



Strategic Planning Committee to Eliminate Childhood Lead Poisoning

MINUTES

DATE: April 24, 2013

TIME: 10:00AM – 11:30AM

LOCATION: DSHS, via Webinar

MEETING CALLED BY	Texas Childhood Lead Poisoning Prevention Program (TXCLPPP)
TYPE OF MEETING	Strategic Planning Committee (SPC) Webinar
FACILITATOR	Patrick Bloomingdale
ATTENDEES	SPC Roll Call (see page 3)

OLD BUSINESS

APPROVE APRIL 24, 2013 MEETING MINUTES

by Cristina Baker,
TXCLPPP

DISCUSSION	TXCLPPP asked the SPC to vote “Yes” or “No” to approve the April 24, 2013 meeting minutes.
CONCLUSION	SPC - Unanimously voted “Yes” to approve the February 27, 2013 meeting minutes.

NEW BUSINESS

FURTHER COMPARISONS OF TESTS RESULTS: 5--9 MCG/DL VS. ≥ 10 MCG/DL

By LJ Smith,
TXCLPPP

PRESENTATION	See pages 4-13 of these minutes.
DISCUSSION	<p>Questions(Q) & Answers(A) Generated from Presentation</p> <p><u>Valid Blood Lead Tests for Texas Children by Blood Lead Levels 5-9 mcg/dL & ≥10mcg/dL, 2007-2011 (see page 6)</u></p> <p>Q. SPC - Are these any sample type or are these [only] venous? A. TXCLPPP – Tests are for all sample types: unknown, venous, and capillary.</p> <p>Q. SPC - Are we going to discuss rates? If all children tested what percent were 5-9 vs. ≥10? Are we higher in our testing rates? A. TXCLPPP – We don’t have this data available, but this could be a possible topic for the September meeting.</p> <p><u>Valid Tests for Children by Location by Blood Lead Levels 5-9 mcg/dL & ≥10 mcg/dL, 2011 (see page 7)</u></p> <p>Q. SPC - Does Harris [county] include [city of] Houston? A. TXCLPPP - Yes. Harris does include City of Houston.</p> <p>Q. SPC - For the locations [county designations]: Was that where the child was tested or where the child resides? A. TXCLPPP – [The county designations are based on] where the child resides.</p> <p>Q. SPC - Can the data be presented using rates instead of frequencies? A. TXCLPPP – Yes, this could be a possible slide for September meeting.</p> <p><u>How many 5-9 venous vs. ≥10 venous BLLs occurred in 2011 (see page 8)?</u></p> <p>Q. SPC - Why were there so many venous 5-9 tests? What was the reason? A. TXCLPPP - Some providers prefer to do venous only, or the child could have been elevated in the previous year.</p>

MOVING FORWARD / ACTION ITEMS

TOPIC/ITEM 1	Next Meeting
DISCUSSION	The next SPC meeting is scheduled for Wednesday, September 25, 2013
CONCLUSION	n/a
TOPIC/ITEM 2	Future Topics of Discussion
DISCUSSION	<p>Questions(Q) & Answers(A) Generated Discussion</p> <p>Q. SPC – What is the Texas Department of State Health Services (DSHS) doing to notify healthcare providers and labs of the 5-9 recommendations? A. TXCLPPP -- Texas Health Steps (THSteps) is updating healthcare providers using their Provider Relations Staff and including the information in the Texas Medicaid Provider Procedures Manual.</p> <p>Q. SPC – How is DSHS going to update Lab Corp and Quest Labs? A. TXCLPPP – Both labs are nationally based and not all states are accepting/adopting using the 5-9 recommendations. We will inform both labs but cannot determine if they will follow our recommendations.</p> <p>Q. SPC – How many of the healthcare providers in Texas are following the <i>Texas Childhood Blood Lead Screening Guidelines: Quick Reference Guide (QRG)</i> and <i>Pb-109: Reference for Follow-up Blood Lead Testing and Medical Case Management</i>? A. TXCLPPP – In the past, TXCLPPP surveyed Texas healthcare providers to determine if they were using the QRG. TXCLPPP will send another survey to Texas healthcare providers to determine if they are/will use the QRG and Pb-109.</p> <p>Q. SPC – [Regarding the QRG] What is the definition of a high risk area? Should we review data that includes the 5-9? A. TXCLPPP – Based on the Centers for Disease Control and Preventions guidance on childhood lead screening, the following criteria was used to determine targeted areas: (a) Areas with ≥27% of housing built before 1950, and (b) Areas with ≥3% of children at ages 1 and 2 with elevated blood lead levels.</p> <p>Q. SPC – Should the 5-9 retesting be given priority based on age? A. TXCLPPP – Age is not necessarily indicative of the health and mental status of the child. In Texas, older children have exhibited the same risk factors as younger children (e.g. pica).</p> <p>Q. SPC – What is the status of THSteps review of the QRG? A. TXCLPPP – THSteps in analyzing our data (2008 – present); we have not seen their recommendations.</p>
CONCLUSION	See above, DISCUSSION



