

# SNSPE - National Surveillance System for Childhood Lead Poisoning

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General	
Identification	
Detailed name	National Surveillance System for Childhood Lead Poisoning
Sign or acronym	SNSPE
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	CNIL approval no. 903398
General Aspects	
Medical area	Biology Pediatrics
Pathology (details)	housing
Health determinants	Intoxication Lifestyle and behavior Pollution Social and psychosocial factors
Keywords	lead poisoning, blood lead level, dilapidated housing, obligatory notification, surveillance system, lead, children, poisoning
Scientific investigator(s) (Contact)	
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Organization	Institut de veille sanitaire

Collaborations	
Funding	
Funding status	Public
Details	InVS
Governance of the database	
Sponsor(s) or organisation(s) responsible	INVS - Institut de Veille Sanitaire
Organisation status	Public
Additional contact	
Main features	
Type of database	
Type of database	Morbidity registers
Additional information regarding sample selection.	Surveillance system designed to screen for lead poisoning in children (without knowing population toxicity). Recorded blood lead level testing (initial screening and follow-up) ordered in children (younger than 18) following exposure risk factor research (individual identification or screening campaigns), regardless of the result. Includes cases of lead poisoning reported to the ARS/DDASS (blood lead level higher than 100 µg/L) and cases identified during toxicity surveys.
Database objective	
Main objective	Monitoring: 1/ Description of lead poisoning screening activities for children; 2/ Identification of lead poisoning cases and description of the characteristics; 3/ Description of medical and environmental management of children with lead poisoning.
Inclusion criteria	Children younger than 18 years old with blood lead toxicity.
Population type	
Age	Newborns (birth to 28 days) Infant (28 days to 2 years) Early childhood (2 to 5 years)

Childhood (6 to 13 years)  
Adolescence (13 to 18 years)

Population covered	General population
Gender	Male Woman
Geography area	National
Detail of the geography area	France
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	1992
Size of the database	
Size of the database (number of individuals)	Greater than 20 000 individuals
Details of the number of individuals	Over 95,000 children with a total of >150,000 records.
Data	
Database activity	Current data collection
Type of data collected	Clinical data Declarative data Biological data Administrative data
Clinical data (detail)	Medical registration
Details of collected clinical data	Presence of clinical symptoms, anaemia, iron deficiency.
Declarative data (detail)	Face to face interview
Details of collected declarative data	Questionnaire completed by prescribing physician (interviewing parents) and the laboratory.
Biological data (detail)	Blood lead level results, (+/- haemoglobin).
Administrative data (detail)	Identification data, place of residence.
Presence of a biobank	No

Health parameters studied	Health event/morbidity Others
Other (detail)	Lead poisoning screening, obligatory notification of cases.
Procedures	
Data collection method	The prescribing physician must complete a monitoring form and send it to the laboratory with the order for all blood lead level requests for minors. This includes the date and sampling method, as well as the assay result on the form. A copy is forwarded to the inter-regional poison control centre (CAPTV), and the form is returned to the prescribing physician. Forms are recorded on computer in each CAPTV and then digitally transmitted to InVS that constructs the national anonymous database. This system is supplemented by new lead poisoning case reports (first blood lead level higher than 100 µg/L) by the ARS to InVS. Duplications are deleted. Data retrieved from the SNSPE are anonymous individual data for individuals younger than 18, when blood samples are taken.
Classifications used	-
Quality procedure(s) used	Duplicate processing (2 data sources for lead poisoning cases only): section detected automatically by national software application and another section by manual research. Control and recording at CAPTV and InVS application level. Variable data quality: completeness varies according to region and every passing year (improved completeness in the blood lead level number). Some variables are poorly recorded (medical treatments and environmental measures implemented between blood lead levels).
Participant monitoring	Yes
Details on monitoring of participants	National recommendations included blood lead level follow-up for poisoning or exposure risk factors. The same monitoring form is completed for successive blood lead levels by the physician to clarify the medical treatment and environmental procedures implemented to avoid exposure.
Links to administrative sources	No
Promotion and access	
Promotion	

Link to the document	<a href="http://opac.invs.sante.fr/index.php?lvl">http://opac.invs.sante.fr/index.php?lvl</a>
Link to the document	<a href="http://www.invs.sante.fr/fr../layout/set/print/Publications-et-outils/Rapports-et-syntheses/Environnement-et-sante/2010/Depistage-du-saturnisme-chez-l-enfant-en-France-de-2005-a-2007">http://www.invs.sante.fr/fr../layout/set/print/Publications-et-outils/Rapports-et-syntheses/Environnement-et-sante/2010/Depistage-du-saturnisme-chez-l-enfant-en-France-de-2005-a-2007</a>
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Link to the document	<a href="https://www.formulaires.modernisation.gouv.fr/gf/erfa_12378.do">https://www.formulaires.modernisation.gouv.fr/gf/erfa_12378.do</a>

## Access

Terms of data access (charter for data provision, format of data, availability delay)

Access to results:

On the InVS website: publications and dashboards (aggregate data per year, department and municipality if the number is sufficiently high).

Access to data:

The requesting body may access indirect personal data if authorised by the CNIL.  
Send request to InVS.

Source must be mentioned.

Last year of available data: n-2