



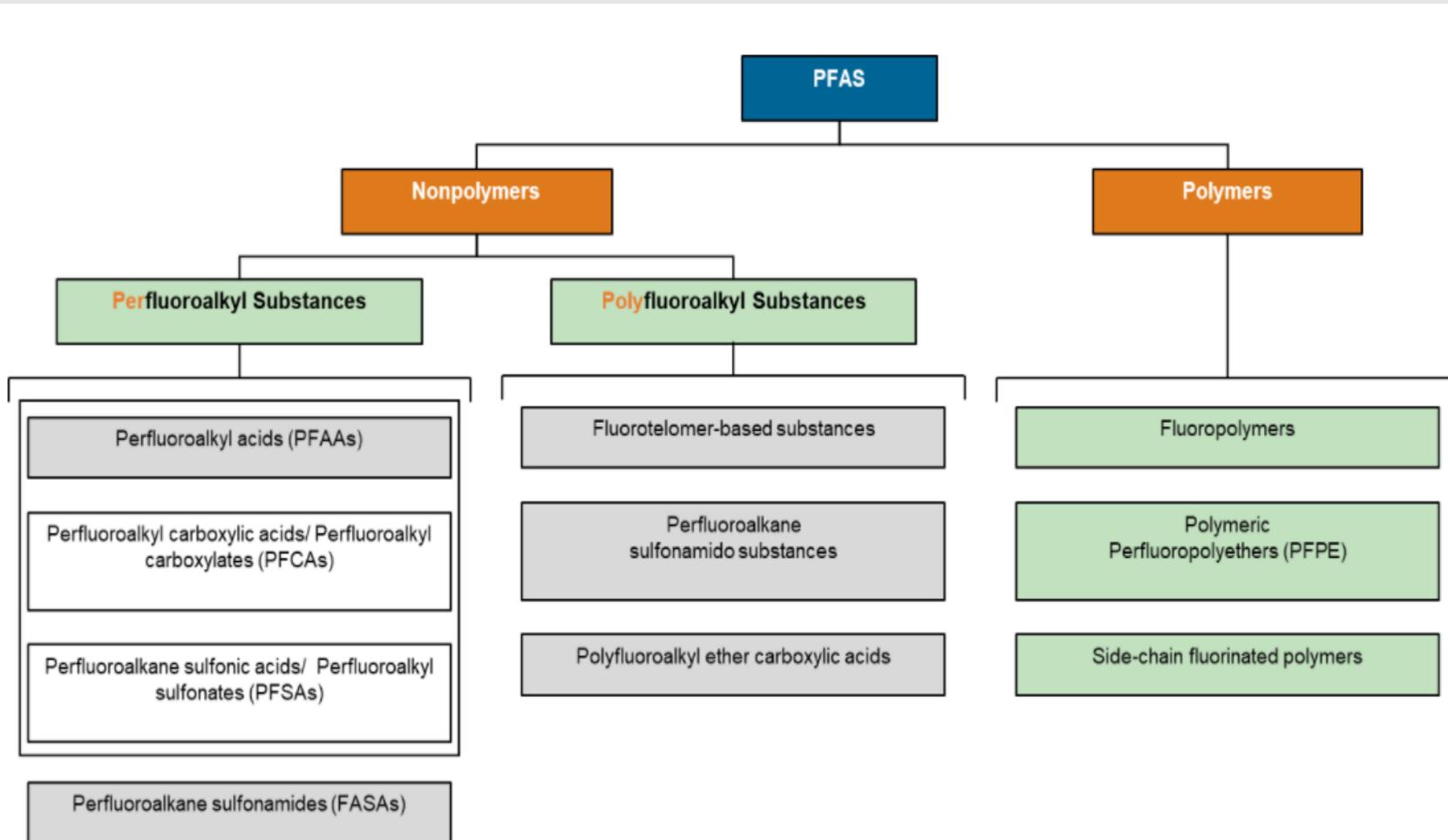
# Overview of Per- and Polyfluoroalkyl Substances (PFAS) Activities and Considerations

## Presented by

Miriam Calkins, PhD, MS  
Research Industrial Hygienist  
CDC/NIOSH/DFSE/FRB

April 21, 2023

# Classification

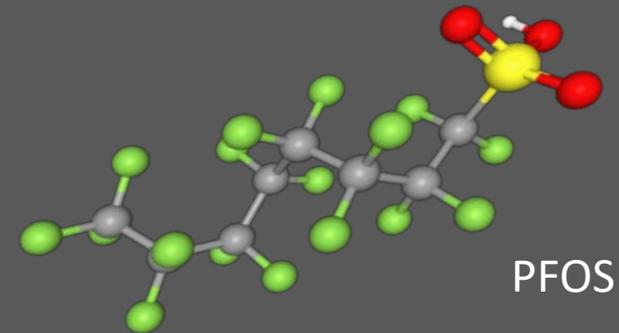


Interstate Technology & Regulatory Council (ITRC). 2020

Synthetic, not naturally occurring

> 12,000 substances

Fluorinated aliphatic (carbon chain) structure



# Why are PFAS a concern?



Integrated extensively into products and processes since 1950s

Desirable properties

“Forever chemicals”

Toxicological and epidemiological evidence of health effects affecting multiple systems



# Community Exposure and Health



Increased cholesterol levels



Changes in liver enzymes



Small decreases in infant birth weights



Decreased vaccine response in children



Increased risk of high blood pressure or pre-eclampsia in pregnant women



Increased risk of kidney or testicular cancer

Image: [Courtesy of ATSDR's What are the Health Effects of PFAS?](#)

NHANES Blood Levels of Commonly Measured PFAS

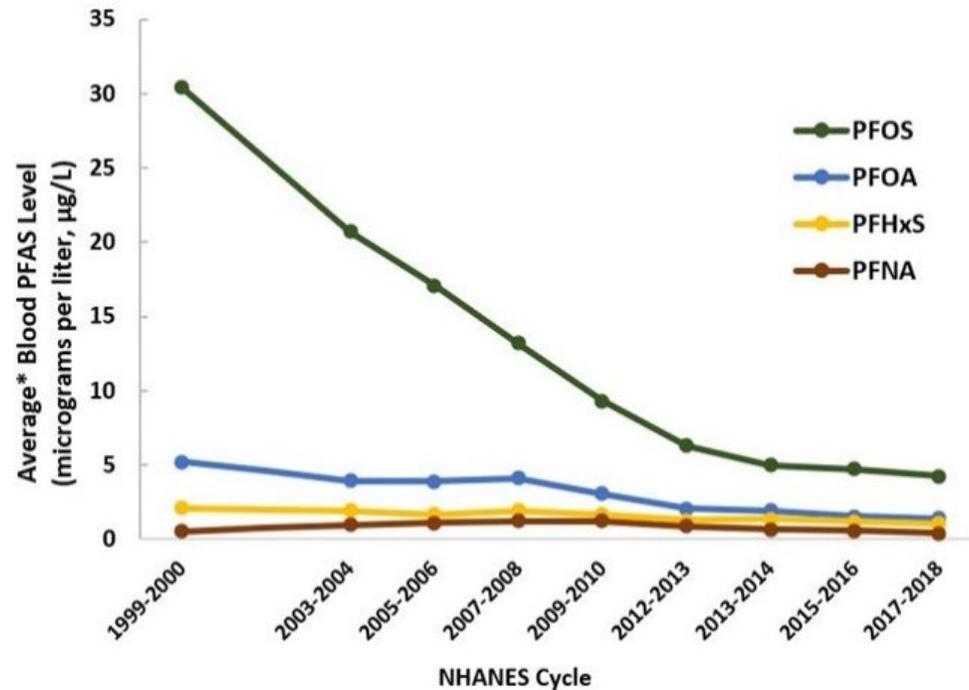


Image: [Courtesy of ATSDR's PFAS in the U.S. Population?](#)



PFAS Contamination in the U.S. (January 6, 2021)

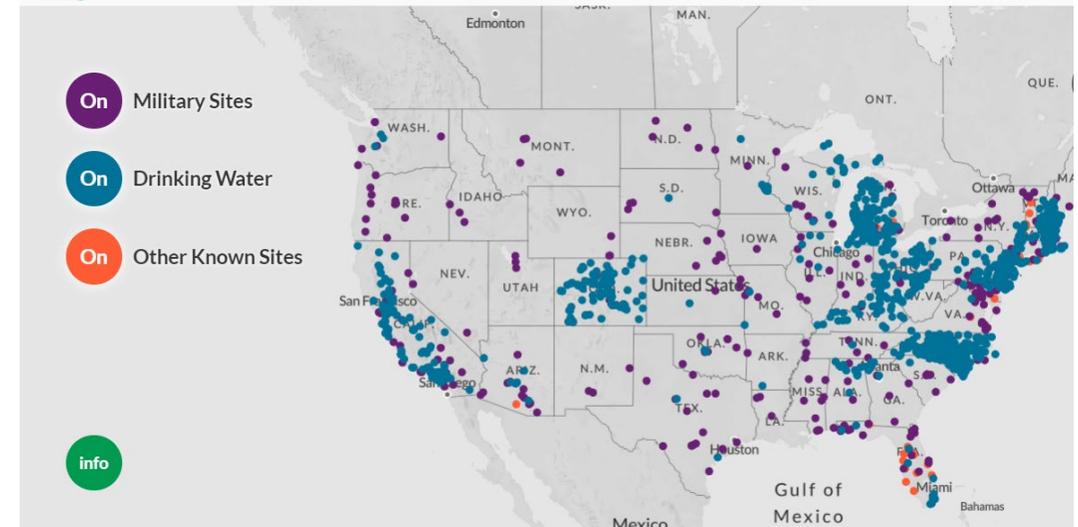
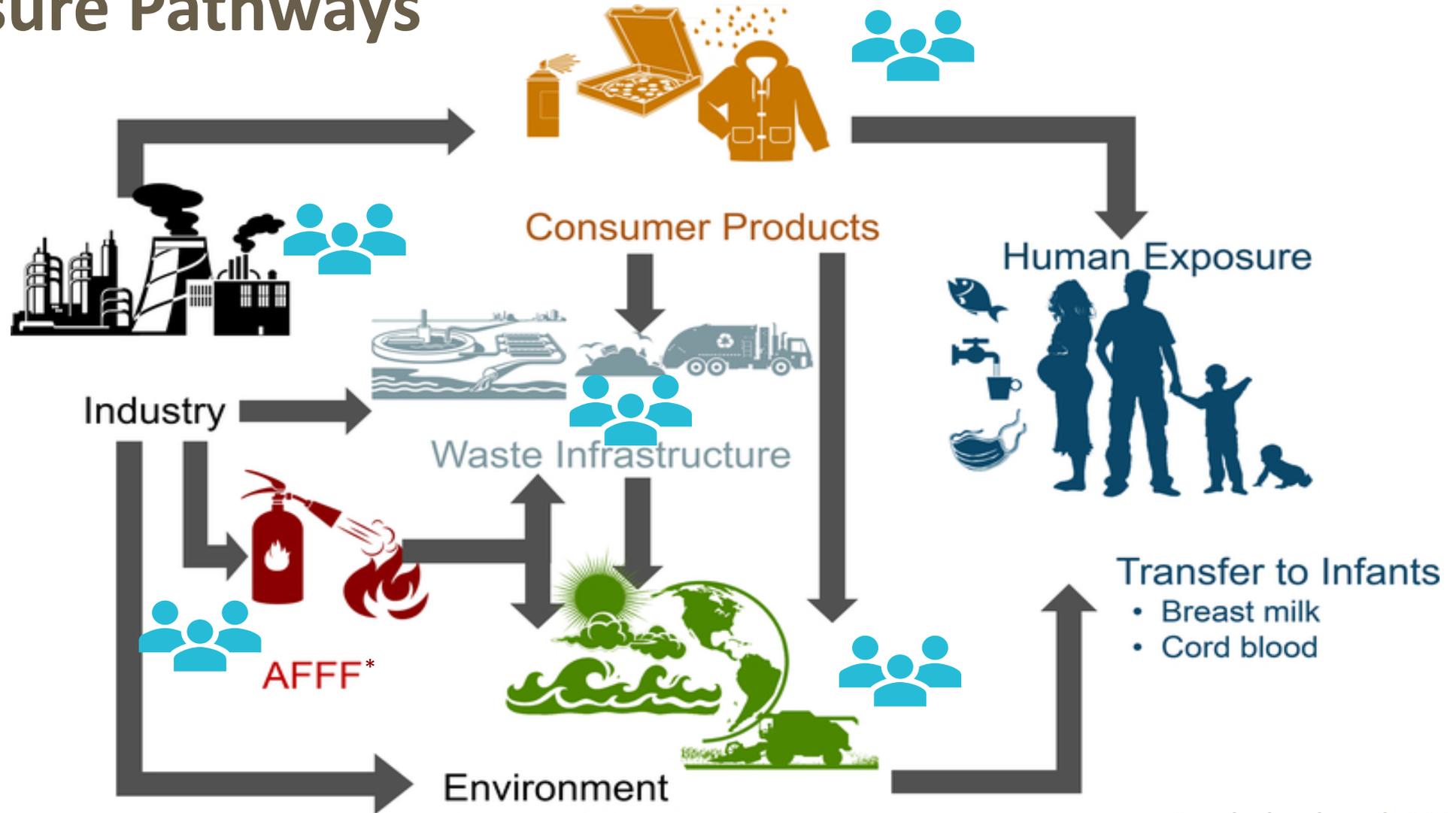


