Childhood Lead Poisoning in New Jersey

ANNUAL REPORT

Fiscal Year

2011

July 1, 2010

to

June 30, 2011

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

CHILDHOOD LEAD POISONING IN NEW JERSEY

ANNUAL REPORT

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(July 1, 2010– June 30, 2011)

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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 less than 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 1996. 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 & soil;
- tap water;
- food stored in lead soldered cans or improperly glazed pottery;
- traditional cultural practices 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;

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- lead-contaminated dust created during removal or disturbance of leaded paint in the process of home renovation, as well as dust from deteriorated lead-based paint; 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.

In New Jersey, the primary lead hazard to children still 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 nationwide in 1978. This action 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 paint contained a very high concentration of lead. There are nearly one million housing units in New Jersey, built before 1950, which accounts for approximately 30% of the housing stock. 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. (Tables 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%
Total	**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%**

Map 1

Percentage of Housing Units Built Pre-1950 New Jersey Counties

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. 26:2-137.1 through 137.7. This Annual Report on Childhood Lead Poisoning in New Jersey for Fiscal Year (FY) 2011 is submitted in compliance with N.J.S.A. 26:2-135, which requires the Commissioner of the Department 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 all children* tested for lead poisoning in FY 2011 was 214,478, an increase of 1.5% over the 211,300 children tested during FY 2010. This includes 101,030 children between six months and 29 months of age, the ages at which all children are required to be tested under State law. This represents 45.3% of children six to 29 months required to be tested for lead in FY 2011.

The distribution of results by blood lead level is shown in Figure 6. While 213,087 (99.4%) children tested in New Jersey in FY 2011 had blood lead levels below the Centers for Disease Control and Prevention (CDC) threshold of 10 µg/dL or greater, there were 1,383 (0.65%) children with a blood lead test result above this level in FY 2011 (Figure 7a). This included 262 children, who had at least one test result of 20 µg/dL or greater (Figure 7b).

The City of Newark continues to remain at center stage in New Jersey's childhood lead poisoning elimination efforts. The City of Newark surpasses by far any other large municipality*** in terms of the number of children (<6 years** old) reported with elevated blood lead levels (EBLLs) (>10 ug/dL). In FY 2011, the City of Newark alone comprised 15% of the total number of children (<6 years old) in the entire State. Moreover, the Newark Department of Child and Family had the highest number of new cases of lead poisoned children reported during FY 2011 (Figure 12).

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*All children = Children tested and reported before their 17th birthday, during FY 2011
** Tested and reported before their 6th birthday, during FY 2011

Chapter One

SCREENING CHILDREN FOR LEAD POISONING

In New Jersey, screening of children for blood lead level is mandated at the age of one and two years. While the mandage 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 children in New Jersey have had at least one blood lead test prior to reaching three years of age.

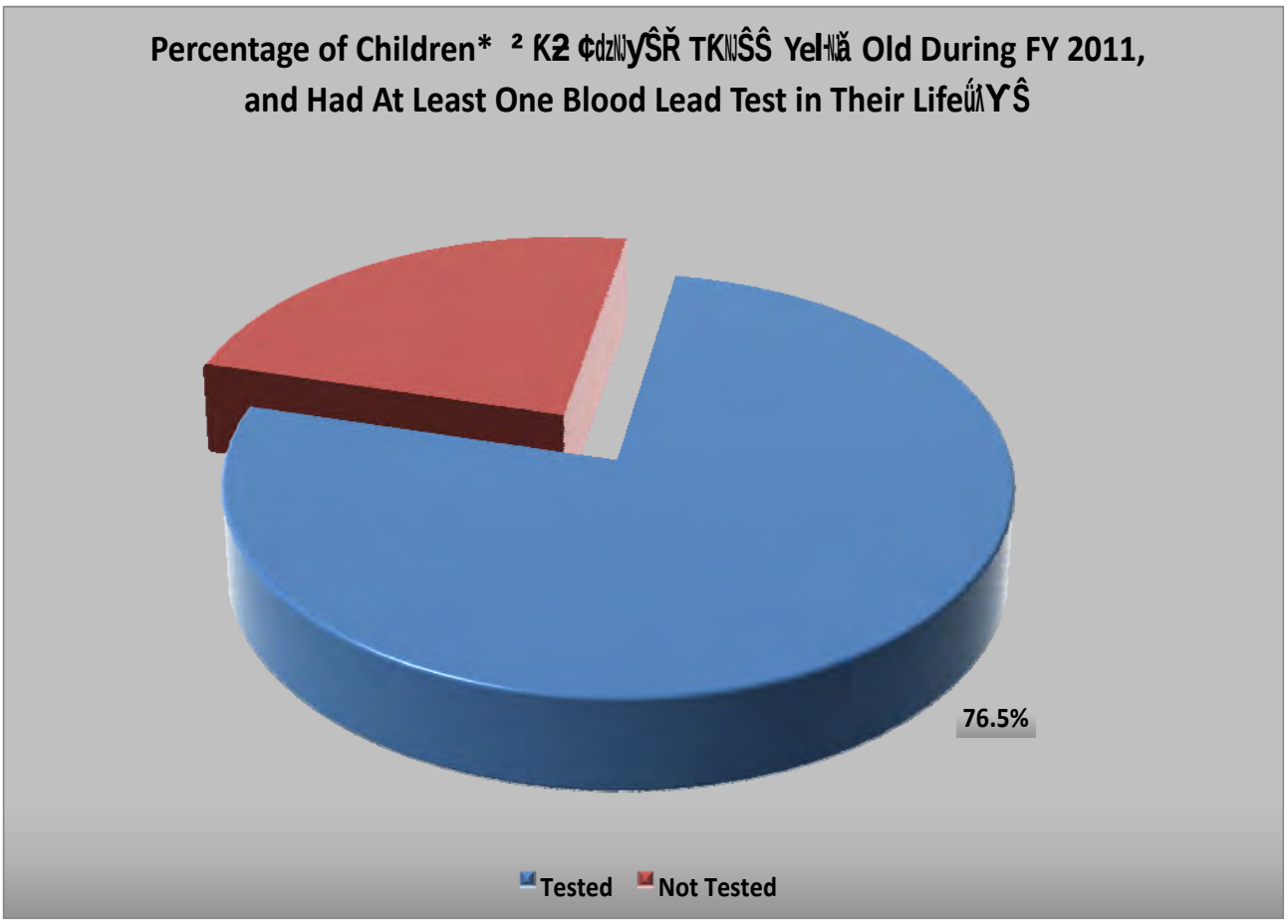
This chapter describes and depicts the screening statistics and trends based on the reports of blood lead tests received from the clinical laboratories. Analysis to create the tables, graphs or charts is based on unduplicated children, counting only one test per child.

The tables and charts highlighting children between the age of six and 29 months represent the screening rates of the children that were between the age of six and 29 months as of FY 2011. However, the numbers on these tables and charts may also include children that may have been screened during FY 2009 and/or FY 2010 as their first screening at age one.

DHSS uses the age range of six 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.

The charts on the next two pages represent the percentages of children that had a lead test performed prior to turning three years old and prior to turning six years old during FY 2011 (Figures 1a and 1b, respectively.)

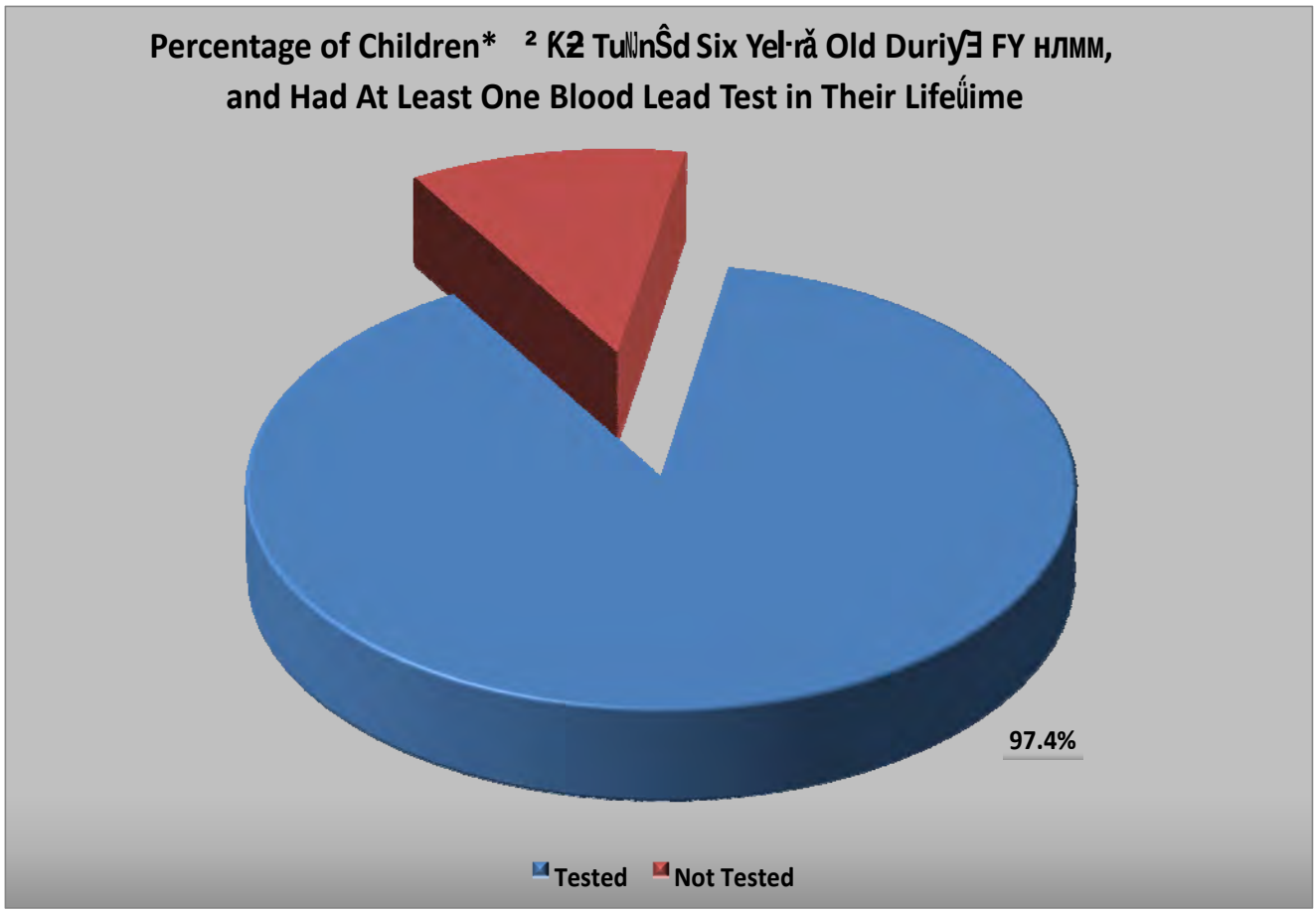
Figure 1a



76.5% of children who turned three during FY 2011 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)*

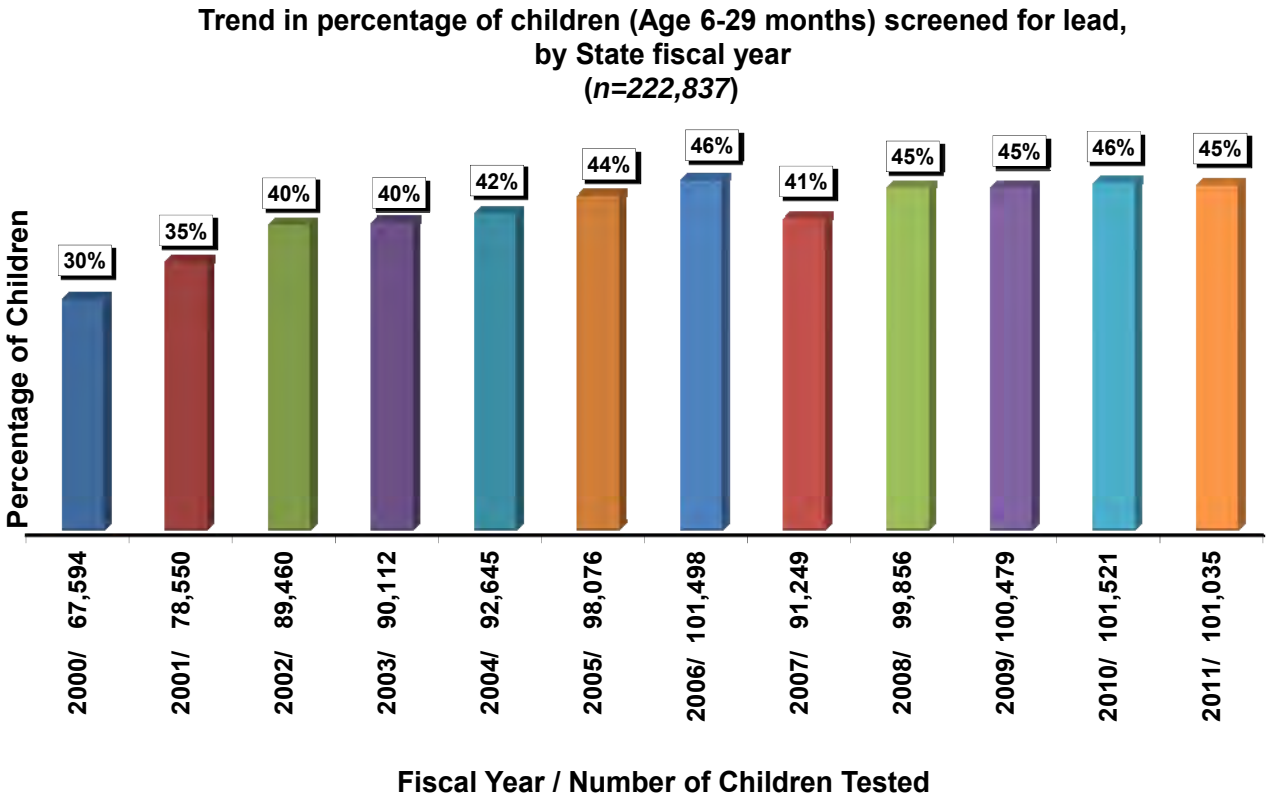
Figure 1b



97.4% of children who turned six during FY 2011 had at least one blood lead test in their lifetime.

