### CHILDHOOD LEAD POISONING AND PREVENTION

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### What is Lead?

- Lead is a metal that has had numerous uses since preindustrial times.
- Unlike some other metals, lead plays no role in human metabolism.
- In recent years, researchers have come to understand, there is no safe level of lead in the human body.
- Lead poisoning remains a top environmental threat to young children.
- Goal of Healthy People 2030: Eliminate all childhood lead poisoning







### Sources of Persistent Lead in our Environment

- Lead in residential paint
  - Phased out from 1950-1978
- Lead in gasoline
  - Phased out by 1986
- Lead in connecting pipes
  - Phased out from 1920's to 1980's
- Lead solder in plumbing
  - Banned in 1986





### Lead Dust Comes From Old Lead Paint

Chipping, peeling, flaking, disturbed paint can create lead dust.

- Normal wear and tear
- Weathering
- Water damage
- Sanding or scraping during repairs or renovation



Lead dust is the #1 source of lead poisoning in Maine



### Other Sources of Lead Exposure

- Soil
- Occupational take-home lead
- Hobbies
- Antiques







Maine Department of Health and Human Services



### Non-Housing Sources of Lead Exposure

- Fishing weights
- Pot and Pans
- Jewelry
- Glazed pottery
- Herbs
- Religious powders
- Ethnic Medicines
- Spices
- Toys
- Cosmetics









### How does Lead Poisoning Happen?

Dust from Old Lead Paint!

- Settles on floors
- Settles on window-sills
- Just takes a little bit to cause lead poisoning
- Children, especially 1- and 2-year-olds are:
  - Crawling, cruising & walking
  - Spending time on the floor
  - Discovering with their hands and mouths
  - Rapidly developing brains
  - Breathing zone closer to ground
  - Rely on others for safety and supervision
  - Food/ pacifiers on floor
  - Curiosity









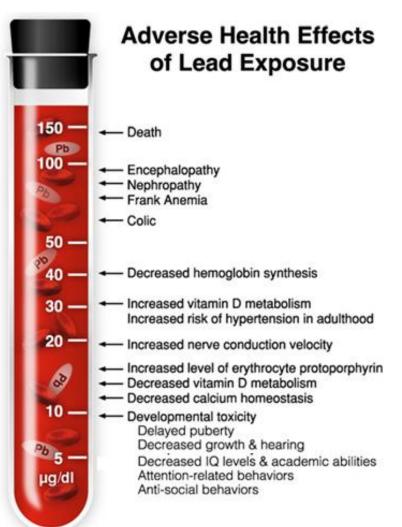
### Symptoms of Lead Toxicity in Children

- Most lead -poisoned children are asymptomatic
- Symptoms may be subtle and go unnoticed until blood lead levels reach 40µg/dL or higher
- Nonspecific complaints, if present can include:
  - Irritability
  - Fatigue
  - Loss of appetite
  - Abdominal pain



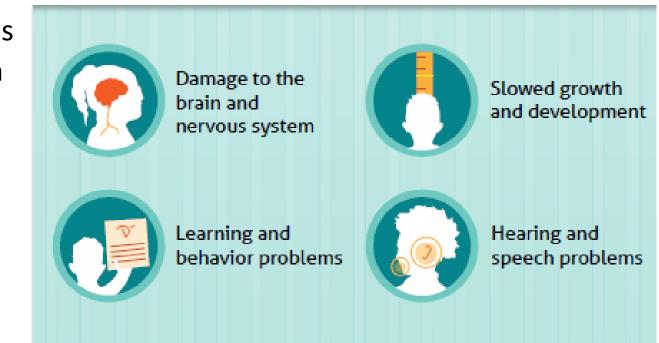
### Adverse Health Effects of Lead Exposure

At higher levels of lead, children are at risk for additional health effects of lead, including seizures, coma and death.



### Health Effects of Lead in Children

- In recent years, studies comparing groups of children have demonstrated that even low levels of lead once thought to be harmless, place children at risk for adverse effects.
- Duration of exposure
- Age at exposure
- Amount entering the body
- Amount absorbed by the body



# Maine Lead Poisoning Rates for Children 0-5 years old



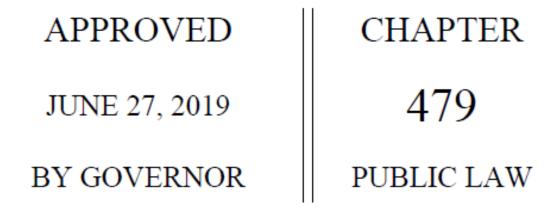
- 28% of all buildings in Maine are pre-1950 and most likely to have lead hazards
- In Maine in 2022, an estimated 356 (309 <3yo) children under 6 years had blood lead levels above the 2020 US CDC reference level (BLRV).

