

2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure



For Children 6 Months to 72 Months of Age

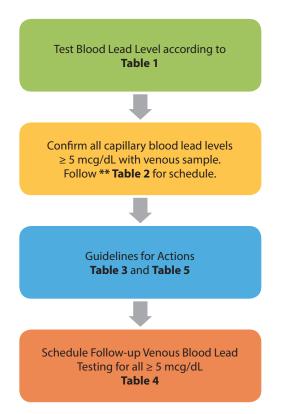


Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)										
For ALL children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*										
6 Months	9 Months	12 Months 15 Months 18 Months 24 Months 30 Months 36 Months						48 Months	60 Months	
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated	
For children born before 1/1/15, AND not on Medicaid, AND never lived in a 2004 At-Risk ZIP code*										
6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months	
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	
• Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards										
Indications for Testing		 Parental/guardian request Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. (Questions can be found in the Lead Risk Assessment Questionnaire section of this document) Follow-up testing on a previously elevated Blood Lead Level (Table 4) Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. For more information about lead testing of pregnant and breastfeeding women, see: http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf. 								

^{*} See back of chart for list of 2004 At-Risk ZIP codes

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test **						
Capillary Screening Test Result Perform Venous Test Within						
< 5 mcg/dL	Not Required					
5 – 9 mcg/dL	12 weeks					
10 – 44 mcg/dL	4 weeks					
45 – 59 mcg/dL	48 hours					
60 – 69 mcg/dL	24 hours					
70 mcg/dL and above	Immediate Emergency Lab Test					

^{**}Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old and younger who resides in Maryland.

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months (Full Guidelines in Table 5)							
Blood Lead Level	Follow-up testing	Management					
< 5 mcg/dL	On schedule Table 1	 Continue screening and testing on schedule. Continue education for prevention. If new concern identified by clinician, then retest blood lead level 					
5-9 mcg/dL	3 months See Table 4	All of above AND: Investigate for exposure source in environment and notify health department. • For more detail consult Table 5					
≥ 10 mcg/dL	See Table 4	Consult Table 5					

after Blood Lead Level ≥ 5 mcg/dL							
Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining					
5 – 9 mcg/dL	1 – 3 months***	6 – 9 months					
10 – 19 mcg/dL	1 – 3 months***	3 – 6 months					
20 – 24 mcg/dL	1 – 3 months***	1 – 3 months					
25 – 44 mcg/dL	2 weeks – 1 month	1 month					
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan					

Table 4: Schedule for Follow-up Venous Blood Lead Testing

Seasonal variation of Blood Lead Levels exists, greater exposure in the summer months may necessitate more frequent follow-up.

^{***} Some clinicians may choose to repeat elevated blood lead test within a month to ensure that their BLL level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years								
Confirmed Blood Lead Level (mcg/dL) ¹	< 5	5 – 9	10 – 19	20 – 44	45 – 69	≥ 70		
Primary Prevention: parent/guardian education about lead hazards ²	X	Х	Х	Х	Х	Х		
Medical/nutritional history and physical	Х	Χ	Х	X	Х	X		
Evaluate/treat for anemia/iron deficiency	Х	Х	X	X	X	X		
Exposure/environmental history ³		Χ	Х	Χ	Х	X		
Home environmental investigation		X ⁴	Х	Х	Х	Х		
Follow-up blood lead monitoring⁵		Х	X	X	X	X		
Coordinate care with local health department		X ⁶	Х	Х	X	Х		
Obtain developmental and psychological evaluation ⁷			X	Х	X	Х		
Consult with lead specialist, who will also evaluate for chelation therapy				Х	Х	Х		
Urgent evaluation for chelation therapy					Х	Х		
Hospitalize for medical emergency						X		

¹ Refer to information about confirmation of capillary tests in Table 2.

