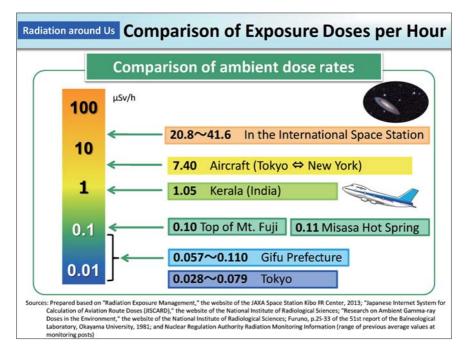


Radiation exists around us and we are exposed to it in our daily lives without realizing. It is impossible to completely avoid radiation exposure in our daily lives.

External exposure to natural radiation from outer space and the ground, and internal exposure to naturally occurring radioactive materials, such as those in foods and radon in the air, amount to a global average of 2.4 mSv and a Japanese average of 2.1 mSv annually (p.65 of Vol. 1, "Comparison of Exposure Doses per Year").

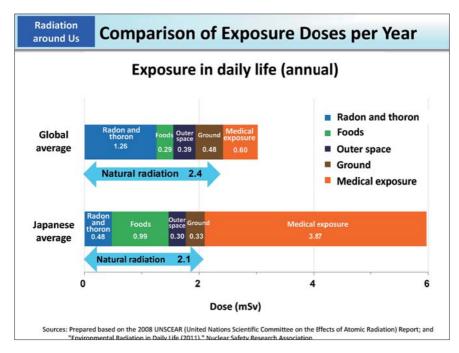
The percentage of medical exposure from radiological examinations is known to be high in Japan. This is considered due to the fact that CT scans, which involve high-dose exposure per examination, are quite common and upper gastro intestinal (UGI) examination is generally utilized for stomach cancer screening in Japan (p.76 of Vol. 1, "Radiation Doses from Medical Diagnosis").



In outer space and aircraft, ambient dose rates are higher because of cosmic rays from galaxies and the Sun. Ambient dose rates are also high at high altitudes such as the top of Mt. Fuji, compared to low altitudes, because the influence of cosmic rays is stronger. At low altitudes, cosmic rays (radiation) interact with oxygen and nitrogen atoms in the atmosphere and thereby lose energy, resulting in reduced amounts of radiation reaching the ground. Accordingly, ambient dose rates become lower.

Ambient dose rates in most living spaces are in the range of 0.01 to 1 μ Sv/h, but there are areas where the level of natural radiation is high because soil there contains large amounts of radioactive materials, such as radium and thorium. Such areas are called high natural radiation areas (p.67 of Vol. 1, "Ground Radiation (World)").

While there is no high natural radiation area in Japan, ambient dose rates are slightly higher in places where soil contains a lot of radium, such as Misasa Onsen Hot Springs, which is famous for radon hot springs (p.68 of Vol. 1, "Ground Radiation (Japan)").



In December 2011, the Nuclear Safety Research Association announced Japan's national doses for the first time in 20 years. The survey shows that the annual average dose of Japanese people is 5.98 millisieverts, of which 2.1 millisieverts are estimated to be caused by exposure to natural radiation.

Comparison with the global average shows that Japanese people's exposures to Radon-222 and Radon-220 (thoron) are relatively low while exposures from foods are relatively high. In preparing this report, it has been found that the Japanese people's exposure due to Lead-210 and Polonium-210 in foods amounts to 0.80 mSv, which is high compared to the global average, probably due to Japanese people's high intake of fish and seafood (p.66 of Vol. 1, "Breakdown of Natural Exposure Doses (Japanese)").

