

Health Consultation

Blood Lead Testing

THE FORMER HERNANDO COUNTY
DEPARTMENT OF PUBLIC WORKS

BROOKSVILLE, HERNANDO COUNTY, FLORIDA

SEPTEMBER 28, 2007

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Agency for Toxic Substances and Disease Registry
Division of Health Assessment and Consultation
Atlanta, Georgia 30333

Health Consultation: A Note of Explanation

An ATSDR health consultation is a verbal or written response from ATSDR to a specific request for information about health risks related to a specific site, a chemical release, or the presence of hazardous material. In order to prevent or mitigate exposures, a consultation may lead to specific actions, such as restricting use of or replacing water supplies; intensifying environmental sampling; restricting site access; or removing the contaminated material.

In addition, consultations may recommend additional public health actions, such as conducting health surveillance activities to evaluate exposure or trends in adverse health outcomes; conducting biological indicators of exposure studies to assess exposure; and providing health education for health care providers and community members. This concludes the health consultation process for this site, unless additional information is obtained by ATSDR which, in the Agency's opinion, indicates a need to revise or append the conclusions previously issued.

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HEALTH CONSULTATION

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BROOKSVILLE, HERNANDO COUNTY, FLORIDA

Prepared By:

Florida Department of Health
Bureau of Community Environmental Health
Under Cooperative Agreement with the
U.S. Department of Health and Human Services
Agency for Toxic Substances and Disease Registry

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Foreword

This health consultation report evaluates the Hernando County Health Department's blood lead test results of 18 residents living in the Mitchell Heights neighborhood. The Florida Department of Health (DOH) evaluated the test results to determine if the blood lead levels were a health threat.

Evaluating exposure: Florida DOH scientists begin by reviewing available information about environmental conditions at the site. The first task is to find out how much contamination is present, where it is on the site, and how people might be exposed to it. Usually, Florida DOH does not collect its own environmental sampling data. We rely on information provided by the Florida Department of Environmental Protection (DEP), the U.S. Environmental Protection Agency (USEPA), and other government agencies, businesses, and the public.

Evaluating health effects: If evidence is found that people are being exposed—or could be exposed—to hazardous substances, Florida DOH scientists will take steps to determine whether that exposure could be harmful to human health. Their assessment focuses on public health; that is, the health impact on the community as a whole, and is based on existing scientific information.

Developing recommendations: In an evaluation report such as this exposure investigation report, Florida DOH outlines its conclusions regarding any potential health threat posed by a site, and offers recommendations for reducing or eliminating human exposure to contaminants. The role of Florida DOH in dealing with hazardous waste sites is primarily advisory. For that reason the evaluation report will typically recommend actions to be taken by other agencies—including the US EPA and Florida DEP. If, however, the health threat is immediate, Florida DOH will issue a public health advisory warning people of the danger and will work to resolve the problem.

Soliciting community input: The evaluation process is interactive. Florida DOH solicits and evaluates information from various government agencies, the organizations or individuals responsible for cleaning up the site, and from community members who live near the site. Any conclusions are shared with the organizations and individuals who provided information. Once an evaluation report has been prepared, Florida DOH seeks feedback from the public. If you have questions or comments about this exposure investigation report, we encourage you to contact us.

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Summary and Statement of Issues

This health consultation report evaluates September and October 2006 blood lead testing of 18 Mitchell Heights neighborhood residents. Mitchell Heights is adjacent to the former Hernando County Department of Public Works (DPW) hazardous waste site in Brooksville, Florida. The Hernando County Health Department (CHD) took blood samples from 18 Mitchell Heights residents (14-83 yrs old) and tested for lead.

All blood lead results were below 3 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or not detected, except one that was 7 $\mu\text{g}/\text{dL}$. Currently, CDC does not have an action level for blood lead in adults for residential exposures or other sources. The only blood lead guideline available for adults is the US Occupational and Safety Administration (OSHA) action level of 40 $\mu\text{g}/\text{dL}$ for adult workers. The measured blood lead levels for the 18 residents were all below OSHA's action level. Even so, some studies for adults suggest an increased risk of hypertension, tooth decay, decreased kidney function and increased immunoglobulin E at blood lead levels as low as 2 or 3 micrograms per deciliter. Therefore, the one Mitchell Heights resident with a blood lead level of 7 $\mu\text{g}/\text{dL}$ may be at increased risk of hypertension, tooth decay, decrease in kidney function, or increase in immunoglobulin E. The Hernando CHD will talk with this resident about lead exposure and best public health practices. They will also do an environmental assessment of his home and test his water for lead. As best public health practice, Florida DOH suggests tap water testing, avoidance of lead-based paint or personal care products, and if leaded paint is found, regular hand washing and dusting with a wet cloth. The blood lead levels are not likely to cause adverse health effects, and are therefore categorized as no "apparent public health hazard".

Background

Site Description

The former Hernando County Department of Public Works (DPW), Fleet Maintenance Compound is at 201 West Martin Luther King Boulevard, Brooksville, Hernando County, Florida (Figure 1). In 1955, Hernando County purchased the property for use as a public works facility. The DPW site has been used for a variety of functions: storage of malathion for mosquito control, road striping and road maintenance equipment storage, road sign fabrication, election voting machine storage, heavy equipment parking and storage, vehicle maintenance operations, and pesticide, herbicide, paint, solvent, and petroleum product (gasoline, diesel, used waste oil, kerosene and hydraulic fluid) storage (Figure 2). Hernando County closed the site in the late 1990s. The future use of this site is unknown.

