Public Health Jersey

Report 3 Islander meeting

Professor Peter Bradley
Director of Public Health

Wednesday 10 September 2025

Agenda

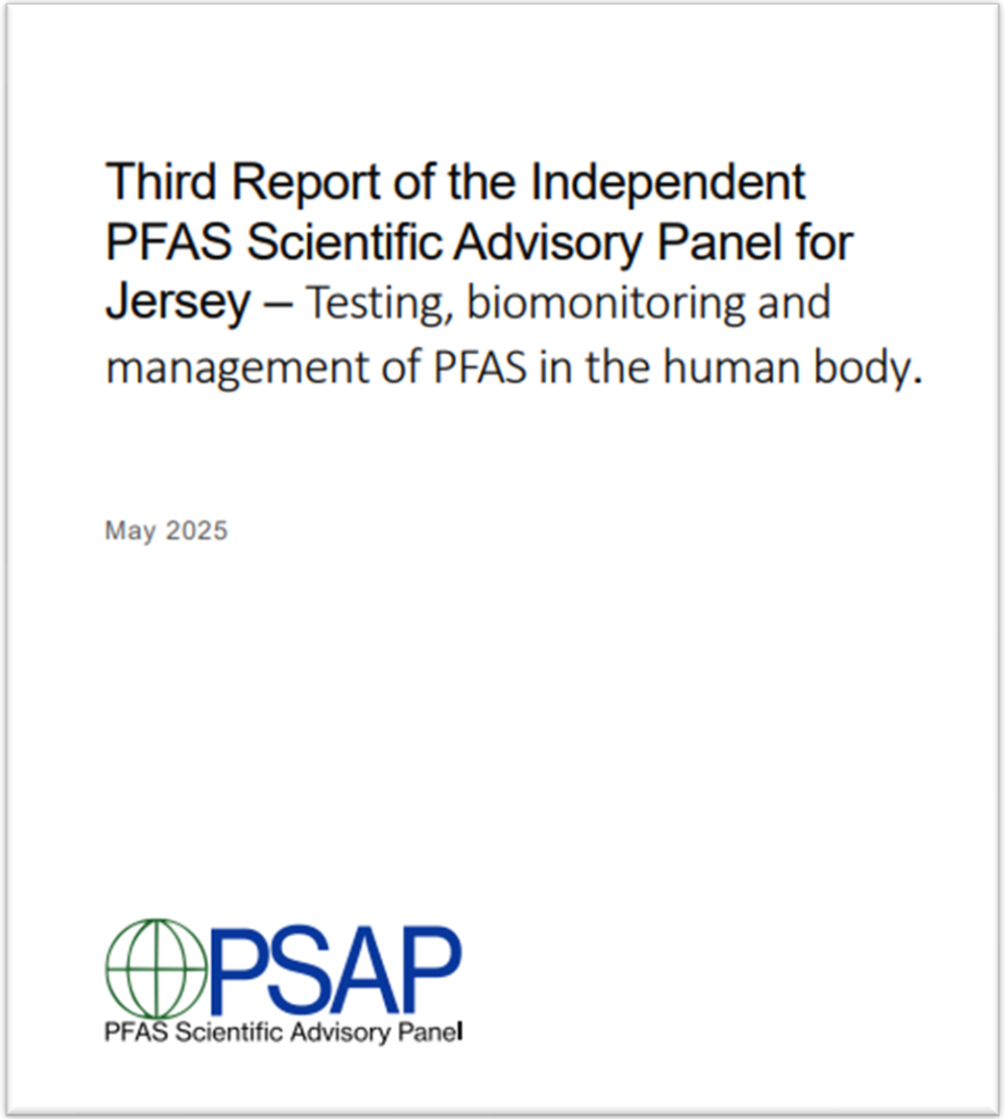
- 6.30pm – Meeting opens
  - Presentation – Prof Peter Bradley
- 7.00pm - Questions and Answers
- 7.45pm - Finish

Background

- Historic use of PFAS-containing fire fighting foam at airport which led to run off into private water supplies
- Blood testing in 2022 on plume residents identified higher than expected levels
- Independent Scientific Advisory Panel:
  - Chair: Dr Steve Hajioff – background translating science into policy
  - Health: Dr Tony Fletcher – expert researcher in human impact of PFAS hotspots
  - Environment: Professor Ian Cousins – expert researcher in sources, transport & fate of PFAS in the environment
- Delivering 4-5 reports: 3 health, 1 environment, 1 update report
- Today is about Report 3: Testing, biomonitoring and management of PFAS in the human body

