

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT

Information on PFAS for Clinicians

January 5, 2026

Background and Context

Per- and polyfluoroalkyl substances (PFAS, commonly known as “forever chemicals”) are a family of synthetic chemicals used in industrial processes and added to consumer products. Due to their widespread use and the extreme stability of the carbon-fluorine bond, PFAS persist in the environment and bioaccumulate in the human body. Current research suggests that exposure may increase the risk of several adverse health outcomes (see list below).

Current Areas of Concern in New Mexico

In New Mexico, multiple PFAS contamination sites have been identified, primarily related to the historical use of firefighting foams: Cannon Air Force Base in Curry County, Holloman Lake (also known as Raptor Lake) in Otero County, and La Cieneguilla/La Cienega in Santa Fe County. In late 2024, the New Mexico Department of Health (NMDOH) and the New Mexico Environment Department (NMED) conducted blood testing for residents and workers near Cannon Air Force Base. In early 2025, a health advisory was issued for Holloman Lake, particularly for hunters, and the lake closed to the public. Both agencies continue to inform and educate the public regarding PFAS-related health risks and strategies to reduce exposure.

What is New Mexico Doing About PFAS?

Providers should be aware that New Mexico has passed the PFAS Protection Act (HB 212), which mandates an incremental phase-out of consumer products containing intentionally added PFAS, starting with initial product bans on January 1, 2027. Additionally, public water systems are required to comply with the new federal drinking water standards (NPDWR), completing PFAS monitoring by 2027 and remediation of violations by 2029.

What Can a Healthcare Provider Expect?

As a health care provider, your patients may come to you with questions about PFAS. They may also be attributing certain health outcomes to PFAS or may be worried about long-term health outcomes. To aid you in answering questions or advising your patients accordingly, the following Q&A is being provided along with links to various sources of information for both you and your patients.

Q&A: Clinical Management and Guidance

What is known about the health effects of PFAS?

Exposure to PFAS can lead to a variety of health outcomes, generally linked to the type and level of PFAS. Research into the health effects is ongoing. Documented associations include:

- Reproductive and developmental effects (including preeclampsia and increased high blood pressure in pregnancy)
- Increased risk of certain cancers (testicular and kidney)
- Immune system impairments (including reduced antibody response to some vaccines)
- Thyroid dysfunction (PFAS are classified as thyroid disruptors)
- Elevated cholesterol (dyslipidemia)

Are PFAS blood tests available? What are their limitations and benefits?

Though blood testing is available through commercial laboratories, these tests have limitations. Testing cannot identify the source of an exposure, nor can it determine whether a certain health outcome is due to PFAS. Currently available tests only test for a small number of PFAS. However, testing can help assess the risk for certain health outcomes and in turn inform the need to be more vigilant in monitoring those. Testing can help guide efforts to reduce exposure.

NMDOH is working with medical laboratories across the state to expand access to these tests.

What is the difference between long-chain and short-chain PFAS?

PFAS are classified based on the length of their carbon chain, which directly affects their toxicokinetics:

Classification	Examples	Persistence and Clearance	Implications for Lab Testing
Long-chain (LC)	PFOA, PFOS	High bioaccumulation; long half-lives (years) due to efficient renal tubular reabsorption. Often associated with liver effects and specific cancers.	Frequently detected at high, stable baseline levels in the general population due to historical exposure.
Short-chain (SC)	PFHxA, PFBS	Lower bioaccumulation under non-contaminated conditions due to faster renal clearance; highly mobile in the environment. May pose similar risks as LC PFAS but typically require higher external doses to elicit toxicity.	Often undetectable in the general population; high levels usually indicate ongoing, high-volume exposure (e.g., contaminated water).

What clinical management and follow-up are recommended after PFAS testing?

Providers may wish to refer to the table included at the end of this document to help guide the management of patients. This guidance, developed by the National Academies of Sciences, Engineering, and Medicine (NASEM), recommends certain screenings based on the sum of seven PFAS compounds (MeFOSAA, PFHxS, PFOA, PFDA, PFUnDA, PFOS, PFNA).

Are any treatments available to remove PFAS from the body?

