

# Assessment of prenatal exposure to mercury: human biomonitoring survey

## The first survey protocol



A tool for developing national protocols



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# Abstract

This publication describes the design of a survey for assessment of prenatal exposure to mercury using human biomonitoring. The selection of target populations and biological matrix, planning of the survey, recruitment and fieldwork, data management and communication, community involvement strategy and ethical considerations are addressed in the protocol. An informed consent form, eligibility screening form and a questionnaire for collecting epidemiological information are also included in the protocol. The protocol was used to guide pilot surveys for assessment of prenatal exposure to mercury in China, Ghana, India, Kyrgyzstan, Mongolia and the Russian Federation , and can be applied for mercury human biomonitoring surveys globally. The protocol has been approved by the WHO Ethics Research Committee.

## Keywords

Biomarkers - analysis

Mercury - analysis

Prenatal Exposure Delayed Effects - analysis

Maternal Exposure - adverse effects

Environmental Exposure

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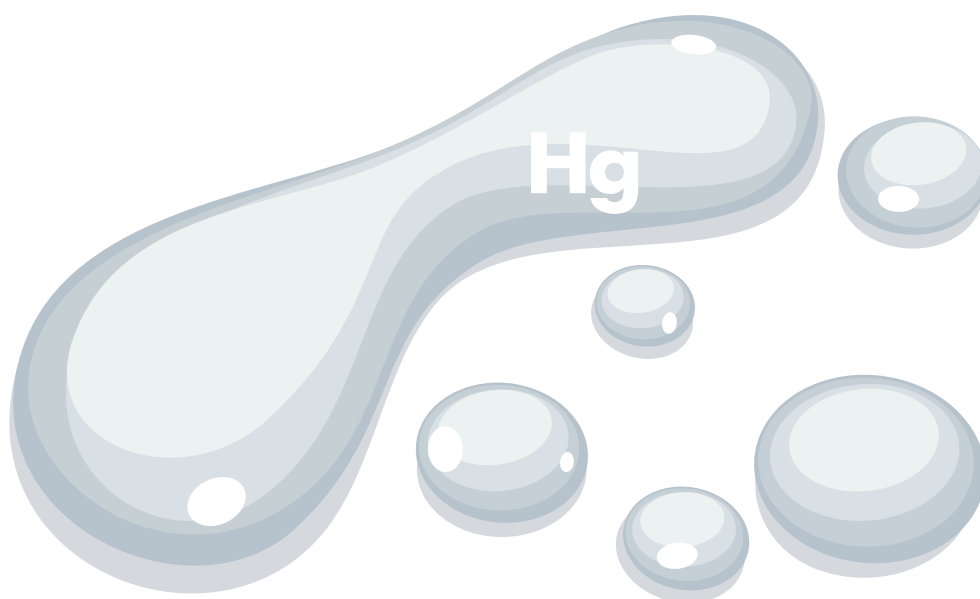
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# 1. Background

Mercury is recognized by WHO as one of the top 10 chemicals or groups of chemicals of major public health concern. Its toxicity to human health has long been known, and the toxic effects of different forms of mercury extensively studied (1).

Elemental and methylmercury are toxic to the central and peripheral nervous systems. The inhalation of mercury vapour can produce harmful effects on the nervous, digestive and immune systems, lungs and kidneys, and may be fatal. The inorganic salts of mercury are corrosive to the skin, eyes and gastrointestinal tract, and may induce kidney toxicity if ingested.

All humans are exposed to some level of mercury. Most people are exposed to low levels, often through chronic exposure (continuous or intermittent long-term contact). However, some people are exposed to high levels of mercury that can cause acute poisonings.

Fetuses are most susceptible to mercury. Methylmercury exposure in the womb can result from a mother's consumption of contaminated fish and shellfish. It can adversely affect a baby's growing and developing brain and nervous system, which leads to disorders of cognitive functions, memory, attention, language, and fine motor and visual-spatial skills later in life (2, 3).

