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STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

June 28, 2004

Vivian Walker, Contract Specialist
Acquisition & Assistance Branch B, Section III
Procurement & Grants Office (PGO)
2920 Brandywine Road, Room 3000
Atlanta, Georgia 30341-4146 MS-K70

Re: US7/CCU322854-02

Dear Ms. Walker:

Enclosed, please find the West Virginia Childhood Lead Poisoning Prevention Program's Strategic Plan for the elimination of childhood lead poisoning and statewide blood lead level screening plan. If there are any questions or concerns about the information submitted, please do not hesitate to contact us at 1-304-558-5388 or e-mail syamadasari@wvdhhr.org or kathycummons@wvdhhr.org.

Sincerely,

Syamalatha Dasari

Syamalatha Dasari, MPH
Epidemiologist

Kathy Cummons

Kathy Cummons, MSW, ACSW
Director, Division of Research, Evaluation and Planning

Enclosure

cc: Pat Moss, WV OMCFH Director
Barry Brooks, Public Health Advisor

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WV Strategic Plan For The Elimination Of Childhood Lead Poisoning

Mission Statement:

Assure the health and well-being of West Virginia children by supporting State and community efforts to reduce the incidence of lead poisoning in children.

Overall Project Goal:

To decrease the number of new cases of lead poisoning, defined at a level of greater than or equal to ten (10) mcg/dl, to less than one percent (1%) of the tested population of children zero (0) to six (6) years of age and to decrease to less than three percent (3%) of the children in targeted high risk counties by the year 2010.

A Statement Of Purpose:

The purpose of developing a childhood lead poisoning elimination plan is:

a. The elimination of lead poisoning in young children and achieving the goal of protecting young children from the adverse effects of lead poisoning.

b. To develop an effective planning tool that will:

- Identify and provide follow-up services for children zero (0) to six (6) years of age who are at high risk for lead poisoning.
- Geographically target program activities in high risk areas using evaluation information to strengthen the Childhood Lead Poisoning Prevention Project (CLPPP) Surveillance System. According to surveillance and evaluation information and risk predictions, the nine (9) highest out of thirty-nine (39) high risk counties are Cabell, Kanawha, Wood, Berkeley, Wetzel, Raleigh, Ohio, Harrison and Marion. Details of high risk counties identified for targeted screening and primary prevention activities are outlined on pages four and five.
- Address old housing problems and establish primary prevention activities in high risk areas.

- Provide childhood lead poisoning screening and prevention education to high risk families, providers and public health professionals.
- Evaluate progress in meeting goals and objectives established to reduce the incidence of lead poisoning and refine/revise strategies as indicated.

Background on West Virginia Childhood Lead Poisoning Problem:

- Risk Predictors:

  Data from the National Health and Nutrition Examination Survey (NHANES) indicated that three factors, in combination, predict communities at high risk for childhood blood lead poisoning - poverty level, percent of older houses and percent of population between the ages of zero (0) and six (6) years. In addition to these three predictors, the NHANES also determined that minority children are at higher risk for childhood lead poisoning than non-minority children. In order to determine the risk for childhood lead poisoning in West Virginia, the three predictors identified by NHANES were singled out.

- Pre-1960 Housing:

  Leaded paint in old houses has been the most common source of lead exposure in West Virginia. According to 2000 census data, forty-one percent (41%) of residential structures were built before 1960. By county in 2000, the percentages range from a high of sixty-six point one percent (66.1%) in Ohio County to a low of nineteen percent (19%) in Putnam County. Using forty percent (40%) as the cut off point in determining counties at high risk for lead poisoning, thirty-three (33) of West Virginia's fifty-five (55) counties have forty percent (40%) or more of their housing structures built before 1960.

- Poverty Level:

  According to 2000 census data, West Virginia's overall poverty rate is seventeen point nine percent (17.9%), which increases to twenty-four point two percent (24.2%) for children. By county, the poverty rate ranges from

eleven point four percent (11.4%) in Putnam county to fifty-three percent (53%) in McDowell County. On this measure, West Virginia is at high risk for lead poisoning.

- Under six (6) Child Population:

  Percent of population, children age six (6) and under, is one of the risk predictors for childhood lead poisoning. West Virginia had 122,311 children age zero (0) to seventy-two (72) months, according to 1999 population data and 122,919 according to 2000 census data.

Summary:

- According to the 2000 Census, seventy-five point two percent (75.2%) of occupied housing units within West Virginia are owned by the occupant, ranking number two in the nation.
- According to the 2000 Census, twenty-seven percent (27%) of occupied pre-1960 housing is renter occupied and seventy-three percent (73%) is owner occupied, compared to sixty-six percent (66%) nationally. Median value of owner-occupied housing units in 2000 was $72,800 compared to $119,600 nationally.

In WV, poverty and old housing are important risk factors for childhood lead poisoning.

Assessment of The Childhood Lead Poisoning Problem in West Virginia:

- Data on Risk Predictors:

  Risk predictors data, which includes the percent of old houses built before 1960, the percent of the population between zero (0) and seventy-two (72) months and the percent of poverty, were compiled into an index of high risk for childhood lead poisoning. According to this index, twenty-eight (28) counties were identified as predicted high risk counties for childhood lead poisoning (see Appendix Table 1 and Map 1)

- Testing and Screening Data:

  Elevated blood lead levels (BLL) of $\geq$ 10 mcg/dl and the prevalence of childhood

blood lead poisoning.

To determine the scope of the childhood lead problem in West Virginia, the distribution of elevated blood lead levels of ≥ 10 mcg/dl in children zero (0) to six (6) years of age was examined and analyzed using data from 1 July 1995 to 30 June 2003. Prevalence and elevated blood lead level data were analyzed to determine, as much as possible, the current magnitude of the problem. The geographic distribution of elevated blood lead levels was determined in order to examine a possible connection between the occurrence of elevated blood lead levels and those counties determined to be at high risk.

Blood lead screening data (see Appendix Table 3) from 1 July 1995 to 30 June 2003, showed that in children zero (0) to seventy-two (72) months of age, the screening rate decreased in FY 1999 but increased in FY 2000 by two point twenty-three percent (2.23 %). The screening rate was almost the same in FY 2001. In FY 2002, the blood lead level screening rate increased to nine point nine percent (9.9%) and the number screened increased to 12,176. This represented the highest number and percentage screened during the entire grant period from FY 1996 to FY 2001. In FY 2003, 12,071 children out of an eligible population of 122,919 were screened. This equates to nine point eight percent (9.8%), just shy of the FY 2002 screening rate.

Screening rates in the six (6) to twenty-four (24) months age group (see Appendix Table 4) gradually increased from FY 2000 to FY 2002, and remained stable in FY 2003.

Outcome analysis of screening rates and prevalence by county (see Appendix Maps 2 and 3, based on information from 1 July 1995 to 30 June 2003) showed that only six (6) counties, which equates to eleven percent (11%), have average annual screening rates of more than ten percent (10%). The remaining forty-nine (49) counties, which equates to sixty-nine percent (69 %), have average annual screening rates less than or equal to ten percent (10%). With an overall average annual screening rate of eight percent (8%) which was based on information from 1 July 1995 to 30 June 2002, the prevalence of lead poisoning was seventeen (17) per one thousand (1,000) in children zero (0) to seventy-two (72) months of age.

The prevalence of elevated blood lead levels of 10 mcg/dl in children zero (0) to seventy-two (72) months of age in predicted high risk counties was thirty-two point six (32.6) per one thousand (1,000) and reduced to eleven point nine (11.9) per one thousand (1,000) in predicted low risk counties, based on surveillance information from 1 July 1995 to 30 June 2003.

Further analysis of recent CLPPP Surveillance data from FY 2001 to FY 2003 was performed to identify distribution of elevated blood lead levels in current years. Information revealed that seventeen (17) counties have at least ten (10) cases of elevated blood lead levels of ≥10mcg/dl. According to surveillance information for 1 July 2000 to 30 June 2003, thirty-nine (39) of West Virginia's fifty-five (55) counties have an elevated blood lead level prevalence of ≥1% and are therefore not at West Virginia's goal for 2010. For the FY 2005 grant, eight (8) counties were selected for targeted screening and primary prevention activities based on a combination of current surveillance information from FY 2001 to 2003 and risk predictions. In addition, these eight (8) counties, which are Cabell, Wood, Berkeley, Wetzel, Raleigh, Ohio, Harrison and Marion are not at the 2010 goal for prevalence. Kanawha county was also selected for inclusion in the FY 2005 grant because current screening information demonstrates that this county has the greatest percentage of children ≥six (6) years of age in West Virginia and the highest number of elevated blood lead levels. Over the next four (4) fiscal years, fiscal resources will be given priority in those counties determined to be high risk based on updated surveillance and risk predictions. The lessons learned during FY 2005 will be used to refine targeted screening and primary prevention activities for the remaining four (4) years.

