



Lead, Asthma, Radon and Healthy Homes in Maryland: New Resources for Clinicians and Patients

Session 1: Maryland's Evolving Approach to Childhood Lead Poisoning

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Objectives

- ❖ At conclusion of this presentation, the learner should be able to:
 - Identify the changes in Maryland laws and regulations that reduce the blood lead level in a child that will trigger a response from State agencies;
 - Understand the recent trends in the State for lead levels, blood lead testing rates
 - Identify and access services to reduce home-based pediatric environmental health hazards including lead, asthma, and radon
 - Quickly identify patient needs for services related to home-based environmental health hazards

Format

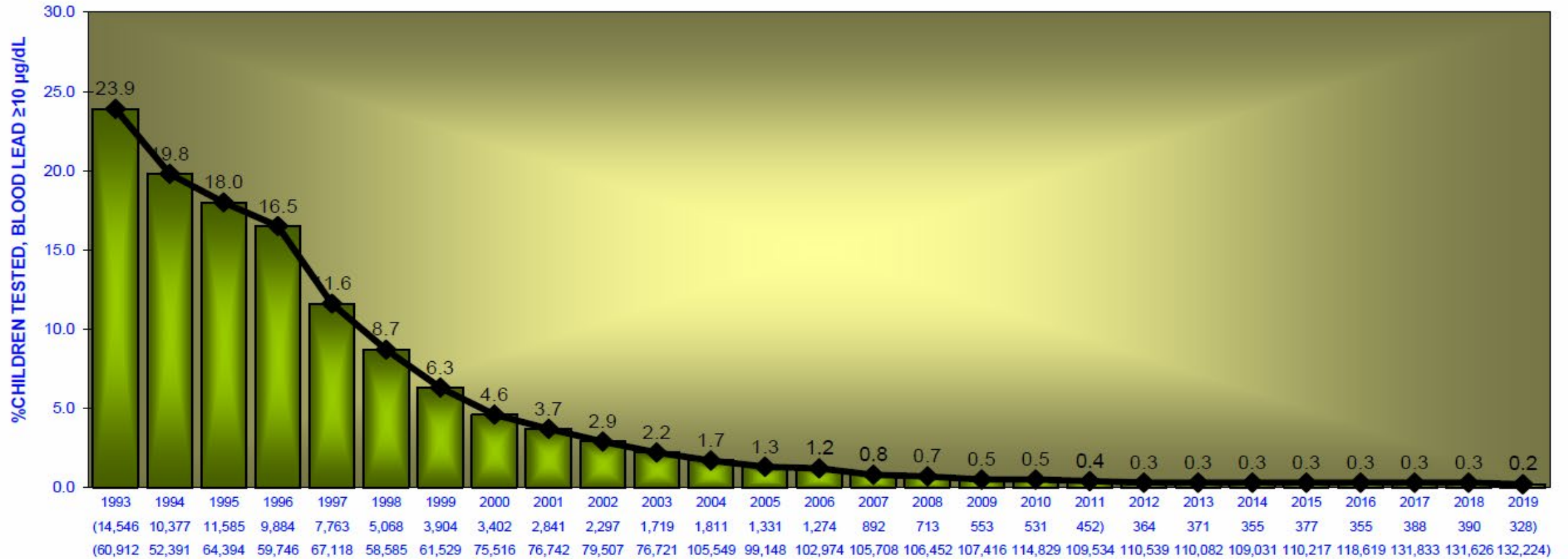
- ❖ Three CME segments: Day 1 (offered twice), Day 2 (offered twice), Day 3 (offered once)
- ❖ Day 1: Maryland's Evolving Approach to Childhood Lead Poisoning
 - Trends in lead poisoning – blood lead levels, sources, disparities
 - New laws and regulations
 - New resources
- ❖ Day 2: Overview of Healthy Homes Approach to Children's Health
 - Epidemiology of Children's Health and Healthy Homes
 - Lead, Asthma, Radon, Injury
 - Overview of new State laws, regulations, resources
- ❖ Day 3: Case Presentations: Lead and Asthma

Disclosure

- ❖ Dr. Mitchell has no conflicts to disclose.

What's Happened to Lead Poisoning?

