

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 5, 2019

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

RE: 2019 Elevated Blood Lead Level Annual Report

Dear Mr. O'Donnell:

In accordance with Neb. Rev. Stat. §71-2518, please find attached a copy of the 2019 Annual Report on Elevated Blood Lead Levels for Children Age 0-6 Years Old. This report describes the work accomplished by the Nebraska Childhood Lead Poisoning Prevention Program and lists the number of children tested and the number of children with an elevated level in Nebraska during October 1, 2018 to September 30, 2019.

Sincerely,

A handwritten signature in cursive script that reads "Gary Anthonie, MD".

Gary J. Anthonie, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

NEBRASKA

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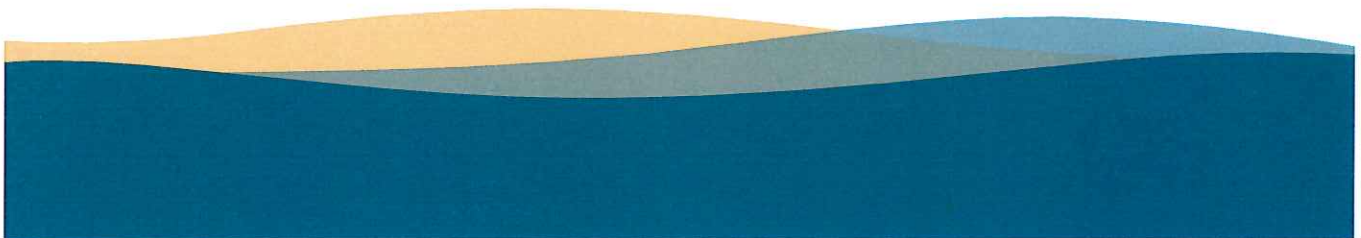
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Elevated Blood Lead Levels for Children Age 0 - 6 Report

1/1/2020

§ 71-2518



Nebraska Childhood Lead Poisoning Prevention Program
Annual Report on Elevated Blood Lead Levels for Children Ages 0-6 Years Old
October 1, 2018 to September 30, 2019

BACKGROUND

In April 2012, the Nebraska Legislature passed the Childhood Lead Poisoning Prevention Act, codified in Neb. Rev. Stat. §§ 71-2513 to 71-2518. The statutes require that the Nebraska Department of Health and Human Services (DHHS) Division of Public Health establishes a Lead Poisoning Prevention Program which includes the following components:

- Develop a statewide blood lead testing plan and a risk assessment screening questionnaire
- Develop an educational and community outreach plan including development of educational materials
- Initiate contact with the local public health department or the physician when a child has an elevated blood lead level (EBLL) and offer technical assistance
- Report annually to the Legislature

This report describes the progress that has been made in the prevention of childhood lead poisoning in Nebraska, including the number of children ages 0 through 6 years old (<84 months) tested for blood lead levels and who were confirmed to have elevated levels during the period of October 1, 2018 to September 30, 2019. The report compares the results of previous fiscal years, describes the DHHS testing plan, and provides updates on program activities.

PROGRAM OVERVIEW

The Nebraska Childhood Lead Poisoning Prevention Program is funded by a federal grant from the Centers for Disease Control and Prevention (CDC). This funding represents Nebraska’s first federal childhood lead poisoning prevention award received since 2007 (Table 1). The current CDC funding is a three-year grant which began on September 30, 2017 and ends September 29, 2020.

The goal of the Nebraska Childhood Lead Poisoning Prevention Program is to prevent lead exposures among children across the state. The grant funding allows DHHS to coordinate public health surveillance and outreach activities, but does not cover direct services such as providing blood lead screening tests, comprehensive case management, or lead abatement and housing remediation. The Program has four key strategies to reach its goal: 1) strengthen blood lead testing; 2) strengthen surveillance and detection; 3) strengthen population-based interventions; and 4) enhance processes to identify and provide services to lead-exposed children.

Table 1. DHHS Funding Summary for Nebraska Childhood Lead Poisoning Prevention Program

	Federal Fiscal Year							
	2013	2014	2015	2016	2017	2018	2019*	2020
Federal (CDC)	\$0	\$0	\$0	\$0	\$0	\$391,795	\$543,163	\$402,343

* Includes \$140,820 of one-time supplemental funding.

NUMBERS OF CHILDREN TESTED AND CONFIRMED ELEVATED BLOOD LEAD LEVELS

Under Neb. Rev. Stat. § 71- 2518 (2), all blood lead level tests conducted in Nebraska are required to be reported to the Department of Health and Human Services (DHHS). Blood lead tests are also reportable under Title 173 Chapter 1 of the Nebraska Administrative Code, which requires physicians and laboratories to report test results within 7 days. Blood lead test reports are submitted to the DHHS either by automated electronic laboratory reporting or via mail or facsimile to be manually entered. Starting on October 1, 2018, all blood lead tests are reported into the Nebraska Electronic Disease Surveillance System (NEDSS). Prior to this transition, a portion of blood lead tests were stored in a separate database called STELLAR.