While exposure doses from radiological examinations vary widely among individuals, Japanese people's exposure doses are known to be significantly high on average. In particular, the widespread use of CT scans is a major contributing factor (p.76 of Vol. 1, "Radiation Doses from Medical Diagnosis").

adiation around Us Breakdown of Natural Exposure Doses (Japanese)			
Breakdown of radiation sources	Effective dose (mSv/year)		
Cosmic rays	0.3		
Ground radiation	0.33		
Radon-222 (indoors and outdoors)	0.37		
Radon-220 (thoron) (indoors and outdoors)	0.09		
Smoking (Lead-210, Polonium-210, etc.)	0.01		
Others (uranium, etc.)	0.006		
Mainly Lead-210 and Polonium-210	0.80		
Tritium	0.000082		
Carbon-14	0.01		
Potassium-40	0.18		
Total	2.1		
	(Japanese) Breakdown of radiation sources Cosmic rays Ground radiation Radon-222 (indoors and outdoors) Radon-220 (thoron) (indoors and outdoors) Smoking (Lead-210, Polonium-210, etc.) Others (uranium, etc.) Mainly Lead-210 and Polonium-210 Tritium Carbon-14 Potassium-40		

Source: Prepared based on "Environmental Radiation in Daily Life (2011)," Nuclear Safety Research Association

This table shows that the intake of Lead-210 and Polonium-210 through ingestion accounts for a significant portion of Japanese people's internal exposures. Lead-210 and Polonium-210 are created when Radon-222 in the air goes through the following process:

Radon-222 (half-life of approx. 3.8 days) \rightarrow Polonium-218 (half-life of approx. 3 minutes) \rightarrow Lead-214 (half-life of approx. 27 minutes) \rightarrow Bismuth-214 (half-life of approx. 20 minutes) \rightarrow Polonium-214 (half-life of approx. 1.6 \times 10⁻⁴ sec.) \rightarrow Lead-210 (half-life of approx. 22 years) \rightarrow Bismuth-210 (half-life of approx. 5 days) \rightarrow Polonium-210 (half-life of approx. 138 days)

They are deposited on the ground or settled in rivers and oceans and are taken into the human body through foods.

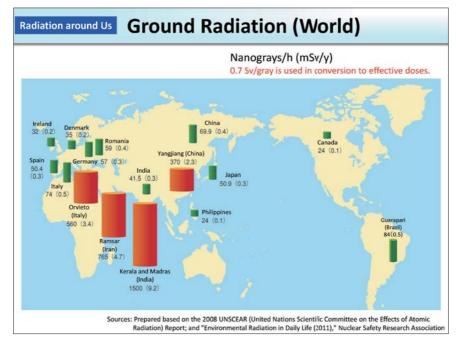
One reason why Japanese people's exposure doses from foods are higher compared to the rest of the world is that their diets contain lots of fish, which is rich in Polonium-210. This accounts for Japanese people's large effective doses.

On the other hand, exposure to Radon-222 and Radon-220 (thoron) is smaller among Japanese people, and this is considered to be due to the fact that traditional Japanese houses are well ventilated and Radon-222 and Radon-220 (thoron) that seep indoors from the ground are quickly diffused outside.

Internal exposure to Radon-222 and Radon-220 (thoron) through inhalation will be explained in "Internal Exposure to Radon and Thoron through Inhalation" on p.71 of Vol. 1.

Tritium has smaller effects on the human body compared with other nuclides and exposure doses due to natural tritium are relatively small (p.57 of Vol. 1, "Conversion Factors to Effective Doses").

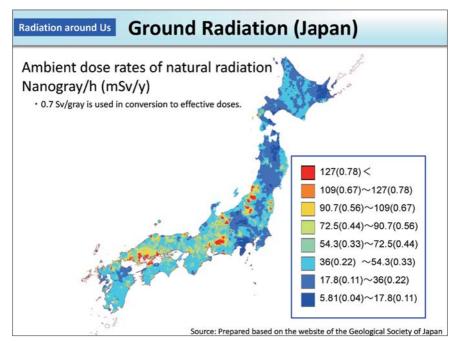
Included in this reference material on March 31, 2013 Updated on February 28, 2018



There are regions around the world where natural radiation is two to ten times higher than in Japan, such as Yangjiang in China, Kerala in India, and Ramsar in Iran. The high levels of natural radiation in these regions are due to the fact that soil there is rich in radioactive materials such as radium, thorium and uranium.

