

Florida Department of Health Childhood Lead Poisoning Prevention Program

2006 Annual Surveillance Report



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Florida's Childhood Lead Poisoning Prevention Program (FL CLPPP)

HEALTH EFFECTS OF CHILDHOOD LEAD EXPOSURE

There is no safe level of lead in the blood. Research suggests that even blood lead levels lower than the current level concern, 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$), can have harmful effects¹. The higher the blood lead level the greater the impact on the health and cognitive development of a child, including lowered IQ, behavior problems, hearing loss, and neurological impairments. At very high levels, seizures, coma, and even death have also been reported.

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 eliminating childhood exposure to all lead hazards.

ELIMINATING CHILDHOOD LEAD POISONING IN FLORIDA

The United States Department of Health and Human Services' Healthy People 2010 strategy for improving the Nation's health includes an objective to eliminate elevated blood lead levels in children less than 72 months of age. The FL CLPPP formed an advisory committee and developed a strategic "elimination plan" to meet this objective in Florida. The committee, now called the Partnership for Lead Poisoning Prevention and Healthy Homes, continues to meet annually.

ABOUT THE FL CLPPP

FL CLPPP was established in 1992. The program currently undertakes the activities described below with support from the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), and the Florida Legislature.

In 2006, county health departments (CHDs) in Miami-Dade, Duval, Hillsborough, and Palm Beach are funded through the FL CLPPP and operate comprehensive lead poisoning prevention programs that provide case management, public education, and screening. Orange, Polk, Pinellas, Alachua, and Broward counties also received funding in late 2006 to coordinate case management and promote blood lead screening amongst their high risk populations.

- **Surveillance:** The FL CLPPP works closely with laboratories and health care providers to collect the results of all blood lead tests. Data are used for statewide surveillance of lead poisoning screening and poisoning. Data are also used to evaluate the impact of lead screening promotion and lead poisoning prevention initiatives at the state and local level.
- **Screening:** The FL CLPPP establishes blood lead screening guidelines. The program also partners with health care providers across the state to ensure all children receive a blood lead test as recommended by the guidelines.
- **Case Management:** The FL CLPPP sets the standard of care for lead poisoned children and is establishing monitoring systems to ensure children diagnosed with lead poisoning receive timely and comprehensive case management including proper medical monitoring and services that effectively protect the child from repeat exposure.
- **Protective Policy:** The FL CLPPP receives funding from the CDC and the EPA to explore the establishment of 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.
- **Primary Prevention / Community Outreach and Education:** The FL CLPPP works to ensure families, communities, and professionals have the knowledge and tools needed to protect children from lead poisoning. The Lead Alert Network is one important primary prevention initiative. The FL CLPPP uses the network to distribute e-mail alerts to families when consumer products are recalled due to lead contact. Individuals can sign up by visiting: http://www.doh.state.fl.us/environment/community/lead/The_Lead_Alert_Network.htm

1. Canfield RL, Henderson CR, Cory-Slechta DA, Cox C, Jusko TA, Lanphear BP. Intellectual Impairment in Children with Blood Lead Concentrations below 10 μg per Deciliter. *New England Journal of Medicine* 2003; 348:1517-26.

Potential Sources of Lead Exposure



Chipping lead-based paint

Lead-based paint (pre-1978)

Homes built before 1978 may have lead-based paint on the exterior and/or the interior of the dwelling. Homes built before 1950 are even more likely to contain lead-based paint. Children can easily come into contact with paint chips or lead dust created through wear and tear of windows, woodwork, walls, doors, railings or other surfaces covered with lead paint. Children are also susceptible to the extremely high levels of lead dust created in a home undergoing renovation and/or repair.

Lead-contaminated soil

Lead may be found in the soil, especially near busy roadways or factories. The lead from gasoline used in vehicles before the 1980s has settled into the soil and is difficult to remove. Children may come into contact with contaminated soil while playing outside. This soil may also be tracked inside on shoes and clothing.

Take-home lead

“Take-home lead” is lead dust carried home on the clothes and/or shoes of individuals whose hobbies or occupations involve lead. Some common jobs and hobbies include: battery manufacturing, radiator repair, construction, renovation, soldering, recycling, painting, demolition, scrap metal recycling, working with stained glass, pottery making, target shooting and others.



Pottery with lead-based glaze.

Imported or handmade pottery with leaded glaze

Lead in ceramic glaze can leach into stored food and beverages, especially those that are acidic.

Imported food or drinks in cans that are sealed with lead solder

Some countries other than the United States still allow lead solder in food and drink cans.



Lead contaminated candies

Imported candies or foods

Lead has been found in candy, wrappers, and in certain ethnic foods, such as chapulines (dried grasshoppers) or tamarind.

Imported home remedies and imported cosmetics may contain lead

Lead has been found in some home remedies and cosmetics often imported from the Middle East, Southeast Asia, India, the Dominican Republic, or Mexico. The remedies are usually bright yellow or orange in color. Examples include: Alarcon, Alkohl, Azarcon, Bali goli, Bint al zahab, Coral, Greta, Farouk, Ghasard, Kandu, Kohl, Liga, Litargirio, Lozeena, Pay-loo-ah, Sindoor, and Surma. There are many others.



Jewelry containing hazardous levels of lead.

Jewelry and toys

Adult and children’s jewelry has been found to have lead. Some toys and other consumer products have also been found to contain lead. For more information please refer to the Consumer Product Safety Commission website at <http://www.cpsc.gov/>.

Blood Lead Surveillance in Florida: Understanding the Lead Data

HISTORY OF BLOOD LEAD SURVEILLANCE

Blood lead data collection in Florida dates back to 1992 when lead poisoning became a notifiable disease. Only blood lead levels greater than or equal to 10µg/dL were required to be reported by laboratories and physicians through 2005. During this time period, some laboratories provided results less than 10 µg/dL voluntarily. On November 20, 2006 laboratory reporting requirements were expanded. State regulations (shown below) now require laboratories to report the results of ALL blood lead tests.

LABORATORY REPORTING REQUIREMENTS

The Florida Statutes, Chapter 381, "Report of Diseases of Public Health Significance to Department" and Chapter 64D-3 of the Florida Administrative Code states that laboratories are responsible for providing all of the following information with each blood lead record:

(a) The Patient's:

1. first and last name, including middle initial
2. address, including city, state and zip code
3. phone number, including area code
4. date of birth
5. sex
6. race
7. ethnicity (specify if of Hispanic descent or not of Hispanic descent)
8. pregnancy status
9. Social Security number

(b) The Laboratory:

1. name
2. address
3. telephone number of laboratory performing blood lead test
4. type of specimen (for example, venous vs. capillary specimen)
5. date of specimen collection
6. date of report
7. type of test(s) performed
8. all available results

(c) The Submitting Provider's:

1. name
2. address
3. telephone number, including area code

A NOTE ON DATA LIMITATIONS

There are several limitations inherent in surveillance data. The data collected by the FL CLPPP are no exception. Several caveats are bulleted below.