*** Number of children born in New Jersey between July 1, 2004 and June 30, 2005 (114,443)**
(*Source: Birth Registry data)*

Figure 2



This bar chart displays the upward trend in the percentage/number of children screened between the ages of six and 29 months, by fiscal year. The denominator used is the 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 identify the statistics of testing performed for various ages and the prevalence of lead poisoning during FY 2011 among all children <17 years of age.

Tables 2 and 3 and Figures 3a and 3b show the testing statistics and prevalence of childhood lead poisoning among the children in New Jersey, who are between the ages of 6 and 29 months, by county and municipality of residence. The analyses behind the formulation of the tables are based on the number of unduplicated children, among the children reported during FY 2011, counting only one test among all reported tests during FY 2011) per child. However, these tables and charts may also include some children that were tested during FY 2010 for their screening test at one year of age.

Tables 4 and 5 display the testing statistics and the prevalence of lead poisoning among the children that were tested at <6 years old during FY 2011.

The Department maintains a database containing all blood lead tests reported on 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 6 and Figures 4a, 4b, 5 and 6 focus on the entire population of the children <17 years of age that were tested, and reported, for blood lead levels during FY 2011.

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

The children in the age groups of <6 years and <17 years may have had one or more blood lead tests taken during their lifetime, 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 2011, counting only one test per child (highest* blood lead level reported during FY 2011).

**Highest confirmed (sample type = venous) blood blood lead level, or lowest blood lead level when no venous sample reported during FY 2011. (Current limitation: Laboratories do not always report sample type information (Venous or Capillary). Due to this limitation, some of the lead level results selected may have been without sample type information.*)

Table 2

FY 2011: Children (6 to 29 Months Old) by Blood Lead Level and County of Residence								
County	**Number of Children***	**% Screened**	**Blood Lead Level (ug/dL)**					
			<10	**10-14**	**15-19**	**20-44**	**≥45**	**Total**
ATLANTIC	6,403	42.2%	2,682	11	4	6		2,703
BERGEN	21,968	36.1%	7,912	9	7	5		7,933
BURLINGTON	10,728	20.3%	2,164	9	2	1		2,176
CAMDEN	13,663	32.8%	4,447	15	8	5		4,475
CAPE MAY	2,103	23.2%	477	8		2		487
CUMBERLAND	3,639	58.5%	2,099	14	9	5		2,127
ESSEX	22,734	52.6%	11,795	99	35	33	2	11,964
GLOUCESTER	6,666	19.8%	1,308	6	4			1,318
HUDSON	15,205	58.4%	8,829	24	12	14		8,879
HUNTERDON	3,121	22.0%	683	4	1			688
MERCER	8,810	45.7%	3,978	27	9	7	1	4,022
MIDDLESEX	19,683	36.5%	7,145	23	9	6	1	7,184
MONMOUTH	16,744	28.3%	4,714	17	4	3		4,738
MORRIS	12,987	24.4%	3,161	4	5	3		3,173
OCEAN	12,765	48.1%	6,123	5	7	4		6,139
PASSAIC	14,232	54.5%	7,681	39	14	16		7,750
SALEM	1,540	38.2%	579	3	5	2		589
SOMERSET	8,843	23.9%	2,097	5	2	6		2,110
SUSSEX	3,876	23.4%	906					906
UNION	14,402	52.2%	7,440	43	18	17	1	7,519
WARREN	2,725	35.4%	962	2				964
ZIP Unknown	N/A	N/A	13,186					13,186
Total	**222,837**	**45.3%**	**100,368**	**367**	**155**	**135**	**5**	**101,030**

***Census 2000 data (Census 2010 data not available when analysis was performed)**

This table exhibits the number of children between the age of 6 and 29 months, tested and reported during FY 2011, and their blood lead levels, by county.

Table 3

FY 2011: Children (6 to 29 Months Old) by Blood Lead Level and Municipality* of Residence								
Municipality	**Number of Children***	**% Screened**	**Blood Lead Level (ug/dl)**					
			<10	**10-14**	**15-19**	**20-44**	**≥ 45**	**Total**
ATLANTIC CITY	1,186	65.2%	761	7	4	1		773
BAYONNE CITY	1,376	48.3%	658	2	3	1		664
BELLEVILLE TWP.	836	50.5%	422					422
BERKELEY TWP.	433	8.8%	38					38
BLOOMFIELD TWP.	1,102	50.0%	548	2		1		551
BRICK TWP.	1,847	21.8%	403					403
BRIDGEWATER TWP.	1,300	29.2%	379	1				380
CAMDEN CITY	2,845	60.7%	1,705	11	6	5		1,727
CHERRY HILL TWP.	1,591	24.1%	383					383
CLIFTON CITY	1,766	60.1%	1,059	3				1,062
DOVER TWP.	1,915	12.5%	239			1		240
EAST BRUNSWICK TWP.	1,065	24.1%	257					257
EAST ORANGE CITY	2,132	44.9%	926	15	7	8	1	957
EDISON TWP.	2,481	43.4%	1,073	2	1	1		1,077
ELIZABETH CITY	3,700	65.7%	2,405	13	6	6	1	2,431
EVESHAM TWP.	1,227	5.1%	63					63
EWING TWP.	666	26.9%	178	1				179
FORT LEE BORO	766	32.1%	245		1			246
FRANKLIN TWP.	1,488	13.3%	197	1				198
GLOUCESTER TWP.	1,763	8.2%	143		1			144
HACKENSACK CITY	1,010	67.2%	674	2	2	1		679
HAMILTON TWP.	1,981	25.9%	503	7	4			514
HILLSBOROUGH TWP.	1,140	33.5%	382					382
HOBOKEN CITY	491	153.0%	750	1				751
HOWELL TWP.	1,547	19.5%	302					302
IRVINGTON TWP.	1,963	64.7%	1,240	17	7	5	1	1,270
JACKSON TWP.	1,420	22.0%	313					313
JERSEY CITY	6,558	58.1%	3,782	14	5	12		3,813
KEARNY TOWN	918	45.3%	416					416
LAKEWOOD TWP.	2,961	142.5%	4,207	4	4	3		4,218
LINDEN CITY	877	53.1%	463	2		1		466
MANCHESTER TWP.	371	19.7%	73					73

Municipality	Number of Children*	% Screened	Blood Lead Level (ug/dl)					
			<10	10-14	15-19	20-44	≥ 45	Total
MARLBORO TWP.	1,033	13.9%	144					144
MIDDLETOWN TWP.	1,777	16.4%	292					292
MONTCLAIR TWP.	1,048	33.5%	346	2	2	1		351
MOUNT LAUREL TWP.	993	21.2%	211					211
NEW BRUNSWICK CITY	1,308	89.8%	1,160	8	4	3		1,175
NEWARK CITY	8,217	68.3%	5,537	50	14	14		5,615
NORTH BERGEN TWP.	1,435	60.2%	862	1	1			864
NORTH BRUNSWICK TWP.	1,009	33.9%	340	1	1			342
OLD BRIDGE TWP.	1,700	21.8%	371					371
PARSIPPANY-TROY HILLS TWP.	1,202	11.1%	130		1	2		133
PASSAIC CITY	2,607	80.3%	2,070	11	6	7		2,094
PATERSON CITY	4,973	61.4%	3,014	22	7	9		3,052
PENNSAUKEN TWP.	873	36.9%	322					322
PERTH AMBOY CITY	1,474	58.3%	853	4	1	1		859
PISCATAWAY TWP.	1,381	38.5%	530		1			531
PLAINFIELD CITY	1,492	80.2%	1,168	17	5	6		1,196
SAYREVILLE BORO	1,079	27.0%	289	1			1	291
SOUTH BRUNSWICK TWP.	1,223	9.4%	114	1				115
TEANECK TWP.	1,048	32.3%	337	1		1		339
TRENTON CITY	2,602	76.2%	1,953	17	5	6	1	1,982
UNION CITY	1,955	31.4%	609	4	1			614
UNION TWP.	1,176	75.6%	888	1				889
VINELAND CITY	1,375	55.1%	755	1	1			757
WASHINGTON TWP.	1,086	7.6%	83					83
WAYNE TWP.	1,284	31.1%	398	1				399
WEST NEW YORK TOWN	1,174	86.5%	1,012	1	2			1,015
WEST ORANGE TWP.	1,191	41.1%	488	1		1		490
WOODBRIDGE TWP.	2,495	17.8%	442	1				443
Total	**102,932**	**48.9%**	**49,905**	**251**	**103**	**97**	**5**	**50,361**

