



Department of Health and Human Services

*Advisory Committee on Childhood Lead Poisoning Prevention*

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September 23, 2002

The Honorable Tommy G. Thompson  
Secretary

U. S. Department of Health and Human Services  
200 Independence Ave., SW  
Room 615-F  
Washington, DC 20201

Dear Secretary Thompson:

The Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) wishes to bring to your attention the potential public health problem of lead poisoning among adopted and refugee children. Each year over 100,000 children are adopted in the United States, with almost 17,000 from overseas. Throughout the 1990s this number has been consistently increasing. The most common countries from which children are adopted are Russia, China, South Korea, Guatemala, and Romania. Many of these countries have documented problems with lead exposure and toxicity. Almost 90% of these adopted children are under five years of age, a population especially vulnerable to the effects of lead.

Recent studies have found that a significant proportion of immigrant and adopted children have elevated blood lead levels, depending on the country of origin (1,2). According to one study, 40% of children from Cuba and Haiti, 37% from Asia, 27% of Vietnam and Africa and 25% from the Near East had elevated blood lead levels. Overall, approximately 11.3% of adopted foreign-born children have elevated blood lead levels (1).

Prior to arrival into the United States, all immigrants and refugees are required to have a medical examination overseas by a physician approved by the U.S. embassy or consulate to perform medical examinations for immigrant visas in that country. This examination focuses primarily on detecting serious contagious diseases and disabilities. For children 15 years of age or older, a chest radiograph examination for tuberculosis and blood tests for syphilis and HIV are required. Children younger than 15 years of age are tested only if there is reason to suspect any of these diseases. Finally, there is a requirement to show proof that a child has received the recommended vaccines established by the Advisory Committee on Immunization Practices, unless the prospective parents sign a waiver indicating their intention to comply with the immunization requirements within 30 days after the child's arrival into the United States. Blood lead testing is not required.

Upon entry into the United States, the American Academy of Pediatrics recommends that clinicians conduct blood lead screening tests for children who have been adopted or have emigrated from countries where lead poisoning is prevalent (3). But this is only a recommendation (not a requirement), and anecdotal evidence suggests that blood lead screening among this population is not yet routine. And, since many children with blood lead elevations have no obvious clinical manifestations, their lead exposure may go undiagnosed, even as they develop health problems such as anemia, impaired growth and development, lower I.Q. levels, and attention and behavioral problems. Some effects, such as neurodevelopmental effects, may remain with a child throughout his/her lifetime.

Under current regulations and routine practice, foreign-born children with elevated blood lead levels may never be identified. As a result, their parents would lack information that could help them maximally improve their children's growth, development, and prospects for the future. Furthermore, children with blood lead elevations would never receive appropriate medical treatment to reduce their blood lead levels and educational and environmental interventions to protect them from additional lead exposure. Lastly, identification of children with elevated blood lead levels might lead to further investigation and remediation of lead exposures in these children's home countries, preventing other children from becoming poisoned. We hope that you will work with us to solve this problem by providing information and guidance to targeted parents and physicians and other health care providers.

We, the Advisory Committee, urge you to address the public health importance of childhood lead poisoning in this growing population. We request your assistance in providing information on this subject to your counterpart at the U.S. Department of State, and to appropriate agencies within HHS. To facilitate this process, ACCLPP in conjunction with staff from the Centers for Disease Control and Prevention, has written two simple letters (which are attached) to parents of adopted and immigrant children, respectively, explaining the possibility for prior lead exposure of these children and recommending lead screening as part of the medical evaluation provided during the adoption or immigration intake process. We think that these letters could be disseminated to *adopting and immigrant parents through the State Department in the course of their work with such parents.* They might also be utilized by the U.S. Immigration and Naturalization Service (INS). In addition, we think that several HHS agencies can play important roles in disseminating information about this problem.

Specifically, HHS programs that educate physicians and other health care providers, provide health care to immigrant or refugee populations, or provide support services for such populations could all make a difference in changing practice. We request your help in making these materials available to the Secretary of State and his staff, to INS staff, and for use within HHS.

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Thank you in advance for your consideration of our request. Committee members would be pleased to meet with you or your staff should you have any further questions or concerns about our request. We look forward to working with you on this project in the future.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Carla Campbell', written in black ink.