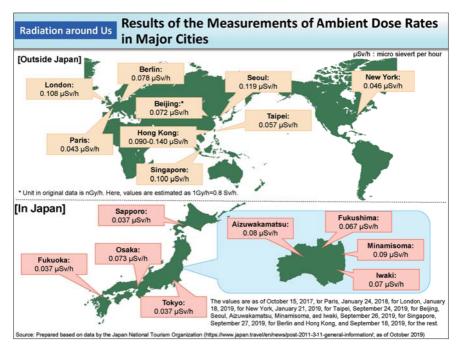
It has been reported that in Guarapari in Brazil, which was previously well-known as a high natural radiation area, ambient dose rates have reduced as a result of asphalt paving for urbanization.

Based on epidemiological studies in China and India, no significant increases in cancer deaths and incidence rates have been reported so far in these regions (p.124 of Vol. 1, "Effects of Long-Term Low-Dose Exposure"). In Ramsar, analysis on cancer risks is underway.



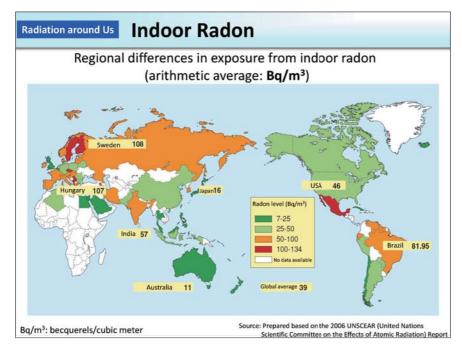
In Japan, like everywhere else, the amount of ground radiation varies from area to area. Comparison of ambient dose rates among different prefectures shows that there is a difference of 0.4 mSv per year between Gifu, where the ambient dose rates are highest, and Kanagawa, where the values are lowest.

In the Kanto Plain, where a fewer types of radionuclides are contained in the ground, the amount of radiation from the ground is generally less. In western Japan, where granite is directly exposed to the ground in many places, the amount of radiation from the ground tends to be about 1.5 times higher than in eastern Japan because granite is relatively rich in radionuclides such as uranium, thorium and potassium.



These figures show the results of the measurements of ambient dose rates at major cities in and outside Japan. Radiation doses shown in the figures are mostly from 0.03 μ Sv/h to 0.14 μ Sv/h, which reveals that radiation doses vary by region. This is mainly because radiation doses from the earth differ due to differences in soil and rocks in respective regions.

Ambient dose rates in four cities in Fukushima Prefecture decreased significantly over time after Tokyo Electric Power Company (TEPCO)'s Fukushima Daiichi NPS Accident and have become almost the same as those in other major cities in and outside Japan.

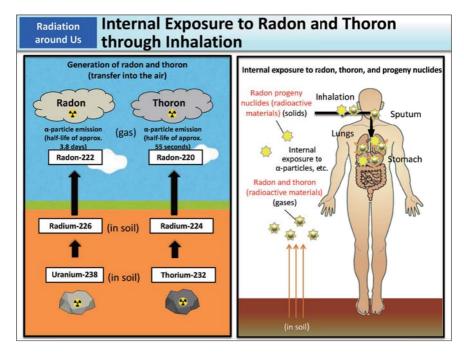


Radon is a radioactive noble gas produced by the alpha-decay of radium, which is universally present under the ground. Since radon is a gas, it is emitted from the ground and seeps into houses (p.71 of Vol. 1, "Internal Exposure to Radon and Thoron through Inhalation").

In areas where people live in masonry houses, such as Europe, indoor radon concentrations are high and exposure doses tend to be high as a result.

The global average of indoor radon concentrations is 39 Bq/m³, while Japan has an average value of 16 Bq/m³. There are also large regional differences in internal exposure doses from indoor radon.

