



Lead Poisoning in Children Project ECHO Presentation



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CHECKLIST

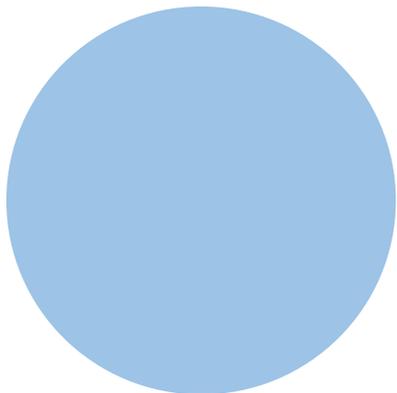


Kansas Department of Health and Environment Childhood Lead Poisoning Prevention Program

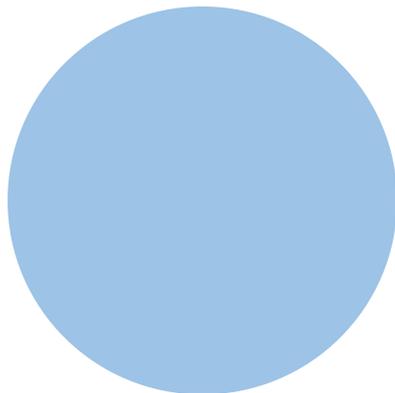
- Program Introduction
- Recommendations and Regulations
- Blood Lead Surveillance in Kansas



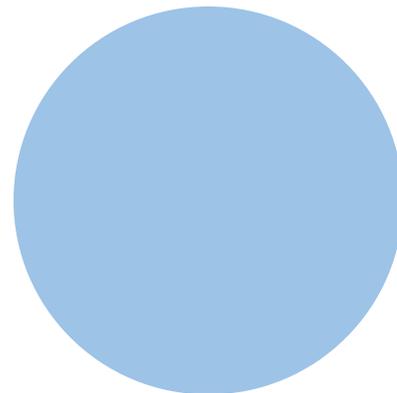
Childhood Lead Poisoning Prevention Program



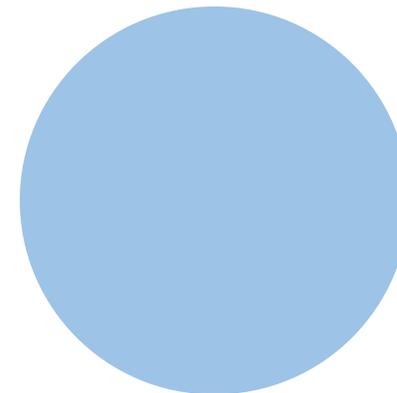
Work with state and local agencies to promote blood lead testing awareness and education.



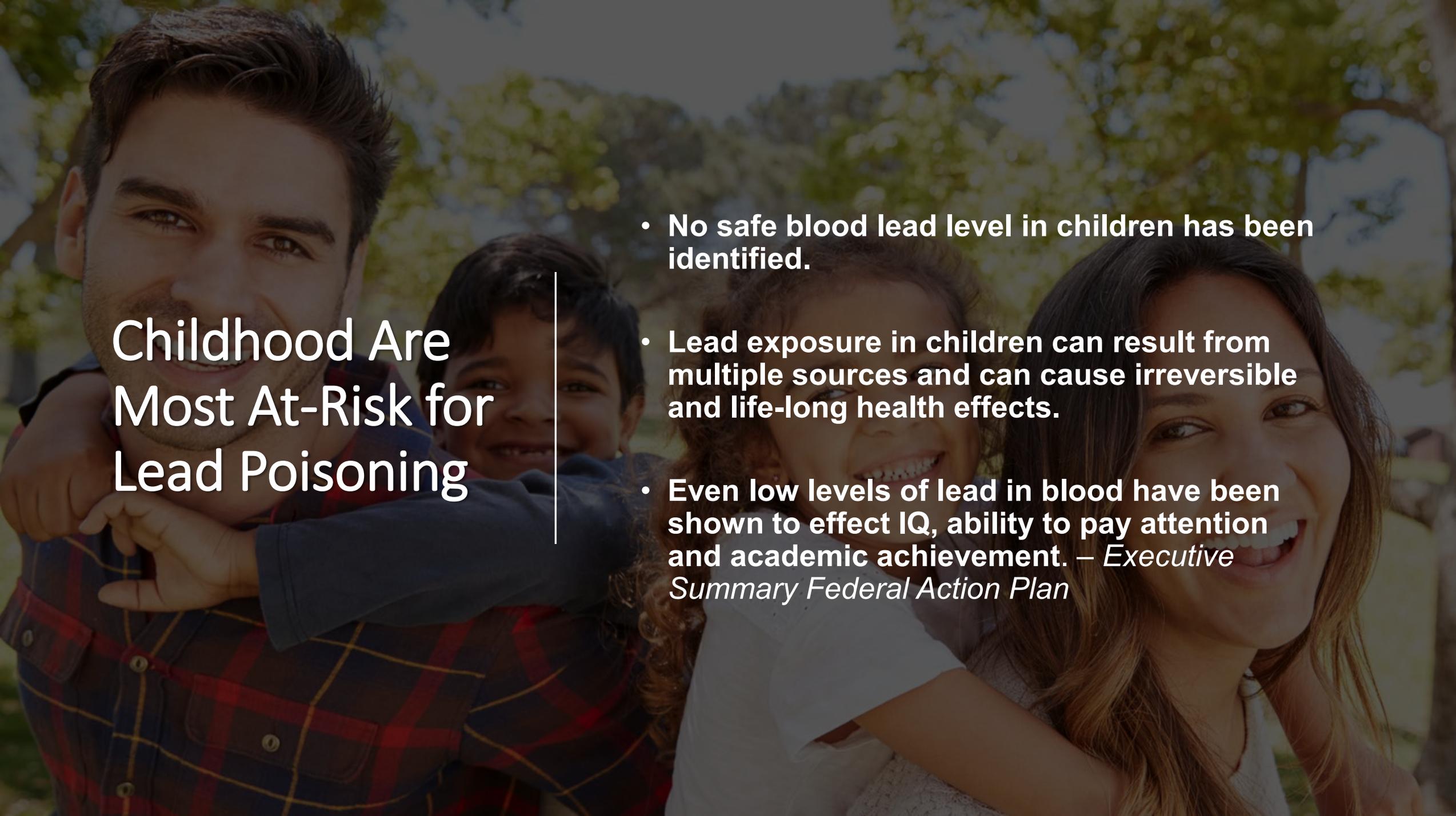
Conduct surveillance and data analysis to target interventions for high-risk geographic areas and at-risk populations.



