More Lead in Consumer Products

Now it's Baby Bibs

A happy, drooling baby chewing on a cheerful bib – it happens every day. But what if the bib is vinyl – and manufactured with lead?

WMAQ TV Chicago reports that last fall an Illinois grandmother remembered having seen a report on lead in vinyl lunchboxes. That got her to thinking, and she ended up doing a home lead test kit on her grandson's vinyl bibs.

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Read more here from the CEH:
http://www.cehca.org/news.htm

Read the CPSC statement on bibs:
http://www.cpsc.gov/CPSCPUB/PREREL/prhtml07/07175.html

Local Health Department CLPPP Programs

<table>
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<tr>
<th>Local Health Department</th>
<th>Address 1</th>
<th>Address 2</th>
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<tr>
<td>Austin/Travis County</td>
<td>211 Comal Street</td>
<td>Austin, TX 78702</td>
<td>512-972-6652</td>
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<tr>
<td>City of Dallas</td>
<td>4500 Spring Avenue</td>
<td>Dallas, TX 75210</td>
<td>214-670-7663</td>
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<tr>
<td>City of Houston</td>
<td>8000 N. Stadium Dr., 6th Floor</td>
<td>Houston, TX 77054</td>
<td>713-794-9349</td>
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<tr>
<td>El Paso City/County</td>
<td>5115 El Paso Drive</td>
<td>El Paso, TX 79905</td>
<td>915-771-5805</td>
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<tr>
<td>Harris County</td>
<td>2223 West Loop South</td>
<td>Houston, TX 77027</td>
<td>713-439-6126</td>
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<tr>
<td>San Angelo/Tom Green Cty.</td>
<td>2 City Hall Plaza</td>
<td>San Angelo, TX 76903</td>
<td>325-657-4214</td>
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<tr>
<td>San Antonio Metro</td>
<td>911 Castrovilla Rd.</td>
<td>San Antonio, TX 78237</td>
<td>210-434-0077</td>
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How Much is 10µ/dL?
See page 3.

http://www.dshs.state.tx.us/lead
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Options for identifying high-risk areas include focusing on zip codes or on U.S. Census Bureau census tracts. Each method of identification is problematic:

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**On the Horizon:**

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A capillary blood lead draw is subject to a false elevated result if there is lead contamination on the skin during collection. Lead contamination on the hands is a known route of lead ingestion among children – but it can also contaminate their lead test results.

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Wiping the collection site with an alcohol prep is not sufficient to remove lead contamination.

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If you want to visualize how much lead it takes to reach the CDC “blood lead level of concern,” try this simple experiment:

1. Add ten piles (ten micrograms) into that deciliter of water.
2. To represent lead, use a packet of low-calorie sweetener – that’s 1 gram.
3. Measure out a deciliter of water – not quite half a cup (.42).
4. This can represent blood.
5. Empty out the sweetener packet onto a flat surface and carefully divide into one million piles of one microgram each (one million micrograms in a gram).
6. Add ten piles (ten micrograms) into that deciliter of water.

This gives you an idea of how little lead in a child’s blood can introduce the possibility of permanent developmental and neurological damage.

Letter to Physicians from a DSHS Case Manager

May 18, 2007

Dear Physicians,

My name is Marla Phillips and I have been doing case management for DSHS for over 10 years now. I find it very rewarding and I love my job! We are always open for new referrals by Medicaid providers.

As a case manager, I can do a number of things to help the child or family. We can make needed referrals to medical services, address family issues, school/education issues, help with financial issues, help with housing, and obtain needed supplies and equipment for children who have special healthcare needs.

We make an individual service plan especially to fit each child’s specific needs. I really enjoy doing home visits and meeting with the families. Again, we want the providers to know that we welcome any new referrals and will do all we can to help the clients and their families.

Thank you.

Marla Phillips, LBSW  
Medical Social Worker

NOTE: A child with a blood lead level of 10 or above qualifies for case management. Providers may call the Texas Health Steps Special Services Unit call center at 1-877-847-8377 for referral to a case manager.

Review of TX CLPPP Forms

Pb-100: Lead Assessment Interview Tool

Use to interview the parent/guardian of a child with a confirmed elevated blood lead level to determine possible source(s) of exposure.

Pb-101: Request for Environmental Investigation

Use to request an environmental investigation on the home of a child whose BLL meets certain criteria.

Pb-102: Provider Questionnaire, Follow-up of Elevated Blood Lead Level

Return to TX CLPPP to document follow-up activities for a child with an EBLL.

Pb-104: Provider Checklist

Use as a guide to educational topics to discuss with parents.


Refer to the summary of recommended follow-up schedules for obtaining a confirmatory test, for scheduling long-term follow-up testing, and providing case management activities.

