Childhood Lead Poisoning in New Jersey

ANNUAL REPORT

Fiscal Year

2010

July 1, 2009

to

June 30, 2010

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

CHILDHOOD LEAD POISONING IN NEW JERSEY

ANNUAL REPORT

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(July 1, 2009– June 30, 2010)

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WHY IS LEAD POISONING IN CHILDREN A PRIORITY FOR NEW JERSEY?

Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead affects the blood, kidneys and nervous system. Lead's effects on the nervous system are particularly serious and can cause learning disabilities, hyperactivity, decreased hearing, mental retardation and possible death. Lead is particularly hazardous to children between six months and six years of age because their neurological system and organs are still developing. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need of special health and educational services in order to assist them to develop to their potential as productive members of society.

The primary method for lead to enter the body is the ingestion of lead containing substances. Lead was removed from gasoline in the United States in the early 1980's. This action is credited with reducing the level of lead in the air, and thereby the amount of lead inhaled by children. However, significant amounts of lead remain in the environment where it poses a threat to children. Some common lead containing substances that are ingested or inhaled by children include:

- lead-based paint;
- dust and soil;
- tap water;
- food stored in lead soldered cans or improperly glazed pottery; and
- traditional folk remedies and cosmetics containing lead.

All children in New Jersey are at risk because lead-based paint and other lead-containing substances are present throughout the environment. Some children, however, are at particularly high risk due to exposure to high dose sources of lead in their immediate environment. These potential high dose sources include:

- leaded paint that is peeling, chipping or otherwise in a deteriorated condition;
- lead-contaminated dust created during removal or disturbance of leaded paint in the process of home renovation; and
- lead-contaminated dust brought into the home by adults who work in an occupation that involves lead or materials containing lead, or who engage in a hobby where lead is used.

Recently, there has been much attention focused by the media on the increasing number of foreign imports coming into the United States being tainted with dangerous levels of lead. This has been alarming especially when these imports consist of toys and other products used primarily by children. However, in New Jersey, today, the primary lead hazard to children comes from lead-based paint. In recognition of the danger that lead-based paint presents to children, such paint was regulated for residential use in New Jersey in 1971, and banned nationwide in 1978. This ban has effectively reduced the risk of lead exposure for children who live in houses built after 1978, but any house built before 1978 may still contain leaded paint. The highest risk for children is found in houses built before 1950, when paints contained a very high percentage of lead. There are nearly one million housing units in New Jersey, 30% of the housing in the state, which were built before 1950. Every county in the State has more than 9,000 housing units built before 1950 and more than 2.5 million housing units built prior to 1980. (Table 1a, 1b and Map 1)

Table 1a

HOUSING BUILT BEFORE 1950 IN NEW JERSEY

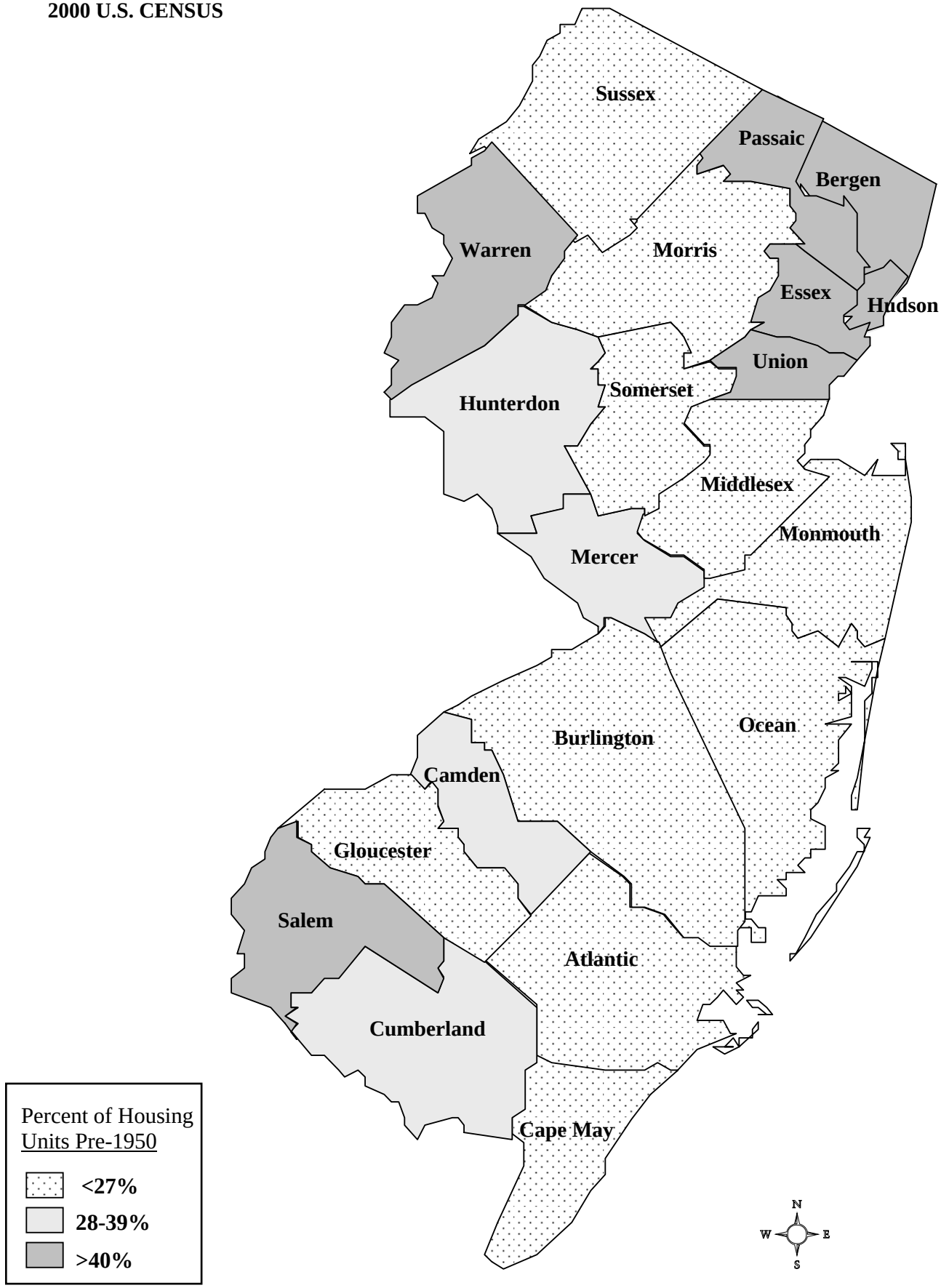
County	Total Housing Units	# of Units Built Pre-1950	% of Units Built Pre-1950
Atlantic	114,090	24,868	21.8%
Bergen	339,820	126,125	37.1%
Burlington	161,311	26,363	16.3%
Camden	199,679	57,949	29.0%
Cape May	91,047	20,248	22.2%
Cumberland	52,863	16,316	30.9%
Essex	301,011	142,297	47.3%
Gloucester	95,054	19,029	20.0%
Hudson	240,618	125,180	52.0%
Hunterdon	45,032	11,720	26.0%
Mercer	133,280	44,117	33.1%
Middlesex	273,637	52,430	19.2%
Monmouth	240,884	56,969	23.6%
Morris	174,379	40,039	23.0%
Ocean	248,711	24,076	9.7%
Passaic	170,048	70,979	41.7%
Salem	26,158	9,623	36.8%
Somerset	112,023	21,286	19.0%
Sussex	56,528	12,221	21.6%
Union	192,945	82,231	42.6%
Warren	41,157	14,786	35.9%
Statewide	**3,310,275**	**998,852**	**30.2%**

Source: 2000 U.S. Census of Housing and Population

Table 1b

HOUSING BUILT BEFORE 1980 IN NEW JERSEY			
County	**Housing units: Total**	**Housing units: Built before 1980**	**% Housing built before 1980**
Atlantic County	114,090	78,811	69%
Bergen County	339,820	293,484	86%
Burlington County	161,311	109,124	68%
Camden County	199,679	159,867	80%
Cape May County	91,047	61,557	68%
Cumberland County	52,863	42,413	80%
Essex County	301,011	270,240	90%
Gloucester County	95,054	63,186	66%
Hudson County	240,618	210,995	88%
Hunterdon County	45,032	27,221	60%
Mercer County	133,280	103,123	77%
Middlesex County	273,637	191,768	70%
Monmouth County	240,884	170,059	71%
Morris County	174,379	128,908	74%
Ocean County	248,711	158,139	64%
Passaic County	170,048	150,446	88%
Salem County	26,158	22,065	84%
Somerset County	112,023	65,684	59%
Sussex County	56,528	40,345	71%
Union County	192,945	176,892	92%
Warren County	41,157	29,844	73%
Total	**3,310,275**	**2,554,171**	**77%**

PERCENT PRE-1950 HOUSING UNITS
NEW JERSY COUNTIES
2000 U.S. CENSUS



EXECUTIVE SUMMARY

N.J.A.C. 8:51A requires the protection of children less than six years of age from the toxic effects of lead exposure by requiring lead screening pursuant to N.J.S.A. 26:2-137.2 et seq. (P.L. 1995, c 328). This Annual Report on Childhood Lead Poisoning in New Jersey for Fiscal Year (FY) 2010 is submitted in compliance with N.J.S.A. 26:2-135, which requires the Commissioner of Health and Senior Services 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 fiscal year.

The number of children (<17 years old) tested for lead poisoning in FY 2010 was 211,300, an increase of 2.1% over the 207,006 children tested during FY 2009. This number includes 101,521 children between six months and 29 months of age, the ages at which all children should be tested under State law. This number represents 46% of children 6 to 29 months who were supposed to be tested for lead in FY 2010.

While 209,942 (99.4%) children tested in New Jersey in FY 2010 had blood lead levels below the Centers for Disease Control and Prevention (CDC) threshold of 10 µg/dL, there were 1,358 (0.64%) children with a blood lead test result above this level in 2010. This included 266 children, who had at least one test result of 20 µg/dL or greater (Figure 7a). This also included the 1,358 children who had at least one test result of 10 µg/dL or greater (Figure 6b). The distribution of results by blood lead level is shown in Figure 6.

The City of Newark continues to remain in the center stage in New Jersey's childhood lead poisoning elimination efforts. Newark surpasses by far any other large municipality in terms of the number of children (<6 years old) with elevated blood lead levels (EBLLs) (≥ 10 ug/dL). In FY 2010, Newark city alone comprised 16% of the total number of children (<6 years old) with EBLLs in the entire State. Moreover, the City of Newark Department of Child and Family Well Being had the highest number of new cases (incidence) of lead poisoned children reported during FY 2010 (Figure 12).

Chapter One

SCREENING CHILDREN FOR LEAD POISONING

In New Jersey, screening of children for blood lead is mandated at the age of one and two years. While the ideal is for all children to be tested at both one and two years of age, at a minimum all children should have at least one blood lead test done before their third birthday. Approximately 75% of the estimated numbers of children in New Jersey have had at least one blood lead test prior to reaching three years of age.

This chapter describes and depicts the screening statistics and trends based on the reports of blood lead tests received from the clinical laboratories.

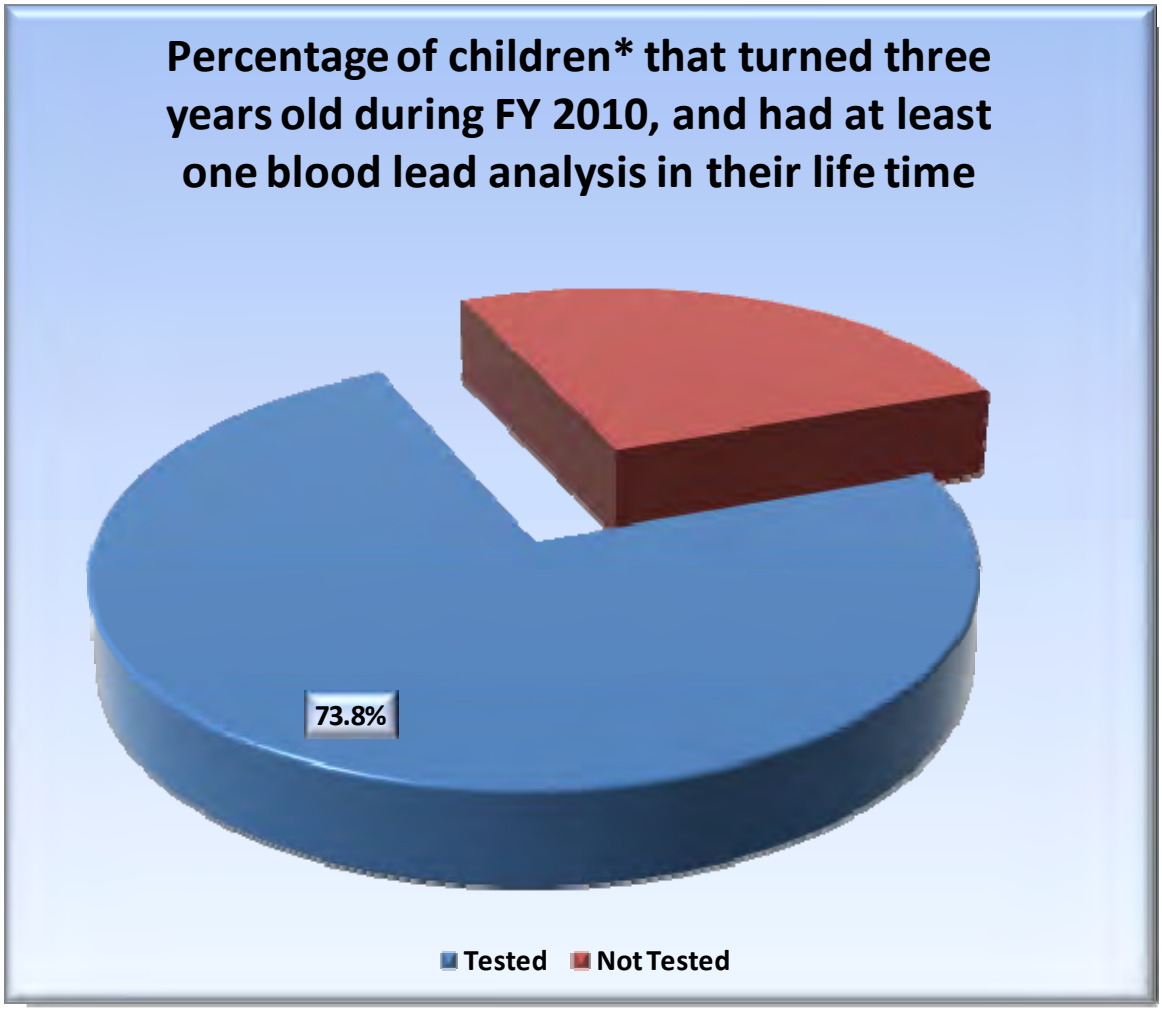
Analysis to create the tables, graphs or charts is based on unduplicated children, counting only one test per child.

