

GOVERNMENT OF THE DISTRICT OF COLUMBIA

District Department of the Environment



Office of the Director

April 7, 2015

Dear Medical Provider,

As the agency responsible for preventing childhood lead poisoning in the District of Columbia, the District Department of the Environment wants to remind you of the important role physicians play to ensure children are tested for lead exposure at the appropriate times. We'd also like to offer our assistance, if needed, in troubleshooting the barriers that may be preventing more children from being screened in a timely manner at your practice.

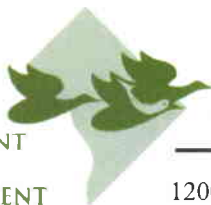
The District's childhood lead screening requirements are found in D.C. Official Code § 7-871.03(b):

“A health care provider or facility shall, unless parental consent is withheld or an identical test has already been performed within the last 12 months, perform a blood test for lead poisoning on every child who resides in the District of Columbia as part of a well-child care visit, once between 6 months and 14 months, and a second time between ages 22 months and 26 months. If a child's age exceeds 26 months, and a blood lead screening has not been performed, the child shall be screened twice prior to the age of 6 years.”

The law requires doctors to ensure that every child living in the District of Columbia is screened for lead exposure at their well-child care visits, once when the child is between 6 and 14 months old, and a second time between ages 22 and 26 months.

We need your help. Too many District children are not getting screened for lead exposure. As you probably know, lead-based paint was commonly used in housing built before 1978. This represents the majority of the District's housing stock. Moreover, it is easy for a child to ingest lead. The most common way children get exposed is through lead dust -- tiny particles of lead released over time from lead paint, whether through renovation work on older homes, or through ordinary wear and tear. Lead dust is ingested when children put their fingers in their mouth, after playing on floors or after touching window sills, both of which are places where particles of lead dust are frequently found.

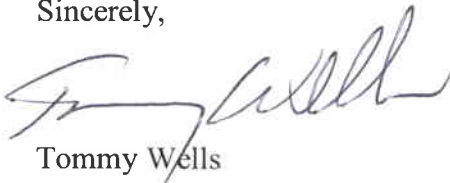
In 2012, the U.S. Centers for Disease Control and Prevention (CDC) lowered the federal action level for lead, to a “reference value” of 5 micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$). CDC also emphasizes that there is no known safe level of lead in blood. Developmental delays and



other adverse health effects have been noted at blood lead levels lower than 5 µg/dL.^{1,2,3} It's critical that all District children get screened for lead, not only so that compliance with District law occurs, but especially so that children who are being exposed to lead are promptly identified, which then allows the District's Childhood Lead Poisoning Prevention Program to follow up and eliminate the sources of exposure.

Accordingly, the District of Columbia requests that you actively consider ways to increase the proportion of children screened by your practice. If there are barriers that may require discussion or if you have any questions or concerns, please do not hesitate to contact the District's Childhood Lead Poisoning Prevention Program, at either 202-535-2624 or 202-535-2505. Your cooperation is important to us, but it's even more important for the children who live and play in our nation's capital.

Sincerely,



Tommy Wells
Director

¹ Canfield RL, Henderson CR, Cory-Slechta DA, *et al.* Intellectual impairment in children with blood lead concentrations below 10 µg per deciliter. *N. Engl J Med* 2003; 348:1517 – 1526.

² Selevan SG, Rice DC, Hogan KA, *et al.* Blood lead concentration and delayed puberty in girls. *N Engl J Med* 2003; 348:1527-1536.

³ Bellinger DC. Very low lead exposures and children's neurodevelopment. *Curr Opin Pediatr* 2008; 20:172-177.