Volume 4 No. 26 May 1994

TO: Physicians, Independent Clinics, and Hospitals - Chief Executive Officer

(ROUTE TO: Hospital Billing, Finance and Accounting Offices)

SUBJECT: Screening for Lead Exposure and Toxicity

EFFECTIVE: Immediately

PURPOSE: To inform physicians, independent clinics, and hospitals of recent changes in the requirements for screening children for lead exposure and toxicity.

BACKGROUND: In New Jersey, screening for lead exposure and toxicity has and up to six (6) years of age were to be screened for lead toxicity using the erythrocyte protoporphyrin (EP) test. An EP level higher than 25 ug/dL required a confirmatory test using a blood lead level determination.

In October 1991, the United States Public Health Service, Centers for Disease Control and Prevention (CDC), issued revised guidelines for prevention of lead poisoning in children, based on recent evidence which indicates that lead can cause adverse effects at blood lead levels as low as 10 ug/dL. Since the EP test is not a sensitive indicator of lead toxicity at levels lower than 25 ug/dL, it is no longer acceptable as a screening test for lead poisoning. All screening must be done through a blood lead level determination. The EP test is still valid as a screening test for iron deficiency anemia.

The Health Care Financing Administration (HCFA) considers all Medicaid recipients between six (6) months and six (6) years of age to be at risk for elevated blood lead levels. The New Jersey Medicaid program's lead screening requirements are based on policy issued by HCFA and the recommendations of the New Jersey Department of Health's Physician Lead Advisory Committee.

ACTION: Physicians, independent clinics, and hospitals are required and twelve (12) months, at two (2) years of age, and annually to six (6) years of age. Beginning at six (6) months of age and at each visit thereafter, the child's risk for exposure to lead must be assessed and childhood lead poisoning interventions must be discussed with the parent or guardian.

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 lead level determination using a venous blood sample.

The verbal risk assessment should be done by asking the questions recommended in the New Jersey State Department of Health's "Physician Lead Advisory Committee Lead Risk Assessment Questionnaire." Risk is determined from the responses to the following questions:

DOES THE CHILD:

1. Live in, or regularly visit, a house with peeling or chipping paint built before 1960? This could include the home of a babysitter or relative, a day care center or preschool, etc.?

2. Live in, or regularly visit, a house built before 1960 with planned, recent (within past year), or ongoing renovation/remodeling activity?

3. Have a brother or sister, a playmate, or other household member with a confirmed elevated blood lead level?

4. Live with an adult whose job or hobby involves exposure to lead?

5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?

6. Have a history of possible prenatal exposure (child's mother had elevated blood lead level during pregnancy)?

7. Have iron deficiency or anemia, sickle cell disease, developmental delay, or behavioral problems? *

8. Have a habit of eating dirt, paint chips, or other non-food items?*
9. Have excessive mouthing habits that are not age appropriate?

10. Have an elevated blood lead test of 10 ug/dL or higher when last tested?

*NOTE: Children with developmental delays and/or pica behavior continue to be at high risk for lead exposure regardless of age and, therefore, routine blood lead level screening should be continued after age five.

Additional questions, as those listed below, may also be used to determine risk:

11. Do you give your child any home or folk remedies which may contain lead?

12. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?

13. Does your home's plumbing have lead pipes or copper with lead solder joints?

LOW RISK - A child is considered low risk for lead exposure if the answers to all the questions are negative. However, every child must receive screening by blood lead level testing at six (6) to twelve (12) months, two (2) years, and annually until six (6) years of age even if the child is determined low risk through all negative responses to the questionnaire. If a child is first seen between 6 months and 6 years of age and has not yet received a blood lead level determination, the child must receive this test immediately even if the child is determined low risk on the verbal risk assessment.

HIGH RISK - A child is considered high risk for lead exposure if the answer to any question is positive. A blood lead level test must be obtained at the time the child is determined at high risk. If a child previously identified as low risk is reclassified as high risk, a blood lead level must be obtained at that time. If the initial blood lead test results are less than 10ug/dL, a screening blood lead level test is required at every future EPSDT screening visit through six (6) years of age.

Regularly scheduled EPSDT screening visits and any associated office visits must be used as an opportunity for anticipatory guidance and risk assessment for lead poisoning. A referral to the Special Supplemental Food Program for Woman, Infants and Children Program (WIC) for nutritional assessment and counseling is recommended for children under five (5) years of age and for pregnant women.

Physicians who would like more information on the clinical management of lead burdened children may contact the State Childhood Poisoning program at (609) 292-5666 for the lead treatment center in their area.

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.

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