
LEAD POISONING PREVENTION & TREATMENT UPDATES

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Welcome

The newsletter will provide you with information from the current research literature and updates on available resources related to lead poisoning prevention. With your help we will strive to reach the goal of eliminating lead as an environmental hazard for children by 2010. This quarterly newsletter is a collaborative effort between the Virginia Department of Health's Lead-Safe Virginia Program and the University of Virginia's Virginia Children Division of Medical Toxicology.

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PHONE NUMBERS TO KNOW

- **Lead-Safe Virginia, Virginia Department of Health**
(877) 668-7987
- **24-hour Healthcare Professional Lead Emergency Hotline** (866) SOS-LEAD

Refugees and Lead Poisoning

Federal standards currently stipulate that a refugee medical screening take place within 90 days after a refugee's arrival in the United States. The contents of the screening vary from state to state and many do not clearly define a blood lead level (BLL) screening protocol for refugee children. The CDC recommends blood lead testing of children within 90 days of arriving into the United States so treatment can be provided if necessary. The American Academy of Pediatrics also recommends testing children who have emigrated from other countries where lead poisoning is prevalent (American Academy of Pediatrics. Screening for elevated blood lead levels. *Pediatrics* 1998;101(6):1072 - 1078).

Studies have shown that age is not a significant risk factor for elevated BLLs among refugee children. Although the risk for lead exposure among children older than 6 years may be the result of lead exposure in their country of origin, many of the prevailing health, social, and economic burdens accompany the children to the United States thus suggesting the value of screening all refugee children at time of arrival.

Within 3 to 6 months after refugee children are placed in permanent residences, it is recommended to repeat blood lead testing of refugee children aged 6 months to 6 years. The rationale to test refugee children again at 3 to 6 months is best described in the 2005 New Hampshire case study (CDC. Elevated blood lead levels in refugee children - New Hampshire,

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RESOURCES

Lead-Safe Virginia

www.vahealth.org/leadsafe

Search for recalled lead items:

[U. S. Consumer Product Safety Commission](http://www.cpsc.gov)

www.cpsc.gov

Download copies of the *Guidelines for Childhood Lead Poisoning Screening in Virginia*:

http://www.vahealth.org/leadsafe/Rev_Screening_04.pdf

CDC Spotlights on Lead

<http://www.cdc.gov/nceh/lead/>

EPA Lead Page

www.epa.gov/opptintr/lead/index.html

HUD Office of Lead Hazard Control

www.hud.gov/offices/lead

Children's Environmental Health

<http://www.niehs.nih.gov/oc/factsheets/ceh/home.htm>

National Lead Information Center

<http://www.nsc.org/ehc/lead.htm>

National Center for Lead Safe Housing

<http://www.cehn.org/cehn/resourceguide/nclsh.html>

Lead Safe Work Practices Training (free)

<http://www.lead safetraining.org/>

ONLINE LEAD EDUCATION

New! Education in lead poisoning topics for health care professionals. **Free CME for Virginia Physicians.**

Current courses:

- Lead Pathophysiology
- Sources of Lead Poisoning

More courses to follow. <http://www.leadpoison.org>

Also:

Public Health Nurse Environmental Assessment:

<http://www.healthyhomestraining.org/Nurse/PEHA.htm>

Bright Futures and EPSDT online course (includes lead module): www.vcu-cme.org/bf

2003-2004. MMWR 2005;54(2);42 - 46.) This study demonstrated that although some refugee children had elevated BLLs when they arrived in The United States, the majority of the children did not. The follow-up screening conducted on an average of 60 to 90 days after placement or after the children settled into their permanent residences, revealed that these New Hampshire refugee children had elevated BLLs ranging from 11 to 72 µg/dL. Thus, the lead exposure had occurred in the United States. This repeat blood lead test should be considered a "medical necessity," regardless of the initial test result.

The refugee status for most of the children entitles them to Medicaid and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services, and other social services for at least 8 months after their resettlement, regardless of family financial status. Upon arrival to the United States, all refugee children should have nutritional evaluations performed and should be provided with appropriate nutritional and vitamin supplements as indicated. Pre-existing health burdens such as chronic malnutrition, along with cultural, language, and economic barriers, compound refugee children's risk for lead poisoning.

Detailed information may be found at www.cdc.gov/nceh/lead. The CDC Web site gives specific information about medical, environmental, nutritional, developmental, and educational interventions.

This edition is adapted from the CDC's Lead Poisoning Prevention in Newly Arrived Refugee Children Tool Kit.

http://www.cdc.gov/nceh/lead/Publications/RefugeeToolKit/Refugee_Tool_Kit.htm

