Connecticut Department of Public Health

www.ct.gov/dph

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

Revised April 2013

A. Universal Blood Lead Testing is Mandated

Test children:

- Between 9 months and 36 months of age, each year for elevated blood lead levels
  - Most providers test at 12 months and 24 months of age
- Between 36-72 months of age, if not previously been tested, regardless of risk
- < 72 months of age, with developmental delays (especially if associated with pica)

B. Diagnostic Testing and Follow-up

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

If result of screening test (µg/dl) is	Perform Venous Blood test within:
5-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
≥ 70	Immediately

*The higher the result on the capillary test, the more urgent the need for venous testing.

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

Blood Lead Level (µg/dl)	Early follow-up (1st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
5-14	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.

- If a capillary blood test is elevated (equal to or greater than 5µg/dL), confirm with a diagnostic (venous) blood lead test.
- Children with an elevated diagnostic blood lead test require additional follow-up blood testing at appropriate intervals.
- Children should be tested according to schedule above until BLL is below the reference value of <5µg/dl.
- Providers can contact one of Connecticut's Regional Lead Treatment Centers for guidance and assistance with clinical management of a lead poisoned child (see below).

Consultation and supportive services are available by contacting:

Connecticut Children's Medical Center Hartford Regional Lead Treatment Center, (860-837-6838)

Yale-New Haven Regional Lead Treatment Center, (203-688-2195)

For more information contact:

State of CT Department of Public Health Lead Poisoning Prevention and Control Program (860-509-7299)

C. Provide Anticipatory Guidance to Families

- Provide educational information about lead poisoning
- Written materials, along with verbal education, should be provided in the family's primary language (at an appropriate reading level)
- Resources available at www.ct.gov/dph/lead

D. Risk Assessment

- In addition to testing children at the recommended time intervals, at each well-child visit, health care providers shall evaluate children 6 months to 72 months of age for risk of lead exposure using the following risk assessment questions.

Risk Assessment Questions

1. Does your child live in or regularly visit a house built before 1978?
2. Does your child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning?
3. 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, stained glass making; using lead solder, artist paints or ceramic glazes; etc.)?
4. Has your child been exposed to any imported products (spices, foods/vitamins, ethnic home remedies, or ethnic cosmetics)?
   - Some examples include: azarcon (also known as rueda, Maria Luisa, alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohl; 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 or UNKNOWN, then the child is considered to be at risk and should be tested.

NOTE: 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.