Analysis of elevated blood lead levels of ≥ 10 mcg/dl in Medicaid-eligible children zero (0) to seventy-two (72) months of age, who were screened from 1 July 1995 to 30 June 2003, showed that the prevalence of elevated blood lead levels was eighteen point five (18.5) per one thousand (1000), and, in non-Medicaid eligibles, the prevalence was nine (9) per one thousand (1000). This relatively high prevalence confirms the benefit of targeting at risk populations for blood lead level screening.

Surveillance information indicates that the risk exposures for childhood lead poisoning in West Virginia are old housing at forty-one percent (41%) and poverty at twenty- four percent (24%).

Summary of County Prevalence and Elevated Blood Lead Levels (BLLs):

According to surveillance information from 1 July 1995 to 30 June 2003, twenty-seven (27) counties were identified with screening rates less than or equal to ten percent (10%) and prevalence at ≥twenty (20) per one thousand (1000) (see Appendix Table 2 and Map 4), and can be considered as high risk counties according to CLPPP surveillance information. Surveillance data from FY 2001

through FY 2003 showed that seventeen (17) counties have at least ten (10) cases of elevated blood levels of $\geq$ 10 mcg/dl. Among these counties, nine (9) with relatively high numbers of elevated blood lead levels were considered as high risk counties. These counties are Cabell, Kanawha, Wood, Berkeley, Wetzel, Raleigh, Ohio, Harrison and Marion. To protect young West Virginia children from the adverse effects of childhood lead poisoning, there is a need for continued surveillance. Surveillance activities will be monitored over time for continued identification of elevated BLLs by county.

A Strategic Work Plan

In the Strategic Work Plan, the goals are for five (5) years, from FY 2005 to FY 2009, and the objectives are for a twelve (12) month period. Annual objectives are evaluated at the end of each year. Program activities related to the corresponding objectives will be refined/revised according to evaluation results and new objectives will be included according to need.

Screening Plan

Goal: Building upon the established CLPPP in WV, develop, implement and evaluate a jurisdiction-wide screening plan targeting resources to impact the largest number of children age zero (0) to seventy-two (72) months at high risk for lead poisoning.

1. Objective (2005 to 2009): Increase compliance of providers to test children in accordance with the targeted screening plan by educating one hundred percent (100%) of providers within designated areas.

Activities :

a. Distribute childhood lead poisoning risk analysis and targeted screening information to all providers who care for young children in targeted high risk counties by 30 September 2004.

b. Distribute information to all providers about blood lead specimen collection methods that prevent difficulty collecting specimens and facilitate the collection of specimens along with other required blood testing measures by 30 September 2004.

c. Provide feedback about county specific elevated blood lead levels and prevalence information to providers annually by 31 January 2005.

d. Evaluate, review and refine the targeted blood lead levels screening plan annually. Include

additional activities as needed .

The West Virginia CLPPP is responsible for performing the above activities with input and suggestions from the CLPPP advisory committee members. The fiscal impact for these activities is two thousand dollars ($2,000.00) to mail information to one thousand (1,000) providers.

2. Objective (2005 to 2009): Increase compliance of newly Medicaid-eligible families with the existing screening policy by educating at least ninety percent (90%) of families in the nine (9) high risk counties and at least seventy-five percent (75%) of families in the remaining counties about the need to screen young children for blood lead levels (BLLs).

Activities :

a. Include lead screening and prevention information in initial contact letters sent to Medicaid-eligible families from the HealthCheck Program from 1 July 2004. There is no additional fiscal impact for this activity because the information will be included in the HealthCheck Programs initial contact letter.

b. Partner with the WIC Program, Automated Health System, HMO's, primary care clinics and local health departments for distribution of blood lead level screening and prevention information to Medicaid-eligible families from 1 July 2004 through 30 June 2005. The West Virginia CLPPP is responsible for sending this information to the above organizations. The fiscal impact for this activity is seven thousand five hundred dollars ($ 7,500.00) to print twenty-five thousand (25,000) informational pamphlets and seven thousand one hundred twenty-five dollars ($7,125.00) to mail information to the above organizations.

c. Evaluate, review, refine, and plan screening strategies to increase screening rates in Medicaid-eligible children annually and compare the screening rates in high risk counties with the remaining counties.

3. Objective (2005 to 2009): Screen at least eighty percent (80%) of Medicaid-eligible children zero (0) to seventy-two (72) months of age in the nine (9) high risk counties and at least sixty percent (60%) of Medicaid-eligible children in the remaining counties. Out of eighty percent (80%) screening in high risk counties, screen at least forty percent (40%) of Medicaid-eligible children by the end of FY 2006, fifty-five percent (55%) by the end of FY 2007, seventy percent (70%) by the end of FY 2008 and eighty percent (80%) by the end of FY 2009. Out of sixty percent (60%) screening in the remaining counties, screen at least twenty-five percent (25%) of Medicaid-eligible children by the

end of FY 2006, thirty-five (35%) by the end of FY 2007, forty-five (45%) by the end of FY 2008 and sixty percent (60%) by the end of FY 2009. The baseline screening rates will be identified in the annual analysis of FY 2004.

Activities:

a. Coordinate at least four (4) screening activities annually with local organizations and primary care clinics to screen Medicaid-eligible children in high risk counties from 1 July 2004 through 30 June 2005.

   The WV CLPPP will partner with the WV Birth Defects Program, the local health departments and other local organizations to coordinate these activities. Fiscal impact for these activities is two thousand dollars ($2,000.00) annually for printing at least five thousand (5,000) lead poisoning prevention and screening informational pamphlets. There will be no cost for travel because state vehicles will be utilized. Fiscal impact for providing emergency screening to uninsured children is two hundred dollars ($200.00).

b. Monitor screening rates and prevalence of elevated blood lead levels in Medicaid-eligible children and provide feedback to CLPPP partners and providers annually from 1 December 2004 through 31 January 2005.

c. Match the Medicaid-eligible data with CLPPP surveillance data. Identify children who had not been screened, and request providers to screen children and report corresponding BLLs from 1 November 2004 through 31 January 2005.

   The WV CLPPP is responsible for activities b and c. Fiscal impact for these activities is two thousand dollars ($2,000.00) to mail screening information to about one thousand (1000) providers.

Surveillance Plan

Goal: Maintain, refine, and strengthen the WV CLPPP active, centralized, lab-based, blood lead screening and surveillance system by enhancing the ability to identify screening rates and prevalence by county, and develop program activities using surveillance evidence. Enhance the capacity to track screening rates and prevalence in Medicaid-eligible children.

1. Objective (2005 to 2009): Increase collection of demographic information, including information about the county of residence, to at least eighty percent (80%) of all children screened for BLLs.

Activities :

a. Letters including a copy of reporting rules and regulations will be sent to primary care physicians requesting that they report the complete address for any child screened for a blood lead level beginning from1 July 2004 through 30 June 2005. The completeness of address information will be evaluated each quarter and another letter will be sent according to the need. The WV CLPPP is responsible for performance of this activity. Fiscal impact for this activity is two thousand dollars ($2,000.00) to mail letters to about one thousand (1000) providers.

b. The CLPPP and advisory committee will follow the progress of the implementation of Senate Bill 216, which includes in the rules and regulations for required reporting of all blood lead levels with demographic information beginning from 1 July 2004 through 30 June 2005.

c. Evaluate the status of the completeness of surveillance information and reporting issues and plan for additional activities to improve the reliability of CLPPP surveillance information between 1 October 2004 to 31 December 2004. The WV CLPPP and it's Advisory Committee are responsible for this activity.

d. Improve the quality of surveillance information and complete entry of demographic information in the CLPPP database by increasing electronic transfer of data from seventy percent (70%) to eighty percent (80%) by 30 June 2005, 85% by 2006, and 90% by 2008. The WV CLPPP is responsible for this activity. There will be no fiscal impact for this activity.

2. Objective (2005 to 2009): Provide a publication on childhood lead issues, which includes information about the trends of lead poisoning in high risk areas and populations and the impact of the targeted screening plan on lead poisoning identification.

Activities :

a. Update and publish an Epidemiological Snapshot on childhood lead poisoning issues that includes information on the distribution and trends of lead poisoning by 31 January 2005. Epidemiologist Syama Dasari will update the Snapshot.

b. Distribute the document annually to CLPPP partners, universities and health care providers, and solicit feedback from providers by 31 March 2005. The WV CLPPP is responsible for

printing and distributing the Epidemiological Snapshot. The fiscal impact for this activity is one thousand seven hundred fifty dollars ($1,750.00) for printing one thousand (1,000) copies of the Snapshot and two thousand dollars ($2,000.00) for mailing.

