

---

---

# LEAD POISONING PREVENTION & TREATMENT UPDATES

---

---

Volume 3, Issue 2

September 2007

## 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 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.

### INSIDE THIS ISSUE

- 1 Lead Levels in International Adoptees/Immigrants
- 2 Resources
- 3 Toy Recalls: Guidelines for Healthcare Professionals

### PHONE NUMBERS TO KNOW

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

## Lead Levels in International Adoptees and Immigrants to the U.S.

Childhood lead poisoning is a problem worldwide. In other parts of the world predominant sources of lead are very different than in the United States. For example, leaded gasoline is still widely used in many countries and contributes to elevated blood lead levels (EBLLs), especially in urban children. Poorly glazed pottery leading to high food lead levels can be the most prominent source of lead in some areas, for example, in parts of Latin America. Point industrial sources may dramatically increase air and soil lead levels in parts of the world where environmental controls have not been effectively implemented, for example, in Eastern Europe. Lead contamination from cottage industries that recycle lead, often in backyards, is a problem in Central America and elsewhere. Many "non-Western" medicines (for example, greta and azarcon used to treat diarrhea or gastrointestinal upset) and cosmetics (for example, surma or kohl used around the eye for decorative or medicinal purposes) contain substantial quantities of lead and other metals. Rather than occurring as trace ingredients or trace contaminants, various lead compounds are used as major ingredients of traditional medicines in numerous parts of the world. "Traditional healers," using non-Western pharmacopeias, manufacture these products, which are often brought to recent immigrant groups by friends and relatives. Examples of such exposures have been reported from the Arab cultures, from the Indo-Pakistan subcontinent, from China, and

*Continued on page 2*

## RESOURCES

Lead-Safe Virginia

[www.vahealth.org/leadsafe](http://www.vahealth.org/leadsafe)

Search for recalled lead items:

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

[www.cpsc.gov](http://www.cpsc.gov)

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

[http://www.vahealth.org/leadsafe/Rev\\_Screening\\_04.pdf](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](http://www.epa.gov/opptintr/lead/index.html)

HUD Office of Lead Hazard Control

[www.hud.gov/offices/lead](http://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>

## ONLINE LEAD EDUCATION

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>

from Latin America. Lead poisoning has been reported among children adopted by U.S. citizens.

However, little is known about the prevalence of EBLs among adoptees from other countries. Between 1971 and 2001, U.S. citizens adopted 265,677 children from other countries. Over 20,000 orphans from countries outside the United States were adopted in the U.S last year. Immigrants aged less than 15 years are not required to have serologic or blood tests either in their country of origin or on entry into the U.S. To obtain reports on the prevalence of EBLs (greater than or equal to 10 micrograms/dL) among international adoptees, CDC contacted 12 international adoption medical specialists identified through the Joint Council on International Children's Services and two collaborating medical specialists. Of the 14 reporting sites contacted, nine had data on blood lead tests among adopted children who immigrated. The data represented seven clinical practices where blood lead tests were conducted by venipuncture (five of which tested all international adoptees for EBLs) and two surveys by pediatric providers. Data were included if at least 25 children were tested from a specified country or region. The prevalence of EBLs ranged from 1% to 13% among Chinese adopted children and from 1% to 5% among Russian adopted children. In another study, 40% of children from Cuba and Haiti, 37% from Asia, 27% from Vietnam and Africa, and 25% from the Near East had EBLs. Overall, approximately 11.3% of adopted foreign-born children have EBLs.

The American Academy of Pediatrics recommends that children who have been adopted or emigrated from countries where lead poisoning is prevalent should be screened for EBLs. CDC recommends that young children at high risk for lead exposure be screened with a blood lead test. Accordingly, international adoptees from countries where lead poisoning is prevalent should receive a blood lead test after arrival in the United States. Children with EBLs should receive follow-up medical attention that adheres to CDC guidelines and state and local policies and laws, and their families should receive information on the prevention of lead poisoning.

*Continued on page 3*

## Resources:

- Geltman PL, Brown MJ, Cochran J. Lead poisoning among refugee children resettled in Massachusetts, 1995 to 1999. *Pediatrics* 2001;108:158-62.
- CDC. Elevated blood lead levels among internationally adopted children – United States, 1998. *MMWR* 2000;49(5):97-100.
- Committee on Environmental Health. Screening for elevated blood lead levels. *Pediatrics* 1998;101:1072-78.

# Toy Recalls: Guidance for Health Care Providers

The U.S. Consumer Product Safety Commission recently recalled millions of pieces of toys found to contain unsafe amounts of lead paint. Many different toy companies have been cited by the recall, but all have one thing in common: the toys were manufactured in China. The Virginia Department of Health's Lead Safe Program offers these guidelines for Virginia healthcare providers:

**Do I need to test every child who played with these toys?** Health care Providers should use their professional judgment. Children who routinely exhibit mouthing behavior and who have had long-term exposure to the recalled toys are most at risk of developing an elevated blood lead level (EBLL). Older children who don't put their toys or hands in their mouths or children who have only had brief contact with the recalled toys have a low risk of developing an EBLL. When in doubt, a blood test is the only way to know for certain if there has been a lead exposure.

**Can a parent demand a test?** Yes. According to the Virginia State Board of Health regulation 12 VAC 5-120: "A health care provider shall test a child for elevated blood-lead level, or have a child tested...[if] the child's parent or guardian requests the child's blood be tested due to any suspected exposure."

**Are lead tests covered by insurance?** Most insurance companies cover the cost of a lead test, as does FAMIS (Family Access to Medical Insurance Security Plan) and Medicaid.

**What steps do I follow when worried parents call?**

- First, direct parents and childcare providers to check toys in their household against the list of recalled toys: [www.cpsc.gov](http://www.cpsc.gov).

- If they discover they have a recalled toy, they should immediately take it away from their child.
- Discuss the child's playing habits and toy history, as well as other risk factors for lead poisoning, to determine if a blood test may be necessary. (If needed, download a copy of *Guidelines for Childhood Lead Poisoning Screening in Virginia* from Lead Safe Virginia's website: [www.vahealth.org/leadsafe](http://www.vahealth.org/leadsafe))
- If a blood test is planned, instruct parents not to throw the toy away until results are obtained.
- If results show an EBLL, confirmed by a venous blood test, instruct them to contact Lead Safe Virginia, who will arrange to have the toy tested: toll free (877) 668-7987. Lead Safe Virginia may wish to investigate other aspects of the child's environment for possible lead exposure hazards.
- If you have questions about treating a child with an EBLL, call the toll free Healthcare Professional Lead Hotline: 1-866-SOS-LEAD (1-866-767-5323).

The toy recalls have received a lot of media attention, and health care providers may encounter parents who are extremely anxious as a result. The recalls should be taken seriously, but keep perspective: to date, NO injuries have been confirmed from exposure to the recalled toys nationwide. However, according to the Centers for Disease Control and Prevention (CDC), it is projected that elevated blood lead levels may affect an estimated 6700 children under age six in Virginia. The primary source is dust from lead-based paint in many of Virginia's 1.8 million homes built before 1978. **Peeling, flaking, and dusting lead paint in old homes remains the number one source of childhood lead poisoning in the U.S.**