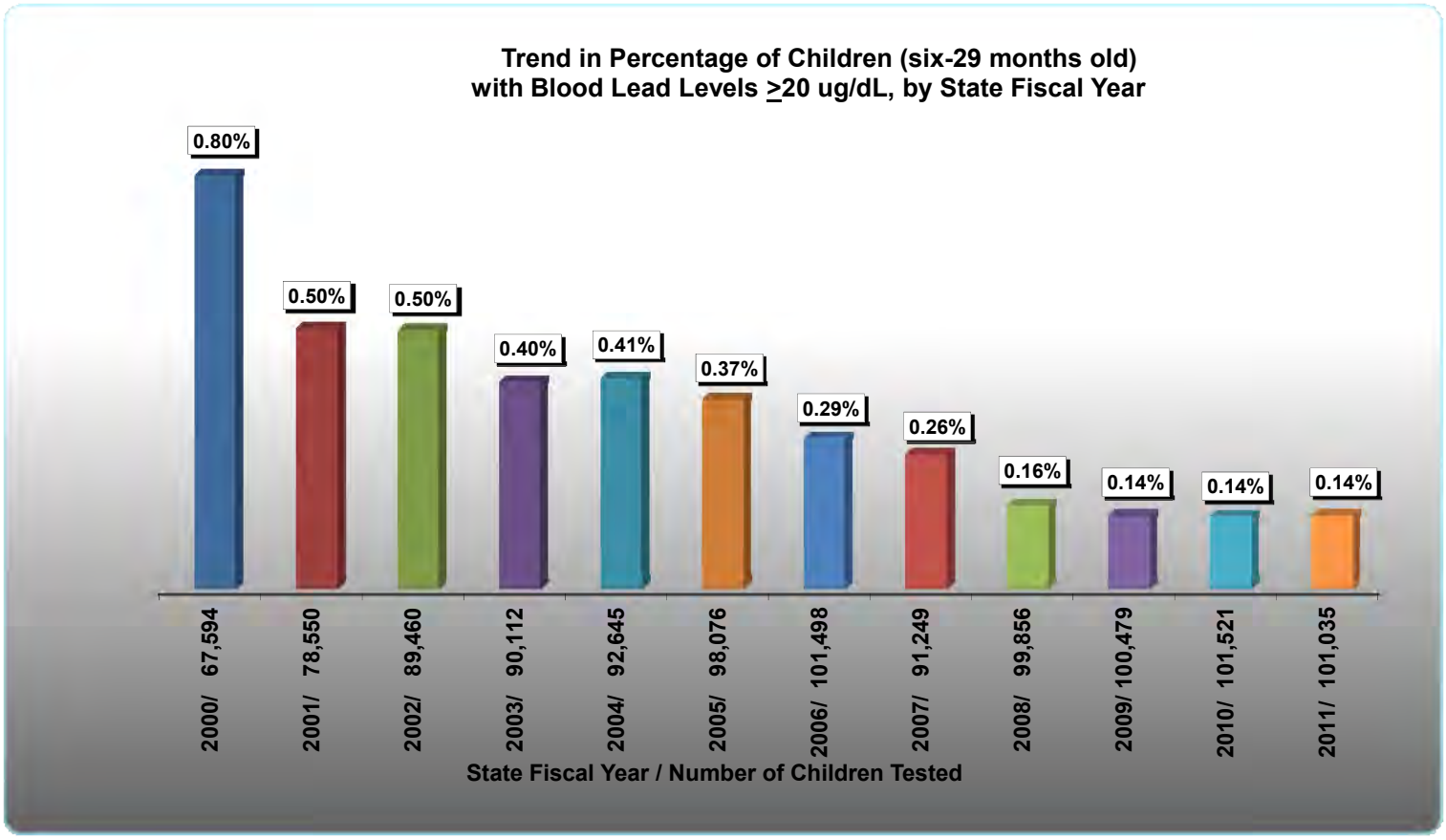
Census 2000 data

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

***Muicipalities with population >35,000 (Source: Census 2000 data).**

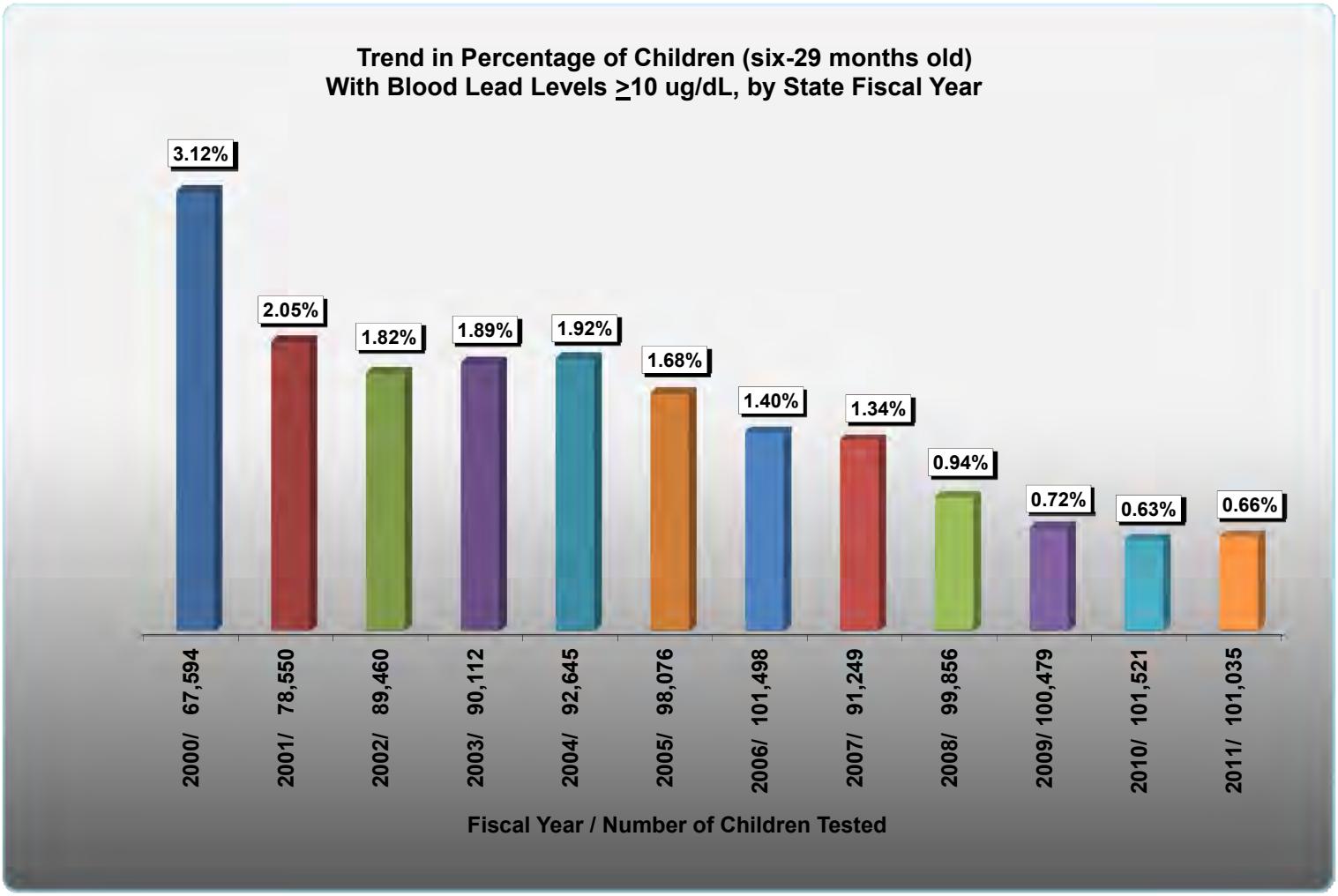
Note: Screening rates above 100% may be because the denominator (population) is based on Census 2000 data (as Census 2010 data is not available yet), which may be lower number than the actual population during FY 2011; The other reason may be the transient population, causing a short term bump in the number of children that were temporily the residents within the municipalities in question only during when they were tested.

Figure 3a



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

Figure 3b



This bar chart displays the trend in percentage of children (tested between six to 29 months of age) reported with blood lead levels of 10 µg/dL or greater. (Denominator represents number of children tested between the ages of six to 29 months during each fiscal year.)

Table 4

FY 2011: Children (<6 Years Old) by Blood Lead Level and County of Residence

County	Number of Children*	% Tested	Blood Lead Level (ug/dL)					
			<10	10-14	15-19	20-44	≥ 45	Total
ATLANTIC	20,219	25.6%	5,142	19	8	8		5,177
BERGEN	66,984	19.0%	12,679	17	13	11		12,720
BURLINGTON	32,944	9.6%	3,148	13	4	1		3,166
CAMDEN	41,771	15.8%	6,540	32	10	9	2	6,593
CAPE MAY	6,477	12.2%	775	11		2		788
CUMBERLAND	11,200	33.1%	3,656	29	16	8		3,709
ESSEX	69,596	38.4%	26,383	223	74	61	5	26,746
GLOUCESTER	20,323	8.8%	1,776	12	5			1,793
HUDSON	46,455	38.9%	17,987	55	20	22	1	18,085
HUNTERDON	9,904	8.1%	799	4	1			804
MERCER	26,865	26.0%	6,906	47	12	17	2	6,984
MIDDLESEX	56,447	22.8%	12,806	39	14	13	1	12,873
MONMOUTH	51,242	14.3%	7,288	24	6	5	1	7,324
MORRIS	39,748	11.7%	4,629	12	6	3		4,650
OCEAN	38,870	25.3%	9,823	13	9	6		9,851
PASSAIC	43,600	36.5%	15,764	88	30	22	1	15,905
SALEM	4,760	16.1%	753	6	5	3	1	768
SOMERSET	26,764	11.7%	3,119	9	2	7		3,137
SUSSEX	11,982	10.8%	1,295					1,295
UNION	43,943	34.1%	14,842	71	30	27	1	14,971
WARREN	8,515	14.9%	1,260	3	2			1,265
ZIP Unknown	N/A	N/A	19,825					19,825
Total	**678,609**	**26.3%**	**177,195**	**727**	**267**	**225**	**15**	**178,429**

Source: 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 2011: Children (<6 Years Old) by Blood Lead Level and Municipality* of Residence

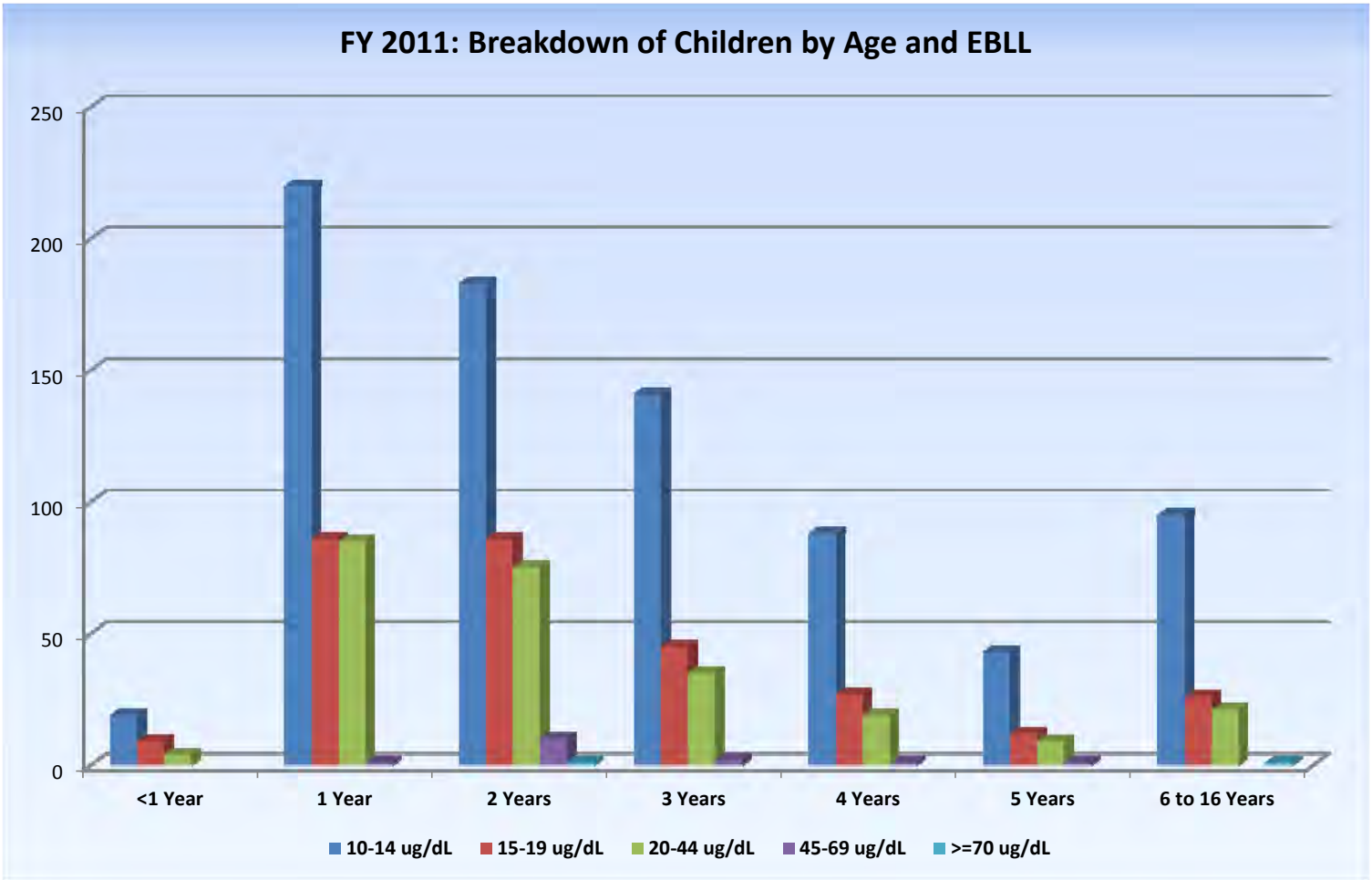
Municipality	Number of Children**	Blood Lead Level (ug/dL)						
		% Tested	<10	10-14	15-19	20-44	≥ 45	Total
ATLANTIC CITY	3,694	42.2%	1,542	10	7	2		1,560
BAYONNE CITY	4,293	32.7%	1,396	4	3	1		1,404
BELLEVILLE TWP	2,543	35.9%	914					914
BERKELEY TWP	1,289	5.0%	65					65
BLOOMFIELD TWP	3,359	32.0%	1,073	2		1		1,076
BRICK TWP	5,731	11.3%	647					647
BRIDGEWATER TWP	3,632	13.7%	496	1				497
CAMDEN CITY	8,894	30.1%	2,635	26	6	8	1	2,676
CHERRY HILL TWP	4,757	11.6%	554					554
CLIFTON CITY	5,727	34.8%	1,990	5				1,995
DOVER TWP	1,524	32.0%	486			1		487
EAST BRUNSWICK TWP	3,375	14.7%	497					497
EAST ORANGE CITY	6,628	34.2%	2,202	35	13	15	1	2,266
EDISON TWP	7,526	24.2%	1,811	4	1	4		1,819
ELIZABETH CITY	11,110	48.9%	5,388	28	11	7	1	5,434
EVESHAM TWP	3,718	2.4%	89					89
EWING TWP	1,950	16.6%	322	2				324
FORT LEE BORO	2,265	18.1%	408		1			409
FRANKLIN TWP	4,087	8.6%	349	3				352
GLOUCESTER TWP	4,845	4.5%	217		1			218
HACKENSACK CITY	2,916	46.0%	1,329	5	5	2		1,341
HAMILTON TWP	6,048	15.3%	915	8	4	1		928
HILLSBOROUGH TWP	3,589	13.1%	469					469
HOBOKEN CITY	1,444	73.5%	1,061	1				1,062
HOWELL TWP	4,294	10.8%	464					464
IRVINGTON TWP	5,957	49.9%	2,908	36	18	10	3	2,974
JACKSON TWP	4,271	11.9%	508					508
JERSEY CITY	20,081	39.9%	7,949	32	10	18		8,008
KEARNY TOWN	2,779	33.8%	935	5				940
LAKEWOOD TWP	6,810	97.8%	6,639	8	6	4		6,657
LINDEN CITY	2,872	32.0%	914	2		2		918
MANCHESTER TWP	1,123	11.4%	127	1				128