MARYLAND DEPARTMENT OF THE ENVIRONMENT CHILDHOOD BLOOD LEAD SURVEILLANCE STATEWIDE 1993-2019

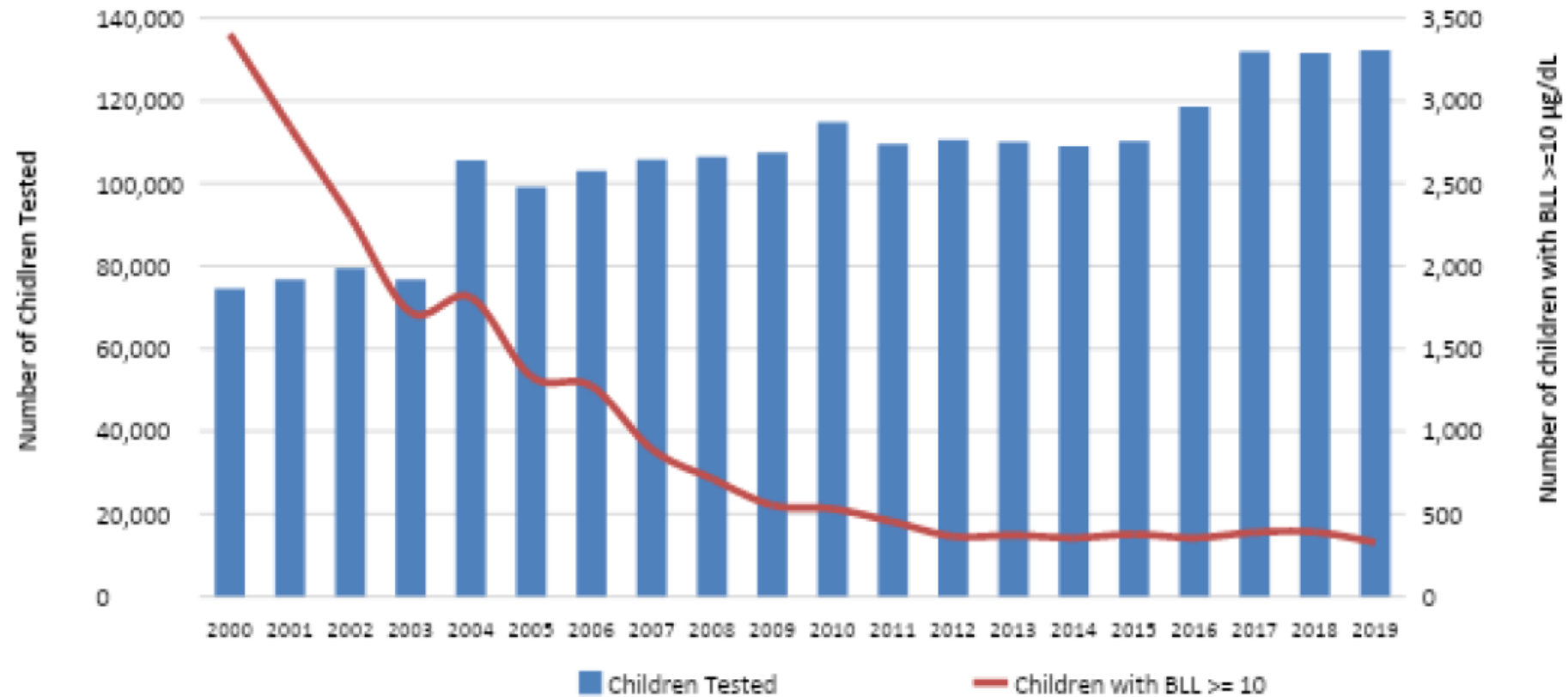


CALENDAR YEAR
(Number of Children with BLL ≥ 10 $\mu\text{g/dL}$)
(Number of Children Tested)



Recent Epidemiology of Lead in Maryland

Number of Children 0-72 Months Tested for Lead and Number Reported to Have Blood Lead Level ≥ 10 $\mu\text{g}/\text{dL}$: CY00-19



❖ The number of children with elevated blood leads (≥ 10 $\mu\text{g}/\text{dL}$) has leveled off, despite more testing

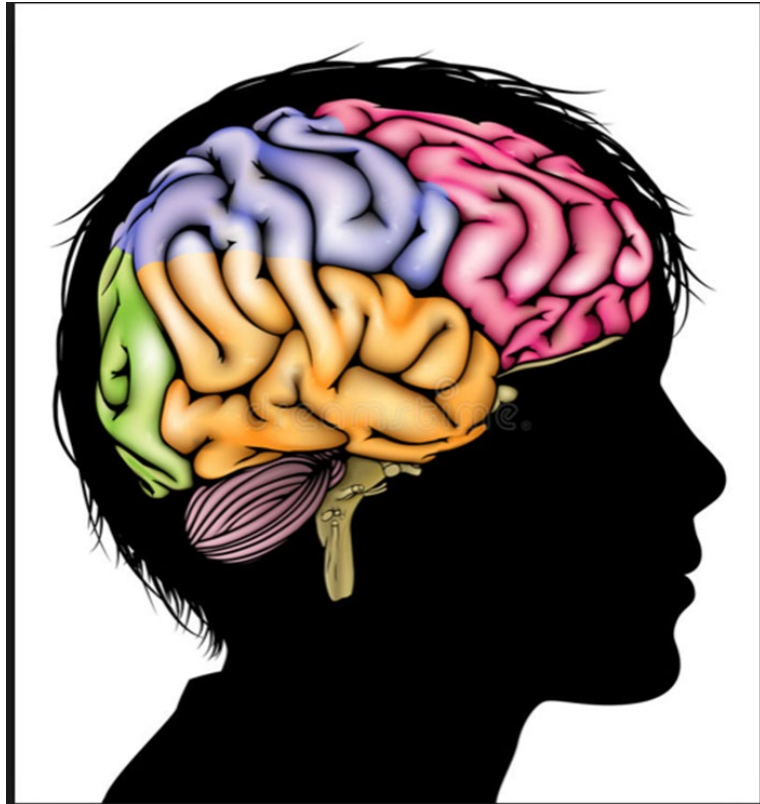
❖ 257 new cases in 2019 of children with blood leads ≥ 10 $\mu\text{g}/\text{dL}$, and 902 new cases with blood leads of 5 – 9 $\mu\text{g}/\text{dL}$

Blood Lead Levels Among U.S., Maryland Children, 2017

- ❖ Among all states reporting blood lead data to CDC:
 - 18.7% of children < 72 months tested for blood lead
 - 3.0% of all children tested aged < 72 months had a BLL \geq 5 $\mu\text{g}/\text{dL}$
- ❖ Among Maryland children:
 - 29.9% of children < 72 months were tested
 - 1.2% of Maryland children < 72 months had a BLL \geq 5 $\mu\text{g}/\text{dL}$

Source: CDC National Childhood Blood Lead Surveillance Data, accessed at:
<https://www.cdc.gov/nceh/lead/data/national.htm>

BIOLOGIC UPTAKE OF LEAD: HAND TO MOUTH ACTIVITY



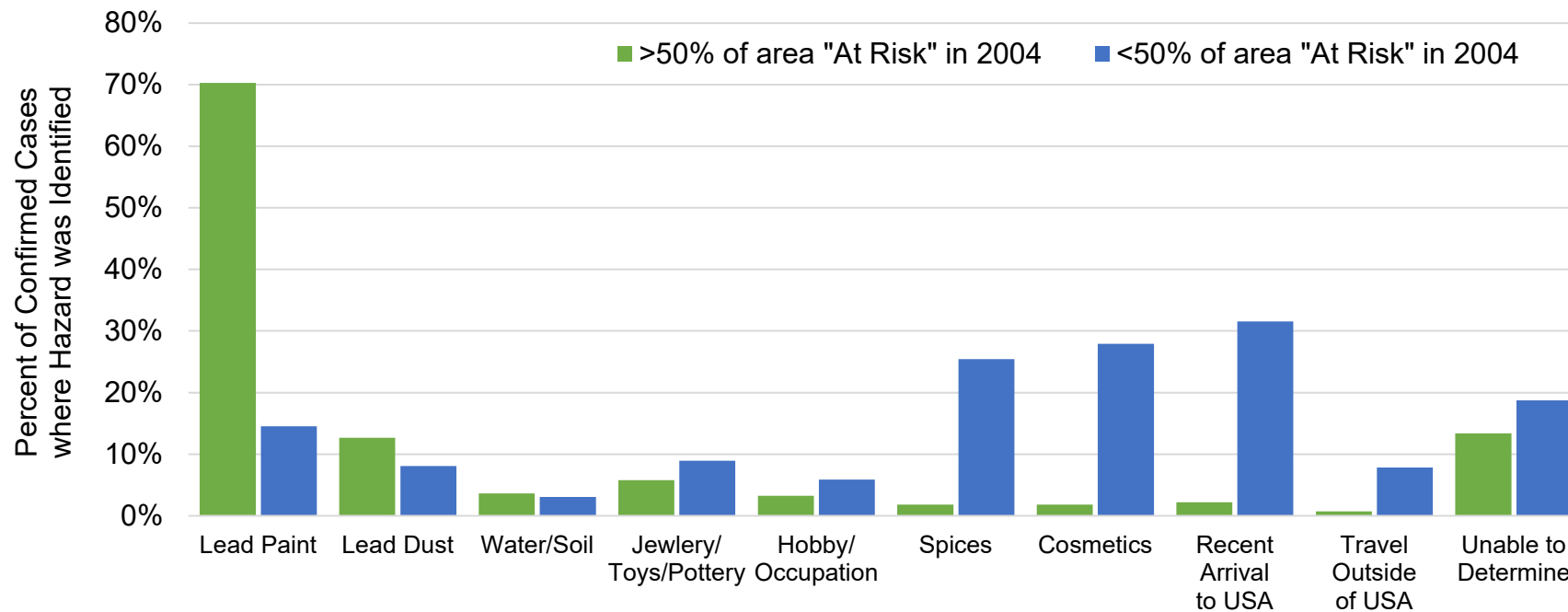
1. The most common cause of poisoning is the ingestion of lead-contaminated surface dust
2. The average 4-month-old child places his fingers in his mouth 13 times a day
3. Sometimes imported products, parental occupations and hobbies, and toys may cause lead poisoning.

