Lead Testing and Treatment Guidelines

Testing Recommendations/Requirements:
- The CDC *recommends* that all children be tested at their 1 and 2 year old well child checks as well as children up to age 72 months who have never been tested.
- The CDC *recommends* that children at any age who have known risk factors based on a Lead Risk Questionnaire be tested.
- All children enrolled in Medicaid are *required* to be tested at ages 1 and 2 years and up to 72 months if not previously tested.
- All children entering Head Start are *required* to be tested.

Testing Requirements for Refugee and Immigrant children:
- All children ages 6 months to 16 years within 1-3 months of arrival.
- Follow up testing should be done 3-6 months after resettlement on children ages 6 to 72 months.

The Utah Lead Coalition is committed to developing resources and policy to eliminate new cases of childhood lead poisoning. Visit us at https://utahleadcoalition.org/

*As of Oct 28, 2021, the CDC has lowered its blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL and *recommends* further testing and treatment at ≥3.5 µg/dL. Utah, however currently only *requires* follow up testing and intervention at levels ≥5 µg/dL. Please visit the [CDC website](https://www.cdc.gov) for further guidance.
## Follow-Up Testing and Treatment

(CDC Recommendations based on the updated Blood Lead Reference Value of 3.5 µg/dL)

<table>
<thead>
<tr>
<th>Venous Blood Lead Level</th>
<th>Recommended Follow-Up Testing and Treatment</th>
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<tbody>
<tr>
<td>&lt;3.5 µg/dL</td>
<td>• There is no safe level of lead. If blood lead level is detectable consider confirmatory venous testing.</td>
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</table>
| ≥3.5–9.9 µg/dL         | • **Follow up venous test within 3 months to ensure decreasing levels.**  
                          • Provide guidance on common environmental sources of lead.*  
                          • Take detailed environmental history to identify potential sources of exposures and provide preliminary advice about reducing/eliminating exposures.  
                          • Consider testing other children in the home who may be exposed.  
                          • Provide nutritional counseling.* Encourage regular, healthy meals to reduce lead absorption.  
                          • Check for eligibility for WIC or other nutrition programs.  
                          • Ensure iron sufficiency with laboratory testing (CBC, Ferritin, CRP).  
                          • Perform developmental screening evaluations at future well child visits, as lead's effect on development may manifest over years.  
                          • Refer parents to Baby Watch Early Intervention. Children ages 0-3 yrs. with a venous blood lead level >10 µg/dL automatically qualify for services through BWEI. |
| 10-19.9 µg/dL          | • **Follow up venous test within 1 month to ensure decreasing levels.**  
                          • Perform steps as described above for levels 3.5-9.9 µg/dL. |
| 20-44.9 µg/dL          | • **Follow up venous test within 2 weeks to ensure decreasing levels.**  
                          • Any treatment for blood lead levels in this range should be done in consultation with an expert and in contact with the Utah Poison Control Center (1-800-222-1222).  
                          • Perform steps as described above for levels 3.5-19.9 µg/dL.  
                          • An abdominal x-ray should be considered based on the environmental investigation and history. Gut decontamination may be considered if leaded foreign bodies are visualized on x-ray. |
| ≥45 µg/dL              | • **Follow up venous test within 48 hours to ensure decreasing levels.**  
                          • Perform steps as described above for levels 3.5-44.9 µg/dL.  
                          • Under the guidance of an experienced provider, consider hospitalization and/or chelation therapy. |

*For additional information about lead sources and nutritional counseling, please visit utahleadcoalition.org.

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## Reporting

All blood lead test results are required to be reported to the Utah Department of Health (UDOH). If your clinic uses a clinical laboratory for blood lead analysis, results are automatically reported to the UDOH, by the clinical laboratory. If using a point of care analyzer, i.e. LeadCare II, please report blood lead results to the UDOH at:

Email: EPICDEPFAX@utah.gov  
Fax: 801-538-9923

**Information to include on report:**
- Patient first and last name, date of birth, gender, race, ethnicity, address, phone number, and parent/guardian
- Blood lead value in µg/dL
- Location of where the blood sample was drawn and analyzed (i.e. clinic, hospital, office)
- Name of who ordered the blood lead test (i.e. physician, PA, etc.)

Test results must be reported within 90 days of result. **Spreadsheets** are preferred.

### Utah Department of Health Contact

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