# Childhood Lead Poisoning in New Jersey

# ANNUAL REPORT

Fiscal Year

**2014**

**July 1, 2013**

**to**

**June 30, 2014**

# CHILDHOOD LEAD POISONING IN NEW JERSEY

## ANNUAL REPORT

**STATE FISCAL YEAR 2014**
**(July 1, 2013– June 30, 2014)**

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# GLOSSARY OF TERMS AND ACRONYMS

**BLL:** Blood lead level.

**Children:** Refers to unduplicated individuals who are younger than 17 years of age, unless otherwise specified. In reference to data, each child is counted only once regardless of the number of tests that the child has had during the State Fiscal Year.

**Department:** Refers to the New Jersey Department of Health.

**EBLL:** Elevated blood lead level (10 µg/dL or greater).

**Large Municipality(ies):** Municipality(ies) with a population greater than 35,000 residents.

**Local Boards of Health:** The board of health of any municipality or the boards, bodies, or officers in such municipality lawfully exercising any of the powers of a local board of health under the laws governing such municipality.

**Population Data:** Census 2010 population data, unless otherwise specified.

**SFY:** State Fiscal Year for the period of July 1, 2013 to June 30, 2014. Thus, for any State Fiscal Year identified it begins July 1 of the preceding year and ends June 30 of the identified year.

**µg/dL:** Micrograms per deciliter of whole blood.

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# EXECUTIVE SUMMARY

N.J.A.C. §8:51A requires the protection of children younger than six (6) years of age from the toxic effects of lead exposure by requiring lead testing pursuant to N.J.S.A. §26:2-137.1 - 137.7. This Annual Report on Childhood Lead Poisoning in New Jersey for State Fiscal Year (SFY) 2014 is submitted in compliance with N.J.S.A. §26:2-135, which requires the Commissioner of the Department of Health to issue an annual report to the Governor and the Legislature that includes a summary of the lead poisoning testing and abatement program activities in the State during the preceding SFY.

The number of children tested for lead in SFY 2014 was 205,607, which represents a decrease of 1.7% over the 212,002 children tested during SFY 2013. The SFY 2014 number of children tested also includes 90,685 children, or 42%, who are between six (6) and 26 months of age, the ages at which all children must be tested under N.J.A.C. §8:51A.

While 204,767 (99.6%) children tested during SFY 2014 had blood lead levels (BLLs) below 10 µg/dL, 837 (0.41%) children had a test result above this threshold (10 µg/dL) who required public health action (case management and environmental investigation) by the local boards of health.

There were 5,185 children reported with BLLs from 5 µg/dL to 9 µg/dL. The level 5 µg/dL is a reference level used by the Centers for Disease Control and Prevention (CDC) that indicates a need for emphasis on primary prevention activities to begin at that level. It is not an action level in terms of case management and environmental investigation by local boards of health. Given the potential that, if unaddressed by preventive action, BLLs for children between 5 µg/dL to 9 µg/dL could increase to 10 µg/dL and above, primary care providers and parents should take appropriate action -- education and retesting -- for children in this reference level. There were 2,245 children aged six (6) to 26 months in this BLL level reported during SFY 2014.

The City of Newark continues to be a geographic focus in New Jersey's efforts to eliminate childhood lead poisoning. It not only far exceeds every other large municipality in the number of children younger than six (6) years of age, but also with elevated blood lead levels (EBLLs). In SFY 2014, the City of Newark comprised 15% of the total number of children (younger than six (6) years of age) with EBLLs in the State. Further, it had the highest number of new cases (incidence) of childhood lead poisoning reported during SFY 2014.

Throughout this report, population data are obtained from the US Census 2010, to be used as the denominator. However, Superstorm Sandy might have "disrupted" the actual population numbers that were originally published by the United States Census Bureau by means of displacement of families from the nine counties that were most affected by the storm. Some families may even have moved outside of New Jersey. This would mean that the screening rates calculated for those counties, and possibly other New Jersey counties, may not be as accurate as they would have been, provided there was no change in the population.

# CHAPTER ONE

# TESTING CHILDREN FOR LEAD POISONING

In New Jersey, per N.J.A.C. §8:51A, all children are required to be tested at both 12 and 24 months of age. Any child older than three (3) years of age must be tested at least once before their sixth birthday (if they had not been screened at age one (1) and two (2) years). Approximately 66% of children in New Jersey had at least one blood lead test by the age of 26 months and approximately 75% had at least one blood lead test prior to reaching three (3) years of age, along with 97% having at least one blood lead test prior to reaching six (6) years of age.

This chapter describes and depicts the testing statistics and trends based on the reports of blood lead tests received by the Department from clinical laboratories. Analyses to create the figures and tables are based on individual children, counting only one test per child.

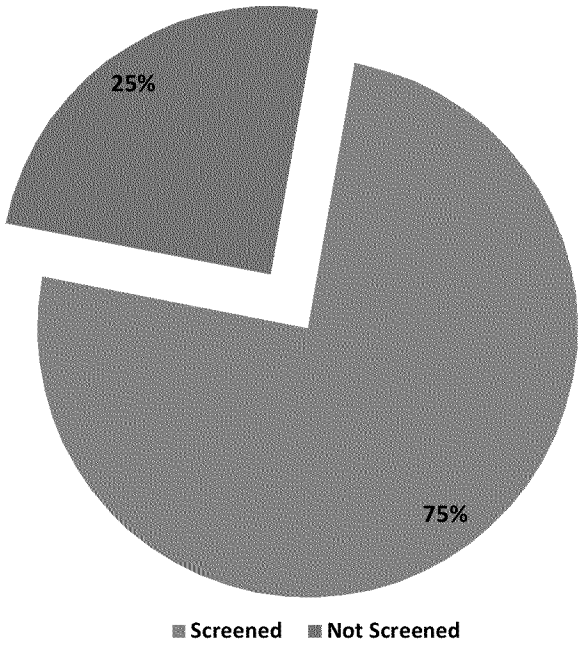
The figures and tables highlighting children between six (6) and 26 months of age closely represent the testing rates. However, the data displayed throughout these figures and tables also include children who were tested during SFY 2014 as their second test at two (2) years of age, while they may have been tested at one (1) year of age during SFY 2013.

The Department uses the range of six (6) to 26 months of age to also include data on tests that are performed earlier than 12 months of age or later than 24 months of age, as not all children are tested exactly at one (1) and two (2) years of age.

Figures 1a and 1b represent the percentages of children who had a lead test performed prior to turning three (3) and six (6) years of age, respectively, during SFY 2014.

## Figure 1a

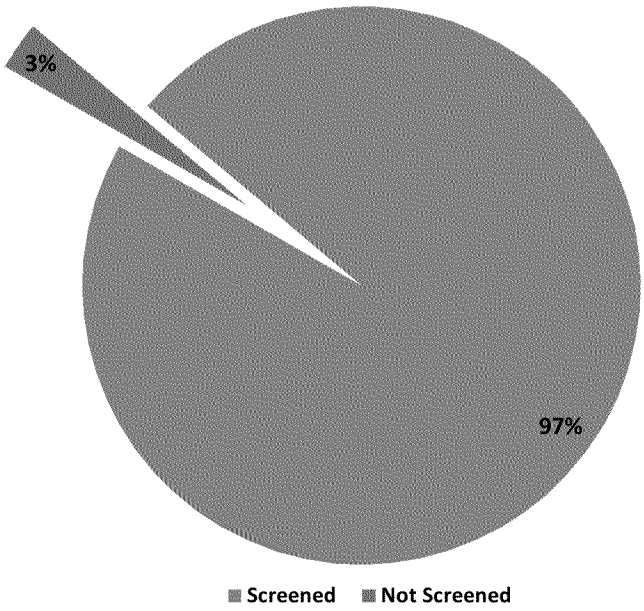
## Percentage of Children* Who Turned Three (3) years of Age during SFY 2014 and Had at Least One Blood Lead Test in their Lifetime




*Number of children born in New Jersey between July 1, 2010 and June 30, 2011 (106,244); Source: Birth Registry data

## Figure 1b

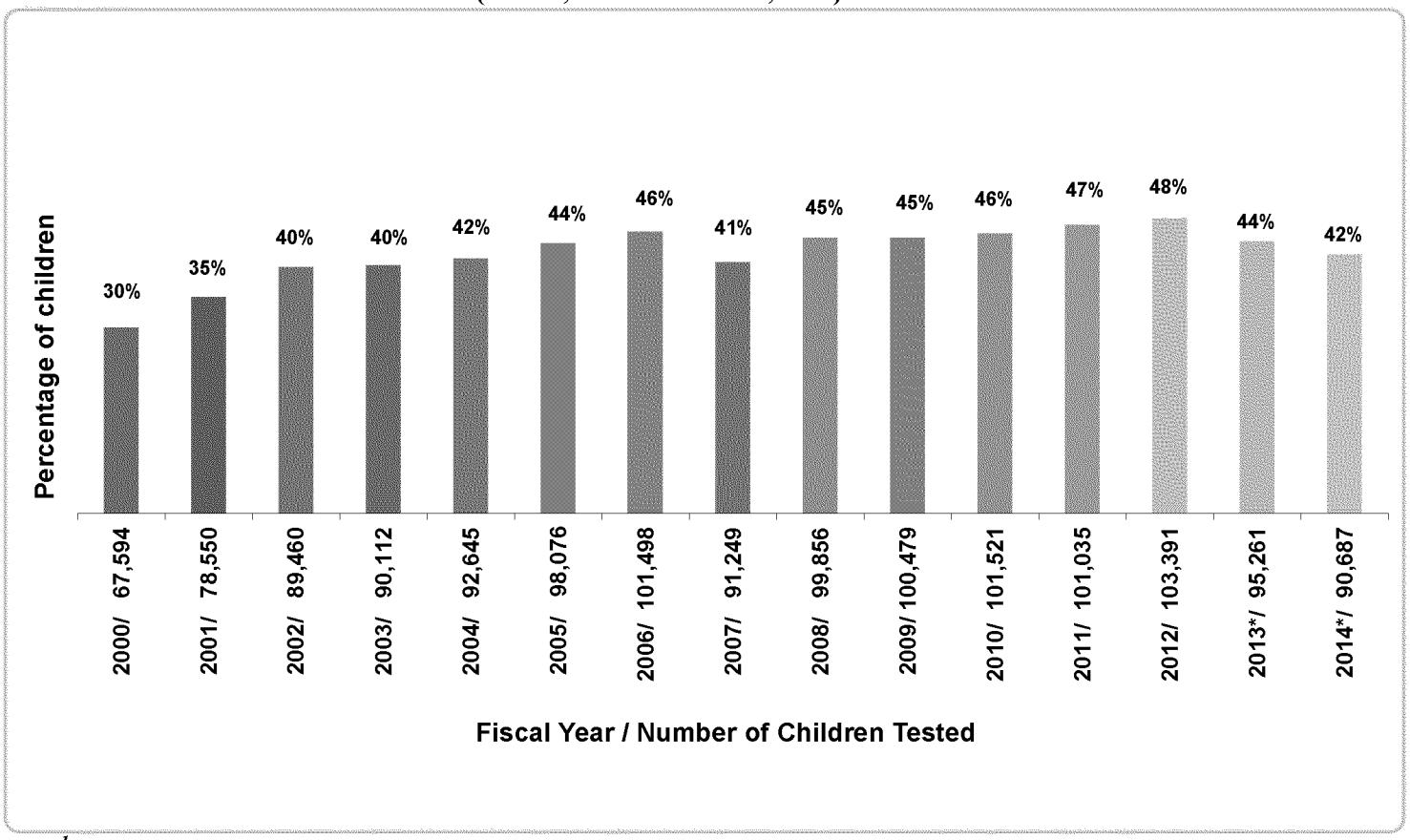
## Percentage of Children* Who Turned Six (6) years of Age during SFY 2014 and Had at Least One Blood Lead Test in their Lifetime




* Number of children born in New Jersey between July 1, 2007 and June 30, 2008 (115,919); Source: Birth Registry data

**Figure 2**

**Trend in Percentage of Children (six (6) to 29 months of age) Tested by SFY**
**(*n=222,837*[1] *and n=214,727*[2])**




[1] The denominator for SFY 2000 through SFY 2010 uses the number of children who were one (1) and two (2) years of age, based on US Census 2000 data.

