

Childhood Lead Poisoning Prevention Program: Summary

CDC's Childhood Lead Poisoning Prevention Program (CLPPP) was authorized by the Lead Contamination Control Act to initiate program efforts to eliminate childhood lead poisoning in the United States. One of the program's primary responsibilities is to support state and local health departments to determine the extent of childhood lead poisoning by screening children for elevated blood lead levels, helping to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and developing neighborhood-based efforts to prevent childhood lead poisoning. Since its inception, the CDC childhood lead poisoning prevention effort has funded nearly 60 childhood lead poisoning prevention programs to develop, implement, and evaluate lead poisoning prevention activities and developed the Childhood Blood Lead Surveillance System through which states can report data to CDC.

2017-2023: The program period will have the following main objectives: Support lead poisoning prevention activities including blood lead testing, surveillance, and targeted population-based interventions. Recipients will be expected to demonstrate that policies and systems are in place to identify lead-exposed children and link them to recommended services. More specifically, they will be expected to work closely with other agencies, partners, stakeholders and others serving children to ensure that a comprehensive system of referral, case management, follow up, and evaluation is in place for lead-exposed children._

Note: On January 1, 2018, announced in 83 FR 6179, the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) was renamed the Lead Poisoning Prevention Section within the Lead Poisoning Prevention and Environmental Health Tracking Branch, in the Division of Environmental Health Science and Practice, National Center for Environmental Health at CDC. Currently, the program is undergoing the appropriate administrative review change to become the proposed Lead Poisoning Prevention and Surveillance Branch.

2017—2020 Publications

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5. Dignam T, Kaufmann RB, LeSturgeon L, et al. Control of Lead Sources in the United States, 1970-2017: Public Health Progress and Current Challenges to Eliminating Lead Exposure. *JPHMP*. 2019;25:S13-S25.
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9. Trinh E, Mason J. Evaluation of the Implementation of CDC's Health Alert Related to the FDA LeadCare Recall from the State Health Department Perspective. *JPHMP*. 2019;25:S105-S110.
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13. Dignam T, Hodge J, Chuke S, Mercado C, Ettinger AS, Flanders WD. Use of the CUSUM and Shewhart control chart methods to identify changes of public health significance using childhood blood lead surveillance data. *Environ Epidemiol* . 2020 Apr;4(2): e090. doi: 10.1097/ee9.0000000000000090
14. Cornwell CR, Egan KB, Zahran HS, Mirabelli MC, Hsu J, Chew GL. Associations of blood lead levels with asthma and blood eosinophils in US children. *Pediatr Allergy Immunol*. 2020 Mar 11. doi: 10.1111/pai.13241.