Image: [Courtesy of EWG's Interactive Map](#)

# Exposure Pathways



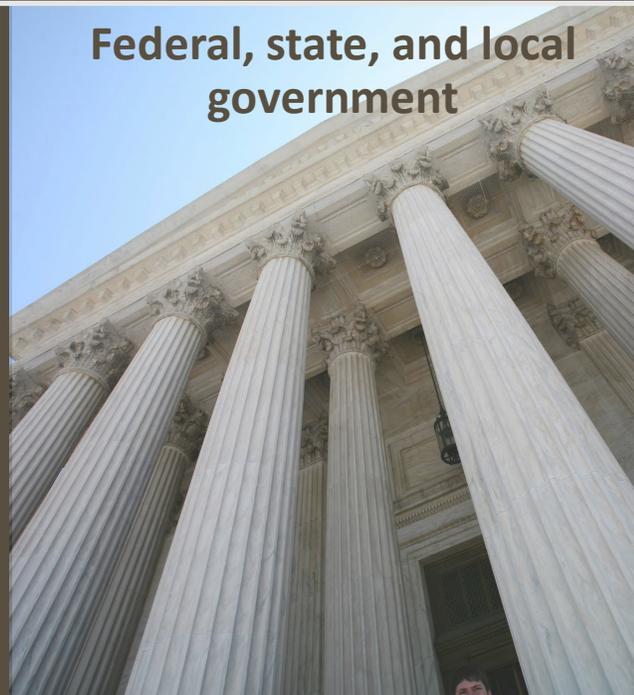
\*Aqueous film forming foam

Sunderland et al. 2019

# Big Picture

- High priority topic
- Challenges resulting from
  - PFAS as a class of chemicals
  - Different definitions
  - Availability of methods
- Voluntary phase out of select PFAS
- Highly litigious
- Legislation increasing

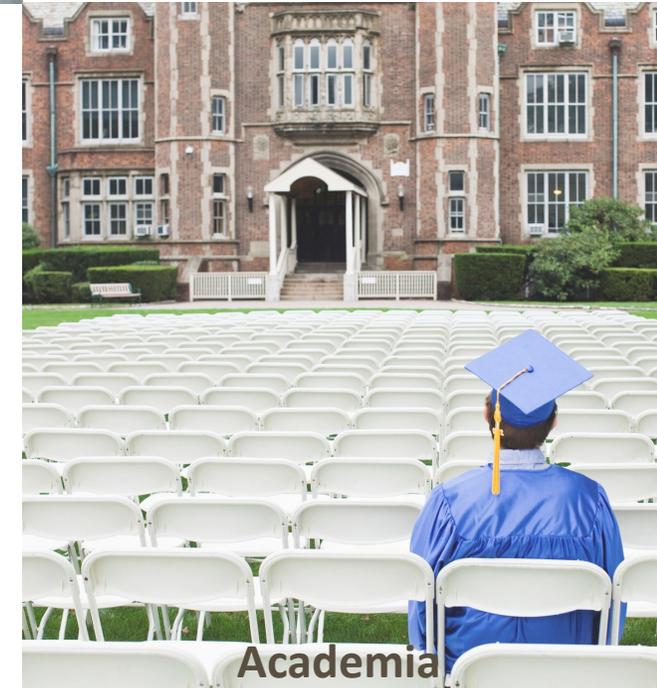
Federal, state, and local government



Standards organizations



Unions and impacted parties



Academia

# World's first ban on products with PFAS adopted in Maine

Law allows exemptions for health and safety when alternatives aren't available

by [Cheryl Hogue](#)

July 19, 2021

## Ski wax chemicals found in Park City's aquifer and groundwater wells

Leaders enact ban on use of fluoro ski wax due to 'forever chemicals'

By Amy Joi O'Donoghue | Mar 13, 2023, 6:55pm EDT

# States Take on PFAS 'Forever Chemicals' With Bans, Lawsuits

STATELINE ARTICLE

September 22, 2022

By: [Alex Brown](#)

Read time: 7 min

## 3M to Exit PFAS Manufacturing by the End of 2025

ST. PAUL, Minn., Dec. 20, 2022 /PRNewswire/ -- 3M (NYSE: MMM) today announced it will exit

substance (PFAS) manufacturing and work to discontinue the use of PFAS

folio by the end of 2025. 3M's decision is based on careful consideration

of the evolving external landscape, including multiple factors such as

market trends focused on reducing or eliminating the presence of PFAS in the

# Biden-Harris Administration Proposes First-Ever National Standard to Protect Communities from PFAS in Drinking Water

March 14, 2023

Contact Information

EPA Press Office ([press@epa.gov](mailto:press@epa.gov))

## ECHA publishes PFAS restriction proposal

ECHA/NR/23/04

The details of the proposed restriction of around 10 000 per- and polyfluoroalkyl substances (PFASs) are now available on ECHA's website. ECHA's scientific committees will now start evaluating the proposal in terms of the risks to people and the environment, and the impacts on society.

# WHO International Agency for Research on Cancer (IARC)

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- 2014 - PFOA determined to be group 2b in Monograph 110.
- November 2023 - PFOA and PFOS scheduled for Monograph 135.



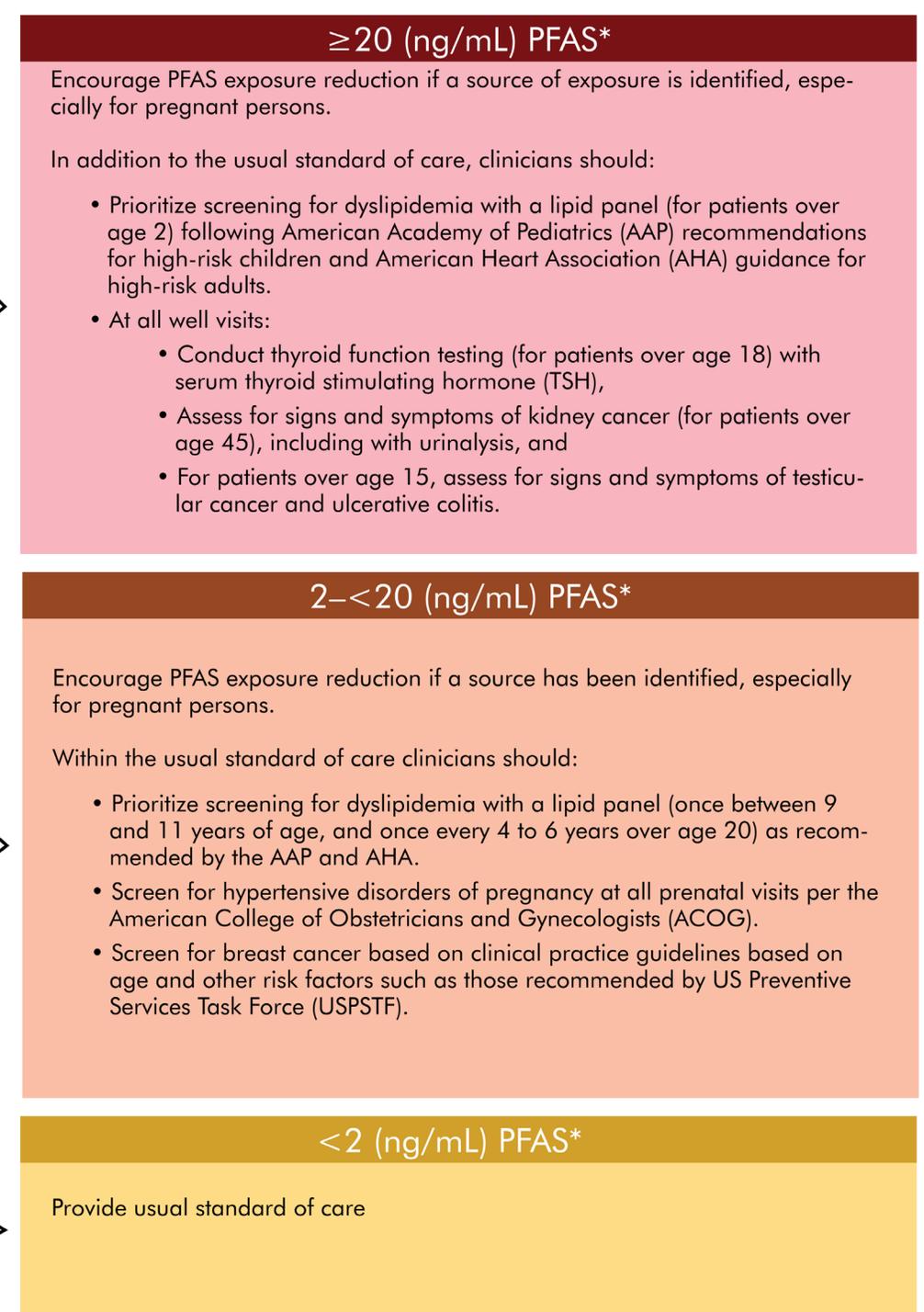
# IARC

# National Academies of Sciences Engineering and Medicine (NASEM)

## Guidance on PFAS Exposure, Testing, and Clinical Follow-Up

Released July 28, 2022

\* Simple additive sum of MeFOSAA, PFHxS, PFOA (linear and branched isomers), PFDA, PFUnDA, PFOS (linear and branched isomers), and PFNA in serum or plasma