[2]The denominator for SFY 2011 to SFY 2014 uses the number of children who were one (1) and two (2) years of age, based on US Census 2010 data.

*For SFY 2013 and 2014 the data are for age group six (6) to 26 months.

# CHAPTER TWO

## PROFILE OF BLOOD LEAD TESTS PERFORMED AND PREVALENCE OF CHILDHOOD LEAD POISONING

In this chapter, the figures and tables identify the statistics of testing performed for various ages and the prevalence of lead poisoning among children in SFY 2014.

Tables 1 and 2 show the testing statistics by county and municipality, respectively, of residence for children six (6) to 26 months of age. The range of screening percentage on Table 2 is 2.2% to 69.9%, with a median screening rate of 35.5%. Figure 3 shows the prevalence of lead poisoning among children six (6) to 26 months of age. The analyses behind the formulation of the tables are based on the number of children, reported during SFY 2014, which counts the highest BLL reported per child. The figures and tables in this chapter include children who were tested for a second time during SFY 2014 around two (2) years of age as required by law.

Tables 3 and 4 display the testing statistics and the prevalence of lead poisoning among the children who were tested at younger than six (6) years of age during SFY 2014.

The Department maintains a database containing all blood lead tests reported on children. In order to exhibit the distribution of lead tests and the prevalence of lead poisoning among children, Figures 4a, 4b, 5 and Table 5 focus on the entire population of children who were tested and reported during SFY 2014.

Figures 6a and 6b depict the trend in the number of children reported with an EBLL by SFY.

The children in the age groups of younger than six (6) years of age and younger than 17 years of age may have had one or more blood lead tests performed during their lifetime, either as routine lead testing or as a follow-up to an elevated blood lead test. However, the analyses of data for the tables for these age groups were based on the number of individual children reported during SFY 2014, counting the highest BLL reported per child.

Table 6 depicts changes in screening and number of children reported with EBLL, by SFY, within the children between the ages of six (6) and 26 months residing within the nine Counties that were declared as the most affected by Superstorm Sandy.

## Table 1

## SFY 2014: Number of Children (six (6) to 26 months of age) by BLL and County of Residence

| County | Total Children* | % Tested | BLL (µg/dL) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5 - 9 | 10 - 14 | 15-19 | 20-44 | ≥ 45 | Total |
| ATLANTIC | 6,521 | 41.5% | 2,588 | 98 | 12 | 4 | 4 | | 2,706 |
| BERGEN | 19,955 | 37.5% | 7,344 | 133 | 6 | 7 | 1 | 1 | 7,492 |
| BURLINGTON | 10,166 | 18.9% | 1,872 | 47 | 2 | 2 | 2 | | 1,925 |
| CAMDEN | 13,215 | 26.7% | 3,441 | 64 | 10 | 4 | 3 | | 3,522 |
| CAPE MAY | 1,822 | 21.8% | 384 | 11 | 2 | | 1 | | 398 |
| CUMBERLAND | 4,368 | 36.9% | 1,515 | 81 | 13 | 1 | 3 | | 1,613 |
| ESSEX | 21,569 | 49.5% | 10,093 | 499 | 47 | 16 | 23 | | 10,678 |
| GLOUCESTER | 6,862 | 13.7% | 917 | 16 | 1 | 1 | 3 | | 938 |
| HUDSON | 17,288 | 46.5% | 7,792 | 198 | 25 | 10 | 7 | | 8,032 |
| HUNTERDON | 2,316 | 34.0% | 760 | 24 | 2 | 1 | | | 787 |
| MERCER | 8,591 | 36.8% | 3,008 | 121 | 25 | 4 | | | 3,158 |
| MIDDLESEX | 19,965 | 32.9% | 6,415 | 119 | 18 | 5 | 5 | 3 | 6,565 |
| MONMOUTH | 13,371 | 30.2% | 3,971 | 57 | 10 | 3 | 2 | | 4,043 |
| MORRIS | 10,700 | 24.1% | 2,532 | 38 | 9 | | | | 2,579 |
| OCEAN | 15,532 | 41.4% | 6,371 | 58 | 6 | 1 | 1 | | 6,437 |
| PASSAIC | 13,727 | 49.6% | 6,548 | 239 | 17 | 1 | 7 | | 6,812 |
| SALEM | 1,549 | 30.1% | 432 | 30 | 2 | 1 | 1 | | 466 |
| SOMERSET | 7,581 | 26.2% | 1,960 | 21 | 5 | | 1 | | 1,987 |
| SUSSEX | 3,099 | 23.8% | 731 | 7 | | | | | 738 |
| UNION | 14,148 | 44.6% | 6,104 | 174 | 21 | 7 | 7 | | 6,313 |
| WARREN | 2,382 | 30.2% | 696 | 21 | 2 | | | | 719 |
| Not Specified | N/A | | 12,586 | 189 | | | | | 12,775 |
| **Total** | **214,727** | **42.2%** | **88,060** | **2,245** | **235** | **68** | **71** | **4** | **90,683** |

**US Census 2010 data*

## Table 2

## SFY 2014: Number of Children (six (6) to 26 months of age) by BLL and Municipality* of Residence

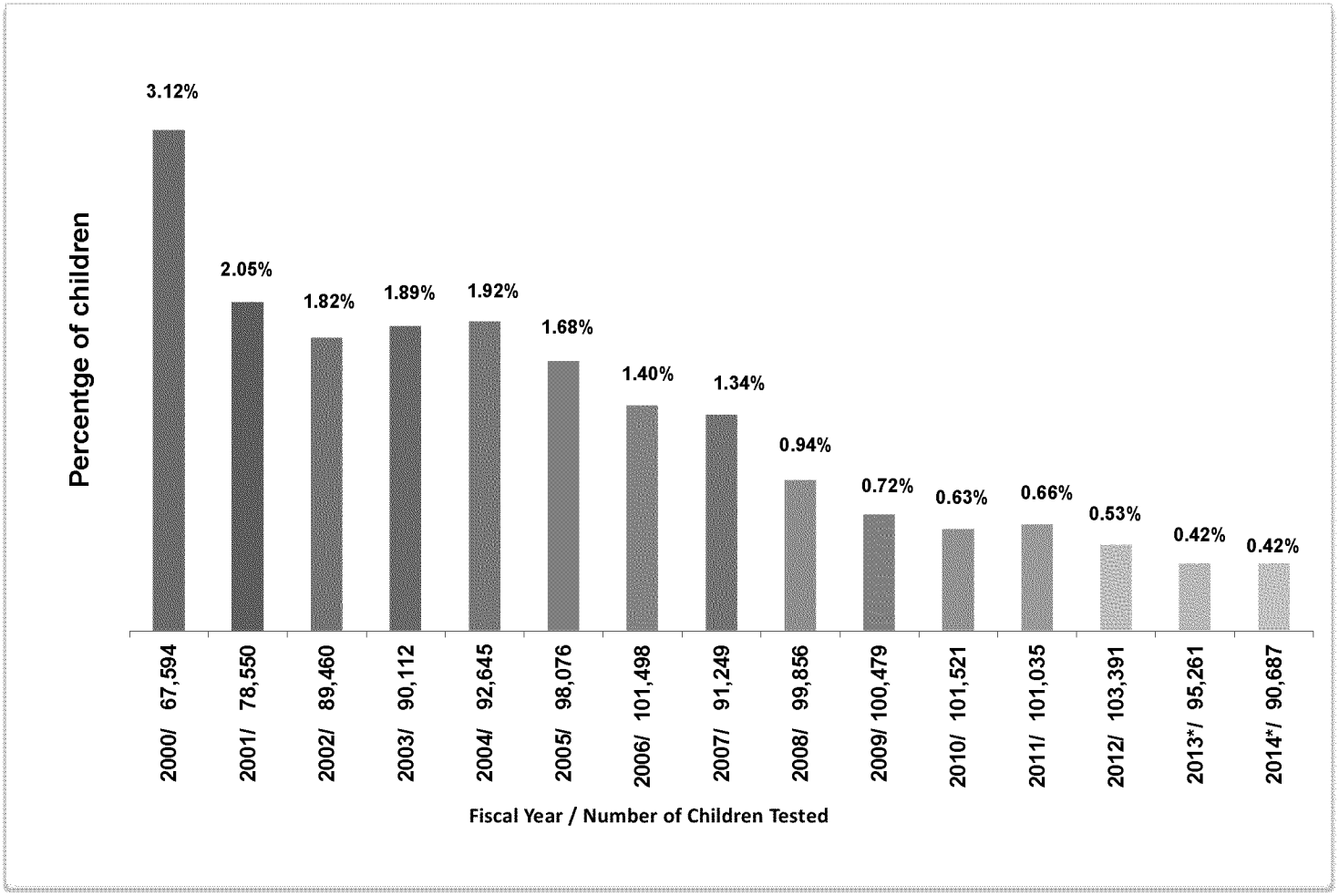
| Municipality | Total Children** | % Tested | BLL (µg/dL) | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5 - 9 | 10 - 14 | 15-19 | 20-44 | ≥ 45 | |
| ATLANTIC CITY | 1,249 | 69.7% | 794 | 64 | 7 | 2 | 3 | | 870 |
| BAYONNE | 1,528 | 33.2% | 495 | 9 | 3 | | 1 | | 508 |
| BELLEVILLE | 869 | 48.3% | 414 | 5 | | 1 | | | 420 |
| BERKELEY | 509 | 5.1% | 26 | | | | | | 26 |
| BLOOMFIELD | 1,224 | 40.8% | 488 | 11 | | | | | 499 |
| BRICK | 1,531 | 25.7% | 391 | 2 | | | | | 393 |
| BRIDGEWATER | 978 | 38.4% | 369 | 7 | | | | | 376 |
| CAMDEN | 2,838 | 44.7% | 1,225 | 33 | 5 | 2 | 3 | | 1268 |
| CHERRY HILL | 1,449 | 23.6% | 333 | 6 | 2 | 1 | | | 342 |
| CLIFTON | 2,123 | 44.4% | 925 | 16 | 1 | | | | 942 |
| EAST BRUNSWICK | 860 | 32.9% | 280 | 3 | | | | | 283 |
| EAST ORANGE | 1,916 | 38.9% | 686 | 51 | 5 | 1 | 2 | | 745 |
| EDISON | 2,560 | 37.8% | 945 | 17 | 3 | 1 | 1 | | 967 |
| EGG HARBOR | 1,038 | 44.8% | 459 | 5 | 1 | | | | 465 |
| ELIZABETH | 3,943 | 51.9% | 1,962 | 78 | 2 | 1 | 2 | | 2045 |
| EVESHAM | 1,016 | 2.2% | 22 | | | | | | 22 |
| EWING | 600 | 31.8% | 186 | 5 | | | | | 191 |
| FORT LEE | 725 | 36.4% | 263 | 1 | | | | | 264 |
| FRANKLIN | 1,759 | 8.2% | 138 | 3 | 3 | | | | 144 |
| FREEHOLD | 652 | 55.2% | 356 | 3 | 1 | | | | 360 |
| GALLOWAY | 724 | 30.7% | 218 | 3 | 1 | | | | 222 |
| GLOUCESTER | 1,520 | 7.3% | 110 | 1 | | | | | 111 |
| HACKENSACK | 1,118 | 51.9% | 568 | 11 | | 1 | | | 580 |
| HAMILTON | 1,814 | 22.2% | 392 | 9 | 1 | | | | 402 |
| HILLSBOROUGH | 866 | 46.1% | 398 | 1 | | | | | 399 |
| HOBOKEN | 1,467 | 30.3% | 442 | 3 | | | | | 445 |
| HOWELL | 1,125 | 21.6% | 242 | 1 | | | | | 243 |
| IRVINGTON | 1,692 | 59.4% | 918 | 71 | 9 | 2 | 5 | | 1005 |
| JACKSON | 1,100 | 23.9% | 263 | | | | | | 263 |
| JERSEY CITY | 7,192 | 53.8% | 3,712 | 130 | 16 | 7 | 4 | | 3869 |
| KEARNY | 895 | 43.8% | 384 | 8 | | | | | 392 |
| LAKEWOOD | 6,556 | 68.2% | 4,417 | 51 | 5 | 1 | | | 4474 |
| LINDEN | 911 | 48.1% | 431 | 7 | | | | | 438 |
| MANALAPAN | 778 | 22.5% | 175 | | | | | | 175 |
| MANCHESTER | 448 | 10.0% | 45 | | | | | | 45 |

