

CHILDHOOD LEAD ADVISORY WORKGROUP

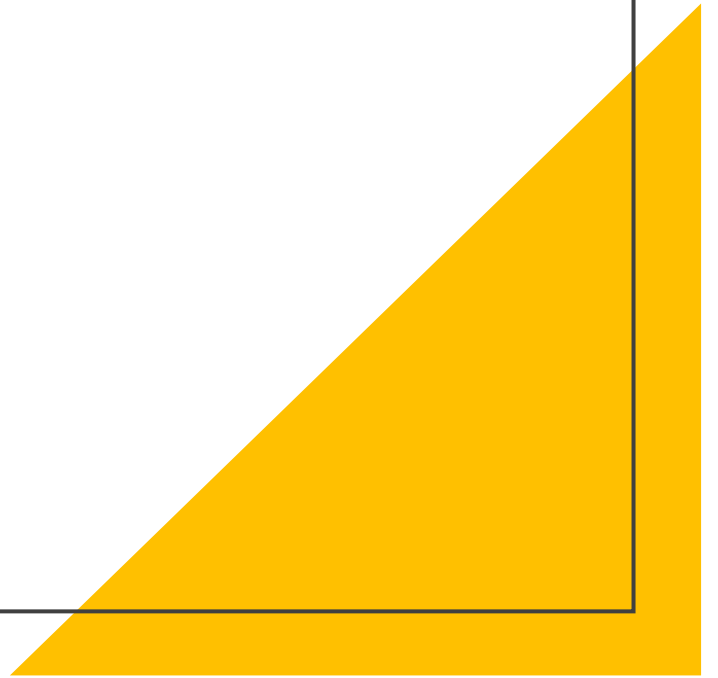
BLOOD LEAD TESTING
POLICY & TRAINING
SUBGROUP

MEETING
MINUTES

February 7th, 2022

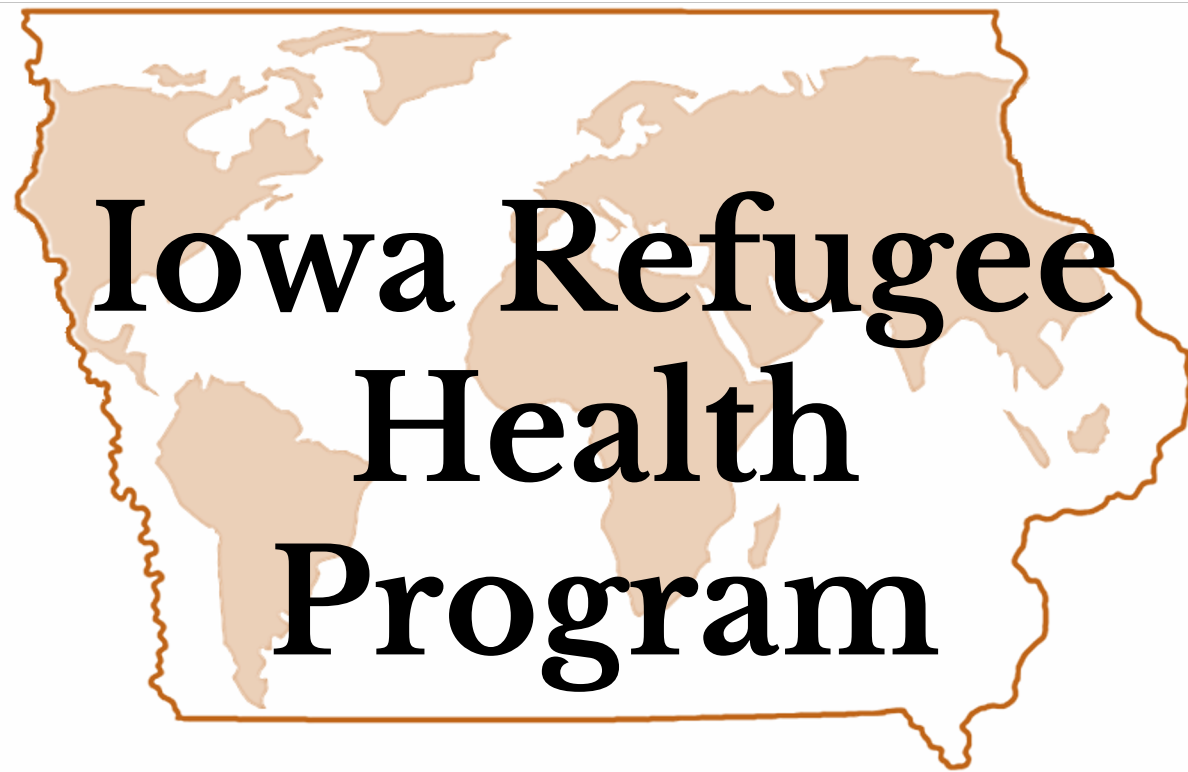
Introductions

- Name
- Organization



Meeting Agenda

- Iowa Refugee Health Program
- Implementation of the screening tool and guidelines
 - Successes and challenges
- Incorporation of education in OB-GYN offices
- Potential for newborn screening
- Updates on LeadCare Recall and reference value
 - Discussion on testing barriers