The tables and charts highlighting children between the age of 6 and 29 months closely represent the screening rates. However, the number on these tables and charts also include children that were screened during FY 2010 as their second screening test at two years of age, while they were already screened at the age of one year during FY 2009.

DHSS uses the age span of 6 to 29 months to capture data on tests that are performed either earlier than the age of 12 months or later than the age of 24 months, as not all children are tested exactly at the age of one and two years.

The charts below represent the percentages of children that had a lead test done prior to turning three years and prior to turning six years old during FY 2010 (Figure 1a and 1b, respectively)

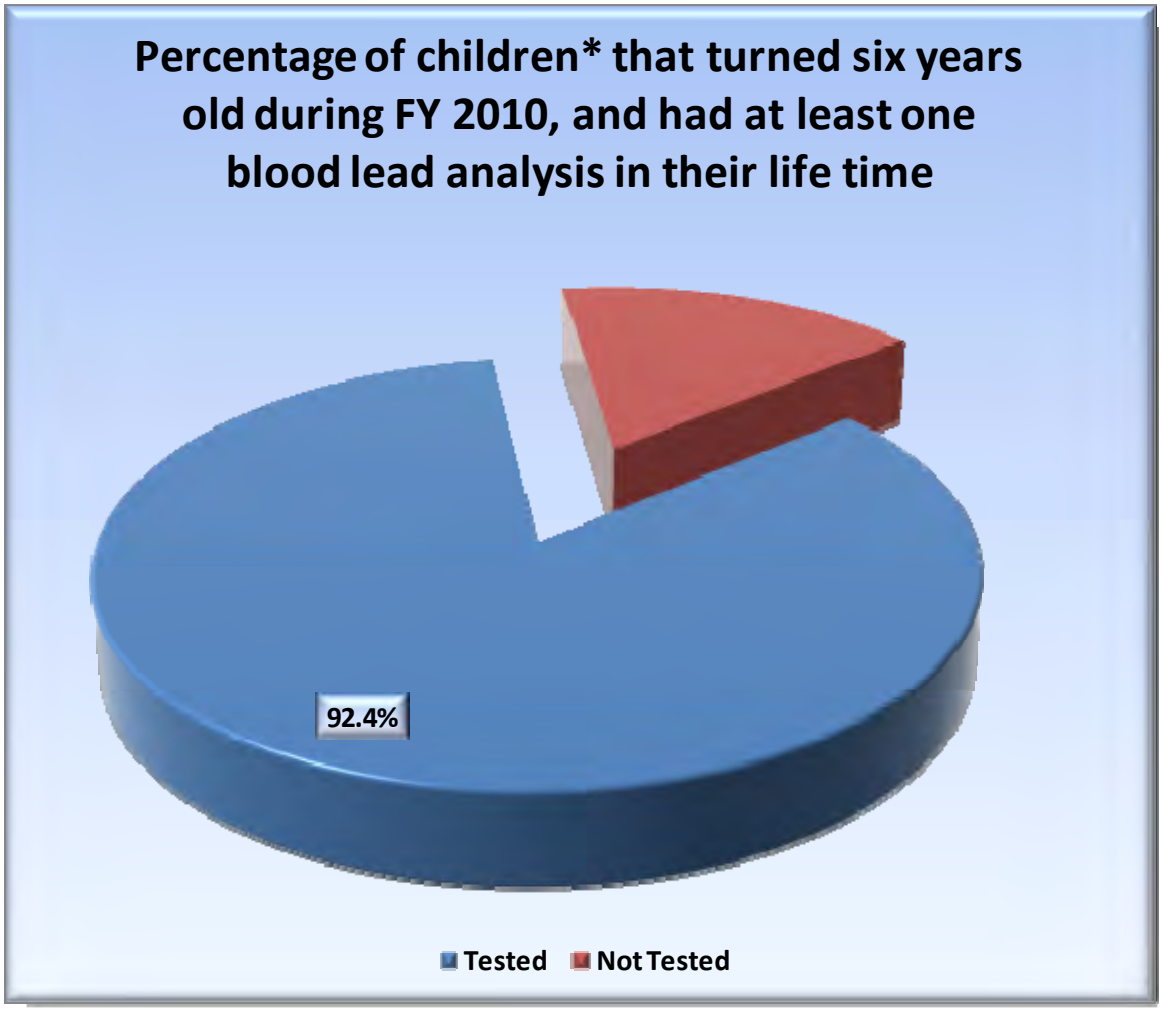
Figure 1a



This chart depicts the percentage of children who had at least one blood lead test before turning three years old.

Number of children born in New Jersey between July 1, 2006 and June 30, 2007 (*Source: Birth Registry data)

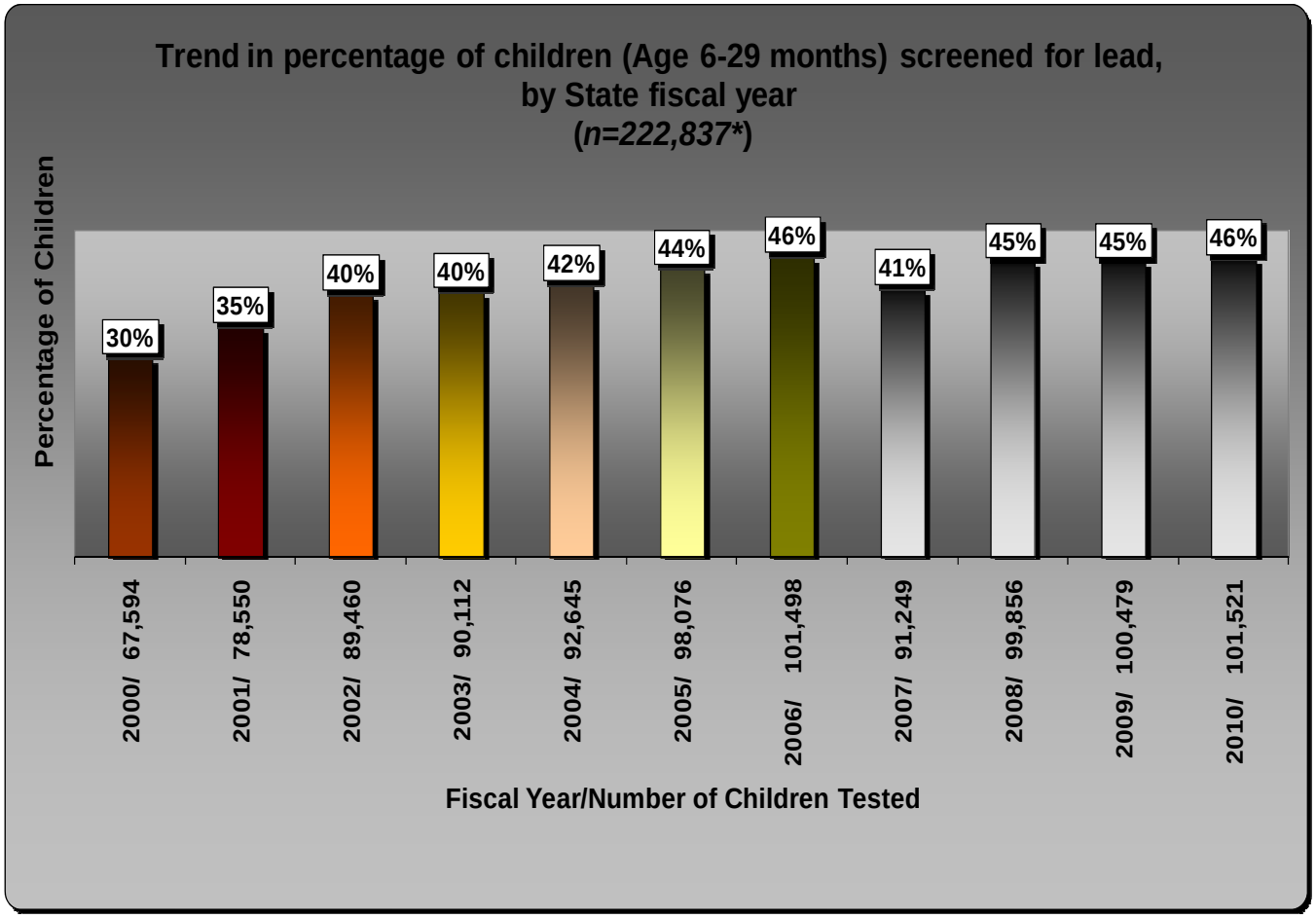
Figure 1b



This chart depicts the percentage of children who had at least one blood lead test before turning six years old.

*** Number of children born in New Jersey between July 1, 2003 and June 30, 2004 (*Source: Birth Registry data)***

Figure 2



This bar chart displays the trend in the percentage/number of children screened between the ages of 6 and 29 months, by fiscal year.

Denominator = Number of one and two year old children in New Jersey - Estimated based on US Census 2000 Data

Chapter Two

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

In this chapter the tables and charts exhibit the statistics of testing performed for various ages and the prevalence of lead poisoning during FY 2010 among all children less than 17 years of age.

Tables 3 and 4 as well as Figure 3a and 3b show the testing statistics and the prevalence of childhood lead poisoning among the children between the ages of 6 and 29 months in New Jersey by county of residence. The analyses behind the formulation of the tables are based on the number of unduplicated children, among the children reported during FY 2010, counting only one test (highest* blood lead level reported during FY 2010) per child. However, these tables and charts may also include some children that were screened during FY 2010 as their *second* screening test at around two years of age, as these children were already screened at the age of one year during FY 2009.

Tables 5 and 6 display the testing statistics and the prevalence of lead poisoning among the children that were tested at the age of <6 years old during FY 2010.

DHSS maintains a database containing all blood lead tests reported on the children <17 years of age. In order to exhibit the full picture of distribution of lead tests and the prevalence of lead poisoning among all children, Table 7 and Figures 4a, 4b, 5 and 6 focus on the entire population of the children that were tested for blood lead levels at the age of <17 years and reported during FY 2010.

Figures 7a and 7b depict the trend in number of children (<17 years old) reported with EBL, by the State Fiscal Year.

The children in the age groups of <6 years and <17 years old may have had one or more blood lead tests taken during their life time, either as a lead screening test 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 unduplicated children, among the children reported during FY 2010, counting only one test per child (highest* blood lead level reported during FY 2010.

**Current limitation: Laboratories do not always report complete sample information to specify the sample type (Venous or Capillary). Due to this limitation, some of the highest lead level results used may have been without a sample type.*

Table 2

FY 2010: Children (6 to 29 months old) by blood lead level and county of residence

County	Number of Children*	Percent Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	>/=45	
ATLANTIC	6,403	30.9%	1,961	14	3	3		1,981
BERGEN	21,968	32.3%	7,062	15	6	3	2	7,088
BURLINGTON	10,728	21.6%	2,308	8	3	3		2,322
CAMDEN	13,663	33.5%	4,536	27	9	2		4,574
CAPE MAY	2,103	23.3%	482	6		1		489
CUMBERLAND	3,639	55.2%	1,972	20	7	9		2,008
ESSEX	22,734	55.3%	12,420	79	32	26	5	12,562
GLOUCESTER	6,666	19.6%	1,301	5	1			1,307
HUDSON	15,205	54.1%	8,164	37	8	13		8,222
HUNTERDON	3,121	19.1%	592	4		1		597
MERCER	8,810	41.2%	3,596	24	5	5		3,630
MIDDLESEX	19,683	34.5%	6,747	21	8	13	2	6,791
MONMOUTH	16,744	29.1%	4,838	17	4	9	1	4,869
MORRIS	12,987	25.1%	3,246	4	3	1		3,254
OCEAN	12,765	41.7%	5,295	18	1	7	1	5,322
PASSAIC	14,232	56.7%	8,001	43	13	16		8,073
SALEM	1,540	34.7%	533		2			535
SOMERSET	8,843	23.8%	2,096	8	1	2	1	2,108
SUSSEX	3,876	23.5%	912					912
UNION	14,402	54.3%	7,766	24	15	14	2	7,821
WARREN	2,725	39.1%	1,059	5	1			1,065
ZIP Unknown	N/A	N/A	15,991					15,991
Total	**222,837**	**45.6%**	**100,878**	**379**	**122**	**128**	**13**	**101,521**

***Census 2000 data**

This table exhibits the number of children tested between the age of 6 and 29 and their blood lead levels, by county.

Table 3

FY 2010: Children (6 to 29 months old) by blood lead level and municipality of residence								
Municipality	Number of Children*	% Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	> / = 45	
ATLANTIC CITY	1,186	50.8%	595	5	1	1		602
BAYONNE CITY	1,376	45.0%	612	5	1	1		619
BELLEVILLE TOWNSHIP	836	58.0%	484		1			485
BERKELEY TOWNSHIP	433	14.3%	60	2				62
BLOOMFIELD TOWNSHIP	1,102	55.8%	612	2		1		615
BRICK TOWNSHIP	1,847	23.4%	431	1				432
BRIDGEWATER TOWNSHIP	1,300	29.1%	376	1	1			378
CAMDEN CITY	2,845	65.3%	1,834	17	5	1		1,857
CHERRY HILL TOWNSHIP	1,591	27.0%	426	3				429
CLIFTON CITY	1,766	63.8%	1,121	3	1	2		1,127
DOVER TOWNSHIP	1,915	17.8%	337	3		1		341
EAST BRUNSWICK TOWNSHIP	1,065	6.8%	71	1				72
EAST ORANGE CITY	2,132	47.7%	997	11	5	4		1,017
EDISON TOWNSHIP	2,481	42.7%	1,057	1	1	1		1,060
ELIZABETH CITY	3,700	67.4%	2,474	11	3	4	1	2,493
EVESHAM TOWNSHIP	1,227	7.3%	89	1				90
EWING TOWNSHIP	666	27.3%	182					182
FORT LEE BORO	766	33.0%	250	1	1	1		253
FRANKLIN TOWNSHIP	1,488	13.6%	200	2				202
GLOUCESTER TOWNSHIP	1,763	5.6%	98					98
HACKENSACK CITY	1,010	69.1%	695	2	1			698
HAMILTON TOWNSHIP	1,981	23.5%	464	2				466
HILLSBOROUGH TOWNSHIP	1,140	32.6%	372					372
HOBOKEN CITY	491	144.2%**	707			1		708
HOWELL TOWNSHIP	1,547	20.6%	318					318
IRVINGTON TOWNSHIP	1,963	65.2%	1,251	16	5	7	1	1,280
JACKSON TOWNSHIP	1,420	22.5%	320					320
JERSEY CITY	6,558	55.9%	3,631	19	5	9		3,664
KEARNY TOWN	918	52.2%	477	1		1		479
LAKEWOOD TOWNSHIP	2,961	114.8%**	3,383	9	1	5		3,398
LINDEN CITY	877	52.8%	459	1	2	1		463
MANCHESTER TOWNSHIP	371	19.4%	72					72