| Municipality | Total Children** | % Tested | BLL (µg/dL) | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5 - 9 | 10 - 14 | 15-19 | 20-44 | ≥ 45 | |
| MARLBORO | 767 | 14.3% | 110 | | | | | | 110 |
| MIDDLETOWN | 1,444 | 17.5% | 250 | 2 | 1 | | | | 253 |
| MONROE (Gloucester County) | 898 | 3.5% | 31 | | | | | | 31 |
| MONROE (Middlesex County) | 655 | 14.2% | 93 | | | | | | 93 |
| MONTCLAIR | 869 | 31.8% | 266 | 8 | 1 | 1 | | | 276 |
| MOUNT LAUREL | 886 | 18.2% | 157 | 4 | | | | | 161 |
| NEW BRUNSWICK | 1,573 | 59.4% | 900 | 26 | 3 | 1 | 3 | 2 | 935 |
| NEWARK | 8,382 | 62.4% | 4,909 | 269 | 24 | 11 | 15 | | 5228 |
| NORTH BERGEN | 1,498 | 41.2% | 610 | 6 | 1 | | | | 617 |
| NORTH BRUNSWICK | 1,220 | 33.1% | 398 | 3 | 3 | | | | 404 |
| OLD BRIDGE | 1,478 | 23.9% | 351 | 2 | | | | | 353 |
| PARSIPPANY-TROY HILLS | 1,207 | 5.9% | 64 | 2 | 5 | | | | 71 |
| PASSAIC | 2,767 | 63.6% | 1,677 | 70 | 8 | 1 | 5 | | 1761 |
| PATERSON | 4,632 | 58.4% | 2,569 | 127 | 8 | | 2 | | 2706 |
| PENNSAUKEN | 845 | 27.9% | 233 | 3 | | | | | 236 |
| PERTH AMBOY | 1,584 | 52.9% | 820 | 15 | 2 | | 1 | | 838 |
| PISCATAWAY | 1,361 | 35.5% | 476 | 7 | | | | | 483 |
| PLAINFIELD | 1,628 | 69.9% | 1,077 | 44 | 9 | 6 | 2 | | 1138 |
| SAYREVILLE | 1,137 | 21.5% | 242 | | 1 | 1 | | | 244 |
| SOUTH BRUNSWICK | 935 | 6.7% | 59 | 3 | 1 | | | | 63 |
| TEANECK | 1,075 | 29.6% | 308 | 9 | 1 | | | | 318 |
| TOMS RIVER | 1,816 | 35.9% | 650 | 1 | | | 1 | | 652 |
| TRENTON | 2,786 | 56.6% | 1,452 | 102 | 19 | 3 | | | 1576 |
| UNION CITY | 1,880 | 42.4% | 768 | 22 | 3 | 3 | 2 | | 798 |
| UNION | 1,250 | 40.6% | 497 | 9 | | | 1 | | 507 |
| VINELAND | 1,729 | 38.3% | 651 | 11 | 1 | | | | 663 |
| WASHINGTON (Gloucester County) | 900 | 3.0% | 27 | | | | | | 27 |
| WAYNE | 995 | 41.3% | 407 | 4 | | | | | 411 |
| WEST NEW YORK | 1,523 | 46.7% | 701 | 10 | | | | | 711 |
| WEST ORANGE | 1,263 | 35.3% | 432 | 11 | 2 | | 1 | | 446 |
| WINSLOW | 1,122 | 3.6% | 39 | | | 1 | | | 40 |
| WOODBRIDGE | 2,495 | 15.0% | 357 | 16 | 1 | 1 | | | 375 |

*Large Municipalities only
***US Census 2010 data*

**Figure 3**

**Trend in Percentage of Children (ages six (6) to 29 months*) with BLL ≥ 10 µg/dL by SFY**




*For FY 2013 and 2014 the data are for age group six (6) to 26 months, because the screening regulations (N.J.A.C. §8:51A) require that each child be screened for lead at the age of one (1) year and again at the age of two (2) years. The regulations specify the qualifying screening age ranges of six (6) to 17 months for the age of one (1) year and 18 to 26 months for the age of two (2) years.

## Table 3

## SFY 2014: Number of Children <6 years of Age by BLL and County of Residence

| County | Total Children* | % Tested | Blood Lead Level (µg/dL) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5-9 | 10-14 | 15-19 | 20-44 | ≥45 | Total |
| ATLANTIC | 19,909 | 25.3% | 4,869 | 144 | 23 | 4 | 6 | | 5,046 |
| BERGEN | 61,192 | 20.4% | 12,314 | 121 | 11 | 11 | 5 | 1 | 12,463 |
| BURLINGTON | 31,546 | 9.5% | 2,946 | 38 | 3 | 2 | 2 | | 2,991 |
| CAMDEN | 40,195 | 13.3% | 5,226 | 71 | 21 | 10 | 10 | 1 | 5,339 |
| CAPE MAY | 5,423 | 11.7% | 622 | 8 | 2 | | 3 | | 635 |
| CUMBERLAND | 12,963 | 23.3% | 2,892 | 101 | 20 | 3 | 5 | | 3,021 |
| ESSEX | 64,591 | 39.3% | 24,480 | 719 | 112 | 49 | 45 | 2 | 25,407 |
| GLOUCESTER | 21,059 | 6.4% | 1,328 | 16 | 2 | 2 | 3 | | 1,351 |
| HUDSON | 49,759 | 35.9% | 17,458 | 305 | 49 | 18 | 12 | 1 | 17,843 |
| HUNTERDON | 7,484 | 12.4% | 909 | 16 | 4 | 1 | | | 930 |
| MERCER | 26,052 | 22.3% | 5,649 | 125 | 33 | 7 | 3 | | 5,817 |
| MIDDLESEX | 60,249 | 20.2% | 11,956 | 159 | 26 | 12 | 7 | 3 | 12,163 |
| MONMOUTH | 42,404 | 15.3% | 6,368 | 77 | 18 | 5 | 4 | | 6,472 |
| MORRIS | 33,493 | 11.7% | 3,852 | 34 | 15 | 2 | 1 | | 3,904 |
| OCEAN | 46,657 | 23.7% | 10,951 | 75 | 10 | 3 | 3 | | 11,042 |
| PASSAIC | 41,179 | 35.7% | 14,321 | 317 | 46 | 7 | 13 | 1 | 14,705 |
| SALEM | 4,625 | 14.8% | 624 | 48 | 6 | 4 | 3 | | 685 |
| SOMERSET | 23,622 | 12.1% | 2,834 | 22 | 9 | | 2 | | 2,867 |
| SUSSEX | 9,701 | 11.0% | 1,061 | 9 | | | 1 | | 1,071 |
| UNION | 43,085 | 30.7% | 12,901 | 248 | 37 | 14 | 16 | 2 | 13,218 |
| WARREN | 7,434 | 12.7% | 923 | 16 | 5 | 1 | | | 945 |
| Not Specified | N/A | N/A | 21,376 | 1,980 | | | | | 23,356 |
| **Total** | **652,622** | **26.2%** | **165,860** | **4,649** | **452** | **155** | **144** | **11** | **171,271** |

******US Census 2010 data*

## Table 4

## SFY 2014: Number of Children <6 years of Age) by BLL and Municipality* of Residence

| Municipality | Total Children** | % Tested | Blood Lead Level (µg/dL) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5-9 | 10-14 | 15-19 | 20-44 | ≥45 | Total |
| ATLANTIC CITY | 3,677 | 47.3% | 1,561 | 155 | 15 | 3 | 4 | | 1,738 |
| BAYONNE | 4,576 | 26.3% | 1,179 | 17 | 7 | | 1 | | 1,204 |
| BELLEVILLE | 2,601 | 36.1% | 923 | 14 | 1 | 1 | | | 939 |
| BERKELEY | 1,565 | 2.9% | 46 | | | | | | 46 |
| BLOOMFIELD | 3,575 | 30.0% | 1,047 | 24 | | | | | 1,071 |
| BRICK | 4,558 | 15.0% | 678 | 4 | | | | | 682 |
| BRIDGEWATER | 3,052 | 17.2% | 518 | 7 | | | | | 525 |
| CAMDEN | 8,525 | 23.8% | 1,950 | 57 | 10 | 4 | 7 | 1 | 2,029 |
| CHERRY HILL | 4,588 | 11.0% | 490 | 8 | 3 | 1 | 1 | | 503 |
| CLIFTON | 6,187 | 30.5% | 1,853 | 32 | 3 | | | | 1,888 |
| EAST BRUNSWICK | 2,725 | 17.3% | 468 | 3 | | | | | 471 |
| EAST ORANGE | 5,534 | 34.3% | 1,749 | 120 | 16 | 4 | 7 | | 1,896 |
| EDISON | 7,774 | 23.0% | 1,746 | 32 | 4 | 2 | 2 | | 1,786 |
| EGG HARBOR | 3,341 | 23.0% | 757 | 11 | 1 | | | | 769 |
| ELIZABETH | 11,792 | 41.7% | 4,726 | 174 | 10 | 3 | 7 | 1 | 4,921 |
| EVESHAM | 3,117 | 1.1% | 35 | | | | | | 35 |
| EWING | 1,797 | 17.8% | 310 | 10 | | | | | 320 |
| FORT LEE | 2,171 | 20.7% | 448 | 2 | | | | | 450 |
| FRANKLIN | 5,182 | 4.8% | 241 | 5 | 4 | | | | 250 |
| FREEHOLD | 2,156 | 26.1% | 558 | 4 | 1 | | | | 563 |
| GALLOWAY | 2,240 | 17.0% | 374 | 5 | 2 | | | | 381 |
| GLOUCESTER | 4,647 | 3.1% | 143 | 2 | | | | | 145 |
| HACKENSACK | 3,223 | 37.4% | 1,183 | 20 | | 2 | 1 | | 1,206 |
| HAMILTON | 5,480 | 14.9% | 794 | 18 | 1 | | 1 | | 814 |
| HILLSBOROUGH | 2,736 | 19.0% | 518 | 2 | | | | | 520 |
| HOBOKEN | 3,779 | 19.9% | 749 | 3 | | | | | 752 |
| HOWELL | 3,591 | 10.3% | 368 | 1 | | | | | 369 |
| IRVINGTON | 4,993 | 54.2% | 2,476 | 188 | 22 | 5 | 13 | 1 | 2,705 |
| JACKSON | 3,649 | 12.5% | 456 | 1 | | | | | 457 |
| JERSEY CITY | 20,393 | 42.2% | 8,258 | 295 | 30 | 13 | 8 | 1 | 8,605 |
| KEARNY | 2,681 | 35.9% | 942 | 19 | 1 | 1 | | | 963 |
| LAKEWOOD | 18,872 | 40.6% | 7,566 | 81 | 8 | 3 | 1 | | 7,659 |
| LINDEN | 2,726 | 33.3% | 895 | 13 | | | | | 908 |
| MANALAPAN | 2,541 | 11.7% | 296 | | | 1 | | | 297 |