DHHS recognizes the current CDC reference level of five micrograms per deciliter (µg/dL) or higher to define an elevated blood lead level. Any blood lead level higher than the reference level is considered elevated. A confirmed elevated blood lead level is defined as any elevated blood lead level verified by a venous blood test. Data from both NEDSS and STELLAR databases were combined for federal fiscal years 2013-2019 and analyzed. Previous fiscal year data were updated to reflect the new analysis methodology.

From October 1, 2018 to September 30, 2019, 39,361 children ages 0 through 6 years old were tested for elevated blood lead levels. A total of 382 (0.97%) children tested had a confirmed elevated blood lead level of 5 µg/dL or higher. A total of 124 (0.32%) children tested had a confirmed elevated blood lead level of 10 µg/dL or higher.

- Table 2 shows the total number of children tested and the number and percent of children with confirmed* elevated blood lead levels for federal fiscal years 2013-2019.
- Figure 1 shows the number of children with confirmed blood lead levels of ≥ 5 µg/dL and ≥ 10 µg/dL for fiscal years 2013-2019.
- Figure 2 shows the percentage of children with tested blood lead levels of ≥ 5 µg/dL and ≥ 10 µg/dL for fiscal years 2013-2019.

Table 2. Number of Nebraska Children 0-6 Years Old (<84 months) Tested for Lead and the Number and Percentage of Children with Confirmed Elevated Blood Lead Levels (≥ 5 and ≥ 10 µg/dL), by Federal Fiscal Year.

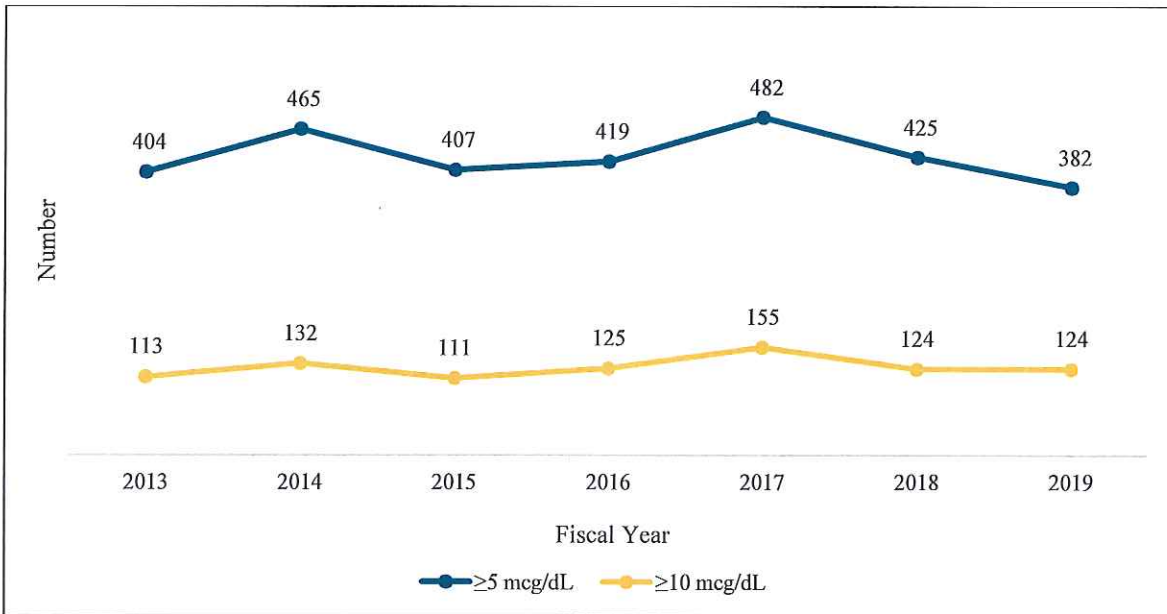
Federal fiscal year	# of children tested	# of children with confirmed elevated BLL (≥5µg/dL)*	% of children tested with confirmed elevated BLL (≥5µg/dL)	# of children with confirmed elevated BLL (≥10µg/dL)*	% of children tested with confirmed elevated BLL (≥10µg/dL)
2013	34,510	404	1.17%	113	0.33%
2014	34,110	465	1.36%	132	0.39%
2015	33,887	407	1.20%	111	0.33%
2016	35,352	419	1.19%	125	0.35%
2017	36,008	482	1.34%	155	0.43%
2018	36,947	425	1.15%	124	0.34%
2019	39,361	382	0.97%	124	0.32%

Source: Nebraska DHHS Blood Lead Surveillance System.