Lead can cause serious and irreversible damage, including:

- Central nervous system damage
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

Changing Sources of Lead Poisoning

Percent of Confirmed Cases of Blood Lead Level $\geq 10 \mu\text{g/dL}$ among Children 0-72 Months, Where Lead Hazards Were Identified, 2016-2018, by Percent of Jurisdiction Area Determined to Be "At Risk" under 2004 Testing Guidelines¹



¹ Percent of total jurisdiction area within "At Risk" ZIP codes per 2004 Testing Guidelines

* ">50% of area "At Risk" in 2004" includes Baltimore City

Data source: 2018 Annual Report, Childhood Blood Lead Surveillance in Maryland, Maryland Department of the Environment

Testing for Lead in Drinking Water in Schools

- ❖ New law (HB 270, 2017) – requires testing of drinking water for lead in all occupied public and non-public (K – 12) schools on public water
- ❖ Testing started in most vulnerable (older) schools first, in 2018)
- ❖ 4.1% of samples exceed action level of 20 ppb (1.8% from drinking water outlets; 2.3% from non-consumption outlets; 1% could not be determined)
- ❖ Plan to display data publicly as part of the Maryland Department of Health Environmental Public Health Tracking data portal

New Laws and Regulations

The Maryland Healthy Children Act of 2019

- ❖ The Maryland Healthy Children Act (Chapter 341, Acts of 2019) requires MDE or a local health department to notify the parent or guardian, and the property owner of the results of the blood test indicating a person at risk has an elevated blood lead (now greater than or equal to the reference level of 5 μ g/dL)
- ❖ MDE has adopted new regulations for environmental investigations
- ❖ The Act modifies provisions regarding when an affected property owner is required to satisfy the modified risk reduction standard

New Regulations for Lead Environmental Investigations

- ❖ Effective July 1, 2020, an Environmental Investigation will occur when MDE's Childhood Lead Registry receives a blood lead test indicating that a child under age 6 or a pregnant woman has a blood lead level greater than or equal to $5\mu\text{g}/\text{dL}$
- ❖ An owner of an affected property (a pre-1978 rental property) must satisfy the modified reduction risk standard within 30 days after receipt of written notice that a person at risk who resides at the property has blood lead $\geq 5\mu\text{g}/\text{dL}$ and an environmental investigation has concluded that there is a defect at the affected property

New Case Management Guidelines for Childhood Lead Poisoning

Case Management Under HB1233

- ❖ New case management guidelines
- ❖ Updated case closure guidance
- ❖ Updated resource lists

2020 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure For Children 6 Months to 72 Months of Age

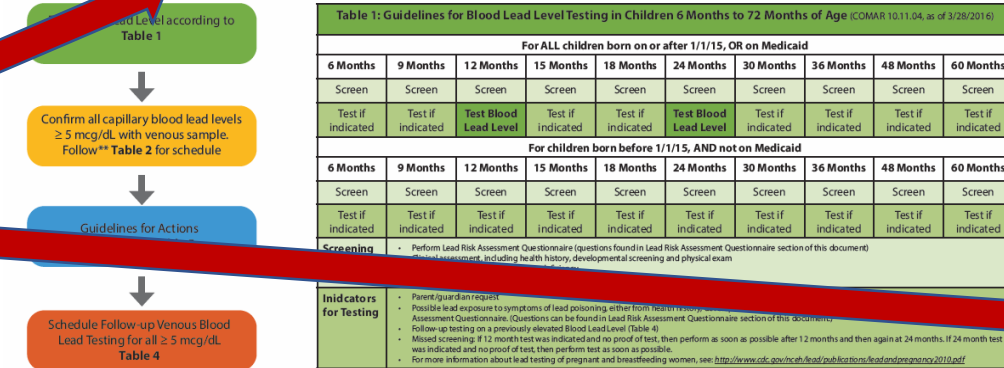


Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)

For ALL children born on or after 1/1/15, OR on Medicaid										
6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months	
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

For children born before 1/1/15, AND not on Medicaid										
6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months	
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Screening

- Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document)
- Physical assessment, including health history, developmental screening and physical exam

Indicators for Testing

- Parent/guardian request
- Possible lead exposure to symptoms of lead poisoning, either from recent or ongoing environmental sources
- Assessment Questionnaire, (Questions can be found in Lead Risk Assessment Questionnaire section of this document)
- Follow-up testing on a previously elevated Blood Lead Level (Table 4)
- Mixed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible.
- For more information about lead testing of pregnant and breastfeeding women, see: http://www.cdc.gov/nceh/lead/publications/lead_and_pregnancy/2010.pdf

Table 2: Schedule for Confirmatory Venous Blood Lead Testing after Initial Capillary Test**

Capillary Blood Lead Level Result	Perform Venous Blood Lead Test Within
< 5 mcg/dL	12 weeks
5 - 9 mcg/dL	4 weeks
10 - 44 mcg/dL	48 hours
45 - 59 mcg/dL	24 hours
60 - 69 mcg/dL	Immediate Emergency Lab Test

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months (Full Guidelines in Table 5)

Blood Lead Level	Follow-up Testing	Management
< 5 mcg/dL	On schedule Table 1	Continue screening and testing on schedule. Continue education for prevention.
5 - 9 mcg/dL	3 months See Table 4	If new concern identified by clinician, then retest blood lead level.
10 - 44 mcg/dL	Investigate source in environment, notify health department.	For more detail consult Table 5
≥ 10 mcg/dL	See Table 4	Consult Table 5

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 - 9 mcg/dL	1 - 3 months***	6 - 9 months
10 - 19 mcg/dL	1 - 3 months***	3 - 6 months
20 - 24 mcg/dL	1 - 3 months***	1 - 3 months
25 - 44 mcg/dL	2 weeks - 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Table 5: Management of Lead in Children Ages 0 - 6 years

Blood Lead Level (mcg/dL)	0-6 Months	7-23 Months	24-72 Months
< 5	X	X	X
5-9	X	X	X
10-19	X*	X	X
20-24	X	X	X
25-44	X*	X	X
≥ 45	X	X	X

Table 6: Clinical Guidance for Lead Case Closure in Children Ages 0 - 6 years

For children with elevated blood lead levels, case closure will occur after implementation of environmental lead remediation and repeat testing demonstrates a blood lead level below 5 mcg/dL. Testing should be repeated every 3 months until at least 2 consecutive tests results with a blood lead level below 5 mcg/dL.