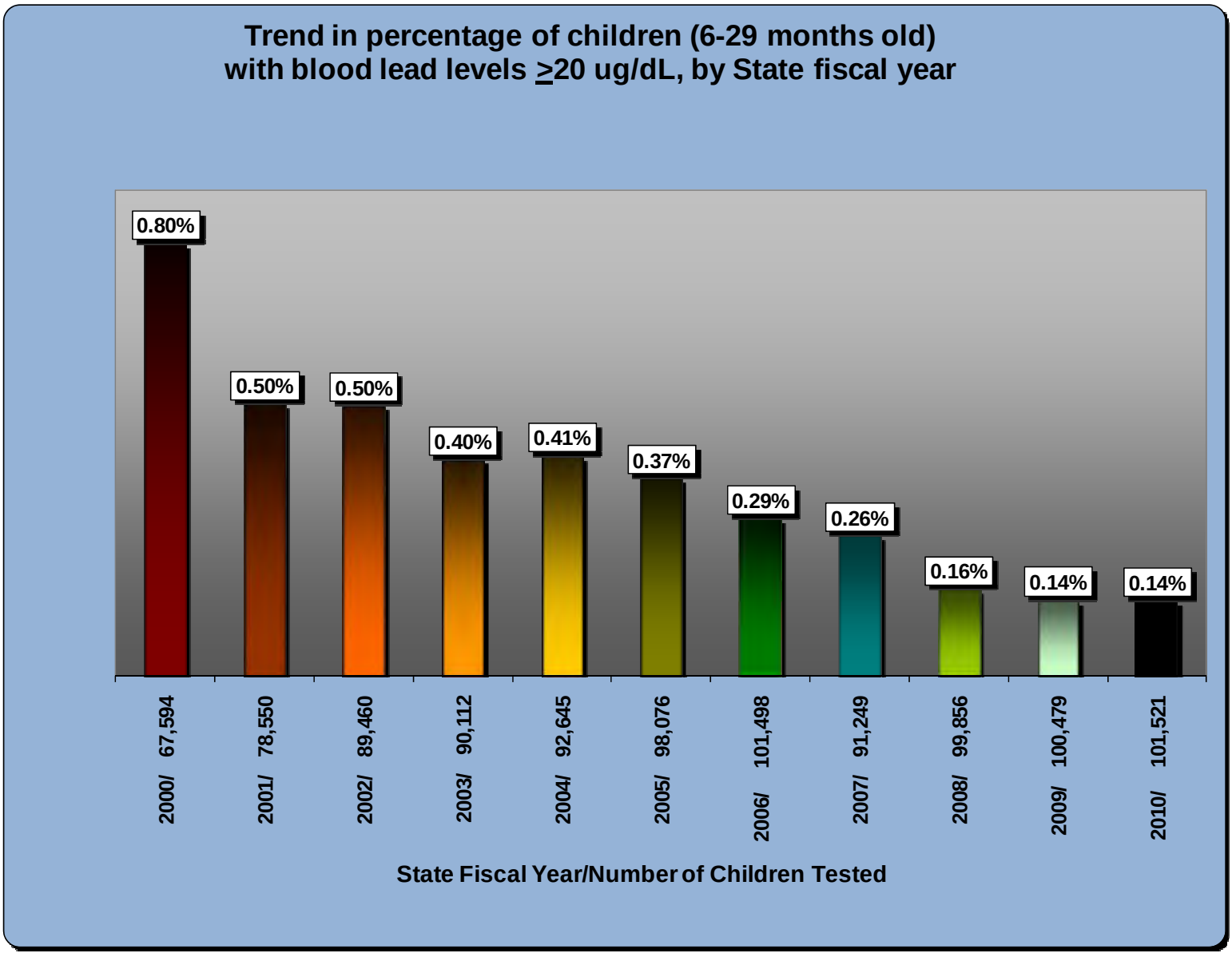
Municipality	Number of Children*	% Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	>/=45	
MARLBORO TOWNSHIP	1,033	18.7%	193					193
MIDDLETOWN TOWNSHIP	1,777	15.9%	283					283
MONTCLAIR TOWNSHIP	1,048	33.5%	345	2	1	3		351
MOUNT LAUREL TOWNSHIP	993	19.4%	193					193
NEW BRUNSWICK CITY	1,308	84.9%	1,097	6	1	6	1	1,111
NEWARK CITY	8,217	73.8%	6,001	36	13	11	2	6,063
NORTH BERGEN TOWNSHIP	1,435	51.4%	736	1				737
NORTH BRUNSWICK TOWNSHIP	1,009	8.9%	88	2				90
OLD BRIDGE TOWNSHIP	1,700	25.2%	427		1			428
PARSIPPANY-TROY HILLS TOWNSHIP	1,202	13.6%	163					163
PASSAIC CITY	2,607	85.9%	2,213	11	9	7		2,240
PATERSON CITY	4,973	60.2%	2,959	26	2	7		2,994
PENNSAUKEN TOWNSHIP	873	38.5%	334	2				336
PERTH AMBOY CITY	1,474	57.4%	838	4	2	1	1	846
PISCATAWAY TOWNSHIP	1,381	42.1%	579	2				581
PLAINFIELD CITY	1,492	76.3%	1,120	5	6	7		1,138
SAYREVILLE BORO	1,079	25.5%	274			1		275
SOUTH BRUNSWICK TOWNSHIP	1,223	9.2%	111	1				112
TEANECK TOWNSHIP	1,048	29.2%	306					306
TRENTON CITY	2,602	67.1%	1,717	19	4	5		1,745
UNION CITY	1,955	20.4%	393	4	1			398
UNION TOWNSHIP	1,176	107.7%**	1,266	1				1,267
VINELAND CITY	1,375	53.0%	727	1		1		729
WASHINGTON TOWNSHIP	1,086	10.1%	109	1				110
WAYNE TOWNSHIP	1,284	35.0%	449		1			450
WEST NEW YORK TOWN	1,174	79.6%	931	3		1		935
WEST ORANGE TOWNSHIP	1,191	50.9%	602	3	1			606
WOODBRIDGE TOWNSHIP	2,495	17.0%	419	1	2	2		424
Total	**102,932**	**48.3%**	**49,328**	**251**	**78**	**93**	**6**	**49,756**

***Census 2000 data**

****Screening rates above 100% could be because the denominator number is based on Census 2000 data (as Census 2010 data is not available yet), which may be lower than the actual population during FY 2010; The other reason may be the transient population, causing short term bump in the number of children that temporarily resided during FY 2010 within the municipalities in question.**

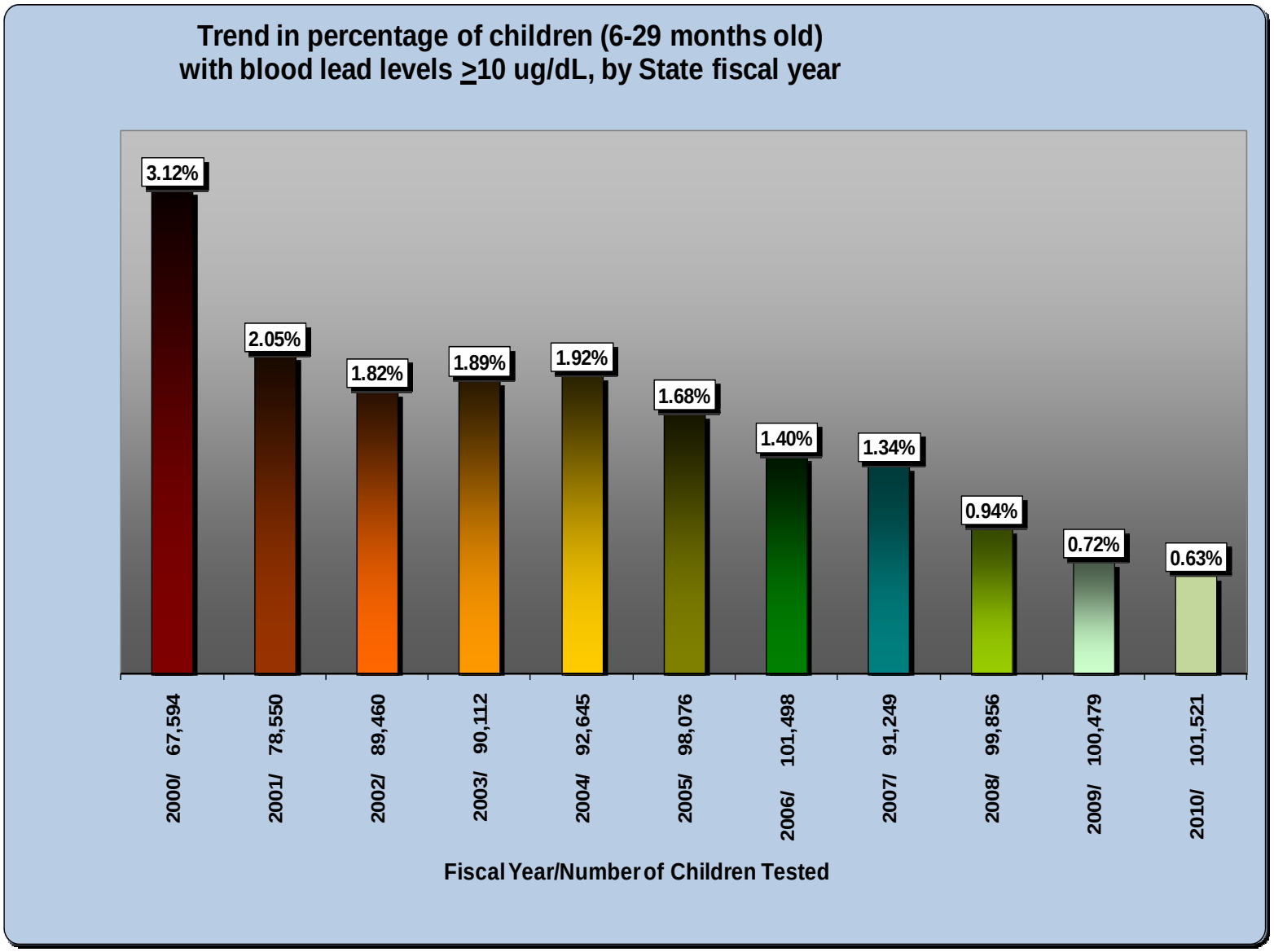
This table exhibits the number of children tested between the age of 6 and 29 and their blood lead levels, by municipality.

Figure 3a



This bar chart displays the trend in percentage of children (tested between 6 to 29 months of age) reported with blood lead levels of 20 µg/dL or above. Denominator = number of children tested between the ages of 6 and 29 months, during the fiscal year.

Figure 3b



These bar chart displays the trend in percentage of children (tested between 6 to 29 months of age) reported with blood lead levels of 10 µg/dL or above. Denominator = number of children tested between the ages of 6 and 29 months, during the fiscal year.

Table 4

FY 2010: Children (<6 years old) by blood lead level and county of residence								
County	**Number of Children***	**% Tested**	**Blood Lead Level (ug/dL)**					**Total**
			<10	**10-14**	**15-19**	**20-44**	**>/=45**	
ATLANTIC	20,219	19.0%	3,800	21	9	9		3,839
BERGEN	66,984	16.9%	11,271	27	7	5	2	11,312
BURLINGTON	32,944	10.0%	3,278	16	3	4		3,301
CAMDEN	41,771	16.7%	6,899	36	16	6		6,957
CAPE MAY	6,477	12.3%	790	7		2		799
CUMBERLAND	11,200	31.9%	3,514	40	11	13		3,578
ESSEX	69,596	39.1%	26,838	199	80	64	8	27,189
GLOUCESTER	20,323	8.8%	1,772	5	1	2		1,780
HUDSON	46,455	35.4%	16,332	66	17	17		16,432
HUNTERDON	9,904	7.1%	698	4		1		703
MERCER	26,865	22.8%	6,075	34	10	12	1	6,132
MIDDLESEX	56,447	21.0%	11,784	36	17	17	2	11,856
MONMOUTH	51,242	14.7%	7,505	28	8	12	1	7,554
MORRIS	39,748	11.9%	4,721	7	5	1		4,734
OCEAN	38,870	22.3%	8,648	28	2	8	1	8,687
PASSAIC	43,600	37.3%	16,111	86	26	23	1	16,247
SALEM	4,760	14.2%	672	2	2	1		677
SOMERSET	26,764	11.1%	2,963	11	1	3	1	2,979
SUSSEX	11,982	11.0%	1,311	2				1,313
UNION	43,943	35.0%	15,248	62	25	23	3	15,361
WARREN	8,515	16.9%	1,432	5	1			1,438
ZIP Unknown	N/A	N/A	23,802		0	0		23,802
Total	**678,609**	**26.0%**	**175,464**	**722**	**241**	**223**	**20**	**176,670**

Estimated, based on the US Census 2000 data

The above table displays distribution of testing and prevalence of lead poisoning among children <6 years old, by their county of residence.