Strategic Planning Committee to Eliminate Childhood Lead Poisoning

Meeting Roll Call - by Alphabetical Order

First Name	Company
Anabel Granado	Clinical Chemistry Laboratory
Cristina Baker	Texas Childhood Lead Poisoning Prevention Program
Jennifer Karnik	Adult Blood Lead Epidemiology and Surveillance Program
Jyothi R Domakonda	Healthy Homes and Lead Poisoning Prevention Program - Houston
Kiley Allred	Galveston County Health District
Linda Kaufman	Healthy Homes and Lead Poisoning Prevention Program - San Antonio
LJ Smith	Texas Childhood Lead Poisoning Prevention Program
Marcus Hanfling	Texas Pediatric Society
Patrick Bloomingdale	Texas Childhood Lead Poisoning Prevention Program
Teresa Willis	Blood Lead Surveillance Group
Veronica Cuellar	Texas Childhood Lead Poisoning Prevention Program

Note: Bolded members denote voting privileges

Date: 04/24/2013

Further Comparisons of Tests Results: 5--9 mcg/dl vs. ≥ 10 mcg/dL

- Presented by: L.J. Smith, Epidemiologist
- Texas Childhood Lead Poisoning Prevention Program
- Texas Department of State Health Services

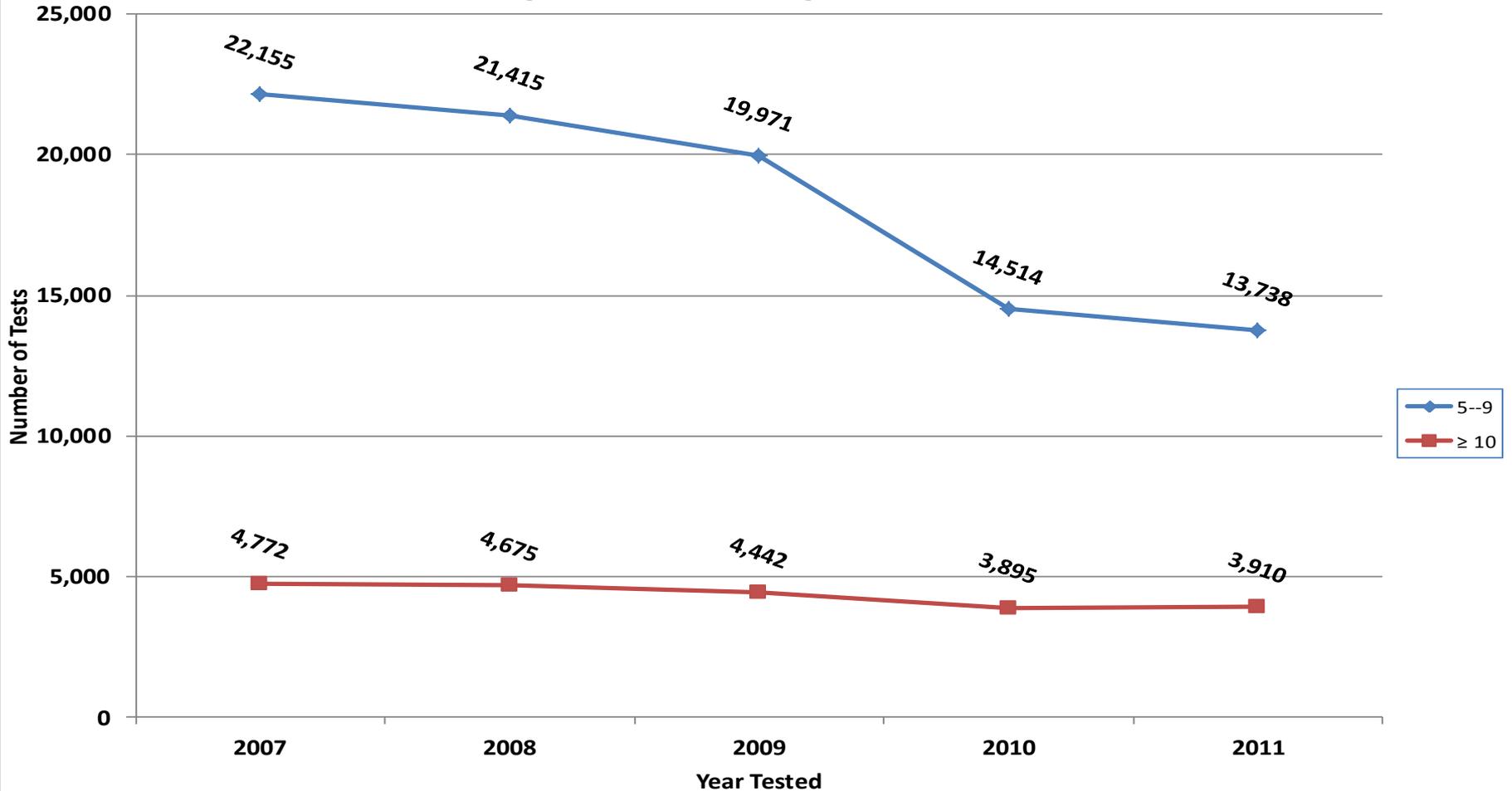
Topics

- 5-year trend for 5--9 vs. ≥ 10 (2007-2011)

2011

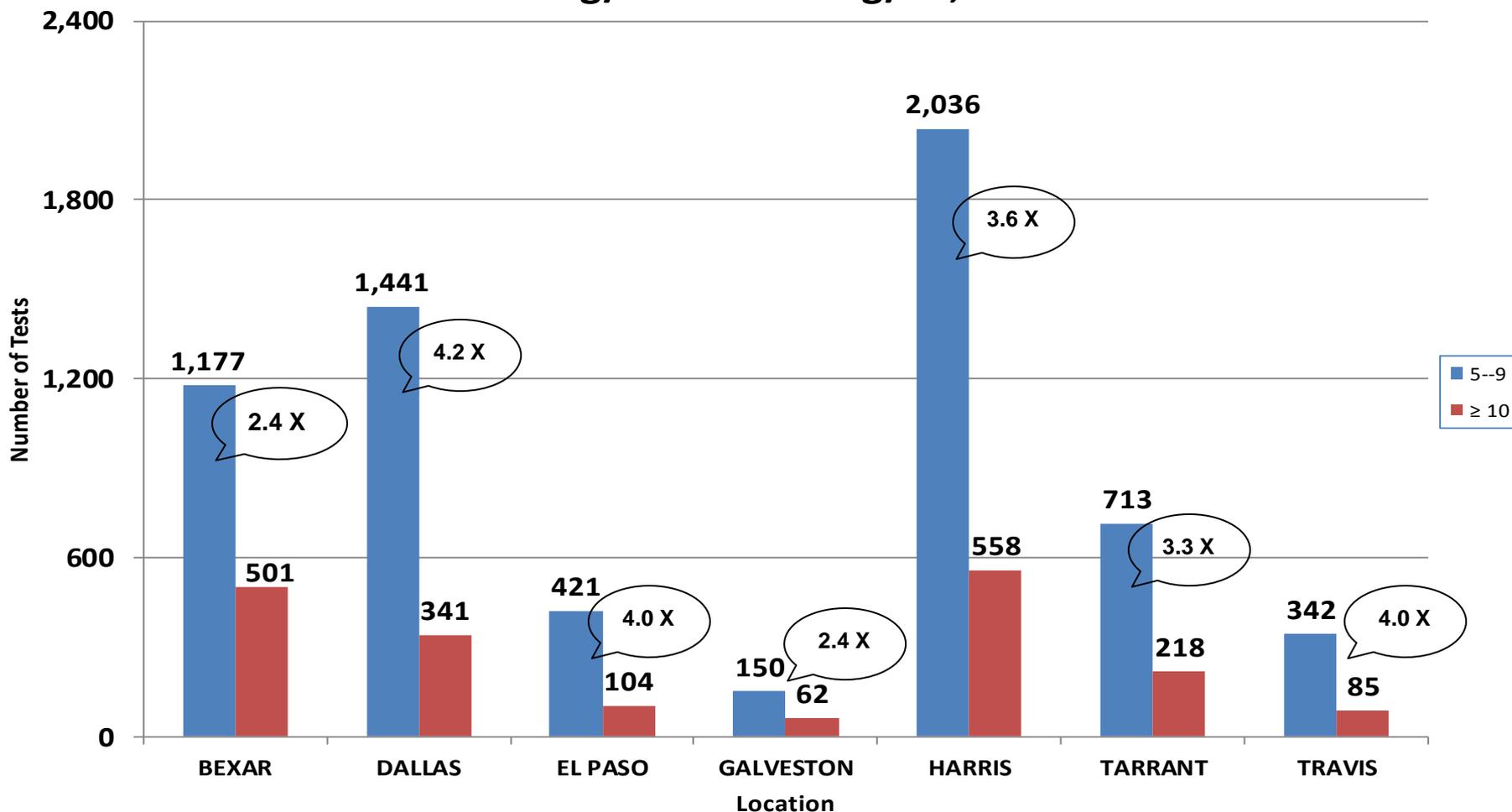
- Geographic distribution for 5-9 vs. ≥ 10 by selected locations
- 5--9 venous vs. ≥ 10 venous blood lead levels (BLLs)
- 5--9 venous BLLs which increased to a value of ≥ 10
- Persistent 5--9 venous BLLs

