

STATEMENT OF WORK FOR ABLES FUNDING, FY 2010

The Adult Blood Lead Epidemiology and Surveillance (ABLES) Program is a state-based surveillance system under which participating States provide information to NIOSH on laboratory reported blood lead levels among adults. *The current ABLES case definition for elevated blood lead level for adults (age 16 and older) is a blood lead level concentration ≥ 10 $\mu\text{g}/\text{dL}$ (ten micrograms per deciliter).*

For fiscal year 2010, payment to your State (\$), requires **data for variables 1, 2, 6, 8, 9, 10, 11a or 11b, 12, for all BLLs ≥ 10 (ten) $\mu\text{g}/\text{dL}$ and additional data for variables 15, 16, and 18 for all BLLs ≥ 25 (twenty-five) $\mu\text{g}/\text{dL}$** . The ABLES program ultimately aims to collect the complete list of variables for *all blood lead level tests, and urges all States to progressively supply this information* as it becomes available. These data must be submitted in the format supplied on the following pages providing a field for the 19 variables, even if some variables have no data available at the time of submission. An EXCEL spreadsheet is the preferred method and a Microsoft Access table or delimited text file is also acceptable.

Task 1 – Time period September 01, 2010 – December 31, 2010. Due on or before **February 28, 2011**, the contracting State will submit deliverables: (1) the data for the entire calendar year 2010 which thus includes the time period 9/1/2010 – 12/31/2010 plus all revisions made to the 01/01/2010 – 8/31/2010 data in the prescribed format; and (2) a brief narrative report for the entire calendar year 2010 describing any notable lead surveillance activities, including actions taken when elevated blood lead levels were identified. After the data have been accepted, submit an invoice to CDC-FMO for \$ for payment.

Task 2 – Time period January 01, 2011 – August 31, 2011. Due on or before **October 31, 2011**, the contracting State will submit deliverables: (1) The data for the time period January 01, 2011 – August 31, 2011 in the prescribed format; (2) A brief narrative report for the same time period describing any notable lead surveillance activities, including actions taken when elevated blood lead levels were identified. After the data have been accepted, submit an invoice to CDC-FMO for \$ for payment.

Send the deliverables by e-mail to both the ABLES Data Manager (jsg2@cdc.gov) and to the ABLES Project Officer (wda7@cdc.gov). Data acceptance for tasks 1 and 2 requires industry codes for 80% or more of the reports with BLLs ≥ 25 $\mu\text{g}/\text{dL}$. After the data have been accepted by the ABLES program, the invoice for payment must be sent to: CDC-FMO, Mail Stop D06, P.O. Box 15580, Atlanta, GA 30333. Invoices may be faxed to: (404) 498-4254 or (404) 498-4255. The phone number is (404) 498-4050 or 1 800-335-2455 for payment inquiries. The invoice must contain: (1) Invoice number and Purchase Order number, (2) Period of performance on front page of invoice, (3) your DUNS (Dun & Bradstreet) number, and (4) EIN # (Federal Tax ID number).

Coordination of State ABLES activities is of importance. Therefore, it is required that sufficient State ABLES funding be set aside to provide for travel expenses for at least one of the State's ABLES personnel to attend the National ABLES Meeting yearly, usually in June in conjunction with the Annual CSTE Conference.

Variables format instructions for all ABLES data submissions.

Revised: 04/20/2010

1. StateRep	2	Text	2-letter Postal State abbreviation for the State making this report. <i>[Note: This should be a constant and must be present]</i>
2. StateRes	2	Text	2-letter Postal State abbreviation for State in which the adult resides. 99 = Unknown. CN = Canada, MX = Mexico.
3. CountyRes	3	Text	3-digit county Federal Information Process Standards (FIPS) code for county of residence of the adult. 999 = Unknown.
4. StateExp	2	Text	2-letter Postal State abbreviation for State where exposure occurred. 99 = Unknown. CN = Canada, MX = Mexico. <i>[Note : Code StateExp only if you are sure of exposure location (do not make assumptions)]</i>
5. CountyExp	3	Text	3-digit county FIPS code for county where exposure occurred. 999 = Unknown.
6. ID	15	Text	State-assigned unique ID number for adult (ID must remain constant from year to year) with 15 characters maximum. If all characters are not used, leave the missing ones blank, and left justify. Do not fill with zeros. <i>[Note: Do not use any personal identifier such as an SSN or name for ID.]</i>
7. Status	1	Text	<p>For adults with BLLs ≥ 10 $\mu\text{g}/\text{dL}$:</p> <p>1 = New case. An adult whose highest BLL was ≥ 10 $\mu\text{g}/\text{dL}$ in the current calendar year who was not in the State lead registry in the immediately preceding calendar year with a BLL ≥ 10 $\mu\text{g}/\text{dL}$. This adult may have been in the registry with a BLL ≥ 10 $\mu\text{g}/\text{dL}$ in earlier calendar years or with a BLL < 10 $\mu\text{g}/\text{dL}$ in the immediately preceding calendar year. <i>[Note: A new case should remain coded 1 for all other BLL tests for the adult done in the same calendar year.]</i></p> <p>2 = Existing case. An adult whose highest BLL was ≥ 10 $\mu\text{g}/\text{dL}$ in the current calendar year who was in the registry in the immediate preceding calendar year with a BLL ≥ 10 $\mu\text{g}/\text{dL}$.</p> <p>9 = Unknown</p> <p>For adults with BLLs < 10 $\mu\text{g}/\text{dL}$:</p> <p>3 = Unclassified Adult. An adult whose highest BLL was < 10 $\mu\text{g}/\text{dL}$ about whom you have collected insufficient information to determine whether he/she is a new or existing adult in the State registry.</p> <p>4 = New adult. An adult whose highest BLL was < 10 $\mu\text{g}/\text{dL}$ who was not in the State lead registry in the preceding calendar year with a BLL either less than or greater than 10 $\mu\text{g}/\text{dL}$. This adult may have been in the registry in earlier years.</p> <p>5 = Existing adult. An adult whose highest BLL was < 10 $\mu\text{g}/\text{dL}$ who was in the registry in the preceding calendar year with a BLL either less than or greater than 10 $\mu\text{g}/\text{dL}$. <i>[Note: Codes 3-5 are provided to facilitate the reporting of the lower BLLS. The use of Code 3 should be rare as should the use of Code 9.]</i></p>