A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a Person at Risk (a child under the age of six or a pregnant woman) has a lead level of 5 mcg/dL or above and that repairs need to be made in the home.*

*As of 7/1/20, the action level in Maryland was lowered from 2.10 mcg/dL to 2.5 mcg/dL to align with CDC's reference level. (COMAR 26.16.08.03).

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. To download a copy of the Notice of Defect form, visit: <https://mde.maryland.gov/programs/LAND/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf>

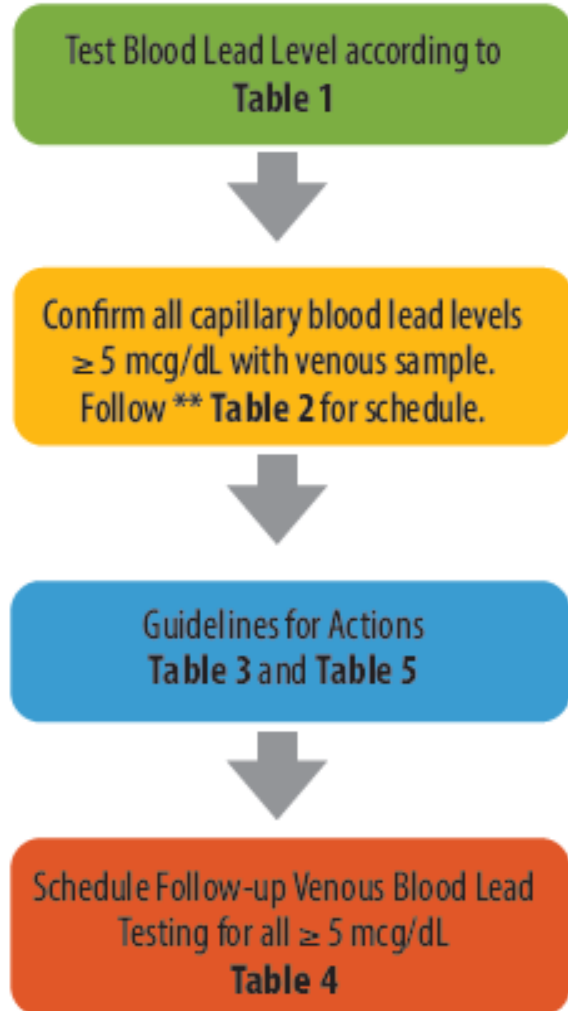
For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

- Clinical Resources**
- Mid-Atlantic Center for Children's Health & the Environment
Pediatric Environmental Health
Specialty Unit
866-522-2431
<https://bhhs.dhmh.maryland.gov/OEHHP/EH/Pages/Lead.aspx>
 - Mount Washington Pediatric Hospital
Lead Treatment Program
410-367-2222
www.mwph.org/health-services/lead-treatment
 - Maryland Poison Control
800-222-1222
www.mdpoison.com
 - American Academy of Pediatrics - Policy Statement: Prevention of Childhood Lead Toxicity
<https://www.aap.org/pubs/clinical/lead-toxicity/2016/12/16/1493.full.pdf>
 - American Academy of Family Physicians
<https://www.aafp.org/afp/2011/01/15/p751.html>
- Regulatory Programs and Resources**
- Maryland Department of Health
866-703-3266
<http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX>
 - Maryland Department of the Environment
Lead Poisoning Prevention Program
410-537-3825 | 800-776-2706
<https://www.mde.state.md.us/programs/Lead/LeadPoisoningPrevention/Pages/index.aspx>
 - Local Health Departments
<http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX>
 - Center for Disease Control and Prevention
<https://www.cdc.gov/nceh/lead/default.htm>
 - Green & Healthy Homes Initiative
410-534-6417 | 800-370-7223
www.greenandhealthyhomes.org
 - National Center for Healthy Housing - Lead Resources
<https://nchh.org/information-and-evidence/health-impacts/lead-and-localized>

Available for download on the MDH website at:
<https://phpa.health.maryland.gov/OEHfp/eh/Pages/Lead.aspx>
 And on the MDE website:
<https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/healthcare.aspx>

- Lead Risk Assessment Questionnaire Screen Questions:**
- Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
 - Ever lived outside of the United States or recently arrived from a foreign country?
 - Sibling, housemate/playmate being followed or treated for lead poisoning?
 - Was child tested at 12 and/or 24 months?
 - Frequently puts things in his/her mouth such as toys, jewelry, or keys; eats non-food items (pica)?
 - Contact with an adult whose job or hobby involves exposure to lead?
 - Lives near an active lead smelter, battery recycling plant, or other lead-related industry, or road where soil and dust may be contaminated with lead?
 - Uses products from other countries such as health remedies, spices or food, or store or serve food in leaded crystal, pottery, or pewter?

Blood Lead Testing Frequency



Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. Was child tested at 12 and/or 24 months?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)									
For ALL children born on or after 1/1/15, OR on Medicaid									
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Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated
For children born before 1/1/15, AND not on Medicaid									
6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated
Screening	<ul style="list-style-type: none"> • Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards 								
Indications for Testing	<ul style="list-style-type: none"> • Parental/guardian request • Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. (Questions can be found in the Lead Risk Assessment Questionnaire section of this document) • Follow-up testing on a previously elevated Blood Lead Level (Table 4) • Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. • For more information about lead testing of pregnant and breastfeeding women, see: http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf. 								

Blood Lead Testing Confirmation

Test Blood Lead Level according to
Table 1



Confirm all capillary blood lead levels
≥ 5 mcg/dL with venous sample.
Follow** Table 2 for schedule



Guidelines for Actions
Table 3 and Table 5



Schedule Follow-up Venous Blood
Lead Testing for all ≥ 5 mcg/dL
Table 4

Need to confirm capillary
(point of care) tests with
venous tests within a
specified time period – the
higher the level, the sooner
confirmation is needed

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test**	
Capillary Screening Test Result	Perform Venouse Test Within
< 5 mcg/dL	Not Required
5 - 9 mcg/dL	12 weeks
10 - 44 mcg/dL	4 weeks
45 - 59 mcg/dL	48 hours
60 - 69 mcg/dL	24 hours
70 mcg/dL and above	Immediate Emergency Lab Test

** Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old or younger who resides in Maryland.

Initial Management of Elevated Blood Lead Level

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months (Full Guidelines in Table 5)

Blood Lead Level	Follow-up Testing	Management
< 5 mcg/dL	On schedule Table 1	<ul style="list-style-type: none"> Continue screening and testing on schedule. Continue education for prevention. If new concern identified by clinician, then retest blood lead level.
5 - 9 mcg/dL	3 months See Table 4	All of above AND: Investigate for exposure source in environment and notify health department. <ul style="list-style-type: none"> For more detail consult Table 5
≥ 10 mcg/dL	See Table 4	Consult Table 5

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 - 9 mcg/dL	1 - 3 months ***	6 - 9 months
10 - 19 mcg/dL	1 - 3 months ***	3 - 6 months
20 - 24 mcg/dL	1 - 3 months ***	1 - 3 months
25 - 44 mcg/dL	2 weeks - 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Seasonal variation in Blood Lead Levels exist, greater exposure in the summer months may necessitate more frequent follow-up.