Regulating industry  
 Background sources  
 Health assessments  
 Methods development



NHANES  
 State biomonitoring programs



Serum testing of DoD firefighters  
 PFAS-free firefighting foams



PFAS Bill – recommendations to  
 firefighters (FEMA)



National Institutes  
 of Health



Research assessing  
 community:  
 - Drinking water exposure  
 - Other exposures  
 - Health



Research into PFAS in  
 - Firefighter PPE  
 - Firefighting foams  
 - Fire response  
 Methods development



**NTP**  
 National Toxicology Program  
 U.S. Department of Health and Human Services

In vivo and in vitro  
 toxicological studies



# Industries

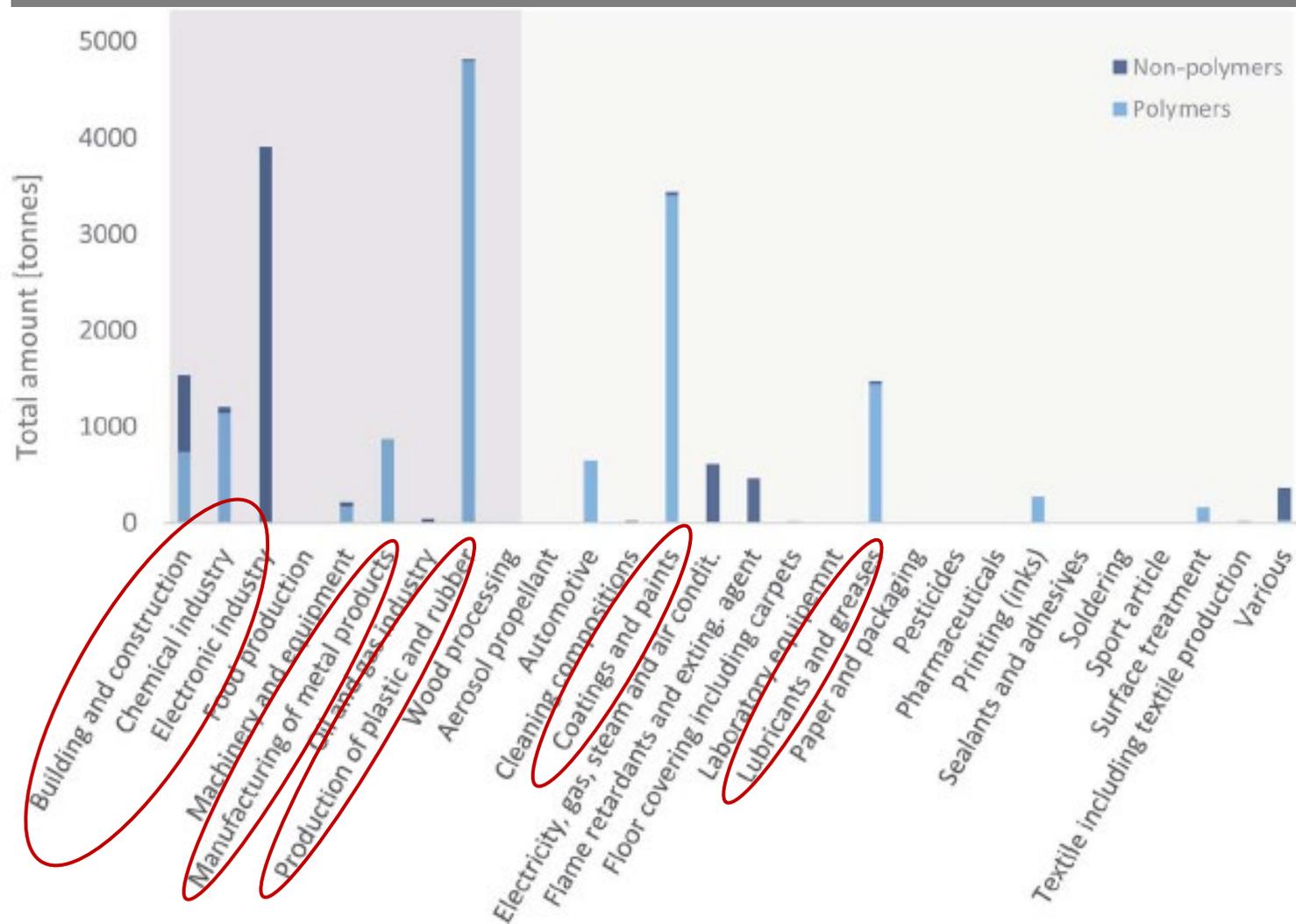


Fig. 3 Amount of PFAS employed in the different use categories in Sweden, Finland, Norway and Denmark from 2000 to 2017, as reported in the SPIN database.<sup>44</sup> Polymers include fluoropolymers and perfluoropolyethers. Side-chain fluorinated polymers have not been used above 0.2 t in any of the uses. Use categories with dark background are industrial branches, use categories with light grey background are other use categories.

Table 1 Industry branches and other use categories where PFAS were or are employed. The numbers in parentheses indicate the number of subcategories. No parentheses indicate no subcategories

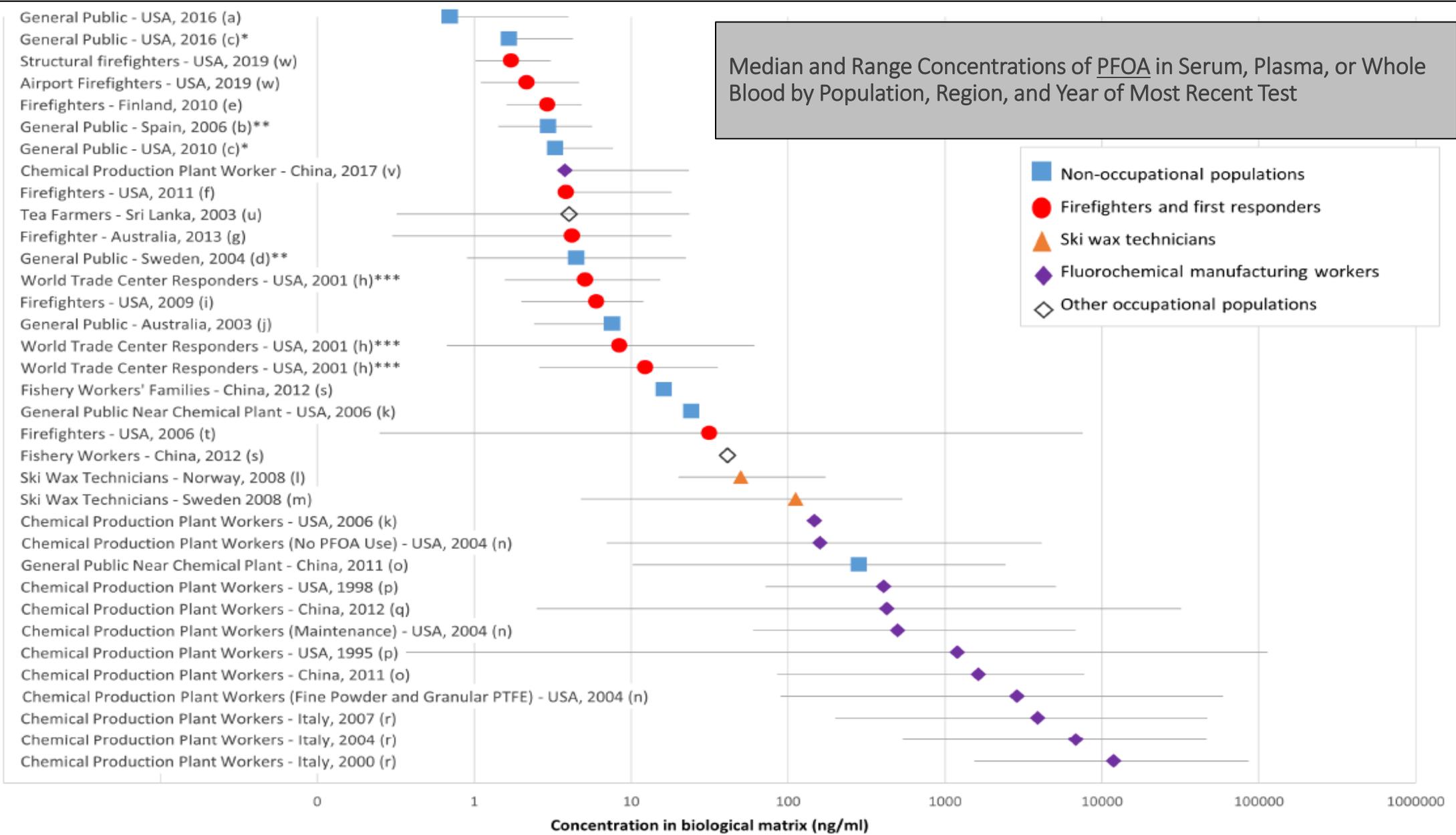
## Industry branches

Aerospace (7)	Mining (3)
Biotechnology (2)	Nuclear industry
Building and construction (5)	Oil & gas industry (7)
Chemical industry (8)	Pharmaceutical industry
Electroless plating	Photographic industry (2)
Electroplating (2)	Production of plastic and rubber (7)
Electronic industry (5)	Semiconductor industry (12)
Energy sector (10)	Textile production (2)
Food production industry	Watchmaking industry
Machinery and equipment	Wood industry (3)
Manufacture of metal products (6)	

## Other use categories

Aerosol propellants	Metallic and ceramic surfaces
Air conditioning	Music instruments (3)
Antifoaming agent	Optical devices (3)
Ammunition	Paper and packaging (2)
Apparel	Particle physics
Automotive (12)	Personal care products
Cleaning compositions (6)	Pesticides (2)
Coatings, paints and varnishes (3)	Pharmaceuticals (2)
Conservation of books and manuscripts	Pipes, pumps, fittings and liners
Cook- and bakingware	Plastic, rubber and resins (4)
Dispersions	Printing (4)
Electronic devices (7)	Refrigerant systems
Fingerprint development	Sealants and adhesives (2)
Fire-fighting foam (5)	Soldering (2)
Flame retardants	Soil remediation
Floor covering including carpets and floor polish (4)	Sport article (7)

