



Strategic Planning Committee to Eliminate Childhood Lead Poisoning

MINUTES

DATE: January 30, 2013

TIME: 10:00AM – 2:15PM

LOCATION: DSHS, via Webinar

MEETING CALLED BY	Texas Childhood Lead Poisoning Prevention Program (TXCLPPP)
TYPE OF MEETING	Strategic Planning Committee (SPC) Webinar
FACILITATOR	Patrick Bloomingdale
ATTENDEES	SPC Roll Call (see page 4)

AGENDA TOPICS

INTRODUCTION

by Patrick Bloomingdale

PRESENTATION	<ul style="list-style-type: none"> Webinar Demo – CenturyLink Web Meeting: use the Chat Feature to submit questions, and Poll Feature to submit Vote and Recommendations (see pages 6-10). Eliminating the term “level of concern” and NHANES reference value (see pages 12-15) 	
DISCUSSION	<p>The Centers for Disease Control and Prevention (CDC) and Texas Department of State Health Services (DSHS) no longer are using the term “level of concern”. CDC replacing it with “reference value” of 5 mcg/dL.</p> <p>SPC: How are we going to translate this terminology (reference value) to a term that is meaningful to providers? Reference value is not going to mean anything to providers.</p>	
CONCLUSION	<p>TXCLPPP’s response: The objective for replacing the phrase “level of concern” with “reference value” is to eliminate a false sense of security, because there is no safe level of lead exposure. The reference value is the level at which physicians should initiate action.</p>	
ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
NONE	n/a	n/a

QUANTIFYING TESTS AND CHILDREN WITH BLOOD LEAD LEVELS ≥ 5MCG/DL

by LJ Smith

PRESENTATION	<ul style="list-style-type: none"> Number of Tests and Children Age 0-14 with blood lead levels (BLLs) 5-9 mcg/dL vs. ≥10 mcg/dL, 2011 (see page 18) Texas Children Age 0-14 with BLLs 5-9 mcg/dL by BLL, 2011 (see page 19)
DISCUSSION	<ul style="list-style-type: none"> Will the cost of testing increase if we adopt more sensitive testing. What is the cost per test? Laboratory cost is \$3.47 for 10 and greater. DSHS Laboratory – there is already technology that can test levels as low as 2 mcg/dL. The lab is considering transitioning to this technology. What other states use the 5-9 standard and what are the practical implications of using this value? CDC response was that they concurred in principle but do not have the funding to implement the 5-9. The states should decide for themselves.
CONCLUSION	<p>There would be a 5-fold greater number of children needing follow-up testing and medical case management when using the reference value of 5 mcg/dL.</p>

Strategic Planning Committee to Eliminate Childhood Lead Poisoning

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
TXCLPPP will prepare data that quantifies: <ul style="list-style-type: none"> • How many 5-9 venous BLLs occurred in 2011 • Home many 5-9 venous BLLs were persistent • How many 5-9 venous BLLs increased to a value of ≥ 10 • Trend analysis for 5-9 vs. ≥ 10 • Geo distribution analysis for 5-9 vs. ≥ 10 	LJ Smith, TXCLPPP	04/24/13

VOTING & RECOMMENDATIONS

by Cristina Baker

VOTE	Does the SPC approve using a reference value of 5 mcg/dL?	
RESULTS	Voting Results: 9 Yes, 2 No, 2 Abstain (THSteps, Texas Apartment Association) The Committee voted Yes to using a reference value of 5 mcg/dL.	
ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
NONE	n/a	n/a

RECOMMENDATION 1:	What Actions does the SPC recommend for children with BLLs between 5-9 mcg/dL?
CONCLUSION	The SPC recommended revising the Pb109, <i>Reference for Follow-up Blood Lead Testing and Medical Case Management</i> (see page 27): Table 1: Schedule for Obtaining a Diagnostic Venous Sample - Revision: Add a new row for 5-9 and perform test within 12 weeks Table 2: Schedule for Follow-Up Venous Blood Lead Testing - Revision: Add a new row for 5-9 and follow-up at 6 months Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels - Revision: Add a new column for 5-9 mcg/dL with two items: 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring The SPC is also considering the following: On Table 3, under the 5-9 mcg/dL, add #3 Visual Home Assessment or ELI. This will be determined after the SPC reviews more data.

