



TX CLPPP News

vol. 4, issue 1

Fall 2005



News for Providers from Texas CLPPP

Finding new ways to help you fight childhood lead poisoning—

This issue of *Texas CLPPP News* highlights ways both the state level CLPPP and your local CLPPP can support your efforts in the prevention, diagnosis and treatment of childhood lead poisoning cases. In order to better serve providers as well as the local CLPPP programs, Texas CLPPP is growing and adding staff.

Last March, an experienced environmental specialist joined the staff to assist with issues related to environmental investigation of homes where children have been diagnosed with high blood lead levels. Also in March, we added a new outreach specialist with a background in graphic design and publication management. Her influence is already apparent in many of our redesigned forms and publications. In May, we added a new follow-up coordinator to be the point of contact for issues relating to repeat blood lead testing and other issues pertaining to children diagnosed with high blood lead levels. In June, we added a new epidemiologist to the staff to analyze and publish the blood lead data collected throughout the state. In late July we added a program coordinator with a medical background to co-ordinate the day-to-day activities of the program.

Below is a chart of the CLPPP staff along with their primary job functions; they all can be reached at our toll-free number 1-800-588-1248 or at 512-458-7269.

Inside!

Followup Letters and Forms:
 New and Improved 2

News from the Local CLPPP
 Programs 3

Report from the April 2005 WIC
 Conference in Austin 4

Coming Soon: Specimen Collection
 Poster Revision 4

From the TDSHS Lab:
 Answers to Your Questions About
 New Tube Fill Requirements 6

Are Our Kids at Risk? A Look at
 Some Facts About Texas. 7

Reporting — It's the Law!
See page 5

Ask for:	When you have questions about:
Program Coordinator	Program Management and Administration
Data Supervisor	Data management and services
Data Entry Coordinator	(Will call YOU if reporting forms are incomplete.)
Adult Lead Coordinator	Lead poisoning in persons over age 14
Follow-up Coordinator	Following up a specific child's case
Epidemiologist	Data analysis at state and local levels
Environmental Specialist	Setting up an environmental investigation
Outreach Specialist	Publications and outreach, web site

Changes to Provider Follow-up Letter and PB Series Follow-up Forms

Providers will soon notice layout modifications in the patient followup materials they receive after reporting a blood lead level for a patient age 14 or under.

We designed these layout changes after it became apparent that the existing forms were needlessly confusing and difficult to fill out. The forms had been developed and adapted over time, and they were past due for an overhaul. We look forward to your comments. Here's a recap of the changes:

The Physician Followup Letter:

This cover letter now includes a list of the forms attached (PB-100, PB-101, PB-102 and the new Physician Reference form), and a description of each form's purpose.

Form Pb-100: Lead Assessment Interview Tool

This form is largely unchanged, but has a slightly cleaner layout and more legible typography.

Form Pb-101: Request for Environmental Investigation

This form has undergone a major redesign for ease of use and information flow. Instructions are clearly stated and easier to find at the top of the form, and two tables are moved to the Physician Reference form.

