



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Physicians, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics (including FQHC's), Hospitals – Chief Executive Officer – **FOR ACTION**
(**ROUTE TO:** Hospital Outpatient Departments: Pediatrics and Emergency Room) – **FOR ACTION**
Health Maintenance Organizations – **FOR ACTION**

SUBJECT: **Lead Screening Requirements**

PURPOSE: To inform physicians, certified nurse practitioners/clinical nurse specialists, independent clinics (including FQHC's), and hospital OPDs of the current requirements for screening children for lead exposure

BACKGROUND: Lead exposure continues to be an environmental risk for many young children. Despite the risk, statistics show that many children are not receiving age-appropriate lead screening. A very small percentage of infants and toddlers receive lead screening.

ACTION: Federal regulations and State law require that screening for lead exposure **must** be done for all children between 9 and 12 months of age and **again** at 2 years of age. Between the ages two (2) and six (6) years, a child **must** be screened if there is no evidence of prior screening.

The initial blood lead level determination may use a capillary (fingerstick) blood specimen. Any capillary blood test results equal to or greater than 10 ug/dL must be followed by a more definitive blood level determination using a venous blood sample.

Regularly scheduled preventive health/EPSTD screening visits and any associated office visits must be used as an opportunity for anticipatory guidance and risk assessment for lead poisoning. The State law requires that a lead risk assessment be done starting at 6 months of age and continue annually to age 6. The Lead Risk Assessment Questionnaire developed by the New Jersey Physician Advisory Committee of the Department of Health and Senior Services is attached for your guidance.

Please note that children with developmental delays and/or pica behavior are at potentially higher risk for lead exposure regardless of age and, therefore, routine blood level screening should continue after age two (2).

Nutritional assessment and counseling is part of the management of children with low level exposure. A referral to the Special Supplemental Food Program for Women, Infants and Children (WIC) for nutritional assessment and counseling is recommended for all children under five (5) years of age.

Practitioners who would like more information on the clinical management of lead-burdened children, including the names of physician regional advisors in their area, may contact the State Childhood Poisoning program at (609) 292-5666.

For further information and questions concerning this newsletter, please contact Danuta Buzdygan, M.D., Chief Pediatric Consultant, Division of Medical Assistance and Health Services, at (609) 588-2718.

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