

PBDEs in U.S. milk, blood, and food, and temporal trends for PBDEs, PCDDs, and PCBs in US blood

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Introduction

Recent findings document elevated PBDE flame retardant in human tissues in the USA and lower levels in Europe with increasing levels in both areas over the last decades¹⁻⁴. Levels of PBDEs have also been reported in limited food surveys, and especially in fish^{5,6}. We report here on findings of PBDEs in samples of recently collected USA blood, milk, and a market basket survey of food as well as two samples of human milk from Vietnam, a developing country. Levels of PBDEs in samples from U.S. nursing mothers milk are 10 – 100 times higher than European milks. Milk intake estimates for the USA and Germany are presented for nursing infants. Archived blood from Dallas, Texas from 1973 was analyzed for PBDEs, PCDD/Fs and PCBs and compared with blood from the same location collected in 2003. Almost no PBDE was found in 1973 US blood whereas current blood levels are similar to the elevated U.S. milk levels. Dioxins, dibenzofurans and PCBs were relatively high in the 1973 samples and much lower in the 2003 blood samples. Food PBDE levels are highest in fish, followed by meat and then dairy products in our survey. Levels were found to be extremely low in the two Vietnamese samples. All samples analyzed to date were positive for some levels of PBDEs with the exception of the 1973 archived US serum.

Materials and Methods

Human milk: Milk samples were collected from nursing mothers in Texas, USA in 2002 and individually analyzed for the presence of thirteen PBDE congeners.

Blood Samples: Blood was collected from individuals in two different states. Thirty-nine individual blood samples were collected recently and analyzed. Pooled blood (N=100) from a 1973 Dallas Texas archive was analyzed and compared to a pool, N=100, from the same area. Milk from Vietnam was collected in northern Vietnam from two nursing mothers in Hanoi.

Food Samples: Food samples for the market basket survey were purchased from three Dallas, Texas supermarket stores and analyzed for PBDEs.

All analyses employed techniques described elsewhere⁷⁻⁹. PBDEs are reported in pg/g or parts per trillion (ppt), wet weight (w.w.) in food. In blood and milk, PBDEs are reported in ng/g or parts per billion (ppb) lipid. PCDD/F/PCBs are reported in ppt in blood.

Results and Discussion

Table 1 provides our estimates of daily PBDE consumption in a German or US infant nursing for one year, showing 55.2 ng/day for the German¹⁰ and 1,774 ng/day for the USA⁴ infant. Table 2 shows levels of PBDEs, PCDDs, PCDFs and coplanar and mono-ortho PCBs in 1973 and 2003 blood serum from Dallas, Texas. PBDEs were very low, 0.77 ppb lipid, (ND: Not detected, using half the detection limit for purpose of calculation) in 1973 and very much higher (62 ppb) in 2003 blood. For dioxins, dibenzofurans and PCBs the opposite was the case with very high levels in 1973 compared to 2003 with total TEQ¹¹ of 150 ppt in 1973 and 25.3 ppt in 2003.

Figure 1 shows PBDE levels found in our human milk and blood analyses by percentiles and range; from about 5 ng/g, or ppb in blood and milk to 351 (median 31) and 419 ppb (median 34) for blood and milk, respectively. Figures 2-4 present our finding for PBDE levels in fish with the highest levels, range 8.5 to 3,078 and median of 1,725 ppt wet weight, to meat with levels from not detected to 1,373 ppt ww, and dairy products with the lowest levels, from 0.9-679, median 31.5 ppt, ww. Salmon contained the highest levels of PBDEs of all foods tested.

These data suggest US body burden of PBDEs are the highest in the world with all persons testing positive for PBDEs at the present time. Milk from the US is 10-100 folds higher than European PBDE levels. Two milk PBDE analyses from Hanoi, Vietnam are 0.5 and 0.45 ppb, lipid. Food levels are higher than found in other countries (Spain and Japan) and highest in fish, followed by meat and then milk. Wild fish have sometimes been reported at even higher levels of contamination¹²⁻¹⁴.