- In late 2006 the FL CLPPP conducted active outreach to laboratories to educate them about the new reporting regulations. Laboratories that had not previously reported lead test results began reporting at this time.
- Data on race and ethnicity are not discussed in this report due to the extent of data incompleteness.
- Data presented in this report may vary from data reported by other agencies or from other sources due to variation in the data sources, methods of analysis, or data linkage.
- It is important to note that not all children receive a blood lead test in Florida. FL DOH recommends that all at-risk children receive a test, however many are not cared for by traditional health care systems and may not be tested. Therefore, some cases of lead poisoning may never be identified or reported.
- Rates of lead poisoning are not calculated using the general population as a denominator because only a particular segment of the population is considered at risk.
- Rates in this report may not be comparable to rates reported in other studies or by other state surveillance programs.

Statewide Trends: Reported New Cases and Screenings

FLORIDA'S BLOOD LEAD SCREENING GUIDELINES 2006:

The FL CLPPP recommends that the following children receive a blood lead test:

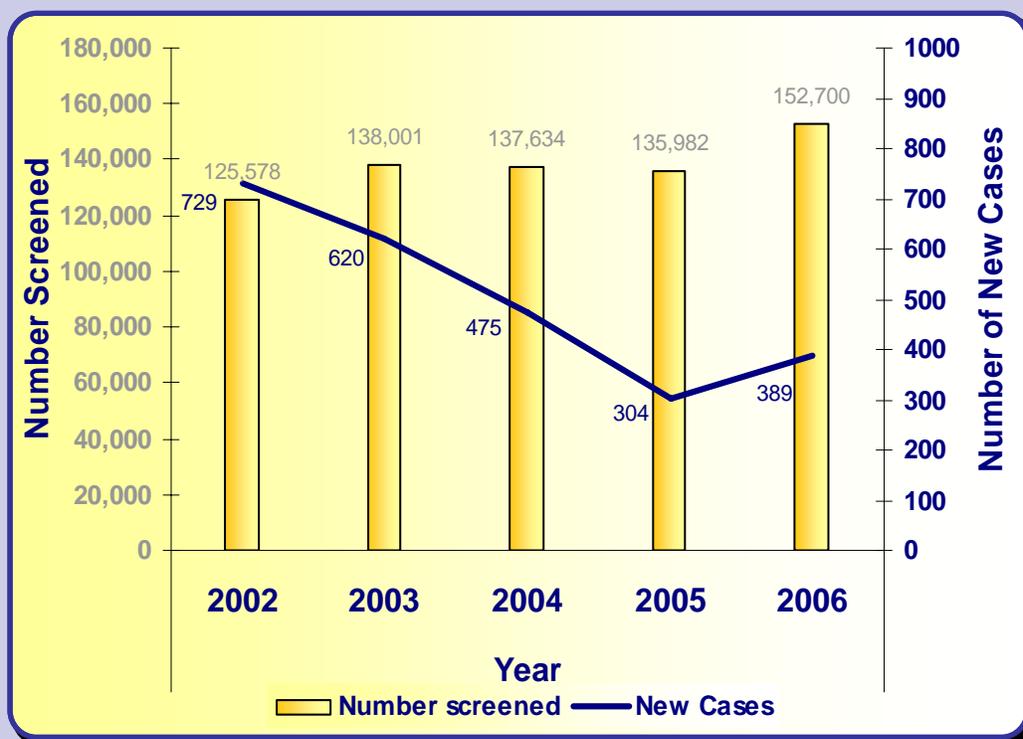
- Children living in high-risk zip codes (defined as a census block-group with greater than or equal to 27 percent pre-1950 housing, or greater than or equal to 74 percent pre-1970 housing).
- Children less than 72 months of age who do not have a documented blood lead screening by age two and live in high-risk areas.
- Children who are Medicaid eligible.
- Immigrant and refugee children.
- Children adopted from outside the U.S.
- Children in foster care.
- Children with a risk factors listed on the FL DOH lead risk assessment.

FLORIDA'S CASE DEFINITION OF CHILDHOOD LEAD POISONING

Florida defines lead poisoning as blood lead levels of 10 µg/dL or greater of whole blood measured from a venous specimen or blood lead levels of 10 µg/dL or greater measured from two capillary draws taken within 12 weeks of one another detected in a child less than 72 months of age. A case is considered a "new case" if it was not previously reported.

The FL CLPPP monitors all reported blood lead levels in children under 72 months of age. The program then determines the reported number of children per year who meet the case definition of lead poisoning and the reported number of children screened. Although some children are tested multiple times in a single year, only the first test per year is considered a screening, all subsequent tests are considered follow up tests. Figure 1 shows that the number of reported lead cases in Florida declined steadily between 2002 and 2005. However, the number of cases increased from 2005 to 2006. The reported number of children screened has increased substantially from 125,578 in 2002 to 152,700 in 2006. The increase in screenings reported to FL CLPPP may be attributed to the program's efforts to improve reporting of blood lead data by physicians and laboratories.

Figure 1. Reported new cases of lead poisoning and screenings among children less than 72 months of age, Florida, 2002 to 2006.



Statewide Trends: Reported New and Persistent Cases Combined

LEAD POISONING CASE MANAGEMENT

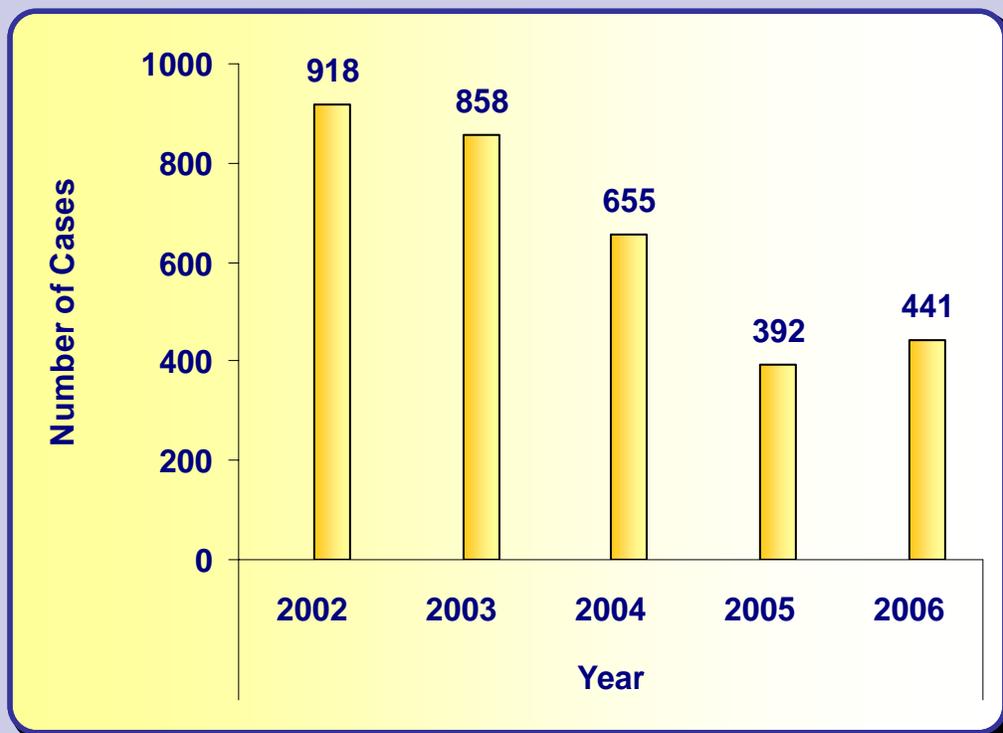
The FL CLPPP recommends that all children diagnosed with lead poisoning receive case management and have follow-up venous testing within a certain time period of confirmation. The child's blood lead level determines the follow-up testing period and the type of case management required. Follow up testing is monitored by the FL CLPPP and efforts to increase the number of children who receive follow up tests are ongoing.

