

Florida Department of Health Childhood Lead Poisoning Prevention Program

2004 Annual Surveillance Report



Contents

Introduction	1
Mission	1
About the Program	1
Healthy People 2010	1
2004 Program Accomplishments	2
Lead Poisoning in Florida: The Data	3
Florida's case definition of lead poisoning	3
A note on data limitations	3
Risk Factors by County: Pre-1950 Housing	4
Risk Factors by County: Poverty	5
New Confirmed Cases of Lead Poisoning and	
Number of Children Screened: Trends	6
Lead Poisoned Children in Florida: Trends	8
New Cases of Lead Poisoning by County	7
Rate Per 1,000 Children Screened	8
Blood Lead Levels in Confirmed Cases	9
Number of Children Screened by County	11
Newly Confirmed Cases of Lead Poisoning by Year and County	12
Number of Identified Lead Poisoned Children by Year and County	13
Rate of New Cases Per 1,000 Children Screened,	
Select Florida Counties 2000-2004	14
Strategies for Continued Progress	15
Appendix: CLPPP Contacts	16
Laboratory reporting requirements for 2004	17
Advisory Committee Members	18
Glossary	19



Introduction

MISSION

The mission of Florida's Childhood Lead Poisoning Prevention Program (FL CLPPP) is to protect the health and cognitive development of all children living in Florida by minimizing childhood exposure to all lead hazards.

ABOUT THE PROGRAM

Florida's CLPPP was established in 1992 with a grant from the Centers for Disease Control and Prevention (CDC). During that same year, lead poisoning became a notifiable disease in the state. In 1993, the Program began collecting and entering laboratory-based surveillance data into the state database at the Florida Department of Health in the Division of Environmental Health in Tallahassee. The Florida CLPPP also coordinates with national, state and local partners to support blood lead screening, case management and primary prevention activities across the state.

County health departments (CHDs) in Miami-Dade, Pinellas, and Duval counties operate comprehensive lead poisoning prevention programs that provide case management, environmental health inspections, public education, and screening.

HEALTHY PEOPLE 2010

The United States Department of Health and Human Services' Healthy People 2010 strategy for improving the Nation's health includes eliminating elevated blood lead levels in young children aged one to five years old. The CDC required all state and local CLPPPs to develop a strategic "elimination" plan to meet this objective. They encouraged the states to convene an advisory committee to assist in the development and implementation of a jurisdiction wide plan to eliminate lead poisoning. Florida has formed an advisory committee and is committed to eliminate childhood lead poisoning by 2010.

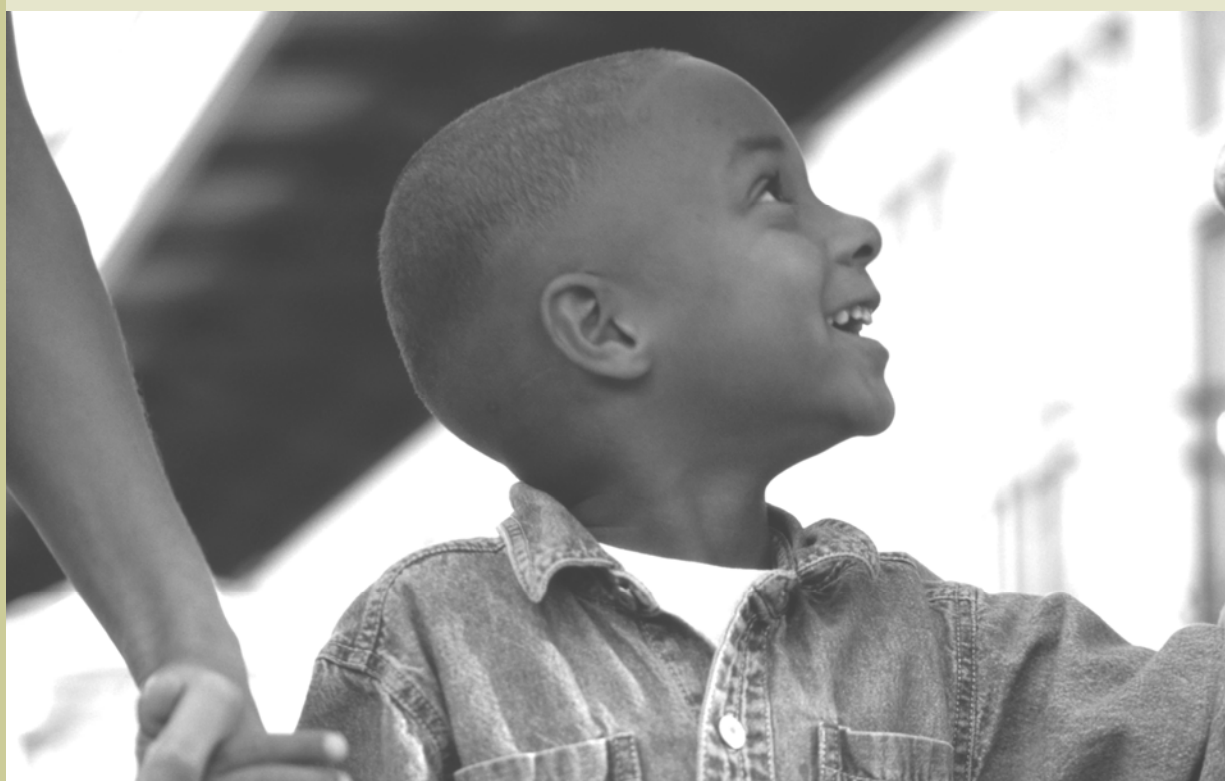


2004 Accomplishments

2

In 2004 the FL CLPPP continued to build partnerships and refine strategies for reaching the Healthy People 2010 goal of eliminating childhood lead poisoning. The Advisory Committee, originally established in late 2003, continued to grow and to provide support to these efforts. Together CLPPP and the Advisory Committee made great strides in 2004. Several of our shared accomplishments are detailed below.