Included in this reference material on March 31, 2013 Updated on March 31, 2015

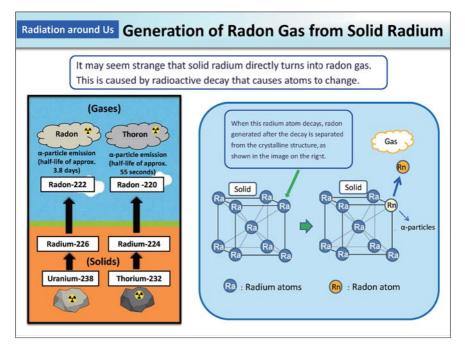


Radon (Radon-222) and thoron (Radon-220) are gaseous radioactive materials produced through radioactive decay of a radium ore. They enter the human body through inhalation. Radon results from decay of Radium-226 produced in a decay chain (uranium series) that starts from uranium, and thoron results from decay of Radium-224 produced in a decay chain (thorium series) that starts from Thorium-232. Radon has a half-life of approx. 3.8 days and thoron has a half-life of approx. 55 seconds.

Radon and its progeny nuclides are the largest contributors of natural radiation exposure.

Because radon and thoron diffuse into the air from the ground, building materials, etc. (p.72 of Vol. 1, "Generation of Radon Gas from Solid Radium"), people inhale radon and thoron in their lives on a daily basis. Inhaled radon reaches the lungs and emits α-particles, causing internal exposure of the lungs. Radon inhaled into the body further decays into progeny nuclides, which then migrate from the lungs and the esophagus to the digestive organs together with sputum, causing further internal exposure.

Radon contributes less to internal exposure than its progeny nuclides. This is because radon, being a gas, is easily exhaled, while radon daughter nuclides, i.e., radioactive Polonium-218 and Lead-214 that is created through decay of the former, are solids and therefore not easily expelled out of the body once inhaled as they adhere to the alveoli and the bronchial wall surface.

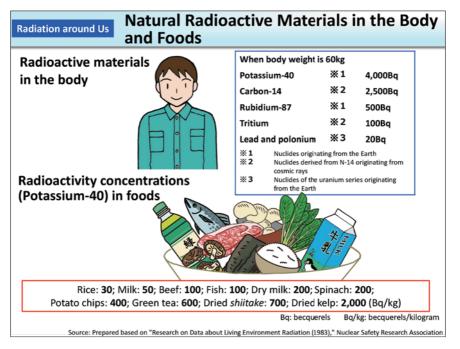


Radium, a radioactive material, is present in a crystal structure called body-centered cubic at room temperature and normal pressure, as shown in the right image.

When radium decays, it emits α-particles and turns into radon.

Radon is a chemically stable element, like helium and neon. Being chemically stable or being an inert element means that it stably exists as radon without reacting with other elements to form compounds. Radon has a melting point of approx. -71°C and a boiling point of approx. -62°C and is therefore in a gas form under normal conditions. When radium atoms making up the crystal structure decay into radon atoms, they leave the crystal structure (because the force binding them as a crystal is lost) and come to exist in a gas form. Since radon is an inert gas, it emanates from the ground into the air without reacting with any underground substances.

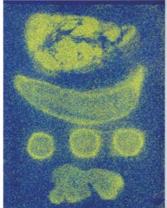
Included in this reference material on March 31, 2016

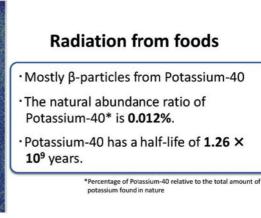


Potassium is an element necessary for life and is contained in most foods. Because 0.01% of potassium is radioactive, most foods contain radioactive potassium. Radioactive potassium emits β -particles and γ -rays, causing internal exposure from food intake (p.74 of Vol. 1, "Visualized Radiation"). The internal potassium concentration is held constant, so exposure doses from potassium in foods depend on individuals' physiques and are considered unaffected by diet (p.8 of Vol. 1, "Naturally Occurring or Artificial").

