New Mexico Department of Health (NMDOH)
Childhood Lead Screening and Case Management Guidelines

All children enrolled in Medicaid must be tested at 12 months and again at 24 months of age. No state is exempt from this requirement. All blood lead levels (BLL) tests done on New Mexico residents are reportable to NMDOH.

NMDOH in partnership with the healthcare provider assure that appropriate actions are taken on all elevated levels.

BLL	Recommendations to Healthcare Providers	Actions Taken by NMDOH
If the initial BLL is a capillary or filter paper, a confirmatory sample (venous) is required. See chart A.		
< 3.5 mcg/dL	Discuss with the family about the child's blood lead result, hygiene, nutrition, & possible sources of lead exposure.	If requested, the NMDOH will work with parents and physicians to identify sources of lead exposure so the exposure may be reduced or stopped.
3.5-9 mcg/dL	▪ Re-tests should be venous. See chart B. ▪ Discuss nutrition & possible sources of lead exposure. ▪ If sibling has elevated BLL, re-test sooner. ▪ Have family monitor for pica behavior.	▪ Letter to physician ▪ Letter to family ▪ Provide educational materials* ▪ Open case file within 1 month & do follow-up until BLL <3.5 mcg/dL.
10-14 mcg/dL	▪ Re-tests should be venous. See chart B. ▪ Discuss nutrition & possible sources of lead exposure. ▪ If sibling has elevated BLL, re-test sooner. ▪ Have family monitor for pica behavior.	▪ Letter to physician ▪ Letter to family ▪ Provide educational materials* ▪ Open case file within 1 month & do follow-up until BLL <3.5 mcg/dL.
15-19 mcg/dL	▪ Re-tests should be venous. See chart B. ▪ Discuss nutrition & possible sources of lead exposure. ▪ If follow-up BLL test is still in this range 3 months, conduct: 1. History & physical 2. Lab work-up of hemoglobin, iron status•, and FEP or ZPP	▪ Call and letter to physician ▪ Call and letter to family – informal interview about possible sources of exposure. ▪ Provide educational materials* ▪ Open case file within 2 weeks & do follow-up until BLL <3.5 mcg/dL. ▪ If BLL remains elevated for 3 months, conduct home visit.
20-44 mcg/dL	▪ Re-tests should be venous. See chart B. ▪ Discuss nutrition & possible sources of lead exposure. ▪ History & physical ▪ Lab work-up of hemoglobin, iron status•, and FEP or ZPP ▪ Neurodevelopmental monitoring (e.g. behavioral changes, mental impairment) ▪ Abdominal X-ray. If particulate lead ingestion suspected, include bowel decontamination if indicated.	▪ Proceed according to first 3 actions for 15-19 mcg/dL. ▪ Home visit, if possible, after referral. ▪ Open case file within 1 week & do follow-up until BLL <3.5 mcg/dL.
45-69 mcg/dL	▪ Re-tests should be venous. See chart B. ▪ Proceed according to other actions for 20-44 mcg/dL. **Consider** chelation therapy, if no foreign bodies are detected in abdominal x-ray & environment is lead-safe.	▪ Proceed according to first 3 actions for 15-19 mcg/dL. ▪ Home visit within 48 hours of referral. ▪ Open case file within 48 hours & do follow-up until BLL <3.5 mcg/dL.
≥ 70 mcg/dL	▪ Confirm BLL immediately as a STAT lab test. ▪ Proceed according to actions for 20-44 mcg/dL. **Hospitalize and commence chelation therapy**, if no foreign bodies are detected in abdominal x-ray & environment is lead-safe.	▪ Child needs immediate hospitalization - call physician and family. ▪ Home visit within 24 hours of referral. Child not to return to hazardous environment. ▪ Open case file within 24 hours & do follow-up until BLL <3.5 mcg/dL.

Source: Recommendations of the Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP), October 28,2021 - adapted for New Mexico by NMDOH
* Educational material on sources of lead exposure, methods of lead reduction and elimination, dietary and hygiene recommendations
• Routine tests to evaluate iron stores

Chelation Therapy:
Before beginning chelation, consult with NM Poison Control at 1-800-222-1222 or in Albuquerque at 272-2222.

Note: Information on childhood lead exposure should be a part of a child's permanent medical history and follow the child to the next health care provider. This information should be available for school personnel if the child's cognitive function is affected and educational intervention is needed. Knowledge of prior elevated BLL is especially important for girls as they reach childbearing age. Lead can be stored in the bones for 20-30 years and can be passed through the placenta during pregnancy. Special care must be taken to ensure adequate calcium supplies during pregnancy.

A. Schedule for Obtaining a Confirmatory Venous Draw

Capillary or filter paper result (mcg/dL)	**Perform a confirmatory venous draw within:**
3.5-9	Within 1-3 months°
10-19	Within 1 month°
20-44	Within 2 weeks°
≥45	Within 48 hours°
≥70	Immediately as an emergency lab test

°The higher the BLL on the screening test, the more urgent the need for a confirmatory test. Also consider the age of the child.

B. Schedule for Follow-up Blood Lead Testing

Venous (mcg/dL)	**Early follow-up** (First 2-4 tests)	**Late follow-up** (BLL begins to decline)
3.5-9	3 months°°	6-9 months
10-19	1-3 months°°	3-6 months
20-44	2 weeks - 1 month°°	1-3 months
≥45	As soon as possible	As soon as possible
≥45	As soon as possible	As soon as possible

°°Provider may choose to repeat BLL tests on all new patients within a month to ensure that their BLL level is not rising.

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Frequently Asked Questions

Who should be screened for lead exposure?

- All children enrolled in Medicaid at 12 months and again at 24 months of age.
- All refugee children 6 months to 16 years old at entry to the United States.
- Other at risk children should be tested based on the judgment of the provider or at the request of the parents.

Why screen for lead?

- Both Federal and State Medicaid regulations require that all children enrolled in Medicaid be tested at 12 months and again at 24 months of age. No state is exempt from this requirement.
- Lead poisoning is a serious problem, especially for young children. Lead in the body is toxic.

How does the 2021 ACCLPP recommendations affect New Mexico's blood lead protocols?

- The NMDOH revised its guidelines in 2021 to address health concerns associated with lower blood lead levels.
- Additional resources can be found at the Centers for Disease Control and Prevention: Update on Blood Lead Levels in Children webpage: www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm

What are the health effects from lead?

- Lead poisoning can cause learning disabilities, reduced IQ, and behavioral problems.
- It can harm the brain, kidneys, and other organs.
- Children with lead poisoning usually do not look sick.

What are sources of lead?

- Chipped or peeling lead-based paint from surfaces.
- Some imported toys, cribs, and other children's products.
- Some home remedies, and food items may contain lead, such as some Mexican candies and spices, Indian spices.
- Pottery, ceramic ware, cosmetics, and vinyl mini-blinds containing lead.
- Lead brought home from a job or hobby.

Can lead be tested using other methods, such as hair or teeth?

The following actions are not recommended at any BLL:

- Searching for gingival lead lines
- Testing of neurophysiologic function
- Evaluation of renal function (except before & during chelation with EDTA)
- Testing of hair, teeth, or fingernails for lead
- Radiographic imaging of long bones
- X-ray fluorescence of long bones

NMHealth

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