



Department
of Health

New York State Lead Poisoning Advisory Council Meeting

May 2, 2023

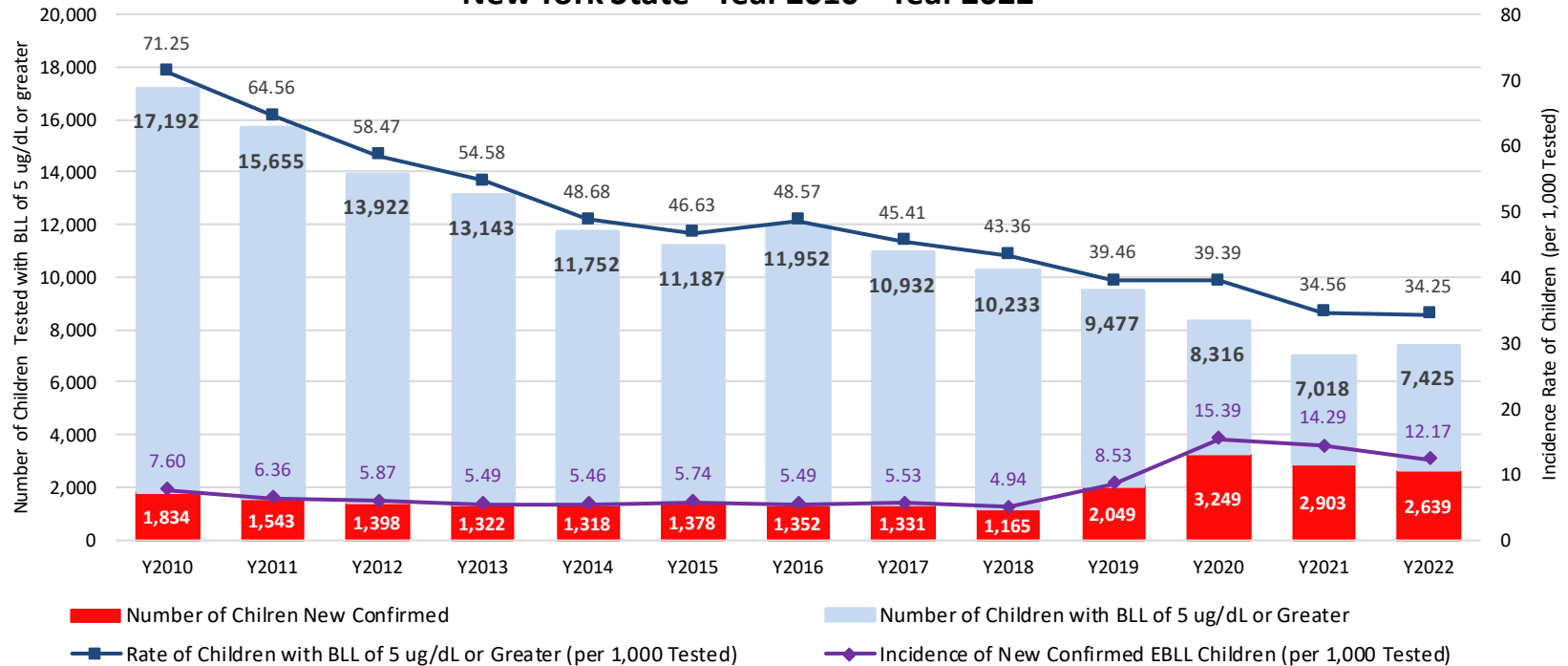
Program Updates: Childhood Lead Poisoning
Prevention Program



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Elevated Blood Lead Levels (EBLL) in New York State

