



# QUARTERLY MORBIDITY REPORT

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## **Ammended Lead Testing Regulations Physicians Should Know**

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Lead poisoning continues to be a persistent yet preventable health problem in our community. Despite the elimination of lead from most gasoline and paint, children continue to be exposed to environmental lead from past uses as well as from new and ongoing sources. Today, the principal source of lead exposure is lead-based paint and dust from such paint, found primarily in older dwellings.

Effective June 20, 2009, NYSDOH adopted changes to the Administrative Rules and Regulations Subparts 67-1 and 67-3 regarding childhood lead poisoning screening, reporting and follow-up. In addition, several changes to New York State Public Health Law related to testing and reporting were enacted as part of the 2009 state budget process. The following is abbreviated information provided in a NYSDOH summary statement regarding these regulatory changes. The amended public health law and regulations provide for:

- 1) **Clarification of statewide requirements for lead screening include blood lead testing.** State law and regulations require providers to test all children's blood lead levels at or around ages one year and two years, and to assess all children six months to six years of age for risk of lead exposure at least annually as part of routine care, with blood lead testing for children at risk for lead exposure based on those assessments.
- 2) **Requirement for providers to confirm capillary blood lead test results  $\geq 10$  micrograms** per deciliter (mcg/dL) using venous blood samples. This updates the previous regulation, which required confirmation of capillary test results above 15 mcg/dL, and is consistent with national guidelines from the Centers for Disease Control and Prevention (CDC) to maximize the identification of children with lead poisoning. Note: for point-of-care testing using waived test methods, such as the LeadCare IITM device, NYSDOH has established a confirmation threshold level of  $> 8$  mcg/dL. See practice standards for use of CLIA-waived point of care test devices at [www.nyhealth.gov/environmental/lead](http://www.nyhealth.gov/environmental/lead).
- 3) **Elimination of the use of the term "certificate of lead screening."** The revised regulations clarify that any written statement signed by a provider satisfies the requirement for providing documentation of lead screening to parents and child care providers.
- 4) **Authorization of the exchange of information between the statewide childhood lead registry (LeadWeb) and the New York State Immunization Information System (NYSIIS).** This data exchange will integrate children's lead testing and immunization information to reinforce lead testing requirements for clinicians. The amendments specify the persons and organizations that can access the lead information in NYSIIS and for what purposes. The amendments also establish NYSIIS

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*The Dutchess County Department of Health's Mission is to protect and promote the health of individuals, families, communities, and the environment.*

*We are committed to the core functions of public health: Assessment, Assurance, and Policy Development.*

*We strive to deliver the essential services necessary for people to live healthy lives.*

*We are increasingly data-driven in our priority setting, applying our resources in ways that optimize prevention and risk reduction.*

### **CURRENT GUIDELINES**

Visit New York State Department of Health's website at [www.health.state.ny.us](http://www.health.state.ny.us) for information about:

**2009 H1N1** - Please continue to offer and encourage patients to receive their 2009 H1N1 and Seasonal Influenza vaccines. Information regarding vaccine recalls and expiration dates may be found on the website listed above or by calling NYSDOH H1N1 hotline at 1-800-808-1987.

**Arthropod disease** - With warm weather comes the arrival of mosquitos and ticks. Help your patients to protect themselves. For more information, call 845.486.3402.

# COMMUNICABLE DISEASES

Disease Incidence * (rate per 100,000 population)	Jan - Dec 2009 <sup>1</sup>		Jan - Dec 2008		Jan - Dec 2007		Jan - Dec 2006		Jan - Dec Avg ('06-'08)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
<b>ARTHROPOD-BORNE DISEASES</b>										
Babesiosis	32	10.9	62	21.1	44	14.9	42	14.2	49	16.7
Ehrlichiosis <sup>2</sup>	89	30.4	128	43.7	85	28.8	132	44.7	115	39.3
Lyme Disease <sup>2</sup>	n/a	n/a	1141	389.8	551	186.7	930	315.1	874	298.6
<b>BLOOD-BORNE PATHOGENS</b>										
Hepatitis B, Chronic	17	5.8	29	8.9	35	11.9	48	16.3	42	14.3
Hepatitis C, Chronic	248	84.7	348	118.9	587	198.9	620	210.1	516	176.3
<b>SEXUALLY TRANSMITTED INFECTIONS</b>										
Chlamydia	654	223.4	633	216.2	599	203.0	462	157.8	565	193.0
Gonorrhea, total	113	38.6	87	29.7	106	35.9	122	41.3	105	35.9
Early Latent Syphilis	3	1.0	5	1.7	6	2.0	6	2.0	6	2.0
Primary/Secondary Syphilis	3	1.0	2	0.7	0	0.0	4	1.4	2	0.7
<b>GASTRO-ENTERIC INFECTIONS</b>										
Campylobacteriosis	3.3	11.3	26	8.9	30	10.2	28	9.5	28	9.6
Cryptosporidiosis	0	0.0	2	0.7	2	0.7	1	0.3	2	0.7
E.Coli 0157:H7	6	2.0	3	1.0	4	1.4	0	0.0	2	0.7
Giardiasis	16	5.5	34	11.6	20	6.8	33	11.2	29	9.9
Salmonellosis	39	13.3	34	11.6	46	15.6	30	10.2	37	12.6
Shigellosis	6	2.0	3	1.0	3	1.0	5	1.7	4	1.4
<b>RESPIRATORY INFECTIONS</b>										
Pertussis <sup>2</sup>	4	1.4	7	2.4	9	3.0	21	7.1	12	4.1
Streptococcus pneumoniae, invasive	31	10.6	31	10.6	42	14.2	34	11.5	36	12.3
Tuberculosis <sup>3</sup>	4	1.4	7	2.4	3	1.0	9	3.0	6	2.0