Lead Risk Assessment Questionnaire Screening Questions:

- 1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
- 2. Ever lived outside the United States or recently arrived from a foreign country?
- 3. Sibling, housemate/playmate being followed or treated for lead poisoning?
- 4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
- 5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
- 6. Contact with an adult whose job or hobby involves exposure to lead?
- 7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
- 8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

2004 Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by ZIP Code

Allegany	21111	21239	Charles County	21778	Montgomery	20731	Queen Anne's	20674
County	21133	21244	20640	21780	County	20737	County	20687
ALL	21155	21250	20658	21783	20783	20738	21607	Talls at Country
Anne Arundel	21161	21251	20662	21787	20787	20740	21617	Talbot County 21612
County	21204	21282	Dorchester	21791	20812	20741	21620	21654
20711	21206	21286	County	21798	20815	20742	21623	21657
20714	21207	Baltimore City	ALL	Garrett County	20816	20743	21628	21665
20764	21208	ALL	ALL	•	20818	20748	21640	21671
20704	21209	ALL	Frederick	ALL	20838	20752	21644	21673
21060	21210	Calvert County	County	Harford County	20842	20770	21649	21676
	21212	20615	20842	21001	20868	20781	21651	210/0
21061	21215	20714	21701	21010	20877	20782	21657	Washington
21225	21219	Carallia a Caranta	21703	21034	20901	20783	21668	County
21226	21220	Caroline County	21704	21040	20910	20784	21670	ALL
21402	21221	ALL	21716	21078	20912	20785		
Baltimore	21222	Carroll County	21718	21082	20913	20787	Somerset	Wicomico
County	21224	21155	21719	21085		20788	County	ALL
21027	21227	21757	21727	21130	Prince George's	20790	ALL	Worcester
21052	21228	21787	21757	21111	County	20791	St. Mary's	ALL
21071	21229	21791	21758	21160	20703	20792	County	
21082	21234		21762	21161	20710	20799	20606	
21085	21236	Cecil County	21769		20712	20912	20626	
21093	21237	21913	21776		20722	20913	20628	



A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a 'Person at Risk' (a child under the age of six or a pregnant woman) has a lead level of 10 or above and that repairs need to be made in the home.

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. A rental property owner CAN evict a tenant if they fail to make timely rental payments. To download a copy of the Notice of Defect form, visit: http://www.mde.state.md.us/programs/Land/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf

For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

Clinical Resources

Mid-Atlantic Center for Children's Health & the Environment

Pediatric Environmental Health
Specialty Unit
866-622-2431
kidsandenvironment@georgetown

kidsandenvironment@georgetown.edu www.pehsu.net/region3.html

Mt. Washington Pediatric Hospital Lead Treatment Program

410-367-2222 www.mwph.org

Maryland Poison Control 800-222-1222

Regulatory Programs and Resources

Maryland Department of Health and Mental Hygiene

866-703-3266 dhmh.envhealth@maryland.gov http://phpa.dhmh.maryland.gov/ OEHFP/EH/Pages/Lead.aspx

Maryland Department of the Environment

Lead Poisoning Prevention Program 410-537-3825/800-776-2706 http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/index.aspx

Local Health Departments

http://dhmh.maryland.gov/PAGES/ DEPARTMENTS.ASPX

Centers for Disease Control and Prevention

www.cdc.gov/nceh/lead/

Green & Healthy Homes Initiative 410-534-6447

800-370-5223

www.greenandhealthyhomes.org/

² Includes discussion of pica and lead sources including house paints (before 1978), ceramics, paint on old furniture, soil, foreign travel, traditional folk medicines, certain imported items (candies, food, jewelry, toys, cosmetics, pottery), and parental occupations that can bring home lead dust and debris (e.g. painting, construction, battery reclamation, ceramics, furniture refinishers, radiator repair).

³ Exposure/environmental history to identify potential lead sources. (see screening questions) Consider Notice of Defect (information at right) for child living in pre-1978 rental property.

⁴ Initial confirmed blood lead of 5 – 9 mcg/dL may not require home environmental investigation. Contact LHD for more guidance.

⁵ Refer to schedule of follow-up blood lead testing in Table 4.

⁶ Contact LHD for more information about care coordination for blood lead levels of 5 - 9 mcg/dL.

⁷ Use validated developmental screen for levels 10 − 19 mcg/dL, such as Ages and Stages Questionnaire (ASQ). Refer children as appropriate for further evaluation. Children with BLL over 20 mcg/dL should be evaluated in consultation with an experienced clinician, specialist, or Local Health Department regarding further evaluation.