Note: Data are provisional and may be revised as additional reports are received.

*Confirmed indicates the blood lead level was verified with a venous test.

Figure 1. Number of Nebraska Children 0-6 Years Old (<84 months) with Confirmed* Elevated Blood Lead Levels, Federal Fiscal Years 2013-2019.

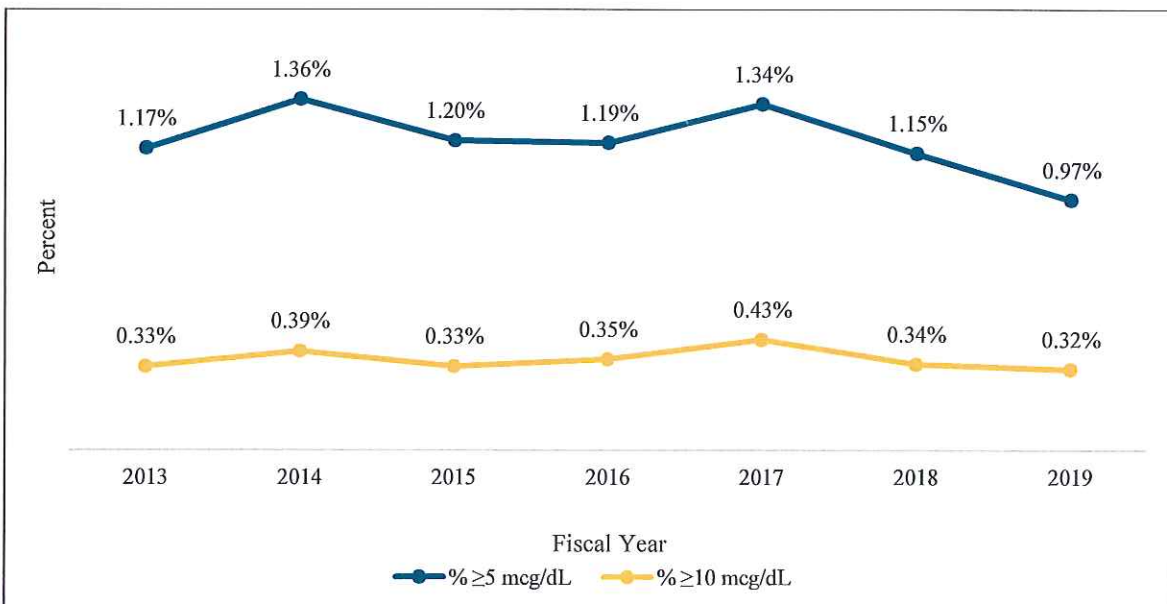


Source: Nebraska DHHS Blood Lead Surveillance System.

Note: Data are provisional and may be revised as additional reports are received.

*Confirmed indicates the blood lead level was verified with a venous test.

Figure 2. Percentage of Nebraska Children 0-6 Years Old (<84 months) Tested with Confirmed* Elevated Blood Lead Levels, Federal Fiscal Years 2013-2019.



Source: Nebraska DHHS Blood Lead Surveillance System.

Note: Data are provisional and may be revised as additional reports are received.

*Confirmed indicates the blood lead level was verified with a venous test

STATEWIDE BLOOD LEAD TESTING PLAN

In 2012, DHHS developed a statewide plan to provide guidance regarding which children should receive a screening test for lead poisoning based on three criteria.

Testing Criteria 1

The first criterion in the testing plan is geography. To isolate important geographic variables, DHHS studied surveillance and demographic data, the percentage of older housing, and locations of known lead sources. The methodology determined zip codes that historically have had increased risk of lead exposure. These include the Omaha Superfund Site (Baseline Human Health Risk Assessment, Omaha Lead Superfund Site, DHHS, 2004) as well as those zip codes with at least 5 lead poisoning cases between 2014 and 2015 and with more than 27% of the housing stock built before 1950. DHHS is currently re-evaluating the zip codes using updated surveillance data and is on track to update new zip codes in early 2020.

Testing Criteria 2

The second criterion of the plan states what is currently required by the Medicaid and Women, Infants, and Children (WIC) programs. Per federal and state law, all children insured by Medicaid must be tested at 12 and 24 months. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning (<https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>). WIC requires that upon enrollment of a child, the parent must be asked if the child has had a blood lead test. If the child has not had a test, they must be referred to programs where they can obtain such a test (Policy MPSF-WC-01-05-P).

Testing Criteria 3

The third criterion of the plan consists of a questionnaire designed to identify lead exposure risks not addressed by the other criteria. The child's parents or guardians should be asked specific exposure questions to determine each child's risk. If the response to any of the questions is "yes" or "don't know," the child should be tested annually through age 5. The questions are as follows:

1. Does the child live in or often visit a house, daycare, preschool, home of a relative, etc., built before 1950?
2. Does the child live in or often visit a house built before 1978 that has been remodeled within the last year?
3. Does the child have a brother, sister or playmate with lead poisoning?
4. Does the child live with an adult whose job or hobby involves lead?
5. Does the child's family use any home remedies or cultural practices that may contain or use lead?
6. Is the child included in a special population group, i.e., foreign adoptee, refugee, migrant, immigrant, foster care child?

