Rocky Mountain Biomonitoring Laboratory Consortium and Integration with Environmental Public Health Tracking

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ROCKY MOUNTAIN BIOMONITORING CONSORTIUM



Rocky Mountain National Park, NPS

Arizona

Cdcrado

Montana

NewMexico

Utah

Wyoming

RMBC Program Highlights

- * Biomonitoring assesses environmental exposure to chemicals in human sample media such as blood or urine.
- * Analyses to be conducted through State Laboratories
- NM is leading a consortium with 5 other Rocky Mountain States - Arizona, Colorado, Montana, Utah, Wyoming
- * Recently completed 2-year planning study
- One of three programs selected to conduct followon 5 year implementation plan

Forming the Consortium – Why Rocky Mountain States?

- Common demographic characteristics similar geographic population distribution; high populations of Native Americans and Hispanics
- Common geophysical/geochemical characteristics
- * Similar environmental settings
- Extensive mining history and Federal military operations

Biomonitoring Laboratory Consorting

- Relationships already established among State laboratories
- Opportunity for epidemiologists to collaborate across states and with labs
- * Epidemiologists could increase study population size
- Collaboration desirable to enhance depth of professional resources

Consortium Communication

- * Essential for building a team
- * Conference calls every 2-4 weeks
- Emails/sub-group calls every week
- * Meetings held at each of the six states throughout the planning grant to tour each others' labs and have face-to-face contact
- * Both chemists and epidemiologists from each state participated in these meetings and tours

Consortium Process: Ranking of Analytes

- * Consortium evaluation criteria
 - 1. Hypothesized or known health effects
 - 2. Number of people exposed or plausibly exposed
 - 3. Capacity for intervention
 - 4. Synergistic objectives with bio/chemical terrorism grants
 - 5. Level of public concern or perceived need
 - 6. Concerns pertinent or unique to all states
 - 7. Potential freebies gained from panel analysis
- * Input from EH partners
- * Feasibility for study
- * Balance between addressing public exposure concerns and establishing ongoing surveillance systems

Rocky Mountain Biomonitoring Consortium Preliminary Analyte Ranking

Compound	AZ	CO	MT	NM	UT	WY	RANK
Heavy Metals Panel	1	3	1	3	1	1	1.7
Arsenic Speciation	2	2	2	11	2	5	4.0
VOCs /TCE/DCE/Solvents	8	7	6	1	6	2	5.0
Mercury [Speciation]	5	9	3	7	3	4	5.2
Organophosphates	10	5	4	5	10	8	7.0
Cotinine	4	13	7	4	4	14	7.7
PAHs [Wood Smoke]	3	11	10	8	12	3	7.8
Radionuclides	9	1	11	6	15	6	8.0
Organochlorine Pesticides	11	6	5	12	9	9	8.7
Nitrates/Nitrites	15	4	8	9	8	12	9.3
Disinfection Byproducts	12	8	14	2	14	10	10.0
Phthalate metabolites	14	10	16	10	13	7	11.7
Perchlorate	13	14	15	13	7	11	12.2
Creosote	6	12	9	15	16	17	12.5
Dioxin/Furan	17	15	13	14	5	18	13.7
Cyanide	16	18	12	17	11	16	15.0
Carbon Monoxide	7	16	18	16	18	15	15.0
Thiodiglycol and Sarin	18	17	17	18	17	13	16.7

