

HEALTH RISKS OF MERCURY IN THE CONTEXT OF GLOBAL SOCIO- ENVIRONMENTAL VARIABILITY



This fourth session of the mercury science stream addresses human health risks to mercury in the context of worldwide socio-environmental variability. This topic, in preparation for the 2022 ICMGP plenary lecture and synthesis paper, presents an overview of risks posed by mercury to human populations worldwide through case studies. We tend to generalize (and at times misrepresent) mercury risk in science and policy arenas and can sometimes forget that risk is context dependent. As such, the primary goal of this work is to help stakeholders (e.g., Minamata Convention policy makers; mercury scientists) gain a deeper empathy and understanding of the diversity/variance of mercury risk globally.

SPEAKERS



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Joy Leaner

Co-chair, International Conference on Mercury as a Global Pollutant 2022



Eisaku Toda

Secretariat of the Minamata Convention on Mercury



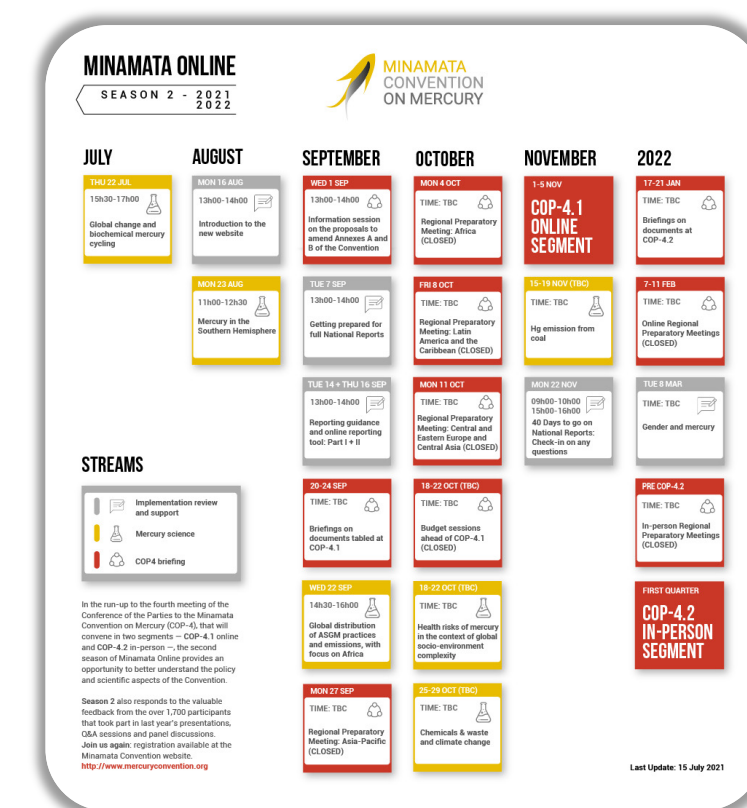
TUESDAY, 19 OCT. 2021
14h00-15h30 CEST

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MERCURY SCIENCE

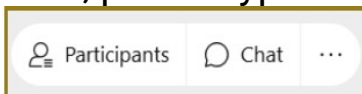
Housekeeping notes

- ▶ You may wish to test (and adjust) your **speaker and microphone settings** by opening the **Audio & Video** menu at the top-left corner of your screen.



File Edit Share View Audio & Video

- ▶ You can open the **Participants** panel and the **Chat** panel by clicking the respective icon at the bottom-right corner of your screen. If you have any question, please type it on the **Q&A panel**, and send it to all panelists, by clicking on the ellipsis (...).



Participants Chat ...

- ▶ There may be time for oral questions. If the moderator invites some, and if you wish to take the floor, please click the **Raise Hand** icon that appears next to your name on the Participants panel. The Secretariat will unmute you after the moderator names you. When your speaking is over, kindly **mute** yourself and click the **Lower Hand** icon.



- ▶ If you need any technical assistance, please put your message in the chat box and send it to the host.
- ▶ Kindly note that this session is **recorded and broadcasted**. Recording of this session and the presentation slides will be made available through the Minamata Convention website after the session.

ICMGP

MERCURY AS A GLOBAL POLLUTANT
24TH - 29TH JULY 2022
VIRTUAL EVENT



REDUCING MERCURY TO ACHIEVE A GREENER WORLD



<https://www.ilmexhibitions.com/mercury2022/>

Joy Leaner (PhD)
Minamata Online Season 2



MERCURY AS A GLOBAL POLLUTANT
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ICMGP

REDUCING MERCURY TO ACHIEVE A GREENER WORLD

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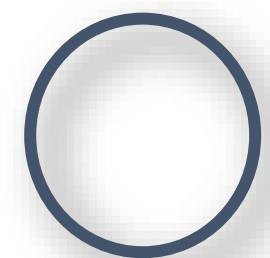
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ICMGP
MERCURY AS A GLOBAL POLLUTANT

Mercury Workshops: Call for workshop mini proposals and presenters

The ICMGP organises the 15th ICMGP 2022 Mercury Workshop to allow an interactive experience for learning events about mercury – including tackling challenging mercury issues, identifying best practices and methods, as well as gaining insights on the ... [Read More](#)

ICMGP
MERCURY AS A GLOBAL POLLUTANT

Lifetime Achievement Award

The Scientific Steering Committee (SSC) of the 15th International Conference on Mercury as a Global Pollutant (ICMGP 2022) to be held in July 2022 in Cape Town, South Africa is now accepting nominations for the Kathleen R. Mahaffey Lifetime Achievement Award in Mercury Research. This award was established in 2011 to celebrate and recognize selected individuals who ... [Read More](#)

ICMGP
MERCURY AS A GLOBAL POLLUTANT

Emerging Researcher Award in Mercury as a Global Pollutant

The Executive Committee of the 15th International Conference on Mercury as a Global Pollutant (ICMGP 2022) to be held in July 2022 in Cape Town, South Africa is now accepting nominations for its Emerging Researcher Award in Mercury as a Global Pollutant. Recognizing and celebrating important contributions of a ... [Read More](#)

ICMGP
MERCURY AS A GLOBAL POLLUTANT

Call for Special Sessions

The Executive Committee of the 15th International Conference on Mercury as a Global Pollutant 2022 ICMGP 2022 from 24-29 July 2022, invites you to share your work, ideas, research, and challenges by submitting a proposal for the Special Sessions themes and topics of the conference. The overarching theme of ICMGP 2022 is Reducing Mercury to Achieve a Greener ... [Read More](#)

Due date: 30 October 2021
lynwill.martin@weathersa.co.za

ICMGP

MERCURY AS A GLOBAL POLLUTANT
JULY 2024
CAPE TOWN, SOUTH AFRICA

THE 16TH INTERNATIONAL CONFERENCE ON MERCURY AS A GLOBAL POLLUTANT



WORK-IN-PROGRESS

Health risks of mercury in the context of global socio-environmental variability

ICMGP 2022 synthesis paper on human health

Minamata Online

October 19, 2021

Team Members

- Niladri Basu. PhD. Professor, McGill University, Canada
- Jose Dorea. PhD. Professor Emeritus, University of Brasilia, Brazil
- Masatake Fujimura. PhD. Director, National Institute for Minamata Disease, Japan
- Milena Horvat. PhD. Professor and Dean, Jožef Stefan Institute, Slovenia
- Emelyn Shroff, PhD. Director of Research Public Health Authority, Seychelles
- Irina Zastenskaya, MD/PhD. Technical Officer for Chemical Safety, WHO Regional Office for Europe, Germany
- Pál Weihe, MD. University of the Faroe Islands and Department of Occupational Medicine and Public Health, Faroe Islands

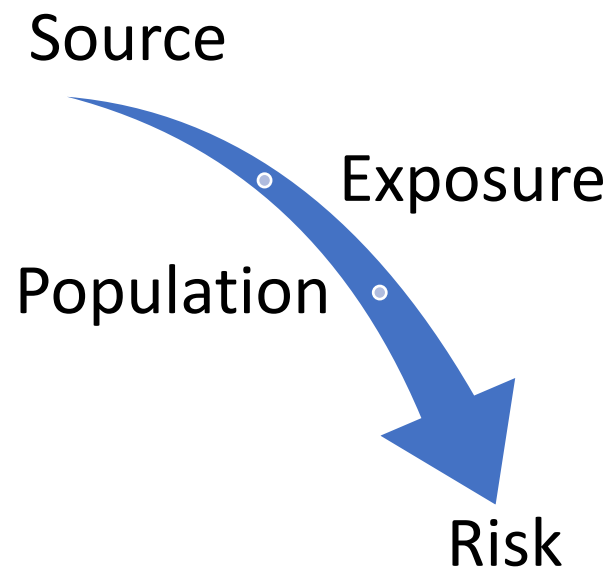
Outline

- Background and Justification
- Objective
- Case Studies
- Concluding Remarks
- Q&A Discussion

Background

- Minamata Convention Article 1 = “protect human health”
- Vulnerable groups mentioned often (Preamble text, Articles 16, 18, 19, 22, Annex C)
- Generally, we know that Hg is a risk to human health...
- Hg science and risk is evolving (from acute poisoning events, to focused cohort studies, to more diverse studies nowadays that capture a range of Hg sources, geographic and population groups, harness proactive and harmonized research and biomonitoring, and consider key socio-economic-environmental factors that underpin health)

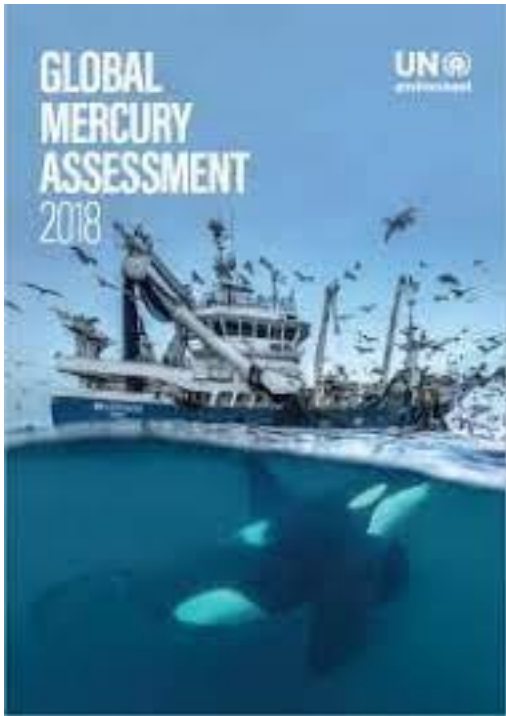
Risk ≠ Risk ≠ Risk



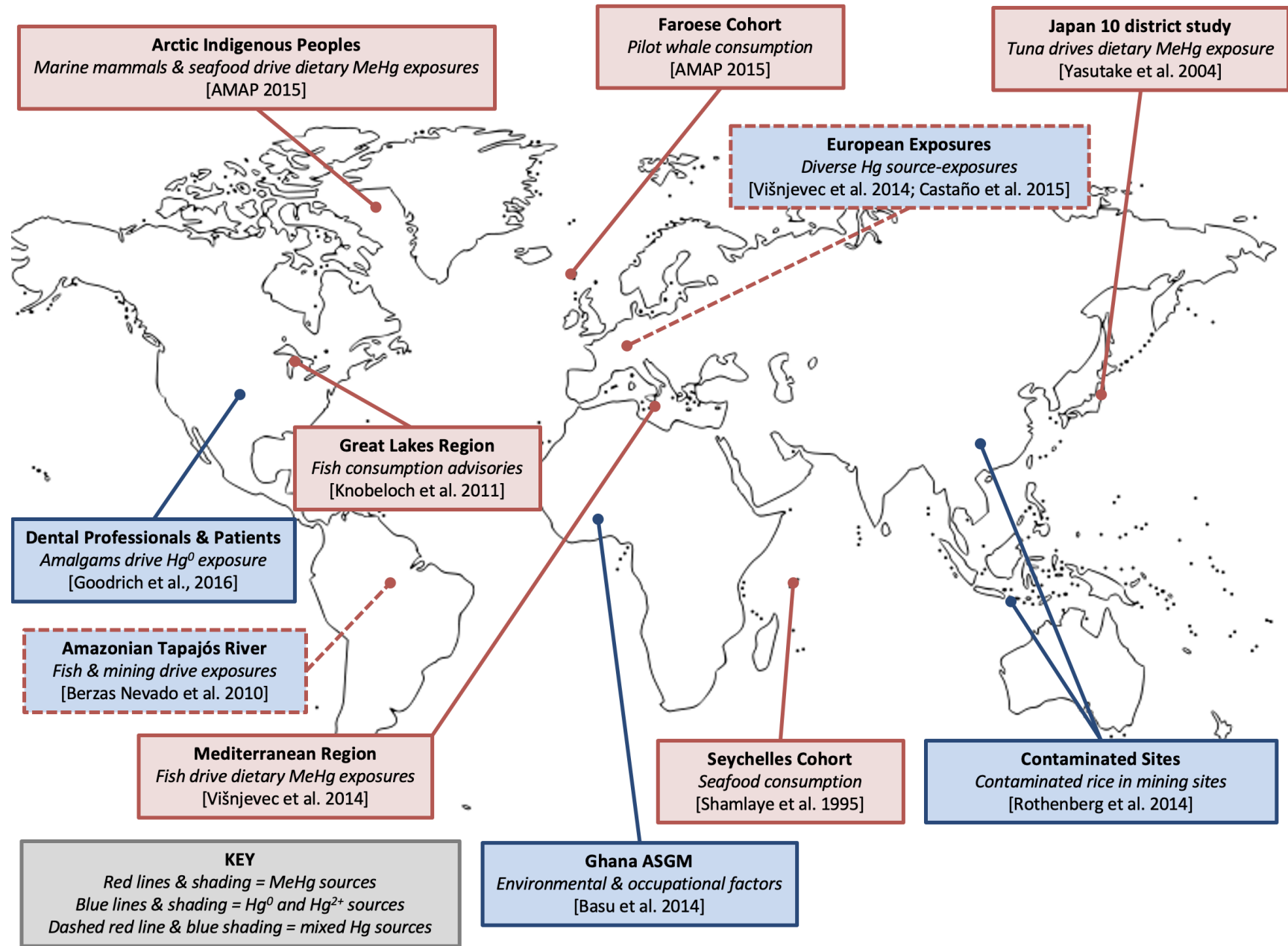
- MeHg ≠ Hg²⁺ ≠ Hg⁰
- ingestion ≠ inhalation ≠ dermal
- tuna ≠ salmon ≠ rice ≠ seal meat
- tuna ≠ tuna ≠ tuna ≠ tuna
- children ≠ adults; males ≠ females
- rich ≠ poor; healthy ≠ sick
- Japanese ≠ Inuit ≠ Seychellois ≠ Canadians
- Canada ≠ Ghana ≠ India
- Obvious but...

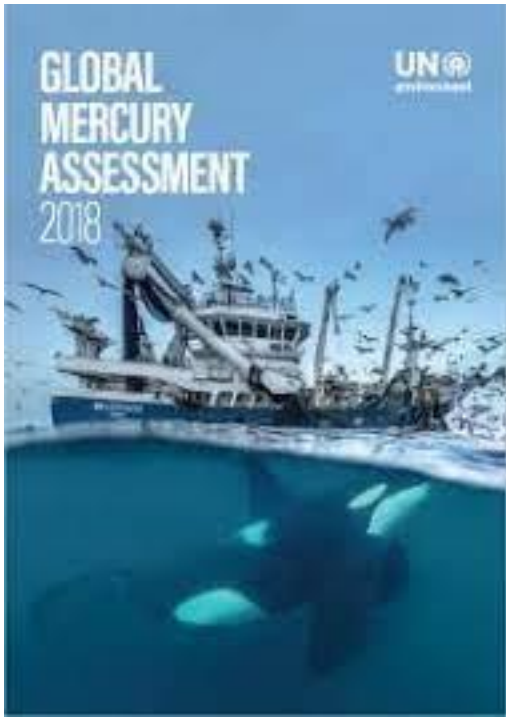
Background

- We tend to generalize (and sometimes misrepresent) Hg risk in scientific and policy arenas, but risk is context dependent
- Presence of Hg complicates situations of societal value (e.g., fish consumption and food security, mining and economic development, dentistry and oral health), but these vary worldwide
- Thus, operationalizing the Convention requires empathy and understanding of diversity/variance of populations worldwide, and in particular socio-environmental aspects

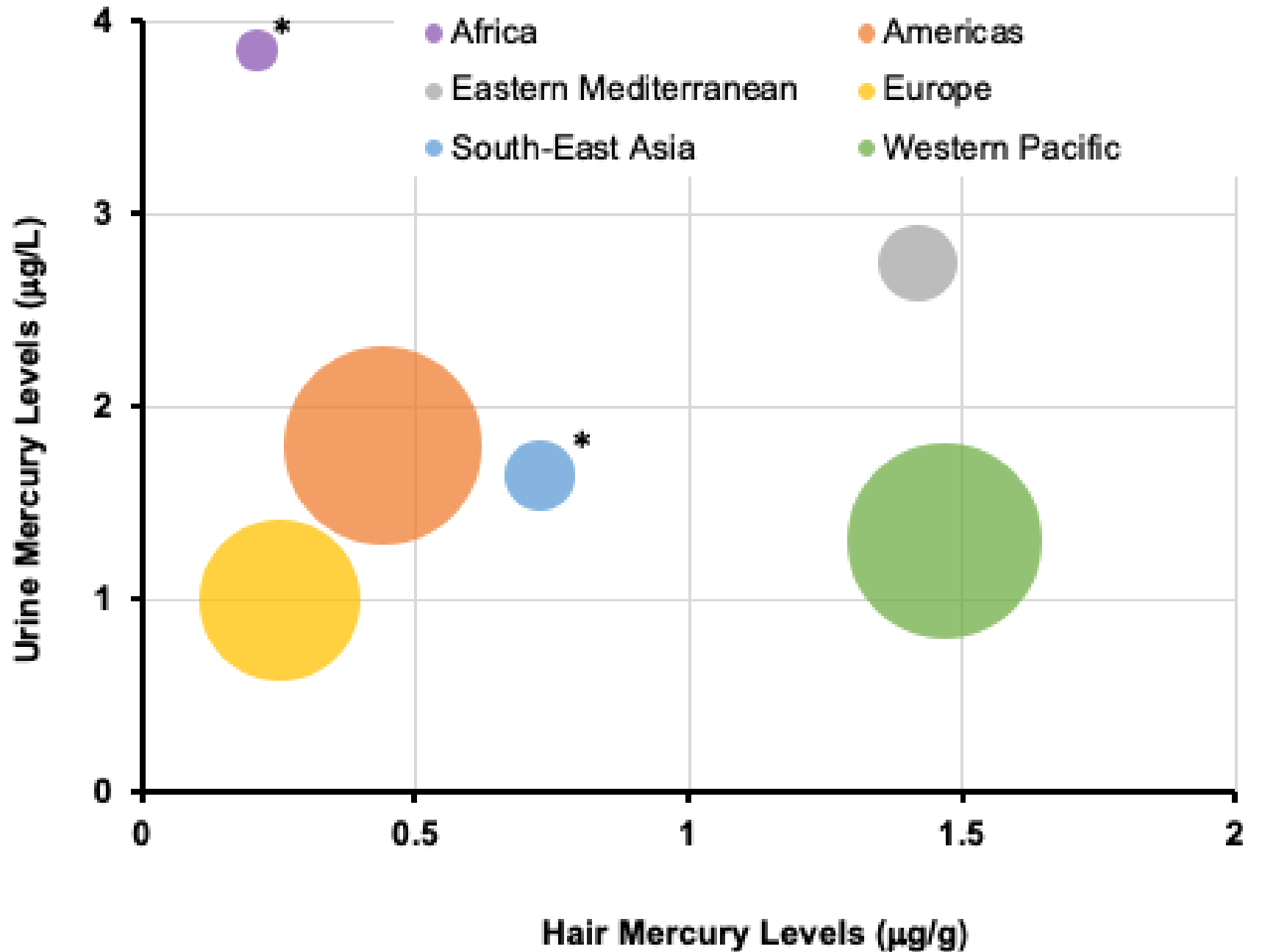


Hg sources and stories vary across the world...