<b>HIV and AIDS</b>				
Cases diagnosed through 2008, Excluding prison inmates <sup>4</sup>	Prevalence <sup>5</sup>		Incidence <sup>6</sup>	
	Freq	Rate per 100,000	Freq	Rate per 100,000
HIV	230	78.5	27	9.2
AIDS	426	145.4	23	7.9

1 Based on month case was created, or December for cases created in Jan/Feb of following year

2 Confirmed and probable cases counted; Lyme Disease probably cases only as of 2009

3 Not official numbers

4 Data are provisional; rates are calculated based on 2008 Population Estimates.

5 Cases presumed living with through December 2008 HIV prevalence are counted as living HIV (not AIDS) cases

6 Reported to NYSDOH in 2008 (preliminary data as of August 2009)

\* Rates are incidence rates (based on number of new cases for the reporting period)

Data Source: New York State Department of Health, Division of Epidemiology & Bureau of HIV/AIDS Epidemiology

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as the vehicle for private physician office laboratories that conduct blood lead testing on children to submit test reports to the statewide lead registry.

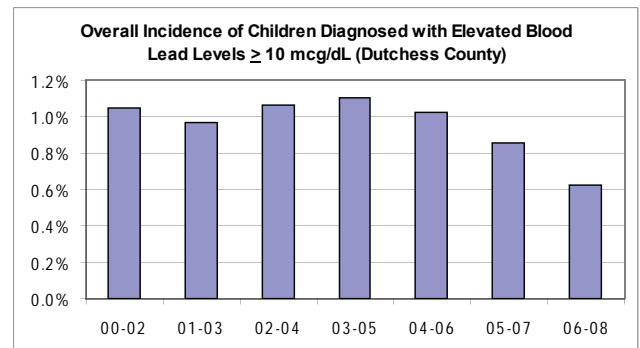
The Centers for Disease Control and Prevention (CDC) identifies 10mcg/dL as the action level at which blood monitoring and follow up is required. In Dutchess County, from 2006 to 2008, elevated blood lead levels (EBLL) of > 10 mcg/dL were confirmed in 87 children with preliminary data indicating 20-30 children for 2009. Unfortunately, it is difficult to know just how accurate the numbers are because not all children under six years of age are tested, as mandated by New York State Health Department (NYSDOH). For the three most current years of data (2005-2007), less than half of children 0-1 years old were screened for lead.

The Healthy People 2010 objective is 0% EBLLs of > 10 mcg/dL in children. While the overall incidence of EBLLs has decreased by 45% from 2000-2002 to 2006-2008 (graph #1), the proportion of tests with levels > 20 mcg/dL has increased by 5% for the same time period (graph #2).

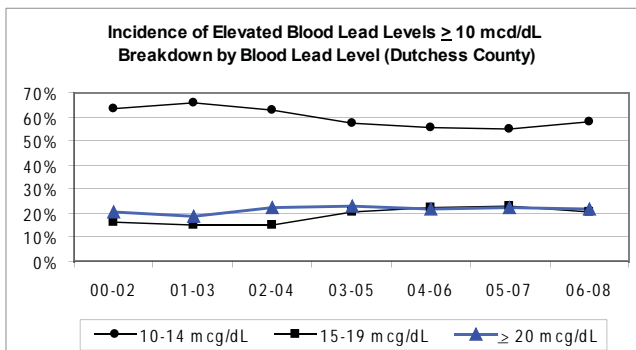
The amended public health law and regulations also require:

5) **Health care providers to provide comprehensive follow-up services for all children with blood lead levels (BLLs) ≥15 mcg/dL** including: lead exposure assessment, developmental screening, nutritional assessment, medical management as necessary and referral to the state or local health departments for environmental management (previous criteria required these services for children with BLLs > 20 mcg/dL). Health care providers are responsible for the provision of follow-up services other than environmental management.

