In 2022 and 2023, new state legislation passed to update lead poisoning standards in Connecticut. To learn more about the acts reducing lead poisoning, please reference Public Act No. 22-49 and Public Act No. 23-31.

Requirements and Guidance for Childhood Lead Screening for Healthcare Providers in Connecticut

Revised 3/1/24

Keeping Connecticut Healthy

DPH

Connecticut Department of Public Health

Summary of Requirements and Guidance

Childhood lead screening and reporting requirements can be found in the Connecticut General Statutes Sections 19a-111g, 19a-110, PA 22-49 and in PA 23-31.

Universal blood lead screening is mandated in Connecticut.

- All children between the ages of 9 and 35 months must be tested annually for lead in blood.
- All children between the ages of 36 and 72 months must be tested, if not previously tested for lead in blood or if at an elevated risk based on medical assistance program enrollment or a residence in a municipality that presents an elevated risk of lead exposure based on factors, including, but not limited to, the prevalence of housing built prior to January 1, 1960, and the prevalence of children's blood lead levels greater than 5 µg/dL.
- All children under 72 months must be tested if clinically indicated.
- Medical providers must provide education and guidance to parents regarding lead poisoning prevention before testing.
- Medical providers must conduct a medical risk assessment at least annually for children between the ages of 36 months and 72 months. Refer to *Risk Assessment Guidance* for questions and recommendations.

Children with an elevated blood lead level should receive additional follow-up screening.

- If a capillary blood lead test is equal to or greater than 3.5µg/dL, confirm with a venous blood lead test.
- Children should be re-tested with a venous level until the blood lead level is below 3.5 µg/dL.
- Refer to Table 1. *Capillary Blood Lead Result Follow-up Schedule* and Table 2. *Venous Blood Lead Result Follow-up Schedule* for follow-up guidance.

Blood lead results must be reported to the CT Department of Public Health (DPH).

- Healthcare providers who screen for lead in-office or laboratories who analyze results are responsible for reporting to DPH.
- Blood lead results equal to or greater than 3.5 µg/dL must be reported to DPH and to the child's local health department within 48 hours.
- Blood lead results less than 3.5 µg/dL must be reported to DPH, monthly.
- Providers shall make reasonable efforts to notify parents/guardians of children under the age of three years, of blood lead test results equal to or greater than 3.5 µg/dL within 24 hours after receiving a result.
- Refer to Table 3. *Blood Lead Level Reporting Requirements* for more information on reporting requirements.

Contact CT DPH's Childhood Lead Poisoning Prevention Program for more information.

(phone): 860.509.7299 | Secure (fax): 959.200.4751 | (website): www.ct.gov/dph/lead

Table 1. Capillary Blood Lead Result Follow-up Schedule

Blood Lead Level (µg /dL)	Venous Follow-up Testing [1]
Less than 3.5	Follow-up testing is not required. Prevention education should be provided.
3.5 to 9.9	Within 3 months
10 to 19.9	Within 1 month
20 to 44.9	Within 2 weeks
Greater than or equal to 45	Within 48 hours

[1]*The higher the result on the capillary test, the more urgent the need for venous testing.*

Table 2. Venous Blood Lead Result Follow-up Schedule

Blood Lead Level (µg /dL)	Early Follow-up Testing [2]	Late Follow-up Testing [3]
Less than 3.5	Follow-up testing is not required. Prevention education should be provided.	
3.5 to 9.9	3 months	6 to 9 months
10 to 19.9	1 to 3 months	3 to 6 months
20 to 44.9	2 weeks to 1 month	1 to 3 months
Greater than or equal to 45	As soon as possible	Contact Regional Lead Treatment Center

[2]*Two-four tests after identification of an elevated lead in blood level.*

[3]*After blood lead level begins to decline.*

Table 3. Blood Lead Level Reporting Requirements [4]

Blood Lead Level (µg /dL)	Report to	Report within	Reporting Method [5,6]	Required Patient Information [7]	Required Provider Information [7]
Less than 3.5	DPH	30 days	Monthly Report	Name Full residence address Date of birth Gender Race and ethnicity Blood lead result	Name Practice address Telephone number Sample collection date Analysis date Test type (capillary or venous) Blood lead result
3.5 and greater	DPH & Local Health	48 hours	Fax		

[4]*Reporting requirements apply to providers testing in-office using a LeadCare® machine or to labs analyzing blood lead results. If blood is not tested in-office, provider should ensure that lab will report on their behalf.*

[5]*Report all blood lead levels to DPH via a monthly report. Call the Childhood Lead Poisoning Prevention Program for details about how to submit monthly lead reports at 860.509.7299.*

[6]*Fax elevated blood lead levels greater than 3.5µg/dL to DPH at 959.200.4751, even when a confirmatory venous is pending or low. Also report to the local health department.*

[7]*Include all required patient and provider information in report.*

A. Clinical Consultation and Support Services

Connecticut Children's Medical Center Regional Lead Treatment Center	860.837.9901
Yale New Haven Children's Hospital's Regional Lead Treatment Center	203.688.2195

B. Risk Assessment Guidance

Question	Example	Risk
Have you moved since your last lead test?		If the answer to any of these questions is **YES or UNKNOWN** Child may be at risk and should be screened.
Does your child live in or regularly visit a home or facility built before 1978?	Also ask about child care center, preschool, relative or babysitter's home, a recent move, etc.	
Does your child have a family member or friend that is being treated for lead poisoning?		
Does your child encounter an adult whose hobby or job exposes them to lead?	Construction, welding, firing range, metal fabrication, weapon manufacturing, electronics, or other trades	
Has your child been exposed to imported products such as spices, foods, vitamins, ethnic home remedies, etc.?	Azarcon, albayalde, greta, pay-loo-ah, ghasard, bala goli, kandu, kohl, litargirio, bebetina, and chyawan prash. Glazed imported pottery for eating or cooking	

C. Educational Resources

For Medical Providers

For Parents