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
Provide information on website that recommendations have been made with tentative effective date of June 2013; SPC discussing recommendations with their respective agencies and will update TXCLPPP on their comments.	Patrick Bloomingdale, TXCLPPP	2/06/13
Revise PB109 and provide to SPC for review	Patrick Bloomingdale	2/27/13

RECOMMENDATION 2:	How will Primary Care Physicians be informed of the SPC's recommendations?
DISCUSSION	<ul style="list-style-type: none"> • Texas Health Steps (THSteps) representatives provided a brief explanation of their approval process for the SPC's recommendations. • SPC committee members had questions regarding Medicaid reimbursements for follow-up BLL monitoring.
CONCLUSION	Tabled until DSHS, THSteps, and Texas Pediatric Society's Advisory Committee has time to review the recommendations and provide the SPC with an update.



Strategic Planning Committee to Eliminate Childhood Lead Poisoning

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
Provide DSHS and THSteps with revised PB109	Teresa Willis, BLSG	02/06/13
Review Medicaid policy regarding reimbursement of BLL follow-up for children with BLLs 5-9 mcg/dL.	Terri Sparks, THSteps	Pending



Strategic Planning Committee to Eliminate Childhood Lead Poisoning

Meeting Roll Call - by Alphabetical Order

First Name	Company
Anabel Granado	Clinical Chemistry Laboratory
Becky Brownlee	Texas Health Steps Branch
Cristina Baker	Texas Childhood Lead Poisoning Prevention Program
David Mintz	Texas Apartment Association
Dhwani Kothari	University of Texas Health Science Center - San Antonio
Genny Carrillo Zuniga	School of Rural Public Health, Texas A&M Health Science Center
Jennifer Karnik	Adult Blood Lead Epidemiology and Surveillance Program
Jyothi R Domakonda	Healthy Homes and Lead Poisoning Prevention Program - Houston
Ken Kahle	Tamarac Medical, Inc.
Kendra Mueller	Texas Department of State Health Services
Kiley Allred	Galveston County Health District
Linda Kaufman	Healthy Homes and Lead Poisoning Prevention Program - San Antonio
LJ Smith	Texas Childhood Lead Poisoning Prevention Program
Marcus Hanfling	Texas Pediatric Society
Michele Gaffney	American Lead Poisoning Help Association, Inc.
Nancy M. Crider	University of Texas School of Public Health
Patricia P. Segura	Texas Childhood Lead Poisoning Prevention Program
Patrick Bloomingdale	Texas Childhood Lead Poisoning Prevention Program
Richard Williams	Harris County Lead Hazard Control Program
Rosalia Guerrero	University of Texas School of Public Health
Sandra Cuellar	Galveston County Health District
Stephanie Shirley	Texas Commission on Environmental Quality
Teresa Willis	Blood Lead Surveillance Group
Terri Sparks	Texas Health Steps
Tracy Levins	Texas Juvenile Justice Department
Vanessa Kelly	Galveston County Health District
Veronica Cuellar	Texas Childhood Lead Poisoning Prevention Program

Note: Bolded members denotes voting privileges

Date: 01/30/2013

Adopting Blood Lead Levels ≥ 5 mcg/dL as the Reference Value for Follow-up Testing and Medical Case Management

Texas Childhood Lead Poisoning Prevention Program

Presented by:

Patrick Bloomingdale, Outreach Coordinator

LJ Smith, Epidemiologist

Cristina Baker, Program Coordinator

Webinar Demonstration

CenturyLink Web Meeting



MEETING

▶ WEBCAM

▼ PARTICIPANTS (2)

Speaking:

Patrick Blooming...

