

Lishinski, Karen (DHHS)

From: Lishinski, Karen (DHHS)
Sent: Thursday, October 01, 2015 8:12 AM
To: Peeler, Nancy (DCH)
Subject: FW: Hurley -- follow up about the question on Hurley lab results

Nancy,

I just wanted to add that the Spice Collaborative was founded when I noticed a trend of groups of siblings with high lead levels in areas that normally have fewer EBLs. At this time I was only seeing the 20+. Now I see all children with ebls.

From: Scott, Robert L. (DHHS)
Sent: Thursday, October 01, 2015 8:06 AM
To: Peeler, Nancy (DHHS)
Cc: Lishinski, Karen (DHHS)
Subject: RE: Hurley -- follow up about the question on Hurley lab results

We report on testing and elevated levels annually by fiscal year for the legislature--by county/Detroit and the state. We report annually by calendar year for stakeholders and the public--by county, by several funded communities, and by ZIP code; also the Medicaid population by county. These annual reports include tables, graphs and maps to provide detailed information about the past year, as well as trends over several years. We produce other reports by request.

We used to produce similar reports by quarter, and even a special monthly report for funded health departments. But as we have lost funding and staff, and as my own time has been pulled in other directions, these other more-frequent reports have fallen away.

Child- and address-specific data continues to be provided to every local health department every week--via HHLPS on-line system, and via securely-transmitted Excel files--so that they have information on lead levels for children in their jurisdictions.

BLLs $\geq$ 20 are faxed to local health departments the same day we receive them. Starting a few months ago, copies of all BLLs $\geq$ 5 are provided to our Nurse Consultant weekly, to help her monitor elevated levels in each local jurisdiction.

From: Peeler, Nancy (DCH)
Sent: Wednesday, September 30, 2015 6:50 PM
To: Wells, Eden (DHHS) <WellsE3@michigan.gov>; Miller, Corinne (DHHS) <MillerC39@michigan.gov>; Miller, Mark (DHHS) <millermark1@michigan.gov>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Priem, Wesley F. (DHHS) <priemw@michigan.gov>; Travis, Rashmi (DHHS) <TravisR@michigan.gov>
Cc: Fink, Brenda (DHHS) <FinkB@michigan.gov>; Scott, Robert L. (DHHS) <ScottR9@michigan.gov>
Subject: RE: Hurley -- follow up about the question on Hurley lab results

I can partially answer your question now, will get additional info from Bob and send more later.

The data flows in daily, year-round. We process several thousand test results every week. We monitor the results daily, and have an algorithm for our follow-up response, based on the blood lead level.

Because we are processing results every day, we do see some patterns if they begin to emerge, especially with the higher lead levels. We normally track and report data at health department level, county level/Detroit. We are still building our capacity and putting new procedures in place via our CDC Surveillance grant to crank out more

reports/report cards, and more frequent data reports, especially with the switch in focus to levels of 5 and above (which means we are focusing on a larger number of results than just 10 and above). We develop and share out many maps, charts, graphs, and yes, do publish an annual legislative report.

We have .2 FTE Epi support (Cristin Larder), mostly for special projects and/or reports, for example, Cristin is working with us and Dr. Stan Kaplowitz from MSU to use his research to help pinpoint smaller geographic areas with higher risk, so we can better direct resources toward those areas.

Bob, can you please add more information about frequency of your analysis, and how we detect issues?

From: Wells, Eden (DCH)
Sent: Wednesday, September 30, 2015 6:24 PM
To: Peeler, Nancy (DCH); Miller, Corinne (DCH); Miller, Mark (DCH); LyonCallo, Sarah (DCH); Dykema, Linda D. (DCH); Priem, Wesley F. (DCH); Travis, Rashmi (DCH)
Subject: RE: Hurley -- follow up about the question on Hurley lab results

That sounds about right.

May I ask,, is it CLPP's usual process to collect the lead data on an ongoing basis...if so, at what level is the data usually analyzed (by Epi)? IS it daily, monthly? Quarterly? Annually? How would we normally detect/know if there is an issue in a particular locality---do you look at it at county level or smaller when you peruse your data? This question may arise...

E

From: Peeler, Nancy (DCH)
Sent: Wednesday, September 30, 2015 5:22 PM
To: Miller, Corinne (DCH); Miller, Mark (DCH); LyonCallo, Sarah (DCH); Dykema, Linda D. (DCH); Priem, Wesley F. (DCH); Travis, Rashmi (DCH); Wells, Eden (DCH)
Subject: FW: Hurley -- follow up about the question on Hurley lab results

Hi all – I talked to Bob to confirm the information I had shared about the Hurley lab results. It is a little more nuanced than I had explained, forwarding Bob's explanation, FYI.

From: Scott, Robert L. (DCH)
Sent: Wednesday, September 30, 2015 5:05 PM
To: Peeler, Nancy (DCH)
Subject: Hurley

Hurley Medical Center is listed as the "Provider" on approximately half of the blood lead results we received for Flint children in 2014—I assume that pattern holds in 2015 and in recent years. Warde Medical Lab is listed as the "Laboratory" on those results. Warde reported the results to CLPPP in accordance with State law.

I can't say whether the blood specimens were a) drawn at Hurley's lab, or b) simply passed through Hurley's lab—from physician office to Hurley to Warde for analysis. As I understand it, both scenarios are common at various hospital labs.

Robert L. Scott
 Childhood Lead Poisoning Prevention Program