... as does Hg exposure and risk



Objective of ICMGP Synthesis Paper

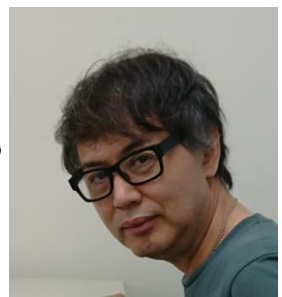
- To help stakeholders (e.g., Hg scientists, Minamata Convention policy makers) gain a deeper empathy and understanding of the diversity/variance of Hg risk in populations worldwide --- from the past to the present to the future.
- Present compelling “socio-environmental” case studies by leading experts
- Synthesize the information



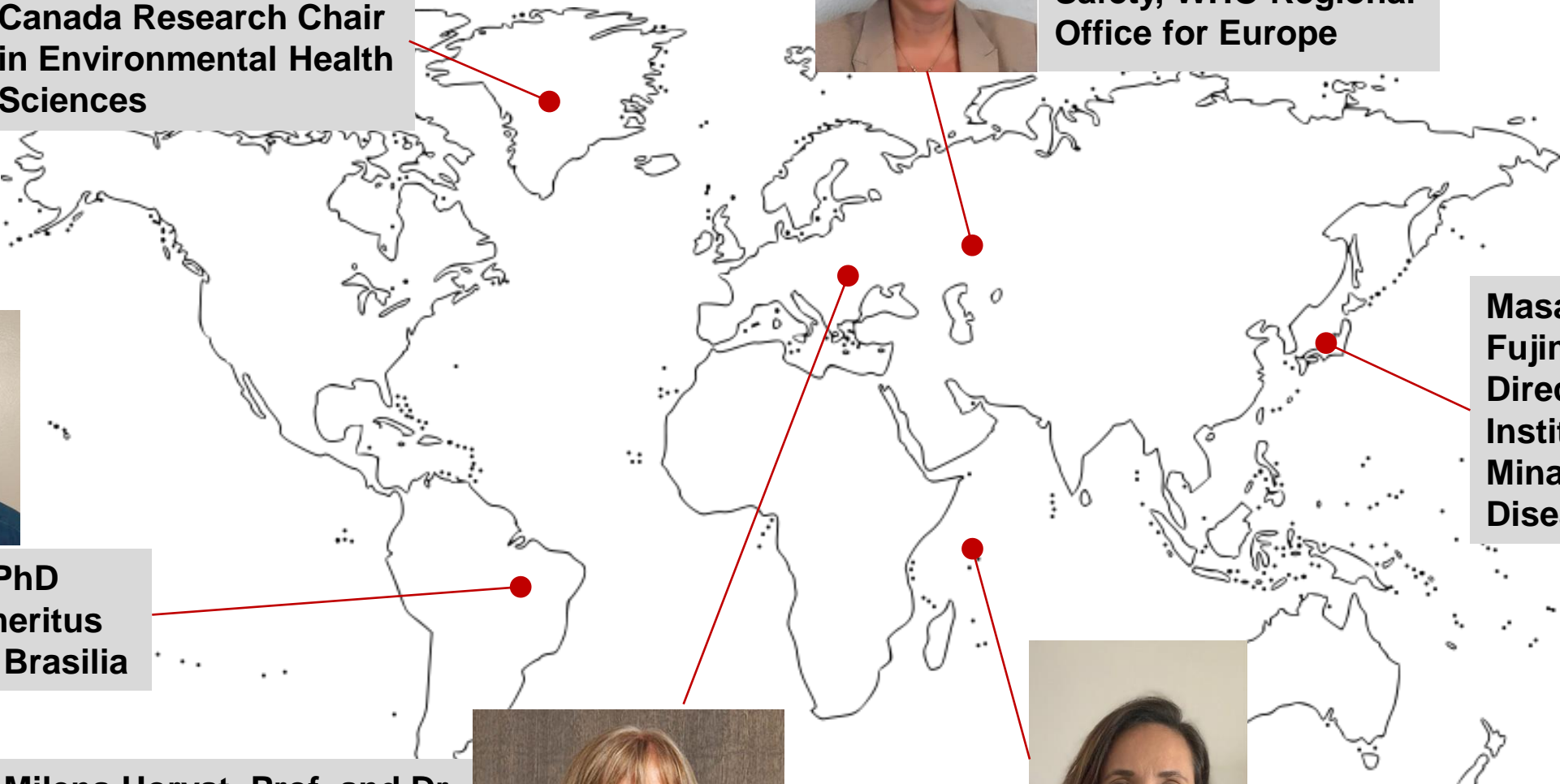
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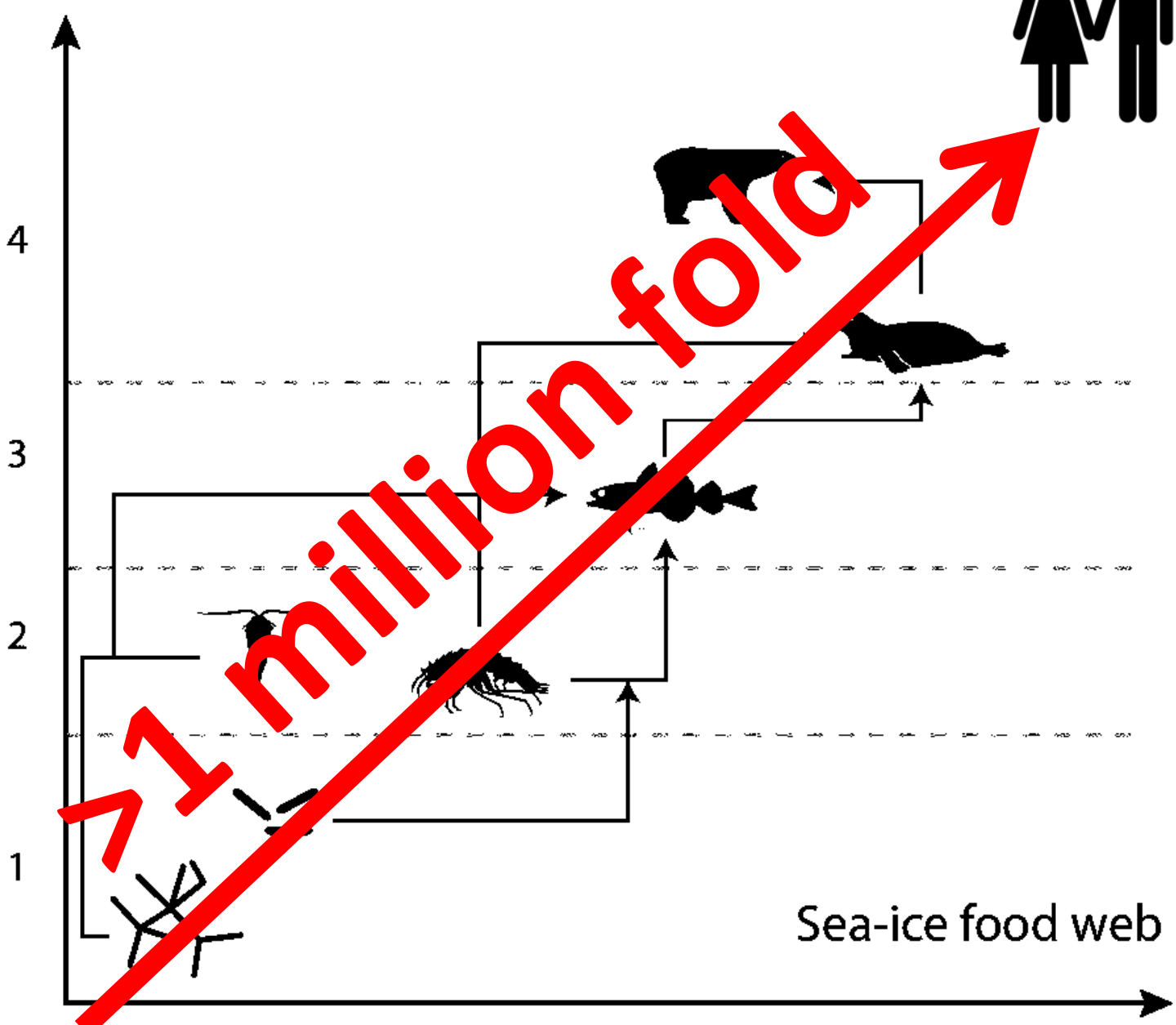


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Arctic - background

- human health impacts of Hg on Arctic populations remains of worldwide concern as exemplified by the preamble text of the Minamata Convention which notes “the particular vulnerabilities of Arctic ecosystems and Indigenous communities”
- finding by the 2018 UN Global Mercury Assessment that human communities in the Arctic are among the most highly exposed to Hg worldwide
- the most relevant form for Arctic communities is methylmercury (MeHg) through consumption of traditional foods

Trophic level



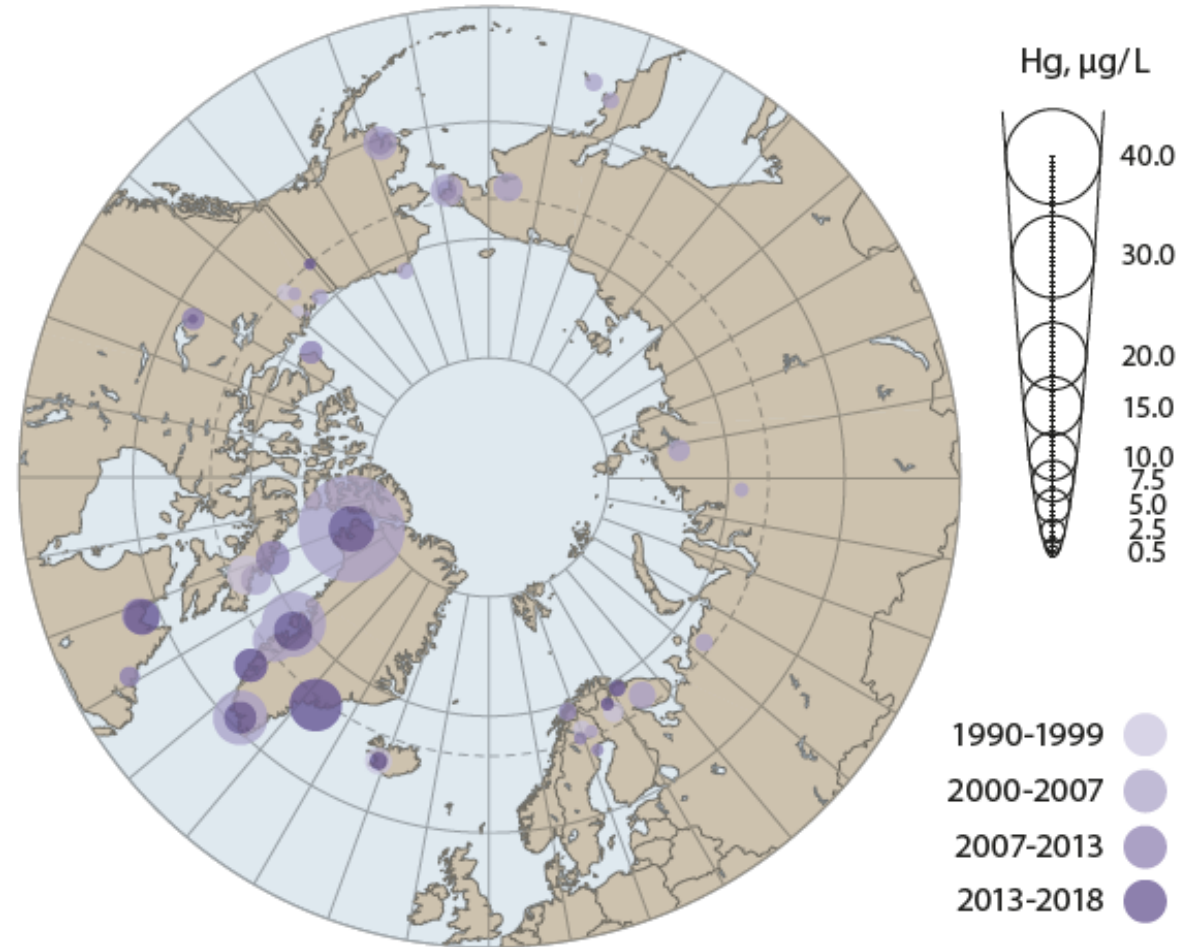
Climate change?

Tremendous dietary exposures

Food Item	Number of locations	Number of samples	Minimum (THg)	Median (THg)	Maximum (THg)	Dietary Intake of Food Item (g/week)
Ringed seal liver	19	1642	0.37	4.66	37.18	33 (IPY), 9 (Nunavik), 65 (Greenland)
Ringed seal muscle	12	1279	0.05 ^a	0.37	0.89 ^a	150 (IPY), 38 (Nunavik), 60 (Greenland)
Beluga muktuk	5	110	0.28	0.77	1.58	77 (IPY), 42 (Nunavik), 1.3 (Greenland)
Narwhal muktuk	1	20	0.59	0.32	0.85	31 (IPY), 1.3 (Greenland)
Arctic char (marine) muscle	4	547	0.07	0.18	0.75	
Arctic char (inland) muscle	35	1922	0.06	0.11	0.34	380 (IPY), 173 (Nunavik)

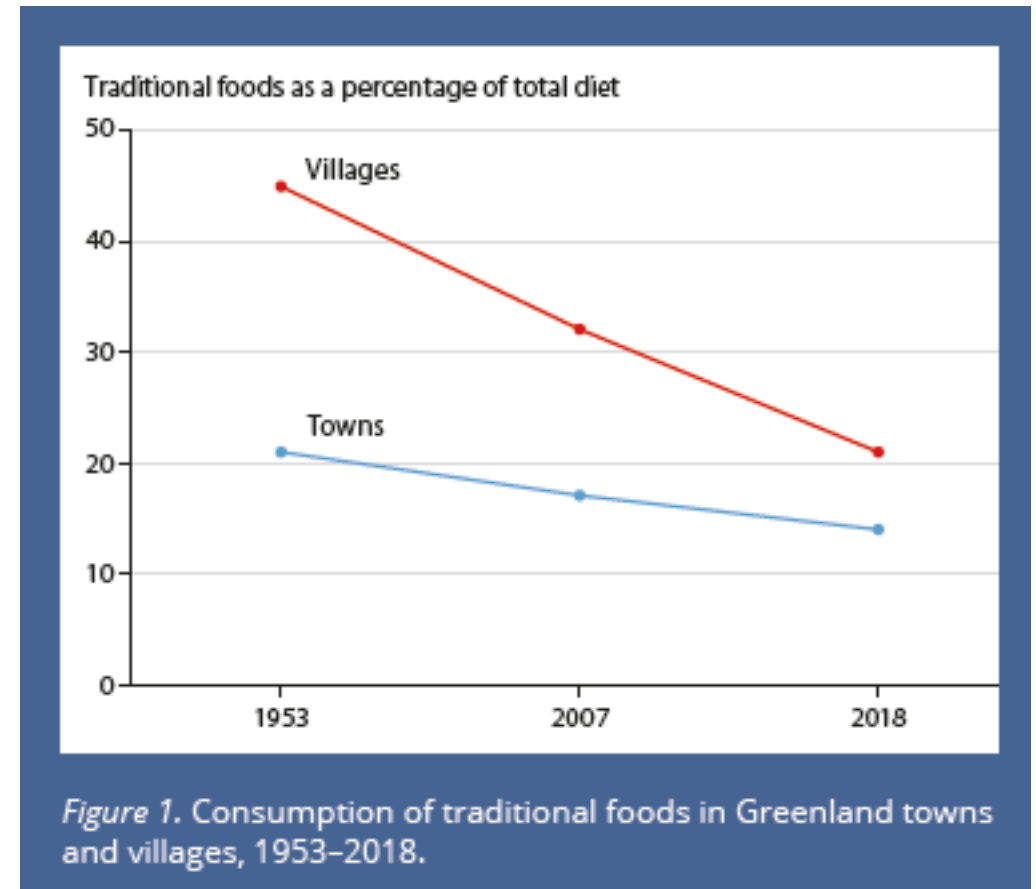
Arctic – Hg biomarkers

- Mercury concentrations in blood of mothers, pregnant women and women of child-bearing age in Arctic communities monitored in different periods since the 1990s under the AMAP human health blood monitoring programme, showing generally decreasing levels of mercury, in particular in those communities that exhibited high levels of exposure in the 1990s