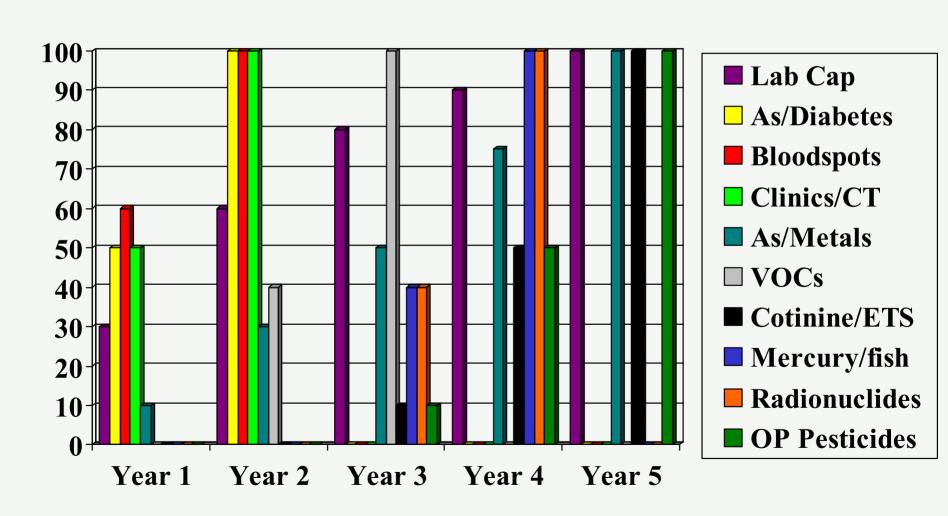
RMBC Program Goals

- * (1) increase regional laboratory capacity to conduct biomonitoring,
- * (2) enhance the collaboration between laboratories, epidemiologists, local public health agencies, tribes, and other partners within the region,
- * (3) conduct biomonitoring activities,
- (4) complement on-going bioterrorism and chemical terrorism preparedness efforts, and
- * (5) complement on-going Environmental Public Health Tracking efforts.

Consortium Pilot Studies

- Arsenic/metals/radionuclides in urine from drinking water exposure
- * Arsenic levels in diabetic populations
- VOCs in blood following inhalation from subsurface vapor intrusion
- * Cotinine from ETS, effects of statutes
- Mercury in blood from recreational fish ingestion
- Chemical terrorism agent baselines
- Pesticides OP metabolites/pyrethroids
- Infant bloodspot heavy metal feasibility study

RMBC 5-Year Implementation Plan

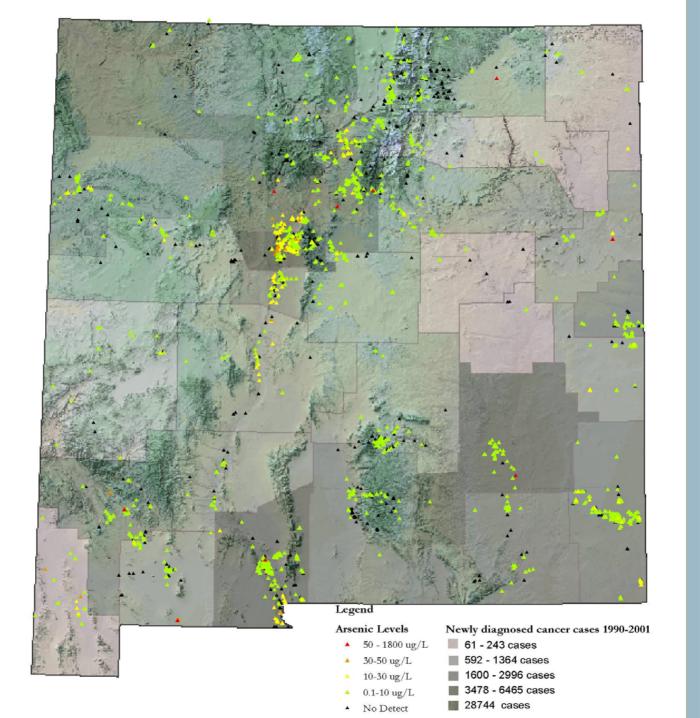


Consortium Pilot Study: Arsenic in Drinking Water Supplies

- * Relatively high levels of arsenic in groundwater throughout the region
- * Archived arsenic samples for Type 2 Diabetes Study allows analyses to start in year 1
- * Additional arsenic in urine studies of the general population
- Integration with studies done for EPHT Tracking 1 and Tracking 2 grants
- * Utilization of GIS mapping of water systems, biomonitoring results, and health effects data

