CHILDHOOD LEAD EXPOSURE IN NEW JERSEY

ANNUAL REPORT

STATE FISCAL YEAR 2017
(July 1, 2016– June 30, 2017)

New Jersey Department of Health
Office of Local Public Health
Childhood Lead Program
P.O. Box 360
Trenton, NJ 08625-0360

(609) 633-2937

www.nj.gov/health/childhoodlead

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GLOSSARY OF TERMS AND ACRONYMS

BLL: Blood lead level.

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

Confirmed BLL: A blood lead level obtained from a venous blood sample.

Department: Refers to the New Jersey Department of Health.

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

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

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

SFY: State Fiscal Year 2017 includes the period of July 1, 2016 to June 30, 2017. Thus, for any State Fiscal Year identified, it begins July 1 of the preceding year and ends June 30 of the identified year.

µg/dL: Micrograms per deciliter of whole blood.

Unknown Address: The addresses that could not be geocoded for any reason.

LIST OF FIGURES AND TABLES

EXECUTIVE SUMMARY

N.J.A.C. §8:51A requires the protection of children less than 72 months of age from the toxic effects of lead exposure by requiring lead testing pursuant to N.J.S.A. §26:2-137.1 - 137.7. This Annual Report on Childhood Lead Exposure in New Jersey for State Fiscal Year (SFY) 2017 is submitted in compliance with N.J.S.A. §26:2-135, which requires the Commissioner of the Department of Health to issue an annual report to the Governor and the Legislature that includes a summary of blood lead testing and abatement program activities in the State during the preceding SFY.

The number of children tested for lead in SFY 2017 was 203,832, which represents a decrease of 5.1% over the 214,741 children tested during SFY 2016. The Superstorm Sandy recovery project was in full-force in FY 2016, resulting in increased access to blood lead screenings in the nine most-impacted counties. This resulted in an uptick in screening during FY 2016. Funding for the temporary Superstorm Sandy screening initiative ended prior to FY 2017, and in FY 2017 screening numbers returned to levels observed prior to the initiative. The SFY 2017 number of children tested also includes 92,075 children, or 42.9% of all children 6 to 26 months of age, the ages at which all children must be tested under N.J.A.C. §8:51A.

The Department witnessed an increase of traditional laboratories and point-of-care test users who electronically reported blood lead test results. A total of 99.8% of blood lead test results were reported electronically while the remainder were reported via facsimile or regular mail.

While 202,811 (99.5%) children tested during SFY 2017 had blood lead levels (BLLs) below 10 µg/dL, 1,029 (0.50%) children had a test result at or above this threshold (10 µg/dL) and required public health action (case management and environmental investigation) by local health departments.

The City of Newark continues to be a geographic focus in New Jersey's efforts to eliminate elevated blood levels. It exceeds every other large municipality in the number of children less than 72 months of age with elevated blood lead levels (EBLLs). In SFY 2017, the City of Newark comprised 13% of the total number of children less than 72 months of age with EBLLs in the State. Further, it had the highest number of new cases (incidence) of EBLLs in children reported during SFY 2017.

The SFY 2017 annual report will be the last to display figures and tables for blood lead screening results at or above 10 µg/dL. On September 18, 2017, two and half months after the close of SFY 2017, the Department amended N.J.A.C. §8:51 to require public health intervention by local health departments for blood lead screening results of 5 µg/dL or greater. The SFY 2018 annual report will reflect these changes and display figures and tables for blood lead screening results at or above 5 µg/dL.

Throughout this report, population data obtained from the US Census 2010 is used as the denominator, unless otherwise indicated.

Previous SFY annual reports can be found online at www.nj.gov/health/childhoodlead.

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CHAPTER ONE

TESTING CHILDREN FOR ELEVATED BLOOD LEAD LEVELS

In New Jersey, per N.J.A.C. §8:51A, all children are required to be tested at both 12 and 24 months of age. Children three (3) years of age or older must be tested at least once before their sixth birthday (if they had not been screened at age one (1) and two (2) years). Approximately 66% of children in New Jersey had at least one blood lead test by the age of 26 months and approximately 76% had at least one blood lead test prior to reaching three (3) years of age, along with 90% having at least one blood lead test prior to reaching six (6) years of age.

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

The figures and tables highlighting children six (6) to 26 months of age closely represent the testing rates. However, the data displayed throughout these figures and tables also include children who were tested during SFY 2017 as their second test at two (2) years of age, while they may have been tested at one (1) year of age during SFY 2016.

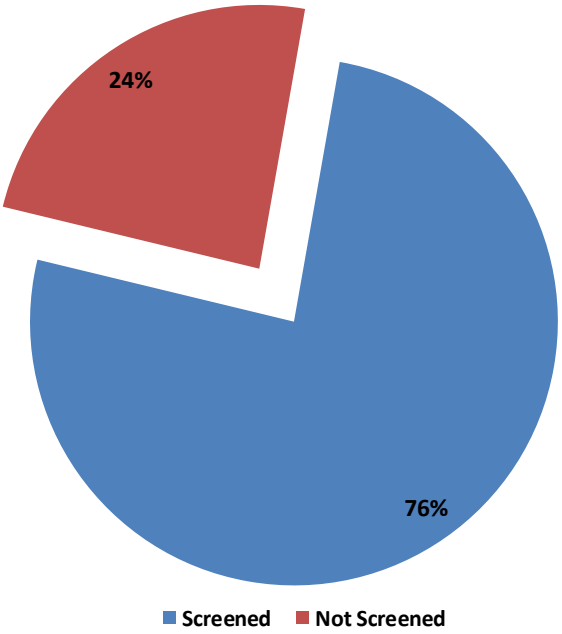
The Department uses the range six (6) to 26 months of age to also include data on tests that are performed earlier than 12 months or later than 24 months of age.

Figures 1a and 1b represent the percentages of children who had a lead test performed prior to turning three (3) and six (6) years of age, respectively, during SFY 2017. One child is counted once, regardless of the number of tests the child has received.

Figure 2 displays the trend in the percentage of children (1- and 2-years of age) tested by SFY.

Figure 1a

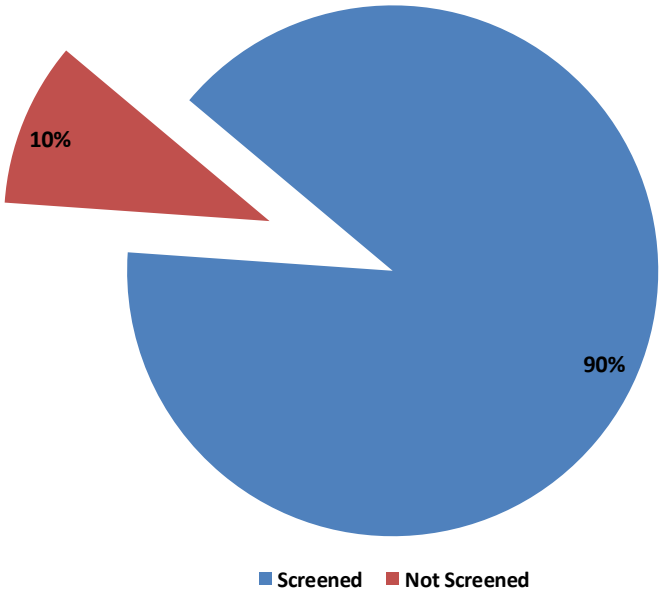
Percentage of Children* Who Turned Three (3) Years of Age During SFY 2017 and Had at Least One Blood Lead Test in their Lifetime



*Number of children born in New Jersey between July 1, 2013 and June 30, 2014 (102,975); Source: Birth Registry data.

Figure 1b

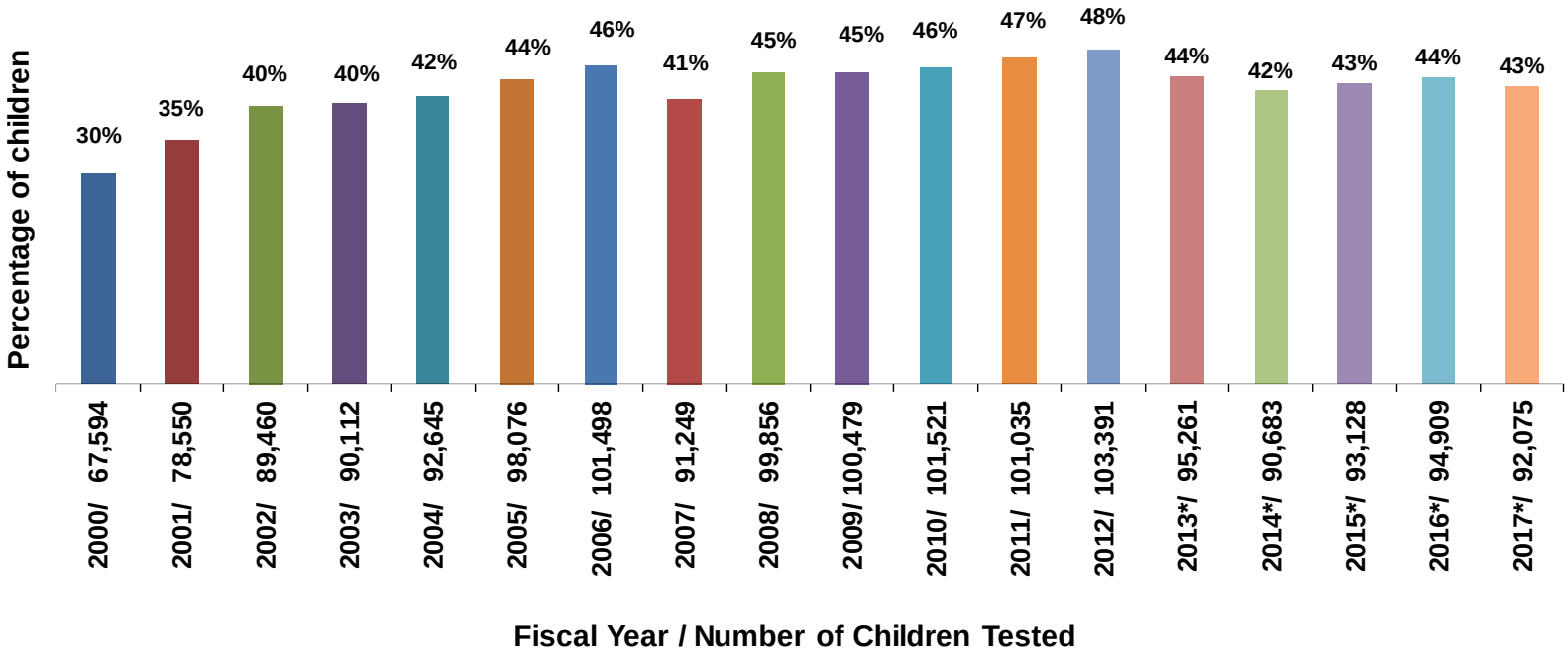
Percentage of Children* Who Turned Six (6) Years of Age During SFY 2017 and Had at Least One Blood Lead Test in their Lifetime



