



TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

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West Virginia Department of Health and Human Resources, Bureau for Public Health**

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LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Lead exposure has been a long-standing public health concern and children in West Virginia are at high risk for lead exposure because of persistent lead hazards found in the environment. Blood lead level surveillance data indicate blood lead levels are low across the state, but we are not screening children adequately. Studies show there is no amount of lead exposure that is safe for children. Even low levels of lead in blood have been shown to affect a variety of adverse health effects including reduced growth indicators; delayed puberty; lowered intelligence quotient; and hyperactivity, attention, behavior, and learning problems. Children under six years old are more likely to be exposed to lead than any other age group, as their normal behaviors result in them breathing in or swallowing dust.

Lead can be found throughout a child's environment. Children living in older housing have a greater risk of lead exposure. The US Environmental Protection Agency (EPA) estimates more than 80% of all homes built in the US before 1978 contain lead-based paint. Homes built before 1950 pose greater risk for children because the paint may contain higher concentrations of lead. Average age of housing identifies communities that may be at an increased risk of exposing children to lead because of older housing. The Centers for Disease Control and Prevention (CDC) recommends universal lead screening for communities with $\geq 27\%$ pre-1950 housing. In West Virginia, more than a third of the housing was built prior to 1950, while about 59% was built prior to 1980.

In addition, lead poisoning does not impact all children equally. Children living at or below the poverty line who live in older housing are the most vulnerable and are at greatest risk for lead poisoning. The Centers for Medicare & Medicaid Services requires all Medicaid enrolled children be tested at ages 12 months and 24 months, and children 26-72 months if they have not previously been screened, yet West Virginia falls short on this target; only screening 14.2% of children under 72 months of age in 2021.

Other less common sources of lead found throughout a child's environment include drinking water from lead water pipes or galvanized pipes with lead solder soil, toys, jewelry, imported candy or spices, and parent/guardian's occupations in the construction, demolition, or automotive industries or parent/guardian's hobbies that involve working with lead-based products, like casting or soldering (e.g., bullets, fishing weights, stained glass), shooting firearms, recycling materials, and others.

To strengthen screening efforts and to provide updated guidance on case management for children identified with lead poisoning, the West Virginia Bureau for Public Health revised its Childhood Lead Screening Rule ([§64-42](#)) which requires healthcare providers to conduct a blood screening test on all children before the age of six years for elevated blood lead levels in accordance with the CDC. Protecting children in West Virginia from lead is important to lifelong good health.

To comply with the updated Childhood Lead Screening Rule, recommendations for healthcare providers are to:

- Screen test all children at one year and again at two years of age, and children 36 to 72 months of age if they have not been previously screened during their well child visit.
- All children with blood lead levels greater than or equal to 5µg/dL should have a follow-up blood lead level test within three months or sooner depending on the initial test result.
- Provide information concerning a child's blood lead level to the parent/guardian.
- When submitting blood samples, healthcare providers and labs using point of care tests that do not electronically transmit results to the Bureau for Public Health (e.g., LeadCare) should report all test results (even those <1 µg/dL) using the laboratory blood lead reporting form obtained from the Bureau. This form should be completed in its entirety which includes the child's name, address, county of residence, parent/guardian contact information, and name and address of the physician who completed the screening test. This form can be accessed here:
<https://dhhr.wv.gov/wvchildhoodleadpoisoning/Pages/Blood-Lead-Level-Reporting-Forms.aspx>.
- For follow-up and case management, healthcare providers may access the WV Childhood Lead Poisoning guidelines at <https://dhhr.wv.gov/wvchildhoodleadpoisoning/Pages/default.aspx#acc3>.
- While the new West Virginia Childhood Lead Screening Rule was developed using a blood lead reference value (BLRV) of 5 mcg/dL, the CDC recently lowered the BLRV to 3.5 mcg/dL. Providers should use a BLRV of 3.5 mcg/dL to identify children with blood lead levels higher than most children's levels.

For questions about this Health Alert, contact the WV Childhood Lead Poisoning Prevention Program at (304) 558-5388 or toll-free at 1 (800) 642-8522.