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

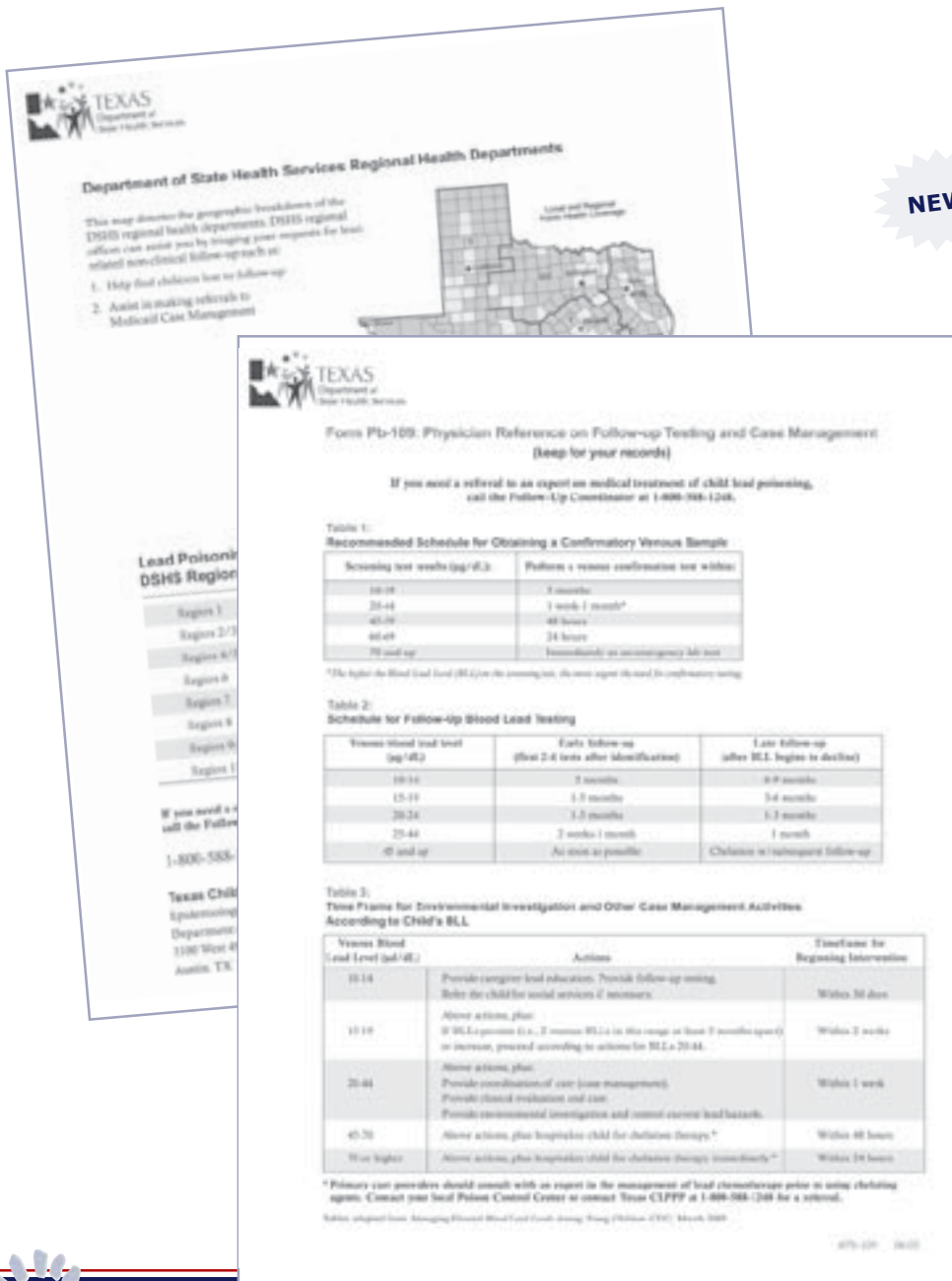
This form is redesigned with clearer instructions and with better information flow. A followup testing table is moved to the Physician Reference form.

Form Pb-109: Physician Reference on Follow-up Testing and Case Management:

This new form is designed as a front and back flyer, and is intended to stay with the provider as a reference source. It gathers three tables previously scattered among the PB forms:

- Recommended Schedule for Obtaining a Confirmatory Venous Sample
- Schedule for Follow-up Blood Lead Testing
- Time Frame for Environmental Investigation and Other Case Management Activities According to Child's BLL

In addition, on the reverse of the form is a county-by-county map of Texas showing Regional Health Department boundaries, and a list of Lead Prevention Contact Persons for the DSHS Regional Health Departments.



NEW!!

New Form Pb-109

El Paso

Last summer, El Paso formed a Regional Lead Coalition that continues to meet regularly. The coalition includes representatives from several local agencies as well as private citizens. Chair is Dr. John Haynes, a toxicologist with the Texas Tech University Health Science Center, who also works in conjunction with the West Texas Regional Poison Control Center. Pat Hall (El Paso Childhood Lead Poisoning Prevention Program) is Co-Chair.

