

1995 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT #13

COMMITTEE: Environmental/Occupational/Injury Committee

TITLE: Adding Elevated Blood Lead Levels Among Young Children as a Condition Reportable to the National Public Health Surveillance System.

ISSUE: Surveillance of blood lead levels is needed to identify children with lead exposure resulting from their home or environment.

POSITION TO BE ADOPTED: CSTE recommends that elevated blood levels among young children be added as a condition reportable to the National Health Surveillance System.

BACKGROUND AND JUSTIFICATION: Lead poisoning is a common environmental health problem of young children. Data from the third National Health and Nutrition Examination Survey indicate that in 1988-91 8.9 percent of children ages one through five years had blood lead levels ≥ 10 ug/dL, the current CDC level of concern for young children.

Despite the fact that sources of lead exposure and effective preventive measures have been known for decades, environmental lead exposures continue to be a major public health problem. The feasibility and utility of laboratory-based surveillance of blood lead levels for adults and children have been shown in many states. Data from State childhood lead surveillance systems have been used to direct screening activities and to evaluate the effectiveness of prevention efforts. CDC currently supports childhood lead surveillance activities at 17 State health departments.

OUTCOME FOR SURVEILLANCE AND ACTION PROPOSED:

Add elevated blood lead levels among young children as a condition reportable to the National Public Health Surveillance System.

GOALS FOR SURVEILLANCE:

Local

To identify individual cases and clusters of elevated blood lead levels; to trigger appropriate prevention and control activities for children with elevated blood lead levels; to evaluate and target screening strategies at the community level; and to assess the effectiveness of lead poisoning prevention activities.

State

To identify individual cases and clusters of elevated blood lead levels, to assure appropriate prevention and control activities for children with elevated blood lead levels; to describe the extent of elevated blood lead levels by likely source of exposure; to evaluate and target screening strategies; and to evaluate and target intervention programs.

National

To assess the public health impact of elevated blood lead levels among children; to monitor trends; to evaluate prevention activities including screening programs and efforts to reduce environmental lead exposure; to demonstrate the need for childhood lead poisoning prevention programs; and to help allocate resources for prevention activities.

PROPOSED METHOD OF SURVEILLANCE:

Local

Laboratory reporting of blood lead levels to local public health agency. In some states, physician reporting of children with elevated blood lead levels to the local agency.

State

Laboratory based reporting of blood lead levels to State health departments. Pass-through of locally collected data on adults with elevated blood lead levels to State health departments.

National

State health departments pass along laboratory data and data on adults with elevated blood lead levels to CDC.

PROPOSED SURVEILLANCE CASE DEFINITION:

An adult (14 or older) is considered to have an elevated blood lead level if: a venous sample is ≥ 25 ug/dL. (This level is commensurate with objectives stated in Health People 2000.)

DATA TO BE COLLECTED:

Local

The primary source of reports is public and private laboratories. These reports should include basic demographic data. Although not required, laboratories are encouraged to report data on all adults tested for lead. Collection of all test results will help programs follow sequential test results on adults who have had elevated blood lead levels. It will also provide denominator data that allow calculation of screening penetrance rates and prevalence rates of elevated lead levels among adults tested. Physician reporting of adults with elevated blood lead levels may supplement laboratory reporting.

Investigation of adults with elevated blood lead levels will provide additional data on medical treatment and potential sources of lead exposure and results of environmental and occupational investigations.

State

Reports should include basic demographic and occupational data (to include avocational data where appropriate) and whether the laboratory is OSHA certified for occupational lead testing. When possible, laboratories should report all blood lead levels. Personal identifiers must be collected to differentiate between new and ongoing cases. The personal identifiers are needed to account for multiple reports on the same individuals are new cases (i.e., were not cases in the previous year).

Those investigating adults with elevated blood lead levels should collect data on medical follow-up, potential sources of lead exposure, and results of environmental and occupational investigations.

National

Demographic data on all adults tested for lead and the additional data including occupational data on adults with elevated blood lead levels collected by State health departments.

SYSTEM TO COLLECT AND TRANSMIT INFORMATION TO CDC:

State health departments should compile adult lead surveillance data in standardized format and send them electronically to CDC either through an Internet FTP file transfer or via modem using PC/WONDER. Content of the case report and variables will be further developed collaborating between CSTE and NIOSH.

STATUS:

Permanent, with review of reporting need every five years.

COORDINATION WITH OTHER ORGANIZATIONS: CDC

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