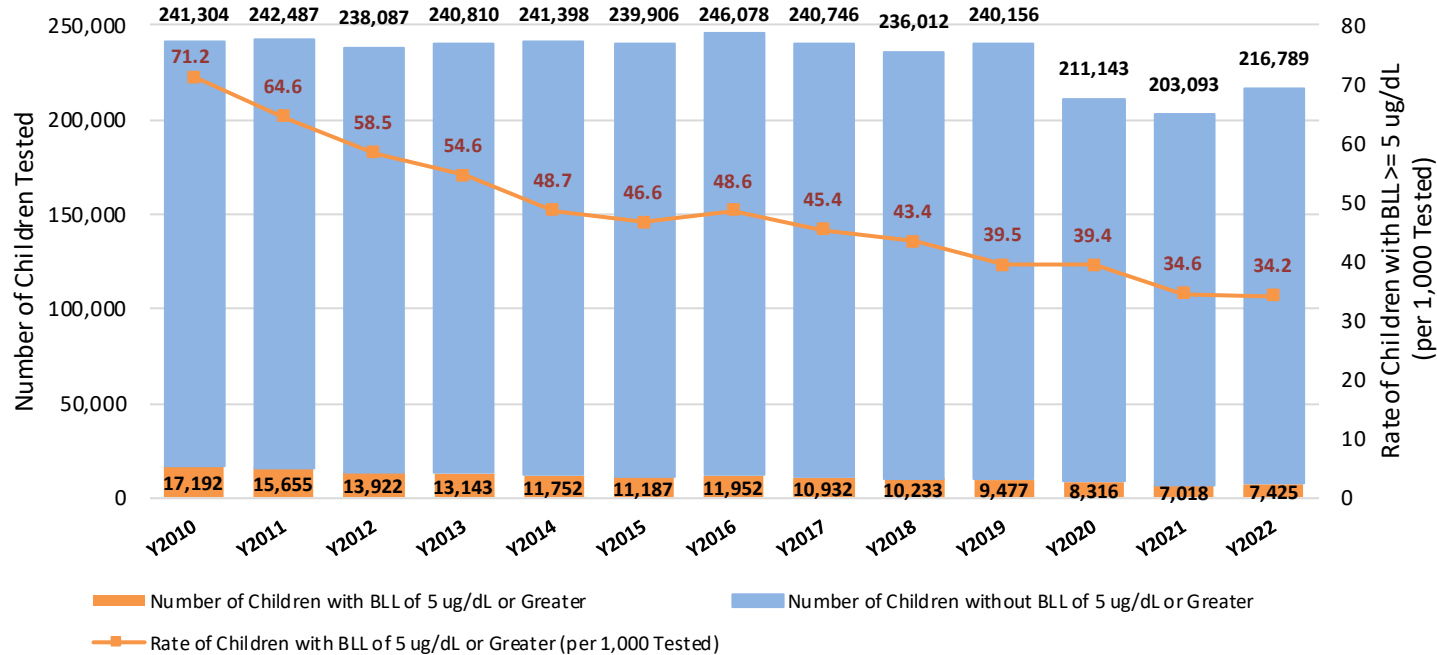
Number and Rate of Children Under 18 Years Old With BLL \geq 5 ug/dL by Year and New Confirmed Status, New York State* Year 2010 – Year 2022



* Note: not including NYC.

**Data source: Leadweb

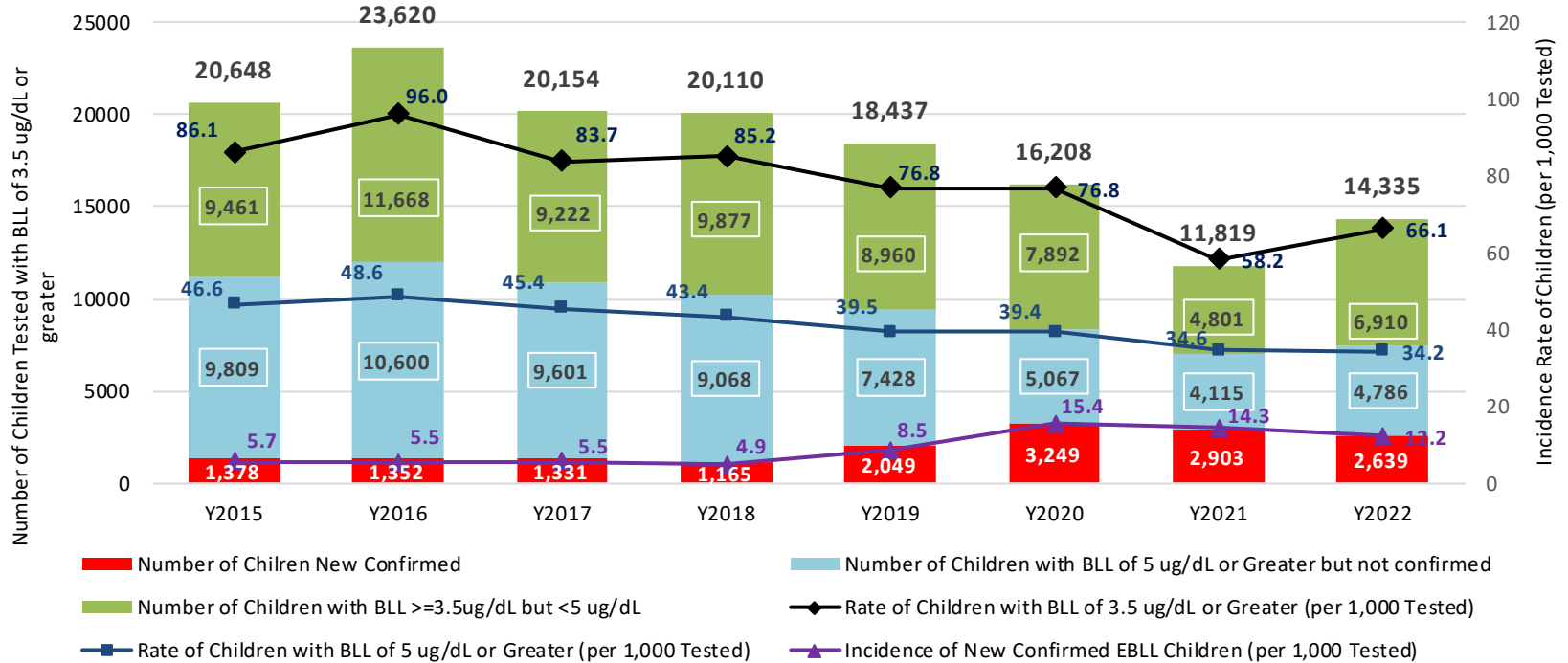
Children Under 18 Years Old With Blood Lead Testing, and Rate of Children with BLL \geq 5 ug/dL New York State* Year 2010 – Year 2022