**** Some clinicians may choose to repeat elevated blood lead tests within a month to ensure that their Blood Lead Level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)*

Clinical Guidance for Elevated Blood Lead Levels

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years

Confirmed Blood Lead Level (mcg/dL)¹	< 5	5 – 9	10 – 19	20 – 44	45 – 69	≥ 70
Primary Prevention: parent/guardian education about lead hazards ²	X	X	X	X	X	X
Medical/nutritional history and physical	X	X	X	X	X	X
Follow-up blood lead monitoring ³	X	X	X	X	X	X
Evaluate/treat for anemia/iron deficiency		X	X	X	X	X
Home environmental investigation		X ⁴	X	X	X	X
Exposure/environmental history ⁵		X	X	X	X	X
Coordinate care with local health department		X ⁶	X	X	X	X
Nutritional counseling related to calcium and iron intake		X	X	X	X	X
Obtain developmental and psychological evaluation ⁷			X	X	X	X
Consult with lead specialist, who will also evaluate for chelation therapy				X	X	X
Urgent evaluation for chelation therapy					X	X
Hospitalize for medical emergency						X

Management of Children with Elevated Blood Lead Levels

- ❖ Identify, stop exposure where possible
 - Identify, remove or encapsulate source
 - Lead point sources
 - ✓ Can only be definitively identified through technical evaluation
 - ✓ Maryland law has protections for renters:
 - “Notice of Defect”
 - Other sources
 - ✓ Question immigration, cosmetics, foods/spices, adult occupation, play areas, more
 - CDC recommends blood lead levels for immigrant children < 16 years if no prior lead level and risks, or signs present

Clinical Guidance for Case Closure

Table 6: Clinical Guidance for Lead Case Closure in Children Ages 0-6 years

For children with elevated blood levels, case closure will occur after implementation of environment lead remediation and repeat testing demonstrates a blood lead level below 5 mcg/dL. Testing should be repeated every 3 months until at least 2 consecutive test results with a blood lead level below 5 mcg/dL.

New Resources for Providers and Patients

Home Visiting Program for Children with Lead Poisoning and/or Asthma

- ❖ 2017 – Maryland approved by Federal government for a Health Services Initiative (HSI) as an amendment to the State Plan (SPA) for Maryland Children’s Health Insurance Program (MCHP) – created two programs to address home environmental hazards
 - Healthy Homes for Healthy Kids – lead abatement funded by Medicaid/MCHP through Department of Housing and Community Development
 - Childhood Lead Poisoning Prevention and Environmental Case Management – home visiting program for children with lead poisoning and/or moderate to severe asthma



PARENTS:
If your child has asthma or lead poisoning, a new program in Maryland can help ... for *FREE!*

DID YOU KNOW?

- **LEAD:** Lead can hurt your child’s development and growth, and its effects can last a long time. Lead can get into your child from paint and other things in and around your home
- **ASTHMA:** Asthma attacks are a big reason for missed school days and missed work days for parents. Asthma attacks can happen because of things in the home, like dust, pests, mold, pets, and tobacco smoke

THE GOOD NEWS

Maryland offers free visits to help make your home healthier. We can assist with helping you remove lead from your house and prevent asthma attacks in your children.

YOU ARE ELIGIBLE FOR OUR NEW FREE HOME VISITING PROGRAM IF:

- Your child has lead poisoning, has frequent asthma attacks, or both
- Your child is 18 years old or younger and lives in Maryland
- Your child gets Medicaid/MCHP or qualifies for Medicaid/MCHP

CHILDHOOD LEAD POISONING PREVENTION AND ENVIRONMENTAL CASE MANAGEMENT PROGRAM

Call Toll-Free: 866-703-3266

Email: mdh.healthyhomes@maryland.gov

Visit: <http://bit.ly/MDLeadAsthmaHelp>





Healthy Homes for Healthy Kids Outreach Flyer

HAS YOUR CHILD BEEN EXPOSED TO LEAD?

There is a new program in Maryland to help families with lead poisoning. The Maryland Department of Housing and Community Development, in partnership with Maryland Department of Health will pay for the removal of lead from the home or apartment where the child lives or spends time, at no cost to the homeowner or renter.

QUICK-CHECK ELIGIBILITY LIST

- Under the age of 19 years 
- Blood lead level of 5 micrograms per deciliter (µg/dL) or more 
- Eligible for or enrolled in Medicaid or Maryland Children's Health Insurance Program (MCHIP)
- Live in or visit the home or apartment with a lead problem for 10 or more hours per week 

For more information about eligibility and program details: **866-703-3266**

HAS YOUR CHILD BEEN EXPOSED TO LEAD?

There is a new program in Maryland to help families with lead poisoning. The Maryland Department of Housing and Community Development, in partnership with Maryland Department of Health will pay for the removal of lead from the home or apartment where the child lives or spends time, at no cost to the homeowner or renter.

For more information about the program: **866-703-3266** or your local health department

ELIGIBILITY CHECKLIST

- Under the age of 19 years
- Blood lead level of 5 micrograms per deciliter (µg/dL) or more
- Eligible for or enrolled in Medicaid or Maryland Children's Health Insurance Program (MCHIP)
- Visit (for 10 more hours per week) or live in the home/apartment with a lead problem



Home Visiting Program: Eligibility

❖ Children (0-18 years) must be:

1. Enrolled in Medicaid or CHIP *or* eligible for Medicaid / CHIP;
2. Reside in one of nine specific counties in Maryland; AND
3. Have a diagnosis of moderate to severe asthma* **AND / OR** a BLL of $\geq 5\mu\text{g/dL}$.

*Utilizes standard clinical definitions of moderate to severe asthma by age group.



ImmuNet Provides Alternative to Blood Lead Testing Certificate

http://www.mdimmunet.org/prd/lssearch_ui/matchClient

Welcome Patricia Swartz logged in as: > Organization: Maryland Lead Poison Prevention Program (LPPP) > My Account > Logout
Role: Standard User

ImmuNet:
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

WEBSITE NOTICE:
ImmuNet works best with the most current version of Internet Explorer or Google Chrome.

