(60)

Notes on Teleconference with States on Methylmercury in Fish
12/8/00 Heinz Wilms

Participating:

States:

Connecticut Health Dept: Brian Toal, Gary Ginsberg, Stewart Chute
Florida Dept of Agriculture: Marion Fuller (AFDO)
Maine Bureau of Health: Andrew Smith, Eric Fromberg
Mass.Dept Environmental Protection: Mark Smith
Mass Dept. of Health: Elaine Krueger, Paul Tierney, Julie Watts
Mass NESCAUM: Margaret Round
Minnesota Dept. of Health: Hillary Carpenter, Pam Shubett
New Jersey Dept. Environmental Protection: Alan Stern
South Carolina Office of Environmental Management: Charles Moore
Texas Dept. of Health: John Lattimore, (AFDO), John Villanacci
Vermont Mercury Policy Project: Michael Bender
Wisconsin Bureau of Environmental Health: Linda Knobeloch

FDA:

Joe Levitt, Phil Spiller, Mike Bolger, Marjorie Davidson, Joe Baca, Bob Brands (ORA/DFSR), Mary Ayling, Betty Harden, Stan Radcliffe, Cindy Hall, Tamar Nordenberg, Heinz Wilms

Mr Levitt led the discussion, centering on each of the six FDA Questions on Methylmercury:

1. Given the NAS report and the emissions standards set by the Environmental Protection Agency (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 new advisory say?

A number of states believe there is consumer confusion because of various contradictory advisories from states and federal agencies. Some believed that FDA should issue advisories consistent with EPA. It was noted that EPA issues advice to states for advisories to individuals and "subsistence" consumers based on pollution levels in various parts of the country. FDA's role is to provide national advice on commercial seafood. It was acknowledged that there are different frameworks for EPA & FDA.

One State noted that national assumptions for population exposures are quite different from States making advisories on a single lake or body of water. Reference doses are uniform but exposures are quite different. Uncertainties in NOELs need to be addressed, but they are not sure who the sensitive populations are.

While the Reference dose is protective of both cardiovascular & neurological effects, developing fetus is still the sensitive population. Some states believe that if effects involve other populations, advisories should include them.

One state's advisory for pregnant women says to avoid all consumption. Uncertainty for time averaging...>1.0 PPM, one time exposures >2 PPM. Advice should not be different from state to state...need national advisory

Another state looks at various states' advisories in formulating its own...revised its advisory to "do not eat" shark or swordfish. Several other states agreed with more stringent advisories with respect to shark and swordfish. Others felt that advisories should not be limited to two species of fish...and other populations need to be considered.

Several states believe FDA should revise advisory to reflect NAS report, that FDA should do additional testing of fish to expand data base and FDA should increase outreach efforts to sensitive populations. All agreed that more data are needed, some suggesting adding tuna. Some states are getting data individually but they agreed on the need for more national data...remembering that we are dealing with a healthful food.

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 methylmercury-containing fish? If so, what should be the content of such a message?

States are not sure we have the data to steer people to particular types of seafood. Eg. selenium, various contaminants like Hg and PCB's, need more data on beneficial nutrients. Not at the point to craft benefit vs risk. No responsible agencies are advising people not to eat fish. They prefer qualitative rather than numerical advice to public

Most states believe that advisories need to be simple, not confusing or with lots of details. Don't send mixed messages in advisories, not too much information. Craft messages carefully to avoid confusion.

However, one state uses both simple and detailed advisories and has tested with focus groups that don't find their more detailed advisories confusing. Another state also reported that their experience shows that the public does understand complex issues better than we assume.

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?

States generally believe that FDA should not wait...issue and revise if necessary. Not sure of extra benefits that Seychelles study data will provide. They were impressed with

the interpretive analysis of NAS report. It was noted that NAS limitations was not having data on same-age children...methods of measurement and differing views. Impression that Seychelles data not enough to change the NAS studies and that Seychelles won't change the RDL's. Advice needs to be different depending on data regarding frequent consumption of low level mercury versus only occasional consumption. States change their advisories each year, FDA should revise its advisories annually, based on new data.

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

States need to harmonize advisories among themselves...residents of neighboring states get conflicting advice otherwise. Are there other data sets that would change the content of advisories?We know the levels in shark & swordfish...no such new data. Expand advisory to include other species such as blue fish.

States should be surveyed for data they may have...on other species. States were encouraged to send any data in.

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

States recommended existing CDC/ASTDR, Doctor lists, health care providers, mass media, PSA's, Doctors are a poor source of info for public. American Heart Association advisory will increase fish consumption. Supermarket postings don't work well. Consumers tend to buy from the same vendor, people don't buy fish randomly...these vendors could be effective.

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

Make use of random dial phone surveys to test awareness. Advisories attached to fishing licenses are only effective for the male population. Their wives/women don't see them. An evaluation campaign is needed for each message to measure effectiveness. NHAMES survey...include questionnaire on awareness

One state observed that current advisories make no reference to eating other fish...measuring the hg load as a whole is missed. One state does include consumption of other species in its advisories.

Would be delighted to help FDA test effectiveness of communications...re Question 5 above...advice: test, test, & retest materials with consumers.