3. Objective (2005 to 2009): Support and maintain the capacity to use surveillance data linkage to monitor lead screening and prevalence for Medicaid-eligible children. Develop and distribute one (1) annual report document with screening rates and prevalence for Medicaid-eligible children. Evaluate and refine strategies to identify and prevent lead poisoning in Medicaid-eligible children.

Activities :

a. Collect the Medicaid eligibility file from 1 July 2004 to 30 June 2005 and match with CLPPP data for the same time period by 15 October 2004. Identify the screening rate and prevalence of elevated blood lead levels for Medicaid-eligible children by 30 November 2005. Disseminate collected information to CLPPP partners and providers. Programmer Ali Dabiri will assist in matching the data bases and Epidemiologist Syama Dasari will analyze the matched data to identify outcomes. There is no additional fiscal impact for this activity.

b. Match Medicaid-eligible data with CLPPP Surveillance data by 30 November 2005. Notify providers of those children not screened by 31 January 2005. Fiscal impact for activities a. and b. is two thousand dollars ($2,000.00) to mail information to one thousand (1000) providers.

c. By 1 January 2005, establish a memorandum of understanding with the WV Children's Health Insurance Program (CHIP) to share the CHIP- eligible file with CLPPP. Identify the screening rates and prevalence of lead poisoning in CHIP- eligible children and share the information with CLPPP Advisory Committee and CHIP organization. There will be no fiscal impact for this activity if the data is shared by mutual understanding.

d. Evaluate the outcomes and risk of childhood lead poisoning and review and refine the screening and prevention strategies in Medicaid-eligible and CHIP- eligible children with input and suggestions from the CLPPP Advisory Committee. There is no fiscal impact for this activity.

Assurance for Case Management

Goal: Support and promote continuous and timely team case management through concerted collaboration with the Office of Environmental Health Services (OEHS), local health departments and

laboratories, utilizing efforts to identify, reduce and eliminate all lead hazards in the environment of a child diagnosed with elevated BLL's. Maintain and continue the policy of receiving Medicaid reimbursement for environmental assessments provided to Medicaid-eligible children.

1. Objective (2005 to 2009): Ensure that one hundred percent (100%) of children reported with a BLL of ≥10µg/dl are referred to the Children with Special Health Care Needs (CSHCN) Program for follow-up services within seven (7) working days of receiving confirmation.

Activities:

a. The Children's Reportable Disease Program case manager will refer children with blood lead levels of ≥ 10 mcg/dl to the CSHCN Program for follow-up services through various child service programs (e.g. Birth to Three, WIC, Head Start, Department of Education-Special Education, etc.) within seven (7) working days of receiving elevated blood lead level confirmatory reports, beginning from 1 July 2004 through 30 June 2005. There is no fiscal impact for this activity because the CSHCN Program is located in the same office (OMCFH) as CLPPP and the referrals can be made with out mailing charges.

2. Objective (2005 to 2009): Provide environmental assessments and ensure identification of the source of lead poisoning among at least seventy-five percent (75%) of children referred for environmental investigations by 2006, eighty-five percent (85%) by 2007, and one hundred percent (100%) by 2008.

Activities:

a. The CLPPP case manager, using CLPP Project protocol, will refer children with elevated blood lead levels of >= 20mcg/dl or >= 15mcg/dl two times consecutively to the Office of Environmental Health Services (OEHS) for environmental assessment. Tony Turner will coordinate the assessment activities and the OEHS will provide environmental assessments. Lead hazard prevention education will be provided to families referred for environmental assessments from 1 July 2004 through 30 June 2005. Medicaid-eligible children will receive reimbursement for environmental assessments. The fiscal impact for this activity is thirty-seven thousand twenty-one dollars ($37,021.00) to cover fifty percent (50%) of the salary for Tony Turner and a sanitarian.

Primary Prevention

Goal: Building upon the WV Lead Abatement Act of 1998 and the Lead Screening Bill of 2002, partner with community and government resources to facilitate primary prevention activities of addressing old housing issues, and public education on improving/maintaining older housing.

1. Objective (2005 to 2009): Provide community education opportunities for one hundred percent (100%) of targeted high risk counties to support primary prevention education efforts for the high risk population, including pregnant women.

Activities:

a. Partner with the Birth Defects Program, local and State level organizations and primary care clinics to educate families in high risk areas about primary prevention of lead poisoning, and screening of young children to identify and prevent lead poisoning from 1 July 2004 through 30 June 2005. Develop an outreach program to demonstrate cleaning techniques for families under the care of at least two primary care clinics in one of the high risk counties. Compare outcomes in these two counties with other clinics in the same county. Tony Turner from the OEHS will coordinate these demonstrations. Fiscal impact to provide these demonstrations to at least fifty (50) families is five thousand dollars ($5,000.00).

b. Partner with the West Virginia Right From The Start Program's (RFTS) Designated Care Coordinators to educate pregnant women about primary prevention strategies and blood lead level screening. The Designated Care Coordinators will continue to provide information to pregnant women during prenatal visits from 1 July 2004 through 30 June 2005. Through the RFTS Program, infants receive home health visits until one year of age. RFTS personnel will be instructed to ask if the child has had a blood lead level screening before they sign off the case. Families will be encouraged to have their child's blood lead level tested and be referred to their primary care physician for an appointment from 1 July 2004 through 30 June 2005. Provide dust wipe kits to families in one of the high risk counties to identify any lead hazard sources in their homes. Tony Turner from the OEHS will coordinate activities to supply these kits to families and to clarify any concerns of families regarding lead hazard sources. Fiscal impact to provide dust wipe kits to at least fifty (50) families is two thousand two hundred fifty dollars ($2,250.00).

c. Provide Section 1018 residential lead based paint disclosure rule information to families in

high risk counties through health fairs, booth presentations, other community events, and during environmental assessments and case management.

2. Objective (2005 to 2009): Establish an agreement with county level housing organizations in the nine (9) high risk counties to share county specific screening and elevated blood lead level information. Identify funding opportunities at the local level to increase the availability of lead safe dwellings in the nine high risk counties.

Activities:

a. Contact county level housing organizations in the nine (9) high risk counties and share information about county specific risk factors and elevated BLLs by 30 September 2004. Identify funding opportunities to address old housing issues by 31 October 2004. Provide data to support a HUD grant application to at least one of these high risk counties. Tony Turner from the OEHS Division will coordinate these activities. The fiscal impact for this activity is four thousand five hundred dollars ($4,500.00) for travel, phone calls and mailing letters.

b. Identify funding opportunities to provide training for Risk Assessors/Inspectors, Lead Workers and Supervisors to facilitate lead hazard reduction activities in the nine (9) high risk counties by 30 July 2004. Educate the local housing authorities to identify resources to refresh these trainings. Fiscal impact for these activities in nine (9) high risk counties is thirty-seven thousand eight hundred dollars ($37,800.00).

c. Develop a plan to provide lead-safe dwellings through county level housing agencies in the proposed nine (9) high risk counties by 31 November 2004. Implement the plan in at least four high risk counties by July 2005.

Tony Turner from the OEHS will coordinate the above activities.

3. Objective (2005 to 2009): Provide lead hazard prevention education to one hundred percent (100%) of families in five high risk counties with available addresses who have children with a blood lead level of ≥5mcg/dl.

Activities:

a. From the CLPPP database, the CLPPP Programmer will identify those children with blood lead levels of >=5 mcg/dl and provide information on a weekly basis to the Case Manager

from 1 July 2004 through 30 June 2005. .

b. The CLPPP will send lead poisoning prevention educational packets to all families with available addresses who have children with a blood lead level of ≥5mcg/dl in at least five (5) high risk counties. Pregnant women and siblings living in the source house will be encouraged to get a BLL screening as well, from 1 July 2004 through 30 June 2005. Evaluate and compare the impact of education to these families.

Educating this target group about lead poisoning prevention measures assists in primary prevention of lead poisoning in these children. Fiscal impact for these activities is seven thousand five hundred dollars ($7,500.00) to mail educational packets to at least two thousand five hundred (2500) families.

4. Objective (2005 to 2009): Evaluate the impact of primary prevention efforts in the nine (9) high risk counties for further planning of lead hazard reduction activities.

