

Childhood Lead Poisoning Screening & Case Management Guide

Florida Childhood Lead Poisoning Prevention Program



The purpose of the **Childhood Lead Poisoning Screening and Case Management Guide** is to inform physicians, nurses, and other health care providers of Florida's lead poisoning screening and case management guidelines. By providing this information the Florida Department of Health seeks to increase screening of children who are at-risk for lead poisoning, improve follow-up care of children diagnosed with lead poisoning, and raise awareness about the importance of preventing lead poisoning.

The guide addresses the following topics:

- **The causes and effects of childhood lead poisoning**
- **Which children should receive a blood lead test**
- **Recommended blood lead testing methods**
- **Recommendations for managing children with blood lead levels less than 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$)**
- **Recommended follow-up care for children diagnosed with lead poisoning**

The Florida Department of Health is committed to the elimination of childhood lead poisoning. This guide follows recommendations from the Centers for Disease Control and Prevention and the American Academy of Pediatrics. It was developed by the Florida Department of Health in consultation with medical professionals throughout the state.

Adopted January 2008

This document is adopted by reference in Florida Administrative Code 64E-27.001 by the authority of section 381.985 of the Florida Statutes

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Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

January 10, 2008

Dear Health Care Provider:

The Florida Department of Health is committed to the elimination of childhood lead poisoning. Towards that goal, we are pleased to provide the Childhood Lead Poisoning Screening and Case Management Guide. This guide is intended to assist in identifying and treating children with lead poisoning. These efforts will contribute substantially to our long term goal to eliminate childhood lead poisoning in Florida.

Lead poisoning is a serious threat to children's cognitive and behavioral development. It can have life long effects on an individual and society. The Centers for Disease Control and Prevention estimates that 22,000 children may suffer from lead poisoning and it ranks our state eighth in the nation for the estimated number of children with lead poisoning (*CDC 2003 Program Announcement 03007, Appendix III*).

Numerous sources continue to contribute to lead poisoning in Florida's children. A common source of childhood lead exposure is household dust contaminated with dust from lead based paint. Florida has an estimated 433,000 homes built before 1950 that are likely to contain lead based paint. **Other significant sources include some pottery, imported home remedies, candy, make-up, jewelry, toys, mini-blinds, and take-home-lead.** "Take-home lead" is lead dust carried home on the clothes and/or shoes of individuals whose hobbies or occupations involve lead. Home renovation and repair are two common work activities that can result in take home lead exposure.

All children who are less than six years of age, particularly those less than 36 months of age, are at risk for lead exposure due to frequent hand-to-mouth contact. However, the Centers for Disease Control and Prevention points out that certain pediatric populations have increased risk. These high-risk populations include low-income children living in older homes and foreign-born children. Sadly, in Florida we have a significant number of children living below the poverty level. Florida is a diverse state with a large population who are foreign born. As a result we have a greater need to increase lead screening and prevent or eliminate lead poisoning.

We know early identification through blood lead screening, testing and treatment of lead poisoning reduces the risk that children will suffer permanent damage. We applaud the hard work of health care providers who offer blood lead testing to young children. Our children are our most valuable asset. By working together, we can eliminate lead poisoning and help ensure their healthy futures.

Sincerely,

A handwritten signature in cursive script that reads "Ana Maria Viamonte Ros".

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General, Florida Department of Health

Lead Poisoning OVERVIEW

Lead Poisoning Case Definition and Reporting

Lead poisoning is a reportable disease under Chapter 64D-3, *Florida Administrative Code*. A confirmed case of lead poisoning is defined as an individual with a blood lead level greater than or equal to 10 µg/dL from a venous specimen or blood lead level greater than or equal to 10 µg/dL from **TWO** capillary specimens taken **within three months** of one another.

