



# Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) Recommendations

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Agency for Toxic Substances and Disease Registry



# C.D.C. Lowers Recommended Lead-Level Limits in Children

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# The New York Times

Thursday, May 17, 2012 Last Update: 3:48 AM ET

## CDC adopts tougher rules about lead poisoning in kids

May 17, 2012 | [Comments](#)

### Detroit Free Press

A GANNETT COMPANY

## CDC lowers lead poisoning threshold

A sixfold increase in Maryland children potentially at risk

LIGHT FOR ALL  
THE BALTIMORE SUN

## CDC Cuts Lead-Poisoning Limit For Kids

The logo for NPR (National Public Radio), consisting of the letters 'n', 'p', and 'r' in white on a red, black, and blue background respectively.

## Lead Poisoning Threshold Lowered By CDC, Five Times More Children Now Considered At Risk

THE HUFFINGTON POST

# Background

- **November 10, 2010: ACCLPP established ad hoc Blood Lead Level workgroup**
  - Determine whether the CDC 'blood lead level of concern' of 10  $\mu$ g/dL in children continues to be protective
  - Consider laboratory capability for measuring BLLs in evaluating guidance
  - Advise CDC on how to communicate advisories to groups affected by policy changes concerning:
    - Interpretation of childhood BLLs and trends in childhood BLLs over time
    - Screening and follow-up screening intervals
    - Requirements and procedures for notifying parents or guardians concerning BLL test results
    - Interventions known to control or eliminate lead exposure

# **Blood Lead Level Workgroup Report**

- ❑ November 16–17, 2011: ACCLPP met and deliberated on draft report**
- ❑ January 4, 2012: ACCLPP met and majority approved report, including recommendations**

# Recommendation 1

Based on the scientific evidence, the ACCLPP recommends that (a) the term, “level of concern”, be eliminated from all future agency policies, guidance documents, and other CDC publications, and (b) current recommendations based on the “level of concern” be updated according to the recommendations contained in this report.

## □ Concur

- Emphasize best way to end childhood lead poisoning is to prevent, control, or eliminate lead exposures
- Discontinue using term ‘level of concern’ in future publications
- Replace term with reference value and date of NHANES used to calculate reference value

## Recommendation 2

CDC should use a childhood BLL reference value based on the 97.5th percentile of the population BLL in children aged 1–5 years (currently 5 µg/dL) to identify children living or staying for long periods in environments that expose them to lead hazards. Additionally, the reference value should be updated by CDC every 4 years based on the most recent population-based–blood-lead surveys conducted among children.

### ❑ **Concur in principle**

- Use reference value in recommendations
- Use reference value to identify high-risk childhood populations and geographic areas most in need of primary prevention
- Provide information, including specific high-risk areas, to federal, state, and local government agencies and nongovernment organizations

## Recommendation 3

CDC should develop and help implement a nationwide primary-prevention policy to ensure that no children in the United States live or spend significant time in homes, buildings, or other environments that expose them to lead hazards.

- ❑ **Concur in principle**
  - Recognizes value of primary prevention
  - As feasible, develop strategies and guidelines for primary prevention
  - Resources to support primary-prevention programs not currently practicable

## Recommendation 4

Clinicians should be a reliable source of information on lead hazards and take the primary role in educating families about preventing lead exposures. This includes recommending environmental assessments **PRIOR** to blood lead screening of children at risk for lead exposure.

- **Concur in principle**
  - CDC will play a supportive role by working with providers to provide educational material

## Recommendation 5

Clinicians should monitor the health status of all children with a confirmed BLL  $\geq 5$   $\mu\text{g}/\text{dL}$  for subsequent changes in BLL until all recommended environmental investigations and mitigation strategies have been completed. Clinicians also should provide BLL test results to the families of all affected children in a timely and appropriate manner.

- **Concur in principle**
  - CDC will play supportive role by working with providers to provide educational material

## Recommendation 6

Clinicians should ensure that BLL values at or higher than the reference value are reported to local and state health or housing departments if no mandatory laboratory reporting exists. Clinicians also should collaborate with these agencies to ensure that the appropriate services and resources provided to children and their families.

### ❑ **Concur in principle**

- CDC will play supportive role through continued work with
  - testing laboratories
  - point-of-care instrument manufacturers
  - clinical health care providers

# Recommendation 7

Educate 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.

## ❑ **Concur in principle**

- Provide available educational materials through CDC Web site
- Seek assistance of partners to implement recommendation
- Resources not available for supporting local capacity

# Recommendation 8

CDC should encourage local, state, and other federal agencies to: (a) facilitate data-sharing between health and housing agencies, (b) develop and enforce preventive lead-safe housing standards for rental and owner-occupied housing, (c) identify financing for lead hazard remediation, and (d) provide families with the information they need to protect their children from hazards in the home.

## ❑ **Concur in principle**

- Continue to recommend health and housing agencies share data used to identify geographic areas where lead-exposure risk is high
- Encourage local, state, and federal agencies to enforce standards found in CDC's guidelines for lead-safe housing
- HUD Lead Hazard Control Program most easily identifiable and largest source of federal funding for lead-hazard remediation
- Resources not available for supporting local capacity

## ❑ **Concur**

- Continue to distribute existing materials
- Consider future development of new materials

## Recommendation 9

Elected officials and the leaders of health, housing, and code enforcement agencies can help protect the children in their jurisdictions from lead exposure in their homes through many activities. CDC should work with officials to ensure adoption of a suite of preventive policies.

### ❑ **Concur in principle**

- Consider educating state and local elected officials about importance of primary prevention and evidenced-based strategies at national level
- Resources not available for supporting local capacity

# Recommendation 10

CDC should (a) emphasize the importance of environmental assessments to identify and mitigate lead hazards before children demonstrate BLLs at or higher than the reference value and (b) adopt prevention strategies to reduce environmental lead exposures in soil, dust, paint, and water before children are exposed.

- ❑ **Concur**

- Continue to work with other agencies on lead poisoning prevention activities

- ❑ **Concur in principle**

- Work with federal agencies including, but not limited to, HUD and EPA
- Goal will be to develop primary prevention strategies

# Recommendation 11

If a lead hazard that requires a response is found in any unit in a multifamily housing complex, the same response must be applied to all similar untested units in the complex unless a risk assessment demonstrates that no lead hazards are present in the other units.

- ❑ **Concur in principle**
  - Will explore implementing recommendations for increased inspections

# Recommendation 12

CDC should encourage additional research directed towards developing interventions capable of maintaining children's BLLs lower than the reference value.

- **Concur in principle**
  - Work with National Institute of Environmental Health Sciences (NIEHS) and academic partners to encourage research
    - Research designed to develop and evaluate effective, broadly useful interventions that are effective in complex lead-exposure situations commonly encountered
  - Will explore strategies to support additional research

## Recommendation 13

Additional research priorities should include improving the use of data from screening programs, developing next generation point-of-care lead analyzers, and improving the understanding of epigenetic mechanisms of lead action.

- **Concur**

- Work with NIEHS, academic partners, and laboratory instrument manufacturers to encourage research in these important areas

# CDC 24/7

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