Table 5

FY 2010: Children (<6 years old) by blood lead level and municipality of residence

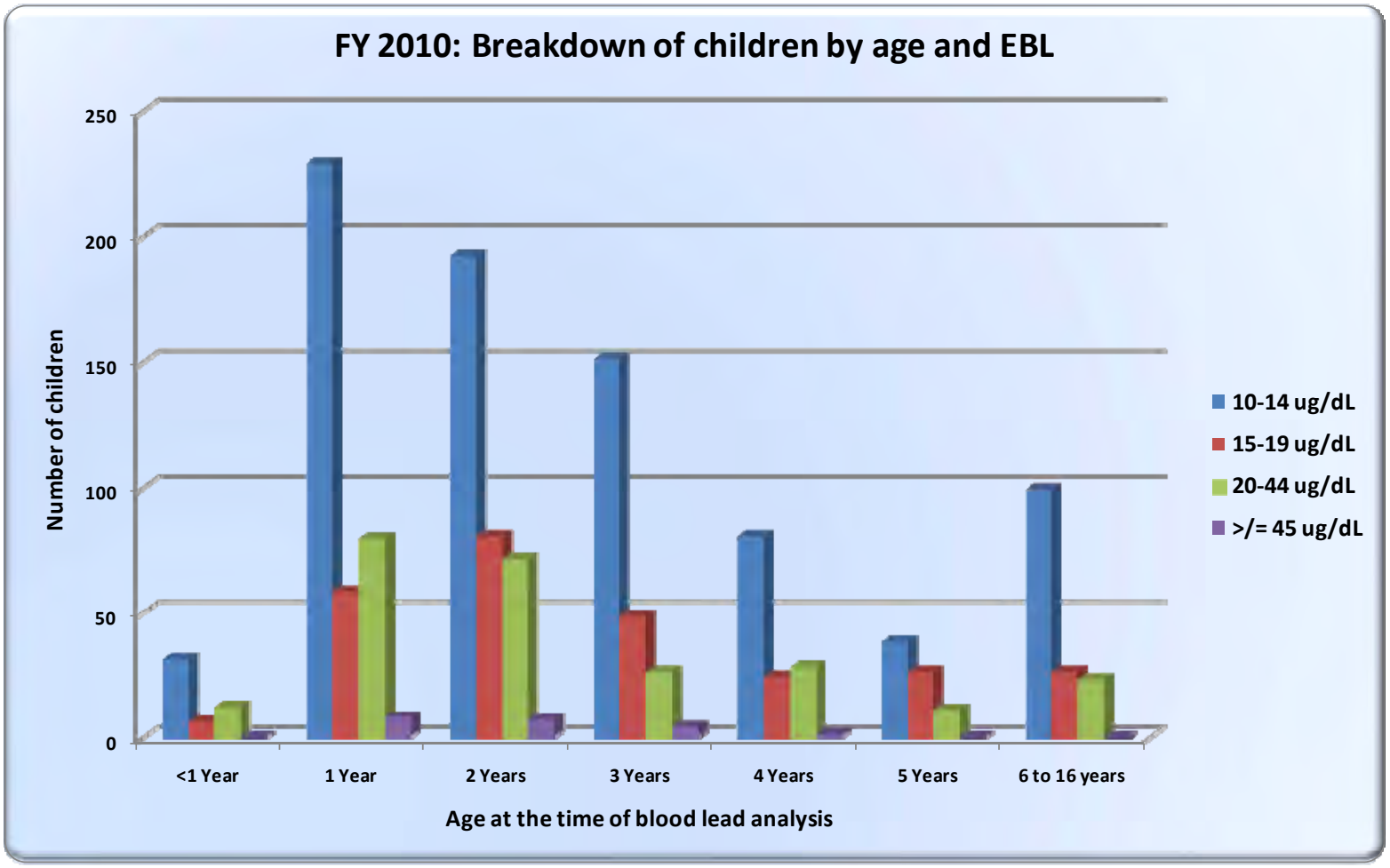
Municipality	Number of Children*	% Tested	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	>/=45	
ATLANTIC CITY	3,694	35.5%	1,296	9	2	5		1,312
BAYONNE CITY	4,293	30.1%	1,280	8	1	2		1,291
BELLEVILLE TOWNSHIP	2,543	39.7%	1,008	1	1			1,010
BERKELEY TOWNSHIP	1,289	7.5%	94	2	1			97
BLOOMFIELD TOWNSHIP	3,359	33.3%	1,116	3		1		1,120
BRICK TOWNSHIP	5,731	11.8%	678	1				679
BRIDGEWATER TOWNSHIP	3,632	13.5%	490	1	1			492
CAMDEN CITY	8,894	34.3%	3,008	25	10	4		3,047
CHERRY HILL TOWNSHIP	4,757	12.7%	601	3				604
CLIFTON CITY	5,727	36.4%	2,076	5	1	2		2,084
DOVER TOWNSHIP	1,524	40.1%	604	6		1		611
EAST BRUNSWICK TOWNSHIP	3,375	3.9%	131	1				132
EAST ORANGE CITY	6,628	35.5%	2,297	29	11	13		2,350
EDISON TOWNSHIP	7,526	23.9%	1,792	1	2	3		1,798
ELIZABETH CITY	11,110	49.0%	5,400	27	6	11	1	5,445
EVESHAM TOWNSHIP	3,718	3.0%	111	1				112
EWING TOWNSHIP	1,950	16.6%	323			1		324
FORT LEE BORO	2,265	18.9%	424	1	1	1		427
FRANKLIN TOWNSHIP	4,087	8.0%	324	2		1		327
GLOUCESTER TOWNSHIP	4,845	3.2%	153					153
HACKENSACK CITY	2,916	46.2%	1,342	3	1	1		1,347
HAMILTON TOWNSHIP	6,048	13.3%	799	2			1	802
HILLSBOROUGH TOWNSHIP	3,589	12.4%	446					446
HOBOKEN CITY	1,444	67.0%	966	1		1		968
HOWELL TOWNSHIP	4,294	10.5%	451					451
IRVINGTON TOWNSHIP	5,957	50.4%	2,925	47	11	16	1	3,000
JACKSON TOWNSHIP	4,271	11.3%	483					483
JERSEY CITY	20,081	37.3%	7,424	36	11	11		7,482
KEARNY TOWN	2,779	36.1%	998	3		1		1,002
LAKEWOOD TOWNSHIP	6,810	82.1%	5,570	15	1	6		5,592

Municipality	Number of Children*	% Tested	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	>/=45	
LINDEN CITY	2872	31.5%	899	3	2	2		906
MANCHESTER TOWNSHIP	1123	9.3%	105					105
MARLBORO TOWNSHIP	3,320	9.1%	301					301
MIDDLETOWN TOWNSHIP	5,525	7.1%	393					393
MONTCLAIR TOWNSHIP	3,278	18.3%	594	2	1	3		600
MOUNT LAUREL TOWNSHIP	2,977	8.1%	241					241
NEW BRUNSWICK CITY	3,985	47.1%	1,851	12	5	7	1	1,876
NEWARK CITY	25,608	55.9%	14,152	94	43	26	3	14,319
NORTH BERGEN TWP	4,477	33.8%	1,512	3				1,515
NORTH BRUNSWICK TOWNSHIP	2,921	6.0%	172	3				175
OLD BRIDGE TOWNSHIP	2,012	34.6%	695		1			696
PARSIPPANY-TROY HILLS TWP	3,662	7.3%	269					269
PASSAIC CITY	7,857	64.8%	5,046	23	15	9		5,093
PATERSON CITY	15,148	43.0%	6,442	52	9	11	1	6,515
PENNSAUKEN TOWNSHIP	2,747	18.4%	502	3				505
PERTH AMBOY CITY	4,546	41.0%	1,856	6	2	1	2	1,866
PISCATAWAY TOWNSHIP	3,725	24.5%	910	2	2			914
PLAINFIELD CITY	4,566	55.3%	2,490	15	11	8	1	2,525
SAYREVILLE BORO	3,264	14.9%	485	1		1		487
SOUTH BRUNSWICK TWP	3,691	5.6%	206	2				208
TEANECK TOWNSHIP	3,086	16.1%	497	1				498
TRENTON CITY	7,850	43.3%	3,351	28	9	10		3,398
UNION CITY	5,913	15.7%	921	7	2	1		931
UNION TOWNSHIP	3,671	67.6%	2,476	6	1			2,483
VINELAND CITY	4,275	30.4%	1,298	1		1		1,300
WASHINGTON TOWNSHIP	3,618	2.8%	100	1				101
WAYNE TOWNSHIP	3,973	15.3%	608		1			609
WEST NEW YORK TOWN	3,619	52.1%	1,881	3	1	1		1,886
WEST ORANGE TOWNSHIP	3,560	29.0%	1,024	4	3	1	1	1,033
WOODBRIDGE TOWNSHIP	7,378	11.0%	804	4	2	2		812
Total	**303,383**	**32.2%**	**96,691**	**509**	**171**	**165**	**12**	**97,548**

Estimated, based on the US Census 2000 data

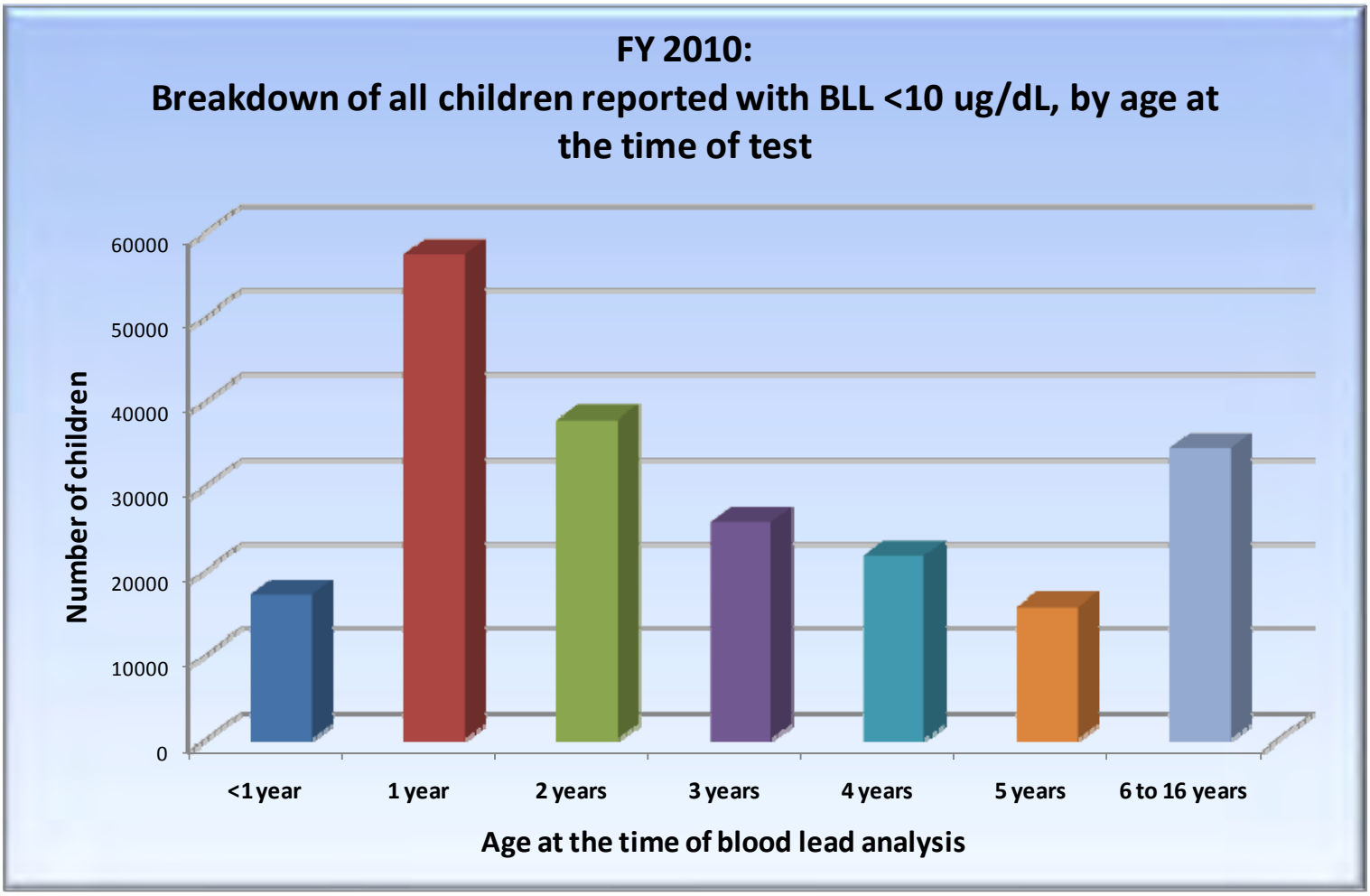
The above table displays distribution of testing and prevalence of lead poisoning among children <6 years old, by their municipality of residence.

Figure 4a



This chart breakdown of children by age and EBL, as reported during FY 2010. Each child is counted only once, using their highest blood lead level reported during the fiscal year.

Figure 4b



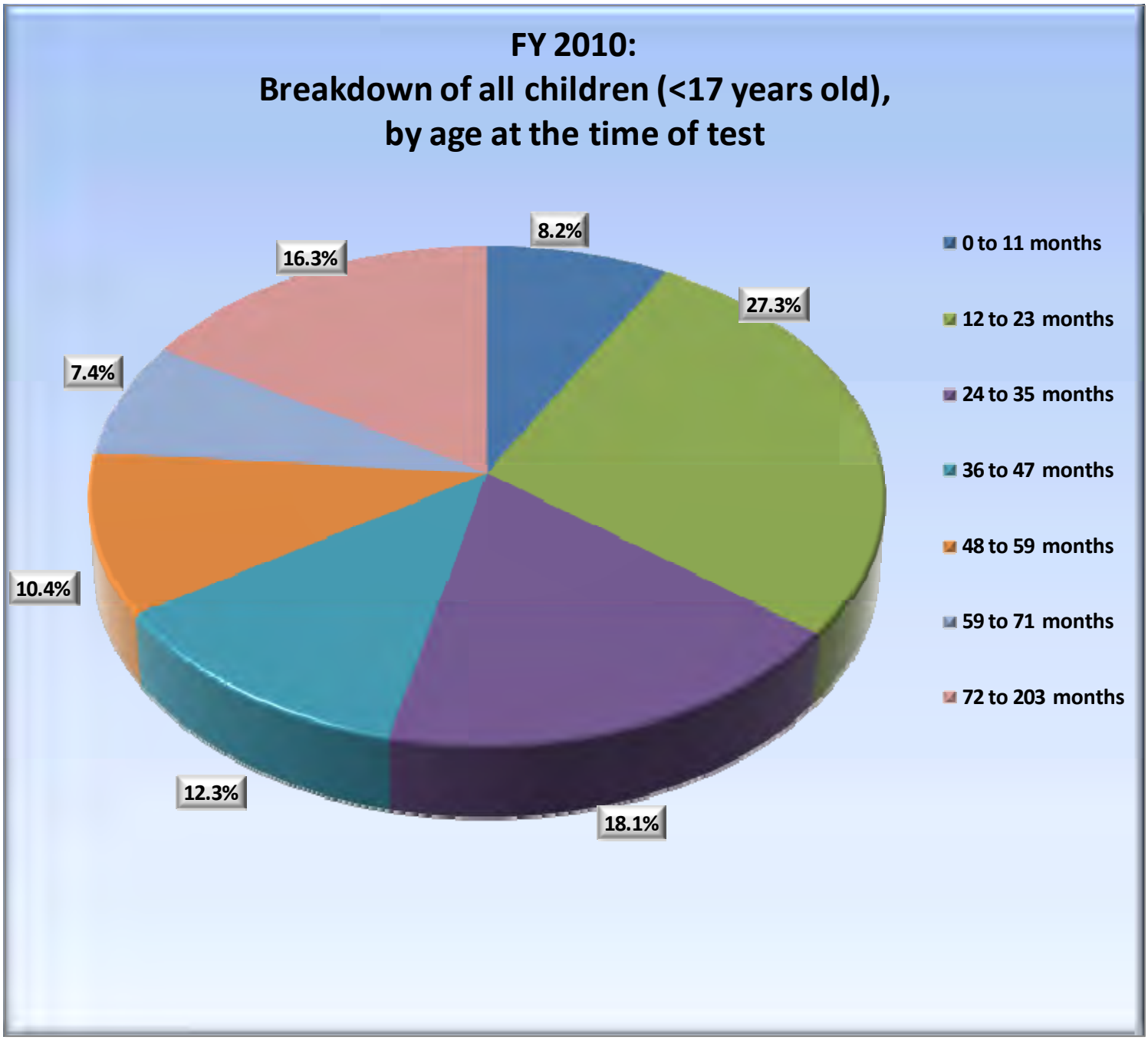
This chart provides breakdown of the children reported during FY 2010 with blood lead levels below 10 ug/dL, by age. Each child is counted only once, using their highest blood lead level reported during the fiscal year.