Human biomonitoring (HBM) is an effective and reliable tool to assess cumulative exposure to environmental pollutants and is an essential element in a strategy aiming to integrate health and environmental policies. Biomonitoring data directly reflect the total body burden resulting from all routes of exposure, and inter-individual variability in exposure levels, metabolism and excretion rates. Determination of mercury levels in human tissues, such as hair, blood, nails and urine, is recommended for assessing population exposure to mercury and its compounds (4). The results of biomonitoring-based surveillance can be used for planning and assessing the effectiveness of risk prevention measures.

To protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds the Minamata Convention was adopted as the global legal instrument (5). According to the Convention, the health sector is responsible for identification of population groups exposed to mercury and its compounds. HBM can be used by national governments to assess exposure to mercury for identification of populations at risks.

Since the period of in-utero development is the most vulnerable stage, in terms of long-term adverse neurodevelopmental effects of mercury, characterization of prenatal exposure is critical for evaluating the public health impact of mercury, and for assessing the public health benefits of reducing exposure. A harmonized approach is necessary to ensure provision of reliable and comparable results at national, regional and global level.

The basic intent of this document is to provide guidance for countries in constructing a national protocol for the monitoring of human exposure to mercury. This document was developed based on the outcomes of an international experts meeting held in Bonn, Germany on 24–25 June 2015 (6). A number of other meetings and expert discussions provided important input to this methodology development.

The protocol comprises recommendations on survey design, recruitment and fieldwork, dealing with biological materials, data management and communication, and ethical considerations.

## 1.1. Scientific evidence and international consultations

This document is based on scientific information on mercury biomonitoring and health effects collected by WHO, including the following: *Guidance for identifying populations at risk from mercury exposure* (2008) (4); *Mercury and Health* fact sheet (2016) (1); *Mercury exposure and health impacts among individuals in the artisanal and small-scale gold mining community* (2014)(7); documents on the work of WHO in coordinating the development of standardized protocols for HBM surveys on mercury, and planning pilot testing in volunteer countries, under the mandate of the Parma Declaration commitments to reduce early life exposure to environmental pollutants (8); and the *Report on information on harmonized systems for measuring mercury body burden* (2011) (9).

In April 2012, at a meeting in Catania, Italy, WHO experts discussed the overall approach, biological matrices and indicators for assessment of prenatal exposure to mercury for development of a harmonized approach to mercury HBM (10). Women who had just delivered a child were agreed as the target population, and scalp hair, cord blood and urine as the matrices for assessment of prenatal exposure to mercury during last three months of pregnancy. (10). The approach proposed by the experts was agreed by the representatives of WHO European Region Member States at the Second Extraordinary Meeting of the European Environment and Health Task Force (EHTF), The Hague, Netherlands, 31 May–1 June 2012 (11).

The discussion continued during a number of forums including: the special session “Protecting human health from negative impact of mercury: from science to policy” at the International Conference on Mercury as a Global Pollutant (14–19 June 2015, Jeju, Korea) (12); the session “Human biomonitoring as an instrument for assessment of exposure to mercury” at the meeting of representatives of the European Member States “Health sector involvement in the implementation of the Minamata Convention” (24–25 June 2015, Bonn, Germany)(6); the international technical experts workshop “Harmonized approach to biomonitoring of human exposure to mercury” (26 June 2015, Bonn, Germany) (unpublished minutes); and during the session “Exposure assessment and health effects” organized by the National Institute for Minamata Disease, Japan, WHO Collaborating Centre for Studies on the Health Effects of Mercury Compounds at the Fifth Conference on Prenatal Programming and Toxicity (14–16 November 2016, Kitakyushu, Japan) (13).

International Ethical Guidelines for Health-related Research Involving Humans (2016) prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with WHO laid the basis for the ethical requirements included in the protocol (14).

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