

Assessment date	1993
Principal reference	WHO (2003) <i>Isoproturon in drinking-water</i>

Isoproturon is of low acute toxicity and low to moderate toxicity following short-term and long-term exposures. It does not possess significant genotoxic activity, but it causes marked enzyme induction and liver enlargement. Isoproturon caused an increase in hepatocellular tumours in male and female rats, but this was apparent only at doses that also caused liver toxicity. Isoproturon appears to be a tumour promoter rather than a complete carcinogen.

Lead

Lead is used principally in the production of lead-acid batteries, solder and alloys. The organolead compounds tetraethyl and tetramethyl lead have also been used extensively as antiknock and lubricating agents in petrol, although their use for these purposes in many countries has largely been phased out. Owing to the decreasing use of lead-containing additives in petrol and of lead-containing solder in the food processing industry, concentrations in air and food are declining; in most countries, lead levels in blood are also declining unless there are specific sources, such as dust from leaded paint or occupational/household recycling of lead-containing materials. Lead is rarely present in tap water as a result of its dissolution from natural sources; rather, its presence is primarily from corrosive water effects on household plumbing systems containing lead in pipes, solder or fittings (including alloy fittings with high lead content), or from the service connections to homes. The amount of lead dissolved from the plumbing system depends on several factors, including pH, temperature, alkalinity, scale in pipe and standing time of the water, with soft, acidic water being the most plumbosolvent. Free chlorine residuals in drinking-water tend to form more insoluble lead-containing deposits, whereas chloramine residuals may form more soluble sediments in lead pipe. Accordingly, significant changes in the water quality of a supply, resulting from, for example, changes in treatment or changes of source, can result in changes in plumbosolvency or solubilization of lead deposits, or both.

Provisional guideline value	0.01 mg/l (10 µg/l)
	The guideline value is designated as provisional on the basis of treatment performance and analytical achievability. As this is no longer a health-based guideline value, concentrations should be maintained as low as reasonably practical. New sources of lead, such as service connections and lead solder, should not be introduced into any system, and low lead alloy fittings should be used in repairs and new installations.
Occurrence	Concentrations in drinking-water are generally below 5 µg/l, although much higher concentrations (above 100 µg/l) have been measured where lead service connections or fittings are present. The primary source of lead is from service connections and plumbing in buildings; therefore, lead should be measured at the tap. Lead concentrations can also vary according to the period in which the water has been in contact with the lead-containing materials.

Basis of guideline derivation	The guideline value was previously based on a JECFA PTWI, which has since been withdrawn, and no new PTWI has been established, on the basis that there does not appear to be a threshold for the key effects of lead. However, substantial efforts have been made to reduce lead exposure from a range of sources, including drinking-water. The guideline value is maintained at 10 µg/l but is designated as provisional on the basis of treatment performance and analytical achievability because it is extremely difficult to achieve a lower concentration than this by central conditioning, such as phosphate dosing.
Limit of detection	1 µg/l by AAS; practical quantification limit in the region of 1–10 µg/l
Treatment performance	Not a raw water contaminant; treatment not applicable
Additional comments	Infants and children are considered to be the most sensitive subgroups of the population Lead is exceptional compared with other chemical hazards, in that most lead in drinking-water arises from lead service connections and plumbing in buildings, and the remedy consists principally of removing service connections, plumbing and fittings containing lead. This requires much time and money, and it is recognized that not all water will meet the guideline value immediately. Meanwhile, all other practical measures to reduce total exposure to lead, including corrosion control, should be implemented. In new installations or repairs, lead-free service connections and solder and low lead alloy fittings should be used to prevent the introduction of contamination. The sampling protocol adopted – e.g. first draw, random daytime sampling or flushed – will depend on the objective of taking the samples. Where there is a need to verify that lead solder and/or high-lead fittings have not been installed in new or repaired systems, the approach used is to take a worst-case sample that reflects an extended period of stagnation, to maximize the chance of identifying the presence of lead.
Assessment date	2011, revised 2016
Principal references	FAO/WHO (2011) <i>Evaluation of certain food additives and contaminants</i> WHO (2016) <i>Lead in drinking-water</i>

Exposure to lead is associated with a wide range of effects, including various neurodevelopmental effects, mortality (mainly due to cardiovascular diseases), impaired renal function, hypertension, impaired fertility and adverse pregnancy outcomes. Impaired neurodevelopment in children is generally associated with lower blood lead concentrations than the other effects, the weight of evidence is greater for neurodevelopmental effects than for other health effects and the results across studies are more consistent than those for other effects. For adults, the adverse effect associated with lowest blood lead concentrations for which the weight of evidence is greatest and most consistent is a lead-associated increase in systolic blood pressure. JECFA concluded that the effects on neurodevelopment and systolic blood pressure provided the appropriate bases for dose–response analyses.

Based on the dose–response analyses, JECFA estimated that the previously established PTWI of 25 µg/kg body weight is associated with a decrease of at least 3 intelligence quotient (IQ) points in children and an increase in systolic blood pressure of

approximately 3 mmHg (0.4 kPa) in adults. These changes are important when viewed as a shift in the distribution of IQ or blood pressure within a population. JECFA therefore concluded that the PTWI could no longer be considered health protective, and it was withdrawn.

Because the dose–response analyses do not provide any indication of a threshold for the key effects of lead, JECFA concluded that it was not possible to establish a new PTWI that would be considered to be health protective. JECFA reaffirmed that because of the neurodevelopmental effects, fetuses, infants and children are the subgroups that are most sensitive to lead.

It needs to be recognized that lead is exceptional compared with other chemical hazards, in that most lead in drinking-water arises from lead service connections and plumbing in buildings, and the remedy consists principally of removing plumbing and fittings containing lead, which requires much time and money. It is therefore emphasized that all other practical measures to reduce total exposure to lead, including corrosion control, should be implemented. New sources of lead, such as lead service connections and solder, should not be introduced into any system, and low lead alloy fittings should be used in repairs and new installations.

In terms of monitoring, if the monitoring objective is to identify the presence of lead in the internal plumbing of a building, then the sample should be from the tap. The sampling protocols also depend on the objective of taking the samples. First-draw samples typically will have the highest lead concentrations, but this may not be reflected in normal use if the same system provides water for toilet flushing, etc. Flushed samples, in contrast, give consistent values, but reflect the minimum contact time between the water and the lead-containing material. The random daytime samples, although most truly reflecting the water that the consumer drinks, give the most variable levels; hence, it is necessary to collect more samples to determine the mean level of exposure. Where there is a need to verify that lead service connections, lead solder and/or high-lead fittings have not been installed in new or repaired systems, the approach used is to take a worst-case sample that reflects an extended period of stagnation and to maximize the chance of identifying the presence of lead. Extended stagnation with sequential volume can also be used to identify sources or locations of lead as an investigative activity.