



Iowa Lead Poisoning Risk Questionnaire and Blood Lead Testing Guidelines

Recommendations for testing children under 6 years in age.

The following recommendations for blood lead testing and use of the lead poisoning risk questionnaire are a collaborative effort of the Childhood Lead Advisory Workgroup (CLAW) on Blood Lead Testing Policy and Training. This workgroup is comprised of pediatricians and primary care providers, public health officials, University of Iowa Hospitals & Clinics, Iowa Poison Control Center, University of Iowa Institute of Public Health Research and Policy, and the Iowa Department of Public Health (IDPH).

Lead exposure is dangerous and can seriously harm a child's health. CDC states that no level of lead in a child's system is safe. Only a blood lead test can tell if a child has an abnormal exposure to lead. Children with elevated test results require additional testing and follow-up to decrease further exposure and limit damage to the long-term health of the child. Exposure risks change over time as a toddler becomes more active.

Blood Lead Testing

Pediatricians and other primary care providers should test children for elevated blood lead concentrations according to federal, local, and state requirements. Federal Medicaid requirements mandate all children enrolled in Medicaid, regardless of whether coverage is funded through Title XIX or XXI, are required to receive blood lead tests at ages 12 months and 24 months. The Iowa Department of Public Health requires testing of all non-Medicaid children at 12 months and 24 months.

Lead Poisoning Risk Questionnaire

Complete the lead poisoning risk questionnaire to assess the risk of lead exposure for all children under 6 years in age during all provider and clinic health care visits beginning at 6 months:

- If responses to all the questions are **"NO,"** re-evaluate at every well child visit or more often if deemed necessary.
- If any response is **"YES"** or **"DON'T KNOW,"** obtain a blood lead test and provide information about risks of lead and benefits of nutrition, hygiene, and cleanliness

Iowa Lead Exposure Risk Data and Resources:

- **County Lead Report Cards:** County specific report cards provide testing rates for children under 6 years in each county. County data on the percent of pre-1979 housing and child poverty rate can be used to assess lead risks based on a child's county of residence. Download lead report cards from <https://idph.iowa.gov/Environmental-Health-Services/Childhood-Lead-Poisoning-Prevention/resources>.
- **Lead Exposure Risk Model:** a neighborhood-level (census tract) estimate of risk of childhood lead exposure based on age of housing, poverty, and language spoken in the home. The risk model allows providers and health care professionals to view a map of multiple indicators, with low, moderate, and high rankings, displayed at the community level. <https://tracking.idph.iowa.gov/Health/Lead-Poisoning/Lead-Exposure-Risk-Model>
- **Childhood Lead Poisoning Prevention Program Service Area Map:** The map provides a color coded display of childhood lead poisoning prevention service areas. A list of service area providers and their contact information is included and can be found at <https://idph.iowa.gov/Portals/1/userfiles/106/FY21-CLPPP-Service-Area-Map.pdf>

For more information, contact the Iowa Childhood Lead Poisoning Prevention Program at: 800-972-2026.



Iowa Department of Public Health
Childhood Lead Poisoning Risk Questionnaire

Name of patient: _____ DOB: _____
Date: _____ Address: _____

TO ASSESS RISK OF LEAD EXPOSURE PERFORM THIS LEAD RISK QUESTIONNAIRE FOR ALL CHILDREN AT WELL VISITS BETWEEN 6 MONTHS AND 6 YEARS OF AGE.

- **A blood lead test is required on all children at 12 and 24 months.**
- If there are 'yes' or 'don't know' responses on the questionnaire:
 1. Provide education about risks of lead and benefits of nutrition, hygiene, and cleanliness
 2. Perform a blood lead test if the child is 3, 4, or 5 years in age
 3. Consider the risk/benefits of testing at 6, 9, 15, 18, and 30 months
- If responses to all the questions are 'no':
 1. Re-evaluate at every well child visit or more often if deemed necessary
- **For more information, contact the Iowa Childhood Lead Poisoning Prevention Program at: 800-972-2026**

Questions	Yes or Don't Know	No
1. Has your child lived in or visited a home, childcare or other building built before 1978?	☐	☐
2. Since the last lead screening, has your child lived in or visited a home, childcare or other building with ongoing renovation, repairs or remodeling occurring?	☐	☐
3. Does your child eat or chew on non-food things like paint chips, dirt, jewelry, keys, window frames or other metal or painted objects?	☐	☐
4. Does your child have a family member or friend who has or recently had an elevated blood lead level?	☐	☐
5. Has your child ever lived in or spent time in a foreign country in the past 12 months or since the last blood lead level was drawn?	☐	☐
6. Does your child come in contact with an adult whose job or hobby involves lead exposure? <i>Examples</i> • Building repair, renovation or painting • Manufacturing (auto or industrial equipment parts, or batteries) • Metal repair or recycling (scrap metal, electronics, vehicle radiators) • Firearms [target practice, indoor/outdoor shooting ranges, ammunition (making, casting or reloading)] • Fishing (making lead sinkers) • Antique furniture (refinishing) • Pottery making or glazing • Metal Welding	☐	☐
7. Does your family use products from other countries such as pottery, health remedies, spices, or food? <i>Examples</i> • Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alcoh, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda • Cosmetics such as kohl, surma, and sindor • Imported or glazed pottery, imported candy, and imported nutritional products • Foods and spices (especially turmeric, chili, paprika and cumin) imported from outside the U.S. or purchased from international specialty food stores	☐	☐
		Test Immediately

"Blood lead concentrations of children who live in lead contaminated environments typically increase rapidly between 6 and 12 months of age, peak between 18 and 36 months of age, and then gradually decrease."
– American Academy of Pediatrics