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

Figure 2

Trend in Percentage of Children (six (6) to 26*/29 months of age) Tested by SFY
(*n=222,837[1] and n=214,727[2]*)



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

[2]The denominator for SFY 2011 to SFY 2017 uses the number of children who were one (1) and two (2) years of age, based on US Census 2010 data.

* For SFY 2013, 2014, 2015, 2016 and 2017 the data are for the age group six (6) to 26 months, because the screening regulations (N.J.A.C. §8:51A) specify the qualifying screening age ranges of six (6) to 17 months for the age of one (1) year and 18 to 26 months for the age of two (2) years.

CHAPTER TWO

PROFILE OF BLOOD LEAD TESTS PERFORMED AND PREVALENCE OF ELEVATED BLOOD LEAD LEVELS IN CHILDREN

In this chapter, the figures and tables identify the statistics of testing performed for various ages and the prevalence of various blood lead levels in children in SFY 2017.

Tables 1 and 2 show the testing statistics by county and municipality, respectively, of residence for children six (6) to 26 months of age. The percentage screened, Table 2, ranges from 5.1% (Washington Twp., Gloucester County) to 83.5% (Lakewood, Ocean County), with a median screening rate of 37.1%. Figure 3 shows the prevalence of EBLLs among children six (6) to 26 months of age. The analyses behind the formulation of the tables are based on the number of children, reported during SFY 2017, which counts the highest BLL reported per child. The figures and tables in this chapter include children who were tested for a second time during SFY 2017 around 24 months of age as required by law.

Tables 3 and 4 display the testing statistics and the prevalence of various blood lead levels in children who were tested at less than 72 months of age during SFY 2017.

The Department maintains a database containing all blood lead tests reported on children. In order to exhibit the distribution of lead tests and the prevalence of EBLLs in children, Figures 4a, 4b, 5 and Table 5 focus on the entire population of children who were tested and reported during SFY 2017.

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

Table 6 depicts blood lead levels of children (<5 years of age) by academic year of entering kindergarten.

The children in age groups of less than 72 months of age and younger than 17 years of age may have had one or more blood lead tests performed during their lifetime, either as routine lead testing or as a follow-up to an elevated blood lead test. However, the analyses of data for the tables for these age groups were based on the number of individual children reported during SFY 2017, counting the highest BLL reported per child.

Table 1

SFY 2017: Number of Children (six (6) to 26 months of age) by BLL and County of Residence

County	Total Children	% Screened	BLL (µg/dL)		EBLL (µg/dL)						Total Tested
			<5	5-9	10-14	15-19	20-44	≥45	Total EBLL	% EBLL*	
ATLANTIC	6,521	35.0%	2,218	56	4	3	1		8	0.4%	2,282
BERGEN	19,955	44.0%	8,650	102	14	3	3		20	0.2%	8,772
BURLINGTON	10,166	30.3%	3,030	46	3	3	2		8	0.3%	3,084
CAMDEN	13,215	32.8%	4,265	60	7	1	3		11	0.3%	4,336
CAPE MAY	1,822	38.9%	696	10	1		1		2	0.3%	708
CUMBERLAND	4,368	36.1%	1,505	54	11	4	1	1	17	1.1%	1,576
ESSEX	21,569	49.5%	10,162	409	67	15	13	2	97	0.9%	10,668
GLOUCESTER	6,862	24.6%	1,674	15		1			1	0.1%	1,690
HUDSON	17,288	51.1%	8,566	203	39	15	15	1	70	0.8%	8,839
HUNTERDON	2,316	47.1%	1,080	7		3	1		4	0.4%	1,091
MERCER	8,591	42.3%	3,475	128	13	7	8		28	0.8%	3,631
MIDDLESEX	19,965	37.5%	7,327	121	18	9	12	2	41	0.5%	7,489
MONMOUTH	13,371	30.2%	3,966	64	7	3	2	1	13	0.3%	4,043
MORRIS	10,700	34.1%	3,600	44	4	2	3		9	0.2%	3,653
OCEAN	15,532	52.0%	8,005	56	7	2	2	1	12	0.1%	8,073
PASSAIC	13,727	53.4%	7,073	219	23	10	9	1	43	0.6%	7,335
SALEM	1,549	35.9%	518	34	3		1		4	0.7%	556
SOMERSET	7,581	38.3%	2,863	25	13	2	3		18	0.6%	2,906
SUSSEX	3,099	21.3%	654	5					0	0.0%	659
UNION	14,148	53.0%	7,290	155	24	10	12	2	48	0.6%	7,493
WARREN	2,382	33.3%	772	19	1	2			3	0.4%	794
Unknown Address	N/A	N/A	2,357	40					0	0.0%	2,397
Total	**214,727**	**42.9%**	**89,746**	**1,872**	**259**	**95**	**92**	**11**	**457**	**0.5%**	**92,075**

*****Based on the number of children tested.

Table 2

SFY 2017: Number of Children (six (6) to 26 months of age) by BLL and Municipality* of Residence

Municipality	Total Children	% Screened	BLL (µg/dL)		EBLL (µg/dL)						Total Tested
			<5	5-9	10-14	15-19	20-44	≥ 45	Total EBLL	% EBLL**	
ATLANTIC CITY	1,249	47.9%	560	32	3	2	1		6	1.0%	598
BAYONNE	1,528	32.9%	490	9	3		1		4	0.8%	503
BELLEVILLE	869	48.8%	416	8					0	0.0%	424
BERKELEY	509	30.6%	156						0	0.0%	156
BLOOMFIELD	1,224	48.9%	591	7			1		1	0.2%	599
BRICK	1,531	24.6%	376	1					0	0.0%	377
BRIDGEWATER	978	41.2%	398	2	2		1		3	0.7%	403
CAMDEN	2,838	36.0%	998	19	2		2		4	0.4%	1,021
CHERRY HILL	1,449	33.3%	475	5	2				2	0.4%	482
CLIFTON	2,123	50.3%	1,045	19	3				3	0.3%	1,067
EAST BRUNSWICK	860	30.7%	261	1	2				2	0.8%	264
EAST ORANGE	1,916	42.8%	753	54	6	4	3		13	1.6%	820
EDISON	2,560	37.3%	922	28	2		1	1	4	0.4%	954
EGG HARBOR	1,038	39.0%	401	3	1				1	0.2%	405
ELIZABETH	3,943	55.5%	2,094	75	11	3	5		19	0.9%	2,188
EVESHAM	1,016	25.2%	254	2					0	0.0%	256
EWING	600	35.8%	210	4		1			1	0.5%	215
FORT LEE	725	34.3%	248				1		1	0.4%	249
FRANKLIN	1,759	37.5%	647	6	6	1			7	1.1%	660
FREEHOLD	652	48.3%	309	5			1		1	0.3%	315
GALLOWAY	724	24.7%	177	2					0	0.0%	179
GLOUCESTER	1,520	22.1%	332	4					0	0.0%	336
HACKENSACK	1,118	56.9%	624	11	1				1	0.2%	636
HAMILTON	1,814	20.1%	355	9			1		1	0.3%	365
HILLSBOROUGH	866	37.0%	318	1		1			1	0.3%	320
HOBOKEN	1,467	42.2%	613	5	1				1	0.2%	619
HOWELL	1,125	18.7%	209	1					0	0.0%	210
IRVINGTON	1,692	55.3%	877	51	4	2	1	1	8	0.9%	936
JACKSON	1,100	28.0%	305	3					0	0.0%	308
JERSEY CITY	7,192	56.6%	3,898	125	27	10	12	1	50	1.2%	4,073
KEARNY	895	46.6%	408	7	2				2	0.5%	417
LAKEWOOD	6,556	83.5%	5,424	41	4	2	1		7	0.1%	5,472
LINDEN	911	47.0%	425	3					0	0.0%	428
MANALAPAN	778	20.4%	158	1					0	0.0%	159
MANCHESTER	448	14.3%	62	1	1				1	1.6%	64

