

Assessing Risk:

Blood Lead Screening Guidelines

Criteria for testing asymptomatic children at well child visits (not applicable to children previously or currently lead poisoned):

- Test all children at 12 months and 24 months.
- Test all children ages 36 to 72 months who have not previously been tested.

Special Populations:

Children of Refugees: Perform a lead test on all children of refugees ages 6 months to 16 years old upon entry to the United States. A follow-up test should be performed 3 to 6 months following entry to the United States on all children ages 6 months to 6 years.

Other at risk populations: Children of migrant workers and children with special health needs that increase hand-to-mouth behavior

Confirmation of Capillary Blood Lead Tests

Capillary levels ≥ 10 $\mu\text{g/dL}$ should be confirmed by venous sampling. Medicaid requires this confirmation test.

Capillary Blood Lead Levels	Confirm Within
≤ 9 $\mu\text{g/dL}$	Not recommended
10 – 19 $\mu\text{g/dL}$	2 weeks
20 – 44 $\mu\text{g/dL}$	1 week
45 – 69 $\mu\text{g/dL}$	24 – 48 hours
70+ $\mu\text{g/dL}$	Immediately as an emergency test

The Vermont Department of Health initiates case management for **venous confirmed** blood lead levels ≥ 10 $\mu\text{g/dL}$.

Other Indications to Screen for Lead

Blood lead testing should be considered part of a diagnostic work-up of any child, regardless of age, with any of the following symptoms:

- Developmental problems/delays or behavioral problems such as aggression, hyperactivity, attention deficit, school problems, learning disabilities, excessive mouthing or pica behavior or other behavior disorders
- Ingestion of an object
- Symptoms or signs consistent with lead poisoning including irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation

Note: All blood lead results must be reported to the Vermont Department of Health. Most analytical laboratories report directly to the Department. Contact the Health Department's **Childhood Lead Poisoning Prevention Program at 800-439-8550 or 802-652-0357** to confirm that your laboratory reports all results or for other questions related to lead poisoning.

Guidelines for Managing Children with Blood Lead Levels $\geq 5 \mu\text{g/dL}$

For all children whose capillary blood lead test results are $\geq 5 \mu\text{g/dL}$ the Vermont Department of Health will:

- Provide written lead information
- Collect demographic information
- Monitor retesting

Blood Lead Level	Primary Care Provider Services	Vermont Department of Health Services
5 – 9 $\mu\text{g/dL}$ capillary or venous tests	<ul style="list-style-type: none"> • Retest in 6 months (venous test preferred) • Provide lead education† 	Education <ul style="list-style-type: none"> • Offer phone consultation
10 – 19 $\mu\text{g/dL}$ venous tests only	<ul style="list-style-type: none"> • Retest with venous blood lead test in 3 months • Provide lead education† • Test siblings <6 years of age 	Case Management <ul style="list-style-type: none"> • Provide educational home visit • Conduct soil, water, and dust testing of home • Report environmental findings and recommendations to parents and/or property owner • Require lead hazard reduction if family lives in rental housing
20 – 44 $\mu\text{g/dL}$ venous tests only	<ul style="list-style-type: none"> • Retest with venous blood lead test in 1 – 3 months • Provide lead education† • Test siblings <6 years of age • Provide clinical management† 	Case Management <ul style="list-style-type: none"> • Provide environmental investigation and report findings and recommendations to parents and or property owners • Require lead hazard reduction if family lives in rental housing • Coordinate activities with social services
45+ $\mu\text{g/dL}$ venous tests only	<ul style="list-style-type: none"> • Initiate chelation therapy and provide clinical management† • Retest with venous blood lead test in 7 – 21 days • Provide lead education† • Test siblings <6 years of age • Coordinate with Department of Health on lead-safe housing 	Case Management <ul style="list-style-type: none"> • Provide environmental investigation and report findings and recommendations to parents and or property owners • Require lead hazard reduction if family lives in rental housing • Coordinate activities with social services • Help family secure lead-safe housing

† Contact the Childhood Lead Poisoning Prevention Program at 1-800-439-8550 for lead education materials or clinical consultation.

Sources of Lead Exposure for Children:

- Lead dust - The most common source of childhood poisoning is lead dust from chipping and/or peeling paint in homes built prior to the banning of residential lead paint in 1978 (69% of Vermont homes). Hand-to-mouth behavior causes ingestion of the lead dust.
- Lead contaminated soil - Lead contaminated soil is prevalent in Vermont especially around the driplines of older homes and along roadways where contamination from leaded gas remains.
- Keys and other common products such as metallic candle wicks, foreign-made children's jewelry, ceramic pottery, lead solder in plumbing, antique furniture, salvaged building components, old bathtubs, marine/automotive/art paints, and "take-home" lead from workers