Structure of this presentation

- What the Scientific Advisory Panel did
- What they recommended and the Government's response
- Opportunity for Questions and Answers



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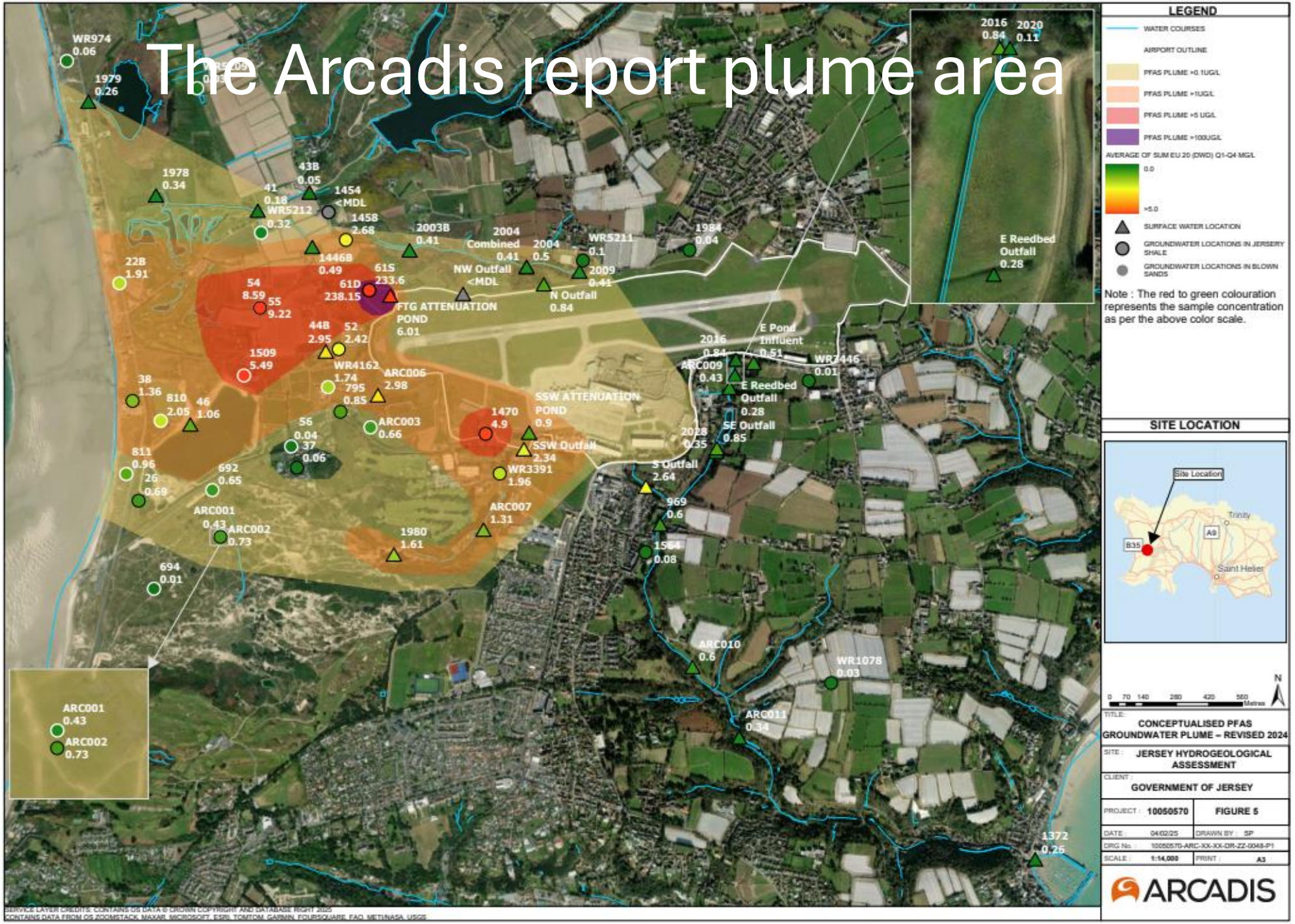
What the Panel did

What the panel did

- Using evidence from scientific literature, scientific experts and experts by experience:
  - Assessed testing of hotspot exposed populations around the world
  - Assessed screening in hotspot exposed populations around the world
- Reviewed 8 different interventions to reduce PFAS levels, including effectiveness, safety, side effects and cost-effectiveness
- Produced 13 recommendations to Government of Jersey based on their findings
- Concentrated on area around the airport where PFAS foam was used (Arcadis plume area)

The Arcadis report plume area



Report 4 from the PFAS Panel will look at the wider Island and is still in preparation

Timeline of Report 3

Water Quality and Safety Board is the Government of Jersey's governance and decision-making process. The board is jointly chaired by MHSS and MENV.