Dietary Transition

- Traditional food is key to spiritual, cultural, physical well being
- But, there is a move towards store-bought foods (more accessible; food insecurity) along with concerns over contaminants
- These likely drive reductions in Hg exposure and biomarker levels



Arctic – Hg risk

- Epidemiological cohort studies on Arctic populations have been among the most influential worldwide in terms of demonstrating the link between early-life Hg exposure and later-life adverse health outcomes
- Studies in the Faroe Islands and Nunavik are exemplary
- Strong evidence of neurodevelopment and cardiovascular impacts
- Negative confounding by benefits afforded by a traditional diet and the nutrients that this diet contains
- risk communication is key, but not an easy undertaking or a permanent solution



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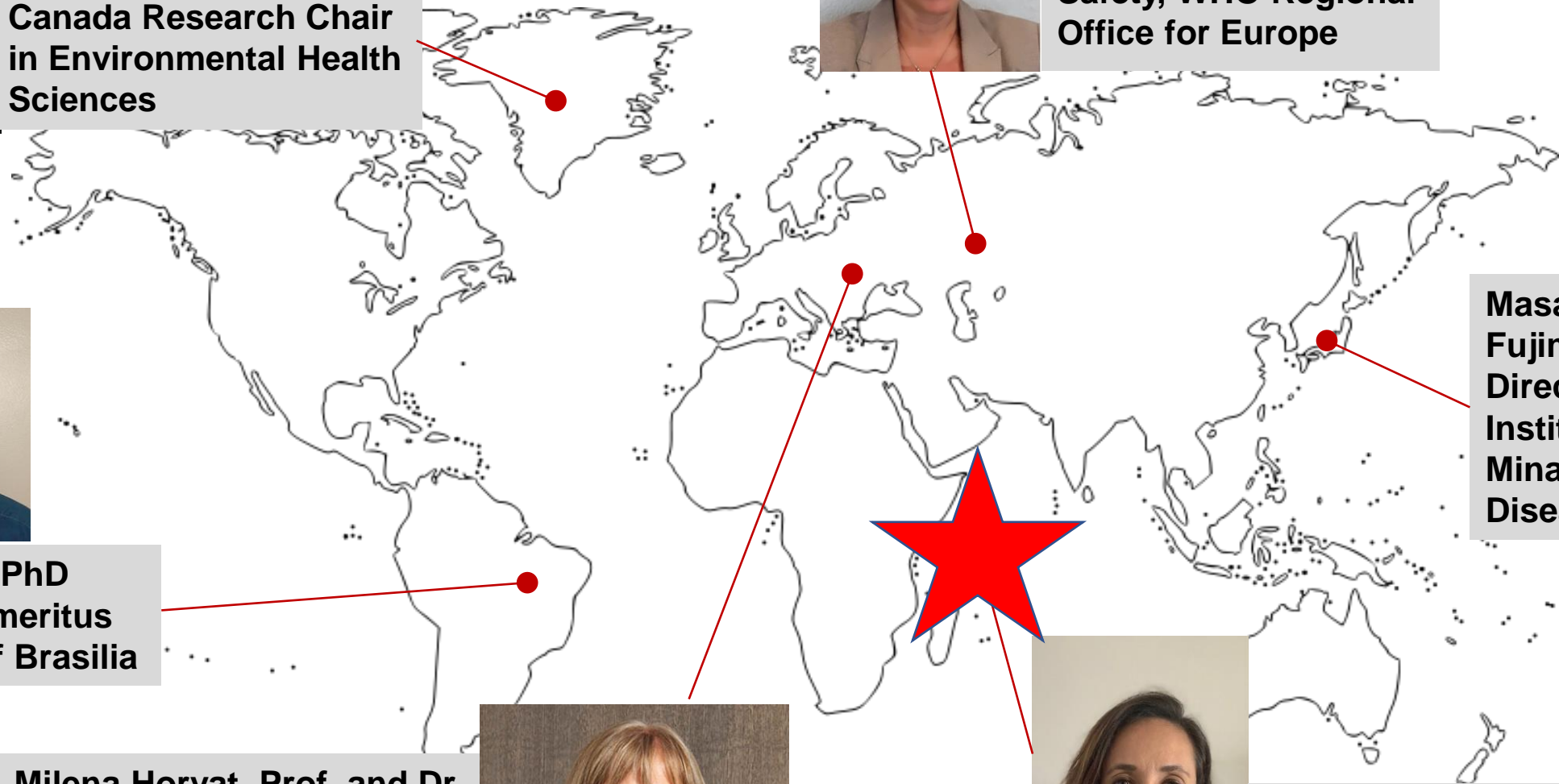
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Director of Research
Public Health Authority,
Seychelles



The Seychelles Experience



- High fish consuming nation
 - 57kg/person/year (~ 10 fish meals/week)
- Longitudinal studies over 30 years studying prenatal and postnatal Methyl Mercury exposures through fish consumption in multiple cohorts
- Ideal epidemiological site
 - Minimal industry/environmental pollution
 - Consumption of sea mammal is illegal
 - Education and Health are universally free and available
 - High retention rate of participants to study (80-90%)

To study child development in the Republic of Seychelles and to understand the influence of methyl mercury from fish consumption on children's health and development

Prenatal

Postnatal

Biosample	Assessment	Survey	Demographic
<i>Mercury Exposure</i>	<i>Neurodevelopmental</i>	<i>Diet</i>	Age
Hair Hg	Executive function	Fish Use	Sex
Blood Hg	Psycomotor	Food Frequency	Hollingshead SES
<i>Nutrients</i>	Attention	Diary	Marital Status
PUFA	Memory	<i>Health Risk Behaviour</i>	Parity
Selenium	General cognition	Smoking	
Vitamin E	<i>Neurobehavioral</i>	Alcohol	
Iron	SRS	Drugs	
Choline	SCQ	Sexual	
<i>Immune Function</i>	CTRS	Violence	
Cytokines	CBCL	<i>Medical History</i>	
ANA	<i>Physiological</i>	Cardiovascular	
Immunoglobulins	OAE	Autoimmune	
CRP	BAER	Asthma/Allergies	
<i>Genetic</i>	HRV		
GSH	<i>Anthropometric</i>		
ABC	Height		
FADS	Weight		
mtDNAcn	Waist Circumference		
Telomere length	Blood Pressure		

Maternal Hair Hg: 1-30ppm
Mean: 6.8ppm

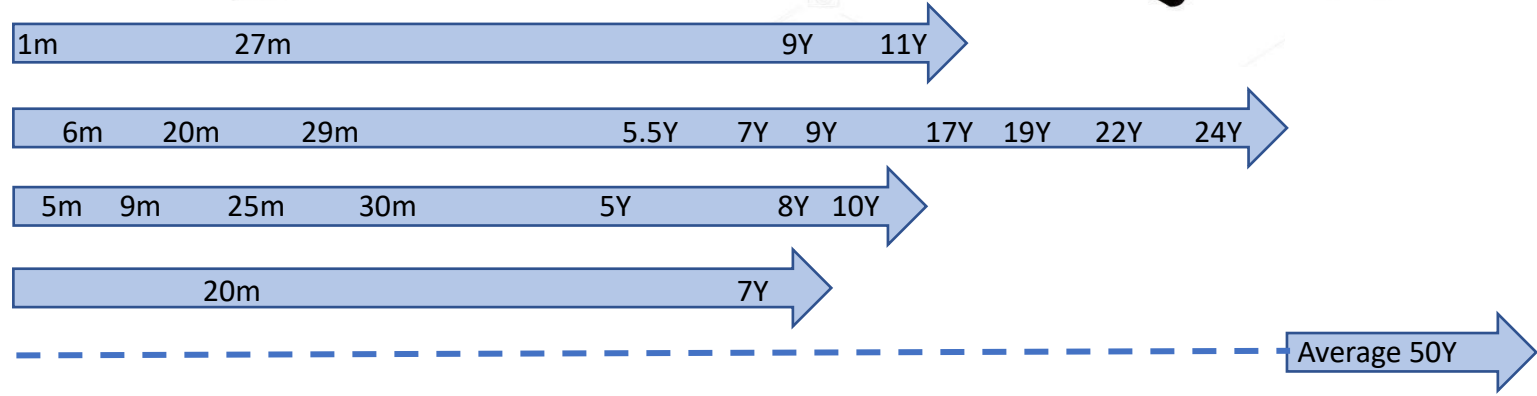


Mother assessed:
1st, 2nd, 3rd Trimester



Cohorts	No	Year	H	B	CB	FD	DA
Pilot	789	1987	✓				
Main	779	1989-90	✓	✓		✓	
NC1	276	2000	✓	✓	✓	✓	✓
NC2	1328	2008-11	✓	✓	✓	✓	
Mothers of Main	662	2013	✓			✓	

H: Hair, B: Blood, CB: Cord Blood, FD: Food Diary, DA: Dental Amalgam



Prenatal

Postnatal

NO ADVERSE EFFECTS ON NEURODEVELOPMENT OUTCOME AMONGST CHILDREN AND YOUNG ADULTS FROM PRENATAL EXPOSURE

Maternal Hair Hg: 1-30ppm
Mean: 6.8ppm



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H: Hair, B: Blood, CB: Cord Blood, FD: Food Diary, DA: Dental Amalgam

1m 27m 9Y 11Y

6m 20m 29m 5.5Y 7Y 9Y 17Y 19Y 22Y 24Y

5m 9m 25m 30m 5Y 8Y 10Y

20m 7Y

Average 50Y

KEY FINDINGS:

Nutrients in fish:

- n-3 long-chain polyunsaturated fatty acids (PUFA) is beneficial for brain development may be playing a key role in modifying the influences of MeHg.

Davidson PW et al, 2003, Strain JJ et al, 2008

- Selenium may be sequestering MeHg and alter its toxicity

Genetics studies:

- Polymorphism in genes responsible for the transport and excretion of Mercury

Engstrom K et al 2016, Prince L. et al 2014, Wahlberg K et al 2018

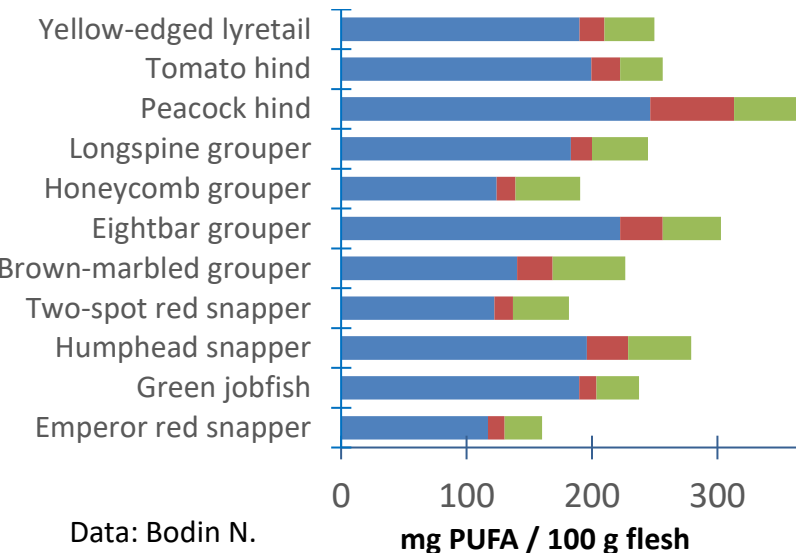
- Genes associated with PUFA metabolisms influence serum PUFA concentration

Yeates AJ et al 2015

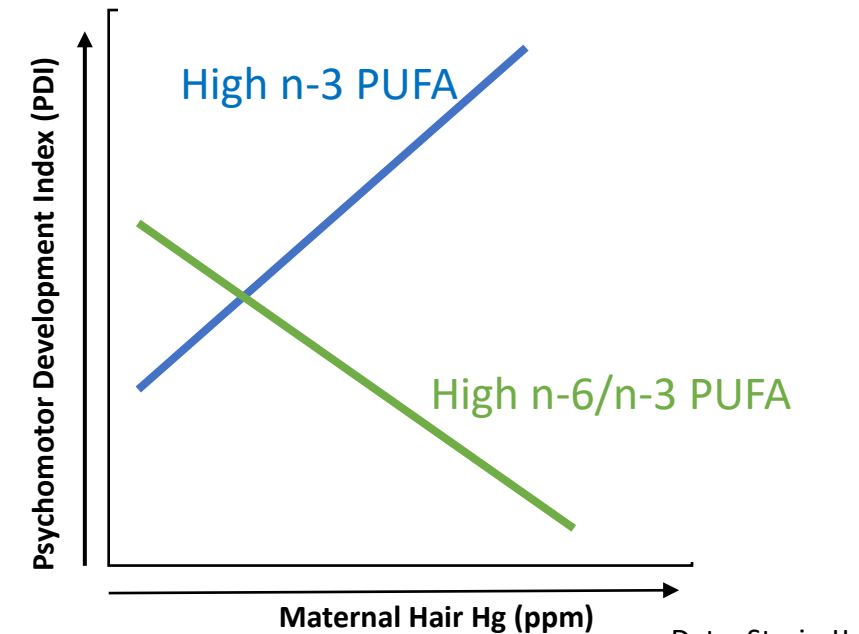
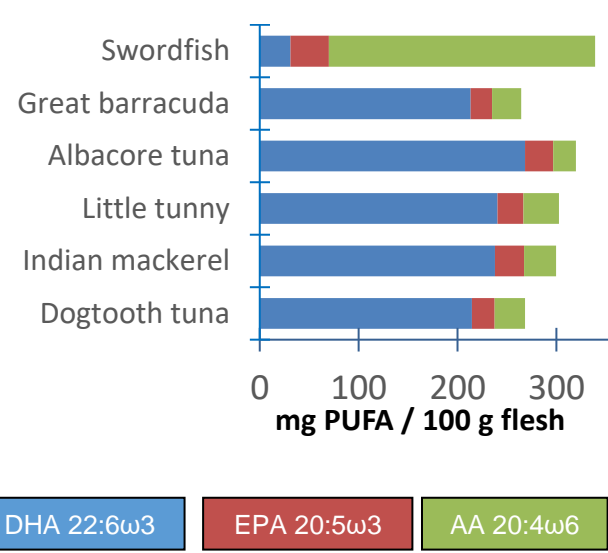
Important nutrients found in fish

Macronutrients		Micronutrients		
Proteins	Lipids	Vitamins	Minerals	
<i>Essential amino acids:</i> Lysine Leucine Valine Isoleucine Threonine Phenylalanine Histidine Methionine Tryptophan	<i>Essential fatty acids (omega-3 & -6):</i> DHA EPA ALA LA ARA	D B12 B6 A E	<i>Essential trace minerals:</i> Zinc Iron Selenium Copper Cobalt Iodine	<i>Macroelements:</i> Calcium Chlorine Magnesium Phosphorus Potassium Sodium

