

**Environmental Etiologies  
Associated with  
Developmental Disabilities and  
the Brick Township, NJ Autism  
Cluster Investigation:  
Challenges in identifying  
environmental etiologies**

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**Why investigate  
environmental chemical  
exposures as possible  
causes of developmental  
disabilities?**

# Why investigate environmental exposures?

- Most developmental disabilities have unknown etiology.
  - etiology is likely to be multi-factorial, involving:
    - genetic factors
    - non-genetic factors

# Why investigate environmental exposures?

- A number of chemicals cause neurotoxic effects in human and/or animals studies
  - lead
  - methyl mercury
  - PCBs
  - organophosphate pesticides

# Why investigate environmental exposures?

- Chemical exposures have been associated with risk factors for developmental disabilities:
  - IUGR
  - very low birth weight or preterm birth
  - maternal hypothyroidism
  - structural birth defects

# Why investigate environmental exposures?

- During the prenatal period, the developing nervous system is most vulnerable to chemical exposures
  - immaturity of blood-brain barrier
  - unidirectional development:
    - damage at one developmental stage can cause cascading damage to later developmental stages
    - inability to replace damaged cells

# Why investigate environmental exposures?

- Many, perhaps most, developmental disabilities have a prenatal origin

# Why investigate environmental exposures?

- Our knowledge of how environmental exposures modify brain development is extremely limited due to:
  - lack of epidemiologic studies
  - lack of appropriate animal models
  - difficulties assessing exposures during critical periods of vulnerability for the developing nervous system.

# Difficulties in determining a causal role for chemical exposures

- Effects will depend on:
  - timing of the exposure
  - neuronal processes affected by the exposure
  - dose and duration of exposure
- Exposures at different time periods during gestation can produce different outcomes or no adverse outcome
  - e.g., thalidomide



# Difficulties in determining a causal role for chemical exposures

- Prenatal “selection”
  - A chemical that causes a developmental disability may also cause early spontaneous abortions at higher doses, distorting dose-response relationships.
- Population exposed may be too small (given the developmental disability of interest) for adequate statistical power

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Use of surrogates of exposure (e.g., residential proximity) because of “convenience” or lack of data
  - uncertainties concerning who are exposed
- Not all toxic waste sites are the same!
  - different exposure pathways
  - different chemical mixtures
  - different levels of exposure

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Exposures involve a mixture of chemicals
  - Different mixtures of the same chemicals can produce different effects
  - Which constituent should be measured?
  - Which is the etiologic agent?
    - Is it volatile or non-volatile?

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Difficulties in disentangling the effects of individual chemicals that generally occur together

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- The need to extrapolate or model sample data over space-time
  - few monitoring stations
  - monitoring stations may not be representative of the study area
  - infrequent samples

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Differences, or changes, over space-time:
  - sampling methods (locations, frequency)
  - detection limits
  - chemicals analyzed
- Exposure estimates based on unverified assumptions due to limitations of data
  - missing data
  - data uncertainties and inconsistencies

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Data may be inadequate to identify “hot spots” (i.e., areas where maximum exposures occur)
- Geo-unit (e.g., census tract, zipcode) may poorly fit the exposed population
- Geo-unit may be too large:
  - excessive within-area exposure heterogeneity

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Inability to take into account:
  - occupational exposures
  - behaviors that might affect total dose or mitigate/enhance the effects of the environmental exposure of interest

# Difficulties in determining a causal role for chemical exposures:

## Exposure Misclassification

- Inadequate maternal recall of behaviors/exposures during pregnancy
- Migration during pregnancy

# Difficulties in determining a causal role for chemical exposures:

## Limitations of environmental databases

- Data linkage problems (e.g., incompatible formats)
- Data entry errors
- Need for supplementary information (e.g., information from water utilities)
- Inaccurate (or inadequate) geo-coding information

# Difficulties in determining a causal role for chemical exposures:

## Limitations of environmental databases

- Federal environmental databases were designed for regulatory/enforcement purposes, not epidemiology
  - only violations are reported in the drinking water database, not contaminant levels
  - no well production data are available
    - requires assumption that all wells in a system produce the same amount of water
  - many states fail to report data

# Difficulties in determining a causal role for chemical exposures: Limitations of environmental databases

- “garbage in  $\Rightarrow$  garbage out”
  - how accurate are point source emissions data (e.g., in TRI database)?

