

CHILDHOOD LEAD ADVISORY WORKGROUP

BLOOD LEAD TESTING
POLICY & TRAINING
SUBGROUP

MEETING MINUTES

February 7th, 2022



Members in Attendance

Alexa Andrews	IIPHRP
Ann Olson	Linn County Public Health
Cindy Litchfield	Henry County Public Health
Jill Schacherer	IDPH
Kevin Officer	IDPH
Megan Drey	University of Iowa Hospitals and Clinics
Meredith Fishbane-Gordon	University of Iowa Hospitals and Clinics
Rossany Brugger	IDPH
Sandra Granger	Unity Point Sioux City
Vickie Miene	IIPHRP

Meeting Recording

A recording of the meeting can be found [here](#).

Meeting Agenda

Topics to be covered
Iowa Refugee Health Program
Implementation of the screening tool – successes and challenges
Incorporation of education in Ob-GYN offices
Potential for newborn screening
Discussion on testing barriers

Iowa Refugee Health Program

Jill Schacherer provided a presentation about the Iowa Refugee Health Program. This provided great details about the various immigration definitions and statistics around Iowa primary refugee arrivals. The Refugee Health Assessment was discussed. During this assessment the following are screened for and assessed:

- Immunizations
- Hepatitis B & C
- Tuberculosis
- Sexual transmitted infections
- Intestinal parasites
- **Lead (≤ 16 y/o)**
- Malaria
- History & physical
- Mental Health
- Referral

It was highlighted that all children 16 years of age and younger receive a blood lead test. A positive result is 3.5 $\mu\text{g}/\text{dL}$ or higher, following the CDC blood lead reference value. Prevalence of elevated blood lead levels in newly arriving refugee children may be up to 14 times greater than that of US population. There have been high rates of elevated lead levels in children from Afghanistan, which is associated with the use of Kohl/kajal/surma, a product used to line the eyes that is believed to improve eyesight, protect the eyes, and/or prevent the evil eye.

*To hear more details about the health assessments and details about the Iowa Refugee Health Program, please watch the presentation at the link above.

Implementation of the screening tool and guidelines – Successes and Challenges

This is the first meeting of the Blood Lead Testing (BLT) Subgroup since the implementation of the screening tool and guidelines. Those on the call were asked to share their successes and challenges with implementing the tool.

UIHC was able to implement the tool into their Epic system in June. It has flagged more children and opened the floor for conversations with parents which has led to increased education and some providers testing based on those conversations. One point was brought up about the spices question where many patients are selecting “yes” or “don’t know” because they are not sure if US supermarket spices count. This is something to consider at our yearly quality check. Data is being pulled from the UIHC epic system to see what impact the tool is having, we look forward to getting this data and sharing results.

Unity Point implemented the tool into the Epic system the day after this meeting. We look forward to hear about the experience of implementation.

Incorporation of education in OB-GYN offices

The IIPHRP and IDPH have heard numerous times that prevention measures need to begin more upstream beginning with pregnant and breastfeeding women. IIPHRP has begun conversations with the midwives at UIHC. This led to the idea of developing educational information that can be incorporated into the patient curriculum. As these conversations continue, this will be a future focus area of the CLAW BLT Subgroup.

Potential for newborn screening

An article published by the State Hygienic Lab states that high levels of lead was found in 1 in 5 newborns, emphasizing the need to work more upstream. This study utilized newborn blood blot samples to test for lead. This could open up the potential to test all newborns in Iowa. Future conversations will be had to assess the accuracy of this testing method and potential use in the state.

You can read that article here:

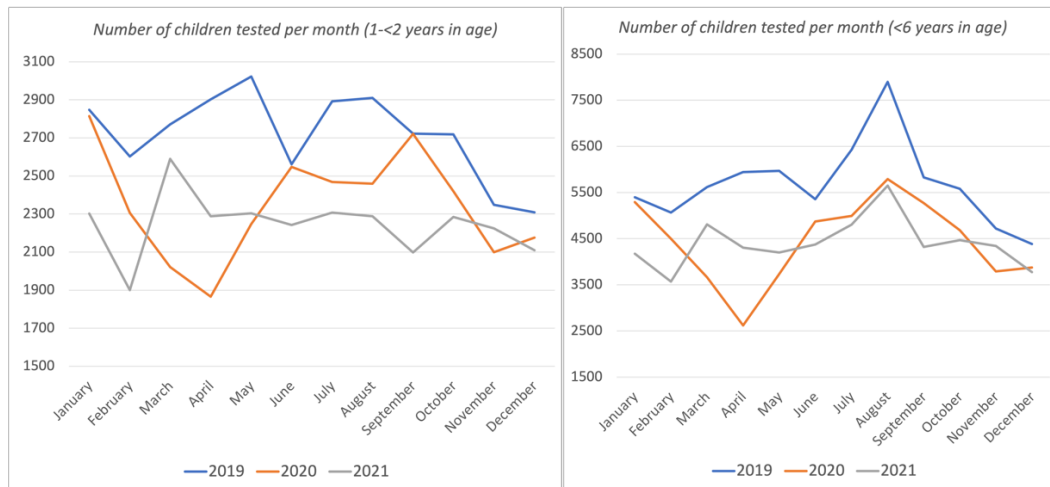
<http://www.shl.uiowa.edu/publications/lablink/201709/nbsleadstudy.xml>

Updates on the Magellan LeadCare™ Recall and CDC blood lead reference value (BLRV) LeadCare Recall

The LeadCare recall was discussed and the following details were provided.

- FDA Class I Recall – Highest level due to serious injury
- Magellan Diagnostics - LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Tests Kits
- All test kits distributed from October 27, 2020 – August 12, 2021
- Product distribution has been paused until further notice
- Replacement product is currently unavailable
- It is unknown when replacement product will be available

As seen in the graphs below, the LeadCare recall and COVID-19 have had a huge impact on the number of children tested.



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 Blood Lead Reference Value Update

CDC updated the blood lead reference value (BLRV) in October 2021. The BLRV went from 5 µg/dL to 3.5 µg/dL.

IDPH Guidance for 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

Discussion on testing barriers

Discussion was opened up about testing barriers or any other content discussed during the meeting. The following topics were brought up:

- DHS follow-up: it is difficult to get patients in for the confirmatory draw
- It would be useful to provide these updates and education in the AAP newsletter and a family medicine newsletter
- Data of new cases in children 3 or older would be helpful with buy in from parents to test those children
- Regulations on lead in spices: can we come together to get the FDA to put limits of allowable lead in spices similar to what they do for water and juice?

Next Steps

The next CLAW meeting and subgroup meeting invitation will be sent out soon, so keep an eye on your inbox for an invitation to the next meeting!

The meeting minutes were prepared by Alexa Andrews, University of Iowa Institute of Public Health Research and Policy, if you have questions about the minutes contact Alexa by email at alexa-andrews@uiowa.edu.