



The Primary Care Provider's Role in Blood Lead Surveillance Reporting

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Minnesota state lead statute* requires that facilities performing blood lead analyses must report all results to the Minnesota Department of Health. Revisions effective April 9, 1998, require that, **"If a blood lead analysis is performed outside of Minnesota and the facility performing the analysis does not report the blood lead analysis results and epidemiological information required in this section to the commissioner, the provider** who collected the blood specimen must satisfy the reporting requirements of this section."** This fact sheet tells about lead surveillance and the data that reporting facilities need from health care providers.

The Need for Lead Surveillance

Lead in the environment poses a major threat to the health of America's children. In 2004, approximately 1,500 Minnesota children were found to have an elevated blood lead level of 10 micrograms per deciliter (*Fg/dL*) or higher. The U.S. Centers for Disease Control and Prevention considers 10 *Fg/dL* or higher as the level associated with probable adverse health effects in children.

In Minnesota, a detailed environmental assessment is required for blood lead cases of 15 *Fg/dL* or higher.

Children in many areas of Minnesota are under-tested, therefore the true rate of lead poisoning for the entire state is unknown.

The blood lead surveillance program collects and analyzes demographic, medical, geographic, and environmental data to better understand the occurrence of elevated blood lead cases in Minnesota. Surveillance information lays a critical foundation for developing strategies to protect people who are at greatest risk from the harmful effects of lead.

Data to Submit

with All Blood Lead Samples Sent for Analysis

- Patient's:
 - Name
 - Address
 - City, State, Zip
 - Phone number
 - Birthdate
 - Gender
 - Race
 - Adult Patient's Occupation
(Occupation Not Required)
- Physician or facility name, phone number, full address
- Date the sample was collected
- Type of blood sample (venous or capillary)

* Minnesota Statutes, section 144.9502, Childhood Lead Poisoning Prevention Act

** "Provider" is defined in section 62D.02, subdivision 9.

Reporting Requirements

The law requires that facilities performing blood lead analyses report the results of *all* blood lead analyses (venous and capillary) to the Minnesota Department of Health (MDH). In order for the laboratories and other facilities to meet this requirement, *they need patient information that is available only from the health care provider or facility requesting the analysis.*

Yes, But.... Does Reporting Matter?

The health care provider plays a key role in the continuum of lead poisoning prevention—by providing information needed for building a more effective community prevention strategy, in addition to providing medical intervention and follow-up of lead-poisoned patients.

Complete reporting by health care providers is *essential* for blood lead surveillance. Laboratories rely on receiving complete patient information to enable them to meet the statutory reporting requirements.

The blood lead surveillance system needs data from *all* blood lead tests—even those less than 10 *Fg/dL*. The results of all blood lead tests are needed to analyze trends in blood lead screening as well as trends in elevated blood lead levels.

Collaborative Planning

The MDH lead surveillance activities were planned in collaboration with primary care physicians, other health professionals, laboratory staff, local health agencies, health care planners, and national agencies.

An advisory group of physicians and laboratory personnel will be called to work with MDH to identify ways to improve the blood lead surveillance system as needed.

Contact Information

For more information on blood lead surveillance, contact:

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Goals of Lead Surveillance

- Monitor blood lead levels in children and adults;
- Identify and monitor geographic and demographic trends;
- Provide information needed for medical and environmental follow-up of children with elevated blood leads; and
- Provide data for planning and implementing prevention strategies for populations at high risk for elevated blood lead levels.

To request this document in another format, call:
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