Valid Blood Lead Tests for Texas Children by Blood Lead Levels 5--9 mcg/dL & ≥ 10 mcg/dL, 2007-2011*



*Counts are for tests. A child may be counted more than once in a given year or in multiple years.

Valid Tests for Children by Location by Blood Lead Levels 5--9 mcg/dL & ≥ 10 mcg/dL, 2011*



*Counts are for tests. A child may be counted more than once in 2011. All Locations are counties.

How many 5--9 venous vs. ≥ 10 venous BLLs occurred in 2011?

Tests: Sample Type by BLL, 2011				Children: Sample Type by BLL, 2011*			
	BLL (mcg/dL)				BLL (mcg/dL)		
	5--9	≥ 10	Total		5--9	≥ 10	Total
Non-Venous	9,771	2,061	11,832	Non-Venous	9,204	1,701	10,905
Venous	3,967	1,849	5,816	Venous	2,888	700	3,588
Total	13,738	3,910	17,648	Total	12,092	2,401	14,493
				*Counts for unduplicated children based on first BLL 5--9 mcg/dL and no test > 9, or first BLL ≥ 10 mcg/dL.			

How many 5--9 venous BLLs increased to a value of ≥ 10 ?

**Tests for Children with a Prior
Venous 5--9 mcg/dL BLL by
Venous Follow-up BLL, 2011**

Follow-Up Test BLL	Count	% Share
< 5	549	13.8%
5--9	409	10.3%
≥ 10	40	1.0%
No Follow-up	2,969	74.8%
Total	3,967	100.0%

How many 5--9 venous BLLs were persistent?

Persistent Venous BLL of 5--9 mcg/dL, 2011*	
BLL of Test at ≥ 12 Weeks	Count
5--9	179
10--19	23
≥ 20	2
Total	204
*Initial venous BLL 5--9 mcg/dL with another venous BLL Test ≥ 5 mcg/dL ≥ 12 weeks later.	



- Comments or Questions?

Future Strategic Planning Committee Meeting:

Wednesday, September 25, 2013

Contact Information

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