For the past three years, El Paso Childhood Lead Poisoning Prevention Program staff have been studying the issue of testing pregnant women for lead. Although a few cities and/or counties in the country are testing, to their knowledge it is not being done routinely in Texas. This has been added as an agenda item by the Regional Coalition.

San Antonio

New Standard Operating Procedures (SOPs) have been developed and instituted which will allow San Antonio CLPPP staff to receive lead screening and follow-up data from the Metro Health clinics in real time. These new procedures will ensure that children with elevated blood lead levels seen in their clinics receive timely, effective, and proper follow up care.


Did you know:

The Texas CLPPP is making real progress in tracking children with elevated blood lead levels: our Follow-up Coordinator now calls providers and sends letters when a child is reported with a blood lead level greater than **14**.

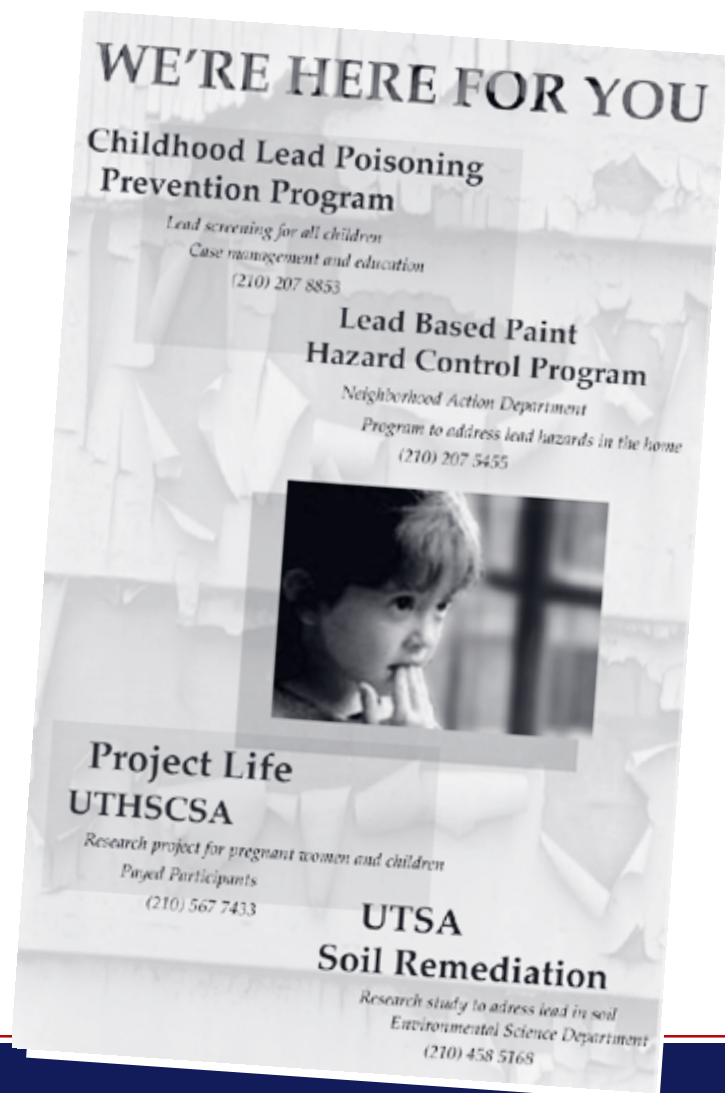
A substantial bilingual social marketing campaign, built around lead poisoning prevention and screening, has begun. The campaign is centered on billboard and poster media placed strategically in neighborhoods and physician offices within the target area. Recently, San Antonio has participated in several community health fairs, parent presentations, summer camp programs, and at the Annual City of San Antonio Housing Summit.

