

VIRGINIA

Guidelines for Childhood Lead Poisoning Testing

***ALL MEDICAID ENROLLED CHILDREN ARE REQUIRED TO BE TESTED
AT 1 AND 2 YEARS OF AGE***

To determine risk for other children, please use the chart below.

OTHER RISK FACTORS FOR CHILDREN

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 moved to a new address in a high-risk area, or meet ANY one of the criteria in the box below shall also be tested.

1.	Eligible for or receiving WIC benefits? Medicaid eligible and not tested at both 1 and 2 years of age?
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).
- Testing may be performed by venipuncture or capillary. Filter paper methods are also acceptable and often more convenient for the family if performed in the provider's office. The use of a CLIA-waived lead testing device must be approved through the Lead-Safe Virginia Program at 804-864-7694 to assure proper quality assurance and reporting of data.

CONFIRMATION OF TESTING RESULTS

If result of capillary Testing test (g/dL) is:	Perform diagnostic test on venous blood <i>within</i> :
10-19 [^]	Repeat blood test within 30 days to assure lead level is not rising Before 3 months
20-44	7-30 days (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

Note: Confirm elevated capillary blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$. However, there is no safe lead level for children. A venous sample is considered “confirmed” and required for environmental investigations. Virginia regulations require reporting of blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ (using the EPI-1 form) to the Office of Epidemiology. Regulations 12 VAC 5-120 require laboratories and point of care providers using CLIA-waived devices 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 ($\mu\text{g}/\text{dL}$)	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 within 30 days to assure not rising • 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 $\mu\text{g}/\text{dL}$ if: A follow-up blood lead is 15 or above, or the blood lead level is increasing 	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 as appropriate) immediately. • Contact Emergency Lead Healthcare line 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).
 * Investigations may be required where babies or multiple children in a household have elevated blood lead levels. Follow-up care is described in more detail in the VDH “Care Coordination Manual: Children with Lead Poisoning in Virginia”.

Emergency Lead Healthcare Information Line

TOLL FREE EMERGENCY **(866) 767-5323**
(866) SOS-LEAD

Note: For questions related to your local area, refer to your local health department. Local health policy and lead ordinances may have additional requirements. Richmond City has a lead ordinance that requires an investigation at 10 $\mu\text{g}/\text{dL}$.

Developed by the Virginia Department of Health Lead Elimination Plan Medical Committee, following CDC Guidelines and Virginia Regulations. Funded by the Centers for Disease Control and Prevention and the Virginia Department of Health.

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