



# TX CLPPP News

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## Page 5:

We want to know how to make this publication most useful to our readers—please complete and return a short feedback form.

## Cover Story:

### Putting a Face on Lead Poisoning

Read about the devastating effects of lead poisoning on a Texas family.

### A look behind the numbers...

## Putting a Face on Lead Poisoning

In July of this year, the Texas CLPPP epidemiologist travelled throughout West Texas as a presenter at the Texas Health Steps Medical Components workshops. After a session in San Angelo he was approached by a local nurse who told him, “Your information is really important – all medical providers need to know about lead poisoning. I know because it happened to my family.”

### Tammy Chambers, LVN is the parent of a lead poisoned child. Here is her story:

Eight years ago, Tammy and her husband moved with their infant son John and three older children into a beautiful old home in Marshall, Texas. The house was freshly painted inside and out, with French doors looking out onto a play yard. They liked the house so much that after a few months of renting they began negotiating a contract for sale with the owner.

Eight months after moving into the house, Tammy took her happy, healthy son for his 12 month well-child checkup. A few days later, a phone call changed her life forever.

It was the pediatrician’s nurse who called, telling Tammy, “We have a problem: John has been exposed to lead.” Not only had her son been exposed to lead, his blood lead test revealed a dangerously elevated blood lead level of 69. John was taken back to the doctor immediately, where a venous specimen was drawn and the test was repeated. The confirmed result was 66 – a level requiring immediate medical intervention. Three-year-old daughter Janna was then tested, but did not exhibit exposure. Had Janna shown signs of exposure, the two oldest children would have been tested as well

Today, a conversation with Tammy reveals a mother with a near photographic memory of every follow-up test result and the details of John’s four rounds of chelation treatment. Behind this recounting is the reality and trauma of repeated trips to a doctor’s office, facing an uncertain future for her child, managing a complicated nutritional regime, sorting out conflicting medical evidence, and dealing with terrible guilt. Imagine watching your four-year-old child ask the lab technician to please use a Butterfly® because he knows it will hurt less.

Continues on page 3



Form Pb-110 Risk Assessment for Lead Exposure

NOTES to Healthcare Provider:

- This risk assessment questionnaire replaces, and should be used in place of, the Abbreviated and the Detailed Parent Questionnaires. Questions appear on reverse.
The risk assessment questionnaire is designed to be administered to the parent by the provider. Questions are provided in English along with Spanish versions to assist with Spanish speaking parents.

Instructions:

- Medicaid requires a blood lead test at 12 months and 24 months for all Texas Health Steps patients. This questionnaire may be used with any child, whether or not enrolled in Texas Health Steps.
At any visit, you may choose to perform a blood lead test rather than use the risk assessment questionnaire.
At any visit after 12 months of age, you must administer a blood lead test if there is no evidence of a previous blood lead test for the patient.
Refer to the table below for scheduling use of the risk assessment questionnaire.
A "yes" or "don't know" answer to any question on the risk assessment questionnaire indicates that a blood lead test should be administered.

Schedule for Blood Lead Testing and Use of Risk Assessment Questionnaire

Table with 3 columns: Child's Age, Parent Questionnaire, Blood Lead Test. Rows include 6 months, 12 months, 15 months, 18 months, 24 months, and 3, 4, 5, and 6 years.

Fax completed

Texas Childhood Epidemiology & Surveillance Unit 1100 West 49th

Parent Questionnaire form in English. Includes fields for Patient's Name, DOB, Medicaid #, Provider's Name, Administered by, Date. Questions about child's living conditions, diet, family history, and sources of lead. Includes checkboxes for various activities like radiator repair, pottery making, etc.

Questionario de Padre form in Spanish. Mirrors the English form with Spanish text and questions.

Fax completed form to 512-458-7699, or mail to the address below.

Texas Childhood Lead Poisoning Prevention Program Epidemiology & Surveillance Unit • Texas Department of State Health Services 1100 West 49th St. • Austin, TX 78756-3199

NEW!! Simplified Parent Questionnaire

Form Pb-110: Risk Assessment for Lead Exposure

The Texas CLPPP maintains several forms for use by Medicaid providers. Among these have been the Abbreviated and Detailed Parent Questionnaires used for determining a child's risk for lead exposure in the home and environment. A schedule has accompanied the questionnaires, explaining when to use the questionnaires, which one to use when and when to do blood lead testing. After much deliberation, and in an effort to simplify the process, we have combined both questionnaires into one form: PB-110 Risk Assessment for Lead Exposure. Instructions appear on the front of the form, and questions appear on the back in both English and Spanish. For tracking purposes it is required that each completed questionnaire be faxed or mailed to Texas CLPPP (per instructions on front).

