

Ugh

Sent from my iPhone

On Oct 2, 2015, at 6:38 PM, LyonCallo, Sarah (DHHS)
<lyoncallos@michigan.gov> wrote:

It would be great if Bob or Nancy could be contacted because I cannot find the answer to Mona's question about rounding in any materials on CDC or MDHHS CLPP materials.... Specifically Mona wants to know how a lab test with decimal values is rounded in the data base.

Do we round up?

Do we round down?

Do we use the rounding rule?

I am assuming we are following a cdc protocol on rounding rules, but can't find any mention of rounding in the data specs I have been able to find thus far.....

Lead results are squishy.

In Michigan:

- Any specimen that could not be analyzed (clotted, insufficient amount, etc.) is not included here.
- Any result of "below detection limit" or similar text is stored as a 1.
- Any result of less than 1 (0.0, 0.2, 0.5, 0.8, etc.) is stored as a 1.
- Any numerical result in decimals (above 1) is rounded to the nearest integer (rounding up at .5).
- Any result reported as <X is stored as the next lowest integer—e.g., <4 is stored as 3.

Everywhere:

- Different labs using different methods of analysis have different detection limits.
- Different methods of analysis have different levels of precision.
- LeadCare analyzers (including LeadCare II) have a detection limit of 3.3. LeadCare results now account for nearly half? A third? Of all results statewide.
- Regardless of the method of analysis, the method of blood draw can be either venous or capillary. Capillary is considered a screening test, and any elevated capillary test should be confirmed with a venous test. In many cases, though, the venous test never occurs—either one or more repeat capillary tests are done, or the child never gets a second test of either type.
- This situation has been further confused since 2012, when the reference level went from 10 to 5. Even more capillary BLLs 5-9 go unconfirmed than those ≥ 10 .
- THE REFERENCE LEVEL FOR BLOOD LEAD IS "5" NOT "5.0."