Health Effects of Lead Poisoning

The Centers for Disease Control and Prevention describe lead poisoning as one of the most common pediatric environmental health problems in the United States (CDC, 1997). In Florida, hundreds of children are diagnosed with lead poisoning each year. Lead affects the central nervous system and can interfere with the production of hemoglobin (which is needed to carry oxygen to cells) and with the body's ability to use calcium. Life long effects, such as lowered IQ, learning disabilities and behavioral problems can result from lead exposure. At very high levels, seizures, coma, and even death have also been reported (CDC, 1997). Lead poisoning often occurs with no obvious symptoms, and therefore it frequently goes unrecognized. However, there are cases when signs and symptoms are present; these include irritability, loss of appetite, sluggishness, abdominal pain, vomiting, constipation, and learning difficulties.

At-Risk Populations

Individuals from all social and economic levels can be affected by lead poisoning. However, children under the age of 6 years are considered to be at risk because they tend to put their hands or other objects into their mouths, they absorb a greater percentage of lead, and their developing bodies are more vulnerable to lead's effects. Children at the greatest risk are those 9 months of age to 2.5 years of age and those living at or below the poverty line who live in older housing.

Lead Poisoning Prevention

Lead poisoning is completely preventable. The removal of lead sources in one's environment is the most effective means of preventing lead exposure. There is no natural level of lead in the blood. Recent studies show that lead may have harmful effects even at very low levels. These findings underscore the importance of preventing even low level exposure by controlling all lead sources in a child's environment.

Blood Lead Screening

A blood lead test is the **only** way to know if a child has been exposed to lead. The initial blood lead test received by a child in a given year is called a lead screening. Screening children for lead poisoning is very important. It allows for early identification and treatment, which can reduce the chance that an exposed child will suffer permanent neurological damage. By establishing Florida's Blood Lead Screening Guidelines (page 6), the Florida Department of Health seeks to ensure children with the highest risk receive a blood lead test. When a child is found to have a high blood lead level, then other related children and children living in the same building should also be screened.

Lead Poisoning Case Management

The Childhood Lead Poisoning Case Management Guidelines (Appendix B) define a minimum standard of care for managing children less than 6 years of age who are diagnosed with lead poisoning. By following the case management guidelines health care providers and families can work together to prevent additional exposure and minimize long term effects through early intervention.

Lead Exposure SOURCES

Lead-based paint (pre-1978)

Homes built before 1978 may have lead-based paint on the exterior and/or the interior of the dwelling. Homes built before 1950 are even more likely to contain lead-based paint. Children can easily come into contact with paint chips or lead dust created through wear and tear of windows, woodwork, walls, doors, railings or other surfaces covered with lead paint. Children are also susceptible to the extremely high levels of lead dust created in a home undergoing renovation and/or repair.

Lead-contaminated soil

Lead may be found in the soil, especially near busy roadways or factories. The lead from gasoline used in vehicles before the 1980s has settled into the soil and is difficult to remove. Children may come into contact with contaminated soil while playing outside. This soil may also be tracked inside on shoes and clothing.

Take-home lead

“Take-home lead” is lead dust carried home on the clothes and/or shoes of individuals whose hobbies or occupations involve lead. Some common jobs and hobbies include: battery manufacturing, radiator repair, construction, renovation, soldering, recycling, painting, demolition, scrap metal recycling, working with stained glass, pottery making, target shooting, casting fishing weights and others.

Imported food or drinks in cans that are sealed with lead solder

Some countries other than the United States still allow lead solder in food and drink cans.

Imported home remedies and imported cosmetics may contain lead

Lead has been found in some home remedies and cosmetics often imported from the Middle East, Southeast Asia, India, the Dominican Republic, or Mexico. The remedies are usually bright yellow or orange in color. Examples include: Alarcon, Alkohl, Azarcon, Bali goli, Bint al zahab, Coral, Greta, Farouk, Ghasard, Kandu, Kohl, Liga, Litargirio, Lozeena, Pay-loo-ah, Sindoor, and Surma. There are many others.

Imported or handmade pottery with leaded glaze

Lead in ceramic glaze can leach into stored food and beverages, especially those that are acidic.

Imported candies or foods

Lead has been found in candy, wrappers, and in certain ethnic foods, such as chapulines (dried grasshoppers) or tamarind.

Jewelry and toys

Adult and children’s jewelry has been found to have lead. Some toys and other consumer products have also been found to contain lead. For more information please refer to the Consumer Product Safety Commission website at <http://www.cpsc.gov/>.