- CLPPP and the Advisory Committee developed a statewide strategic plan to guide efforts towards the goal of eliminating childhood lead poisoning in Florida by 2010.
- CLPPP hosted an “Ages and Stages” developmental assessment train-the-trainer course in Tallahassee, Florida. Participants included case managers from the FL CLPPP, the Agency for Health Care Administration (AHCA), FL DOH Children’s Medical Services (CMS) program, and FL DOH Maternal and Child Health programs. The training enabled case managers to assess lead poisoned children for developmental delay and to provide referrals to early intervention services if necessary.
- CLPPP worked with private blood lead analysis laboratories to increase the rate of electronic reporting of blood lead test results. The program has achieved a 97% electronic reporting rate. Electronic reporting enables CLPPP staff to spend more time organizing activities towards the prevention of lead poisoning.
- CLPPP contributed to the writing of Florida’s five-year consolidated plan with Florida Department of Community Affairs (DCA) and other housing partners. The state consolidated plan details plans to address community development and housing needs in the state of Florida and is submitted to the Agency for Housing and Urban Development.
- The Florida Legislature passed a bill allowing CHDs to cover the cost of lead risk assessor certification. EPA certified risk assessors are needed to assess the homes of children with elevated blood lead levels. This legislation helps CHDs increase their capacity to provide this necessary service to the community.



Lead Poisoning in Florida: The Data

According to the CDC, Florida ranks eighth in the nation for number of estimated children with elevated blood lead levels. The CDC has further estimated that there are 7,400 children with elevated blood lead levels in nine Florida cities that have a population of or greater than 100,000. The cities of Jacksonville and Miami rank thirty-first and thirty-second, respectively, among large cities in the United States. Each of these cities has an estimated 1,900 lead-poisoned children within its limits.

Blood lead surveillance is an essential component of activities to eliminate childhood lead poisoning. The data CLPPP receives are used by the program to inform programmatic decisions and to evaluate the impact of outreach and prevention strategies. Blood lead data collection dates back to 1992 when lead poisoning became a notifiable disease in Florida.

The summary of data presented here differs from past annual reports in several ways: 1) The present report focuses on trends in the data to show how the profile of childhood lead poisoning in Florida has changed over time 2) Data definitions have changed or consistent data definitions have been adopted since the release of previous annual reports (see **Glossary** section for current definitions) 3) methods in surveillance and analysis have been updated since previous annual report releases. The analysis in the current report replaces information in past annual reports for the respective years in which data are described. Data presented in this report may vary from data reported by other agencies or from other sources due to variation in the data sources or methods of analysis or data linkage.

FLORIDA'S CASE DEFINITION OF LEAD POISONING

Florida defines confirmed childhood lead poisoning as blood lead levels of 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or greater of whole blood measured from a venous specimen or blood lead levels of $10\mu\text{g}/\text{dL}$ or greater measured from two capillary draws taken within 12 weeks of one another, detected in children less than 72 months of age. This report does not include cases not confirmed 2000 to 2004 (i.e. suspect cases are not included in this report).

A NOTE ON DATA LIMITATIONS

There are several limitations inherent in surveillance data, and the data collected by the FL CLPPP are no exception. Data on race and ethnicity are not reported because of the extent of data incompleteness concerning these variables. In addition, the number of children screened for lead poisoning prior to 2000 cannot be reliably ascertained due to unknown consistency of lab reporting. For this reason, both the number of children screened and the number of new and prevalent cases are reported for the years 2000 through 2004.

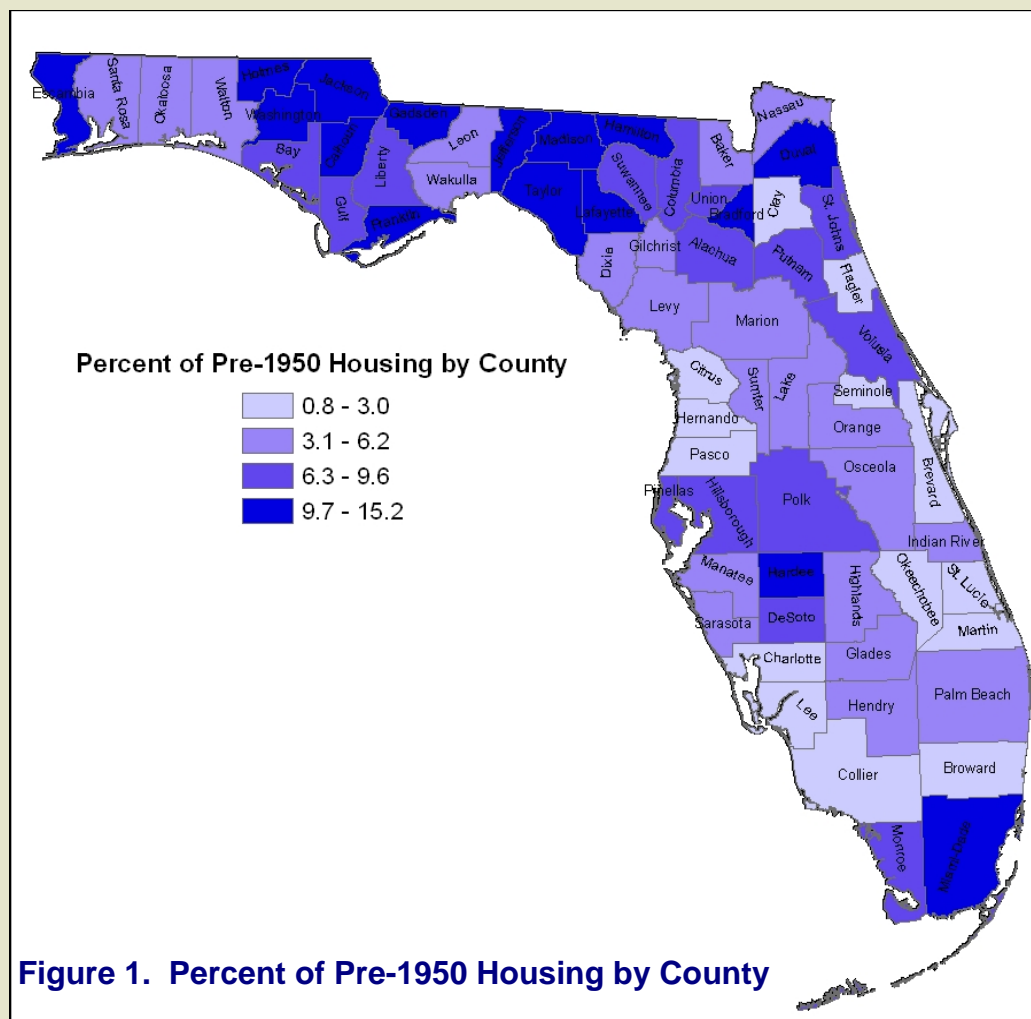
Florida promotes a screening policy that aims to increase screening in children living in high-risk communities. Since not all children face an equal level of risk of lead poisoning, those recommended for screening include:

- Children <72 months of age living in high-risk zip codes. A high-risk area is defined as a census block-group with $\geq 27\%$ pre-1950 housing or $\geq 74\%$ pre-1970 housing.
- Children up to age 6 who do not have a documented blood lead level by age 2 and live in high-risk areas
- Children who are Medicaid eligible
- Immigrant and refugee children
- Children adopted from outside the U.S.
- Children in foster care

Since only a particular segment of the population is considered high-risk, rates of lead poisoning are not calculated using the general population as a denominator. Rates in Florida may not be comparable to rates reported in other studies.

