

# Pediatric Blood Lead Screening Guidelines

Efforts to identify potential lead hazards and prevent lead exposure should begin early in a child’s life. Dust from deteriorating, damaged, or exposed lead paint in older homes is the most common source of pediatric lead poisoning. Providers and families may request free lead dust testing for lead hazards before a child becomes poisoned: 287-4311, [maine.gov/healthyhomes](http://maine.gov/healthyhomes).

## Recommended Blood Lead Screening Schedule

Follow the Maine CDC Recommended Confirmation and Follow-up Testing Schedule if blood lead level is  $\geq 5 \mu\text{g}/\text{dL}$ .

Age	Children Covered by MaineCare	Children <u>NOT</u> Covered by MaineCare
1 year (9-17 months)*	Blood lead test mandatory**	Blood lead test unless annual risk assessment questionnaire is negative.
2 years (18-36 months)	Blood lead test mandatory**	Blood lead test unless annual risk assessment questionnaire is negative.
3-5 years (36-72 months)	<ol style="list-style-type: none"> <li>1. If not previously tested: Conduct blood lead test</li> <li>2. If previously tested: Blood lead test yearly unless annual risk assessment questionnaire is negative.</li> </ol>	Yearly blood lead test unless annual risk assessment questionnaire is negative.

\*Test children as they become mobile. \*\*Maine and federal laws require tests at 1 and 2 years for children covered by MaineCare.

## Annual Risk Assessment Questionnaire

- Does your child spend more than 10 hours per week in any house built before 1950?
- Does your child spend more than 10 hours per week in any house built before 1978 that was renovated or remodeled within the last 6 months?
- Does your child spend time with an adult whose job exposes him/her to lead? (Examples: construction, painting, metalwork)
- Does your child have a sibling or playmate that has been diagnosed with lead poisoning?

**NEW!**

The pediatric blood lead reference level is **5  $\mu\text{g}/\text{dL}$** .

In all cases, if a blood lead test result is  $\geq 5 \mu\text{g}/\text{dL}$ , follow up according to Maine CDC’s “Recommended Confirmation and Follow-up Schedule.”

## Additional Recommendations

### At-Risk Populations

Consider a blood lead test between 9 and 72 months for children in the following at-risk groups.

- Families that qualify for programs such as WIC, Head Start, SNAP
- Recent immigrants or international adoptees
- Children whose parents immigrated to the U.S.

### Clinical Conditions

Consider a blood lead test, regardless of age, if children have any of the following conditions.

- Unusual oral behavior, pica, developmental delays, behavioral problems, ADHD
- Unexplained illness: severe anemia, lethargy, abdominal pain
- Ingestion of paint chip or object that might contain lead

## Recommended Testing Schedule for Recently Arrived Refugee Children

- Perform a blood lead test for children 6 months to 16 years upon entry to the U.S.
- Within 3-6 months of initial test, conduct follow-up test for children 6 months to 6 years, regardless of initial test result.
- Consult U.S. CDC guidelines: [cdc.gov/nceh/lead/publications/refugeetoolkit/pdfs/cdcrecommendations.pdf](http://cdc.gov/nceh/lead/publications/refugeetoolkit/pdfs/cdcrecommendations.pdf)

# Recommended Confirmation and Follow-up Schedule For Pediatric Blood Lead Levels $\geq 5 \mu\text{g/dL}$

**NEW!** The Maine CDC Childhood Lead Poisoning Prevention Program initiates a response when a venous blood lead test result is  $\geq 5 \mu\text{g/dL}$ .

## Capillary Lead Test Confirmation Schedule

Confirm all capillary blood lead levels  $\geq 5 \mu\text{g/dL}$  with venous samples, according to the following schedule.

Capillary Blood Lead Level	Confirm with Venous Test Within*
5-9 $\mu\text{g/dL}$	3 months
10-44 $\mu\text{g/dL}$	1 month
45-59 $\mu\text{g/dL}$	48 hours
60-69 $\mu\text{g/dL}$	24 hours
70+ $\mu\text{g/dL}$	Immediately as an emergency test

\*The higher the capillary test result, the more urgent the need for a confirmatory venous test. A venous test must be done prior to initiation of Maine CDC services.

## Lead Poisoning Prevention Tips for Families

- Keep children away from peeling or chipping paint.
- Wash children's hands before eating and going to bed.
- Clean floors, windowsills, and tabletops with wet mops or rags once a week.
- Wash toys once a week and keep toys away from areas with chipping paint.
- Feed your child at a table or in a highchair.
- Avoid sanding and scraping paint in old homes.
- Call Maine CDC or visit website for more information.

## Venous Lead Test Follow-up Schedule

For all venous blood lead levels  $\geq 5 \mu\text{g/dL}$ , conduct follow-up venous blood lead tests, according to the following schedule.

Venous Blood Lead Level	Follow-up Venous Test Schedule	Long-Term Follow-Up**	Maine CDC Response
5-9 $\mu\text{g/dL}$	3 months	When $<5$ resume screening schedule	Offer by mail: <ul style="list-style-type: none"> <li>• Free home lead dust test</li> </ul>
10-14 $\mu\text{g/dL}$	Within 3 months	6-9 months	Offer: <ul style="list-style-type: none"> <li>• Free home lead dust test or environmental investigation</li> <li>• Home visit from public health nurse</li> </ul>
15-19 $\mu\text{g/dL}$	Within 2 months	3-6 months	<ul style="list-style-type: none"> <li>• Environmental investigation</li> <li>• Case management by phone</li> </ul>
20-44 $\mu\text{g/dL}$	Within 1 month	1-3 months	<ul style="list-style-type: none"> <li>• Offer home visit from public health nurse</li> </ul>
$\geq 45 \mu\text{g/dL}$	<ul style="list-style-type: none"> <li>• Repeat venous blood test immediately.</li> <li>• Chelation therapy as indicated</li> <li>• Consider consult with New England Pediatric Environmental Health Specialty Unit: 617-355-8177</li> </ul>	Based on chelation protocol	<ul style="list-style-type: none"> <li>• Environmental investigation</li> <li>• Case management by phone</li> <li>• Offer home visit from public health nurse</li> </ul>

\*\*Long-term follow-up should only begin after blood lead begins to decline and child is living in a lead-safe environment.

For additional guidance on the management of children at risk of lead exposure, see the 2012 Advisory Committee on Childhood Lead Poisoning Prevention statement: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).