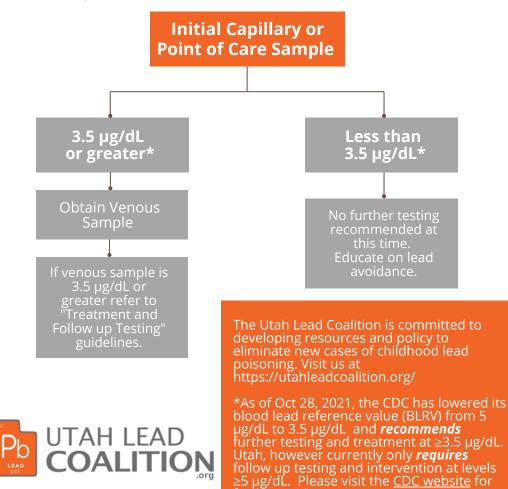
Lead Testing and Treatment Guidelines

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.

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.



further guidance.

Follow-Up Testing and Treatment (CDC Recommendations based on the updated Blood Lead Reference Value of 3.5 µg/dL.)

Venous Blood Lead Level	Recommended Follow-Up Testing and Treatment
<3.5 μg/dL	There is no safe level of lead. If blood lead level is detectable consider confirmatory venous testing.
≥3.5-9.9 µg/dL	 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. 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	 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	 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 <u>Utah Poison Control Center</u> (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.
	Follow up venous test within 48 hours to ensure decreasing levels.

and/or chelation therapy. *For additional information about lead sources and nutritional counseling, please visit utahleadcoalition.org.

Perform steps as described above for levels 3.5-44.9 µg/dL.

Under the guidance of an experienced provider, consider hospitalization

Reporting

≥45

ug/dL

All blood lead test results are required to be reported to the Utah Department of Health (UDOH). If your clinic uses a clinical laboratory for blood lead analysis, results are automatically reported to the UDOH, by the clinical laboratory. If using a point of care analyzer, i.e. LeadCare II, please report blood lead results to the UDOH at:

> Email: EPICDEPFAX@utah.gov Fax: 801-538-9923

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 µg/dL
- 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 of result. Spreadsheets are preferred.

Utah Department of Health Contact

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