Risk Factors by County : Pre-1950 Housing

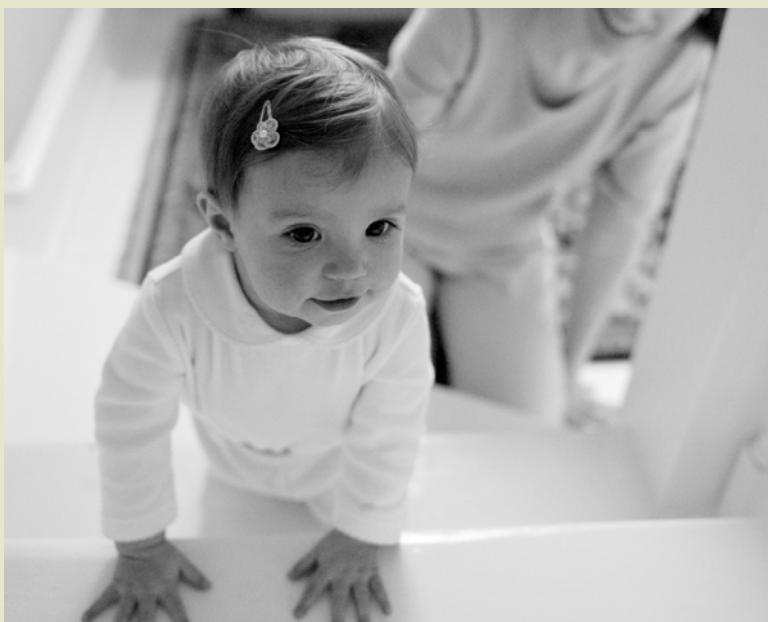
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Data Source: US Census Bureau, Census 2000

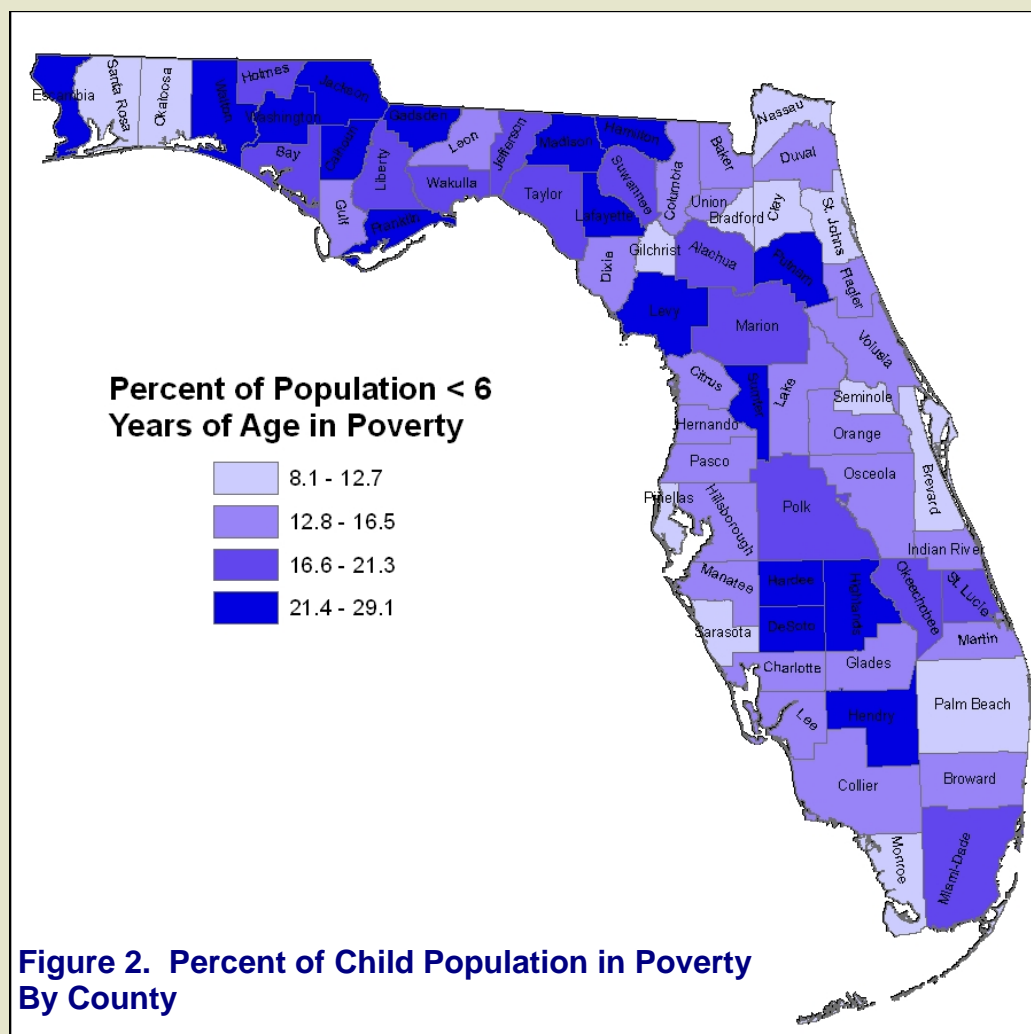
The main source of lead exposure in children in Florida remains older homes. Many homes built prior to 1978 contain lead. Homes built prior to 1950 pose the greatest risk for children since the amount of lead in paints from that time is generally greater and the structural condition of the homes often facilitates greater risk of lead exposure.

There is substantial variation in the percent of pre-1950 homes by county, as Figure 1 shows. The proportion of pre-1950 housing by county varies from a low of less than 3% to just over 15%.



Risk Factors by County: Poverty

5



Data Source: US Census Bureau, Census 2000

One of the greatest risk factors for lead poisoning in children under 6 is poverty*. Poverty is associated with several other factors which also put children at risk for lead poisoning.

Figure 2 shows that there is substantial variation in the level of childhood poverty by county, from less than 8% up to 29% of the population in some Florida counties.

*As defined by US Census 2000.