San Antonio CLPPP continues to develop the lead infrastructure in Bexar County through collaborative work with the Bexar County Lead Task Force, the Lead-Based Paint Hazard Control Program,

the San Antonio Housing Authority, and the HUD funded lead poisoning research groups within San Antonio. The expected results of these collaborations include an increase in local government awareness about lead poisoning and its sources during the 2005-2006 grant year as well as acquisition of more local support from existing city programs and/or non-profit agencies.

In July, CLPPP staff participated in two city council driven health fairs, each of which included a backpack giveaway. Both fairs increased awareness of childhood lead issues at the city government level. 

This new poster is part of San Antonio's current outreach to private providers.



Texas WIC: 2005 Nutrition and Breast-feeding Conference

This Spring, Texas WIC hosted a conference in Austin on April 18-21. The conference was designed to showcase ways for WIC to partner with parents to address nutrition and physical needs—resulting in healthier children, and ultimately, healthier adults.

Conference sessions followed five tracks: Breast-feeding, Nutrition, Ways to Expand Resources and Time, Things Parents Need to Know, and Special or Repeat Sessions (to enable participants to attend as many different sessions as possible).

Texas CLPPP was invited to participate as an exhibitor. We developed a “slide show” type presentation which was printed out as a table display, and then was e-mailed in PDF format to the almost 200 WIC educators who requested the presentation. This presentation highlighted sources of lead poisoning and prevention measures, as well as the lead absorption protective nature of certain nutrients. We also developed an educator’s brochure which was very well received at the conference. With minor tweaking and input, that brochure is now in production and will appear in the literature catalogue. (See preview on page 5.)

Both the WIC presentation and the educator brochure are available now in PDF format. Please contact our Outreach Specialist for a copy of one or both publications.

Here are some of the nutrition facts included in the presentation: ►

A lead exposed child absorbs more lead on an empty stomach.

That’s another reason to encourage parents to provide regular meals and nutritious snacks daily.

Calcium

There is good evidence that dietary calcium competitively inhibits lead absorption in the body.

Minerals like iron, zinc, phosphorous and magnesium also may compete for absorption by the body.

Because of the frequency of inadequate calcium intake among all children, it is important to verify that a child with an EBLL (elevated blood lead level) is receiving enough calcium in the diet.

Iron

Iron deficiency remains a common nutritional deficiency in infants and young children.

Evidence suggests a relationship between elevated blood lead levels and iron deficiency.

Many nutritional and behavioral factors (such as pica) associated with iron deficiency also may be found in children with EBLLs.

Vitamin C

...helps the body absorb iron.

The CDC recommends giving all children 6 months and older at least two servings of foods rich in vitamin C per day for the prevention of iron deficiency.

Last year’s poster on blood specimen collection has been updated and revised. It highlights the new fill requirements described on page 6 and presents other important information in one place.

- **Reporting guidelines:** This important reminder will be inserted into the new poster version (see page 5 for guidelines).
- **Photos:** New photos reflecting current supplies shipped by the DSHS lab will be included.
- **Hand washing reminder:** We’ve had a lot of questions about hand-washing procedures before a capillary specimen collection. The new poster spells it out:

By obtaining a good fingerstick sample you may avoid a false positive and eliminate the trauma of a followup venous test.

Washing with soap and water is **crucial**: it removes lead contamination on the skin—alcohol can’t do this.

- **Specimen rejections:** The poster reminds providers of the number one reason specimens are rejected by the lab: incorrect fill volumes. The article on page 6 addresses new fill volume and variance issues.

The new poster will be available soon from your local CLPPP.

Did you know:

Statistics are available to you on childhood lead testing at the state level and for your local area.

The CLPPP staff includes experts in the analysis of state childhood lead surveillance data, which providers play a crucial role in collecting.

Contact the Childhood Lead Surveillance Epidemiologist at 512-458-7151.

Blood Lead Level Reporting Guidelines:

► Know the Law:

As of June 1, 2003, immediate reporting to the Texas Child Lead Registry is required for *all* blood lead tests for persons age 14 or younger.