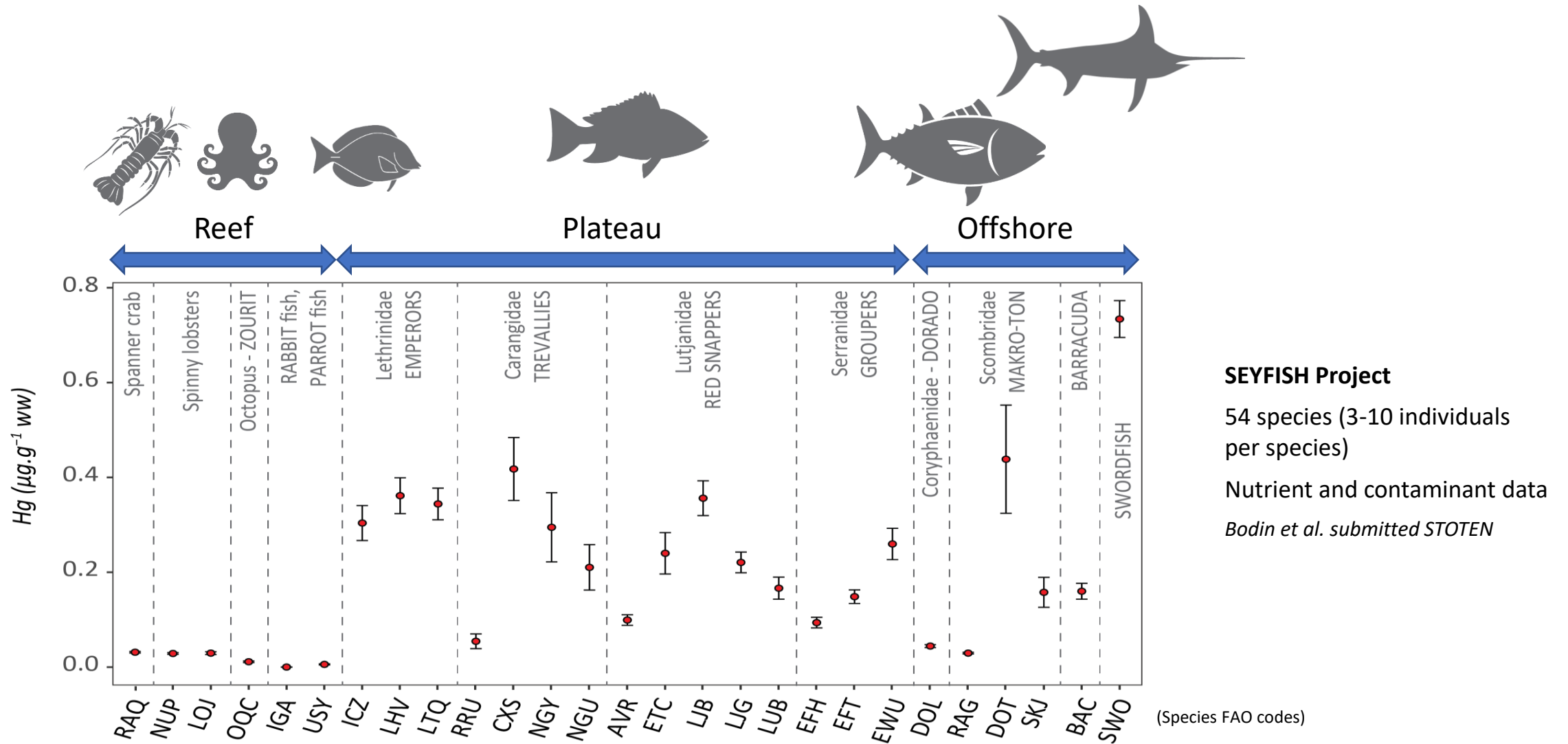
Demersal Species



Pelagic Species

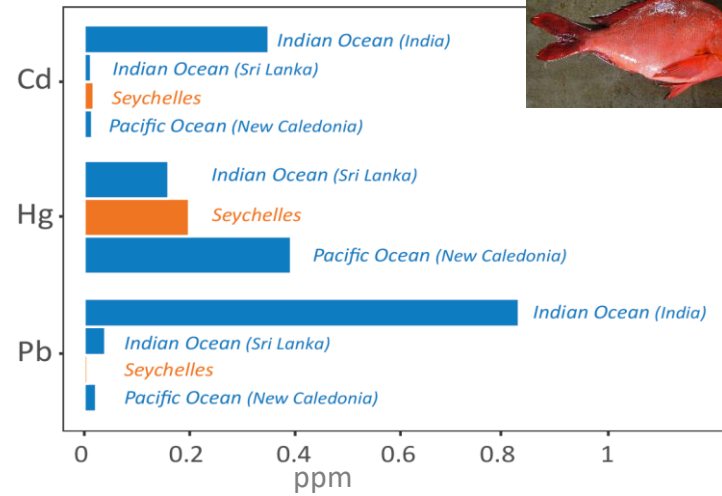


Data: Strain JJ

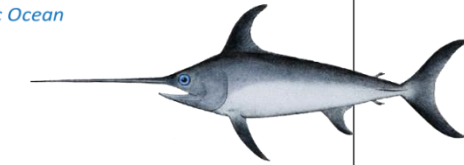
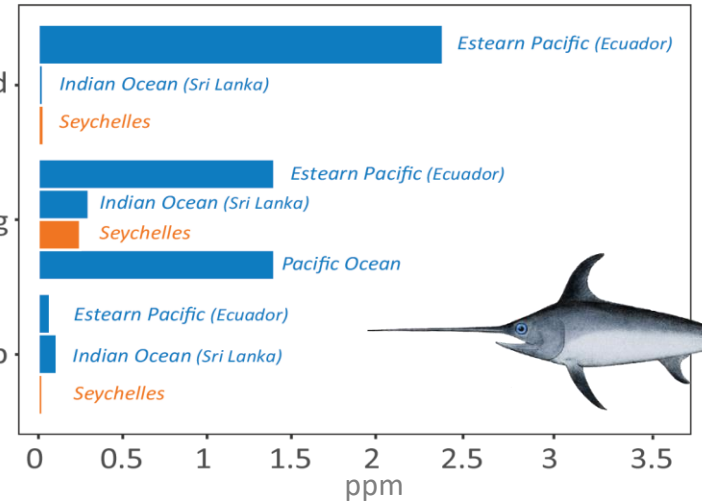
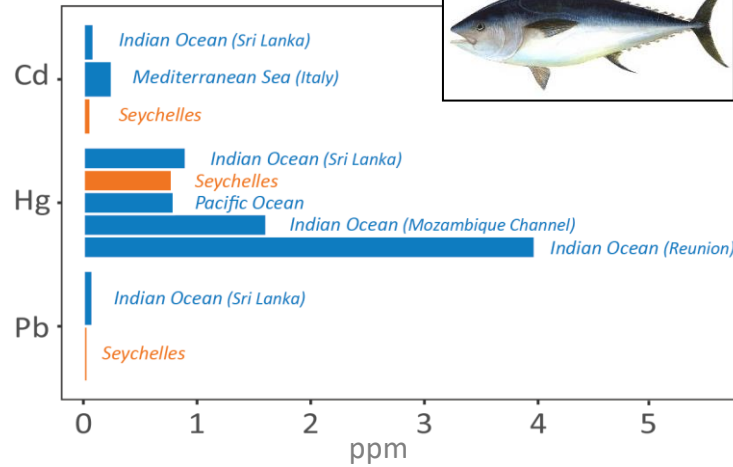
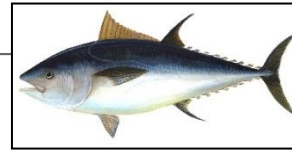


- Seychelles marine resources have total Hg levels below the recommended limits (eg, 1ppm for large pelagic and 0.05ppm for all other species). MeHg contributes to 70-90% of total Hg in marine resources
- This level is considered low and comparable to commercially available fish in developed countries.

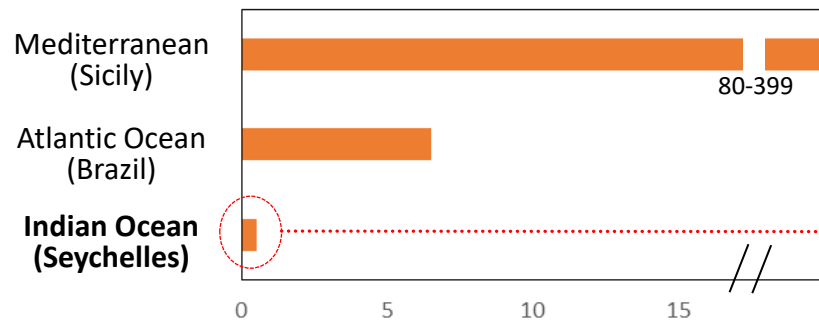
How Seychelles fish compare to the rest of the globe



Bodin et al. submitted (SOTEN)



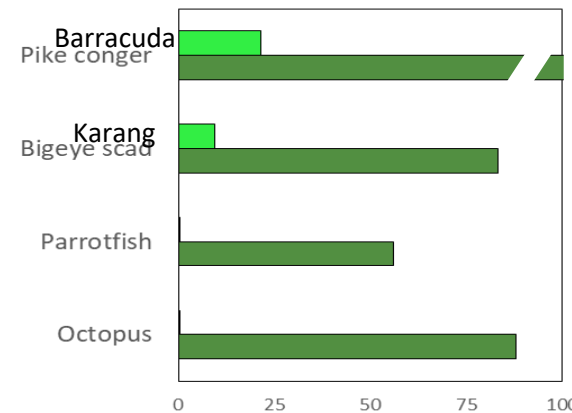
PCBs in Swordfish (ng g⁻¹ ww)



150-800 times lower

Munschy et al. 2020a, 2020b

DDT in tropical species (ng g⁻¹ lw)



273

10 to 500 times lower

Munschy et al. In prep

Conclusions

- Fish is a natural source of protein for billions of people worldwide and contain important micro and macro nutrients important for growth and brain development
- There is no adverse effects seen in the Seychelles population over 30 years of study, but rather beneficial effects as seen in early years of life from prenatal fish consumption exposure
- Levels of MeHg measured in Seychelles fish is considered low
- PUFAs play a beneficial role, especial the high n3/n6 ratio in the Seychelles fish
- Covariates measured has similar outcomes and shows that the population is similar to other populations.

Need to understand the balance between protecting humans against the toxic effects of mercury, and at the same time promoting fish as a good source of micro and macro nutrients and for human development and health



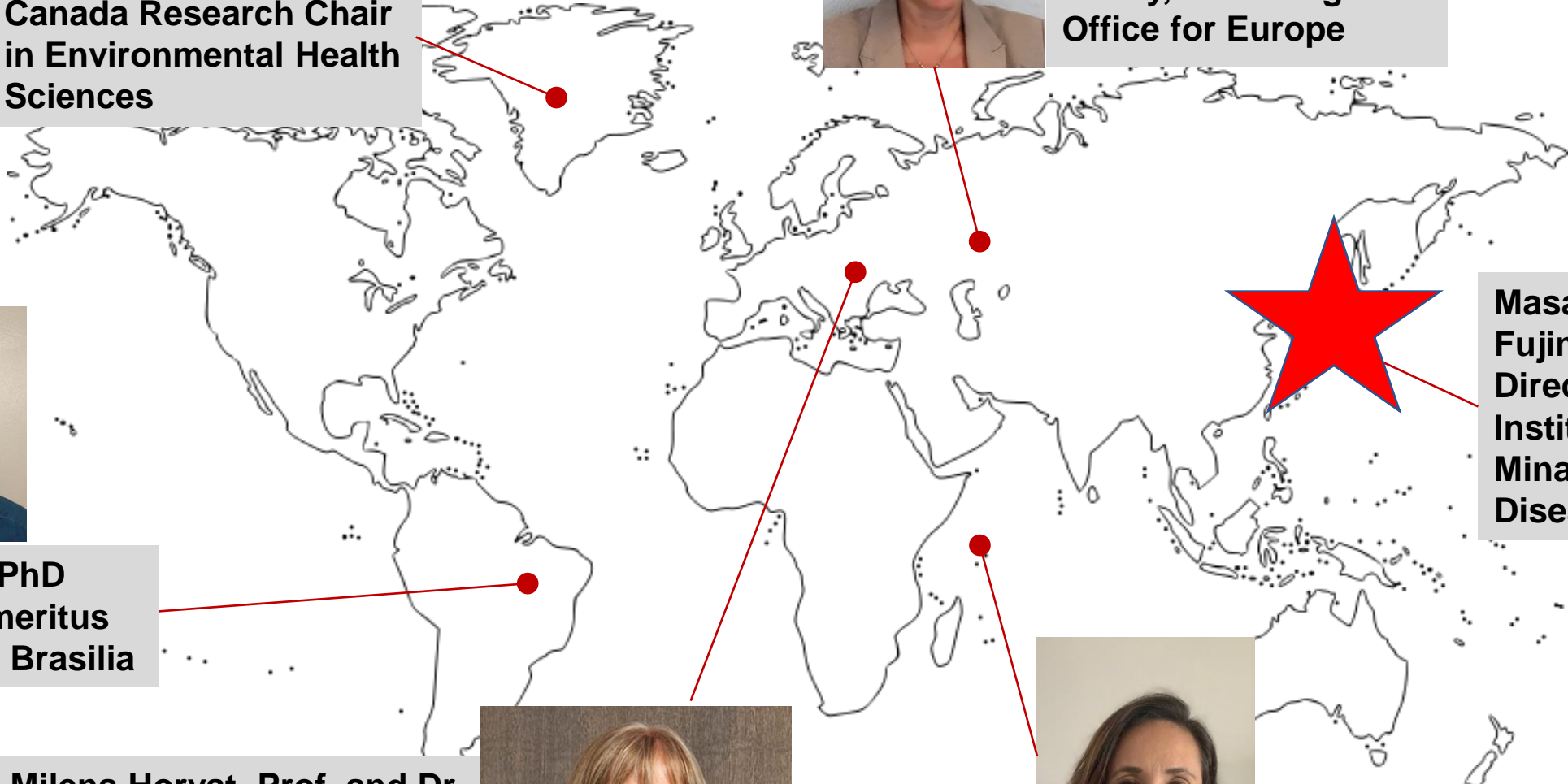
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Asia region

-Background-



- Asians have higher seafood / mercury intakes than non-Asians (UNEP, 2019).
- Increasing per capita consumption of fish and shellfish is a global trend, but especially in Asia and Oceania, where fish-eating habits are naturally strong, there is a marked increase as living standards improve. In particular, growth is conspicuous mainly in emerging countries, such as about 9 times in China and about 4 times in Indonesia in the past half century (FAOSTAT, 2018).

Asia region

-Impact on whale food culture and neurological symptoms-

The Japanese have been eating whale meat and utilizing whalebones, blubber and oil for more than two thousand years.

Although the 1960's the supply of whale meat has gradually declined and accordingly consumption has been reduced, some whaling remained within the traditional areas where it still plays an important role as the basis of solidarity in the community, especially Taiji region.

Discussion about the pros and cons of whale food culture is another matter.



Whale culture (old painting)

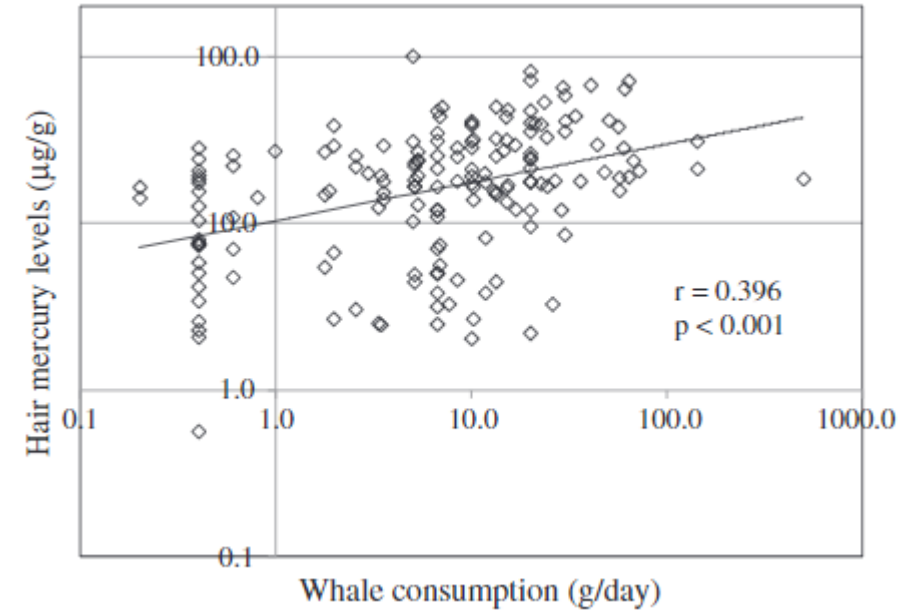
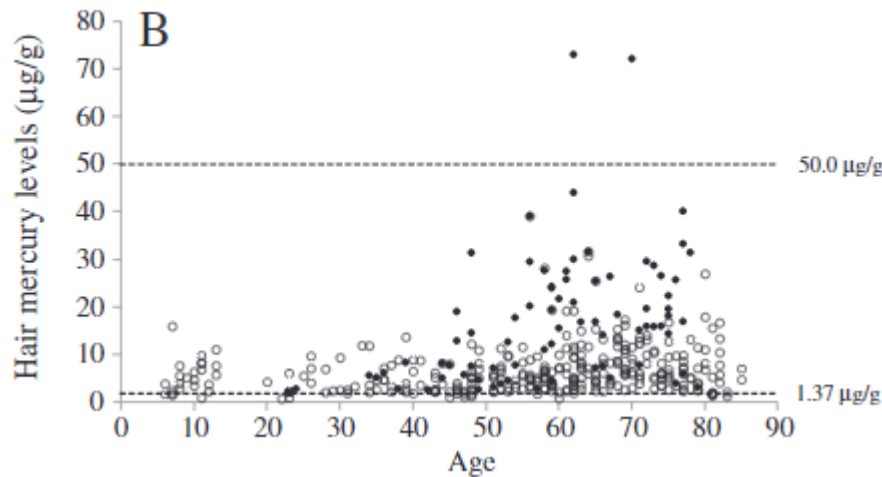
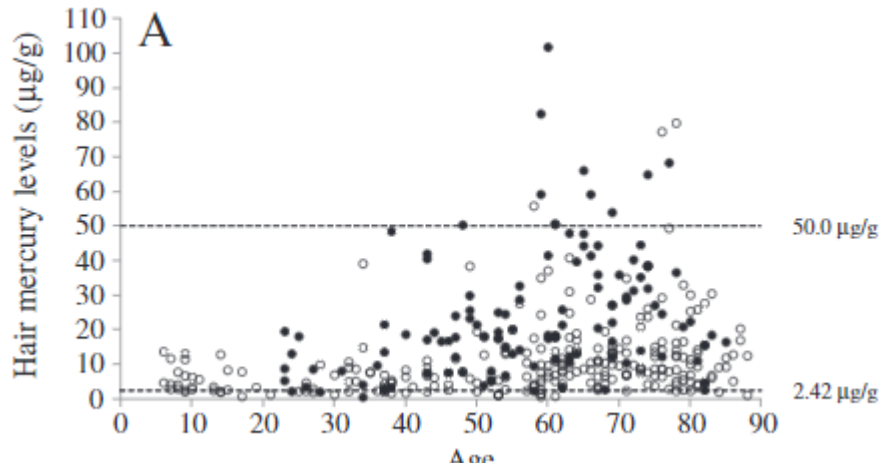


Whale food culture

Asia region

-Impact on whale food culture and neurological symptoms-

NIMD, to which I belong, conducted a survey on the relationship between mercury intake and neurological symptoms in whale-rich areas.



The subjects were 194 residents (117 males, 77 females; age 20-85 years) who resided in the coastal town of Taiji, the birthplace of traditional whaling in Japan.

The geometric mean of the hair mercury levels was **$14.9 \mu\text{g/g}$** . **Twelve subjects** revealed hair mercury levels **$>50 \mu\text{g/g}$** (NOAEL) set by WHO.