Pb-110: Parent Questionnaire

May use at the 6, 15, and 18 month and 3, 4, and 5 year checkups. A “yes” or “I don’t know” answer to any question on the questionnaire indicates that a blood lead test should be performed.

Forms are available at:

http://www.dshs.state.tx.us/lead/providers.shtm#forms

LEARN MORE...

Understanding Barriers that Prevent the Accurate Collection of Race and Ethnicity Data

In 1988, the state of Rhode Island assembled a policy guide for the collection of race and ethnicity data. In Fall 2004, a study was undertaken to determine challenges that resulted in high rates of missing race and ethnicity data from lead test reports (65% and 40% respectively).

Three groups of people were surveyed: laboratory professionals, parents with children younger than age 12, and parents without children younger than age 12. The objectives of the survey were to identify barriers that prevent laboratory professionals from asking race and ethnicity questions and to assess how comfortable people are about reporting race and ethnicity for themselves and their children. The study is online at:

http://www.health.state.ri.us/lead/family/Race-Ethnicity.pdf

Another excellent resource is the 2006 article “Obtaining Data on Patient Race, Ethnicity, and Primary Language in Health Care Organizations: Current Challenges and Proposed Solutions” by Romana Hamain-Wynia and David W Baker, Feinberg School of Medicine of Northwestern University, Chicago, IL.


Accurate and complete reporting of patient demographic information is a vital part of our ongoing effort to address disparities in the occurrence and treatment of childhood lead poisoning. Today, we continue our series of articles exploring issues in reporting patient information, specifically with regards to reporting race and ethnicity.

Many people are unaware that there is even a difference between race and ethnicity.

• Race can be described as the group or groups the patient identifies with as having similar physical characteristics or similar social and geographic origins. Examples of this would be Native American, Asian, Black, White, Hispanic or Unknown.

• Ethnicity refers to a patient’s background, heritage, culture, ancestry and sometimes country of origin. For our purposes ethnicity can be reported as Hispanic, Non-Hispanic, Other or Unknown.

Health care providers may note that there is sometimes a discrepancy between self-reported and observed race and ethnicity. Self-reported is generally preferred to risk alienating patients by collecting potentially sensitive information, but recording this data is essential to our goal of eliminating childhood lead poisoning in Texas.
Though childhood lead poisoning is completely preventable, it persists as a significant environmental health problem for the children of Texas. Despite substantial progress toward the elimination of elevated blood lead levels (EBLLs), incidence of exposure to this toxic metal continues for Texas children.

The primary goal of lead poisoning screening and testing is to identify symptomatic or asymptomatic children and to intervene as quickly as possible to reduce their blood lead levels. Medicaid (Texas Health Steps) requires blood lead testing for children at both 12 and 24 months of age.

The Texas Child Lead Registry
In June 2003, it became required that all blood lead tests be reported to the Department of State Health Services Texas Child Lead Registry, which is maintained by TX CLPPP. TX CLPPP uses test result information to guide educational program development, identify areas of high risk for lead exposure, and target primary prevention actions.

2005 Data
A review of 2005 data reveals that 269,007 children in Texas received a blood lead test. Figure 1 illustrates the number of children tested, by age in years. Of those children, 3,563 were elevated (blood lead level at or above 10mcg dl⁻¹).

Figure 2 illustrates the percentage of children tested who were elevated, by age in years. In the first bar, we see that among the 43,461 tested children under age one, 0.71% had an elevated blood lead level. By comparing Figure 1 and Figure 2, we see that even though only half as many 3-year-old children as 2 year olds were tested, the rate of elevation among the 3 year olds was the highest within any age group.

In Figure 3, we take a closer look at the distribution of testing for children based on months of age up to 36 months. The highest numbers tested are at 12 and 24 months. However, as Figure 4 illustrates, the highest rates of EBLL were found in children at 19 and 22 months.

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When you have questions about: Ask for:

- Program Management and Administration Program Coordinator
- Data management and services Data Supervisor
- OHM call you if reporting forms are incomplete. Data Entry Coordinator
- Lead poisoning in persons over age 14 Adult Lead Coordinator
- Following up a specific child’s case Follow-up Coordinator
- Data analysis at state and local levels Epidemiologist
- Setting up an environmental investigation Environmental Specialist
- Publications, forms, and web site Outreach Coordinator
- Medical Consultation Nurse

Call today - we’re here to help!
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Texas CLPPP News Volume 5.2

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Under no circumstance should a PCP begin chelation therapy (oral, intravenous or any other route) on a capillary BLL result before consulting a medical expert. Contact TX CLPPP (1-800-588-1248) or your local Poison Control Center.

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