Provide guidance materials to local health departments to assist with blood lead testing case management.



Partner with others to address lead-related priorities and opportunities.

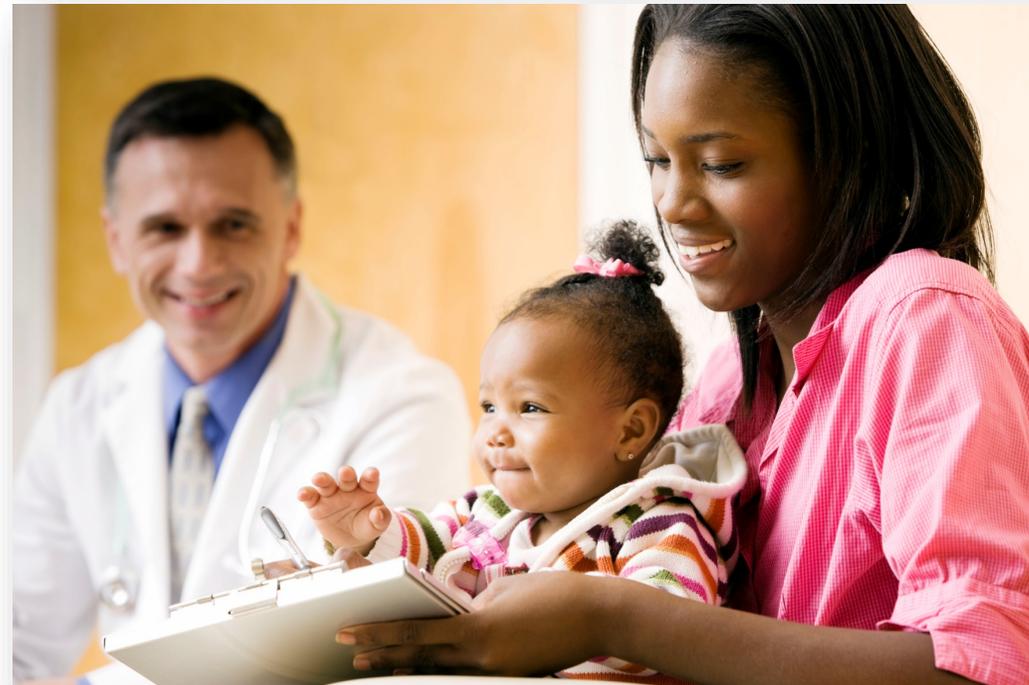


Children Are Most At-Risk for Lead Poisoning

- **No safe blood lead level in children has been identified.**
- **Lead exposure in children can result from multiple sources and can cause irreversible and life-long health effects.**
- **Even low levels of lead in blood have been shown to effect IQ, ability to pay attention and academic achievement. – *Executive Summary Federal Action Plan***

Blood Lead Testing in Children

- **Lead Risk Questionnaire**
- **Blood lead screen – capillary**
- **Blood lead test – venous**



Childhood Lead Poisoning



Testing for lead poisoning

- Elevated capillary test requires a confirmatory blood test.
- KDHE case management algorithm assists local health departments with elevated blood lead cases.
- Elevated blood lead levels require further case investigation.

Preventing Lead Exposure

- The best prevention is awareness and elimination of possible lead sources.
- Get a blood lead test.
- Wash your hands.
- Regularly clean around the home.
- Eat a balanced diet.
- Avoid bringing home lead dust from a job or a hobby.