Helping Iowa Become Home by
Promoting Comprehensive Refugee Health

Jill Schacherer

February 7, 2022

IDPH Refugee Health Program

- Part of the Bureau of Immunization & TB
- Central Goal: To ensure that a comprehensive Refugee Domestic Health Assessment is completed for each newly arriving refugee.
- Additional responsibilities:
 - Educate local clinics and agencies regarding CDC refugee health guidelines and concerns.
 - Compile, analyze and communicate refugee health data.
 - Aid TB Control Program with the tracking of TB Class B immigrants and refugees.



Who is a refugee?

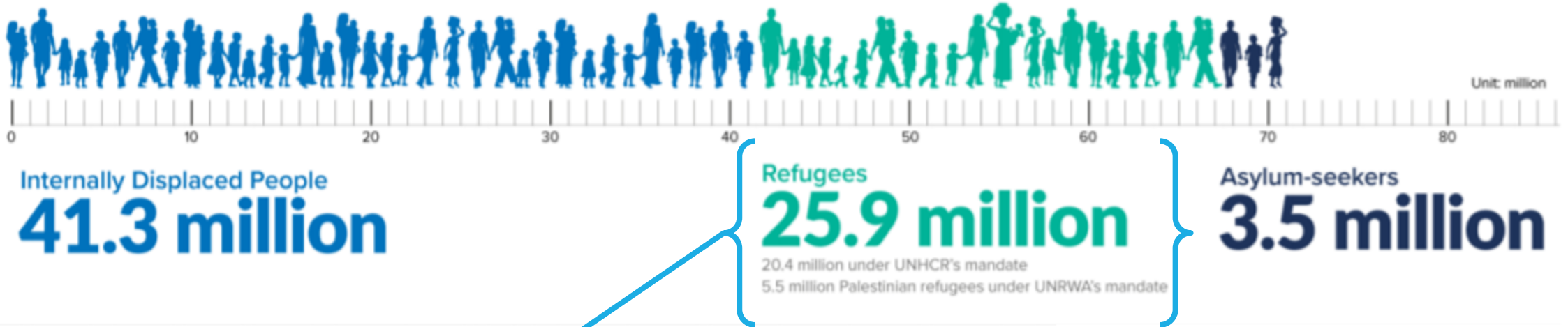
- A person who has been forced to flee his or her home country because of fear of persecution or violence
- 1951 Convention Relating to the Status of Refugees:
*“owing to a well-founded **fear of being persecuted** for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.”*

Immigration Definitions

- **Refugees** are individuals who are forced to flee their home countries to escape persecution, war or violence.
- **Asylum Seekers (Asylees)** are individuals who flee their home country and seek sanctuary in another country – they apply for asylum.
- **Internally Displaced Persons** are individuals who stay within their own country and under the protection of their government, even if the government is the reason for their displacement.
- **Special Immigrant VISAs (SIV)** are provided to people who helped the US Military or US Military Contractors in Iraq and Afghanistan. Due to their affiliation with the US, they are not safe at home.
- **Humanitarian Parolees** were evacuated from Afghanistan and admitted for a two-year parole period.
- **All refugees are immigrants, but not all immigrants are refugees**