| Municipality | Total Children** | % Tested | Blood Lead Level (µg/dL) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | <5 | 5-9 | 10-14 | 15-19 | 20–44 | ≥45 | Total |
| MANCHESTER | 1,372 | 6.7% | 92 | | | | | | 92 |
| MARLBORO | 2,606 | 7.2% | 187 | | | | | | 187 |
| MIDDLETOWN | 4,615 | 7.5% | 340 | 3 | 1 | | | | 344 |
| MONROE (Gloucester County) | 2,794 | 2.0% | 42 | | | | | | 42 |
| MONROE (Middlesex County) | 2,082 | 4.4% | 123 | | | | | | 123 |
| MONTCLAIR | 2,701 | 19.1% | 501 | 11 | 2 | 1 | | | 515 |
| MOUNT LAUREL | 2,705 | 7.7% | 203 | 5 | | | | | 208 |
| NEW BRUNSWICK | 4,753 | 36.8% | 1,683 | 51 | 7 | 1 | 3 | 2 | 1,747 |
| NEWARK | 24,831 | 56.5% | 13,230 | 689 | 55 | 31 | 24 | 1 | 14,030 |
| NORTH BERGEN | 4,473 | 30.0% | 1,320 | 20 | 2 | | | | 1,342 |
| NORTH BRUNSWICK | 3,502 | 20.4% | 698 | 12 | 3 | 1 | | | 714 |
| OLD BRIDGE | 4,548 | 13.3% | 600 | 5 | | | | | 605 |
| PARSIPPANY-TROY HILLS | 3,671 | 3.2% | 109 | 2 | 8 | | | | 119 |
| PASSAIC | 8,226 | 53.9% | 4,270 | 139 | 15 | 2 | 7 | | 4,433 |
| PATERSON | 13,987 | 45.8% | 6,097 | 272 | 27 | 5 | 5 | 1 | 6,407 |
| PENNSAUKEN | 2,696 | 14.5% | 378 | 10 | | 1 | 1 | | 390 |
| PERTH AMBOY | 4,756 | 42.8% | 1,979 | 49 | 3 | 2 | 2 | | 2,035 |
| PISCATAWAY | 3,903 | 22.1% | 850 | 13 | | | | | 863 |
| PLAINFIELD | 4,961 | 56.5% | 2,675 | 99 | 13 | 11 | 3 | 1 | 2,802 |
| SAYREVILLE | 3,338 | 13.8% | 453 | 4 | 2 | 1 | | | 460 |
| SOUTH BRUNSWICK | 3,130 | 4.1% | 123 | 4 | 1 | | | | 128 |
| TEANECK | 3,142 | 16.5% | 504 | 12 | 2 | 1 | | | 519 |
| TOMS RIVER | 5,617 | 21.2% | 1,181 | 8 | | | 1 | | 1,190 |
| TRENTON | 7,998 | 42.8% | 3,207 | 180 | 26 | 6 | 2 | | 3,421 |
| UNION CITY | 5,742 | 32.6% | 1,816 | 45 | 5 | 4 | 3 | | 1,873 |
| UNION | 3,701 | 27.9% | 1,014 | 17 | | | 1 | | 1,032 |
| VINELAND | 5,058 | 23.2% | 1,154 | 19 | 2 | | | | 1,175 |
| WASHINGTON | 2,968 | 1.3% | 40 | | | | | | 40 |
| WAYNE | 3,105 | 18.2% | 561 | 5 | | | | | 566 |
| WEST NEW YORK | 4,258 | 40.3% | 1,688 | 28 | 1 | | | | 1,717 |
| WEST ORANGE | 3,635 | 23.4% | 824 | 20 | 3 | 1 | 1 | | 849 |
| WINSLOW | 3,336 | 2.4% | 80 | | | 1 | | | 81 |
| WOODBRIDGE | 7,326 | 10.1% | 715 | 26 | 1 | 1 | | | 743 |

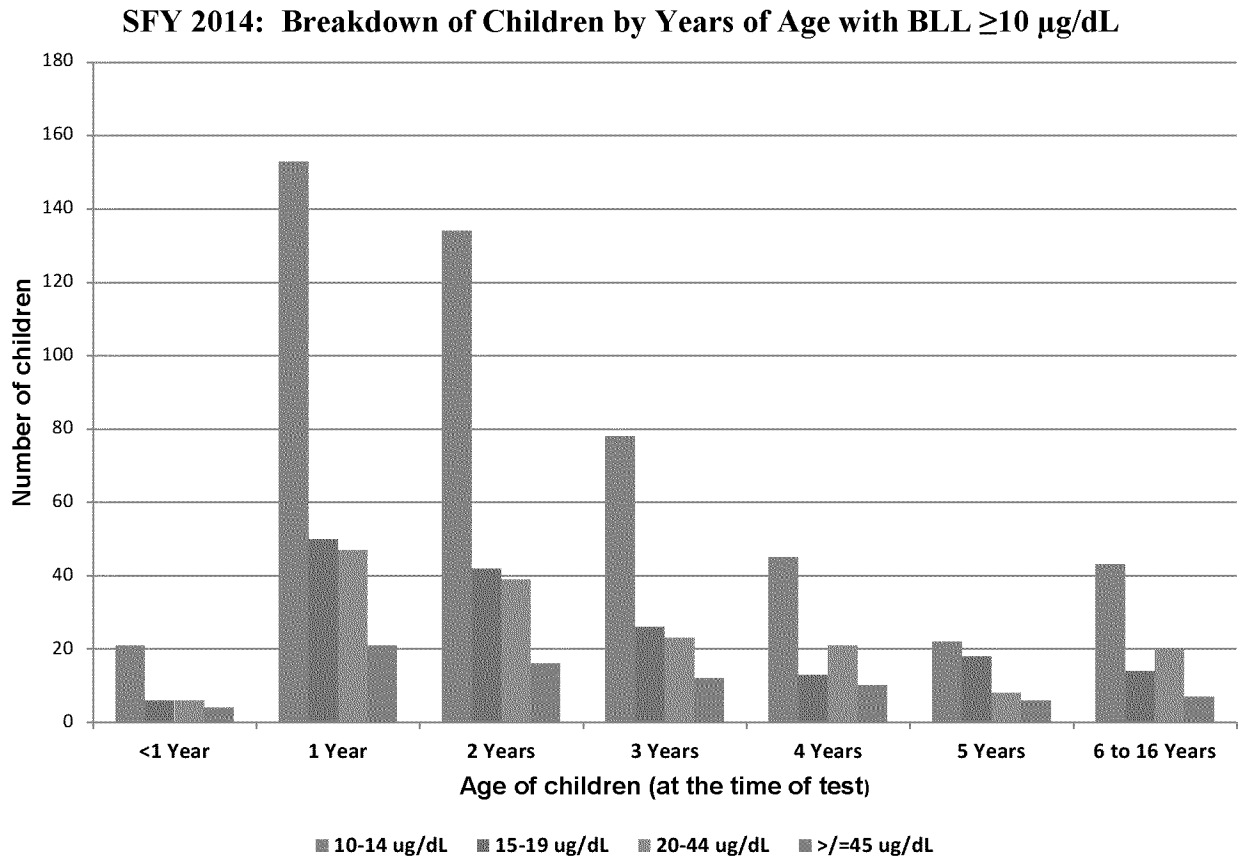
*Large Municipalities only
***US Census 2010 data*

## Table 5

## SFY 2014: Number of Children (<17 years of age) by BLL and County of Residence

| County | BLL (µg/dL) | | | | | | |
|---|---|---|---|---|---|---|---|
| | <5 | 5-9 | 10-14 | 15-19 | 20-44 | ≥45 | Total |
| ATLANTIC | 5,462 | 253 | 26 | 4 | 6 | | 5,751 |
| BERGEN | 14,404 | 229 | 11 | 13 | 5 | 1 | 14,663 |
| BURLINGTON | 3,254 | 81 | 3 | 2 | 2 | | 3,342 |
| CAMDEN | 5,802 | 126 | 23 | 12 | 10 | 1 | 5,974 |
| CAPE MAY | 681 | 20 | 2 | | 3 | | 706 |
| CUMBERLAND | 3,389 | 163 | 22 | 4 | 5 | | 3,583 |
| ESSEX | 30,379 | 1,373 | 122 | 51 | 54 | 2 | 31,981 |
| GLOUCESTER | 1,436 | 29 | 3 | 2 | 3 | | 1,473 |
| HUDSON | 22,423 | 499 | 55 | 20 | 15 | 1 | 23,013 |
| HUNTERDON | 955 | 30 | 4 | 1 | | | 990 |
| MERCER | 7,003 | 239 | 36 | 7 | 6 | | 7,291 |
| MIDDLESEX | 15,258 | 277 | 30 | 15 | 7 | 3 | 15,590 |
| MONMOUTH | 7,627 | 128 | 19 | 5 | 4 | | 7,783 |
| MORRIS | 4,287 | 55 | 15 | 2 | 2 | | 4,361 |
| OCEAN | 12,270 | 115 | 12 | 3 | 4 | | 12,404 |
| PASSAIC | 17,430 | 536 | 50 | 8 | 15 | 1 | 18,040 |
| SALEM | 651 | 71 | 6 | 5 | 3 | | 736 |
| SOMERSET | 3,285 | 35 | 10 | 1 | 2 | | 3,333 |
| SUSSEX | 1,189 | 11 | | | 1 | | 1,201 |
| UNION | 16,167 | 417 | 41 | 14 | 17 | 2 | 16,658 |
| WARREN | 1,008 | 30 | 5 | 1 | | | 1,044 |
| Not Specified | 25,223 | 467 | | | | | 25,690 |
| **Total** | **199,583** | **5,184** | **495** | **170** | **164** | **11** | **205,607** |