## Median and Range Concentrations of PFOA in Serum, Plasma, or Whole Blood by Population, Region, and Year of Most Recent Test

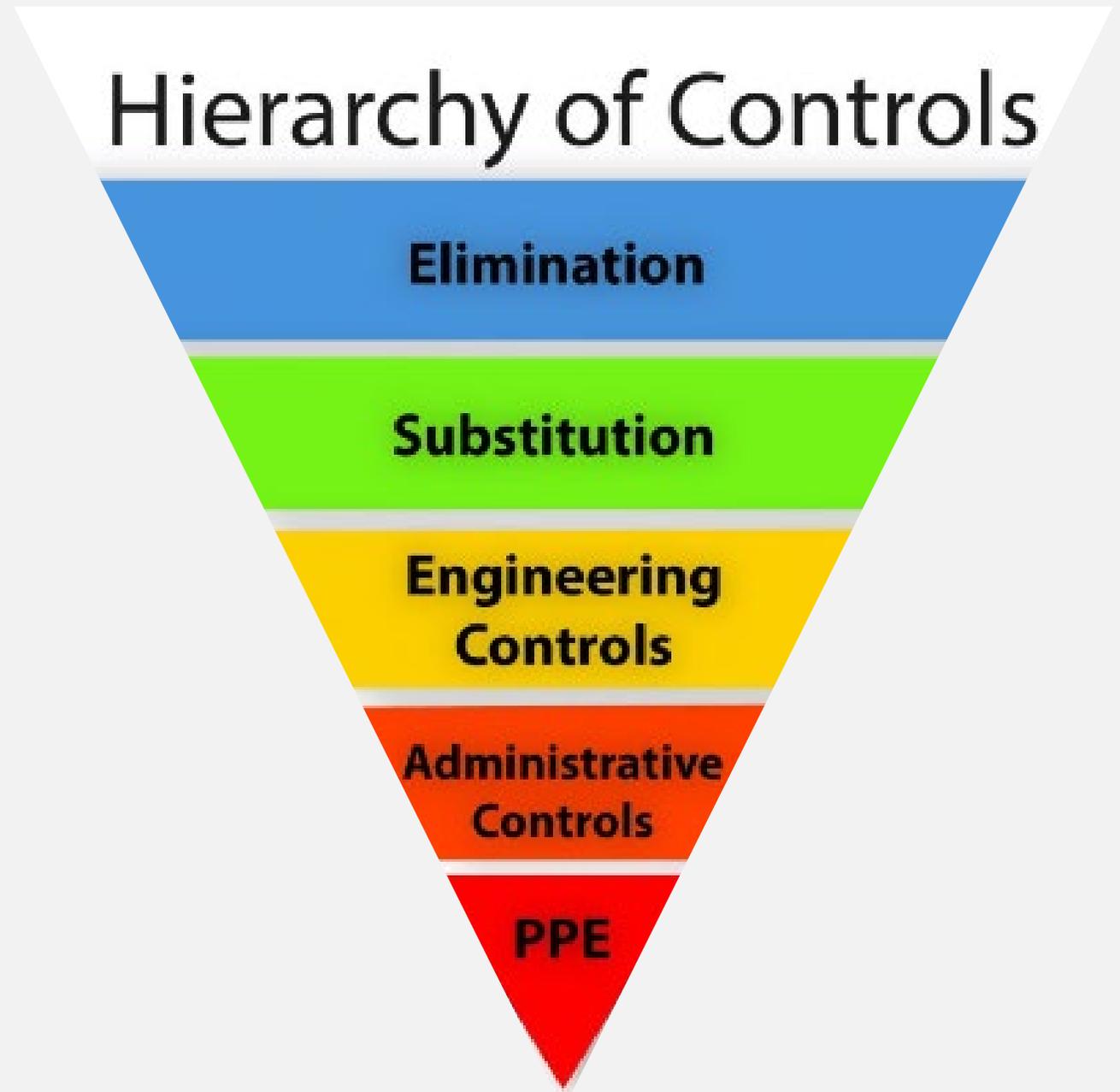


\*Upper limit based on 95th percentile  
 \*\*Whole blood sample. Serum concentration multiplied by 1.8 for comparison to serum and plasma  
 \*\*\*Serum sample

# Occupational Exposure Limits and Guidance

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- 3 ACGIH TLVs (all air)
  - Perfluoroisobutylene (PFIB)
  - Perfluorobutyl ethylene
  - Ammonium perfluorooctanoate (APFO)—a salt of PFOA
- Limited research noting protective practices
- Lacking recommendations for personal protective equipment (PPE)



# Availability of Methods

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## Analytical Chemistry

- Targeted analyses
  - Semi-volatile (LC-MS)
  - Volatile (GC-MS)
- Semi-targeted analyses
- Non-targeted analyses
  - Total organic fluorine (TOF)
  - Particle-induced gamma-ray emission (PIGE)

## Matrices

- Readily available
  - Water
  - Biological (blood/serum)
- Less available
  - Air
  - Products/bulk materials
  - Dust
  - Other biological material (urine, milk, etc.)
  - Other

# Routes of Exposure

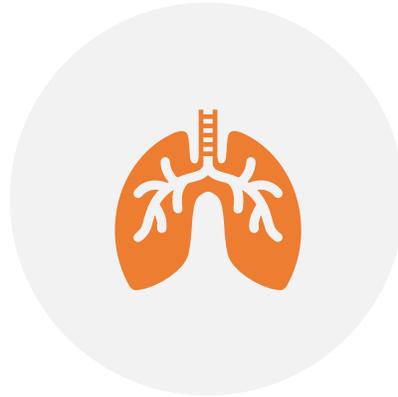
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Majority of  
research



ORAL

Relevant to workers



INHALATION



DERMAL

# Essential Use Principle

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**Table 1** Three essentiality categories to aid the phase out of non-essential uses of chemicals of concern, exemplified with PFAS uses

Category	Definition	PFAS examples
(1) "Non-essential"	Uses that are not essential for health and safety, and the functioning of society. The use of substances is driven primarily by market opportunity	Dental floss, water-repellent surfer shorts, ski waxes
(2) "Substitutable"	Uses that have come to be regarded as essential because they perform important functions, but where alternatives to the substances have now been developed that have equivalent functionality and adequate performance, which makes those uses of the substances no longer essential	Most uses of AFFFs, certain water-resistant textiles
(3) "Essential"	Uses considered essential because they are necessary for health or safety or other highly important purposes and for which alternatives are not yet established <sup>a</sup>	Certain medical devices, occupational protective clothing

<sup>a</sup> This essentiality should not be considered permanent; rather, a constant pressure is needed to search for alternatives in order to move these uses into category 2 above.

# Clarifying Questions and Discussion



Limited occupational guidance, including

OELs (3 ACGIH TLVs)  
Guidance control mechanisms  
Monitoring methods



Challenges in identifying specific PFAS

Broad class of chemicals  
Analytical methods  
Changes in production over time



Limited research on occupationally relevant exposure routes



Considered essential in some settings



# NIOSH Research, Technical Support, and Strategies

Presented by

Susan Moore, PhD

Associate Director for Science

Co-Coordinator, Public Safety Sector

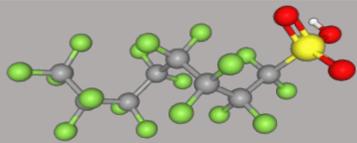
Co-Coordinator, Personal Protective Technology

CDC/NIOSH/NPPTL

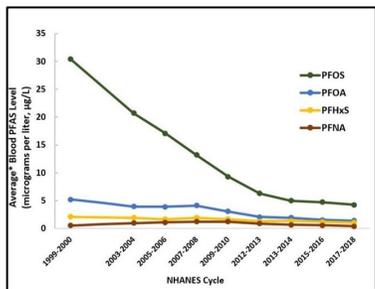
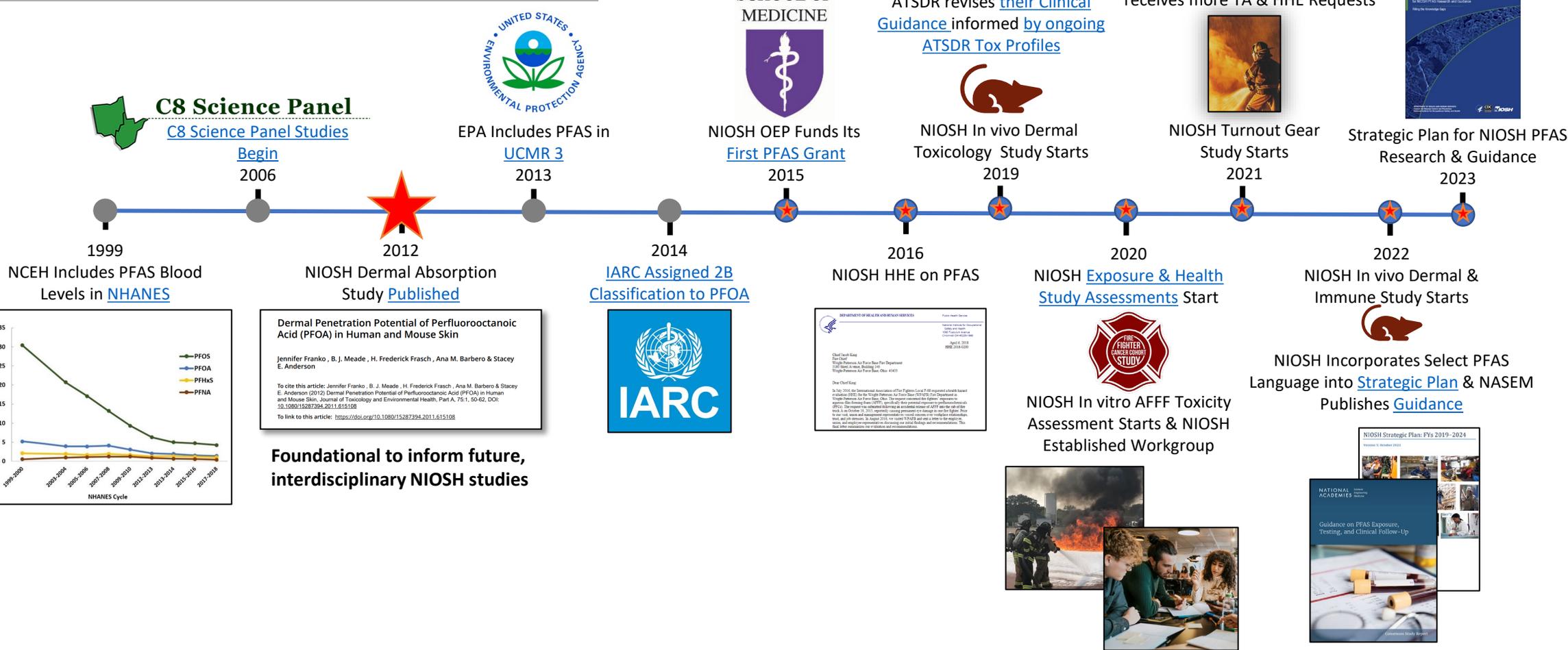
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Projects Leads

