

# Health impacts of lead in the context of used lead acid batteries



**Webinar on the Sustainable and Environmentally Sound  
Management of used lead acid batteries in Latin America and  
the Caribbean**

**Ana Boischio, PhD, MSc**

**Regional advisor in chemical safety**

**Climate change and environmental determinants of health**

**Pan American Health Organization/World Health Organization**

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- Lead acid batteries
- Sources and routes of human exposure
- Health effects according to the level of exposure
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# Lead-acid batteries

- Global demand of refined lead – 10.8 million tonnes in 2016
- Half from lead recycling
- $\approx$  85% total global consumption – motorized vehicles, solar cells, wind turbines, back up power supplies
- Recycling – source of environmental and human exposures – informal and artisanal market



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# Additional chemical hazards in lead acid batteries recycling



- Plastic – hard rubber (ebonite) – when burned result in toxic gases, including sulphur dioxide, chlorine, dioxins and dibenzofurans
- Sulfuric acide electrolyte solution
- Lead with asrsenic, antimony, barium and cadmium

# Lead causes significant burden of disease



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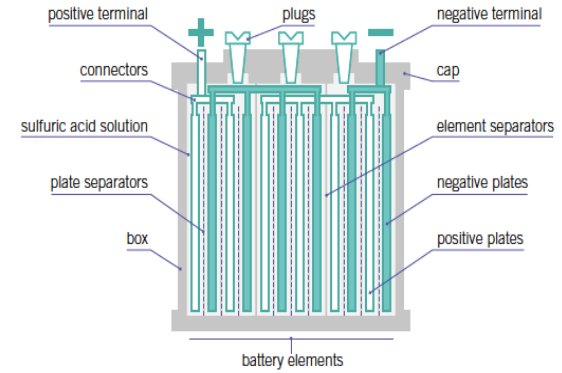
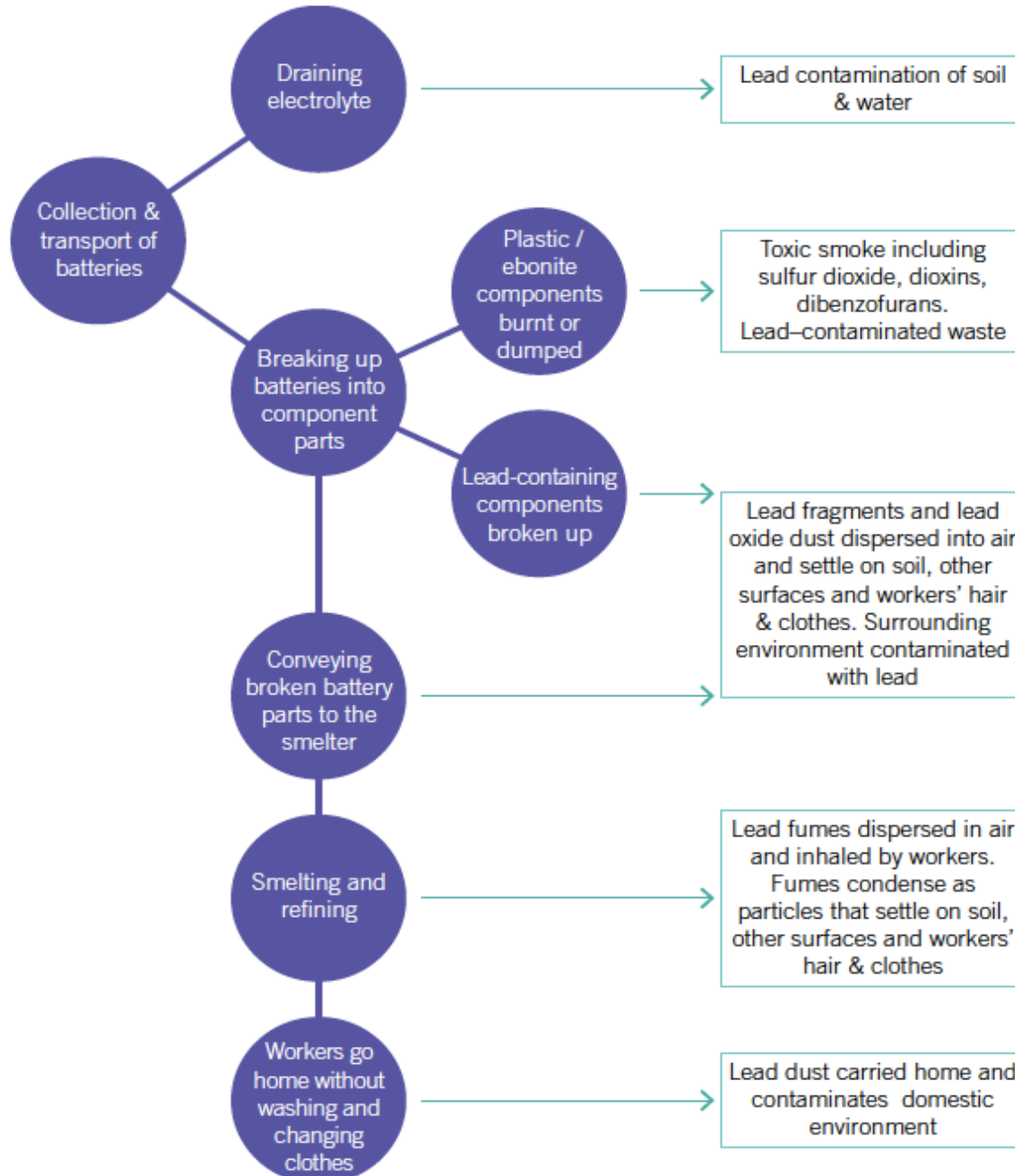
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*Estimates from Institute for Health Metrics and Evaluation (IHME), 2017 data*