Carla Campbell, MD, MS  
Acting Chairperson,  
Advisory Committee on Childhood Lead Poisoning Prevention

#### References

1. Paul L. Geltman, Mary Jean Brown, and Jennifer Cochran Lead Poisoning Among Refugee Children Resettled in Massachusetts, 1995 to 1999 *Pediatrics* 2001 108: 158-162.
2. Elevated blood lead levels among internationally adopted children--United States, 1998. *MMWR Morb Mortal Wkly Rep.* 2000 Feb 11;49(5):97-100.
3. Committee on Environmental Health. Screening for Elevated Blood Lead Levels *Pediatrics* 1998 101: 1072-1078.

Dear Parent of an Adopted Child from Overseas:

As you go through the joy of adopting a child and the anticipation of providing him or her with a future full of promise, we would like to talk with you about a health matter for which you may not have received information.

**Blood lead levels in foreign-born adopted children may be a health concern.**

- Lead is a metal used worldwide. The most common source of lead exposure for children in the U.S. is from lead-containing paint in a home built before 1978. Lead exposure in other countries varies from that in the U.S. due to different policies, practices and regulations. Major lead exposure sources include lead from gasoline, ceramics, and industrial uses. Many countries still use leaded gasoline, although the U.S. has banned this years ago.
- Some adopted children may have been exposed to lead. Studies have shown that adopted children tend to have higher lead levels in their blood than do U.S.-born children.
- Studies have linked some learning, attention, behavioral and developmental problems to elevated lead levels.
- Early identification of elevated blood lead levels can benefit a child's health by triggering appropriate medical management and other follow-up care.
- Public health departments can offer guidance, which may include environmental inspection, by ensuring a safe environment to prevent further lead exposure.
- For more information on lead, contact any of the following:
  - Your child's health care provider or doctor
  - Your local health department
  - The Childhood Lead Poisoning Prevention Branch at the Centers for Disease Control and Prevention (404-498-1420 or [www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead))
  - The National Lead Information Center (800-424-LEAD)
  - The Alliance to End Childhood Lead Poisoning (202-543-1147 or [www.aeclp.org](http://www.aeclp.org))

**Have your child's blood lead level checked.**

- A simple blood test can detect an elevated lead level.
- When you return home with your child, ask your child's health care provider or doctor to test your child for lead.
- If a level of concern is found, your child's doctor can follow your child to manage or prevent health problems.
- If your child's level is acceptably low, your child's doctor can follow local and state recommendations for any further lead testing.

**We wish you every joy as a parent of your newly adopted child!**

**The Advisory Committee for Childhood Lead Poisoning,  
U.S. Department of Health and Human Services**

Dear Parent of an Immigrant Child from Overseas:

**Blood lead levels in immigrant children may be a health concern.**

- Some immigrant children may have been exposed to lead. Studies have shown that these children tend to have more lead in their blood than do U.S.-born children.
- Studies have linked some problems with the way children learn, pay attention, act and develop to blood lead levels that are higher than normal.
- Finding children with high lead levels early can help the child's health by leading to follow-up sooner with a doctor.
- Public health departments can offer help to protect children from getting more lead in their bodies when children have elevated (too high) blood lead levels. This may include inspections of the home
- For more information on lead, contact any of the following:
  - Your child's health care provider or doctor
  - Your local health department
  - The Childhood Lead Poisoning Prevention Branch at the Centers for Disease Control and Prevention (404-498-1420 or [www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead))
  - The National Lead Information Center (800-424-LEAD)
  - The Alliance to End Childhood Lead Poisoning (202-543-1147 or [www.aecclp.org](http://www.aecclp.org))

**Have your child's blood lead level checked.**

- A simple blood test can detect an elevated lead level.
- Ask your child's health care provider or doctor to test your child for lead.
- If the lead level is high, your child's doctor can follow your child to watch for and take care of any health problems.
- If your child's level is low, your child's doctor can follow local and state rules for any more lead testing.

**We wish you good luck in your new home in the United States!**

**The Advisory Committee for Childhood Lead Poisoning,  
U.S. Department of Health and Human Services**