

**Meeting with the PFAS Scientific Advisory Panel Chair
Thursday 8 June 2023, from 5:30pm to 7:30pm
Philadelphie Messy Centre, St Peter**

Minutes

Attendees

Members of the public were joined by:

Dr Steve Hajioff, Independent PFAS Scientific Advisory Panel Chair

With Government officers:

Professor Peter Bradley, Director of Public Health and Medical Officer of Health

Grace Norman, Deputy Director of Public Health

Dr Tim du Feu, Head of Land Resource Management

Plus support staff

Meeting Notes

Introductions

- Handouts were made available in the meeting including copies of the latest PFAS newsletter, agenda for the first meeting of the Scientific Advisory Panel meeting on 15th June 2023 and information slides.
- Peter Bradley introduced the chair, Dr Hajioff, and the government attendees and explained that this is an independent panel and that minutes of the meeting today will be shared with Islanders.
- Dr Steve Hajioff introduced himself as the independent chair to the PFAS panel. He also explained the roles and extensive experience of the other two panel members, Dr Tony Fletcher, and Professor Ian Cousins.

Purpose of the Panel

- The purpose of the panel was clarified along with outlining the 5 reports that would be developed by the panel:
 1. **Therapeutic phlebotomy:** This report would be an interim report that would look at the risks (such as risks to giving blood regularly) and any benefits of reducing PFAS levels. The draft report would be shared with the public for feedback.
 2. **Health effects of PFAS**
 3. **Clinical interventions and PFAS blood testing and re-testing:** This report will look at the potential clinical interventions more broadly than just therapeutic phlebotomy to determine potential ways PFAS could be reduced in the body and address the question of when and how Islanders who have been tested already should be re-tested; and whether testing should be expanded.
 4. **PFAS in the environment:** The environmental management report will look at how PFAS interacts with the environment and what further measures could be helpful in managing this issue.

5. **Update report:** The final report would be an update on the previous reports to consider any new or additional evidence.

- The considerations to be kept in mind while developing the reports were discussed, for example, risks versus benefits and exploring the interplay on an individual and environmental basis. Also, the different groups of interest, for example children, pregnant or breastfeeding women and older people; in addition, the costs, and implications of any recommendations.
- The first principle of the approach would be openness, and the public were encouraged to send comments to the mailbox.

The Panel's Approach

- The Chair outlined the Panel's approach which included being led by the evidence, the public involved throughout the process, regular engagement with stakeholders and making sure there are no surprises.
- The panel were keen to hear from two types of experts: subject matter experts and experts by experience (i.e. Islanders).
- The Chair outlined that Panel meetings will be held in public, online and Islanders were encouraged to email in their own evidence and questions before or after meetings. There will be some meetings held in private where necessary, for particular reasons including where people who may not wish to give evidence in public, and to discuss clinically or commercially confidential information.
- The process for developing the reports was outlined and shared on the handout.

Feedback, Discussion and Questions

The meeting was opened for questions and feedback from Islanders.

Question: Will there be an opportunity for residents who did not have blood tests previously to be tested?

- The Chair explained that wider testing would be looked at in the third report. Due to the ordering of the reports (needing the therapeutic phlebotomy report to be completed first, as this is a specific request of Islanders), it would not be possible to have the wider testing question answered before the preliminary report on phlebotomy is completed.

Question: The Bailiwick Express reported that people outside of the airport area would be tested so that there is a comparison group, and studies have been done with small sample sizes – the Australian clinical trial only had about 250 people in it.

- We need to first understand the scale and impact of health effects. The Panel will review the best available evidence regarding the risk. With the low numbers in Jersey, a comparative study of testing may not be scientifically valid. We need to review the global studies first. This can be explored further in the third report.
- The Chair explained some of the disadvantages of clinical trials, including that they need ethical approval, and this can take a long time, and often they are more useful for communicating to the rest of the world, rather than solving problems. What we want in Jersey is something where results can be shared to help further scientific understanding, but while also being practical.