In 2012, the Statewide Blood Lead Testing Plan was sent to all members of the Nebraska Medical Association and to all health care providers in the state through the DHHS Health Alert Network. The Testing Plan is routinely distributed to local health department staff and health care providers on an ad-hoc basis. The Plan is available on the DHHS website at: dhhs.ne.gov/lead and is summarized at the end of this report.

EDUCATION AND COMMUNITY OUTREACH ACTIVITIES

DHHS continues to implement education and outreach activities aimed at reducing lead exposures across the state, as summarized below.

Activity	Description
Lead Website	The DHHS lead website, available at dhhs.ne.gov/lead , provides easily accessible information to the public and specific audiences such as parents, homeowners, and health care providers.
Educational Materials for Parents	<p>DHHS has developed educational materials for parents of young children. The following brochures are available in English and Spanish and are accessible on the DHHS website. Printed copies were also distributed to eighteen local health departments.</p> <ul style="list-style-type: none"> • Childhood Lead Poisoning Prevention • Lead Dust Clean-Up and Control • Preventing Lead Poisoning in Adults • Lead in Toys
Lead Poisoning Prevention Campaign	A new childhood lead poisoning prevention campaign was launched in 2019, with a target audience of parents and caregivers. The landing webpage for the campaign is available at www.leadSAFE.ne.gov . The Nebraska Childhood Lead Poisoning Prevention Program utilized social media, billboards, movie theatre “pre-roll” advertisements, and YouTube and Spotify advertisements to reach multiple caregiver age groups.
Lead Data Infographic	An infographic that presents surveillance data and lead exposure risk information for calendar year 2018 was developed. DHHS has distributed it to health care providers, local health departments, and other stakeholders.
Health Care Provider Guidelines	DHHS developed updated guidelines for health care providers. The guidelines provide recommendations for managing elevated blood lead levels. A summary of the guidelines is included at the end of this report.
Training Public Health Partners	In July 2019, DHHS provided a one-day childhood lead poisoning prevention training workshop in York for public health partners across the state. Twenty-five individuals attended the training. In September 2019, DHHS hosted a lead paint inspector/risk assessor training and fifteen public health representatives attended the event held in Grand Island.
Outreach to Health Professionals	The Program provided outreach to health care providers involved with the Nebraska Chapter of the American Academy of Pediatrics and the Nebraska Academy of Family Physicians at their fall 2019 conferences. Additionally, the Program presented at the 2019 Regional Pediatric Lead Poisoning Prevention Summit in Kansas City and at the National Environmental Health Association (NEHA) Region IV Conference in Omaha.
Local Education and Outreach Activities	In January 2019, the Nebraska Childhood Lead Poisoning Prevention Program provided subawards to 18 local health departments throughout the state to address key prevention strategies, including community outreach aimed at promoting public awareness of prevention of childhood lead poisoning. From October 2018 to September 2019, more than 300 local lead poisoning prevention educational and outreach activities were conducted across the state. Activities included health fairs, community events, press releases, media clips, educational material mailings, presentations, and health care provider outreach.

INITIATE CONTACT WITH LOCAL PUBLIC HEALTH DEPARTMENTS AND PHYSICIANS

The Nebraska Childhood Lead Poisoning Prevention Program ensures children with elevated blood lead levels are identified through surveillance and linked to services through coordination with physicians, local health departments, and parents when requests for additional assistance are received. In July 2019, DHHS developed and disseminated new guidelines for public health investigators and case managers of children with elevated blood lead levels.

Through its CDC grant, the Nebraska Childhood Lead Poisoning Prevention Program provides subaward funding to eighteen local health departments for conducting local blood lead level surveillance; providing investigation and public health responses; and assisting DHHS in coordinating inspections, referrals, and community linkages for services. DHHS does not fund Douglas County Health Department because it already receives funding through other federal sources.

The activities reported below represent results for October 2018 to September 2019 reported by all local health departments in the state.

- 821 letters were sent to parents of children with elevated BLLs.
- 315 contact interactions (phone or mail) were made with health care providers of children with elevated BLLs.
- 121 educational packets were sent to parents of children with elevated BLLs.
- 103 educational home visits were conducted.
- 99 environmental investigations for children with elevated blood lead levels were conducted.
 - DHHS conducted 24 on-site lead investigations. For children not residing in Douglas County, DHHS currently provides on-site lead investigation home visits for children with confirmed blood lead levels $\geq 10 \mu\text{g/dL}$.
 - Douglas County Health Department (DCHD) conducted 75 on-site lead investigations. DCHD provides on-site lead investigation home visits for children with confirmed blood lead levels $\geq 5 \mu\text{g/dL}$.
- Additional referrals to other resources (housing, legal, nutrition, lead testing in drinking water, etc.) were provided to families on an as-needed basis.