Figure 1 Statistical Yearbook, UNHCR, 2019

70.8 million forcibly displaced people worldwide

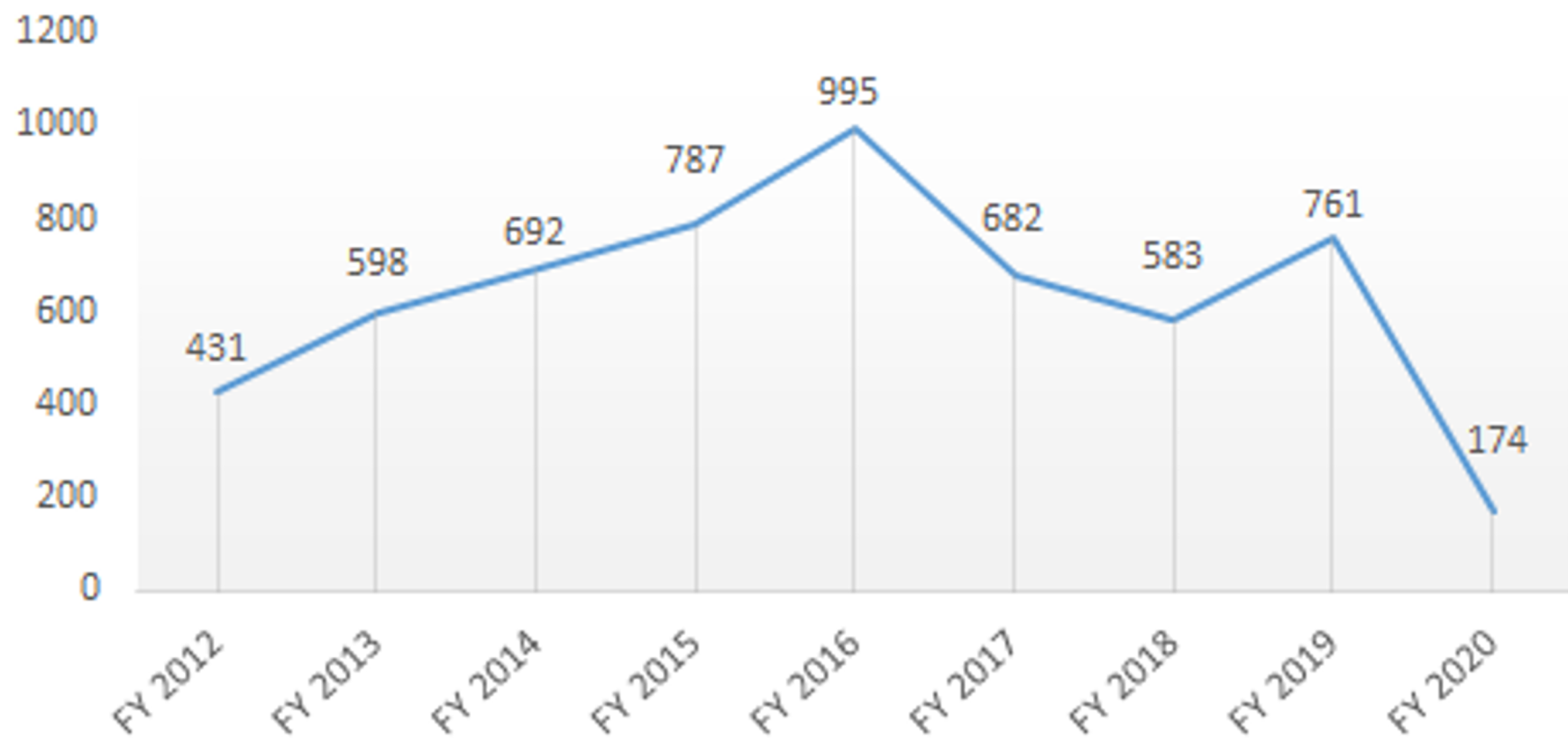


1% > Resettled through IOM

Source: UNHCR / 19 June 2019

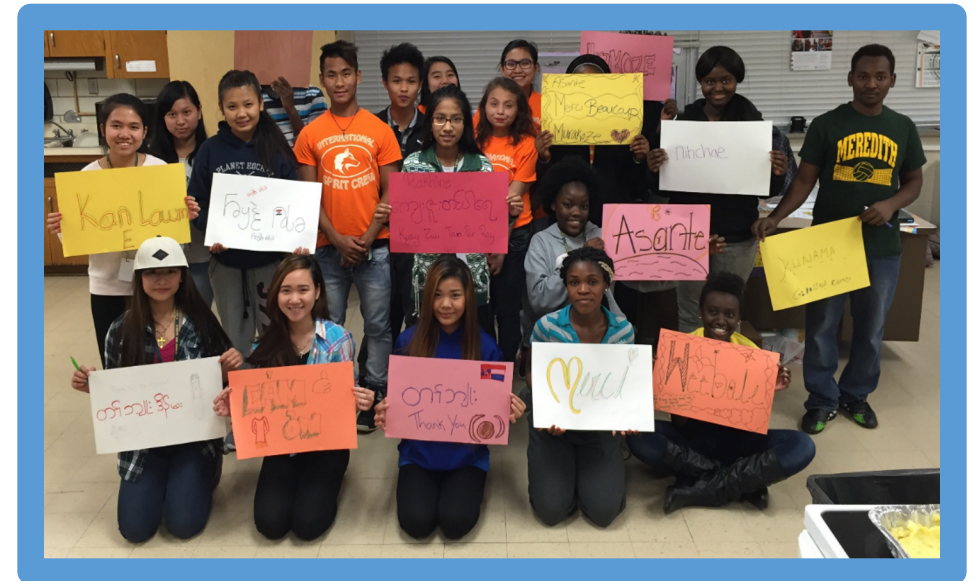


Iowa Primary Refugee Arrivals by Fiscal Year



Refugees in Iowa - FY 2021

- 244 arrivals
- Nationality
 - Democratic Republic of Congo (60%)
 - Burma/Myanmar (13%)
 - Sudan (10%)
 - South Sudan, Burundi, Syria, Afghanistan, Eritrea, Ethiopia, Kenya, Nepal, Somalia, Uganda
- Primary Language
 - Swahili, Kibembe, Kinyarwanda, Karen, Arabic, Kinyamulenge
- 48% of arrivals under the age of 18



Refugee youth participate in the SHINE! after school program in Des Moines, Iowa. Photo courtesy of USCRI.