The goal of case management is to reduce the child's blood lead level to below the level of concern by preventing continued exposure and improving nutrition. The child should be monitored by the physician and the case manager until the blood lead levels returns to below the level of concern and the case is closed.



Figure 2 shows the number of reported new cases per year including the number of persistent cases. A persistent case is a case confirmed during a previous year and whose blood lead level remains at least 10 µg/dL in a subsequent year. The number of reported cases of lead poisoning decreased from 2002 to 2005. Nine hundred and eighteen new and persistent cases were reported in 2002 and 392 in 2005. It is important to note that the number of reported cases increased to 441 in 2006. This increase can possibly be attributed to: 1) improved reporting of blood lead tests by physicians and laboratories; and 2) enhanced screening of children with the highest risk of lead poisoning.

Figure 2. Reported new and persistent cases combined of lead poisoning among children less than 72 months of age by year, Florida, 2002 to 2006.



Statewide Trends: Rate of Reported Cases per 1,000 Screenings

Figure 3. Rate of reported new cases of lead poisoning among children less than 72 months of age per 1,000 children screened, Florida, 2002 to 2006.

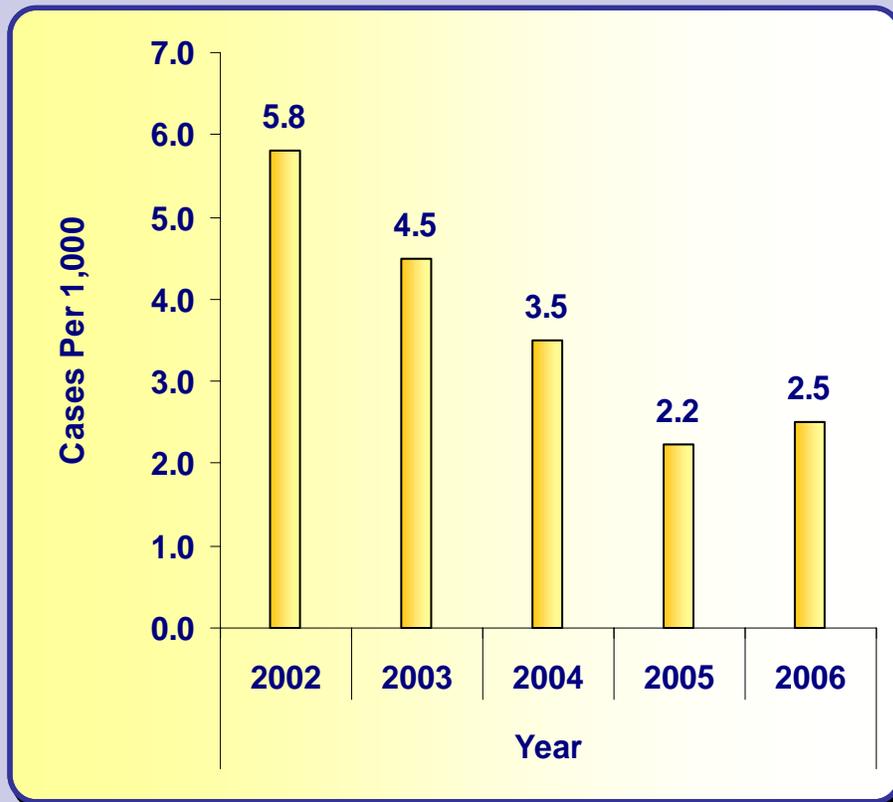
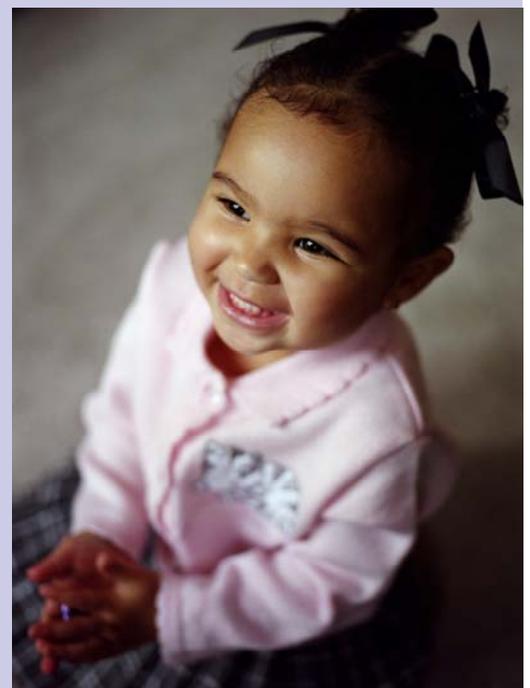


Figure 3 shows the statewide rate of reported new cases per 1,000 children screened declined steadily from 5.8 in 2002 to 2.2 in 2005. An increase is noted from a rate of 2.2 in 2005 to a rate of 2.5 in 2006.