Miriam Calkins, Crystal Forester, Stacey Anderson, Lisa Weatherly, Todd Stueckle, Jen Roberts,  
Cindy Striley, Jess Rinsky, and Jessica Li



# Timeline of select events informing the state of PFAS research at NIOSH



**Dermal Penetration Potential of Perfluorooctanoic Acid (PFOA) in Human and Mouse Skin**

Jennifer Franko, B. J. Meade, H. Frederick Frasch, Ana M. Barbero & Stacey E. Anderson

To cite this article: Jennifer Franko, B. J. Meade, H. Frederick Frasch, Ana M. Barbero & Stacey E. Anderson (2012) Dermal Penetration Potential of Perfluorooctanoic Acid (PFOA) in Human and Mouse Skin, *Journal of Toxicology and Environmental Health, Part A*, 75:1, 50-62, DOI: 10.1080/15287394.2011.615108

To link to this article: <https://doi.org/10.1080/15287394.2011.615108>

**Foundational to inform future, interdisciplinary NIOSH studies**



RESEARCH	RESTRICT	REMEDiate
<b>RESEARCH</b> NIOSH is conducting research on the health effects of PFAS exposure. This research includes studies on the toxicity of PFAS, the mechanisms of PFAS toxicity, and the development of biomarkers for PFAS exposure.	<b>RESTRICT</b> NIOSH is working to restrict the use of PFAS in consumer products. This work includes developing guidance for manufacturers and consumers, and conducting research on the feasibility of PFAS alternatives.	<b>REMEDiate</b> NIOSH is working to remediate PFAS contamination in the environment. This work includes developing guidance for remediation, and conducting research on the effectiveness of remediation technologies.

# Exposure Assessments and Epidemiology

Project Lead: Miriam Calkins

## Occupational Exposure and Health Indicator Assessment of PFAS: A Feasibility Study

Industries with moderate to high potential for worker exposure

Biomonitoring, industrial hygiene measures, and survey materials



## Fire Fighter Cancer Cohort Study (FFCCS) – Exposure and Epigenetic Markers

30-year, multi-center prospective study – carcinogenic effects and cancer prevention

Firefighter sub-groups and conducting assessments of fire dept practices

Exposure routes and epigenetic changes

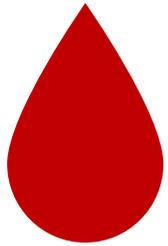


U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Occupational Exposure and Health Indicator Assessment of PFAS: A Feasibility Study Ongoing

**Personal measurements:** two biological matrices, breathing zone samples, employment history

**Worksite measurements:** drinking water and area air



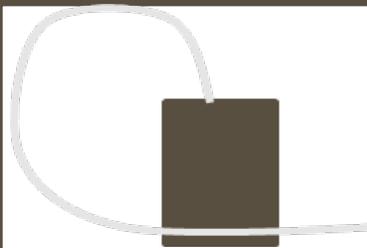
## Serum

- Targeted panel of 10 PFAS
- 2 samples



## Urine

- Pre and post shift
- Lab analysis
- Targeted expanded PFAS panel



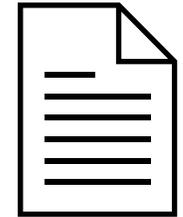
## Air samples

- Personal breathing zone and area
- Lab analysis
- Targeted panel of 40+ PFAS



## Drinking water and bulk products

- One sample per site
- Lab analysis



## Survey

- Demographics
- Work history
- Exposure factors

- *Cross-sectional study; manufacturing and services sectors*
- *Targeting 150 participants and 10 worksites – currently in recruitment phase → reach out to Miriam Calkins for more information on how to be involved*



# Fire Fighter Cancer Cohort Study (FFCCS)

Ongoing

Future Medicine Ltd  
Epigenomics  
Volume 13, Issue 20, October 2021, Pages 1619-1636  
<https://doi.org/10.2217/epi-2021-0225>

Research Article

## Epigenomics



### Per- and polyfluoroalkyl substances, epigenetic age and DNA methylation: a cross-sectional study of firefighters

Jaclyn M Goodrich <sup>1</sup>, Miriam M Calkins <sup>2</sup>, Alberto J Caban-Martinez <sup>3</sup>, Todd Stueckle <sup>4</sup>, Casey Grant <sup>5</sup>, Antonia M Calafat <sup>6</sup>, Amy Nematollahi <sup>7</sup>, Alesia M Jung <sup>8</sup>, Judith M Graber <sup>9</sup>, Timothy Jenkins <sup>10</sup>, Angela L Slitt <sup>11</sup>, Alisa Dewald <sup>1</sup>, Julianne Cook Botelho <sup>6</sup>, Shawn Beitel <sup>7</sup>, Sally Littau <sup>7</sup>, John Gulotta <sup>12</sup>, Darin Wallentine <sup>12</sup>, Jeff Hughes <sup>13</sup>, Charles Popp <sup>14</sup> & Jefferey L Burgess <sup>7,\*</sup>

Received: 27 February 2022 | Revised: 5 June 2022 | Accepted: 8 July 2022  
DOI: 10.1002/ajim.23413

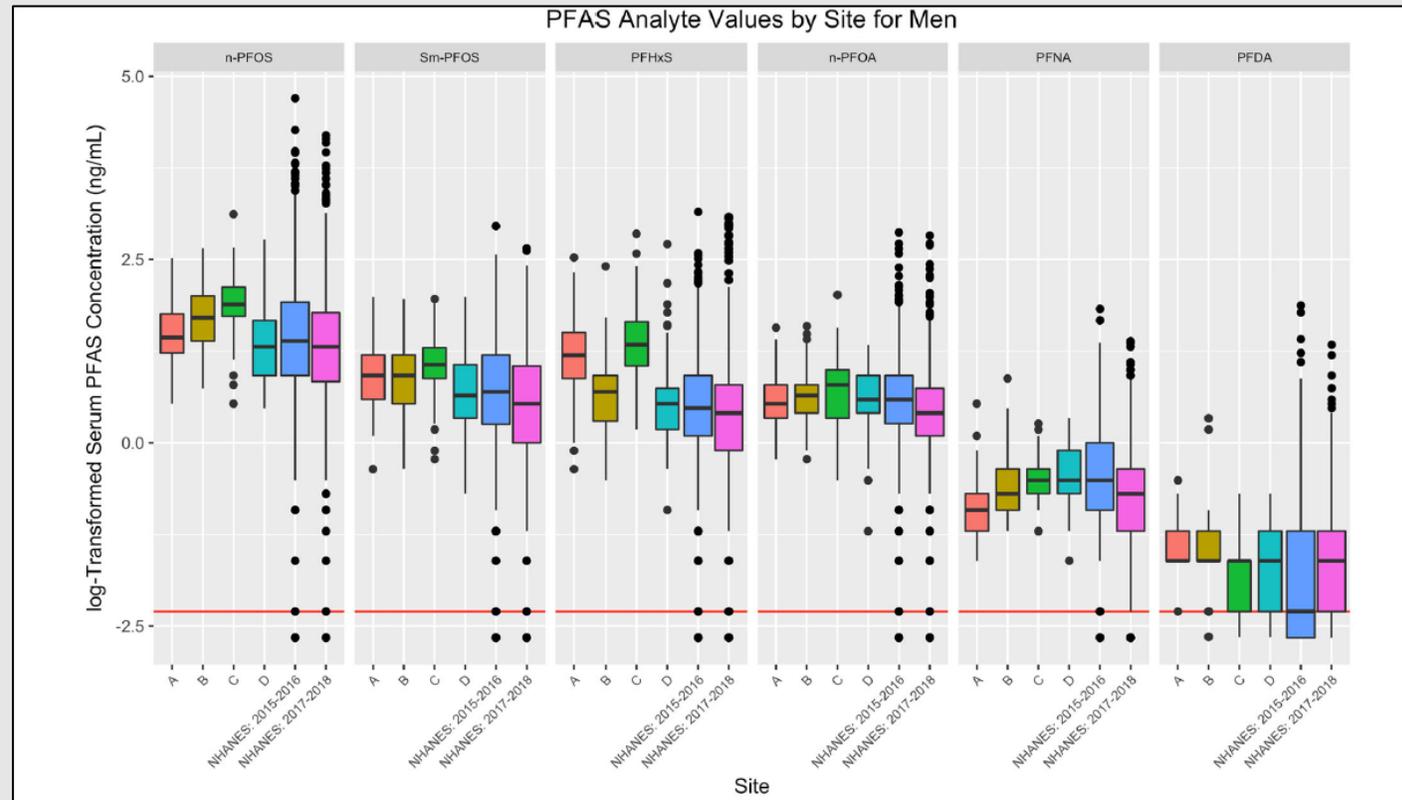
RESEARCH ARTICLE



### Serum per- and polyfluoroalkyl substance concentrations in four municipal US fire departments

Jefferey L. Burgess MD, MS, MPH<sup>1</sup> | Julia M. Fisher MS, PhD<sup>2</sup> | Amy Nematollahi<sup>1</sup> | Alesia M. Jung PhD<sup>1</sup> | Miriam M. Calkins PhD, MS<sup>3</sup> | Judith M. Graber PhD<sup>4</sup> | Casey C. Grant<sup>5</sup> | Shawn C. Beitel MSc<sup>1</sup> | Sally R. Littau BS<sup>1</sup> | John J. Gulotta<sup>6</sup> | Darin D. Wallentine<sup>6</sup> | R. Jeffrey Hughes<sup>7</sup> | Charles Popp<sup>8</sup> | Antonia M. Calafat PhD<sup>9</sup> | Julianne C. Botelho PhD<sup>9</sup> | Alissa D. Coleman MS<sup>1</sup> | Natasha Schaefer-Solle PhD<sup>10</sup> | Paola Louzado-Feliciano<sup>10</sup> | Simi O. Oduwole<sup>10</sup> | Alberto J. Caban-Martinez DO, PhD, MPH<sup>10</sup>

Example of information provided in publications  
*Serum levels from different fire departments similar to NHANES with some departments having higher levels than others*



**FIGURE 1** Log-transformed serum per- and polyfluoroalkyl substances concentrations (ng/ml) for men, split by site. National Health and Nutrition Examination Survey (NHANES) data are weighted. The limit of detection is plotted as a red line. Numbers of participants for each site are 77 (Department A), 59 (B), 59 (C), 61 (D), 964 (NHANES 2015–2016), and 952 (NHANES 2017–2018). [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