Refugee Resettlement

- Connection to resettlement agency
 - Des Moines, Cedar Rapids, Sioux City, Council Bluffs
 - Catholic Charities, U.S. Committee for Refugees and Immigrants, Lutheran Services of Iowa, Catherine McAuley Center, Mary Treglia Community House, Lutheran Family Services of Nebraska
- Resettlement agencies help with obtaining:
 - Housing
 - Health insurance (Medicaid for 8 months, then dependent upon income)
 - Language and cultural orientation classes
 - Employment or enrollment in school
 - Case managers bring refugees to clinics for **initial domestic refugee health screening**
 - Extended case management programs

Medical Assessments of U.S. Bound Refugees

Medical Examination

- 6 months before departure
- All refugees
- Screening for inadmissible health related conditions



Pre-Departure Medical Screening

- 3 weeks before departure
- Refugees with Class B1 TB



Fit to Fly Pre-Embarkation Checks

- 24 to 48 hours before departure
- All refugees
- Screening for lice
- Presumptive treatment of intestinal parasites

Afghanistan Evacuation - Operation Allies Welcome

- Over 70,000 Afghans were evacuated from Kabul in August 2021 as the Afghan government fell to the Taliban
- Mix of legal statuses
 - Special Immigrant Visa (SIV), SQ/SI Parole, Humanitarian Parole
- Safe Havens
 - Virginia, New Mexico, Wisconsin, Texas, New Jersey, Indiana
- Continuing Resolution Anomaly Package
 - Eligible for Office of Refugee Resettlement services and public benefits like refugees
- 700 Afghans resettled in the Des Moines area between October 2021-February 2022

Afghanistan Evacuation — Operation Allies Welcome

- Did not receive full overseas medical screening
- Medical exams at the military bases/Safe Havens
 - COVID-19 testing and vaccination
 - All first doses of age-appropriate vaccines
 - Tuberculosis screening
- Arrive with limited medical records

Cultural Considerations for Afghan Arrivals

- Language
 - Dari and/or Pashto
- Demographics
 - Many single arrivals, mainly men
 - Younger couples
 - Pregnant women
 - Young kids
 - A wide range of education and professional backgrounds
- Gender norms
 - Typically a patriarchal society
 - Differences in access to education
- Religious considerations
 - Predominantly Muslim
 - Modest, conservative
 - Women usually wear a hijab and cover head-to-toe in presence of non-relative males

What is the Initial Refugee Health Assessment?

A necessary part of the resettlement process

1. To reduce health-related barriers to successful resettlement
 - Address immediate health needs and immunization requirements for school
 - Ideally completed within 30 days of arrival
2. To protect the health of local, state, and national populations
 - Evaluate for disease of public health significance

Goals of refugee health assessment:

1

- **Screen and treat** any identified communicable diseases

2

- **Identify** issues for referral to specialists

3

- **Initiate** preventive care & immunization catch-up

4

- **Refer** to ongoing primary care

What is screened and assessed?

CDC Guidelines for the [Domestic Refugee Health Assessment CareRef Tool](#)

- Immunizations
- Hepatitis B & C
- Tuberculosis
- Sexual transmitted infections
- Intestinal parasites
- Lead (≤ 16 y/o)
- Malaria
- History & physical
- Mental Health
- Referral
 - Dental, vision, audiology, OB/GYN, gastroenterology, cardiology, mental health, etc

Lead Screening

- Screen all children ≤ 16 years of age
 - Positive: $3.5 \mu\text{g}/\text{dl}$ or higher
 - Prevalence of elevated blood lead levels in newly arriving refugee children may be up to 14 times greater than that of US population
 - High rates of elevated lead levels in children from Afghanistan
 - Kohl/kajal/surma
 - Believed to improve eyesight, protect the eyes, and/or prevent the evil eye
 - CDC has focused on educating providers on the importance of lead level screenings in this population
 - Education to resettlement agencies about kohl/surma



Online Resources

- **CDC Guidelines for the Initial Domestic Refugee Health Assessment:**

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

- **Iowa Department of Public Health Refugee Health:**

<https://idph.iowa.gov/immtb/rh>

- **Center of Excellence in Newcomer Health (MN):**

<https://www.health.state.mn.us/communities/rih/about/afghan.html>

- **Switchboard Technical Assistance**

<https://switchboardta.org/>

- **Translated Health Education Materials:**

- **EthnoMed:** <http://ethnomed.org>

- **HealthReach:** <https://healthreach.nlm.nih.gov/>

- **National Resource Center for Refugees, Immigrants, and Migrants:**

<https://nrcrim.org/>

Questions?