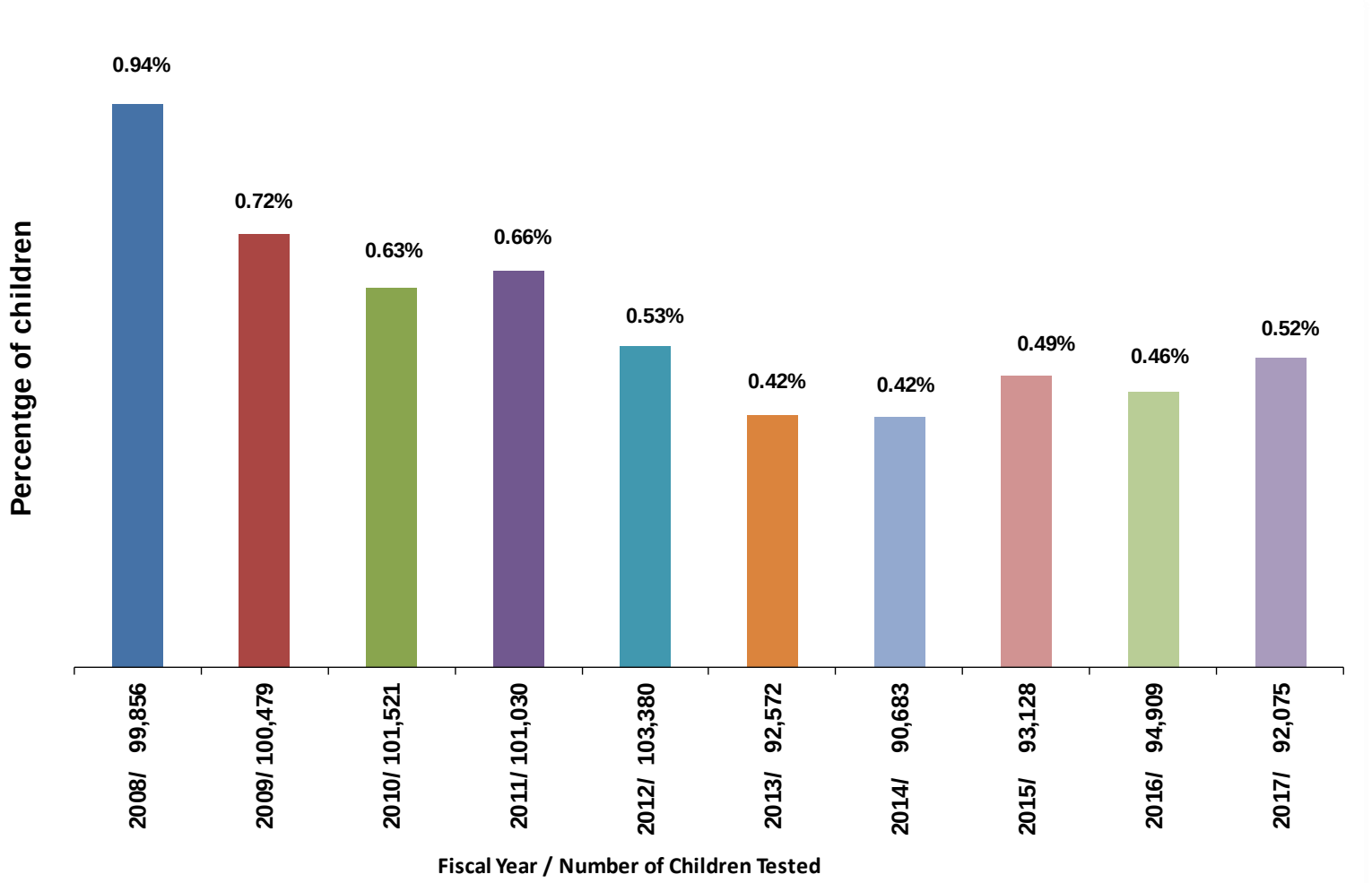
Municipality	Total Children**	% Screened	BLL (µg/dL)		EBLL (µg/dL)						Total Tested
			<5	5-9	10-14	15-19	20-44	≥ 45	Total EBLL	% EBLL**	
MARLBORO	767	20.9%	159	1					0	0.0%	160
MIDDLETOWN	1,444	21.4%	307	2					0	0.0%	309
MONROE (Gloucester County)	898	27.4%	243	2		1			1	0.4%	246
MONROE (Middlesex County)	655	34.0%	222	1					0	0.0%	223
MONTCLAIR	869	35.4%	298	6	3		1		4	1.3%	308
MOUNT LAUREL	886	33.9%	296	4					0	0.0%	300
NEW BRUNSWICK	1,573	59.5%	912	18	2	4			6	0.6%	936
NEWARK	8,382	56.6%	4,465	231	39	5	5	1	50	1.1%	4,746
NORTH BERGEN	1,498	49.8%	727	15	2	1	1		4	0.5%	746
NORTH BRUNSWICK	1,220	33.6%	404	4	1		1		2	0.5%	410
OLD BRIDGE	1,478	18.1%	266	1					0	0.0%	267
PARSIPPANY-TROY HILLS	1,207	27.4%	319	9	2		1		3	0.9%	331
PASSAIC	2,767	61.9%	1,631	65	6	5	4	1	16	0.9%	1,712
PATERSON	4,632	63.0%	2,788	110	14	3	5		22	0.8%	2,920
PENNSAUKEN	845	32.4%	270	4					0	0.0%	274
PERTH AMBOY	1,584	49.3%	758	18	1		4		5	0.6%	781
PISCATAWAY	1,361	37.4%	501	6			2		2	0.4%	509
PLAINFIELD	1,628	77.8%	1,211	40	8	4	2	2	16	1.3%	1,267
SAYREVILLE	1,137	32.0%	359	5					0	0.0%	364
SOUTH BRUNSWICK	935	18.8%	173		1	1	1		3	1.7%	176
TEANECK	1,075	30.1%	318	6					0	0.0%	324
TOMS RIVER	1,816	37.1%	668	3			1	1	2	0.3%	673
TRENTON	2,786	61.2%	1,581	104	10	6	5		21	1.2%	1,706
UNION CITY	1,880	40.4%	743	12	2	2	1		5	0.7%	760
UNION	1,250	63.7%	783	11	1		1		2	0.3%	796
VINELAND	1,729	35.0%	593	11	2				2	0.3%	606
WASHINGTON (Gloucester County)	900	5.1%	46						0	0.0%	46
WAYNE	995	44.2%	438	1		1			1	0.2%	440
WEST NEW YORK	1,523	55.8%	836	12	1	1			2	0.2%	850
WEST ORANGE	1,263	38.0%	469	6	1	3	1		5	1.0%	480
WINSLOW	1,122	29.9%	331	4					0	0.0%	335
WOODBRIDGE	2,495	37.2%	901	18	3	2	2	1	8	0.9%	927

*****Large Municipalities only.

****** Based on the number of children tested.

Figure 3

Trend in Percentage of Children (six (6) to 26 months of age*) with BLL ≥10 µg/dL by SFY



*Screening regulations (N.J.A.C. §8:51A) require that each child be screened for lead at the age of 12 months and again at 24 months of age. The regulations specify the qualifying screening age ranges of six (6) to 17 months for the age of one (1) year and 18 to 26 months for the age of two (2) years.

Table 3

SFY 2017: Number of Children (<6 years of age) by BLL and County of Residence

County	Total Children	% Tested	BLL (µg/dL)		EBLL (µg/dL)						
			<5	5-9	10-14	15-19	20-44	≥45	Total EBLL	% EBLL*	Total Tested
ATLANTIC	19,909	20.6%	3,978	102	6	4	3		13	0.3%	4,093
BERGEN	61,192	23.6%	14,268	166	22	8	3	1	34	0.2%	14,468
BURLINGTON	31,546	14.0%	4,332	75	11	4	4		19	0.4%	4,426
CAMDEN	40,195	15.3%	6,000	113	15	3	5		23	0.4%	6,136
CAPE MAY	5,423	19.4%	1,035	14	1		1		2	0.2%	1,051
CUMBERLAND	12,963	23.5%	2,910	105	23	6	2	2	33	1.1%	3,048
ESSEX	64,591	40.5%	24,927	1,005	163	46	39	6	254	1.0%	26,186
GLOUCESTER	21,059	11.9%	2,464	30	5	2	2		9	0.4%	2,503
HUDSON	49,759	37.8%	18,278	412	72	31	31	2	136	0.7%	18,826
HUNTERDON	7,484	16.7%	1,238	8	1	3	2		6	0.5%	1,252
MERCER	26,052	23.9%	5,949	220	25	12	10	1	48	0.8%	6,217
MIDDLESEX	60,249	23.8%	14,015	239	40	13	21	2	76	0.5%	14,330
MONMOUTH	42,404	15.3%	6,379	109	10	4	4	1	19	0.3%	6,507
MORRIS	33,493	16.3%	5,368	65	7	3	5		15	0.3%	5,448
OCEAN	46,657	28.5%	13,192	88	11	2	3	1	17	0.1%	13,297
PASSAIC	41,179	37.2%	14,795	448	51	16	19	1	87	0.6%	15,330
SALEM	4,625	17.6%	741	66	7	1	1		9	1.1%	816
SOMERSET	23,622	18.5%	4,294	52	14	4	4		22	0.5%	4,368
SUSSEX	9,701	9.6%	929	6	1		0		1	0.1%	936
UNION	43,085	34.6%	14,491	345	41	14	27	2	84	0.6%	14,920
WARREN	7,434	13.9%	1,002	29	2	3	1		6	0.6%	1,037
Unknown Address	N/A	N/A	4,019	86					0	0.0%	4,105
Total	**652,622**	**25.9%**	**164,604**	**3,783**	**529**	**179**	**187**	**19**	**914**	**0.5%**	**169,301**

