Childhood Lead Exposure: The Evolving Landscape

By Teresa Frankovich, M.D, Associate Medical Director

Recent headlines about high lead levels found in fruit pouches consumed by young children, highlight the fact that lead exposure is not a thing of the past but an important part of our present. Exposure to this metal can cause a wide range of health problems, including irreversible brain damage, particularly in young, developing brains. There is no known “safe” level of lead exposure.

In your practice, you have likely spoken with parents about lead exposure occurring in older (pre-1978) homes, due to lead-based paints that were once widely used. Of course, lead may be found in soil, particularly around older homes and industrial sites and in water that flows through older pipes containing lead. Until relatively recently, parents were advised primarily about these sources of exposure. But lead is also being found in other, unexpected places, necessitating a change in what we communicate to parents about exposure risks.

Since each country has different customs and regulations about food and product safety, the potential for lead exposure has grown. In today’s world, the items we all eat, drink, and use (such as cookware, herbal medicine, cosmetics, etc.) now come from places around the globe. For example, the contaminated apple cinnamon fruit pouches mentioned above were made in Ecuador and sold under various brand names in the United States. The source of contamination is suspected to be cinnamon. Similarly, in parts of South Asia, the beautiful golden yellow spice, turmeric, has long been used in traditional medicines and in food. But in that part of the world, the turmeric roots are commonly dusted with a lead-containing compound to further enhance the spice’s color. This may be one reason that South Asia has some of the highest rates of lead poisoning in the world.

It is important that clinicians update their discussions about lead risk to include information about potential exposures through food products, cosmetics, traditional remedies and objects such as toys, pottery and cookware, from across the globe.

As a reminder, the California Department of Health Care Services (DHCS) requires that providers discuss lead prevention at every well child visit between 6 months and 6 years of age. For children enrolled in Medi-Cal, lead testing is required at 12 and 24 months of age. Catch-up testing is required between 24 months and 6 years for children who were not previously tested. There are additional testing guidelines for children at higher risk of exposure such as refugees. Parents declining testing must be asked to sign a refusal form and the form must be documented in the patient’s medical record.

To further emphasize the importance of ensuring that all children are tested appropriately for lead exposure, Partnership has made lead testing an incentivized QIP clinical measure for 2024 and is working to help improve testing access for clinics through a point of care testing initiative and outreach to Public Health Department Laboratories in the Partnership region.

For more information about implementing lead prevention in your practice (including parent resource materials), please go online to the California Department of Public Health lead prevention page.

You may also reach out to Dr. Teresa Frankovich, tfrankovich@partnershiphp.org, for assistance and further information about lead prevention.