Question: Will the end results give a conclusion if the PFOS makes us ill?

- It was clarified that the second report would inform about the health risks of PFAS. There might be associations with different diseases, but we need to know the size of the impact of the effects. The report will be based on the best available evidence. The reports will not directly address the historical situation; the work of the panel is about what can be improved for the future.

Comment: A comment was made that the public was not involved with the interviews held for the Scientific Advisory Panel.

- This was not the case as Islanders were involved in the process and the stakeholder panels met with all of the candidates prior to the interviews and their feedback was part of the interview panel's deliberations.

Comment: Issues were raised relating to the Government, 3M and whether the panel can be independent as they are employed by the Government.

- The Chair gave assurance that the work of the Panel will be independent from Government and that he is not an employee of the Government. He assured the public that the Government haven't stopped the panel from doing anything, and the independence of the panel will be maintained at all times.
- The Director of Public Health (DPH) explained that the primary responsibility of the Public Health department is to support Islanders and promote health, and that as a DPH he has a legal duty to be an independent advocate for the health of the population.

Question: A comment was made by the audience that the States were aware that PFOS is present in water and that it could cause ill-health. They asked why exposure to drinking water was required between 1991-2006 for eligibility for blood testing when PFAS was used in the 1980s by fire-fighters. They asked if past deaths would be looked at for a full picture.

- The timeframe was based on the documentation about when certain types of fire-fighting foam was used and knowledge of pollution events.
- The question about eligibility for future testing can be explored further as part of the testing report.
- The panel are interested in people coming forward and sharing their stories (i.e. as experts by experience) but it will not be possible to review all those who have already passed away.

Question: Can the cohort be widened to include family members with ill-health if the panel felt it was relevant? (Question asked in relation to the discussion on therapeutic phlebotomy).

- It would be useful for the panel to hear more about this prior to planning. The Chair mentioned that there would be no remit to look at the past and the current priority was to explore options for phlebotomy where levels are known. This would therefore not be a consideration for report 1 but it may be possible to be included as part of report 3 (clinical interventions and testing).

Question: If the decision is made that phlebotomy should be provided, would that be provided before all of the panel's work is completed?

- Yes, each report will be submitted to Government for decision making when it is complete – the entirety of the Panel’s work would not need to be completed for decisions to be made about phlebotomy.

Question: It was queried whether clinical phlebotomy would affect someone having cancer treatment?

- It would need to be explored. Depending on the condition of the individual, recommendations would be made.
- The Chair advised that individuals speak to their own specialists as the Panel will not be able to answer individual health queries.
- The Chair reiterated that people could contact the panel regarding their own symptoms if they wish.

Comment: An Islander explained their personal circumstances. They reported that this was raised at the 8th of December meeting, and someone would get in touch, but this did not happen.

- The Director of Public Health apologised for this not being picked up and asked them to speak to him afterwards so this could be moved forward.

Question: When will you look at whether PFAS has got into the food chain and the contamination of crustaceans?

- The Chair clarified that PFAS in the soil, vegetation, and animals would be looked at in the 4th report and that Prof Cousins is an expert in this area and Dr Fletcher is an expert in environmental epidemiology.
- The Chair confirmed that the Panel will explore the evidence.

Question: Who decides on who is eligible for phlebotomy?

- The Director of Public Health explained that everyone would be considered for phlebotomy if appropriate, however, it would depend on the evidence. Inclusion and exclusion criteria are set up as part of any treatment or study, and the same will apply here. What the criteria should be is to be recommended by the Panel based on the evidence and that may include levels of PFAS in the blood.

Question: Why is it still permissible to add PFOS to water when there is no proven treatment yet? The first step should be to avoid using PFOS; polluted bore water should not be used to feed the mains water supply.

- The Chair said that the Panel can’t make recommendations without first reviewing the evidence, but this will be considered as part of report 4.
- The Head of Land Resource Management gave assurance that the stream source used by Jersey Water at Pont Marquet and the boreholes in the Jersey Water well field in St Ouen’s Bay remain out of service. The hydrogeological survey work will test these areas and provide more understanding of the long-term risk posed by PFAS to these water sources.