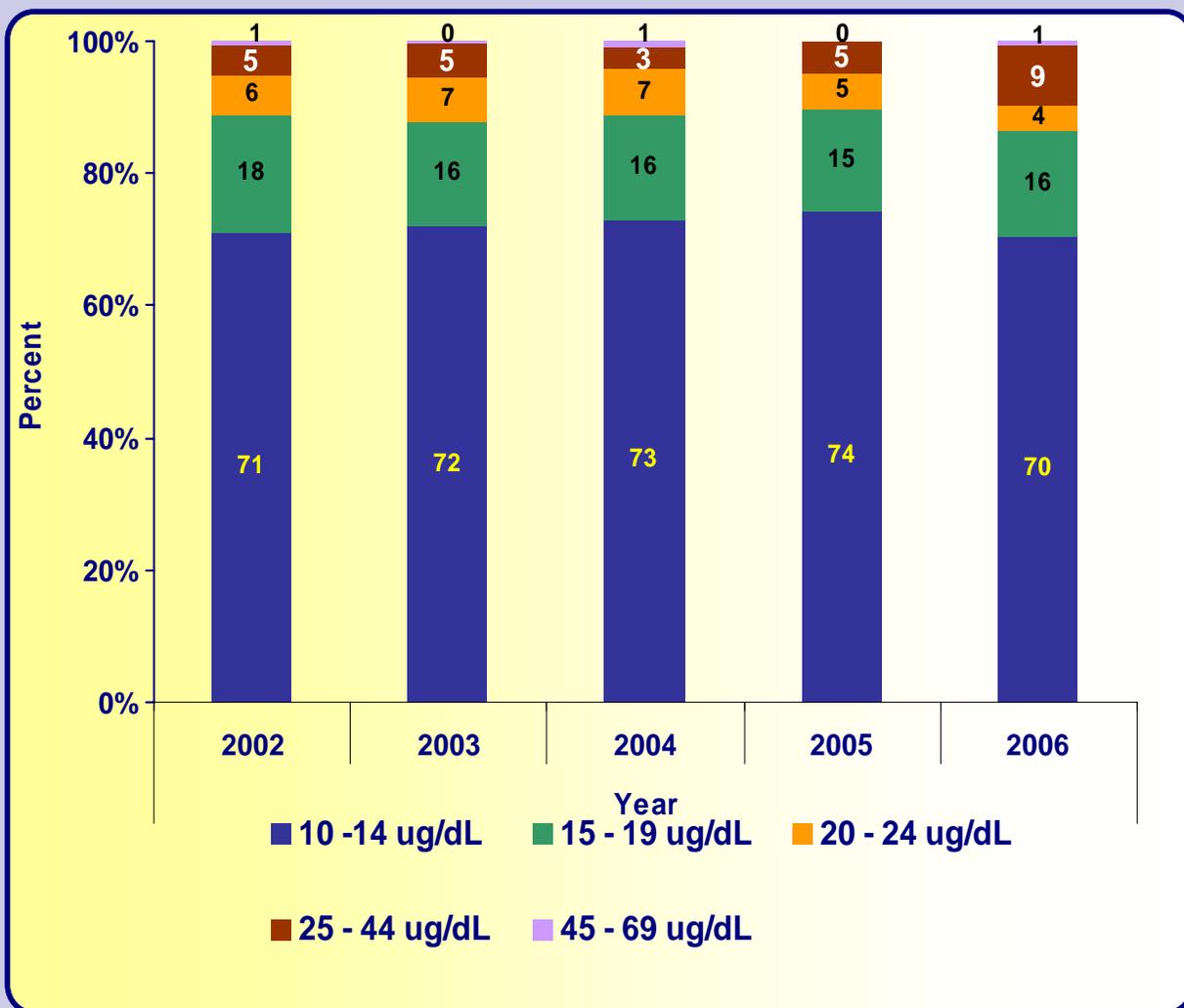


Statewide Trends: Percent of Reported New Cases by Blood Lead Category

Figures 4 and 5 (page 10) show new cases of lead poisoning categorized by blood lead level at confirmation from 2002 through 2006. The percent of cases with levels in the 10 to 14 $\mu\text{g}/\text{dL}$ range fluctuated between 70 percent and 74 percent during the past five years. The percent of new cases reported with blood lead levels above 14 $\mu\text{g}/\text{dL}$ of lead in the blood gradually decreased from 2002 to 2005. However, blood lead levels for new cases above 14 $\mu\text{g}/\text{dL}$ increased from 25 percent in 2005 to 30 percent in 2006.

There was an overall reduction in the percentage of new cases with blood lead levels of 15 to 19 $\mu\text{g}/\text{dL}$ and 20 to 24 $\mu\text{g}/\text{dL}$. Eighteen percent of new cases had a blood lead level of 15 to 19 $\mu\text{g}/\text{dL}$ in 2002 in comparison to 16 percent in 2006. Six percent of new cases had a blood lead level of 20 to 24 $\mu\text{g}/\text{dL}$ in 2002 which slightly decreased to 4 percent in 2006. The percent of cases in the 25 to 44 $\mu\text{g}/\text{dL}$ range increased from 5 percent in 2002 to 9 percent in 2006. An average of 0.4 percent of all cases from 2002 to 2006 were at the 45 to 69 $\mu\text{g}/\text{dL}$ level. Although a minimal number of new cases were reported above 44 $\mu\text{g}/\text{dL}$ it is crucial to identify these cases as public health interventions can greatly reduce continued exposure to the lead source. There was little change in the number of cases with blood lead levels greater than 69 $\mu\text{g}/\text{dL}$ (not shown); only one case at this level was reported to the FL CLPPP from 2002—2006, this case occurred in 2002.

Figure 4. Percent of reported new cases by confirmatory test value in five blood lead categories, Florida, 2002 to 2006.



