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## Conclusions

1. PCBs, PCDDs and PCDFs prevail globally. They are persistent and have a cumulative tendency in biological systems. Contaminated food is likely to be the main source <sup>for the</sup> ~~general population.~~ <sup>Exposures higher than the average may be caused by toxic wastes and their incineration, certain industries such as metal industries, car exhaust, various electrical appliances and production and use of chlorophenols and phenoxy herbicides. Exposures may occur occupationally and in the general population, also including women of fertile age.</sup>

2. Nine major congeners of PCDDs and PCDFs are found measurable in human milk fat at concentrations of a few up to more than 1000 ppt (ng/kg). Toxicity equivalent factors have been estimated in order to assess the significance of exposure to the mixture of these compounds as an interim procedure until more accurate methods have been developed.

3. More than 70 PCB congeners have been identified in human milk fat and adipose tissue at total average concentrations of 1 ppm (mg/kg). Toxic equivalent factors cannot be applied to such mixtures.

4. The daily intakes of PCBs in human milk are estimated to be on average in the order of 4.2 ug/kg bw/d giving a total dose for 6 months of about 750 ug/kg/bw. The average intake for PCDDs and PCDFs expressed as TCDD equivalent is 70 pg/kg/bw/d which makes 12.6 ng/kg bw during a 6-month nursing period.