The DPW site encompasses approximately 5 acres and is surrounded by residential communities. The Mitchell Heights neighborhood is adjacent to the south side of the DPW site (Figure 3). This neighborhood is downhill from the site. Except for an area of petroleum tank removal, the DPW site is paved. A chain link fence surrounds the site and the County posted warning signs stating "No trespassing by order of the Board of County Commissioners." An earthen retention ditch borders the entire east, west and south edges of the DPW site. The site slopes to the south and storm water washes into the ditch. Two storm drains are on the paved area of the site and drain directly into the retention ditch. The retention ditch drains into a cement culvert in the southeast corner of the site that flows south into the drainage ditches of the Mitchell Heights neighborhood.

In September 2005, Florida DOH staff observed a small building on the northwest corner of the site that housed an above ground malathion storage tank on a concrete slab. They detected a very strong pesticide odor. Since that time, the County's contractor disposed of both the building and the concrete slab leaving a water-filled pit. The Florida DOH did not notice any signs of trespassing during their 2005 site visit.

Background and History

Due to community concerns, in the fall of 2005, the Florida Department of Health (DOH) began an assessment of the former Hernando County DPW site.

In 2005, the Florida DOH and the Hernando CHD visited the site and noticed four gardens within a few blocks of the site. Due to potential runoff of chemicals from the site into nearby gardens, the Florida DOH coordinated fruit and vegetable testing. In January 2007, the Florida Department of Agriculture and Consumer Services (DACS) and the Hernando CHD collected collard greens, grapefruit, oranges, tangerines, mustard greens turnip greens from four properties within a few blocks of the site. The Florida DACS analyzed for metals. The Florida DOH published a Fruit and Vegetable Testing Health Consultation report dated August 17, 2007. DOH concluded that the metals and pesticide in the produce are not likely to cause illness and the levels cause a no apparent public health hazard.

In 2006 and 2007, consultants for Hernando County collected soil samples from 57 locations in the Mitchell Heights neighborhood. They analyzed for pesticides (organophosphorus and organochlorine) and metals (arsenic, lead, chromium, cadmium, selenium and barium). The Florida DOH evaluates the results in a separate health consultation report.

Demographics

In 2000, about 420 people lived within a 0.25-mile radius of the former DPW site. Approximately 84% were black and 14% were white. Other racial/ethnic groups include 2% American Indian, Hispanic or Latino (BOC 2000).

Community Health Concerns

Mitchell Heights residents are concerned that contamination from the former DPW site has affected their health. The Florida DOH tabulated many health concerns from community questionnaires. Some of these health concerns included cystic fibrosis, cancer, digestive disease, hypertension, kidney problems, immune deficiency problems and skin irritations. Three of these specific health concerns (hypertension, decreased kidney function and increase in immunoglobulin E) may be associated with blood lead exposure.

Discussion

In September and October 2006, the Hernando CHD offered free blood lead testing for all Mitchell Heights residents. Eighteen Mitchell Heights residents had their blood tested. The Hernando CHD tested one adolescent (14 yrs. old) and 17 adults (18-83 yrs old). All samples were of venous blood (from a vein). The Hernando CHD sent the samples to the Florida DOH Laboratory in Jacksonville for analyses. The Hernando CHD also tested one other adult using the capillary (fingerstick) method rather than the venous method. Because the capillary method is less accurate than the venous method, the result for this individual (<3 micrograms per deciliter or $\mu\text{g}/\text{dL}$) is not included in this report.

The US Centers for Disease Control and Prevention (CDC) considers children up to six years old to have an elevated level of lead if the amount of lead in the blood is 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or higher. Many state and local programs intervene when children have blood lead levels equal to or greater than 10 $\mu\text{g}/\text{dL}$. CDC recommends medical evaluation, environmental investigation and remediation for all children with blood lead levels equal to or greater than 20 $\mu\text{g}/\text{dL}$. Medical treatment (i.e., chelation therapy) may be necessary in children with levels higher than 45 $\mu\text{g}/\text{dL}$ (ATSDR 2005).

Currently, CDC does not have an action level for blood lead in adults for residential exposures or other sources. The only blood lead guideline available for adults is the US Occupational and Safety Administration (OSHA) action level of 40 µg/dL for adult workers (ATSDR 2005). For workplace exposures, an employee may return to work when a qualified physician determines the employee is no longer at risk or when the employee's blood lead level drops below 40 µg/dL.

Evaluation of Blood Lead Test Results

The blood lead level in the 14 year old (<2 ug/dL, Table I) is less than the CDC's lead guidance level of 10 µg/dL for children (1-6 years old) and less than the 2001-2002 National Health and Nutrition Examination Survey (NHANES) national average of 2.7 ug/dL for 12-19 year olds (CDC 2005).

For the other 17 adults, all had blood lead levels below the OSHA action level of 40 µg/dL (Table I). Except for one individual (7 µg/dL), all had blood lead levels less than the 2001-2002 NHANES national average of 5.7 µg/dL for non-Hispanic black adults (CDC 2005). Twelve of the seventeen adults had blood lead levels less than the detection limit (<2 µg/dL). Florida DOH does not typically require a follow-up investigation or blood retest for adults with blood lead levels less than 40 µg/dL.