## Figure 4a




## Figure 4b

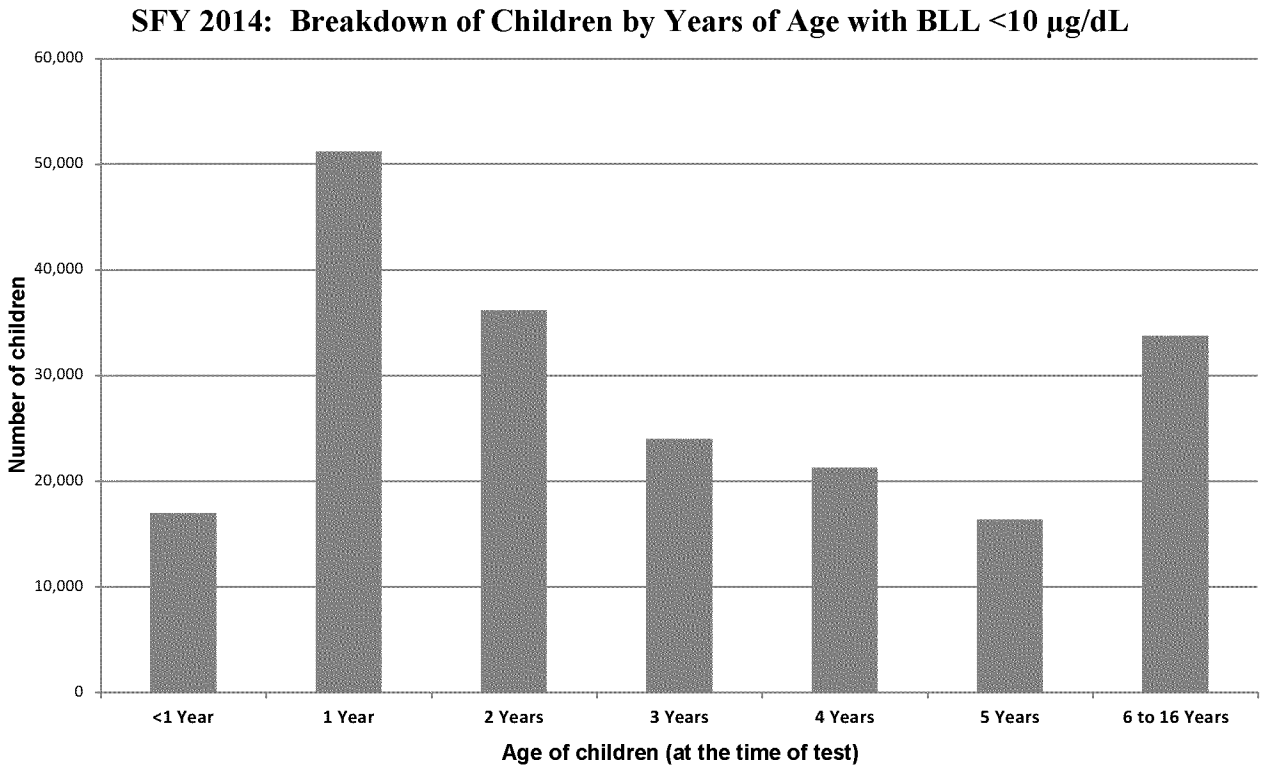


**Figure 5**

**SFY 2014: Percentage of Children (<17 years of age) by BLL**
***(n=205,607)***

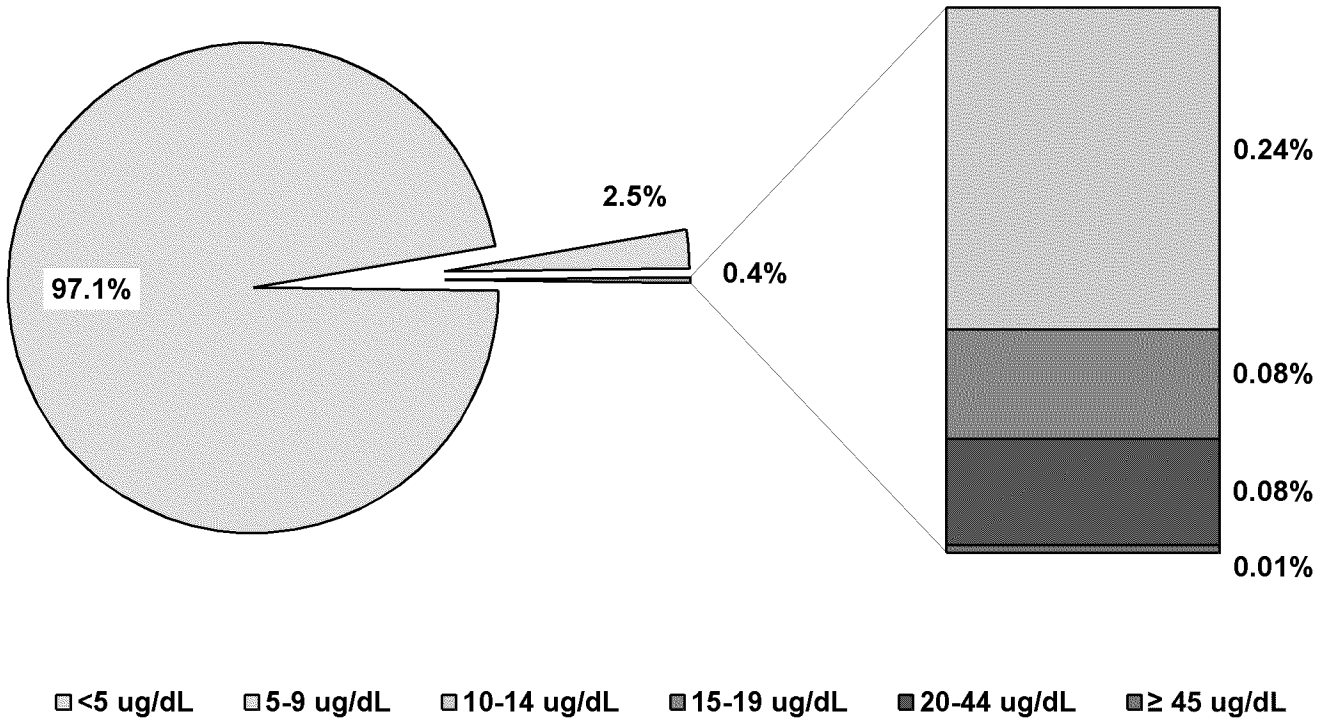


**Figure 6a**

**Number of Children (<17 years of age) with BLL ≥10 µg/dL by SFY**

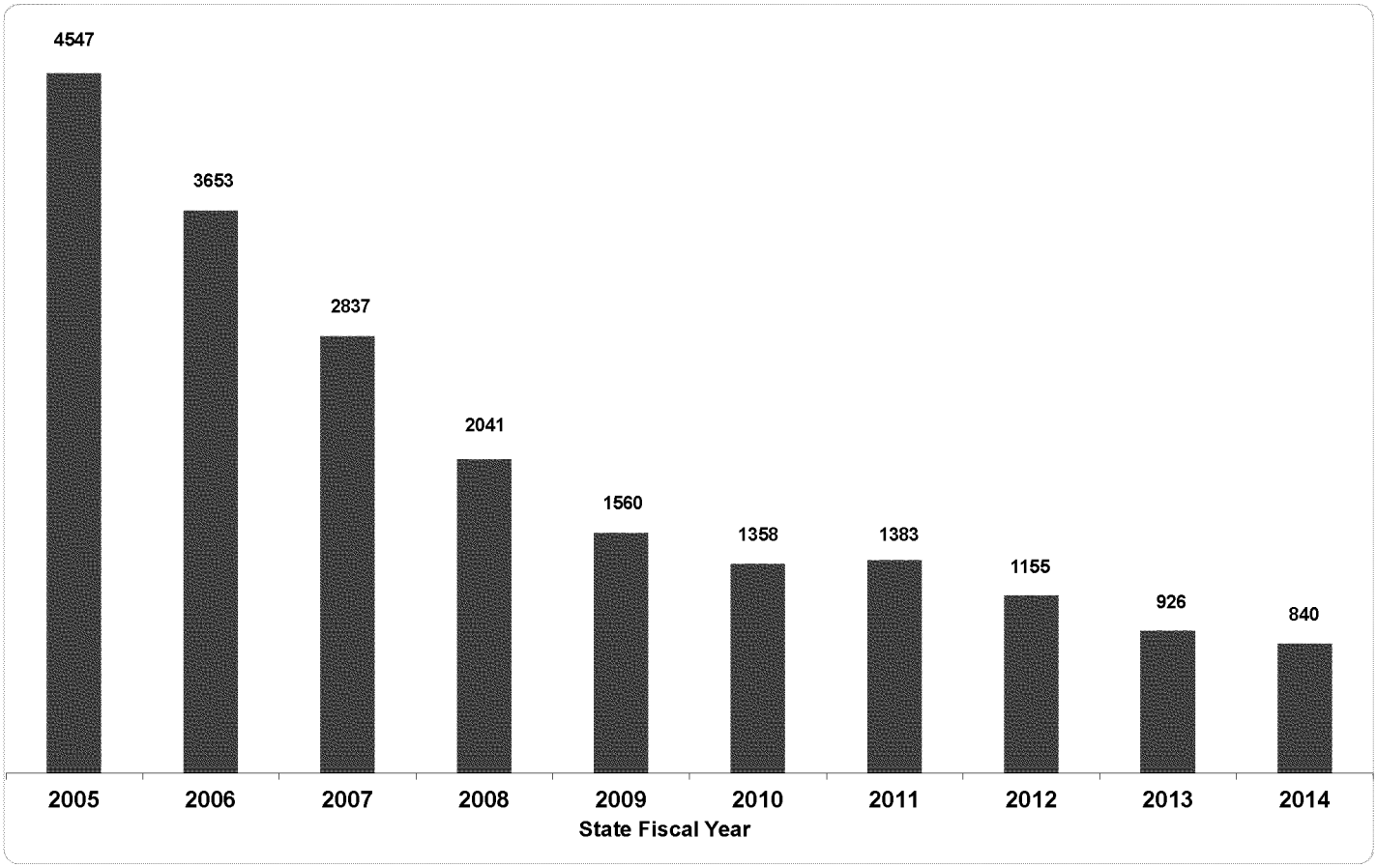
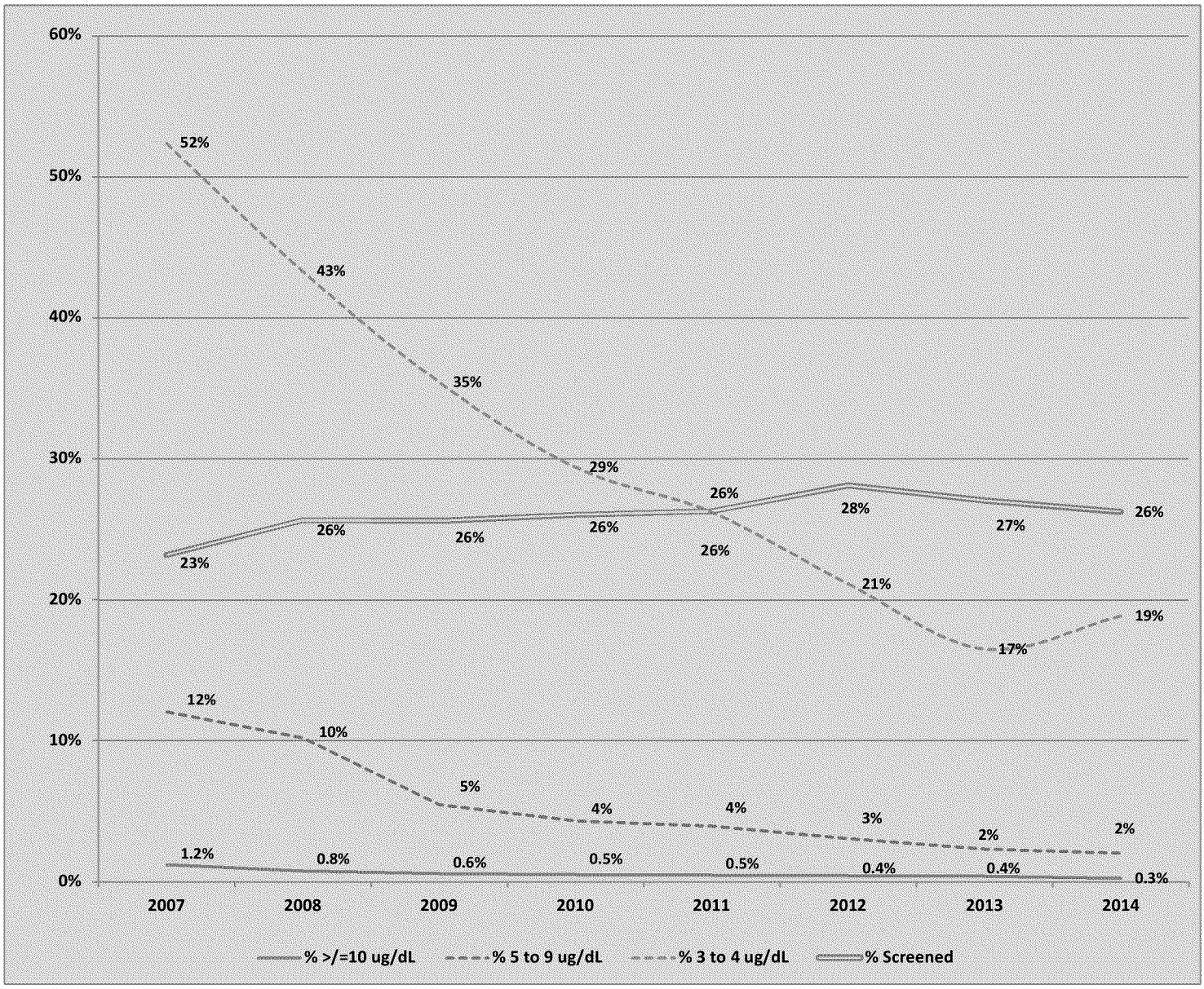


**Figure 6b**

**Trends for Children <6 years of Age:**
**Testing Rates and Percentages of Newly Reported BLL by SFY**




While the testing rate is generally increasing, the percentage of EBLL is consistently declining. The percentage of newly reported children with BLLs from 5 to 9 µg/dL is also declining.

