

Update on Lead Screening in Utah 2023—changes likely coming

In Utah, blood lead screening is based on a child's risk for lead exposure and therefore is a targeted screening approach, rather than a universal screening approach (where **all** children are screened) regardless of a child's risk. Please see the attached document "Utah Childhood Blood Lead Screening Recommendations" are the recommended screening guidelines for children at risk of lead exposure.

In addition, those to be screened are: 1) Medicaid children are required to be tested at age 1 and 2 years old and up to 72 months if not previously tested. 2) All children entering Head Start are required to be tested. 3) All Refugee children, ages 6 months to 16 years, within 1-3 months of arrival - as you stated.

Currently, in Utah, under the R386-703. Injury Reporting Rule, the blood lead reference value (BLRV) is ≥ 5.0 mcg/dL. The Centers for Disease Control and Prevention (CDC) updated the BLRV to ≥ 3.5 mcg/dL (Oct. 2021). **During 2023, we will be considering the adoption of CDC's updated BLRV.**

Updated guidelines are reflected in the **Utah Lead Coalition (ULC) algorithm** which shows a flow chart on what to do when the initial blood lead level result (capillary) is at the BLRV, what treatment guidelines at the various blood lead levels (CDC recommendations) and how to report blood lead tests.

To be in compliance in Utah, a BLRV of ≥ 5.0 mcg/dL, should be confirmed with a venous blood sample and if the venous result is ≥ 5.0 mcg/dL, then it should be reported to the Local Health Department (LHD), where the child resides; so the LHD can conduct follow-up and case management.

It is up to your FQHC if they want to use CDC's updated BLRV of ≥ 3.5 mcg/dL, however the only LHD that is conducting follow-up and case management at CDC's BLRV is Salt Lake County Health Department, for a child living within their boundaries, provided the child's result is confirmed (venous), which is why the ULC fact sheet uses ≥ 3.5 mcg/dL.

Refer questions to

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