

## West Virginia Childhood Lead Poisoning Prevention Program (WVCLPPP) Management Guideline for Providers Quick Guide for Lead Screening, Testing & Treatment

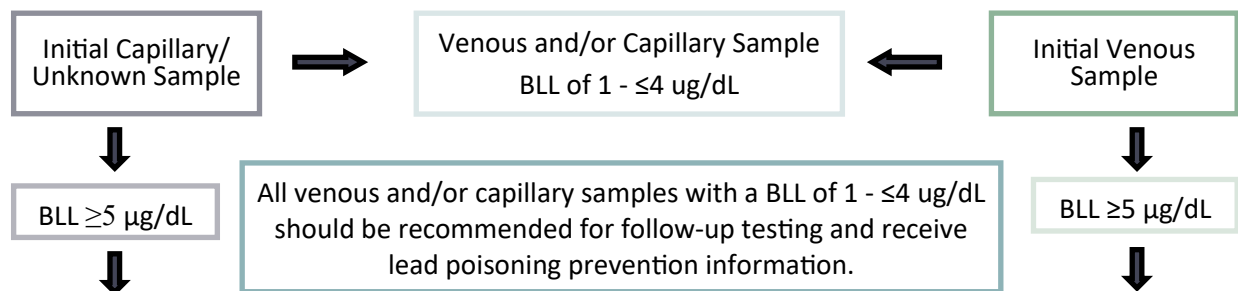
Childhood lead poisoning is a preventable, serious environmental health problem. Lead exposure is recognized as one of the most common environmental toxins for young children, especially children under the age of 6. No level of lead in the body is known to be safe. In 2012, the Centers for Disease Control and Prevention (CDC) established a new “reference value” of 5 micrograms per deciliter (µg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended.

West Virginia State Code §16-35-4a **requires** lead level screening, completing the Childhood Lead Risk Questionnaire of children before the age of 6.

- The Legislative rule §64-42-3.6 defines screening as the assessment of a child’s environment and social conditions to determine risk for lead poisoning.
- If the lead screening indicates the child is at risk for lead poisoning, the physician will perform/authorize a blood test.
- The WVCLPPP and CDC recommend a blood lead **testing**, measuring how much lead is in the blood for all children below the age of 6.

All children enrolled in Medicaid are **required** to receive BLL tests at ages 12 and 24 months.

- Any child between 24 and 72 months with no record of a previous BLL screening must receive one.



Schedule for Obtaining Venous Sample	
Capillary Blood Lead Level	Confirm for Venous Test Within
5 – 9 µg/dL	12 weeks
10 – 14 µg/dL	8 weeks
15 – 19 µg/dL	4 weeks
20 – 29 µg/dL	2 weeks
30 – 44 µg/dL	1 week
45 – 69 µg/dL	24 hours
≥69 µg/dL	Immediately as an emergency lab test

The **higher** the capillary test results, the more urgent the need for a **confirmatory venous test**.

Schedule for Obtaining Venous Sample	
Venous Blood Lead Level	Confirm for Venous Test Within
5 – 9 µg/dL	12 weeks
10 – 14 µg/dL	8 weeks
15 – 19 µg/dL	8 weeks
20 – 29 µg/dL	4 weeks
30 – 44 µg/dL	2 week
45 – 69 µg/dL	48 hours
≥69 µg/dL	Admit to hospital; repeat testing 1-3 weeks after discharge

**West Virginia Childhood Lead Poisoning Prevention Program (WVCLPPP)  
Management Guideline for Providers  
Quick Guide for Lead Screening, Testing & Treatment**

**Testing Criteria for Children\***

\*Does not apply to children currently or previously lead poisoned

- Test all children at 12 and 24 months
- Test all children 3 to 6 years old who haven't been tested
- For refugee children:
  - \* Test all children between 6 months and 16 years old upon entry into the US
  - \* Regardless of initial testing results, conduct a follow up on all children 6 months to 6 years old

**Indications to Test for Lead**

Test any child who demonstrates the following risk factors:

- Developmental delays or learning disabilities
- Behavioral problems such as aggression & attention issues
- Excessive mouthing, pica, or hand-to-mouth behavior
- Ingestion of any object that may contain lead
- Symptoms or signs of lead poisoning including:
  - \* Irritability, headaches, vomiting, or no appetite
  - \* Seizures or other neurological symptoms
  - \* Anemia, abdominal pain, or constipation
- Member of at-risk population:
  - \* Living in pre-1978 housing
  - \* Medicaid, WIC, Head Start enrollment
  - \* Refugee children
  - \* Recent immigrant
- International adoptees

**Lead Exposure Risk Questionnaire**

Questions to Ask Parents	Yes	No	Don't Know
Is your child enrolled in Medicaid?			
Does your child receive WIC or Head Start benefits?			
Does your child live in or regularly visit a house (or child care facility) that was built before 1978?			
Does your child live in or regularly visit a house (or child care facility) built before 1978 with recent or ongoing renovations or remodeling (within the last six months)?			
Does your child have a sibling or playmate that has or did have lead poisoning?			

**Temporary Interventions to Limit Exposure**

Provide "Lead and Nutrition," "Lead and Children" & "Lead and the Home": education for parents and caregivers on:

- Hand washing
- Cleaning child's toys, bottles, & pacifiers often
- Feeding child calcium, iron, & Vitamin C foods daily
- Barriers to block access to lead hazards
- Wet wipe window sills, door jams, & door frames
- Wet mop floors and stairs once a week or more
- Using a vacuum with a HEPA filter to clean up dust and paint

**Clinical Treatment Guideline for Confirmed Blood Lead Levels**

5 – 9 µg/dL	10 – 44µg/dL	45-69µg/dL	≥69 µg/dL
<ul style="list-style-type: none"> <li>• Provide educational material</li> <li>• Follow-up BLL</li> <li>• Test siblings under age 6 for elevated blood lead level</li> <li>• WVCLPPP sends letter home for all EBLL, notifying parents of elevated blood lead level</li> <li>• WVCLPPP will provide health education and make appropriate referrals for all EBLL's.</li> </ul>	<p>Continue management, AND:</p> <ul style="list-style-type: none"> <li>• The WVDHHR's Office of Environmental Health Services conducts an environmental investigation with parent/guardian permission</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat testing to confirm BLL in 2 days</li> <li>• Make appropriate referrals</li> <li>• Determine treatment measures</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm BLL immediately</li> <li>• Hospitalize even if asymptomatic</li> <li>• Begin medical treatment immediately in consultation with clinicians experienced in lead toxicity therapy</li> <li>• Continue management</li> </ul>