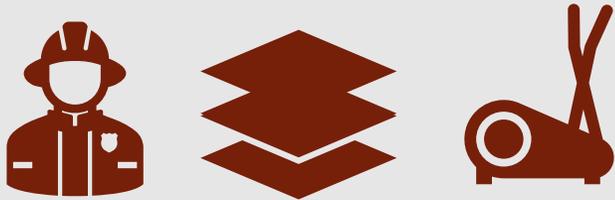
# Personal Protective Equipment: Dermal exposures and materials testing Ongoing

Project Lead: Miriam Calkins

## Part of FFCCS – Dermal exposure to PFAS

New garments worn by firefighters during physical activities (excluding live burn exercise)

Serum (pre and post), urine (daily), silicone wristbands (during activity)



**Duke**  
UNIVERSITY

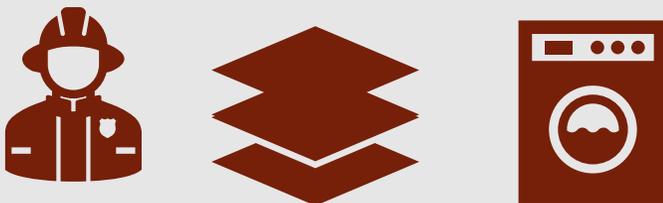
**Carnegie  
Mellon  
University**

## Evaluation of Firefighter Textiles for PFAS

Project Lead: Crystal Forester

New textiles laundered

PFAS concentration on each layer determined



**NIST**  
National Institute of  
Standards and Technology  
U.S. Department of Commerce

# Acute PFAS toxicity of firefighter turnout gear

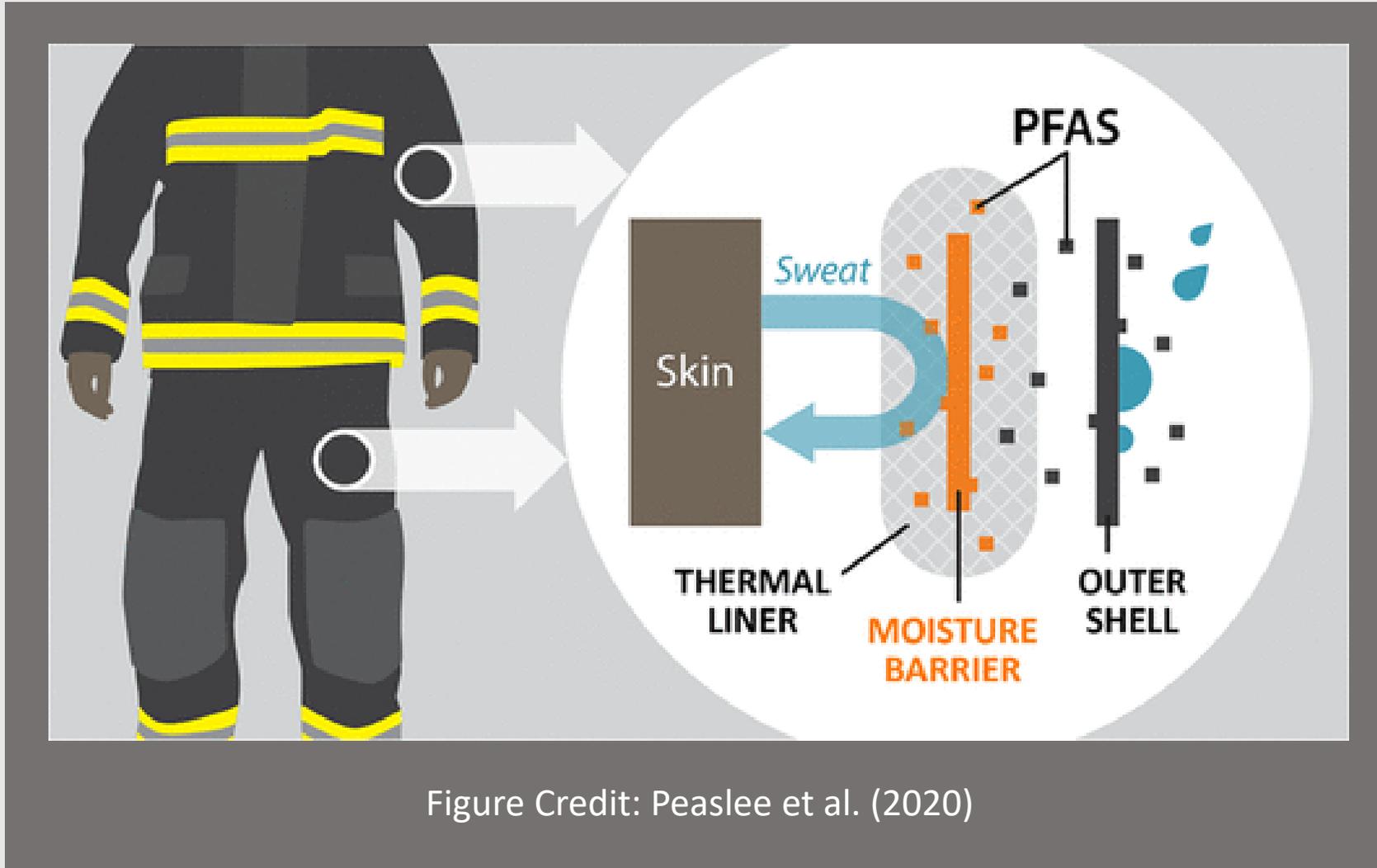
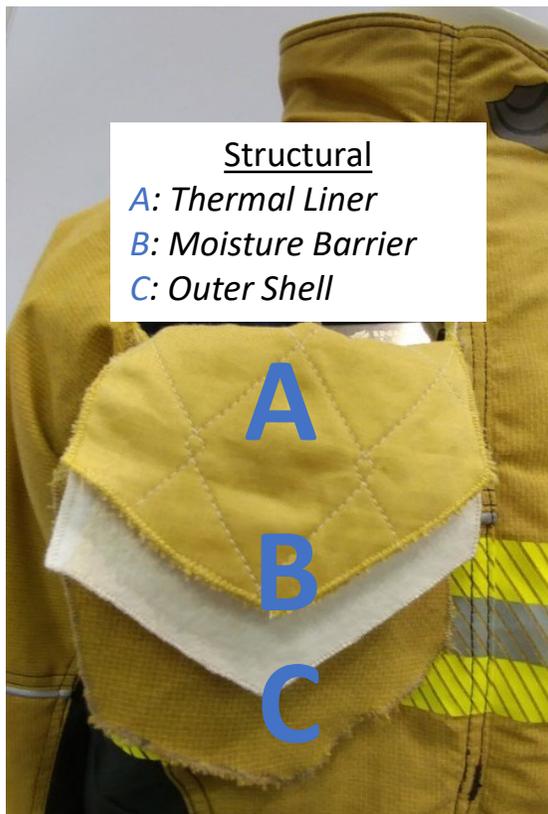


Figure Credit: Peaslee et al. (2020)

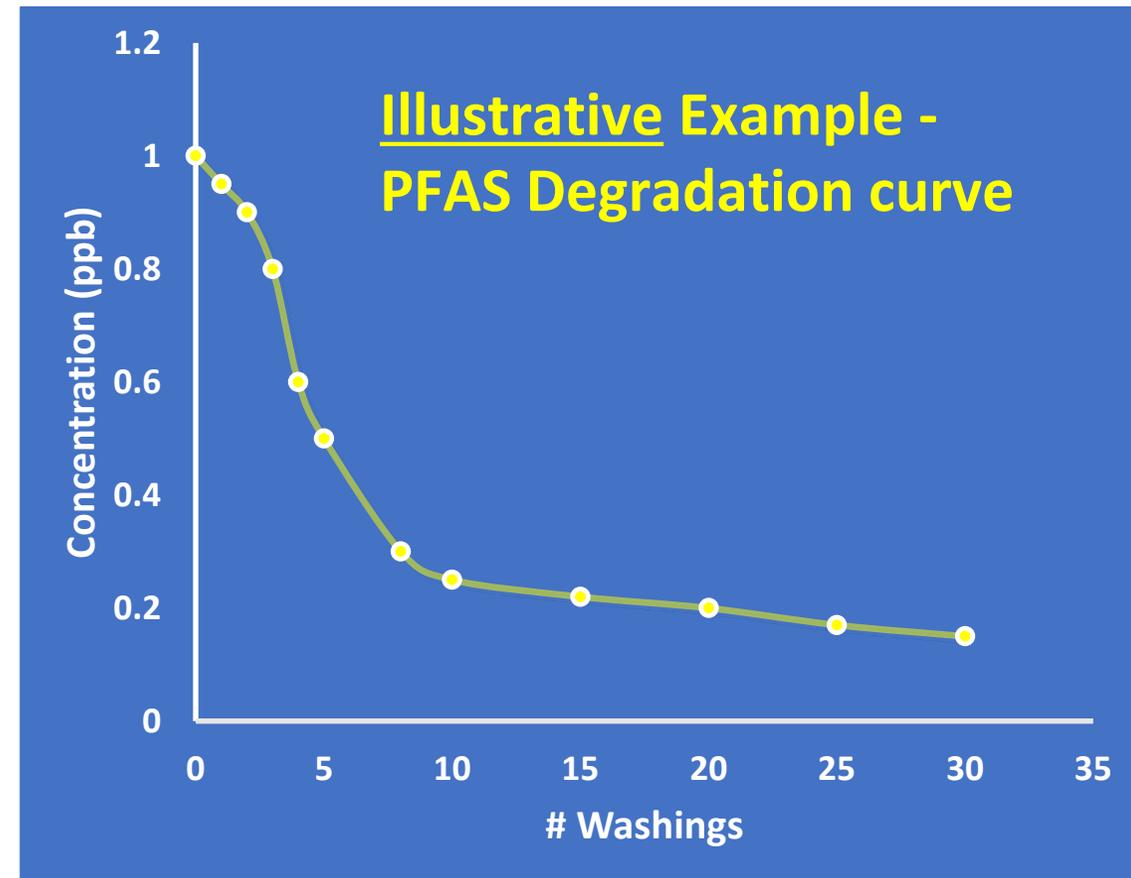
# Evaluation of firefighter textiles for PFAS



Outer Shell (n=7)  
Scoured Outer Shell (n=2)  
Moisture barriers (n=5)  
Thermal liners (n=7)



Wildland (n=5)