Home Resources Contact Us Help

Production Region 2.0.14

Patients
Organization Reports

Advanced Patient Search Criteria / Results

Last Name: test Patient ID: Search

First Name: test ImmuNet ID: Basic Search

Middle Name: a Enter as New Patient

Birth Date: Cancel

Gender:

Phone: - -

Mother's Maiden Last:

Mother's First Name:

Select the radio button for viewing option then select the Patient link below:

Patient Demographics Patient Immunization Patient Reports Blood Lead History

History/Recommendations

Possible Matches: 4

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
TEST	TEST	A	02/27/1951				F	N
TEST	TEST	A	12/14/1971				F	N
TEST	TEST	A	01/01/1989				M	N
TEST	TESTING	A	01/01/1970				F	N

STATEMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

When enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the health care provider. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** should be completed by the health care provider if the parent/guardian objects to the child being tested due to religious objection (must be completed by health care provider).

Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

LAST: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS (with Apartment Number): _____ CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ / _____ / _____ PHONE: _____

LAST: _____ FIRST: _____ MIDDLE: _____

Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

born on or after January 1, 2015? YES NO

lives in a high lead risk area of the areas listed on the back of this form? YES NO

has the child been exposed to lead risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? YES NO

If answers are NO, sign below and return this form to the child care provider or school.

Signature: _____ Date: _____

Signature: _____ Date: _____

Answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

- Documentation and Certification of Lead Test Results by Health Care Provider

V= <input type="checkbox"/> venous, C= <input type="checkbox"/> capillary)	Result (mcg/dL)	Comments

Signature of Health Care Provider/Designee OR School Health Professional/Designee: _____

Signature: _____

Phone: _____

BOX D - Bona Fide Religious Beliefs

If the parent/guardian of the child identified in Box A, above, because of my bona fide religious beliefs and practices, I object to any blood lead testing of the child, I sign below:

Signature: _____ Date: _____

Completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: YES NO

Signature: _____

Phone: _____

Healthy Homes Update for Health Care Providers

Review of Initiatives to Increase Blood Lead Testing



Regulations

❖ “Universal” Testing of 12- and 24-month-olds

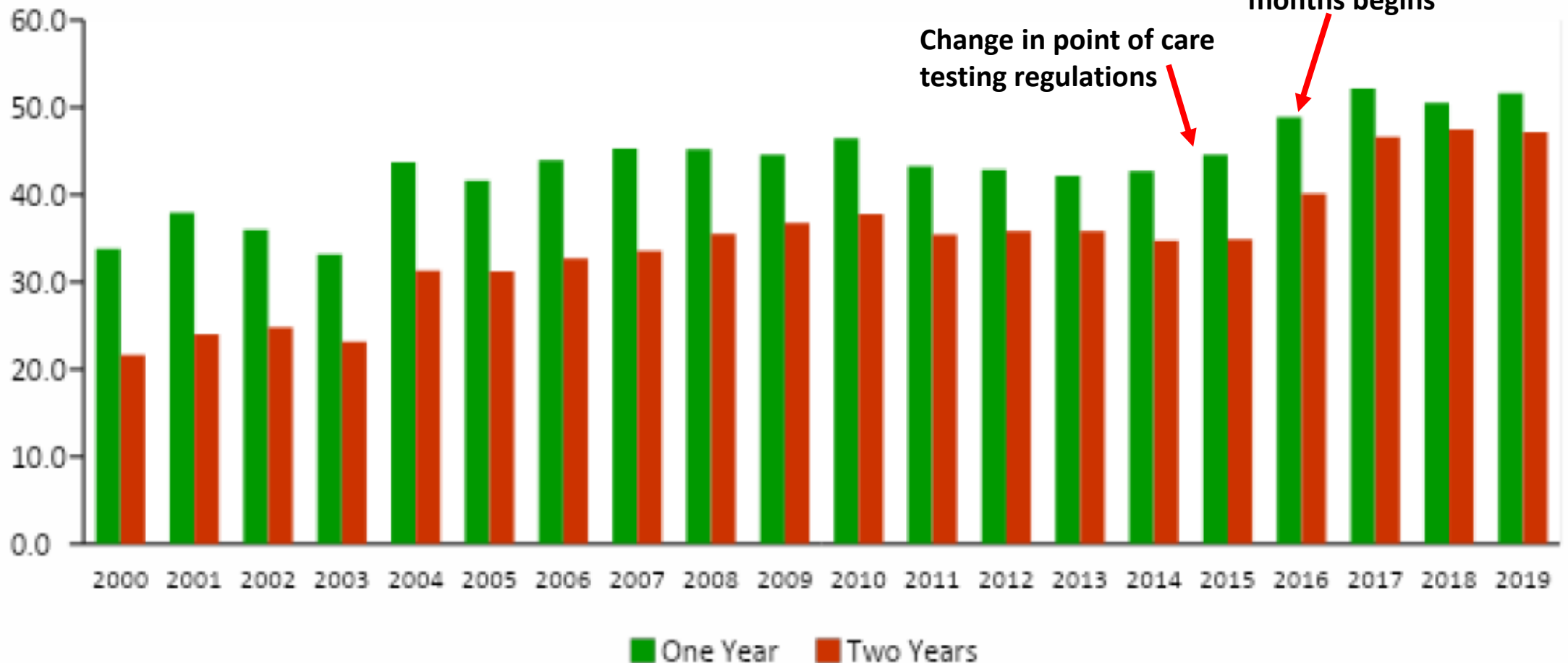
- COMAR 10.11.04 requires providers to test all children born on or after January 1, 2015 at ages 12 and 24 months for lead exposure (2015 Targeting Plan).
- Children born before January 1, 2015 are tested under the previous regulation: all children enrolled in Medicaid, all children living in areas identified in the 2004 Targeting Plan, and children suspected of lead exposure.

❖ Increased Access to Point-of-Care Testing

- COMAR 10.10.03.02B added whole blood lead testing to the list of tests that qualify for a Letter of Exception

Trends in Testing

**% of Children One and Two Years of Age
Tested for Lead CY00-19**



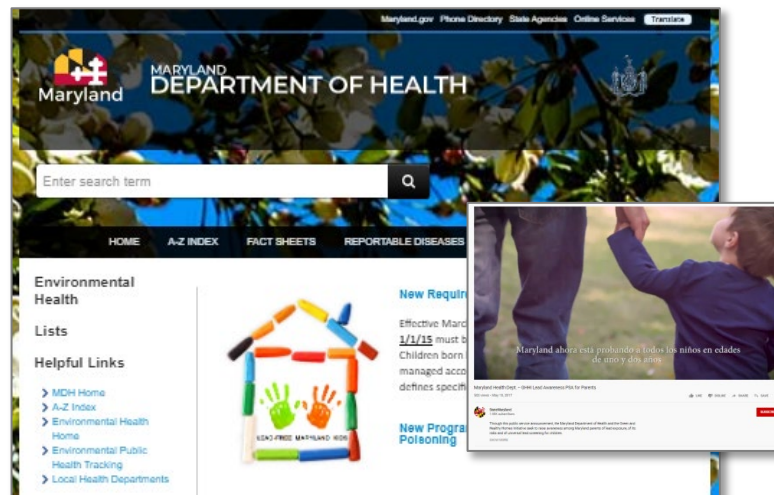
Revised Requirements for the Blood Lead Test Requisition (COMAR 26.02.01)

