

# Epi Monthly Report

Office of Epidemiology and Disease Control



Miami-Dade County  
**HEALTH DEPARTMENT**

## Some Miami-Dade physicians still not following federally mandated lead screening guidelines for Medicaid clients

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Children enrolled in Medicaid program are at increased risk for lead poisoning (CDC, 1997; FDOH 2000). These children are at greater risk for elevated blood lead levels because they tend to live in older housing units, which may increase their exposure to lead-based paint. Young children, 9 months to 2 years of age, are at greatest risk of lead poisoning due to their hand-to-mouth activity, higher susceptibility of their nervous systems to toxic effects of lead, and increased absorption of ingested lead. Since 1989, Federal law has required routine screening of 1- and 2-year old children for lead poisoning as part of Medicaid's services. However, the U.S. General Accounting Office (GAO) reported that only 17% of Florida's children enrolled in the non-HMO Medicaid received a blood lead test in 1994-1995 (GAO, 1999).

In following and modifying the CDC recommendations for targeted screening of children for lead poisoning, Miami-Dade County Childhood Lead Poisoning Prevention Program (CLPPP) has issued screening guidelines for primary care physicians and pediatricians (see attached map). These guidelines are reviewed regularly to capture at least 95% of cases

reported to CLPPP, and distributed bi-annually to family physicians and pediatricians practicing in Miami-Dade County. The guidelines include Medicaid status or any other form of public assistance as a criterion for screening children for lead poisoning. Another screening criterion is child's residence or attending daycare in CLPPP target zip-code areas that have a high percentage of housing built before 1950.

To assess screening of children enrolled in Medicaid and living in target zip-codes, as they were defined at the inception of the program in 1999, CLPPP obtained Medicaid data indicating the number of lead screenings by Medicaid providers in these areas. The data are not yet available for the Florida's Medicaid HMO population and are not included in this report

According to Medicaid lead screening data, the proportion of 1 and 2 year-old Medicaid recipients living in target zip codes who were screened for lead poisoning has increased from 22% in the fiscal year 1999-2000 to 24% in the year 2000-2001. These rates are consistent with the national average in childhood lead screening of 24% (CDC, 1997).

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Screening of Medicaid recipients for childhood lead poisoning  
in target zip codes<sup>a</sup> by fiscal year

	Fiscal Year 1999-2000		Fiscal Year 2000-2001	
	N	(%)	N	(%)
Medicaid recipients <sup>b</sup>	2265	(100)	2459	(100)
Children screened <sup>c</sup>	495	(22)	590	(24)
Children with $\geq 1$ well-baby visits	1223	(54)	1405	(57)
Children with $\geq 1$ well- baby visits who had not received a lead test	829		934	

<sup>a</sup>CLPP Program year 1 and year 2 target zip codes (33127, 33137, 33138, 33147, and 33150)

<sup>b</sup> Total number of Medicaid recipients ages 1 and 2 who were not enrolled in HMO during the fiscal year, and who remained with the same provider for a year

<sup>c</sup> Total number of Medicaid recipients ages 1 and 2 who received lead testing

Only 54%-57% of children living in the target zip codes had at least one well-baby visit at 1 and 2 years of age. Similarly, data for the entire Miami-Dade County (MDC) indicate that 67% of children on Medicaid had at least one well-baby visit. Thus, parental non-adherence to regularly scheduled well-baby visits and other barriers to health services utilization in this population are major contributing factors in lead screening deficiency. Also accountable for the lack of childhood lead screening is the physician non-compliance with screening recommendations: about 67% (934/1405) of Medicaid recipients from target zip codes had not received a lead screening test during their well-baby visits during the fiscal year 2000-2001. However, physicians serving recipients from these target areas adhere somewhat better to screening recommendations than physicians serving the Medicaid population in the entire MDC, who failed to provide a lead test to 69% Medicaid recipients during their well-baby visit in the same year.

The Medicaid data provide useful information about the individual area physicians and their screening practices. CLPPP will use this information to increase outreach efforts to non-compliant providers in the target zip codes who do not follow the screening guidelines for their Medicaid clients.