Physicians, laboratories, hospitals, clinics and other healthcare facilities must report. If you need a reporting form call our toll-free number: **1 (800) 588-1248**

► Provide Complete Data:

Complete data helps protect all the children of Texas. By tracking all childhood lead cases – using the data you provide – the state can better identify risk factors for all children as well as offer individual follow-up based on a child's test results.

► Be sure your report includes this required reporting information:

- Child's name
- Date of birth
- Gender
- Ethnicity
- Race
- Address
- Blood lead result
- Type of blood sample (capillary or venous)
- Name and address of testing laboratory

Reporting:

Report ALL blood lead tests, even those within "normal" limits.

- By phone: (toll-free) **1 (800) 588-1248**
- By fax: **(512) 458-7699**
- By mail:

Epidemiology and Surveillance Unit
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756

Information on adult (age 15+) lead poisoning is available from the Texas Department of State Health Services:
<http://www.dshs.state.tx.us/epitox/adultlead.shtm>

Did you know:

Texas CLPPP has a Data Entry Coordinator who works full time to contact providers when required information on reporting forms is incomplete (see list above). If you know you are submitting complete information and still getting calls from the data entry coordinator, check with your lab that all required reporting information is included in the report forwarded to the Lead Registry.

New Brochure Coming Soon!

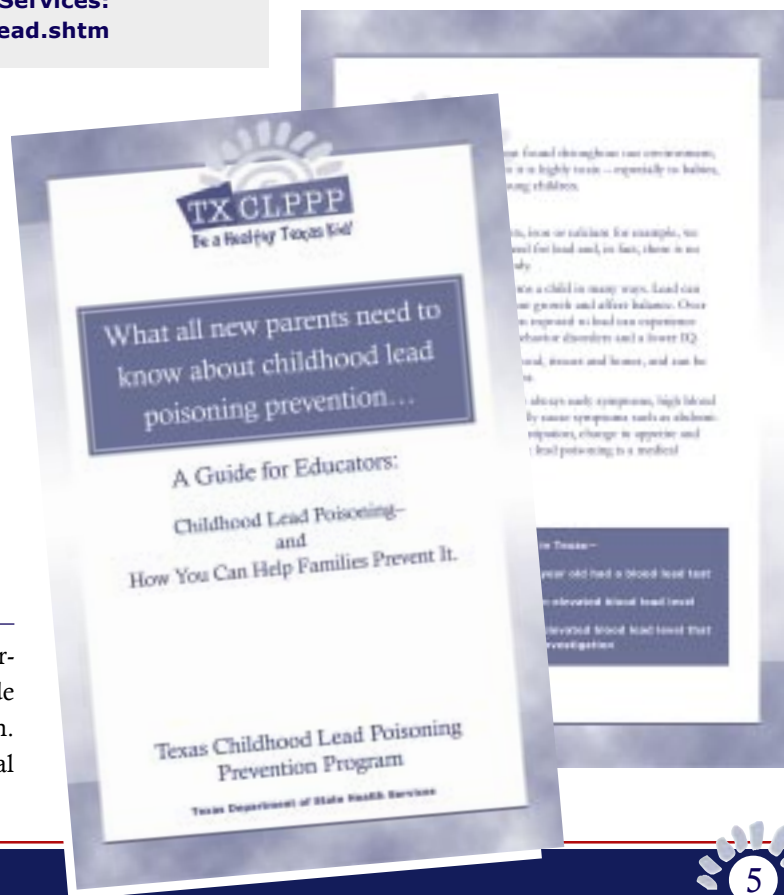
Provider staff members who want to learn about educating parents and families will be interested in this new brochure: "A Guide for Educators." It's in production now and will be available soon. It provides an overview of education topics as well as a general review of the sources and effects of lead poisoning.

Take advantage of us!