- ❖ Additional demographic information:
 - *Country of birth and ethnicity;*
 - *Medical assistance identification number, if the child is enrolled in Medicaid or the Maryland Children's Health Program;*
 - *Provider's national provider identifier (NPI);*
- ❖ If the draw site is different from the health care provider's office, the laboratory's or other facility's name, address, **telephone number, and facility NPI;**
- ❖ All of the following information about the laboratory performing the blood lead analysis:
 - Laboratory name, address, telephone number, and **clinical laboratory improvement amendment (CLIA) number;**
 - **Laboratory method used to analyze the blood specimen;**
 - **The limit of detection for the method used to analyze the blood specimen;** and
 - **If reporting a "no result" test result, the limit of detection for the laboratory** ("less than" the numeric limit of detection);

Outreach

❖ Outreach to Parents and Providers

- Mailings and online bulletins
- Website and informational videos
- Updated clinic guidelines for assessment and management



The image displays the "2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure" for children 6 months to 72 months of age. It includes a flowchart and several tables. The flowchart starts with "Test Blood Lead Level according to Table 1", leading to "Confirm all children blood lead levels < 5 mcg/dL with venous samples. Follow Table 2 for schedule.", which then leads to "Guidelines for Action Table 3 and Table 4", and finally "Schedule Follow-up Venous Blood Lead Testing at 6-12 months Table 5".

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (CDCM 101.110, rev. 2/2016)

For All Children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*											
4 Months	9 Months	12 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months	66 Months	72 Months	78 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Table 2: Schedule for Follow-up Venous Blood Lead Testing after Initial Capillary Test

Capillary Screening Test Result	Perfectly Venous Test Results	Management
< 5 mcg/dL	Not required	
5-9 mcg/dL	12 weeks	
10-14 mcg/dL	4 weeks	
15-19 mcg/dL	48 hours	
20-24 mcg/dL	24 hours	
25 mcg/dL and above	Immediate Emergency Care Test	

Table 3: Subordinated Clinical Guidelines for Management of Lead in Children Age 6 Months to 72 Months (CDCM 101.110, rev. 2/2016)

Blood Lead Level	Follow-up Testing	Management
< 5 mcg/dL	On Schedule	Continue screening and testing on schedule.
5-9 mcg/dL	Table 2	Continue education for prevention of lead exposure identified by this level.
10-14 mcg/dL	Table 2	Identify, then re-test blood lead level.
15-19 mcg/dL	3 months	All of above AND: Investigate for common cause of exposure and notify health department and local health department.
20-24 mcg/dL	See Table 4	For more detail consult Table 5.
25 mcg/dL	See Table 4	Consult Table 5.

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level is 10 mcg/dL

Venous Blood Lead Level	Early Follow-up Testing (2-4 test after identification)	Later Follow-up Testing after Blood Lead Level is declining
10-14 mcg/dL	1-3 months**	6-12 months
15-19 mcg/dL	1-3 months**	3-6 months
20-24 mcg/dL	1-3 months**	1-3 months
25-29 mcg/dL	2 weeks - 1 month	1 month

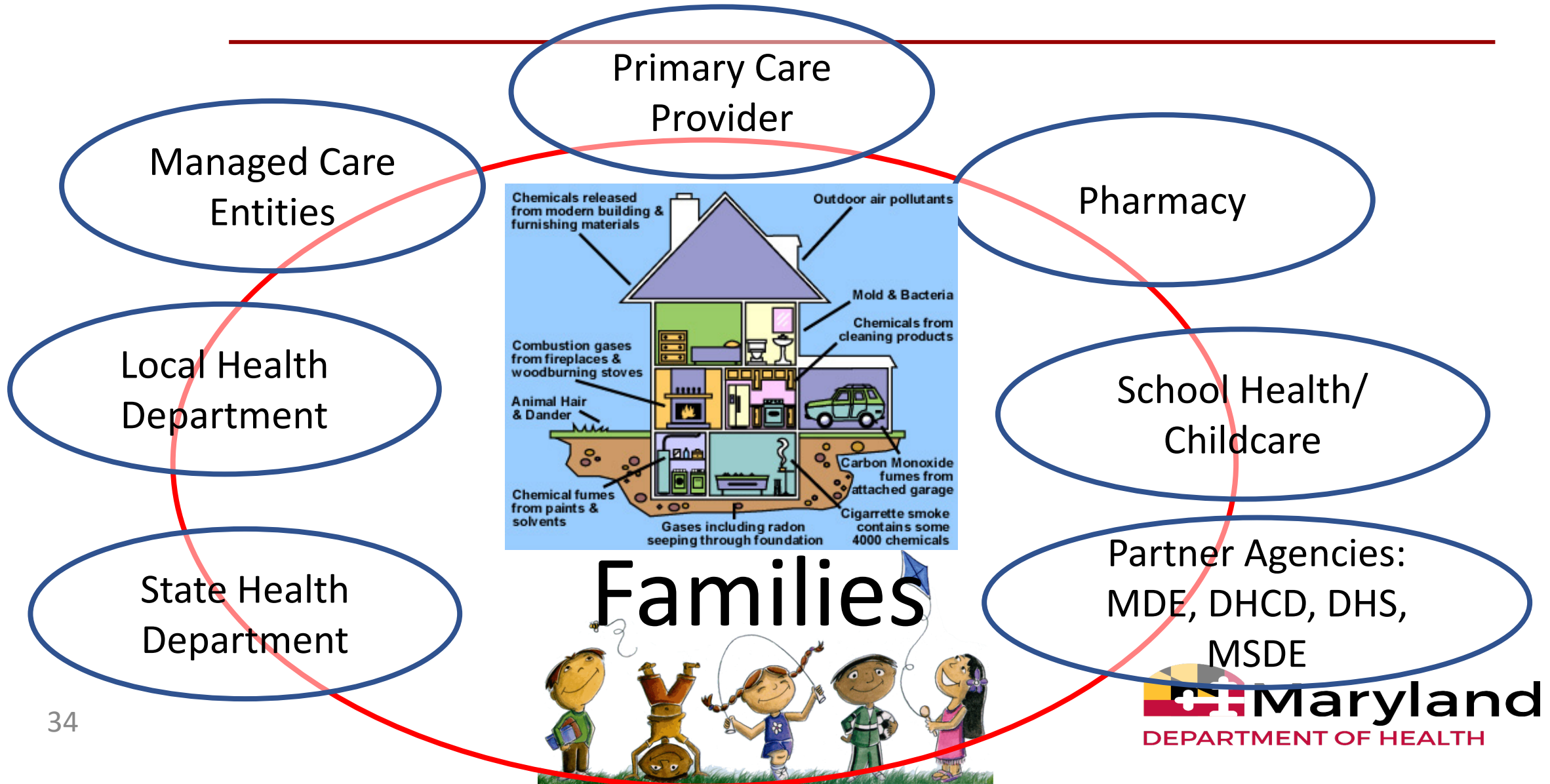
Table 5: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level is 25 mcg/dL