All blood lead results were below 3 micrograms per deciliter (µg/dL) or not detected (ND), except one that was 7 µg/dL. The measured blood lead levels for the 18 residents were all below OSHA's action level. Even so, some studies for adults suggest an increased risk of hypertension, tooth decay, decreased kidney function and increased immunoglobulin E at blood lead levels as low as 2 or 3 micrograms per deciliter (ATSDR 2005). Therefore, the one Mitchell Heights resident with a blood lead level of 7 µg/dL may be at increased risk of hypertension, tooth decay, decrease in kidney function, or increase in immunoglobulin E.

Child Health Considerations

For this investigation, one 14 year old adolescent was tested. The blood lead level was below the detection limit and therefore is not likely to cause illness. In communities faced with air, water, or food contamination, the many physical differences between children and adults demand special emphasis. Children could be at greater risk than are adults from certain kinds of exposure to hazardous substances. Children play outdoors and sometimes engage in hand-to-mouth behaviors that increase their exposure potential. Children are shorter than are adults; this means they breathe dust, soil, and vapors close to the ground. A child's lower body weight and higher intake rate results in a greater dose of hazardous substance per unit of body weight. If toxic exposure levels are high enough during critical growth stages, the developing body systems of children can sustain permanent damage. Finally, children are dependent on adults for access to housing, for access to medical care, and for risk identification. Thus adults need as much information as possible to make informed decisions regarding their children's health.

Conclusions

The blood lead levels are not likely to cause adverse health effects, and are therefore categorized as no "apparent public health hazard".

All blood lead results were below 3 micrograms per deciliter (µg/dL) or not detected (ND), except one that was 7 µg/dL. Currently, CDC does not have an action level for blood lead in adults for residential exposures or other sources. The only blood lead guideline available for adults is the US Occupational and Safety Administration (OSHA) action level of 40 µg/dL for adult workers. The measured blood lead levels for the 18 residents were all below OSHA's action level. Even so, some studies for adults suggest an increased risk of hypertension, tooth decay, decreased kidney function and increased immunoglobulin E at blood lead levels as low as 2 or 3

micrograms per deciliter. Therefore, the one Mitchell Heights resident with a blood lead level of 7 µg/dL may be at increased risk of hypertension, tooth decay, decrease in kidney function, or increase in immunoglobulin E. The Hernando CHD will talk with this resident about lead exposure and best public health practices. They will also do an environmental assessment of his home and test his water for lead. As best public health practice, Florida DOH suggests tap water testing, avoidance of lead-based paint or personal care products, and if leaded paint is found, regular hand washing and dusting with a wet cloth (CDC 2007).

Recommendations

The Florida DOH recommends the Hernando CHD talk with the resident with 7 µg/dL blood lead about lead exposure and best public health practices. They should also do an environmental assessment of his home and test his water for lead. As best public health practice, Florida DOH suggests the following:

1. Test tap water for lead. If it contains lead above the drinking water standard, run or flush water that has been standing overnight before drinking or cooking with it.
2. Avoid lead-based paints and makeup/hair coloring containing lead.
3. If the home contains lead-based paint, avoid lead exposure by washing hands and dusting regularly with a wet cloth.

Public Health Action Plan

Past Actions: In May 2007, the Florida DOH mailed letters to four residents who had their fruits and vegetables tested. The levels of metals (including lead) and pesticides in the produce are not likely to cause illness.

Planned Actions: In a separate report, Florida DOH will evaluate soil test results for the adjacent Mitchell Heights neighborhood.

In September 2007, the Hernando CHD will talk with the resident with 7 µg/dL blood lead about lead exposure and best public health practices. They will also do an environmental assessment of his home and test his water for lead.