. ABLES Program (H)

▼ CHAT Everyone

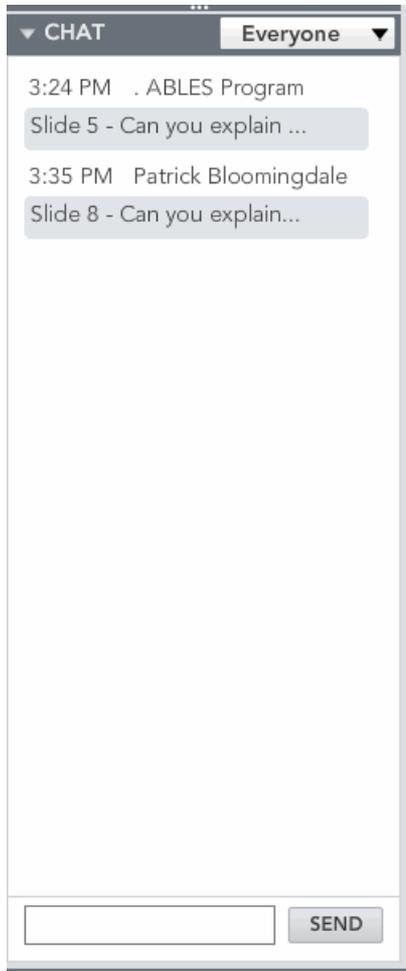
3:24 PM . ABLES Program

Slide 5 - Can you explain ...

SEND



Chat Feature

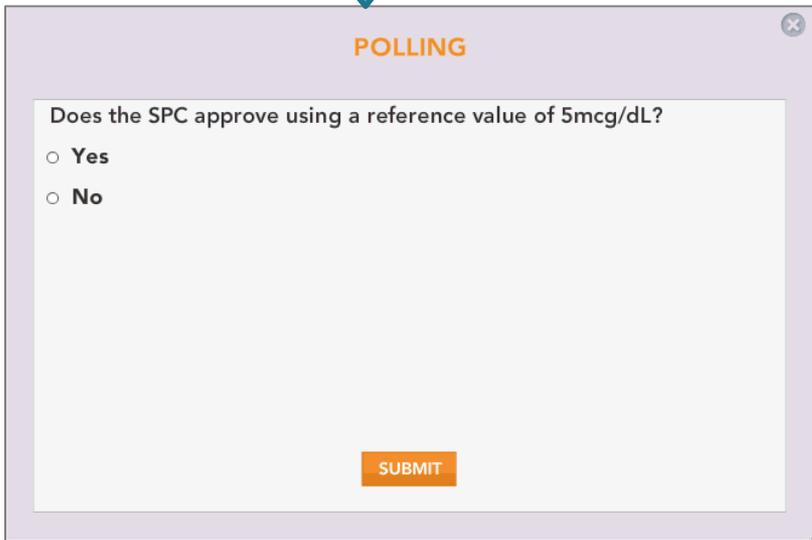


- Use the **CHAT** feature to submit your questions
- *Example: Slide 8 – Can you explain...*

Poll Feature

Webinar participants will submit their vote via the **Poll** Feature

When the voting begins,
a window will open up.



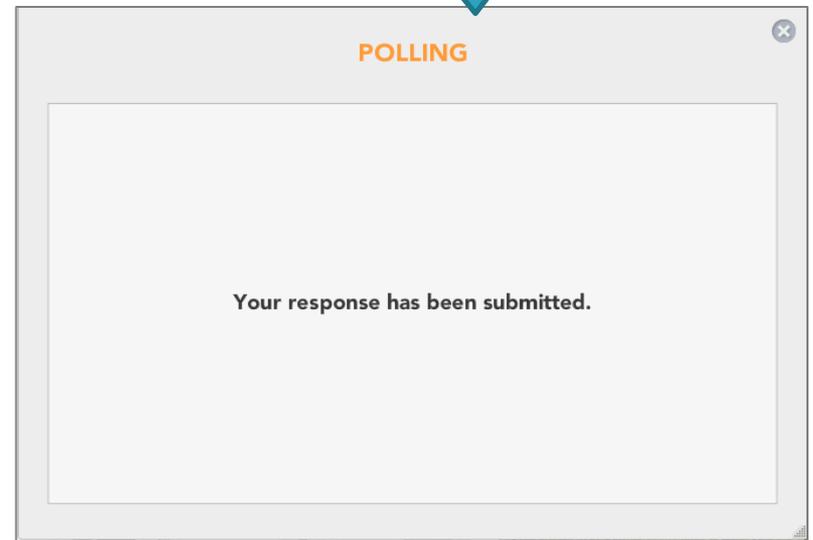
POLLING

Does the SPC approve using a reference value of 5mcg/dL?