Activities:

a. Identify the outcomes of lead poisoning prevention efforts in the nine (9) high risk counties by 30 June 2005.

b. Disseminate information about the outcomes of primary prevention efforts to providers, partners at the local level, and CLPPP Advisory Committee members and solicit feed back from partners by 30 June 2005. Fiscal impact for this activity is two thousand dollars ($2,000.00) for mailing information to at least two thousand (2000) providers and local housing agencies.

c. Review the primary prevention activities for lead hazard reduction in targeted counties and revise as indicated to meet goals by 30 June 2005.

The CLPPP is responsible for the above activities.

Evaluation Plan

The impact of Project activities will be evaluated in light of established goals and objectives. The blood lead level screening data for children less than six (6) years of age, case management, and environmental assessment data will be used to measure the established objectives and evaluate Project impact. Outcomes, such as screening rates, elevated blood lead levels of ≥10mcg/dl and prevalence of elevated blood lead levels will be monitored over time to measure progress.

CLPPP intends to use evaluation outcomes for the following activities:

a. Estimate the extent of the childhood lead poisoning problem by county, identify high risk areas, and focus on screening and educational activities in these areas.

b. Increase awareness of providers about childhood lead poisoning problems in their county by dissemination of county specific screening rates and prevalence information to providers

c. Estimate the lead poisoning problem and refine prevention strategies in Medicaid-eligible children.

d. Target primary prevention activities in high risk areas.

e. Evaluate the occurrence of elevated blood lead levels in owner occupied homes versus rental homes.

WV CLPPP Epidemiologist Syama Dasari will perform the evaluation and present the results to the CLPPP Advisory Committee. Epidemiological activities are included in the budget under salaries. Evaluation results will be used to review and refine the childhood lead poisoning elimination plan. Beginning on 1 July 2004, the CLPPP elimination plan evaluation information will be provided to partners for review and suggestions.

Appendix

Table 1: Predicted High Risk Counties for Childhood Blood Lead Poisoning (According to the Risk Factors: Percent of Old Housing, Percent of Poverty and Percent of Population Under 6 years of Age)

McDowell	Wetzel	Wood
Webster	Harrison	Marshall
Clay	Doddridge	Preston
Calhoun	Ritchie	Gilmer
Taylor	Cabell	Tyler
Mingo	Wyoming	Boone
Braxton	Lincoln	Roane
Ohio	Lewis	Randolph
Fayette	Barbour	Mercer
	Nicholas	

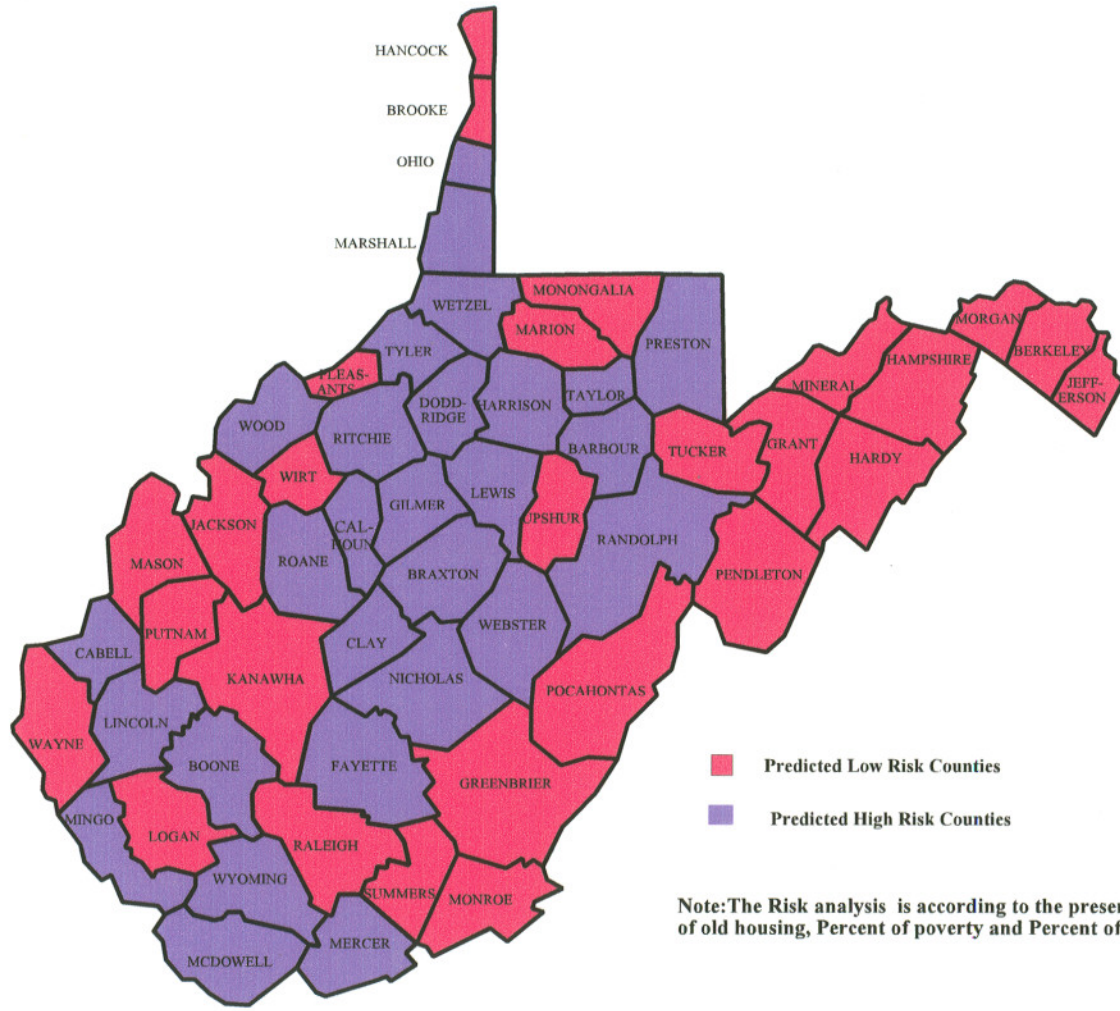
Table 2: Counties With Prevalence of Elevated Blood Lead Levels ≥ = 20 per 1000 and Blood Lead Screening Rate (%) ≤= 9% (0-72 Months of Age)

Berkeley	Lewis	Ritchie
Braxton	Lincoln	Roane
Brooke	Marion	Summers
Cabell	Marshall	Taylor
Doddridge	McDowell	Tyler
Gilmer	Monongalia	Upshur
Hancock	Ohio	Webster
Harrison	Pleasants	Wetzel
Jackson	Preston	Wood

Table 3: Number of Blood Lead Level Screening & (%) Screening By Year (Children 0-72 Months)			
Year of Screening	**Number Of Children Screened**	**Overall Population**	**Percent Screened**
07/01/1995 - 06/30/1996	6,768	122,311	5.53
07/01/1996 - 06/30/1997	10,806	122,311	8.83
07/01/1997 - 06/30/1998	10,575	122,311	8.65
07/01/1998 - 06/30/1999	6,890	122,311	5.63
07/01/1999 - 06/30/2000	9,658	122,919	7.86
07/01/2000 - 06/30/2001	9,429	122,919	7.67
07/01/2001 - 06/30/2002	12,176	122,919	9.9
07/01/2002 - 06/30/2003	12,071	122,919	9.8
Average Annual Number of Screenings 07/01/95 to 6/30/03	9,797	122,615	8