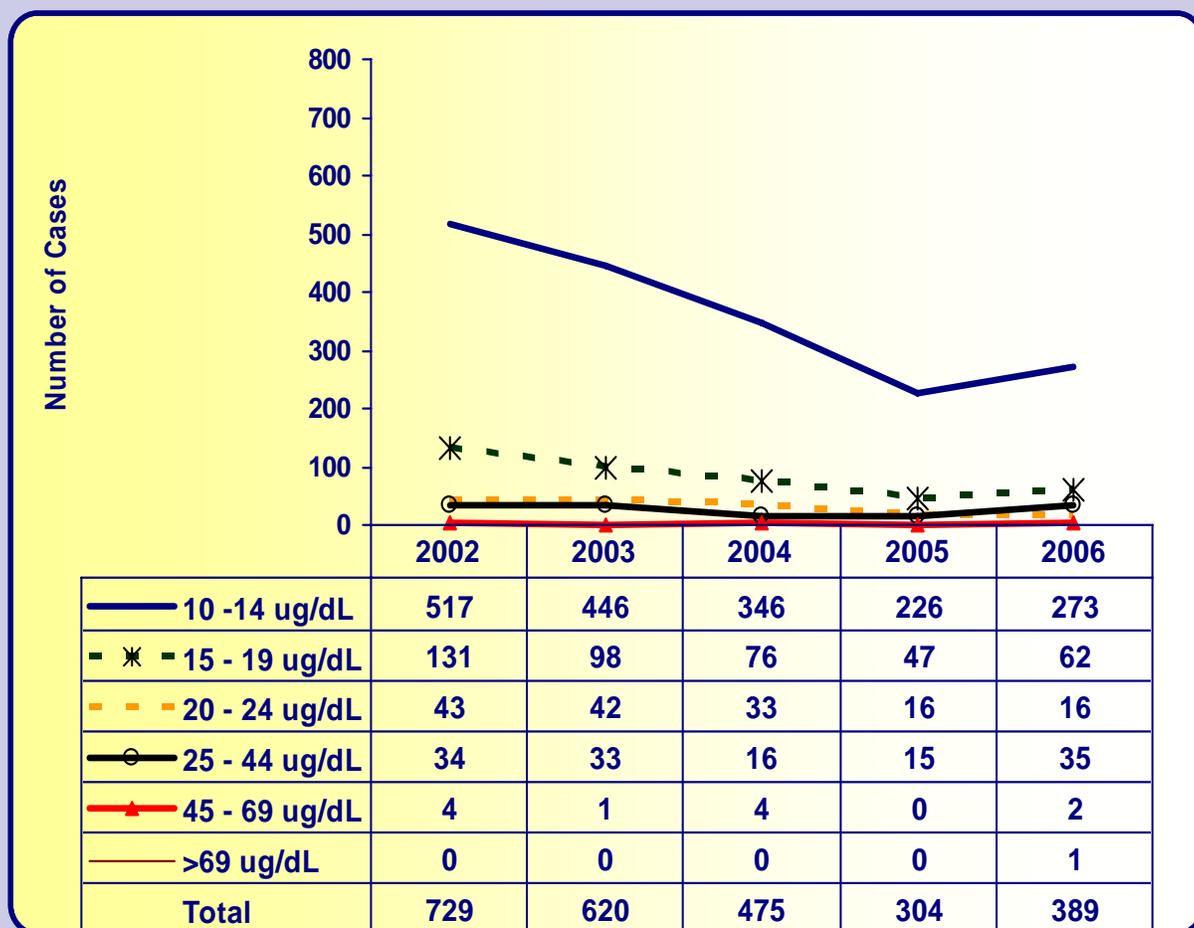
Statewide Trends: Reported New Cases by Blood Lead Category

There is no safe level of lead in the blood. The higher the blood lead level, the more severe the consequences. Higher levels have an even greater impact on the health and cognitive development of a child, including lowered IQ, behavior problems, hearing loss, neurological impairments, and death. For this reason, it is important to see an overall reduction in all blood lead level categories.



Figure 5 provides the number of reported new cases by blood lead level category at confirmation.

Figure 5. Reported new cases by blood lead level category at confirmation, Florida, 2002 to 2006.



Select County Trends: Rates of Reported New Cases per 1,000 Screenings

In 2006, the Lead Poisoning Prevention Screening and Education Act (LPPSE) (Section 381.985, F.S.) was authorized. A recurring general revenue appropriation to support the Lead Screening Program and assure the proper medical management of lead poisoned children was provided in the LPPSE. Funds have been distributed to eight Florida County Health Departments (CHDs) to promote blood lead screening and to support case management services that help reduce the blood lead burden of children diagnosed with lead poisoning. The eight CHDs that received funding are: Miami-Dade, Duval, Orange, Polk, Palm Beach, Pinellas, Hillsborough, and Broward. Together, these eight CHDs serve 55% of the state population.

These counties have historically had some of the greatest numbers of at-risk children. As a result they have typically demonstrated some of the highest rates of cases per 1,000 children screened. Funding to these eight counties supported CHDs in developing strategies for providing targeted blood lead screening to high-risk children.

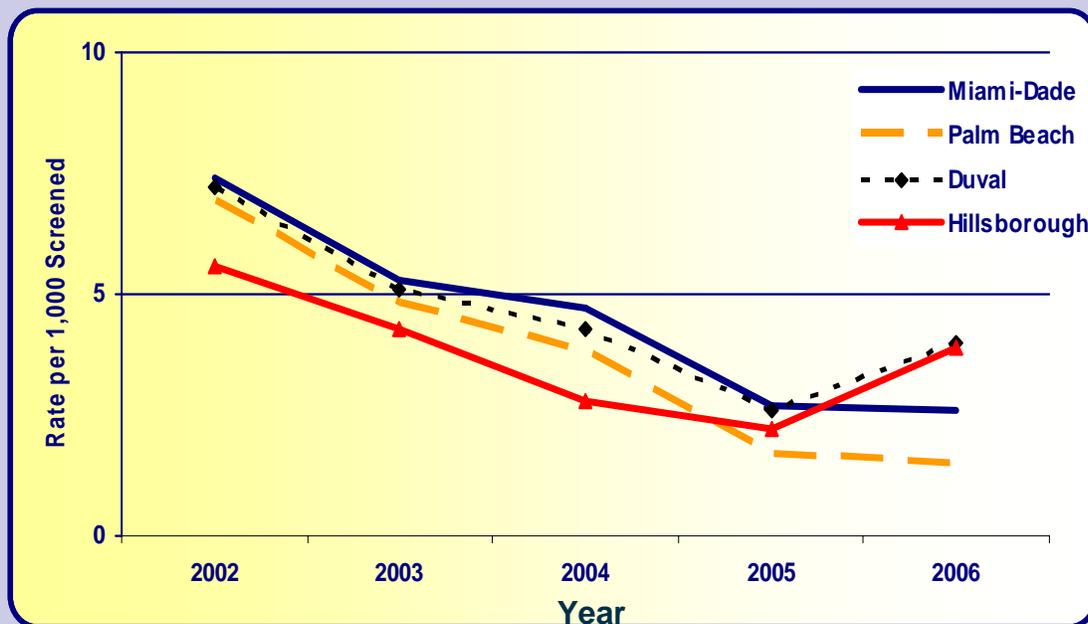
Table 1 shows that these counties have also observed some of the greatest overall decreases in the rates of reported cases per 1,000 children screened since 2002. For example, the rate in Miami-Dade decreased from 7.4 confirmed cases per 1,000 children screened in 2002 to 2.6 cases per 1,000 children screened in 2006.

Figure 6 shows the rates of new cases per 1,000 children screened for Miami-Dade, Palm Beach, Duval and Hillsborough. These four counties receive additional funding through FL CLPPP to operate comprehensive lead poisoning prevention programs.