Table 6

FY 2010: All Children (<17 years old) by blood lead level and county of residence						
County	**Blood Lead Level (ug/dL)**					**Total**
	<10	**10-14**	**15-19**	**20-44**	**>/=45**	
ATLANTIC	4,553	23	12	9		4,597
BERGEN	13,076	29	8	5	2	13,120
BURLINGTON	3,655	18	3	4		3,680
CAMDEN	7,795	38	17	7		7,857
CAPE MAY	868	8		2		878
CUMBERLAND	4,023	53	13	14		4,103
ESSEX	32,850	230	89	69	8	33,246
GLOUCESTER	1,922	5	1	2		1,930
HUDSON	21,088	78	21	20		21,207
HUNTERDON	757	4		1		762
MERCER	7,335	38	10	14	1	7,398
MIDDLESEX	14,696	43	19	21	2	14,781
MONMOUTH	8,883	30	8	12	1	8,934
MORRIS	5,178	10	5	3		5,196
OCEAN	9,965	29	3	9	1	10,007
PASSAIC	19,344	94	27	24	1	19,490
SALEM	730	2	2	1		735
SOMERSET	3,368	13	1	3	1	3,386
SUSSEX	1,484	2		1		1,487
UNION	19,217	72	28	25	3	19,345
WARREN	1,596	5	1			1,602
ZIP Unknown	27,559					27,559
Total	**209,942**	**824**	**268**	**246**	**20**	**211,300**

This table displays distribution of tests by county, for all children <17 years old that were tested during FY 2010 and their highest blood lead level reported during FY 2010.

Figure 5

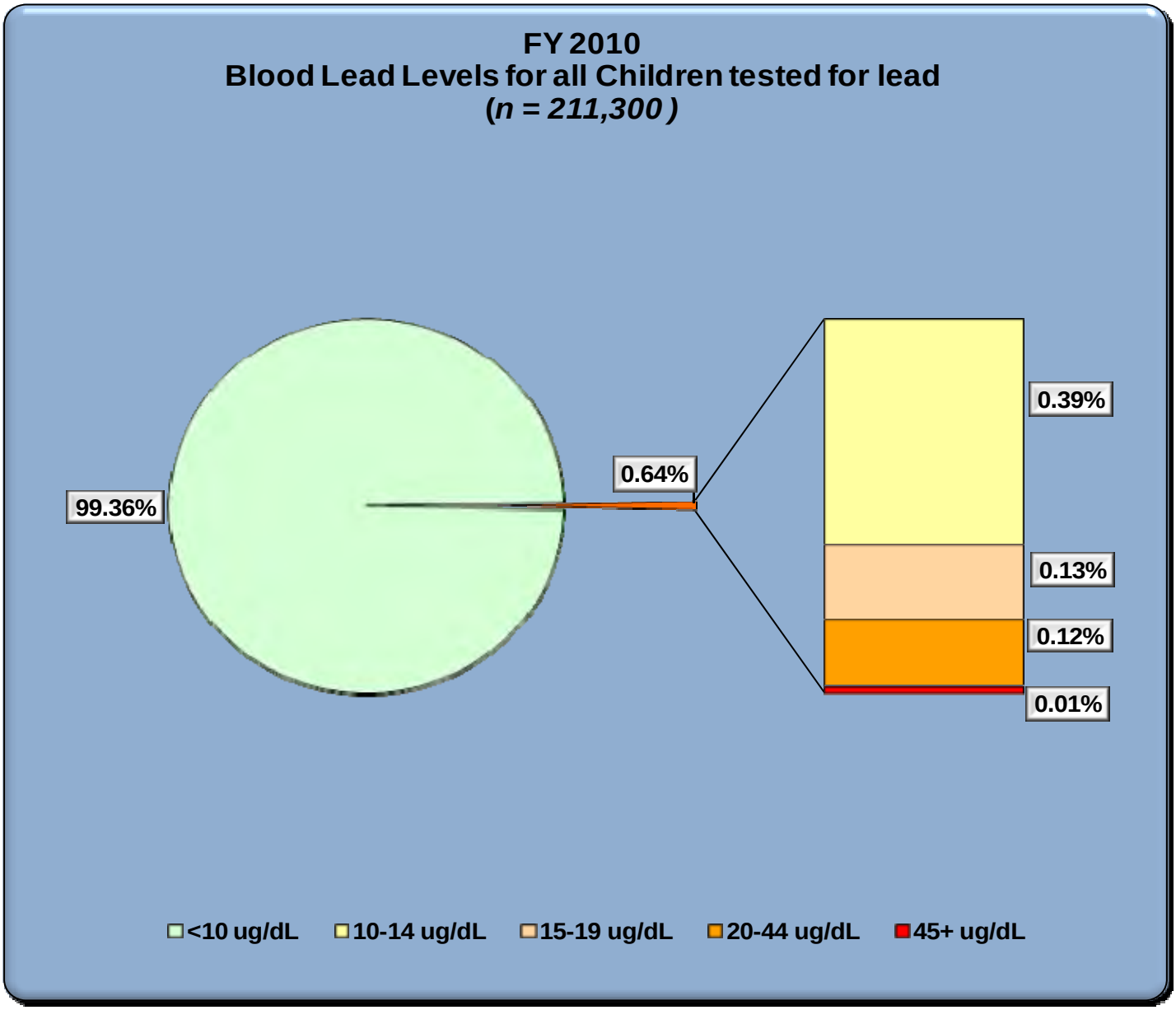


This chart is based on all children (<17 years old, unduplicated) that were reported with their blood lead test results during FY 2010, counting only one test per child. Total number of children tested = 211,300.

Figure 6

Percentage of children by blood lead levels for FY 2010

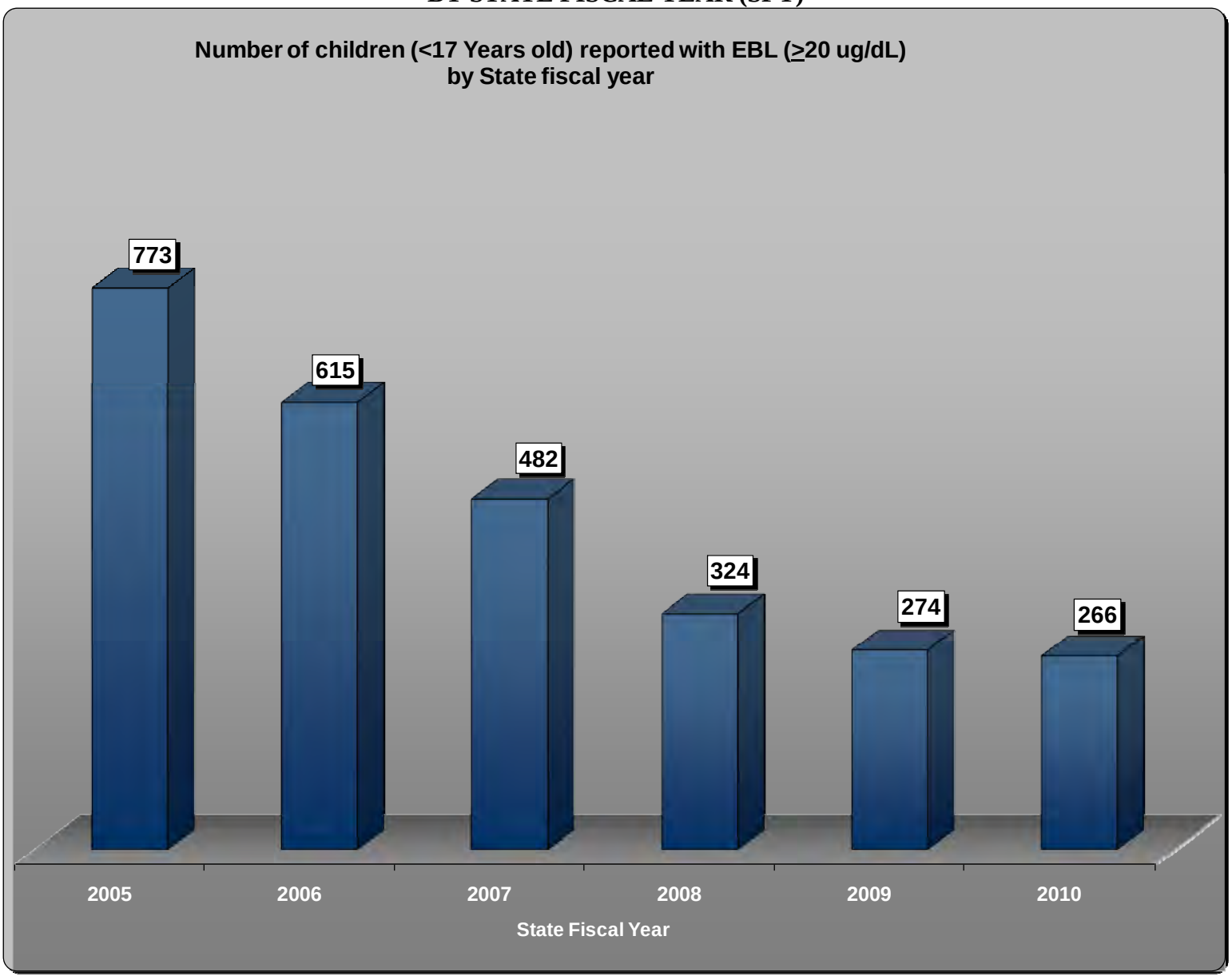
This pie chart describes the breakdown of blood lead levels of all children (unduplicated) reported during FY 2010 (number of children reported = 211,300), counting one test (highest lead level reported) per child.



Trends in number of children (<17 years old) with EBL:

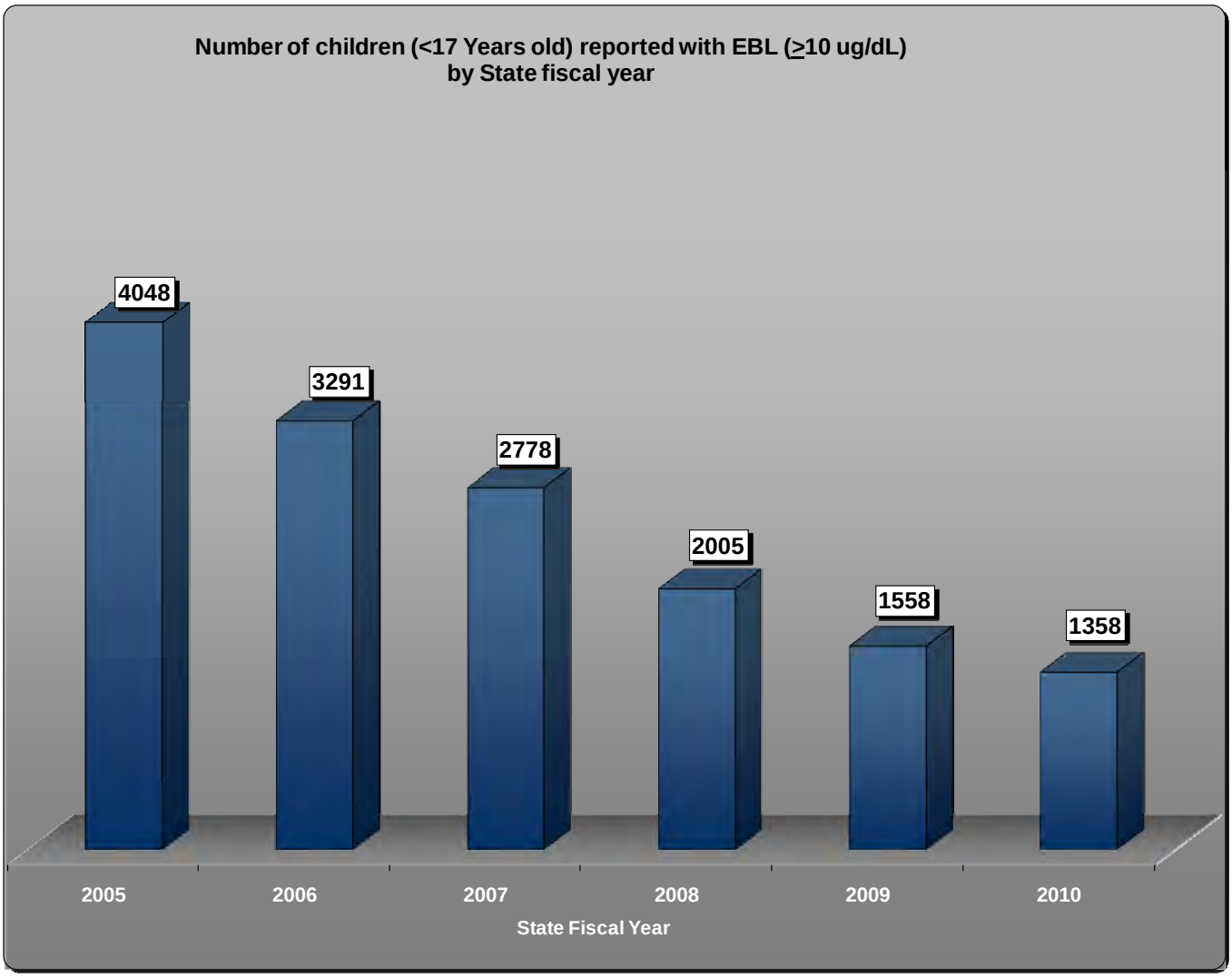
Figure 7a

CHILDREN WITH BLOOD LEAD ≥20 µg/dL
BY STATE FISCAL YEAR (SFY)



***This chart demonstrates the trend in number of children (<17 years old) reported with EBL (≥ 20 ug/dL), by fiscal year.**

Figure 7b



***This chart demonstrates the trend in number of children (<17 years old) reported with EBL (≥10 ug/dL), by fiscal year.**

