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ESPERANCE LEAD – RESULTS OF CHILDREN'S REPEAT TESTING

Hello Everyone,

I have now seen all the results (on an anonymous basis) from the repeat blood lead testing and have compared them to the original test results and I wanted to share my views on these with you.

Virtually all the results show significant improvements, as expected, and that is good news ! Even someone working on the very cautious side would be pleased with these results and they do not indicate the need for concern or for upgrading what we are collectively doing. The majority of the children have levels of 5 µg/dL or below, even if a few have reached a plateau, and we can live with these levels happily. Further routine screening of blood lead levels is therefore not required for the majority of children in Esperance. However, I would advise people not to become complacent and therefore particularly for parents to keep hand washing and wet mopping practices when they can to make sure their child gets best chance of not picking up further lead. It is a lifestyle habit and there are many other health benefits of these practices e.g. bacterial reduction, reduced allergens exposure etc.

A very few children have kept relatively higher levels of lead and we are working with these families to find out where that lead comes from, and to provide maximum support to try to deal with this issue, and for ongoing blood lead level monitoring and surveillance. Interestingly, the origin in most of these cases indicates non-Magellan sources which have been co-incidentally picked up in this monitoring programme. It is strange to realise that if the lead testing programme had not been established in Esperance, these may otherwise have not have come to light. The fact they have been picked up gives us a chance to improve things for these children. Other possible sources of lead in the home include lead paint, lead in water, lead in dust, ceramic ware, snooker chalk, lead sinkers and toys (especially Chinese ones). I am working with staff from the WA Department of Health to help identify the source of lead in these cases and provide the best follow-up arrangements. In all cases, the blood lead levels in children are way short of a level we would normally consider chelation medicine therapy for.

How to contact me.

I work on many different sites, both university and clinical sites and so the best way to contact me is probably by email at alison.jones@newcastle.edu.au. I shall be interested to hear of your comments and questions and if I can support you in any way I will be happy to do so. Please understand that I am trying to do my best to help you and explain the science and medicine behind all this.

Best wishes

Professor Alison L Jones
Professor of Medicine and Clinical Toxicology