Lead Poisoning Screening GUIDELINES

Healthcare providers should screen a child at 12 and 24 months of age and a child 3 to 6 years of age who has not previously been screened if the child meets ONE of the following criteria:

- ⇒ **Child living in high-risk area defined by his or her zip code.**
A high-risk area is a Census block group with 27% pre-1950 housing or 74% pre-1970 housing. Consult the Florida Department of Health geographic information maps for high-risk areas with a list of associated zip codes (<http://www.doh.state.fl.us/>)
- ⇒ **Child having a sibling who has been lead poisoned or resides in a building where a person has been lead poisoned.**
- ⇒ **Child who is Medicaid eligible.**
This is a federal requirement. See the “Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook.”
- ⇒ **Child who exhibits delayed cognitive development or other symptoms of childhood lead poisoning.**
- ⇒ **Child who is adopted from outside the U.S.**
- ⇒ **Child who is in foster care.**
- ⇒ **Child who is a refugee or immigrant.**
Refugee children age six months to 16 years old should be screened upon entry to the United States.
- ⇒ **Child whose parent or caretaker indicates “yes” or “don't know” to at least one of the questions on the Lead Poisoning Risk Assessment Questionnaire (Appendix A).**
Parents/caretakers of children less than six years of age who are not part of the targeted populations listed above should complete this questionnaire at each annual check-up.

Blood Lead Screening and Testing METHODS

A blood lead test is the only lead screening and testing method recommended by the Florida Department of Health. Blood lead collection must be done properly to ensure an appropriate sample. Please see Resources on pg.11 for guidance from the CDC on collecting and handling blood lead samples.

Whenever possible, health care workers should use laboratories that can achieve routine quality control of plus or minus 2 $\mu\text{g}/\text{dL}$ for blood lead analysis (federal regulations allow laboratories that perform blood lead testing to operate with a total allowable error of plus or minus 4 $\mu\text{g}/\text{dL}$).

Note: Reporting requirements for health care providers may be found in Chapter 64D-3, *Florida Administrative Code*.

Recommended Blood Lead Testing Methods:

- **Venous Blood Lead Test:** Venous blood testing is the preferred method for analysis and should be used for lead measurement whenever practical. Blood collected by venipuncture has a lower likelihood of contamination compared to blood collected by a capillary blood draw. The venous blood lead test is the preferred method for all initial and follow-up blood lead testing.
- **Capillary Blood Lead Test Using a Capillary Tube:** Contamination of blood specimens obtained by the capillary blood testing method can be minimized if trained personnel follow proper technique. Children screened using this method and found to have an initial blood lead level equal to or greater than 10 $\mu\text{g}/\text{dL}$ require a follow-up test.
- **Capillary Blood Lead Test Using an Onsite Blood Lead Analyzer (e.g., LeadCare® Analyzers):** Professionals should follow the manufacturer's directions carefully while collecting and analyzing blood using this method. Children screened using this method and found to have an initial blood lead level equal to or greater than 10 $\mu\text{g}/\text{dL}$ require a follow-up test.
- **Capillary Blood Lead Test Using Filter Paper:** The use of filter paper is not recommended over previously mentioned blood lead screening and testing methods. Children screened using this method and found to have an initial blood lead level equal to or greater than 10 $\mu\text{g}/\text{dL}$ require a follow-up test.



Follow-up Blood Lead Testing TIME FRAMES

Follow-up of Capillary Lead Screening For Diagnosis

All capillary blood lead level screening results at or above 10 µg/dL should be confirmed with a follow-up test within the recommended time frame. A venous sample is the preferred follow-up testing method. The time frame for a confirmation test depends on the initial blood lead level (Table 1). In general, the higher the screening blood lead level, the sooner the confirmatory test. However, if a child is less than 12 months old or if there is reason to believe the blood lead level is rising rapidly, an earlier confirmation test is recommended.