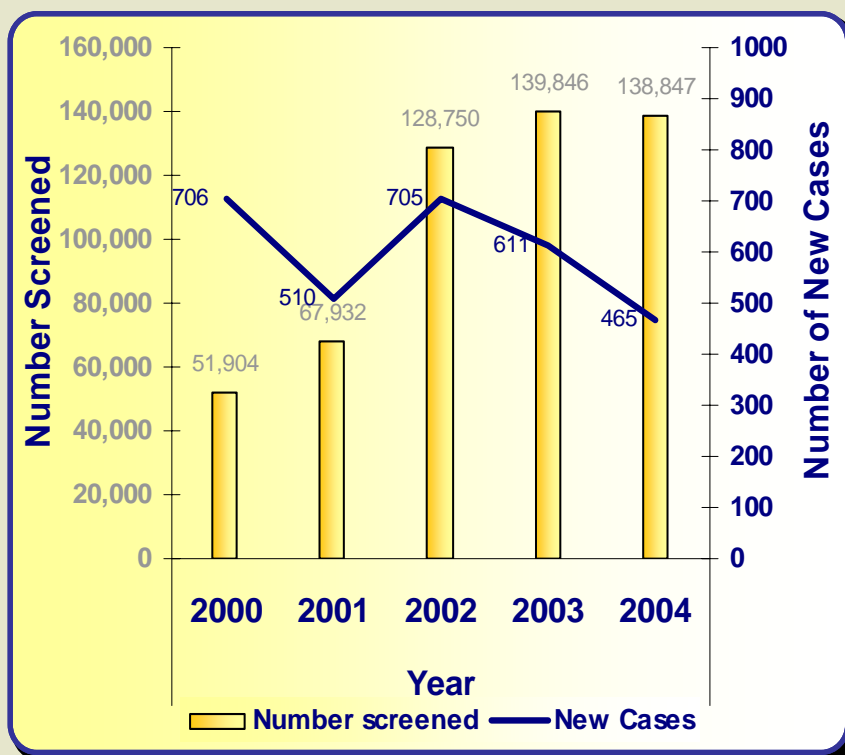


Newly Confirmed Cases of Lead Poisoning and Number of Children Screened: Trends

6

The FL CLPPP monitors all reported blood lead levels in children under 6 years of age and determines the number of children per year that had a confirmatory blood lead test reported. Any child with a confirmatory test $\geq 10 \mu\text{g/dL}$ is considered a new case of lead poisoning if the child has not been reported as a case of lead poisoning in the past.

FIGURE 3. NUMBER OF NEWLY CONFIRMED CASES OF LEAD POISONING AND NUMBER OF CHILDREN SCREENED (< 6 YEARS OF AGE), FLORIDA 2000-2004.



The number of children screened is also determined using FL CLPPP surveillance data. Although some children are tested multiple times in a single year, only one test per year is considered a screening. For children that are confirmed cases, all subsequent tests performed are not considered screenings.

The number of lead cases in Florida has declined since 2000 as the screening rate has increased substantially from a low of just 51,904 in 2000 to 138,847 in 2004. Although the number of cases has dropped since 2000, there were 465 new cases of lead poisoning in Florida during 2004 (Figure 3).



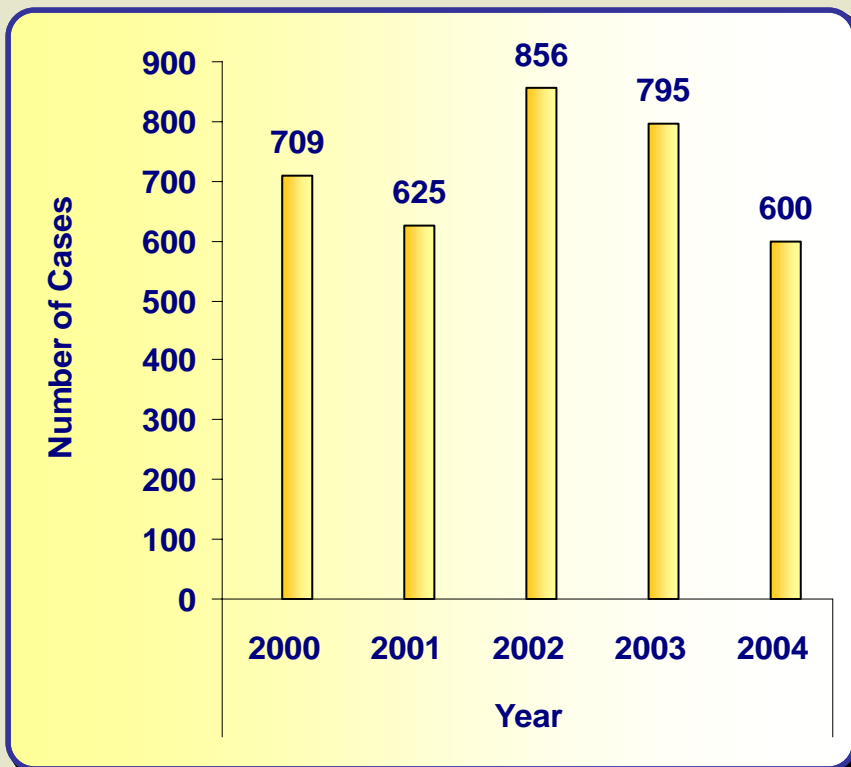
Lead Poisoned Children in Florida: Trends

7

Figure 4 shows the number of new cases per year aggregated with the number of cases confirmed in any previous years. The number of existing cases of lead poisoning has fluctuated since 2000, with an overall drop in the number of cases since 2002 from 856 in 2000 to 600 in 2004.