*****Based on the number of children tested.

Table 4

SFY 2017: Number of Children (<6 years of age) by BLL and Municipality* of Residence

Municipality	Total Children	% Tested	BLL (µg/dL)		EBLL (µg/dL)						
			<5	5-9	10-14	15-19	20-44	≥45	Total EBLL	% EBLL**	Total Tested
ATLANTIC CITY	3,677	31.5%	1,084	65	5	3	2		10	0.9%	1159
BAYONNE	4,576	28.2%	1,266	19	4		2		6	0.5%	1291
BELLEVILLE	2,601	36.8%	936	18	2		1		3	0.3%	957
BERKELEY	1,565	15.4%	239	2					0	0.0%	241
BLOOMFIELD	3,575	33.6%	1,180	16	1		4		5	0.4%	1201
BRICK	4,558	13.8%	626	3			1		1	0.2%	630
BRIDGEWATER	3,052	18.2%	550	3	2		1		3	0.5%	556
CAMDEN	8,525	20.0%	1,644	50	6	1	2		9	0.5%	1703
CHERRY HILL	4,588	13.6%	615	6	2				2	0.3%	623
CLIFTON	6,187	32.2%	1,958	28	4		1		5	0.3%	1991
EAST BRUNSWICK	2,725	17.7%	479	2	2				2	0.4%	483
EAST ORANGE	5,534	39.1%	2,013	120	17	7	6	1	31	1.4%	2164
EDISON	7,774	24.4%	1,833	45	7	1	6	1	15	0.8%	1893
EGG HARBOR	3,341	19.1%	632	5	1				1	0.2%	638
ELIZABETH	11,792	42.7%	4,853	159	14	4	9		27	0.5%	5039
EVESHAM	3,117	10.5%	326	2					0	0.0%	328
EWING	1,797	19.5%	343	6		1			1	0.3%	350
FORT LEE	2,171	20.7%	449				1		1	0.2%	450
FRANKLIN	5,182	19.8%	1,007	14	6	1			7	0.7%	1028
FREEHOLD	2,156	22.9%	483	8	1		1		2	0.4%	493
GALLOWAY	2,240	13.7%	304	3					0	0.0%	307
GLOUCESTER	4,647	9.3%	423	9					0	0.0%	432
HACKENSACK	3,223	39.5%	1,247	22	2	2			4	0.3%	1273
HAMILTON	5,480	11.6%	616	14		1	2	1	4	0.6%	634
HILLSBOROUGH	2,736	15.9%	434	1		1			1	0.2%	436
HOBOKEN	3,779	22.9%	858	6	1		1		2	0.2%	866
HOWELL	3,591	9.7%	348	2					0	0.0%	350
IRVINGTON	4,993	53.5%	2,468	149	35	7	10	2	54	2.0%	2671
JACKSON	3,649	14.7%	533	3	1				1	0.2%	537
JERSEY CITY	20,393	43.1%	8,423	263	52	23	21	2	98	1.1%	8784
KEARNY	2,681	34.6%	915	11	2				2	0.2%	928
LAKEWOOD	18,872	46.6%	8,728	65	6	2	1		9	0.1%	8802
LINDEN	2,726	34.7%	931	11	2		1		3	0.3%	945
MANALAPAN	2,541	9.8%	247	1					0	0.0%	248

Municipality	Total Children	% Tested	BLL (µg/dL)		EBLL (µg/dL)						
			<5	5-9	10-14	15-19	20–44	≥45	Total EBLL	% EBLL*	Total Tested
MANCHESTER	1,372	8.1%	108	2	1				1	0.9%	111
MARLBORO	2,606	10.9%	284	1					0	0.0%	285
MIDDLETOWN	4,615	9.4%	430	2					0	0.0%	432
MONROE (Gloucester County)	2,794	13.1%	362	2		1			1	0.3%	365
MONROE (Middlesex County)	2,082	16.0%	329	4					0	0.0%	333
MONTCLAIR	2,701	21.2%	550	15	4	1	2		7	1.2%	572
MOUNT LAUREL	2,705	13.7%	365	4	1				1	0.3%	370
NEW BRUNSWICK	4,753	34.6%	1,601	31	6	5	1		12	0.7%	1,644
NEWARK	24,831	54.5%	12,827	590	81	23	12	3	119	0.9%	13,536
NORTH BERGEN	4,473	33.8%	1,486	22	2	1	1		4	0.3%	1,512
NORTH BRUNSWICK	3,502	21.1%	731	6	1		1		2	0.3%	739
OLD BRIDGE	4,548	10.9%	491	4					0	0.0%	495
PARSIPPANY-TROY HILLS	3,671	13.7%	484	13	5		1		6	1.2%	503
PASSAIC	8,226	51.2%	4,065	118	16	7	5	1	29	0.7%	4,212
PATERSON	13,987	47.6%	6,339	268	30	7	13		50	0.8%	6,657
PENNSAUKEN	2,696	16.1%	425	8					0	0.0%	433
PERTH AMBOY	4,756	43.3%	2,008	37	7		6		13	0.6%	2,058
PISCATAWAY	3,903	23.8%	911	12	1	1	2		4	0.4%	927
PLAINFIELD	4,961	62.3%	2,963	96	16	7	8	2	33	1.1%	3,092
SAYREVILLE	3,338	21.7%	713	11					0	0.0%	724
SOUTH BRUNSWICK	3,130	10.4%	315	7	2	1	1		4	1.2%	326
TEANECK	3,142	17.1%	528	8					0	0.0%	536
TOMS RIVER	5,617	23.4%	1,306	5	1		1	1	3	0.2%	1,314
TRENTON	7,998	43.5%	3,259	184	22	10	6		38	1.1%	3,481
UNION CITY	5,742	31.3%	1,753	32	5	4	5		14	0.8%	1,799
UNION	3,701	41.8%	1,516	26	4		2		6	0.4%	1,548
VINELAND	5,058	22.1%	1,094	21	3	1	1		5	0.4%	1,120
WASHINGTON	2,968	2.2%	65						0	0.0%	65
WAYNE	3,105	19.9%	614	3		1			1	0.2%	618
WEST NEW YORK	4,258	45.9%	1,923	27	3	1	1		5	0.3%	1,955
WEST ORANGE	3,635	25.4%	899	18	3	4	1		8	0.9%	925
WINSLOW	3,336	14.4%	472	6	2	1			3	0.6%	481
WOODBRIDGE	7,326	24.2%	1,727	37	4	2	2	1	9	0.5%	1,773

