HEALTH EFFECTS OF BLOOD LEAD LEVELS LOWER THAN 10 MG/DL IN CHILDREN

The thoughtful commentary provided by Bernard[1] is a welcome addition to deliberations about whether the Centers for Disease Control and Prevention (CDC) should respond to recent reports of adverse effects of blood lead levels (BLLs) lower than 10 µg/dL in children by lowering the BLL at which individual intervention is recommended.[2,3] The CDC's Advisory Committee on Childhood Lead Poisoning Prevention is reviewing the scientific evidence of the health effects of BLLs lower than 10 µg/dL in children. A finding of adverse effects across a large number of studies will raise important questions about what changes, if any, the CDC should make in its recommendations for medical and environmental management of individual cases. Several suggested changes, including Bernard's suggestion that very young children with BLLs above the national average for young children be tested more frequently, deserve further consideration.

Bernard also advocates widespread education about the dangers of lead, the use of blood lead surveillance and other data (such as housing data) to identify populations at risk, and improved screening of children enrolled in Medicaid. We concur with these recommendations and have asked state and local programs funded by the CDC to work aggressively in these areas. We also agree

that control or elimination of lead hazards is essential in "repeat offender" housing where children with elevated BLLs have repeatedly been identified.

Also relevant to these considerations is the lack of effective interventions to lower elevated BLLs.[4,5] Taken together with the recent reports of health effects of BLLs lower than 10 µg/dL, these studies suggest that elimination of childhood lead exposure requires the implementation of creative strategies for primary prevention. However, shifting our focus to primary prevention does not require changing the intervention level or preclude using this level as one tool for identifying populations of children at highest risk. In fact, it is extremely important that we continue to focus our efforts on those populations. Moreover, we believe that primary prevention efforts, including effective partnerships with housing and other agencies to direct scarce abatement and prevention resources to high-risk neighborhoods, should be our highest priority. Emphasizing primary prevention is the only way we can achieve the nation's 2010 health objective of eliminating childhood lead poisoning as a public health problem.[6] ■

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