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Panel recommendations and Government response

Panel recommendations

- PFAS Panel's recommendations fall into three main areas:
  - Testing
  - Clinician awareness
  - Interventions to reduce PFAS body burden

- The Water Quality and Safety Board has reviewed the recommendations and has accepted key recommendations.
- Each will be reviewed in turn in this presentation

Testing recommendations

Panel recommendation

- Testing will be available using accredited laboratories and a full chain of custody to ensure high quality and valid results

Government response

- We have agreed that the following groups of Islanders are eligible for testing at no cost to the Islander:
  - Those who met 2022 testing criteria but chose not to participate
  - Other Islanders who are eligible but who have not been tested previously
  - Those who live or lived within the extended plume area (defined by Arcadis in 2025) AND who have drunk borehole water since 1991
  - Those who worked with AFFF fire fighting foam containing PFAS

Wider Islander testing

- The panel on page 118 of their report considered two types of wider Islander testing:
  1. Non-anonymous, systematic population testing – Panel **did not** recommend
  2. Anonymous, systematic assessment for baseline determination – Panel **did** recommend

14.1.4.1 Systematic population testing

Internationally, outside of known contamination zones, systematic population testing is uncommon. Routine population-wide testing can be expensive, difficult to interpret at the individual level, and may generate anxiety. Furthermore, the evidence on health effects of PFAS is derived from hotspots with high levels of contamination and little is known about any health impacts from lower levels of exposure.

14.1.4.3 Areas for recommendation

The panel resolved not to recommend testing more widely on an individual basis.

The panel agreed that broader community average levels outside of the plume area should be determined in Jersey and will write a recommendation about systematic, anonymous assessments to be made for average serum levels by parish in order to inform the endpoint of any clinical interventions, to better understand the effectiveness of environmental interventions, and in order to assess the nature of any contamination outside of the plume area.

Anonymous baseline testing

- The decision on anonymous baseline testing will be postponed until after Report 4 has been published by the PFAS Panel
  - Practical and ethical reasons
    - Not possible to provide result to Islander – unacceptable
    - No explicit and informed consent possible
    - Only previously done in a research study funded by a PFAS manufacturer
    - No capacity for full research study in Jersey

- The Panel **has not** made a recommendation for non-anonymous Island-wide blood testing. Therefore, this has not been considered by the Water Quality and Safety Board at this time

Clinician awareness recommendations

- When seeing patients with elevated PFAS levels in blood clinicians should:
  - consider testing for cholesterol
  - have a greater level of suspicion of kidney or testicular cancer if there are symptoms
- Regular testicular self-examination should be promoted

Government response to clinician awareness recommendation

- GOJ will make available for healthcare professionals:
  - Information on PFAS
  - Education sessions to help them better understand PFAS in Jersey
- Training and guidance about the slightly increased lifetime risk of kidney and testicular cancer in PFAS exposed populations
- A public health campaign to promote awareness of the importance of testicular self-examination will be delivered later this year

Intervention recommendations

- Colesevelam be made available to:
    1. Women of child-bearing potential with blood serum levels of above 10ng/ml across 8 measured PFAS compounds
    2. Those who have elevated cholesterol with blood serum levels of above 20ng/ml across 8 measured PFAS compounds
    3. Those who would experience exceptional benefit from intervention with colesevelam with blood serum levels of above 20ng/ml across 8 measured PFAS compounds
- Those for whom colesevelam is not an appropriate intervention be offered therapeutic phlebotomy
- Regular periodic blood tests be conducted to monitor effect of intervention
- When an individual's serum levels reach agreed stop levels, the intervention is stopped

Intervention recommendations

The Government of Jersey accepts the recommendations and is looking at the practicalities of this service delivery model.

