

ACCLPP Summary Statement

The Advisory Committee Childhood Lead Poisoning Prevention (ACCLPP) met by conference call on Wednesday, January 4, 2012, to make recommendations to the Centers for Disease Control and Prevention (CDC) regarding changing the blood lead level of concern.

The ACCLPP voted to approve the report, “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention.” The committee requested that CDC and HHS adopt the recommendations outlined in the report and report to the ACCLPP within six months on its progress in implementing the recommendations.

This ACCLPP meeting was scheduled to respond to a draft report developed by its Blood Lead Level of Concern Workgroup and presented at the ACCLPP meeting in November 2011. The Committee had charged the workgroup with reevaluating levels of lead in blood that are related to adverse effects, based on current scientific literature, and specifically to

- recommend how to best replace the ‘level of concern’ in relation to accumulating scientific evidence of adverse effects of <10 ug/dl blood lead in children and adults.
- factor in laboratory quantification for lead in blood as a possible limitation in establishing new guidance.

The report approved at the January meeting calls for CDC to eliminate use of the term “blood lead level of concern.” Instead, ACCLPP recommends that CDC adopt a reference level for lead as the 97.5th percentile, or the level at which 97.5 percent of population have lower blood lead levels. That also means that 2.5% of the population has blood lead levels above the 97.5th percentile value. Under this recommendation, the term “elevated” will refer to the 97.5th percentile blood lead level because these children have an “elevated” level compared to other children. The resolution was based on a growing body of scientific literature that adverse health effects may arise from blood lead levels lower than 10 µg/dL. The report also emphasizes the need to prevent children from being exposed to lead before their blood lead levels can become elevated.

The ACCLPP recommendation will be sent by the committee chair to CDC and it will be transmitted to the CDC Director and the Secretary of the Department of Health and Human Services. CDC will respond to the report within 90 days. As part of this response, the agency will consider each recommendation and state whether it concurs. A project plan will be provided for those recommendations with which CDC concurs. CDC’s action plan will be released in the MMWR. The agency will provide a formal response to the ACCLPP at its next regularly scheduled meeting.

The ACCLPP is an advisory committee of the Centers for Disease Control and Prevention.