

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

M. Jodi Rell
Governor

December 1, 2008

Dear Doctor,

On June 26, 2007, Governor Rell signed Public Act 07-2, which will require mandatory universal blood lead screening of children (see attachment). Beginning January 1, 2009, medical Primary Care Providers (PCPs) will be required to perform annual blood lead screening of all children:

- less than 3 years of age, or
- between the ages of 36 and 72 months who have not been previously screened, or
- when clinically indicated.

PCPs will also be required to conduct a medical risk assessment of each child age 36 months through 71 months of age. This will consist of screening questions. A questionnaire is attached to this letter (see attachment).

The newly enacted legislation also requires that local health departments conduct on-site inspections when a child is identified with a confirmed blood lead level ≥ 15 $\mu\text{g/dL}$ to < 20 $\mu\text{g/dL}$ in two samples collected 3 or more months apart. In association with this new requirement, the *Reportable Disease Confidential Case Report Form (PD-23)* (previously used by providers to report confirmed cases of lead poisoning ≥ 20 $\mu\text{g/dL}$ in children to local health departments) will be revised by January 2009 to reflect the change. Should your office need additional PD-23 forms please call (860) 509-7994.

Since the CT Department of Public Health (DPH) Laboratory does not participate in third party billing, it is strongly suggested that physicians who have patients with insurance coverage continue to have their blood lead samples processed as usual, i.e., through commercial laboratories. Commercial laboratories are also being advised of changes in law and should be prepared to provide analytical services.

Additionally, the DPH Lead Poisoning Prevention and Control Program (LPPCP) has developed an educational in-service training for medical care providers and/or their staff. Topics that are reviewed include information about lead hazards, lead poisoning, related health effects of exposure to lead, the Centers for Disease Control and Prevention protocols and guidelines for lead screening and confirmatory sampling, and the lead laws and regulations including the new 2007 Legislative changes. There is no fee for this in-service training.



Lead poisoning is a completely preventable disease. The impairment that it may cause is irreversible. Every year, approximately 310,000 children in the United States are poisoned by lead. In 2006, 1,082 Connecticut children under the age of 6 were found to have elevated blood lead levels ($\geq 10 \mu\text{g/dL}$). Lead harms children's nervous systems and is associated with reduced IQ, behavioral problems, and learning disabilities. In large doses, it can cause coma, convulsions and death.

Please share this valuable information with all appropriate personnel in your practice. For further information regarding the new statutes or the in-service training please contact the LPPCP at (860) 509-7299.

Respectfully,

A handwritten signature in black ink, appearing to read "J. Robert Galvin M.D. M.P.H. M.B.A.", written in a cursive style.

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

JRG/kg

Public Act 07-2

Relevant Statutory Changes

Sec. 19a-111g. Pediatric screening and risk assessment for lead poisoning. Duties of primary care provider. Exemption.

(a) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff: (1) Shall conduct lead screening at least annually for each child nine to thirty-five months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut; (2) shall conduct lead screening for any child thirty-six to seventy-two months of age, inclusive, who has not been previously screened or for any child under seventy-two months of age, if clinically indicated as determined by the primary care provider in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut; (3) shall conduct a medical risk assessment at least annually for each child thirty-six to seventy-one months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut; (4) may conduct a medical risk assessment at any time for any child thirty-six months of age or younger who is determined by the primary care provider to be in need of such risk assessment in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut.

(b) The requirements of this section do not apply to any child whose parents or guardians object to blood testing as being in conflict with their religious tenets and practice.

Sec. 19a-110. (Formerly Sec. 19-65e). Report of lead poisoning. Availability of information regarding lead poisoning.

(a) Not later than forty-eight hours after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis date, type and blood lead analysis result; and (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. **With respect to a child under three years of age, not later than seventy-two hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results.** Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.



Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut Lead Poisoning Prevention and Control Program

August 1, 2001¹
Revised January 2007
Revised December 2008

The goal of lead screening is to identify children who have been exposed to lead, provide appropriate interventions, and reduce the risk of exposure.

A. Anticipatory Guidance and Lead Hazard Reduction Education

- Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families.
- Family education and anticipatory guidance should be offered with awareness of, and respect for, the cultural determinants of health behaviors and attitudes in the family and community.
- Family education that takes place during a visit should be supplemented with written materials in the family's primary language at an appropriate reading level.

