

Minutes of meeting to launch draft report 3 of PFAS panel into the health impacts of PFAS

3 April 2025 – St Brelade's Parish Hall 6-7pm

Attendees

Prof Peter Bradley, Director of Public Health
Grace Norman, Deputy Director of Public Health
Kelly Whitehead, Group Director for Regulation
Support Staff from Government of Jersey

Apologies

None received

Introduction

Peter introduced the purpose of the meeting which is to launch the Panel's draft report 3. The Panel introduced themselves to the room.

Presentation on the draft Report 3

Dr Hajioff presented the slides on the panel and the structure of their work. He indicated that the Panel consult with subject matter experts and experts by experience. All work is conducted in public, with the ability to work in private for confidentiality purposes.

All responses to the report will be published in an appendix to the report with the panel's response included. The report will then be presented to Government for decision making.

The panel invite Islander input on the report during a three week period closing on 24th April 2025.

Dr Hajioff explained the recommendations which the panel have given in the report to the room. He indicated that it is not yet clear that reducing the amount of PFAS in the body reduces the disease risk.

Question and Answer session

An Islander asked why the panel have suggested using the blood of people donating blood for identifying a baseline because they are likely to be the ones with the lowest levels of PFAS in their blood? Dr Hajioff indicated that this is a suggestion and not a directive. He agreed that blood donors in general are younger and healthier than non blood donors so it will not be a representative sample, as it would be expected that their PFAS levels may be slightly lower than may be expected in the general population. Another method is to use blood which has been taken for another reason, such as when taken for a blood test, however these individuals are likely to be older and less healthy than the rest of the population, and so therefore testing this group is would also be flawed. The panel are not indicating how the Government of Jersey should gather this information, but that they are recommending is anonymous, non volunteered testing to gather data to inform the service stop level.

An islander commented that they had received 16 units of blood over the past year and thought that they should have been tested before and after this treatment. Dr Hajioff explained that putting blood into the body is not likely to reduce the levels of PFAS.

An Islander commented that three vials of blood were taken for the PFAS blood drive, and questioned how anonymous blood testing can be done? Dr Hajioff replied that the health department will be required to investigate the practicalities for this blood testing.

An Islander commented that this appears to be a radical change from Report 1 where the solution was phlebotomy and people were getting used to the idea. This is a new track, is this new information or a different track? Dr Hajioff explained that the panel were asked only to investigate phlebotomy in Report 1, and that that report was interim until Report 3 was written which reviewed a wider range of possible interventions. In addition, the evidence around bile acid sequestrants has changed recently as two important studies have only recently become available.

The evidence is that on average, bile acid sequestrants are 3 times as faster at reducing PFAS levels than phlebotomy. It is likely to be more acceptable to Islanders to take tablets rather than give blood which is more invasive and time consuming for the individual.

An Islander commented that they had been informed by a health professional that the drug that the panel are recommending is not available any more as it is not being made. Dr Hajioff commented that it is still made, and that there was a supply issue but it is being sorted. There are two other bile acid sequestrants available. Dr Hajioff commented that it is an established drug which is used to treat cholesterol, it is not an experimental drug.

An islander asked if the drug licenced for reducing PFAS? Dr Hajioff explained that it is not, but that prescribing medicines without a license is common, with about 40% of prescribing of drugs in adults is off label. It is higher in children. Doctors are used to prescribing off label and the absence of a label indication in most countries does not mean drugs will not be prescribed.

An Islander commented that the medical professionals in the PFAS clinical service are on a different page and they are giving different information about interventions. Prof Bradley commented that they are waiting to receive the panel's final recommendations. The clinicians already have the information on Report 2, but do not have the final information on interventions currently. The panel will speak with the clinicians and update them on the outcome of Report 3 shortly, ahead of Government decision making in the summer.

An Islander asked Dr Fletcher what Ronneby did for their residents who had been PFAS affected? Dr Fletcher explained that researchers in Ronneby are doing randomised trials to test the effectiveness of colestyramine. They have provided interim results. He explained that there isn't a demand from the population there to reduce blood levels as exposure has been stopped. The panel heard from two of the clinicians from the team there during the preparation of Report 3, and their peer review will be important alongside Islander input and will go into the report. Another expert from Denmark also gave evidence, commenting that their team offered women of childbearing age access to an intervention. It was a relatively short course, and so Jersey would not be the first place to offer this intervention.

An Islander commented that they had been taking colestyramine for 14 years and is glad it is doing some good because it is a horrible drug.

An Islander suggested that the maintenance staff at the airport should be offered testing as part of the occupational cohort. Dr Hajioff commented that they had already received some feedback on this matter and that the panel agree with this suggestion.