Municipality	Number of Children**	Blood Lead Level (ug/dL)						
		% Tested	<10	10-14	15-19	20-44	≥ 45	Total
MARLBORO TWP	3,320	7.7%	254					254
MIDDLETOWN TWP	5,525	7.5%	417					417
MONTCLAIR TWP	3,278	18.5%	598	3	3	1		605
MOUNT LAUREL TWP	2,977	8.9%	266					266
NEW BRUNSWICK CITY	3,985	49.1%	1,934	13	6	4		1,957
NEWARK CITY	25,608	54.9%	13,898	113	34	26		14,068
NORTH BERGEN TWP	4,477	36.2%	1,616	2	2			1,620
NORTH BRUNSWICK TWP	2,921	19.7%	571	3	1			575
OLD BRIDGE TWP	2,012	31.8%	639					639
PARSIPPANY-TROY HILLS TWP	3,662	6.2%	223		1	2		226
PASSAIC CITY	7,857	63.2%	4,912	26	12	11	1	4,962
PATERSON CITY	15,148	43.3%	6,472	52	16	11		6,552
PENNSAUKEN TWP	2,747	18.0%	494		1			495
PERTH AMBOY CITY	4,546	43.8%	1,982	4	2	1		1,989
PISCATAWAY TWP	3,725	23.5%	872	1	2	1		877
PLAINFIELD CITY	4,566	59.1%	2,652	26	8	13		2,699
SAYREVILLE BORO	3,264	17.1%	555	2			1	558
SOUTH BRUNSWICK TWP	3,691	6.1%	225	1				226
TEANECK TWP	3,086	17.8%	546	1		1		548
TRENTON CITY	7,850	50.6%	3,917	35	7	14	2	3,975
UNION CITY	5,913	23.7%	1,392	7	2		1	1,402
UNION TWP	3,671	47.7%	1,748	3	1			1,752
VINELAND CITY	4,275	30.9%	1,314	3	2			1,319
WASHINGTON TWP	3,618	3.2%	117					117
WAYNE TWP	3,973	14.6%	578	1				579
WEST NEW YORK TOWN	3,619	59.7%	2,154	2	3	2		2,161
WEST ORANGE TWP	3,560	25.6%	908	1	1	2		912
WOODBRIDGE TWP	7,378	12.0%	879	3				882
Total	**303,383**	**33.0%**	**99,362**	**535**	**190**	**165**	**11**	**100,263**

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

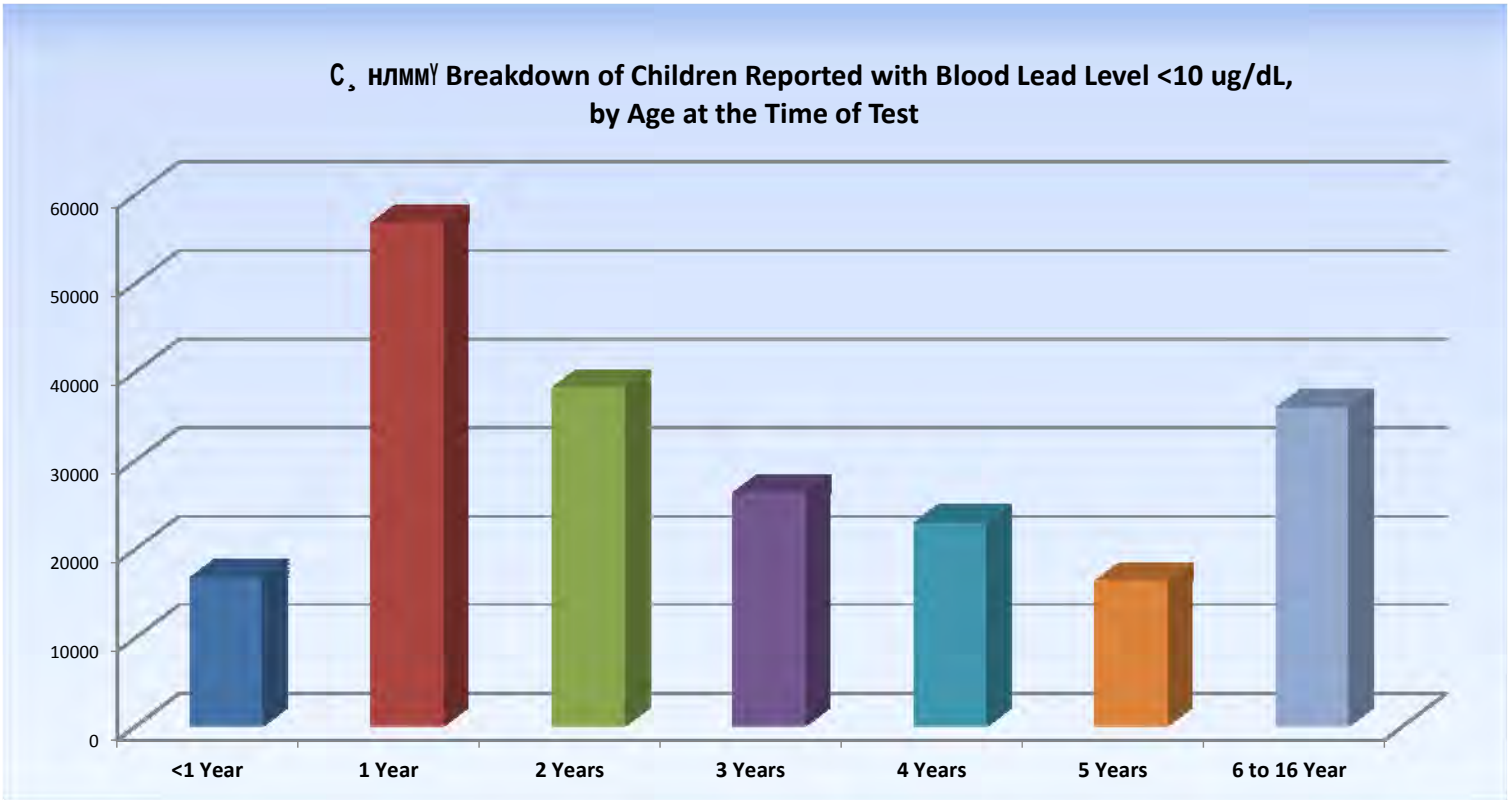
The above table displays distribution of testing and prevalence of lead poisoning among children <6 years old, by their municipality of residence.

Figure 4a



This chart provides the breakdown of children, during FY 2011 by age and EBLL.
Each child is counted only once, using their highest blood lead level reported during the fiscal year.

Figure 4b



This chart provides the breakdown of the children reported, by age, during FY 2011 with blood lead levels below 10 ug/dL. Each child is counted only once, using their highest blood lead level reported during the fiscal year.

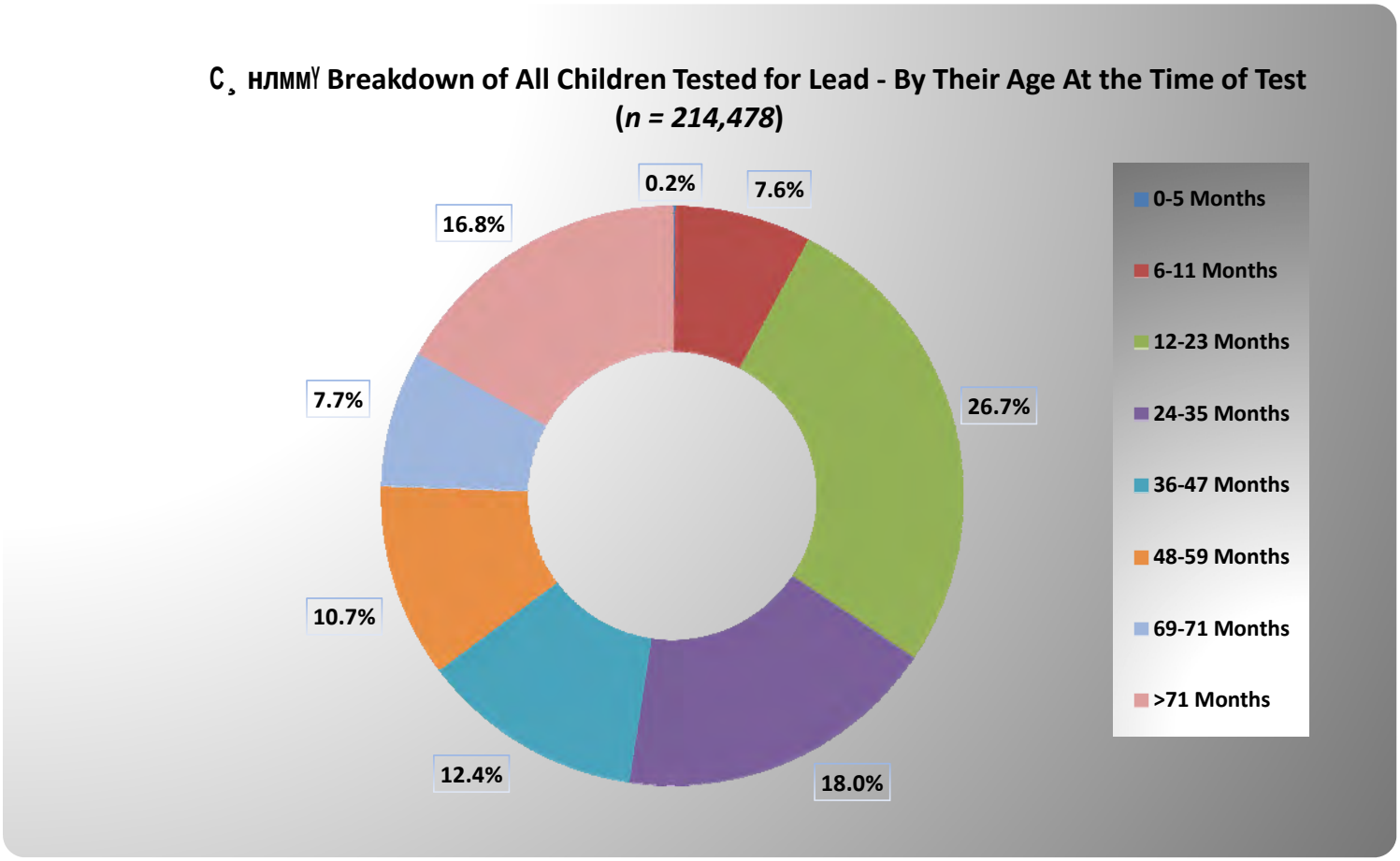
Table 6

FY 2011: All Children (<17 Years Old)
by Blood Lead Level and County of Residence