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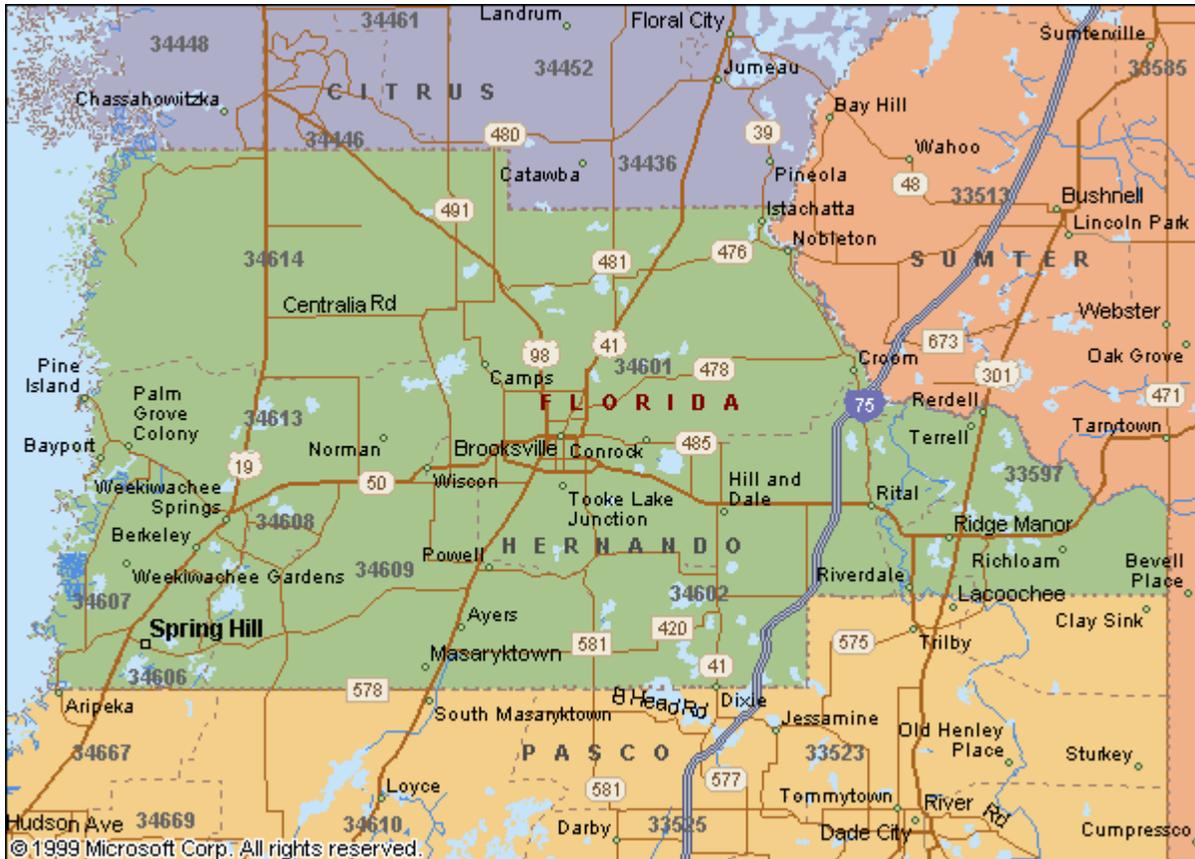
[CDC] Centers for Disease Control. Third National Report on Human Exposure to Environmental Chemicals. 2005. http://www.cdc.gov/exposurereport/pdf/thirdreport_summary.pdf. Last viewed August 1, 2007.

[CDC] Centers for Disease Control. <http://www.cdc.gov/nceh/lead/faq/tips.htm>. 2007. Tips to Prevent Lead Exposure. Last viewed September 14, 2007.

Appendix A
Figures and Tables

FIGURE 1

Hernando County Maps



References: <http://www.florida-business-data.com/maps/zip-codes/Hernando-County.htm>