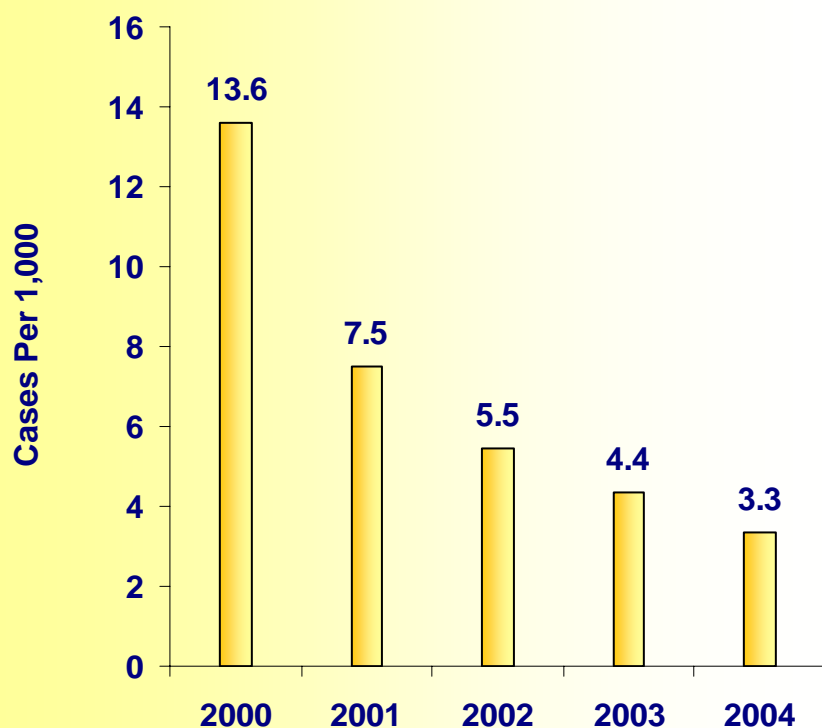
It is recommended that all children with an elevated blood lead $\geq 10 \mu\text{g/dL}$ have follow-up venous testing within a certain time period of confirmation. The level of blood lead determines the follow-up testing period. However, not all children with a confirmatory test receive this follow-up testing, or receive testing within the period indicated by Florida Department of Health recommendations. If a child has an elevated blood lead level $\geq 10 \mu\text{g/dL}$ in any year subsequent to a confirmed test, that child will continue to be counted as a case.

FIGURE 4. NUMBER OF IDENTIFIED LEAD POISONED CHILDREN (< 6 YEARS OF AGE) BY YEAR, FLORIDA 2000-2004



Rate per 1,000 Children Screened

8



The state-wide rate of new cases per 1,000 children screened (<72 months of age) has declined steadily since 2000 from a rate of over 13.6 per 1,000 children (<72 months of age) to 3.3 per 1,000 in 2004.

This trend indicates that just over 1% of children screened in 2000 were identified as newly confirmed lead poisoning cases, whereas less than 1% (0.33%) were identified as newly confirmed lead poisoning cases in 2004 (Figure 5).

FIGURE 5. RATE OF NEW CASES OF CHILDHOOD LEAD POISONING IN CHILDREN <6 YEARS OF AGE PER 1,000 CHILDREN SCREENED.



Blood Lead Levels in Confirmed Cases

9

There has been a general decline in the percent of cases with very high levels of lead in the blood. The percent of cases with levels in the 10 to 14 $\mu\text{g}/\text{dL}$ range increased from 69% to 73% between 2000 and 2004. This indicates that there has been an increase in the percent of new cases with elevated blood lead levels in the lower range and a decrease in the percent of new cases with blood lead levels in the higher ranges, as measured by the blood lead level of the confirmatory test (Figure 6).

The next highest category of blood lead level—15 to 19 $\mu\text{g}/\text{dL}$, decreased from 20% to 15% in the same time period. There was no difference in the percent of newly confirmed cases with blood lead levels in the 20 to 24 $\mu\text{g}/\text{dL}$ since 2001, and a slight decrease in the percent of cases in the 25 to 44 $\mu\text{g}/\text{dL}$ range since 2000.

There was little change in the highest level of blood lead category ($>69 \mu\text{g}/\text{dL}$ not shown); this level remained around 1% from 2000 to 2004.

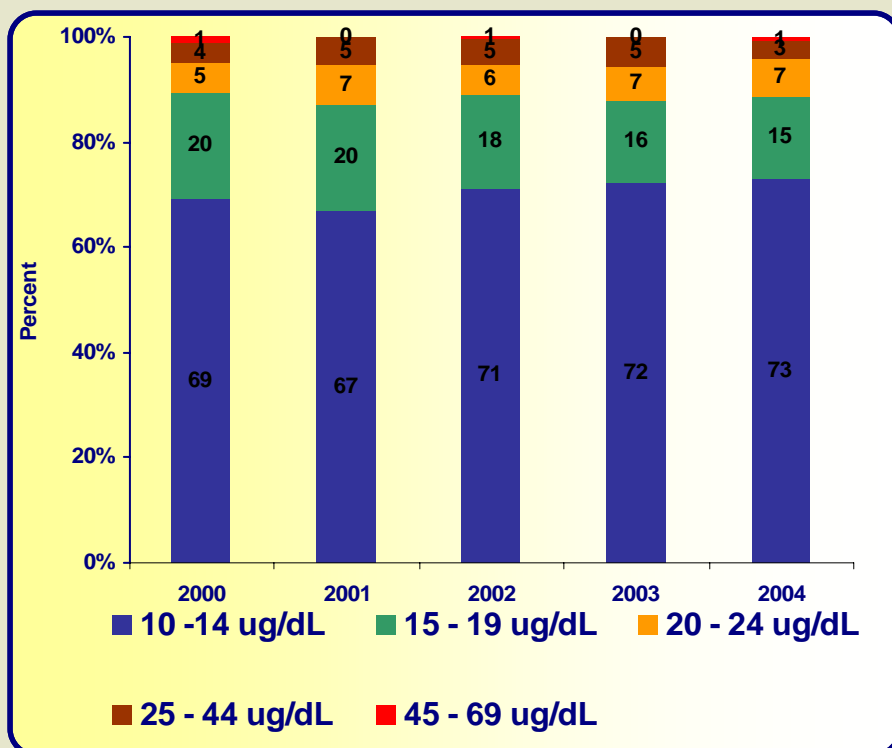


FIGURE 6. PERCENT OF NEWLY CONFIRMED CASES BY CONFIRMATORY TEST VALUE IN FIVE BLOOD LEAD CATEGORIES, 2000-2004.