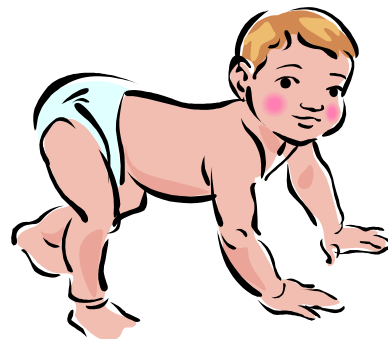
#### References:

Centers for Disease Control and Prevention, 1977.

Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials.

Florida Department of Health, Bureau of Environmental Epidemiology, 2000. Childhood lead poisoning screening guidelines.

United States General Accounting Office, 1999. Lead Poisoning: Federal health care programs are not effectively reaching at-risk children.



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# Childhood Lead Poisoning\* Screening Map for Miami-Dade County

To report lead poisoning\* cases, call (305) 324-2414

## Screening Guidelines:

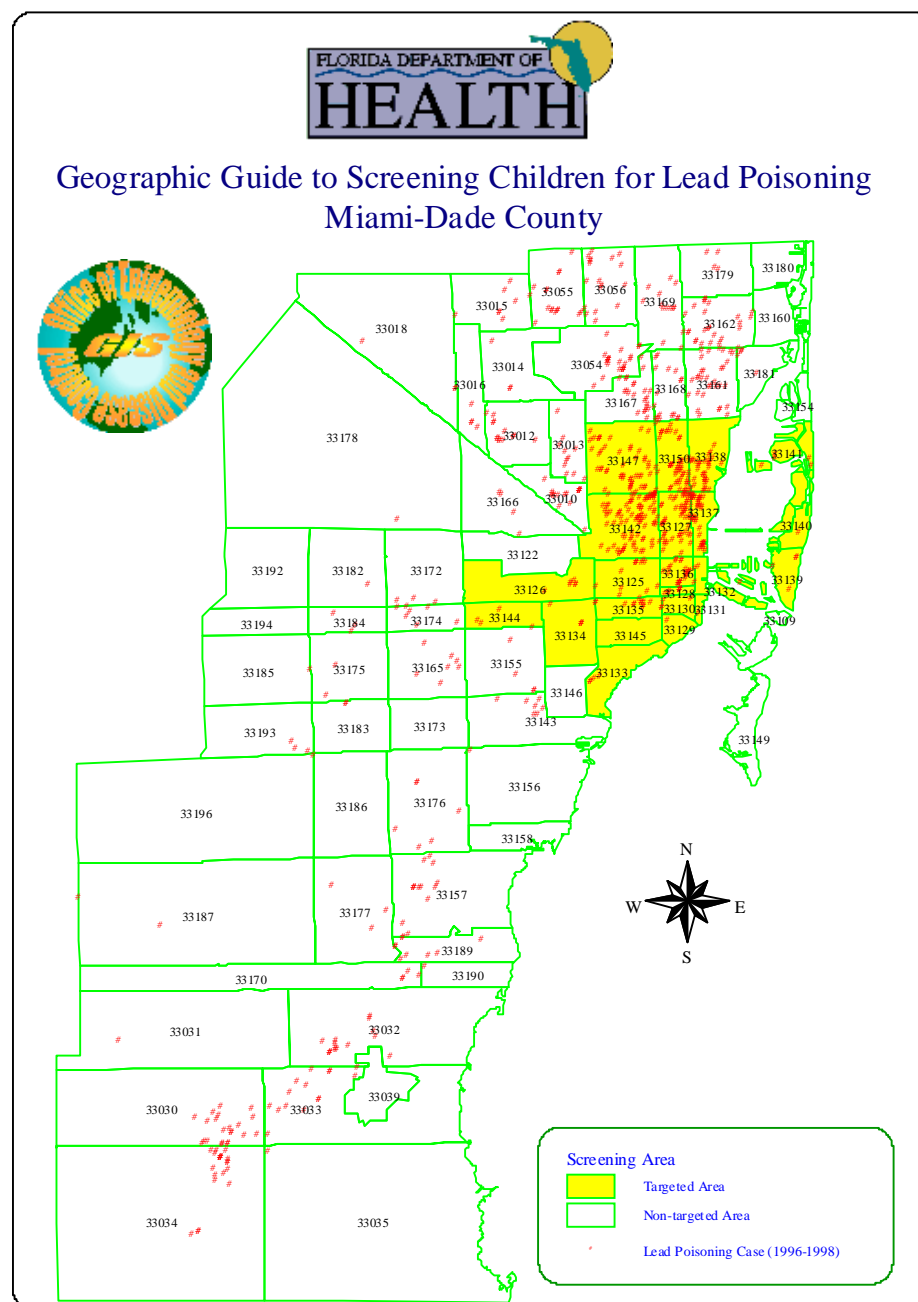
Screen Children at ages 12 and 24 months (at 36-72 months if child has not been screened previously) who meet any of the following criteria:

- Are enrolled in Medicaid or receive health care in a publicly funded clinic
- Receive any type of public assistance
- Live in or regularly visit a house that was built before 1950
- Live in or regularly visit a house built before 1978 that is being remodeled
- Recently arrived to the U.S. within one year
- Have a sibling or playmate with lead poisoning
- Live in or attend day care in any of the following zip code areas (corresponding to the yellow shaded areas on the map)

### List of Target Zip Code Areas

33125 33126 33127 33128 33129 33130 33131  
 33132 33133 33134 33135 33136 33137 33138  
 33139 33140 33141 33142 33144 33145 33147  
 33150

\* Lead Poisoning is a blood lead level greater than or equal to 10 ug/dL of whole blood.  
 03/01/2002



# Monthly Report

## Selected Reportable Diseases/Conditions in Miami-Dade County, July 2002

Diseases/Conditions	2002	2002	2001	2000	1999	1998
	this Month	Year to Date	Year to Date	Year to Date	Year to Date	Year to Date
AIDS *Provisional	112	702	849	806	882	976
Campylobacteriosis	11	59	75	89	84	38
Chancroid	0	0	0	0	1	3
<i>Chlamydia trachomatis</i>	371	2335	2068	1828	2679	1184
Ciguatera Poisoning	0	0	0	1	0	0
Cryptosporidiosis	0	4	8	5	7	8
Cyclosporiasis	0	1	0	0	0	1
Diphtheria	0	0	0	0	0	0
<i>E. coli</i> , O157:H7	0	0	0	1	4	2
<i>E. coli</i> , Other	0	1	0	1	0	1
Encephalitis	0	0	0	0	0	0
Giardiasis, Acute	24	126	158	96	51	35
Gonorrhea	167	1078	1054	1278	1836	974
Granuloma Inguinale	0	0	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	0	0	1	1	1	0
Hepatitis A	19	90	90	39	48	80
Hepatitis B	5	17	31	27	16	45
HIV *Provisional	212	1151	861	885	821	975
Lead Poisoning	23	163	128	N/A	N/A	N/A
Legionnaire's Disease	0	1	1	0	0	1
Leptospirosis	0	0	0	0	0	0
Lyme disease	1	1	4	3	0	1
Lymphogranuloma Venereum	0	0	0	0	0	0
Malaria	3	8	12	18	13	14
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	8	12	12	21	14
Meningococcal Disease	0	10	12	18	12	9
Mumps	0	0	0	1	2	0
Pertussis	0	3	1	4	8	11
Polio	0	0	0	0	0	0
Rabies, Animal	0	0	0	0	0	1
Rubella	0	0	0	1	0	0
Salmonellosis	30	150	137	145	161	115
Shigellosis	31	130	73	126	90	131
<i>Streptococcus pneumoniae</i> , Drug Resistant	5	75	124	120	124	58
Syphilis, Infectious	26	121	118	78	37	17
Syphilis, Other	78	524	434	453	499	372
Tetanus	0	0	1	0	0	0
Toxoplasmosis	2	14	7	0	1	0
Tuberculosis *Provisional	12	130	117	178	154	159
Typhoid Fever	1	2	0	1	14	3
<i>Vibrio</i> , <i>cholera</i>	1	0	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	0	0	0

\* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

\*\* Data on tuberculosis are provisional at the county level.



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