An Islander commented that the testing regime requires clarification, and that it should include those across the Island who are concerned and have currently not been offered a blood test. Prof Bradley explained that the evidence from international experts is that testing people should only happen when they have had substantial exposure, which includes those occupationally exposed or who regularly drank from private water supplies around the airport. Report 4 will help as it includes wider sampling around Jersey. If it indicates that there are further hot spots or wider increased levels, the recommendations will be revisited. A draft of Report 4 is expected by the end of the year.

An Islander commented that his doctor had said he has never seen such high cancer rates as in Jersey. Peter commented that there are thousands of things which can cause cancer, most of which are much stronger causes of cancer than PFAS. Where it is understood that there is significant environmental contamination, human testing can be offered. There is a science around cancer clusters and other disease clusters which Dr Fletcher is an expert in. This may be part of a future process, but it is not within the Panel's remit as it is much wider than PFAS. So far there have only been indications in the scientific literature that two types of cancer have increased risk associated with hotspot levels of PFAS, and both of these cancers are rare and there is no evidence to suggest that there are higher rates of these cancers than elsewhere.

An Islander commented that people that didn't have symptoms or conditions didn't meet the criteria for blood testing in 2022. Grace answered, confirming that the inclusion criteria included people who had either lived in the plume area for a year or worked in the area for 2 years and who had drunk private water supplies at that time. The Panel's draft recommendation is that testing in the affected area is expanded and the requirement to have health symptoms or conditions should be removed.

An Islander asked whether children who live outside Jersey now could be tested? Grace answered to say it is an important question to consider without an immediate answer. The recommendations do not exclude anyone who doesn't currently live in Jersey although testing is expected to only be available in Jersey so the eligible residents would need to be on island to receive a test.

An Islander commented that 5 years ago they paid for a PFAS blood test and one for a friend who never lived in the west of the Island and who drunk mains water. She has high PFOS levels in the body. Dr Hajioff commented there are lots of reasons why people might have elevated PFAS levels. For example, using waterproofing sprays and other sources. There are patterns of different PFAS in the blood which can indicate where the source may have come from, and there is a pattern for the firefighting foam in Jersey, but this is not robust. There are lots of other potential sources and so it is difficult to pin down exposure.

An islander commented that the panel are currently within 50m of the plume, as it comes out in St Aubin's harbour. They commented that everything is related to the airport, and that it has been found in seafood on the 5 mile road, but nothing about whelks on the beach in St Aubin. Nothing has been mentioned that it is dangerous to eat the produce. Dr Hajioff replied to say that the panel are looking at all sorts of food sources and will be sampling seafood in report 4.

An islander commented that there are no Ministers present at this meeting. They commented that the Panel give facts and figures and write reports, but politicians will say there isn't any money. Peter Bradley explained that there will be another public meeting with

the ministers in June, for the Government to provide a response to the Panel's final report and requested that the Islanders attend that meeting. His opinion is that it does feel more optimistic at the moment. Kelly Whitehead agreed, and commented that Deputy Steve Luce and Deputy Tom Binet are motivated to keep the progress happening. The Panel's work hasn't concluded yet so the Panel haven't provided final recommendations yet, so it is too early for them to confirm what future work will be agreed.

An Islander commented that it has taken too long to get to this point. Peter explained that this is an important and complex process and that he thinks that work is happening as fast as possible, and that the officers are working across departments. We have more than one minister involved in the work programme. Peter commented that he understands the frustration, but that we have made progress, and it will move faster now. He informed Islanders that the panel met with 3 ministers in the morning to share the proposed recommendations, and Ministers were grateful for the work. The ministers have given full support for progressing Report 4 at pace and have specifically asked the Panel to look at mains water first so that it can be actioned as quickly as possible. Kelly Whitehead commented that there is a funding programme which has been stood up. The panel have asked for a range of environment testing for Report 4 which is being done now, and all information will go to the panel. It will be public through the report, and it will be contextualised with produce from UK, Europe and other jurisdictions. The results will be received in public, and explanations will be provided at this time. It will receive before the final report but will appear alongside contextualisation.

An Islander commented that Islanders have always been aware that we have high levels of cancer and not regular patterns. Do you have a baseline data set of the cancers that are prevalent? Peter replied saying yes, we can track the anomalies with the caveat that some cancers are very rare and with small numbers it is difficult to see if there is an increase in the number of cases. The Jersey data doesn't show a big difference for those two cancers the panel have referenced in Report 2 in Jersey.

An islander asked how will we find the baseline in Jersey? If we are having treatment and our levels come down, what will the end point be? Dr Hajioff replied to say that the panel have a draft recommendation about providing anonymous testing around the Island to determine the stop point for the intervention. Additionally, Dr Fletcher has also done some work looking at average levels in food and water and subsequently performed some modelling to derive a level which is likely to be used as the baseline level in Jersey.

Dr Hajioff asked for Islander comments to be emailed to the panel at PFASpanel@gov.je by 24th April so that the appropriate changes can be made.

Meeting closed at 7.10pm.