The values for dry foods in the list are those analyzed in their product states, which include the effects of concentration increases due to drying. For example, if the weight decreases to one-tenth through drying, concentration increases by ten times.

Visualized Radiation





Radiographs of pork meat, banana (cut vertically and horizontally), and ginger

Source: Applied Physics Vol.67, No.6, 1998

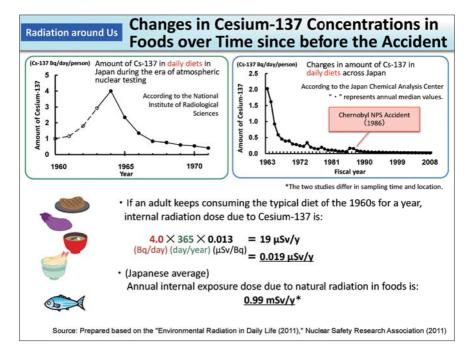
Potassium-40 contained in foods emits β -particles and γ -rays.

The distribution of potassium can be found by using an imaging plate^{*1} and detecting β -particles from Potassium-40.

The above image was obtained by placing pieces of pork meat, banana and ginger on an imaging plate and exposing for 25 days while blocking shielding external radiation. The protein part of the pork meat, the peel of the banana, and the buds of the ginger contain relatively large amounts of potassium. It can be seen that the fat portion of the pork meat contains little potassium.

*1: An imaging plate is a support medium, such as a plastic sheet, coated with a fluorescent substance that reacts to radiation. By placing a sample containing radioactive materials on a plate for a defined period of time, two-dimensional distribution of radioactivity in the sample can be examined.

Included in this reference material on March 31, 2013 Updated on March 31, 2019



Atmospheric nuclear tests were carried out around the world from 1945 to 1980. As a result, large amounts of artificial radionuclides were released into the air and fell to Japan as well (p.78 of Vol. 1, "Effects of Radioactive Fallout due to Atmospheric Nuclear Testing"). Radioactivity in daily diets has been measured across Japan in order to find out what effects the artificial radionuclides would have on health.

Meals people actually consume are used as samples to measure radioactivity in daily diets, and this practice is useful in estimating and evaluating internal exposure doses from meals.

The amount of Cesium-137 in daily diets was highest around 1963, the year when nuclear testing, particularly in the atmosphere, was banned. It dropped sharply afterwards, and in 1975, it reduced to about a tenth of the peak amount. While there was a slight increase in 1986 because of the Chernobyl NPS Accident, the amount went down slowly until the 2000s.

If an adult were to keep consuming a typical diet of the 1960s, which had the highest level of Cesium-137, Japanese people's internal exposure dose due to Cesium-137 would be as follows:

4.0 (Bq/day) × 365 (day/year) × 0.013 (μ Sv/Bq) = 19 μ Sv/y = 0.019 mSv/y

This value is about 2% of Japanese people's internal exposure dose (0.99 mSv/y) due to natural radiation in foods.

Because the above two studies differ in the location where samples (daily diets) were taken and the number of samples, there is a difference in their numerical values.

(The black dots in the graph (right) showing changes in amount of Cesium-137 in daily diets over time across Japan represent annual median values.)