Further research is needed to adequately determine levels and routes of PBDE intake in humans. Perhaps more important is the need for toxicity data, both in humans and in animal models, in order to estimate the potential for adverse health impacts.

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	Germany	<i>USA</i>
Consumed milk/day (ml)	800	800
Lipid content of milk (%)	3	3
Body weight of infant (kg)	5	5
Concentration (ng/g milk fat)	2.3	74
Total PBDE intake ng/day	55.2	1,774
PBDE intake/day in ng/kg BW	11	355

Table 1. Estimates of PBDE consumption in a German or US infant nursing for one year

Serum pool	PBDEs (ppb lipid)	PCDD/Fs (ppt lipid)		Coplanar and mono ortho PCBs (ppt lipid)		Total TEQ
		Measured	TEQ	Measured	TEQ	
1973	0.77	4,108	85	211,483	65	150
2003*	62	529	16	26,427	9.3	25.3

Table 2. Measured levels of PBDEs, PCDD/Fs, and PCBs in pooled human serum, 1973 and 2003 (*N=100).

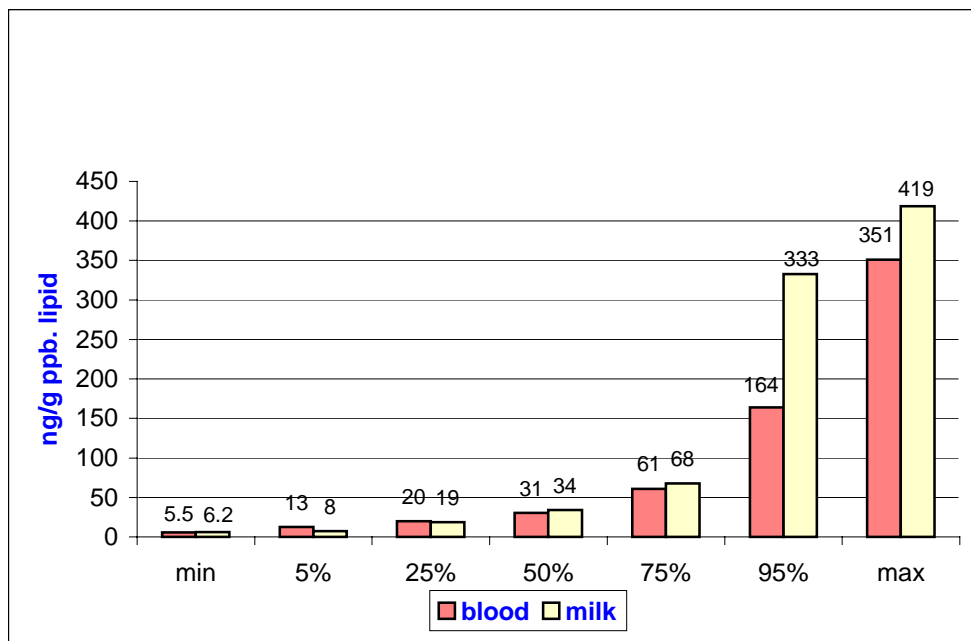


Figure 1. PBDE levels in U.S. human milk (N=52) and blood (N=29). 2003. (ng/g or ppb, lipid)

