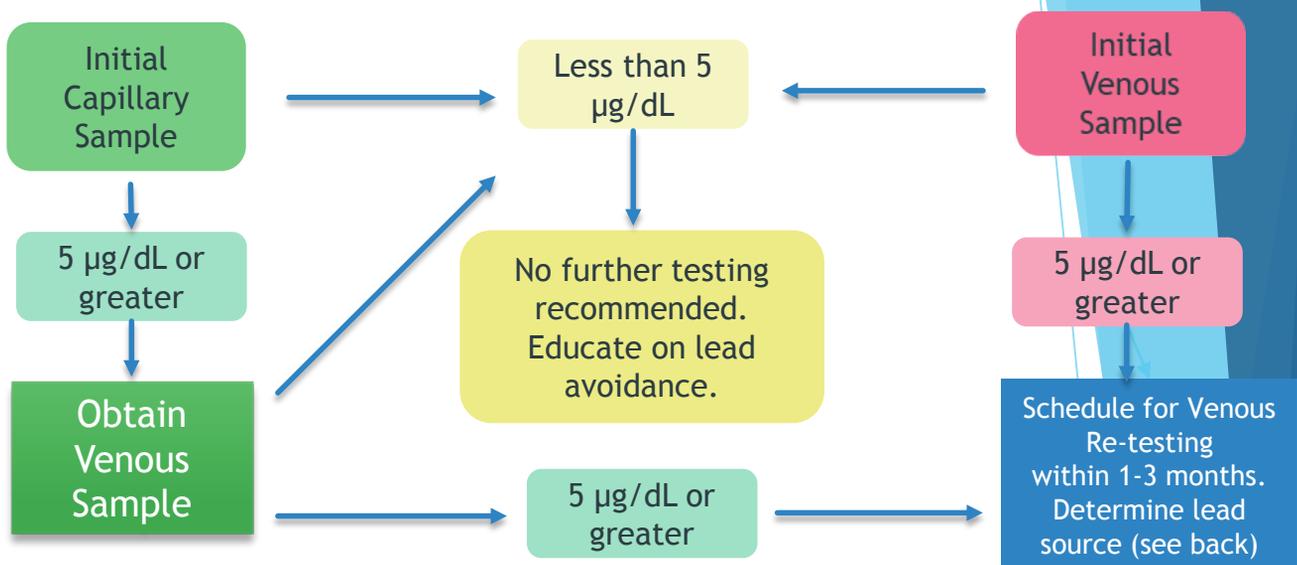


# Lead Poisoning

## Quick Guide for Lead Testing and Treatment in Utah



### Recommendations for Lead Poisoning Detection and Follow Up in Children

- ▶ There is no known safe level of lead in children and it adversely affects nearly every organ system. Increased levels have been associated with lowered IQ scores, ADHD, aggression as well as other physical and mental disorders.
- ▶ The only way to detect lead poisoning is through a blood test. A capillary (finger stick) is the quickest testing method and it may be done in your doctor's office. Another more accurate method is from a venous blood draw. A capillary test will need to be confirmed by a venous blood draw if the blood lead level is  $\geq 5\mu\text{g/dL}$ . Utah does not require blood lead testing on all children, although there is a federal mandate that all children with Medicaid insurance be tested at 1 and 2 years of age and children entering Head Start must be tested. The CDC and the American Academy of Pediatrics recommend routine lead exposure screening and encourage testing of all children.
- ▶ All blood lead test results are required to be reported to the Utah Department of Health (UDOH). See below for information to be reported. All blood lead samples analyzed within a clinic/office (i.e. Lead Care II point of care machines) must be reported directly to the UDOH. If using an outside clinical laboratory for blood lead analysis, the lab will report directly to the UDOH. Confirmed elevated venous blood lead levels  $\geq 5\mu\text{g/dL}$  should be reported to the county health department for case management.
- ▶ Refugee and immigrant children are at a higher risk of lead poisoning and need to have their blood lead level checked within 1-3 months of arrival if between the ages of 6 months and 16 years of age. In addition, follow up testing should be done 3-6 months after resettlement on children 6 months to 6 years of age.

### What information needs to be submitted to the state:

First and last name, date of birth, gender (or age if no DOB), zip code of patient, blood lead value in  $\mu\text{g/dL}$ , source of blood lead venous or capillary (V or C), date of test, location where blood sample drawn and where lab test was performed (Clinic/hospital/office Lead Care II machine). All blood lead tests can be reported daily, weekly or monthly. Spreadsheets are best.

**Report All Blood Lead Results to:**  
**Email: [EPICDEPFAX@utah.gov](mailto:EPICDEPFAX@utah.gov)**  
**Fax: 801-538-9923**

**State Contact: Mark E. Jones, LEHS, Epidemiologist**  
Environmental Epidemiology Program  
Utah Department of Health  
P.O. Box 142104  
288 North 1460 West  
Salt Lake City, Utah 84114-2104  
Office: 801-538-6191  
Email: [markejones@utah.gov](mailto:markejones@utah.gov)