Nebraska DHHS Division of Public Health/Childhood Lead Poisoning Prevention Program
Statewide Blood Lead Risk Assessment/Blood Lead Testing Plan

<p>Three Criteria for Testing a Child for Lead Poisoning</p>	<p>Specifics for Each Criterion</p>
<p>CRITERION 1</p> <p>GEOGRAPHY</p> <p>All Children Living in One of Nebraska's Targeted Communities for Lead Assessment/Testing</p>	<p>Alliance – 69301 Beatrice – 68310 Central City – 68826 Columbus – 68601 Fairbury – 68352 Fremont – 68025</p> <p>Grand Island – 68801, 68803 Hastings – 68901 Lincoln – 68302, 68503, 68504, 68507, 68508, 68510, 68521 Nebraska City – 68410 Norfolk – 68701</p> <p>Omaha – 68102, 68104, 68105, 68106, 68107, 68108, 68110, 68111, 68112, 68131, 68132 Schuyler – 68661 Scottsbluff – 69361 York – 68467</p> <p>DHHS strongly recommends that all children living in these communities be tested for lead poisoning at 12 and 24 months of age. Children between 25 and 72 months of age need to be tested as soon as possible, if not previously tested.</p> <p><i>Please note that targeted communities may change as more blood lead data is obtained. Zip codes will be re-evaluated annually and posted at www.dhhs.ne.gov/lead.</i></p>
<p>CRITERION 2</p> <p>MEDICAID AND WIC</p> <p><i>Medicaid:</i> ALL CHILDREN INSURED BY MEDICAID MUST BE TESTED—NO EXCEPTIONS OR WAIVERS EXIST.</p> <p><i>WIC:</i> Federal Policy (MPSF:WC-01-05-P) requires that upon enrollment of a child, the parent must be asked if the child has had a blood lead test. If the child has not had a test, they must be referred to programs where they can obtain such a test</p>	<p><i>Medicaid:</i> CMS (Centers for Medicare and Medicaid Services) requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children. (http://www.cms.gov/MedicaidEarlyPeriodicScrn/) (http://www.sos.ne.gov/rules-and-regs/research/Rules/Health_and_Human_Services_System/Title-471/Chapter-33.pdf)</p> <p><i>WIC:</i> For every child age 12 months and older, during the Nutrition Risk Assessment, WIC staff will ask the question “Has your child had a blood lead test done in the past 12 months?” Document the Yes or No response. If a child has not had a blood lead test done, staff make and document a referral for a blood lead test back to their healthcare provider or to a lead screening program.</p>
<p>CRITERION 3</p> <p>QUESTIONNAIRE For Children NOT Enrolled in Medicaid or WIC And Children NOT Residing within a Target Community</p> <p>The child's parents/guardians should be asked specific exposure questions (see questions at right) to determine each child's risk. If the response to any of the exposure questions is “yes” or “don't know,” the child should be tested.</p>	<p>QUESTIONNAIRE</p> <ol style="list-style-type: none"> 1) Does the child live in or often visit a house, daycare, preschool, home of a relative, etc., built before 1950? 2) Does the child live in or often visit a house built before 1978 that has been remodeled within the last year? 3) Does the child have a brother, sister or playmate with lead poisoning? 4) Does the child live with an adult whose job or hobby involves lead? 5) Does the child's family use any home remedies or cultural practices that may contain or use lead? 6) Is the child included in a special population group, i.e., foreign adoptee, refugee, migrant, immigrant, foster care child? <p><i>For additional information, i.e. jobs, hobbies, home remedies, cultural practices that include lead, visit dhhs.ne.gov/lead</i></p>

Childhood Lead Exposure and Poisoning

Medical Management Recommendations

- There is no safe level of lead in the blood. The CDC reference for an elevated blood lead level (BLL) is 5 µg/dL.
- Exposure to lead can have a wide range of effects on a child's development and behavior.
- Any BLL of 5 µg/dL or higher requires intervention to prevent further lead exposure and increase in blood lead levels.
- Any capillary blood lead level ≥ 5 µg/dL should be confirmed with a venous blood lead test.

Recommended Schedule for Obtaining Confirmatory Venous Test After Capillary Test

Capillary BLL	Confirm Capillary Test with Venous Blood Test:
0 – <5 µg/dL	No confirmation needed. Repeat test according to DHHS Blood Lead Screening Plan.
5 – 9 µg/dL	Within 3 months*
10 – 44 µg/dL	Within 1 month*
45 – 69 µg/dL	Within 24 - 48 hours*
≥ 70 µg/dL	Immediately as an emergency test*

*The higher the BLL on a screening test, the more urgent the need for confirmatory testing.