County	Blood Lead Level (ug/dL)					
	<10	**10-14**	**15-19**	**20-44**	**≥ 45**	**Total**
ATLANTIC	6,090	21	9	8		6,128
BERGEN	14,939	21	13	12		14,985
BURLINGTON	3,522	13	4	1		3,540
CAMDEN	7,357	35	11	9	2	7,414
CAPE MAY	898	11		2		911
CUMBERLAND	4,123	38	17	10		4,188
ESSEX	32,559	255	82	63	5	32,964
GLOUCESTER	1,933	12	5			1,950
HUDSON	23,014	69	24	25	1	23,133
HUNTERDON	863	4	1			868
MERCER	8,643	53	12	18	2	8,728
MIDDLESEX	16,041	41	21	20	1	16,124
MONMOUTH	8,474	27	6	6	1	8,514
MORRIS	5,152	13	6	3		5,174
OCEAN	11,070	16	9	6		11,101
PASSAIC	19,196	92	30	24	1	19,343
SALEM	808	6	5	3	1	823
SOMERSET	3,668	9	2	8		3,687
SUSSEX	1,489					1,489
UNION	18,751	87	34	29	1	18,902
WARREN	1,432	5	2			1,439
ZIP Unknown	23,073					23,073
Total	**213,087**	**828**	**293**	**247**	**15**	**214,478**

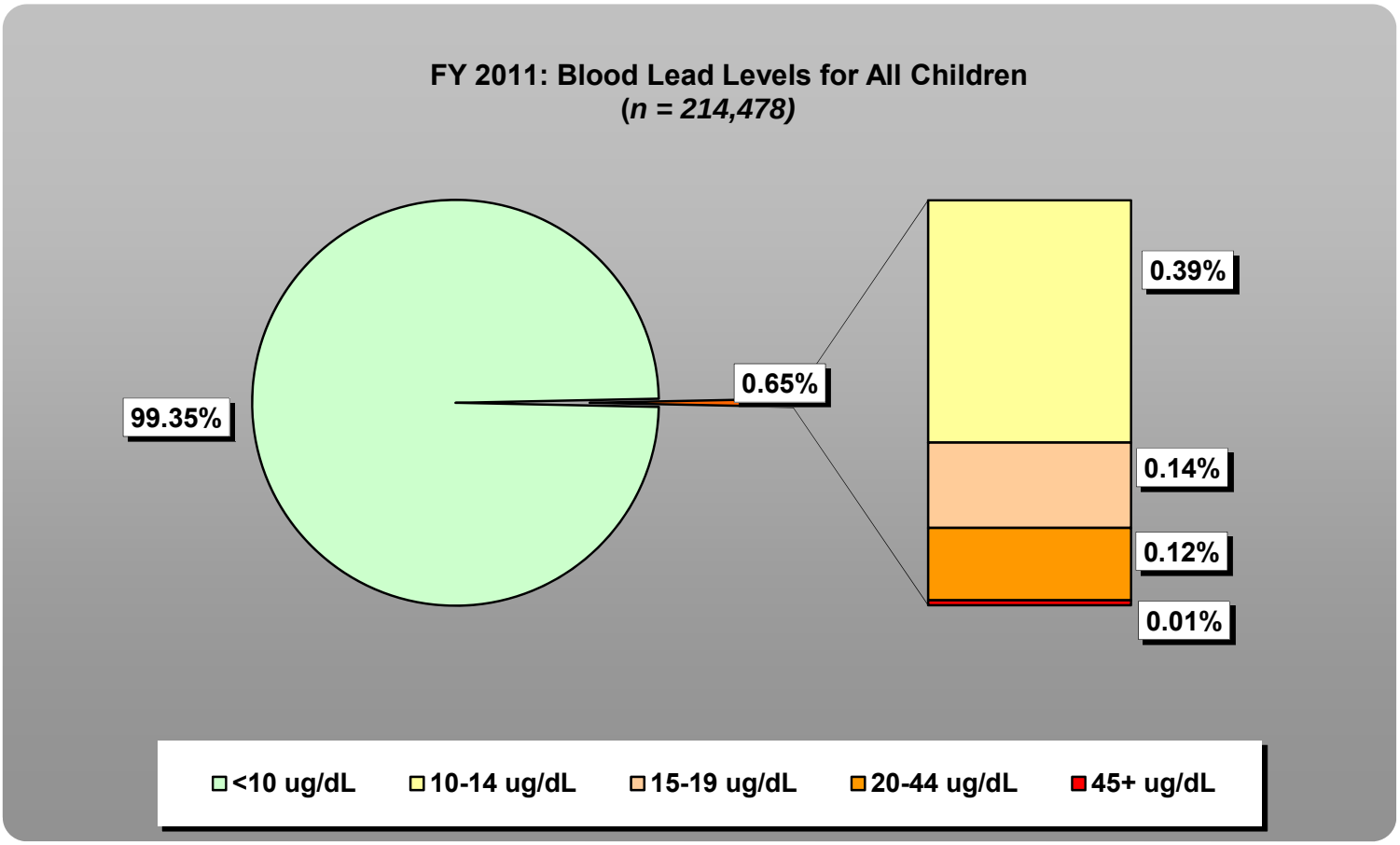
This table displays distribution of tests by county, for all children <17 years old that were tested during FY 2011 and their highest blood lead level reported during FY 2011.

Figure 5



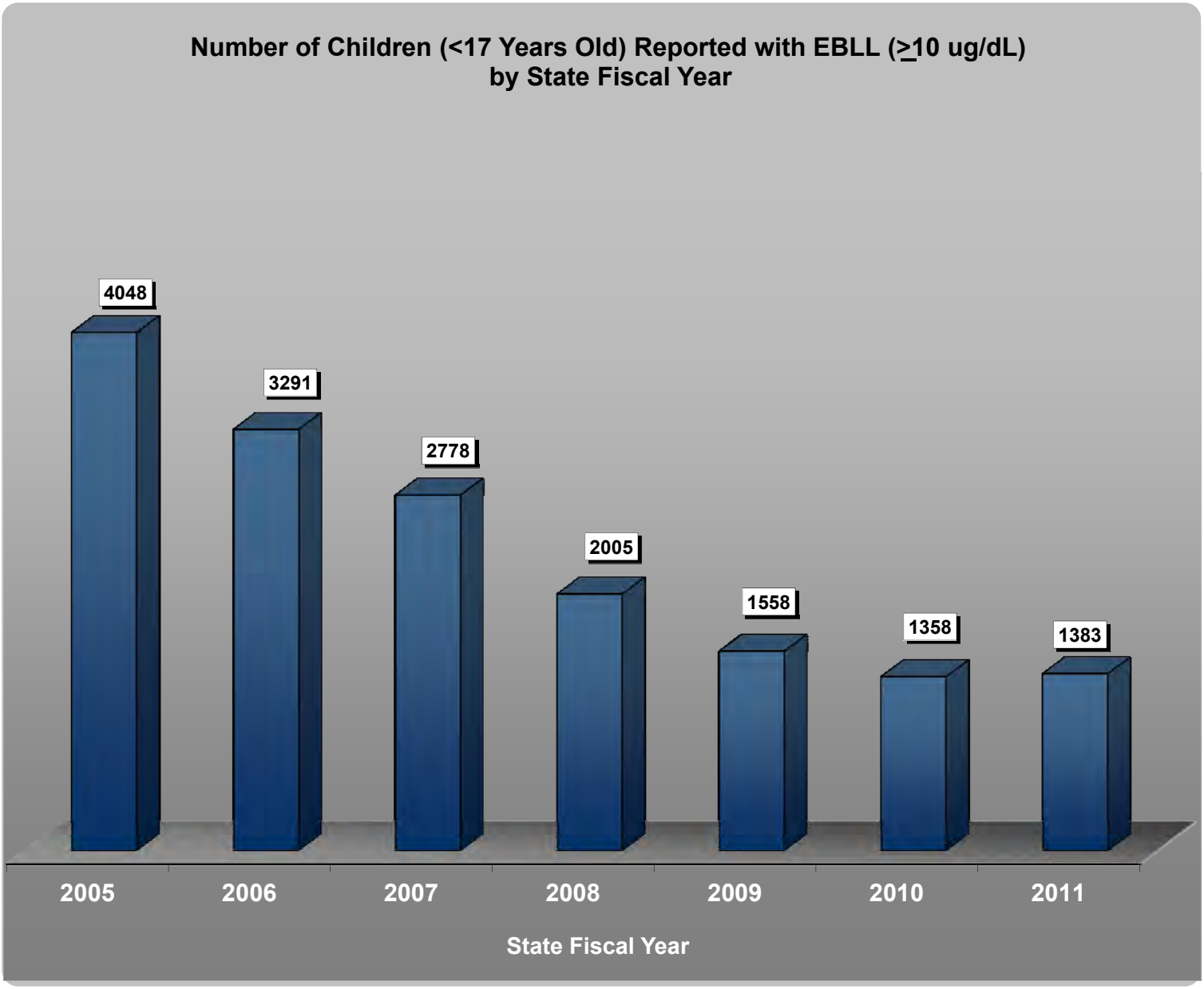
This chart is based on all children (<17 years old, unduplicated) that were reported with their blood lead test results during FY 2011, counting only one test per child. Total number of children tested = 214,478.

Figure 6



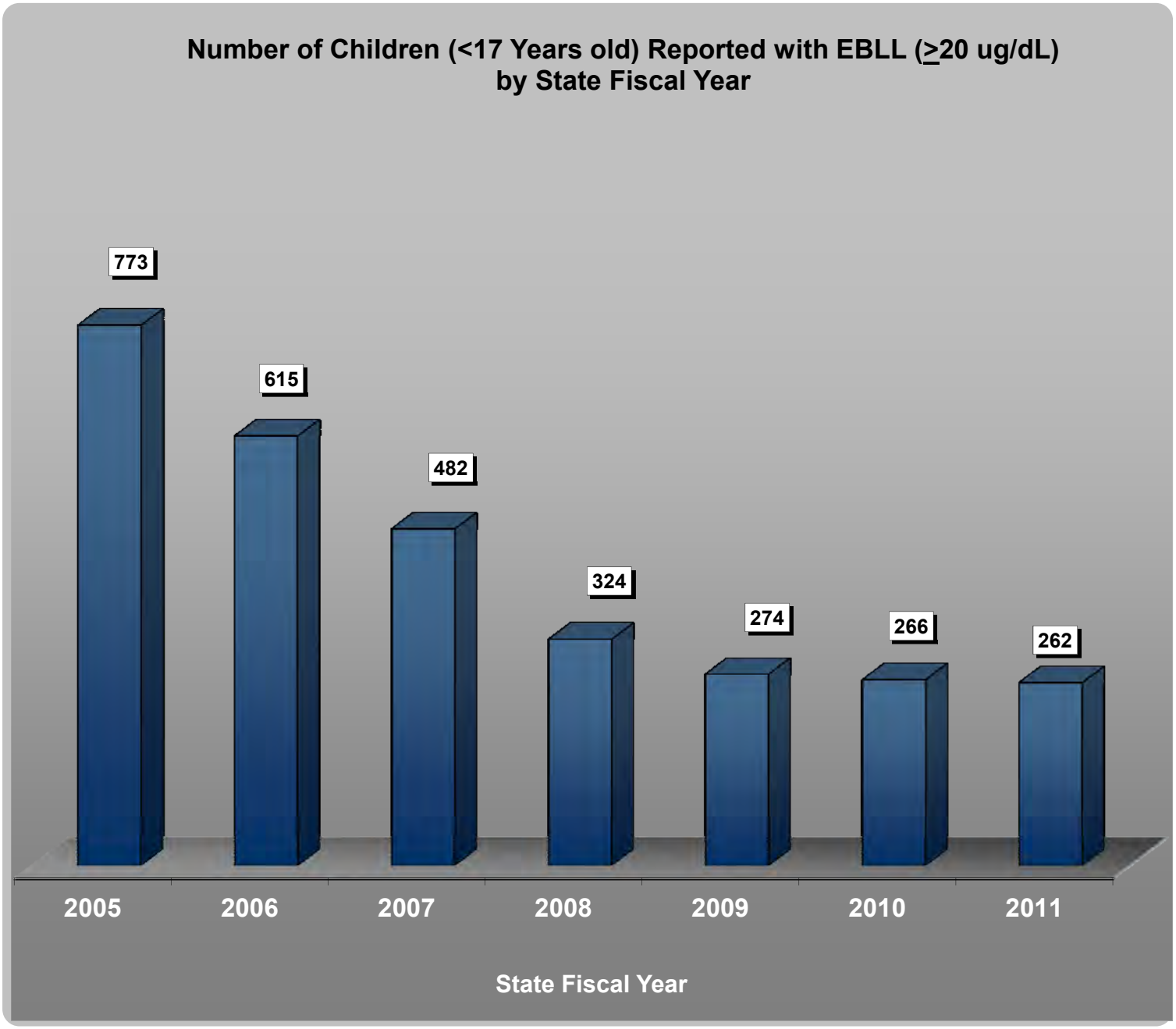
This pie chart describes the breakdown of blood lead levels of all children (unduplicated) reported during FY 2011 (number of children reported = 214,478), counting one test (highest lead level reported) per child.

