Lead Poisoning Prevention Branch Updates
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Impact of Lead Poisoning Prevention Policy on Reducing Children’s Blood Lead Levels

- Lead-based Paint Poisoning Prevention Act (1971)
- Lead Gasoline Phase-out (1973)
- Lead in Plumbing banned (1986)
- Residential Lead Paint Ban (1978)
- Lead Contamination Control Act (1988) Virtual Elimination of Lead in Gasoline
- Lead Title X (1992)
- Ban on lead solder in food cans (1995)
- Housing units with lead based paint hazards reduced by 40% since 1990

Blood Lead Levels (µ/dL)

Year

SAFER • HEALTHIER • PEOPLE™
INSTITUTIONALIZING PRIMARY PREVENTION

1. Collaboration with local housing agencies through the jurisdiction’s annual and 5 year consolidated housing plan

2. Integration of services with MCH agencies and housing subsidy programs.

3. Sharing of data necessary to enforce Section 1018 Title X.

4. Regulatory authority to eliminate or control lead hazards in housing units that may be/come occupied by children.

5. Develop, implement and evaluate a written plan to accomplish elimination of childhood lead poisoning by 2010.

6. Explicit cost sharing plans and state matching
CDC SUPPORT of PROGRAMMATIC ACTIVITIES

1. Data cleaning and matching in support of Title X enforcement.
   - Birmingham, AL (1018 investigations 3/2006)
   - Baltimore, MD (1018 investigations 8/2006)
   - Los Angeles, CA (1018 investigations 9/2006)
   - Hartford, CT (PLANNED 1018 investigations 2007)
   - Houston, TX (PLANNED 1018 investigations 2007)
   - Louisville, KY (PLANNED 1018 investigations 2007)
   - San Antonio, TX (PLANNED 1018 investigations 2007)

   Result: 184,000 lead safe units

2. Capacity to build capacity

   1) Michigan: Resolving standardizing Case Management Guidelines throughout the state
   2) Mississippi: Developing their first elimination plan
   3) Nevada: Developing baseline screening data for effective screening and elimination planning
   4) Reserving funds for a site assessment to help New Orleans when they are ready for this level of assistance.
3. Contracts in high risk areas without state funding.
   1) Omaha, Nebraska – Support basic activities including surveillance
   2) Memphis, Tennessee – Support basic activities including surveillance

4. Special Projects.
   3) New Orleans, LA - Support staff support as LA and the city work to get back on track.
   4) Rhode Island – Evaluation of recent changes in the state Lead Law.
Screening for Children with Elevated Blood Lead Levels

1. Targeted screening plan oriented to high risk populations.

   Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid
   
   Allow decisions of Medicaid eligible children’s level of risk to be made by state health departments.
   
   Provide lead screening tests at WIC sites and promote new testing technologies.
   
   Ongoing evaluation by CDC and CMS.
   
   Develop surveillance systems not solely dependent on blood testing for identifying risk.


   The total combined Medicaid enrollment for all plans was 1,331,398.
   
   24-43 2 year olds per 1,000 enrollees.
   
   49-84% of children receiving lead screening tests.
   
   Medicaid plans with at least 4000 members should be able to identify at least 100 eligible members for this measure.
Screening for Children with Elevated Blood Lead Levels


   Recommends against universal blood lead testing.
   Recommends for targeted blood lead testing in high risk children including those in low prevalence communities.

   Recommends against universal blood lead testing for pregnant women

2. Screening Young Children for Lead Poisoning. CDC, 1997

   Recommends targeted screening of high risk children defined as living in a zip code with .27% of housing built before 1950 or enrolled in public assistance programs such as Medicaid as an Interim Measure only until local data is available.

   Is silent on the subject of testing pregnant women
Services for Children with Elevated Blood Lead Levels

1. Viable data management system containing medical and environmental data.  
   Stellar and the Lead PAM

2. Case management protocols at all levels for children with elevated

3. Regulatory authority to require abatement of lead hazards in housing units of children with elevated blood lead levels.  
   In 2005 22/41 (54%) of programs.  Increase of 1 since 2004

4. Mandatory dust wipe testing and clearance standards following abatement work.  In 2005 28/41 (68%) of programs.

5. Statutory protection for families for retaliatory eviction or discrimination.
International Work: Kosovo

1. Screening- In the latest blood screening 3 children under 12 months were identified as having CBLL >45 ug/dL. No samples > 65 ug/dL. 2-3 families still refuse to accept treatment or testing.

2. Treatment - The DOTs program worked 2 children were non compliant and few side effects. 2nd round is commencing using Succicaptal

3. Prevention of Exposure- A few families have moved back to Roma Mahalla - 14 families are due to move from Osterode and Cesmin lug camps in the next two weeks. 3 schools and 1 kindergarten have implemented remediation activities in their school, through soil remediation, dust reduction, and hygiene improvements.

4. Health and Heavy Metal Units- Southern-functioning and performing targeted screening and follow up. Northern-Institutionalization acceptance is agreed but needs to be finalized by Serbian government; functions 4 hours per day. Agreement on followup in place in both areas

5. Stake Holders Conference- Both a scientific and a donor conference are proposed for 2007
The Lead Poisoning Prevention Program in conjunction with the Office of Refugee Resettlement developed the Lead Poisoning Prevention in Newly Arrived Refugee Children tool kit in response to the increasing number of refugee children entering in the United States and subsequently developing elevated blood lead levels. CD-ROMs of the tool kit are available by calling 1-800-CDC-INFO. Download from www.cdc.gov/nceh/lead

Dr. Paul Geltman is assisting with preparing the Refugee Children’s workshops, piloting and evaluating the use of the CDC Curriculum for training of trainers at refugee serving organizations.
Publications Peer Reviewed 2006


Book Chapter 2006

Other Publications 2006

CDC Death of a child after ingestion of a metallic charm. MMWR Dispatch 2006;55.


Brown MJ, Jacobs DE, Sources of Blood Lead in Children: Correspondence EHP. 2006
Estimated Lead Budget CDC 2003-2008

2003 2004 2005 2006 2007 2008

Estimated New Money for CDC Cooperative Agreement Partners

2003 2004 2005 2006 2007