***** Large Municipalities only.
****** Based on the number of children tested.

Figure 4a

SFY 2017: Breakdown of Children by Years of Age with BLLs ≥10 µg/dL

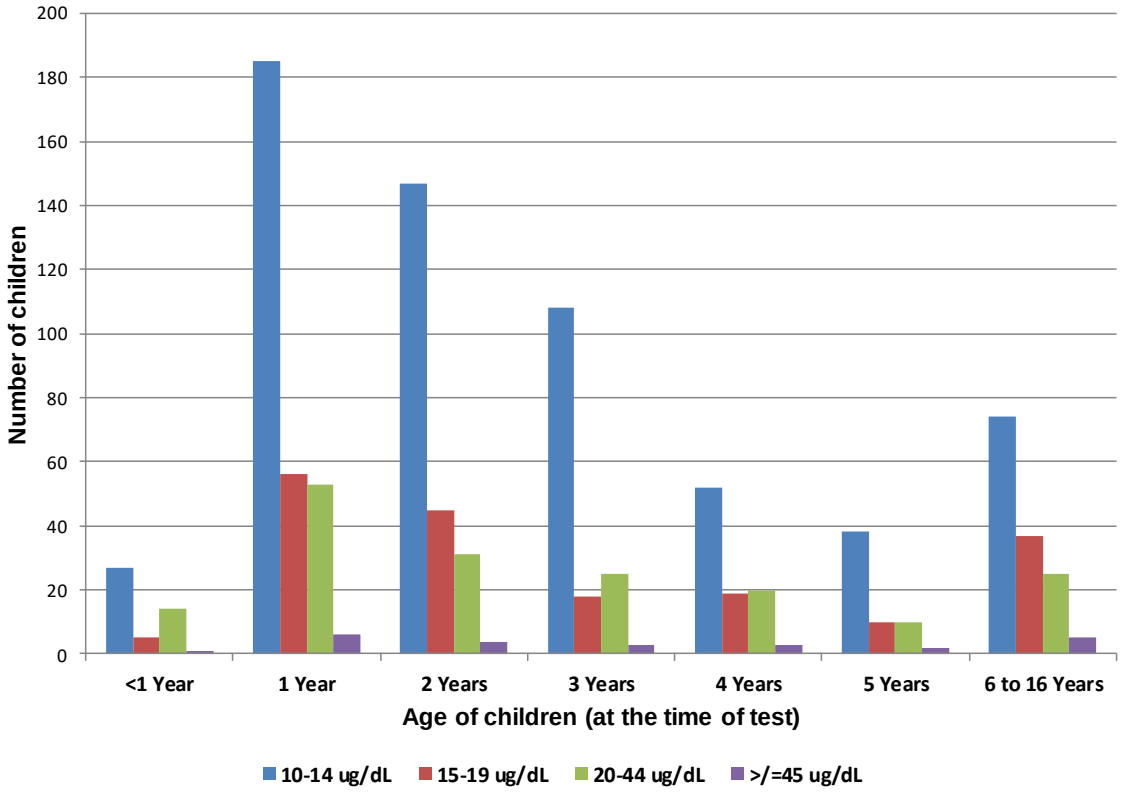


Figure 4b

SFY 2017: Breakdown of Children by Years of Age with BLL <10 µg/dL

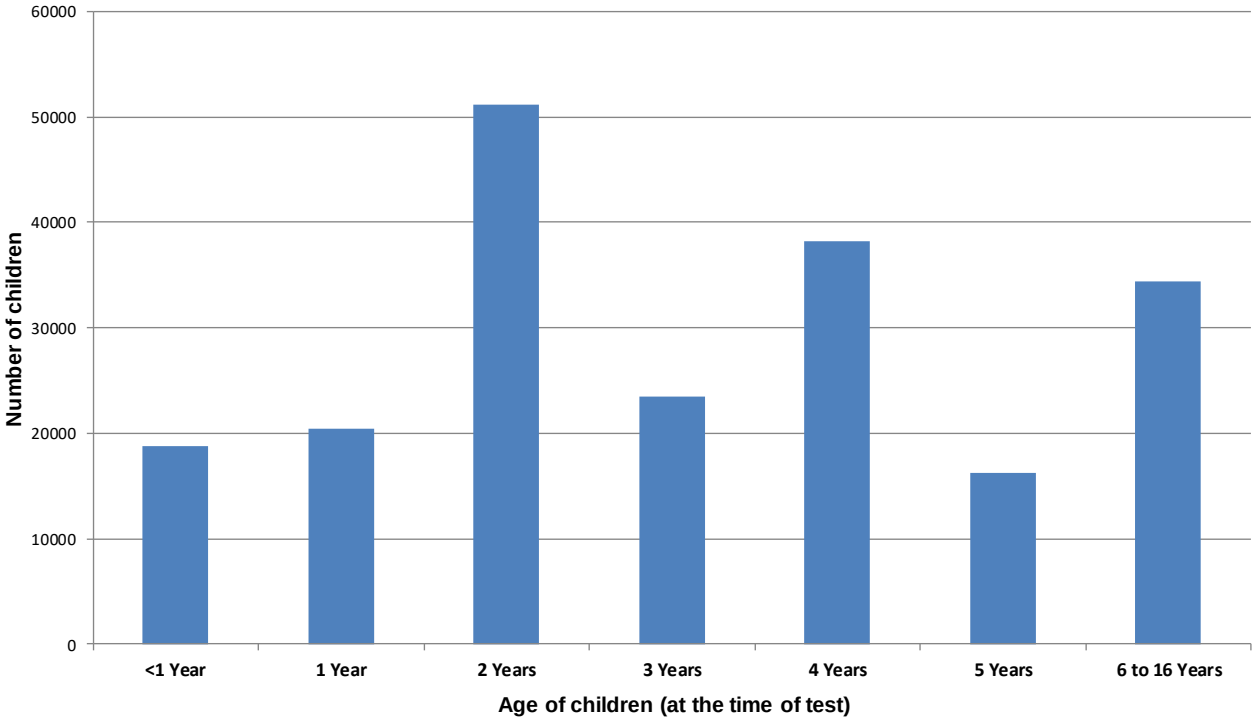


Figure 5

SFY 2017: Percentage of Children by BLL
(n=203,832)

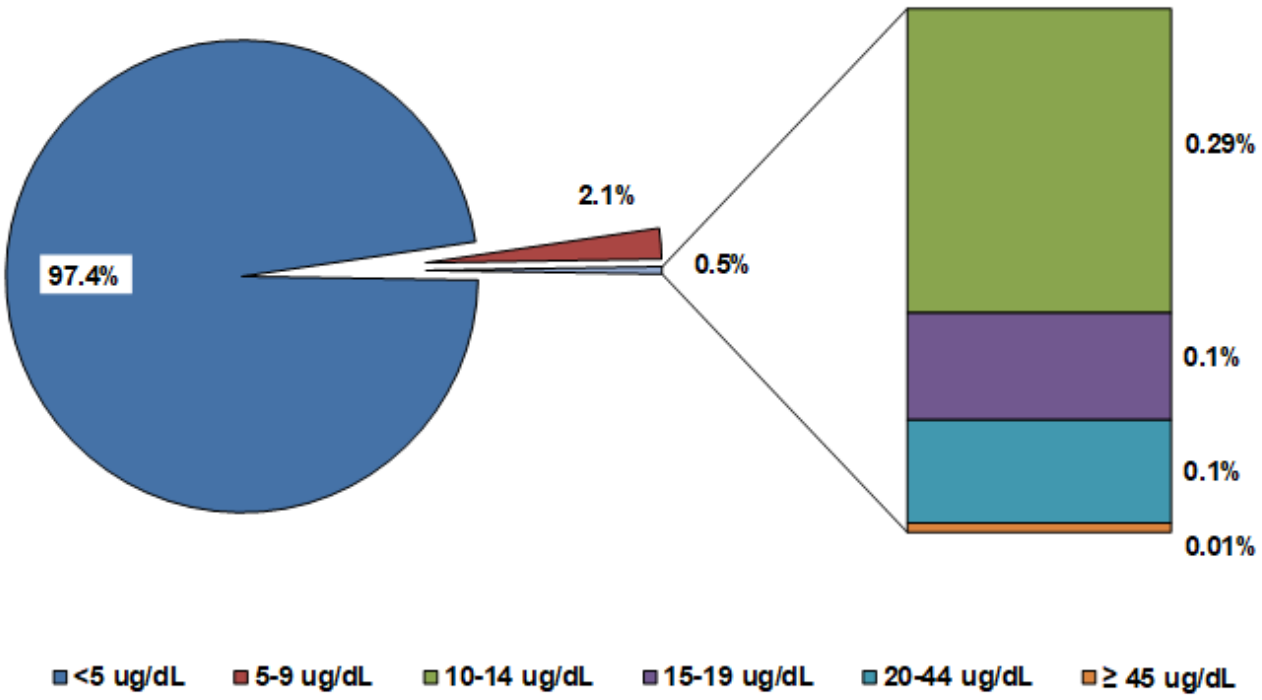


Table 5

SFY 2017: Number of Children by BLL and County of Residence

County	BLL (µg/dL)		EBLL (µg/dL)						Total Tested
	<5	5-9	10-14	15-19	20-44	≥45	Total EBLL	% EBLL*	
ATLANTIC	4,368	112	6	5	3		14	0.3%	4,494
BERGEN	16,577	182	26	9	3	1	39	0.2%	16,798
BURLINGTON	4,771	80	12	4	4		20	0.4%	4,871
CAMDEN	6,704	123	16	5	5		26	0.4%	6,853
CAPE MAY	1,124	16	1	1	1		3	0.3%	1,143
CUMBERLAND	3,527	118	25	6	2	2	35	1.0%	3,680
ESSEX	32,249	1,172	181	58	42	7	288	0.9%	33,709
GLOUCESTER	2,644	32	5	2	2		9	0.3%	2,685
HUDSON	22,968	472	83	32	37	2	154	0.7%	23,594
HUNTERDON	1,316	9	1	3	2		6	0.5%	1,331
MERCER	7,555	240	27	15	10	1	53	0.7%	7,848
MIDDLESEX	17,631	277	47	17	22	2	88	0.5%	17,996
MONMOUTH	7,716	130	11	4	4	1	20	0.3%	7,866
MORRIS	6,072	72	7	4	5		16	0.3%	6,160
OCEAN	14,576	99	13	2	3	1	19	0.1%	14,694
PASSAIC	18,102	503	60	20	21	1	102	0.5%	18,707
SALEM	777	68	8	1	1		10	1.2%	855
SOMERSET	5,034	61	18	5	4		27	0.5%	5,122
SUSSEX	1,088	6	2		0		2	0.2%	1,096
UNION	17,872	376	47	14	28	2	91	0.5%	18,339
WARREN	1,072	31	2	3	1		6	0.5%	1,109
Unknown Address	4,792	90					0	0.0%	4,882
Total	**198,535**	**4,269**	**598**	**210**	**200**	**20**	**1,028**	**0.5%**	**203,832**

*Based on the number of children tested.

For the EBLLs reported with addresses that cannot be verified, the program staff and local health department staff make all attempts to follow up with the ordering providers and the reporting laboratories to obtain the correct addresses. However, the selection criteria logic used for the purpose of statistical information published here picks the highest confirmed test result (or the lowest unconfirmed test result when there is no confirmed test result) among all tests reported for each child, while other test results for the same child may have been reported with correct address(es).

