

STATE OF MARYLAND HMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein, M.D., Secretary

June 7, 2012

Dear Health Care Provider:

In May, 2012, the U.S. Centers for Disease Control and Prevention (CDC) responded to recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) to revise the guidelines for childhood lead poisoning.

This letter summarizes the Department of Health and Mental Hygiene's (DHMH) recommendations for the prevention, diagnosis, and management of lead poisoning in children. The letter also summarizes the CDC response and rationale, and the current activities of DHMH and the Department of the Environment (MDE) to respond to this change in guidelines.

The key questions for health care providers addressed in this letter are:

- What are the recommendations of the Advisory Committee on Childhood Lead Poisoning Prevention, and what were CDC's responses to those recommendations?
- What blood lead level should trigger a response by a health care provider?
- What is the recommendation for children with blood lead levels between 5 and 9 microgram/deciliter (µg/dL)? For children with blood lead levels 10 µg/dL or greater?
- Are there changes in the recommendations for which children in Maryland should be screened or tested for possible lead exposure, the screening and testing procedures, or the ages of screening and testing?

Key Points of Advisory Committee's Recommendations and CDC's Response

The recommendations from the ACCLPP were based on a thorough review of the science of childhood lead poisoning. The ACCLPP's recommendations were based on the weight of evidence from a growing body of studies showing that the effects of lead appear to be irreversible and can occur at levels $< 10 \ \mu g/dL$. Key points of the recommendations are as follows:

• The ACCLPP recommends that the term "level of concern" be eliminated from all future agency policies, guidance documents, and other CDC publications. CDC agreed that the emphasis should be on preventing even these low exposure levels.

- CDC agreed that the agency should use a childhood BLL reference value based on the 97.5th percentile of the population BLL in children ages 1-5 (currently 5 µg/dL) to identify children and environments associated with lead-exposure hazards. The reference value should be periodically updated, based on the most recent population based blood lead surveys among children.
- Clinicians should monitor the health status of all children with a confirmed BLL \geq 5 µg/dL for subsequent changes in BLL until all recommended environmental investigations and mitigation strategies have been completed, and should notify the family of all affected children of BLL test results in a timely and appropriate manner. Clinicians also should collaborate with local and state health agencies to ensure that the appropriate services and resources are provided to children and their families.
- Both the ACCLPP and CDC emphasized the importance of educating families, service providers, advocates, and public officials on the primary prevention of lead exposure in homes and other child-occupied facilities to ensure that lead hazards are eliminated before children are exposed.

Recommendations for Maryland Health Care Providers

Based on the new CDC recommendations, DHMH, in consultation with the Lead Poisoning Prevention Program at MDE, is taking the following steps. DHMH is currently recommending that all providers follow the guidelines below regarding lead poisoning prevention in children.

- 1. There is no change in the recommendations for the age of testing for children in Maryland. The requirement remains that children living in zip codes identified as "at-risk") in the Maryland State Targeting Plan (view at-risk zip codes: http://fha.dhmh.maryland.gov/mch/Documents/Lead-revisedatriskareas2004a.pdf), and all children enrolled in Maryland Healthy Kids (EPSDT), should receive a lead test at ages 12 and 24 months. In addition, all children should be screened for possible lead exposure with questions about peeling, flaking, or chipping paint, as well as other sources of lead exposure. Any child who has potential sources of lead exposure should be tested for lead.
- 2. DHMH, consistent with the new CDC guidance, recommends that children with a lead level greater than the new reference level of 5 μ g/dL should be retested within 3 months. In addition, families whose children have a confirmed level greater than 5 μ g/dL should receive lead and nutritional education, and be assessed for possible sources of lead exposure.
- 3. There has been no change in the Maryland law related to housing and lead levels. Maryland law still recognizes a level of 10 μ g/dL as the level that triggers regulatory action related to rental housing.

Further Recommendations to Come

A number of important policy issues remain to be answered, including the referral and case management process for children with new blood lead tests between 5 and 9 μ g/dL, whether and how far to "look back" for children who previously have had blood lead levels between 5 and 9 μ g/dL, and the appropriate clinical and administrative management of children with historic blood lead levels between 5 and 9 μ g/dL.

DHMH and MDE will work with local health departments to develop recommendations and guidelines for these questions, based on future CDC guidance and on input from key stakeholders. The agencies propose to solicit stakeholder and public input into these decisions through the Maryland Lead Poisoning Prevention Commission. The agencies anticipate updating state guidance this fall..

Resources for Providers

For further information, including resources for parents, providers, tenants, home owners, contractors, and rental owners, data on childhood lead tests in Maryland, and changes in recent laws affected lead, visit the Maryland Lead Poisoning Prevention Program website at:

http://mde.maryland.gov/programs/Land/LeadPoisoningPrevention/Pages/Programs/LandPrograms/lead coordination/index.aspx. You can also call the Childhood Lead Poisoning Prevention program at 410-537-3825. Questions for DHMH can be directed to the Environmental Health help line toll-free at 1-866-703-3266.

Sincerely,

Frances Phillips RN, MHA

frances Thillis

Deputy Secretary for Public Health

Clifford S. Mitchell, MS, MD, MPH

Assistant Director for Environmental Health

and Food Protection