



Physicians' Practice of Screening and Testing for Elevated Blood Lead Levels (EBLLs) in Children, 2013

Survey results were mailed to 100 randomly selected physicians (50 pediatric and 50 family medicine) practicing in Adams, Arapahoe, or Douglas Counties. Sixty-one physicians responded for a response rate of 61%, and 55 of those physicians (90%) saw patients younger than 6 years of age. The results presented below are based on the 55 physicians who saw younger patients.

Table 1. Screening practices for EBLL	Percent
Routinely assesses risk of exposure	62
Uses standardized screening questionnaire	21
Criteria used to assess risk	
Sibling or playmate has or did have lead poisoning	79
Resides in home built before 1978	77
Regularly spends time in home or building built before 1978	64
Low-income	62
Refugee	45
Foreign Adoptee	44
Zip code of residence	27
Parent's occupation	12

Table 2. Testing practices for EBLL	Percent
Low-income children at 12 and 24 months if they have not had previous tests *	18
Selectively test low-income children thought to be at high risk for blood lead poisoning	11
All children regardless of income who are thought to be at high risk for blood lead poisoning	38
Does not routinely test children for elevated blood lead levels	29
Other	4

*In Colorado it is recommended that **all-low income children** be tested for EBLL. Children should be screened at 12 and 24 months of age either with a capillary or venous blood specimen. However, this is not the only group of children for whom testing is recommended. **Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children's levels.** Additional recommendations and sources can be found on the Tri-County Health Department website:

<http://www.tchd.org/589/Lead-Poisoning-Prevention-Healthcare-Pro>

Table 3. Blood testing for EBLI in office	Percent
Type of blood testing performed in office	
Capillary	54
Venous	54
Any (capillary and/or venous)	73
If capillary blood testing is performed in office, is there a policy in place for patient hand washing prior to capillary blood draw? *	
Yes *	34
No	66

* To minimize contamination by lead from the skin surface, the Centers for Disease Control and Prevention recommends thoroughly washing the child's hands with soap and water prior to testing and drying with a plain low-lint towel. For the full protocol visit Tri-County Health Department website: <http://www.tchd.org/589/Lead-Poisoning-Prevention-Healthcare-Pro>

Table 4. Demographics of respondents	Percent
Gender	
Female	56
Male	44
Length of time in practice	
≤ 9 years	25
10-19 years	40
≥20 years	35
Specialty	
Family Medicine	55
Pediatrics	44
Practice Type	
Group	58
Hospital Clinic	16
Community Health Center	15
Solo	7
HMO	4
% of patients younger than 6 years of age	
≤49%	69
≥50%	31
% of patients < 6 enrolled in Medicaid, CHP, Colorado Indigent Care Program or Medicaid-Eligible	
<49%	67
≥50%	33