Included in this reference material on March 31, 2017

Radiation **Radiation Doses from Medical Diagnosis** around Us

Type of	Discussion reference levels'	Actual exposure dose ^{*2}	
examination	Diagnostic reference levels ^{*1}	Dose	Type of dose
General imaging: Front chest	0.4 mGy (less than 100 kV)	0.06 mSv	Effective dose
Mammography (mean glandular dose)	2.4 mGy	Around 2 mGy	Equivalent dose (Mean glandular dose)
Fluoroscopy	IVR (InterVentional Radiology): Equipment reference fluoroscopic dose rate 17 mGy/min	Gastric fluoroscopy: 10 mSv/min (25 to 190 sec, varies depending on operators and subjects) ¹³	Effective dose
Dental imaging (Intraoral radiography)	From 1.0 mGy at the frontal teeth of the mandible to 2.0 mGy at the molar teeth of the maxilla (in either case, incident air kerma (Ka,i) [mGy] is measured)	Around 2 - 10 μSv	Effective dose
V	Adult head simple routine: 77 mGy (CTDIvol)	Around 5 - 30 mSv	Effective dose
X-ray CT scan	Child (age 5 - 9), head: 55 mGy (CTDIvol)		
Nuclear scanning	Value for each radioactive medicine	Around 0.5 - 15 mSv	Effective dose
PET scan	Value for each radioactive medicine	Around 2 - 20 mSv	Effective dose

*1: "National Diagnostic Reference Levels in Japan (2020) (Japan DRLs 2020)," J-RIME, July 3, 2020 (partially updated on August 31, 2020) (http://www.radher.jp/J-RIME/)

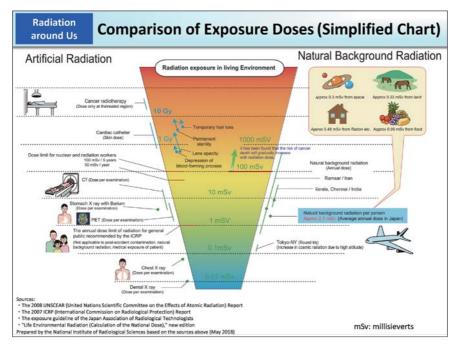
208A on Medical Exposure Risks and Protection Regarding Medical Exposure from CT Scans, etc.," National Institutes for Quantum and Radiological *2: Science and Technology (https://www.qst.go.jp/site/qms/1889.html) "Gastric Fluoroscopy" in "X-ray Medical Checkup" in "Basic Knowledge on Medical Radiation," Kitasato University Hospital, Radiology Department

*3: Prepared based on materials *1, *2 and *3 above

Exposure doses from radiological examinations vary by the types of examinations. Some examinations, such as dental imaging, only involve very slight, local exposure, while some other examinations, such as X-ray CT scans and nuclear scanning, involve relatively high exposure doses. Even with the same type of examination, doses could vary widely depending on the medical institution. It is therefore recommended to use diagnostic reference levels as criteria for determining whether doses might be too high for diagnosis. If the average radiation dose of a medical institution greatly deviates from the diagnostic reference levels, the International Commission on Radiological Protection (ICRP) recommends that irradiation conditions for the examination be reconsidered.

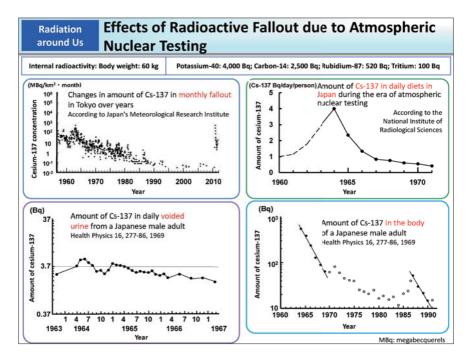
Some countries are already using the diagnostic reference levels. In Japan, the Japan Association of Radiological Technologists issued a medical exposure guideline (reduction targets) in 2000, in which they compiled values equivalent to the diagnostic reference levels. It was updated in 2006 as the 2006 medical exposure guideline. The Japan Network for Research and Information on Medical Exposures (J-RIME)^{*1} established Japan's first diagnostic reference levels based on the results of surveys conducted by participating organizations. For the latest diagnostic reference levels, the "National Diagnostic Reference Levels in Japan (2020) (Japan DRLs 2020)" was published on July 3, 2020 (partially updated on August 31, 2020).

