

Quick Guide for Lead Poisoning Prevention, Clinical Evaluation, and Management

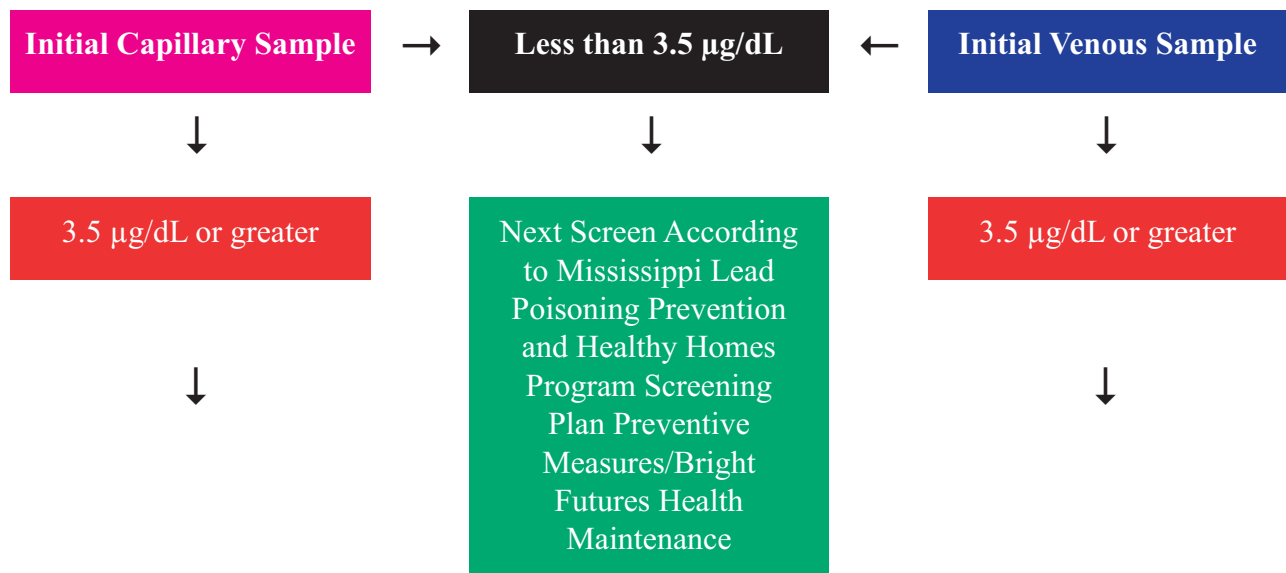
Schedule for Blood Lead Level (BLL) Screening:

- At any time between age 6-72 months if risk assessment indicates possible exposure.
- Routinely, at 12 and 24 months (12 months between samples), if Medicaid eligible/enrollee.
- At any time between 36-72 months if not previously screened, if Medicaid eligible/enrollee.
- Annually (6-72 months) with risk factors.
- Anytime when medically indicated in work-up of some unexplained illnesses (example: severe anemia, seizures, lethargy, abdominal pain).

Steps to Limit Lead Exposure:

Provide “Lead and Healthy Homes” and “Lead Fact Sheet” which include the following advice:

- Hand washing before eating and after playing outside
- Clean child’s toys, bottles and pacifiers often
- Provide child with Calcium, Iron and Vitamin C enriched foods daily
- Have barriers blocking access to lead hazards
- Wet wipe window sills
- Wet mop floors and stairs once a week or more using an all-purpose cleaner.



Schedule for Obtaining Venous Sample	
Capillary Blood Lead Level*	Confirm with Venous Test Within
3.5-9 µg/dL	Within 3 months
10-19 µg/dL	Within 1 month
20-44 µg/dL	Within 2 weeks
≥ 45 µg/dL	Within 48 hours

*Any child identified with a capillary lead level of ≥ 3.5µg/dL must receive a confirmatory venous test in the time frame shown above based on the blood lead level (BLL).

Schedule for Venous Re-testing	
Confirmatory Venous Blood Lead Level	Follow-up Venous Testing
3.5-9 µg/dL	3 months**
10-19 µg/dL	1-3 months**
20-44 µg/dL	2 weeks - 1 month
≥ 45 µg/dL	As soon as possible

**Some providers may choose to repeat blood lead tests on all new patients within a month to ensure the BLL is not rising more quickly than anticipated.

3.5-19µg/dL	20-44µg/dL	≥45µg/dL
Report test to LPPHHP	Report test to LPPHHP	Report test to LPPHHP
<ul style="list-style-type: none"> • Ensure iron sufficiency via testing and treatment per AAP guidelines • Nutritional counseling related to calcium and iron intake • BLL ≥10 refer to Early Intervention • BLL ≥15 refer for home visit and environmental assessment • Assess development per AAP guidelines • F/U venous retesting and monitoring based on chart above. 	<ul style="list-style-type: none"> • Follow recommendations for BLL 3.5-19 • Complete history and physical exam assessing for signs and symptoms related to lead • Consider obtaining an abdominal X-ray to evaluate for lead-based paint chips and other foreign bodies • Contact UMMC Poison Control Center for guidance • F/U venous retesting and monitoring based on chart above. 	<ul style="list-style-type: none"> • Follow recommendations for BLL 20-44 • Complete history and physical exam including detailed neurological exam • Obtain abdominal X-ray and initiate bowel decontamination if indicated • Contact UMMC Poison Control Center for guidance • F/U venous retesting and monitoring based on chart above.

Reporting Requirements

According to the Mississippi State Department of Health (MSDH) List of Reportable Diseases and Conditions, Blood Lead Poisoning is considered a Class II and Class III reportable disease.

- **Class II** requires that all venous elevated blood lead levels ≥3.5µg/dL in patients less than or equal to six years of age must be reported to the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program.
- **Class III**, for laboratory based surveillance (also includes ESA Leadcare Providers), requires that ALL blood lead level results in patients less than or equal to 6 years of age must be reported to the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program. Please follow the link below for a copy of the MSDH List of Reportable Diseases and Conditions.
<https://msdh.ms.gov/file/877.pdf>

Report of Lead Level Form <https://msdh.ms.gov/file/6612.pdf>