PREVENTING, IDENTIFYING & MANAGING LEAD EXPOSURE

New York State Public Health Law (NYS PHL) and Regulations require health care providers to obtain a blood lead test for all children at one and two years of age, regardless of risk. Lead exposure risk should also be assessed at each well visit for all children aged 6 months to 6 years.

Even low level lead exposure can lead to delayed puberty, lowered IQ, hyperactivity, and attention, behavior, and learning problems. As of October 1, 2019 the blood lead level (BLL) reporting requirement per NYS PHL decreased from 10 micrograms per deciliter (µg/dL) of blood to 5 µg/dL. To reduce risk of contamination during blood collection for lead testing, a guidance video for staff is available at https://bit.ly/2kNYXaM.

Data obtained from the NYS Immunization Information System (NYSIIS) indicates that in Clinton County, 76.5% of children were tested for lead by two years of age in 2018. See Table 1 below for cases of blood lead levels ≥5 µg/dL reported in Clinton County from 2015 to 2019.

To assist providers, Guidelines for Health Care Providers for the Prevention, Identification, and Management of Lead Exposure in Children has been updated and is available at https://on.ny.gov/2nbnh7y. Capillary BLL sample results ≥5 µg/dL should be confirmed with a venous sample as soon as possible. After venous test confirmation, results ≥5 µg/dL should be reported to the local health department in the child’s county of residence.

In Clinton County, CCHD offers in-home education to parents regarding lead hazards and prevention of lead poisoning for children with a confirmed BLL ≥5 µg/dL. This includes next steps to prevent any further lead poisoning, a nutritional assessment and diet considerations to help lower lead levels, and a developmental assessment. In addition, an environmental lead exposure assessment is completed, including testing of possible lead sources within the home. Short-term case management is also provided until the BLL is confirmed with a venous level <5 µg/dL.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>5 to &lt;10</th>
<th>10 to &lt;15</th>
<th>15 to &lt;20</th>
<th>20 to &lt;45**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>23</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>34</td>
<td>3</td>
<td>1</td>
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<tr>
<td>2017</td>
<td>24</td>
<td>6</td>
<td>2</td>
<td>1</td>
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<tr>
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<td>1</td>
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<tr>
<td>2019*</td>
<td>13</td>
<td>0</td>
<td>1</td>
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</tr>
</tbody>
</table>

*Reported as of 9/25/19
**No levels reported ≥45 µg/dL

UPDATING VACCINE RESOURCES

A summary of recommendations of the Advisory Committee on Immunization Practices (ACIP) for the 2019-20 influenza season are available at https://bit.ly/2oD7UFu. Routine annual influenza vaccination continues to be recommended for all persons aged ≥6 months who do not have contraindications. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available.

Vaccine Information Statements (VISs) were updated on 8/15/19 for the following vaccines:
- Hepatitis B
- Influenza – Live, intranasal
- Influenza – Inactivated
- Japanese Encephalitis
- Measles/Mumps/Rubella (MMR)
- Measles/Mumps/Rubella & Varicella (MMRV)
- Meningococcal ACWY
- Meningococcal (MenB)
- Varicella (Chickenpox)

To ensure you are using the most up-to-date VISs, visit https://bit.ly/2rASaj8.

The Centers for Disease Control & Prevention (CDC) has developed guidance job aids to assist health care providers in interpreting catch-up immunization schedules for persons aged 4 months to 18 years, who start late or who are more than one month behind. To access these guidance documents, visit https://bit.ly/2nXadmF.
In January 2019, the Adirondacks ACO and CCHD joined together for an innovative collaboration aimed at improving the transition from pediatric to adult style health care. The collaboration coordinated practice-level QI projects with a community-based education campaign to improve practice performance while simultaneously increasing patient awareness of their responsibilities.

Eleven local practices were recruited for the pilot project; eight of these practices participated in project activities. Project facilitators measured practice level successes using validated evaluation tools created by Got Transition, a program of the National Alliance to Advance Adolescent Health. Sixty-three percent of participating practices saw an improvement in implementing best practices for this health care transition.

CCHD’s community campaign distributed messages across three social media platforms over the course of four months. In total, 34 messages were shared with the public via Facebook, Twitter and Instagram and viewed over 12,500 times (see example post to the right). CCHD also featured a blog on the topic that garnered 681 views and partnered with the SUNY Plattsburgh Communications Department to produce a series of engaging Public Service Announcements (PSAs). If your office, school or pharmacy would like to support this project by sharing developed messages or materials, please contact 518-565-4993. Additional resources are also available at www.gottransition.org.

Clinton County Mental Health & Addiction Services (CCMHAS), in collaboration with the Clinton County Health Department (CCHD), has received a grant from the Adirondack Health Institute (AHI) to address food insecurity. The USDA defines food insecurity as a lack of consistent access to enough food for an active, healthy lifestyle. The grant is working with local pediatric providers and community-based organizations to universally screen for food insecurity.

Data shows that one in five Clinton County children are food insecure. Food insecurity can be a result of financial restraints, whether long-term or temporary; transportation issues; lack of knowledge of selecting, preparing and planning meals; or a medical condition requiring special dietary needs.

The goal of the project is to screen, identify the root cause of the issue, and connect families to available resources. To find out more about this project contact CCHD at 518-565-4993. To learn about cooking classes visit CCHD’s Facebook page (@clintonhealth) for upcoming events.

CCHD Early Intervention Program (EIP) staff are seeing an increase in referrals related to lack of core muscle strength, often associated with “Container Baby Syndrome.” This can occur when infants spend extended time throughout the day in devices that limit their movement, such as infant carriers, swings, jumpers, floor seats, etc.

As a result, CCHD has developed new outreach materials, entitled Physical Development: Tips to Help Your Baby Grow, to assist in educating parents and caregivers on the importance of tummy time, as well as back to sleep. Handouts are available for birth to 24 months of age, and provide examples of activities parents can do with their baby, as well as what to expect at each age milestone. Materials will be shared with parents and caregivers through CCHD’s Early Intervention and Woman Infants & Children (WIC) Programs, and distributed to local pediatrician’s offices. Educational materials and additional resources may also be accessed at www.clintonhealth.org/specialneeds.

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