

Criteria for testing asymptomatic children at well child visits (not applicable to children previously or currently lead poisoned):

- Test **all** children at **12 months** and **24 months**. Vermont law requires this.
- Test all children ages 36 to 72 months who have not previously been tested.
- For children of refugees: perform a lead test on all children of refugees, age 6 months to 16 years old, upon entry to the United States. Within three to six months, a follow-up blood lead test should be conducted on all refugee children age 6 months to 6 years, regardless of initial screening result.

Confirmation of Capillary Blood Lead Tests

Capillary levels ≥ 5 $\mu\text{g}/\text{dL}$ **need** to be confirmed by venous sampling. The Vermont Department of Health initiates case management for **venous confirmed** blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$.

Capillary Blood Lead Levels	Confirm With Venous Test Within
5 – 9 $\mu\text{g}/\text{dL}$	3 months
10 – 44 $\mu\text{g}/\text{dL}$	1 month
45 – 59 $\mu\text{g}/\text{dL}$	48 hours
60 – 69 $\mu\text{g}/\text{dL}$	24 hours
70+ $\mu\text{g}/\text{dL}$	Immediately as an emergency test
The higher the capillary test result, the more urgent the need for a confirmatory venous test.	

Other Indications to Test for Lead

Blood lead testing should be part of a diagnostic work-up for children who are members of potential at-risk populations and for any child, regardless of age, with any of the following symptoms:

- Developmental problems/delays or behavioral problems such as aggression, hyperactivity, attention problems, school problems, learning disabilities, excessive mouthing or pica behavior or other behavior disorders
- Ingestion of an object that may contain lead
- Symptoms or signs consistent with lead poisoning including irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation
- Potential at-risk populations: International adoptees, immigrants, children of migrant workers, and children in foster care. Also children diagnosed with pica or special health needs that increase hand-to-mouth behavior.

Note: All blood lead results must be reported to the Vermont Department of Health. Most laboratories report directly to the department. Contact the Health Department’s Lead Poisoning Prevention Program to confirm that your laboratory or LeadCare II results are being reported.

Sources of Lead Exposure for Children:

- Lead dust – The most common source of childhood poisoning is lead dust from chipping or peeling paint in homes built prior to the banning of residential lead paint in 1978 (69% of Vermont homes). Exposure occurs through inhalation or ingestion of the lead dust.
- Lead contaminated soil – Lead contaminated soil is prevalent in Vermont, especially around the drip lines of older homes and along roadways where contamination from leaded gas remains.
- Keys and other common products such as metallic candle wicks, foreign-made children’s jewelry, ceramic pottery, lead solder in plumbing, antique furniture, salvaged building components, old bathtubs, marine/automotive/art paints, and “take-home” lead from an adult whose job or hobby involves lead.
- Health remedies, cosmetics, powders, spices, food and traditional medicine from other countries.

For clinical consultation or lead education material, call the Lead Poisoning Prevention Program at 802-865-7786 or toll-free in Vermont at 800-439-8550

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