Chapter Three

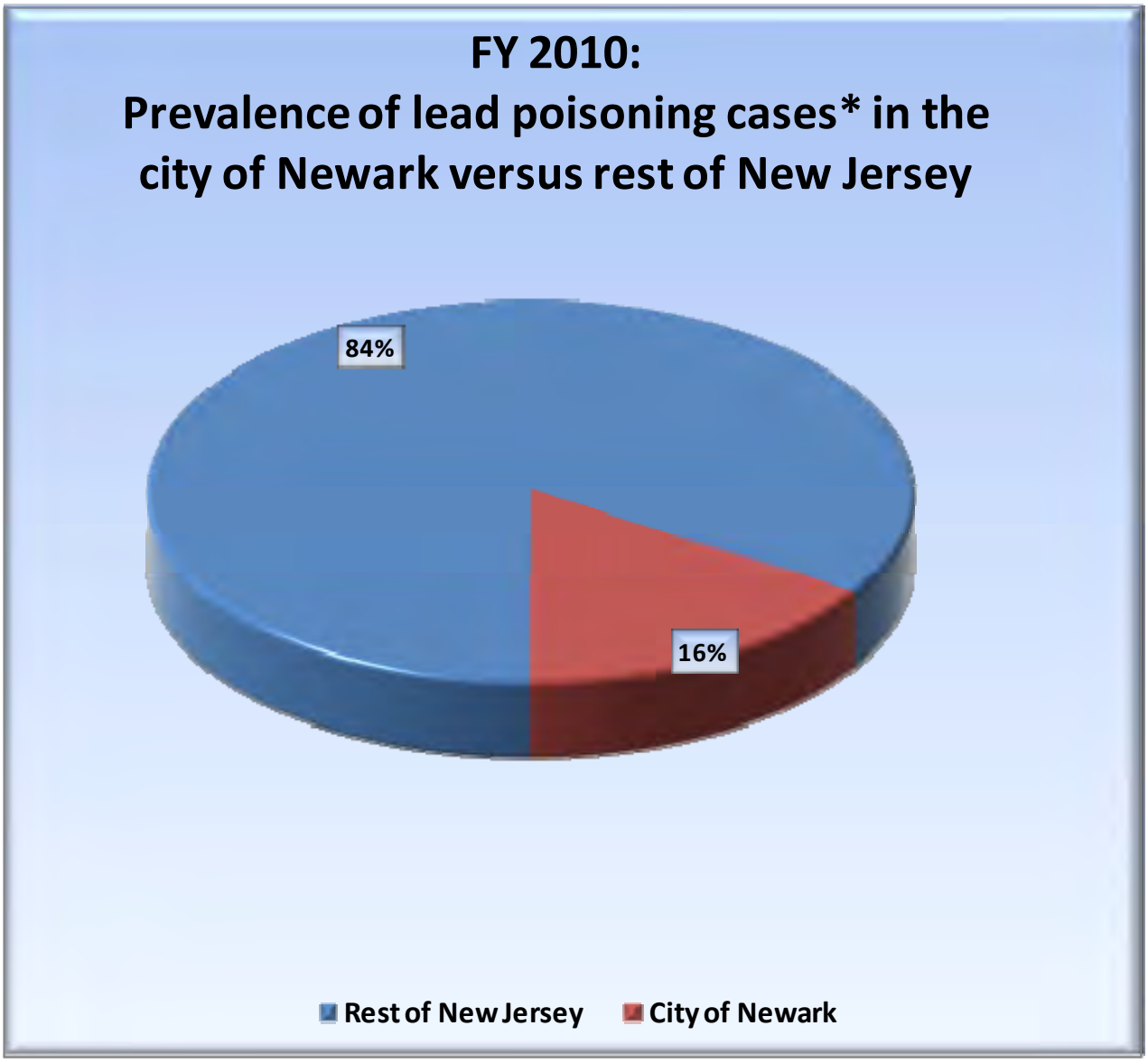
SPOTLIGHT ON NEWARK CITY

Newark has the heaviest burden of childhood lead poisoning in the entire state, as depicted in the charts and graphs exhibited in this chapter.

Newark comprised 16% of the children (<6 years old) in the entire State reported with EBL ($\geq$ 10 μg/dL) during FY 2010. Among all large municipalities, Newark has the highest number of children (< 6 years old) with EBL. In FY 2010 Newark comprised 24% of the total number of children (< 6 years old) reported with EBL ($\geq$ 10 μg/dL) in all large municipalities.

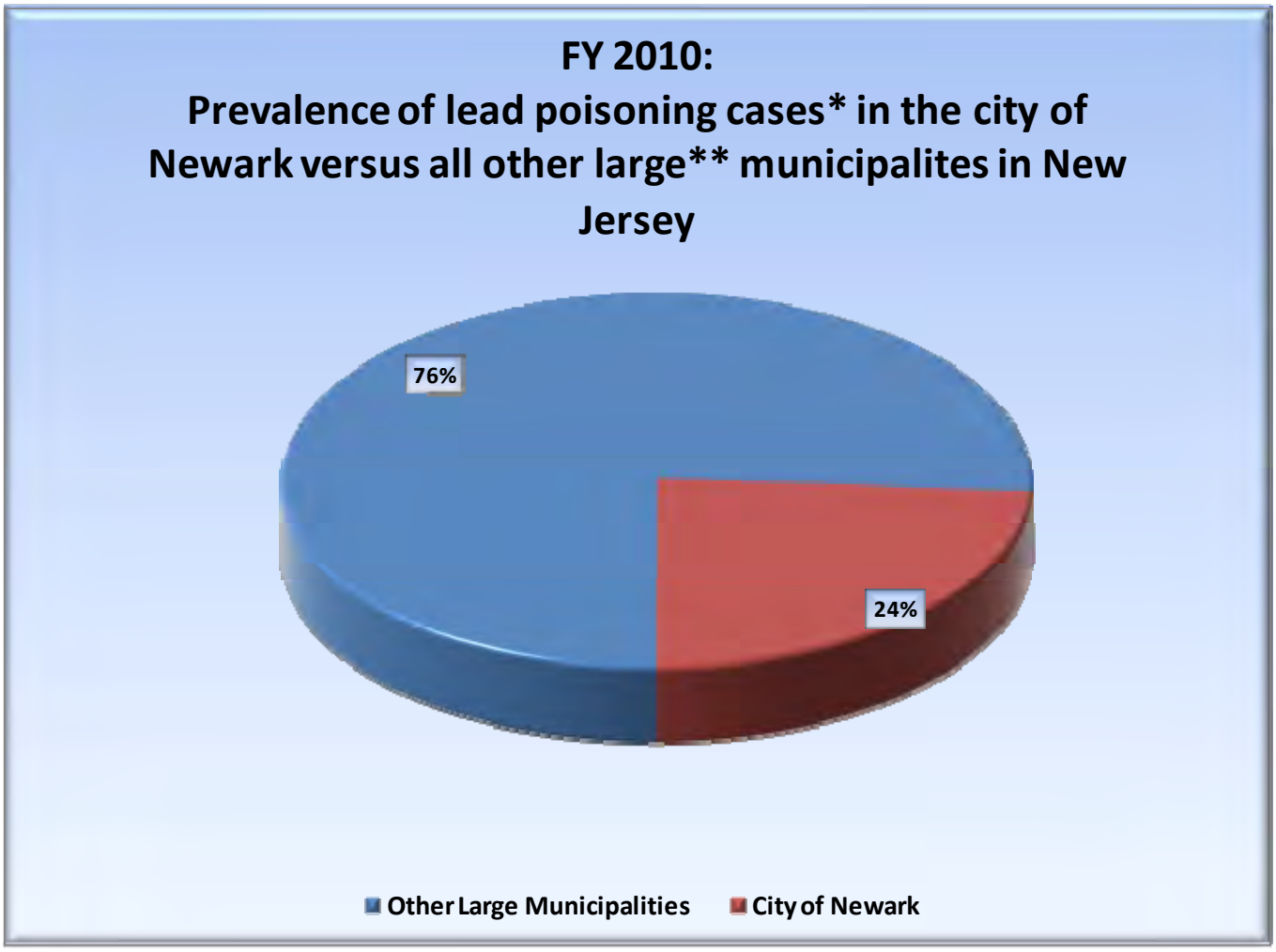
Whether or not New Jersey as a state meets its goal of eliminating childhood lead poisoning as a public health problem depends heavily on Newark's success in addressing the issue.

Figure 8



The above pie chart is based on the total number of unduplicated children (<6 years old) in the entire State, reported with blood lead levels of ≥ 10 µg/dL (167 children), counting only one test (highest blood lead level reported) per child, during FY 2010.

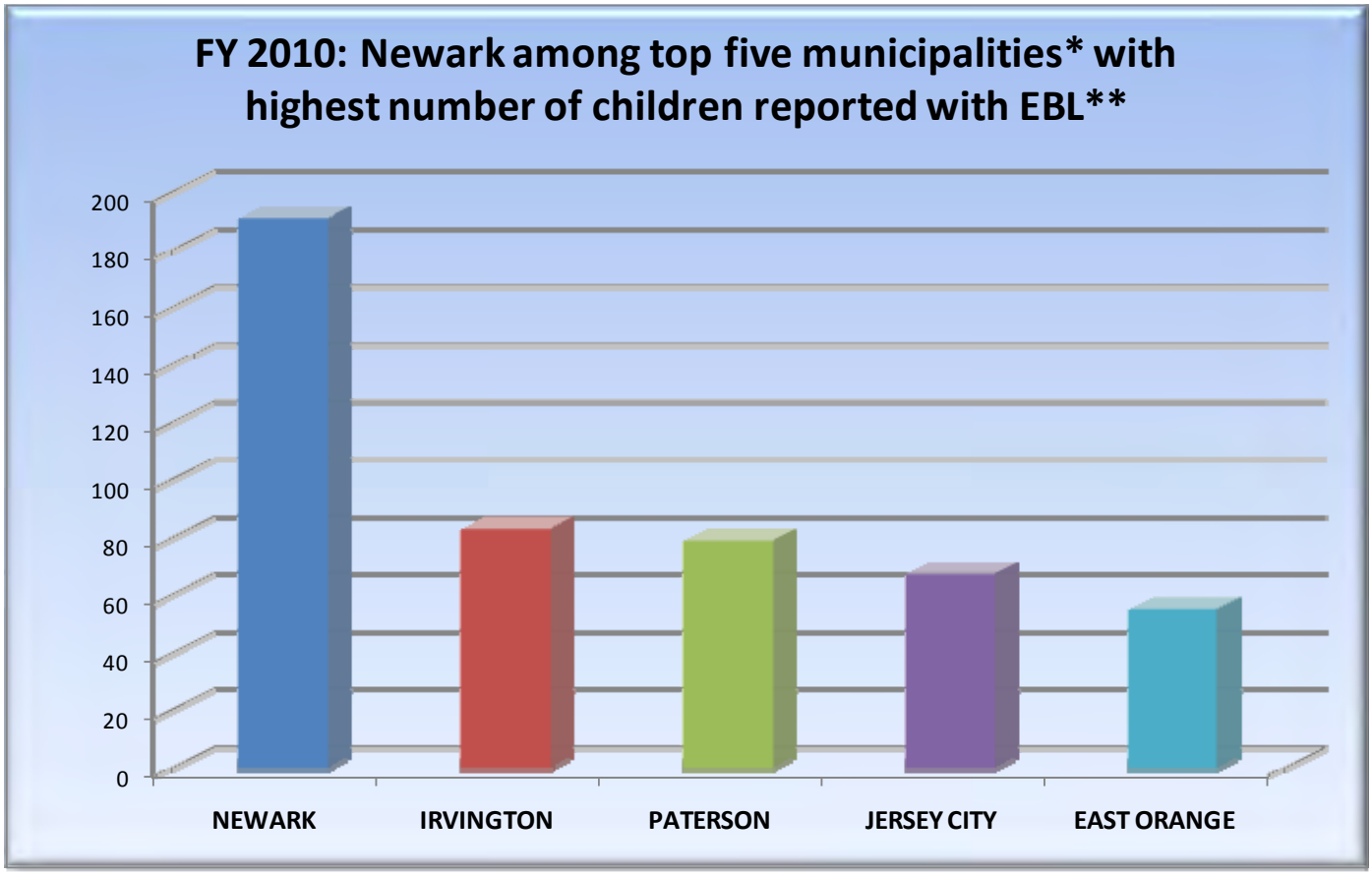
Figure 9



Municipalities with population of >35,000 (Source: US Census 2000 data)

The above pie chart is based on the total number of unduplicated children (<6 years old) in the large* municipalities, reported with blood lead levels of ≥ 10 µg/dL (167 children), counting only one test (highest blood lead level reported) per child, during FY 2010.