Figure 6a

Number of Children with BLLs ≥10 µg/dL by SFY

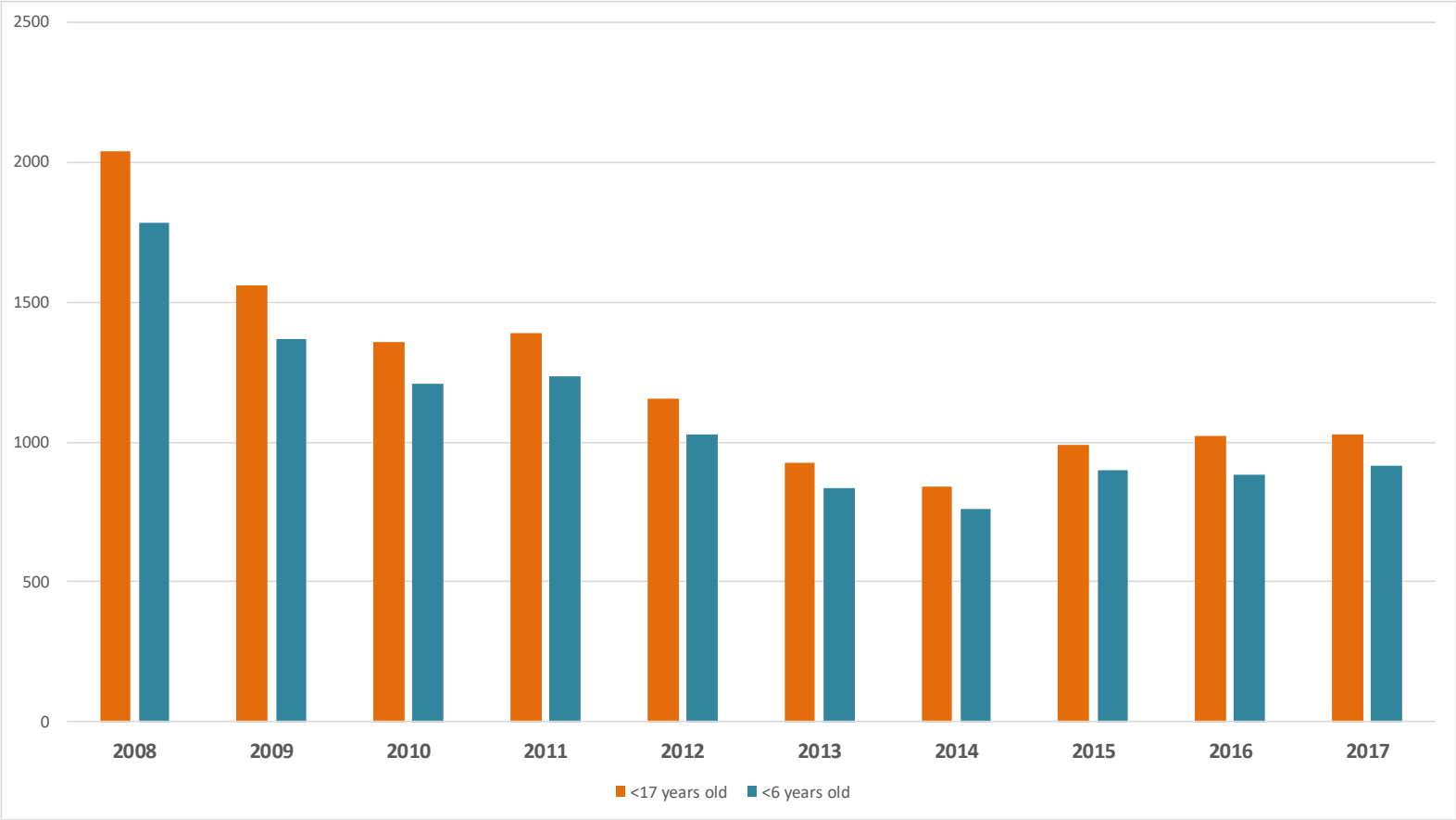
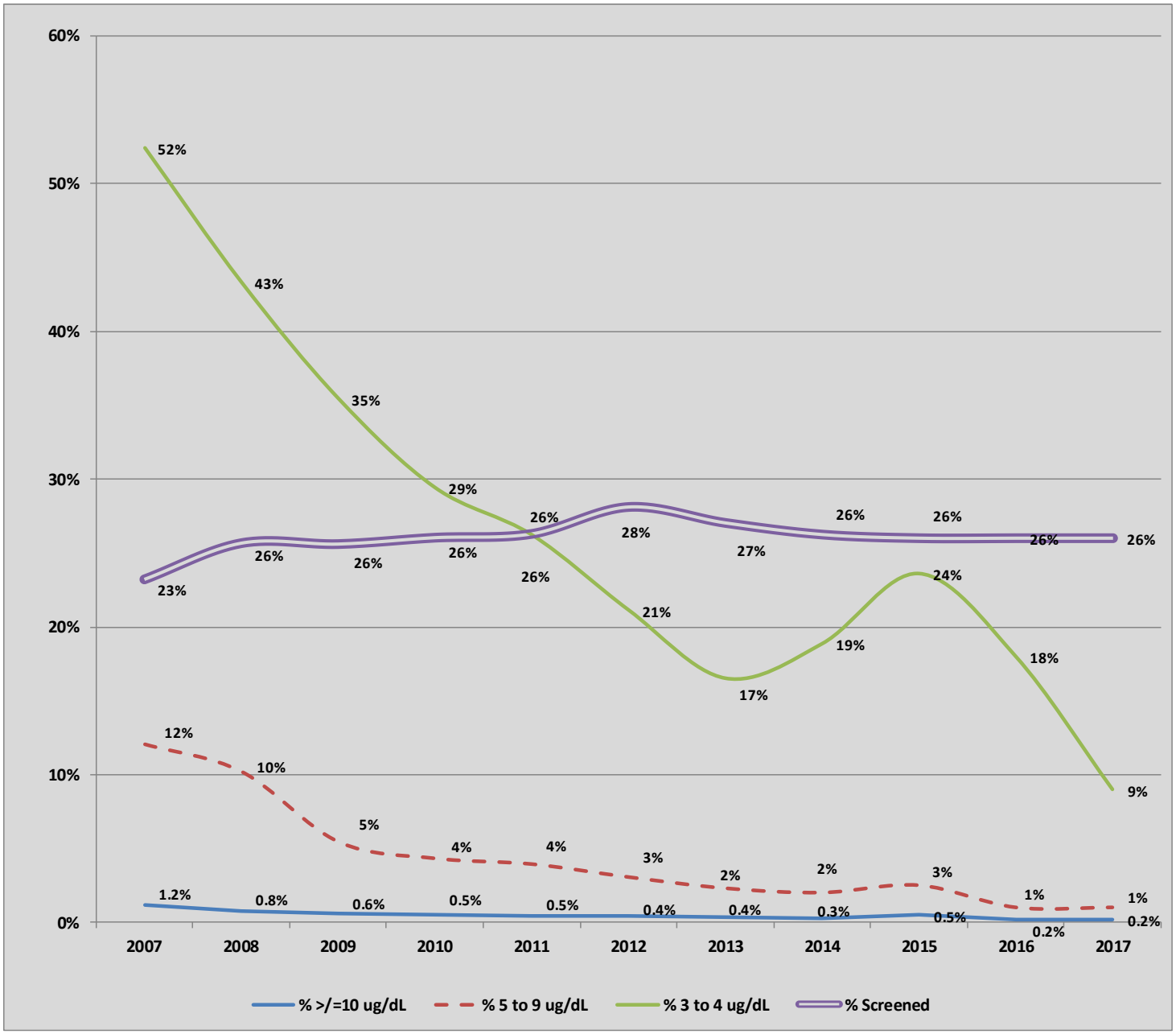


Figure 6b

Trends for Children <6 Years of Age:
Testing Rates and Percentages of Newly Reported BLLs by SFY



Over the past decade, while the screening percentage (purple double line) is generally remaining steady, the percentage of children with any blood lead level (blue, red dotted and green lines) is generally declining.

Table 6

Children 5 Years of Age and their EBLLs by Academic Year of Entering Kindergarten

Academic Year of Entering Kindergarten	BLL (µg/dL)						Total # of Children Tested
	10 to 14	15 to 19	20 to 44	≥45	Total # of Children with BLLs ≥10 µg/dL	% of Children with BLLs ≥ 10 µg/dL	
2003-'04	1,454	423	415	40	2,332	2.41%	96,683
2004-'05	1,375	435	363	22	2,195	2.17%	101,091
2005-'06	1,301	468	357	34	2,160	2.03%	106,286
2006-'07	1,328	460	368	20	2,176	2.07%	105,294
2007-'08	1,209	417	308	27	1,961	1.80%	108,955
2008-'09	1,044	332	281	16	1,673	1.52%	109,913
2009-'10	824	266	254	15	1,359	1.24%	109,604
2010-'11	670	232	208	14	1,124	1.02%	110,420
2011-'12	541	187	167	24	919	0.83%	111,126
2012-'13	434	173	184	18	809	0.75%	107,183
2013-'14	419	139	170	15	743	0.72%	103,434
2014-'15	342	119	131	10	602	0.63%	95,864
2015-'16	319	116	127	10	572	0.62%	91,651
2016-‘17	318	120	109	12	559	0.62%	90,762

The above table depicts blood lead levels of children (<5 years of age) by academic year of entering kindergarten. It shows the decline in the percentage of children entering kindergarten with EBLL, indicating the effect of timely screening, case management and primary prevention.

CHAPTER THREE

SPOTLIGHT ON THE CITY OF NEWARK

The City of Newark has the greatest number of children with EBLLs compared to any other municipality in the State. This large municipality comprised 13% of the State's children less than 72 months of age with an EBLL during SFY 2017, while only 3.8% of the entire State's population of children in that age group reside in Newark. Additionally, in SFY 2017 it comprised 17% of the total number of children less than 72 months of age with an EBLL in all large municipalities.

Newark addresses the issue of elevated blood lead levels in children through several means and has been allotted and continues to seek grants from governmental and non-governmental sources. In the past decade, Newark established and locally administers the State's only Lead-Safe Houses, which are municipally-owned properties. The Lead-Safe Houses are used to relocate residents who have a child with an EBLL when the family has no other temporary lead-safe housing alternatives. This is a great accomplishment that other municipalities have expressed an interest in also achieving. Further, Newark provides a primary prevention focused, community-based presence through the Newark Partnership for Lead-Safe Children. This partnership provides outreach, education and professional development opportunities to parents, property owners, child care providers and health, social services and housing professionals.