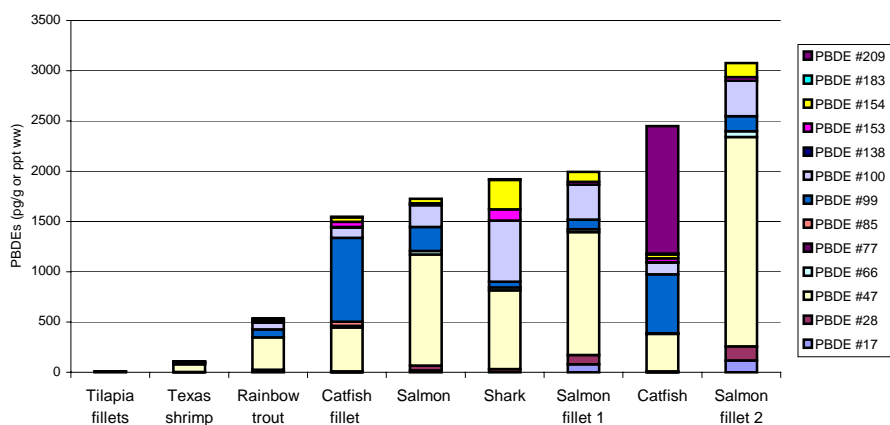


Figure 2. PBDE congener levels and profiles of individual samples of fish products purchased in USA. (pg/g or ppt, ww)

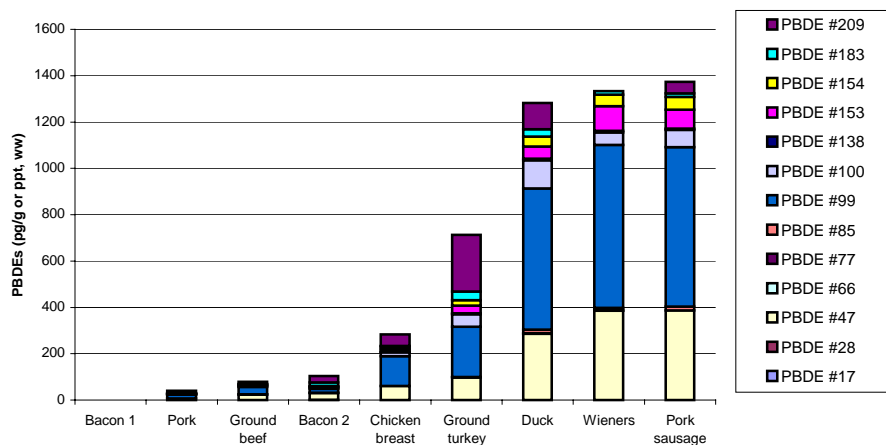


Figure 3. PBDE congener levels and profiles of individual samples of meat products purchased in USA. (pg/g or ppt, ww)

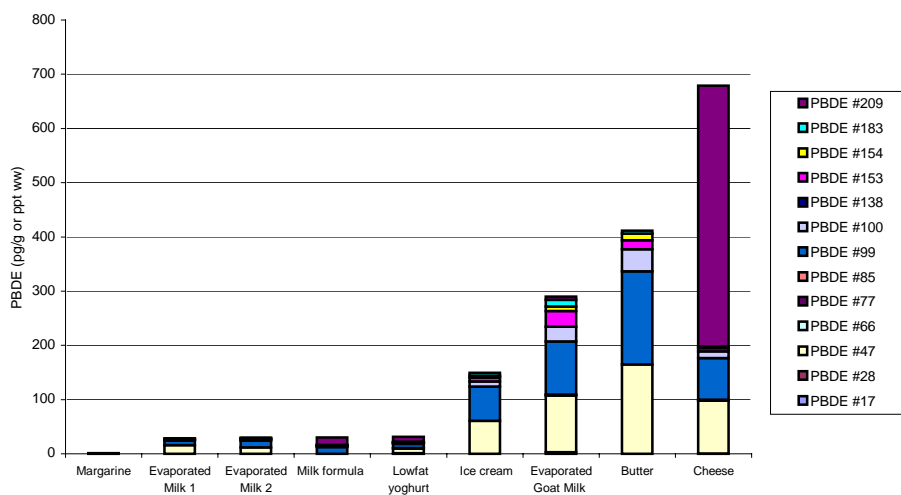


Figure 4. PBDE congener levels and profiles of individual samples of dairy meat products purchased in USA. (pg/g or ppt, ww)

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