

Refugee Health Microlearning Series: Lead Transcript

UPDATED 3/28/2022

Slide 1

Refugee Health Screening: Lead

- Hello and welcome to the micro-learning series presented by the Refugee Health Program at the Minnesota Department of Health. This series is meant to help providers, clinical teams, and public health better understand best practices for refugee health screenings. This video focuses on **lead** screening guidance during refugee health assessments.

Slide 2

What do you need to know

Who?

- Potential sources of lead exposure and access to lead screening are different for new arrivals, and our screening protocols need to account for that.
- Labs should include blood lead level screening for everyone under 17 and anyone who is pregnant or breastfeeding. If you are aware of lead exposure, you may want to test others in the family as well.
- This is different from many standing orders that focus on early childhood screening. It is important to check that your clinic protocols include the screening and the follow-up for those being screening.

When?

- Blood lead screening should occur during the initial refugee health assessment.
- After the visit, some additional screening may be needed, for example if they have an elevated blood lead level, or if they are 5 years old or younger, regardless of the initial lead level. It's important to make a plan for how that follow-up will happen.

What next?

- Because lead poisoning can happen without a family being aware, and symptoms are delayed and non-specific, it's important to learn, educate, connect with local resources like local public health, and stay up to date with screening and follow-up guidance.

Slide 3

Updates in guidance

Is this different from previous MDH guidance?

- This updated guidance has added lead screening for those who are pregnant or breastfeeding, following the literature that indicates it as a need.
 - It is worth noting that CDC has recently updated the elevated blood lead level threshold from 5 micrograms per deciliter to 3.5 micrograms per deciliter; however, the Minnesota state health department continues to use 5 micrograms per deciliter a threshold for an elevated blood lead level.
- The Minnesota Department of Health's Refugee Health Program and the Minnesota Childhood Lead Poisoning Prevention Program partnered to look at follow-up for recent arrivals with Elevated Blood Lead Levels. We found many lost opportunities to follow-up for those over 6 years of age with elevated blood lead levels, likely because surveillance is focused on the under 6 population.
- It is very important to evaluate the systems of follow-up at the clinic level, and engage with local public health, if possible, to ensure proper follow-up for all recent arrivals.

Is this different from national guidance?

- Aside from the difference in elevated threshold, the screening recommendations in Minnesota follow the CDC Lead Screening guidance for refugees. Minnesota has a robust public health system, and providers and clinics are encouraged to connect with those resources to better aid partners and screening outcomes. Resettlement agencies may also be a partner during early resettlement.

Slide 4

Report screening results

- As part of the paperwork for the Refugee Health Assessment that is submitted to the Refugee Health Program, there is a section where lead screening results can be recorded. Please make sure this section is being filled out appropriately.

Slide 5

Resources to learn more

- If you're interested in learning more, please look at the full screening guidance and other resources outlined in this page.

Slide 6

Thank you

- The well-being of all Minnesotans, including those with refugee status, depends on the work and dedication of our partners. Thank you so much for your work.

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3/28/22

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