

FEDERAL REGISTER NOTICE
ON POTASSIUM IODIDE

AGENCY: Nuclear Regulatory Commission.

SUMMARY: The purpose of this notice is to inform the public that, because of new information, the analysis supporting the current federal policy regarding the distribution and use of Potassium Iodide (KI) as a thyroidal blocking agent during accidents at nuclear power plants is being revised. Preliminary analysis of this new information indicates that the cost-benefit ratio associated with stockpiling KI may have narrowed. As a result of this new information and a request by the American Thyroid Association to establish a national stockpile of KI, the current federal policy regarding the stockpiling and use of KI is undergoing a reexamination.

FOR FURTHER
INFORMATION
CONTACT:

Leonard Soffer, Severe Accident Issues Branch,
Office of Nuclear Regulatory Research, U. S.
Nuclear Regulatory Commission, Washington, DC
20555 (301-492-3916)

BACKGROUND: On July 24, 1985 the present federal policy (50 FR 30258) on distribution of Potassium Iodide (KI) around nuclear power sites for use as a thyroidal blocking agent was issued. In summary, the federal policy recommends the stockpiling of KI and its distribution for emergency workers and institutionalized persons, but does not recommend requiring predistribution or stockpiling for the general public. The basis for this policy is that, in the event of an accident, protective actions are planned and would be taken for the general public that are capable of reducing doses to body organs, and not merely the thyroid gland. This policy is advisory for state and local governments which can, within the limits of their authority, take measures beyond those recommended or required nationally. In this regard, two states (Alabama and Tennessee) have decided to stockpile or predistribute KI tablets for use by the public in the event of a serious reactor accident.

Since issuance of this policy, new information regarding KI has become available. Information is now becoming available on the experience during

the Chernobyl accident in the Soviet Union in April 1986 where significant quantities of KI were administered by Polish and Soviet authorities. Additionally, since completion of the original analysis in 1980 supporting the federal policy (NUREG/CR-1433), information has become available indicating a reduction in iodine releases associated with a severe reactor accident and a reduced cost and increased shelf-life of KI. Preliminary analysis of this information indicates that the cost-benefit ratio which supports the current federal policy may have narrowed from the 1980 analysis. Further, in September 1989, representatives of the American Thyroid Association (ATA) requested that a national stockpile of KI be established. In view of this request and the availability of new information which affects the underlying analysis, an effort to reexamine the federal policy on KI has been undertaken.

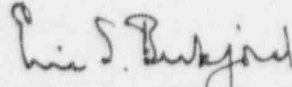
ACTIVITIES
UNDERWAY:

The Nuclear Regulatory Commission (NRC) is presently preparing an update of the original 1980 analysis (NUREG/CR-1433). The updated report will consider the latest available research on estimated iodine releases from severe reactor accidents, will incorporate the most recent estimates on risk to the thyroid from internal radioactive exposure, and will factor in revised values for cost and shelf-life of KI. This report is expected to be issued by July 1991 to state and local authorities and to the public.

In parallel, as a result of the request by the ATA to establish a national stockpile of KI, the Federal Radiological Preparedness Coordinating Committee (FRPCC) has requested that the Department of Health and Human Services, through the Centers for Disease Control (CDC), convene an ad hoc meeting of experts in this field to solicit and review relevant scientific information on this issue, and to provide its recommendations to the FRPCC. Accordingly, a workshop on the scientific and medical aspects of KI was held in Atlanta on July 24, 1990. The review by CDC will consider the available new information noted above. The CDC is expected to provide its recommendations to the FRPCC on whether the current federal policy should be reassessed by November 1990. Should the

FRPCC determine that the federal policy warrants reassessment by all involved federal agencies, an associated schedule for accomplishing this objective would be established.

Dated at Rockville, Maryland, this 21st day of October 1990.



Eric S. Beckjord, Director
Office of Nuclear Regulatory Research