- 1.1 million deaths from long-term effects
- 24.4 million disability adjusted life years (DALYs) lost
- 63.2% of the global burden of idiopathic developmental intellectual disability
- 10.3% of hypertensive disease

Figure 2. Schematic illustrating points at which lead is released during battery recycling

# Cont



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Main routes of human exposures and absorption: inhalation and ingestion of fumes and dust; dermal contact



Table 1. Association of subclinical and clinical effects with blood lead concentrations

| Blood lead concentration | Health effect   | Reference             |
|--------------------------|---|-----------------------|
| <5 µg/dL                 | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Decreased IQ, cognitive performance and academic achievement</li> <li>• increased incidence of problem behaviours and diagnosis of attention deficit hyperactivity disorder</li> <li>• Reduced fetal growth (based on maternal blood lead concentration)</li> </ul> <p><b>All ages:</b></p> <ul style="list-style-type: none"> <li>• Impaired renal function,</li> <li>• Reduced synthesis of delta-aminolevulinic acid dehydratase (ALAD), contributing to anaemia</li> </ul> | NTP, 2012             |
| <10 µg/dL                | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Delayed puberty</li> </ul> <p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Increased cardiovascular-related mortality (<i>based on limited evidence</i>)</li> <li>• Spontaneous abortion (based on maternal blood lead concentration) (<i>based on limited evidence</i>)</li> <li>• Preterm birth (based on maternal blood lead concentration) (<i>based on limited evidence</i>)</li> </ul>  |                       |
| >20 µg/dL                | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Anaemia</li> </ul>   | Schwartz et al., 1990 |
| >30 µg/dL                | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Reduced nerve conduction velocity</li> </ul>   |                       |



Table 1. Association of subclinical and clinical effects with blood lead concentrations