Medical Management Recommendations for Confirmed Blood Lead Levels

Confirmed BLL	Follow-up Venous Test Schedule	Recommended Actions Based on Confirmed Venous BLL
< 5 µg/dL	No follow-up needed. Continue to test according to DHHS Blood Lead Screening Plan	<ul style="list-style-type: none"> Review lab results with family. For reference, the geometric mean blood lead level for children 1-5 years old is less than 2 µg/dL. Repeat blood lead level in 6-12 months if the child is at high risk or risk changes during the timeframe. Provide anticipatory guidance and discuss common lead exposure sources. Paint in homes built prior to 1978 is most common source of lead exposure.
5 – 9 µg/dL	Within 1-3 months* Long-term follow-up: 6-9 months**	<ul style="list-style-type: none"> Provide education: environmental lead sources, potential health effects, importance of follow-up testing, and preliminary advice on reducing exposures. Monitor blood lead level until BLL is <5 µg/dL and lead exposures are controlled.
10 – 14 µg/dL	Within 1-3 months* Long-term follow-up: 3-6 months**	<ul style="list-style-type: none"> Screen for iron deficiency with appropriate laboratory testing (CBC, ferritin). Provide nutritional counseling related to iron, calcium, and vitamin C. Encourage consumption of fruit and iron-enriched foods. Consider multivitamin with iron. Perform structured developmental screening evaluations at child health maintenance visits, as lead's effect on development may manifest over years.
15 – 19 µg/dL	Within 1-3 months* Long-term follow-up: 1-3 months**	<ul style="list-style-type: none"> Consider abdominal x-ray based on the environmental investigation and history (e.g. history of pica or excessive mouthing behaviors). Consider testing other children in the home who may be exposed.
20 – 44 µg/dL	Within 2-4 weeks* Long-term follow-up: 1-3 months**	<ul style="list-style-type: none"> Refer confirmed BLLs ≥ 10 µg/dL to state or local health department for environmental investigation. Refer family to services as needed and if eligible: WIC; home visitation; early development/early intervention if developmental delays diagnosed or suspected.
45 – 69 µg/dL	Within 1 week or as medically indicated*	<p>URGENT: Follow guidance above, plus:</p> <ul style="list-style-type: none"> Oral chelation therapy as indicated. If chelating, consider hospitalization if a lead-safe environment cannot be assured. Chelation should be done in consultation with an expert. Contact Pediatric Environmental Health Specialty Unit (1-800-421-9916) or Poison Control Center (1-800-222-1222).
≥ 70 µg/dL	As soon as possible*	<p>MEDICAL EMERGENCY: Hospitalize and provide chelation therapy once confirmed with venous blood lead test. Contact Pediatric Environmental Health Specialty Unit (1-800-421-9916) or Poison Control Center (1-800-222-1222).</p>

*The higher the venous blood lead level, the more frequent follow-up testing is needed.

**Long-term follow-up should only begin after first 2-4 tests, blood lead levels are declining, and child is in a lead-safe environment.

Lead Exposures and Health Risks in Children

- **Blood levels at or below 10 µg/dL** are associated with a wide range of subclinical effects on a child's development and behavior, such as inattention, hyperactivity, and decreased cognitive function.
- **Even levels at or below 5 µg/dL** are associated with decrements in cognitive functions, as measured by IQ scores and academic performance.
- At blood lead levels >40 µg/dL, clinically evident effects such as anemia, abdominal pain, nephropathy, and encephalopathy can be seen. Lower blood lead levels may cause adverse effects on the central nervous system, kidney, and hematopoietic system.
- Lead exposure can be viewed as a lifelong exposure, even after blood lead levels decline. Bone acts as a reservoir for lead.
- Childhood lead exposure has potential consequences for adult health and is linked to hypertension, renal insufficiency, and increased cardiovascular-related mortality.

Managing Elevated Blood Lead Levels in Children

Management for lead exposure should be provided for all children with a confirmed BLL of 5 µg/dL or higher to prevent increases in lead levels. While there are many sources of lead, most children with elevated BLLs live in or regularly visit a home with deteriorating lead paint. Successful management and/or treatment depends on eliminating the child's exposure. Primary management of lead exposure includes:

1. Finding and eliminating the source of the lead;
2. Instruction in personal and household hygiene measures;
3. Optimizing the child's diet and nutritional status;
4. Close follow-up, including repeat testing to monitor blood lead level.

