

Results of the public consultation on SCHER's preliminary opinion on the environmental risks and indirect health effects of mercury from dental amalgam (update 2014)

A public consultation on this opinion was open on the website of the EU non-food scientific committees from 25 September to 20 November 2013. A public hearing took place on 6 November 2013 in Luxembourg to receive contributions on the scientific basis of the preliminary opinion.

Information about the public consultation was broadly communicated to national authorities, international organisations and other stakeholders. Fifteen organisations and five individuals participated in the public consultation providing specific comments and suggestions on the scientific basis of the opinion. Out of the 15 organisations participating in the consultation, there were six NGOs, three national public authorities, three dentist associations, two businesses companies and one trade union.

Each submission was carefully considered by the Scientific Committee on Health and Environmental Risks and the scientific opinion has been reviewed to take into account relevant comments. The final opinion includes these changes; the literature has been updated with relevant publications, the scientific rationale and the opinion section were clarified and strengthened.

The three tables below show all the comments made about each of the questions posed in the opinion and SCHER's response to them. It is also indicated if the comment was taken into account in the opinion.



	SUBMISSIONS				SCHER'S COMMENTS	
No.	Name of individual/ organisation	Do you agree with the observations made by the Scientific Committees?	Nature of disagreement	The evidence (s) with the reference(s)	SCHER's response	
				a risk to the environment? The fate of mercury release	ed from dental clinics as well as the fate of	
mercury released to air, water and soil from fillings placed in patients should be taken into account						
Q1.1.	Organisation NGO, Health Care Without Harm No agreement to disclose personal data	Uncertain		n/a	No reaction needed	
Q1.2.	Individual No agreement to disclose personal data	Agree		Mark E Stone, Mark E Cohen, Lian Liang, Patrick Pang (2003), Determination of methyl mercury in dental-unit wastewater, Dental Materials, Volume 19, Issue 7, November 2003, Pages 675-679.	No reaction needed	

Q1.6.	Individual ,	Mostly disagree	Relevant scientific and other	The report is taking the emission of methylmercury from	The comment has been taken into account and
	Florian		information missing from the	dental practice(Point 3.2.2.4.) into account, which is not	some consideration are now included in the
	Schulze		analysis	further specified. Oral methylation can take place by	text of paragraph 3.2.2.4. More details about
				sulfate-reducing bacteria like Desulfomicrobium or	the effects possibly rising from the direct
	(CAT-Berlin)			Desulfobacter in subgingival dental plaque.[1] These	emissions of Hg and its methylation products
	flaviavashula			genera are also the predominant sulfate-reducing	into the patient's mouth will be dealt with in a
	florianschulz			bacteria in the human large intestine.[2] In correlation	SCENIHR opinion under preparation.
	e@hotmail.c			with elevated concentration of total mercury in	
	om			stimulated saliva[3], which was studied in individuals	
				with multiple dental amalgam fillings, humans,	
				especially in populated areas, could be a significant	
				source of mercury pollution. Even more, if there would	
				be an increase of sulfate-reducing bacteria by	
				prevalence or mutation, which could have effects on the	
				methylation rate. Since the only reference in the report	
				dates from 2003, I would claim for further analysis of	
				this aspect and to take this comment into consideration.	
				[1]Langendijk PS, Kulik EM, Sandmeier H, Meyer J, van	
				der Hoeven JS. Isolation of Desulfomicrobium orale sp.	
				nov. and Desulfovibrio strain NY682, oral sulfate-	
				reducing bacteria involved in human periodontal	
				disease. Int J Syst Evol Microbiol. 2001 May;51(Pt	
				3):1035-44. [2]J. S. van der Hoeven, C. W. A. van den	
				Kieboom, M. J. M. Schaeken Sulfate-reducing bacteria in	
				the periodontal pocket 19 DEC 2007 DOI:	
				10.1111/j.1399 302X.1995 .tb00156.x [3]Leistevuo J,	
				Leistevuo T, Helenius H, Pyy L, Huovinen P, Tenovuo J.	
				Mercury in saliva and the risk of exceeding limits for	
				sewage in relation to exposure to amalgam fillings. Arch	
				Environ Health. 2002 Jul-Aug;57(4):366-70.	

Q2.6.	Individual,	Mostly	Disagreement with the	The use of mercury must be considered not only against	See answer to the previous comment (Q2-5)
	Florian	disagree	interpretation of the existing	the background of it's elevated toxicity in the	for the human effects part.
	Schulze		scientific and other data	methylated form but also in interaction with other toxic	·
	(CAT-Berlin)			elements like lead or cadmium. The inter-individual	Concerning the environment the SCHER is of
	,			ability to eliminate methylmercury from the body, and	the opinion that these additional references
	florianschulz			the genetic predisposition to effects of mercury have	provide interesting information but are not
	e@hotmail.c			another effect on the risk of mercury-induced	useful for the current risk assessment at the
	om			disease,too.(WHO2010) Recent studies about low-level	local scale.
				intoxications with mercury proof long-term	
				developmental delays (loss of IQ) in unborn and young	
				children. Other toxic effects include alteration of	
				sensory functions, motor coordination, memory and	
				attention. Mercury has been linked to diseases like	
				myocardial infarction, heart rate variability, blood	
				pressure, attention-deficit/hyperactivity disorder,	
				amyotrophic lateral sclerosis, autism and Parkinson's	
				disease.[1-9] These serious health effects should be	
				taken into consideration regarding the ongoing increase	
				of Hg and MeHg levels in the environment and fish.	
				Mercury is a chemical of global concern owing to its	
				long-range atmospheric transport, its persistence in the	
				environment once anthropogenically introduced, its	
				ability to bioaccumulate in ecosystems and its significant	
				negative effects on human health.(Minamata	
				Convention) It is never removed from the environment;	
				it is just moved to other locations and eventually buried	
				under soils and sediments. Due to anthropogenical	
				impact the mercury level in surface water has tripled	
				during the past century and the MeHg concentration in	
				historical archives, such as marine bird feathers,	
				increased of a factor of 4 for the North Atlantic during	

that time, supporting the assertion of a first order relationship between the pools of available inorganic Hg and MeHg formed in the upper ocean.[10,11] It has been predicted that the concentration of Hg in North Pacific intermediate waters will double by the year 2050, relative to 1995, assuming actual atmospheric Hg deposition rates[12] and according to a recent study, warmer sea surface temperatures could result in greater bioaccumulation of MeHg in fish, and consequently, increased human exposure. [13] The Report quotes a recent study about mercury concentration in hair from mother and children which are generally below the EFSA derived TWI but not below the limit derived by US EPA. Another study (Table 4) exclusively analyses the estimated transformation of the mercury-emission of dentists into the environment to MeHg in fish and shows that in a worst case scenario the limits by the US EPA and EU could be exceeded. This demonstrates that the contemporary exposure of MeHg is already elevated and that there is a close relation between the emission of Hg and the exposure to MeHg by the consumption of fish even if the dental emission is only a relatively small contribution to the total anthropogenic emission. From my point of view these alarming circumstances and their in fact existing health effects should not only lead to a more conservative threshold (WFD) but to protect the human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds by an unconditionally phase out of dental amalgam. PS: References are attached in a mail to SANCO-SCHER-PUBLIC-

		CONCLUE TATIONS O	
		CONSULTATIONS@ec.europa.eu.	