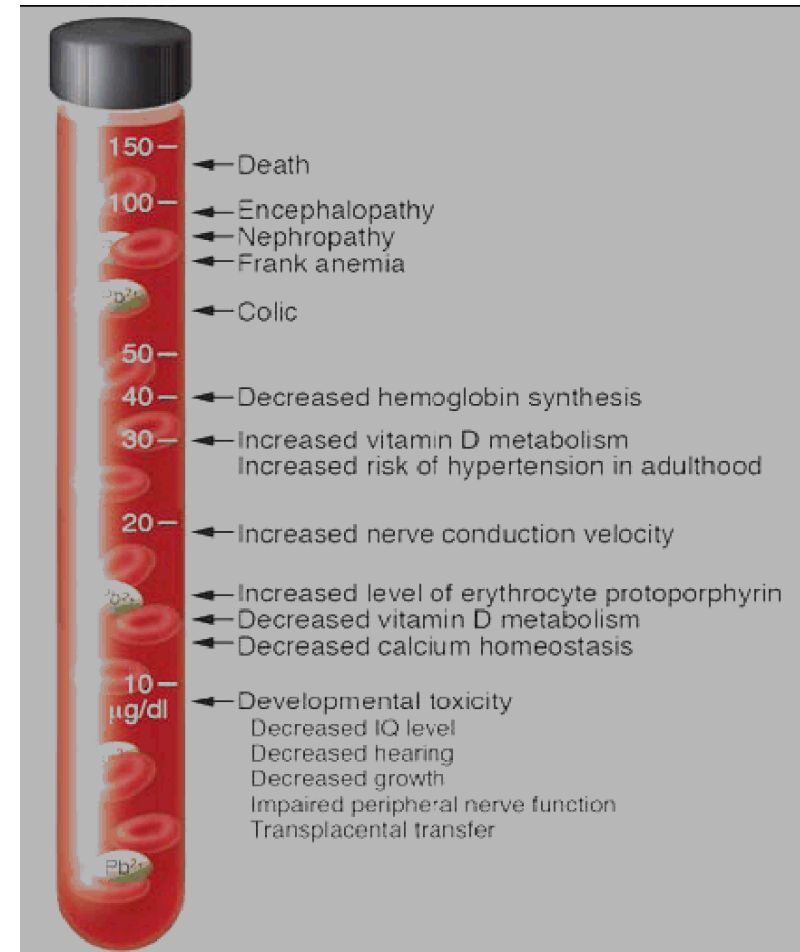
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|   |  |                                 |
|---|--|---------------------------------|
| >40 µg/dL   | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Decreased haemoglobin synthesis</li> </ul> <p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>Peripheral neuropathy</li> <li>Neurobehavioural effects</li> <li>Abdominal colic</li> </ul> | ATSDR, 2007                     |
| >50 µg/dL   | <p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>Decreased haemoglobin synthesis</li> </ul>  |                                 |
| >50 µg/dL (= lowest concentration in children with malaria)     | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Severe neurological features</li> </ul>   | Greig et al., 2014              |
| >60 µg/dL   | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Abdominal colic</li> </ul>  | NAS, 1972 quoted in ATSDR, 2007 |
| >60 µg/dL (= lowest concentration; mean 178 µg/dL)              | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Features of acute poisoning but no encephalopathy</li> </ul>  |                                 |
| >90 µg/dL (= lowest concentration, mean 330 µg/dL)              | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Encephalopathy</li> </ul>   |                                 |
| >105 µg/dL (= lowest concentration in children without malaria) | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Severe neurological features</li> </ul>   | Greig et al., 2014              |
| ≥150 µg/dL  | <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Death</li> </ul>  | NAS, 1972 quoted in ATSDR, 2007 |
| >216 µg/dL (= lowest concentration, range 216-460 µg/dL)        |  | Thurtle et al., 2014            |

