National Center for Healthy Housing

CDC Response to the Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) Recommendations on Low-Level Lead Exposure and Primary Prevention of Lead Poisoning

	ACLPP Recommendation	CDC Response	Status
I.	Based on the scientific evidence, the ACCLPP recommends that (a) the term "level of concern" be eliminated from all future agency policies, guidance documents, and other CDC publications, and (b) current recommendations based on the "level of concern" be updated according to the recommendations contained in this report.	Concur.	The statement will be placed on www.cdc.gov/nceh/lead no later than two weeks following agency clearance. A joint publication summarizing the ACCLPP recommendations and CDC's response will be submitted jointly to the *Morbidity Mortality Weekly Review* and the journal *Pediatrics*, no later than May 2012.
II.	CDC should use a childhood blood lead level (BLL) reference value based on the 97.5th percentile of the population BLL in children aged 1–5 years (currently 5 µg/dL) to identify children living or staying for long periods in environments that expose them to lead hazards. Additionally, the reference value should be updated by CDC every four years based on the most recent population-based–blood-lead surveys conducted among children.	Concur in principle.	CDC's National Center for Health Statistics (NCHS) will continue to monitor BLLs in the United States. CDC publications will use the reference value to provide guidance to healthcare providers.
III.	CDC should develop and help implement a nationwide primary-prevention policy to ensure that no children in the United States live or spend significant time in homes, buildings, or other environments that expose them to lead hazards.	Concur in principle.	CDC may examine the possibilities of working with the U.S. Department of Housing and Urban Development (HUD), the Health Resources and Services Administration (HRSA), state and local governments, and philanthropic organizations to identify opportunities for collaboration on primary prevention in the future.

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IV.	Clinicians should be a reliable source of information on lead hazards and take the primary role in educating families about preventing lead exposures. This includes recommending environmental assessments PRIOR to blood lead screening of children at risk for lead exposure.	Concur in principle.	Full implementation contingent on funding.
V.	Clinicians should monitor the health status of all children with a confirmed BLL ≥ 5 µg/dL for subsequent changes in BLL until all recommended environmental investigations and mitigation strategies have been completed. Clinicians also should provide BLL test results to the families of all affected children in a timely and appropriate manner.	Concur in principle.	Full implementation contingent on funding.
VI.	Clinicians should ensure that BLL values at or higher than the reference value are reported to local and state health or housing departments if no mandatory laboratory reporting exists. Clinicians also should collaborate with these agencies to ensure that the appropriate services and resources provided to children and their families.	Concur in principle.	Full implementation contingent on funding.
VII.	Educate families, service providers, advocates, and public officials on the primary prevention of lead exposure in homes and other child-occupied facilities to ensure that lead hazards are eliminated before children are exposed.	Concur in principle.	Implementation contingent on funding.
VIII.	CDC should encourage local, state, and other federal agencies to: (a) facilitate data-sharing between health and housing agencies, (b) develop and enforce preventive lead-safe housing standards for rental and owner-occupied housing, (c) identify financing for lead hazard	Concur in principle (a - c). Concur (d).	Implementation contingent on funding.

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	remediation, and (d) provide families with the information they need to protect their children from hazards in the home.		
IX.	Elected officials and the leaders of health, housing, and code enforcement agencies can help protect the children in their jurisdictions from lead exposure in their homes through many activities. CDC should work with officials to ensure adoption of a suite of preventive policies.	Concur in principle.	Full implementation contingent on funding.
X.	CDC should (a) emphasize the importance of environmental assessments to identify and mitigate lead hazards before children demonstrate BLLs at or higher than the reference value and (b) adopt prevention strategies to reduce environmental lead exposures in soil, dust, paint, and water before children are exposed.	Concur (a). Concur in principle (b).	Ongoing (a). Full implementation contingent on funding (b).
XI.	If a lead hazard that requires a response is found in any unit in a multifamily housing complex, the same response must be applied to all similar untested units in the complex. However, if a previous risk assessment demonstrated that no lead hazards are present in the other units; they do not need to be retested.	Concur in principle.	Implementation contingent on funding.
XII.	CDC should encourage additional research directed towards developing interventions capable of maintaining children's BLLs lower than the reference value.	Concur in principle.	The National Institute of Environmental Health Sciences (NIEHS) is working with other partners to foster collaboration on developing a research agenda that will address the spirit of the recommendation. In the future, CDC may explore strategies to support additional research.

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XIII. Additional research priorities should include improving the use of data from screening programs, developing next generation point-of-care lead analyzers, and improving the understanding of epigenetic mechanisms of lead action.	Concur.	There is ongoing interaction with NIEHS and others to foster collaboration on developing a research agenda.