

**CHILDHOOD
LEAD
POISONING
PREVENTION
PROGRAM**



CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP) 1998

NUMBER OF CASES: 581 (1992-1998)

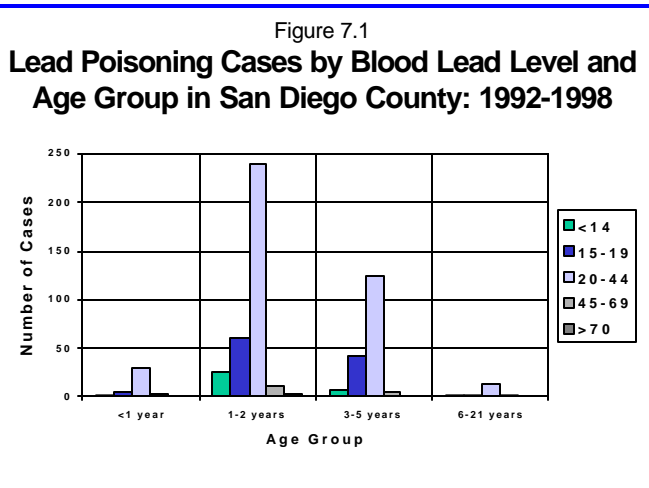
ANNUAL SCREENING PREVALENCE, 1998

SAN DIEGO COUNTY: 32.8 PER 10,000 CHILDREN SCREENED

CALIFORNIA: UNAVAILABLE

UNITED STATES: UNAVAILABLE

YEAR 2000 OBJECTIVE: Reduce the prevalence of blood lead levels exceeding 15 µg/dL among children aged 6 months – 5 years to 300,000 children nationwide. Reduce the prevalence of blood lead levels exceeding 25 µg/dL among children aged 6 months – 5 years to 0 children nationwide.

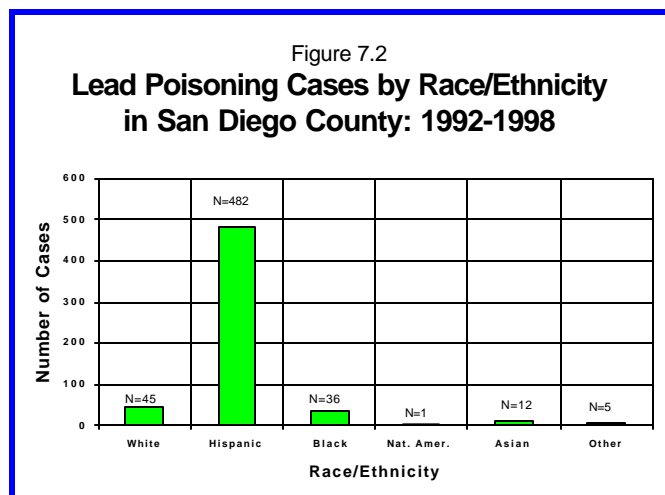


RISK FACTORS: age, poverty, living in pre-1960 dilapidated housing and exposure to lead contaminated sources.

Age: Lead poisoning is highest among children 1-2 years old and the highest blood lead levels are also found in this age group (Figure 7.1). Toddlers are at greatest risk because of mouthing behavior. San Diego County reports the highest blood lead levels in the state, second to Los Angeles County.

Race/Ethnicity: The majority of cases are among Hispanic children (Figure 7.2). The rate of cases among Hispanics is disproportionate to the population. The higher rate of cases among Hispanics may be a reflection of screening patterns and exposure to certain culturally related practices, such as the use of Azarcon, a lead contaminated home remedy.

Sex: Slightly more than half of the cases are among males (54%).