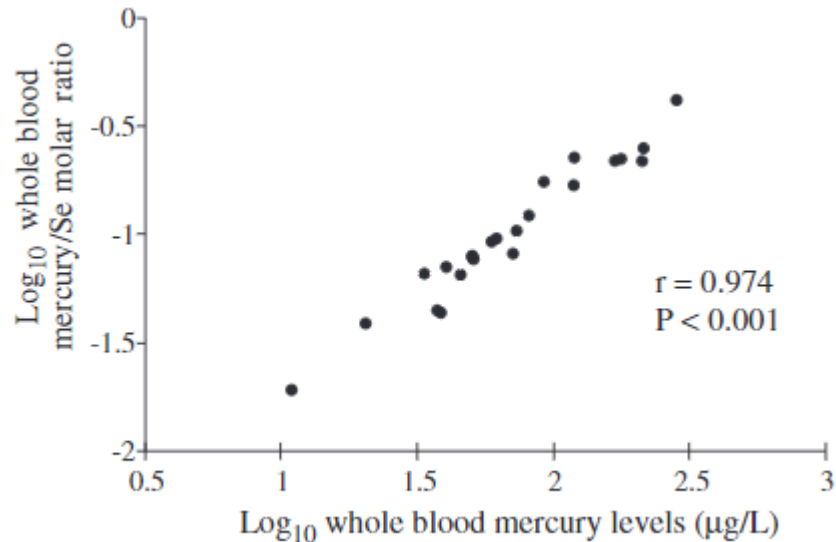
Hair mercury levels significantly correlated with daily whale meat intake.

Asia region

–Impact on whale food culture and neurological symptoms–

Detailed neurological examinations, audiometry, magnetic resonance imaging, and electromyography were performed to diagnose neurological defects.

Furthermore, whole blood mercury and selenium (Se) levels were measured in 23 subjects.



Summary of neurological findings of 12 subjects with hair mercury levels $>50 \mu\text{g/g}$.

No	Gender	Hair mercury ($\mu\text{g/g}$)	Wide-based gait	Sensorineural hearing loss	Cerebellar sign
1	M	50.4	(-)	(-)	(-)
2	M	50.6	Mild (+)	(-)	(-)
3	M	54.0	(-)	Left (+)	(-)
4	M	59.2	(+)	(+)	(-)
5	M	59.2	(-)	(-)	(-)
6	M	65.0	(-)	(-)	(-)
7	M	66.2	(-)	(+)	(-)
8	M	68.4	(-)	(+)	(-)
9	F	72.2	(-)	(-)	(-)
10	F	73.1	(-)	(-)	(-)
11	M	82.6	(-)	(-)	(-)
12	M	101.9	(-)	(-)	(-)

A significantly positive correlation between whole blood mercury and Se levels was observed and the whole blood mercury/Se molar ratios of all subjects were <1 .

(It is thought that selenium compounds have an antagonistic effect on the toxicity of methylmercury)

Multivariate regression analysis demonstrated **no significant correlations between hair mercury levels and neurological outcomes**, whereas some of the findings **significantly correlated with age**.

These findings suggested that sufficient Se intake might be one of causes of the absence of adverse effects of MeHg exposure in this study.

Asia region

-Whale food study and Amazon study-

Some reports have described possible MeHg toxicity in adults with hair mercury levels $<50\mu\text{g/g}$ (Kosatsky and Foran, 1996; Lebel et al., 1996, 1998).

These were reports of studies conducted on inhabitants in the Amazonian Basin, which demonstrated that disorganized movements during an alternating movement task as well as decreased color discrimination capacity were observed with increasing total hair mercury levels ($<50\mu\text{g/g}$).

Nevertheless, in our study, neurological specialists did not detect impairment of skilled motor activities in the subjects with high hair mercury levels ($>50\mu\text{g/g}$).

Further study, including analysis of serum Se levels, will be needed to explain the difference between the results of Amazonian studies and our study.



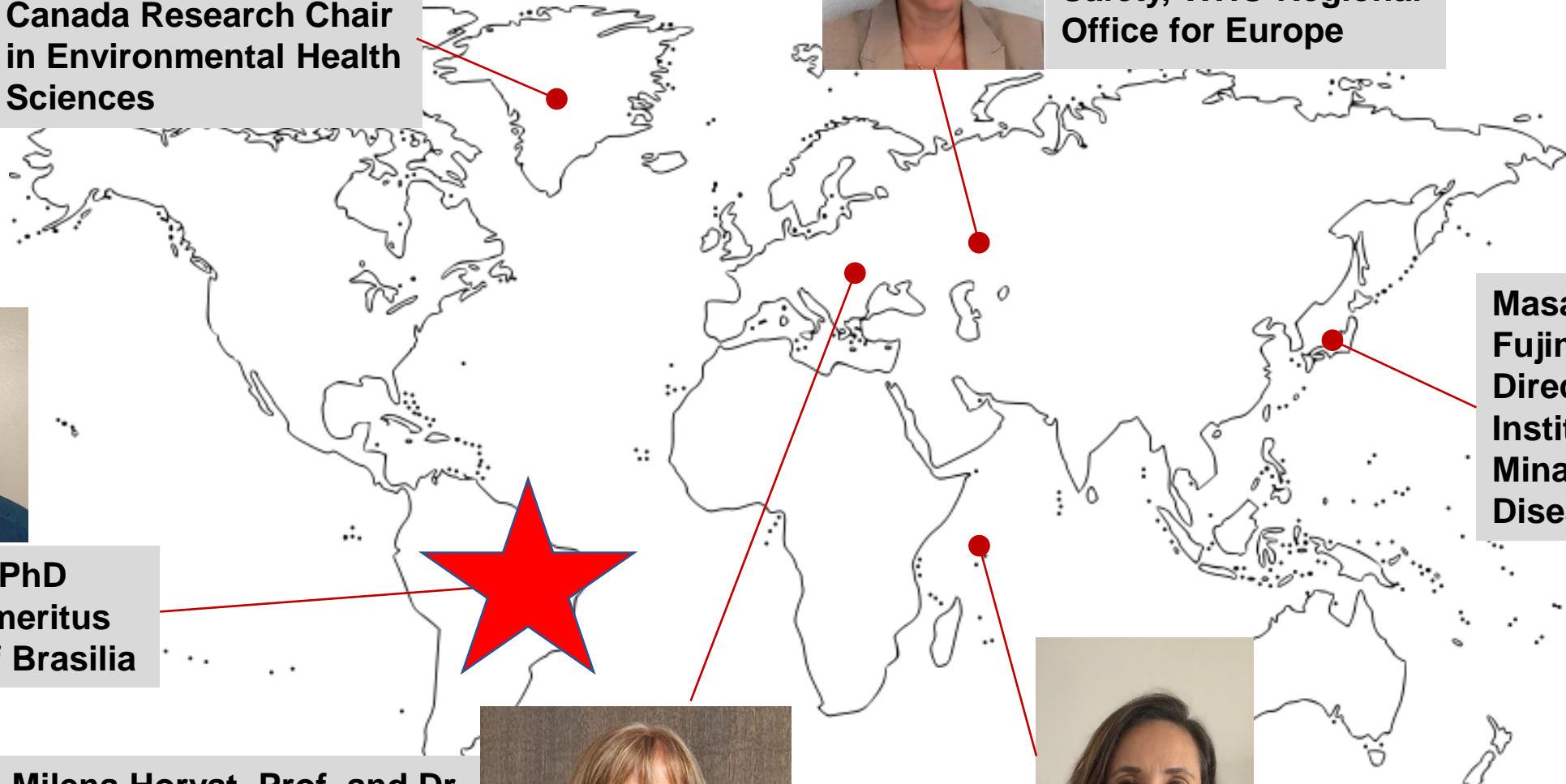
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View from Brazil / Latin America

- Integrating Hg chemical-forms, exposure pathways, risks, benefits (associated with neurodevelopment), and modifiable factors frequently reported in low and mid-income countries (LMICs), with a focus on Brazil and Latin America

Chronologically organized summary of studies associating hair-Hg concentrations and rate of fish consum

References	Amazon River Basin	n	Hair [Hg], $\mu\text{g. g}^{-1}$; mean/[median]	Fish consumption mean g. day ⁻¹ /[meal frequency]
<i>Riverine</i>				
This study	Madeira River-LP	Women (22)	11.34	167
		Children (26)	6.07	97
This study	Madeira River-SST	Women (22)	7.97	117
		Children (54)	6.47	95
Oliveira et al. [20]	Madeira River	120	17.4	406
Passos et al. [32]	Tapajós River	72	17.9	151.1
Dórea et al. [27]	Negro River	31	[18.3]	170.5
Guimarães et al. [47]	Tartarugal River	30	28.0	200
Kehrig et al. [48]	Tocantins River	125	6.5	110
<i>Amerindians</i>				
Dórea et al. [49]	Tapajós River	249 ^a	3.4 ^a	30 ^a
		47 ^b	12.7 ^b	110 ^b
Frery et al. [34]	Maroni River	165	11.4 [4.2]	262*
Brabo et al. [50] and Santos et al. [51]	Tapajós River	324	15.7	[daily]
Cordier et al. [52]	Maroni River	96	11.7	[6.5 times/week]

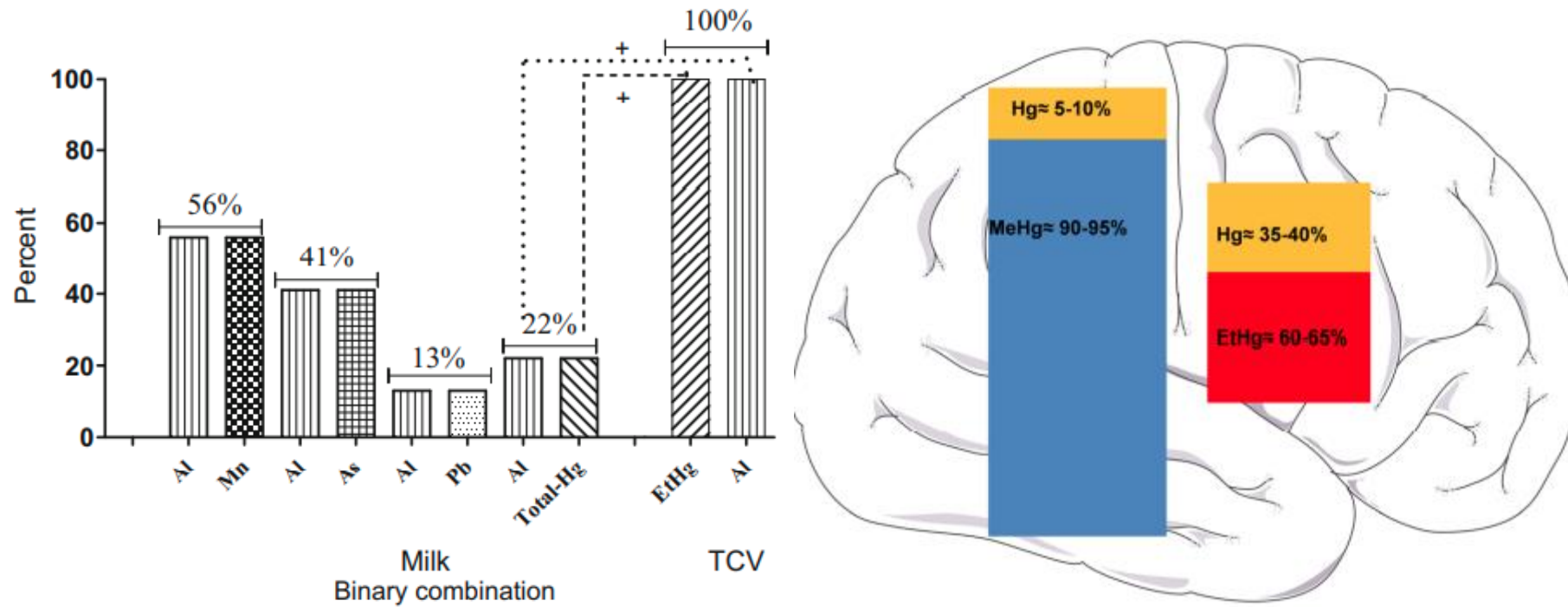
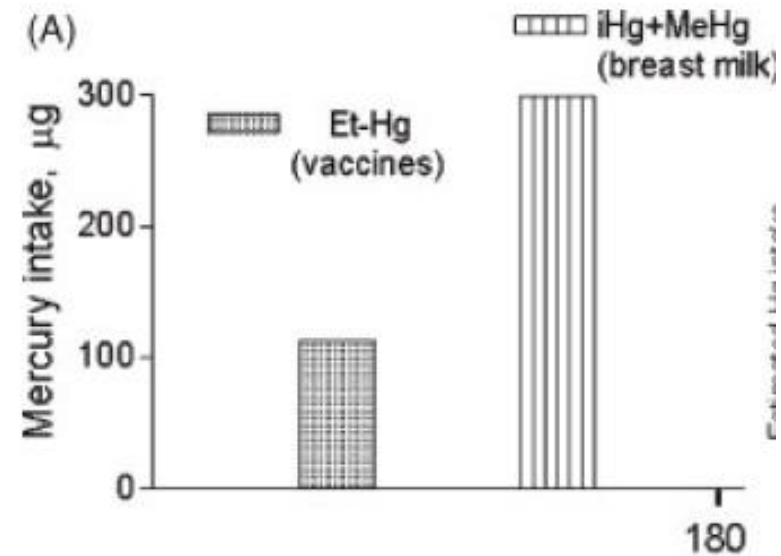
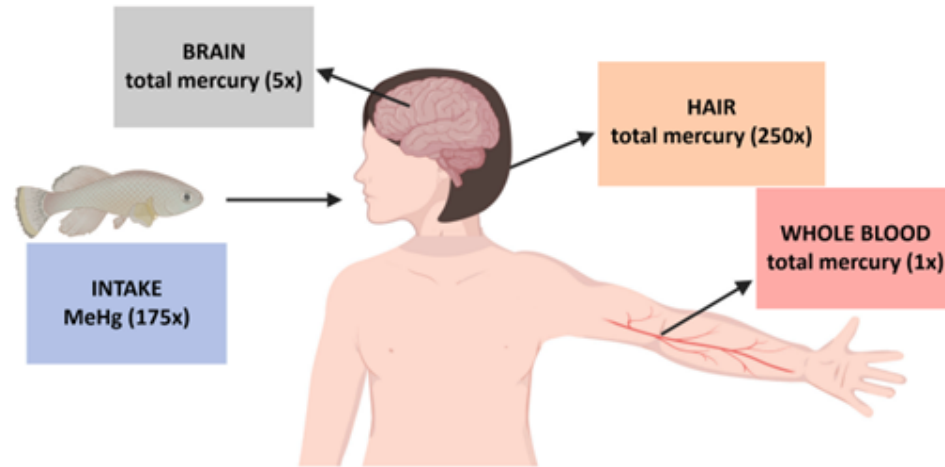


Fig. 2 Frequency of occurrence of binary combination of neurotoxic metals in human milk (matching samples with concentrations above limit of detection) and in thimerosal-containing vaccine (TCV; hepatitis B) taken at birth by donors' infants

Breast milk	Riverines	Porto Velho
Total Hg (ng g^{-1})	2.30 [0.12-6.48]	0.36 [0.09-3.74]

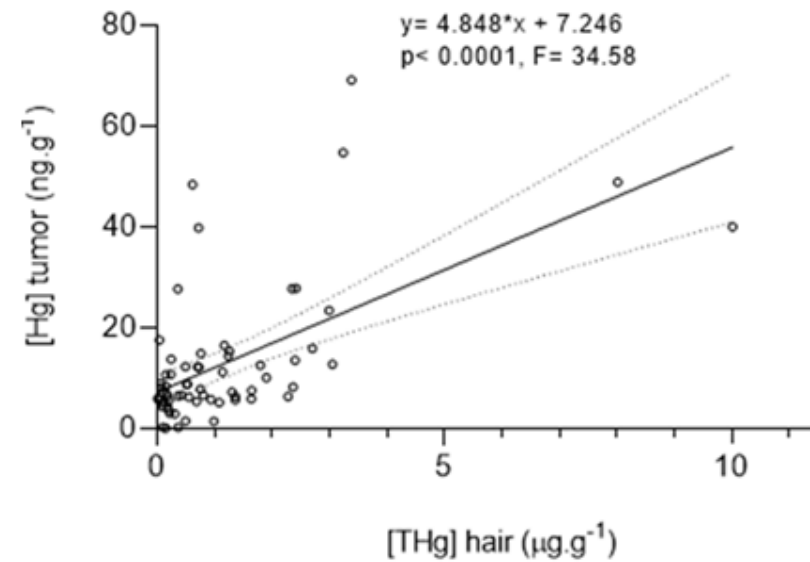
International Journal of Hygiene and Environmental Health 216 (2013) 682-689





	MeHg Intake		Total Mercury		
	$\mu\text{g}/\text{Kg}$ per week	μg per week ¹	Hair $\mu\text{g}/\text{g}$ or ppm	Brain $\mu\text{g}/\text{g}$ or ppm	Whole blood $\mu\text{g}/\text{ml}$ or ppm ²
USEPA reference dose	0.7	42	1	0.02	0.004
WHO reference dose	1.6	98	2.3	0.046	0.0092
Ratio	175		250	5	1

The ratios of median THg concentrations among tissues were respectively 72 (hair:brain), 573 (hair:blood), and 6 (brain:blood).