Blood Lead Levels in Confirmed Cases

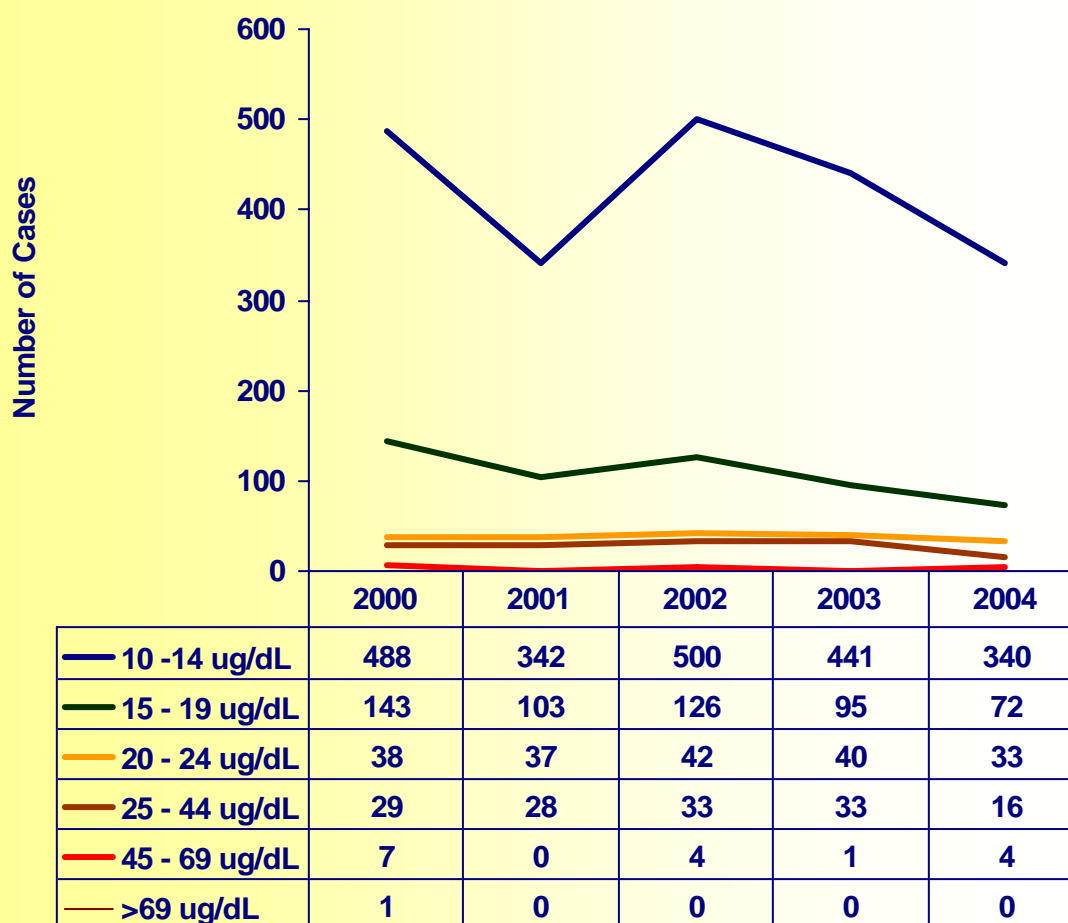
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The absolute number of cases represented in Figure 6 (previous page) are shown in Figure 7 below. The increase in the percent of cases with the lowest level of blood lead (10 to 14 $\mu\text{g/dL}$) corresponds with a decrease in the overall number of cases at most category levels. There was a general decrease in the number of cases at all levels since 2000 although the number of cases at all levels has fluctuated greatly since 2000.

The highest levels—those at or above the environmental action level of 20 $\mu\text{g/dL}$ decreased overall from 2000 to 2004. At the level of 25 to 44 $\mu\text{g/dL}$, the number of cases nearly halved from 29 cases in 2000 to 16 cases in 2004.



FIGURE 7. NUMBER OF CONFIRMED CASES BY BLOOD LEAD LEVEL CATEGORY AT CONFIRMATORY TEST.



Number of Children Screened by County

County	2000	2001	2002	2003	2004
Alachua	918	1,294	1,721	1,849	1,947
Baker	117	114	139	139	115
Bay	78	278	319	422	516
Bradford	241	239	304	286	214
Brevard	784	699	1,035	1,379	1,079
Broward	3,594	6,343	17,757	20,962	21,750
Calhoun	11	40	35	60	27
Charlotte	149	388	553	449	384
Citrus	344	298	259	360	318
Clay	425	478	731	710	691
Collier	177	1,272	1,525	1,460	1,897
Columbia	505	670	619	713	775
Dade	9,417	13,127	34,105	37,091	36,502
Desoto	51	53	255	235	297
Dixie	175	193	187	242	276
Duval	3,450	3,986	7,341	5,369	5,692
Escambia	1,090	1,376	1,418	1,113	745
Flagler	214	219	227	327	309
Franklin	120	126	127	98	137
Gadsden	14	61	249	322	319
Gilchrist	193	167	199	209	236
Glades	41	52	51	55	66
Gulf	78	70	107	118	118
Hamilton	168	225	195	226	170
Hardee	78	259	527	510	568
Hendry	133	266	427	565	642
Hernando	178	263	275	245	210
Highlands	174	423	522	454	393
Hillsborough	3,448	5,042	10,070	10,197	9,712
Holmes	71	83	75	174	197
Indian River	620	938	1,218	1,040	1,398
Jackson	106	45	49	46	52
Jefferson	18	11	39	59	42
Lafayette	45	50	48	36	24
Lake	608	690	1,058	1,412	1,462
Lee	2,111	1,519	2,827	2,717	2,499
Leon	589	899	1,363	1,190	1,170
Levy	282	288	275	452	437
Liberty	8	5	25	17	17
Madison	118	118	109	215	164
Manatee	629	801	1,399	1,637	2,206
Marion	1,241	1,209	1,124	1,879	1,589
Martin	476	578	711	762	800
Monroe	95	146	176	225	224
Nassau	12	24	49	57	86
Okaloosa	261	286	737	689	753
Okeechobee	432	562	334	348	332
Orange	1,620	1,934	6,362	7,693	7,804
Osceola	433	469	1,078	1,454	1,950
Palm Beach	2,404	3,289	7,209	8,931	10,235
Pasco	531	1,154	2,024	2,304	2,296
Pinellas	5,556	5,338	6,401	6,739	3,921
Polk	1,840	3,131	4,348	4,656	4,529
Putnam	367	494	519	401	379
Saint Johns	365	371	474	538	530
Saint Lucie	602	1,322	1,940	1,810	1,601
Santa Rosa	126	201	255	231	147
Sarasota	999	1,196	1,577	1,624	1,438
Seminole	941	775	1,167	1,324	1,294
Sumter	403	430	425	412	440
Suwannee	234	220	234	274	266
Taylor	16	23	155	148	122
Union	59	61	56	58	77
Volusia	1,072	958	1,338	1,772	1,921
Wakulla	23	63	128	105	77
Walton	93	84	45	132	152
Washington	128	130	117	114	106
Unknown	5	16	3	6	5
Total	51,904	67,932	128,750	139,846	138,847