Table 1. Schedule for Follow-up for Capillary Blood Lead Testing

Capillary Blood Lead Level	Perform a Follow-up Test Within:
10-19 µg/dL	3 months
20-44 µg/dL	1 week – 1 month
45-59 µg/dL	48 hours
60-69 µg/dL	24 hours
≥ 70 µg/dL	Immediately as an emergency lab test

Follow-up of Confirmed Lead Tests For Case Management

A confirmed test is defined as a blood lead level greater than or equal to 10 µg/dL from a venous specimen or blood lead level greater than or equal to 10 µg/dL from **TWO** capillary specimens taken **within three months** of one another.

The urgency for follow-up blood lead testing is based on the confirmed blood lead level. Table 2 shows the recommended time frames for follow-up blood lead testing. Some case managers and health care practitioners may choose to repeat blood lead tests on all new patients within a month to ensure that their blood lead level is not rising more quickly than anticipated.

Table 2. Schedule for Follow-up for Confirmed Blood Lead Testing

Confirmed Blood Lead Level	Follow-up Testing within:
10-14 µg/dL	3 months
15-19 µg/dL	2 months
20-44 µg/dL	1 month
45-69 µg/dL	48 hours
≥ 70 µg/dL	Admit to hospital; repeat testing 1-3 weeks after discharge

Lead Poisoning Prevention

Managing Blood Lead Levels <10 µg/dL

There is no safe level of lead in blood. Recent research finds that harmful effects can still occur in children who have blood lead levels less than 10 µg/dL. In response to these findings, the Centers for Disease Control and Prevention released a publication on *November 2, 2007*, entitled “*Interpreting and Managing Blood Lead Levels <10 µg/dL in Children and Reducing Childhood Exposures to Lead.*”

Based on the recommendations made by the Centers for Disease Control and Prevention, the Florida Department of Health encourages health care practitioners to provide preventive guidance to parents of all young children regarding sources of lead and help them identify sources of lead in their child’s environment. This is extremely important because removal of lead sources is the most effective means of preventing lead poisoning. Below are some important recommendations for managing blood lead levels less than 10 µg/dL.



Recommendations for Health Care Providers:

- ▶ Notify the parents/caregivers of children with blood lead levels less than 10 µg/dL. Discuss with parents/caregivers the potential impact of lead on child development and promote strategies that foster optimum development, including encouraging parents to influence their child’s development positively by providing nurturing and enriching experiences. Promote participation in early enrichment programs regardless of the child’s blood lead level.
- ▶ Conduct a follow-up blood lead test within six months to assure blood lead levels are not rising.
- ▶ Obtain an environmental and family occupational history. Educate parents about the most common sources of childhood lead exposure for their child and in their community.
- ▶ Direct parents/caregivers to the local county health department, state, and federal agencies and organizations for information, particularly concerning methods to identify and safely repair or remove lead hazards.
- ▶ Help parents/caregivers understand the uncertainty of a blood lead value and potential reasons for its fluctuation, including error introduced by sampling methods and laboratory procedures, age, and season-related exposures.
- ▶ Assess all children for developmental and behavior status and seek further evaluation and therapy to reduce developmental or behavioral problems as necessary.

Childhood Lead Poisoning CASE MANAGEMENT OVERVIEW

Lead Poisoning Case Definition

The Florida Department of Health defines lead poisoning as a blood lead level greater than or equal to 10 µg/dL from a venous specimen **or** blood lead levels greater than or equal to 10 µg/dL from **two** capillary specimens taken **within three months** of one another.

Overview of Comprehensive Case Management

Lead poisoning adversely affects children's cognitive and behavioral development. It can also have life long effects on an individual and society. The role of case management is to prevent additional exposure and reduce these effects. Comprehensive case management activities include coordinating, providing, and overseeing services required to: 1) reduce blood lead levels to as low as reasonably achievable; 2) eliminate lead hazards in the child's environment to prevent future exposure; and, 3) increase the knowledge of the primary caregiver(s) so that they can help reduce the long term complications of lead poisoning.