http://www.floridacountiesmap.com/hernando_county.shtml

FIGURE 2
AERIAL SITE MAP



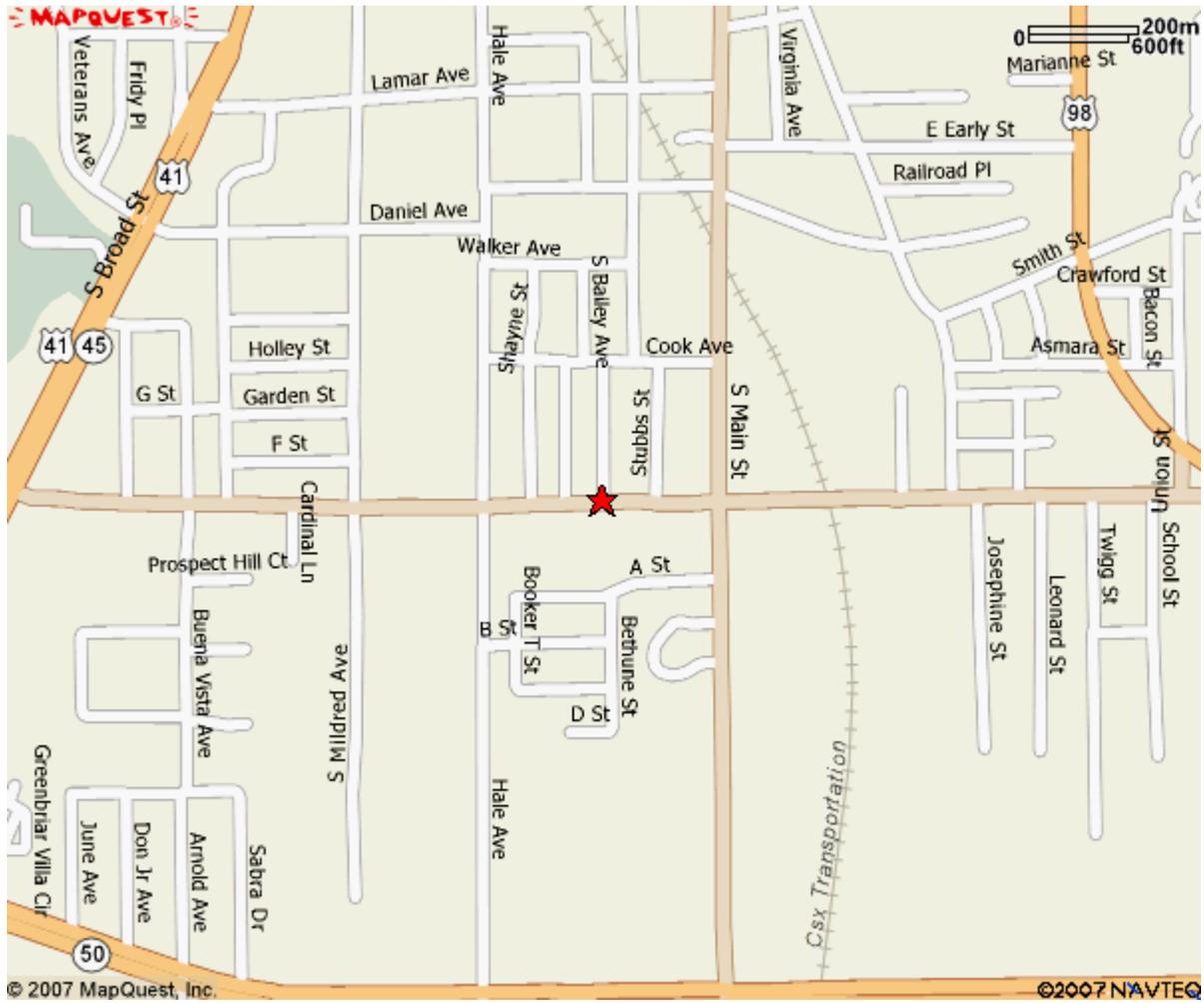
0 0.015 0.03 0.06 0.09 0.12 Miles

Reference: ArcView 9.2

FIGURE 3

Hernando County Department of Public Works (DPW) Site

Brooksville, Florida



Reference: www.mapquest.com

TABLE I
Mitchell Heights Blood Lead Results
September/October 2006

Race/ Sex	Age	Results (µg/dL)
B/M	Child	<2
B/M	Adult	<2
B/F	Adult	<2
B/F	Adult	<2
B/F	Adult	<2
B/M	Adult	<2
B/F	Adult	2
B/M	Adult	2
B/F	Adult	2
B/M	Adult	2
B/F	Adult	3
B/M	Adult	7

<2 ug/dL = not detected
All blood lead levels are venous draws

APPENDIX A

ATSDR Glossary of Environmental Health Terms

This glossary defines words used by the Agency for Toxic Substances and Disease Registry (ATSDR) in communications with the public. It is not a complete dictionary of environmental health terms. If you have questions or comments, call ATSDR's toll-free telephone number, 1-888-422-8737.

Absorption

The process of taking in. For a person or an animal, absorption is the process of a substance getting into the body through the eyes, skin, stomach, intestines, or lungs.

Acute

Occurring over a short time [compare with chronic].

Acute exposure

Contact with a substance that occurs once or for only a short time (up to 14 days) [compare with intermediate duration exposure and chronic exposure].

Additive effect

A biologic response to exposure to multiple substances that equals the sum of responses of all the individual substances added together [compare with antagonistic effect and synergistic effect].

Adverse health effect

A change in body function or cell structure that might lead to disease or health problems

Aerobic

Requiring oxygen [compare with anaerobic].

The Agency for Toxic Substances and Disease Registry (ATSDR)

The Agency for Toxic Substances and Disease Registry (ATSDR) is a federal public health agency with headquarters in Atlanta, Georgia, and 10 regional offices in the United States. ATSDR's mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and diseases related to toxic substances.

Ambient

Surrounding (for example, *ambient* air).

Anaerobic

Requiring the absence of oxygen [compare with aerobic].

Analyte

A substance measured in the laboratory. A chemical for which a sample (such as water, air, or blood) is tested in a laboratory. For example, if the analyte is mercury, the laboratory test will determine the amount of mercury in the sample.

Analytic epidemiologic study

A study that evaluates the association between exposure to hazardous substances and disease by testing scientific hypotheses.

Antagonistic effect

A biologic response to exposure to multiple substances that is **less** than would be expected if the known effects of the individual substances were added together [compare with additive effect and synergistic effect].

Background level

An average or expected amount of a substance or radioactive material in a specific environment, or typical amounts of substances that occur naturally in an environment.

Biodegradation

Decomposition or breakdown of a substance through the action of microorganisms (such as bacteria or fungi) or other natural physical processes (such as sunlight).

Biologic indicators of exposure study

A study that uses (a) biomedical testing or (b) the measurement of a substance [an analyte], its metabolite, or another marker of exposure in human body fluids or tissues to confirm human exposure to a hazardous substance [also see exposure investigation].

Biologic monitoring

Measuring hazardous substances in biologic materials (such as blood, hair, urine, or breath) to determine whether exposure has occurred. A blood test for lead is an example of biologic monitoring.

Biologic uptake

The transfer of substances from the environment to plants, animals, and humans.

Biota

Plants and animals in an environment. Some of these plants and animals might be sources of food, clothing, or medicines for people.

CAP [see Community Assistance Panel.]**Cancer**

Any one of a group of diseases that occur when cells in the body become abnormal and grow or multiply out of control.

Cancer risk

A theoretical risk for getting cancer if exposed to a substance every day for 70 years (a lifetime exposure). The true risk might be lower.

Carcinogen

A substance that causes cancer.

Case study

A medical or epidemiologic evaluation of one person or a small group of people to gather information about specific health conditions and past exposures.

Case-control study

A study that compares exposures of people who have a disease or condition (cases) with people who do not have the disease or condition (controls). Exposures that are more common among the cases may be considered as possible risk factors for the disease.

Central nervous system

The part of the nervous system that consists of the brain and the spinal cord.

CERCLA [see Comprehensive Environmental Response, Compensation, and Liability Act of 1980]**Chronic**

Occurring over a long time [compare with acute].

