

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Approved Minutes (7/12/12)
June 7, 2012

Members in Attendance

Patrick Connor, Melbourne Jenkins, Edward Landon, Pat McLaine, Barbara Moore, and Delegate Nathaniel Oaks.

Members not in Attendance

Dr. Maura Dwyer, Cheryl Hall, Linda Roberts, and Mary Snyder-Vogel.

Guests in Attendance

Shaketta Denson – CECLP, Mary Katherine Pnre – MMHA, Ken Strong – HCD, Horacio Tablada – MDE, Ezatollah Keyvan – MDE staff, John O'Brien – MDE staff, Paula Montgomery – MDE staff, and Tracy Smith – MDE staff.

Introductions

Pat McLaine began the meeting at 9:40 am. Everybody present introduced themselves. Pat McLaine inquired if everyone had an agenda and had signed in. Future meetings are on the agenda.

Motion to accept the draft minutes from the May Commission meeting by Ed Landon and seconded by Patrick Connor and approved.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, July 5, 2012 at 9:30 am –BUT possibly reschedule for July 12 due to the holiday. Tracy will send out an email when reschedule date is confirmed.

Discussion

Discussions about CDC accepting the Advisory Committee's recommendations for lowering the target blood lead level to 5µg/dL included concerns with funding and unclear guidance/standards for implementing the recommendations.

Since January in Baltimore City, children with blood lead levels between 5-9 µg/deciliters have been referred to Baltimore Housing. The Baltimore City Health Department will continue primary prevention efforts for children and will provide additional data with regards to the number of children at the next meeting.

Ken Strong from Baltimore Housing commented that their new HUD grant that begins on July 1st includes a strategy for reaching out to children with blood lead levels between 5-10 µg/deciliters, with the Baltimore City Health Department and the Coalition providing assistance to identify 150 families.

Concerns were raised about reaching people who are difficult to reach since this is not a mandate and is voluntary at lower blood lead levels. Protocols for follow-up are similar to Baltimore City Health Department protocols already in place at levels of 10µg/dL.

Pat McLaine commented that there is no Federal guidance for blood lead levels between 5-9 µg/deciliters, that this is currently voluntary, and though it includes primary prevention it does not include the same degree of case management.

Comments about what Maryland's reference value would be if, according to NHHANES, 97.5 % of blood lead levels nationwide were < 5 µg/deciliter. Based on 2010 CLR data, Maryland appears to have 8 times as many children with blood lead levels in the 5-9µg/dL range as the national NHANES estimates would suggest. NHHANES data may not be representative of blood lead levels in Maryland. According to the Coalition, Maryland ranks 11/35 for children that are above 10 µg/deciliter for States that are in the CDC program.

Pat McLaine stated that the Commission did send out letters about our concerns with budgets @ the Federal level. The U.S. Senate kept HUD's funding at \$ 120 million, including \$ 30 million for Healthy Homes programs (\$10 million for Healthy Homes had been allocated by the House of Representatives).

An elimination of \$ 2 million from the CDC budget will be discussed next week by the Senate. \$27 million to be split up amongst 15 states (including for asthma). Two years ago, 35 states were involved. The goal is to restore funding to FY 2011 levels for 35 states. Differences between the Senate and the House are to be reconciled in committee.

Bridge funding will be ending on September 1st this year.

Dr. Keyvan made a presentation to the Commission on current analytical methods that are used for blood lead testing and included costs and detection limits. Tests with higher levels of accuracy generally cost more.

Proficiency testing programs are based on the complexity of the method that is used to conduct the blood lead measurement. Most commercial labs participate in Wisconsin's proficiency testing program. CLIA requirements for proficiency testing have been in place since 1988 and include 3 test events/year and 5 challenges/event.

Assessing lab performances was discussed, which included what happens when a test is failed and whether a failure would impact previous test analyses or might affect other labs in Maryland from the same company. Pat McLaine commented that every site with an instrument has to participate in

proficiency testing. New Jersey labs that are licensed in Maryland are required to participate in proficiency testing.

Dr. Keyvan discussed laboratory registration/licensing requirements. The six page application form includes the CLIA #, qualifications of the lab director and technical supervisor, and documentation of accreditation.