- Yes
- No

SUBMIT

Window will show your
vote was submitted.



POLLING

Your response has been submitted.

Polling continued

Recommendation 1: ...
Recommendation 2: ...
Recommendation 3:...

SUBMIT your response

POLLING

What actions does the SPC recommend for children with BLLs between 5-9 mcg/dL?

SUBMIT

POLLING

Your response has been submitted.

Agenda

1 INTRODUCTION

by Patrick

- Eliminating the term “level of concern”
- NHANES reference value

2 QUANTIFICATION

by L J

- Comparing tests 5-9 mcg/dL with ≥ 10 mcg/dL, 2011

3 VOTING & RECOMMENDATIONS

by Cristina

- Vote to accept/reject reference value
- Decide actions for children with BLLs between 5-9 mcg/dL
- Decide how primary care providers will be notified about the SPC’s recommendations

Blood Lead Levels in Children

- A **blood lead test** is used to measure the level of lead in a child's blood.
- Until recently, “**level of concern**” – test result of ≥ 10 mcg/dL.
- Blood lead levels (**BLLs**) < 10 mcg/dL associated with:
 - IQ deficits
 - Attention-related behaviors
 - Poor academic achievement
 - Other lifelong health effects

Eliminating the term “level of concern”

Centers for Disease Control & Prevention

- No safe BLL in children has been identified, a blood lead “level of concern” cannot be used to define individuals in need of intervention.
- FY2012 - discontinued using the term “level of concern” in future publications.
- FY2012 - replaced “level of concern” with the NHANES reference value.

Texas Department of State Health Services

- FY 2012 - discontinued using the term “**level of concern**”

NHANES Reference Value

National Health and Nutrition Examination Survey

- Current **reference value** = 5 mcg/dL.
- U.S. population of children ages 1-5 years who are in the top 2.5% (97.5th percentile) of children when tested for lead in their blood.

