

Any level of lead in the blood is considered elevated.

Criteria for Testing Asymptomatic Children at Well Child Visits

- Test **all** children at **12 months** and **24 months**. (Vermont law requires this.)
- Test all children age 36 to 72 months who have **not previously been tested**.
- For **refugees**: test all children age 6 months to 16 years old upon entry to the US, with follow-up test within 3 to 6 months, regardless of initial test result.

Other Indications to Test for Lead

- Ingestion of an object that may contain lead
- Signs or symptoms consistent with lead poisoning
- Living in an older home undergoing renovations
- Living with someone who has a blood lead level of 5 µg/dL or greater
- Children at-risk: international adoptees, immigrants, entering foster care or who have pica or special health needs that increase hand-to-mouth behavior

When to Confirm Capillary Blood Lead Tests*

If Capillary Blood Lead Level (µg/dL) is:	Confirm with Venous Test Within:
0 – 4	Not required unless other risk factors
5 – 9	1 – 3 months
10 – 44	1 week – 1 month
45 – 59	48 hours
60 – 69	24 hours
70+	Immediately as an emergency test

When to Follow Up with a Venous Retest*

If Venous Blood Lead Level (µg/dL) is:	Follow-Up	Late Follow-Up (blood lead level declining)
0 – 4	Venous retest is not required. Follow testing criteria above.	
5 – 9	3 months	6 – 9 months
10 – 19	1 – 3 months	3 – 6 months
20 – 24	1 – 3 months	1 – 3 months
25 – 44	2 weeks – 1 month	1 month
45+	Initiate chelation and retest in 7-21 days	As clinically indicated

*All blood lead tests must be reported to the Vermont Department of Health.

Clinical Treatment Guidelines for Venous Confirmed Blood Lead Levels (For children 6 to 72 months old)						
	Blood Lead Levels (µg/dL)					
	0-4	5-9	10-44	45-59	60-69	70+
MEDICAL EVALUATION						
TREAT AS AN EMERGENCY – potential encephalopathy					X	X
Check abdominal x-ray Other diagnostic tests: BUN, CBC, Creatinine, UA and liver enzymes				X	X	X
Monitor neurodevelopment (especially language skills and concentration ability)			X	X	X	X
Check nutritional status (especially iron and calcium) Rule out iron deficiency and treat if present		X	X	X	X	X
MEDICAL MANAGEMENT						
Chelation required – recommend the use of succimer per routine dosage				X	X	X
Discharge inpatient cases ONLY to LEAD-FREE ENVIRONMENT				X	X	X
In-home treatment indicated only if: <ul style="list-style-type: none"> Lead-free environment Highly compliant family Home health care monitoring 				X	X	X
Iron supplement if deficient <ul style="list-style-type: none"> Stop iron therapy prior to chelation 		X	X	X	X	X
Educate family on: <ul style="list-style-type: none"> Potential sources of lead and ways to reduce or remove exposure Dangers of improper lead abatement/remodeling Encourage high iron/high calcium diet The need to retest 	X	X	X	X	X	X
Provide Health Department’s lead poisoning prevention education materials (translated materials also available)	X	X	X	X	X	X
FOLLOW UP						
Health Department will offer phone education		X				
Health Department will conduct an environmental investigation, which is triggered independently when lab test results are received			X	X	X	X
Follow venous retesting schedule		X	X	X	X	X
Screen other children in the home who are under the age of 6		X	X	X	X	X

Contact the Health Department at 802-863-7220 or AHS.healthyhomes@vermont.gov