Children

Grandjean et al. (1999)	7–12 y	Cognitive, language and intellectual development: Wechsler; Stanford-Binet; Motor function: Santa Ana test	Marques et al. (2011) Marques et al. (2012) Dórea et al. (2014)	0–5 y 0–5 y 12–24 m	General development: GDS General development: GDS General development: GDS
Cordier et al. (2002)	9 m–6 y	Cognitive, language and intellectual development: Stanford-Binet; McCarthy Motor function: Leg Co-ordination, Finger tapping	Marques et al. (2014)	6; 24 m	Neurodevelopmental disorders and other health outcomes: BSID-II
Tavares et al. (2005)	3–7 y	General development: Lefèvre Evolutional Neurological Test			
Marques et al. (2007)	6 m	General development: GDS	Marques et al. (2015)	6; 24 m	Neurodevelopmental disorders and other health outcomes: BSID-II
			Marques et al. (2016)	6; 24 m	Neurodevelopmental deficits: BSID-II
Marques et al. (2008)	6 m	General development: GDS	Marques et al. (2016)	6; 24 m	Neurodevelopmental deficits: BSID-II
Fonseca et al. (2008)	7–16 y	Cognitive, language and intellectual development: WISC-III; Audition, visual and visual-motor development: Figure drawing.			
Marques et al. (2009)	; 36; 60 m	General development: GDS			
Chevrier et al. (2009)	7–12 y 5–12 y	Cognitive, language and intellectual development: Stanford-Binet			
Marques et al. (2010)	6 m	General development: GDS			

Adults

Santos et al. (1995)	Environmental and occupational	—					
Lebel et al. (1996)	Environmental	Visual testing	SS	Fillion et al. (2011a)	Environmental	Lanthon D-15 desaturated test; Santa Ana test, Grip Strength	SS
				Fillion et al. (2011b)	Environmental	Visual functions assessment	SS
Santos et al. (1999)	Environmental	—					
				Nyland et al. (2011)	Environmental	Anti-nuclear autoantibodies (ANA); anti-nucleolar autoantibodies (ANoA)	
Lebel et al. (1998)	Environmental	Santa Ana test, grip strength, tests of visual acuity, Branches Alternate Movement Task	SS	Fillion et al. (2013)	Environmental	Near visual contrast sensitivity and colour vision	SS
				Khoury et al. (2013)	Environmental	Neurological evaluation	SS
				Hoshino et al. (2015)	Environmental	Otolaryngologic evaluation; acoustic reflexes; audiometry	
Dolbec et al. (2000)	Environmental	Santa Ana, Grooved Pegboard, Fingertapping, Strength tests (Grip strength and Pinch strength)	SS				
Harada et al. (2001)	Environmental	Neurological test	SS				
Silva et al. (2004)	Environmental and occupational	anti-nuclear autoantibodies (ANA); anti-nucleolar autoantibodies (ANoA)					
Silveira et al. (2004)	Environmental and occupational	Visual functions assessment	SS				
Alves et al. (2006)	Environmental	Serum antinuclear antibodies (ANA)					
Rodrigues et al. (2007)	Environmental and occupational	Visual functions assessment	SS				
Gardner et al. (2010)	Occupational	anti-nuclear autoantibodies (ANA); anti-nucleolar autoantibodies (ANoA)					
Lemire et al. (2010)	Environmental	Age-related cataracts					
Lemire et al. (2011)	Environmental	Motor functions	SS				

Chemical form	Pathway	Prevalence	Mode	Stage of exposure	Combined stressors	Associated benefits	Risks	Biomarker	Modifiable Hg risks
EtHg	TCV	High in LMICs	Non-oral (i.m.)	MPr,NB, IF, CH	AI adjuvants	Life-saving prevention of diseases	Possible neurodevelopmental delays associated with EtHg	Bl>Ur	Make Thimerosal-free vaccines to LMICs.

EtHg: ethyl-Hg; MPr: Mother-Pregnancy; M-Lc: Mother-Lactation; IF: infant; CH: child; LMICs: low and mid-income countries; Bl: blood; Ur: urine.

Chemical form	Pathway	Prevalence	Mode	Stage of exposure	Combined stressors	Associated benefits	Risks	Biomarker	Modifiable Hg risks
MeHg	Fish	High in traditional living	Oral	MPr, MLc, CH	Dependent on maternal diet/lifestyle	Essential nutrients	Possible neurodevelopmental delays associated with MeHg	H>N>BI	Advisories for commercial fish consumers.
MeHg	Human milk	High in traditional living	Oral	Infancy	Dependent on maternal diet/lifestyle	Essential nutrients and functional factors	No evidence of detrimental effects due to mode of feeding	H>N>BI	Intervention only in clinical poisoning cases.
MeHg	Rice	High in Asian countries	Oral	MPr, MLc, CH	Dependent on maternal diet/lifestyle	Essential nutrients	Possible neurodevelopmental delays associated with MeHg	H>N>BI	Environmental policies to abate Hg pollution.

MeHg: methyl-Hg; MPr: Mother-Pregnancy; M-Lc: Mother-Lactation; IF: infant; CH: child; SSA: Sub-Saharan Africa; LMICs: low and mid-income countries; H: hair; N: nail; BI: blood.

Chemical form	Pathway	Prevalence	Mode	Stage of exposure	Combined stressors	Associated benefits	Risks	Biomarker	Modifiable Hg risks
InHg/MeHg	Geophagy practices (soil sticks)	SSA	Ingestion	Culture	Dependent on maternal life style	Lifestyle	Neurodevelopment	Bl>Ur	Proper health services
InHg (cinnabar) MeHg	Traditional medicines	ASIA	Ingestion	Malasies / Illfeeling	Dependent on maternal life style	Cure/relief of symptoms	Not studied	Bl>Ur	Proper medical services

MeHg: methyl-Hg; InHg: inorganic Hg; MPr: Mother-Pregnancy; M-Lc: Mother-Lactation; IF: infant; CH: child; SSA: Sub-Saharan Africa; Bl: blood; Ur: urine.

Chemical form	Pathway	Prevalence	Mode	Stage of exposure	Combined stressors	Associated benefits	Risks	Biomarker	Modifiable Hg risks
InHg	Cassava (in contaminated soil)	High in SSA	Ingestion	Staple food	Dependent on maternal life style	Nutrition	Not studied	Bl>Ur	Proper nutritional alternatives
InHg	Dental worker	High in LMICs	Inhalation	MPr, MLC	Dependent on maternal diet/lifestyle	Increase in family income	No neurodevelopmental delays in sons of dental workers (Vähäsarja et al, 2016).	Bl>Ur	Occupationally protected environment.
InHg	Teeth restoration	High in LMICs	Ingestion	MPr, MLC	Dependent on maternal diet/lifestyle	Dental health	No neurodevelopmental delays due to prenatal dental amalgam exposure.	Bl>Ur	Alternative tooth filling materials.
InHg	ASGM worker	LMICs	Inhalation	MPr, MLC	Dependent on maternal diet/lifestyle	Increase in family income	Neurodevelopmental delays.	Bl>Ur	Public health policies to protect pregnant and lactating mothers
InHg	ASGM worker	LMICs	Inhalation	Child labor	Dependent on the metal mined	Increase in family income	Neurodevelopmental delays.	Bl>Ur	Enforce policies to protect children from exploitative child labor.
InHg	e-waste worker	LMICs	Inhalation	MPr, MLC	Other metals and maternal diet/lifestyle	Increase in family income	Neurodevelopmental delays.	Bl>Ur	Public health policies to protect pregnant and lactating mothers
InHg	e-waste worker	LMICs	Inhalation	Child labor	Other metals	Increase in family income	Neurodevelopmental delays.	Bl>Ur	Enforce policies to protect children from exploitative child labor.
InHg	Skin bleachers	More in SSA	Dermal absorption	MPr, MLC	Dependent on maternal life style	Lifestyle/self esteem	Not studied	Bl>Ur	Education and optional products development
InHg (metallic)	Religious practices (Santeria)	Caribbean	Inhalation	Ritual practices	Dependent on maternal life style	Cultural behavior	Not studied	Bl>Ur	Medical treatment
InHg (fumes)	Volcanic activity	Volcanic areas	Inhalation	MPr, MLC, CH	Dependent on maternal life style	Natural Environment	Not studied	Bl>Ur	Challenging

MeHg: methyl-Hg; InHg: inorganic Hg; MPr: Mother-Pregnancy; M-Lc: Mother-Lactation; IF: infant; CH: child; SSA: Sub-Saharan Africa; LMICs: low and mid-income countries; Bl: blood; Ur: urine.



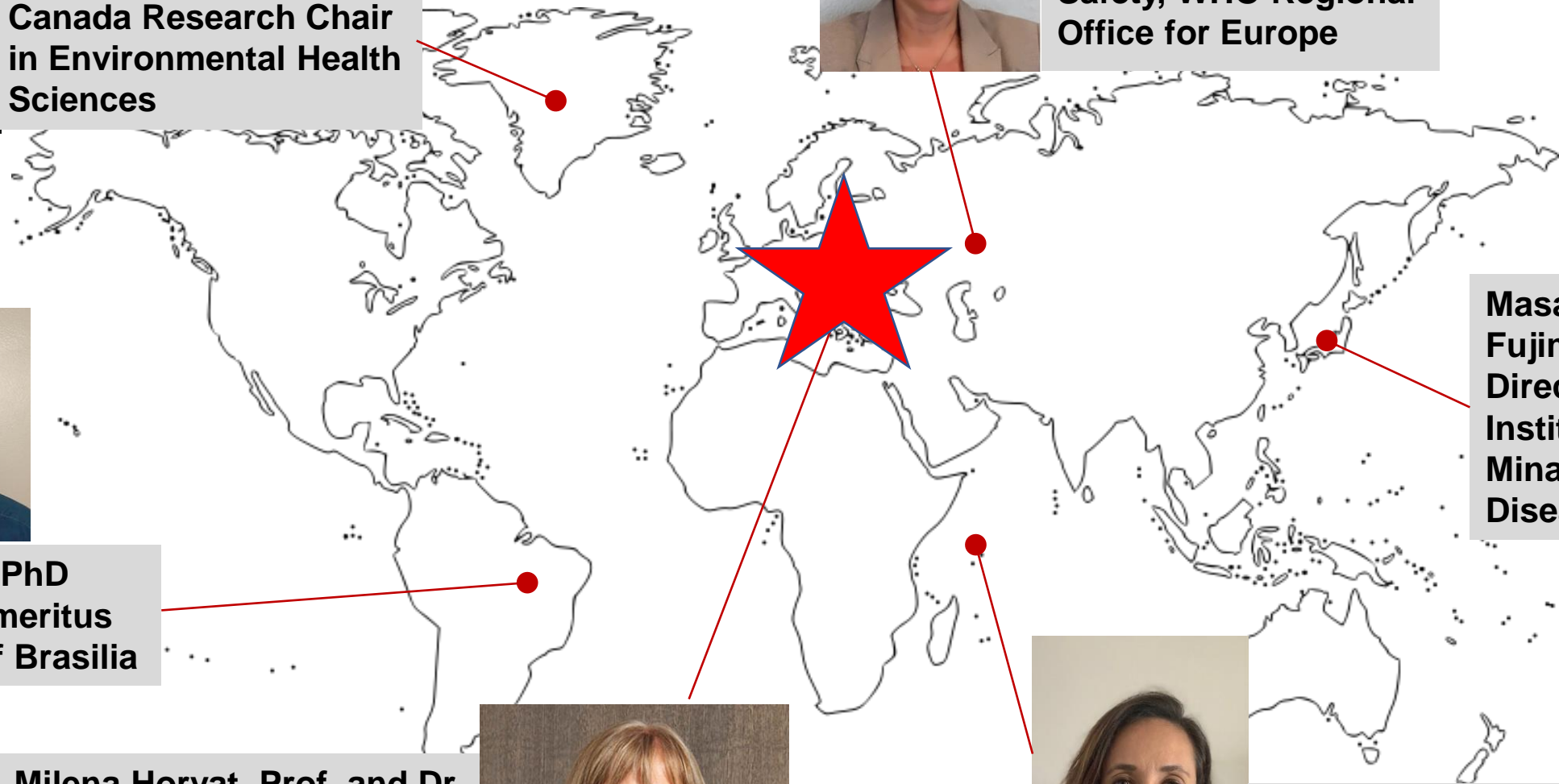
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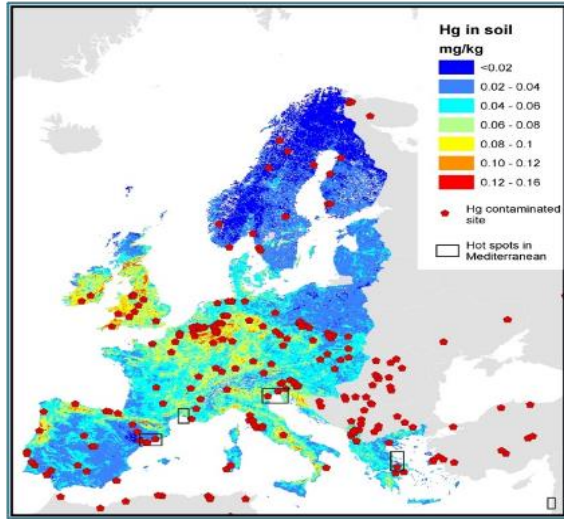
Milena Horvat, Prof. and Dr.
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European policies

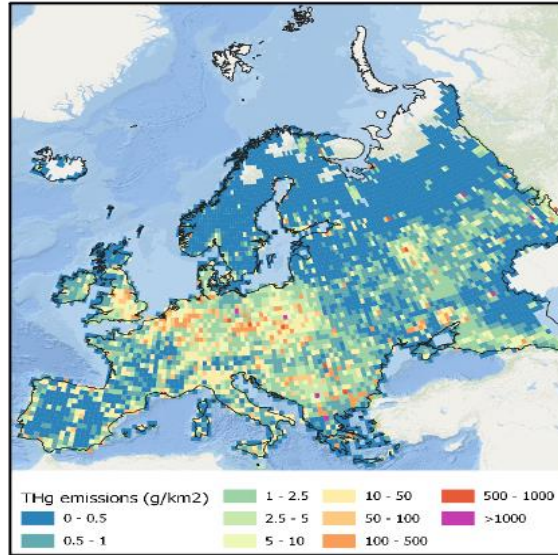
- Community strategy concerning mercury, 2005
- Food safety:
 - EFSA European Food Safety Administration
- Chemicals:
 - Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)
- Environment
 - Surface waters, groundwater, emissions and releases, etc...
- Consumer products
- Occupational Health
- Global policies - Minamata Convention
-

Data availability – Hg sources

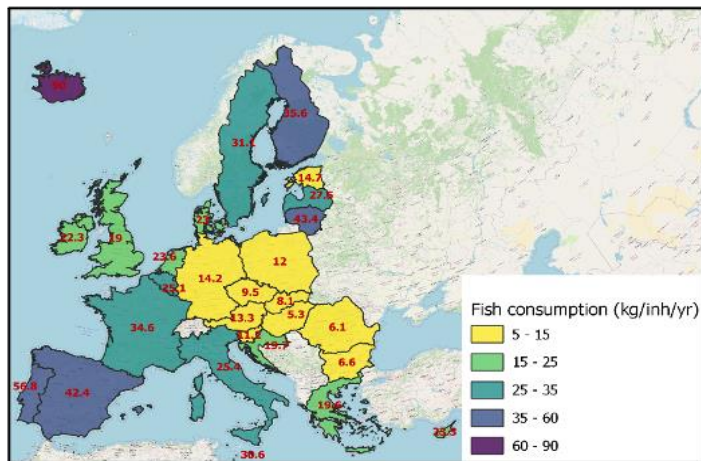
Hg in soils and contam. sites¹



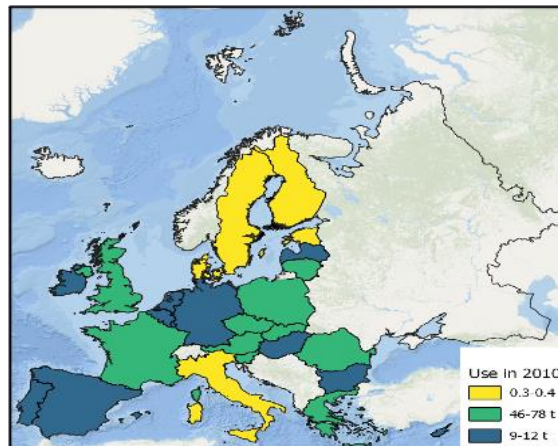
THg emissions²



Fish consumption⁴



Use of dental amalgams³



¹Kocman et al. (2013), Lado et al. (2008)

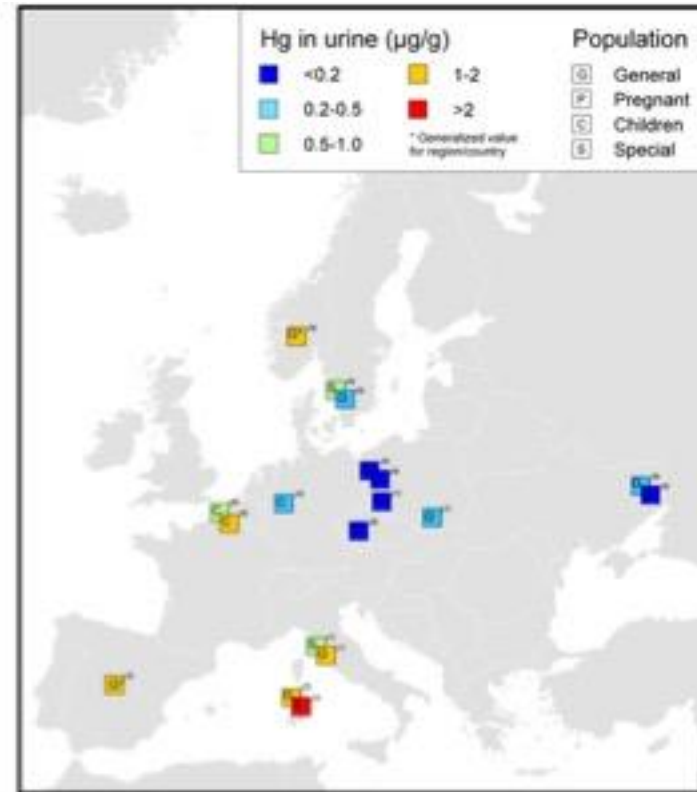
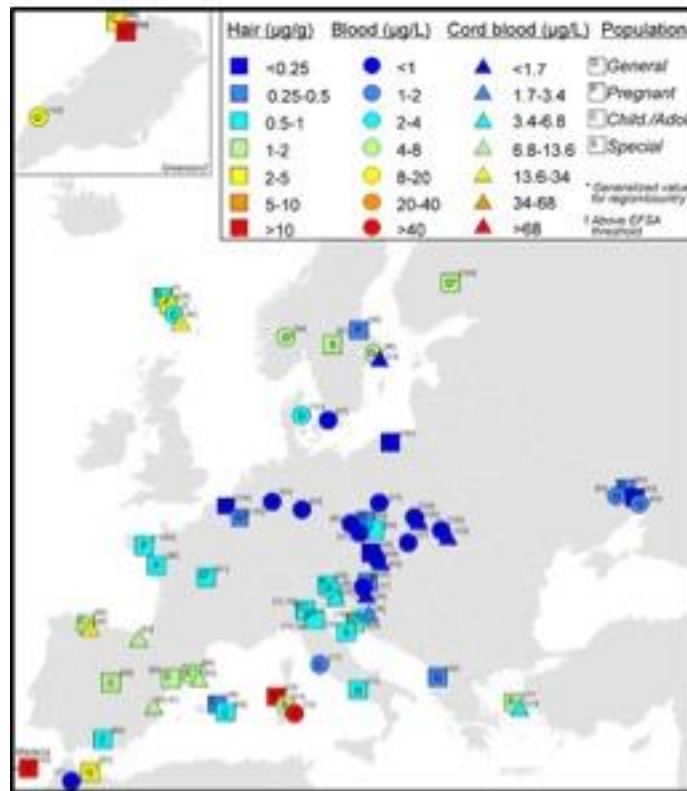
²Steenhuisen & Wilson, 2015