Figure 7a



This chart depicts the downward trend in number of children (<17 years old) reported with EBLL (≥ 10 ug/dL), by State Fiscal Year.

Figure 7b



This chart depicts the downward trend in number of children (<17 years old) reported with EBLL (≥20 ug/dL), by State Fiscal Year.

Chapter Three

SPOTLIGHT ON THE CITY OF NEWARK

The City of Newark has the greatest burden of lead poisoned children compared to any other local board of health in the State. The City of Newark comprised 15% of the State's children under six years of age with an EBLL during FY 2011. Additionally, in FY 2011, the City of Newark comprised 25% of the total number of children under six years of age with an EBLL in all large municipalities[1].

The City of Newark has worked to address the issue of childhood lead poisoning through several means. The City of Newark has been aggressive in obtaining grants to help eliminate childhood lead poisoning. In addition, the city has the State's only "Lead Safe Houses," which are municipal- owned properties that are lead free. 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 achievement that other municipalities have expressed interest in exploring. Further, the City of Newark provides a community presence through the Newark Partnership for Lead Safe Children. This partnership provides lead poisoning prevention education and outreach opportunities for residents of the City of Newark.

Whether or not New Jersey achieves its goal of eliminating childhood lead poisoning depends profoundly on the City of Newark's success in addressing their lead contamination issues.

The City of Newark's Department of Child and Family Well-Being receives grant funding from the Department of Health and Senior Services to carry out a Childhood Lead Poisoning Prevention Program.

[1]For this chapter, a large municipality will be any municipality with a population $\geq$35,000 residents according to the 2000 U.S. Census.

Figure 8

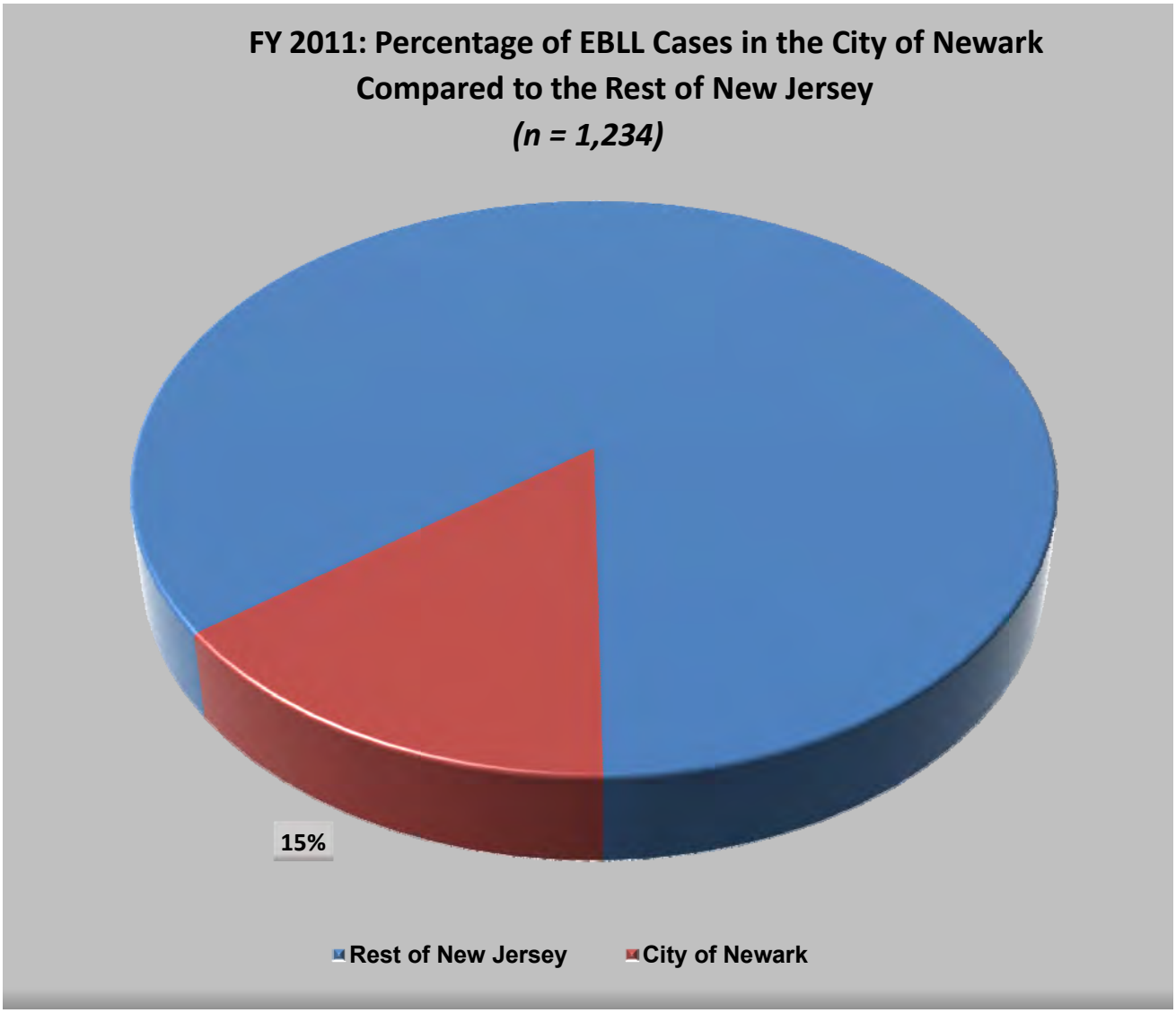


Figure 8 identifies the disproportionate distribution of lead poisonedchildren in the City of Newark compared to the rest of New Jersey. The data in Figure 8 are based on the total number of unique children under 6 years of age who have a confirmed EBLL test reported during FY 2011.

Figure 9

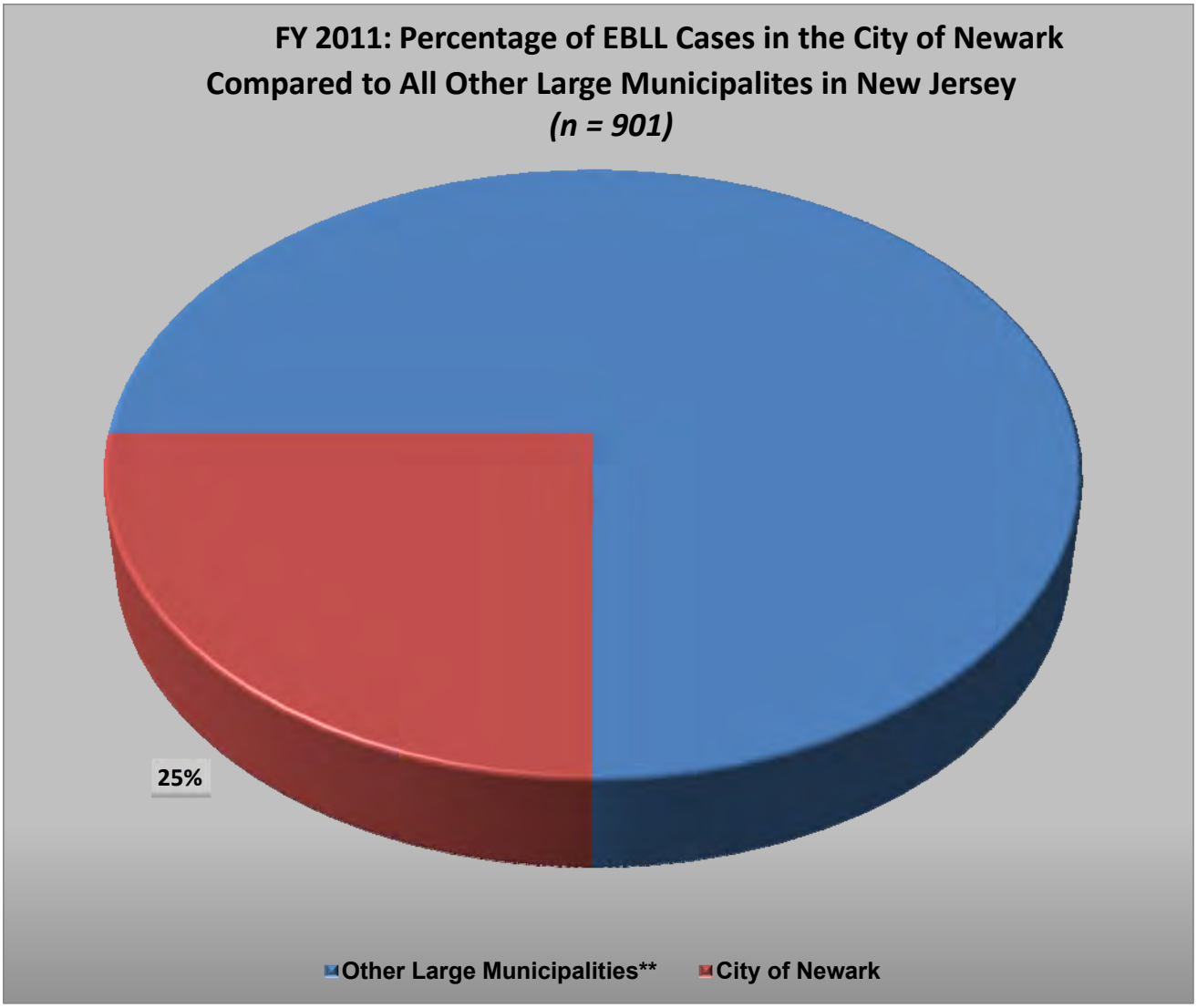


Figure 9 identifies the disproportionate distribution of lead poisoned children in the City of Newark compared to other large municipalities in the State of New Jersey. The data in Figure 9 are based on the total number of unique children under 6 years of age who have a confirmed EBLL test.

Figure 10

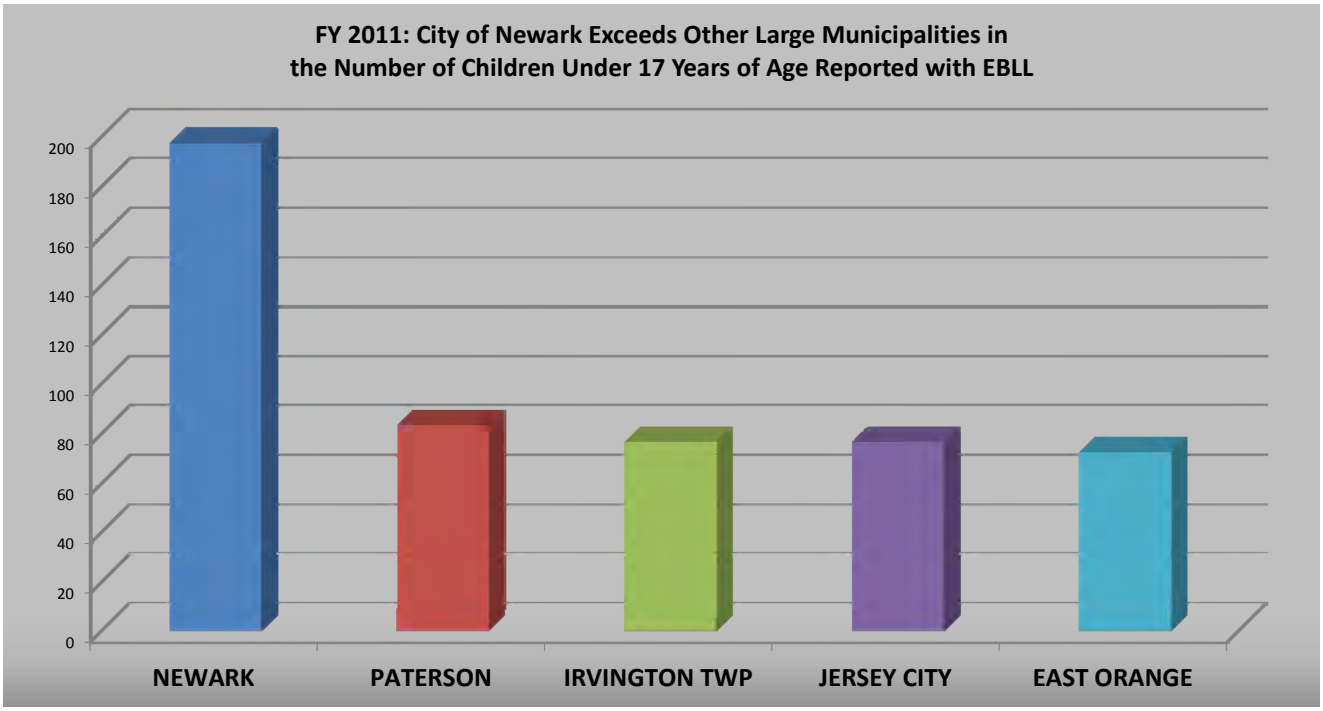


Figure 10 identifies the disproportionate distribution of lead poisoned children in the City of Newark compared to other municipalities in the State of New Jersey. The data in Figure 10 are based on the total number of unique children under 17 years of age who have a confirmed EBLL test. Of the children identified in the City of Newark during FY 2011, only the highest blood lead test per child is counted.