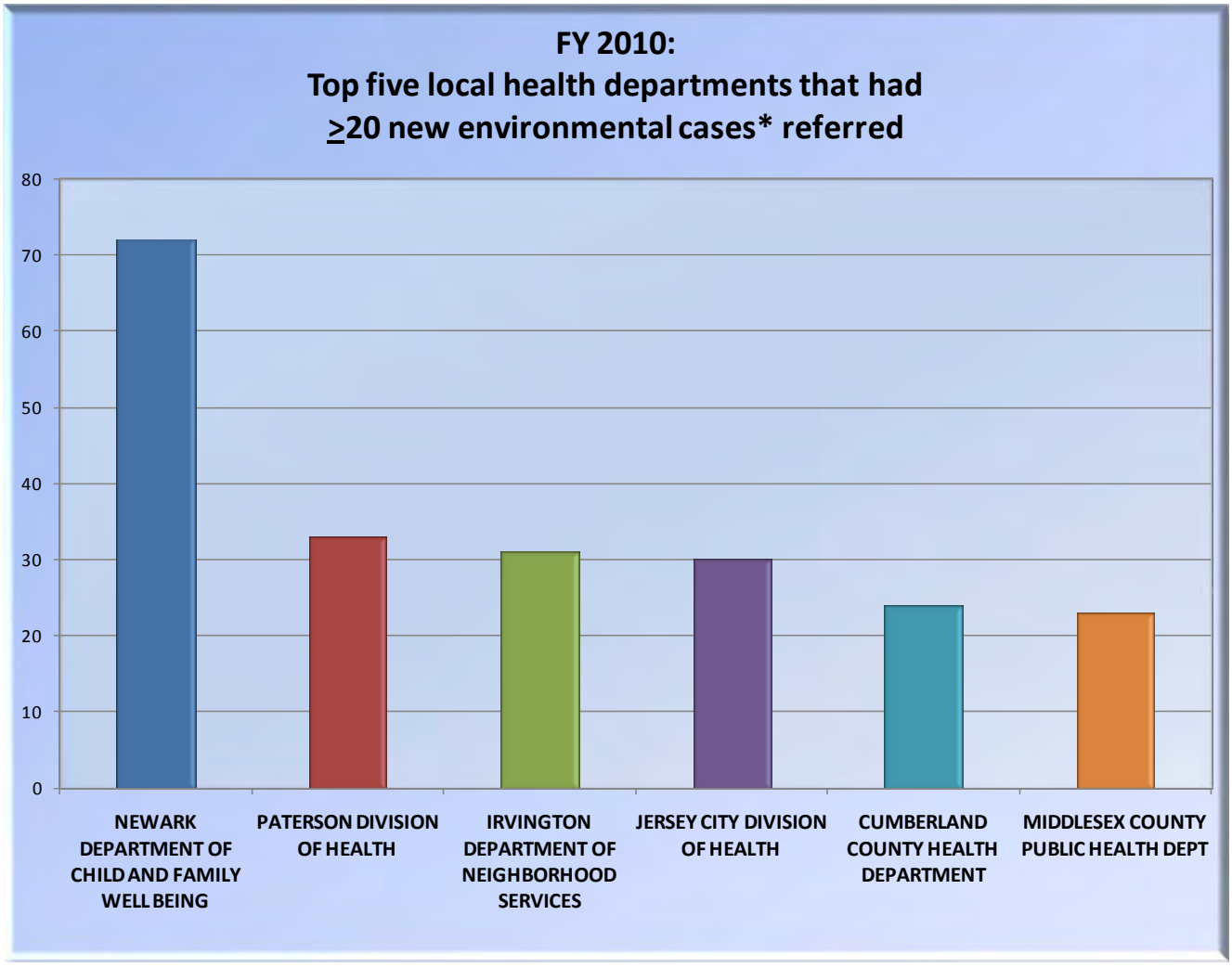
Figure 10



***Municipalities with population of >35,000**

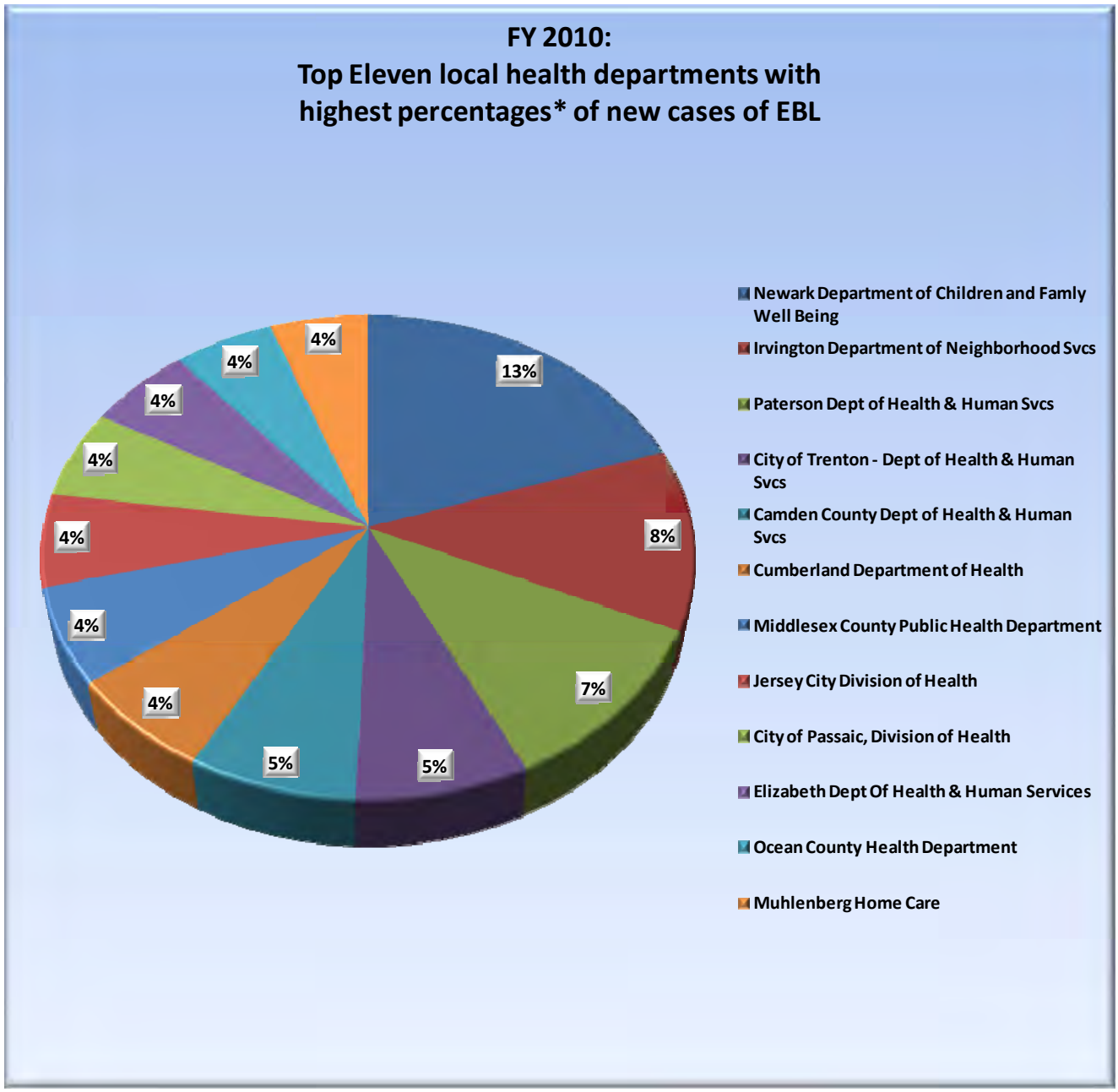
The above bar chart is are based on the number of unduplicated children (<17 years old) in the large* municipalities during Fiscal Year 2010. This chart highlights Newark as with the highest number of children reported with EBL (≥10 ug/dL)

Figure 11



The above chart depicts Newark Department of Child and Family Well Being for having the highest number of new environmental cases opened during FY 2010.

Figure 12



The above pie chart highlights Newark as having the highest percentage* of incidence rate of lead poisoning reported during FY 2010.

Percent share of all incidences of lead poisoning during FY 2010 in the entire State (counting the children <6 years old, reported for the first time ever with blood lead level of 10 ug/dL or greater)

Chapter Four

ENVIRONMENTAL INVESTIGATIONS BY LOCAL HEALTH DEPARTMENTS

New Jersey law (N.J.S.A. 24:14A-6) requires local boards of health to investigate all reported cases of lead poisoning within their jurisdiction and to order the abatement of all lead hazards identified in the course of the investigation. The procedures for conducting these investigations are specified in Chapter XIII of the New Jersey State Sanitary Code (N.J.A.C. 8:51). The local health department must conduct an inspection of the child's primary residence, and any other places, such as a child care center or the home of a relative or babysitter, where the child spends a significant amount of time. Even if the child moves, the property where the child resided when the blood lead test was done must be inspected. The inspection includes a determination of the presence of lead-based paint, the identification of locations where that paint is in a hazardous condition (such as peeling, chipping or flaking), and the presence of lead in dust or soil. The inspector completes a questionnaire through speaking to the child's parent or guardian to help determine any other potential sources of lead hazard exposure.

In addition, the local health department arranges for a home visit by a public health nurse to educate the parents about lead poisoning and the steps that they can take to protect their child. The nurse also provides on-going case management services to assist the family in getting follow-up testing, medical treatment, and other social services that they may require to address the effects of their child's exposure to lead.

The DHSS maintains a system for notifying each local health department of all children with elevated blood lead reported in its jurisdiction. This system is described in Appendix 1. When an elevated blood lead test result is received, it is compared with the records in the database to determine if this child has had a previously reported blood lead level $\geq$ 15 ug/dL, for whom a notice had been issued, at the same address, within the previous 12 months. For each child not previously reported, a notice is sent to the local health department which has jurisdiction over the address given on the laboratory report. This chapter presents the data on children with EBL reported to local health departments, and local health department actions in response.

During the FY 2010, the reporting system was modified for the grantee agencies by elimination of the LP-1 forms and transition to using the web based data system instead. Effective with this transition, all notifications to the grantee agencies were sent via electronic message, and the agencies would need to enter data for investigation and abatement status on the web based system. Due to the transition in the middle of the fiscal year, the statistical data for environmental cases was not uniform and therefore may not reflect the up-to-date updates on the cases. However, for the forthcoming State fiscal year (FY 2011), this will not be an issue as the LP-1 forms were eliminated for all local health departments, making a complete transition to the web based data system to cover the entire State fiscal year.

The data in Tables 7, 8 and 9 reflect the results of environmental investigations as reported to the DHSS by local health departments. They are accurate to the extent that local health departments

make complete and timely reports to the DHSS (either by sending the LP-1 forms back or by updating the information in the web based data system.) It is possible that additional inspections and/or abatements may have been completed, but not reported.

Table 7

FY 2010: ENVIRONMENTAL ACTIVITY STATUS BY COUNTY								
County	**EBL Reports Sent**	**Invest. Reqd.**	**Invest. Completed**	**% Invest. Completed**	**Lead Hazards Found**	**% Lead Hazards Found**	**Abatements Completed**	**% Abatements Completed**
ATLANTIC	8	6	5	83%	5	100%	3	60%
BERGEN	13	5	4	80%	3	75%	0	0%
BURLINGTON	4	1	1	100%	1	100%	1	100%
CAMDEN	18	1	1	100%	0	0%	0	N/A
CAPE MAY	3	1	1	100%	1	100%	0	0%
CUMBERLAND	26	19	18	95%	13	72%	9	69%
ESSEX	139	30	23	77%	16	70%	3	19%
GLOUCESTER	2	1	1	100%	1	100%	0	0%
HUDSON	41	23	19	83%	13	68%	8	62%
HUNTERDON	2	2	0	0%	N/A	N/A	0	N/A
MERCER	21	15	8	53%	5	63%	1	20%
MIDDLESEX	29	2	2	100%	2	100%	2	100%
MONMOUTH	30	16	11	69%	5	46%	1	20%
MORRIS	7	1	1	100%	1	100%	0	0%
OCEAN	14	0	0	N/A	N/A	N/A	0	N/A
PASSAIC	53	41	34	83%	31	91%	7	23%
SALEM	3	2	1	50%	1	100%	0	0%
SOMERSET	2	0	0	N/A	N/A	N/A	0	N/A
SUSSEX	1	1	0	0%	N/A	N/A	0	N/A
UNION	34	10	8	80%	6	75%	1	17%
TOTAL	**450**	**177**	**138**	**78%**	**104**	**75%**	**36**	**35%**

The above table displays the profile of environmental activity for each county, based on the number of EBL reports (referrals) for new environmental cases* sent to the appropriate local health department in the county and the status of the environmental activity performed for the cases.

**A new environmental case is generated and referred to the pertinent local health department when there is an EBL reported on a child, residing at the address that either never had an environmental case opened or it has been more than 365 days since the last time when an environmental case was closed for the same address.*

Table 8

FY 2010: LOCAL HEALTH DEPARTMENTS WITH > / = 20 ENVIRONMENTAL CASES REFERRED									
LOCAL HEALTH DEPARTMENT	Env. Cases Opened	Invest. Required	Invest. Completed	% Invest. Completed	Lead Hazards Found	% Lead Hazards Found	Abatements Pending	Abatements Completed	% Abatements Complete
NEWARK DEPARTMENT OF CHILD AND FAMILY WELL BEING	72	1	0	0%	N/A	N/A	N/A	N/A	N/A
PATERSON DIVISION OF HEALTH	33	29	23	79%	23	100%	17	6	26%
IRVINGTON DEPARTMENT OF NEIGHBORHOOD SVCS	31	18	12	67%	12	100%	10	2	17%
JERSEY CITY DIVISION OF HEALTH	30	16	14	88%	8	57%	3	5	63%
CUMBERLAND COUNTY HEALTH DEPT	24	19	18	95%	13	72%	4	9	69%
MIDDLESEX COUNTY PUBLIC HEALTH DEPT	23	0	0	N/A	0	N/A	0	0	N/A
EAST ORANGE HEALTH DEPT	22	7	7	100%	4	57%	3	1	25%
TRENTON DEPT OF HEALTH & HUMAN SVCS	20	15	8	53%	5	63%	4	1	20%

The above table depicts the local health department that had 20 or more new environmental cases* referred (EBL reports sent) to them during FY 2010, and the status of the environmental activity performed for the cases. See Appendix 2 for complete data on the status of all elevated blood lead reports issued by local health department.

**A new environmental case is generated and referred to the pertinent local health department when there is an EBL reported on a child, residing at the address that either never had an environmental case opened or it has been more than 365 days since the last time when an environmental case was closed for the same address.*

TABLE 9

CURRENT ENVIRONMENTAL INVESTIGATION STATUS BY STATE FISCAL YEAR										
State Fiscal Year	**Environmental Cases Opened**	**Investigation Required**	**Investigations Completed**	**% Investigations Complete**	**Pending**	**Lead Hazards Found**	**% Lead Hazards Found**	**Abatement Completed**	**Abatement Pending**	**% Abatement Complete**
FY1997	2168	1499	1468	98%	31	779	53%	767	12	98%
FY1998	2014	1455	1405	97%	50	738	53%	725	13	98%
FY1999	1517	1044	952	91%	92	587	62%	558	29	95%
FY2000	1144	815	705	87%	110	513	73%	484	29	94%
FY2001	932	648	562	87%	86	386	69%	374	12	97%
FY2002	867	601	546	91%	55	370	68%	363	7	98%
FY2003	796	527	495	94%	32	309	62%	288	21	93%
FY2004	748	526	471	90%	55	309	66%	289	20	94%
FY2005	718	542	481	89%	61	301	63%	277	24	92%
FY2006	688	494	408	83%	86	269	66%	229	40	85%
FY2007	1008	728	615	84%	113	412	67%	313	99	76%
FY2008	750	581	487	84%	94	365	75%	185	180	51%
FY2009	583	500	427	85%	73	352	82%	124	228	35%
FY2010*	450	411	343	83%	68	307	90%	34	273	11%

**The numbers are based on the investigation updates received from the local health agencies through March 31, 2011 or entered in the web based data system by the local health agencies as of July 1, 2010.*

Table 9 illustrates that it can take several years to complete abatement of a property where lead hazards have been identified. The length of time between the reporting of an elevated blood lead test result and the completion of the abatement of lead hazards responsible for the elevation is affected by a number of factors, which vary from case to case. These factors include:

- difficulty in identifying and communicating with absentee landlords;
- lengthy enforcement actions required against recalcitrant property owners, including court action, when necessary;
- delays in contracting and scheduling work by State-certified lead abatement contractors; and
- inability of some property owners to cover the cost of the required abatement, and/or to obtain financial assistance for these costs.

Chapter Five

ADDRESSING CHILDHOOD LEAD POISONING IN NEW JERSEY

The goal of the New Jersey Department of Health and Senior Services (DHSS) is to reduce, and ultimately eliminate childhood lead poisoning as a public health problem in New Jersey. In ***Healthy New Jersey 2010***, published in August 2001, the DHSS has set health objectives for the State for the next ten years, including the following two objectives related to childhood lead poisoning:

- To increase the percentage of children tested for lead poisoning by two years of age to 85%.
- To reduce the percentage of children whose blood lead level is $\geq$ 10 ug/dL by 50%.

FY 2010 Accomplishments

A. Increasing Screening Rates

Childhood Lead Poisoning Prevention (CLPP) Projects– CLPP Projects in high-risk jurisdictions developed and implemented targeted screening plans based on specific census tracts/zip codes or high risk populations (e.g. children born to immigrant parents).

