



Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut Lead Poisoning Prevention and Control Program

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The goal of lead screening is to identify children who have been exposed to lead, provide appropriate interventions, and reduce the risk of exposure.

A. Anticipatory Guidance and Lead Hazard Reduction Education

- Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families.
- Family education and anticipatory guidance should be offered with awareness of, and respect for, the cultural determinants of health behaviors and attitudes in the family and community.
- Family education that takes place during a visit should be supplemented with written materials in the family's primary language at an appropriate reading level.

B. Universal Blood Lead Screening

- At well-child visits, at age 12 months and again at age 24 months, health care providers are required to screen all children using a blood lead test for elevated blood lead levels.
- Any child between 25-72 months of age, who has not previously been screened, shall also have a blood lead screen performed immediately, regardless of risk.
- Additional blood lead screening is indicated for any child < 72 months of age, with developmental delays, especially if associated with pica.
- Furthermore, all children 6-72 months of age in HUSKY Part A Medicaid must be assessed for risk, and at a minimum, screened at 12 months and 24 months of age per federal requirements.

Blood lead testing shall also be considered for any child regardless of age, with:

- Unexplained seizures, neurologic symptoms, hyperactivity, behavior disorders, growth failure, abdominal pain, or other symptoms consistent with lead poisoning or associated with lead exposure;
- Recent history of ingesting, or an atypical behavior pattern of inserting, any foreign object (even if the foreign object is unleaded) into a body orifice.

C. Risk Assessment

- In addition to screening children at the recommended time intervals, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure using risk assessment questions - see reference A on reverse for suggested risk assessment questions.

D. Diagnostic Testing and Follow-up

- If a screening blood lead level is elevated (equal to or greater than 10 µg/dL), confirm with a diagnostic (venous) blood lead test with reference to CDC guidelines - see Reference B on reverse.
- Children with an elevated diagnostic blood lead test require additional follow-up blood testing at appropriate intervals, CDC guidelines - see Reference B on reverse.
- Providers can contact one of Connecticut's Regional Lead Treatment Centers for guidance and assistance with clinical management of a lead poisoned child.

The following can be contacted for more information:

State of CT Department of Public Health Lead Poisoning Prevention & Control Program (860-509-7299),
Hartford Regional Lead Treatment Center, (860-714-4792),
Yale-New Haven Regional Lead Treatment Center, (203-764-9106)

¹ Developed by the Childhood Lead Poisoning Prevention Screening Advisory Committee

Reference: A

At each routine well-child visit, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure. The parent/guardian should be asked the following questions:

Risk Assessment Questions

1. Does your child live in or regularly visit a house that was built before 1960? Ask about day care center, preschool, the home of a baby sitter or a relative, recent move, etc.
2. Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovation or remodeling?
3. Does your child have a history of an elevated blood lead level?
4. Does your child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning?
5. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead (e.g., construction, welding, automotive repair shop, other trades practiced in your community, stained glass making; using lead solder, artist paints or ceramic glazes; etc.)?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
8. Has your child been given any home remedies? Home remedies containing lead include, but are not limited to: azarcon (also known as rueda, coral, Maria Luisa, alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohli; litargirio; bebetina; chyawan prash.

Ask any additional questions that may be specific to situations that exist in a particular community (e.g. operating or abandoned industrial sources; waste disposal sites; drinking water; has your child ever lived outside the U.S.; does your family use pottery for cooking, eating or drinking; etc.).

If the answer to any of the above questions is YES, then the child is considered to be at risk and shall be screened with a blood lead test.

Reference: B

Timetable for Confirming Capillary (Screening) Blood Lead Results with a Venous Blood Lead Test*

If result of screening test ($\mu\text{g}/\text{dl}$) is	Perform Venous Blood test within:
10-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
≥ 70	Immediately

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

Schedule for Follow-up Venous Blood Lead Testing for Children with an Elevated Blood Lead Level^a

Blood Lead Level ($\mu\text{g}/\text{dl}$)	Early follow-up (1 st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
10-14	3 months ^b	6 - 9 months
15-19	1 - 3 months ^b	3 - 6 months
20-24	1 - 3 months ^b	1 - 3 months
25-44	2 weeks - 1 month	1 month
> 45	As soon as possible	Chelation and follow-up

^a Seasonal variations of BLLs exists and may be more apparent in colder climates. Greater exposure in the summer months may necessitate more frequent follow ups.

^b Some case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL is not rising more quickly than anticipated.

Clinical Management > 20 $\mu\text{g}/\text{dl}$ *

Follow the above schedule until the following conditions are met:

- 1) Two tests where BLL remained <15 $\mu\text{g}/\text{dl}$ for at least 6 months, and
- 2) Lead hazards have been removed, and
- 3) No new exposures.

When conditions are met:

- Children should be tested according to schedule above until BLL is below CDC's level of concern (<10 $\mu\text{g}/\text{dl}$).

Consultation and supportive services are available by contacting:

Yale-New Haven Regional Lead Treatment Center (203) 764-9106 susan.jordan@yale.edu
Hartford Regional Lead Treatment Center (860) 714-4792 ssarvay@stfranciscare.com

Sources: Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC; 2002. http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_chap1.htm

Centers for Disease Control and Prevention. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Atlanta: CDC, 1997. <http://www.cdc.gov/nceh/lead/guide/guide97.htm>