Table 1. Number of Children Under 6 Years of Age Screened by County of Residence



Newly Confirmed Cases of Lead Poisoning by Year and County

12

County	2000	2001	2002	2003	2004
Alachua	4	1	4	4	1
Baker	2	2	1	2	1
Bay	0	2	3	0	0
Bradford	0	0	0	0	0
Brevard	9	4	6	4	6
Broward	34	17	67	78	45
Calhoun	0	0	0	0	0
Charlotte	1	0	1	0	1
Citrus	0	0	0	3	0
Clay	2	0	2	1	1
Collier	12	33	26	15	9
Columbia	6	4	7	3	0
Dade	262	197	227	191	164
Desoto	3	1	1	0	2
Dixie	1	0	0	0	0
Duval	78	45	53	24	24
Escambia	14	15	10	8	2
Flagler	0	0	1	1	0
Franklin	0	0	1	0	1
Gadsden	3	2	2	4	4
Gilchrist	0	1	0	0	0
Glades	0	0	0	0	0
Gulf	0	0	1	0	0
Hamilton	1	0	1	1	0
Hardee	2	8	2	4	2
Hendry	1	2	0	3	1
Hernando	0	0	2	0	0
Highlands	3	4	4	4	6
Hillsborough	37	27	53	42	27
Holmes	0	1	0	1	0
Indian River	7	4	8	5	2
Jackson	0	1	0	2	0
Jefferson	0	0	0	0	0
Lafayette	0	0	0	0	0
Lake	6	6	3	5	5
Lee	10	5	9	7	6
Leon	11	10	8	4	9
Levy	3	0	1	0	0
Liberty	0	0	0	0	0
Madison	1	0	1	2	0
Manatee	4	7	7	10	7
Marion	9	2	2	9	2
Martin	3	4	0	1	2
Monroe	0	0	1	1	0
Nassau	1	1	1	0	0
Okaloosa	1	0	2	4	1
Okeechobee	2	1	3	3	0
Orange	24	8	21	35	22
Osceola	1	0	3	6	4
Palm Beach	29	26	46	41	39
Pasco	3	3	9	4	7
Pinellas	60	27	18	27	11
Polk	26	17	28	16	21
Putnam	3	0	5	3	0
Saint Johns	2	1	9	2	0
Saint Lucie	2	4	29	14	6
Santa Rosa	1	0	2	2	1
Sarasota	2	2	4	2	3
Seminole	2	3	1	2	7
Sumter	2	1	1	3	3
Suwannee	3	2	0	2	1
Taylor	1	1	0	0	2
Union	1	0	0	1	0
Volusia	9	4	7	5	7
Wakulla	2	2	1	0	0
Walton	0	1	0	0	0
Washington	0	0	0	0	0
Unknown	0	1	0	0	0
Total	706	510	705	611	465

Table 2. Newly Confirmed Cases of Lead Poisoning in Children Under 6 Years of Age by Year and County of Residence



Number of Identified Lead Poisoned Children by Year and County

County	2000	2001	2002	2003	2004
Alachua	4	2	5	5	3
Baker	2	2	1	2	1
Bay	0	2	3	1	0
Bradford	0	0	0	0	0
Brevard	9	4	6	5	7
Broward	34	18	70	93	56
Calhoun	0	0	0	0	0
Charlotte	1	0	1	0	1
Citrus	0	0	0	3	0
Clay	2	0	2	2	1
Collier	12	37	34	20	12
Columbia	6	4	9	8	4
Dade	262	225	271	251	208
Desoto	3	1	1	0	2
Dixie	1	1	0	0	0
Duval	79	64	76	36	33
Escambia	14	19	12	10	4
Flagler	0	0	1	1	0
Franklin	0	0	1	0	1
Gadsden	3	2	2	4	4
Gilchrist	0	1	0	0	0
Glades	0	0	0	0	0
Gulf	0	0	1	0	0
Hamilton	1	0	1	1	1
Hardee	2	9	4	4	2
Hendry	1	2	1	4	3
Hernando	0	0	2	0	0
Highlands	3	4	5	5	6
Hillsborough	37	34	63	55	35
Holmes	0	1	0	1	0
Indian River	7	5	9	9	5
Jackson	0	1	0	2	0
Jefferson	0	0	0	0	0
Lafayette	0	0	0	0	0
Lake	6	6	7	7	5
Lee	10	8	11	9	9
Leon	11	12	9	8	11
Levy	3	0	1	0	0
Liberty	0	0	0	0	0
Madison	1	0	1	2	0
Manatee	4	7	9	13	8
Marion	9	3	5	9	3
Martin	3	4	2	2	4
Monroe	0	0	1	1	0
Nassau	1	2	1	0	0
Okaloosa	1	0	2	4	1
Okeechobee	2	1	4	5	0
Orange	24	11	23	42	27
Osceola	1	1	3	7	4
Palm Beach	29	34	53	56	48
Pasco	3	3	10	4	8
Pinellas	62	46	36	36	16
Polk	26	22	35	22	27
Putnam	3	1	5	4	0
Saint Johns	2	2	11	3	2
Saint Lucie	2	4	29	17	9
Santa Rosa	1	0	2	2	1
Sarasota	2	2	4	4	4
Seminole	2	3	2	3	7
Sumter	2	3	1	3	4
Suwannee	3	2	0	2	2
Taylor	1	2	0	0	2
Union	1	0	0	1	0
Volusia	9	4	7	6	8
Wakulla	2	2	1	1	1
Walton	0	1	0	0	0
Washington	0	0	0	0	0
Unknown	0	1	0	0	0
Total	709	625	856	795	600

Table 3. Number of Identified Lead Poisoned Children by Year and County (Newly Confirmed Cases and Cases Identified in a Previous Year).



Rate of New Cases per 1,000 Children (<72 Months of Age) Screened, Select Florida Counties 2000-2004

14

Three Florida counties are CLPPP funded: Pinellas, Miami-Dade, and Duval. These counties have historically had some of the greatest numbers of at-risk children per total population. As a result, they have typically demonstrated some of the highest rates of cases per screened population. Since