Figure 7

SFY 2017: Percentage of Children with BLL ≥10 µg/dL in the City of Newark Compared to the Rest of NJ (*n=914)*

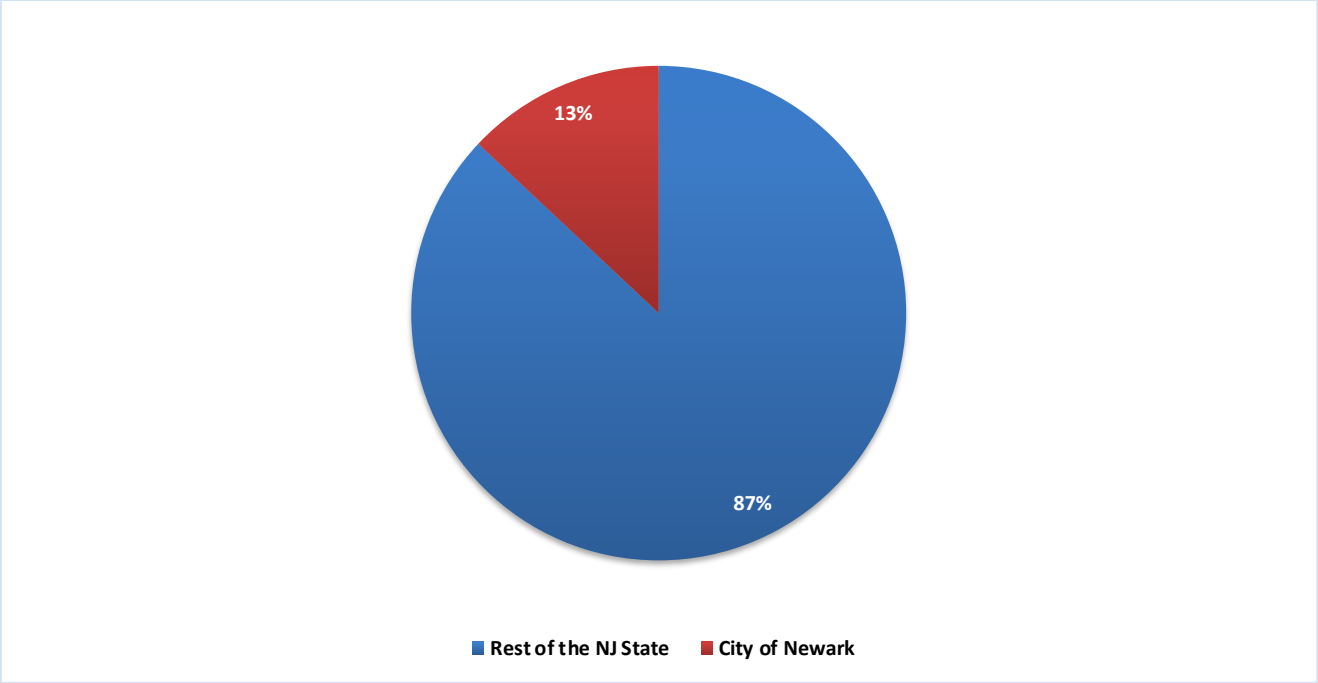
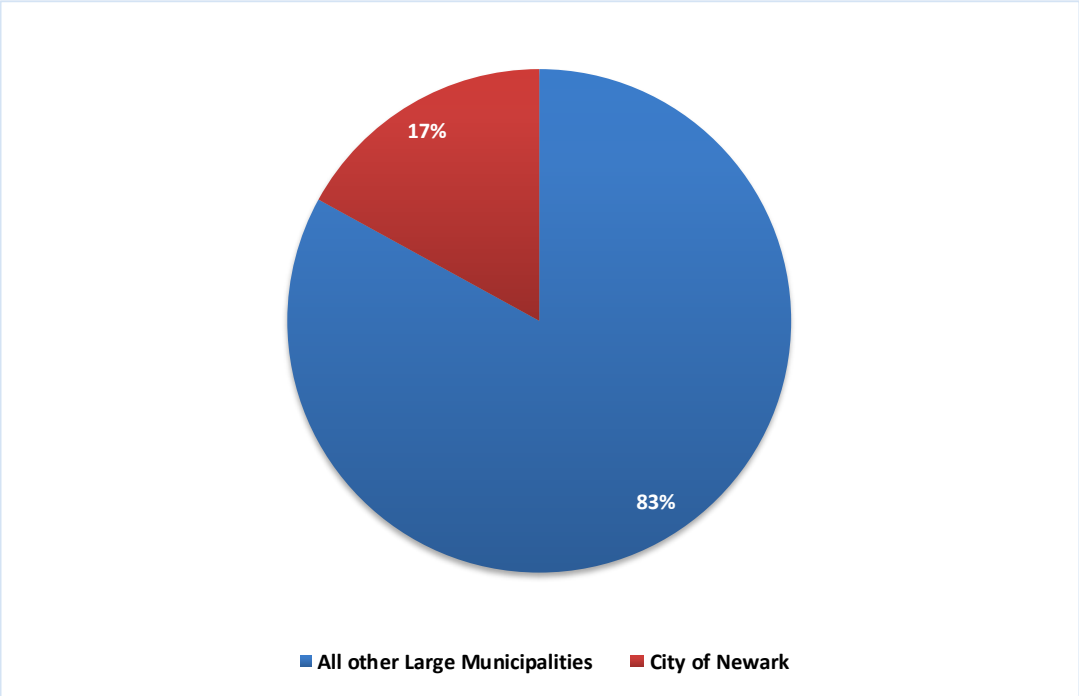


Figure 8

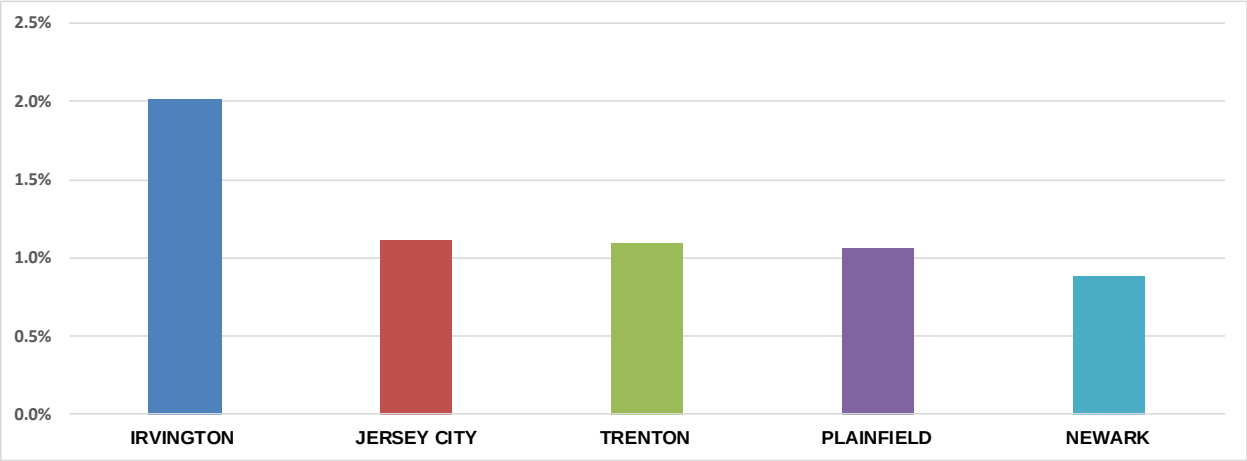
SFY 2017: Percentage of Children with BLL ≥10 µg/dL in the City of Newark Compared to Other Large Municipalities in NJ *(n=687)*



The data are based on the total number of individual children less than 72 months of age reported with a BLL of ≥10 µg/dL. Of the 119 children identified in the City of Newark during SFY 2017, only the highest venous (or lowest capillary, when there is no test with a venous sample for the child) blood lead test result per child is counted.