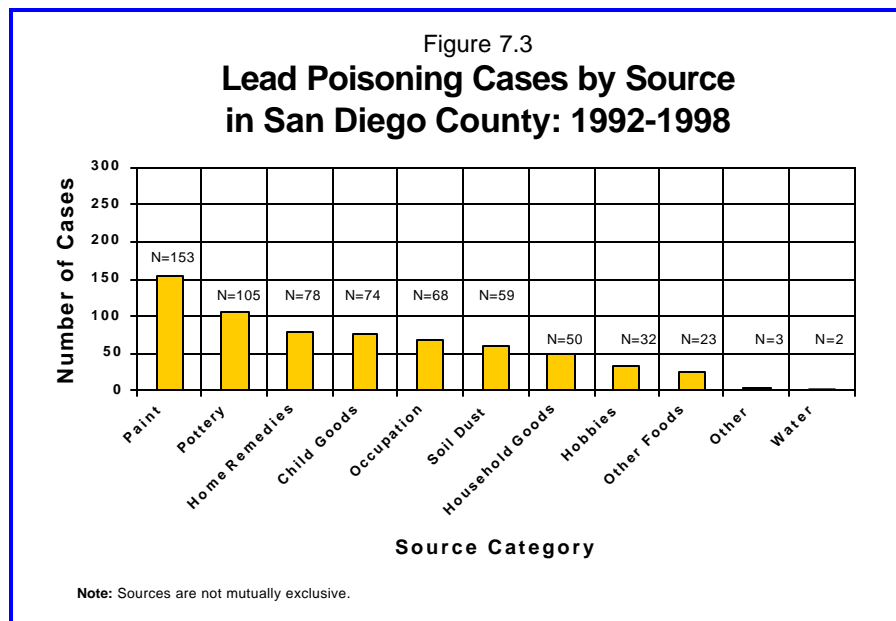
Geographic Distribution: The majority of cases over the past 6 years have lived in Central (51%) and South San Diego (19%) (Table 7.1). Central San Diego is the poorest region of the County. It is highly urbanized, encompassing the downtown business area. In contrast, South San Diego is much more diverse economically. Both regions are highly diverse ethnically and have the highest concentration of pre-1960 housing of any other regions in San Diego County. Although many of the cases reside in Central and South San Diego, all other regions of the county are represented. During the last two years, there has been an increase in cases in the North County primarily related to exposure of the Hispanic population to non-housing sources.

Table 7.1

Percent of Lead Poisoned Cases by Region of Residence and Risk Status by Concentration of Pre-1960 Housing, San Diego County: 1992-1998

| Health Services Region | high risk | Percent Cases | |
|------------------------|--|--|---|
| | zip codes with \$ 27% pre-1960 housing | Moderate risk zip codes with 11-26% pre-1960 housing | low risk zip codes with #10% pre-1960 housing |
| Central | 50.5 | 0.9 | 0.0 |
| North Central | 4.1 | 0.0 | 0.5 |
| South | 7.7 | 11.5 | 0.0 |
| North Coastal | 0.0 | 10.1 | 0.4 |
| East | 0.9 | 2.2 | 0.0 |
| North Inland | 4.0 | 0.5 | 3.8 |
| Total | 67.3 | 25.2 | 2.9 |

Sources: Though traditional sources, such as paint, household items that contain lead, soil and dust are important sources of lead exposure in this County, culturally-related sources dominate. These include sources such as imported candy, home



remedies, improperly glazed pottery used in cooking, food service and storage. It is important to note that our proximity to the border with Mexico increases exposure to potential sources within the County (Figure 7.3). In 47% of the cases, candies from other countries were reported among other possible sources of lead.

Surveillance and Reporting: The major source of screening in San Diego County is the Child Health and Disability Program (CHDP). Due to the lack of state-mandated reporting of all blood lead levels, many local health care providers and private laboratories may only be reporting levels of 25 µg/dL and higher. Thus, there is likely to be underreporting of blood lead levels lower than 25 µg/dL. In order to appropriately target children for treatment and prevention, the CLPPP has repeatedly urged the state to mandate the complete reporting of all blood lead levels and to make the data available to local jurisdictions.

Prevention: Childhood lead poisoning is a preventable health problem. Lead is ubiquitous in the environment and has no physiologic value. Children are particularly susceptible to lead's toxic effects. Enough is now known about sources of lead exposure to eliminate this toxic exposure. As the Centers for Disease Control and Prevention Screening Young Children for Lead Poisoning (November 1997) guidance document states, children can be exposed to lead in many different ways. Sources of exposure include lead-based paint, industrial sites and smelters that use or produce lead-contaminated materials. Lead-contaminated dust, soil, and water, lead-containing materials used in parental occupations or hobbies, and lead-containing ceramic ware and traditional remedies all contribute to childhood lead poisoning.

The CLPPP continues its strong commitment to prevention. These efforts include well-established education and outreach efforts to physicians, parents and community-based organizations throughout San Diego County. Each year, over 200 health care providers receive in-services that include information on screening guidelines, unique local sources and case data. The CLPPP has trained bilingual community representatives who reach over 5,000 parents each year with education and prevention messages such as hand-washing, proper nutrition and the need for children to be tested.