The new questionnaire is now available for download from the Texas CLPPP web site:

http://www.dshs.state.tx.us/lead/providers.shtm

Another form update to watch for:

Form Pb-101: Request for Environmental Investigation

In the next few weeks, you'll notice a streamlined design for the Pb-101. This is the form on which you request an environmental investigation for a patient who meets certain blood lead level criteria.

In addition, you'll notice a survey question at the top of the form: Would you prefer to submit this request electronically or by fax?

If response supports it, we will create a web-based version of the Pb-101 that you can submit online.

Did you know:

The term Risk Assessment is used in two ways:

- 1. A healthcare provider uses the Risk Assessment Questionnaire (Pb-110) at a child's periodic visits to evaluate possible exposure to lead in the child's environment.
2. A certified Risk Assessor performs an Environmental Investigation (sometimes also referred to as a risk assessment) requested by the healthcare provider of a child already diagnosed with an EBLL.

When you have questions about:	Ask for:
Program Management and Administration	Program Coordinator
Data management and services	Data Supervisor
(Will call YOU if reporting forms are incomplete.)	Data Entry Coordinator
Lead poisoning in persons over age 14	Adult Lead Coordinator
Following up a specific child's case	Follow-up Coordinator
Data analysis at state and local levels	Epidemiologist
Setting up an environmental investigation	Environmental Specialist
Publications, forms, and web site	Outreach Coordinator
Medical Consultation	Nurse



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Putting a Face on Lead Poisoning, continued from page 1

Chelation treatment was a nightmare all its own. The chemical binding agents gave John's little body a terrible smell, and it was hard to accept when the lowered blood lead levels rebounded as lead redistributed in his body. All the while Tammy faced exhausting precautionary measures to keep John isolated from any potentially undiscovered sources of lead exposure in the house. The helplessness she felt at John's discomfort with the treatment led to the kind of sleepless nights only a mother can understand.

So what was it that caused infant John this drastic exposure and left 3-year old Janna unaffected? A look at the tooth marks on the French doors told the story. An environmental investigation revealed that nearly all the house's painted surfaces contained old lead paint hidden beneath layers of newer, unleaded paint. Soil areas were contaminated outside the house. Siding on the house had been carefully repaired – the old boards contained lead paint, new replacement boards did not. But it was pretty clear that John's exposure had come from his chewing through the paint around the bottom panes on the French doors.

Because they were in the process of buying the home, Tammy and her husband looked into having the lead hazards abated.

**Definition of a "Confirmed" Blood Lead Level**

**Environmental and case management activities require a "confirmed" blood lead level. The following tests meet the definition of "confirmed":**

- a venous test result
- a venous test used to confirm a capillary result

The \$40,000 estimate for abatement ended the sales contract as well as their dreams of raising their children in the house they had become so fond of.

The family lives in San Angelo now. John is eight years old and doing well – for the most part. Tammy worries about the facial tic that appears when John is feeling stress. He struggles to focus on his school work, but he's making As and Bs in the second grade. Poor impulse control keeps his conduct grades lower. He's outgoing and athletic, but could the problems with his shoulders and elbows be a lasting effect of the lead poisoning? Most disturbing to Tammy, perhaps, is her son's high tolerance to pain. She wonders whether the innumerable needle sticks simply desensitized him, or if the lead poisoning caused nerve damage. She continues to struggle with guilt: "I'm a nurse – how could I *not* have known?"

To this day, Tammy credits the conscientious staff at her pediatrician's office in Marshall for having followed the recommendation for a 12 month lead test for John. As difficult as the consequences have been, the test almost certainly saved his life. Tammy wants her message heard by every parent in Texas:

**Learn everything you can about lead hazards in your home and community and have your children tested at 12 months and again at 24 months – sooner, if you think there could be a problem.**

*Editor's note: Tammy Chambers was guest speaker at the Texas Childhood Lead Poisoning Prevention Program's Strategic Planning Conference, held in Austin on November 2-3, 2006.*

# Avoiding Rejected Specimens

To ensure proper and timely processing of blood specimens, double check that all essential patient identification information is submitted with every specimen.

This includes:

1. the child's name, address, date of birth, sex, race, and ethnicity
2. the blood lead level, test date, and name and telephone number of the testing laboratory
3. whether the sample is capillary or venous blood
4. the name and city of the attending physician

Several laboratories have noted that when blood specimens are missing vital information, or are submitted with incorrect information, a delay may occur in processing the specimen or it may be rejected. Here are two examples of missing or incorrect elements that can impact specimen processing:

- The date of specimen collection (accidentally writing 2005 instead of 2006 will make the specimen appear too old to analyze)
- The patient's date of birth (the birthdate can be a reliable way to distinguish between two children with the same name)

Delay in specimen processing or rejection of a specimen costs your staff time and money, in addition to causing needless frustration for the parent who must to bring a child back in for a redraw. Valuable staff time may be consumed in pulling patient charts to look up and report missing information.