Variables format instructions for all ABLES data submissions.

Revised: 04/20/2010

8. BLLDate	10	Date	Date blood drawn or date of lab BLL test. MM/DD/YYYY <i>[Note: Change short date under control panel/regional options to reflect MM/DD/YYYY.]</i>
9. DateType	1	Text	1 = Date of blood draw (preferred) 2 = Date of laboratory test (acceptable) 3 = Date of health department ascertainment (acceptable) 9 = Unknown
10. BLL	3	Numeric	Blood lead level, 3 digits no decimal, right justify.
11a. DOB	10	Date	Date of Birth (MM/DD/YYYY) <i>[Note: If DOB unavailable, you may leave blank and code Age]</i>
11b. Age	3	Numeric	Age in years, right justify, no decimal. 999 = Unknown <i>[Note: If DOB provided, you may leave Age blank]</i>
12. Sex	1	Text	1 = Male 2 = Female 3 = Other 9 = Unknown
13. Ethnicity	1	Text	Self-identified: 0 = No (Not Hispanic or Latino) 1 = Yes (Hispanic or Latino) 9 = Unknown
14. Race	1	Text	1 = American Indian & Alaskan Native 2 = Asian 3 = Black 4 = White 5 = Hawaiian/Pacific Islander 6 = Mixed 7 = Other 9 = Unknown
15. WorkRel	1	Text	This is your determination on whether the exposure was work related. 1 = Work related 2 = Not work related 3 = Both 9 = Unknown <i>[Note: Code 1, 2 or 3 only if you are sure of the exposure source. Code 9 if you do not know]</i>
16. NAICS	6	Text	North American Industry Classification System 2002. If all 6 digits NAICS codes are unavailable, complete with as many as possible, leave the missing ones blank, and left justify. Do not fill with zeros. 999 = Unknown <i>[Note: If WorkRel is coded 1 or 3, NAICS should have a valid code which includes 999. Include NAICS codes, if available, even if WorkRel is coded 2 or 9.]</i> http://www.naics.com/search.htm

17. COC	4	Text	<p>Census Occupation Codes 2002. If all 4 digits COC codes are unavailable, complete with as many as possible, leave the missing ones blank, and left justify. Do not fill with zeros. 9990 = Unknown <i>[Note: If WorkRel is coded 1 or 3, COC should have a valid code or 990. If WorkRel is coded 2 or 9, include COC codes if available, or COC can also be blank]</i></p> <p>http://www.census.gov/hhes/www/ioindex/ioindex02/view02.html</p>
18. Process	50	Text	<p>Process is defined as a narrative of the non-occupational avocation or activity from which the adult was exposed to lead.</p> <p>NA = Non-applicable. <i>[Note: If WorkRel is coded 2 or 3, Process should have a narrative entry, a code, or 999.]</i> <i>[Note: If WorkRel is coded 1 or 9, Process can be coded NA or blank.]</i></p> <p><i>[Note: While it is acceptable to use the following codes for the most frequent process categories, we prefer that you include text descriptions so that the need for new categories or new exposures can be assessed.]</i></p> <p>1 = Shooting firearms (target shooting) 2 = Remodeling/renovation/painting 3 = Casting (e.g., bullets, fishing weights) 4 = Ceramics 5 = Stained glass 6 = Retained bullets (gunshot wounds) 7 = Pica (the eating of non-food items) 8 = Eating from leaded cookware 9 = Eating food containing lead (e.g., imported candy) 10 = Drinking liquids containing lead (e.g., moonshine) 11 = Taking complementary and alternative medicines (e.g., Ayurvedic medications) 12 = Retired (This could be a former lead worker; try to get NAICS and COC) 13 = Other--please provide text descriptions for sources not listed above. 999 = Unknown</p>

Note: Variable formats may change to meet emerging CDC guidelines for surveillance systems.

NOTE: The following website is most useful in finding help in coding industry: (1) Search by a keyword in the line of business the adult is in and it will find the NAICS code. (2) Search by SIC code and it will find the corresponding NAICS code. (3) Search by the NAICS code to receive the full description. <http://www.naics.com/search.htm>

For more information or questions on Industry and Occupation codes you may also contact Pamela Schumacher (pksl@cdc.gov).