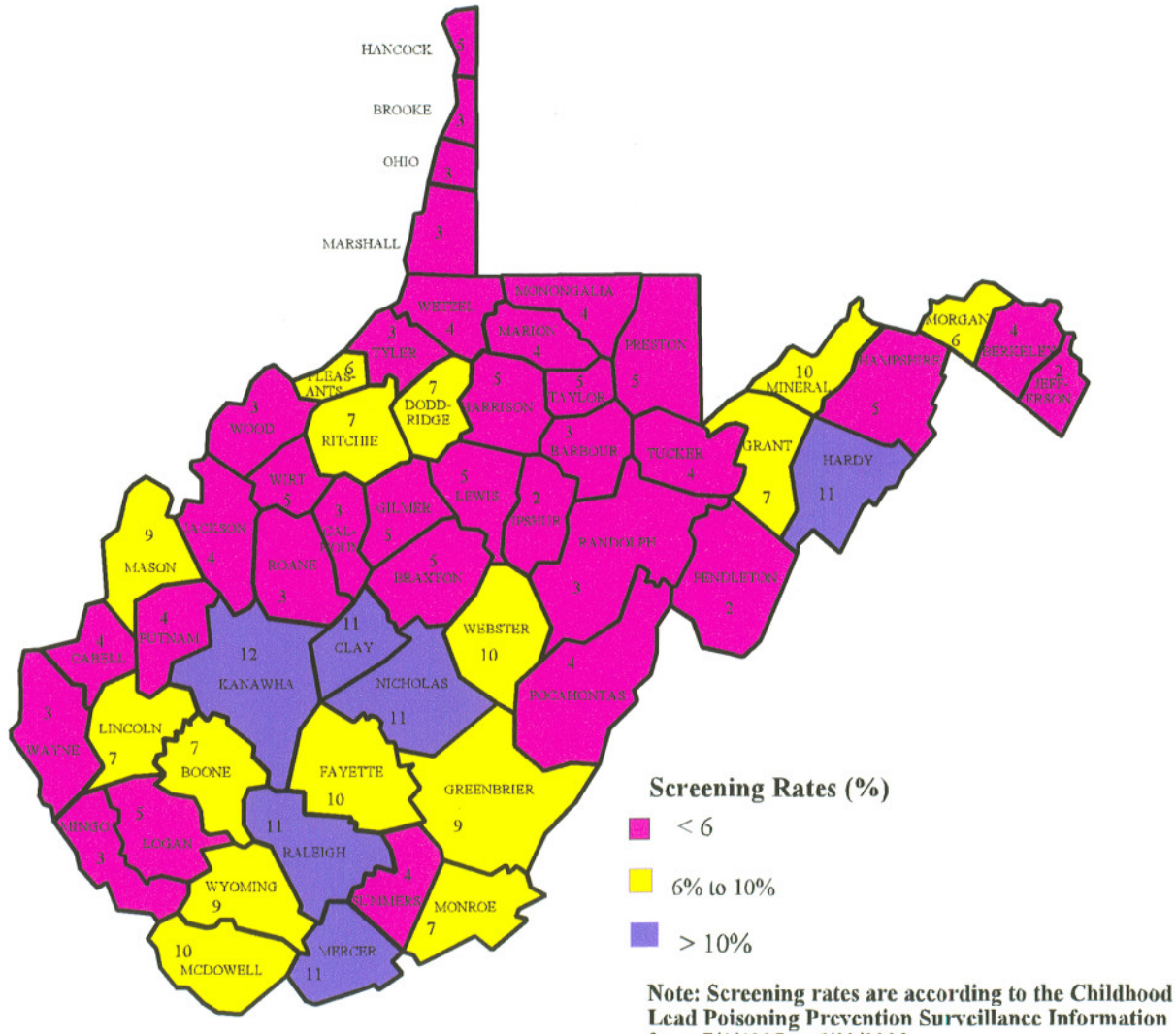
Table 4: Blood Lead Level Screening Rates by Year (Age: 6 to 24 Months)				
Year	Age	Number of Children Screened	Number eligible Children (POP 1999)	Percent Screened
07/01/1995-06/30/1996	6 to 24	3,054	29,072	10.5
07/01/1996-06/30/1997	6 to 24	5,238	29,072	18
07/01/1997-06/30/1998	6 to 24	5,317	29,072	18
07/01/1998-06/30/1999	6 to 24	3,961	29,072	13.6
07/01/1999-06/30/2000	6 to 24	6,140	30,047	20
07/01/2000-06/30/2001	6 to 24	6,397	30,047	21.3
07/01/2001-03/31/2002	6 to 24	7,935	30,047	26.4
07/01/2002-06/30/2003	6 to 24	7,984	30,047	26.5

Map 1:Predicted High Risk And Low Risk Counties For Childhood Lead Poisoning



Note:The Risk analysis is according to the presence of Risk Factors : Percent of old housing, Percent of poverty and Percent of population

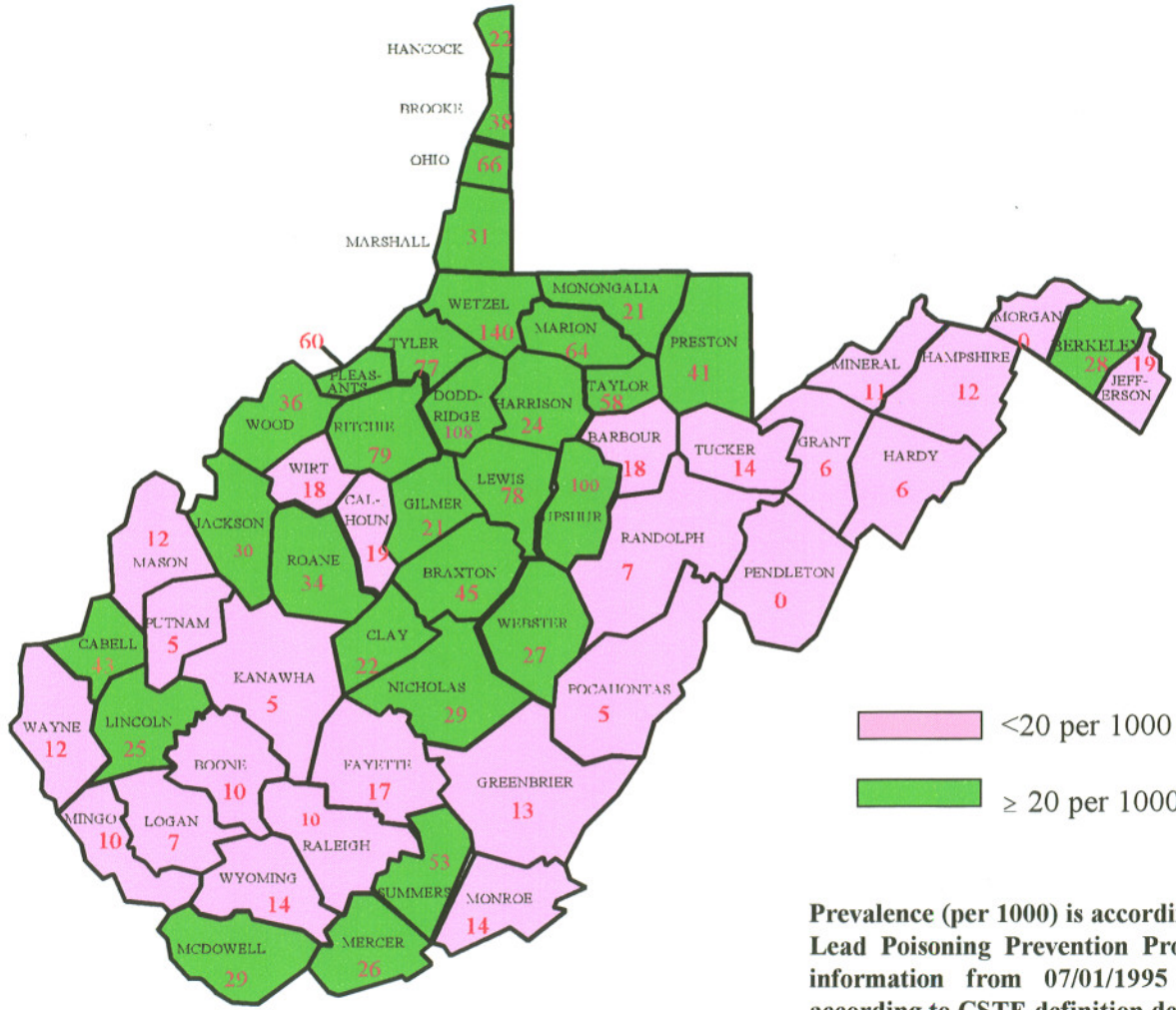
Map 2 : Screening Rates (%) For Blood Lead Levels (Children 0-72 months) By County



Note: Screening rates are according to the Childhood Lead Poisoning Prevention Surveillance Information from 7/1/1995 to 6/30/2003

