

5 CDC Resources and Information for Implementation of Guidance

The guidance in this document calls upon state and local health departments to use data and an inclusive process to develop screening recommendations. Some health departments are already carrying out this process. Others will need support for additional efforts. CDC provides resources and support to health departments to ensure that this guidance is implemented in an effective and timely way.

Statewide plan. CDC gives technical assistance to health departments in the statewide planning process and in the dissemination of screening recommendations.

Census data. U.S. census data are available from many sources. CDC offers assistance in analyzing and displaying these data, and, with other Federal agencies, has future plans to make appropriate parts of the census data files available on the Internet to support lead poisoning prevention activities.

Grant program. CDC provides funding to states and localities through the State and Community-Based Childhood Lead Poisoning Prevention Program grants for screening, for ensuring that follow-up care takes place, and for lead education and monitoring and surveillance activities. In the future, CDC will support grantees in developing and disseminating screening recommendations.

Blood lead surveillance data. CDC assists state and local lead programs in collecting, managing, analyzing, and disseminating surveillance data, and in evaluating the usefulness of these data for statewide planning.

Outreach and communication. CDC provides materials and technical assistance to health departments to aid them in communications with other agencies, child health-care providers, managed-care organizations, and the public. For example, CDC provides a prototype for a handbook for health-care providers. (See Section A)

List of additional information available from CDC.

- A. Support for child health-care providers: a prototypic handbook for providers.** For use by health departments in preparing materials for health-care providers, this template includes background information and space for additional state and local materials such as state policies, screening recommendations, patient-education brochures, and local referral sources.
- B. Developing a statewide plan: materials for examining and analyzing data and making screening recommendations.** For use by state and local health officials and epidemiologists, and their advisors in decision making, these materials provide important background.
- B.1 *Update: Blood Lead Levels—United States, 1991-1994. Morbidity and Mortality Weekly Report, February 21, 1997.* MMWR article containing data from Phase 2 of the Third National Health and Nutrition Examination Survey

- (NHANES III), from 1991 to 1994.
- B.2 Brody DJ, Pirkle JL, Kramer RA, et al. *Blood lead levels in the U.S. population: phase 1 of the Third National Health and Nutrition Examination Survey (NHANES III, 1988 to 1991)*. JAMA 1994;272:277–83.
- B.3 Pirkle JL, Brody DJ, Gunter EW, et al. *The decline in blood lead levels in the United States: the National Health and Nutrition Examination Surveys (NHANES)*. JAMA 1994;272:284–91.
- B.4 *Costs and benefits of a universal screening program for elevated blood lead levels in 1-year-old children*. Cost-benefit analysis performed by scientists within and outside CDC.
- B.5 *Relationship between prevalence of BLLs >10 µg/dL and prevalences above other cut-off levels*. Table of expected proportions of children with BLLs higher than selected thresholds, given different prevalences of elevated BLLs.
- B.6 *Exact confidence intervals for some hypothetical estimates of prevalence of BLLs >10 µg/dL, by number of children screened*.
- B.7 *Conditions required for a source of lead to be a lead hazard*.
- B.8 *Samples of Medicaid contract language on childhood blood lead screening*.
- B.9 *List of studies of effectiveness of personal-risk questionnaires for selecting children for blood lead screening*.

C. Materials for Laboratorians

- C.1 *The lead laboratory.* A summary of laboratory issues, including quality assurance and accreditation.
- C.2 *Capillary blood sampling protocol.*
- C.3 *Proficiency testing and quality control.*

Table A: Proficiency Testing Programs for Lead Laboratories

Table B: Quality Control Materials for Use in Blood Lead Testing

Table C: Quality Control Materials for Use in Urine Lead Testing

Table D: Quality Control Materials for Erythrocyte Porphyrin Tests