



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

# NEWSLETTER

Volume 13 No. 52

July 2003

**TO:** Physicians, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics, Federally Qualified Health Centers, 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:** The purpose of this Newsletter is to inform physicians, certified nurse practitioners/clinical nurse specialists, independent clinics, FQHCs, and hospital outpatient departments 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 are currently receiving a 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 or about 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 or the filter paper method. 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. 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.

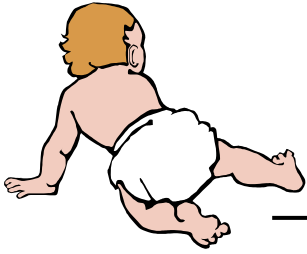
Please note that children with developmental delays and/or pica behavior are at potentially higher risk for lead exposure regardless of age and, therefore, routine blood level screening should continue after age two (2).

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 the Chief Pediatric Consultant at the Division of Medical Assistance and Health Services, at (609) 588-2718.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



**New Jersey Physician Lead Advisory Committee  
LEAD RISK ASSESSMENT QUESTIONNAIRE**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date	/ /		/ /		/ /		/ /	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>High Risk Exposure Factors</b>								
1. Does your child live in or regularly visit a house with peeling or chipped paint built before 1960? This could include the home of a babysitter or relative, a day care center or preschool, etc.								
2. Does your child live in or regularly visit a house built before 1960 with planned, recent (past 6 months) or ongoing renovation/remodeling activity?								
3. Does your child live with an adult whose job or hobby involves exposure to lead?								
4. Did your child have an elevated blood lead test (10ug/dL or higher) when last tested? (If no previous test and 12 months or older, consider this a "Yes" response.)								
<b>Other Risk Factors/Comments</b>								

**THE ABOVE QUESTIONS ARE *NOT* A SUBSTITUTE FOR BLOOD LEAD TESTING**

- ▶ Each child's individual **risk of lead exposure should be assessed yearly**, starting at 6 months of age and continue through age 5.
- ▶ A **"Yes" or "I Don't Know"** answer to **ANY** of the questions indicates high risk status. Blood lead testing should begin at 6 months of age and continue at regular intervals until risk status has decreased. Retest whenever new exposure is suspected.
- ▶ A **"No"** answer to **ALL** of the above questions indicates **low risk status**. However, routine blood lead testing should be done on all children initially at 12 months and again at 24 months of age.
- ▶ **Children 27 months through 72 months who have never been tested should be tested.**