Sources of Lead

Paint and Dust	Occupations and Hobbies	Soil and Water	Cultural/Other Sources
<ul style="list-style-type: none"> • Chipping or peeling lead paint and its dust is the most common source of lead exposure • Homes built before 1978 may contain lead-based paint • Even tiny amounts of dust from lead paint can cause a child's blood lead levels to rise • Renovation creates large amounts of hazardous lead dust • Exposures can occur at home, daycare, or a relative's home 	<ul style="list-style-type: none"> • Lead dust can be brought home from household member's job or hobby: • Making items that contain lead: bullets, batteries, stained glass • Foundries and scrap metal • Indoor firing ranges, reloading shotgun shells, bullet casting • Construction, painting, remodeling, or demolition 	<ul style="list-style-type: none"> • Bare soil, especially in areas near old homes, industrial sites, or busy roads • Lead paint can contaminate soil around perimeter of house • Lead can enter drinking water as it passes through household plumbing. Homes built before 1986 may have lead in plumbing. 	<ul style="list-style-type: none"> • Traditional or folk medicines • Imported cosmetics, especially kohl/surma, sindoor, or kumkum • Spices brought in or sent from other countries. • Glazed ceramic cookware and food storage containers • Exposure that occurred in another country

Lead Poisoning Prevention Tips for Families

- **Keep children away from lead:** Find lead sources in home. Keep children away from peeling, chipping paint and contaminated soil. Homes built before 1978 can be tested for lead by a certified inspector or using a test kit from a home improvement store.
- **Wash hands, toys, and floors often:** Wash children's hands often, especially before meals and sleeping. Wash toys often. Routinely wet wipe/wet dust floors, tables, and windowsills to remove lead dust.
- **Renovate safely:** Renovation in older homes can create hazardous lead dust. Make sure lead-safe work practices are used.
- **Serve healthy foods:** Provide regular meals and foods rich in iron, calcium, and vitamin C.
- **Avoid products that might contain lead:** Avoid using home remedies, spices, and cosmetics brought or sent from other countries. Avoid using imported pottery and ceramics for food and drinks if you don't know if it contains lead.

For More Information

- Nebraska DHHS Childhood Lead Poisoning Prevention Program: Call 1-888-242-1100 (option 3) or www.dhhs.ne.gov/lead.
- Douglas County Health Department: Call 402-444-7825 or www.douglascountyhealth.com
- Greater Nebraska: Contact local public health department: Find LHD contact information at: www.dhhs.ne.gov/lhd.

References

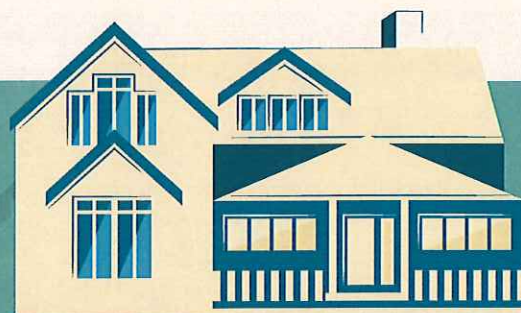
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 Pediatric Environmental Health Specialty Units, 2013. Recommendations on Medical Management of Childhood Lead Exposure and Poisoning. https://www.pehsu.net/Childhood_Lead_Exposure.html
 National Toxicology Program. 2012. Monograph on Health Effects of Low-Level Lead. <https://www.niehs.nih.gov/health/topics/agents/lead/index.cfm>

Protect your child from lead

Is your child at risk of lead poisoning?

Lead is a toxic metal that can impact your child's growth and development.

Lead-based paint is still found in more than 300,000+ homes across Nebraska. When lead paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



Homes built before 1978 may still have lead-based paint.



Lead can be found in:

- Peeling paint and dust in homes built before 1978
- Soil around the home
- Dust carried in from parent's job
- Older water pipes and fixtures
- Some products like glazed pottery, cookware, toys, and jewelry
- Some spices, home remedies, and cosmetics from other countries

Lead poisoning is 100% preventable.

Take these steps to protect your child:

- ✓ Visit the doctor and get your child tested for lead
- ✓ Keep children away from chipping and peeling paint
- ✓ Wash children's hands and toys often
- ✓ Wipe down window sills and mop floors often
- ✓ Get your home tested for lead
- ✓ Renovate safely to avoid creating lead dust
- ✓ Serve healthy foods rich in iron, calcium, and vitamin c



Is your child at risk?

