Lead Screening Recommendations

These recommendations are based on best available evidence. Clinicians are encouraged to use clinical judgment based on their own practice environment and patient population. For example, in some cases, residence in a high-risk zip code (listed below) may trigger a blood test for lead level at any age. **Children with lead level of >5ug/dl must be further managed as per “Medical Management Guidelines” of Healthy Homes Advisory Council of Greater Cleveland (HHAC).**

1. **Routine Screening Recommendations:**

   A. Patients with Non-Medicaid Insurance ages 1 to 6 years
      
      a. Age up to 2 years - obtain blood lead level at 1 and 2 years, only if response positive to any question in the lead risk assessment questionnaire or residing in a high-risk zip code.
      
      b. Age 3 to 6 years - screen using lead risk assessment questionnaire annually and obtain blood lead level only if response positive to any question in the questionnaire.
      
      c. Any child who is tested and lead level is <5ug/dl, further blood lead level is indicated only if response positive to any question in the lead risk assessment questionnaire during annual screening.

   B. Patients with Medicaid Insurance ages 1 to 6 years
      
      a. Age up to 2 years: obtain blood lead level at 1 and 2 years for all children.
      
      b. Age 3 to 6 years:
         
         i. If never tested before 3 years, test blood lead level once. If level is <5ug/dl, screen annually with lead risk assessment questionnaire. Repeat lead test is indicated only if response positive to any question in the questionnaire annually.
         
         ii. If tested at least once before 3 years and the lead level was <5ug/dl, screen annually with lead risk assessment questionnaire. Repeat lead test is indicated only if response positive to any question in the questionnaire annually.

2. **Targeted Screening Recommendations:**

   A. Test all foreign-born children up to age 16 years, particularly refugee and internationally adopted children, upon arrival in the U.S. and again in 3 to 6 months after they obtain permanent residences.
   
   B. Test children of any age if lead exposure is suspected.
   
   C. Test children at high risk of lead ingestion due to underlying conditions such as hand to mouth behavior.
   
   D. Consider testing children with symptoms that can result from elevated lead such as recurrent abdominal pain, ADHD, learning disability, developmental delay, behavioral concerns, etc. Use clinical judgment.

**Follow up services:** All children found to have elevated blood lead level regardless of age require follow up services as per Medical Management Guidelines, Healthy Homes Advisory Council of Greater Cleveland.

**HIGH RISK ZIPCODES IN CUYAHOGA COUNTY:**

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