*1: The Japan Network for Research and Information on Medical Exposures (J-RIME) started in 2010 as a base for establishing a medical exposure protection system that matches Japan's circumstances, by gathering expert opinions through cooperation from academic societies and associations, and collecting and sharing domestic and international research information on medical exposures. J-RIME's activities include collecting data on medical exposure, such as exposure doses from radiation therapy and risk assessment, to get a picture of medical exposures in Japan, and building an appropriate protection system for medical exposure in Japan while taking international trends into account (source: prepared based on http://www.radher.jp/J-RIME/index.html).



Comparison of radiation doses in daily life shows that doses from one single event and annual doses are mostly on the order of millisieverts, except for special cases such as radiation therapy (p.76 of Vol. 1, "Radiation Doses from Medical Diagnosis").

Exposure doses found to have health effects on people are considered to be at levels exceeding 100 millisieverts.

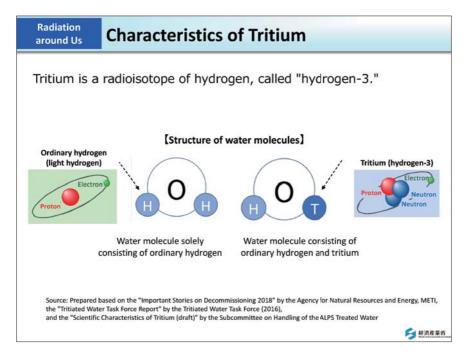


Large amounts of artificial radionuclides were released into the environment in the era during which atmospheric nuclear testing was frequently conducted. These artificial radionuclides were spread all around the world as they were carried by air currents, and gradually fell onto the surface of the Earth from the atmosphere. Such radioactive falling matter is called fallout. The amount of fallout was highest in 1963, just before the ban of atmospheric nuclear testing, and has been decreasing since then.

Because there is a time lag between contamination of foods with cesium and their consumption, the amount of radioactive cesium in daily diets was highest in 1964, then dropped sharply by 1967, and has been decreasing relatively slowly since then.

Like the amount of cesium in daily diets, the amounts of Cesium-137 in urine and the body were also highest in 1964. An increase in the amount of cesium in the body was also found among Japanese people as a result of the influence of the Chernobyl NPS Accident.

As a result of atmospheric nuclear testing during the aforementioned era, plutonium and Strontium-90, etc. were released into the environment, in addition to radioactive cesium. These radionuclides still exist in soil, albeit only slightly.



Even after repeated treatment of contaminated water with a multi-nuclide removal equipment, or a so-called Advanced Liquid Processing System (ALPS) or other equipment, at Tokyo Electric Power Company (TEPCO)'s Fukushima Daiichi NPS, the processed water still contains tritium, which is a radioactive material. **Radiation around Us**

Tritium is a radioisotope of hydrogen, called "hydrogen-3." Tritium, which combines with oxygen and comprises water molecules in the same manner as ordinary hydrogen, often exists around us while being contained in water molecules. Tritium is also contained in water vapor in the air, rainwater, seawater, and tap water. As tritium exists as part of a water molecule, removal thereof with ALPS and other equipment is rather difficult. Tritium is created in nature by cosmic rays in addition to be artificially created through the operation of a nuclear power plant.

Tritium emits β -particles, one type of radiation, but β -particles emitted from tritium only have weak energy and can be shielded with a piece of paper. Therefore, external exposure to tritium is unlikely to exert any influence on the human body. A biological half-life for water containing tritium is ten days, and even if it is ingested, it will be eliminated from the body promptly and will not accumulate in any specific organs (p.31 of Vol. 1, "Radioactive Materials Derived from Nuclear Accidents"). The committed effective dose coefficient when orally ingesting tritium is 0.000018 µSv/Bq, a smaller value compared with other radionuclides (p.57 of Vol. 1, "Conversion Factors to Effective Doses").

Regarding handling of ALPS treated water, comprehensive deliberations are being made while also taking into account social influence, such as rumors, not only from the technical point of view.