Table 1. Rate of reported new cases per 1,000

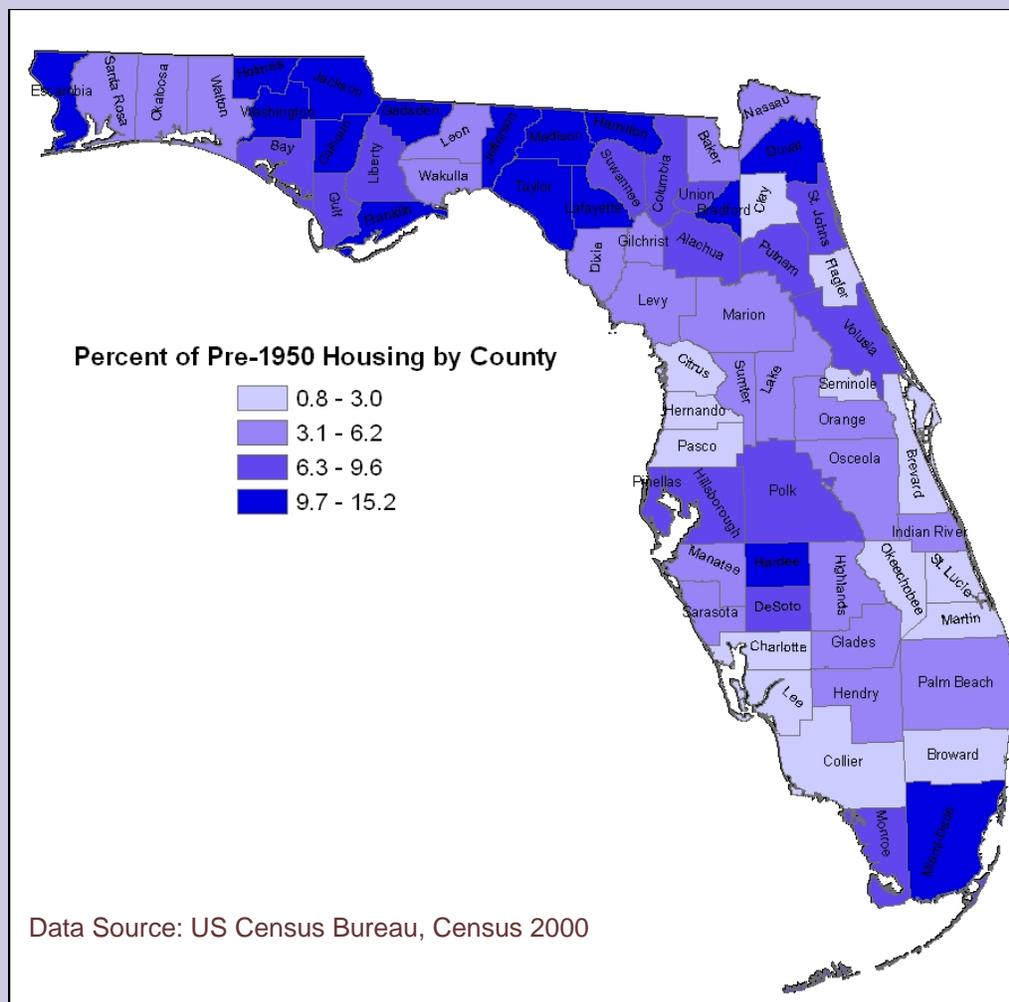
County	2002	2003	2004	2005	2006
Broward	3.8	3.6	2.1	1.0	1.2
Duval	7.2	5.1	4.3	2.6	4.0
Hillsborough	5.6	4.3	2.8	2.2	3.9
Miami-Dade	7.4	5.3	4.7	2.7	2.6
Orange	3.5	4.7	3.0	2.8	2.7
Palm Beach	6.9	4.8	3.8	1.7	1.5
Pinellas	3.2	4.1	3.4	2.2	2.5
Polk	6.6	3.5	4.6	2.3	3.4

Figure 6. Rate of reported new cases reported per 1,000 children screened per year in select counties, Florida, 2002 to 2006.



County Trends: Risk Factors -Pre-1950 Housing

Figure 7. Percent of Pre-1950 Housing by County



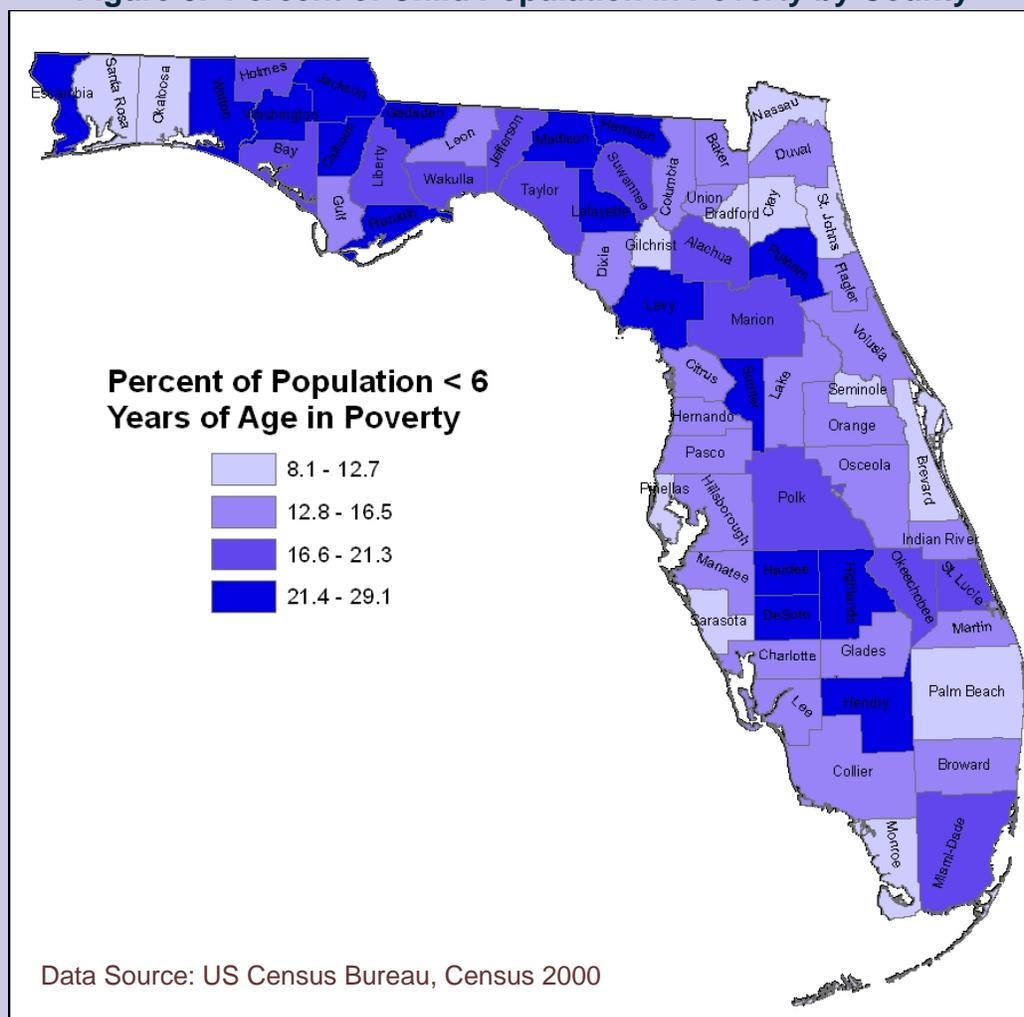
A primary source of lead exposure in children is lead-based paint. Many homes built prior to 1978 contain lead. Homes built prior to 1950 pose the greatest risk for children since the amount of lead in paints from that time is generally greater and the structural condition of the homes often facilitates greater risk of lead exposure.