WVDHHR/BPH/OMCFH/REP/CRD/CLPPP/SEP03

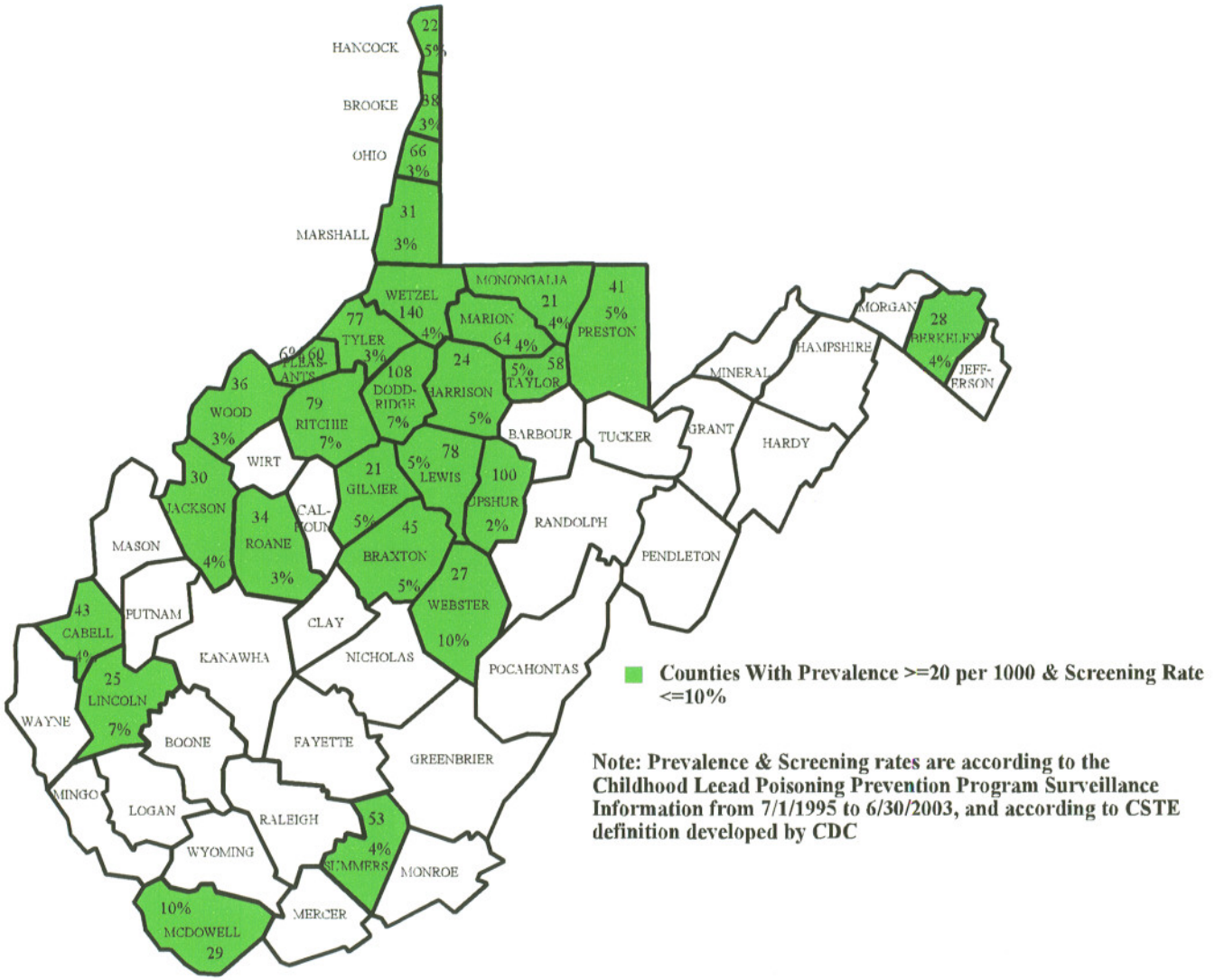
Map 3: Prevalence (Per 1000) Of Elevated Blood Lead Levels By County



Prevalence (per 1000) is according to the Childhood Lead Poisoning Prevention Program Surveillance information from 07/01/1995 TO 6/30/03 and according to CSTE definition developed by CDC. Numbers indicate prevalence per 1000 in that county.

WVDHHR/BPH/OMCFH/CLPPP/SEP2003

Map 4: Counties With Prevalence >=20 per 1000 & Screening Rate <=10%



Note: Prevalence & Screening rates are according to the Childhood Leead Poisoning Prevention Program Surveillance Information from 7/1/1995 to 6/30/2003, and according to CSTE definition developed by CDC

Support Letters

WEST VIRGINIA POISON CENTER

Poison Information and Emergency:
Charleston; (304) 388-4211
State Wide; 1-800-222-1222

Administration:
(304) 347-1212
Fax (304) 388-9560
Website: wvpoisoncenter.org

Robert C. Byrd Health Sciences Center of West Virginia University, Charleston Division, 3110 MacCorkle Ave. S.E., Charleston, WV 25304

June 11, 2004

Syama Dasari, MPH
Epidemiologist, Children's Reportable Diseases Program
Office of Maternal Child and Family Health Bureau
WV Bureau for Public Health
350 Capitol Street
Room 439
Charleston, West Virginia 25301

Dear Dr. Dasari:

The purpose of this letter is to confirm the West Virginia Poison Center's (WVPC) continued support for the Childhood Lead Poisoning Prevention Program. Specifically, the WVPC will support the submitted Lead Elimination Strategic Plan for West Virginia.

As you are aware, the WVPC demonstrates is support by attending and participating in Lead Task Force meetings and in evaluating documents submitted to the Task Force between meetings to review. The WVPC continues to provide lead poisoning prevention information to the general public. In addition, the WVPC continues to provide lead treatment consultations to the general public and health care providers upon request.

I believe the Childhod Lead Poisoning Prevention Program is capable of following through on its lead poisoning elimination plan. For this reason, the WVPC looks forward to further collaboration with this program and your office.

Sincerely,

Elizabeth J. Scharman

Elizabeth J. Scharman, Pharm.D., ABAT, BCPS, FAACT
Director, West Virginia Poison Center
Professor, West Virginia University School of Pharmacy; Dept. Clinical Pharmacy

Mercer County Board of Health

Kathleen E. Wides, M.D.
Health Officer

June 14, 2004

Syama Dasari, MPH, Epidemiologist
Children's Reportable Diseases Program
Office of Maternal and Child and Family Health
Room 439
350 Capitol St.
Charleston, WV 25301

Dear Ms. Dasari:

It is with great pleasure that I write this letter of support for the West Virginia Strategic Plan for the Elimination of Childhood Lead Poisoning. The Mercer County Health Department hopes to continue our ongoing efforts in working together in educating Mercer County Residents about screening and prevention activities, to prevent lead poisoning in young children.

We appreciate as well, the numerous pamphlets and coloring books given to the Right From the Start clients and Medicaid eligible families that have been provided by the Childhood Lead Poisoning Prevention Project.

Good luck in your future efforts.

Sincerely,

Melody Rickman RN BSN

Melody Rickman, RN, BSN
Administrator

Route 2, Box 382 · Bluefield, West Virginia 24701
Phone (304) 324-8367 · Fax (304) 324-8843 · E-mail: mail@mercerboh.org

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Bob Wise
Governor

Paul L. Nusbaum
Secretary

June 8, 2004

Syama Dasari, MPH, Epidemiologist
Children's Reportable Dieases Program
Office of Maternal and Child and Family Health
Room 439
350 Capitol street
Charleston, WV 25301

Dear Ms. Dasari:

It is with great pleasure that I write this letter of support for the West Virginia Strategic Plan for the Elimination of Childhood Lead Poisoning. The Office of Nutrition Services, Bureau for Public Health hopes to continue our ongoing efforts in working together in educating WIC families about screening and prevention activities, to prevent lead poisoning in young children.

We appreciate as well, the numerous pamphlets and coloring books given to the our WIC moms and children that have been provided by the Childhood Lead Poisoning Prevention Project.

Good luck in your future efforts.

Sincerely,

Denise Ferris

Denise Ferris, RD, LD, Dr.PH
Director, Office of Nutrition Services

DF:sd

OFFICE OF NUTRITION SERVICES
350 Capitol Street, Room 519, Charleston, West Virginia 25301-3717
Telephone: 304-558-0030 Fax: 304-558-1541

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Bob Wise
Governor

June 10, 2004

Paul L. Nusbaum
Secretary

Syama Dasari, Director
West Virginia Lead Poisoning Prevention Project
Office of Maternal, Child and Family Health
350 Capitol Street, Room 439
Charleston, West Virginia 25301

Dear Ms. Dasari:

The Office of Environmental Health Services, Radiation, Toxics and Indoor Air Division, Lead Program is pleased to support the West Virginia Childhood Lead Poisoning Prevention Project (CLPPP) Strategic Plan for the Elimination of Childhood Lead Poisoning. We will continue our collaboration with the Office of Maternal, Child and Family Health's CLPPP to implement this plan's strategies for the prevention and reduction of childhood lead poisoning in West Virginia.

Working with and receiving support from your office has allowed our Lead Program to conduct environmental lead assessments of housing where children with documented elevated blood lead levels reside. These environmental lead assessments permit our inspector to locate sources of lead and make recommendations on reducing or eliminating possible lead hazards. In addition, this partnership has assisted us in the development of our educational and outreach program which enhances public awareness to the dangers of lead. We feel that these activities will be beneficial to accomplishing the goals set forth in the CLPPP's Strategic Plan for the Elimination of Childhood Lead Poisoning

Again, the Office of Environmental Health Services, Radiation, Toxics and Indoor Air Division's Lead Program is pleased to cooperate with CLPPP and acknowledge the important role that their plan will play in the prevention of childhood lead poisoning. If we can be of any additional assistance, please contact Tony Turner or myself at this office.