* Note: Not including New York City

**Data source: Leadweb

Number and Rate of Children Under 18 Years Old With BLL ≥ 3.5 ug/dL in New York State*

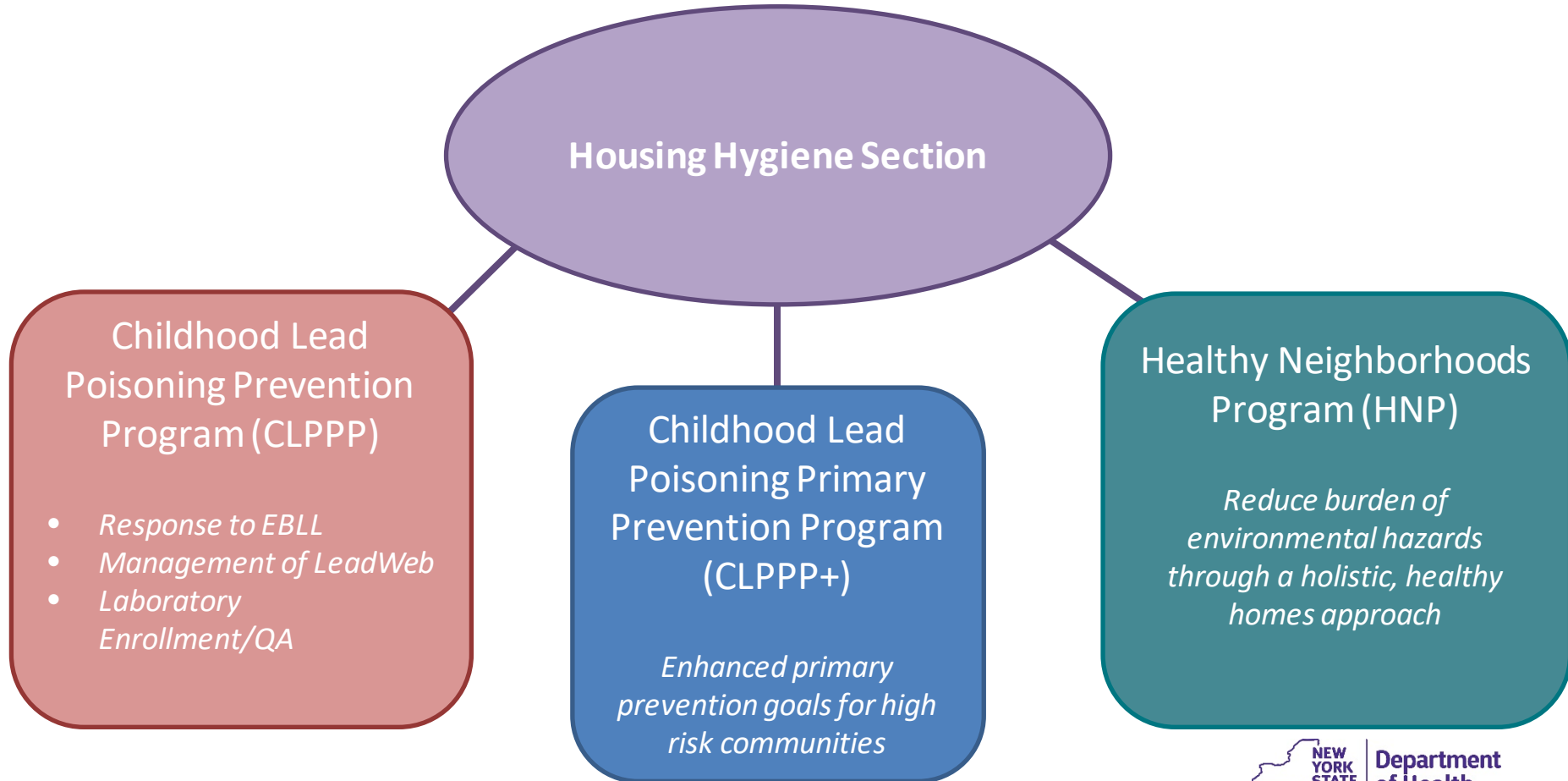


*Note: Not including New York City
Data Source: Leadweb

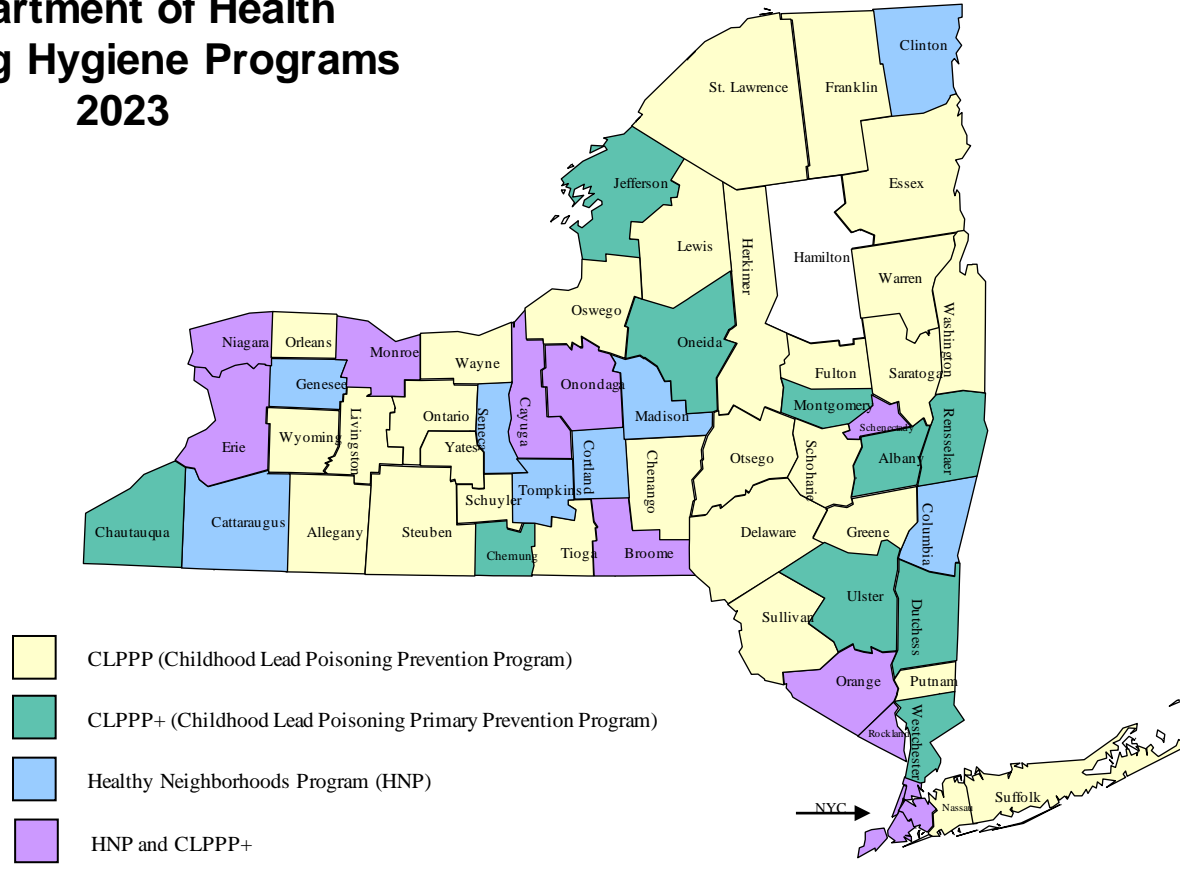


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Housing Hygiene Program Overview



New York State Department of Health Housing Hygiene Programs 2023



CLPPP+

- Lead inspections upon request in high risk zip codes
- Target (for inspection) other units in buildings with identified EBLL child
- Community engagement in primary prevention initiatives (coalitions, task forces, local leadership)
- Build workforce capacity (lead safe work practice training, renovator courses, collaborations with BOCES)
- Housing partnerships (code enforcement, HUD, DSS, CDBG, etc) to leverage resources in support of lead safe housing

