July 20, 2012

Dear clinical partners:

As you may be aware, on January 4, 2012, the federal Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) released a report to the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control (CDC) which acknowledged the cumulative scientific evidence concerning a range of health impacts associated with blood lead levels (BLLs) less than 10μg/dL in children. A specific recommendation was made and recently adopted by CDC replacing the term “blood lead level of concern” with a “reference value” based on the 97.5th percentile of blood lead level distribution in children 1-5 years of age in the U.S. Based upon current data that blood lead level is now 5μg/dL. The ACLPP recommendations and the CDC responses to each of their recommendations, published in the Morbidity and Mortality Weekly Report (MMWR) and Pediatrics in May 2012 can be found at www.cdc.gov/nceh/lead. A fact sheet for parents is also available at this website.

Data for calendar year 2011 from Massachusetts Department of Public Health (MDPH) Bureau of Environmental Health’s Childhood Lead Poisoning Prevention Program (CLPPP) indicate that there continues to be a significant number of children 5 and younger who are experiencing lead exposure.

The ACLPP statement recommends that clinicians take the primary role in educating families about preventing childhood lead exposure by urging that the residence of a child under age six be inspected for lead paint. Massachusetts has public and private inspection resources available to all residents, both tenant occupants and property owners. There are also resources and incentives available to assist in reducing opportunities for exposure to lead and associated health risks. Further information can be found at http://www.mass.gov/dph/clppp.

Possible retesting of children with earlier blood tests of 5-9μg/dL is particularly important if children are not scheduled to be tested again in accordance with the Massachusetts Department
of Public Health regulatory requirement to screen each child at age 9 months to 12 months, age 2 and age 3 and again at age 4 if they reside in a high risk community.

The MDPH regulations for mandatory blood lead screening have long recommended a venous blood sample for screening. At lower values, such as 5μg/dL, accurate blood test results are more important than ever.

Historically those children with a BLL of 10μg/dL or greater enter the CLPPP case management system. The parent and physician of these children are sent written notification regarding the results and provided other information, such as retesting schedules and details on available services. Families are also offered in-home education and environmental investigations if their child has tested 10μg/dL or greater. MDPH will expand the case notification services of its case management system to physicians and parents of children with blood test results of 5-9μg/dL or greater; however, federal funding for CLPPP programs nationwide has been eliminated. As a result provision of in-home education and environmental investigations for all children with BLLs of 5-9μg/dL is not feasible. For that reason your collaboration is critical. To summarize, MDPH seeks your assistance in:

1. Encouraging parents to have their residence tested
2. Reminding parents that there is no safe blood lead level for children and to have children test
3. Urging parents of children age 5 or under who had blood lead levels of 5μg/dL or greater in the recent past get their children retested
4. Utilizing venous screening to facilitate clinical and remedial action

Primary prevention is paramount in our collective efforts to reduce/eliminate childhood lead poisoning and clinicians are essential to this effort.

Please feel free to contact the MDPH/BEH Childhood Lead Poisoning Prevention Program at 617-624-5757 if you have any questions.

Sincerely,

John Auerbach                  Lauren Smith, MD
Commissioner                  Medical Director