# Research Directions

- Use databases to identify study areas for possible epidemiological study
  - supplement database information with:
    - fieldwork data
    - contaminant transport modeling
    - drinking water system distribution modeling

# Research Directions

- Exposure biomarker may be feasible if:
  - chemical of interest is a persistent organic pollutant (e.g., dioxin, PCBs)
  - biomarker is representative of maternal exposures during appropriate period of gestation

# Research Directions

- If environmental database provides adequate information, then perform data linkage study

# Examples of successful data linkage studies

- public drinking water monitoring databases and adverse birth outcomes and childhood cancers
- criteria air pollutant monitoring database and adverse birth outcomes, asthma
- CA Pesticide Use Report (agricultural pesticide use) and adverse birth outcomes, childhood cancers

# New Jersey



# Brick Township



# *The CDC and ATSDR Public Health Action Plan*

- Prepare a literature review
- Determine the prevalence of children with autism spectrum disorders (ASD)
- Investigate environmental pathways for human exposure
- Inform the community

## *The Prevalence Study*

- The objective of the prevalence study was to determine the prevalence of ASD for children aged 3-10 years who were living in Brick Township in 1998.
- The study used 4 sources for case-finding
  - special education records
  - records from local clinicians
  - lists from community parent groups
  - media outreach

# *Prevalence Study Results*

- The prevalence of autism spectrum disorder (ASD) was 6.7 cases per 1,000 children.
- The prevalence for Autistic Disorder was 4 cases per 1,000 children.

# *Prevalence Study Conclusions*

- **The prevalence of autistic disorder and ASD in Brick Township were:**
  - **high relative to previously conducted studies in this country**
  - **in the upper end of the range for more recent studies conducted in other countries.**
  - **within the range found in a few recent studies of small populations that also used intensive case-finding methods**

# *The Environmental Investigation*

**ATSDR assessed possible chemical exposure from:**

- **The municipal drinking water supply**
- **The Brick Township Landfill (a superfund site)**

# ***Environmental Investigation Sources of Data***

- **Environmental Protection Agency**
  - information on the NPL site
- **New Jersey Department of Environmental Protection**
  - drinking water contaminant level database
  - well production information
- **Brick Township Municipal Utilities Authority**
  - drinking water distribution map
  - additional sample data
  - other system characteristics

# ***Brick Township Municipal Drinking Water System***

**Contaminants found in the municipal drinking water supply:**

- **Trichloroethylene (TCE)**
- **Tetrachloroethylene (PCE)**
- **Trihalomethanes (THMs)**

# ***Brick Township Municipal Drinking Water System***

- **PCE and TCE found in two small municipal wells**
- **TCE was not detected in tap water samples**
- **PCE was detected in tap water samples between 1987 and 1994 ranging from less than 1 ppb to 6 ppb (MCL=5 ppb)**

# ***Brick Township Municipal Drinking Water System***

- PCE occurrence data were compared with the dates of gestation for the ASD cases.
- Most ASD cases were not exposed to PCE during the gestational period.

# ***Brick Township Municipal Drinking Water System***

- Trihalomethanes (THMs) were found in the municipal drinking water supply.
- Except for a few data outliers, the THM levels in the Brick Twp water system were generally typical of other systems in NJ that relied on a surface water source.

# ***Brick Township Municipal Drinking Water System***

- No study has been conducted to determine if exposure to THMs in drinking water is associated with developmental disabilities
- Exposure to THMs in drinking water has been associated with adverse birth outcomes:
  - neural tube defects
  - oral clefts
  - small for gestational age
  - fetal death and spontaneous abortion

# ***Brick Township Municipal Drinking Water System***

- Space-time data on THM levels were compared with the time periods and residential locations during gestation for the ASD cases.
- For most ASD cases, the maternal residences during the gestational period were ≥1 mile from sampling locations with THM levels >60 ppb (current MCL = 80 ppb)

**Total  
Trihalomethane  
Water Samples  
with at Least One  
Sample >80 ppb  
and maternal  
residences during  
the gestational  
period of the ASD  
cases**



