Joe Lombardo Governor

Richard Whitley, MS *Director* 



# DEPARTMENT OF HEALTH AND HUMAN SERVICES





Cody Phinney, MPH *Administrator* 

Ihsan Azzam, Ph.D., M.D. Chief Medical Officer

# TECHNICAL BULLETIN

DATE: October 11, 2024

TOPIC: Blood Lead Level Testing in Nevada, Reporting Requirements

AUTHOR: Jeanne Ruff, State Epidemiologist, Office of State Epidemiology

TO: Pediatricians, Family Medicine Providers, and Primary Care Providers

### **Background**

Lead is a naturally occurring heavy metal that can cause negative health effects in children and adults. Sources of lead exposure can include chipping or peeling paint in homes or buildings constructed before 1978; water from lead pipes; soil near airports; highways; factories; some imported candies; traditional medicines; spices; toys; and certain jobs and hobbies. Children younger than 6 years are at greatest risk for lead exposure due to their hand-to-mouth behavior.

Even low levels of lead in blood can hurt a child's ability to learn, pay attention, and do well in school. Most children exposed to lead have no obvious or immediate symptoms. Testing for lead in blood in young children is often the only way to identify lead poisoning and can prompt medical intervention, identification of exposure sources, and remediation activities. More than 270,000 Nevada residents are children under the age of 6 years, yet National Childhood Blood Lead Surveillance Data shows that only 4 percent of children in Nevada were tested for lead in 2018.

Health care providers are encouraged to conduct blood lead level screening for all children in accordance with <u>guidelines from the Centers for Medicare and Medicaid Services</u>. Blood lead level screening is required for all children enrolled in Medicaid and should be conducted when the child:

- Reaches 12 and 24 months of age; or
- At least once before the child reaches 6 years of age.

Blood lead level testing can be performed using venous or capillary blood specimens. NRS 442.700 requires that elevated blood lead levels ( $\geq$  3.5 ug/dL) identified in a capillary specimen must be confirmed with a venous specimen as soon as practicable after the initial result is obtained.

#### **Reporting Requirements**

Per NRS 442.700, blood lead test results for children (under 18 years of age) must be reported to the appropriate Nevada local health authority (see the table below for listing) as soon as practicable after conducting the test. This includes all test results, regardless of whether an elevated blood lead level is identified. Health care providers and clinical laboratories are encouraged to report these test results using Electronic Laboratory Reporting (ELR). For more information regarding ELR onboarding, send an email to <a href="mailto:dpbhelronboarding@health.nv.gov">dpbhelronboarding@health.nv.gov</a>.

In accordance with reporting requirements for notifiable conditions defined in NAC 441A.225, providers are requested to report blood lead test results during the regular business hours of the health authority on the first working day following the receipt of the lab result. The report must include, without limitation:

- The name, sex, race, ethnicity, and date of birth of the child;
- The address of the child, including the county and ZIP code where the child lives;
- · The date on which the sample was collected;
- The type of sample that was collected (e.g., capillary specimen or venous specimen); and
- The name and contact information of the provider who ordered the test.

Health care providers are also encouraged to report blood lead level test results indicating elevated blood lead levels (≥3.5ug/dL) for adults (18 years of age or older) to the applicable local health authority. Test results for adults can be sent through Electronic Laboratory Reporting or cases can be reported using Nevada's Confidential Morbidity Report Form.

| Local Health Authority   | County  | Fax and Phone Number to<br>Report             |
|--|---|---|
| Carson City Health and<br>Human Services (CCHHS)   | Carson City, Douglas, and<br>Lyon counties            | Fax: 775-328-3764 Ph: 775-887-2190 (24 hours) |
| Central Nevada Health District (CNHD)  Northern Nevada Public Health (NNPH, formerly WCHD)   | Churchill, Mineral, Eureka,<br>and Pershing<br>Washoe | Fax: 775-687-2697                             |
|  |   | Ph: 775-866-7535 (24 hours) Fax: 775-328-3764 |
|  |   | Ph: 775-328-2447 (24 hours)                   |
| Southern Nevada Health<br>District (SNHD)  | Clark   | Fax: 702-759-1435                             |
|  |   | Ph: 702-759-1300 (24 hours)                   |
| Nevada Division of Public<br>and Behavioral Health<br>(DBPH) Office of State<br>Epidemiology | All other counties                                    | Fax: 775-684-5999                             |
|  |   | Ph: 775-684-5911 (M-F 8 a.m5 p.m.)            |

#### Resources

Visit the Nevada Childhood Lead Poisoning Prevention Programs website for:

- More information on lead in Nevada
- Information sessions available for providers
- Education materials for families
- Reporting requirements
- An opportunity to acquire a LeadCare II analyzer for on-site testing (while supplies last)
- An opportunity to receive a \$10,000 mini-grant to establish clinic-level testing policies
- Updates on the latest recalls and more

Click here to sign up to receive the NvCLPPP newsletter and the latest consumer products recalls.

Clinicians can contact the Western States Pediatric Environmental Health Specialty Unity (PEHSU) or the Rocky Mountain Poison Center for medical consultation regarding patients with elevated blood lead levels.

PEHSU: (415) 514-0878, or email pehsu@ucsf.edu

• Rocky Mountain Poison Center, Nevada: (800) 222-1222

## **Questions**

For updated guidance, review the <u>Division of Public and Behavioral Health Technical Bulletin</u> web page regularly. Email <u>stateepi@health.nv.gov</u> for other questions regarding NRS 442.700 Screening for Amount of Lead in Blood of Children.

Cody Phinney, MPH

Administrator

Division of Public and Behavioral Health

Ihsan Azzam, Ph.D., M.D. Chief Medical Officer

Division of Public and Behavioral Health