

## Lead Poisoning (Pediatric)

INCLUDES: Children 6 years of age and under.

### Background

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Causative Agent	Lead
Travel Risks	Present worldwide, though the highest burden is in low- and middle-income countries.
Clinical Description	At low levels of exposure children may be asymptomatic. High levels of lead exposure can produce a spectrum of illnesses across multiple body systems. Anemia, hypertension, renal impairment, immunotoxicity, and toxicity to the reproductive organs are possible, and in severe cases coma, convulsions, and death may occur. Even at low levels, cognitive ability may be permanently reduced. This may manifest in decreased intelligence quotient (IQ), decreased performance at school, and/or behavioral changes such as reduced attention span and increased antisocial behavior. Lead poisoning in children can present in many ways depending on a child's environment, habits, nutritional status, and level of exposure.

### Case Classification

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#### Confirmed:

A case with **ALL** of the following:

- Children 6 years of age and under and
- A venous blood lead test greater than or equal to 3.5 ug/dL

### Critical Reporting Elements

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Document the blood lead test results ( $\mu\text{g}/\text{dL}$ ).

Document the source of exposure, if known.

Document whether the child lives in on- or off-post/base housing.

Document whether the child attends daycare or school on a military installation.

### Comments

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Report cases once per person per calendar year. Any elevated lead test result that is not from venous blood (i.e., capillary blood [which includes finger and heel sticks and urine]) does not meet this case definition and should not be reported.