MINUTES

DATE: January 30, 2013
TIME: 10:00AM – 2:15PM
LOCATION: DSHS, via Webinar

AGENDA TOPICS

INTRODUCTION by Patrick Bloomingdale

PRESENTATION
- 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
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.

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.

CONCLUSION
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.

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
- 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
- Will the cost if 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
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.
Strategic Planning Committee to Eliminate Childhood Lead Poisoning

ACTION ITEM(S) | PERSON RESPONSIBLE | DEADLINE
--- | --- | ---
TXCLPPP will prepare data that quantifies:
• 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?
--- | ---
The SPC recommended revising the Pb109, *Reference for Follow-up Blood Lead Testing and Medical Case Management* (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 | • 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.
### 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
### Meeting Roll Call - by Alphabetical Order

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

**Note:** Bolded members denotes voting privileges
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
WELCOME TO CENTURYLINK WEB
Chat Feature

- Use the **CHAT** feature to submit your questions

- *Example:* **Slide 8 – Can you explain...**
Webinar participants will submit their vote via the Poll Feature. When the voting begins, a window will open up. The window will show your vote was submitted.
Polling continued

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

SUBMIT your response

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

SUBMIT

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
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.
FY 2012 - discontinued using the term “level of concern”
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 $\geq 5$ 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.
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.

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### Table 1: Schedule for Obtaining a Diagnostic Venous Sample

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

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

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

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

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9 mcg/dL</td>
<td>1. Lead Education: Dietary &amp; Environmental</td>
</tr>
<tr>
<td></td>
<td>2. Follow-up BLL monitoring</td>
</tr>
<tr>
<td></td>
<td>3. Environmental Lead Investigation if:</td>
</tr>
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<td></td>
<td>• Follow-up BLLs persist at least 12 weeks after diagnostic venous test</td>
</tr>
<tr>
<td>10-14 mcg/dL</td>
<td>4. Follow-up BLL monitoring</td>
</tr>
<tr>
<td>15-19 mcg/dL</td>
<td>5. Complete history and physical examination</td>
</tr>
<tr>
<td>20-44 mcg/dL</td>
<td>6. Lead hazard reduction</td>
</tr>
<tr>
<td>45-69 mcg/dL</td>
<td>7. Neurodevelopmental monitoring</td>
</tr>
<tr>
<td>70 or higher mcg/dL</td>
<td>8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated</td>
</tr>
<tr>
<td></td>
<td>9. Abdominal X-ray with bowel decontamination if indicated</td>
</tr>
<tr>
<td></td>
<td>10. Chelation therapy^e</td>
</tr>
</tbody>
</table>

^b The higher the BLL on the screening test, the more urgent the need for diagnostic testing. 
^c Health 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.

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Texas Childhood Lead Poisoning Prevention Program
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(Rev. 01/31/13)

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