

Lead Poisoning

Merlin reporting code = 94890
Case report form (CRF): N/A
MERLIN EXTENDED DATA REQUIRED

Clinical description

Often asymptomatic, but may result in impaired neurobehavioral development, low IQ, slow nerve conduction, peripheral neuropathies, and encephalopathy.

Laboratory criteria for case classification

Confirmatory:

- Blood lead level ≥ 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) measured from a venous specimen
- OR
- Blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ measured from **TWO** capillary specimens, unknown specimens (i.e., venous or capillary), or a combination of capillary and unknown specimens taken **within 12 weeks** of one another.

Supportive:

- Blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ measured from a single capillary specimen or unknown specimen (i.e., venous or capillary).

Case classification

Confirmed:

A person with confirmatory laboratory evidence.

Suspect:

A person with supportive laboratory evidence.

Comments

1. Only report lead poisoning in Merlin once per lifetime.
2. Florida Department of Health (FDOH) considers all blood lead tests to be evidence of a suspicion of lead poisoning, thus they must be reported to the FDOH by laboratories, hospitals or physicians who conduct on-site blood lead analysis. Requiring these entities to report all blood lead results to FDOH enables the Lead Poisoning Prevention Program (LPPP) to assess disease prevalence rates and screening rates. This provides the necessary data to identify risk areas in Florida and design an effective prevention program. Although all blood lead test results must be reported by laboratories, hospitals or physicians who conduct on-site blood lead analysis, county health department disease investigators should only report **suspect and confirmed cases in Merlin**. In addition, lead poisoning disease investigations should be performed for **children 0 to 15 years old** whose test results meet the definition of confirmed as described above in laboratory criteria.
3. The reportable level of lead poisoning in Florida is the same for children as for adults (see laboratory criteria above).
4. Once a child or adult has had an elevated blood lead level test result of ≥ 10 $\mu\text{g}/\text{dL}$, if he or she has additional follow-up test results, regardless of the test type, these confirmed results are to be included with initial case information and not reported as a new case.
5. Capillary tests with an initial blood lead level of ≥ 10 $\mu\text{g}/\text{dL}$ with a venous or capillary follow-up test result ≥ 10 $\mu\text{g}/\text{dL}$, taken **within 12 weeks** of one another should be classified as a confirmed case, not a suspect case. If a case is initially reported as suspect (see case definition above) and then a

confirmatory venous or capillary test result is received, the suspect case needs to be updated to a confirmed case.

6. ***The Childhood Lead Poisoning Screening and Case Management Guide*** is a resource available for CHD disease investigators and health care providers. It contains additional information on disease investigation, lead poisoning testing, case management, and. requirements for environmental investigations. This guide can be found at the following link:
http://www.floridahealth.gov/healthy-environments/lead-poisoning/_documents/childhood-leadpoisoning-screening-casemanagement-guide.pdf.

Questions regarding disease investigations for lead poisoning cases should be directed to the Department of Health, Bureau of Epidemiology at 850-245-4401.

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