Contact Information:

Iowa Refugee Health Program

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Des Moines, IA 50319-0075

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Fax: 515-281-4570

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www.Idph.iowa.gov/immmtb/rh

Screening Tool Implementation



Iowa Department of Public Health Childhood Lead Poisoning Risk Questionnaire

Name of patient: _____ DOB: _____
Date: _____ Address: _____

TO ASSESS RISK OF LEAD EXPOSURE PERFORM THIS LEAD RISK QUESTIONNAIRE FOR ALL CHILDREN AT WELL VISITS BETWEEN 6 MONTHS AND 6 YEARS OF AGE.

- A blood lead test is required on all children at 12 and 24 months.
- If there are 'yes' or 'don't know' responses on the questionnaire:
 1. Provide education about risks of lead and benefits of nutrition, hygiene, and cleanliness
 2. Perform a blood lead test if the child is 3, 4, or 5 years in age
 3. Consider the risk/benefits of testing at 6, 9, 15, 18, and 30 months
- If responses to all the questions are 'no':
 1. Re-evaluate at every well child visit or more often if deemed necessary
- For more information, contact the Iowa Childhood Lead Poisoning Prevention Program at: 800-972-2026

Questions	Yes or Don't Know	No
1. Has your child lived in or visited a home, childcare or other building built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>
2. Since the last lead screening, has your child lived in or visited a home, childcare or other building with ongoing renovation, repairs or remodeling occurring?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child eat or chew on non-food things like paint chips, dirt, jewelry, keys, window frames or other metal or painted objects?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a family member or friend who has or recently had an elevated blood lead level?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child ever lived in or spent time in a foreign country in the past 12 months or since the last blood lead level was drawn?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child come in contact with an adult whose job or hobby involves lead exposure? <i>Examples</i> <ul style="list-style-type: none"> • Building repair, renovation or painting • Manufacturing (auto or industrial equipment parts, or batteries) • Metal repair or recycling (scrap metal, electronics, vehicle radiators) • Firearms [target practice, indoor/outdoor shooting ranges, ammunition (making, casting or reloading)] • Fishing (making lead sinkers) • Antique furniture (refinishing) • Pottery making or glazing • Metal Welding 	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your family use products from other countries such as pottery, health remedies, spices, or food? <i>Examples</i> <ul style="list-style-type: none"> • Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda • Cosmetics such as kohl, surma, and sindor • Imported or glazed pottery, imported candy, and imported nutritional products • Foods and spices (especially turmeric, chili, paprika and cumin) imported from outside the U.S. or purchased from international specialty food stores 	<input type="checkbox"/>	<input type="checkbox"/>
Test Immediately		

"Blood lead concentrations of children who live in lead contaminated environments typically increase rapidly between 6 and 12 months of age, peak between 18 and 36 months of age, and then gradually decrease."
– American Academy of Pediatrics

Screening Tool Implementation

- Share your:
 - Successes
 - Challenges



STATE HYGIENIC LABORATORY

LAB LINK

AT THE UNIVERSITY OF IOWA

Vol. 9, No. 9
Sept. 2017

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April 2019

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High levels of lead found in 1 in 5 newborns

Sept. 28, 2017 --

A study of newborn blood samples tested at the State Hygienic Laboratory revealed surprising results that affect both rural and urban Iowans.

The research, published earlier this year in the [scientific journal PLOS ONE](#), showed one in five newborns had high blood lead levels, regardless of whether their mother lived in a city or a rural area.

"That was always thought to be an urban problem," said Donald Simmons, manager of the Ankeny laboratory and co-author of the study. "In Iowa, it's all over the place."

Simmons said previous studies have shown concentrations of children with high blood lead levels in cities such as Baltimore, but little research exists into blood lead levels in newborns, particularly in rural settings.



The higher levels statewide likely are related to the amount of pre-1940s housing stock in Iowa, when lead paint was commonly used, he said, adding, "the older the housing, the more risk of lead being in the house because of the paint."