Environmental Public Health Tracking Programs in RMBC

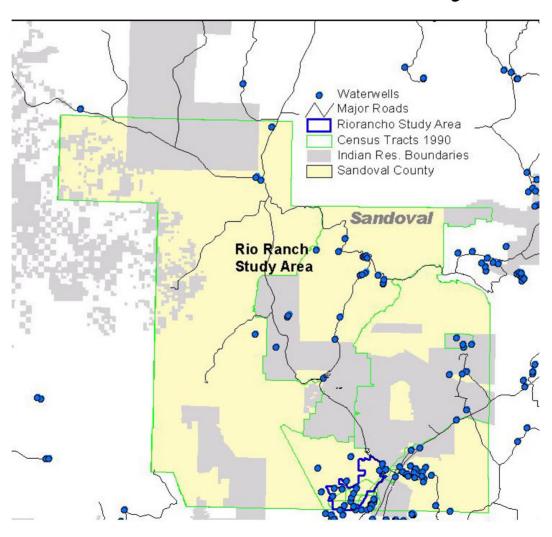
- Montana, New Mexico and Utah have Tracking Planning and Capacity Building Grants
- New Mexico also has Tracking Data Linkage Demonstration Grant
- * Conducting Data Linkage Projects and Pilot Studies that complement biomonitoring

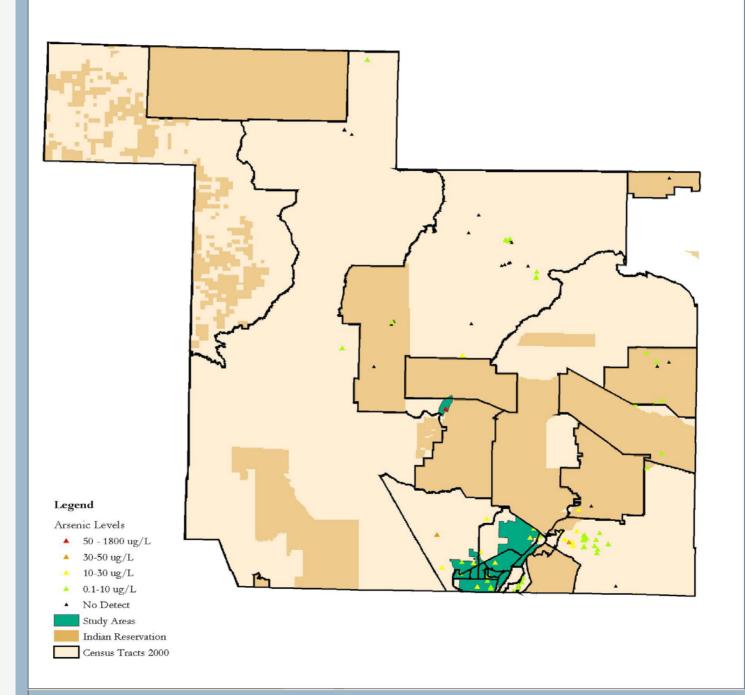


Arsenic Data Linkage Project Description

- * Compile the compliance monitoring data for statewide analyses of arsenic in drinking water and cancer risk at the census tract level.
- * Explore the utility of GIS technology to facilitate and promote data linkage, analysis, and data dissemination.
- * Demonstrate the utility of the linked data for surveillance with ecologic analyses of cancer incidence rates per drinking water arsenic levels.
- * Demonstrate the utility of the linked data analyses in guiding public health practice and policy (changing MCLs) and public concerns.
- * Evaluate potential for expansion of the data linkage capacity to additional drinking water contaminants.

Sandoval County





Tracking Linkage with other Environmental Health Projects

- * Public Health Tracking 1 Grant limited application of Conceptual Framework to arsenic data linkage, pilot projects
- * Biomonitoring Arsenic in urine from drinking water exposure for biomonitoring, identify populations at risk, enhance exposure assessment
- Asthma Surveillance System identify populations at risk

RMBC Conclusions

- * RMBC functioning as a team with unified regional goals as well as individual state goals
- * Developing regional lab capabilities while evaluating samples to address exposure concerns and establish surveillance systems
- Coordinating with and complementing Tracking Projects in RMBC states
- Tracking technology transfer to other consortium states that do not have EPHT funding