³SWD/2016/017 final - 2016/023 (COD) Commission Staff Working Document Ratification and Implementation by the EU of the Minamata Convention

⁴Eumofa, The EU fish market, 2019 edition

Data availability: Hg levels in biomarkers

2000 - 2013

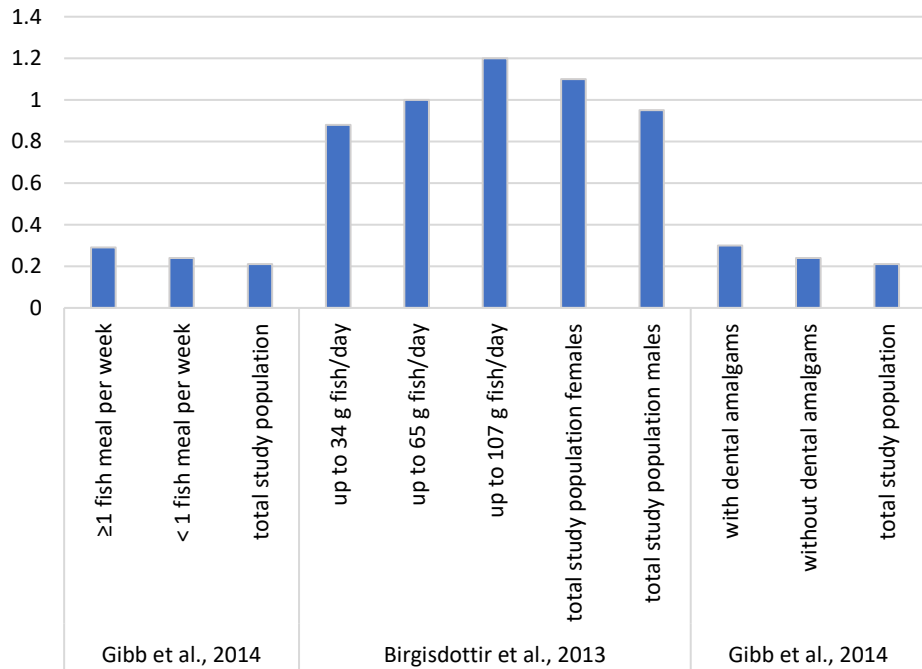


- Extracted information: - location, subgroup of the population (children /pregnant women /exposed population / general population), biomarkers of exposure (Hg in **cord blood, blood, urine and hair**), dose of exposure and different outcome measures
- ~50 studies included (12000 people from 21 countries were involved)

Data availability: Hg levels in urine

2013 -

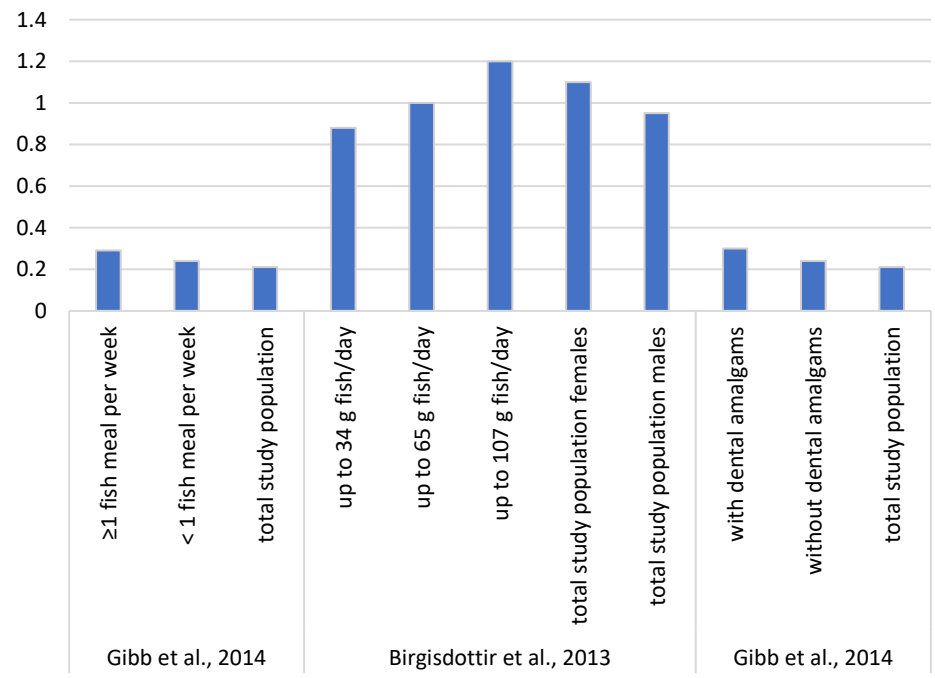
Median UHg ($\mu\text{g/g creat}$) depending on fish consumption and dental amalgams



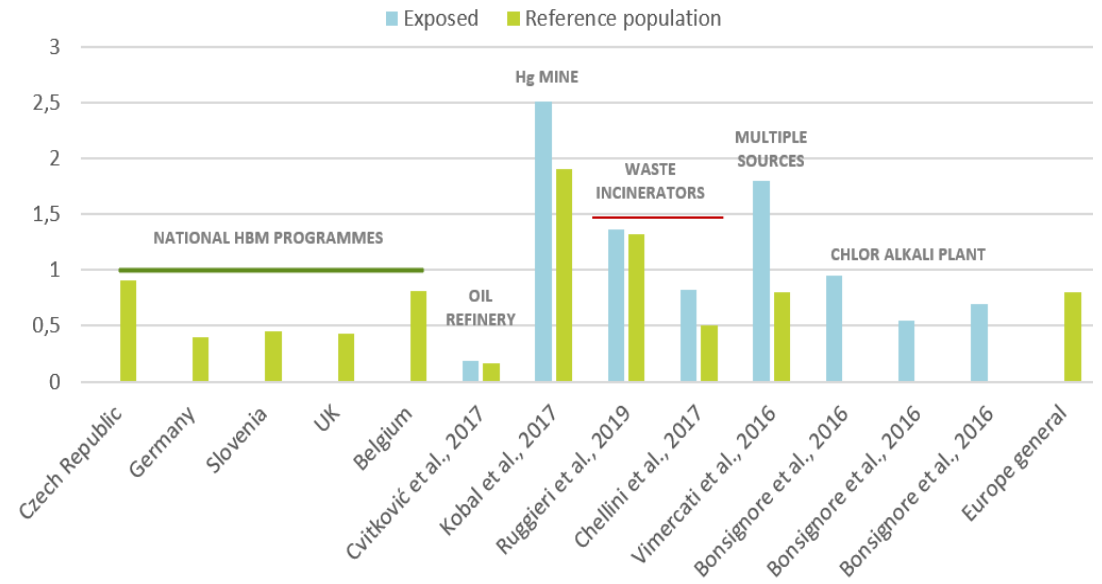
Data availability: Hg levels in urine

2013 -

Median UHg ($\mu\text{g/g creat}$) depending on fish consumption and dental amalgams



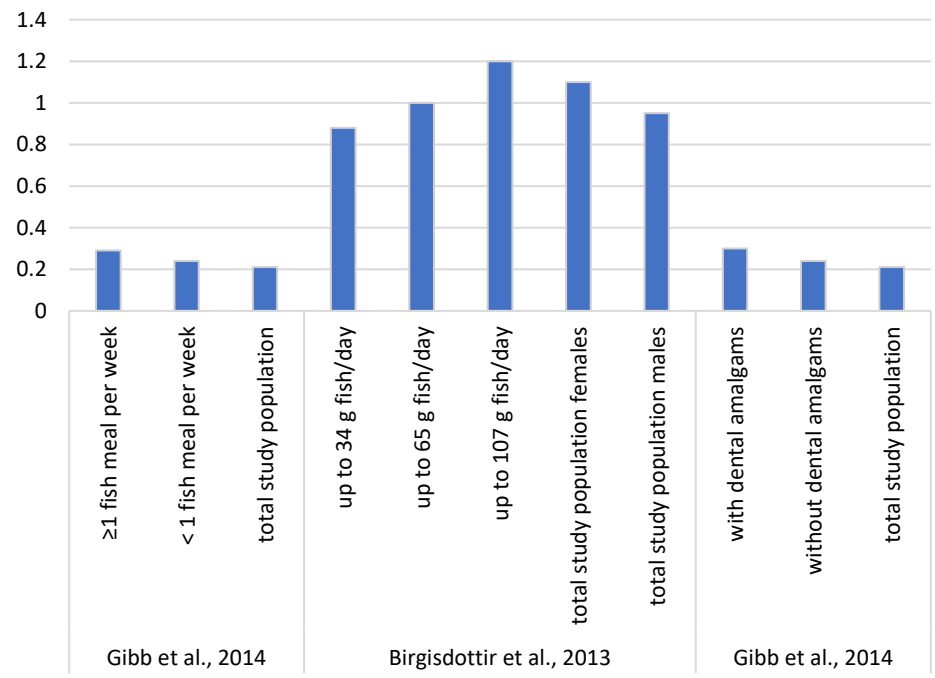
Median urinary mercury ($\mu\text{g/L}$) from national HBM studies and in populations in vicinity of contaminated sites or point sources of exposure.



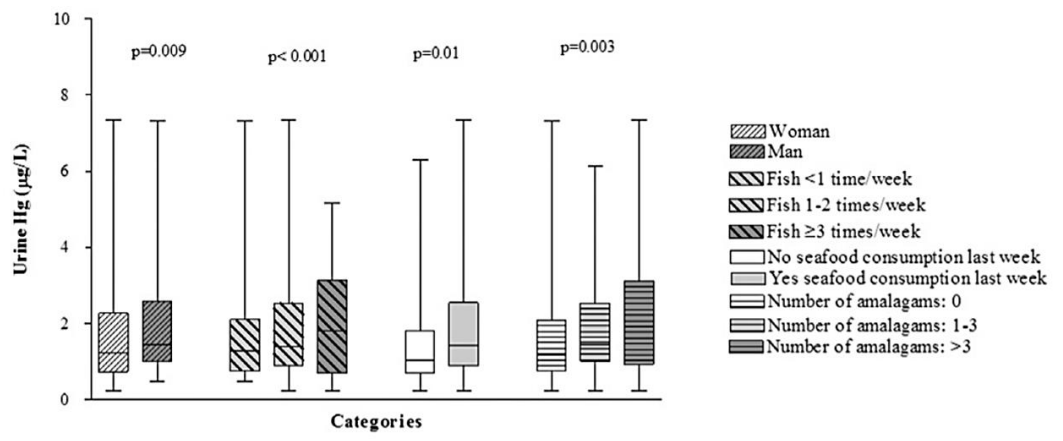
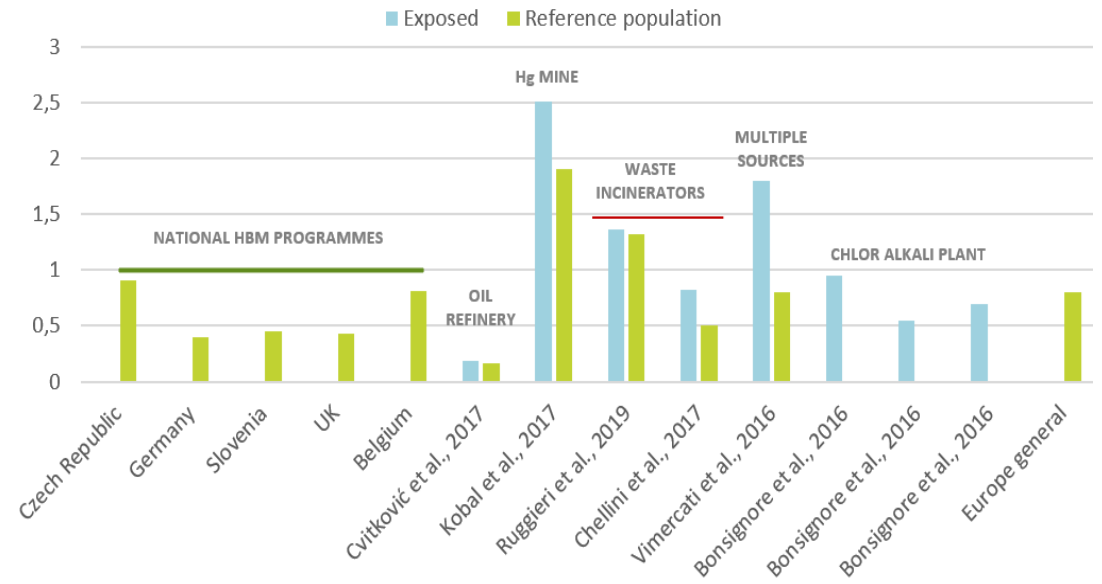
Data availability: Hg levels in urine

2013 -

Median UHg ($\mu\text{g/g creat}$) depending on fish consumption and dental amalgams



Median urinary mercury ($\mu\text{g/L}$) from national HBM studies and in populations in vicinity of contaminated sites or point sources of exposure.



Urinary Hg and determinant variables for adults living near waste incinerator (Bocca et al., 2016)

Research and development in Europe

- National programmes:
 - Human biomonitoring: reference values, spatial and temporal trends
 - epidemiological studies, etc ..
- EU Framework programmes
 - Environmental and health related (several projects funded for Hg research)

Consortium partners



Project coordination:
HBM4EU is coordinated by the German Environment Agency, Section II 1.2 Toxicology, Health Related Environmental Monitoring
Email: hbm4eu@uba.de

VITO is the Co-coordinator, Email: hbm4eu@vito.be

HBM4EU science and policy for a healthy future

HOME PAGE > THE PROJECT > EUROPEAN HBM PLATFORM

EUROPEAN HBM PLATFORM

European HBM Platform

A major hurdle to the reliable assessment and management of chemical risks is the current lack of harmonised information at European level concerning the exposure of citizens to chemicals.

Human biomonitoring characterises human exposure to chemicals by measuring chemicals, their metabolites or markers of subsequent health effects in body fluids or tissues.

HBM4EU will draw on existing scientific excellence and build capacities to establish a European Human Biomonitoring Platform, with the aim of harmonizing human biomonitoring activities in our 28 partner countries. National Hubs have been established in each country to coordinate activities, so creating a robust Human Biomonitoring Platform at pan-European level.

This platform will deliver comparable, European data on human exposure to chemicals and mixtures of chemicals to policy makers, as a robust basis for policy making to improve chemical safety.

HBM4EU PRIORITY SUBSTANCES

The first list of HBM4EU priority substances was identified in 2016 and includes:

- Aniline family
- Bisphenols
- Cadmium and chromium VI
- Chemical mixtures
- Emerging substances
- Flame retardants
- Polycyclic Aromatic Hydrocarbons (PAHs)
- Per-/poly-fluorinated compounds
- Phthalates and Hexamol® DINCH

A second round of prioritisation was conducted from 2017 to 2018. The second list of HBM4EU priority substances includes:

- Acrylamide
- Aprotic solvents
- Arsenic
- Diisocyanates
- Lead
- Mercury
- Mycotoxins
- Pesticides
- Benzophenones

HBM4EU policy related questions for mercury

1. How effective are policy actions **to reduce human exposure** to mercury in Europe?
2. How can harmonised, validated and comparable information be collected and transferred to support and evaluate current policies?
3. What biomonitoring and exposure data on mercury (and its species), relevant to the European population, are currently available and what new data are needed to address policy-related questions?
4. What is the geographic spread of the current exposure and how does it relate to different exposure sources (environmental; contaminated sites; dental amalgams; dietary, including different species of sea-food)? Ideally, this should capture the exposure of highly exposed populations (e.g. high seafood consumers with distinction of populations consuming predator fish from those with low/no consumption of such fish, such as Southern & Northern Europeans, European arctic populations), but also of low-exposure populations for comparison.
5. Which populations remain vulnerable to health impacts from mercury exposure and how can they be protected?
6. How can the public be informed and how can public awareness and education be raised regarding the effects of mercury on health and the environment and about management options? Related to this, how can HBM4EU results support policy decisions at EFSA and ECHA?
7. At what level of exposure to different mercury species and to total mercury are health effects likely to occur?
8. How does exposure relate to the manifestation of adverse health effects?
9. What are possible health effects resulting from chronic low exposure to mercury and its organic compounds (such as from food consumption and dental amalgams)?
10. What factors make people more susceptible to the development of health effects due to mercury exposure?