Newborn
Screening
Potential to test all
infants in Iowa for
prenatal exposure

OB-GYN Education

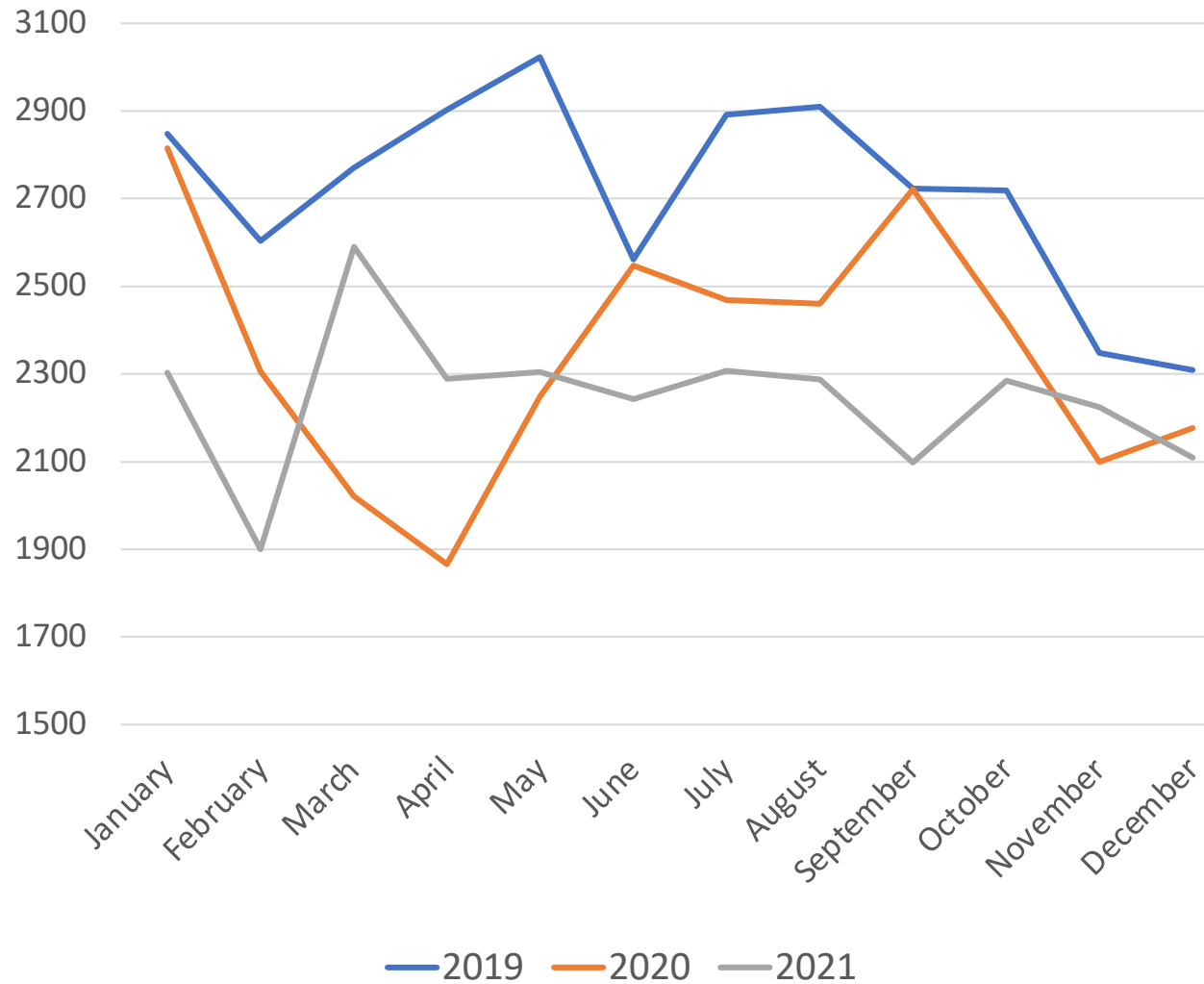
- Working with midwives at UIHC to begin working upstream
- Informational one-pager as well as condensed paragraph form
- How can we indicate/motivate the need to look upstream when there is a lack of data?

