

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Environmental Health Section

### EHS Circular Letter #2012-66

To: Local Health Directors and Chief Sanitarians  
Childhood Lead Poisoning Prevention Partners

From: CT DPH Childhood Lead Poisoning Screening Advisory Committee

Date: November 14, 2012

Subject: The Centers for Disease Control and Prevention (CDC) Lead Reference Value

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On May 16, 2012 the CDC published a formal response to the recommendations made by the CDC Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP). In short, the recommendations made by the CDC ACCLPP included (1) the elimination of the use of the term “blood lead level of concern,” (2) the establishment of a new “reference value” for identifying and managing children exposed to lead, (3) the call for additional research to develop and evaluate interventions that effectively maintain children’s blood lead levels below the newly established “reference value,” and (4) a greater involvement of clinicians in identifying and educating families. A copy of the ACCLPP report and the CDC’s formal response can be found at [http://www.cdc.gov/nceh/lead/ACCLPP/acclpp\\_main.htm](http://www.cdc.gov/nceh/lead/ACCLPP/acclpp_main.htm). This shift in national policy re-emphasizes the need to prevent childhood lead poisoning.

The reference value was recommended by the CDC ACCLPP based on compelling evidence that IQ deficits, attention-related behaviors and poor academic achievement are associated with low blood lead levels. The finding is further supported by the research paper entitled, *The Impact of Early Childhood Lead Exposure on Educational Test Performance among Connecticut Schoolchildren* that can be found on the CT State Department of Education website: [http://www.sde.ct.gov/sde/lib/sde/pdf/deps/student/health/linking\\_lead\\_and\\_education\\_data.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/student/health/linking_lead_and_education_data.pdf).

The current reference value is 5 micrograms per deciliter (µg/dL) of lead in blood. The CDC ACCLPP based the reference value on data from the National Center for Environmental Health, *National Exposure Report* (i.e., NHANES survey report) for the population of children aged 1-5 years in the U.S. whose blood lead levels are in the highest 2.5% of children tested. Because of these policy declarations by the CDC and its advisory committee, the CT DPH has convened its Childhood Lead Poisoning Prevention Screening Advisory Committee, to



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determine the appropriate recommendations for childhood lead screening in CT and follow-up care. The CT DPH Childhood Lead Poisoning Screening Advisory Committee members include representatives from local health departments/districts, the medical community, the educational community, and social services programs. Connecticut General Statutes (CGS) section 19a-111 requires the DPH to establish guidelines consistent with the CDC for assessment of the risk of lead poisoning, screening for lead poisoning, and treatment and follow-up care of individuals, particularly children. Furthermore, CGS 19a-111g requires that each primary care provider giving pediatric care in this state shall conduct lead screening and follow-up care in accordance with the *Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut*.

Currently, the two regional lead treatment centers are managing childhood lead cases that exceed the CDC established reference value of 5 µg/dL. Pediatricians and local health departments can seek guidance from the regional lead treatment centers for such cases. The Yale-New Haven Regional Lead Treatment Center, serving southern Connecticut, can be reached at (203)764-9106. The Hartford Regional Lead Treatment Center serving the Northeastern region of Connecticut can be reached at (860) 714-4792. The Hartford Regional Lead Treatment will see patients at Saint Francis Hospital and Medical Center, and at the Connecticut Children's Medical Center ambulatory clinics.

We will provide you with further policy updates, as they develop, so that you can provide the appropriate care to lead poisoned children.

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