan ME, *et al.* (Eds.), Health Implications of Fungi in Indoor Environments. Air Quality Monographs, vol 2. Elsevier Science B.V., Amsterdam, The Netherlands. pp. 291-305.

Su H-JJ, Wu P-C, Lin C-Y. 2001. Fungal exposure of children at homes and schools: a health perspective. *Archives of Environmental Health* 56(2), 144-149.

Sudakin DL. 1998. Toxigenic fungi in water-damaged building: An intervention study. *American Journal of Industrial Medicine* 34, 183-190.

Sundell J. 2000. Building related factors and health. *Proceedings of Healthy Buildings Conference* 1, 23-33.

Sundell J, Lindvall T. 1993. Indoor air humidity and sensation of dryness as risk indicators of SBS. *Indoor Air* 3, 382-390.

Susitaival P, Husman T. 1996. Tuohilampi - a set of questionnaires for population studies of hypersensitivity diseases of respiratory tract, skin and eyes, Helsinki, Hakapaino Oy. pp. 104. (In Finnish).

Taskinen T, Meklin T, Nousiainen M, Husman T, Nevalainen A, Korppi M. 1997. Moisture and mould problems in schools and respiratory manifestations in schoolchildren: clinical and skin test findings. *Acta Paediatrica* 86, 1181-1187.

Thatcher TL, Layton DW. 1995. Deposition, resuspension, and penetration of particles within a residence. *Atmospheric Environment* 29(13), 1487-1497.

The Association of Finnish Local and Regional Authorities. 2000. Kosteus- ja homevaurioiden määrä ja syyt kuntien julkisissa rakennuksissa. pp. 40. (in Finnish).

Thi LCN, Kerr G, Johnson J. 2000. Monitoring and remediation after a flood in a Canadian office building. *Proceedings of Healthy Buildings Conference* 3, 433-438.

Thompson B. 1998. Engineers, IAQ, and schools. ASHRAE Journal 5, suppl, 22-26.

Thorstensen E, Hansen C, Pejtersen J, Clausen GH, Fanger O. 1990. Air pollution sources and indoor air quality in schools. *Proceedings of Indoor Air'90 Conference* 1, 531-536.

Thörn Å, Lewné M, Belin L. 1996. Allergic alveolitis in a school environment. Scandinavian Journal of Work, Environment & Health 22(4), 311-314.

Timonen KL, Pekkanen J, Korppi M, Vahteristo M, Salonen RO. 1995. Prevalence and characteristics of children with chronic respiratory symptoms in eastern Finland. *European Respiratory Journal* 8, 1155-1160.

Toivola M, Alm S, Reponen T, Kolari S, Nevalainen A. 2002. Personal exposures and microenvironmental concentrations of particles and bioaerosols. *Journal of Environmental Monitoring* 4,166-174.

Venkataraman C, Kao AS. 1999. Comparison of particle lung doses from fine and coarse fractions of urban PM-10 aerosols. *Inhalation Toxicology* 11,151-169.

Verhoeff AP, van Wijnen JH, Boleij JSM, Brunekreef B, van Reene-Hoekstra ES, RA Samson. 1990. Enumeration and identification of airborne viable mould propagules in houses. *Allergy* 45, 275-284.

Verhoeff AP, van Wijnen JH, Brunekreef B, Fischer P, van Reenen-Hoekstra ES, Samson RA. 1992. Presence of viable mould propagules in indoor air in relation to house damp and outdoor air. *Allergy* 47, 83-91.

Viitanen H. 1996. Factors affecting the development of mould and brown rot decay in wooden material and wooden structures. *Ph.D. Thesis*. The Swedish University of Agricultural Sciences, Department of Forest Products, Uppsala, Sweden. pp. 58.

Viitanen H, Bjurman J. 1995. Mould growth on wood at fluctuating humidity conditions. *Material und Organismen* 29(1), 27-46.

Vujanovic V, Smoragiewicz W, Krzysztyniak K. 2001. Airborne fungal ecological niche determination as one of the possibilities for indirect mycotoxin risk assessment in indoor air. *Environmental Toxicology* 16,1-8.

Waegemaekers M, van Wageningen N, Brunekreef B, Boleij JSM. 1989. Respiratory symptoms in damp homes. *Allergy* 44,192-198.

Wallace L. 1996. Indoor particles: a review. *Journal of the Air & Waste Management Association* 46, 98-126.

Warburton CJ, Niven RMcL, Pickering CAC, Fletcher AM, Hepworth J, Francis HC. 1994. Domiciliary air filtration units, symptoms and lung function in atopic asthmatics. *Respiratory Medicine* 88, 771-776.

Wargocki P, Wyon DP, Baik YK, Clausen G, Fanger PO. 1999. Perceived air quality, sick building syndrome (SBS) symptoms and productivity in an office with two different pollution loads. *Indoor Air*, 9, 165-179.

Willeke K, Macher JM. 1999. Air sampling. In: Macher J (Ed.), Bioaerosols, Assessment and Control. American Conference of Governmental Industrial Hygienists, Cincinnati, USA. pp. 11-1 – 11-25.

Wu P-C, Su H-J, Lin C-Y. 2000. Characteristics of indoor and outdoor airborne fungi at suburban and urban homes in two seasons. *The Science of the Total Environment* 253, 111-118.

Wålinder R, Norbäck D, Wieslander G, Smedje G, Erwall C. 1997. Nasal mucosal swelling in relation to low air exchange. *Indoor Air* 7, 198-205.

Wålinder R, Norbäck D, Wieslander G, Smedje G, Erwall C, Venge P. 2001. Acoustic rhinometry and lavage biomarkers in relation to some building characteristics in Swedish schools. *Indoor Air* 11,2-9.

Zar J. 1996. Biostatistical analysis, 3rd Edition, Prentice-Hall Inc. Simon&Schuster / Viacom Company, Upper Saddle River, New Jersey. pp. 227.

Zhou G, Whong W-Z, Ong T, Chen B. 2000. Development of a fungus-specific PCR assay for detecting low-level fungi in an indoor environment. *Molecular and Cellular Probes* 14, 339-348.

Åhman M, Lundin A, Musabašić V, Söderman E. 2000. Improved health after intervention in a school with moisture problems. *Indoor Air* 10, 57-62.