Graph #1



Graph #2



Three year averaging improves the reliability of data when slight variations in small numbers can result in large fluctuations in annual rates.

6) **Follow-up services be provided for all children with EBLLs up to age eighteen years.** Although routine blood lead testing is not recommended or required for children age six years and older, health care providers may choose to test older children and youth for specific reasons, such as a diagnostic work up, suspected occupational exposure, or refugee status.

The amended regulations also expand the requirements for immediate notification of critically elevated BLLs to include all children less than eighteen years of age. Laboratories must notify the health care providers ordering the tests of BLLs > 45 mcg/dL for all children under the age of eighteen years within 24 hours of analysis. Health care providers in turn must notify the local health departments of BLLs ≥ 45 mcg/dL for all children under the age of eighteen years within 24 hours of notification by the laboratories. Previous regulations required these urgent notifications only for children less than six years of age.

For more information about lead poisoning contact Dutchess County's Childhood Lead Poisoning Prevention Program (DC CLPPP) at (845) 838-4800. DC CLPPP assists in educating the public about lead poisoning and provides services to children exposed to lead. Montefiore Medical Center is the Regional Lead Resource Center for Dutchess County. Program personnel are available for resource information and physician consulting for childhood lead poisoning at (718) 547-2789.

Thanks to Wendy Johnson, Public Health Nurse, at Dutchess County Department of Health for her contribution to this article.

**Resources used in this article:** <http://www.cdc.gov/nceh/lead/> || EPA: <http://www.epa.gov/lead/index.html> || NYS Regulations for Lead Poisoning Prevention and Control - NYCRR Title X, Part 67: || [http://www.nyhealth.gov/environmental/lead/laws\\_and\\_regulations/chapter\\_2\\_subpart\\_67.htm](http://www.nyhealth.gov/environmental/lead/laws_and_regulations/chapter_2_subpart_67.htm) || Summary of Changes to New York State Public Health Law and regulations: Blood Lead Testing, Reporting and Follow Up.

## PUBLIC HEALTH ALERTS, ADVISORIES, & UPDATES

Sign up to receive notice of updates to our Public Health Alerts, Advisories, and Updates section of our website. Subscribe at: <http://www.co.dutchess.ny.us/CountyGov/Departments/Health/16586.htm>

**CLINIC SERVICES AND HOURS:**

LOG ON TO [WWW.DUTCHESSNY.GOV](http://WWW.DUTCHESSNY.GOV) (HEALTH DEPT - SERVICES & PROGRAMS) OR  
[WWW.CO.DUTCHESS.NY.US/COUNTYGOV/DEPARTMENTS/HEALTH/HDINDEX.HTM](http://WWW.CO.DUTCHESS.NY.US/COUNTYGOV/DEPARTMENTS/HEALTH/HDINDEX.HTM)

**TELEPHONE NUMBERS: MAIN 845.486.3400 TTY 845.486.3417**  
**EMAIL: [HEALTHINFO@CO.DUTCHESS.NY.US](mailto:HEALTHINFO@CO.DUTCHESS.NY.US)**

Communicable Disease Control Division	845.486.3402 (tel) 845.486.3564 (fax) 845.486.3557 (fax)	HIV Partner Notification Assistance	845.486.3452
Tuberculosis Reporting & Info	845.486.3423	HIV Testing & Counseling	845.486.3401
West Nile Virus Info Line	845.486.3438	HIV Info Line	845.486.3408
Lyme Disease Info Line	845.486.3407	STD Clinic	845.486.3401
Rabies Prevention Program	845.486.3404	Travel Immunizations	845.486.3504
		Immunization Program	845.486.3409
		Flu Info Line	845.486.3435

**NEW YORK STATE DEPARTMENT OF HEALTH  
COMMUNICABLE DISEASE REPORTING REQUIREMENTS**

Reporting a suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR2.10a). The primary responsibility rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions or other locations providing health services (10NYCRR 2.12) are also required to report. Case reporting forms can be downloaded from our website or by calling 845.486.3401.

Call 845.486.3402 for more information about reporting a communicable disease.

Any Comments or Suggestions?  
[healthinfo@co.dutchess.ny.us](mailto:healthinfo@co.dutchess.ny.us)



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