Throughout Texas, local Childhood Lead Poisoning Prevention Programs make many services available to healthcare providers:

- patient screening and case management
- sources for general and clinical information
- current reporting requirements
- patient education resources and literature
- patient referral sources such as nutritional counseling
- family referrals such as Children's Health Insurance Program and Texas Health Steps
- monitoring support for referrals
- environmental investigations
- needs assessments
- prevention strategies

If you're not sure who to call, check the list of local programs on the back cover of this newsletter, or call our statewide toll free number: **1 (800) 588-1248**. ☎



New Fill Volume and Variance Issues

Since the implementation of new fill volume requirements at the DSHS Laboratory in mid-April, providers have expressed concern about the new criteria that have resulted in rejection of blood lead level specimens. Naturally, the provider's concern is for his/her patient, which in the case of lead testing is often a vulnerable child in the public healthcare system. Having a child's blood lead level specimen rejected is the *last* thing a provider wants.

Here's what we know:

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) are regulations administered by CMS, the Centers for Medicare and Medicaid Services (formerly the Healthcare Financing Administration). CMS regulates all laboratory testing (except research) performed on humans in the U.S. through CLIA and covers approximately 175,000 labs.

The objective of the CLIA regulations are to ensure quality laboratory testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities.

Over the past few months, the CMS inspectors have been interpreting certain regulations much more strictly than previously. CMS inspectors at the DSHS Laboratory have insisted on more stringent adherence to manufacturer's criteria for specimen acceptability and, in fact, rejected the laboratory's own acceptability studies. The net effect is that fill volumes that have previously been validated by the DSHS Laboratory must now be rejected.

TDSHS Laboratory takes action:

Anticipating the effect that the stricter interpretation would have, the laboratory

began a campaign in February to notify providers. Nevertheless, some providers missed being notified and were caught unaware when specimens were rejected.

The allowable variation in fill volume for the DSHS-supplied venous and RAM-capillary tubes is +/- 10% according to the manufacturer's package insert. These requirements have been difficult for some providers to meet, in part due to the lack of variance markings on some tubes.

In mid-May, the laboratory began providing a capillary tube with a broader range of variance that has the acceptable range clearly marked on the tube. In addition, the laboratory staff has spent much time providing education to providers who contact the laboratory with concerns regarding fill volume issues. This is a challenging transition for providers and the laboratory alike, but the long-term result will be more consistently correct test results for our children. ☺



DSHS laboratory supplies tubes, lancets and needle holders.

What are CLIA and CMS?

FROM <http://www.cms.hhs.gov/>

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) established quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed. A laboratory is defined as any facility that performs laboratory testing on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, treatment of disease, or impairment of, or assessment of health.

The Centers for Medicare & Medicaid Services (CMS) is a Federal agency within the U.S. Department of Health and Human Services. CMS is charged with the implementation of CLIA, including laboratory registration, fee collection, certificate generation, surveys, surveyor guidelines development and training, enforcement, financial management, and finally, approvals of proficiency testing providers, accrediting organizations and exempt states. The Food and Drug Administration is responsible for test categorization. The Centers for Disease Control and Prevention is responsible for the CLIA studies, convening the Clinical Laboratory Improvement Amendments Committee (CLIAC) and provides scientific and technical support to CMS.



So are Texas Kids REALLY at Risk?

Some providers tell us they hardly ever see a child with elevated blood lead levels. And — since deteriorated paint in old houses is the leading cause of lead poisoning, and we know Texas has housing stock newer than the national average¹ — just what is the risk for Texas kids?

Let's look at some facts about Texas...

While the United States as a whole experienced a population growth of 13.1% between the 1990 and 2000 censuses, Texas' growth of almost 23% during the same period has made it the second most populous state in the union. According to 2003 estimates, Texas gained 1.25 million residents since the 2000 census, resulting in a current population of **over 22 million.**

The facts show that explosive population growth in Texas over the past 15 years has occurred disproportionately in groups at known risk for lead poisoning. In 2003, census estimates placed 13.1 % of Texas families below the poverty level^{2,3}— over 711,000 Texas families are now living in poverty.

Lead poisoning is more likely to occur in children living in poverty. Children receiving federal assistance such as Texas Health Steps are at higher risk for lead poisoning, often due to the greater likelihood that they live in older housing with deteriorating lead-based paint. Over 85% of all children in the Texas Child Lead

Registry are in the Texas Health Steps Program, which requires blood lead screening at 1 and 2 years of age. In 2002,

35,160 children in Texas under age 6 may have elevated blood lead levels.