Taking the time to verify and include all required information helps us all to meet the healthcare needs of patients in a timely manner.

## Announcement from the DSHS Lab

### Upcoming Change in Specimen Acceptance Criteria

Beginning in Spring 2007, the DSHS Laboratory will change acceptance criteria for specimens submitted for hemoglobin type, hemoglobin and/ or lead testing. The revised criteria are necessary for the laboratory to comply with federally mandated requirements.

When the criteria are implemented, these specimens must arrive at the laboratory by the 5th day after collection. In order to minimize the number of rejected specimens, specimens must be mailed on the same day that they are collected. Do not hold or "batch" specimens past the day of collection.

Postage free mailing containers and collection supplies are available from the laboratory. For information, visit the DSHS Laboratory website: [https://www.dshs.state.tx.us/lab/cc\\_spec-col.shtm](https://www.dshs.state.tx.us/lab/cc_spec-col.shtm) or call toll-free 1-888-963-7111 ext. 7661

## News from Local Health Departments

### City of Houston Department of Health and Human Services CLPPP

The Bureau of Children's Environmental Health, in collaboration with HUD's Office of Healthy Homes and Lead Hazard Control, sponsored a free Train-the-Trainer event on August 30th and 31st, at the Third Ward Multi-Service Center in Houston. Forty participants from government agencies and community-based organizations attended the two-day training.

The free Train-the-Trainer session was designed for organizations interested in developing peer-to-peer educational programs in their neighborhoods and becoming ambassadors for *Healthy Homes for Healthy Kids*, HUD's nationwide campaign focusing on the relationship between indoor housing-related hazards and their link to adverse health effects and childhood illnesses. The health issues addressed include lead poisoning and asthma.

The *Healthy Homes* campaign also features a portable home that is being displayed in major cities throughout the United States. The home features environmental dialogue posted on the walls to educate the participants on healthy housing issues, with an emphasis on lead and asthma. Educators are positioned inside the home to answer questions and expand on the educational topics. Houston displayed the Healthy Home on September 3rd – Family Fun Day at Tom Bass Park in Harris County. Approximately 400 family members received the in-home presentation and approximately 3,000 passed in front of the display.

Children whose families participated in the demonstration home received backpacks containing school supplies, literature on lead poisoning, and information on other services offered by the City of Houston Department of Health and Human Services.

### Austin/Travis County Health and Human Services Department CLPPP

The Austin Childhood Lead Poisoning Prevention Program hosted its first Coalition meeting on Wednesday, September 20, 2006. Key stakeholders were identified and invited to attend the Coalition meeting. Tassy Penn, CLPPP nurse, presented to the group a review of the Program's mission of Eliminating Childhood Lead Poisoning by 2010 and the role of the coalition in this mission. She also presented information on the sources of lead exposure and its potentially devastating effects on children.

# We Need Your Comments!

This newsletter is published for healthcare providers and staffs throughout Texas. It is supported by a grant from the Centers for Disease Control and Prevention (CDC). Please help us make this publication as useful as possible so that funding can continue.

**What news and information do you want to see?**

**Comments?**

Updates on lab procedures

Epidemiological data

Information about exposure sources

County-by-county screening rates

News from health department lead programs around the state

Other:

More Comments?

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**Fax your comments to:**

**512-458-7699**

**or mail to:**

**Outreach Coordinator  
Texas CLPPP  
Texas Department of State Health Services  
1100 West 49th Street  
Austin, TX 78756**

Thanks!

**or call:**

**Outreach Coordinator  
1-800-588-1248**

# Breaking News From the FDA

## LeadCare® II Testing Device Receives CLIA Waiver from the FDA

In September 2006, Magellan Biosciences, Inc. announced that their LeadCare II device has received a CLIA waiver. This is important news to healthcare providers and public health workers on the front lines of the fight against lead poisoning. The LeadCare II, developed with funding from the CDC, delivers blood lead results in 3 minutes, measuring levels from 3.3µg/dL through 65µg/dL. The available printer attachment produces a sticker that can be placed directly on the blood lead report form, eliminating the risk of transposing errors by hand.

The LeadCare II could be a valuable screening tool for providers who want to triage those patients who will not require follow-up for lead levels. Because of the mobility of many families most at risk for lead poisoning, and the difficulty of reaching their children for follow-up, the fast results delivered by this system could help more children get appropriate treatment and case management.

According to Magellan, one county health department in Michigan has moved all its lead testing from the central lab and placed LeadCare analyzers in its eight WIC clinics. Clinic staff found that the three-minute wait time provided an extraordinarily effective opportunity for educating parents, and eventually measured a 50% drop in no-shows for follow-up testing.