Chronic exposure

Contact with a substance that occurs over a long time (more than 1 year) [compare with acute exposure and intermediate duration exposure]

Cluster investigation

A review of an unusual number, real or perceived, of health events (for example, reports of cancer) grouped together in time and location. Cluster investigations are designed to confirm case reports; determine whether they represent an unusual disease occurrence; and, if possible, explore possible causes and contributing environmental factors.

Community Assistance Panel (CAP)

A group of people from a community and from health and environmental agencies who work with ATSDR to resolve issues and problems related to hazardous substances in the community. CAP members work with ATSDR to gather and review community health concerns, provide information on how people might have been or might now be exposed to hazardous substances, and inform ATSDR on ways to involve the community in its activities.

Comparison value (CV)

Calculated concentration of a substance in air, water, food, or soil that is unlikely to cause harmful (adverse) health effects in exposed people. The CV is used as a screening level during the public health assessment process. Substances found in amounts greater than their CVs might be selected for further evaluation in the public health assessment process.

Completed exposure pathway [see exposure pathway].

Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA)

CERCLA, also known as Superfund, is the federal law that concerns the removal or cleanup of hazardous substances in the environment and at hazardous waste sites. ATSDR, which was created by CERCLA, is responsible for assessing health issues and supporting public health activities related to hazardous waste sites or other environmental releases of hazardous substances. This law was later amended by the Superfund Amendments and Reauthorization Act (SARA).

Concentration

The amount of a substance present in a certain amount of soil, water, air, food, blood, hair, urine, breath, or any other media.

Contaminant

A substance that is either present in an environment where it does not belong or is present at levels that might cause harmful (adverse) health effects.

Delayed health effect

A disease or an injury that happens as a result of exposures that might have occurred in the past.

Dermal

Referring to the skin. For example, dermal absorption means passing through the skin.

Dermal contact

Contact with (touching) the skin [see route of exposure].

Descriptive epidemiology

The study of the amount and distribution of a disease in a specified population by person, place, and time.

Detection limit

The lowest concentration of a chemical that can reliably be distinguished from a zero concentration.

Dose (for chemicals that are not radioactive)

The amount of a substance to which a person is exposed over some time period. Dose is a measurement of exposure. Dose is often expressed as milligram (amount) per kilogram (a measure of body weight) per day (a measure of time) when people eat or drink contaminated water, food, or soil. In general, the greater the dose, the greater the likelihood of an effect. An “exposure dose” is how much of a substance is encountered in the environment. An “absorbed dose” is the amount of a substance that actually got into the body through the eyes, skin, stomach, intestines, or lungs.

Dose (for radioactive chemicals)

The radiation dose is the amount of energy from radiation that is actually absorbed by the body. This is not the same as measurements of the amount of radiation in the environment.

Dose-response relationship

The relationship between the amount of exposure [dose] to a substance and the resulting changes in body function or health (response).

Environmental media

Soil, water, air, biota (plants and animals), or any other parts of the environment that can contain contaminants.

Environmental media and transport mechanism

Environmental media include water, air, soil, and biota (plants and animals). Transport mechanisms move contaminants from the source to points where human exposure can occur. The environmental media and transport mechanism is the second part of an exposure pathway.

EPA

United States Environmental Protection Agency.

Epidemiologic surveillance [see Public health surveillance].**Epidemiology**

The study of the distribution and determinants of disease or health status in a population; the study of the occurrence and causes of health effects in humans.

Exposure

Contact with a substance by swallowing, breathing, or touching the skin or eyes. Exposure may be short-term [acute exposure], of intermediate duration, or long-term [chronic exposure].

Exposure assessment

The process of finding out how people come into contact with a hazardous substance, how often and for how long they are in contact with the substance, and how much of the substance they are in contact with.

Exposure-dose reconstruction

A method of estimating the amount of people’s past exposure to hazardous substances. Computer and approximation methods are used when past information is limited, not available, or missing.

Exposure investigation

The collection and analysis of site-specific information and biologic tests (when appropriate) to determine whether people have been exposed to hazardous substances.

Exposure pathway

The route a substance takes from its source (where it began) to its end point (where it ends), and how people can come into contact with (or get exposed to) it. An exposure pathway has five parts: a source of contamination (such as an abandoned business); an environmental media and transport mechanism (such as movement through groundwater); a point of exposure (such as a private well); a route of exposure (eating, drinking, breathing, or touching), and a receptor population (people potentially or actually exposed). When all five parts are present, the exposure pathway is termed a completed exposure pathway.

Exposure registry

A system of ongoing follow up of people who have had documented environmental exposures.

Feasibility study

A study by EPA to determine the best way to clean up environmental contamination. A number of factors are considered, including health risk, costs, and what methods will work well.

Groundwater

Water beneath the earth's surface in the spaces between soil particles and between rock surfaces [compare with surface water].

Hazard

A source of potential harm from past, current, or future exposures.

Hazardous Substance Release and Health Effects Database (HazDat)

The scientific and administrative database system developed by ATSDR to manage data collection, retrieval, and analysis of site-specific information on hazardous substances, community health concerns, and public health activities.

Hazardous waste

Potentially harmful substances that have been released or discarded into the environment.

Health investigation

The collection and evaluation of information about the health of community residents. This information is used to describe or count the occurrence of a disease, symptom, or clinical measure and to evaluate the possible association between the occurrence and exposure to hazardous substances.

