



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

JUN 26 1995

**MEMORANDUM FOR:**

ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

**SUBJECT:** Modification of Pediatric Blood Lead Screening Program

References: Office of the Secretary of Defense Memorandum, "Lead-Based Paint (LBP) - Assessment of risk, Associated Health Risk in Children, and Control of Hazards in DoD Housing and Related Structures," 24 NOV 1992

In 1992, as part of its comprehensive LBP program, DoD initiated universal screening for lead poisoning of all children at the time of the 12 month well-baby visit. Accumulated screening data now show a very low overall prevalence of pediatric lead poisoning in DoD's beneficiary population. The reference is currently undergoing a complete revision. In the interim, the DoD policy for the mandatory universal assessment of children for lead poisoning is modified.

Effective immediately, the commanding officer of a medical treatment facility (MTF) may suspend routine universal blood lead screening of low risk infants (as defined by the reference) provided the following conditions have been met:

(1) Large numbers or percentages of children have been screened in the community served by the MTF and found not to have elevated blood lead levels. The number or percentage of children screened from the at-risk population served by the MTF must be of sufficient size to be representative of, and to make a reasonable inference about, the community served. Epidemiologists or other public health professionals should be consulted if the local medical facility lacks the statistical expertise to make this determination.

(2) The percentage of children screened from the at-risk community population and found not to have elevated blood lead levels must be  $\geq 98\%$  (an elevated blood lead level is defined as  $\geq 10$  g/dL).

(3) The decision to suspend screening for a given MTF must be based on local community data only. The local community is defined as the catchment area for the MTF. Data for multiple MTFs may not be aggregated into larger "communities".

(4) A decision by a MTF to suspend universal screening based on the above criteria does not preclude the MTF from continuing to screen routinely children living in specific locales within the catchment area where children tended to have elevated blood lead levels in the past.

Assessment of risk for lead exposure must still be performed by a questionnaire administered by health care providers as required by reference (a). The above modification of mandatory blood lead screening should not be interpreted, and must not be used, to preclude, proscribe, or substitute for any diagnostic or therapeutic decision of a competent health care provider concerning childhood lead poisoning. This policy pertains only to the assessment of risk for exposure to environmental lead and to the routine screening of children for possible lead poisoning by blood lead determination. It must not be used to limit or constrain clinical decisions in the care rendered to our patients.

The Services must maintain a listing of the MTFs which have suspended universal screening and include this listing with the annual report currently required by reference (a).



for Stephen C. Joseph, M.D., M.P.H.

cc:

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force