

Lead testing and treatment guidelines for healthcare providers

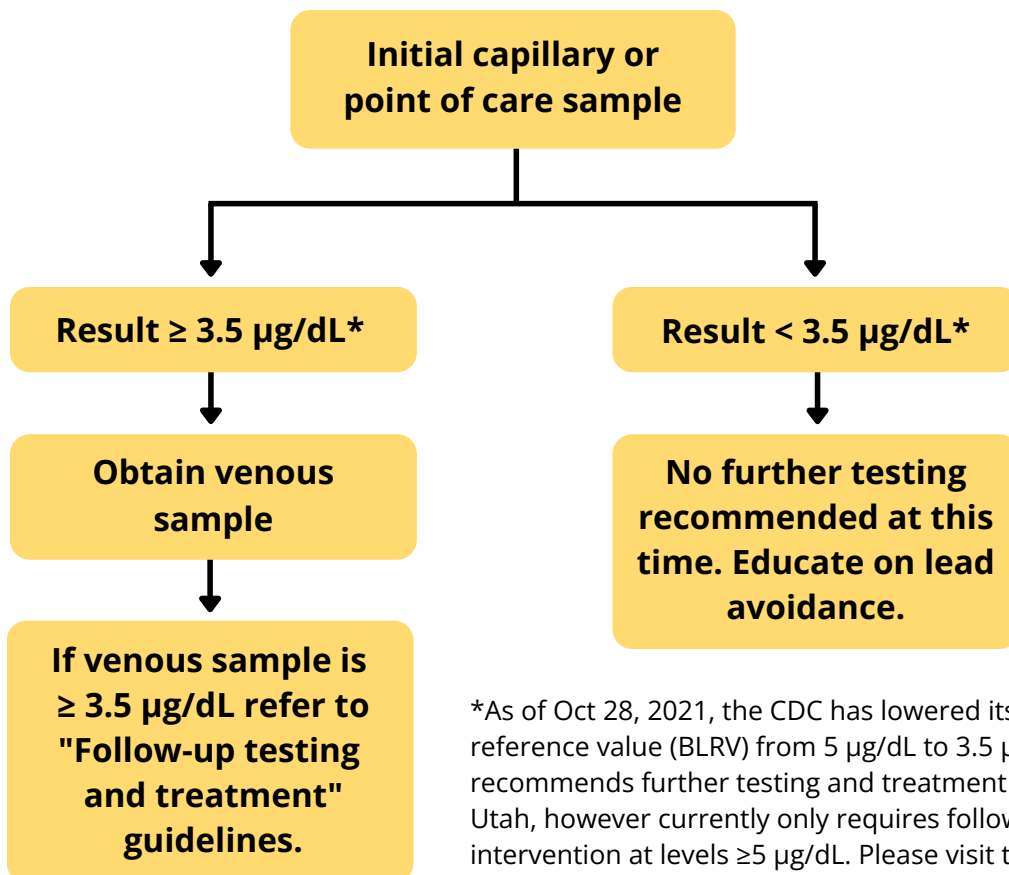


Testing recommendations/requirements:

- The CDC recommends that all children be tested at their 1 and 2 year old well-child checks as well as children up to age 72 months who have never been tested.
- The CDC recommends that children at any age who have known risk factors based on a Lead Risk Questionnaire be tested.
- All children enrolled in Medicaid are required to be tested at ages 1 and 2 years and up to 72 months if not previously tested.
- All children entering Head Start are required to be tested.
- View the Utah blood lead screening recommendations [here](#).

Testing requirements for refugee and immigrant children:

- All children ages 6 months to 16 years within 1-3 months of arrival.
- Follow up testing should be done 3-6 months after resettlement on children ages 6 to 72 months.



*As of Oct 28, 2021, the CDC has lowered its blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL and recommends further testing and treatment at ≥3.5 µg/dL. Utah, however currently only requires follow up testing and intervention at levels ≥5 µg/dL. Please visit the CDC website for further guidance.

Follow-up testing and treatment

CDC recommendations based on the updated blood lead reference value (BLRV) of 3.5 µg/dL

Venous blood lead level	Recommended follow-up testing and treatment
<3.5 µg/dL	<ul style="list-style-type: none">• There is no safe level of lead. If blood lead level is detectable consider confirmatory venous testing.
≥3.5–9.9 µg/dL	<ul style="list-style-type: none">• Follow up venous test within 3 months to ensure decreasing levels.• Provide guidance on common environmental sources of lead.*• Take detailed environmental history to identify potential sources of exposures and provide preliminary advice about reducing/eliminating exposures.• Consider testing other children in the home who may be exposed.• Provide nutritional counseling.* Encourage regular, healthy meals to reduce lead absorption.• Check for eligibility for WIC or other nutrition programs.• Ensure iron sufficiency with laboratory testing (CBC, Ferritin, CRP).• Perform developmental screening evaluations at future well child visits, as lead's effect on development may manifest over years.• Refer parents to Baby Watch Early Intervention (BWEI). Children ages 0-3 yrs. with a venous blood lead level >10 µg/dL automatically qualify for services through BWEI.
10–19.9 µg/dL	<ul style="list-style-type: none">• Follow up venous test within 1 month to ensure decreasing levels.• Perform steps as described above for levels 3.5- 9.9 µg/dL.
20–44.9 µg/dL	<ul style="list-style-type: none">• Follow up venous test within 2 weeks to ensure decreasing levels.• Any treatment for blood lead levels in this range should be done in consultation with an expert and in contact with the Utah Poison Control Center (1-800-222-1222).• Perform steps as described above for levels 3.5-19.9 µg/dL.• An abdominal x-ray should be considered based on the environmental investigation and history. Gut decontamination may be considered if leaded foreign bodies are visualized on x-ray.
≥45 µg/dL	<ul style="list-style-type: none">• Follow up venous test within 48 hours to ensure decreasing levels.• Perform steps as described above for levels 3.5-44.9 µg/dL.• Under the guidance of an experienced provider, consider hospitalization and/or chelation therapy.

Reporting blood lead results

All blood lead test results are required to be reported to the Utah Department of Health and Human Services (DHHS).

If your clinic uses a clinical laboratory for blood lead analysis:

- **Results are automatically reported to DHHS**, by the clinical laboratory.

If you use a **point of care analyzer**, i.e. LeadCare II:

- Report blood lead results to DHHS at health.utah.gov/reporting-portal.

If unable to submit results through the reporting portal:

- You may fill out [this spreadsheet](#) and submit results to DHHS by secure email or fax
 - Email: EPICDEPFAX@utah.gov
 - Fax: 801-538-9923

If a child's venous blood lead level is ≥ 3.5 $\mu\text{g/dL}$:

- Report the result to the local health department where the child resides. The local health department can provide education, case management, and help coordinate follow-up testing.

Information to include on report:

- Patient first and last name, date of birth, gender, race, ethnicity, address, phone number, and parent/guardian
- Blood lead value in $\mu\text{g/dL}$ and whether the blood sample was a capillary or venous
- Location of where the blood sample was drawn and analyzed (i.e. clinic, hospital, office)
- Name of who ordered the blood lead test (i.e. physician, PA, etc.)

Test results must be reported within 90 days.

Utah Childhood Lead Poisoning Prevention Program

Website: epi.utah.gov/lead-poisoning-prevention

Phone: 801-538-6191

Email: bloodlead@utah.gov

