




## Lead Poisoning Prevention Branch Updates March 21, 2006

Mary Jean Brown, ScD, RN  
Chief Lead Poisoning Prevention Branch

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## Investigation of death due to lead poisoning, February 2006 in Minneapolis.

1. Child's blood lead level 180 µg/dL
2. Symptoms consistent with acute ingestion; Nausea and vomiting over 2 week period, agitation, seizures respiratory arrest, brain death declared before blood lead level available.
3. Cause is under investigation but no obvious lead hazards in the child's home; 2 year old sibling blood lead level <10 µg/dL

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## Deaths Associated with Hypocalcemia from Chelation therapy--Texas, Pennsylvania, Oregon, 2003-2005 (MMWR March 3, 2006)

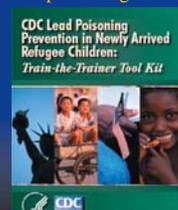
- Both children were given disodium EDTA rather than CaEDTA
- The adult case remains under investigation
- CDC Recommends:
  - Health-care providers unfamiliar with chelation therapy consult with an expert.
  - Hospitals review whether continued stocking of NaEDTA is warranted
  - Health-care providers and pharmacists should ensure that children not receive NaEDTA.

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## Tool Kits to Educate Special Populations

Purpose: Easy to use, self explanatory product that can be distributed to health, social service workers and others who work with specific high risk populations.




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## Number of Children with Elevated Blood Lead Levels Reported to CDC 2000-2005

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## Eliminating Childhood Lead Poisoning: Getting the Job Done-From 2006-2010

**THE CHALLENGE**-Each year some 310,000 children in the United States are exposed to lead at levels that will affect their intellectual development, school performance and lifetime achievement. As a nation we are committed to eliminating elevated blood lead levels in children by 2010.

**THE SOLUTION**- The following provides a clear path to achieving this goal.

1. **Identify and Provide Services to Affected Children**  
We must continue the intensive efforts to identify and provide services to children with elevated blood lead levels, the traditional emphasis of CDC funded programs, while also expanding program activities into the area of primary prevention, i.e., strategies that control or eliminate sources of lead before children are poisoned.
2. **The Practice of Prevention**  
We must also target efforts in the most high risk communities, areas with clearly identifiable islands of risk, and institutionalize lead poisoning prevention particularly by sharing data between local health and housing agencies, elected officials and others with an interest in child health.
3. **Special Emphasis in Un-served Areas**  
We must fund all states where there are known high risk areas or presumed high risk areas based on housing and socioeconomic indicators of risk. The 2010 objective cannot be achieved without increased efforts in Mississippi and Arkansas.
4. **Special Programs for Special Populations**  
We must develop and implement concerted efforts to identify special risk populations and control or eliminate their exposure to both paint and non-paint sources of lead.
5. **Develop and Maintain Protective Surveillance**  
Begin testing strategies for continued surveillance of U. S. children's potential exposure to lead in order to develop the most cost-effective methods to ensure that the risk for exposure remains low once elimination is achieved.

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Applicants	
Alabama Department of Health	Micronesia
Arizona Department of Health Services	Minnesota Department of Health
California	Mississippi Department of Health
Chicago	Missouri
Clark County Health District Nevada	Nebraska Health & Human Services
Connecticut Department of Public Health	New Hampshire
Delaware Health & Social Services	New Jersey Department of Health & Senior Services
Detroit	New York City
District of Columbia Department of Health	New York State
Florida State Department of Health	North Carolina Department of Environment and Natural Resources
Georgia Department of Human Resources	Ohio Department of Health
Illinois State Department of Public Health	Oklahoma State Department of Health
Indiana State Department of Health	Oregon State Public Health
Iowa State Department of Public Health	Pennsylvania Department of Health
Kansas Department of Health & Environment	Philadelphia
Kentucky Cabinet for Health & Family Services	Rhode Island
Los Angeles	Texas Department of State Health Services
Louisiana Childhood LPPP	Vermont Department of Health
Maine, DOHHS	Virginia Department of Health
Maryland Department of the Environment	West Virginia Department of Health and Human Services
Massachusetts Department of Public Health	Wisconsin Department of Health & Family Services
Michigan Department of Community Health	




### Review Process

Each application is reviewed 3 times plus a technical review

Reviews will take place March 29 and 30, 2006

Decisions will be made in April, 2006

Notification June 28-29, 2006

Funding begins July 1, 2006

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### EVALUATION CRITERIA FOR PROGRAM ELEMENTS

Implemented an elimination plan or will implement such a plan by the end of the first budget period.

Implemented a screening/case management plan that targets resources to children at highest risk or will implement such a plan by the end of the first budget period.

Enforcement, or a plan to develop, regulations that require elimination or control of lead hazards in housing units occupied by children with an elevated blood lead level or where children live or could live and resident/tenant protection from retaliatory eviction or other lead-related discrimination.

Current Medicaid reimbursement methodology or specific proposed reimbursement planned by end of first budget year for environmental inspections and case management services for Medicaid-eligible children and that the reimbursement plan will be reviewed at least annually, and updated as costs increase.

Electronically collect unit-specific housing inspection data and systematic assessment of lead-safe housing status.

Environmental screening for lead hazards of other high-risk housing

Strategic partnerships with Medicaid; WIC; community-based organizations; landlord groups; realtors; banking; maintenance and construction contractors; Office of Rural Health; state Environmental Public Health Tracking Program; the state refugee coordinator, and the Cooperative State Research Education and Extension Service.

Partnerships involving HUD and EPA Regional Offices in the targeting of 1018 enforcement in jurisdiction.




### Ensuring Success

Contracts with timelines and deliverables

Capacity to Build Capacity

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