There are no approved treatments available to remove PFAS.

DISCLAIMER: The following are currently under research and are not formally recommended or approved by any major medical or public health body (e.g., ATSDR, CDC, NASEM). Clinical benefits remain unproven. Clinicians should weigh the risk of any treatments.

	Mechanism of Action	Observed Efficacy	Clinical Caveats
Plasma Donation	Physical extraction of PFAS that are predominantly bound to proteins in the blood plasma, bypassing the body's slow clearance mechanisms.	A randomized controlled trial showed plasma donation reduced mean serum PFOS and PFHxS concentrations by approximately 30% over one year, significantly exceeding the reduction seen with whole blood donation.	Must meet all standard donor eligibility criteria.
Bile Acid Sequestrants (BAS)	BAS (e.g., Cholestyramine, Colesevelam) bind to PFAS in the gut lumen, interrupting the enterohepatic recirculation (recycling) loop, forcing fecal excretion.	Small human cohort studies show that BAS accelerates fecal elimination and measurably reduces serum PFAS concentrations. In high-exposure individuals treated with BAS, one study found 60% PFOS reduction over 12 weeks; in broader observational data, BAS use was associated with 15% lower PFOS.	Off-label use. High risk of frequent GI adverse effects and serious drug-drug interactions that impair absorption of other medications.
Targeted Dietary Fiber	Gel-forming fibers bind to PFAS (similar to bile acids), promoting fecal clearance, leveraging the same interruption mechanism as BAS.	In a small interventional trial of gel-forming dietary fiber (oat beta-glucan) taken for 4 weeks, PFOS and PFOA concentrations declined by about 8%.	Must be consumed with meals to synchronize with bile release for maximal effect.

What specific advice should be given to patients to reduce exposure?

Since no approved PFAS-removal treatments exist, exposure reduction is the primary intervention.

- Drinking Water: Recommend alternate water sources or certified home filtration systems for all ingestion uses (drinking, cooking, infant formula, washing produce). Tap water is acceptable for non-ingestion uses such as bathing.
- Dietary Sources: Advise checking state fish advisories and avoiding fish from contaminated waters. NMDOH has issued an advisory for Holloman Lake.
- Consumer Products: Recommend avoiding stain- or water-resistant products, non-stick cookware, and items labeled with “fluoro,” “perfluoro,” PAP, or PTFE.

What types of PFAS exposures should be documented in a patient's chart or reported to NMDOH?

Documenting a comprehensive environmental and occupational exposure history is essential for assessing risk. Providers should systematically inquire about all potential exposure routes across the patient's lifespan:

- Water Source: Document the source of drinking water, especially if it comes from a private well (which is typically untested and unregulated). Inquire if the patient is near known contamination sites (e.g., military bases).
- Occupational/Military: Document all jobs involving chemical handling (e.g., solvents, industrial dusts, firefighting foams (AFFF)) and note the duration of exposure.
- Dietary/Recreational: Document consumption of locally caught fish or game, especially from water bodies with known advisories (e.g., Holloman Lake).

Occupational Reporting

If you suspect a positive PFAS blood test result is related to occupational exposure, you should report it to NMDOH using the official [Occupational Health Case Reporting form](#) and fax it to the NMDOH Occupational Health Surveillance Program (OHSP) at 505-827-0013; ATTN: NMOHSP within 24 hours.

Additional Resources:

<https://www.atsdr.cdc.gov/pfas/index.html>

<https://www.atsdr.cdc.gov/pfas/hcp/resources/index.html>

<https://www.atsdr.cdc.gov/media/pdfs/2024/07/ATSDR-PFAS-Information-for-Clinicians.pdf>

New Mexico Health Alert Network: To register for the NM Health Alert Network, please visit the following site <https://nm.readyop.com/fs/4cjZ/10b2> Please register to begin receiving important health alerts, advisories, and updates.

Please Note that our system also utilizes text messaging to notify members of important health information. Due to FCC Regulation changes that are designed to decrease the amount of unwanted spam text messages sent each year to citizens, please save **(855) 596-1810** as the **“New Mexico Health Alert Network”** default phone number for your account used for text messages on the registered mobile device(s).