PFAS Clinical Service

- Only those Islanders who have been tested by Government of Jersey are eligible to enter the intervention clinical service
- Eligible Islanders will be offered an appointment with a PFAS informed clinician to discuss intervention
- If they decide to proceed, a blood test will be conducted. If the results are>20ng/ml or >10 ng/ml for women of child-bearing potential, a prescription for colesevelam will be issued
- Blood tests will be conducted at 6 months, 12 months and annually thereafter

Intervention recommendations

- Phlebotomy as a second line intervention
  - GoJ has accepted the recommendation to provide phlebotomy in principle. The service to consider colesevelam is the priority as it is the more effective intervention. There will be a delay in implementing the phlebotomy service

- There is no evidence internationally that reducing PFAS blood levels improves health outcomes

Stop levels

- There is currently no Government derived baseline of PFAS blood levels from wider testing across the Island
- The geometric mean of the Islanders living near the airport tested in 2022 was 23.9ng/ml.
  - Too high as it is not a reflection of the Island as a whole
- In 2024, an Islander shared data on ~100 Islanders from across the Island which indicated the geometric mean was 11.9ng/ml.
  - Considered too high as it reflects older, higher levels in water
- The PFAS panel estimated how much PFAS Islanders are receiving from water and food today and determined a level of **7ng/ml.**
- The Government of Jersey will use this lower level as a stop level for those receiving intervention to reduce PFAS blood levels.

Summary

- The Water Quality Safety Board has reviewed PFAS panel's third report on testing and interventions to reduce PFAS blood level, and has accepted key recommendations.
- Additional blood testing will be available to eligible affected Islanders
- Interventions will be provided to those who opt in with testing with full chain of custody (Government of Jersey provided)
- Information and education sessions regarding PFAS will be made available to clinicians in Jersey

- Interventions are expected to be available in late 2025 and additional testing early in 2026

- Next Report 4 draft will be presented in December with final version due early 2026

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Questions and Answers

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Appendix

Recommendations - Testing

Rec. number	PFAS panel recommendation	Government response	Government actions
1.	PFAS testing should only be conducted at laboratories that have been accredited for assessing PFAS levels in human samples	Accept	The GOJ agrees to carry out future PFAS blood testing as the Panel have recommended. Only fully accredited laboratory with experience in PFAS testing will be used.
2.	Offer PFAS testing to those who met the 2022 PFAS testing criteria and • chose not to participate in the programme • did not have relevant health conditions or symptoms • Live in the wider plume area (identified through commissioned environmental assessments)	Accept	The GOJ agrees to test Islanders as the Panel have recommended. The Arcadis Hydrogeological Report published in May 2025 will be used to guide geographical eligibility. Islanders must meet certain criteria, including past or ongoing use of private water supplies within the affected area.
3.	Offer PFAS testing to those who came into contact with firefighting foams containing PFAS of concern	Accept	The GOJ agrees to test Islanders as the Panel have recommended. Islanders who have had contact with AFFF through their work will be eligible for PFAS blood testing.
4.	Anonymously test background levels of PFAS in the wider community, by parish, to establish a local baseline The Panel suggests using this information to help decide when clinical interventions should end	Partially Accept	The GOJ agrees that it is important to understand background PFAS levels. This data can also help show if there is PFAS contamination outside the known plume area and measure how well environmental clean-up efforts are working. Because of this, the Government will wait to act on this recommendation when the PFAS Panel finishes Report 4, which will look at the effects of PFAS in the environment.

Recommendations – Clinician Awareness

Rec. number	PFAS panel recommendation	Government response	Government actions
5.	That clinicians, when seeing people with proven elevated serum PFAS, should consider testing for serum cholesterol.	Accept	The GOJ agrees to carry out future PFAS blood testing as the Panel have recommended. Cholesterol testing for Islanders will be offered as routine to those accessing the intervention service. GOJ will make available an information sheet for GPs and other healthcare professionals, alongside education sessions to help them better understand PFAS in Jersey. This will help them support their patients by giving them clearer knowledge about the possible health effects of PFAS, as described in the Panel's second report.
6.	That when people who know or believe they have elevated serum PFAS exhibit symptoms which are consistent with kidney cancer or testicular cancer, clinicians should have a higher level of suspicion of cancer than in unexposed populations.	Accept	The GOJ agrees to make training and guidance available for GPs and hospital doctors about the risk of kidney and testicular cancer. This will include information on the slightly increased lifetime risk of kidney and testicular cancer in people affected by the PFAS contamination.
7.	That promoting regular testicular self-examination should be considered in PFAS-exposed population.	Accept	Testicular self-examination is already recommended for everyone in Jersey. The Government of Jersey will run a public health campaign in 2025 to promote awareness.