Indeterminate public health hazard

The category used in ATSDR's public health assessment documents when a professional judgment about the level of health hazard cannot be made because information critical to such a decision is lacking.

Incidence

The number of new cases of disease in a defined population over a specific time period [contrast with prevalence].

Ingestion

The act of swallowing something through eating, drinking, or mouthing objects. A hazardous substance can enter the body this way [see route of exposure].

Inhalation

The act of breathing. A hazardous substance can enter the body this way [see route of exposure].

Intermediate duration exposure

Contact with a substance that occurs for more than 14 days and less than a year [compare with acute exposure and chronic exposure].

In vitro

In an artificial environment outside a living organism or body. For example, some toxicity testing is done on cell cultures or slices of tissue grown in the laboratory, rather than on a living animal [compare with in vivo].

In vivo

Within a living organism or body. For example, some toxicity testing is done on whole animals, such as rats or mice [compare with in vitro].

Lowest-observed-adverse-effect level (LOAEL)

The lowest tested dose of a substance that has been reported to cause harmful (adverse) health effects in people or animals.

Medical monitoring

A set of medical tests and physical exams specifically designed to evaluate whether an individual's exposure could negatively affect that person's health.

Metabolism

The conversion or breakdown of a substance from one form to another by a living organism.

Metabolite

Any product of metabolism.

mg/kg

Milligram per kilogram.

mg/cm²

Milligram per square centimeter (of a surface).

mg/m³

Milligram per cubic meter; a measure of the concentration of a chemical in a known volume (a cubic meter) of air, soil, or water.

Migration

Moving from one location to another.

Minimal risk level (MRL)

An ATSDR estimate of daily human exposure to a hazardous substance at or below which that substance is unlikely to pose a measurable risk of harmful (adverse), noncancerous effects. MRLs are calculated for a route of exposure (inhalation or oral) over a specified time period (acute, intermediate, or chronic). MRLs should not be used as predictors of harmful (adverse) health effects [see reference dose].

National Priorities List for Uncontrolled Hazardous Waste Sites (National Priorities List or NPL)

EPA's list of the most serious uncontrolled or abandoned hazardous waste sites in the United States. The NPL is updated on a regular basis.

National Toxicology Program (NTP)

Part of the Department of Health and Human Services. NTP develops and carries out tests to predict whether a chemical will cause harm to humans.

No apparent public health hazard

A category used in ATSDR's public health assessments for sites where human exposure to contaminated media might be occurring, might have occurred in the past, or might occur in the future, but where the exposure is not expected to cause any harmful health effects.

No-observed-adverse-effect level (NOAEL)

The highest tested dose of a substance that has been reported to have no harmful (adverse) health effects on people or animals.

No public health hazard

A category used in ATSDR's public health assessment documents for sites where people have never and will never come into contact with harmful amounts of site-related substances.

NPL [see National Priorities List for Uncontrolled Hazardous Waste Sites]**Plume**

A volume of a substance that moves from its source to places farther away from the source. Plumes can be described by the volume of air or water they occupy and the direction they move. For example, a plume can be a column of smoke from a chimney or a substance moving with groundwater.

Point of exposure

The place where someone can come into contact with a substance present in the environment [see exposure pathway].

Population

A group or number of people living within a specified area or sharing similar characteristics (such as occupation or age).

Potentially responsible party (PRP)

A company, government, or person legally responsible for cleaning up the pollution at a hazardous waste site under Superfund. There may be more than one PRP for a particular site.

ppb

Parts per billion.

ppm

Parts per million.

Public availability session

An informal, drop-by meeting at which community members can meet one-on-one with ATSDR staff members to discuss health and site-related concerns.

Public comment period

An opportunity for the public to comment on agency findings or proposed activities contained in draft reports or documents. The public comment period is a limited time period during which comments will be accepted.

Public health action

A list of steps to protect public health.

Public health advisory

A statement made by ATSDR to EPA or a state regulatory agency that a release of hazardous substances poses an immediate threat to human health. The advisory includes recommended measures to reduce exposure and reduce the threat to human health.

Public health assessment (PHA)

An ATSDR document that examines hazardous substances, health outcomes, and community concerns at a hazardous waste site to determine whether people could be harmed from coming into contact with those substances. The PHA also lists actions that need to be taken to protect public health.

Public health hazard

A category used in ATSDR's public health assessments for sites that pose a public health hazard because of long-term exposures (greater than 1 year) to sufficiently high levels of hazardous substances or radionuclides that could result in harmful health effects.

Public health hazard categories

Public health hazard categories are statements about whether people could be harmed by conditions present at the site in the past, present, or future. One or more hazard categories might be appropriate for each site. The five public health hazard categories are no public health hazard, no apparent public health hazard, indeterminate public health hazard, public health hazard, and urgent public health hazard.

Public health statement

The first chapter of an ATSDR toxicological profile. The public health statement is a summary written in words that are easy to understand. The public health statement explains how people might be exposed to a specific substance and describes the known health effects of that substance.

Public health surveillance

The ongoing, systematic collection, analysis, and interpretation of health data. This activity also involves timely dissemination of the data and use for public health programs.

Receptor population

People who could come into contact with hazardous substances [see exposure pathway].

Reference dose (RfD)

An EPA estimate, with uncertainty or safety factors built in, of the daily lifetime dose of a substance that is unlikely to cause harm in humans.