**Table 6**

**Change in the Number of Children Screened and Number of Children with EBLLs in Superstorm Sandy Most Affected Counties**, By Fiscal Year[@]**

| County | FY 2012 | | FY 2013 | | FY 2014 | |
|---|---|---|---|---|---|---|
| | % Screened | ≥10 µg/dL | % Screened | ≥10 µg/dL | % Screened | ≥10 µg/dL |
| ATLANTIC | 41.4% | 19 | 40.5% | 16 | 41.5% | 20 |
| BERGEN | 39.4% | 23 | 38.6% | 23 | 37.5% | 15 |
| CAPE MAY | 26.9% | 2 | 24.9% | 4 | 22.0% | 3 |
| ESSEX | 49.5% | 111 | 50.2% | 90 | 49.5% | 87 |
| HUDSON | 53.4% | 52 | 52.3% | 38 | 46.5% | 43 |
| MIDDLESEX | 34.2% | 32 | 33.5% | 22 | 32.9% | 31 |
| MONMOUTH | 33.4% | 20 | 31.7% | 12 | 30.2% | 15 |
| OCEAN | 46.1% | 10 | 45.4% | 14 | 41.4% | 8 |
| UNION | 46.5% | 35 | 45.5% | 30 | 44.6% | 35 |
| **Sandy Counties** | **43.0%** | **304** | **42.3%** | **249** | **40.4%** | **257** |
| **% Difference with Statewide** | **-5.3%** | | **-3.1%** | | **-4.7%** | |
| **% Share of Statewide** | | **65.2%** | | **64.5%** | | **67.6%** |
| **Statewide** | **45.4%** | **466** | **43.7%** | **386** | **42.4%** | **380** |

*During SFY 2014, the nine Counties that were most affected by Superstorm Sandy claimed the majority of the Statewide number of children with EBLLs (3.1% more than SFY 2013, while the screening percentage declined by 1.9% as compared to SFY 2013. During SFY 2013 (the year during which Superstorm Sandy occurred) there was a decline both in the number of children screened as well as the number of children with EBLLs as compared to SFY 2012.*

*[@]Counting records with geocoded addresses only*

***As per the Federal Emergency Management Administration (FEMA)*

# CHAPTER THREE

## SPOTLIGHT ON THE CITY OF NEWARK

The City of Newark has the greatest known burden of lead-poisoned children compared to any other local board of health in the State. This large municipality comprised 15% of the State's children younger than six (6) years of age with an EBLL during SFY 2014, while only 3.8% of the entire State's population of children in that age group resides in Newark. Additionally, in SFY 2014 it comprised 17% of the total number of children younger than six (6) years of age with an EBLL in all large municipalities.

Of all children* <6 years of age residing in the city of Newark, 0.46% were reported with an EBLL during SFY 2014. By contrast, in two comparable large municipalities (by population*) this percentage was 0.25% (Jersey City) and 0.27% (Paterson).

The City of Newark addresses the issue of childhood lead poisoning through several means and has been aggressive in obtaining grants from governmental and non-governmental sources. In the past decade, the City of Newark established and locally administers the State's only Lead-Safe Houses, which are lead-free, municipal-owned properties. The Lead-Safe Houses are used to relocate residents who have a lead-poisoned child when the family has no other housing alternatives. This is a great accomplishment that other municipalities have expressed an interest in also achieving. Further, the City of Newark provides a primary prevention-focused, community-based presence through the Newark Partnership for Lead-Safe Children. This partnership provides lead poisoning prevention education and outreach opportunities to residents and property owners.

*Source: US Census 2010 data

**Figure 7**

**SFY 2014: Percentage of EBLL Cases in the City of Newark Compared to the Rest of New Jersey (*n=763)***

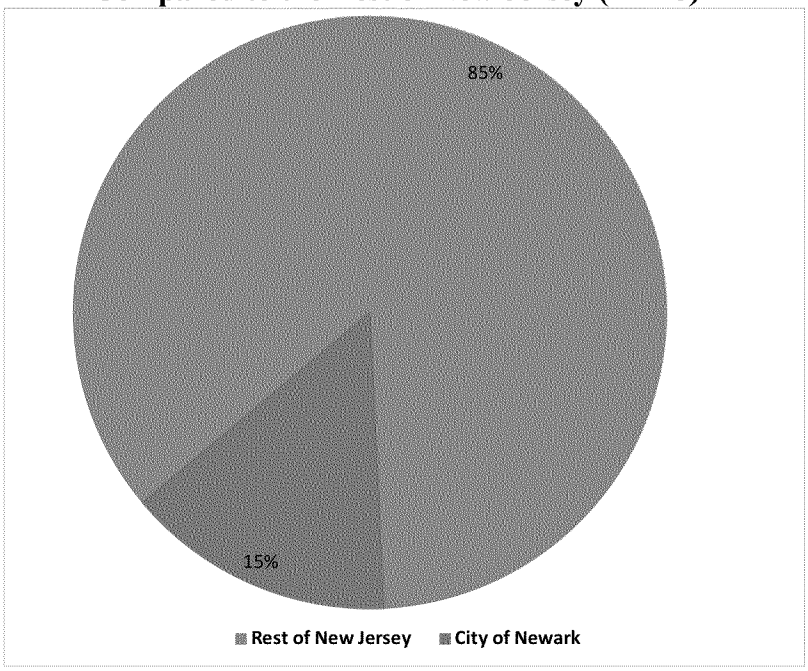
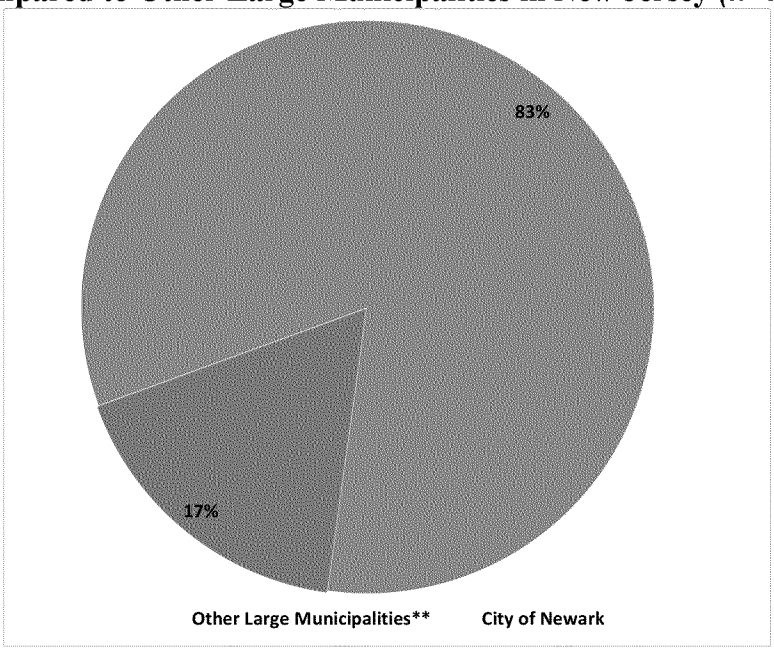



**Figure 8**

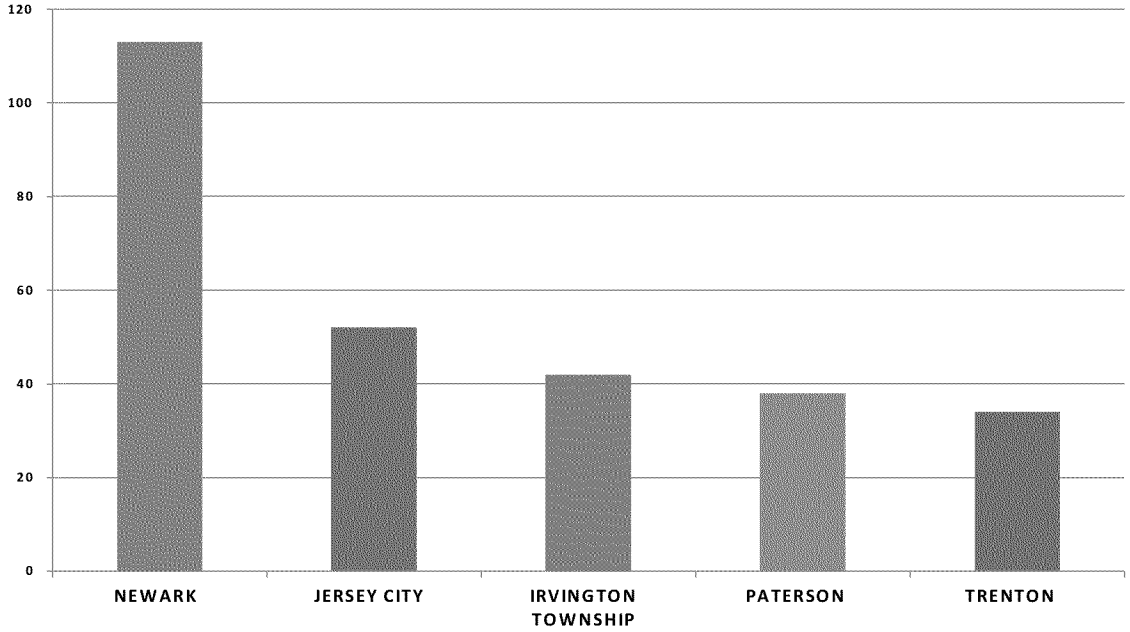
**SFY 2013: Percentage of EBLL Cases in the City of Newark Compared to Other Large Municipalities in New Jersey *(n=547)***




There is a disproportionate distribution of lead-poisoned children in the City of Newark compared to the rest of the State and other large municipalities. The data are based on the total number of individual children younger than six (6) years of age who have a confirmed EBLL. Of the 113 children identified in the City of Newark during SFY 2014, only the highest blood lead test per child is counted.

**Figure 9**

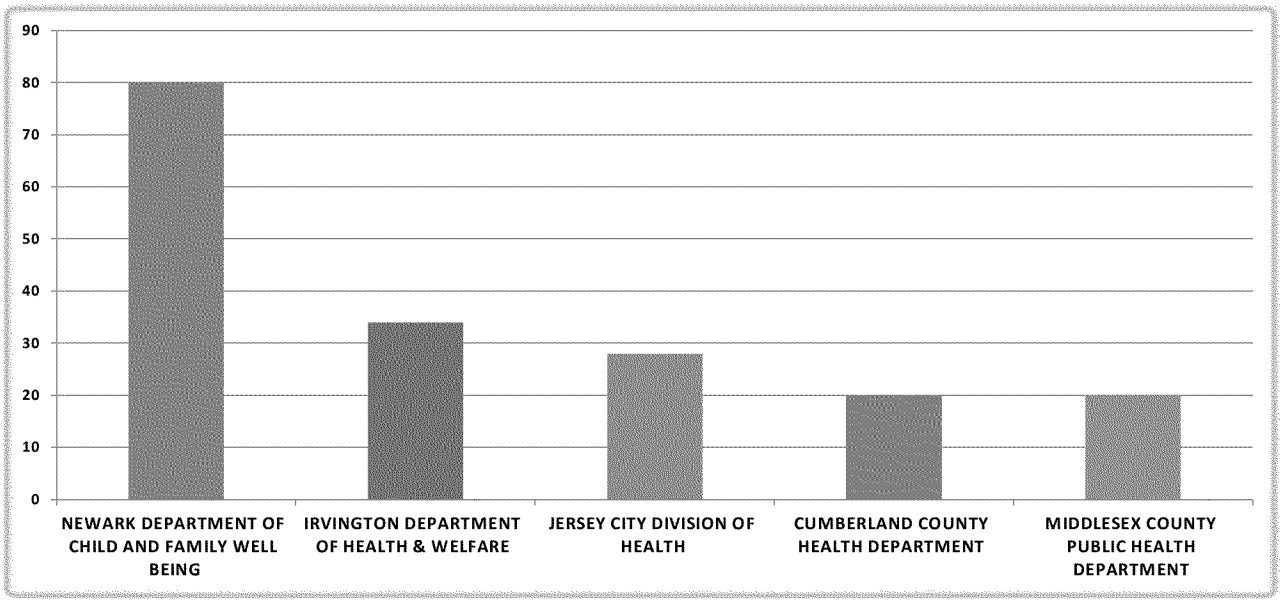
**SFY 2014: Top Five Large Municipalities (population of >35,000) with Highest Number of Children <6 years Old Reported with Elevated Blood Lead Levels**




There is a disproportionate number of lead-poisoned children in the City of Newark compared to other large municipalities in New Jersey. The data are based on the total number of children who have a confirmed EBLL. Of the children reported with an EBLL during SFY 2014, only the highest blood lead test per child is counted.

