



News/Updates: Updates to the domestic lead screening guidance for newly arrived refugees

November 8, 2021

Dear State Refugee Health Coordinator and Refugee Health Partners:

The Centers for Disease Control and Prevention (CDC) has updated its [blood lead reference value \(BLRV\)](#) in children from 5 µg/dL to 3.5 µg/dL in response to the Lead Exposure Prevention and Advisory Committee (LEPAC) recommendation made on May 14, 2021.

In 2012, the CDC introduced a blood lead “reference value” to identify children with higher levels of lead in their blood compared to most children. This level is based on the 97.5th percentile of the blood lead values among U.S. children ages 1-5 years from the two most recent National Health and Nutrition Examination Survey (NHANES) cycles. Children with blood lead levels at or above the BLRV represent the top 2.5% of children with the highest blood lead levels. The value of 3.5 µg/dL was derived from NHANES data from the 2015-2016 and 2017-2018 cycles. CDC encourages healthcare providers and public health professionals to follow the [recommended follow-up actions based on confirmed blood lead levels](#).

Shortly, the Division of Global Migration and Quarantine will update its domestic screening guidance for newly arrived refugee children to reflect the lowering of the BLRV to 3.5 µg/dL. This change will also be reflected in [CareRef](#), a clinical decision-making tool managed by the Centers of Excellence in Newcomer Health in Minnesota. The following guidance for screening newly arrived refugee children and pregnant and lactating women and adolescent girls remains unchanged:

1. All refugee infants and children ≤16 years of age should be screened for lead exposure with a blood test. Repeat testing with a blood test 3-6 months after initial testing is recommended for all refugee infants and children ≤6 years, regardless of initial screening result. Repeat testing is also recommended for children and adolescents 7-16 years of age with blood lead levels above the BLRV at initial screening.
2. Older adolescents (over 16 years of age) should also be tested if there is a high index of suspicion (siblings with elevated BLRV, suspected environmental exposures, etc.). Repeat testing may also be warranted.
3. Pregnant and lactating women and adolescent girls should be screened for lead exposure, and provided with appropriate follow-up, as indicated.

Please note, the lowering of the BLRV only applies to children at this time. Clinicians conducting the domestic medical screening for newly arrived refugees and other newcomers should continue to use the 5 µg/dL reference value for pregnant and lactating women and adolescent girls.

CDC will notify partners of any additional changes related to guidelines for U.S.-bound refugees and other newcomers.

Sincerely,

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