**FAO/WHO Expert Committee on Food Additives (2010): withdrew previously tolerable intake**

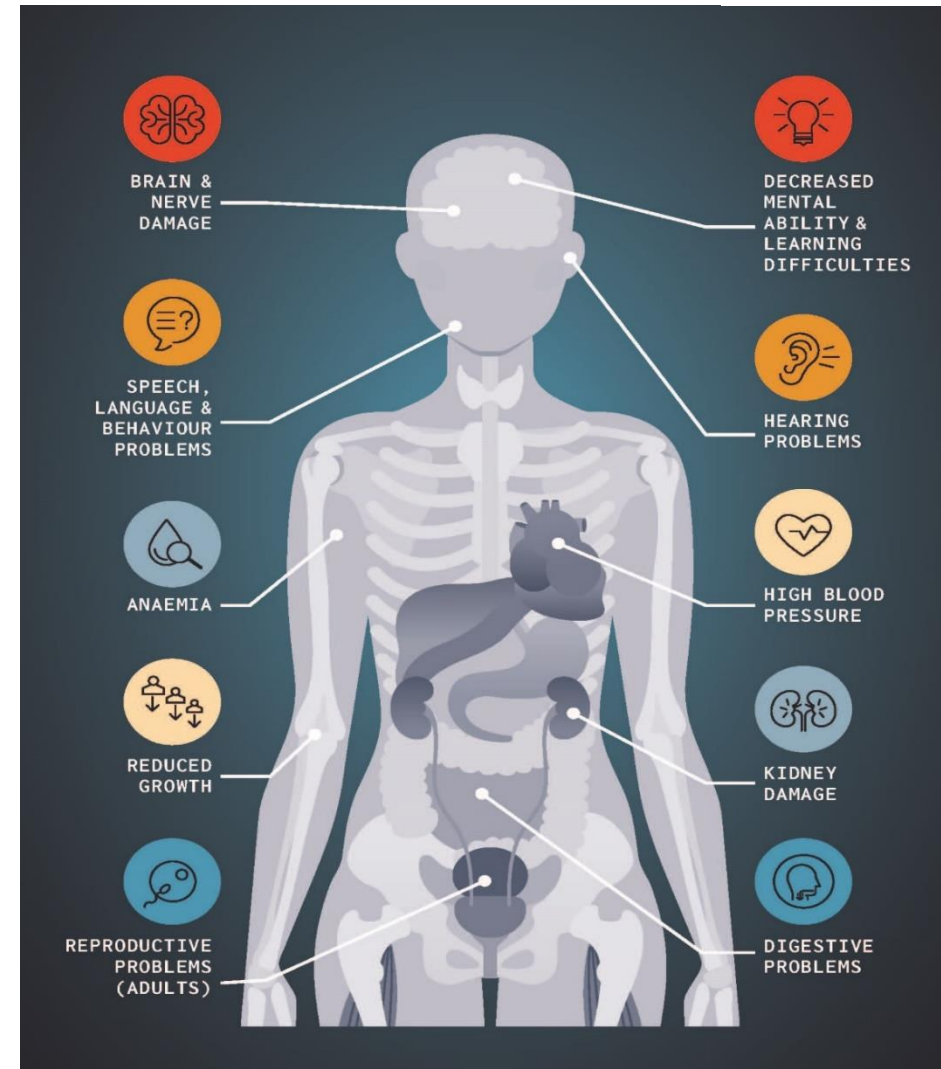
**“no threshold level below which lead causes no injury to the developing human brain”**

