

Support

Special Reprint
from Monday,
June 2005

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Lead-laden paint chips and dust, water pipes, and soil spell trouble for children, especially anemic or malnourished refugee children. While some refugee children arrive in the United States with elevated blood lead levels, most test normal upon arrival, then quickly absorb lead from their new environments. Image: Environmental Protection Agency

Lead poisoning prevention: a matter of life and death for refugee children

A nationwide alert on refugee children's particular susceptibility to lead poisoning has led the Centers for Disease Control and Prevention (CDC) to issue new screening recommendations. Prompt implementation will help save refugee children's health and lives.

The problem came to light with the tragic lead poisoning death of Sunday Abek, a two-year-old Sudanese girl, shortly after she resettled in New Hampshire in 2000, and — thanks to mandatory testing and follow-up — the subsequent discovery of a pattern of elevated blood lead levels among other refugee children in that state in mid-2004.

"Pre-existing health burdens such as chronic malnutrition, along with cultural, language, and economic barriers, compound refugee children's risk for lead poisoning," notes the Atlanta, Georgia-based CDC in its May 10 *Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children*. "For example, iron deficiency, prevalent among refugee children, increases lead absorption through the gastrointestinal tract." In short, anemic or malnourished refugee

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children are sponges for lead. And while some arrive in the United States with elevated blood lead levels, most test normal upon arrival but then rapidly absorb lead from their new environments.

The CDC urges lead testing for all refugee children ages six months through 15 years, whatever their country of origin, within 60 to 90 days of arrival in the United States. If lead testing was not part of their initial medical screening, they should be tested as soon as possible.

Repeat the blood lead level testing for all refugee children ages six months through five years, and for older children as warranted, three to six months after they are placed in permanent residences, regardless of initial test results.

Furthermore, the CDC urges nutritional evaluations and appropriate nutritional and vitamin supplements for all refugee children upon arrival in the United States.

Although the problem came to light among African refugee children in New Hampshire, it is not limited to

any one population or region of the United States. Rebutting lingering false impressions that the problem is unique to African children, which it is not, is critically important.

“It’s not country of origin as much as it is nutritional state,” said Arjun Prasad, an International Health Officer in the U.S. Health and Human Services Office of Global Health Affairs, Rockville, Maryland, who helped the CDC develop the new recommendations. “A child that’s malnourished or anemic coming from Thailand is equally at risk as one coming from Kenya.”

Medicaid to cover testing

The U.S. Centers for Medicare and Medicaid Services have assured the CDC that, regardless of how limited a state’s Medicaid program is, Medicaid will cover the initial and follow-up screenings, said Prasad.

“If there is a problem with coverage, we’d like to know right away so we can contact the states and clarify what is and is not covered under their state Medicaid plan,” he said. “Email me at aprasad@osophs.dhhs.gov.”

Lead poisoning remains one of the most common and preventable pediatric environmental conditions even though the United States has made great strides in reducing the number of children with elevated blood lead levels, according to the CDC, whose “Healthy People 2010” program is seeking to eliminate blood lead levels greater than or equal to 10 micrograms per deciliter.

Currently about 2.2 percent of U.S. children have elevated blood lead levels, but the rate is substantially higher for newly resettled refugee

Runs better unleaded

U.S. Environmental Protection Agency
EPA 747-H-00-002

For more information on preventing lead poisoning call 1-800-424-LEAD or visit www.epa.gov/lead.

LEAD Awareness Program

children, the CDC has found. Lead is especially bad for children up to six years of age because their small bodies absorb lead so easily. Lead poisoning can slow a child's development and cause learning and behavior problems. Even small amounts of lead can damage a child's brain, kidneys, and stomach.

Mercy Housing offers resources

Ideally, all children would live in lead-safe environments, especially those whose nutritional status and lack of knowledge about the dangers of lead place them at great risk for lead poisoning.

Refugee resettlement case managers are on the frontlines of finding lead-safe housing for refugees. Help is available from Mercy Housing, a national Denver, Colorado-based group that is working with the CDC and other partners to address the lead issue.

Mercy Housing's Refugee Housing Program has a rich array of resources at www.refugeehouse.org. They include a succinct primer on lead for refugee resettlement workers and links to additional resources in several languages.

Furthermore, under a technical assistance grant from the U.S. Office of Refugee Resettlement, Mercy Housing provides a wide range of free publications and services, including site visits and training.

"We would love to hear from people in the field about the issues coming up as they implement the new CDC lead poisoning prevention guidelines," said Scott Robbins, Refugee Housing Program Manager. "And let us know how you've solved a problem."

At your fingertips: resources on lead

Centers for Disease Control and Prevention: www.cdc.gov

"CDC Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children," May 10, 2005 (*Search phrase: Newly Arrived Refugee Children*)

Strategic Elimination Plans for State and Local Childhood Lead Poisoning Prevention Programs (*Search phrase: Strategic Elimination Plans*)

Lead Factsheets:
www.cdc.gov/lead/factsheet.htm

Environmental Protection Agency:

Lead in Paint, Dust and Soil:
www.epa.gov/lead

National Lead Information Center:
1-800-424-LEAD (5323)

Find your state refugee and refugee health coordinators:

www.acf.hhs.gov/programs/orr/partners/index.htm

Evaluation of housing for lead hazards is most important for families with children under age 16, and/or including a pregnant woman. And the greatest lead hazard is posed by housing built before 1978.