Data from the Maine Tracking Network <u>Childhood Lead Poisoning | MaineTracking Network (mainepublichealth.gov)</u> Maine Department of Health and Human Services

# Universal Blood Lead Testing Mandate 2019

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Recognizing the importance of identifying children with lead poisoning in order to provide them with DHHS services to reduce their lead exposure, in 2019, the Maine State Legislature mandated that health care providers test all 1- and 2-year-olds for lead poisoning.



### What is a "normal" lead level?



### • <u>NO safe level of lead in the blood has been</u> <u>identified.</u>

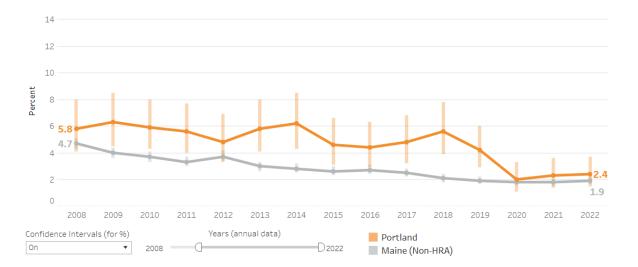
## 2021 National CDC updated BLRV

- New Blood Lead Reference Value (BLRV) is <a>2.5µg/dl</a> down from 5µg/dl
- The BLRV is based on NHANES data, not a "normal" level.
  - Children with blood lead levels at or above the BLRV represent those at the top 2.5% with the highest blood lead levels.

### Childhood Lead Poisoning in High-Risk Areas

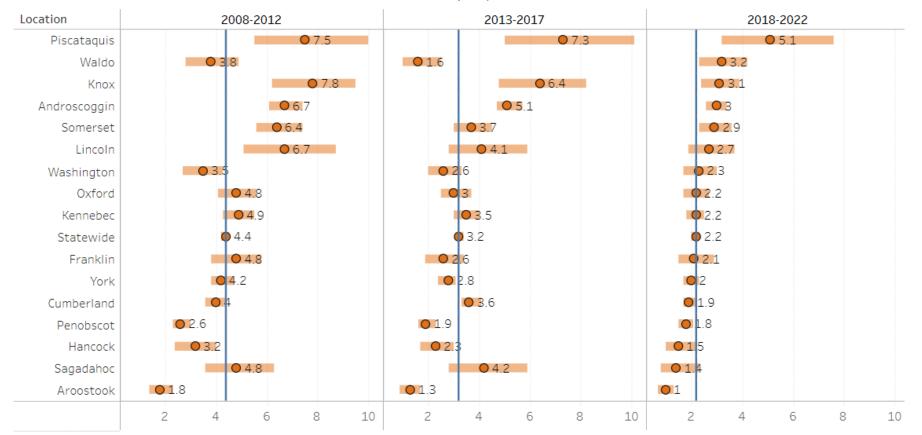
Lead Poisoning		Lead Testing		Risk Factors	
Age <3	Age <3	1 year olds	2 year olds	Poverty with Children	Older Housing
118	3.2%	66%	37%	10%	53%
2018-2022	2018-2022	2018-2022	2018-2022	2016-2020	2016-2020

#### Estimated Percent of Children Age <3 Years with a Blood Lead Level ≥5 ug/dL



### Blood Lead Poisoning by Town

#### Estimated Percent of Children with a Blood Lead Level ≥5 ug/dL | Age <3 years



Children at Risk for Lead Poisoning

### ME CDC Pediatric Blood Lead Testing Guidelines

#### Childhood Lead Poisoning Prevention in Maine Quick Guide



#### Key Messages for Parents

Ways to Limit Exposure

- Dust from lead paint in older homes is the most common cause of childhood lead poisoning.
- Children, especially those under 3, often put their hands and toys in their mouths.
- This makes it very easy for lead dust to get into, and damage, their growing bodies.
- The only way to know if a child has lead poisoning is to test them.

#### Health Effects of Lead Exposure

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems
- Speech and hearing problems

#### Leading to:

- Lower IQ
- Decreased ability to pay attention
- Underperformance in school

- Keep children away from peeling or chipping paint.
- Wash children's hands before eating and sleeping.
- Feed children at a table or in a highchair and not on the floor.
- Wash toys once a week and keep toys away from areas with chipping paint.
- Clean floors, windowsills, and tabletops with wet mops or rags once a week.
- Cover chipping and peeling paint to keep lead from spreading to surrounding areas.
- · Avoid sanding and scraping paint in old homes.