Venous Blood Lead Level	Follow-up Testing
25-29 mcg/dL	2 weeks - 1 month
30-34 mcg/dL	1-2 weeks
35-39 mcg/dL	1-2 weeks
40-44 mcg/dL	1-2 weeks
45-49 mcg/dL	1-2 weeks
50-54 mcg/dL	1-2 weeks
55-59 mcg/dL	1-2 weeks
60-64 mcg/dL	1-2 weeks
65-69 mcg/dL	1-2 weeks
70-74 mcg/dL	1-2 weeks
75-79 mcg/dL	1-2 weeks
80-84 mcg/dL	1-2 weeks
85-89 mcg/dL	1-2 weeks
90-94 mcg/dL	1-2 weeks
95-99 mcg/dL	1-2 weeks
100-104 mcg/dL	1-2 weeks
105-109 mcg/dL	1-2 weeks
110-114 mcg/dL	1-2 weeks
115-119 mcg/dL	1-2 weeks
120-124 mcg/dL	1-2 weeks
125-129 mcg/dL	1-2 weeks
130-134 mcg/dL	1-2 weeks
135-139 mcg/dL	1-2 weeks
140-144 mcg/dL	1-2 weeks
145-149 mcg/dL	1-2 weeks
150-154 mcg/dL	1-2 weeks
155-159 mcg/dL	1-2 weeks
160-164 mcg/dL	1-2 weeks
165-169 mcg/dL	1-2 weeks
170-174 mcg/dL	1-2 weeks
175-179 mcg/dL	1-2 weeks
180-184 mcg/dL	1-2 weeks
185-189 mcg/dL	1-2 weeks
190-194 mcg/dL	1-2 weeks
195-199 mcg/dL	1-2 weeks
200-204 mcg/dL	1-2 weeks
205-209 mcg/dL	1-2 weeks
210-214 mcg/dL	1-2 weeks
215-219 mcg/dL	1-2 weeks
220-224 mcg/dL	1-2 weeks
225-229 mcg/dL	1-2 weeks
230-234 mcg/dL	1-2 weeks
235-239 mcg/dL	1-2 weeks
240-244 mcg/dL	1-2 weeks
245-249 mcg/dL	1-2 weeks
250-254 mcg/dL	1-2 weeks
255-259 mcg/dL	1-2 weeks
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270-274 mcg/dL	1-2 weeks
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295-299 mcg/dL	1-2 weeks
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305-309 mcg/dL	1-2 weeks
310-314 mcg/dL	1-2 weeks
315-319 mcg/dL	1-2 weeks
320-324 mcg/dL	1-2 weeks
325-329 mcg/dL	1-2 weeks
330-334 mcg/dL	1-2 weeks
335-339 mcg/dL	1-2 weeks
340-344 mcg/dL	1-2 weeks
345-349 mcg/dL	1-2 weeks
350-354 mcg/dL	1-2 weeks
355-359 mcg/dL	1-2 weeks
360-364 mcg/dL	1-2 weeks
365-369 mcg/dL	1-2 weeks
370-374 mcg/dL	1-2 weeks
375-379 mcg/dL	1-2 weeks
380-384 mcg/dL	1-2 weeks
385-389 mcg/dL	1-2 weeks
390-394 mcg/dL	1-2 weeks
395-399 mcg/dL	1-2 weeks
400-404 mcg/dL	1-2 weeks
405-409 mcg/dL	1-2 weeks
410-414 mcg/dL	1-2 weeks
415-419 mcg/dL	1-2 weeks
420-424 mcg/dL	1-2 weeks
425-429 mcg/dL	1-2 weeks
430-434 mcg/dL	1-2 weeks
435-439 mcg/dL	1-2 weeks
440-444 mcg/dL	1-2 weeks
445-449 mcg/dL	1-2 weeks
450-454 mcg/dL	1-2 weeks
455-459 mcg/dL	1-2 weeks
460-464 mcg/dL	1-2 weeks
465-469 mcg/dL	1-2 weeks
470-474 mcg/dL	1-2 weeks
475-479 mcg/dL	1-2 weeks
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610-614 mcg/dL	1-2 weeks
615-619 mcg/dL	1-2 weeks
620-624 mcg/dL	1-2 weeks
625-629 mcg/dL	1-2 weeks
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810-814 mcg/dL	1-2 weeks
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820-824 mcg/dL	1-2 weeks
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1750-1754 mcg/dL	1-2 weeks
1755-1759 mcg/dL	1-2 weeks
1760-1764 mcg/dL	1-2 weeks
1765-1769 mcg/dL	1-2 weeks
1770-1774 mcg/dL	1-2 weeks
1775-1779 mcg/dL	1-

Take-Aways for Clinicians

- ❖ Clinicians have been doing an excellent job of identifying lead poisoned children (even before expanded testing), but many opportunities to address multiple lead sources, especially with lower lead levels
- ❖ Expanded resources for clinicians, patients
 - Home visiting programs in 9 jurisdictions (Baltimore, Baltimore City, Charles, Dorchester, Frederick, Harford, Prince George's, St. Mary's, Wicomico)
 - Lead paint abatement services (no cost to family) through Department of Housing and Community Development
- ❖ When testing for lead, make sure to include Medicaid ID, other data to facilitate follow up for MDE, MDH, local health departments

A Community Centered Medical Home



Resources

- ❖ Maryland Department of the Environment
 - Center for Lead Poisoning Prevention Home (<https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>)
 - Phone inquiries: 410-537-3825
 - Email: mdclr.mde@maryland.gov
- ❖ Maryland Department of Health
 - Lead Poisoning Prevention Home Page (<https://phpa.health.maryland.gov/OEhfp/eh/Pages/Lead.aspx>)
 - Data -- Maryland Environmental Public Health Tracking (<https://phpa.health.maryland.gov/oehfp/eh/tracking/Pages/home.aspx>)
 - Help line: 1-866-703-3266
 - mdh.healthyhomes@maryland.gov
- ❖ U.S. Centers for Disease Control and Prevention (CDC)
 - Childhood Lead Poisoning Prevention Home (<https://www.cdc.gov/nceh/lead/default.htm>)

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- Maryland Department of the Environment Childhood Lead Poisoning Prevention Program

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