

## Comparative Toxicity of Ethyl and Methyl Mercury

---

- Exposure and toxicity issues for methylmercury.
- Risk assessments for methylmercury.
- Comparative pharmacokinetics of ethyl and methylmercury.
- Comparative toxicities of ethyl and methylmercury.
- General conclusions.



# General Toxicity and Risk Assessment Issues

---

- Methylmercury is a developmental neurotoxin in people.
- The developing fetus is roughly 5 - 10 times more sensitive than adults.
- The relative sensitivity of infants to methylmercury is unknown but they are likely more sensitive than adults.
- Effects at low level exposures are difficult to evaluate.
- Pattern of exposure (peak exposures vs chronic exposures) are important.
- Methylmercury is ubiquitous and nearly everyone has some exposure.
- Initial efforts to establish safe exposure levels acknowledged the need for further studies on populations with low levels of exposure.



## Mercury Air Emission Point Sources

---

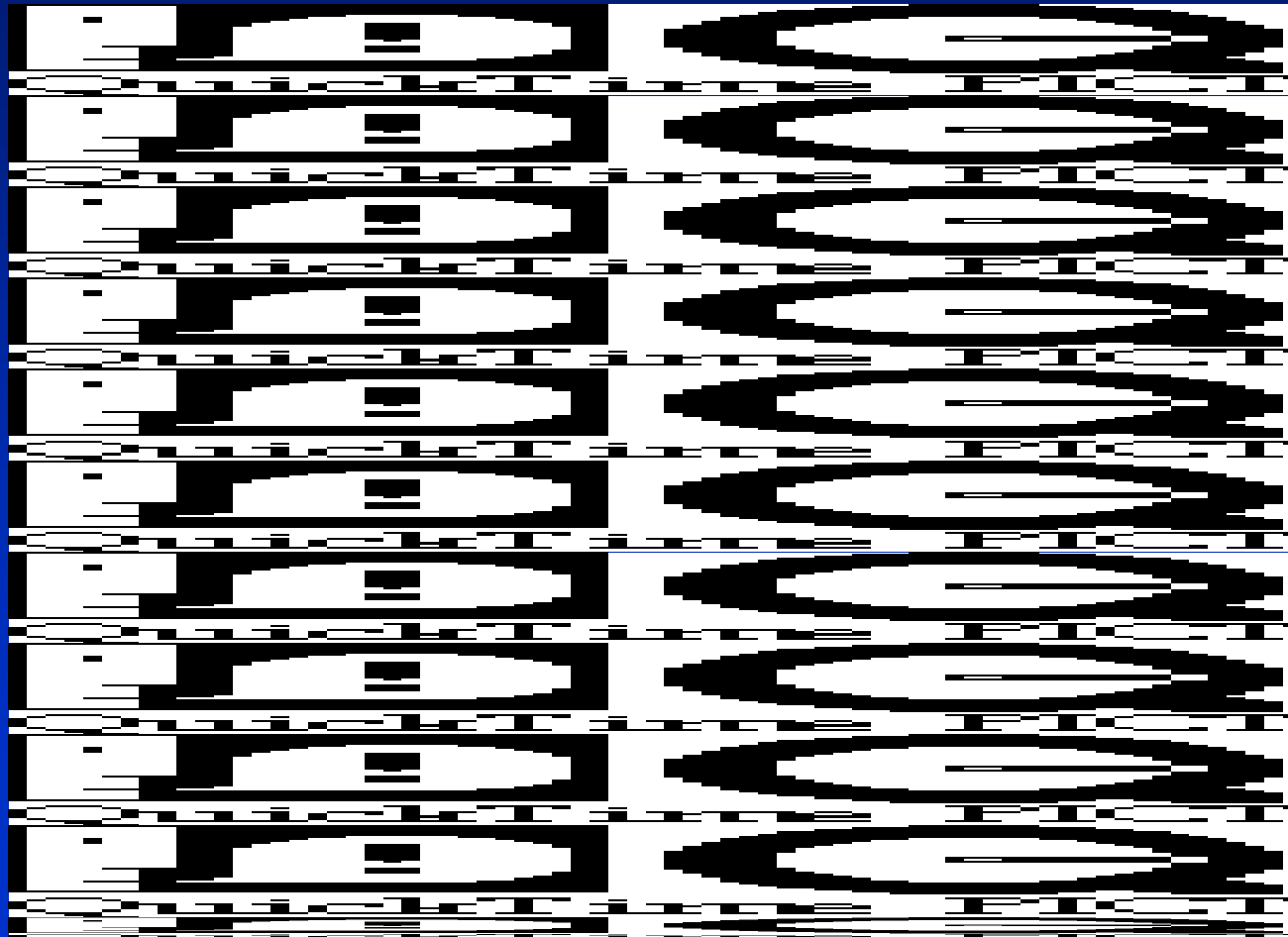
- Electric utility
- Medical waste incineration
- Municipal waste combustion
- Manufacturing processes
- Chlor~alkali plants
- Pulp and paper
- Numerous other uses

