**CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in "*Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention*"**

## BACKGROUND

In late 2010, the Centers for Disease Control and Prevention's (CDC) Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) formed a workgroup to evaluate new approaches, terminology, and strategies for defining elevated blood-lead levels (BLLs) among children. ACCLPP established the ad hoc Blood Lead Level workgroup on November 10, 2010. The charge of this workgroup was to:

1. Recommend how to best replace the term, 'level of concern,' regarding accumulating scientific evidence of adverse effects of BLLs at < 10 µg/dL in children.
2. Consider laboratory capability for measuring BLLs in establishing new guidance on childhood BLLs.
3. Advise ACCLPP on how CDC should communicate advisories to groups affected by policy changes concerning:
    a. Interpretation of childhood BLLs and trends in childhood BLLs over time;
    b. Screening and follow-up screening intervals;
    c. Requirements and procedures for notifying parents or guardians concerning BLL test results; and,
    d. Interventions known to control or eliminate lead exposure.

June 7, 2012 NOTE: This version of the CDC response has been slightly modified from one released on May 13, 2012. This version reflects the verbatim recommendations made by the ACCLPP on January 04, 2012 and has been formatted to link each recommendation to its response. No other changes were made.

On November 16–17, 2011, the ACCLPP met and deliberated on the ad hoc workgroup draft report. On January 4, 2012, the ACCLPP met and a majority approved the report, including the recommendations.

In brief, the ACCLPP recommendations include:

- Elimination of the use of the term "blood lead level of concern" based on the compelling evidence that low BLLs are associated with IQ deficits, attention-related behaviors, and poor academic achievement. The absence of an identified BLL without deleterious effects, combined with the evidence that these effects appear to be irreversible, underscores the critical importance of primary prevention. This strategy emphasizes preventing lead exposure rather than responding after the exposure has taken place. ACCLPP recommends specific actions that CDC and other local, state, and federal agencies should take to shift priorities to primary prevention and provides guidance to respond to BLLs < 10 μg/dL in children. The ACCLPP recommends that CDC collaborate with these and other stakeholders, and provide advice and guidance. ACCLPP also recommends using a reference value based on the 97.5th percentile of the BLL distribution among children 1–5 years old in the United States (currently 5 μg/dL) to identify children with elevated BLLs using data generated by the National Health and Nutrition Examination Survey (NHANES). Approximately 450,000 children in the United States have BLLs higher than this reference value.
- Additional research is needed to develop and evaluate interventions that effectively maintain BLLs below the reference value in children. Other research priorities should include efforts that better use data from screening programs; develop next-generation,

point-of-care lead analyzers; and improve the understanding of epigenetic mechanisms of lead action.

Herein we describe CDC's response to each of the ACCLPP recommendations. The proposed methods to address recommendations are contingent on the availability of resources. In FY 2012, funding for CDC's Childhood Lead Poisoning Prevention activities was reduced significantly from FY 2011. As a result, funding is not available for state and local Childhood Lead Poisoning Prevention Programs (CLPPPs). In many instances, these reductions limit CDC's ability to fully implement many of these recommendations in the short term. This draft response was prepared by CDC's National Center for Environmental Health (NCEH).

For the purpose of these responses:

Concur – We agree, and we have the funding, staff, and control over the means to implement the recommendation. The response provides potential strategies which are achievable within current FY 2012 or proposed FY 2013 resources.

Concur in principle – We agree, but we do not have the funding, staff, or control over the means to implement the recommendation. The response highlights strategies that have been shown to be effective, however a commitment to implement actions cannot be made due to our lack of control over available resources.

Nonconcur – We disagree with the recommendations and provide the reasons for the disagreement.

CDC concurred or concurred in principle with all of the recommendations approved by the ACCLPP.