**CDC (2013): “no safe blood lead level (BLL) in children has been identified.”**

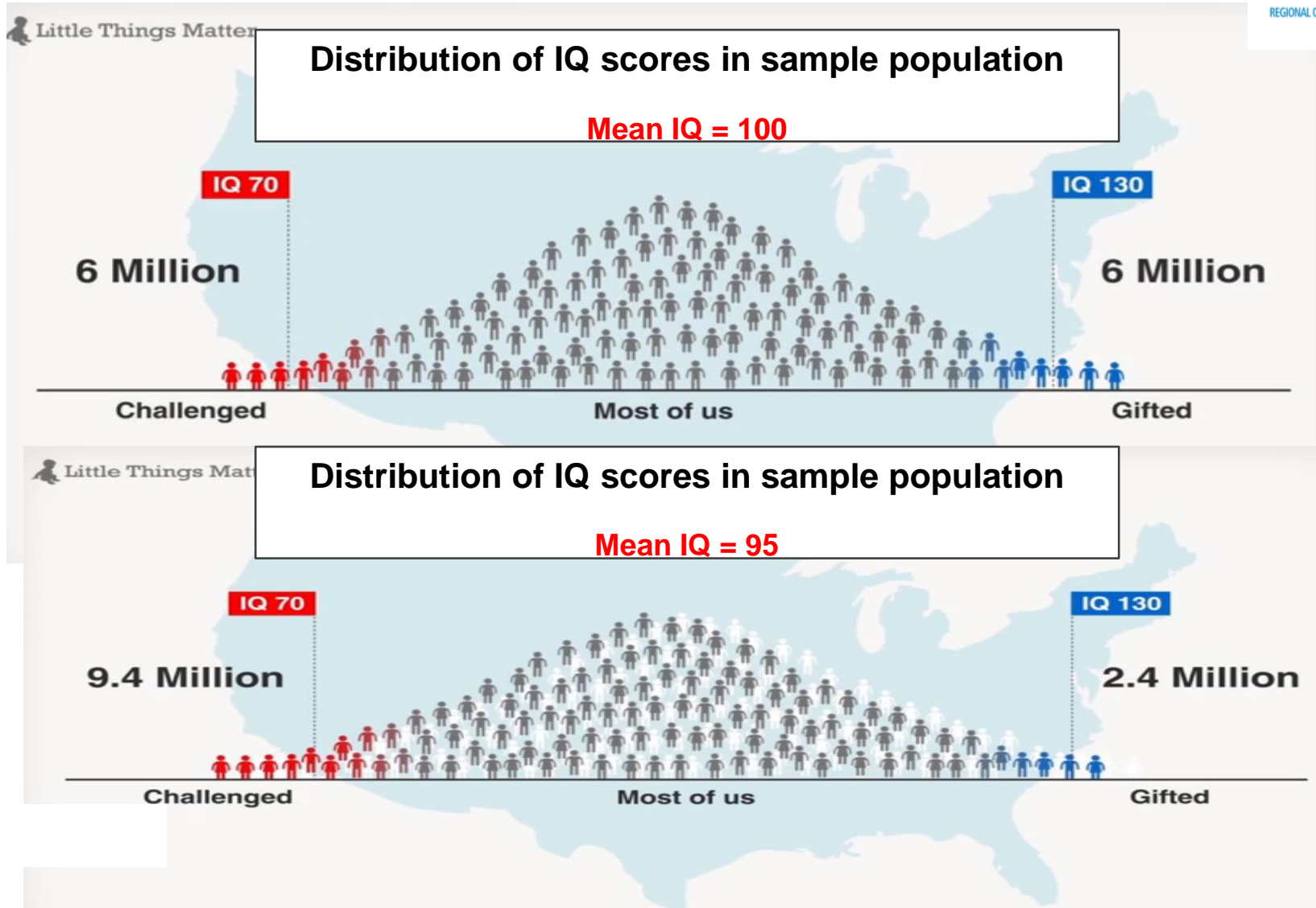


# Lead is a multi-system toxicant

- No known level of exposure without harmful effects
- Mimics calcium and iron in the body so has effects in multiple body systems
- Accumulates in bone
- Long-term effects include reduced IQ, antisocial behaviour, cardiovascular & renal disease



# Small IQ reduction has significant societal impact



# Children are especially vulnerable

- Greater exposure:
  - spend more time on the ground and in contact with contaminated soil and dust
  - hand-to-mouth activity, mouthing
  - absorb 4–5 times more lead from the gut than adults
- Early childhood is critical period for neurological and organ development
- Damage may be permanent
  - reduced potential for intellectual development
  - increased likelihood of behavioural disorders



Figure 2 – A large quantity of lead paint chips can be seen in this radiograph of the abdomen and pelvis of a 2-year-old boy with lead poisoning.

# Pregnant women under vulnerable conditions for lead exposures



- Pregnancy mobilizes lead stored in bone, releasing it back into blood where it can be circulated to maternal tissues and the fetus
- Lead exposure may cause reduced fetal growth
- Lead exposure in pregnancy increases risk of complications e.g. hypertension



