VERMONT
DEPARTMENT OF HEALTH

Pediatric Blood Lead Testing Guidelines

Effective July 1, 2022

Any level of lead in the blood is considered elevated.

Criteria for Testing Asymptomatic Children at Well Child Visits

- 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 **refugees**: test all children ages 6 months to 16 years old upon entry to the U.S., with follow-up test within 3 to 6 months, regardless of initial test result.

Other Indications to Test for Lead

- Ingestion of an object that may contain lead
- Signs or symptoms consistent with lead poisoning
- Developmental problems/delays or behavioral problems
- Potential at-risk populations: international adoptees, immigrants, children of migrant workers, children in foster care, and children diagnosed with pica or special health needs that increase hand-to-mouth behavior

When to Confirm Capillary Blood Lead Tests

If Capillary Blood Lead Level is:	Confirm with Venous Test Within:
No detected lead (DL)*	Confirmation not needed
Any DL – 3.4 µg/dL	Within 6 months (capillary sample or venous)
3.5 – 9 µg/dL	Within 3 months
10 – 19 µg/dL	Within 1 month
20 – 44 µg/dL	Within 2 weeks
45 – 59 µg/dL	48 hours
60+ µg/dL	Immediately as an emergency test

When to Follow Up with a Venous Re-test

If Venous Blood Lead Level is:	Follow-Up	Late Follow-Up (blood lead level declining)
No detected lead (DL)*	Venous re-test not required	
Any DL – 3.4 µg/dL	6 – 9 months	
3.5 – 9 µg/dL	3 months	6 – 9 months
10 – 19 µg/dL	1 – 3 months	3 – 6 months
20 – 44 µg/dL	2 weeks – 1 month	1 – 3 months
45+ µg/dL	Initiate chelation and re-test in 7 – 21 days	As clinically indicated

*Detection limit varies across laboratories from <1 µg/dL to 3.3 µg/dL.

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Clinical Treatment Guidelines for Venous Confirmed Blood Lead Levels (for children 6 to 72 months old)							
	Blood Lead Levels (µg/dL)						
	No DL	DL–3.4	3.5–9	10–19	20–44	45–59	60+
MEDICAL EVALUATION							
TREAT AS AN EMERGENCY – potential encephalopathy						x	x
Check abdominal x-ray Other diagnostic tests: BUN, CBC, Creatinine, UA and liver enzymes						x	x
Monitor neurodevelopment (especially language skills and concentration ability)				x	x	x	x
Check nutritional status (especially iron and calcium) Rule out iron deficiency and treat if present			x	x	x	x	x
MEDICAL MANAGEMENT							
Chelation required – recommend the use of succimer per routine dosage						x	x
Discharge inpatient cases ONLY to LEAD-FREE ENVIRONMENT						x	x
In-home treatment indicated only if: • Lead-free environment • Highly compliant family • Home health care monitoring						x	x
Iron supplement if deficient • Stop iron therapy prior to chelation			x	x	x	x	x
Educate family on: • Potential sources of lead and ways to reduce or remove exposure • Dangers of improper lead abatement/remodeling • Encourage high iron/high calcium diet • The need to re-test	x	x	x	x	x	x	x
Provide Health Department's lead poisoning prevention education materials (translated materials also available)	x	x	x	x	x	x	x
FOLLOW UP							
Health Department will offer phone education		x	x				
Health Department will offer an environmental inspection, which is triggered independently when lab test results are received			x	x	x	x	x
Follow venous re-testing schedule		x	x	x	x	x	x
Screen other children in the home under age 6		x	x	x	x	x	x

Contact the Health Department at 802-863-7220 or healthyhomes@vermont.gov