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FDA Questions on Methylmercury, Consumer Advisories From the American Public Health Association November 21, 2000

The American Public Health Association welcomes the opportunity to comment on the content of FDA's consumer advisories on fish consumption in order to protect pregnant women from exposure to methylmercury (MeHg). Answers to the questions posed are provided below.

Overarching these questions, though, is our concern that the larger matter be addressed as well. The National Academy of Sciences has determined that FDA's current action level for MeHg is too high. We agree, and we believe FDA has the authority to revise the action level promptly, without the need for formal rulemaking. We ask the agency to do so. In addition, in 1999, APHA members adopted policy resolution #9910, "Preventing Human Methylmercury Exposure to Protect Public Health," in which members called upon FDA to "institute a monitoring program for domestically caught and imported predacious species such as mako shark, swordfish and tuna in which methylmercury is known to bioaccumulate."

We ask that these two requests be given your highest priority.

Following are our answers to the questions you posed on consumer advisories:

1. Given the NAS report and the emissions standards set by EPA, should FDA revise its advisory to consumers (and in particular to vulnerable populations such as pregnant women and women who may become pregnant)? If so, what should the advisory say?

Yes. FDA should consider risk to four different groups, and determine whether one advisory is appropriate for all, or whether separate advisories are warranted. The groups are; women who are pregnant or intend to become pregnant, women who are breastfeeding, young children, and all women of childbearing age.

An advisory must take into account total intake of fish and seafood, and the methodology for this calculation must also be conveyed to the various state agencies that set fish-consumption advisories. Currently, many, if not all of these states set advisories based on consumption of sports fish alone, disregarding commercial fish such as tuna.

The FDA should also stress to state agencies the serious nature of these potential health impacts. State governments often do not give adequate funding to agencies charged with informing the public about mercury contamination of fish. For example, the Minnesota Department of Health has one FTE to staff the entire program on fish consumption advisories, which include advisories not only for mercury but also for dioxin and PCBs.

2. Given the potential nutritional contribution of fish and seafood to a healthful diet, should a consumer advisory be crafted so that it conveys the benefit/risk balance of methlymercury-containing fish. If so, what should be the content of such a message?

It is unclear, with the current action level recommended by the NAS and the known levels of contamination in predatory fish mentioned above, that any nutritional benefits could be realized while maintaining safe consumption levels of methylmercury. It may be safe to consume predatory commercial fish once a month, but this frequency may offer no nutritional benefit, and the frequency of consumption at which benefit accrues may be concurrent with unacceptable methylmercury intake.

FDA should monitor methylmercury levels in commercial fish, in order to determine those species which can be safely consumed, so consumers can achieve these benefits without attendant harm.

3. With additional Seychelles study data expected to be released next spring, what impact, if any, should such new data have on the timing and content of any FDA advisory?

Science is always evolving. Any advisory should be based on the latest information, but should not be delayed based on information expected in the future. The NAS study makes it clear that more than 60,000 newborns may be adversely affected by in utero mercury exposure ***right now.*** Therefore, acting now on the basis of the best currently available information is not only scientifically justified, but important for public health reasons.

FDA should modify its action level now, and should monitor commercial fish both to improve the validity of advisories, and to generate surveillance data that can be used to modify the action level in the future, as appropriate.

4. What other factors, if any, should impact a decision on whether and how to revise the current consumer guidance?

The guidance needs to be certain to take into account populations that eat considerably more fish and seafood than is currently considered "average," such as American Indians, Southeast Asians, Alaska Natives, and other groups that rely on fish and seafood for religious, cultural and/or economic reasons. This is particularly important because many of these sub-groups comprise significant fractions of the lowest socioeconomic levels for a given region of the country. They are already at risk for health impacts due to their poor economic status.

5. What methods of communication should FDA use to best convey such a consumer advisory?

We believe that effective advisories will be communicated through health care providers and media outlets, but to reach a majority of the target audience, must also be placed at points of purchase. The following are suggested:

- retail and menu labeling

- radio and TV PSAs in numerous languages (e.g., French, Spanish, Mandarin Chinese, Vietnamese, Hmong, Creole) created cooperatively with advisors from the specific ethnic groups and or NEJAC (National Environmental Justice Advisory Committee) to ensure cultural sensitivity
- distribution of the advisory in multiple languages through OB/GYN and pediatrics offices of health care providers around the country (work in conjunction with Health Care Without Harm and/or Hospitals for a Healthy Environment, the collaborative effort between EPA and the American Hospital Association, which has pledged to phase out the use of mercury-containing products from AHA member hospitals by 2003.)
- coordinate with public health and consumer advocacy groups to distribute the message broadly, whenever womens' and childrens' health, food safety and nutrition are discussed.

6. How could FDA measure its success in reaching the consumer audience, including vulnerable populations?

Simple polling could reveal the level of awareness of the problem in various populations. Relevant questions could be incorporated into existing surveys.

The best long-term measure of effectiveness, however, would be biomonitoring to ensure that human exposure to MeHg is falling.

FDA should coordinate efforts in this regard with CDC and its Biomonitoring Initiative at the National Center for Environmental Health, with the NHANES survey in the CDC National Center for Health Statistics, and with USDA's Consumer Survey of Food Intakes by Individuals.