B. Universal Blood Lead Screening

- At well-child visits, at age 12 months and again at age 24 months, health care providers are required to screen all children using a blood lead test for elevated blood lead levels.
- Any child between 25-72 months of age, who has not previously been screened, shall also have a blood lead screen performed immediately, regardless of risk.
- Additional blood lead screening is indicated for any child < 72 months of age, with developmental delays, especially if associated with pica.
- Furthermore, all children 6-72 months of age in HUSKY Part A Medicaid must be assessed for risk, and at a minimum, screened at 12 months and 24 months of age per federal requirements.

Blood lead testing shall also be considered for any child regardless of age, with:

- Unexplained seizures, neurologic symptoms, hyperactivity, behavior disorders, growth failure, abdominal pain, or other symptoms consistent with lead poisoning or associated with lead exposure;
- Recent history of ingesting, or an atypical behavior pattern of inserting, any foreign object (even if the foreign object is unleaded) into a body orifice.

C. Risk Assessment

- In addition to screening children at the recommended time intervals, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure using risk assessment questions - see reference A on reverse for suggested risk assessment questions.

D. Diagnostic Testing and Follow-up

- If a screening blood lead level is elevated (equal to or greater than 10 µg/dL), confirm with a diagnostic (venous) blood lead test with reference to CDC guidelines - see Reference B on reverse.
- Children with an elevated diagnostic blood lead test require additional follow-up blood testing at appropriate intervals, CDC guidelines - see Reference B on reverse.
- Providers can contact one of Connecticut's Regional Lead Treatment Centers for guidance and assistance with clinical management of a lead poisoned child.

The following can be contacted for more information:

State of CT Department of Public Health Lead Poisoning Prevention & Control Program (860-509-7299),
Hartford Regional Lead Treatment Center, (860-714-4792),
Yale-New Haven Regional Lead Treatment Center, (203-764-9106)

¹ Developed by the Childhood Lead Poisoning Prevention Screening Advisory Committee

Reference: A

At each routine well-child visit, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure. The parent/guardian should be asked the following questions:

Risk Assessment Questions

1. Does your child live in or regularly visit a house that was built before 1960? Ask about day care center, preschool, the home of a baby sitter or a relative, recent move, etc.
2. Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovation or remodeling?
3. Does your child have a history of an elevated blood lead level?
4. Does your child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning?
5. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead (e.g., construction, welding, automotive repair shop, other trades practiced in your community, stained glass making; using lead solder, artist paints or ceramic glazes; etc.)?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
8. Has your child been given any home remedies? Home remedies containing lead include, but are not limited to: azarcon (also known as rueda, coral, Maria Luisa, alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohli; litargirio; bebetina; chyawan prash.

Ask any additional questions that may be specific to situations that exist in a particular community (e.g. operating or abandoned industrial sources; waste disposal sites; drinking water; has your child ever lived outside the U.S.; does your family use pottery for cooking, eating or drinking; etc.?).

If the answer to any of the above questions is YES, then the child is considered to be at risk and shall be screened with a blood lead test.

Reference: B

Timetable for Confirming Capillary (Screening) Blood Lead Results with a Venous Blood Lead Test*

If result of screening test ($\mu\text{g}/\text{dl}$) is	Perform Venous Blood test within:
10-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
≥ 70	Immediately

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

Schedule for Follow-up Venous Blood Lead Testing for Children with an Elevated Blood Lead Level^a

Blood Lead Level ($\mu\text{g}/\text{dl}$)	Early follow-up (1 st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
10-14	3 months ^b	6 - 9 months
15-19	1 - 3 months ^b	3 - 6 months
20-24	1 - 3 months ^b	1 - 3 months
25-44	2 weeks - 1 month	1 month
> 45	As soon as possible	Chelation and follow-up

^a Seasonal variations of BLLs exists and may be more apparent in colder climates. Greater exposure in the summer months may necessitate more frequent follow ups.

^b Some case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL is not rising more quickly than anticipated.

Clinical Management > 20 $\mu\text{g}/\text{dl}$ *

Follow the above schedule until the following conditions are met:

- 1) Two tests where BLL remained <15 $\mu\text{g}/\text{dl}$ for at least 6 months, and
- 2) Lead hazards have been removed, and
- 3) No new exposures.

When conditions are met:

- Children should be tested according to schedule above until BLL is below CDC's level of concern (<10 $\mu\text{g}/\text{dl}$).

Consultation and supportive services are available by contacting:

Yale-New Haven Regional Lead Treatment Center (203) 764-9106 susan.jordan@yale.edu
Hartford Regional Lead Treatment Center (860) 714-4792 ssarvay@stfranciscare.com

Sources: Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC; 2002. http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_chap1.htm

Centers for Disease Control and Prevention. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Atlanta: CDC, 1997. <http://www.cdc.gov/nceh/lead/guide/guide97.htm>