"When inspecting the housing, look for any peeling or deteriorating paint, and for water damage," Robbins said. "If there have been recent renovations, has all of the dust and debris been removed?"

"Did the landlord give you the brochure, 'Protect Your Family from Lead in Your Home,' and disclose any known lead hazards?"

It is important to brief resettled refugees about lead sources, including paint chips and dust, old pipes, newer pipes with lead solder, and soil, especially near highways, factories, and older homes, he said.

Mercy Housing Refugee Housing Program: www.refugeehouse.org

Lead-Based Paint Issues, A Primer for Refugee Resettlement Workers
www.refugeehouse.org/leadbasedpaintissues.htm

To join the Refugee Housing Program's listserv discussion group on refugee housing issues, send a blank email to: join-housingrefugees@lyris.refugeehouse.org

Need help or resources on housing safety for refugees? Want to share a resource or solution to a problem? Contact Scott Robbins, Refugee Housing Program Manager, at info@refugeehouse.org or 303-830-3449.

Having trouble getting initial and/or follow-up lead tests covered by Medicaid? Contact Arjun Prasad, International Health Officer, Office of Global Health Affairs, at aprasad@osophs.dhhs.gov

Mercy Housing is working with the CDC's Lead Poisoning Prevention Branch on a "lead toolkit" for caseworkers and others who help refugees in the United States.

It is expected that the toolkit will be pilot tested this summer by refugee resettlement affiliates in Atlanta, including Refugee Resettlement and Immigration Services of Atlanta. But, first things first, Prasad said: "The most important thing right now is to get the testing done."

New: The Office of Refugee Resettlement "Points of Wellness" toolkit, available at www.refugeewellbeing.samhsa.gov

Heads up: Presumptive treatment for two parasites is urged for Sudanese refugees. Read more at www.cdc.gov/ncidod/dq/lostboysandgirlssudan

Excerpts from "CDC Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children," May 10, 2005

We recommend the following to reduce the risk of lead exposure in refugee children:

Early Post-arrival Evaluation and Therapy - Upon US arrival, all refugee children should have nutritional evaluations performed, and should be provided with appropriate nutritional and vitamin supplements as indicated.

- Pre-existing health burdens such as chronic malnutrition, along with cultural, language, and economic barriers compound refugee children's risk for lead poisoning. For example, iron deficiency, prevalent among refugee children, increases lead absorption through the gastrointestinal (GI) tract.
- At a minimum, the nutritional evaluation should include an evaluation of the children's iron status including a hemoglobin/hematocrit and one or more of the following an evaluation of the mean corpuscular volume (MCV) combined with red cell distribution width (RDW); ferritin; transferrin saturation; or reticulocyte hemoglobin content.
- Evaluate the value of empiric iron therapy among refugee children. Study of empiric iron therapy in refugee children will provide needed data on the efficacy of supplementation to reduce nutritional deficiencies and, thus, reduce lead absorption through the GI tract.

Health Education/Outreach -

- CDC and its state and local partners should develop health education and outreach activities that are culturally appropriate and sensitive to the target population.
- CDC and its state and local partners should develop training and education modules for health care providers, refugee and resettlement case workers, and partner agencies (e.g., WIC) on the following: Effects of lead poisoning among children; Lead sources in children's environments and ways to reduce the risk of exposure; Nutritional and developmental interventions that can mitigate the effects of lead exposure; Ways to provide comprehensive services to children with elevated BLLs.

Identification of Children with Elevated Blood Lead Levels -

BLL testing of all refugee children 6 months to 16 years old at entry to the US.

- Federal standards stipulate that a refugee medical screening take place within 90 days after a refugee's arrival in the US. The content of the screenings vary from state to state. Childhood lead poisoning prevention programs report that most states do not have a BLL screening protocol for refugee children and that lead program surveillance data cannot identify which children are refugees.
- Studies indicate that age is not a significant risk factor for elevated BLLs among refugee children. Although the risk for lead exposure among children older than 6 years may be the result of exposure in their country of origin, many of the prevailing health, social, and economic burdens accompany the children to the US thus suggesting the value of screening ALL refugee children at time of arrival.

Repeat BLL testing of all refugee children 6 months to 6 years 3 to 6 months after refugee children are placed in permanent residences and older children, if warranted, regardless of initial test results.

- Children who mouth or eat non-food items, especially soil, which is common among certain refugee populations, are at risk for lead poisoning, regardless of the age of their housing.
- The New Hampshire case study demonstrates that although some children had elevated BLLs when they arrived in the US, the majority of the children did not. The follow-up screening which was conducted on average 60 to 90 days after the placement of the children in the state and in their permanent residences, revealed elevated BLLs that ranged from 11 to 72 µg/dL.
- The refugee status for most of the children entitles them to Medicaid, WIC, and other social services for at least 8 months after their resettlement, regardless of family financial status.

Monday is published 10-11 times a year by Church World Service Immigration and Refugee Program. The Rev. Joseph Roberson, *Director*. Designed and edited by Carol Fouke-Mpoyo, *Interpretation Specialist*. The Rev. John L. McCullough, *Executive Director*, Church World Service.
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