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Why not change the blood lead level of concern at this time?

Recent studies suggest that adverse health effects exist in children at blood lead levels less than 10 µg/dL. In the past the Centers for Disease Control and Prevention (CDC) has lowered the level considered elevated in response to similar reports. However, at this time the reasons not to lower the level of concern are as follows:

- No effective clinical interventions are known to lower the blood lead levels for children with levels less than 10 µg/dL or to reduce the risk for adverse developmental effects.
- Children cannot be accurately classified as having blood lead levels above or below a value less than 10 µg/dL because of the inaccuracy inherent in laboratory testing.
- Finally, there is no evidence of a threshold below which adverse effects are not experienced. Thus, any decision to establish a new level of concern would be arbitrary and provide uncertain benefits.

These studies support making primary prevention of childhood lead poisoning a high priority for health, housing, and environmental agencies at the state, local, and federal levels.

What is CDC's approach?

- The first is to focus on lead paint in housing as the most important source of lead for young children. CDC recommends designing, implementing and evaluating primary prevention strategies that prevent childhood exposure to lead. The essential elements of primary prevention for childhood lead poisoning are as follows:

The system to identify high-risk housing and to make these units lead safe is in place. After 10 years of widespread blood lead testing and data collection by CDC-supported state and

local partners, the specific addresses of housing units where children have been repeatedly poisoned are known to local officials. Systematic reduction of lead sources, particularly in old, poorly maintained housing combined with periodic maintenance monitoring will prevent children from being exposed to lead in these units in the future. Good evidence exists that those communities with the largest percent of children with very high blood lead levels, are also the communities that have the largest percent of children whose blood lead levels are lower but still well above the national average. This evidence also indicates the importance of primary prevention and the need to target those communities where the risk for exposure to lead is highest. Primary prevention in these communities would be expected to benefit all children who live in the highest risk communities.

- The second is to restrict or eliminate nonessential uses of lead particularly in toys, eating and drinking utensils, cosmetics and traditional medicines whether manufactured in the United States or imported.

In some areas of the United States as many as 35% of children identified with elevated lead levels are reported to have been exposed to items decorated with or made of lead. In most cases, the hazardous product is only identified after a child is lead poisoned. CDC, the Environmental Protection Agency and other federal agencies are working to better identify hazardous products before they are in use.

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Centers for Disease Control and Prevention