



## Public Health Update 10/20/2022 CDC Updates Blood Lead Reference Value for Children

### **Situation**

In October 2021, the Centers for Disease Control and Prevention (CDC) updated its blood lead reference value (BLRV) from 5 µg/dL (micrograms per deciliter) to 3.5 µg/dL in children. The change provides an opportunity to address lead exposure related health disparities and high blood lead levels in children who may need medical or environmental follow-up. The reference value is based on the 97.5th percentile of the blood lead level (BLL) distribution in U.S. children ages 1–5 years. More information about the updated BLRV can be found at the CDC's Morbidity and Mortality Weekly Report at <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7043a4-H.pdf>.

### **Background**

Exposure to lead can cause serious harm to a child's health. The amount of lead measured in blood is used as an indicator of exposure to lead. However, no safe BLL exists and even small amounts of lead in the blood can result in damage to the brain and nervous system, slowed growth and development, and learning and behavioral problems. While lead exposure risks have significantly decreased in the U.S., it is estimated that about 500 million U.S. children continue to be exposed to lead, especially those who have been socially and economically marginalized. Despite known health concerns, Nevada has one of the lowest childhood blood lead screening rates in the nation (3%).

In Nevada, lead based paint continues to be the primary source of lead exposure for children. Twenty-five percent of homes in Nevada were built before the 1978 ban on lead-based paint. Additionally, children in Nevada continue to be exposed to a variety of non-traditional lead exposure sources including lead from toys and jewelry; antiques and collectible items; lead-glazed pottery; food, cosmetics, ceremonial powders, and traditional remedies; and occupational or take-home lead exposure from jobs and hobbies.

### **Actions for Healthcare providers**

- SNHD strongly recommends healthcare providers to adopt CDC guidelines and test children less than 6 years of age for elevated blood lead levels (EBLLs).
  - Test for EBLLs at 12 and 24 months of age, or at least once before the age of 6 if not previously tested.
  - Test all children with a suspected lead exposure, regardless of insurance type.
- Conduct confirmatory and follow-up testing using venous samples according to the schedule shown in Tables 1 and 2 of CDC's [recommended child-specific response actions](#).
- Provide guidance on exposure reduction, regardless of whether a source(s) is identified.
- Provide nutritional counseling related to iron and calcium intake, as a diet high in iron and calcium will reduce lead absorption. Consider laboratory evaluation of iron status when appropriate.
- Assess developmental progress at regular intervals and provide referral to supportive services as needed.
- Contact [Rocky Mountain Poison and Drug Safety](#) for guidance on treating EBLLs.
- Contact the [Nevada Childhood Lead Poisoning Prevention Program](#) for guidance on lead poisoning prevention and lead exposure risks in Nevada.

### **Reporting**

Report **all** BLL test results (regardless of the result value) and required demographic information to the Office of Acute Communicable Disease Control in accordance with Nevada Administrative Code [Chapter 441A](#) and

Nevada Revised Statute [442.700](#).

- Detailed guidance on reporting through SNHD's online portal can be found at <https://nvclppp.org/wp-content/uploads/2020/08/UploadingBloodLeadResults.pdf>

If you have any questions on childhood lead poisoning, please contact the Office of Acute Communicable Disease Control at 702-759-1300.

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action

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