Updates

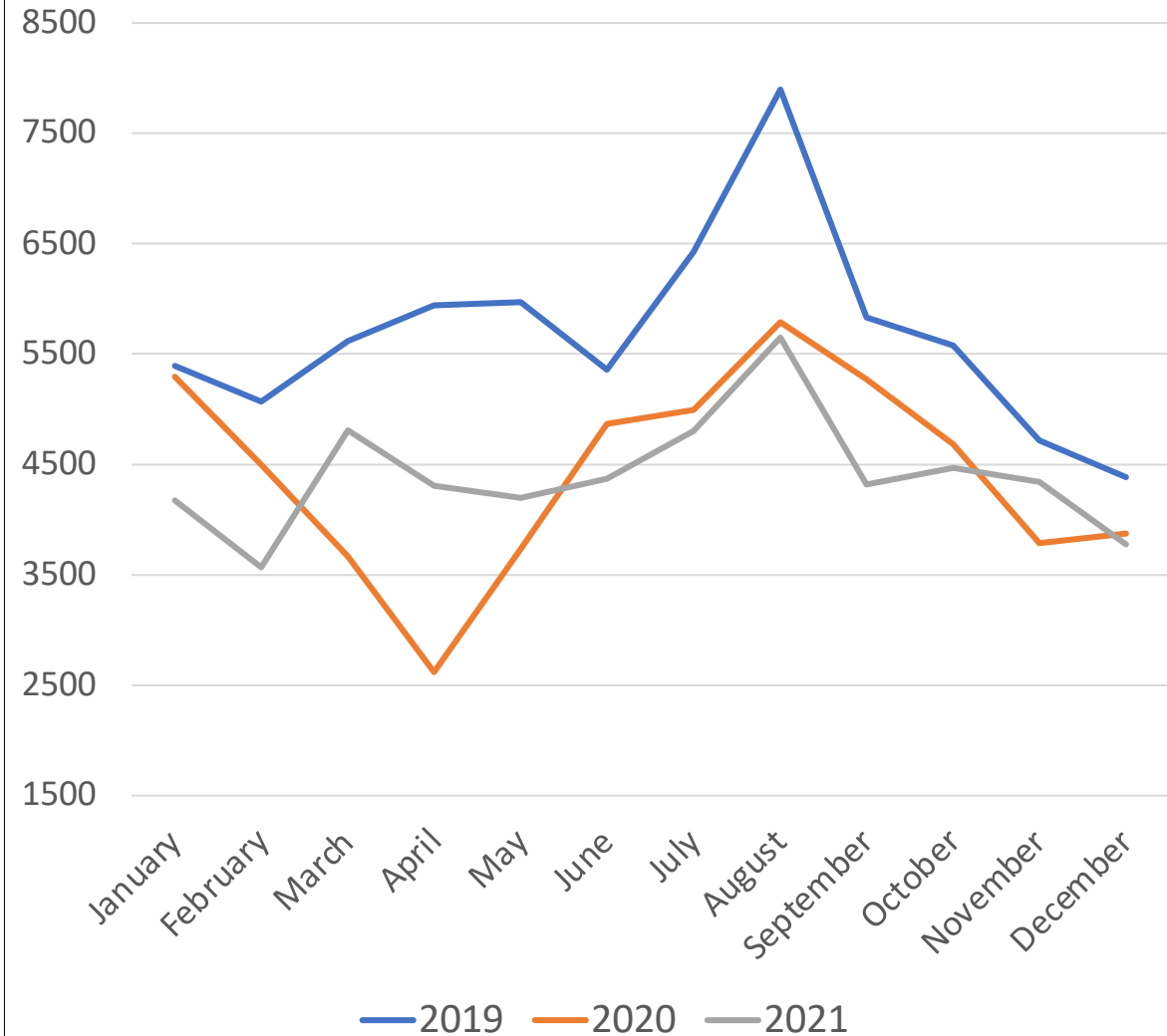
- Impact of COVID & LeadCare II Test Kit Recall on BLL Testing
- Updated CDC Blood Lead Reference Value (3.5 $\mu\text{g}/\text{dL}$)

Impact of COVID-19 and Test Kit Recall on Blood Lead Testing

Number of children tested per month (1-<2 years in age)



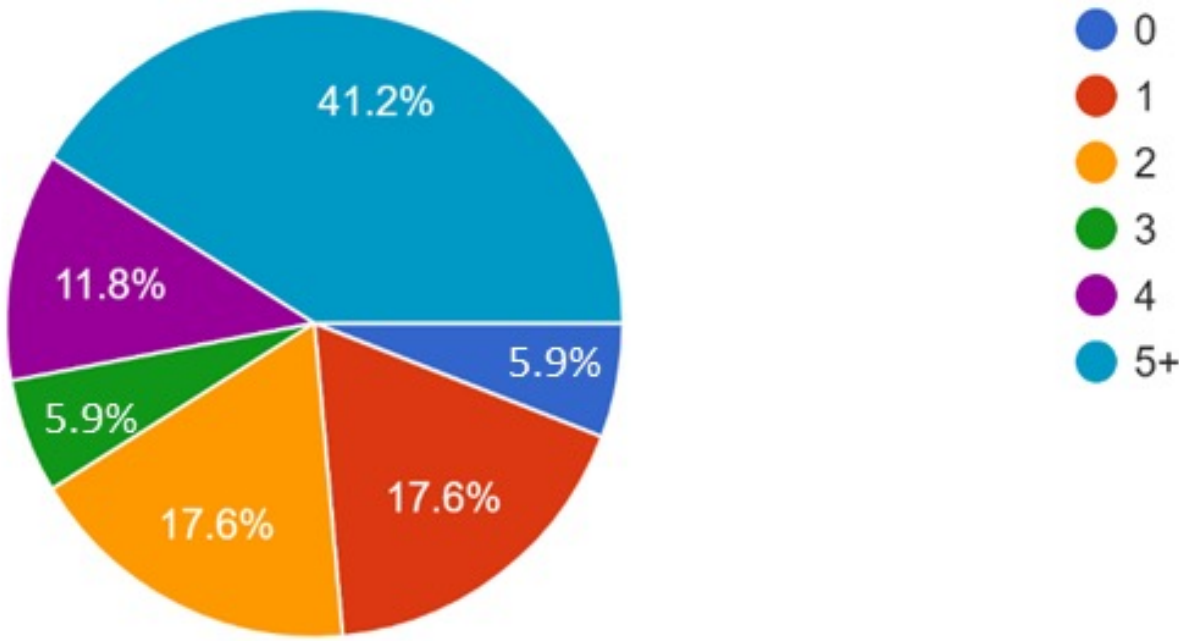
Number of children tested per month (<6 years in age)



