**MMWR Communication Package: COVID-19 Early Release**

Questions? Contact MMWRCommunications@cdc.gov

**MMWR Article Title:** Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19 — 34 Jurisdictions, January–May 2020

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**Communication Information**

*The number of children in the United States tested for elevated blood lead levels declined by nearly half a million, or about one-third, with the onset of the COVID-19 pandemic. With millions of children at risk for elevated blood lead levels, children who missed their screenings should be tested promptly to help prevent health problems and learning difficulties as a result of exposure to this toxic metal.*

Testing for elevated blood lead levels in children decreased 34% in January-May 2020 and by more than 50% during March-May 2020 when compared with the same period in 2019. The sharpest decrease (66%) occurred in April 2020, after the declaration of the COVID-19 national emergency in March 2020. Preliminary data indicate nearly half a million children in 34 U.S. jurisdictions missed their lead screenings in the first five months of 2020. CDC estimates that 9,603 children with elevated blood lead levels were not properly identified during this period, delaying any needed follow-up care to mitigate the health effects of lead exposure and reduce further exposure. The report highlights the need for healthcare providers and public health agencies to work with families to ensure that children are tested as soon as possible if they missed their scheduled blood lead test or required follow-up on a prior high blood lead level. Healthcare providers and public health agencies can communicate with families about how blood lead testing can be conducted safely during the pandemic and remind them of missed or recommended childhood blood lead tests.

**Supporting Messages/Talking Points**

- Early intervention is essential. Lead exposure can permanently impair cognitive abilities and cause other health effects in children—often without showing evident symptoms.
- Identifying and eliminating sources of lead in the child’s environment also benefits siblings and others who may live in the residence afterwards, preventing future exposures.
- Children who live in households with incomes below the federal poverty level and those who live in housing built before 1978 are at the greatest risk of lead exposure.

**Public Health Considerations and Actions**

**Who Needs to be Tested?**

- All children enrolled in Medicaid are required to receive a blood lead test at ages 12 and 24 months except in states that have obtained a waiver.
  - For children not enrolled in Medicaid, CDC recommends targeted testing of those at risk of lead exposure, based on state and local requirements and conditions.

**Information for parents**

- Young children have a higher risk of lead exposure as they tend to put their hands, or other objects that may be contaminated with lead dust, into their mouths.
Children who live in households with incomes below the federal poverty level and those who live in housing built before 1978 are at the greatest risk of lead exposure. Even relatively low levels of lead exposure can impair your child’s cognitive development. There is no safe blood lead level in children. Most children with lead in their blood, even elevated levels, have no obvious symptoms. Early identification of elevated blood lead levels is essential so your child can be connected to any necessary services. If your child missed a required lead test or a follow-up visit for a prior high blood lead level, contact your child’s healthcare provider now to schedule an in-person appointment.

**Information for providers**

- The decrease in the number of children tested for lead exposure corresponds with the decline recorded for in-person well-child visits and immunizations during the same time period.
- Healthcare providers should identify children who have missed well-child visits or recommended vaccinations and contact them to schedule in-person appointments, prioritizing children aged 24 months and younger and school-aged children for testing for lead exposure.
- Early identification of children with higher blood lead levels can help limit additional exposure by identifying and eliminating sources of lead in that child’s environment—which will reduce their blood lead levels over time.
- Early identification of children with higher blood lead levels provides the opportunity to link children to essential medical, nutritional, and educational services.
- Share the safety precautions your practice is taking to protect against the spread of COVID-19 to encourage parents to schedule childhood blood lead tests.

**Information for public health professionals**

- The extent of the decline in the number of children tested varied widely by jurisdiction (see Table), but notably decreased in all areas.
- Collaborations among state and local health jurisdictions with Special Supplementation Nutrition Program for Women, Infants and Children (WIC) programs, immunization programs, Medicaid, refugee health organizations, and other providers of services to children at higher risk of elevated blood lead levels can help ensure children receive needed health assessments.
- Childhood lead poisoning prevention programs can examine their blood lead surveillance and Medicaid data to identify children who did not receive follow-up blood lead tests after a previous high blood lead level, or who missed their required 12-month or 24-month screening.
- CDC has developed guidance for performing environmental inspections and public health home visits during a pandemic.
- CDC will continue to work with state and local health agencies and other partners to develop and implement strategies to increase the number of children receiving blood lead screening and appropriate care management under pandemic conditions.