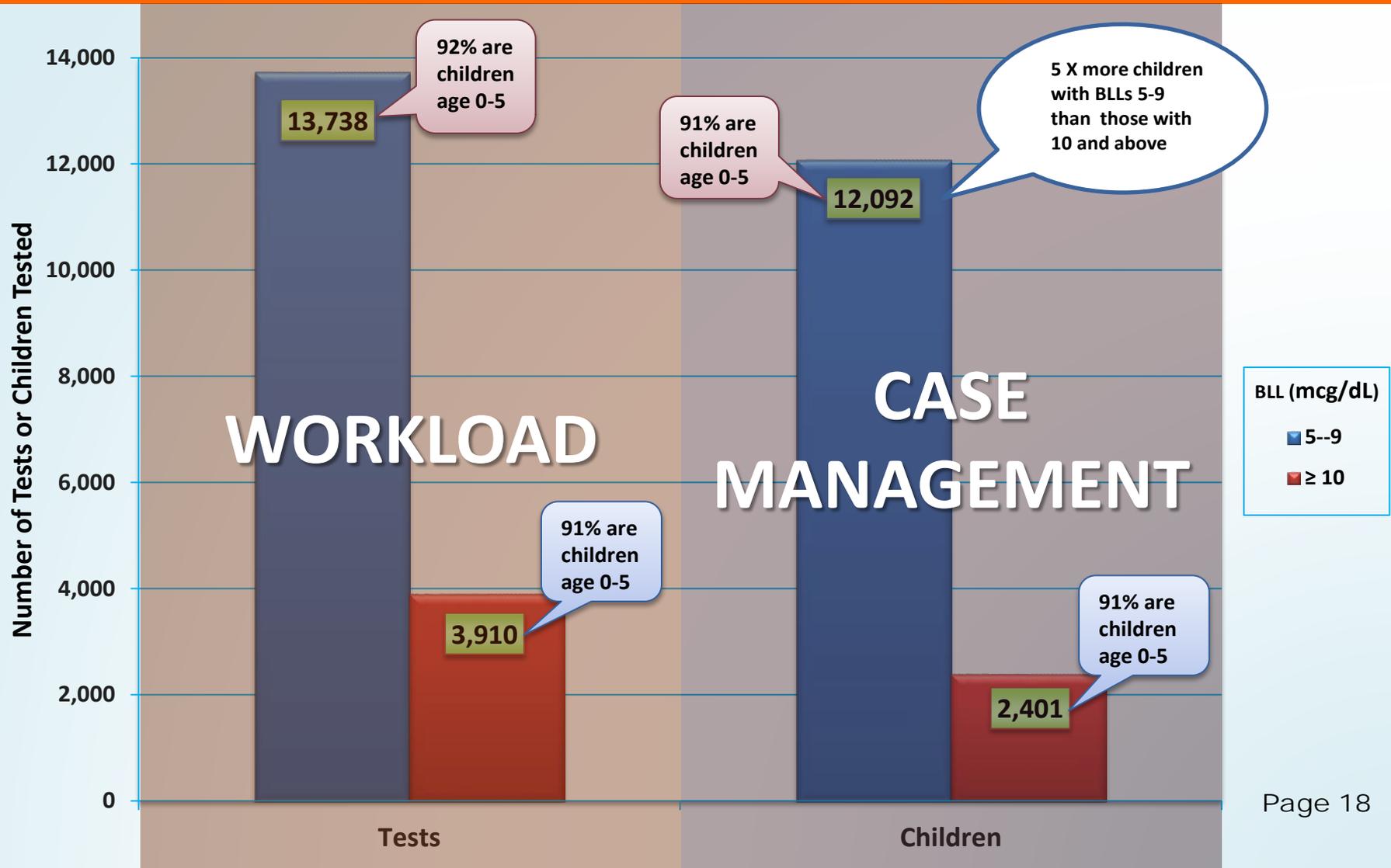
Questions & Answers

- **Webinar Participants** - please use the Polling feature to submit questions.
- **Austin Participants** – please use paper provided to submit questions.

Questions will be collected, read to the Committee, then answered accordingly.