Remedial investigation

The CERCLA process of determining the type and extent of hazardous material contamination at a site.

RfD [see reference dose]

Risk

The probability that something will cause injury or harm.

Risk reduction

Actions that can decrease the likelihood that individuals, groups, or communities will experience disease or other health conditions.

Risk communication

The exchange of information to increase understanding of health risks.

Route of exposure

The way people come into contact with a hazardous substance. Three routes of exposure are breathing [inhalation], eating or drinking [ingestion], or contact with the skin [dermal contact].

Safety factor [see uncertainty factor]

SARA [see Superfund Amendments and Reauthorization Act]

Sample

A portion or piece of a whole. A selected subset of a population or subset of whatever is being studied. For example, in a study of people the sample is a number of people chosen from a larger population [see population]. An environmental sample (for example, a small amount of soil or water) might be collected to measure contamination in the environment at a specific location.

Sample size

The number of units chosen from a population or an environment.

Source of contamination

The place where a hazardous substance comes from, such as a landfill, waste pond, incinerator, storage tank, or drum. A source of contamination is the first part of an exposure pathway.

Special populations

People who might be more sensitive or susceptible to exposure to hazardous substances because of factors such as age, occupation, sex, or behaviors (for example, cigarette smoking). Children, pregnant women, and older people are often considered special populations.

Statistics

A branch of mathematics that deals with collecting, reviewing, summarizing, and interpreting data or information. Statistics are used to determine whether differences between study groups are meaningful.

Substance

A chemical.

Superfund [see Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and Superfund Amendments and Reauthorization Act (SARA)]

Superfund Amendments and Reauthorization Act (SARA)

In 1986, SARA amended the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and expanded the health-related responsibilities of ATSDR. CERCLA and SARA direct ATSDR to look into the health effects from substance exposures at hazardous waste sites and to perform activities including health education, health studies, surveillance, health consultations, and toxicological profiles.

Surface water

Water on the surface of the earth, such as in lakes, rivers, streams, ponds, and springs [compare with groundwater].

Surveillance [see public health surveillance]

Survey

A systematic collection of information or data. A survey can be conducted to collect information from a group of people or from the environment. Surveys of a group of people can be conducted by telephone, by mail, or in person. Some surveys are done by interviewing a group of people [see prevalence survey].

Synergistic effect

A biologic response to multiple substances where one substance worsens the effect of another substance. The combined effect of the substances acting together is greater than the sum of the effects of the substances acting by themselves [see additive effect and antagonistic effect].

Teratogen

A substance that causes defects in development between conception and birth. A teratogen is a substance that causes a structural or functional birth defect.

Toxic agent

Chemical or physical (for example, radiation, heat, cold, microwaves) agents that, under certain circumstances of exposure, can cause harmful effects to living organisms.

Toxicological profile

An ATSDR document that examines, summarizes, and interprets information about a hazardous substance to determine harmful levels of exposure and associated health effects. A toxicological profile also identifies significant gaps in knowledge on the substance and describes areas where further research is needed.

Toxicology

The study of the harmful effects of substances on humans or animals.

Tumor

An abnormal mass of tissue that results from excessive cell division that is uncontrolled and progressive. Tumors perform no useful body function. Tumors can be either benign (not cancer) or malignant (cancer).

Uncertainty factor

Mathematical adjustments for reasons of safety when knowledge is incomplete. For example, factors used in the calculation of doses that are not harmful (adverse) to people. These factors are applied to the lowest-observed-adverse-effect-level (LOAEL) or the no-observed-adverse-effect-level (NOAEL) to derive a minimal risk level (MRL). Uncertainty factors are used to account for variations in people's sensitivity, for differences between animals and humans, and for differences between a LOAEL and a NOAEL. Scientists use uncertainty factors when they have some, but not all, the information from animal or human studies to decide whether an exposure will cause harm to people [also sometimes called a safety factor].

Urgent public health hazard

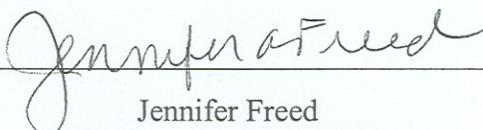
A category used in ATSDR's public health assessments for sites where short-term exposures (less than 1 year) to hazardous substances or conditions could result in harmful health effects that require rapid intervention.

Volatile organic compounds (VOCs)

Organic compounds that evaporate readily into the air. VOCs include substances such as benzene, toluene, and methylene chloride.

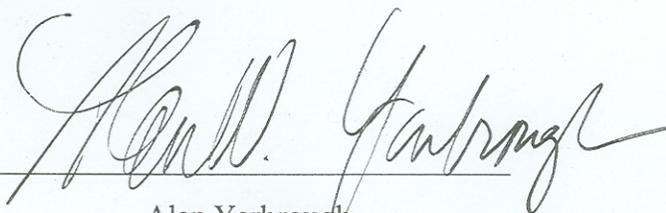
CERTIFICATION

The Florida Department of Health, Bureau of Community Environmental Health prepared this Health Consultation under a cooperative agreement with the Agency for Toxic Substances and Disease Registry. It followed approved methodology and procedures existing at the time it began. The Cooperative Agreement Partner completed editorial review.



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The Division of Health Assessment and Consultation, ATSDR, has reviewed this health consultation, and concurs with its findings.



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