

## LEAD POISONING OVERVIEW

Lead poisoning remains one of the most common and preventable pediatric environmental conditions. Children in the United States who live in poorly maintained housing built before 1978 are at greatest risk for elevated blood lead levels because of their frequent exposure to lead-based paint and lead-contaminated house dust and soil. Other lead poisoning risks to children in the United States include unregulated manufacturing and other countries industrial lead uses. These uses result in lead contaminated consumer products including some exported candies, pottery, jewelry, spices, mini-blinds and home remedies. Refugee children may have been exposed to these and other lead sources that are no longer prevalent here, such as leaded gasoline. A blood test is the only way to know if a child has been exposed. For further information, please contact the Florida Department of Health Childhood Lead Poisoning Prevention Program at (850) 245-4444 x 2869. Information may also be found on their website:

<http://www.doh.state.fl.us/environment/community/Lead/index.html> .

**Table C-1: Health Effects of Elevated Blood Lead Levels in Children**

Neurological impairment begins to occur at low levels of exposure, and may or may not be accompanied by other readily identifiable symptoms. Many children with lead poisoning are asymptomatic. Symptoms that do occur are often subtle and mimic other childhood illnesses. The degree of symptoms varies from child to child.

<ul style="list-style-type: none"> <li>• Hyperactivity</li> <li>• Irritability</li> <li>• Sleeplessness</li> <li>• Lack of concentration</li> <li>• Behavioral problems</li> <li>• Headaches</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea, loss of appetite, vomiting</li> <li>• Muscle soreness</li> <li>• Anemia</li> <li>• Learning disabilities</li> <li>• Coma</li> </ul>	<ul style="list-style-type: none"> <li>• Neurological impairments (stumbling/loss of concentration)</li> <li>• Seizures</li> <li>• Hearing problems</li> <li>• Constipation</li> </ul>
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**Table C-2: Blood Lead Screening Recommendations for Newly Arrived Refugee and Refugee Status Eligible Children**

How do I identify children with elevated blood lead levels (CDC guidelines)?	Provide a blood lead test to all refugee children 6 months to 16 years old at entry to the United States.
When should the test be repeated?	Repeat testing of all refugee children 6 months to 6 years of age 3 to 6 months after refugee children are placed in permanent residences and older children, if warranted, regardless of initial test results.
What health and social services are available to children with refugee (and other eligible) status?	The refugee status for most children entitles them to <b>Medicaid</b> , <b>WIC</b> , and other social services for at least 8 months after their resettlement, regardless of family financial status. Medicaid can be of assistance in assuring funding is available for the follow up screening of refugee children.