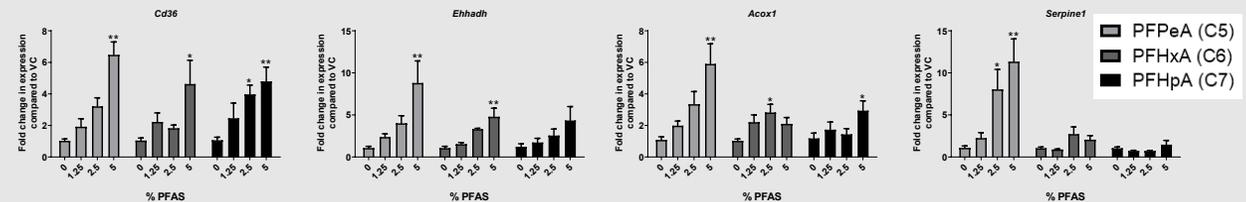
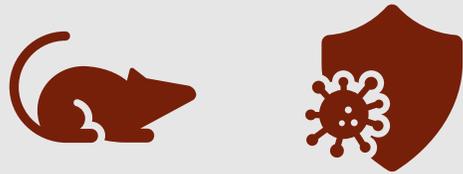
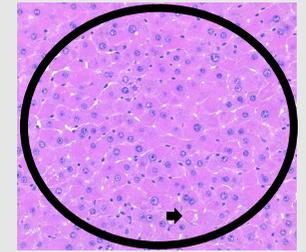


Project Leads: Lisa Weatherly and Stacey Anderson

## Toxicology Following Dermal Exposure to PFAS – animal study

4 Carboxylate and 4 sulfonate PFAS

Serum, urine, organ weight, histology, gene expression, skin integrity, immune phenotyping



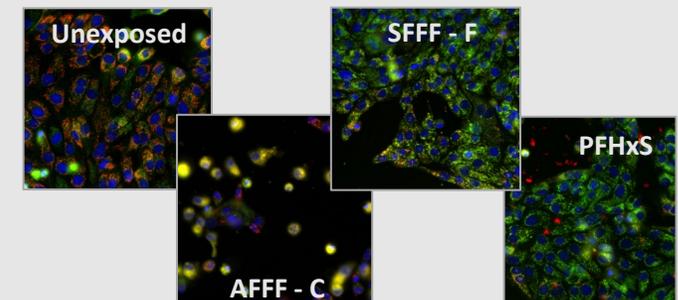
## Acute Toxicity of Firefighting Foams – in vitro study

Aqueous Film Forming Foam, AFFF (n=5)

Synthetic Fluorine-Free Foam, SFFF (n=6)

Cell viability, live cell counts, mitochondrial membrane potential, intracellular reactive oxygen species, gene expression via RNAseq

Project Lead: Todd Stueckle



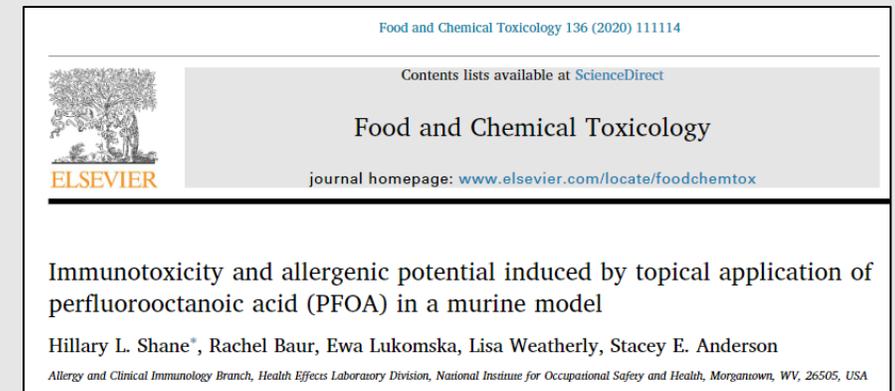
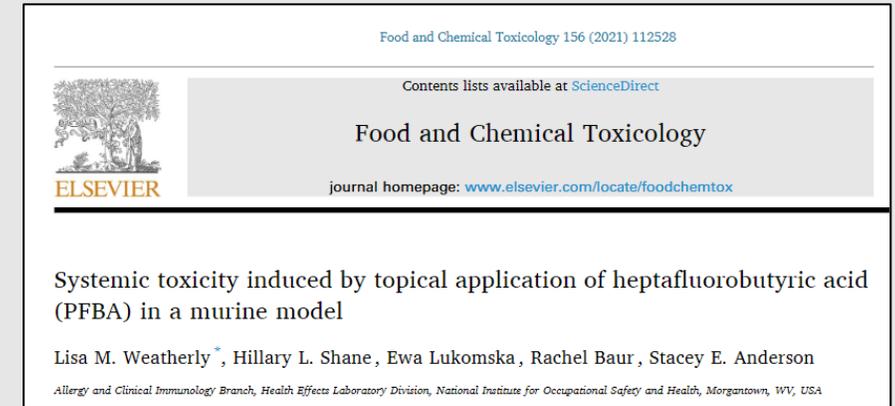
# Toxicology following dermal exposure shows that some PFAS:

Are dermally absorbed (long- and short-chain)

Alter organs (weight, histology, phenotyping, and gene expression)

Disrupt skin (fibrosis, mild/moderate inflammation, and cell death)

Produce liver toxicities that are not associated with carbon chain length (sulfonic acid PFAS shows opposite association)

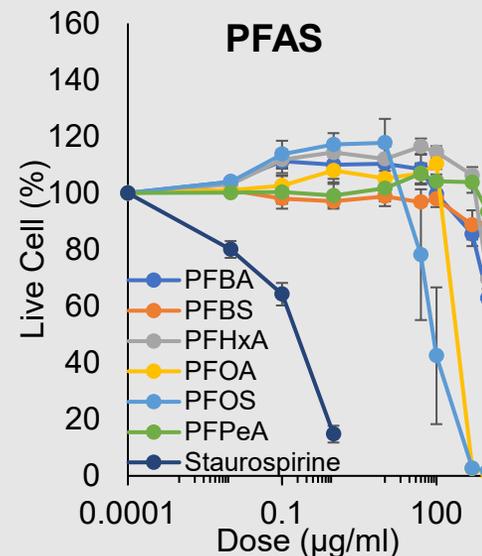
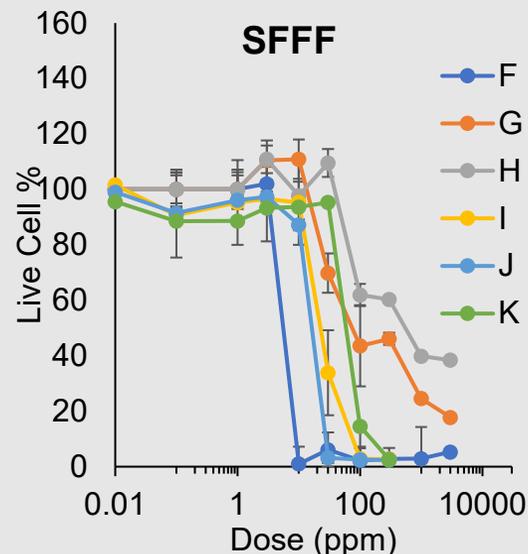
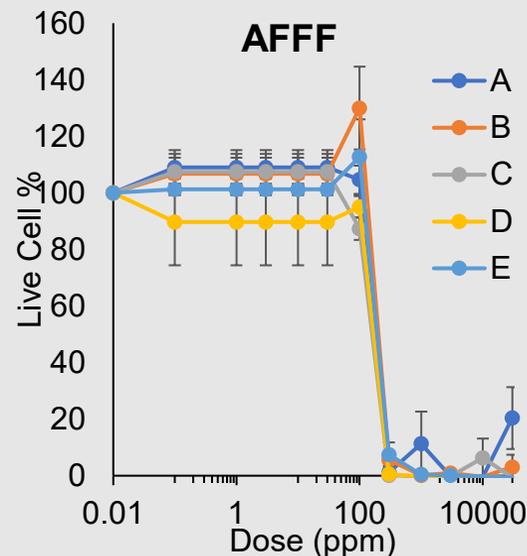


# Acute toxicity of firefighting foams – in vitro study

Exposures to AFFF (a PFAS mixture) had substantially greater acute toxicity than single PFAS exposures but lower acute toxicity than SFFF (PFAS-free alternative)

**CAVEAT 1:** PFAS is only one type of surfactant in AFFF – the other surfactants and solvents may be responsible for the higher acute toxicity (being explored by ongoing work)

**CAVEAT 2:** Dosages tested were above recorded serum levels in firefighters (ongoing work is reducing dosage to sub-toxic levels)



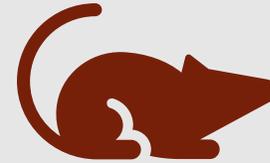
# Methods Development Ongoing

## Air Sampling and Biological Monitoring to support other/future studies

Air sampling: develop standardized method; differentiate PFAS forms; 12 targeted PFAS analytes

Biological monitoring (animal study): support toxicology studies; high and low PFAS concentrations

Project Leads: Jen Roberts and Cynthia Striley



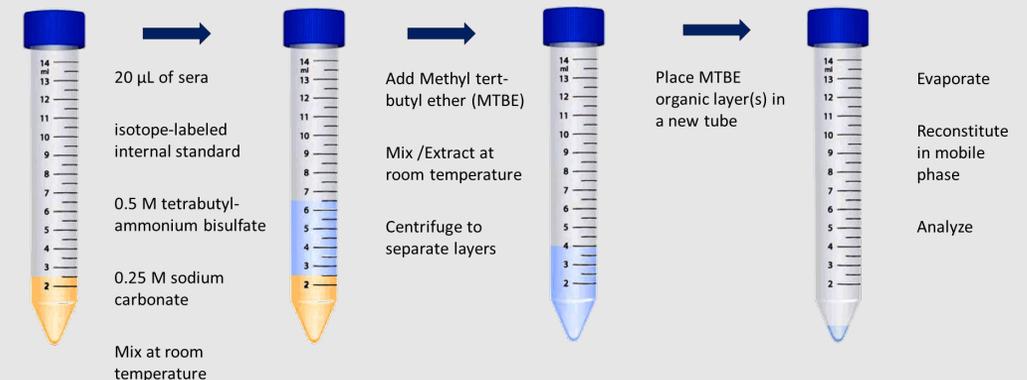
### Air sampling (custom OVS-2 sampler) & analysis (LC/MS/MS)



SKC, Inc.