Sincerely,

Randy C. Curtis

Randy C. Curtis, P.E., Director
Radiation, Toxics and Indoor Air Division

pc: Barbara Taylor
Tony Turner

RADIATION, TOXICS AND INDOOR AIR DIVISION
815 Quarrier Street, Suite 418
Charleston, West Virginia 25301-2616
Telephone: 304-558-2981 Fax: 304-558-1289

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

MEMORANDUM

To: Syama Dasari, Epidemiologist
Research Division

From: Dan McCague, Director
EPSDT HealthCheck Program

Subject: WV Strategic Plan for the Elimination of Childhood Lead Poisoning

Date: June 18, 2004

I heartily support the West Virginia Childhood Lead Poisoning Prevention Program (WV CLPPP) and the WV Strategic Plan for the Elimination of Childhood Lead Poisoning dated January 2004.

HealthCheck is the West Virginia name for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program. During federal Fiscal Year 2003, West Virginia had 216,516 individuals eligible for EPSDT. That is slightly less than half of all the children in West Virginia. EPSDT provides for lead risk assessments for young children and blood lead level testing at 12 months, 24 months and up to 72 months of age if the child has never been screened for children covered under Medicaid. The West Virginia Childhood Lead Poisoning Prevention Program however, is directed towards prevention of lead poisoning in 100% of West Virginia's children, which is a notable public health effort.

The WV Strategic Plan for the Elimination of Childhood Lead Poisoning is using statistically significant epidemiological data to address the higher potential threats to children's health in West Virginia due to lead poisoning, regardless of children's health insurance coverage. This is a sound management approach to a potential public health problem which I support.

DM/sls

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
Bureau for Public Health
350 Capitol Street, Room 427
Charleston, West Virginia 25301-3714
Phone: (304) 558-5388 Toll-Free (In WV): 1-800-642-8522 or 1-800-642-9704 FAX: (304) 558-4984

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

June 28, 2004

Syama Dasari MPH
Epidemiologist
West Virginia Bureau for Public Health
Children's Reportable Diseases
350 Capitol Street; Room 427
Charleston, WV 25301-1757

Dear Ms. Dasari:

The West Virginia Bureau for Public Health, Office of Laboratory Services, has reviewed the proposed plan and is pleased to support the West Virginia Childhood Lead Poisoning Prevention Program (CLPPP) administered by the Children's Reportable Disease Program operated by the Office of Maternal, Child and Family Health, West Virginia Bureau for Public Health. The Office of Laboratory Services will serve on the Advisory Board for the CLPP and provide technical consultation and advice regarding laboratory testing for blood lead.

Very truly yours,

Andrea M. Labik, Sc. D.
Director, Office of Laboratory Services

BUREAU FOR PUBLIC HEALTH
OFFICE OF LABORATORY SERVICES
167 11th Avenue
South Charleston, West Virginia 25303-1137

Phone: (304) 558-3530 **FAX: (304) 558-2006**

Blood Lead Level Screening Plan
West Virginia Childhood Lead Poisoning Prevention Program

Introduction:

The West Virginia Childhood Lead Poisoning Prevention Program (CLPPP) developed the lead screening plan targeting resources to impact the largest number of children zero (0) to seventy-two (72) months of age at high risk for lead poisoning. Children are screened in provider facilities such as community health centers, private practitioner offices, federally qualified health centers, local health departments, etc. Blood lead results are reported by laboratories and clinics to the West Virginia Childhood Lead Poisoning Prevention Surveillance Program. Providers are required to report all blood lead levels with complete demographic information. The screening rate by county is tracked and reported to providers in high risk counties. Additional screening activities will be planned according to evaluation results from high risk counties and groups.

Senate Bill 216 was passed in January of 2002 and requires systematic screening of children for early identification and prevention of lead poisoning in children zero (0) to seventy-two (72) months of age (see appendix). The rules and regulations specific to this legislation were passed in April of 2004 (see appendix).

Current surveillance information from 1 July 2000 to 30 June 2003 was used to identify those West Virginia counties at high risk for childhood lead poisoning. Medicaid-eligible and CHIP-eligible children are considered to be high risk groups for childhood lead poisoning. The following is a detailed explanation of the screening plan.

- All children zero (0) to seventy-two (72) months of age need to be screened at one (1) year and again at two (2) years of age using a risk assessment. Children thirty- six (36) to seventy-two (72) months of age should also be screened if they have not been screened previously.

- The risk assessment needs to be recorded in each child's medical record at the physician's office and include the date of screening, the child's complete address, the location where the screening was conducted and the name of the physician.

- If a child is determined to be at risk for lead poisoning, the health care provider should perform or authorize a blood test to identify the blood lead level.

- For best results, an initial elevated blood lead level of ≥ 10 mcg/dl should be confirmed with a venous blood specimen.

- A questionnaire for risk assessment is attached to this document as well as a lead risk assessment form utilized by the WV HealthCheck Program (see appendix).

- Medicaid requires that all Medicaid-eligible children zero (0) to seventy-two (72) months of age receive blood lead testing at twelve (12) months and twenty-four (24) months of age regardless of the results of the lead risk assessment or previous test results.

- If a Medicaid-eligible child has not been tested by thirty-six (36) to seventy-two (72) months

of age, a blood lead test is required regardless of negative risk assessments.

- Based on a combination of current surveillance information from Fiscal Year 2001 to Fiscal Year 2003 and risk predictions, eight (8) counties were selected for targeted screening and primary prevention activities. These eight (8) counties include Cabell, Wood, Berkeley, Wetzel, Raleigh, Ohio, Harrison and Marion. Kanawha County was also selected for inclusion in the Fiscal Year 2005 grant due to the fact that current screening information demonstrated that this county has the greatest percentage of children ≥ six (6) years of age in West Virginia and the highest number of elevated blood lead levels.

Blood Lead Level Screening Education to Public and Providers:

- In order to provide education about State-wide lead screening and implement the screening plan effectively, the WV CLPPP will continue the practice of collaborative efforts with the Advisory Committee's assistance to determine program direction. Booth presentations and screening activities will be performed in the nine (9) high risk counties. Public and provider education on the importance of screening will be provided in these counties by our Division Educator, as well as through various State and local organizations such as the HealthCheck Program, the Children's Special Care Needs Program, the WV SIDS Prevention Program, Automated Health System, the CHIP Outreach Program, WV Poison Control Center, the Office of Environmental Health Services, Managed Care organizations such as Care Link,

local health departments, the WV Immunization Program, Family Resource Networks, the Resource and Referral Network, the WIC Program, etc.

The State-wide targeted screening plan will be evaluated in the first quarter of the following Fiscal year and presented to the CLPPP Advisory Committee for comments and suggestions.

Appendix

West Virginia Childhood Lead Poisoning Prevention Program Screening Plan Risk Assessment Questionnaire*		
DID CHILD:	**YES**	**NO**
1. Live in or regularly visit a house with peeling or chipping paint built before 1978 (includes day care centers, pre-schools, baby sitter, relatives)?		
2. Live in or regularly visit a house built before 1978 with recent ongoing or planned renovation or remodeling?		
3. Live in a house with plumbing made of lead pipes or copper with lead solder joints?		
4. (a.) Take any home or folk remedies which may contain lead? (b.) Eat or drink from pottery or dishes that may contain lead which are imported from other countries?		
5. Have a brother, sister, house mate or playmate being followed or treated for lead poisoning (blood lead level ≥ 10 mcg/dl)?		
6. (a) Live with or have frequent contact with an adult whose job or hobby involves exposure to lead? Eg: Any family member involved in work such as remodeling old housing. (b) Is any one in your home exposed to lead at work such as : smelter, brass foundry, radiation repair, motor vehicle batteries, oil rigs, paint or pigments, ammunition / firing range, demolition, home /building remodeling or repair, paint remodel, soldering, glass products? Any one with hobbies involving ceramic glazes, oil paints, furniture refinishing, fishing weights, ammunition, metal toy solders, stained glass.		
7. (a.) Live near a heavily traveled major highway; (b.) an active lead smelter; (c.) pottery recycling plant; (d.) other industry where dust and soil may be contaminated with lead?		
8. Enrolled in Medicaid or Children's Health Insurance Program (CHIP)?		
9. Live in the following counties (high risk counties): Cabell, Wood, Berkeley, Wetzel, Raleigh, Ohio, Harrison, Marion, Kanawha		
10. Does your child mouth or chew on any non-food item such as: chewing on window sills or woodwork, doors etc, or put fingers or any other items in their mouth?		