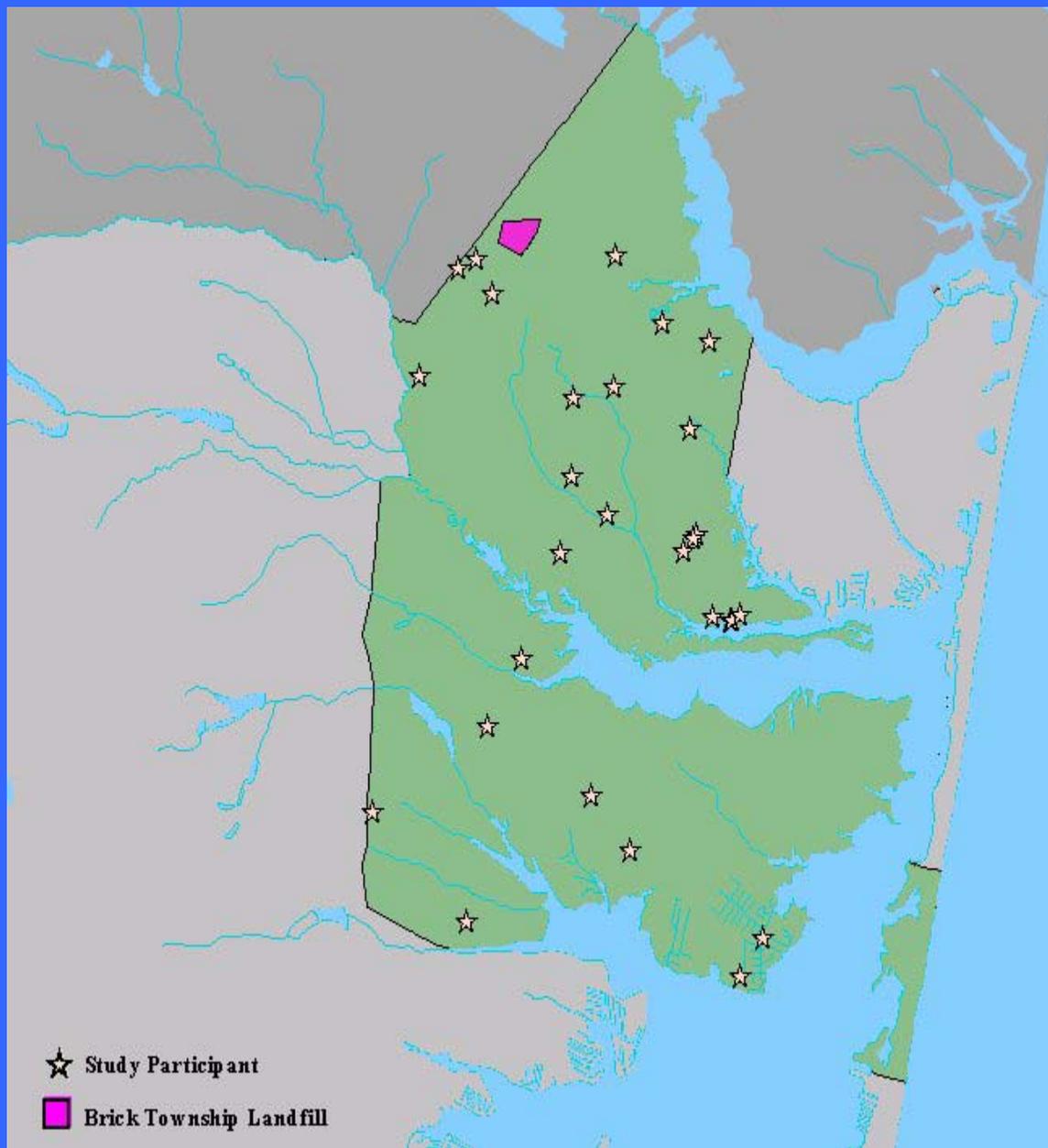
# ***Brick Township Municipal Drinking Water System***

- Maternal residences were not located at distribution system “dead ends”
- ATSDR concluded that no clear pattern existed between the sampling dates and locations where total trihalomethane levels exceeded 60 ppb and the maternal residences during gestation of the ASD cases.

## ***Brick Township Landfill***

- **Superfund Site**
- **Ceased operation in 1979**
- **Onsite contamination with Volatile Organic Compounds and Metals**
- **Groundwater contaminant plume is migrating southeast from the site**
  - **a threat to private wells used for irrigation and other outdoor water uses**

***Brick Township  
Landfill  
and maternal  
residences  
during the  
gestational  
period of ASD  
cases***



# ***Public Health Conclusions for the Brick Township Landfill***

- **The closest maternal residence was about 550 yards southwest of the site.**
- **Maternal residences were not in the path of the groundwater plume from the landfill.**