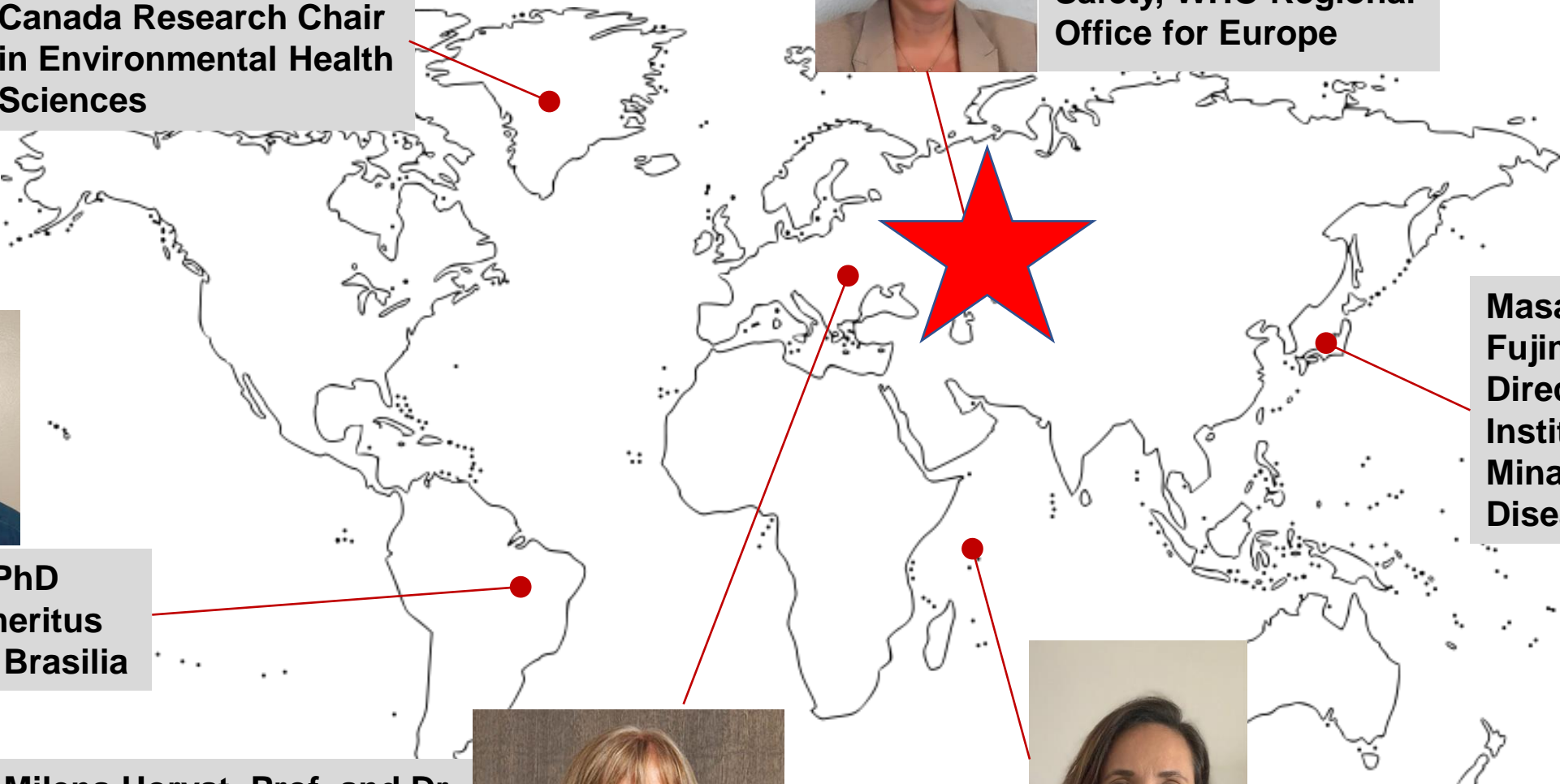
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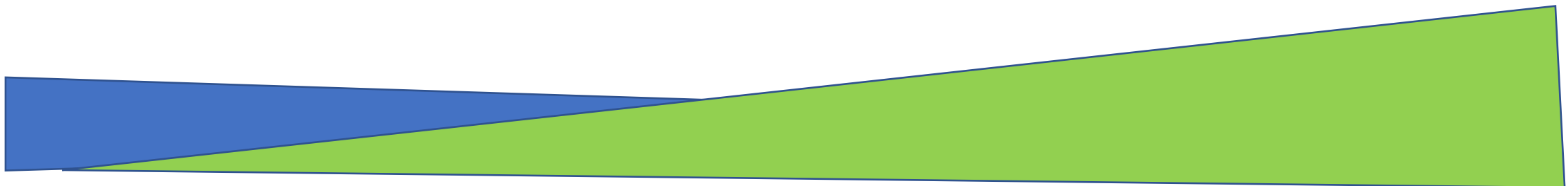
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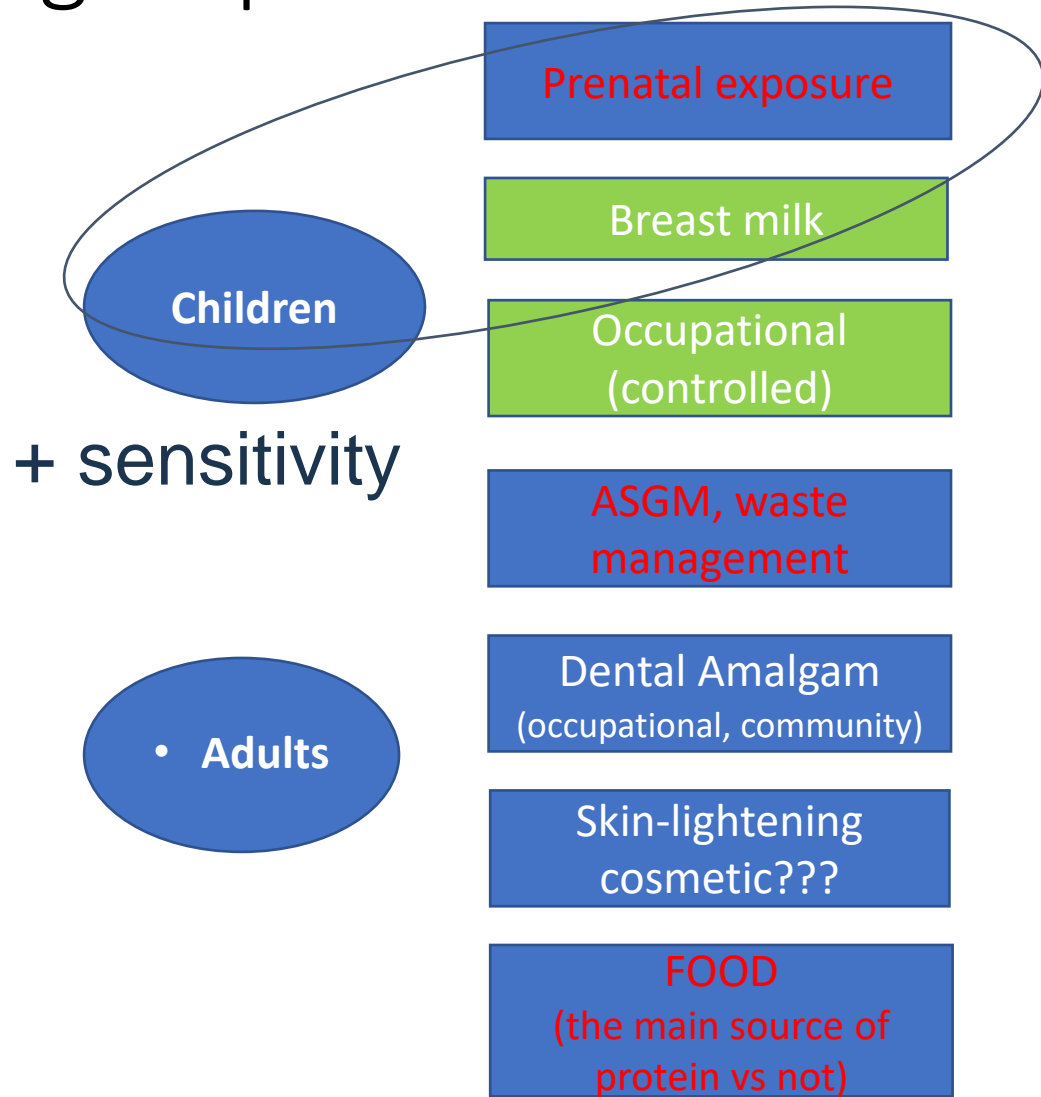
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Exposure and health effects – knowledge accumulation

1950-1980	1980 - 2000	2000 - 2010	2010 -
Hazard assessment	Exposure – effect (quantitative assessment)	Shift of geographical and exposure focus	
Acute and massive poisonings	Lower dose – cohort studies	Focus on different sources of exposure (e.g. ASGM)	Complex planning of epidemiological studies to reveal mercury effects
Clinical symptoms	“Sub-clinical” effects (neurodevelopment)	Wider use of HBM	Harmonization of approaches (global level)
Occupational exposure, Minamata, Iraq	Seychelles Faroes	Asia Pacific, Africa, Latin America	
		ASGM, waste management, cosmetics	
		Child labour, community impacts	



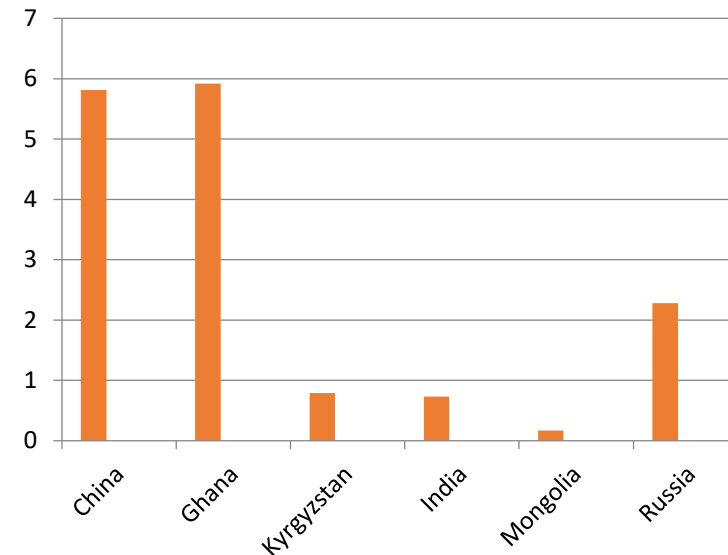
Children – the vulnerable population group



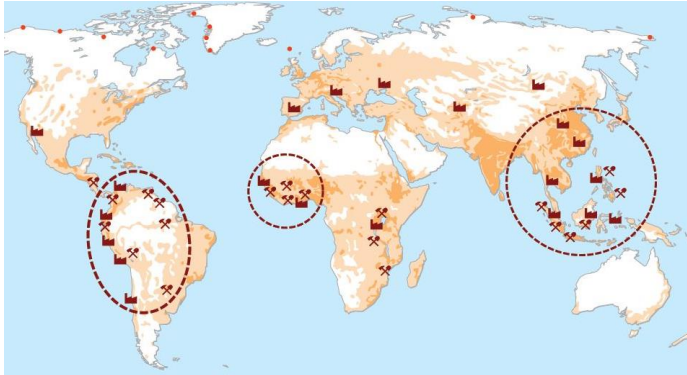
Location	THg in cord blood $\mu\text{g/l}$
Canada	5.8
Taiwan	9.1
Brazil	10.54
Poland	0.9
Turkey	0.5
Slovakia	0.8
USA (China-born Asian)	4.3 (15.8)
Japan	0.015

WHO, 2010

Biomarker mercury concentration, by country (WHO, 2017)



ASGM



Mercury form	Toxicity
Elemental Hg ⁰	Acute: lungs, gastrointestinal tract
	Chronic: central nervous system, kidneys
Inorganic Hg ²⁺	Acute: gastrointestinal tract (vomiting, bloody diarrhoea), kidneys (nephritis)
	Chronic: kidneys (kidney damage), central nervous system, skin (acrodynia in children), immune system
Organic MeHg	Central nervous system, cardiovascular system

Hazard category	Hazard type	Sources of exposure	Health outcome
Chemical	Mercury (elemental)	<ul style="list-style-type: none"> Mercury release during gold amalgamation and mercury removal ("burning off") processes 	<ul style="list-style-type: none"> Erethism (excitability) Irritability Excessive shyness Insomnia Severe salivation Gingivitis Tremors Kidney disease Acute gastrointestinal effects From direct inhalational exposure: chemical pneumonitis, pulmonary oedema
	Mercury (methyl-)	<ul style="list-style-type: none"> Mercury bioaccumulated in the environment and food chain Consumption of mercury contaminated fish and shellfish 	<ul style="list-style-type: none"> Visual disturbance - e.g. scotomata, visual field constriction Ataxia Paresthesias (early signs) Hearing loss Dysarthria Mental deterioration Muscle tremor Movement disorders Paralysis and death (with severe exposure) Prenatal exposure: fetal toxicity, cognitive and motor delays and impairment

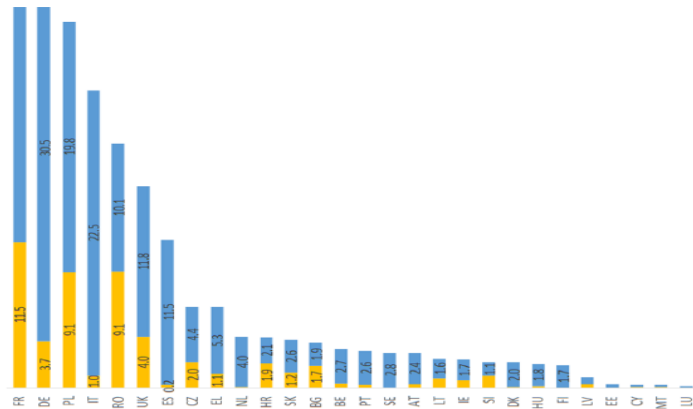
WHO, 2016

Dental amalgam

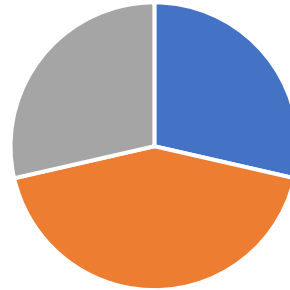
• EU (28) (2018)



■ Used ■ Phased-out ■ No data ■

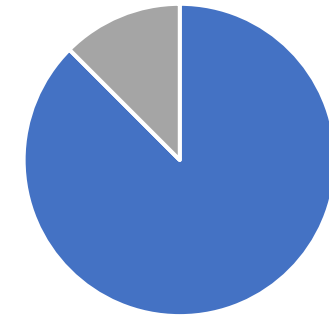


• CEE (2016-2017) (7 countries)

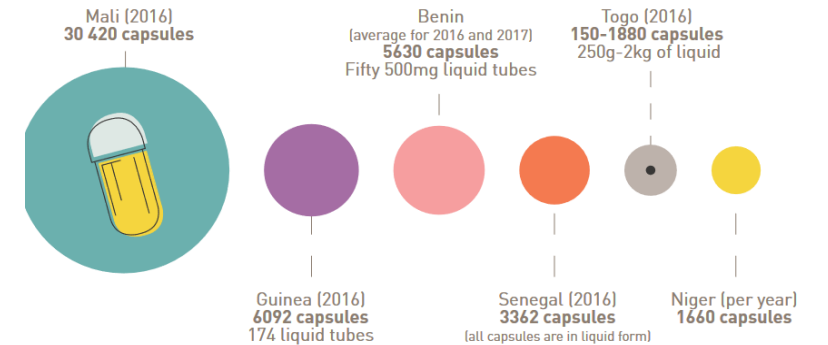


■ Used ■ Phase-out ■ No data

• AFRO (2017-2020)



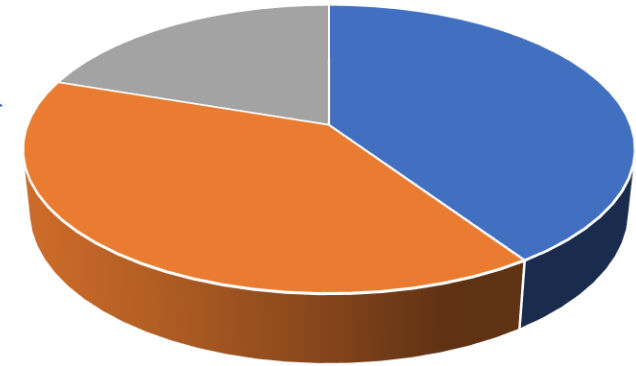
■ Used ■ Phased-out ■ No data ■



25-58t /28	64 kg/2	Around 5t /14
Not used for vulnerable groups	No regulatory limits	No regulatory limits
Encapsulated form	Encapsulated form	Both (liquid mercury and encapsulated)

Skin-lightening cosmetic

- - used worldwide, but their use is particularly widespread in many African, Asian and Caribbean countries (25-30% of population)
- used by both women and men
- manufactured in many countries and areas
- the mercury concentrations in these particular products ranged from 93 ppm to over 16 000 ppm (42 875 ppm)
- Limit 1 ppm is enforced in many countries
- No labelling, poor import control
- Of high demand/are popular/increasing - no assessment
- - 70% are not aware about risks



■ No data
■ Some estimates

In Jamaica, 20th-month old child poisoned by mercury due to use of skin-lightening cosmetic containing 38000 ppm mercury by the mother

(Copan et al, 2015), MIA

Summary of Case Studies (with MORE planned)

	Arctic	Seychelles	Japanese	Latin America	EU	WHO
Population Characteristics	Inuit	Seafood consumers	Seafood consumers	Background (+Vulnerable)	Background (+Vulnerable)	Background (+Vulnerable)
Key Mercury Source and Exposure Pathway	MeHg through diet (marine mammals)	MeHg through diet (ocean fish)	MeHg through diet (ocean fish)	Various (diet, occupational, ASGM, etc.)	Various (diet, amalgam, contaminated sites)	Various (ASGM, dental, cosmetics)
Health Outcome Studies	Neurological and cardiovascular	Neurological	Neurological	Neurological	no	Neurological

Exemplify global variability; shift from historical studies linked with high exposures and adverse outcomes from a few locations, to a more diverse ones that capture a range of Hg sources, geographic and population groups, proactive and harmonized research and biomonitoring, and key socio-economic-environmental factors that underpin health.

Objective of ICMGP Synthesis Paper

- To help stakeholders (e.g., Hg scientists, Minamata Convention policy makers) gain a deeper empathy and understanding of the diversity/variance of Hg risk in populations worldwide --- from the past to the present to the future
- Present compelling “socio-environmental” case studies by leading experts
- Synthesize the information
- QUESTIONS? Moderated by Prof. Milena Horvat

Q&A





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Thank you for your attention

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