Lead Poisoning

Lead poisoning is preventable. Lead-based paint was used in residential housing for decades before its use was banned in 1978, and any home built before 1978 likely contains some lead paint. Lead-based paint and lead-contaminated dust (the dust created when lead-based paint disintegrates) are the two main sources of lead exposures in children. Young children may become lead poisoned when they eat paint chips, or when they get lead-contaminated dust or soil on their hands and then put their hands in their mouths.

Less common sources of lead poisoning include: home health remedies such as azarcon and greta, which are used to treat upset stomach or indigestion in the Hispanic community; imported candy, jewelry and cosmetics; pottery and ceramics; and fishing weights and ammunition.

No safe threshold for lead exposure has been determined—therefore NO amount of lead in the body is considered safe. The Center for Disease Control has set the standard for an elevated blood lead level (BLL) in adults at 25 ug/dL. Children are especially susceptible to the health effects from lead and absorb more lead than adults do. As a result, a BLL is considered elevated for children at a level of 10 ug/dL, and in 2012 there were recommendations to reduce this level to 5 ug/dL.

Symptoms of lead poisoning vary depending on the individual and the duration of the lead exposure. Many children present “asymptomatic” yet have subtle effects on growth, hearing, neuro-cognitive development and fine-motor skill. Symptoms in overt lead poisoning often are nonspecific, such as anorexia, headache, sporadic vomiting and abdominal pain (“lead colic”). Children with very high lead levels may have encephalopathy, ataxia, seizures and coma.

Diagnosis and treatment are based on the BLL and symptoms. For questions regarding lead exposures and treatment, please call Iowa Statewide Poison Control Center at 1-800-222-1222.

Tammy Noble RN, BSN, CSPI
Certified Specialist in Poison Information