In 2001 we found 4,965 of them.

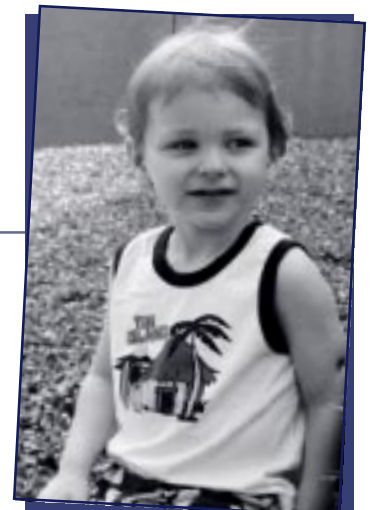
18.7% of the 956,485 Texas Health Steps eligible children under age 6 had a blood level result reported to the Texas Child Lead Registry. However, lead registry data indicate that children not enrolled in Texas Health Steps are also at risk for lead poisoning. During 2004, of the 5,650 children identified with elevated levels, 745 (13%) were not enrolled in Texas Health Steps.

Here's another way to look at it...

The National Health and Nutrition Examination Surveys (NHANES III) data from 1999-2000 estimates that 1.6%

(310,000) of the nation's children have elevated blood lead levels. Using these data and data from the 1990 census, the CDC estimated that 43,600 Texas children under age 6 could have elevated blood lead levels—Texas was ranked third among states with respect to the number of children expected to have elevated blood lead levels.

In 2004, approximately 1.7%⁴ (4,965) of Texas children under age 6 whose blood lead level (BLL) test results were reported to the Texas Child Lead Registry were found to have an elevated blood lead level.⁵ If 1.7% of *all* Texas children under age 6 had elevated blood lead levels, as many as 35,160 Texas children may have elevated blood lead levels—as many as 11% of the nation's lead-poisoned children could reside in Texas.⁶



- 1 According to HUD, statewide percentage of pre-1950 housing in Texas is 10.8. By comparison, in New York state, the percentage is 43.1
- 2 Vs. 9.8% nationally
- 3 Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."
- 4 CDC. Blood Lead Levels—United States, 1999-2002. MMWR 2005; 54(20):513. <http://www.cdc.gov/mmwr/PDF/wk/mm5420.pdf>
- 5 blood levels at or above 10µg dL of whole blood
- 6 35,160 children in Texas out of 310,000 nationally

Did you know:

The Texas Department of Housing and Community Affairs estimates that over 3 million housing units in Texas contain lead paint. A staggering 52% of low-income units are contaminated with lead-based paint.

▶ **NEXT ISSUE: A closer look at housing patterns in Texas—where is the risk highest?**



<http://www.dshs.state.tx.us/lead>

TX CLPPP News is published quarterly by the Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX 78756.

Application to Mail at Periodical Postage rates is pending at Austin, TX.

POSTMASTER: Send address changes to:

TX CLPPP
1100 West 49th St.
Austin, TX 78756

All photos ©2005 Texas CLPPP



Local Health Department CLPPP Programs

Austin/Travis County	211 Comal Street	Austin, TX 78702	512-972-6665
City of Dallas	4500 Spring Avenue	Dallas, TX 75210	214-670-7663
City of Houston	8000 N. Stadium Dr., 6th Floor	Houston, TX 77054	713-794-9349
City of Laredo	2600 Cedar Street	Laredo, TX 78040	956-726-2682
El Paso City/County	5115 El Paso Drive	El Paso, TX 79905	915-771-5805
Harris County	2223 West Loop South	Houston, TX 77027	713- 439-6126
San Angelo/Tom Green Cty.	2 City Hall Plaza	San Angelo, TX 76903	915-657-4214
San Antonio Metro	332 W. Commerce, Suite 101	San Antonio, TX 78205	210-207-8853

