

Questions and Answers for Health Care Providers

- **What are the blood lead testing guidelines for children under 6 years in age in Iowa?**

Lead exposure is dangerous and can seriously harm a child's health. Only a blood lead test can tell if a child has been exposed to lead and requires additional testing and follow-up to intervene with further exposure and limit damage to the long-term health of the child.

Exposure risks change over time as a toddler becomes more active. A test at 12 months of age does not predict what that child's exposure will be over the next few years. Because of risk factors identified in Iowa, IDPH recommends the following best practices:

- Collect a blood lead test every year, especially in the first three years of life
- Assess a child's need for a test at every visit, not just annual well child checks
- Assume that if you don't have a blood lead test result in the child's chart for the past year, the child should be tested at the visit
- If possible, collect the blood specimen in your office rather than referring the family to an off-site location
- Set up reminders in the child's medical chart or electronic medical record

For additional guidance on blood lead testing refer to the [Iowa Blood Lead Testing Guidelines](#).

- **As a provider, do I need to test children that are low-risk and live in newer homes that were built after 1978?**

According to the Environmental Public Health Tracking programs [Lead Exposure Risk Model](#) housing, child poverty, and language other than English spoken in the home are good predictors of future risk to childhood lead exposure in Iowa.

The [Lead Exposure Risk Map](#) provides medical providers and local public health with information on these three key lead risk factors identified by CDC. Medical providers can use the map to assess the general level of lead exposure risk in their patient population and adjust their care recommendations as needed to optimize prevention. The Lead Exposure Risk Model should be used as an educational tool for parents to understand the recommendations made by the medical provider. Local public health professionals can use the Lead Exposure Risk Model to educate their community about lead exposure and to direct their outreach to areas most at risk.

Other sources of lead exposure, besides from lead-based paint, in Iowa for children have been:

- Occupational take-home exposures: Most Iowa adult lead exposures are from work-related exposures in manufacturing, metal and electronic recycling, construction, residential or commercial renovation work and radiator repair work. Children are often exposed to lead from parents or grandparents employed in one of these industries.

- Children are exposed through adult hobby activities involving firearms and casting or reloading of ammunition. The number of public and private shooting ranges in Iowa have increased in recent years and there is likely one in every county of the state.
- Cultural practices of refugee and immigrant families. Physicians who provide health services to refugee and immigrant children should be aware of potential exposures from lead-glazed cooking pottery in Mexican-American households; folk medical use of lead in Hispanic, Arabic, South Asian, Chinese, and Hmong communities; as well as the use of lead as a cosmetic in the Near East, Southeast Asia, and South Asia.

At a minimum, providers can use the [Lead Risk Questionnaire](#) to determine the need for testing children that may be perceived as low-risk.

- **What services are available to families of lead poisoned children?**

The Iowa Department of Public Health currently has contracts with nineteen (19) county boards of health that provide the full scope of CLPPP services in 48 of Iowa's 99 counties, covering 65% of the pre-six years of age population. Contracted CLPPPs ensure the following services are provided within their respective jurisdictions: blood lead testing, medical case management, environmental case management, data management and surveillance, and education and outreach. Action levels for case management and intervention services in contracted CLPPP counties occur when a child presents with an initial confirmed blood lead level of 15 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or higher. The Iowa Department of Public Health (IDPH) provides CLPPP services to the remaining 51 counties, covering 35% of the pre-six years of age population. Those services primarily include environmental case management and clinical consultation for children with confirmed blood lead levels greater than or equal to 15 $\mu\text{g}/\text{dL}$.

A map of CLPPP service areas and contacts can be found online on the [Providers, Labs and Schools resources](#) page.

- **Who provides lead poisoning services and at what blood lead level are they provided?**

Childhood Lead Poisoning Prevention Program case managers are responsible for coordinating services within the counties they serve. Refer to the [Childhood Lead Poisoning Prevention Program map and list of contacts](#) for information on local case managers in your county.

Click on the following link for a [chart of CLPPP services](#) and responsible parties.

- **Who is required to report blood lead test results?**

- Health care providers, hospitals, and clinical laboratories and other health care facilities are required to report cases of reportable poisonings and conditions. Health care providers are exempted from reporting blood lead testing if the laboratory performing the analysis provides the report containing the required information to the department.
- School nurses are required to report suspected cases of a reportable poisoning or condition occurring among the children supervised.
- School officials, through the principal or superintendent as appropriate, are required to report when there is no school nurse.

- Poison control and poison information centers are required to report inquiries about cases of a reportable poisoning or condition received by them.
- Medical examiners are required to report their investigatory findings of any death which was caused by or otherwise involved a reportable poisoning or condition.
- Occupational nurses are required to report cases of reportable poisonings and conditions.
- Hospitals, health care providers and clinical laboratories outside the state of Iowa shall immediately report any confirmed or suspected case of a reportable poisoning or condition in an Iowa resident.
- **How do I report blood lead results if I use a Magellan LeadCare II™ analyzer or some other point of care instrument?**

Offices and clinics using the Magellan LeadCare II™ analyzer for onsite testing can use complimentary software available from the company to report. Software information is available at www.magellandx.com/leadcare-products/leadcare-ii/support/reporting-solutions/. Contact Janet Lemmermann at 800-972-2026 prior to submitting reports to IDPH.

For more questions on lead poisoning contact IDPH at **1-800-972-2026** or online at [Contact Us](#).