Screening Guidelines
1. All children should receive blood lead level (BLL) screenings at 12 and 24 months of age. Providers have the option of obtaining the lead level and Hct or Hgb at 9 or 12 months of age.
2. A BLL screening is also required for a child who:
   • Is 36 to 72 months of age and has not previously received a BLL screening.
   • Has a change in risk status.
   • Presents with symptoms of possible lead poisoning. (Examples: severe anemia, seizures, constipation, abdominal pain, changes in behavior.)

Lead Risk Assessment Questionnaire
Providers should assess a child’s risk of blood lead poisoning beginning at 9 months of age. Children determined to be at high risk of blood lead poisoning should receive parental education, nutritional counseling, and a BLL screening as appropriate. Administering the Risk Assessment Questionnaire instead of a BLL screening does not meet Medicaid requirements. A venous specimen is preferred, although capillary samples are acceptable.

Does child receive Medicaid or WIC benefits?  Yes = High Risk
Does child live in or visit a home built before 1950?  Yes = High Risk
Does child live in or visit a home built before 1978 undergoing renovation?  Yes = High Risk
Does child have a sibling or frequent playmate diagnosed with lead poisoning?  Yes = High Risk
Is child suspected by a parent or health-care provider to be at risk for lead exposure?  Yes = High Risk
Is child a recent immigrant, refugee, or foreign adoptee?  Yes = High Risk
Does child have a household member who participates in a lead-related occupation or hobby?  Yes = High Risk
Does child have a household member who uses traditional, folk, or ethnic remedies or cosmetics or who routinely imports food informally from abroad?  Yes = High Risk
Does child live near lead smelters, battery recycling plants, or other industries likely to release atmospheric lead?  Yes = High Risk

For Clinical Consultation Contact
PROGRAM COORDINATOR, Alabama Childhood Lead Poisoning Prevention Program
334-206-2966 or 1-800-545-1098

PEDIATRIC LEAD POISONING CONSULTANT
Erica Liebelt, MD, Medical Toxicology Services at University of Alabama at Birmingham Hospital and Children’s of Alabama 1-800-292-6678

CAPILLARY SAMPLES – UNCONFIRMED SCREEN
BLL (ug/dL) COMMENTS
5 – 9  CONFIRM with venous sample within 3 months
10 – 14  CONFIRM with venous sample within 3 months
15 – 19  CONFIRM with venous sample within 1 month
20 – 44  CONFIRM with venous sample within 5 days
45 – 59  CONFIRM with venous sample within 48 hours
60 – 69  CONFIRM with venous sample within 24 hours
>70  CONFIRM with venous sample immediately

PUBLIC HEALTH DEPARTMENT SERVICES
Care coordination of all children with a confirmed BLL of ≥ 10 ug/dl
Lead hazard investigations of all children with a confirmed BLL of ≥ 15 ug/dL
VENOUS SAMPLES - CONFIRMED DIAGNOSTIC COMMENTS

≤5 EDUCATE families about preventing lead exposure
SCREEN BLL at 12 and 24 months of age, or as indicated by risk status.

5 – 9 OBTAIN confirmatory diagnostic (venous) test within 3 months, even if the initial sample was venous.
CONTINUE follow-up testing every 3 months until 2 consecutive tests are ≤ 5 µg/dL.
EDUCATE families concerning lead absorption and sources of lead exposure (ADPH pamphlet available).
Case management services may be requested if the physician determines the family requires additional education in the home. A physician’s order is required.
EXPLAIN that there is no safe level of lead in the blood.
EDUCATE families concerning lead absorption and sources of lead exposure (ADPH pamphlet available).
PROVIDE nutritional counseling.
COMPLETE history and physical examination.
TEST for anemia and iron deficiency.
EDUCATE families concerning lead absorption and sources of lead exposure.
SCREEN all siblings under age 6.
EDUCATE families about preventing lead exposure.
OBTAIN abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated.

10 – 14 REFER for targeted case management via mailing ADPH-FHS 135, Elevated Blood Lead Environmental Surveillance Form, to the address on the bottom of the form within 5 days of notification of results.
PROVIDE parental education and nutritional counseling. RETEST within 3 months with venous sample.

15 – 19 REFER for targeted case management and environmental investigation via mailing ADPH-FHS-135, Environmental Surveillance Form, to the address on the bottom of the form within 5 days of notification of results. PROVIDE parental education and nutritional counseling. RETEST within 3 months with venous sample.

20 – 44 REFER for targeted case management and environmental investigation via mailing ADPH-FHS-135, Environmental Surveillance Form, to the address on the bottom of the form within 3 days of notification of results. PROVIDE parental education and nutritional counseling. RETEST within 3 months with venous sample or more often as determined by physician.

45 – 59 REFER for treatment (chelation therapy*) to physician within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately.
REFER for targeted case management and environmental investigation via faxing ADPH-FHS-135, Environmental Surveillance Form, to 334-206-2983 immediately upon notification of results. PROVIDE parental education and nutritional counseling.
RETEST within 1 month with venous sample or more often as determined by physician.

60 – 69 REFER for treatment (chelation therapy*) to physician within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately.
REFER for targeted case management and environmental investigation via faxing ADPH-FHS-135, Environmental Surveillance Form, to 334-206-2983 immediately upon notification of results. PROVIDE parental education and nutritional counseling.
RETEST within 2 weeks with venous sample or more often as determined by physician.

≥ 70 REFER for treatment (chelation therapy*) to physician within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately.
REFER for targeted case management and environmental investigation via faxing ADPH-FHS-135, Environmental Surveillance Form, to 334-206-2983 immediately upon notification of results. PROVIDE parental education and nutritional counseling.
RETEST weekly with venous sample or more often as determined by physician.

CLINICAL NOTE
Most children with lead poisoning are asymptomatic. Symptomatic children with elevated blood lead levels should be evaluated immediately. Symptoms may include coma, seizures, bizarre behavior, ataxia, apathy, vomiting, alteration of consciousness, and subtle loss of recently acquired skills. Lead encephalopathy has been reported with levels as low as 70 µg/dL.

*Child should only return to a lead-safe environment after chelation therapy.