

“Preventing Lead Poisoning in Young Children” *

A Statement by the Centers for Disease Control and Prevention
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U.S Department of Health and Human Services,
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“The U.S. Department of Health and Human Services has established an ambitious goal of eliminating elevated blood lead levels (BLLs) in children by 2010... Recent research on lead’s health effects at low levels, which suggests **societal benefits from preventing even low level lead exposure in childhood**, underscores the importance of this public health goal.” p1

“...because no level of lead in a child’s blood can be specified as safe, **primary prevention must serve as the foundation of the effort [to prevent childhood lead poisoning].**” p1

“Efforts to eliminate lead exposures through primary prevention have the greatest potential for success.” p3

“Since 1991, CDC has emphasized the need to make primary prevention of lead poisoning through interventions that control or eliminate lead hazards before children are exposed, a high priority...CDC’s Advisory Committee on Childhood Lead Poisoning Prevention recently issued updated recommendations **calling for the nation to focus on primary prevention of childhood lead poisoning.**” p3

“Ultimately, **all nonessential uses of lead should be eliminated**...all levels of government share responsibility for primary prevention of childhood lead poisoning.” p5

“...the approach needed is clear: **identify and address existing lead hazards before children are exposed**, otherwise hundreds of thousands of children will be placed at risk needlessly. The overall reduction of lead in the environment will benefit all children.” p8

“The overall weight of available evidence **supports an inverse (negative) association between BLLs < 10 ug/dL and the cognitive function of children**...For health endpoints other than cognitive function (i.e., other neurologic functions, stature, sexual maturation, and dental caries), consistent associations exist between BLLs <10 ug/dL and poorer health indicators.” Appendix p iv

“...even at the lower exposure levels that prevail today, typical body burdens of lead are likely to be much higher than those present in pre-industrial humans, which by one estimate corresponded to a BLL of 0.016 ug/dL...” p3

“... a majority [of studies] revealed that both crude and adjusted associations were **consistent with an adverse effect: IQ decreases with increasing levels of blood lead.**” Appendix p9

“Lead is the most extensively studied environmental neurotoxicant. Animal and in vitro studies have provided abundant information concerning biochemical and physiologic changes caused by lead. Along with clinical and epidemiological data, **this evidence has clearly established that lead is toxic to the developing and mature nervous system.**” Appendix p14

“**Lead associated cognitive and behavioral effects have, not surprisingly, been associated with an increased risk of failure to complete high school.**” Appendix B-4