Find resources and information at
Leadsafe.ne.gov | 1-888-242-1100

Disclaimer:

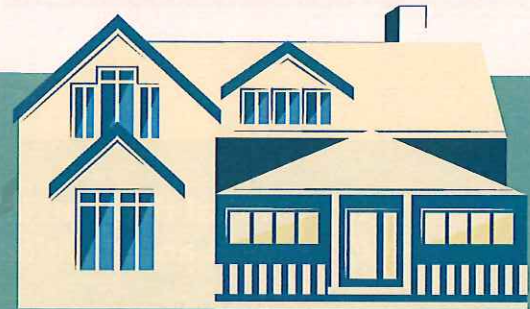
This publication was supported by Cooperative Agreement number N01CE0001364, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Proteja a su hijo del plomo

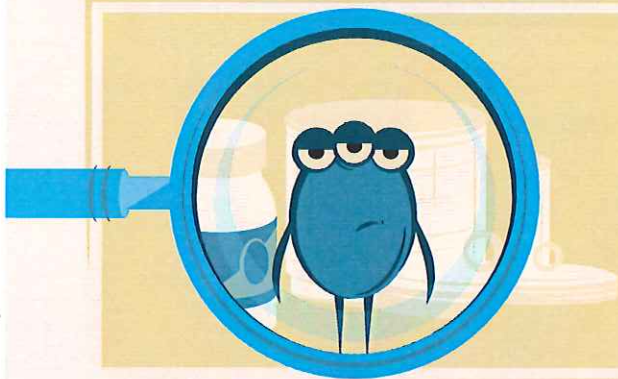
¿Está su hijo en riesgo de envenenamiento por plomo?

El plomo es un metal tóxico que puede afectar el crecimiento y desarrollo de su hijo.

La pintura a base de plomo todavía se encuentra en más de 300,000 casas en todo Nebraska. Cuando la pintura de plomo se pela y se agrieta, produce polvo de plomo. Los niños pueden envenenarse cuando tragan o respiran polvo de plomo.



Las casas construidas antes de 1978 pueden tener pintura a base de plomo.



El plomo se puede encontrar en:

- Pintura descascarada y polvo en casas construidas antes de 1978
- Tierra alrededor de la casa
- Polvo traído del trabajo de los padres
- Tuberías de agua y accesorios antiguos
- Algunos productos como cerámica vidriada, utensilios de cocina, juguetes, y joyas
- Algunas especias, remedios caseros, y cosméticos de otros países

La intoxicación por plomo es 100% prevenible.

Siga estos pasos para proteger a su hijo:

- ✓ Visite al médico y haga que su hijo sea examinado para detectar plomo
- ✓ Mantenga a los niños alejados de la pintura descascarada y pelada
- ✓ Lavar las manos y los juguetes de los niños a menudo
- ✓ Limpie los marcos de las ventanas y trapee los pisos a menudo
- ✓ Haga que su casa sea inspeccionada para detectar plomo
- ✓ Haga remodelaciones de forma segura para evitar la creación de polvo de plomo
- ✓ Servir alimentos saludables ricos en hierro, calcio, y vitamina c

¿Está su hijo en riesgo de exposición al plomo?

Encuentre recursos e información en Leadsafe.ne.gov | 1-888-242-1100

Descargo de responsabilidad:

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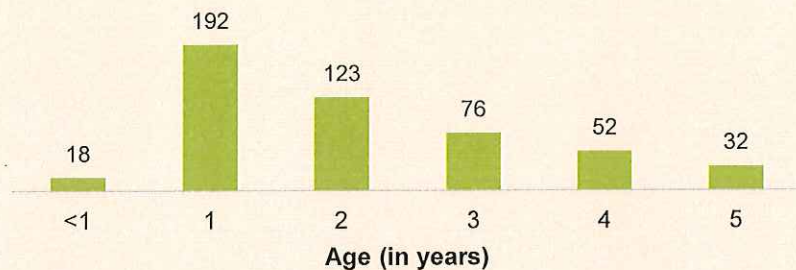


Childhood Lead Exposure in Nebraska

LEAD is a toxic metal that is harmful to the body. Lead exposure can cause lifelong learning and behavior problems in children. No safe blood lead level has been identified. Children in Nebraska are at risk for lead exposure in both **urban** and **rural communities**.

There is no safe level of lead

Number of children in Nebraska with an confirmed elevated blood lead level ($\geq 5\mu\text{g}/\text{dL}$), by age, 2017



493

Children in Nebraska 0-5 years old had a confirmed elevated blood lead level of $5\mu\text{g}/\text{dL}$ or higher in 2017.

36,267

Children in Nebraska 0-5 years old were tested for lead poisoning in 2017.



23%

Percent of children in Nebraska 0-5 years old tested for lead poisoning in 2017.



68%

Percent of children with an elevated blood lead level in 2017 were 2 years old or younger.



39%

Percent of children with an elevated blood lead level in 2017 lived in rural counties. 61% lived in urban counties.



308,728

Estimated number of Nebraska housing units with lead-based paint.



64%

Percent of Nebraska housing units built before 1978, where lead paint is most likely found.

The Nebraska Childhood Lead Poisoning Prevention Program works to reduce lead exposure and poisoning among children in Nebraska.

Nebraska Childhood Lead Poisoning Prevention Program
1-888-282-1100
www.dhhs.ne.gov/lead