For more information about this product, visit [www.esainc.com](http://www.esainc.com)

### What is a CLIA waiver?

The Centers for Medicare and Medicaid Services (CMS) instituted a “waiver” program in 2002 to broaden the availability of certain lab tests to doctor’s offices, pharmacies, skilled nursing facilities, mobile health care facilities and other non-traditional lab locations.

Certain devices and simple tests are waived under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), meaning that they are exempt from many of the federal regulations that apply to more complex tests. To qualify for a waiver, a test must meet stringent federal standards and be certified by the CDC or FDA as so simple to use that minimally trained personnel can administer it correctly. In addition, the test must deliver highly accurate results and pose little risk of harm to the patient, even if performed incorrectly. The number of waived tests has grown steadily over the past few years.

Laboratories that operate under a Certificate of Waiver perform only tests that qualify for a waiver. These labs must enroll in the CLIA program and must adhere to manufacturer’s instructions for administering waived tests. Over half of all labs enrolled in CLIA operate under a certificate of Waiver and are exempt from standards in the CLIA rules for laboratory personnel, quality assurance and quality control.



### Harris County Lead Program Uses the LeadCare Testing System

Judy Zoch, Case Manager for the Harris County Lead Hazard Control Program, has this to say:

“We love the LeadCare system.

We use the system extensively in August and September to test Head Start children in the Aldine Public School district, with whom we have a memorandum of understanding. The MOU covers children who don’t have any form of medical insurance.

I especially like to use it if we’re having a tough time getting a child in to the doctor, for whatever reason, and they are overdue for a follow-up blood lead test. We just go to the home, get a blood sample, and test the mom and dad as well, if no source of lead was found in the child’s environment.”

*Editor’s note: Harris County uses the original LeadCare® system which does **not** have a CLIA waiver.*

### Using the Texas CLPPP Childhood Blood Lead Level Report form with the LeadCare® II system:

Form F09-11709 has been redesigned to accommodate the test result label produced by the LeadCare system.

### For non-LeadCare test results:

please fax lab slips to TX CLPPP and use this form for your convenience in submitting additional information such as child demographics.

# Texas Childhood Lead Poisoning Prevention Program

Form # F09-11709 Childhood Blood Lead Level Report

## Confidential Medical Records

<b>Send to:</b> Childhood Lead Poisoning Prevention Program Texas Department of State Health Services 1100 West 49th Street Austin, TX 78756  Fax Number: (512) 458-7699 Phone Number: (512) 458-7269 or (800) 588-1248	<b>From:</b> Provider Name  Address: City/State/ZIP:  Phone Number: ( ) Fax Number: ( )
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<b>Child Information</b>		
Last Name:	First Name:	M.I.
Date of Birth: (mm-dd-yyyy)	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Age in Months:	Medicaid/EPSTD #:	
Current Address:	Apartment #:	
City:	State:	Zip:
Ethnicity: (check one)		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown
Race: (check one)		
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Native American or Alaska Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Unknown

<b>Blood Lead Level Information</b>	
Blood Lead Test Level: _____ micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) Test Date: (mm-dd-yyyy)	
Type of Blood Sample: (check one)	<b>If Using LeadCare® System, Place Label Here</b>
<input type="checkbox"/> Capillary <input type="checkbox"/> Venous <input type="checkbox"/> Unknown	
Testing Laboratory or Entity:	
Phone: ( )	

<b>Attending Physician Information</b>	
Last Name:	First Name:
Location (City):	

<b>For TX CLPPP Use Only</b>	
Report Received by:	Date Received: (mm-dd-yyyy)





<http://www.dshs.state.tx.us/lead>

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Austin, TX 78756

**PERIODICALS**



**Local Health Department CLPPP Programs**

<b>Austin/Travis County</b>	211 Comal Street	Austin, TX 78702	<b>512-972-6652</b>
<b>City of Dallas</b>	4500 Spring Avenue	Dallas, TX 75210	<b>214-670-7663</b>
<b>City of Houston</b>	8000 N. Stadium Dr., 6th Floor	Houston, TX 77054	<b>713-794-9349</b>
<b>El Paso City/County</b>	5115 El Paso Drive	El Paso, TX 79905	<b>915-771-5805</b>
<b>Harris County</b>	2223 West Loop South	Houston, TX 77027	<b>713-439-6126</b>
<b>San Angelo/Tom Green Cty.</b>	2 City Hall Plaza	San Angelo, TX 76903	<b>325-657-4214</b>
<b>San Antonio Metro</b>	911 Castrovilla Rd.	San Antonio, TX 78237	<b>210-434-0077</b>



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