June 13, 2006

Linda C. Degutis, DRPH, MSN
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Chairperson, Executive Board
American Public Health Association (APHA)

Dear Dr. Degutis:

We are writing on behalf of the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP), which advises the Secretary of the U.S. Department of Health and Human Services and the Director of the Centers for Disease Control and Prevention (CDC). This is in the response to the APHA statement entitled, "Protecting Children from Overexposure to Lead in Candy and Protecting Children By Lowering the Blood Lead Level of Concern".

The American Public Health Association is a respected and reputable association with a large membership. APHA policy statements are important as they focus the public health community of specific needs and areas of concern. For this reason, we would hope that APHA would make every effort to ensure that its policy statements are accurate and fully vetted as these statements have much impact on people around the nation involved in public health work of all kinds.

We would like to applaud much of the statement regarding children's exposure to lead and the prevention of such exposure. However, some of the background material and some of the recommendations give us cause for concern, specifically Recommendations 10-12. We will discuss these concerns in further detail. We are dismayed that the APHA representative to our committee, Dr. Benjamin Gitterman, was not made aware of this policy statement and did not receive an opportunity to review the statement, or to circulate a draft of the statement to ACCLPP for review and feedback, before final publication of the policy statement.

The committee felt that jointly addressing two areas that are distinct and unrelated, such as lead in candy and the blood lead level (BLL) of concern, was not productive.

We are concerned that the first paragraph (lines 7-11) of the statement fails to capture the tremendous outreach efforts that were made by the state and local childhood lead poisoning prevention programs (CLPPS) to inform the public and the media about lead in imported candy, candy wrappers, and seasonings.

Committee members are concerned about the statements that describe concern for adverse health effects of lead. This background information is described in paragraphs 21-27, or lines 108-141. In paragraphs 28-29 (lines 143-150), the statement calls for a lowering of the CDC's "blood lead level of concern". It correctly points out that the level of 10 should not be interpreted as a threshold for toxicity, but as an action level. It incorrectly states that the blood lead level of concern is misleading in that it implies that

the CDC is not concerned about neurological damage which may be incurred below the "level of concern". Paragraphs 28 and 29 reference (reference 23) a 2004 draft version of the publication, "A Review of evidence of health effects of blood lead levels < 10in children". This draft has since been published in August 2005 by the CDC, entitled "Preventing Lead Poisoning in Young Children". Within this document is the final version of the review referenced above, as well as a policy statement authored by the ACCLPP and CDC. The policy statement clearly explains how the blood lead level of concern should be interpreted and gives several solid reasons for not changing the blood level number at this point, of which one is the lack of a definite threshold number which could be used to replace the current 10 μg/dL. The committee feels that the final document should have been referenced, and that the final policy statement addressed many of the concerns raised in Paragraphs 21-29. It also speaks to why the ACCLPP has chosen not to re-define the current action level, as recommended with Recommendation 10.

Another concern was with Paragraph 30 (lines 152-156), which makes reference to lead industry-connected scientists sitting on the advisory committee. Firstly, committee members are appointed by the Secretary of the U.S. Department of Health and Human Services; committee members do not have much input into this process. Secondly, there was never concern about the background of most of ACCLPP's members. Thirdly, the concern was expressed years before the August 2005 report. Since 2002, the composition of the Advisory Committee has changed substantially. ACCLPP's current membership includes pediatricians, nurse practitioners, other clinicians, advocates for children's health and healthy homes, lead abatement experts, parents, academicians and local and state health department officials. Therefore, the ACCLPP fails to see the appropriateness and validity of including the remarks found in Paragraph into the APHA statement.

Regarding Recommendation 11 for prevention of all possible sources of lead, we recommend that the statement reference the 2004 document issued by ACCLPP and CDC entitled, "Preventing Lead Exposure in Young Children: A Housing-based Approach to Primary Prevention of Lead Poisoning", which was a blueprint for state and local health departments and governments to develop policies and interventions for primary prevention of lead poisoning. The August 2005 CDC publication referenced in the paragraph above also provides recommendations about prevention of lead exposure from non-housing-based other sources of lead.

There was concern about Recommendation 12, which calls for the Department of HHS to require all laboratories to operate with a total allowable blood lead level error of +/- 1 μg/dL. While this might be a worthwhile goal for laboratories to work toward achieving, if this were enacted quickly ACCLPP members would be concerned about a negative impact on blood lead screening of our nation's children. Many local laboratories would not have adequate equipment necessary to perform lab analyses with this level of specificity.

In closing, we are hopeful that the APHA can review our concerns about this APHA statement on lead exposure and prevention. We hope to receive feedback and would welcome discussion about our concerns. Please also keep Dr. Gitterman informed of any new statements regarding lead exposure prevention so he can keep the committee informed, as representative from the APHA.

We look forward to hearing from you in the future.

Sincerely yours,

Carla Campbell, MD, MS
Outgoing Chairperson

George G. Rhoads, MD, MPH
Incoming Chairperson
Advisory Committee on Childhood Lead Poisoning Prevention
ACCLPP

cc: Pat D. Mail, MPH, PhD, CHES; APHA President
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cc: Dr. Benjamin Gitterman, APHA representative to ACCLPP
cc: Dr. Phyllis Stubbs-Wynn