## Treatment

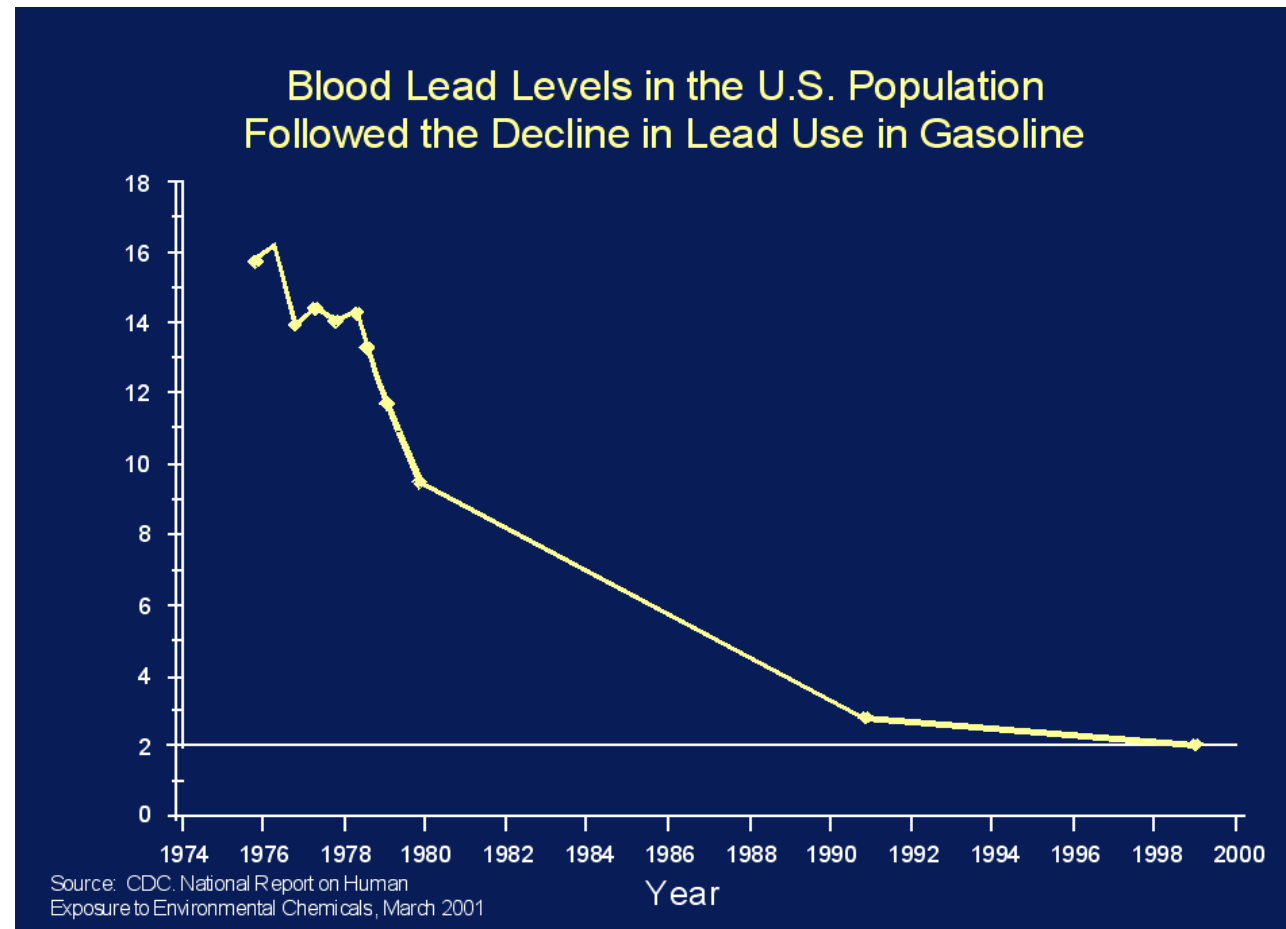
- Chelation therapy – EDTA (ethylenediaminetetraacetic acid)
- Chelators bind to metals, including ones that are essential (calcium, copper and zinc), and thus requires replacement
- Chelation is not recommended if metals exposures continue

# Lead persists in the environment

- Lead concentration in water and soil is highest near point sources
- Lead particles can undergo long-range atmospheric transport and be deposited on soil, water and crops
- Mobility and bioavailability are determined by pH and presence of organic and inorganic matter to which lead can bind
- Mobility and bioavailability are determined by pH and presence of organic and inorganic matter to which lead can bind
- May be bioaccumulated in food chains, toxic to soil microorganisms & invertebrates e.g. nematodes, insects
- In animals, damages multiple organ systems and causes growth deformities



# Health impact of public policy



# Conclusions

- Lead has wide-ranging effects on health – these have personal, societal and economic impacts
- Lead is a persistent hazard – it remains in the environment, in the home and in the human body
- Lead-acid battery recycling is an important source of exposure to lead
- Prevention is better (and cheaper) than cure!
- Public policies can have positive impacts in public health.

# Thanks for your attention

Ana Boischio – [boischioa@paho.org](mailto:boischioa@paho.org)