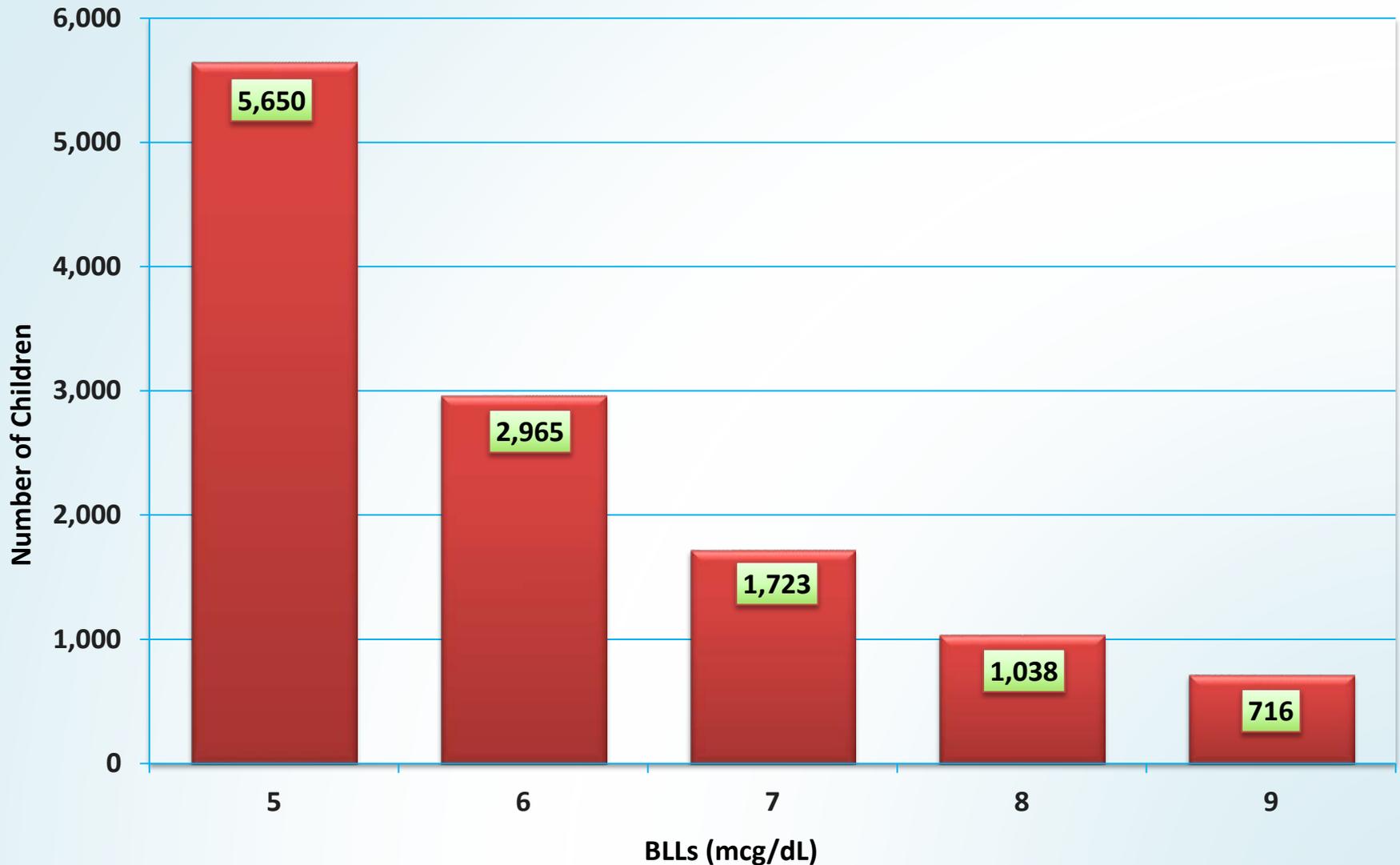
Quantifying Tests and Children with Blood Lead Levels ≥ 5 mcg/dL

Number of Tests and Children Age 0-14 with BLLs 5-9 mcg/dL vs. ≥ 10 mcg/dL, 2011*



*Test counts based on all valid tests in 2011. Counts for unduplicated children based on first BLL 5-9 mcg/dL and no test > 9 , or first BLL ≥ 10 mcg/dL.

Texas Children Age 0-14 with BLLs 5-9 mcg/dL by BLL, 2011*



*Counts based on unduplicated children, first BLL 5-9 mcg/dL, and no other test > 9 mcg/dL in 2011.

Summary

- There would be a 5-fold greater number of children needing follow-up testing and medical case management when using the reference value of 5 mcg/dL.

Questions & Answers

- **Webinar Participants** - please use the Polling feature to submit questions.
- **Austin Participants** – please use paper provided to submit questions.

Questions will be collected, read to the Committee, then answered accordingly.

SPC Voting & Recommendations

Does the SPC approve using a reference value of 5mcg/dL?

**What actions does the SPC
recommend for children with BLLs
between 5-9 mcg/dL?**

How will primary care providers be informed of the SPC's recommendations?

Presenters

Patrick Bloomingdale, Outreach Coordinator

LJ Smith, Epidemiologist

Cristina Baker, Program Coordinator

Texas Childhood Lead Poisoning Prevention Program

1100 W. 49th St., Austin, TX 78756

PO Box 149347, MC1964, Austin, TX 78714

www.dshs.state.tx.us/lead

Meeting Dates

- **February 27, 2013**
- **March 27, 2013**

Reference for Follow-up Blood Lead Testing and Medical Case Management

- Healthcare Provider:**
- Immediately retest the child if the blood lead test result is invalid due to “Clotted” or “Insufficient Quantity.”
 - Follow the flowchart below to determine if or when follow-up testing and medical case management is necessary.