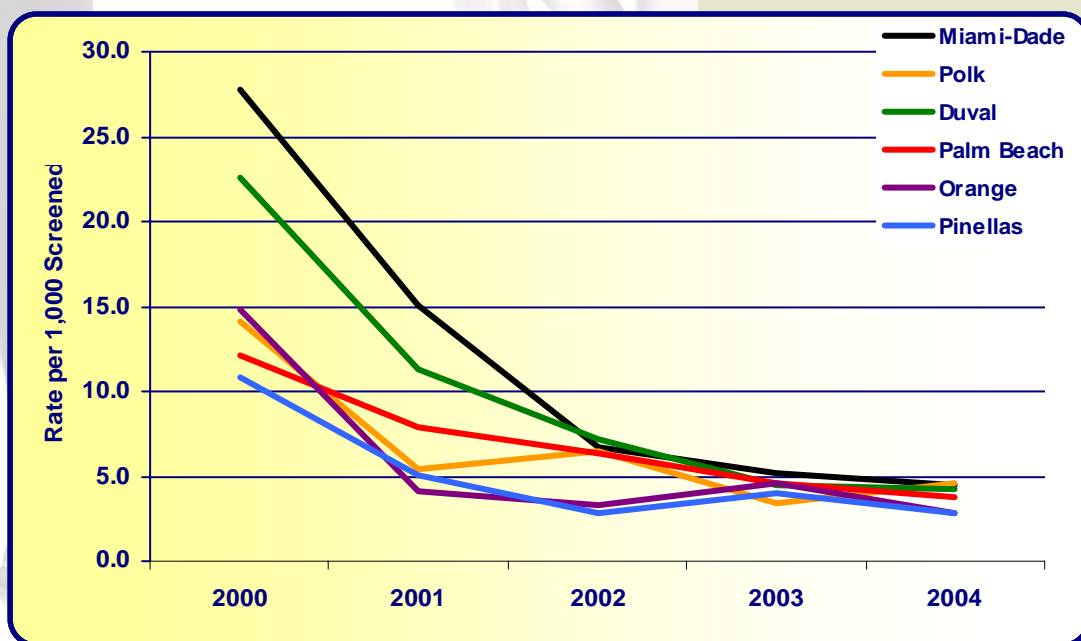
TABLE 4. RATE OF NEWLY CONFIRMED CASES PER 1,000 CHILDREN SCREENED PER YEAR.

County	2000	2001	2002	2003	2004
Miami-Dade	27.8	15.0	6.7	5.1	4.5
Duval	22.6	11.3	7.2	4.5	4.2
Orange	14.8	4.1	3.3	4.5	2.8
Polk	14.1	5.4	6.4	3.4	4.6
Palm Beach	12.1	7.9	6.4	4.6	3.8
Pinellas	10.8	5.1	2.8	4.0	2.8
Hillsborough	10.7	5.4	5.3	4.1	2.8
Broward	9.5	2.7	3.8	3.7	2.1

2000, these counties have also observed some of the greatest overall decreases in the rates of cases per 1,000 children screened. The rate in Miami-Dade County alone decreased from 27.8 confirmed cases per 1,000 children screened in 2000 to 4.5 cases per 1,000 children screened in 2004. Duval County observed a rate decrease of 22.6 to 4.2 cases per 1,000 children screened during the same period.

Pinellas County observed a rate decrease of 10.8 cases per 1,000 children screened in 2000 to 2.8 cases per 1,000 children screened in 2004.

FIGURE 8. RATE OF NEWLY CONFIRMED CASES PER 1,000 CHILDREN SCREENED PER YEAR IN SELECT FLORIDA COUNTIES.



Strategies for Continued Progress

15

These analyses show that we are moving in the direction of our goal however, we recognize that even one child with an elevated blood lead level is one too many. In order to reach our goal of elimination we must first build capacity in the areas of screening, surveillance, outreach, lead source identification, remediation and case management. The FL CLPPP and the Committee to Eliminate Childhood Lead Poisoning have established work groups to address these issues. The goals of each work group are listed below.

Screening and Surveillance

Goal: Ensure all children at risk are screened for lead poisoning and ensure the most effective collection and use of statewide surveillance data.

Outreach and Education

Goal: Provide families, communities and professionals with the knowledge and tools needed to protect children from lead poisoning.

Lead Source Identification and Reduction – Housing

Goal: Coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards, with a focus on lead-based paint hazards.

Case Management

Goal: Ensure all children with elevated blood lead levels are offered timely and comprehensive case management including proper medical monitoring and activities that effectively protect the child from repeat exposure.

Policy, Statutes and Codes

Goal: Establish regulations and policies at the state and local levels to support the primary prevention of lead poisoning and to ensure and prioritize care for children identified as lead poisoned.



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Laboratory Reporting Requirements for 2004

17

Note: The Florida Department of Health of Health expects blood lead reporting requirements to change January 2006.

Currently, the Florida Statutes, Chapter 381, "Report of Diseases of Public Health Significance to Department", and Chapter 64D-3, of the Florida Administrative Code, "Control of Communicable Diseases and Conditions Which May Significantly Affect Man", address the reporting of notifiable diseases by laboratories. Laboratories have a 72-hour time frame in which to report an elevated blood lead level with the following identifying information:

- Name and date of birth of the patient from whom the specimen was taken.
- Name, address and telephone number of the processing laboratory.
- Diagnostic test performed, specimen type and result.

In addition to the above, laboratories must supply:

- Address including zip code, telephone number, race, sex, ethnicity and social security number of the patient.

If these are not available then laboratories must supply:

- Name, address, and telephone number of the submitting physician or health care provider.

In addition to these minimum requirements outlined in the Florida Administrative Code, the program also requests:

- An indication if the individual is receiving Medicaid.
- That all blood lead test results (not only those greater than or equal to 10µg/dL) be reported.
- That all reports be submitted via regular mail service on a computer diskette or encrypted and emailed.

2004 Advisory Committee Members

18

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Larry Back	UF TREEO - EPA Training Center
Veronica Bedford	Florida Children's Environmental Health Alliance
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Children: For the purposes of lead poisoning surveillance and elimination, children are defined as those less than 72 months of age. This age category relates to the physiological effects of lead on children within this age group.

Test: Any blood lead sample (i.e. capillary, venous, or unknown type) that produces a quantifiable result and is analyzed by a Clinical Laboratory Improvement Amendments (CLIA) certified facility or an approved portable device. Blood for a lead test can be collected for screening, confirmation, or follow-up.

Screening Test: A blood lead test for a child aged <72 months who has not had a previously confirmed elevated BLL. A child screening in multiple years or even multiple times within a given year is counted only once for each year.

Screening Rate: The number of children screened divided by the population of children in the group of interest (age, gender, race, ethnicity, etc.) and standardized by a number such as 1,000.

Confirmed Elevated BLL: one venous specimen $\geq 10\mu\text{g/dL}$; or two capillary specimens $\geq 10\mu\text{g/dL}$ drawn within 12 weeks (84 days) of each other.

Newly Confirmed Case: Any child with one venous specimen $\geq 10\mu\text{g/dL}$; or two capillary specimens $\geq 10\mu\text{g/dL}$ drawn within 12 weeks (84 days) of each other, that has not been previously identified as a case.





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