Matching Lead Registry Data with Medicaid Data - On an ongoing collaboration basis, NJ DHSS has been performing the quarterly process of matching its lead registry records with the children's records supplied by Medicaid. This activity has been significantly helping Medicaid staff identify screening rates of Medicaid children, obtain their blood lead levels, as well as identify unscreened children. This in turn would help Medicaid target their focus for increasing screening rates of Medicaid children.

Collaboration with the Department's State Immunization Program - Blood lead test results are uploaded weekly into the NJ Immunization Information System (NJIIS), the State's electronic immunization registry. This provides physicians in New Jersey with the ability to track blood lead test results of their patients.

B. Surveillance

Since July 2006, when LeadTrax, a web-based surveillance system, became operational, the twelve local health departments which are DHSS grantees for case management and environmental investigation were trained and given access. In addition, more than 75 percent of the 102 non-grantee local health departments had at least one staff person that was also trained and given access rendering them capable of tracking all blood lead tests in their jurisdictions. LeadTrax thereby enabled DHSS to decrease the time between the receipt of a blood lead sample report from the analyzing lab to notification to the respective local health department of an elevated blood lead level requiring a public

health response. In addition, LeadTrax users were able to create electronic records to document their case management and environmental investigation activities for lead poisoned children in their jurisdiction.

DHSS witnessed an increase to 98% in electronic reporting from traditional laboratories and from users of LeadCare analyzers of blood lead test results.

LeadTrax was developed further with addition of enhanced and more efficient data cleaning tools for the Department staff, and addition of quality assessment tools for the users at the local health department level. Since being deployed in July 2006, LeadTrax has been in the Continuous Quality Improvement mode, being further customized for betterment of features, utility, and ease of use by Program staff and local users.

C. Follow-up of Children with Elevated Blood Lead

The notice of proposal for the readoption of N.J.A.C. 8:51 (Childhood Lead Poisoning) with amendments, new rules and repeals was submitted on August 17 through approval channels due to scheduled expiration of N.J.A.C. 8:51 on November 16, 2009. The Department presented the notice of proposal to the Public Health Council on November 9, 2009. The notice of proposal was filed with the Office of Administrative Law prior to November 16, 2009 to extend the expiration date of N.J.A.C. 8:51 to May 15, 2010. The notice of proposal appeared in the December 21, 2009 issue of the *New Jersey Register* for 60-day public comment.

Substantive proposed changes to N.J.A.C. 8:51, include lowering of the action level for case management and environmental interventions by local health departments to a confirmed blood lead level of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart; more stringent and comprehensive nursing case management standards; more stringent and standardized documentation and reporting requirements for environmental interventions; established timeframes for follow-up by local health department staff for case management and environmental interventions; allowance of interim controls for exterior surfaces identified with lead hazards; requirement that exterior, interior and soil inspections be completed in a staggered manner rather than at the same time; lead screening requirement of pregnant women living in the same household as a child identified with lead poisoning; mandatory access and utilization of DHSS' web-based surveillance system by local health departments; added language regarding penalties for property owners and local health departments that do not comply with N.J.A.C. 8: 51; and, publication of the forms that are required under N.J. A.C. 8:51.

D. Public and Professional Education

DPA Model Lead-Safe City Initiative - The Childhood Lead Poisoning Prevention Week Kick-Off event at the Statehouse on October 26, 2010 highlighted the Department of Public Advocate (DPA) and the accomplishments of their Model Lead-Safe City Initiative, and also to raise awareness of childhood lead poisoning as a completely

preventable public health issue. Through the Model Lead-Safe City Initiative, 13 municipalities signed a Model Lead-Safe City Agreement with the DPA. Since signing those agreements, a tremendous amount of work has been done to protect children from exposure to lead poisoning. Nearly one thousand children have been screened at Model City screening events, thousands of families have been given educational information on the dangers of lead and lead poisoning, and recalcitrant landlords have been taken to court to clean up their property. This was the result of the DPA working with their sister state agencies (DHSS, Department of Human Services and Department of Community Affairs) to ensure that all families are given the resources they need when their children are lead-poisoned.

Regional CLPP Coalitions - The three regional CLPP coalitions (Northern, Central and Southern), their members and local stakeholders, continue to provide direct outreach and education to the communities they serve to assist residents in preventing children's exposures to lead. Funding from the Lead Hazard Control Assistance Act, administered by the Department of Community Affairs (DCA), was provided to the regional CLPP coalitions which supported initiatives with the following focus: age-appropriate testing, increased applications for the Lead Hazard Control Assistance Fund, and increased offerings for lead safe work practices.

Primary Prevention - Five CLPP Projects undertook primary prevention-based initiatives. The CLPP Projects in the cities of Paterson, East Orange, Plainfield and Cumberland County targeted outreach and education to housing adjacent to or nearby residential units known to have had lead hazards in relationship to the investigation of a lead-poisoned child. Wipe Out Lead NJ lead dust test kits were distributed to interested residents along with information related to lead poisoning prevention and financial resources available. The CLPP Project in the city of Passaic sponsored half-day conferences for owner-occupied and tenant-occupied property owners. The conferences focused on property owner responsibilities, tenants' rights, and Federal and State financial resources available to remediate lead hazards.

E. Strengthening Collaborations

Collaboration with the Department's Division of Consumer and Environmental Health Services - The Environmental Public Health Tracking Network, a collaboration between the Department's Division of Family Health Services and Division of Consumer and Environmental Health Services, launched its web portal in December 2008 (http://nj.gov/health/epht/index.shtml). The Network collects data on health, human exposures, and environmental hazards as a means to understand patterns and trends in diseases. The Department's statistical data on childhood lead poisoning contributes to this portal. In FY 2010, the Department's screening and elevated blood lead level statistics data by year of birth (CY 2000 through CY 2005) were provided.

Department of Community Affairs (DCA) – DHSS collaborated with DCA to assure funding is provided to the same agencies (e.g. CLPP Project grantees, Regional CLPP Coalitions) to build infrastructure and limit duplication of services. This has resulted in

DCA funding directed to purchase or update equipment required to conduct environmental inspections (LIFT: Lead Identification and Field Testing Program) and additional dedicated funding for lead education and outreach to the Regional Coalitions.

Interagency Task Force on the Prevention of Lead Poisoning (Task Force) – The Task Force sponsored the New Jersey-focused conference "Lead and Beyond: Progress in Eliminating Lead Poisoning and New Opportunities for Collaboration", at the Sheraton Edison Hotel Raritan Center on April 16, 2010. The one-day conference, highlighted the State's collective progress in eliminating childhood lead poisoning and featured three workshop tracks (housing, health, and environment) DHSS staff served on the planning committee, and participated as breakout session moderators and presenters. There were over 300 attendees from a variety of health, housing and social service agencies (State, regional, local and community-based organizations).

Department of Human Services (DHS) – In January 2010 the DHSS was present with other sister state agencies to be educated on the Master Client Index (MCI) project. The MCI project is spearheaded by the DHS' Medicaid division, under a federal transformation grant. The MCI will be linking data from childhood lead poisoning database, NJ Immunization Information System database and Medicaid database, using the hardware set-up by the Office of Information Technology (OIT). The MCI will also be the nucleus, or the starting point, for the statewide Health Information Exchange (HIE) project that is spearheaded by the Director to the Office of Policy in DHSS. DHSS staff participated at the MCI Data Quality Remediation phase kick-off meeting in March 2010, and at the MCI structural design phase kick-off meeting in May 2010.

Newark Partnership for Lead Safe Children (Partnership)- The Partnership, with technical assistance from its primary grantor, Kresge Foundation, focused its efforts on community development. Although the Partnership's goal is to prevent lead poisoning, at the core of the Partnership's activities was establishing effective collaborations to assure that Newark residents had knowledge of and access to all governmental and non-governmental health, housing, and human services available to residents, in particular low-income residents served by the Newark Department of Child and Family Well-Being.

Appendix 1

ENVIRONMENTAL ACTIVITY STATUS*

BY LOCAL HEALTH DEPARTMENT JURISDICTION

FY 2010

**Lists only those health departments that had at least one environmental case opened during FY 2010.*

FY 2010: APPENDIX 1

LOCAL HEALTH DEPARTMENT	ENV. CASES OPENED	INVEST. REQD.	INVEST. PENDING	INVEST. COMPLETED	% INVEST. COMPLETED	LEAD HAZARDS FOUND	% LEAD HAZARDS FOUND	ABATEMENTS PENDING	ABATEMENTS COMPLETED	% ABATEMENTS COMPLETED
ATLANTIC CITY HEALTH DEPARTMENT	4	3	1	2	67%	2	100%	1	1	50%
ATLANTIC COUNTY HEALTH DEPARTMENT	4	3	0	3	100%	3	100%	1	2	67%
BAYONNE DEPARTMENT OF HEALTH	3	2	0	2	100%	2	100%	1	1	50%
BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES	3	1	1	0	0%		.	0	0	.
BERNARDS TOWNSHIP HEALTH DEPARTMENT	2	0	0	0	.		.	0	0	.
BURLINGTON COUNTY HEALTH DEPARTMENT	4	1	0	1	100%	1	100%	0	1	100%
CAMDEN COUNTY DEPARTMENT OF HEALTH	18	1	0	1	100%	0	0%	0	0	.
CAPE MAY COUNTY HEALTH DEPARTMENT	3	1	0	1	100%	1	100%	1	0	0%
CLIFTON BOARD OF HEALTH	1	0	0	0	.		.	0	0	.
CUMBERLAND COUNTY HEALTH DEPARTMENT	24	19	1	18	95%	13	72%	4	9	69%
EAST ORANGE HEALTH DEPARTMENT	22	7	0	7	100%	4	57%	3	1	25%
EDISON DEPARTMENT OF HEALTH & HUMAN RESOURCES	2	2	0	2	100%	2	100%	0	2	100%
ELIZABETH DEPARTMENT OF HEALTH & HUMAN SERVICES	11	8	2	6	75%	4	67%	4	0	0%
ELMWOOD PARK DEPARTMENT OF HEALTH	1	0	0	0	.		.	0	0	.
ENGLEWOOD HEALTH DEPARTMENT	1	1	0	1	100%	1	100%	1	0	0%
FAIR LAWN HEALTH DEPARTMENT	1	1	0	1	100%	1	100%	1	0	0%
FORT LEE DEPARTMENT OF HEALTH	3	1	0	1	100%	0	0%	0	0	.
FREEHOLD AREA HEALTH DEPARTMENT	6	6	1	5	83%	2	40%	1	1	50%
GLOUCESTER COUNTY DEPARTMENT OF HEALTH	2	1	0	1	100%	1	100%	1	0	0%
HACKENSACK HEALTH DEPARTMENT	1	0	0	0	.		.	0	0	.
HAMILTON TOWNSHIP DIVISION OF HEALTH	1	0	0	0	.		.	0	0	.
HARRISON BOARD OF HEALTH	1	1	0	1	100%	1	100%	0	1	100%
HAZLET-ABERDEEN HEALTH DEPARTMENT	1	0	0	0	.		.	0	0	.
HOBOKEN HEALTH DEPARTMENT	1	1	1	0	0%		.	0	0	.
HUNTERDON COUNTY DEPARTMENT OF HEALTH	2	2	2	0	0%		.	0	0	.
IRVINGTON DEPARTMENT OF HEALTH & WELFARE	31	18	6	12	67%	12	100%	10	2	17%
JERSEY CITY DIVISION OF HEALTH	30	16	2	14	88%	8	57%	3	5	63%
KEARNY DEPARTMENT OF HEALTH	1	1	0	1	100%	1	100%	1	0	0%
LINCOLN PARK HEALTH DEPARTMENT	1	1	0	1	100%	1	100%	1	0	0%
LINDEN BOARD OF HEALTH	1	0	0	0	.		.	0	0	.
LONG BRANCH DEPARTMENT OF HEALTH	2	0	0	0	.		.	0	0	.
MAPLEWOOD HEALTH DEPARTMENT	1	0	0	0	.		.	0	0	.
MID-BERGEN REGIONAL HEALTH COMMISSION	1	1	0	1	100%	1	100%	1	0	0%
MIDDLE-BROOK REGIONAL HEALTH COMMISSION	1	0	0	0	.		.	0	0	.
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	23	0	0	0	.		.	0	0	.
MONMOUTH COUNTY HEALTH DEPARTMENT	16	10	4	6	60%	3	50%	3	0	0%
MONMOUTH COUNTY REGIONAL HEALTH COMMISSION	5	0	0	0	.		.	0	0	.
MONTCLAIR HEALTH DEPT.	3	1	0	1	100%	0	0%	0	0	.
MORRISTOWN DIVISION OF HEALTH	2	0	0	0	.		.	0	0	.
MT. OLIVE TOWNSHIP HEALTH DEPARTMENT	1	0	0	0	.		.	0	0	.
N.W. BERGEN REGIONAL HEALTH COMMISSION	2	0	0	0	.		.	0	0	.
NEWARK DEPARTMENT OF HEALTH	72	1	1	0	0%		.	0	0	.
NORTH BERGEN HEALTH DEPARTMENT	3	1	0	1	100%	1	100%	0	1	100%
OCEAN COUNTY HEALTH DEPARTMENT	14	0	0	0	.		.	0	0	.
PASSAIC CITY HEALTH DEPARTMENT	17	12	1	11	92%	8	73%	7	1	13%
PATERSON DIVISION OF HEALTH	33	29	6	23	79%	23	100%	17	6	26%
PEQUANNOCK TOWNSHIP BOARD OF HEALTH	2	0	0	0	.		.	0	0	.
PISCATAWAY TOWNSHIP HEALTH DEPARTMENT	2	0	0	0	.		.	0	0	.
PLAINFIELD HEALTH DEPARTMENT	18	0	0	0	.		.	0	0	.
RAHWAY HEALTH DEPARTMENT	4	2	0	2	100%	2	100%	1	1	50%
SALEM COUNTY DEPARTMENT OF HEALTH	3	2	1	1	50%	1	100%	1	0	0%
SOMERVILLE HEALTH DEPARTMENT	2	0	0	0	.		.	0	0	.
SUSSEX COUNTY DEPT HEALTH PUB SAFETY AND SR SVCS	1	1	1	0	0%		.	0	0	.
TRENTON DEPT OF HEALTH & HUMAN SERVICES	20	15	7	8	53%	5	63%	4	1	20%
VINELAND DEPARTMENT OF HEALTH	2	0	0	0	.		.	0	0	.
WEST NEW YORK HEALTH DEPARTMENT	2	1	1	0	0%		.	0	0	.
WEST ORANGE HEALTH DEPARTMENT	11	3	0	3	100%	0	0%	0	0	.
WOODBRIDGE TOWNSHIP DEPT OF HEALTH & HUMAN SERV	1	0	0	0	.		.	0	0	.