Lead Risk Questionnaire

Purpose: To identify children who need to be tested for lead exposure

Instructions:

- If Yes or Don't Know, test the child immediately
- For more information, contact your county's local health department

Patient's Name: _____ DOB: _____ Medicaid #: _____

Provider's Name: _____ Administered by: _____ Date _____

Questions:

1. Does your child live in or visit a home, day-care or other building built before 1978?
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?
3. Does your child eat or chew on non-food things like paint chips or dirt?
4. Does your child have a family member or friend who has or did have an elevated blood lead level?
5. Is your child a newly arrived refugee or foreign adoptee?
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?

Examples

- House construction or repair • Chemical preparation • Radiator repair
- Battery manufacturing or repair • Valve and pipe fittings • Pottery making
- Burning lead-painted wood • Brass/copper foundry • Lead smelting
- Automotive repair shop or junk yard • Refinishing furniture • Welding
- Going to a firing range or reloading bullets • Making fishing weights • Other _____

7. Does your family use products from other countries such as pottery, health remedies, spices, or food?

Examples

- 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 pills other than vitamins.
- Foods canned or packaged outside the U.S.

Yes or Don't Know No

<input type="checkbox"/>	<input type="checkbox"/>

Test

KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 28

Kansas Department of Health and Environment

Article 1.—Diseases

28-1-2. Reporting requirements for infectious or contagious diseases and conditions. (a) Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator shall report each suspected case of the following infectious or contagious diseases or conditions to the secretary within four hours of knowledge of the suspected case:

Report each case of the condition to KDHE within 24 hours.

(c) Each person specified in subsection (a) shall report each case of the infectious or contagious diseases or conditions specified in this subsection to the secretary within 24 hours, except that if the reporting period ends on a weekend or state-approved holiday, the report shall be made to the secretary by 5:00 p.m. on the next business day after the 24-hour period. Each report for the following shall be required only upon receipt of laboratory evidence of the infectious or contagious disease or condition, unless otherwise specified or requested by the secretary:

The condition to report to KDHE.

(5) blood lead level, any results;

(d) Each person specified in subsection (a) shall report the following information in a manner specified by the secretary for any suspected case or case required to be reported by subsection (a), (b), or (c):

(1) The following personal information for each patient:

- (A) First and last names and middle initial;
 - (B) address, including city, state, and zip code;
 - (C) telephone number, including area code;
 - (D) date of birth;
 - (E) sex;
 - (F) race;
 - (G) ethnicity (specify if hispanic or non-hispanic ethnicity);
 - (H) pregnancy status;
 - (I) date of onset of symptoms; and
 - (J) diagnosis;
- (2) type of diagnostic tests;
- (3) type of specimen;
- (4) date of specimen collection;
- (5) site of specimen collection;

- (6) diagnostic test results, including reference range, titer if quantitative procedures are performed, and all available results concerning additional characterization of the organism;
- (7) treatment given;
- (8) name, address, and telephone number of the attending

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4/2018

Kansas Secretary of State - KAR

physician; and

- (9) any other necessary epidemiological information and additional specimen collection or laboratory test results requested by the secretary or local health officer. (Authorized by K.S.A. 65-101, K.S.A. 2017 Supp. 65-128, K.S.A. 65-1,202, and K.S.A. 65-6003; implementing K.S.A. 65-101, K.S.A. 2017 Supp. 65-118 and K.S.A. 65-6002; effective May 1, 1982; amended May 1, 1986; amended Dec. 24, 1990; amended April 19, 1993; amended Jan. 12, 1996; amended Dec. 1, 1997; amended Feb. 18, 2000; amended, T-28-11-20-03, Nov. 20, 2003; amended March 5, 2004; amended April 28, 2006; amended May 11, 2018.)

Capillary Samples

Capillary samples are used only for screening purposes; meaning the first time a child or adult has been tested for lead. All elevated capillary samples with a result of 5 ug/dL or greater must be confirmed by a venous sample. See the [Elevated Blood Lead Case Investigation and Management Algorithm \(Appendix B\)](#) for the recommended testing schedule. Once a patient has a confirmed elevated blood lead level from a venous sample, all follow-up testing must use a **venous sample**.

Elevated Blood Lead Level

CASE DEFINITION

Elevated Blood Lead Level, Childhood

Criteria for Case Investigation and Management:

- Blood lead test result greater than or equal to 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) for persons less than 16 years of age on the day the blood sample was drawn.

Elevated Blood Lead Level, Adult

Criteria for Case Investigation and Management:

- Blood lead test result greater than or equal to 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) for persons 16 years of age or older on the day the blood sample was drawn.

2019 Testing Rates in Kansas

Population Type	Age Group	Children Tested	Total Population	Percent Tested
State (Incl. Medicaid Enrolled)	12 to < 24 months	13667	36037	37.9
Medicaid Enrolled	12 to < 24 months	7316	32131	22.8
State (Incl. Medicaid Enrolled)	24 to < 36 months	5671	37321	15.2
Medicaid Enrolled	24 to < 36 months	3778	32587	11.6
State (Incl. Medicaid Enrolled)	0 to <= 72 months	26460	224162	11.8
Medicaid Enrolled	0 to <= 72 months	15347	125719	12.2



Thank you

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