The Childhood Lead Poisoning Case Management Guidelines

The Childhood Lead Poisoning Case Management Guidelines (Appendix B) define a minimum standard of care for case managing children less than six years of age with confirmed blood lead levels. As noted there is no apparent threshold below which adverse effects of lead do not occur. Therefore, these guidelines seek to ensure that the highest standard of care is provided to the population at greatest risk of experiencing long term effects. Provision of these services requires the combined efforts of health care providers (physicians, nurses, nutritionists, and others), case management coordinators at county health departments, and environmental inspectors.

Referral to Developmental Programs and or Children's Medical Services

Developmental and behavior assessment should be performed on all children who have been diagnosed with lead poisoning. Children who meet eligibility criteria can receive direct medical and nursing case management services from the Department of Health's Bureau of Children's Medical Services. Referrals should be made to the local county Children's Medical Services office.

Case Closure Criteria

The goal of all case management activities is medical case closure. A case is considered medically closed when all case management services have been provided and the child's blood lead level returns to below 10 µg/dL for six months. The continuation of early intervention and/or emotional and behavioral counseling is recommended even after a case meets the criteria for medical closure.

Resources

American Academy of Pediatrics
<http://www.aap.org/>

Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, March 2002
http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm

Centers for Disease Control and Prevention. Preventing Lead Poisoning in Young Children. Atlanta: CDC, October 1991

Centers for Disease Control and Prevention. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Atlanta: CDC, 1997.
<http://www.cdc.gov/nceh/lead/guide/guide97.htm>

Centers for Disease Control and Prevention. Interpreting and Managing Blood Lead Levels <10 µg/dL in Children and Reducing Childhood Exposures to Lead: Recommendations of CDC's Advisory Committee on Childhood Lead Poisoning Prevention. MMWR 2007;56:(No. RR-8)

Centers for Disease Control and Prevention. Guidelines for Collecting and Handling Blood Lead Samples, 2004 (CD-ROM)
<http://video.cdc.gov/ramgen/nceh/lead/bloodleadsamples.avi>

Florida Childhood Lead Poisoning Prevention Program
<http://www.myfloridaEH/community/lead/index.html>

Florida Chapter of the American Academy of Pediatrics
<http://www.medicalhomeinfo.org/states/state/florida.html>

The United States Centers for Disease Control and Prevention
<http://www.cdc.gov/lead/>

Lead Poisoning Risk Assessment Questionnaire

INSTRUCTIONS: Parents/caretakers of children less than six years of age who are not part of the targeted populations listed on page 6 of the Childhood Lead Poisoning Screening and Case Management Guide should complete this questionnaire at each annual check-up.

A “yes” or “don’t know” response to any question indicates the child is at risk for lead poisoning and should receive a blood lead test and appropriate follow-up.

Question	Yes, No, or Don't Know
1. Does your child live in or regularly visit (once a week or more) any house or building built before 1978?	
2. Does your child live in or regularly visit any house or building that has recently undergone renovation?	
3. Does your child frequently come into contact with an adult whose job or hobby involves exposure to lead? <u>Examples:</u> <i>Occupations:</i> building renovation, battery factory or recycling, auto or radiator repair; highway bridge sandblasting or painting, welding metal structures, or wire cable cutting <i>Hobbies:</i> refinishing furniture; home renovation; casting bullets; auto battery or radiator repair, making stained glass, ceramics, toy soldiers, dive weights, or fishing weights	
4. Does your child have contact with cosmetics, kohl, candies, spices, jewelry, ceramic dishware and/or home (or folk) remedies not made in the United States; and/or leaded crystal, imported ceramic, or pewter dishes?	
5. Does your child play in loose soil, near a busy road or near any industrial sites such as a battery recycling plant, junk yard or lead smelter?	
6. Have you ever seen your child eat dirt or put his/her mouth on painted surfaces, paint chips, toys, jewelry or vinyl mini blinds?	
7. Has your child recently visited or lived in another country for an extended period of time?	

Childhood Lead Poisoning Case Management Guidelines

Case management of children with elevated blood lead levels involves coordinating, providing and overseeing services required to reduce blood lead levels to below 10 µg/dL. This quick reference is for case management coordinators at county health departments (CHD) and the team of individuals (physicians, nurses, nutritionists, environmental inspectors, and others) responsible for providing follow-up services and care for lead poisoned children.

