

VIRGINIA GUIDELINES

TESTING VIRGINIA CHILDREN FOR LEAD EXPOSURE ¹

ALL MEDICAID ENROLLED CHILDREN ARE REQUIRED TO BE TESTED AT BOTH 12 AND 24 MONTHS OF AGE

To determine risk for other children:

*Blood lead levels shall be obtained in children at ages 12 **and** 24 months of age if they meet ANY one of the criteria noted in the box below. In addition, children over the age of 24 months up to 72 months of age who have not previously been tested and meet ANY one of the criteria in the box below, or experienced a change since testing that has resulted in an increased risk, shall also be tested.*

1. Eligible for or receiving benefits from Medicaid or WIC;
2. Living in or regularly visiting housing or child care facility built before 1960;
3. Living in or regularly visiting housing built before 1978 with peeling or chipping paint or recent (within the last 6 months), ongoing or planned renovations;
4. Living with or regularly visiting housing in which one or more persons have evidence of lead exposure;
5. Living with an adult whose job or hobby involves exposure to lead;
6. Living near an active lead smelter, battery recycling plant, or other industry likely to release lead;
7. The child's parent or guardian requests the child's blood be tested due to any suspected exposure;
8. Recent refugee, immigrant, or child adopted from outside the U.S.

- *Take careful history regarding possible lead exposure at each well-child visit, and provide lead poisoning prevention materials.*
- *Testing may be performed by venipuncture or capillary. Filter paper collection 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 approved by CDC and the FDA may be used as a "screening" test, and any level above 5 µg/dL needs to be confirmed by submitting a venous sample to a CLIA-approved laboratory.*

SCHEDULE FOR OBTAINING A CONFIRMATORY SAMPLE ¹

SCREENING TEST RESULT ($\mu\text{g}/\text{dL}$)	PERFORM CONFIRMATORY TEST
5-9	Within 1 to 3 months
10-44	Within 1 week to 1 month (the higher the screening test, the sooner the confirmatory test)
45-59	Within 48 hours
60-69	Within 24 hours
≥ 70	Immediately as an emergency lab test

NOTE: There is no safe lead level, and providers should communicate with parents/guardian any detectable results, and use best medical judgment to assess each child and coordinate follow up testing and care coordination. A venous sample is required for environmental investigations at levels of 20 $\mu\text{g}/\text{dL}$ or persistent or rising 15-19 $\mu\text{g}/\text{dL}$.

GUIDELINES FOR MANAGEMENT OF CHILDREN WITH CONFIRMED BLOOD LEAD LEVELS $\geq 5\mu\text{g}/\text{dL}$ ^{2, 3, 4}

BLOOD LEAD LEVEL ($\mu\text{g}/\text{dL}$)	ACTION	TIME FRAME
5-9	Child's healthcare provider: <ul style="list-style-type: none"> • Provides educational materials to include dietary and environmental information • Monitors blood lead level with follow up test 	Within 3 months
10-14	Case manager coordinates with child's healthcare provider: <ul style="list-style-type: none"> • Provides educational materials to include dietary and environmental information • Perform nursing assessment • 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	Above actions, plus: <ul style="list-style-type: none"> • Proceed according to actions for 20-44 $\mu\text{g}/\text{dL}$ if: A follow-up blood lead is 15 or above, or the blood lead level is increasing 	Within 2 weeks
20-44	Above actions, plus: <ul style="list-style-type: none"> • Coordinate a timely environmental investigation 	Within 1 week
45-69	Above actions, plus: <ul style="list-style-type: none"> • Consider chelation 	Within 48 hours
70 and above	Above actions, plus: Hospitalize child and begin medical treatment (chelation therapy as appropriate) immediately. Contact Emergency Lead Healthcare 866-SOS-LEAD (866-767-5323) for consultation and assistance	Immediate, Within 24 hours

REFERENCES

1. § 32.1-46.1 of the Code of Virginia. Board to establish protocol for identification of children with elevated blood-lead levels.
2. 12VAC5-90 et seq.; Regulations for Disease Reporting and Control (12VAC5-90-215. Schedule and criteria for and confirmation of blood lead testing and information to be provided).
3. Centers for Disease Control and Prevention. *Preventing Lead Poisoning in Young Children*. August 2005.
4. Virginia Lead Elimination Work Group Medical/Education Committee; Recommendations. February 2016.
5. Centers for Disease Control and Prevention, Advisory Committee on Childhood Lead Poisoning. *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention*. January 4, 2012.