#### **Primary Prevention Spotlight**

- Providers and families may request a free, do-it-yourself lead dust test kit to identify lead dust in a child's home before a child becomes poisoned.
- These test kits are ideal for families who live in pre-1950 housing, and that have infants (<1 year old), are expecting a new baby, or have a child with a blood lead level <3.5  $\mu$ g/dL.
- To order a test kit call 207-287-4311 or visit https://bit.ly/3DcAuSp

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Identifying Children with Lead Poisoning

#### Maine CDC provides services based on <u>venous</u> lead levels $\geq$ 3.5 µg/dL.

- The initial blood lead screening test may be either a venous or capillary sample.
- An elevated capillary sample ( $\geq$ 3.5 µg/dL) must be confirmed with a venous sample.

Age	Blood Lead Testing Requirements
1 year (9 to <18 months)	Mandatory under Maine law
2 years (18 to <36 months)	Mandatory under Maine law
3-5 years (36 to 72 months)	<ul> <li>For children covered by MaineCare:</li> <li>If not previously tested: Mandatory blood lead test</li> <li>If previously tested: Recommend blood lead test yearly unless risk assessment questionnaire is negative.</li> </ul>
	<ul> <li>For children not covered by MaineCare:</li> <li>Recommend blood lead test yearly unless risk assessment questionnaire is negative.</li> </ul>

#### Risk Assessment Questionnaire – Identifies at-risk children under 6 years of age

If a child's parent or guardian answers 'yes' or 'don't know' to any of the questions below, test the child for lead.

- Does your child spend more than 10 hours per week in any house built before 1950?
- Does your child spend more than 10 hours per week in any house built before 1978 that was renovated or remodeled within the last 6 months?
- Does your child spend time with an adult whose job exposes him/her to lead? (i.e., construction, painting)
- Does your child have a sibling or playmate that has been diagnosed with lead poisoning?

### Test at-risk populations annually through 5 years of age, and as clinically indicated, even if the risk assessment questionnaire is negative.

At-risk populations:

- Recent immigrants or international adoptees
- Children whose parents immigrated to the U.S.
- Children with pica behavior
- Children with neurodevelopmental disabilities or conditions such as autism that put them at higher risk for hand-to-mouth behavior
- Children entering foster care

#### Test all recently arrived refugee children.

- Perform a blood lead test for children 6 months to 16 years upon entry to the U.S.
- Within 3-6 months of initial test, conduct follow-up test for children 6 months to 6 years, regardless of initial test result.
- Consult U.S. CDC Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children
   https://bit.ly/3RCDr31

# Identifying Children at Risk for Lead Poisoning

### **Annual Risk Assessment Questionnaire**

- Does your child spend more than 10 hours per week, in any house built before 1950?
- Does your child spend more than 10 hours per week in any house built before 1978 that was renovated or remodeled within the last 6 months?
- Does your child spend time with an adult whose job exposes him/her to lead? (Examples: construction, painting, metalwork)
- Does your child have a sibling or playmate that has been diagnosed with lead poisoning?

#### **Recommended Confirmation and Follow-up Schedule**



Clinical Actions for Pediatric Blood Lead Levels  $\geq$  3.5 µg/dL

- The pediatric blood lead reference level is 3.5  $\mu$ g/dL. Confirm capillary screening test results >3.5  $\mu$ g/dL with a venous test.
- The sooner providers confirm capillary blood lead tests with venous specimens, the sooner Maine CDC can initiate services to identify and eliminate the sources of their lead exposure.
- The higher the capillary test result, the more urgent the need for a timely confirmatory venous test.
- Confirmatory testing is not required when an initial screening test is performed using a venous sample.

Capillary Blood Lead Level	Confirm with Venous Test
3.5 - <10 μg/dL	As soon as possible, but no later than 3 months
10 - <20 μg/dL	As soon as possible, but no later than 1 month
20 - <45 μg/dL	As soon as possible, but no later than 2 weeks
≥45 µg/dL Urgent Action Needed	Immediately, but no later than 48 hours (place order as STAT)

Venous Blood Lead Level	Follow-up Venous Test Schedule	Recommended Actions Based on Confirmed Venous BLL
3.5 - <10 μg/dL	Within 3 months*	<ul> <li>Complete risk assessment questionnaire to identify potential sources of exposure</li> <li>Educate on key messages (see Quick Guide page)</li> <li>Inform patient that Maine CDC will be reaching out</li> </ul>
10 - <20 μg/dL	Within 2 months*	<ul> <li>Items above plus:</li> <li>Ensure child does not have iron deficiency</li> <li>Check child's development to ensure appropriate milestones are being met</li> </ul>
20 - <45 μg/dL	Within 1 month*	<ul> <li>Items above plus:</li> <li>Consider performing an abdominal x-ray to check for lead- based paint chips and other radiopaque foreign bodies</li> </ul>
≥45 μg/dL Urgent Action Needed	Immediately (place order as STAT)	<ul> <li>Items above plus:</li> <li>Perform complete history and physical exam including detailed neurological exam</li> <li>Urgent consult with Northern New England Poison Center: 1-800-222-1222</li> </ul>