* If the answer is yes to any one of the above questions, the child should receive a blood lead level test

ENROLLED

Senate Bill No. 216

(By Senators Redd, Burnette, Caldwell, Hunter, Minard, Rowe, Snyder, Wooton, Facemyer, Mitchell and Anderson)

[Passed march 9, 2002; in effect ninety days from passage.]

AN ACT to amend article thirty-five, chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new section, designated section four-a, relating to the screening of children under six years of age for lead poisoning.

Be it enacted by the Legislature of West Virginia:

That article thirty-five, chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new section, designated section four-a, to read as follows:

ARTICLE 10. LEAD ABATEMENT.

§16-35-4a. Duty of director to establish program for early identification of lead poisoning in children.

(a) The director shall establish a program for early identification of cases of lead poisoning. The program shall include a systematic screening of all children under six years of age for the presence of lead poisoning. The director shall, after

consultation with recognized professional medical groups and such other sources as he deems appropriate, propose legislative rules establishing: (1) The means by which and the intervals at which children under six years of age shall be screened for lead poisoning; and (2) guidelines for the medical follow-up of children found to be lead poisoned. Such identification program shall, to the extent that all children residing in this state are not systematically screened, give priority in screening to children residing, or who have recently resided, in areas where significant numbers of lead poisoning cases have recently been reported or where other reliable evidence indicates that significant numbers of lead poisoning cases may be found. If the director is informed of any person having a medically confirmed elevated blood-lead level, the director shall cause to have screened all other children under six years of age, and such other children as he or she finds advisable to screen, residing or recently residing in the household of the victim, unless the parents of such child object to the screening because it conflicts with their religious beliefs and practices. The results of the screenings shall be reported to the director, to the person or agency reporting the original case and to such other persons or agencies as the director deems advisable.

(b) The director shall maintain comprehensive records of all screenings conducted pursuant to this section. The records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The records shall be public records, except that the names of screened individuals

may not be public. A summary of the results of all screenings conducted pursuant to this section shall be released quarterly, or more frequently if the director so determines, to all interested parties.

(c) All cases or probable cases of lead poisoning, as defined by legislative rule proposed by the director, found in the course of screenings conducted pursuant to this section shall be reported immediately to the affected individual, to a child's parent or legal guardian if the child is a minor, and to the director. The director shall inform such persons or agencies as the director determines is advisable of the existence of the case or probable case of lead poisoning.

WEST VIRGINIA
SECRETARY OF STATE
JOE MANCHIN, III
ADMINISTRATIVE LAW DIVISION

Do Not Mark In This Box

FILED

2004 APR 29 P 3:05

OFFICE WEST VIRGINIA
SECRETARY OF STATE

Form #6

NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE

AGENCY: DHHR - Bureau for Public Health TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES ____ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 42

TITLE OF RULE BEING PROPOSED: Childhood Lead Screening

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) HB 4205

SECTION 2(f), PASSED ON March 13, 2004

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE FOLLOWING DATE: April 29, 2004

Paul L McGee

Authorized Signature

TITLE 64
WEST VIRGINIA LEGISLATIVE RULE
BUREAU FOR PUBLIC HEALTH
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 42
CHILDHOOD LEAD SCREENING

§64-42-1. General.

1.1. Scope. – This rule establishes and implements a statewide childhood lead poisoning screening and identification program. This rule should be read in conjunction with W. Va. Code §16-35-4a, -35, 16-1-17 and -18. The W. Va. Code is available in public libraries and on the Legislature's web page, http://www.legis.state.wv.us/.

1.2. Authority. – W. Va. Code §§ 16-1-4 and 16-35-4a.

1.3. Filing Date. – December 8, 2003

1.4. Effective Date. – March 13, 2004

§64-42-2. Application and Enforcement.

2.1. This rule applies to all physicians, hospitals, health care facilities, and health care providers who conduct or oversee medical examinations of children under the age of six (6) years.

2.2. Enforcement – This rule is enforced by the Commissioner of the Bureau for Public Health.

§64-42-3. Definitions.

3.1. Bureau. - The West Virginia Bureau for Public Health.

3.2. Commissioner. - The Commissioner of the Bureau for Public Health.

3.3. Elevated Blood Lead Level. – A concentration of lead in the blood stream as defined in the reference manual provided by the United States Centers for Disease Control and Prevention, "Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," 2002.

3.4. Health Care Provider. – A physician, or his or her designee, at any medical facility, including but not limited to, private clinics, health departments, and hospitals.

3.5. Laboratory. – A facility or place, however, named, for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, crytological, pathological,

or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of human beings and is participating in the United States Centers for Disease Control and Prevention blood lead laboratory proficiency program.

3.6. Screening. – The assessment of a child's environment and social conditions to determine risk for lead poisoning.

§64-42-4. Protocol for Screening of Children.

4.1. West Virginia health care providers shall, to the greatest extent possible, screen all children before the age of six (6) years for risk of elevated blood lead levels in accordance with the United States Centers for Disease Control and Prevention reference, "Screening Young Children for Lead Poisoning: Guidance for State and Local Officials," November, 1997.

4.1.a. All children shall be screened using a risk assessment at one (1) year and again at two (2) years of age, and children thirty-six (36) to seventy-two (72) months of age if they have not been screened previously; and

4.1.b. The risk assessment screening shall be recorded in each child's medical record at the physician's office. This information shall include the date of screening, the child's address, the location where the screening was conducted and the physician's name.

4.1.c. If a child is determined to be at risk for lead poisoning, the health care provider shall perform or authorize a blood test to identify the blood lead level.

4.2. The protocol for confirmation of elevated blood lead levels shall be in accordance with the United States Centers for Disease Control and Prevention reference, "Managing Elevated Blood-Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," March, 2002.

§64-42-5. Follow-up Testing and Information.

5.1. In addition to the follow-up testing prescribed in WV Code §16-35-4a, when a child's results are confirmed as an elevated blood lead level, the Bureau for Public Health shall advise pregnant women residing at the same address of the need to be tested as soon as possible.

5.2. The health care provider shall provide all information concerning a child's blood lead level to the legal parent or guardian and other agencies involved in lead poisoning testing.

5.3. The Bureau shall refer children with elevated blood lead levels to the following services:

5.3.a. Children with blood lead levels of greater than or equal to ten (10) micrograms per deciliter shall be referred to Children's Specialty Care, a program offered by the

Office of Maternal, Child and Family Health in the Bureau, within ten (10) days of confirmation;

5.3.b. Children with two (2) consecutive blood lead levels of greater than or equal to fifteen (15) micrograms per deciliter, and children with blood lead levels of greater than or equal to twenty (20) micrograms per deciliter shall be referred to environmental assessments and nurse home visits within two (2) days of confirmation; and

5.3.c. All children with elevated blood lead levels of greater than or equal to ten (10) micrograms per deciliter shall have a follow-up blood lead level screening every three (3) months.

§64-42-6. Reporting Requirements.

6.1. The Bureau shall review this program at least every three (3) years and make available to all interested parties a summary of the quarterly testing results, beginning in July of the effective year of this rule.

§64-42-7. Samples Submitted to a Laboratory.

7.1. The health care provider shall submit all blood samples to a laboratory for analysis.

7.2. When submitting blood samples, the health care provider shall include a laboratory requisition obtained from the Bureau that contains the child's name, address, the county of residence, the name and address of the physician who completed the screening, and other information requested on the form.

7.3. Laboratories processing blood lead samples for analysis shall submit all required data to the Bureau within seven (7) working days of analysis, or sooner if available.

§64-42-9. Confidentiality.

9.1. Records received and information assembled by the Bureau are confidential medical records and shall not be disclosed except as permitted by law.

9.2. Reports published using statistical compilations relating to childhood lead poisoning may not in any manner identify individual patients, individual addresses, or individual enforcement action, or be reported for such small geographic areas or other categories with few entries that a person could, with other publicly available information, reasonably be able to identify the patients.

§64-42-10. Enforcement Action.

10.1. The Commissioner may investigate all suspected violations of this rule or of W. Va. Code §16-35-1 et seq., and upon the finding of a violation in connection with this rule, the Commissioner shall initiate appropriate enforcement action.

§64-42-11. Penalties.

11.1. Any person who violates the provisions of W. Va. Code §16-35-4a or this rule is subject to the penalties provided in W. Va. Code §16-1-17 and 16-35-13.

§64-42-12. Administrative Due Process.

12.1. Those individuals adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests, or privileges shall do so in a manner prescribed in the division of health, Rules and Procedures for Contested Case Hearing and Declaratory Ruling, 64CSR1.