There is substantial variation in the percent of pre-1950 homes by county, as Figure 7 shows. The proportion of pre-1950 housing by county varies from a low of less than 3 percent to just over 15 percent.



County Trends: Risk Factors -Poverty

Figure 8. Percent of Child Population in Poverty by County



Individuals from all social and economic levels can be affected by lead poisoning. However, children in low income families are more likely to reside in older, substandard homes and are also more likely to suffer from poor nutrition. Poverty is used as a proxy for a multitude of factors that put children under 72 months of age at high risk for lead poisoning. It is considered one of the greatest risk factors for lead poisoning.

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



Reported Screenings by County

Table 2. Number of reported screenings among children under 72 months of age by year and county of residence, Florida

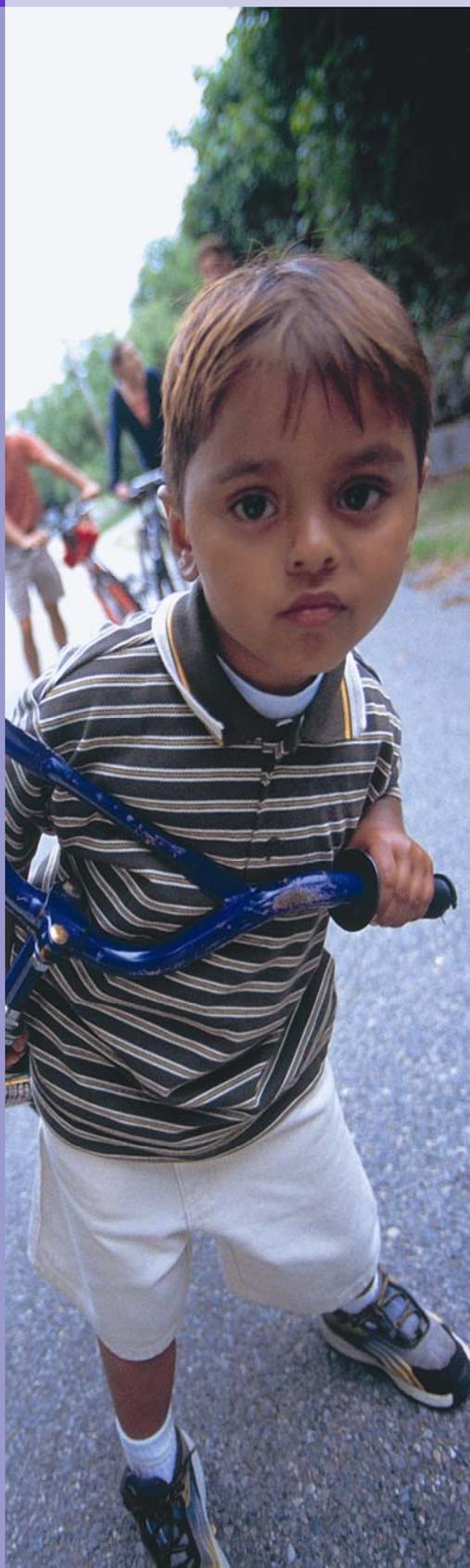


County	2002	2003	2004	2005	2006
Alachua	1,698	1,835	1,903	2,069	2,127
Baker	139	140	117	134	162
Bay	312	366	519	420	593
Bradford	299	287	212	229	300
Brevard	1,017	1,377	1,075	1,648	1,165
Broward	17,571	20,862	21,542	21,298	22,425
Calhoun	37	55	25	17	32
Charlotte	552	445	380	429	555
Citrus	232	321	295	229	244
Clay	729	705	687	732	877
Collier	1,537	1,475	1,906	1,790	1,697
Columbia	606	708	762	684	481
Miami-Dade	32,069	36,255	36,221	34,710	38,476
Desoto	258	232	291	251	286
Dixie	188	242	267	231	234
Duval	7,321	5,330	5,593	6,576	6,175
Escambia	1,413	1,102	733	878	909
Flagler	219	323	303	400	443
Franklin	123	98	132	113	148
Gadsden	251	322	316	282	244
Gilchrist	195	206	229	227	239
Glades	51	53	66	25	23
Gulf	102	116	113	96	104
Hamilton	185	223	165	186	149
Hardee	523	510	558	495	234
Hendry	428	563	639	604	599
Hernando	276	242	211	207	394
Highlands	519	442	384	392	572
Hillsborough	9,836	10,181	9,676	9,616	10,224
Holmes	75	174	197	209	193
Indian River	1,218	1,033	1,378	1,425	1,480
Jackson	47	45	46	194	203
Jefferson	38	59	40	48	58
Lafayette	51	35	24	27	42
Lake	1,054	1,380	1,444	1,354	1,895
Lee	2,804	2,739	2,507	2,990	2,979
Leon	1,336	1,062	1,160	1,229	1,544
Levy	266	444	418	407	368
Liberty	25	16	17	12	23
Madison	108	213	163	185	80
Manatee	1,399	1,638	2,221	2,110	2,637
Marion	1,119	1,878	1,592	1,427	1,577
Martin	715	765	800	894	981
Monroe	172	217	220	131	92
Nassau	49	57	84	78	87
Okaloosa	733	674	738	783	706
Okeechobee	336	345	334	398	399
Orange	6,362	7,684	7,737	6,341	7,658
Osceola	1,090	1,463	1,923	1,763	1,954
Palm Beach	7,114	8,832	10,132	10,156	12,910
Pasco	1,994	2,291	2,291	1,990	1,920
Pinellas	6,226	6,564	3,878	3,167	3,246
Polk	4,253	4,555	4,537	5,231	6,853
Putnam	518	398	370	345	410
Saint Johns	253	228	142	236	615
Saint Lucie	1,532	1,590	1,393	1,426	1,975
Santa Rosa	1,166	1,318	1,298	1,044	185
Sarasota	463	534	524	520	1,510
Seminole	1,902	1,776	1,597	1,765	1,020
Sumter	418	410	427	583	568
Suwannee	234	272	264	235	164
Taylor	151	143	116	98	91
Union	56	60	79	78	66
Volusia	1,325	1,733	1,898	1,622	1,463
Wakulla	127	107	76	75	89
Walton	44	133	139	159	109
Washington	117	115	106	108	100
Unknown	2	5	4	121	4,339
Total	125,578	138,001	137,634	135,932	152,700

Reported New Cases by County

Table 3. Reported new cases of lead poisoning among children under 72 months of age by year and county of residence, Florida 2002 to 2006.