[Reference materials]

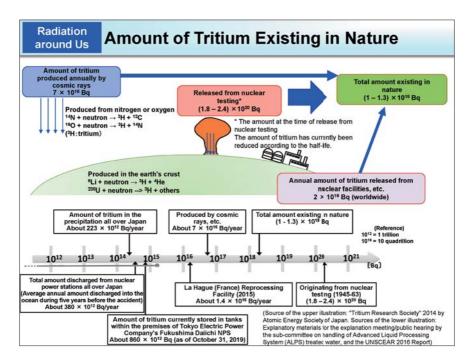
Basic knowledge on tritium:

• Contaminated water management in Fukushima: Top priority on safety and security; Measure (ii) What is "tritium"?

https://www.enecho.meti.go.jp/about/special/johoteikyo/osensuitaisaku02.html (in Japanese)
Top priority on safety and security; Measure (iii) Explanation of tritium and radiation exposure https://www.enecho.meti.go.jp/about/special/johoteikyo/osensuitaisaku03.html (in Japanese)
Portal Site for Decommissioning and Countermeasures for Contaminated Water:
ALPS Treated Water

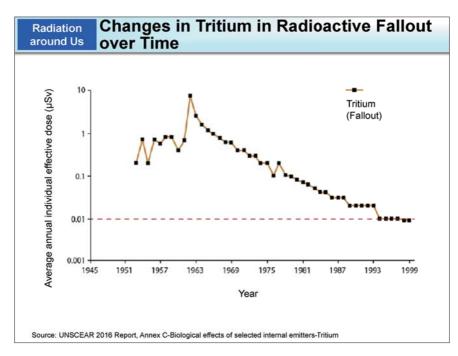
https://www.meti.go.jp/english/earthquake/nuclear/decommissioning/atw.html

Included in this reference material on March 31, 2019 Updated on March 31, 2021



Tritium (³H) is a radioisotope of hydrogen (with a half-life of about 12.3 years) and emits weak radiation (β -particles) (p.79 of Vol. 1, "Characteristics of Tritium"). In nature, about seventy quadrillion (7 × 10¹⁶) Bq of tritium is produced annually by cosmic rays, etc. on earth. In the past nuclear testing (1945 to 1963), tritium of 1.8 to 2.4 × 10²⁰ Bq was released. In addition, tritium is discharged daily from facilities such as nuclear power stations around the world and the annual amount of tritium released from nuclear power stations around the world is 2 × 10¹⁶ Bq. Before the Tokyo Electric Power Company (TEPCO)'s Fukushima Daiichi NPS Accident, the annual amount of tritium released from nuclear power stations all over Japan was 380 × 10¹² Bq (which is the average annual amount discharged into the ocean during the five years before the accident). The total amount of tritium exists mostly as hydrogen that makes up water molecules and it is also contained in water vapor in the atmosphere, rainwater, sea water and tap water. The annual amount of tritium contained in the precipitation in Japan is estimated to be about 223 × 10¹² Bq.

Included in this reference material on March 31, 2021



During the period from 1950 to 1963, nuclear weapon tests were conducted and caused a large amount of radioactive fallout across the globe. As a result, the average annual individual doses from tritium increased with the peak value of 7.2 μ Sv in 1962. After that, the amount of tritium decreased with the half-life, which resulted in little effect on the individual dose. In 1999, it became 0.01 μ Sv, which was about one-seven hundredth of the peak value.

In the nuclear testing, not only tritium but also cesium, plutonium and strontium 90 were released into the environment.

According to the 2016 report by the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), the epidemiological studies conducted so far have not confirmed any tritium-specific risk about the effects of public exposure to tritium. Additionally, from the fact that the incidence of childhood leukemia has not increased since the early 1960s when nuclear tests were frequently conducted, it is considered that there is a low possibility that the health risk by exposure to tritium is underestimated.

(Related page: p.78 of Vol. 1, "Effects of Radioactive Fallout due to Atmospheric Nuclear Testing")

Included in this reference material on March 31, 2021