Figure 11

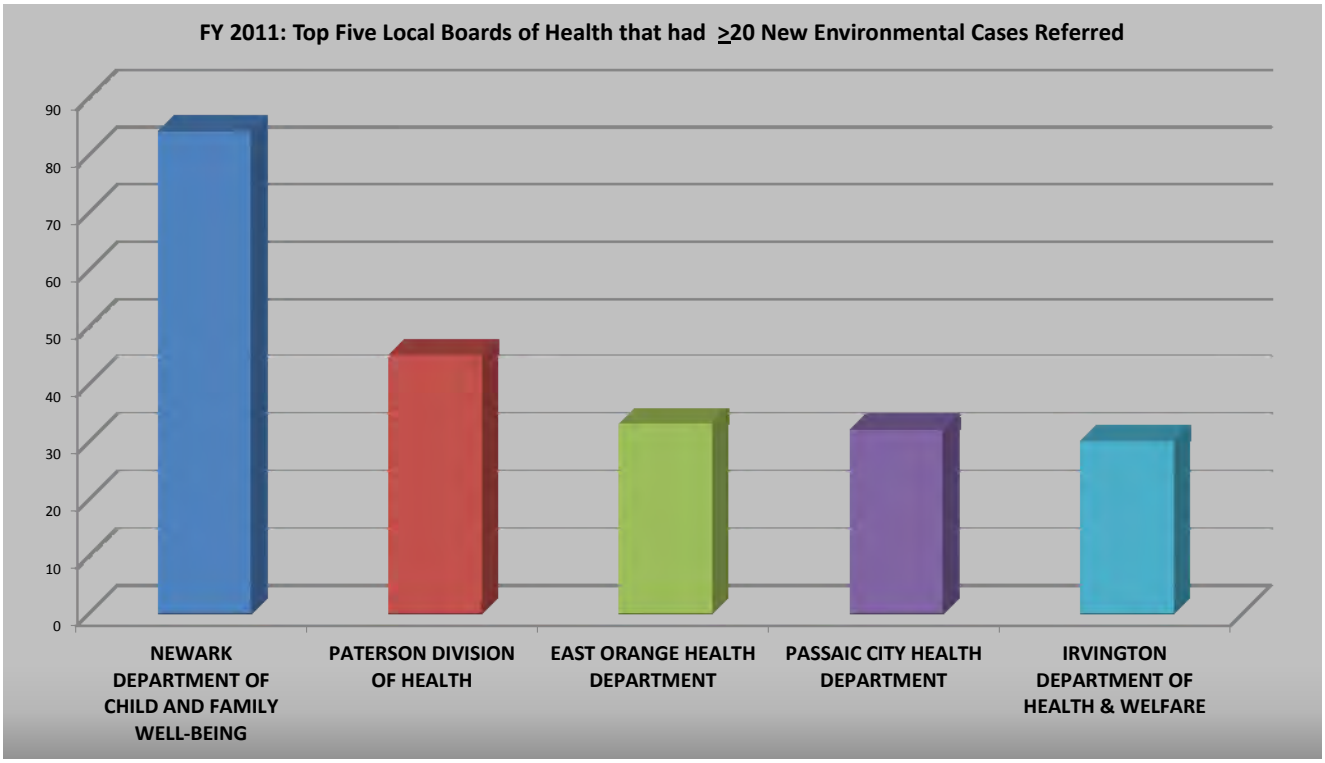


Figure 11 identifies the disproportionate distribution of lead poisoned children in the City of Newark compared to other Local Boards of Health in the State of New Jersey. The data in Figure 11 are based on the total number of new environmental cases opened during FY 2011. A new environmental case is 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.

Figure 12

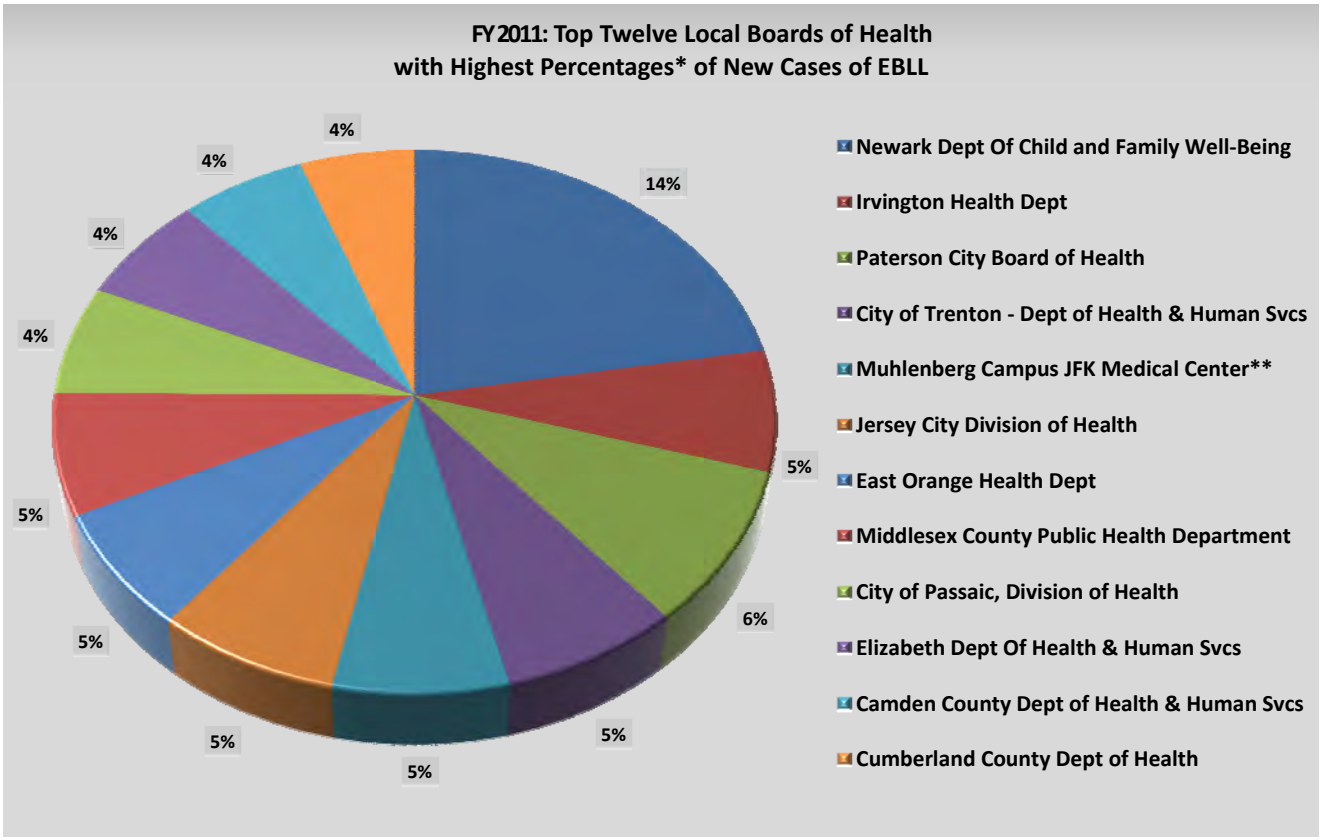


Figure 12 identifies the disproportionate distribution of lead poisoned children in the City of Newark compared to other Local Boards of Health in the State of New Jersey. The data in Figure 12 are based on the percentage share of all new environmental cases reported during FY 2011

Percent share of all new cases of lead poisoning during FY 2011 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)

****Muhlenberg Campus JFK Medical Center provides case management services (nursing) to the cities of Plainfield and North Plainfield.***

Chapter Four

ENVIRONMENTAL INVESTIGATIONS BY LOCAL BOARDS OF HEALTH

New Jersey law (N.J.S.A. 24:14A-1 through 12) 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 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 childcare 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 parents/guardians about lead poisoning and the steps that they can take to protect their child from further exposure. The public health nurse also provides on-going case management services to assist the family in receiving follow-up testing, medical treatment, and social services that may be necessary to address the effects of their child's exposure to lead.

The Department maintains a system for notifying each local board of health of all children with elevated blood lead levels reported in its jurisdiction. When an elevated blood lead test result is received, that result is compared with the records in the database to determine if this child has had a previously reported blood lead level >10 µg/dL. For each child not previously reported, a notice is sent to the local board of health that has jurisdiction over the address provided with the laboratory report. This chapter presents the data of children with EBLLs reported to local boards of health, and the boards' actions and responses.

During FY 2010, the reporting system was modified for the grantee agencies through the elimination of the LP-1 form and the transition to a web-based childhood lead poisoning information database (database). Upon implementation of this transition, all notifications to the grantee agencies were sent via electronic message. Further, the agencies would be required to enter data for all investigations and abatements into the database. Since the transition to the new database was in the middle of FY 2010, the statistical data for environmental cases was not uniform and therefore may not reflect the current status of the cases. However, for FY 2011, non-uniform transition data will not be an issue as the LP-1 forms were eliminated for all local boards of health, thus completing the statewide transition to the database.

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 database. It is possible that additional inspections and/or abatements may have been completed, but not reported by local boards of health.

Table 7

FY 2011: Environmental Activity Status by County								
County Name	**EBLL Reports Sent**	**Invest. Reqd.**	**Invest. Completed**	**Invest. Completed (%)**	**Lead Hazards Found**	**Lead Hazards Found (%)**	**Abatements Completed**	**Abatements Completed (%)**
ATLANTIC	17	16	15	94%	9	60%	8	89%
BERGEN	21	15	10	67%	2	20%	2	100%
BURLINGTON	9	9	4	44%	3	75%	3	100%
CAMDEN	20	19	13	68%	0	0%	0	N/A
CAPE MAY	3	2	2	100%	1	50%	0	0%
CUMBERLAND	30	30	30	100%	21	70%	14	67%
ESSEX	168	150	144	96%	94	65%	34	36%
GLOUCESTER	8	8	8	100%	8	100%	4	50%
HUDSON	40	40	39	98%	22	56%	16	73%
HUNTERDON	1	1	1	100%	1	100%	0	0%
MERCER	30	28	24	86%	18	75%	12	67%
MIDDLESEX	23	22	19	86%	5	26%	2	40%
MONMOUTH	16	14	14	100%	10	71%	8	80%
MORRIS	6	6	4	67%	0	0%	0	N/A
OCEAN	14	11	10	91%	2	20%	2	100%
PASSAIC	78	78	75	96%	58	77%	44	76%
SALEM	7	6	5	83%	3	60%	2	67%
SOMERSET	2	2	0	0%	0	N/A	0	N/A
UNION	49	40	39	98%	29	74%	12	41%
WARREN	2	2	2	100%	0	0%	0	N/A
Total	**544**	**499**	**458**	**92%**	**286**	**62%**	**163**	**57%**

Table 7 displays the profile of environmental activity 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

FY 2011: Local Boards of Health With ≥ 20 Environmental Cases Referred									
LOCAL BOARD OF HEALTH	Env. Cases Opened	Invest. Required	Invest. Completed	Invest. Completed (%)	Lead Hazards Found	Lead Hazards Found (%)	Abatements Pending	Abatements Completed	Abatements Completed (%)
NEWARK DEPARTMENT OF CHILD AND FAMILY WELL BEING	84	67	64	96%	30	47%	20	10	33%
PATERSON DIVISION OF HEALTH	45	45	43	96%	27	63%	8	19	70%
EAST ORANGE HEALTH DEPARTMENT	33	33	33	100%	26	79%	10	16	62%
PASSAIC CITY HEALTH DEPARTMENT	32	32	32	100%	31	97%	6	25	81%
IRVINGTON HEALTH DEPARTMENT	30	29	26	90%	21	81%	18	3	14%
TRENTON DEPARTMENT OF HEALTH & HUMAN SERVICES	29	27	23	85%	17	74%	6	11	65%
CUMBERLAND COUNTY HEALTH DEPARTMENT	26	26	26	100%	17	65%	5	12	71%
JERSEY CITY DIVISION OF HEALTH	23	23	22	96%	13	59%	3	10	77%
PLAINFIELD HEALTH DEPARTMENT	23	23	23	100%	20	87%	15	5	25%
CAMDEN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES	20	19	13	68%	0	0%	0	0	N/A

Table 8 displays the local boards of health that had 20 or more new environmental cases* referred (EBLL reports sent) during FY 2011, and the status of the environmental activity performed for the cases. See Appendix 2 of this report for complete data on the status of all elevated blood lead reports issued by local boards 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 9

Current Environmental Investigation Status by State Fiscal Year										
State Fiscal Year	Environmental Cases Opened	Investigations Required	Investigations Completed	Investigations Completed (%)	Invest. Pending	Lead Hazards Found	Lead Hazards Found (%)	Abatements Completed	Abatements Pending	Abatements Completed (%)
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%
FY2011*	544	499	458	92%	72	286	62%	163	136	57%

**The data for FY 2011 are based on the data entered into the database by the local boards of health as of November 4, 2011.*

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 elevated blood lead level and the completion of the abatement process can be affected by a number of factors. These factors include:

- difficulty 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
- barriers faced by property owners to obtain financial assistance to pay for the cost of the required abatement. The Lead Hazard Control Assistance (LHCA) Fund, administered by the Department of Community Affairs (DCA), has received significant reductions in funding in recent State fiscal years, which has caused an increase in property owner applications being rejected or held as pending.

