

Guidelines for Childhood Lead Poisoning Screening in Virginia

SCREENING/RISK FACTOR QUESTIONS

Blood lead levels shall be obtained in children at ages 1 and 2 if they meet ANY one of the criteria noted in the box below. In addition, children ages 3-5 years of age who have not previously been tested and meet ANY one of the criteria in the box below shall also be tested.

1.	Eligible for or receiving Medicaid or WIC benefits?
2.	Living in a ZIP code determined to be high risk based on age of housing and other factors? (see attached High-Risk ZIP Code list)
3.	Living in or regularly visiting a house or day care center built before 1950?
4.	Living in or regularly visiting a house built before 1978 with peeling or chipping paint or recent (within the last 6 months), ongoing or planned renovation?
5.	Living with or regularly visiting a sibling, housemate or playmate with lead poisoning?
6.	Living with an adult whose job or hobby involves exposure to lead?
7.	Living near an active lead smelter, battery recycling plant, or other industry likely to release lead?
8.	Recent refugee, immigrant, or child adopted from outside of the U.S.

- Take careful history regarding possible lead exposure at each routine visit.
- A child must be tested if the parent or guardian requests testing due to possible exposure (12 VAC 5-120).
- Screening may be performed by venipuncture or capillary. Filter paper methods are also acceptable. The use of the LeadCare lead testing machines must be approved through the Lead-Safe Virginia Program at 804-864-7694 to assure proper quality assurance and reporting of data.

CONFIRMATION OF SCREENING RESULTS

If result of capillary screening test (µg/dL) is:	Perform diagnostic test on venous blood <u>within</u> :
10-19 ^	3 months
20-44	1 month - 1 week (The higher the screen, the sooner the diagnostic test should be performed.)
45-59	48 hours
60-69	24 hours
≥70	Immediately as an emergency lab test

- Confirm elevated capillary blood lead levels ≥ 10 µg/dL. ^ *It is recommended that a repeat blood test be performed within 30 days to assure the child's blood lead level is not rising.*
- A second capillary is allowable if performed within 12 weeks. A venous sample is considered "confirmed" and required for environmental investigations.
- Virginia regulations require reporting of blood lead levels ≥ 10 µg/dL (using the EPI-1 form) to the Office of Epidemiology. Regulations effective July 1, 2001 require laboratories to report all blood lead tests on children under the age of six within ten days of analysis.

MANAGEMENT OF CHILDREN WITH CONFIRMED ELEVATED BLOOD LEAD LEVELS

BLOOD LEAD LEVEL ($\mu\text{g/dL}$)	ACTION (Case manager assures coordinated action and follow-up)	TIME FRAME (Begin intervention)
10-14	<ul style="list-style-type: none"> • Provide caregiver lead education: Dietary and Environmental • Follow-up blood lead testing • Refer for WIC and social services, if needed 	Within 30 days
15-19	<ul style="list-style-type: none"> • Above actions, plus: • Proceed according to actions for 20-40 $\mu\text{g/dL}$ if: A follow-up blood lead level is in this range at least three months after initial venous test, or the blood lead levels increase 	Within 2 weeks
20-44	<ul style="list-style-type: none"> • Above actions, plus: • Provide coordination of care (case management) • Provide environmental investigation and control lead hazards 	Within 1 week
45-69	<ul style="list-style-type: none"> • Above actions 	Within 48 hours
70 and above	<ul style="list-style-type: none"> • Above actions, plus: • Hospitalize child and begin medical treatment (chelation therapy) immediately. • Contact a regional treatment center listed below. 	Within 24 hours

Current CDC management recommendations adapted from *Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*. (CDC, 2002).

Emergency Lead Healthcare Information Line

Toll Free Emergency (866) 767-5323 (866) SOS-LEAD
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Note: For questions related to your local area, refer to your local health department. Local health policy and lead ordinances may have additional requirements.



Developed by the Virginia Department of Health Statewide Screening Plan Work Group, following CDC Guidelines and Virginia Regulations. Funded by the Centers for Disease Control and Prevention and the Virginia Department of Health. January 1999 revised March 2004 and July 2007.