



PFAS in Jersey

Dr Steve Hajioff
Chair of the PFAS
Scientific Advisory Panel



PFAS Panel

**Independent Chair - Dr Steve
Hajioff**

**PFAS and health - Dr Tony
Fletcher**

**PFAS and environment - Prof.
Ian Cousins**



Purpose of the panel

To coordinate and provide expert advice on per- and polyfluoroalkyl substances (PFAS) issues to enable an effective and evidenced based approach to decision-making, enabling a sound and informed response to PFAS matters on the Island.



Panel reports

1. Review of therapeutic phlebotomy (i.e. having blood taken to reduce PFAS levels)
- 2. Assessment of the impact of PFAS exposure on health**
3. Clinical interventions, biomonitoring, PFAS blood testing and re-testing
4. Environmental management
5. An update on the reports reviewing any additional evidence available



Approach

- Being led by evidence
- Working through consensus
- Involving experts by experience and subject matter experts
- Public involvement throughout the process
- Default to meetings being in public
- Ability to work in private where there is a need for confidentiality
- Regular engagement with key stakeholders in addition to panel meetings
- No surprises



Key sources of information for the report

- Review and analysis of scientific literature
- Testimony from experts by experience
- Evidence from subject matter experts



The report development process

1. Panel agree scope of report
2. Public engagement at the start of the report
3. Opportunity for Islanders to comment and ask questions
4. Review of the global evidence available
5. Subject matter experts and experts by experience invited to give evidence
6. Review of evidence
7. Report development
8. Draft report shared with Public Health & Government
- 9. Draft report shared with the Islanders**
10. Final report submitted to Government to consider the findings
11. Once Government have decided on their response, report is launched to Islanders with a public meeting



Islander input period for Report 2

A three-week Islander input period starts now

We are inviting your feedback on:

- The content and recommendations in the report
- Whether or not you agree with the recommendations
- Any further questions and concerns you wish to raise

Please email PFASpanel@gov.je with your comments by 4th October



Report 2 structure

1. Introduction, context, and approach
2. The chemistry of PFAS
3. Evidence from experts by experience
4. Evidence from subject matter experts
5. Literature reviews
 - PFAS in the human body
 - Groups at increased risk
 - Health effects of PFAS
 - Mental health effects of environmental contamination
6. Discussion and conclusions
7. Recommendations
8. Appendices



Report 2: Evidence reviewed by the Panel

- Literature review
- 13 experts by experience gave evidence
- 5 subject matter experts gave evidence:
 - Professor Jane Hoppin, North Carolina State University
 - Dr Gloria Post, New Jersey Department of Environmental Protection
 - Dr Jamie DeWitt, Oregon State University
 - Dr Sue Fenton, North Carolina State University
 - Dr Christel Nielsen, Lund University

Summary of findings

Figure 6: Summary of findings from literature review

Most likely	Increased cholesterol
	Reduced vaccination efficiency in children
	Reduced duration of breastfeeding in exposed mothers
Probably	Kidney Cancer
	Testicular Cancer
	Liver function
Possibly	Type 2 diabetes
	Osteoporosis linked fractures
	Polycystic Ovarian Syndrome (PCOS)
	Reduced birthweight
	Learning and development issues
Unlikely	Ulcerative Colitis
	Thyroid Disease
	Pregnancy induced hypertension

It should be noted that this assessment only includes conditions where research has been done, there may be other conditions linked to PFAS exposure for which there is no research to draw upon.



Report 2: An assessment of the impact on PFAS exposure on health

Recommendations:

1. PFAS-exposed persons found to have elevated serum cholesterol should have their cholesterol managed in the usual way (e.g. diet, statins).
2. When PFAS-exposed people exhibit symptoms which are consistent with kidney cancer, testicular cancer or bladder cancer, clinicians should have a higher level of suspicion of cancer than in unexposed populations.
3. Regular testicular self-examination should be considered in PFAS-exposed populations.
4. Childhood vaccination should be promoted across the population to ensure that those less likely to mount a strong vaccine response (such as those exposed to PFAS) are protected through herd immunity.
5. Breastfeeding has significant health benefits and should be promoted in PFAS-exposed populations as it is in the wider population.
6. Health professionals should have access to accurate information to help manage any concerns about breastfeeding in PFAS-exposed populations.



Report 2: An assessment of the impact on PFAS exposure on health

Recommendations:

7. Where a person is at increased risk of osteoporosis and is also PFAS-exposed, clinicians should consider a lower threshold for investigating whether osteoporosis is present.
8. People who live in communities with increased PFAS exposure should be offered access to talking therapies to support their psychological health and wellbeing.
9. A health professional with particular expertise in PFAS and health should be made available to clinicians in Jersey to offer technical support in caring for PFAS-exposed patients.
10. A concise knowledge-based resource on PFAS exposure and health should be made available to the public and health professionals in Jersey.



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Questions and comments