Recommendations – Intervention to lower PFAS body burden (1)

Rec. number	PFAS panel recommendation	Government response	Government actions
8	The intervention- colesevelam, should be made available, on a case-by-case basis, to women of childbearing potential (who are not currently pregnant nor planning to be pregnant during any course of treatment) who have been found to have a total across 8 measured PFAS compounds of at least 10 nanograms per millilitre of blood serum.	Accept	The Government of Jersey agrees with the recommendation to offer intervention to women of childbearing age who plan to have children in the future and have a PFAS blood level above 10 ng/ml. This intervention is to reduce the risk of passing PFAS to future children during pregnancy or breastfeeding. The Government of Jersey agrees with the recommendation to offer an intervention to people who have high cholesterol and a PFAS blood level above 20 ng/ml. The Government of Jersey agrees with the recommendation to offer an intervention to people with PFAS blood levels above 20 ng/ml if a doctor believes they will get exceptional benefit from it. The Government of Jersey will set up a clinical service for eligible Islanders. It will offer a medication called Colesevelam which is typically used for lowering cholesterol. Evidence shows that it helps remove PFAS from the blood by binding to PFAS in the gut, which is then passed out of the body in faeces instead of being reabsorbed. The Panel has found this to be the fastest and safest way to lower PFAS levels. The clinical service will provide colesevelam to these Islanders on a case-by-case basis. Colesevelam helps lower PFAS levels in the blood. While it is not clear if lowering PFAS levels improves health outcomes, knowing that PFAS is in the body can affect a person's mental wellbeing. Reducing PFAS levels may help people feel better emotionally. For those who have high cholesterol already, Colesevelam can be prescribed to lower cholesterol rather than alternatives (where appropriate), and this medication would have the additional benefit of lowering PFAS levels.
9	That colesevelam be considered by clinicians as a lipid lowering therapy in people who have elevated cholesterol and who have been found to have a total across 8 measured PFAS compounds (of at least 20 nanograms per millilitre of blood serum.	Accept	
10	That clinicians consider, for people who have been found to have a total across 8 measured PFAS compounds of at least 20 nanograms per millilitre of blood serum, where there is an exceptional benefit from the prescribing of colesevelam for that person on a case-by-case basis.	Accept	

Recommendations – Intervention to lower PFAS body burden (2)

Rec. number	PFAS panel recommendation	Government response	Government actions
11	That, only for those people who otherwise meet the criteria for an intervention (other than the elevated cholesterol criterion) but for whom colesevelam is not an appropriate intervention (due to adverse reaction or clinical contraindication), should therapeutic phlebotomy be considered as a second line offer.	Accept	The Government of Jersey agrees that for some Islanders, where colesevelam is not suitable for medical reasons, phlebotomy may be offered as a second-line intervention. The Panel first recommended therapeutic phlebotomy to lower PFAS levels in their first report, published in December 2023. The Government accepted this recommendation, but the service could not be put in place for practical reasons. Colesevelam is now understood to be a more effective and safer way to reduce PFAS in the body, so it will be offered as the first choice. For Islanders who are not suitable for Colesevelam, phlebotomy can be considered as an alternative by the lead doctor for the intervention service.
12	That people taking colesevelam or having phlebotomy to reduce PFAS, should have periodic repeat PFAS blood tests to check on the effect of the intervention.	Accept	The Government of Jersey accepts the Panel's recommendation to regularly check PFAS levels in Islanders who are receiving an intervention. Blood tests will be offered through the hospital at 6 months, 12 months and annually thereafter while accessing the intervention. A test will be offered 12 months after interventions end.
13	That when an individual's serum PFAS levels reach the median background levels, further colesevelam prescribing or therapeutic phlebotomy should not be undertaken.	Accept	The Government of Jersey accepts the need to set a level for when the intervention should no longer be provided. As noted earlier, the recommendation to carry out anonymous wider testing to find the median background level will be delayed until Report 4 is complete. In 2024, an Islander shared data suggesting that the average PFAS level in Jersey is 11.9 ng/ml. Based on modelling, the PFAS Scientific Advisory Panel estimates that, based on current mains water levels and exposure from food, Islanders are likely to have a current exposure of around 7 ng/ml. The Government of Jersey believe that the decision about when to stop the intervention depends on the personal circumstances of each individual. Therefore, decisions about when to stop the intervention will be made on a case-by-case basis between the individual and the lead doctor for the service, to a lowest level of 7 ng/ml.