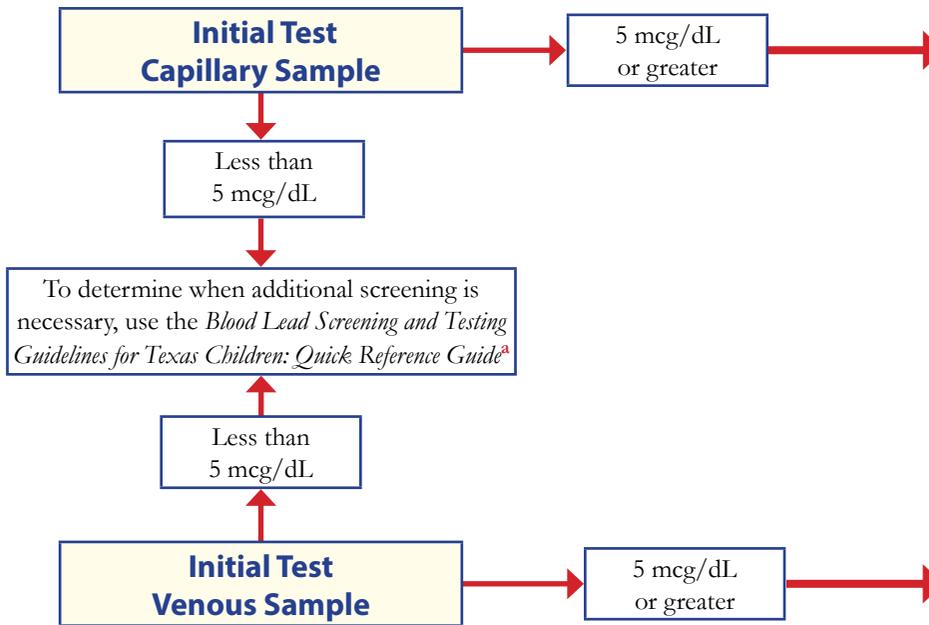


Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5-9	12 weeks
10-44	1 week - 4 weeks ^b
45-59	48 hours
60-69	24 hours
70 and up	Immediately as an emergency lab test

Table 2: Schedule for Follow-Up Venous Blood Lead Testing

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5-9	6 months	6 months
10-14	3 months	6-9 months
15-19	1-3 months	3-6 months
20-24	1-3 months	1-3 month
25-44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up ^c

Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels

5-9 mcg/dL	10-14 mcg/dL	15-19 mcg/dL	20-44 mcg/dL	45-69 mcg/dL	70 or higher mcg/dL
<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Environmental Lead Investigation if: <ul style="list-style-type: none"> • Follow-up BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Proceed according to actions for 20-44 mcg/dL if: <ul style="list-style-type: none"> • Follow-up BLLs persist at least 12 weeks after diagnostic venous test 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Complete history and physical exam 4. Lab work: Hemoglobin or hematocrit; Iron status 5. Environmental Lead Investigation 6. Lead hazard reduction 7. Neurodevelopmental monitoring 8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated 	<ol style="list-style-type: none"> 1. Lead Education: Dietary & Environmental 2. Follow-up BLL monitoring 3. Complete history and physical exam 4. Complete neurological exam 5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP 6. Environmental Lead Investigation 7. Lead hazard reduction 8. Neurodevelopmental monitoring 9. Abdominal X-ray with bowel decontamination if indicated 10. Chelation therapy^c 	<ol style="list-style-type: none"> 1. Hospitalize and commence chelation therapy^c 2. Proceed according to actions for 45-69 mcg/dL

^aBlood Lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide. Go to: www.dshs.state.tx.us/lead. ^bThe higher the BLL on the screening test, the more urgent the need for diagnostic testing. ^cHealth care providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

Tables adapted from Managing Elevated Blood Lead Levels Among Young Children: CDC, March 2002; and the Strategic Planning Committee to Eliminate Childhood Lead Poisoning in Texas