A lead study group that was created in 1984 under DHMH included the reporting of diseases by lab and not doctors. Lead reporting is included in COMAR 26.16.01 and was amended in 2001 and 2002. Minimum information includes dates of birth, sex, race, street name, address (street name, apt, #, city, zip code, and state), sample type, and blood lead level.

A total of 125,877 tests were reported in calendar year 2011, from 36 laboratories. Different methods of reporting include faxing, mailing, a secured web-site, and and MDE FTP site. All blood levels $>$ or $=$ to $15 \mu\text{g}/\text{deciliter}$ are faxed to MDE; some are faxed to MDE @ $10 \mu\text{g}/\text{deciliter}$. 10 % of the laboratories that analyze blood lead samples are in the state of Maryland; 90 % of the laboratories that analyze blood lead samples are from outside the state of Maryland.

Most (80%) samples in Maryland are analyzed by graphite furnace atomic absorption spectrometry, with a limit of detection of about $1 \mu\text{g}/\text{dL}$. Three Anodic Stripping Voltammetry (ASV) methods (used for 6.3% of samples), including both Lead Care devices, have limits of detection between 2 and $3 \mu\text{g}/\text{dL}$. MDE performs semi-annual and annual checks of blood lead reports by laboratories and matches the names of labs that report to MDE with DHMH's list of registered and licensed labs..

Manufactures provides the list of laboratories that are using Lead Care II analyzers to MDE. Concerns were raised with regards to following up a positive Lead Care II sample with a venous result and whether it was practical to measure blood lead levels at $5 \mu\text{g}/\text{deciliter}$ using the Lead Care II analyzer.

The distribution of blood lead levels in Maryland has changed significantly:

- 18 % of blood lead levels in 1995 were $> 10 \mu\text{g}/\text{deciliter}$; in 2010 0.5 % were $>10 \mu\text{g}/\text{deciliter}$.
- < 50 % of blood lead levels in 1995 were $< 4 \mu\text{g}/\text{deciliter}$; in 2010, 97 % were $< 4 \mu\text{g}/\text{deciliter}$.
- 3.2 % of blood lead levels in 1995 were $>$ or $= 20 \mu\text{g}/\text{deciliter}$; in 2010, 0.1 % were $>$ or $= 20 \mu\text{g}/\text{deciliter}$.
- The geometric (average) mean blood lead level in 1995 was $4.24 \mu\text{g}/\text{deciliter}$; in 2010 it was $1.45 \mu\text{g}/\text{deciliter}$.

Quality concerns with specimen collection include which tube is used, who draws, where the blood is drawn, and whether the lab phlebotomist is an employee of the lab or the provider, or draws samples for different labs. The lower the blood lead levels, the greater the chance of specimen collection error affecting the result.

Ed Landon asked whether CDC is addressing the question of an increase in legal cases.
Pat McLaine suggested that independent submittal of spiked and blinded samples would be useful.

Horacio Tablada commented that (annual) rental fees in Maryland increased from \$15 to \$30 as of June 1st. At the end of CDC's grant year, MDE will continue to support the Baltimore City and Wicomico County lead poisoning prevention work previously funded by CDC. MDE continues to work on implementing regulations for RRP in Maryland. Paula Montgomery has been named as the Environmental Program Manager for the Lead Program. A work group has been formed with the Maryland Insurance Administration (pursuant to HB 472 and there will be a meeting later this month in Annapolis.

AGENCY UPDATES:

DHMH – not in attendance

DHCD – HB 472 meeting

Baltimore City – Funding committee

MIA – no representative

Office of Child Care – not in attendance

Baltimore Housing – Received \$2.9 million from HUD that were matched with \$2.3 million from State and local funding. Will be hiring after July 1st. Goal is to abate 210 houses in 3 yrs, targeting children with blood lead levels between 5-9 µg/deciliter.

Comments included concerns about behavioral problems in schools for children with blood lead levels between 5-9 µg/deciliter and that no one is prepared to provide educational, rehabilitative, and psychological services for these levels.

Pat McLaine commented about the educational costs on the effects of lead at low levels (including with reading readiness and 3rd grade math scores). Pat McLaine referenced her study in Providence where 1/5 children had blood lead levels of 10 and above µg/deciliter. Pat McLaine commented that the problem of lead is not over and that we are not done with our work to prevent childhood lead poisoning.

The meeting adjourned @ 11:40 A.M.