Question: Will the Panel look at legislation changes for PFAS levels in the water?

- The Panel cannot guarantee this, but the evidence and science will be set out and recommendation from the Panel will be taken into consideration.

Question: Why was PFOS testing in the blood stopped by the GPs?

- PFAS testing was a special test requiring specialist equipment that was sent overseas, and the window for testing is now closed. It is not a straightforward test to do. The panel can look at the potential for different laboratories to be used and other options as part of their recommendations.

Comment: Expert panels from different countries have reached different conclusions regarding the impact of PFAS.

- It is a core skill in public health to distinguish between good and bad research, taking the time to understand whether the way the research was conducted was fair and unbiased. For example, it's important to look at who funds the research because theoretically the funder can influence the findings. There are also questions about how applicable findings are from one place to another place with different characteristics. The Panel's reports will take all of this into account and will be based on a fair and unbiased assessment of the evidence.
- The Panel will make it clear about the rationale for studies being included or excluded from their assessment of the evidence.
- One Islander mentioned having read 5 years' worth of papers and would be happy to share the information with the Panel. They were asked to share this material with the panel, who would be grateful to receive it.

Comment: Testing on animals found that exposure to PFAS leads to cancer.

- We cannot compare humans and animals as they respond differently in some situations. For example, if the early testing for the antibiotic penicillin had been done on guinea pigs rather than mice, we would not be using penicillin now because it is poisonous to guinea pigs, so studies would not have progressed past that early stage. Animal testing is very useful as a guide to inform research, but it is not a foregone conclusion because some animals respond in a different way to other animals or humans. To understand the impact on human health, we need to look at the evidence from humans.

Comment: A lawyer that was involved in the Du Pont court case is trying to change the law so that companies have to prove that their chemicals are not harmful, rather than the other way around.

Question: Is this information all being given to 3M?

- The meetings and reports will be held in public, so they will have the same access as Islanders.

Comments: Concern was raised that committees previously have not resulted in meaningful change. Would like an update at the next meeting of the definite ballpark on how long it will take to produce the reports, and additionally the questioner would like all those living in the bay to have free medical care.

- The Chair provided assurance that it is his expectation that the panel's work will result in meaningful change, although decision making is for the politicians.
- The Director of Public Health assured Islanders that things will be done in a timely manner.
- It was noted that there were similar situations in the past, such as with asbestos, where physical or psychological support has been provided.

Question: How will you look after the children who have no symptoms yet?

- In report 2, the panel will look at the health effects including those exposed in the womb or through breastfeeding. Report 3 will cover testing in the future and can consider testing of asymptomatic children.
- The Chair noted that the Islanders present had personal stories to share and had experienced some trauma as a result of the PFAS situation. The fear of the impacts of PFAS has itself done harm and that should not be underestimated.

Comment: An Islander explained a situation which was distressing for everyone involved.

- The Chair acknowledged that that must have been very difficult for everyone involved, and provided reassurance that the psychological and physical health impacts of PFAS will be looked into.

Question: There are 25 NHS clinics that provide plasma exchange in the UK; can we have one here? An Islander explained the service was withdrawn due to staff shortages.

- In England, there is one clinic per 2 million people, the size of the local population is important in planning local health services.
- Different approaches to interventions will be looked at in report 3. Plasmapheresis would have additional practical considerations and would take longer to deploy than the taking of whole blood (i.e. phlebotomy) which is why therapeutic phlebotomy is being explored first.

Closing and summary:

- The Public Health mailbox will remain open for regular communication and for Islanders to submit evidence to the panel, email publichealth@gov.ie
- Meetings will be held at every phase, which will be held in public.
- At every stage there will be a formal consultation exercise (either via email or in person) giving the public a say on the reports.
- Monthly calls can be held between the panel and the nominated Islanders to be kept up to date.
- For anyone who is not on the mailing list already, please sign up using the list on the table near the door.