IDPH Survey on Impact of FDA Recall on LeadCare® Test Kits

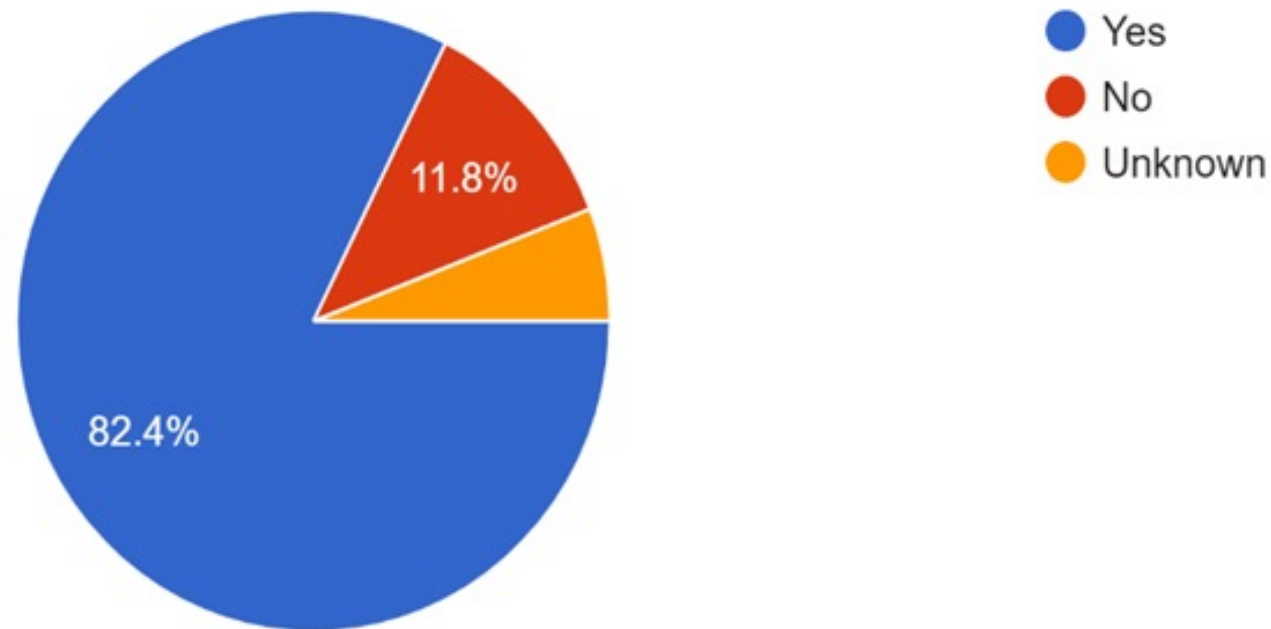
- November 2021
- 87 Lead Care II users surveyed
- 17 Responses
- 14 Counties
 - 9 – Rural (<50K)
 - 5 – Metropolitan (>50K)

Number of individual providers in clinic/practice conducting blood lead tests



Since the July 2021 recall has the clinic/practice experienced a decline in the number of tests performed using LeadCare devices?

17 responses





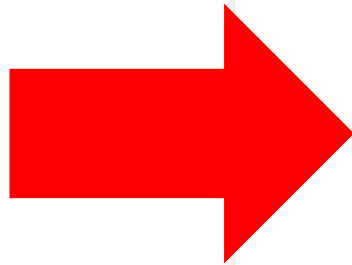
Recommendations for Providers & Clinicians

1. Continue to schedule and perform required blood lead tests for patients
2. Discontinue using all test kit lots identified as part of the recall
3. Prioritize testing for children:
 - With clinical concerns or developmental problems related to lead exposure,
 - Populations at higher risk of elevated blood lead levels,
 - Pregnant or breastfeeding women, or
 - Recent immigrant or refugee children.

CDC Updated Blood Lead Reference Value (BLRV) in October 2021



5_{ug/dL}



3.5_{ug/dL}

BLRV Guidance and Implementation

Four Primary Actions for ALL Blood Lead Levels

1. Inform family of blood lead result and what it means for their child.
2. Provide information to the family regarding the health effects of lead poisoning.
3. Educate the family on the importance of hygiene (washing of hands & face regularly), proper nutrition, and housekeeping (minimizing dust & dirt).
4. Schedule initial and follow up blood lead tests.



Online Resources

Childhood Lead Poisoning Prevention Program – All Resources Page

<https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>

- Updated Screening Tool and Blood Lead Testing Recommendations for Children 12 and 24 Months of Age
 - 6 languages (English, Spanish, French, Swahili, Laotian, and Arabic)
- Guidelines for Treatment and Follow Up on Childhood Blood Lead Levels
- 2019 Iowa County Lead Report Cards
- Education & Outreach Materials
- Childhood Lead Program Video Training Modules & Educational Videos

Testing Barriers



What are they doing to overcome challenges?



How can we continue to support you?



How can we let your colleagues know about resources and updates?



Thank you!