

DRAFT: FOR DISCUSSION PURPOSE ONLY

To the Editor:

In Policy Statement 2005-7, Protecting Children from Over-exposure to Lead in Candy and Protecting Children by Lowering the Blood Lead “Level of Concern”, APHA urges, among other things that: a) cognizant federal agencies undertake a multi-pronged approach to control excessive lead levels in imported candies; b) the Department of Health and Human Services require clinical laboratories certified to perform blood lead testing to operate within an error of ± 1 ug/dL instead of the current ± 4 ug/dL; and c) the Centers for Disease Control (CDC) to substantially lower its “blood lead level of concern” from the current level of 10 ug/dL.

CDC’s Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) applauds the intent of these recommendations to reduce exposure of American children to the known toxicities of lead. However, the Committee would like to make the following observations: 1) Under current US and international trade policy, the control of lead contamination in imported candies, folk medicines and cosmetics is a daunting challenge that will require great vigilance by health practitioners and local health departments in addition to increased resources and authority in our federal agencies; 2) There remain more than 200,000 US children with blood lead levels above 10 ug/dL. In most jurisdictions the budgets of local health departments are stretched and there is logic in focusing individual level attention on this large remaining group of maximally affected children. This is consistent with the Healthy 2010 objective and also with the fact that there are no interventions of proven effectiveness for children with blood lead levels under 10 ug/dL. ACCLPP recognizes that no safe level of lead exposure has been defined and believes that the emphasis on primary prevention, which has produced a more than 90% reduction in average blood lead levels in the US remains the best overall strategy. 3) While some tightening of acceptable operating error in the determination of blood lead levels is desirable and feasible, the goal of ± 1 ug/dL may not be attainable in the near term. A requirement that reduced the availability of blood lead testing or substantially increased its cost would have the potential to impede the screening of children for lead exposure.

In closing, we would like to say that conflicts of interest of ACCLPP members are carefully monitored by staff at CDC. Membership of the committee is public information and no member has ties to the lead industry.