**Figure 10**

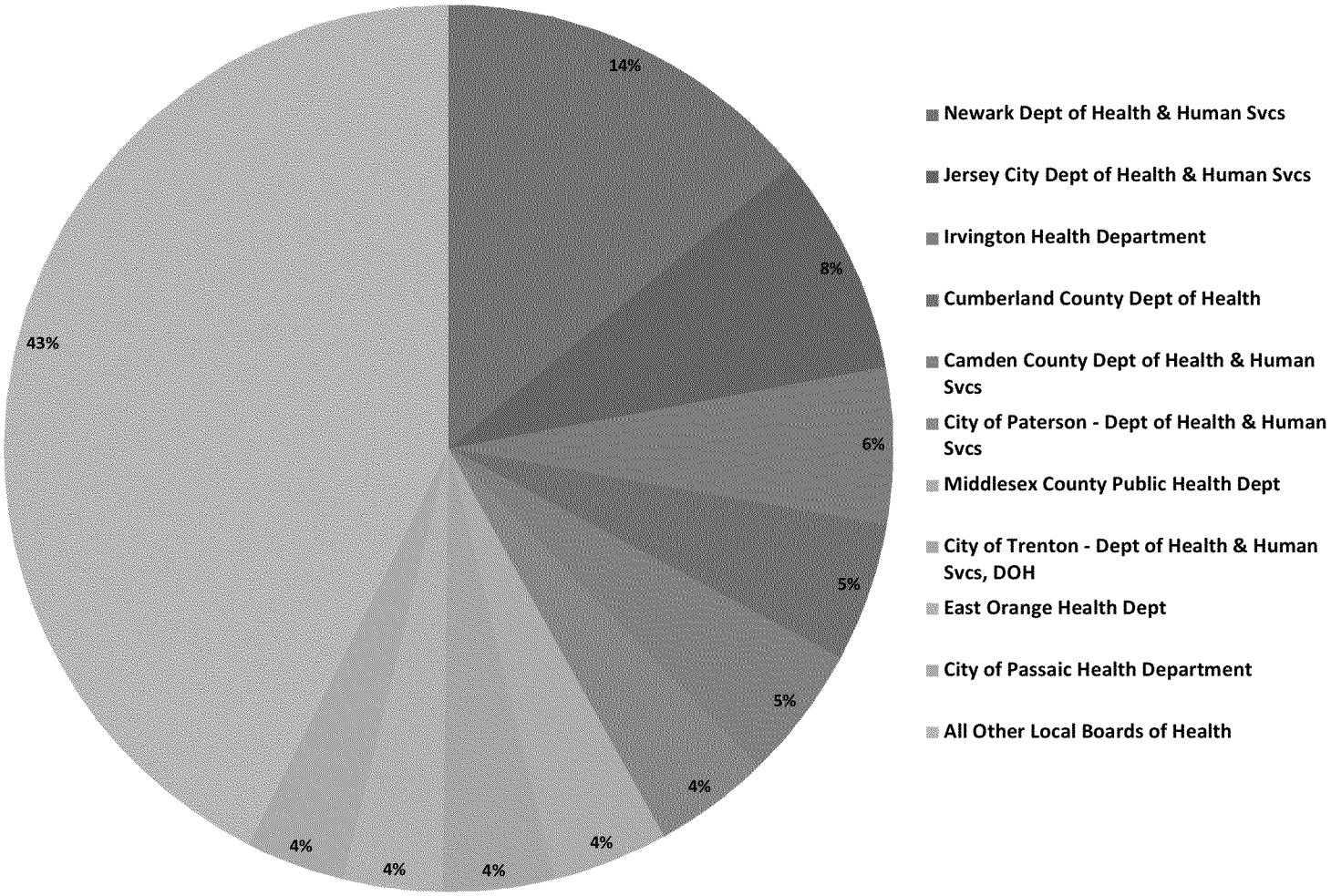
**SFY 2014: Top Five Local Boards of Health with ≥20 New Environmental Cases**




There is a disproportionate number of lead-poisoned children in the Newark Department of Child and Family Well-Being catchment area compared to other Local Boards of Health in New Jersey. The data are based on the total number of new environmental cases opened during SFY 2014. A new environmental case is opened based on a child's EBLL. Once a case is opened, the Local Board of Health is required to conduct an environmental investigation per N.J.A.C. §8:51-4.3.

**Figure 11**

**SFY 2014: Top Ten Local Boards of Health Comprising the Highest Percentages* of New EBLL Cases Compared to All Other Local Boards of Health**




There is a disproportionate distribution of lead-poisoned children within the jurisdiction of Newark Department of Child and Family Well-Being compared to other Local Boards of Health in New Jersey. The data are based on the percentage of new cases of EBLLs reported during SFY 2014.

**Percent share of all new cases of lead poisoning during SFY 2014 in the entire State.*

# CHAPTER FOUR

## ENVIRONMENTAL INVESTIGATIONS BY LOCAL BOARDS OF HEALTH

New Jersey law (N.J.S.A. § 24:14A-6) requires Local Boards of Health to investigate all reported cases of childhood lead poisoning (N.J.A.C. § 8:51) within their jurisdiction and to order the abatement of all lead hazards identified in the course of the investigation. The procedures for conducting environmental investigations in response to a lead-poisoned child are specified in N.J.A.C. § 8:51. The Local Board of Health must conduct an inspection of the child's primary residence and any secondary address, such as a child care center, the home of a relative or babysitter, or wherever the child spends at least 10 hours per week. If the child moves, the property where the child resided when the blood lead test was performed must be inspected. The environmental inspection includes a determination of the presence of lead-based paint and leaded dust; the identification of locations where that paint is in a hazardous condition such as peeling, chipping, or flaking; and, as appropriate, the presence of lead on the dwelling's exterior or soil. The inspector, with the public health nurse, speaks to the child's parent/guardian and completes a questionnaire to help determine any other potential sources of exposure to lead.

In addition, the Local Board of Health arranges for a home visit by a public health nurse to educate the parent/guardian about lead poisoning and the steps that he or she can take to protect the child from further exposure. The public health nurse also provides ongoing case management services to assist the family, including but not limited to, receiving follow-up testing, medical treatment, and social services that may be necessary to address the effects of the child's exposure to lead.

The data listed in Tables 7, 8, and 9 in this chapter reflect the results of environmental investigations as reported to the Department by Local Boards of Health. The data are accurate to the extent that the Local Boards of Health make complete and timely reports to the Department through the electronic childhood lead poisoning information database. It is possible that additional inspections and/or abatements may have been completed, but not reported by Local Boards of Health.

Table 10 shows the environmental case activity within SFY 2014 by each Local Board of Health.

**Table 7**

**SFY 2014: Environmental Case Activity Status by County**

| County Name | Cases Referred | Investigation Required | Investigation Completed | % Investigation Completed | Abatement Required | Abatement Completed | % Abatement Completed |
|---|---|---|---|---|---|---|---|
| ATLANTIC | 9 | 7 | 7 | 100% | 4 | 4 | 100% |
| BERGEN | 15 | 9 | 6 | 67% | 5 | 3 | 60% |
| BURLINGTON | 5 | 4 | 4 | 100% | 4 | 3 | 75% |
| CAMDEN | 19 | 6 | 6 | 100% | 2 | 1 | 50% |
| CAPE MAY | 5 | 2 | 2 | 100% | 2 | | 0% |
| CUMBERLAND | 26 | 21 | 20 | 95% | 15 | 7 | 47% |
| ESSEX | 134 | 85 | 51 | 60% | 22 | 12 | 55% |
| GLOUCESTER | 3 | 2 | 2 | 100% | 2 | | 0% |
| HUDSON | 43 | 28 | 28 | 100% | 8 | 1 | 13% |
| HUNTERDON | 3 | 2 | 1 | 50% | | | N/A |
| MERCER | 11 | 7 | 6 | 86% | 6 | 1 | 17% |
| MIDDLESEX | 30 | 10 | 7 | 70% | 3 | | 0% |
| MONMOUTH | 18 | 14 | 14 | 100% | 8 | 5 | 63% |
| MORRIS | 6 | 4 | 3 | 75% | | | N/A |
| OCEAN | 12 | 9 | 9 | 100% | 5 | 3 | 60% |
| PASSAIC | 32 | 24 | 23 | 96% | 17 | 10 | 59% |
| SALEM | 6 | 4 | 4 | 100% | 4 | 1 | 25% |
| SOMERSET | 5 | 1 | | 0% | | | N/A |
| SUSSEX | 3 | 2 | 2 | 100% | | | N/A |
| UNION | 37 | 26 | 25 | 96% | 19 | 9 | 47% |
| WARREN | 2 | 2 | 2 | 100% | 2 | 1 | 50% |
| **Total** | **424** | **269** | **222** | **83%** | **128** | **61** | **48%** |

Table 7 above displays the environmental case activity in SFY 2014 for each county, based on the number of EBLL reports (referrals) for new environmental cases sent to the appropriate Local Board of Health.

A new environmental case is generated and referred to the appropriate Local Board of Health when a child with an EBLL is reported who resides at an address that does not have an existing environmental case open.

**Table 8**

**SFY 2014: Local Boards of Health with ≥20 New Environmental Cases**

| Local Board of Health | Cases Referred | Investigation Required | Investigation Completed | % Investigation Completed | Abatement Required | Abatement Completed | % Abatement Completed |
|---|---|---|---|---|---|---|---|
| NEWARK DEPT OF HEALTH & HUMAN SVCS | 80 | 49 | 16 | 33% | 10 | 1 | 10% |
| IRVINGTON HEALTH DEPT | 34 | 21 | 21 | 100% | 10 | 6 | 60% |
| JERSEY CITY DEPT OF HEALTH & HUMAN SVCS | 28 | 16 | 16 | 100% | 7 | | 0% |
| CUMBERLAND COUNTY DEPT OF HEALTH | 20 | 17 | 17 | 100% | 13 | 6 | 46% |
| MIDDLESEX COUNTY PUBLIC HEALTH DEPT | 20 | 10 | 7 | 70% | 4 | 1 | 25% |

See Table 10 for complete data on the status of all EBLL cases referred to Local Boards of Health during SFY 2014.

A new environmental case is generated and referred to the appropriate Local Board of Health when a child with an EBLL is reported who resides at an address that does not have an existing environmental case open.

