ERRATA

COUNCIL ON ENVIRONMENTAL HEALTH. Prevention of Childhood Lead Toxicity. *Pediatrics*. 2016;38(1):e20161493

The American Academy of Pediatrics (AAP) wishes to clarify terminology in its policy statement "Prevention of Childhood Lead Toxicity" (*Pediatrics*. 2016;38[1]: e20161493; http://pediatrics.aappublications.org/content/138/1/e20161493) to avoid potential confusion that could occur related to the use of the words "screening" versus "testing." Throughout the document, the words "screening" and "testing" are used interchangeably, leading potentially to confusion and the possibility of decreased screening and testing of children at risk for lead exposures.

As stated in the 2016 policy, "anticipatory guidance, screening children's blood for lead after exposure, and iron or calcium supplementation to reduce lead absorption" has been a historical focus of the efforts of the AAP to prevent low-level lead toxicity. Of these, screening children's blood for lead is available as a secondary prevention measure for providers to determine who has been exposed. For primary prevention to occur, the pediatrician must determine lead hazard risks in the home and other environments in which the child spends time to provide education for removing the source prior to the exposure. This can be accomplished with the help of a "**screening**" questionnaire.

The policy statement is correct in stating that the AAP, consistent with the CDC, recommended "universal screening of children's blood for lead if they lived in communities with more than 27% of housing built before 1950 or a prevalence of blood lead concentrations ≥10 mcg/dL in children 12 to 36 months old of 12% or greater". This recommendation has not changed, but clarifying the intent is important. In this context, ***screening of children's blood*** is conducted by capillary or venous blood lead **testing**. Furthermore, the Centers for Medicare and Medicaid Services (CMS) recommends a blood lead screening for all children who are covered by Medicaid at 1 and 2 years of age. CMS recommends performing a capillary or venous blood lead test (not the questionnaire).

To that end, the AAP suggests that the terminology going forward be consistent:

- ***Screening: Lead Hazard Questionnaire***
- ***Testing: Capillary or Venous Blood Lead Sample***

Modified "Recommendations for Pediatricians, Health Care Providers, and Public Health Officials":

6. Pediatricians and other primary care providers should test asymptomatic children for elevated blood lead concentrations according to federal, local, and state requirements. Immigrant, refugee, and internationally adopted children also should be tested for blood lead concentrations when they arrive in the United States because of their increased risk. Blood tests do not need to be duplicated, but the pediatrician or other primary care provider should attempt to verify that **testing** was performed elsewhere and determine the result before testing is deferred during the office visit.
7. Pediatricians and other primary care health providers should conduct targeted **testing** of children for elevated blood lead concentrations if they are 12 to 24 months of age and live in communities or census block groups with ≥25% of housing built before 1960 or a prevalence of children's blood lead concentrations ≥5 mcg/dL (≥50 ppb) of ≥5%.

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