\*You may elect to repeat blood lead tests on children with an elevated venous blood lead level within 1 month to ensure that the blood lead level is not rising. Consult U.S. CDC guidelines: https://bit.ly/3QyeaFZ

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### Children at risk for lead poisoning

Children living in homes built before 1950 are at highest risk for lead exposure. Deteriorated lead paint and resulting lead dust pose the greatest risk, but even intact paint may be a risk for some children.



### Children at risk for lead poisoning

- Immigrants or refugees from countries where there is greater lead exposure may arrive with elevated blood lead levels.
- Subsequent residence in rental units with poorly maintained lead paint places them at additional risk.
- Some cultural or dietary practices also may contribute to lead exposures.





### Additional Risk Factors for Lead Poisoning

Children at increased risk for lead poisoning:

- Unusual oral behavior (pica)
- Developmental delays
- Behavioral problems
- ADHD
- Autism
- Fe status (more risk for an elevated BLL with iron deficiency)





### Testing in Maine

- Who? All 1 and 2 year olds; +risk assessment; New Mainers; Neuro-atypical children with increased oral behavior; any child who has never been tested.
- How? POC vs In office cap vs Venous
- Why? Secondary Prevention to prevent further harm and primary prevention

# Identifying Children at Risk for Lead Poisoning

- Blood lead screening may be performed with capillary or venous tests.
- Due to the potential for contamination, capillary results at or above the reference level of 3.5 mg/dl should be confirmed with a venous sample.
- A blood lead level, measured in micrograms per deciliter (mcg/dL or mg/dL).
- Eligibility for case management by the Maine CDC's Childhood Lead Poisoning Prevention Unit is based on an elevated *venous* blood lead level of ≥ 5 mcg/dL.





#### Maine CDC's Public Health Response



For Confirmed Venous Blood Lead Levels  $\geq$  3.5 µg/dL

Maine CDC Childhood Lead Poisoning Prevention Unit Response for Children (Ages 0 - <72 months) With Venous Lead Levels	3.5 - <5	5 - <10	10 - <45	<u>&gt;</u> 45
Offer free home lead dust test and if dust levels are high, provide environmental investigation and case management services described below	x			
Conduct environmental investigation of the child's home to identify and remove lead hazards		×	×	x
Provide case management services to: discuss outcomes of investigation, prevent further exposure, and monitor blood lead level		x	x	x
Offer home visit from a public health nurse		As Needed	x	x
CDS referral (lead poisoning is a qualifying diagnosis for CDS)		x	×	×
Coordinate with providers and Northern New England Poison Center on urgent evaluation for chelation therapy and investigation of the child's home environment for lead hazards				x

Additional Resources	
For questions or concerns about blood lead testing, talk to the physician or a nurse on our health team.	207-287-4311
Call the State of Maine Health and Environmental Testing Laboratory to order free blood collection supplies and mailers.	207-287-2727
Download U.S. CDC's factsheet with steps for collecting fingerstick blood samples.	https://bit.ly/3D7Y1E6
Learn more about using the Blood Lead Module in ImmPact to identify patients needing a blood lead test.	https://bit.ly/3RTZamC
Order Maine lead poisoning prevention educational materials for your office.	ehu@maine.gov

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### Environmental Case Management VBLL $\geq 5 \text{ mcg/dL}$

If a newly identified child with a **venous** blood lead of 5 mcg/dL or greater is living in a rental unit, the landlord must allow an environmental investigation which tests paint, dust, soil, water and any other potential sources for lead.

### If the child is living in a private home, the family is offered a free lead inspection



### What Can you do?

REVIEW and REINFORCE Interim controls and Lead prevention measures. Keep your eyes open for hazards:

- Frequent handwashing with soap and water
- Wash toys weekly
- Wash pacifiers every time they fall on floor
- Discuss nutrition support that can help lead poisoned children (Iron, Vitamin C, Calcium, etc)



- Discuss need for blood test at 1&2yo
- Offer Lead prevention information
- Remind families to connect with their child's doctor to better understand lead levels





### What resources do you need?



### **Questions & For More Information**

• Maine CDC Website:

https://www.maine.gov/dhhs/mecdc/environmentalhealth/eohp/lead/providers.shtml

- Maine CDC Childhood Lead Poisoning Prevention Unit
  - Maggie Bordeau, DO, MPH; 207-592-2432; <u>Margaret.Bordeau@maine.gov</u>