## Table 9

## Current Environmental Case Investigation Status by SFY 1997-2014

| SFY | Environmental Cases Opened | Investigation Required | Investigation Completed | Investigation Completed | Investigation Pending | Abatements Completed | Abatements Pending | Abatements Completed |
|---|---|---|---|---|---|---|---|---|
| 1997 | 2168 | 1499 | 1468 | 98% | 31 | 767 | 12 | 98% |
| 1998 | 2014 | 1455 | 1405 | 97% | 50 | 725 | 13 | 98% |
| 1999 | 1517 | 1044 | 952 | 91% | 92 | 558 | 29 | 95% |
| 2000 | 1144 | 815 | 705 | 87% | 110 | 484 | 29 | 94% |
| 2001 | 932 | 648 | 562 | 87% | 86 | 374 | 12 | 97% |
| 2002 | 867 | 601 | 546 | 91% | 55 | 363 | 7 | 98% |
| 2003 | 796 | 527 | 495 | 94% | 32 | 288 | 21 | 93% |
| 2004 | 748 | 526 | 471 | 90% | 55 | 289 | 20 | 94% |
| 2005 | 718 | 542 | 481 | 89% | 61 | 277 | 24 | 92% |
| 2006 | 688 | 494 | 494 | 100% | | 229 | 40 | 85% |
| 2007 | 1008 | 728 | 615 | 84% | 113 | 350 | 62 | 85% |
| 2008 | 750 | 581 | 487 | 84% | 94 | 256 | 20 | 93% |
| 2009 | 583 | 500 | 500 | 100% | | 330 | 23 | 93% |
| 2010 | 450 | 411 | 411 | 100% | | 220 | 66 | 76% |
| 2011 | 573 | 573 | 546 | 100% | | 260 | 70 | 79% |
| 2012 | 874 | 421 | 390 | 92% | 31 | 163 | 72 | 69% |
| 2013 | 502 | 354 | 318 | 90% | 36 | 129 | 59 | 69% |
| 2014 | 424 | 269 | 223 | 83% | 46 | 61 | 67 | 48% |

**Based on the information entered into the Childhood Lead Poisoning Information Database as of July 22, 2014 by Local Boards of Health.*

Table 9 illustrates how it can take several years to complete the abatement process for a property where lead hazards are identified. The length of time between the initial report of an EBLL and the completion of the abatement process can be affected by a number of factors. These factors include, but are not limited to:

- difficulty in identifying and communicating with absentee property owners;
- lengthy enforcement actions and court proceedings against recalcitrant property owners;
- delays in contracting with and scheduling work to be performed by State-certified lead abatement contractors; and,
- inability of property owners to obtain financial assistance to pay for the cost of the required abatement.

## Table 10

## SFY 2014: Environmental Case Activity by Local Board of Health*

| Local Board of Health | Cases Referred | Investigation Required | Investigation Completed | Abatement Required | Abatement Completed |
|---|---|---|---|---|---|
| ATLANTIC CITY HEALTH DEPARTMENT | 5 | 3 | 2 | 2 | 2 |
| ATLANTIC COUNTY HEALTH DEPARTMENT | 4 | 4 | 2 | 2 | 2 |
| BAYONNE DEPARTMENT OF HEALTH | 2 | 1 | | | |
| BERGENFIELD HEALTH DEPARTMENT | 1 | | | | |
| BERNARDS TOWNSHIP HEALTH DEPARTMENT | 1 | 1 | | | |
| BURLINGTON COUNTY HEALTH DEPARTMENT | 5 | 4 | 4 | 3 | 3 |
| CAMDEN COUNTY DEPARTMENT OF HEALTH | 19 | 6 | 2 | 1 | 1 |
| CAPE MAY COUNTY HEALTH DEPARTMENT | 5 | 2 | 2 | | 2 |
| CUMBERLAND COUNTY HEALTH DEPARTMENT | 21 | 17 | 14 | 6 | 6 |
| DOVER HEALTH DEPARTMENT | 2 | 2 | 0 | | |
| EAST ORANGE HEALTH DEPARTMENT | 13 | 9 | 1 | 1 | 1 |
| EDISON DEPARTMENT OF HEALTH & HUMAN RESOURCES | 7 | | | | 0 |
| ELIZABETH DEPARTMENT OF HEALTH & HUMAN SVCS | 14 | 12 | 8 | 4 | 4 |
| ELMWOOD PARK DEPARTMENT OF HEALTH | 4 | 4 | 2 | 1 | 1 |
| FAIR LAWN HEALTH DEPARTMENT | 1 | | | | |
| FRANKLIN TOWNSHIP HEALTH DEPARTMENT | 2 | | | | |
| GLOUCESTER COUNTY DEPARTMENT OF HEALTH | 3 | 2 | 2 | | 2 |
| HACKENSACK HEALTH DEPARTMENT | 3 | | | | |
| HAMILTON TOWNSHIP DIVISION OF HEALTH | 3 | | | | |
| HUNTERDON COUNTY DEPARTMENT OF HEALTH | 3 | 2 | | | |
| IRVINGTON DEPARTMENT OF HEALTH & WELFARE | 33 | 21 | 10 | 6 | 6 |
| JERSEY CITY DEPT OF HEALTH & HUMAN SVCS | 28 | 16 | 5 | | |
| KEARNY DEPARTMENT OF HEALTH | 2 | 2 | | | |
| LINCOLN PARK HEALTH DEPARTMENT | 1 | | | | |
| LONG BRANCH DEPARTMENT OF HEALTH | 4 | 4 | 2 | 2 | 2 |
| MANALAPAN TOWNSHIP DEPARTMENT OF HEALTH | 1 | 1 | | | |
| MAPLEWOOD HEALTH DEPARTMENT | 1 | 1 | 1 | | |
| MID-BERGEN REGIONAL HEALTH COMMISSION | 3 | 3 | 1 | 2 | 1 |
| MIDDLE-BROOK REGIONAL HEALTH COMMISSION | 1 | | | | |
| MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT | 20 | 10 | 3 | 1 | 1 |
| MONMOUTH COUNTY HEALTH DEPARTMENT | 12 | 9 | 2 | 2 | 2 |
| MONMOUTH COUNTY REGIONAL HEALTH COMMISSION | 1 | | | | |
| MONTCLAIR HEALTH DEPARTMENT | 2 | 1 | 1 | 1 | 1 |
| MORRISTOWN DIVISION OF HEALTH | 1 | 1 | | | |

**Local Boards of Health that had at least one environmental case opened during SFY 2014*

| Local Board of Health | Cases Referred | Investigation Required | Investigation Completed | Abatement Required | Abatement Completed |
|---|---|---|---|---|---|
| NEWARK DEPARTMENT OF HEALTH & HUMAN SVCS | 78 | 47 | | | |
| NORTH BERGEN HEALTH DEPARTMENT | 9 | 8 | 3 | 1 | 1 |
| OCEAN COUNTY HEALTH DEPARTMENT | 12 | 9 | 1 | 1 | 1 |
| PARAMUS BOARD OF HEALTH | 2 | 2 | 1 | | |
| PARSIPPANY HEALTH DEPARTMENT | 2 | 1 | | | |
| PASSAIC CITY HEALTH DEPARTMENT | 11 | 9 | 6 | 5 | 5 |
| PATERSON DIVISION OF HEALTH | 19 | 15 | 5 | 5 | 5 |
| PEQUANNOCK TOWNSHIP BOARD OF HEALTH | 1 | | | | |
| PLAINFIELD HEALTH DEPARTMENT | 16 | 13 | 5 | 5 | 5 |
| RAHWAY HEALTH DEPARTMENT | 3 | | | | |
| RINGWOOD HEALTH DEPARTMENT | 1 | | | | |
| ROSELLE HEALTH DEPARTMENT | 1 | | | | |
| SALEM COUNTY DEPARTMENT OF HEALTH | 6 | 4 | 2 | 1 | 1 |
| SOMERSET COUNTY HEALTH DEPARTMENT | 2 | | | | |
| SOUTH BRUNSWICK HEALTH DEPARTMENT | 1 | | | | |
| SUSSEX COUNTY DEPT HEALTH, PUB SAFE & SR SVCS | 3 | 2 | | | |
| TEANECK DEPARTMENT OF HEALTH & HUMAN SERVICES | 1 | | | | |
| TOWNSHIP OF UNION DEPARTMENT OF HEALTH | 3 | 1 | | | |
| TRENTON DEPT OF HEALTH & HUMAN SERVICES | 7 | 6 | | | |
| VINELAND DEPARTMENT OF HEALTH | 5 | 4 | 1 | 1 | 1 |
| WARREN COUNTY HEALTH DEPARTMENT | 2 | 2 | 2 | 1 | 1 |
| WEST NEW YORK HEALTH DEPARTMENT | 2 | 1 | | | |
| WEST ORANGE HEALTH DEPARTMENT | 7 | 6 | 5 | 4 | 4 |
| WEST WINDSOR TOWNSHIP HEALTH DEPARTMENT | 1 | 1 | | | |
| WOODBRIDGE TOWNSHIP DEPT OF HEALTH & HUMAN SVCS | 1 | | | | |

**Local Boards of Health that had at least one environmental case opened during SFY 2014*

# CHAPTER FIVE

# ADDRESSING CHILDHOOD LEAD POISONING IN NEW JERSEY

**Healthy People 2020:**

In October 2011, the U.S. Department of Health and Human Services released ***Healthy People 2020*** that established health objectives for the Nation for the next 10 years.

**Objective:** Eliminate EBLLs in children.
Baseline: 0.9 percent of children in the United States had EBLLs in 2005-2008
Target: Not Applicable (Target-Setting Method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.)
Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS

**Objective:** Reduce the mean BLLs in children.
Baseline: 1.5 µg/dL Children one (1) to five (5) years of age in the United States had an average BLL of 1.5 µg/dL in 2005–2008
Target: 1.4 µg/dL Average BLL in children one (1) to five (5) years of age (10 percent improvement)
Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS

The New Jersey Department of Health's goal is to reduce, and ultimately eliminate, childhood lead poisoning as a public health priority in New Jersey, which supports these national objectives.

**Healthy New Jersey 2020 Objectives**:

**Objective**: Reduce the proportion of children aged one (1) to five (5) years who have an initial BLL $\geq$10µg/dL
Baseline: 1.3%; Target: 0.9%
Data Source: New Jersey Childhood Lead Poisoning Information Database (LeadTrax)

**Objective:** Reduce mean blood lead levels in children aged one (1) to five (5) years to an average blood lead level of $\leq$ 2.9 µg/dL.
Baseline: 3.2 µg/dL
Data Source: New Jersey Childhood Lead Poisoning Information Database (LeadTrax)

**SFY 2014 Accomplishments**

**A. Increasing Testing Rates**

LeadCare II Pilot Project: The pilot project used the LeadCare II analyzer, a point-of-care device that delivers a BLL result, by capillary blood draw, in three (3) minutes. This point-of-care device allows users to educate families about specific BLL and immediately care for and track children that present with an EBLL. As of December 30, 2013, the date when the study ended, there were

1,270 children (<17 years of age) tested through this project. Among those tested, 943 children were never tested before in their lifetime. The participating Local Boards of Health are the counties of Camden, Cumberland, Monmouth, Middlesex, Salem, and the cities of Hackensack, Jersey City, Morristown, and Passaic.

**B. Surveillance**

Electronic Laboratory Reporting (ELR): The Department witnessed an increase of traditional laboratories and point-of-care test users who electronically reported blood lead test results. Currently, 99.5% of BLL are reported electronically while the remainders are reported via facsimile or regular mail. This is an increase from 92% ELR rate in SFY 2004.

Healthy New Jersey 2020 Target: The proportion of children aged one (1) to five (5) years who have an initial blood lead level ≥10 μg/dL is 0.44%. Mean blood lead level in children aged one (1) to five (5) years is 2.1 μg/dL.

**C. Superstorm Sandy Recovery Project**

The Department received Social Services Block Grant-Supplemental funding from the U.S. Department of Health and Human Services, Administration for Children and Families, to conduct targeted blood lead screenings in vulnerable populations (children, pregnant women, and adults exposed to recovery activities) residing in the counties most affected by Superstorm Sandy. Those counties are: Bergen, Hudson, Essex, Union, Middlesex, Monmouth, Ocean, Atlantic, and Cape May. In addition, funding was dedicated to educating the general public not only of the possible dangers of exposure to lead in recovery activities, but methods to maintain a healthy home once remediation activities were completed. Professional development trainings target health and social services home visitors, housing inspectors, and primary care providers to assist residents in making the connection between housing hazards and health status. The project will continue until June 30, 2015 (SFY 2015).