

Table 9a

## Elevated Blood Lead Diagnostic and Follow-Up Chart

This table presents the suggested frequency of follow-up tests. Case managers and PCPs should consider individual patient characteristics and caregiver capabilities and adjust the frequency of follow-up tests accordingly.

### Confirmation of a Capillary Blood Lead Test

Screening test result ( $\mu\text{g/dL}$ ) <sup>a</sup>	Perform a confirmation test within:
10-19	3 months
20-44	1 week-1 month
45-59	48 hours
60-69	24 hours
> 70	Immediately as an emergency lab test

<sup>a</sup> Higher BLL results on screening test require more urgent need for confirmatory testing.

### Schedule for Follow-Up Blood Lead Testing<sup>a</sup> (BLL)

Venous blood lead level ( $\mu\text{g/dL}$ )	Early follow-up (First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
10-14	3 months <sup>b</sup>	6-9 months
15-19	1-3 months <sup>b</sup>	3-6 months
20-24	1-3 months <sup>b</sup>	1-3 months
25-44	2 weeks-1 month	1 month
> 45	As soon as possible	Chelation with subsequent follow-up

<sup>a</sup> Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.

<sup>b</sup> Some case managers or HCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Tables adapted from: *Center for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, 2002.*

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**Table 9b Maryland Lead Poisoning Prevention Program  
Recommendations for Lead Poisoned Child Intervention and Case Management**

Blood Lead Level	Local Health Department	Health Care Provider	Statewide Law Enforcement
<b>&lt; 9 µg/dL</b>	Anything above zero indicates some exposure or contact with lead. No Community Health Nurse case management services are indicated.	<ul style="list-style-type: none"> <li>• General education about lead and lead poisoning</li> <li>• Risk Assessment Questionnaire at all routine child health visits</li> <li>• Repeat blood lead level according to CDC guidelines.</li> </ul>	
<b>10 – 14 µg/dL</b>	This is the CDC Level of Concern <ul style="list-style-type: none"> <li>• Provide education to decrease exposure, including information about Special Grants and Loans Housing Program.</li> <li>• For venous tests at this level and higher, send Official Notice of Elevated Blood Lead Level to Tenant and Rental Property Owner when child is under 6 years of age and residence is pre-1950 rental housing. (Actions under Environment Article § 6-8, Reduction of Lead Risk in Housing Law)</li> </ul>	As above plus <ul style="list-style-type: none"> <li>• Educate to decrease exposure</li> <li>• Repeat blood lead levels according to CDC guidelines.</li> <li>• Early Follow-up Lead Level in 3 months</li> <li>• Late Follow-up Lead Level in 6-9 months</li> </ul>	As in footnote 2, plus MDE enforcement of Lead Risk in Housing law’s subsections on Notice of Elevated Blood Lead Level.
<b>15 – 19 µg/dL</b>	If capillary test, coordinate with health care provider and guardian to validate with a venous blood lead test within 3 months. If venous test <ul style="list-style-type: none"> <li>• Actions under EA 6-8, Reduction of Lead Risk in Housing as above and Qualified Offer.</li> <li>• Contact and make a home visit in coordination with the Environmental Lead Sanitarian who will complete an environmental investigation within 15 days.</li> <li>• Coordinate with the health care provider and guardian for follow-up activities, such as housing and follow-up blood tests</li> </ul>	As above plus <ul style="list-style-type: none"> <li>• Evaluate for iron deficiency</li> <li>• Take environmental history</li> <li>• Early Follow-up Lead Level in 1-3 months</li> <li>• Late Follow-up Lead Level in 3-6 months</li> </ul>	
<b>20 – 44 µg/dL</b>	If capillary test, coordinate validation of level with a venous blood lead level within 1 month If venous test. <ul style="list-style-type: none"> <li>• Contact and make a home visit in coordination with the Environmental Lead Sanitarian who will complete an environmental investigation within 5 working days</li> <li>• Discuss with the health care provider possible referral to tertiary care centers specializing in management of childhood lead poisoning</li> <li>• Provide appropriate referrals to other agencies (Social Services, Housing, etc.)</li> <li>• Actions under EA 6-8, Reduction of Lead Risk in Housing as above and Qualified Offer.</li> </ul>	As above plus <ul style="list-style-type: none"> <li>• Complete medical / nutritional history and physical examination</li> <li>• Obtain developmental / psychological evaluation</li> <li>• Consider chelation consultation</li> <li>• Early Follow-up Lead Level in 1-3 months</li> <li>• Late Follow-up Lead Level in 1-3 months</li> </ul>	As above, plus MDE and local health department enforcement of Notice of Violations.
<b>≥ 45 µg/dL</b>	If capillary, contact provider within 2 working days. Inform provider to mark all specimens STAT (Highest Priority) and request immediate processing and report from laboratory. If venous, contact provider within 1 working day. Home visit within 2 working days. Actions under EA 6-8, Reduction of Lead Risk in Housing as above and Qualified Offer.	As above plus <ul style="list-style-type: none"> <li>• Consult with specialist in lead poisoning treatment</li> <li>• Perform urgent chelation</li> <li>• Follow-up Lead Level ASAP</li> </ul>	
<b>&gt; 70 µg/dL</b>	Contact the health care provider within 24 hours. If capillary, confirm the result immediately with a STAT venous test. If venous, verify hospitalization as a medical emergency. Same as above. Home visit within 1 working day. Actions under EA 6-8, Reduction of Lead Risk in Housing as above and Qualified Offer.	<b>Hospitalize: Medical Emergency:</b>	

Maryland Department of the Environment recommendations, based on Centers for Disease Control and Prevention guidance (Rev. May 12, 2008)  
Environment Article §6-8, “Reduction of Lead Risk in Housing” subsections on Rental Property Registration, Risk Reduction Treatments at Turnover and Notice of Defect are ongoing primary prevention activities that trigger enforcement actions in all pre-1950 rental housing.