

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

April 12, 2013

Dear Clinical Partners:

On January 4, 2012, the national Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) released a report to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) which acknowledged the cumulative scientific evidence concerning a range of health impacts associated with blood lead levels less than 10 μ g/dL in children. The ACLPP recommendations and the CDC responses can be found on the CDC website at: www.cdc.gov/nceh/lead/ACCLPP/CDC_Response_Lead_Exposure_Recs.pdf.

Specific recommendations that were made by the ACLPP and accepted by the CDC were to:

- (1) base blood lead re-testing requirements and timelines on a 'reference value'¹ of 5 μ g/dL; and
- (2) have clinicians take the primary role in educating families about *preventing* childhood lead exposure during well-child visits prior to blood lead testing occurring.

The Connecticut Department of Public Health (CT DPH) reconvened the state's Childhood Lead Poisoning Prevention Screening Advisory Committee to revise Connecticut's blood lead screening requirements and medical follow-up guidelines to align with the national recommendations. The two-page advisory entitled, *Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut* are attached.

Major revisions to the requirements and guidelines include: (1) lowering the blood lead level for retesting from 10 μ g/dL to 5 μ g/dL; (2) testing and re-testing timelines; and (3) streamlining the risk assessment questions.

The CT DPH has developed a simple educational packet, to be provided at well child visits, consisting of two informational sheets that cover the basics about lead poisoning prevention and nutrition. The information included is: *Lead Poisoning Prevention* and *Eating Right Helps Fight Lead Poisoning*.



If you require aid or accommodation to participate fully and fairly in this meeting, please phone (860) 509-7293

Phone: (860) 509-7299 • Fax: (860) 509-7295 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employee

To summarize, CT DPH seeks your assistance with:

1. Reminding parents that there is no safe blood lead level.
2. Reminding parents that it is the law to have their child tested.
3. Ensuring medical re-testing according to established timelines when a child is identified as having a blood lead level at or above the new 'reference value.'
4. Providing lead poisoning prevention educational information during well child visits.

Primary prevention is paramount in our collective efforts to reduce and eliminate childhood lead poisoning and clinicians are essential to this effort. Your collaboration on this effort is critical to the health of your patients.

Please feel free to contact the CT DPH Lead and Healthy Homes Program at 860-509-7299 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jewel Mullen" followed by a long horizontal flourish.

Jewel Mullen, MD, MPH, MPA
Commissioner

¹ The reference value is based on the 97.5th percentile of the blood lead level distribution in children 1-5 years of age in the U.S. Based upon current data the reference value blood lead level is 5µg/dL.



**Requirements and Guidance for Childhood Lead Screening
by Health Care Professionals in Connecticut
Lead Poisoning Prevention and Control Program**

Revised April 2013

www.ct.gov/dph

A. Universal Blood Lead Testing is Mandated

Test children:

- Between 9 months and 36 months of age, each year for elevated blood lead levels
 - Most providers test at 12 months and 24 months of age
- Between 36-72 months of age, if not previously been tested, regardless of risk
- < 72 months of age, with developmental delays (especially if associated with pica)

B. Diagnostic Testing and Follow-up

Timetable for Confirming Capillary (Screening) Blood Lead Results with a Venous Blood Lead Test*

If result of screening test (µg/dl) is	Perform Venous Blood test within:
5-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
≥ 70	Immediately

*The higher the result on the capillary test, the more urgent the need for venous testing.

Schedule for Follow-up Venous Blood Lead Testing for Children with an Elevated Blood Lead Level^a

Blood Lead Level (µg/dl)	Early follow-up (1 st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
5-14	3 months ^b	6 - 9 months
15-19	1 - 3 months ^b	3 - 6 months
20-24	1 - 3 months ^b	1 - 3 months
25-44	2 weeks - 1 month	1 month
> 45	As soon as possible	Chelation and follow-up

^a Seasonal variations of BLLs exists and may be more apparent in colder climates. Greater exposure in the summer months may necessitate more frequent follow ups.

^b Some case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL is not rising more quickly than anticipated.

- If a capillary blood test is elevated (equal to or greater than 5µg/dL), confirm with a diagnostic (venous) blood lead test.
- Children with an elevated diagnostic blood lead test require additional follow-up blood testing at appropriate intervals.
- Children should be tested according to schedule above until BLL is below the reference value of <5µg/dl.
- Providers can contact one of Connecticut’s Regional Lead Treatment Centers for guidance and assistance with clinical management of a lead poisoned child (see below).

Consultation and supportive services are available by contacting:

Connecticut Children’s Medical Center Hartford Regional Lead Treatment Center, (860-547-0979)
Yale-New Haven Regional Lead Treatment Center, (203-688-2195)

For more information contact:

State of CT Department of Public Health Lead Poisoning Prevention and Control Program
(860-509-7299)

C. Provide Anticipatory Guidance to Families

- Provide educational information about lead poisoning
- Written materials, along with verbal education, should be provided in the family's primary language (at an appropriate reading level)
- Resources available at www.ct.gov/dph/lead

D. Risk Assessment

- In addition to testing children at the recommended time intervals, at each well-child visit, health care providers shall evaluate children 6 months to 72 months of age for risk of lead exposure using the following risk assessment questions.

Risk Assessment Questions

1. Does your child live in or regularly visit a house built before 1978?
2. Does your child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning?
3. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead (e.g., construction, welding, automotive repair shop, other trades, stained glass making; using lead solder, artist paints or ceramic glazes; etc.)?
4. Has your child been exposed to any imported products (spices, foods/vitamins, ethnic home remedies, or ethnic cosmetics)?
 - Some examples include: azarcon (also known as rueda, Maria Luisa, alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohl; litargirio; bebetina; chyan prash.

Ask any additional questions that may be specific to situations that exist in a particular community (e.g. operating or abandoned industrial sources; waste disposal sites; drinking water; has your child ever lived outside the U.S.; does your family use pottery for cooking, eating or drinking; etc.?).

If the answer to any of the above questions is YES or UNKNOWN, then the child is considered to be at risk and should be tested.

NOTE: Blood lead testing shall also be considered for any child regardless of age, with:

- Unexplained seizures, neurologic symptoms, hyperactivity, behavior disorders, growth failure, abdominal pain, or other symptoms consistent with lead poisoning or associated with lead exposure;
- Recent history of ingesting, or an atypical behavior pattern of inserting, any foreign object (even if the foreign object is unleaded) into a body orifice.