## Life Cycle of Mercury





# Predicted Effect of Reduced Mercury Local Deposition Rates on Fish Methylmercury Levels\*



\* Provided by R. Harris, Tetra Tech Environmental

## Some Existing Risk/Health Assessments for Methylmercury

---

EPA RfD	0.1 $\mu\text{g}/\text{kg}/\text{day}$
ATSDR MRL	0.3 $\mu\text{g}/\text{kg}/\text{day}$
WHO	0.47 $\mu\text{g}/\text{kg}/\text{day}$
North Carolina	0.17 $\mu\text{g}/\text{kg}/\text{day}$
NAS	$\sim 0.1 \mu\text{g}/\text{kg}/\text{day}$



## Blood and Hair Levels of Methylmercury

		<u>Blood (ppb)</u>	<u>Hair (ppm)</u>
NAS-2000	Benchmark (0.05)	58	12
	Benchmark/10	5.8	1.2
CDC-2001	Women 16 - 49 (mean)	1.2	
	Children 1 - 5 (mean)	0.3	
	Women 16 - 49 (90th%)	6.2	1.4
	Children 1 - 5 (90th%)	1.4	0.4
Seychelles	Maternal (mean)		6.8
Faroes	Maternal (mean)		4.3
	Cord	22.9	
North Carolina Fish Eaters	Adults (mean)		3.3
North Carolina Non-fish Eaters	Adults (mean)		0.4

## North Carolina Hair Mercury Levels\*



\* Provided by Dr. Gregory Smith, NC DHHS



## Toxicity of Thiomersal

---

Adult squirrel monkeys were administered thiomersal equivalent to ethylmercury doses of 1 or 6  $\mu\text{g}/\text{kg}/\text{day}$  (Blair et al, 1975).

- Significant conversion to inorganic mercury.
- High levels in kidney-lower levels in brain.
- No evidence of toxicity.

## Toxicity of Ethylmercury and Methylmercury

---

Adult male and female rats were administered 5 daily doses of equimolar concentrations of ethyl or methylmercury by gavage and tissue distribution, neurotoxicity and nephrotoxicity assessed (Magos et al, 1985).

- Neurotoxicities of methyl and ethylmercury were similar although higher levels of inorganic mercury were seen in brains of ethylmercury treated rats.
- Renal damage was greater in ethylmercury treated rats.
- Neither time-course nor dose response attempted.



## Biological Half Life in People

---

Methylmercury                      40 - 70 days

Ethylmercury                        30 - 50 days

---

Note: Little or no information on differences between infants, children, or adults.

## Infant Exposure to Methyl and Ethylmercury

Dietary exposure  
to methylmercury

0.02 - 0.2  $\mu\text{g}/\text{kg}/\text{day}$

Ethylmercury exposure  
by thiomersal vaccines

– 2 months

4 - 18  $\mu\text{g}/\text{kg}$

– 4 months

3 - 11  $\mu\text{g}/\text{kg}$

– 6 months

3 - 11  $\mu\text{g}/\text{kg}$

Averaged over 4 months

0.1 - 0.3  $\mu\text{g}/\text{kg}/\text{day}$

EPA RfD  
Faroe Islands

Women of  
child-bearing age

0.1  $\mu\text{g}/\text{kg}/\text{day}$

0.3  $\mu\text{g}/\text{kg}/\text{day}$

## Some Toxicological Comparisons of Interest

		<u>Brain:Blood Concentration Ratio</u>	
		<u>MeHg</u>	<u>EtHg</u>
3 days	Male	0.066	0.029
	Female	0.089	0.023
10 days	Male	0.078	0.028
	Female	0.116	0.026

Methylmercury passes the blood brain barrier  
3 - 4 times faster than ethylmercury

From Magos, 1985 and 2001

## Clinical Manifestations of Ethylmercury Poisoning Episodes

- Speech disorders
- Vision disorders
- Tremor
- Ataxia
- Spasticity
- Delerium
- Death

Blood levels greater than 500 ppb can produce adverse effects.

Subtle measures of developmental neurotoxicity (as done for Methylmercury) have not been evaluated.

## Ethylmercury Toxicity

---

- Ethylmercury is a neurotoxin.
- Infants may be more susceptible than adults.
- Ethylmercury is approximately 5 times less acutely toxic than methylmercury.
- Data are not adequate to compare potencies of ethylmercury and methylmercury for developmental neurotoxicity.
- The mechanisms responsible for organomercurial - caused developmental neurotoxicity are unknown and this also complicates evaluation of structure/ activity relationships.



# Comparative Critical Toxicology Studies on Thiomersal - Ethylmercury and Methylmercury

---

- Developmental neurotoxicity - assessing dose response and age dependent responses.
- Mechanistic studies - focused on critical changes in gene function and cellular pathways.
- Evaluation of possible sensitive subpopulations based on genetic predisposition, diet, and cumulative risk.
- Biomarkers of exposure including hair need to be evaluated.



## Conclusions

---

- Ethylmercury is probably slightly less toxic than methylmercury.
- However, the database for ethylmercury is weak which creates considerable uncertainty in risk assessment comparisons.
- Ethylmercury should be considered equipotent to methylmercury as a developmental neurotoxin. This conclusion is clearly public health protective.
- Ethylmercury exposure from vaccines (added to dietary exposures to methylmercury) probably caused neurotoxic responses (likely subtle) in some children.