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 2011, the DHSS set forth health objectives 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 2011 Accomplishments

A. Increasing Screening Rates

N.J.A.C. 8:51A: DHSS reinforced its commitment to universal screening by readopting N.J.A.C. 8:51A which instructs physicians, nurses, and other agencies that provide child health services to children younger than six years to inquire of previous blood screening and to assure blood lead screening is undertaken by the child's parent(s) or guardian. The regulation was readopted without amendments in June 2011; however, amendments are being prepared for proposal by DHSS in 2012.

Collaboration with the Department's Refugee Health Program (RHP): Worked with Southern Jersey Family Medical Center in Hammonton and the International Rescue Committee/NJ Affiliate in Elizabeth to increase the percentage of refugee children 6 months to 16 years of age who received a blood lead test within 90 days of arrival in New Jersey. Per Federal law, DHSS worked closely with other State health departments to assure timely initial blood lead screening and follow-up testing are conducted on and case management services are provided to affected children who have been resettled out of state.

Testing of Pregnant Women: N.J.A.C. 8:51, adopted with amendments in July 2010, set forth requirements for the first time that require pregnant women who live in the same household as a lead-poisoned child to undergo blood lead screening. DHSS developed a brochure for use by local boards of health for distribution to this special population. Guidance and recommendations from the Centers for Disease Control and Prevention (CDC) for follow-up testing and case management were disseminated to local boards of health through CLPP information Database (database), face o face meetings, and via conference calls. In addition, the database was

customized to collect information to document if there is a pregmant woman in the same household of the lead poisonied child. In lieu of regulations (NJAC 8:51-2.4(b)(7) requiring screening of pregnant women, a physician referral form was developed for use by local boards of health and posted to the database.

Data Sharing and Matching: DHSS continued to collaborate with other governmental agencies in sharing data for the purpose of monitoring incidence and prevalence of elevated blood lead levels and addressing childhood lead poisoning. Through a Memorandum of Agreement (MOA) with the Department of Community Affairs (DCA), DHSS childhood lead poisoning data was used to populate the Lead Safe Housing Registry with the addresses that had been abated and deemed lead-safe and lead-free. Patient data in the database was matched with data from Medicaid and the New Jersey Immunization Information System (NJIIS) registry which contributed to the development of the Master Client Index (MCI). The MCI is a centralized database of client names which provides restricted users access to medical data from various information systems.

B. Surveillance

Database : The amended N.JA.C. 8:51 required that all personnel assigned to lead poisoning prevention case management and environmental investigation services provided by local boards of health to use LeadTrax, a web-based surveillance system. Classroom-based training was provided on a frequent basis to assure all users were trained prior to performing data entry activities.

Electronic Laboratory Reporting (ELR): DHSS worked closely with laboratories and LeadCare I and II analyzer users to enhance their use of electronic blood lead testing results and to assure compliance with DHSS reporting timeframes. Percentages continuoulsly have risen each year, reaching up to 98% in FY 2011 from 92% in FY 2004.

C. Follow-up of Children with Elevated Blood Lead Levels

N.J.A.C. 8:51**:** In July 2010, substantial amendments to N.J.A.C. 8:51 were adopted by DHSS. The regulation prescribes the roles and responsibilities of local board of health when providing services to children identified as being lead poisoned. The regulation mandates local boards of health to commence case management services based upon one confirmed blood lead level (BLL) of 15 ug/dL or above, or two consecutive blood lead levels of 10-14 ug/dL that are at least one to three months apart. In October 2010, lead and the law trainings were held which allowed 238 the database users (nurse case managers, environmental inspectors and health officers) to become familiar with the regulations and required new protocols.

D. Public and Professional Education

Primary Prevention: CLPP Projects in the municipalities of Paterson, Passaic, East Orange, Plainfield, Irvington, and in the county of Cumberland participated in targeted outreach and education. Available data and sources of information on demographic and environmental risk factors were used to determine highest-risk neighborhoods for exposure to potential lead hazards. Community-based organizations (CBOs) serving those high-risk neighborhoods were provided resources on how to educate and refer families with lead-related housing issues. Some of the neighborhood-specific populations included: Arabic-speaking and Muslim in Paterson; Hispanic in Cumberland County, Plainfield, and Passaic; and Haitian Creole speakers in East Orange and Irvington.

Newark Partnership for Lead Safe Children: The City of Newark, due to its receipt of HUD funding for healthy homes and lead hazards reduction, in addition to continued support by the Kresge Foundation, enabled the Partnership to strengthen interagency collaboration. The collaborations included members and their agencies identifying properties for the City to remediate for lead-based paint hazards and other housing-based health issues

Regional CLPP Coalitions: The three regional CLPP Coalitions (Northern, Central, and Southern), their members and local stakeholders, continued to provide direct outreach and education. Direct funding from DHSS and DCA was provided to increase the number and percentage of children receiving age-appropriate blood lead testing, to promote financial assistance opportunities to address lead hazards in the home, to encourage the use of EPA Certified Renovators and owner use of lead-safe work practices, and to support community capacity building efforts so that communities can address lead on a local level.

Appendix 1

ENVIRONMENTAL ACTIVITY STATUS*

BY LOCAL BOARDS OF HEALTH JURISDICTION

FY 2011

**Lists only those local boards of health that had at least one environmental case opened during FY 2011.*

FY 2011: Environmental Activity Status by Local Health Department									
LOCAL BOARD OF HEALTH	Env. Cases Opened	Invest. Required	Invest. Completed	Invest. Completed (%)	Lead Hazards Found	Lead Hazards Found (%)	Abatements Pending	Abatements Completed	Abatements Completed (%)
NEWARK DEPARTMENT OF CHILD AND FAMILY WELL BEING	84	67	64	96%	30	47%	20	10	33%
PATERSON DIVISION OF HEALTH	45	45	43	96%	27	63%	8	19	70%
EAST ORANGE HEALTH DEPARTMENT	33	33	33	100%	26	79%	10	16	62%
PASSAIC CITY HEALTH DEPARTMENT	32	32	32	100%	31	97%	6	25	81%
IRVINGTON HEALTH DEPARTMENT	30	29	26	90%	21	81%	18	3	14%
TRENTON DEPARTMENT OF HEALTH & HUMAN SERVICES	29	27	23	85%	17	74%	6	11	65%
CUMBERLAND COUNTY HEALTH DEPARTMENT	26	26	26	100%	17	65%	5	12	71%
JERSEY CITY DIVISION OF HEALTH	23	23	22	96%	13	59%	3	10	77%
PLAINFIELD HEALTH DEPARTMENT	23	23	23	100%	20	87%	15	5	25%
CAMDEN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES	20	19	13	68%	0	0%	0	0	N/A
WEST ORANGE HEALTH DEPARTMENT	19	19	19	100%	14	74%	11	3	21%
ELIZABETH DEPARTMENT OF HEALTH & HUMAN SERVICES	16	9	9	100%	6	67%	3	3	50%
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	16	16	14	88%	4	29%	3	1	25%
OCEAN COUNTY HEALTH DEPARTMENT	14	11	10	91%	2	20%	0	2	100%
MONMOUTH COUNTY HEALTH DEPARTMENT	11	11	11	100%	8	73%	0	8	100%
ATLANTIC CITY HEALTH DEPARTMENT	10	10	9	90%	6	67%	2	4	67%
BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES	10	5	4	80%	0	0%	0	0	N/A
BURLINGTON COUNTY HEALTH DEPARTMENT	9	9	4	44%	3	75%	1	2	67%
GLOUCESTER COUNTY DEPARTMENT OF HEALTH	8	8	8	100%	8	100%	4	4	50%
NORTH BERGEN HEALTH DEPARTMENT	8	8	8	100%	5	63%	3	2	40%
ATLANTIC COUNTY HEALTH DEPARTMENT	7	6	6	100%	3	50%	1	2	67%
SALEM COUNTY DEPARTMENT OF HEALTH	7	6	5	83%	3	60%	1	2	67%
WESTFIELD REGIONAL HEALTH DEPARTMENT	5	5	5	100%	1	20%	0	1	100%
HACKENSACK HEALTH DEPARTMENT	4	4	2	50%	0	0%	0	0	N/A
RAHWAY HEALTH DEPARTMENT	4	4	2	50%	2	100%	2	0	0%
VINELAND DEPARTMENT OF HEALTH	4	4	4	100%	4	100%	2	2	50%
WEST NEW YORK HEALTH DEPARTMENT	4	4	4	100%	3	75%	2	1	33%
CAPE MAY COUNTY HEALTH DEPARTMENT	3	2	2	100%	1	50%	1	0	0%
ENGLEWOOD HEALTH DEPARTMENT	3	3	2	67%	1	50%	0	1	100%
MID-BERGEN REGIONAL HEALTH COMMISSION	3	2	1	50%	0	0%	0	0	N/A
MIDDLE-BROOK REGIONAL HEALTH COMMISSION	3	2	1	50%	1	100%	0	1	100%
MONMOUTH COUNTY REGIONAL HEALTH COMMISSION	3	1	1	100%	0	0%	0	0	N/A
MONTCLAIR HEALTH DEPARTMENT	3	3	3	100%	1	33%	0	1	100%
PARSIPPANY HEALTH DEPARTMENT	3	3	3	100%	0	0%	0	0	N/A
NOT GEO-CODED	27	27	27	100%	14	52%	12	2	14%
PISCATAWAY TOWNSHIP HEALTH DEPARTMENT	3	3	3	100%	0	0%	0	0	N/A
BAYONNE DEPARTMENT OF HEALTH	2	2	2	100%	1	50%	0	1	100%
CLIFTON HEALTH DEPARTMENT	2	2	1	50%	1	100%	1	0	0%
FREEHOLD AREA HEALTH DEPARTMENT	2	2	2	100%	2	100%	0	2	100%
HARRISON BOARD OF HEALTH	2	2	2	100%	0	0%	0	0	N/A
WARREN COUNTY HEALTH DEPARTMENT	2	2	2	100%	0	0%	0	0	N/A
BERNARDS TOWNSHIP HEALTH DEPARTMENT	1	1	1	100%	0	0%	0	0	N/A
DOVER HEALTH DEPARTMENT	1	1	1	100%	0	0%	0	0	N/A
ELMWOOD PARK DEPARTMENT OF HEALTH	1	1	1	100%	1	100%	1	0	0%
HUNTERDON COUNTY DEPARTMENT OF HEALTH	1	1	1	100%	1	100%	1	0	0%
KEARNY DEPARTMENT OF HEALTH	1	1	1	100%	0	0%	0	0	N/A
LAWRENCE TOWNSHIP HEALTH DEPARTMENT	1	1	1	100%	1	100%	0	1	100%
LINDEN BOARD OF HEALTH	1	1	0	0%	0	N/A	0	0	N/A
MORRISTOWN DIVISION OF HEALTH	1	1	0	0%	0	N/A	0	0	N/A
ROXBURY TOWNSHIP BOARD OF HEALTH	1	1	0	0%	0	N/A	0	0	N/A
SOMERVILLE HEALTH DEPARTMENT	1	1	0	0%	0	N/A	0	0	N/A
WOODBRIDGE TOWNSHIP DEPT OF HEALTH & HUMAN SVCS	1	1	1	100%	0	0%	0	0	N/A