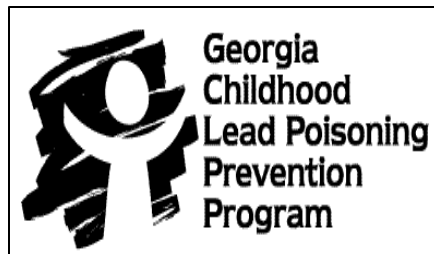


**Georgia Childhood Lead Poisoning
Prevention Program (GCLPPP)
2004 Blood Lead Screening Guidelines for Georgia**



For more information, contact:
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Division of Public Health
Georgia Childhood Lead Poisoning Prevention Program
2 Peachtree Street, NW
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2004 Blood Lead Screening Guidelines for Georgia

All children should be verbally assessed at 12 and 24 months of age with the questionnaire shown in Appendix A unless a blood lead test is performed.

All high-risk children in Georgia should be routinely screened for blood lead levels at 12 months and 24 months of age with either a capillary or venous blood specimen. High-risk children are identified as any of the below:

1. Medicaid- or PeachCare for Kids-eligible children
2. WIC eligible children
3. Children adopted from outside the United States
4. Children with a “Yes” or “Don’t know” on the verbal risk assessment shown in Appendix A
5. Children with a parent employed in an occupation or a hobby listed in Appendix B
6. All children residing in a high-risk Georgia county listed below:
 - Bibb
 - DeKalb
 - Gwinnett
 - Sumter
 - Chatham
 - Fulton
 - Hall
 - Thomas
 - Cobb
 - Glynn
 - Richmond
 - Troup

High-risk children in Georgia between ages 36 months and 72 months who have not had previous testing must receive a screening blood lead test. All low-risk children in Georgia between 36 and 72 months should be verbally assessed with the questionnaire in Appendix A.

Children found to have an initial capillary blood lead test (fingerstick) of ≥ 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) should have a venous diagnostic test.

Confirmatory Testing of Capillary Tests

| If result of capillary screening test (mg/dL) is: | Perform diagnostic test on venous blood within: |
|---|--|
| 10-19 | 2 months |
| 20-44 | 1 month – 1 wk (depending on severity) |
| 45-59 | 48 hours |
| 60-69 | 24 hours |
| ≥ 70 | Immediately (as an emergency lab test) |

Follow-up testing for children with confirmed venous elevated ($\geq 10 \text{ mg}/\text{dL}$) diagnostic BLLs

- All follow-up testing should be venous sampling
- Children with diagnostic BLLs of 10-14 $\mu\text{g}/\text{dL}$ should have at least one follow-up test within 3 months
- Children with diagnostic BLLs of 15-19 $\mu\text{g}/\text{dL}$ should have a follow-up test within 2 months
- If the result of the follow-up testing is $\geq 20 \mu\text{g}/\text{dL}$, or the child has had two or more venous BLLs of 15-19 $\mu\text{g}/\text{dL}$ at least 3 months apart, the child should receive clinical management which includes follow-up testing and environmental management

Clinical management includes

- Clinical evaluation for complications of lead poisoning
- Family lead education and referrals
- Chelation therapy, if appropriate (i.e. $\geq 45 \mu\text{g}/\text{dL}$)
- Follow-up testing at 1-2 month intervals (closer intervals for higher BLLs)

Provide appropriate chelation therapy

- Any child with a BLL of $\geq 45 \mu\text{g}/\text{dL}$

Environmental Management & Investigation

Contact the Georgia Department of Human Resources, Division of Public Health or a Public Health District office to arrange an environmental investigation of all confirmed levels $\geq 20 \mu\text{g}/\text{dL}$.

Appendix A

Risk Assessment Questions

1. Does your child live in or often visit a house that may have been built before 1978?
2. Does your child live in or often visit a house that is being remodeled or is having paint removed?
3. Does your child live with or often visit another child that had an elevated blood lead level?
4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
5. Does your child chew on or eat non-food items like paint chips or dirt?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child receive medicines such as greta, azarcon, kohl, or pay-loo-ah?

Appendix B

Sources of Lead

The most common sources of lead are paint, soil and water. Other sources include:

Traditional Remedies/Cosmetics

alarcon, azarcon, cora, greta, liga,
rueda (yellow/orange powders)
ghasard (brown powder)
bali goli (flat black bean)
kandu (red powder)
pay-loo-ah (red powder)
kohl or alkohl (powder)

Occupations/Industries

Ammunition/explosives maker
Propeller aircraft mechanics & maintenance persons
Auto repair/auto bodywork
Battery manufacturing
Battery recycling
Building or repairing ships
Bridge construction and repair
Bronze manufacturing
Cable/wire stripping, splicing or
production
Construction
Ceramics worker (pottery, tiles)
Firing range worker
Glass factory worker
Jewelry maker or repair
Junkyard employee
Lead miner
Melting metal (smelting)
Painter
Paint/pigment manufacturing
Plumbing

Pouring molten metal (foundry work)

Printers

Radiator manufacturing or repair

Remodeling/repainting/renovating houses or buildings

Removing paint (sandblasting, scraping, sanding, heat
gun or torch)

Salvaging metal or batteries

Welding, burning, cutting or torching

Dept. of Transportation sign makers

Steel metalwork

Tearing down buildings/metal structures

Gas station attendants

Window replacement

Highway workers (specifically painters)

Hobbies/Miscellaneous

(may include above occupations)

Antique/imported toys

Chalk (particularly for snooker/billiards)

Remodeling, repairing, renovating home

Painting/stripping cars, boats, bicycles

Soldering

Moonshine distilling or drinking

Melting lead for fishing sinkers or bullets

Stained glass work

Firing guns at shooting range

Toy soldiers (leaded)

Glazed Pottery Making

Gasoline sniffing