HNP

- Home visits in areas of high need to identify deficiencies, provide intervention supplies, and make referrals to appropriate agencies.
- Revisits for homes with egregious deficiencies at initial visit to ensure proper use of intervention materials and effectiveness of referrals
- Focus on childhood lead poisoning prevention, improved asthma outcomes, indoor air quality, and residential injury prevention.
- Not mandated by regulation
- No enforcement mechanism



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Guidelines for Follow-up of Children with Elevated Blood Lead Levels for Lead Poisoning Prevention Programs

Document Release

- The Document ‘Guidelines for Follow-up of Children With Elevated Blood Lead Levels for Lead Poisoning Prevention Programs’ was released on 3/10/23.
- A survey was disseminated two weeks after the document release to solicit feedback and questions from field staff.
- In-person regional trainings are being planned for May and June.

What Does it Contain?

The majority of the guidance document is not new guidance.

- Most information has been shared before but never in a single, formal guidance document.
- New content pertains mostly to the 2019 regulatory change.

What Does it Replace?

Intended to be inclusive of Care Coordination and Environmental Management activities and to supersede previous guidance:

- 2019 Interim guidance
- 2009 Guidance for Local Health Departments Lead Poisoning Prevention Program Care Coordination and Environmental Management for Children With Blood Lead Levels Greater Than or Equal To 5 Micrograms per Deciliter (2009)
- Environmental Health Manual Items

New Guidance & Items Based on FAQs

Procedural Details of Confirming Capillary Screening Tests

In the event a venous confirmatory sample cannot be collected, two elevated capillary samples collected more than seven, but less than 84 days apart is considered a confirmed EBLL and follow-up activities must be initiated. However, in such cases, the HCP and/or the LHD should continue to pursue a venous sample. A LHD medical director may order a venous confirmatory test for a child if there has been a delay in obtaining an order from a child's HCP.

A confirmed EBLL is:

- one venous result ≥ 5 $\mu\text{g/dL}$;
- one venous result ≥ 5 $\mu\text{g/dL}$ following an elevated capillary result (≥ 5 $\mu\text{g/dL}$); or
- two elevated capillary samples (≥ 5 $\mu\text{g/dL}$) collected more than seven, but less than 84 days apart (a venous sample should continue to be pursued)

This guidance has yielded many questions from Local Health Departments.



Guidance on Previous Addresses

11.4. Previous Addresses

LHD or DO environmental management staff may encounter a situation where a child moves to a new residence before an Environmental Lead Inspection can be completed. In these cases, the priority is to inspect the child's new home to ensure that it is free from lead hazards. If a child moves who meets medical discharge criteria but still has the status of 'Active-Confirmed' due to outstanding hazards at a current or previous residence, the Questionnaire should be used to determine the need for an inspection of the new residence. If concerns about the age or condition of the home are revealed through the Questionnaire, an Environmental Lead Inspection should be performed at the new residence.

As resources allow, both LHD and DO environmental management staff have the authority to attempt entry into the previous dwelling. Care should be exercised to adequately document evidence of prior occupancy of the exposed child. Staff may consult with the appropriate NYSDOH Regional Office or BCEHFP for guidance on these situations. In counties receiving CLPPP+ funding, referrals for these previous addresses should be made to CLPPP+ staff.

While this guidance is not new, it has never been formalized, and yields many questions from LHDs and DOs.



Medical Discharge Criteria

9.1. Discharge from LHD CLPPP Services – Medical Discharge

To be eligible for ‘medical discharge’ from LHD CLPPP follow-up services, a child with a previous confirmed EBLL must have at least two consecutive venous BLLs $< 5 \mu\text{g/dL}$ **at least** three months apart **and** all required follow-up activities, including environmental management at the child’s current residence, must be completed.

Please note: Two consecutive capillary results $< 5 \mu\text{g/dL}$ at least three months apart will **NOT** be acceptable for a medical discharge. Parents/guardians, HCPs, and LHD care coordination staff should discuss any barriers to obtaining venous follow-up testing and work together to overcome them.

Conceptually, this guidance is sound as it ensures a more protective closure criteria. In practice, however, there have been many barriers to obtaining two venous samples under 5 ug/dL.

Council Feedback?

- Allowing two capillary results in place of venous confirmation under extenuating circumstances.
- Refusal of service guidance.
- Criteria for medical discharge.

Questions?

*Any questions after the meeting can be sent to:
lppp@health.ny.gov*