Priority should be placed on responding to children with the highest blood lead level and to children less than two years of age with any elevated blood lead level. Lead levels in children less than two years of age are more likely to increase and their growing bodies are more sensitive to the effects of lead.

Confirmed Test Results	Follow-up Testing Schedule	Case Management Guidelines	Case Mgt Time Frame
<p>Class 1 10-14 µg/dL</p>	<p>Within 3 months</p>	<p>Notify the caregiver: Contact by phone, and send a notification letter to the family / caregiver.</p> <p>Report the case: Physicians report case to CHD. CHDs report case in Merlin (the state system for reportable diseases), and enter follow-up and case tracking information on lead data screens.</p> <p>Assess family needs and obtain an environmental history: Interview the family by phone or at residence to assess the child's environmental risk factors, eating habits, behaviors, and health, housing and social service needs.</p> <p>Develop a care plan: Collaborate with the family, physicians and other providers to develop an appropriate care plan based on the needs assessment. Include all necessary referrals in the care plan.</p> <p>Provide health education: Educate the family about sources of lead, exposure pathways, and methods of prevention including proper nutrition and lead safe work practices.</p> <p>Assess for developmental delay.</p> <p>Refer the family to developmental programs and community resources: Make referrals to the local Children's Medical Services office and to developmental programs, health, and housing and/or social services when appropriate.</p> <p>Test siblings and household contacts under six years of age for lead poisoning.</p> <p>Consider an Environmental Health Investigation: when a child has a confirmed blood lead level $\geq 10\mu\text{g/dL}$ <i>AND</i> The child has a blood lead test taken more than three months from the date of confirmation with a result greater than or equal to the test result at confirmation. Include primary/secondary residence and/or child care facility as part of investigation. Report findings in Merlin.</p>	<p>Within 20 Business Days</p>
<p>Class 2 15-19 µg/dL</p>	<p>Within 2 Months</p>	<p>Follow Class 1 Guidelines AND</p> <p>Conduct an Environmental Health Investigation: Conduct an investigation when a child has a confirmed blood lead level in the range of 15-19 µg/dL followed by a blood lead test taken more than three months apart with a result in the same range. Include primary/secondary residence and/or child care facility as part of investigation. Report findings in Merlin.</p>	<p>Within 10 Business Days</p>
<p>Class 3 20-44 µg/dL</p>	<p>Within 1 Month</p>	<p>Follow Class 1 and 2 Guidelines AND</p> <p>Physician: Conduct medical exam: Conduct a physical examination. Assess for anemia and recommend multi-vitamins with iron or iron treatment as indicated.</p> <p>Conduct an Environmental Health Investigation: Include primary/secondary residence and/or child care facility as part of investigation. Report findings in Merlin.</p>	<p>Within 5 Business Days</p>
<p>Class 4 45-69 µg/dL</p>	<p>Urgent Treatment Repeat within 48 hours</p>	<p>Follow Class 1, 2, and 3 Guidelines AND</p> <p>Physician: Provide a complete neurological exam.</p> <p>Physician: Consider chelation treatment. Consider treatment options such as oral chelation therapy (succimer). Intravenous inpatient treatment chelation may be necessary to stimulate release of lead from bone. See post-chelation guidelines below.</p>	<p>Within 2 Business Days</p>
<p>Class 5 ≥ 70 µg/dL High Priority</p>	<p>Medical Emergency! Admit to Hospital</p>	<p>Follow Class 1, 2, and 3 Guidelines AND</p> <p>Physician: Hospitalize and initiate chelation therapy. Chelation therapy should not be postponed while awaiting results of a repeat test for Class V.</p> <p>Post-Chelation Guidelines: Repeat venous lead test in 1-3 weeks after hospital discharge. Repeat venous lead test every two weeks for 6-8 weeks. Monitor lead level closely for 4-6 months after chelation. If the lead level "rebounds" to pre-treatment levels, consider repeat chelation therapy. Minimum of two-week intervals is needed between chelation courses.</p>	<p>Within 2 Business Days</p>