Social Media Postings
Because of COVID-19, many children have missed recommended blood lead testing.

If your patients are overdue for blood lead testing, reach out to their families to make an appointment as soon as possible.

66% decrease in blood lead testing in April 2020, compared to April 2019
(U.S. children under age 6)

Because of COVID-19, many children have missed recommended blood lead testing.

If your patients are overdue for blood lead testing, reach out to their families to make an appointment as soon as possible.
A new CDC report finds nearly half a million children missed testing to check the level of lead in their blood during the first 5 months of 2020, compared to 2019—possibly delaying needed medical care and services for children exposed to lead. If your child missed a checkup, schedule one as soon as possible and ask if lead testing would be beneficial. Read more: [https://bit.ly/mm7005a2](https://bit.ly/mm7005a2)

A new CDC report suggests the COVID-19 pandemic may be causing some children to miss essential health care and screenings. Children tested for lead exposure declined by 66% in April 2020, compared with April 2019. With millions of children at risk of lead poisoning, healthcare providers should work with families to schedule blood lead testing as soon as possible for children who missed their screenings. Read the report: [https://bit.ly/mm7005a2](https://bit.ly/mm7005a2)

More children are missing scheduled pediatric visits during the COVID-19 pandemic. A new CDC report finds the number of children younger than 6 years tested for elevated blood lead levels declined by 66% in April 2020, compared with April 2019. Read the report: [https://bit.ly/mm7005a2](https://bit.ly/mm7005a2)

New @CDCMMWR finds testing children for lead in their blood has declined sharply since the onset of the #COVID19 pandemic, with nearly half a million children missing blood lead screenings from January through May 2020. Learn more: [https://bit.ly/mm7005a2](https://bit.ly/mm7005a2)

New @CDCMMWR finds nearly half a million children missed being tested for lead in their blood during the first 5 months of 2020, delaying any potential needed medical care and services to reduce the effects of lead exposure. Learn more: [https://bit.ly/mm7005a2](https://bit.ly/mm7005a2)
New @CDCMMWR finds nearly half a million children missed being tested for lead in their blood during
the first 5 months of 2020. Children who missed their blood lead screenings should be tested as soon
as possible, even during #COVID19. Learn more: https://bit.ly/mm7005a2

**MMWR Facebook**
A new MMWR finds testing for lead exposure in children declined by 66% in April 2020, compared with
April 2019. Healthcare providers should identify children who have missed well-child visits and contact
them to schedule blood lead tests. Learn more: https://bit.ly/mm7005a2

A new MMWR finds the number of children tested for elevated blood lead levels declined by 66% in
April 2020, compared with April 2019. This decline in lead exposure testing parallels the national
decline of in-person well-child visits and immunizations observed during the same period. Read the full
report: https://bit.ly/mm7005a2

**MMWR Twitter**
A new MMWR found testing for elevated blood lead levels in children declined by 66% in April 2020,
compared with April 2019. Learn more: https://bit.ly/mm7005a2

Children tested for elevated blood lead levels declined by 66% in April 2020, compared with April 2019.
Healthcare providers should work with families to ensure children who missed screenings are tested as
soon as possible. Read more: https://bit.ly/mm7005a2

**LinkedIn**
A new MMWR found testing for elevated blood lead levels in children declined sharply with the onset of
the COVID-19 pandemic. In 34 states and cities that reported data to CDC, the number of young
children who were tested decreased 34% in January-May 2020, and over 50% during March-May when
compared with 2019. The sharpest decrease (66%) occurred in April 2020, after the declaration of the
COVID-19 national emergency. Learn more: https://bit.ly/mm7005a2

With millions of children at risk of lead poisoning, clinicians should work with families to ensure that
children who missed their screenings are tested as soon as possible. Learn more: https://bit.ly/mm7005a2