### Biological monitoring: liquid extraction from mouse serum



# Technical Assistance and Health Hazard Evaluations Ongoing

## Requests for Technical Assistance

ATSDR – recommendations to improve training materials for public safety staff (mainly firefighters) in Pennsylvania

EPA – possible PFAS exposure during field inspections

Project Leads: Jess Rinsky and Jessica Li



U.S. Department of Health and Human Services  
Agency for Toxic Substances and Disease Registry



## Requests for Health Hazard Evaluations

2016 – acute firefighter exposure to AFFF (no PFAS-specific monitoring)

New (n=2) – airport and aerospace occupational settings

Project Leads: Jess Rinsky and Jessica Li



# NIOSH-funded extramural outputs since 2015

## Monitoring Technology



Chemical Engineering Journal

Volume 417, 1 August 2021, 129133



Review

Sensors for detecting per- and polyfluoroalkyl substances (PFAS): A critical review of development challenges, current sensors, and commercialization obstacles

Colorado Ag Center at CSU (U54OH008085-17)

## Exposure



Environmental Research

Volume 187, August 2020, 109686



Perfluoroalkyl substances exposure and hearing impairment in US adults



Environmental Research

Volume 175, August 2019, Pages 186-199



Determinants of per- and polyfluoroalkyl substances (PFAS) in midlife women: Evidence of racial/ethnic and geographic differences in PFAS exposure

Michigan ERC (T42OH008455-18)

# Currently funded extramural projects

## Exposomic Approach to Identifying WTC Exposures and Effects in Survivor Youth.

Project Number  
1U01OH012472-01

Contact PI/Project Leader  
HERBSTMAN, JULIE BETH

Awardee Organization  
COLUMBIA UNIVERSITY HEALTH  
SCIENCES

PROJECT SUMMARY Pregnant women and children who lived, worked or attended school near the World Trade Center (WTC) on September 11, 2001 experienced a variety of psychological and chemical exposures with potential adverse consequences for later health and development. In contrast to psychological effects, physical health effects of early life exposure to the World Trade Center (WTC) disaster remain poorly understood. This is particularly important as the well-known developmental origins of health and disease (DoHAD) concept indicates that exposures occurring during sensitive developmental windows may lead to adverse health outcomes in later life. We have recently demonstrated that neonates and children exposed to chemicals (e.g., dioxins, perfluoroalkyl substances (PFAS)) known to be associated with WTC experience adverse health outcomes including adverse birth outcomes, altered lipid levels, and asthma. However, characterizing the totality of WTC exposure—including both psychological and chemical exposures—has been challenging, limiting our ability to identify WTC-related health effects, which are likely to emerge as exposed children age. Here, we employ advances in molecular laboratory technology, which have enabled high-resolution methods to measure thousands of exogenous chemicals and their endogenous biological responses to these exposures. These powerful exposomic and metabolomic approaches have been used to enhance disease prognosis and diagnosis as well as provide insight into disease pathogenesis in neonates, children and adults. Using two cohorts of WTC-exposed neonates and youth, we can 1) identify an exogenous chemical signature that is associated with conventional WTC exposure measures including proximity-based exposure metrics and targeted biomarkers associated WTC exposure indices (Aim 1); 2) identify a metabolomic signature that reflects the biological response to both conventional WTC exposure measures and psychological stressors associated with WTC exposure (Aim 2); and 3) determine if WTC-exposure related exogenous chemical signatures (Aim 3a) and metabolomic signatures (Aim 3b) are associated with adverse health outcomes in children. If confirmed, the exogenous chemical and metabolomic signatures we identify in blood stored from these two vulnerable WTC-exposed populations will provide unique fingerprints that can be used to predict adverse WTC-related outcomes that may emerge as exposed children age into adulthood.

1U01OH012472-01 (funded FY22)

## WTC Populations

### Prenatal WTC Chemical Exposures, Birth Outcomes and Cardiometabolic Risks-Resubmission-1

Project Number  
5U01OH011299-04

Contact PI/Project Leader  
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Awardee Organization  
NEW YORK UNIVERSITY SCHOOL OF

Project Summary NYU School of Medicine, the Mailman School of Public Health, the Wadsworth Laboratories of the NYS Department of Health, and Cincinnati Children's Hospital Medical Center respond to PAR-16-098, proposing to leverage two unique and contemporaneous cohorts to examine chemical and psychosocial stressors in relationship to proximity to the WTC site and self-reported exposures, and evaluate birth, neurodevelopment and cardiometabolic outcomes. The first is comprised of mothers who delivered in one of three lower Manhattan hospitals in the months after the disaster, and the other is the northern Manhattan-based Columbia Children's Environmental Health Center (NM) cohort. The NM cohort includes children born just before and after September 11, 2001 permitting nested evaluations of stress-related exposures. Except for cardiometabolic outcomes, the data are already available including freshly obtained measurements of POPs, which we will extend to include PFCs with NIOSH support. In both populations, neurodevelopmental outcomes have been assessed through 6-7 years of age. Taking advantage of temporal and geographic differences in these cohorts, we will compare both psychosocial and chemical exposures and their association with outcomes among children who were and were not prenatally exposed to the WTC disaster. This study leverages previously measured biomarkers and prospectively collected data on psychosocial stress. In addition, we will be the first to examine physical health of adolescents exposed in utero to the WTC disaster. While other studies have examined non-invasive measurements of central and peripheral arterial stiffness, ours is one of the first to examine chemical exposures in relation to these endpoints in adolescence. Preclinical measures included in the proposed project may be more sensitive cardiovascular endpoints reflecting environmental influences in homogeneous populations such as young children and adolescents. The study is led by an international leader in children's environmental health who has conducted the only in-depth physical health studies of children exposed to the disaster (Trasande) with leaders of two large birth cohorts, one including children born in three lower Manhattan hospitals; and another of upper Manhattan children that will serve as a comparison (Herbstman, Perera, and Rauh). If WTC chemical exposures are associated with these outcomes, the study findings could facilitate proactive interventions such as treatment with antihypertensive medications which have been documented to prolong survival among adults with suboptimal cardiovascular profile.

5U01OH011299-04 (wrapping up, COVID-19 delay)

# NIOSH Strategic Plan: FYs 2019–2024

Version 5: October 2021



# NIOSH Priorities



Centers for Disease Control  
and Prevention  
National Institute for Occupational  
Safety and Health

Management groups, labor organizations, and consensus standard bodies use NIOSH information to prevent exposures to known or suspected carcinogens among public safety workers

*Updated "Need" to include, "Research assessing newer, emerging, and unstudied sources of PFAS exposure are needed to address gaps in exposure assessment, toxicology, and worker protection for the fire service."*

*Changes adopted*

*Changes on hold pending NIOSH PFAS Research Agenda*

Consensus standard bodies, labor organizations, and management groups use NIOSH information to reduce risk factors to cardiovascular disease among public safety workers.

*Requested to add content about PFAS link to CVD*

Employers, workers, professional associations, policy-makers, researchers, and consensus standard organizations use NIOSH information to prevent transmission of infectious disease among public safety workers

*Requested to add content about PFAS link to immune suppression*

Summit on Fire Prevention and Control

### National Roundtable Testimony: Firefighter Cancer

Edward Kelly, General President, International Association of Fire Fighters



*"We ask the federal government to establish a comprehensive firefighter strategy that invests in research, provides access to cancer screening for all firefighters, and reduces and ultimately eliminates PFAS exposure."*

Employers, workers and their representatives, researchers, safety and health professionals, and authoritative bodies use NIOSH information to prevent

- exposures to known or suspected carcinogens among manufacturing workers
- adverse reproductive outcomes among manufacturing workers

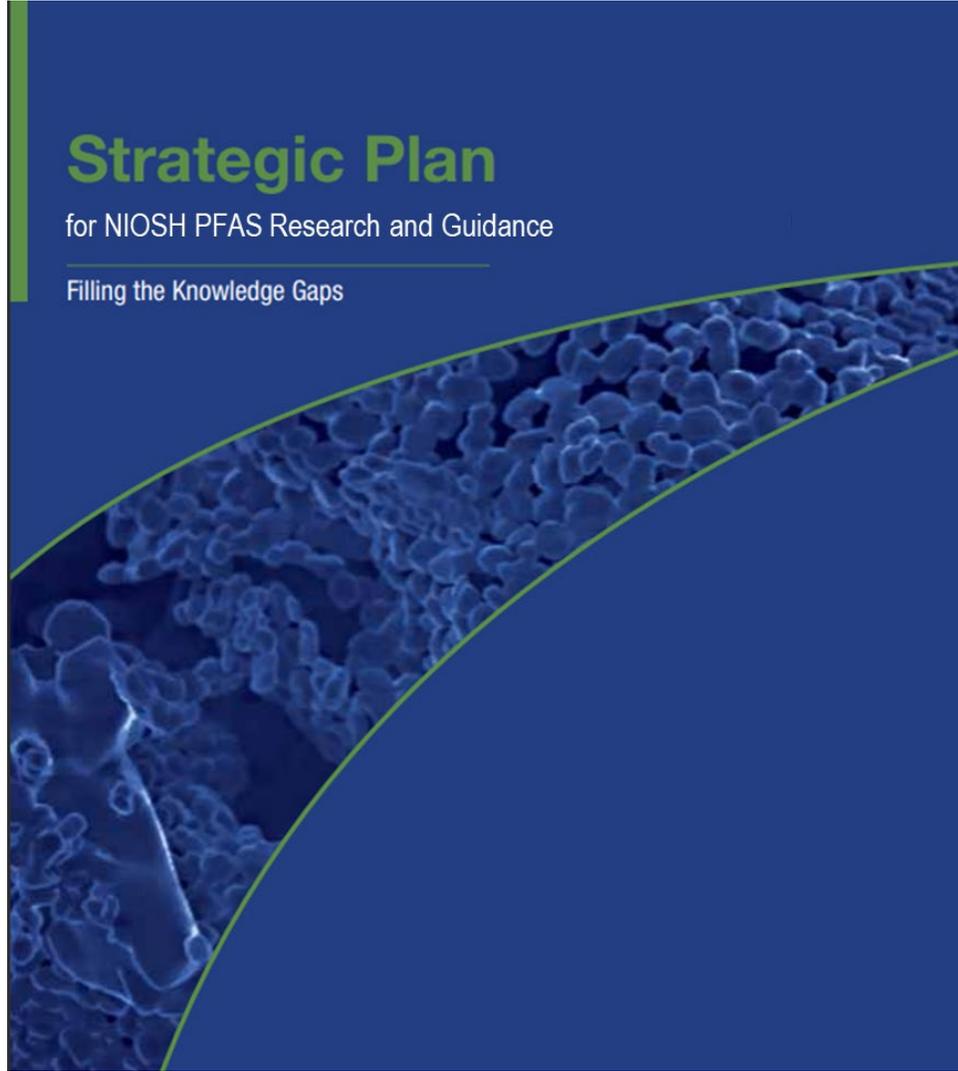
*Challenge: insufficient burden data to explicitly name PFAS*  
*\*lack of data ≠ lack of an issue\**



Employers, policy-makers, trade associations, and manufacturers use NIOSH information to prevent immune and dermal diseases among manufacturing

*Program leaders planning to request PFAS be added as example exposure leading to immune suppressive disorders (extramural research)*

*Changes on hold pending NIOSH PFAS Research Agenda*



In January 2023,  
NIOSH initiated an  
effort to develop PFAS  
Research Agenda to  
focus future NIOSH  
investments

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the National Institute for Occupational Safety and Health Centers for Disease Control and Prevention.



# Questions to the BSC



With PFAS being incrementally phased out, what are the key areas of impact that can be addressed with high-quality research?



What unintended worker health or safety consequences may be created as PFAS are phased out?



What else should we consider to assist employers and protect workers against exposure to PFAS?