County	2002	2003	2004	2005	2006
Alachua	3	4	2	1	3
Baker	1	2	1	2	0
Bay	3	0	0	1	4
Bradford	0	0	0	0	0
Brevard	6	5	6	6	0
Broward	67	76	45	22	28
Calhoun	0	0	0	1	0
Charlotte	1	0	1	0	0
Citrus	0	3	0	0	0
Clay	2	1	1	3	0
Collier	28	15	10	5	9
Columbia	7	4	0	4	1
Miami-Dade	238	193	171	92	100
Desoto	1	0	2	1	0
Dixie	0	0	0	2	0
Duval	53	27	24	17	25
Escambia	11	8	2	3	2
Flagler	1	1	0	0	2
Franklin	1	0	1	0	1
Gadsden	2	4	4	0	0
Gilchrist	0	0	0	0	0
Glades	0	0	0	1	0
Gulf	1	0	0	0	0
Hamilton	1	1	0	1	0
Hardee	2	4	2	1	1
Hendry	0	3	1	2	0
Hernando	2	0	0	0	1
Highlands	4	4	6	2	9
Hillsborough	55	44	27	21	40
Holmes	0	1	0	0	0
Indian River	8	5	2	3	0
Jackson	0	2	0	0	0
Jefferson	0	0	0	0	0
Lafayette	0	0	0	0	0
Lake	3	6	5	3	5
Lee	9	7	6	4	11
Leon	8	4	8	5	7
Levy	1	0	0	0	0
Liberty	0	0	0	0	0
Madison	1	2	0	0	1
Manatee	7	10	7	10	11
Marion	2	8	3	7	3
Martin	0	1	2	1	5
Monroe	1	1	0	0	0
Nassau	1	0	0	0	1
Okaloosa	2	4	1	0	2
Okeechobee	3	3	0	0	2
Orange	22	36	23	18	21
Osceola	3	5	3	2	5
Palm Beach	49	42	39	17	19
Pasco	10	5	6	4	2
Pinellas	20	27	13	7	8
Polk	28	16	21	12	23
Putnam	5	3	0	0	1
Saint Johns	9	2	0	1	1
Saint Lucie	30	14	6	7	11
Santa Rosa	2	2	1	1	1
Sarasota	4	2	3	2	6
Seminole	2	2	7	3	5
Sumter	1	3	3	0	0
Suwannee	0	2	1	2	0
Taylor	0	0	2	1	0
Union	0	1	0	0	0
Volusia	7	5	7	5	3
Wakulla	1	0	0	0	0
Walton	0	0	0	1	0
Washington	0	0	0	0	0
Unknown	0	0	0	0	9
Total	729	620	475	304	389



Reported New and Persistent Cases by County

Table 4. Number of reported new and persistent cases combined among children under 72 months of age by year and county, Florida 2002 to 2006.

County	2002	2003	2004	2005	2006
Alachua	4	6	3	2	3
Baker	1	2	1	3	0
Bay	3	1	0	1	4
Bradford	0	0	0	0	1
Brevard	7	6	8	6	3
Broward	74	97	60	33	28
Calhoun	0	0	0	1	0
Charlotte	1	0	1	0	0
Citrus	0	4	0	0	1
Clay	2	2	1	3	15
Collier	38	20	19	5	9
Columbia	9	9	4	6	7
Miami-Dade	293	281	227	121	100
Desoto	1	0	2	0	0
Dixie	0	0	0	2	0
Duval	78	41	38	23	25
Escambia	15	11	4	3	2
Flagler	1	1	0	0	2
Franklin	1	0	1	0	1
Gadsden	2	4	4	3	0
Gilchrist	0	0	0	0	0
Glades	0	0	0	1	0
Gulf	1	0	0	0	5
Hamilton	1	1	1	1	0
Hardee	5	4	2	1	1
Hendry	1	4	3	2	0
Hernando	2	0	0	0	1
Highlands	5	5	6	2	9
Hillsborough	68	59	41	27	42
Holmes	0	1	0	0	0
Indian River	9	10	6	5	0
Jackson	0	2	0	0	0
Jefferson	0	0	0	0	1
Lafayette	0	0	0	0	0
Lake	8	8	5	4	10
Lee	11	8	8	5	11
Leon	9	8	10	6	12
Levy	1	0	0	0	3
Liberty	0	0	0	0	1
Madison	1	2	0	0	3
Manatee	9	14	8	10	11
Marion	5	8	3	7	3
Martin	2	2	4	1	7
Monroe	1	1	0	0	0
Nassau	1	0	0	0	1
Okaloosa	2	4	1	0	2
Okeechobee	4	5	0	0	2
Orange	26	43	28	21	21
Osceola	3	7	3	2	5
Palm Beach	61	61	53	23	19
Pasco	13	6	8	5	2
Pinellas	40	37	21	9	8
Polk	35	22	29	17	23
Putnam	5	4	0	0	1
Saint Johns	11	3	2	2	1
Saint Lucie	30	20	11	9	11
Santa Rosa	2	3	1	1	1
Sarasota	4	5	4	3	6
Seminole	3	3	7	5	5
Sumter	1	3	4	1	0
Suwannee	0	2	2	2	0
Taylor	0	0	2	1	0
Union	0	1	0	0	0
Volusia	7	6	8	5	3
Wakulla	1	1	1	0	0
Walton	0	0	0	1	0
Washington	0	0	0	0	0
Unknown	0	0	0	0	9
Total	918	858	655	391	441



Glossary and Acknowledgements

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The FL CLPPP would like to extend a special thanks to the dedicated laboratory personnel, health care providers, and public health professionals who conduct lead screenings and provide care to children exposed to lead in their environment.

GLOSSARY

Children: For the purposes of this report, children are defined as those less than 72 months of age.

CHD: County Health Department.

Confirmed Case: One venous specimen greater than or equal to 10 µg/dL; or two capillary specimens greater than or equal to 10 µg/dL drawn within 12 weeks (84 days) of each other.

FL CLPPP: Florida Childhood Lead Poisoning Prevention Program.

Follow up Test: Any blood lead test that occurs subsequent to a confirmation test and any test that occurs subsequent to a screening in a calendar year.

New Case: A confirmed case (see “confirmed case” above) that has not been previously identified as a case.

Persistent Case: A case confirmed during a previous year and whose blood lead level remains at least 10 µg/dL in a subsequent year.

Reported: For the purposes of this report, reported refers to all blood lead test results received by the Florida Department of Health, Childhood Lead Poisoning Prevention Program.

Screening: The initial blood lead test occurring within one year. Any subsequent blood lead draws are defined as follow up tests.

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 a screening, confirmation, or follow up.

µg/dL: Micrograms per deciliter, the standard unit of measure for blood lead levels.



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