Figure 9

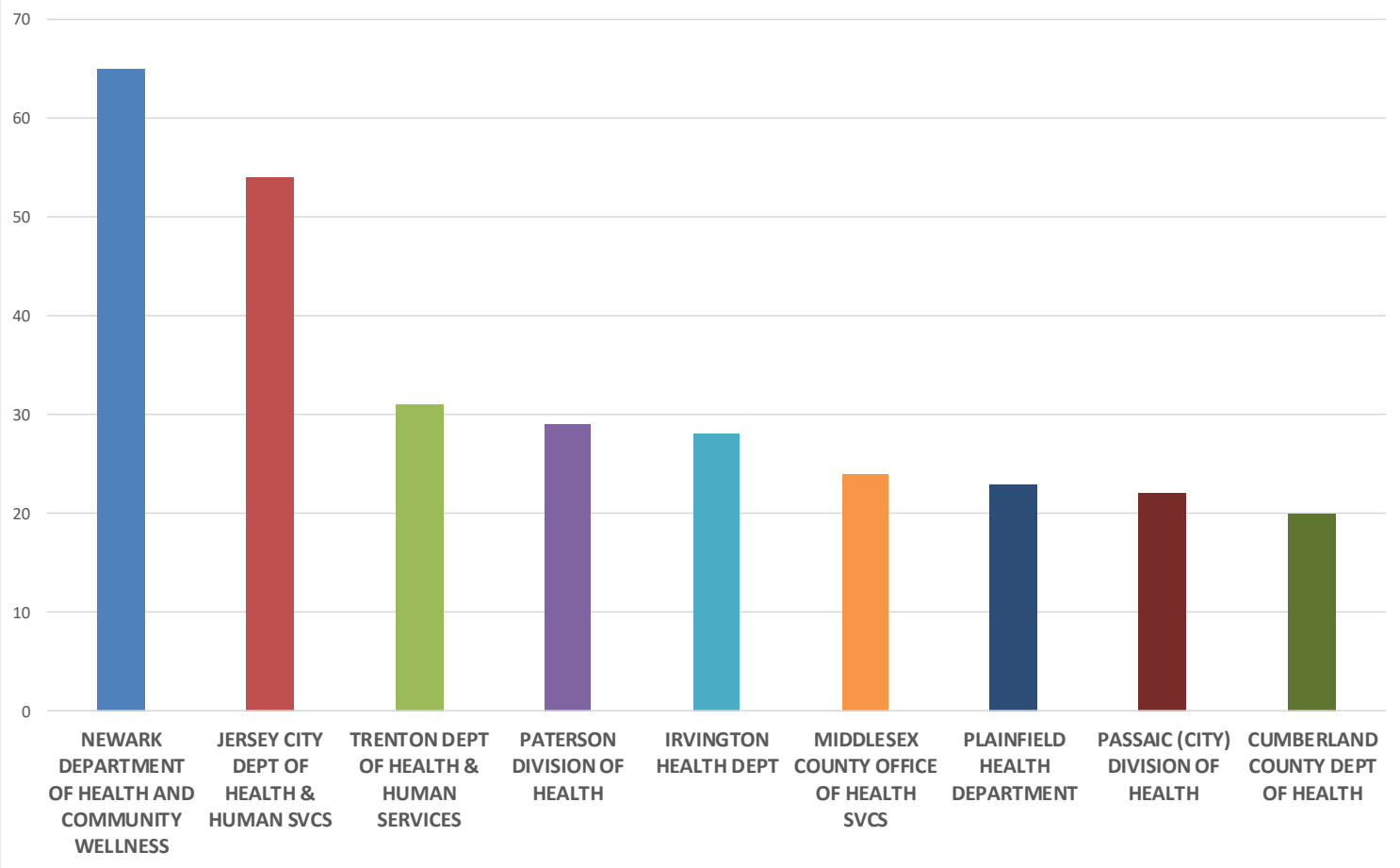
SFY 2017: Top Five Large Municipalities (population of >35,000) with Highest Percentage of Children (<6 years of age) Reported with BLL ≥10 µg/dL



The data are based on the percentage of children in large municipalities where the number of children tested for lead in SFY 2017 exceeds 40% of the total children.

Figure 10

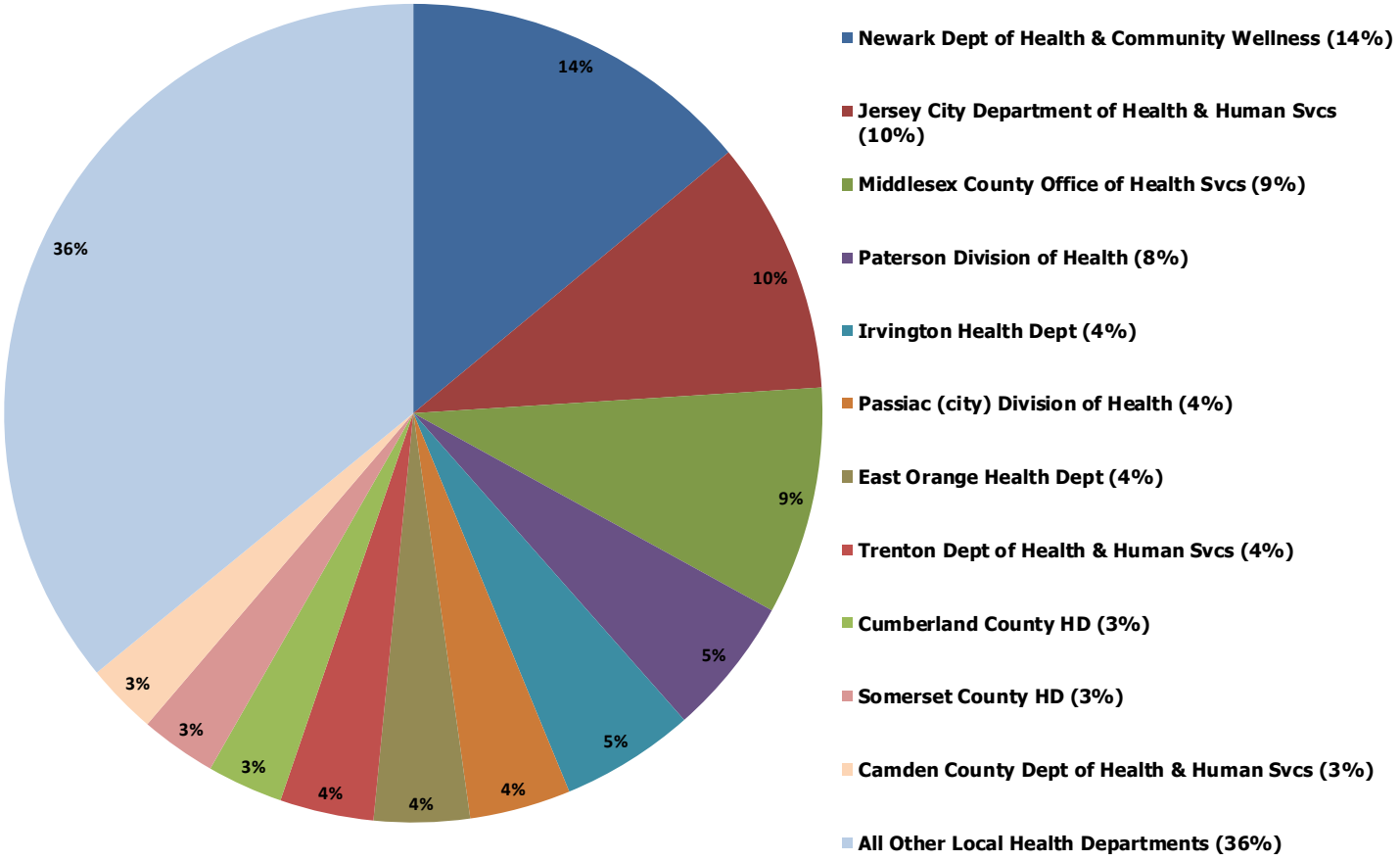
SFY 2017: Local Health Departments with ≥20 New Environmental Cases



The data are based on the total number of new environmental cases opened during SFY 2017. A new environmental case is opened based on a child's BLL. Once a case is opened, the local health department is required to conduct an environmental investigation per N.J.A.C. §8:51-4.1.

Figure 11

SFY 2017: Top Ten Local Health Departments Comprising the Highest Percentages* of New Children Reported with BLL ≥10 µg/dL Compared to All Other Local Health Departments



The data are based on the percentage of BLLs (≥10 µg/dL) reported during SFY 2017. This figure does not rank local health departments by their total case load. The purpose is to highlight Newark proportion of newly identified children with elevated blood lead levels reported during a single fiscal year as compared to other local health departments.

*Percent share of all new cases (cases opened at single confirmed BLL of ≥15 µg/dL or two consecutive confirmed BLLs between 10 µg/dL and 14 µg/dL one to four months apart, reported during SFY 2017 in the entire State).

CHAPTER FOUR

ENVIRONMENTAL INVESTIGATIONS BY LOCAL HEALTH DEPARTMENT

New Jersey law (N.J.S.A. § 24:14A-6) requires local health departments to investigate all reported cases of EBLLs (N.J.A.C. § 8:51) within their jurisdiction and to order the abatement of all lead hazards identified in the course of the investigation. The procedures for conducting environmental investigations in response to a child with an EBLL are specified in N.J.A.C. § 8:51. The local health department must conduct an inspection of the child's primary residence and any secondary addresses, such as a child care center, the home of a relative or other caregiver, or wherever the child spends at least 10 hours per week. If the child has recently moved, 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 licensed lead inspector/risk assessor, with a public health nurse case manager, speaks to the child's parent/legal guardian and completes a questionnaire to help determine any other potential sources of exposure to lead including from water and consumer products.

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

The data listed in Tables 7, 8, 9 and 10 reflect the frequency and results of environmental investigations as reported by local health departments. The data are accurate to the extent that local health departments make complete and timely reports through the electronic Childhood Lead Information Database (LeadTrax). It is possible that additional inspections and/or abatements may have been completed but not reported by the close of SFY 2017. In addition, open investigations/abatements may reflect the fact that it can take several years to complete the abatement process for a property where lead hazards are identified. The length of time between the initial report of an EBLL and the completion of the abatement process can be affected by factors such as difficulty in identifying and communicating with property owners; lengthy enforcement actions and court proceedings against recalcitrant property owners; delays in contracting with and/or scheduling work to be performed by State-certified lead abatement contractors; and inability of property owners to obtain financial assistance to pay for the cost of the required abatement.

Table 7

SFY 2017: Environmental Case Activity Status by County

County Name	Cases Referred	Investigation Required	Investigation Completed	% Investigation Completed	Abatement Required	Abatement Completed	% Abatement Completed
ATLANTIC	11	5	5	100%	1	0	0%
BERGEN	19	9	9	100%	2	1	50%
BURLINGTON	13	10	10	100%	5	3	60%
CAMDEN	17	8	8	100%	0	0	N/A
CAPE MAY	2	1	1	100%	0	0	N/A
CUMBERLAND	25	18	18	100%	11	9	82%
ESSEX	139	93	67	72%	58	15	26%
GLOUCESTER	5	1	1	100%	1	0	0%
HUDSON	78	58	57	98%	13	12	92%
HUNTERDON	4	2	1	50%	0	0	N/A
MERCER	42	26	25	96%	18	8	44%
MIDDLESEX	49	25	20	80%	4	3	75%
MONMOUTH	18	9	9	100%	9	4	44%
MORRIS	16	9	9	100%	3	1	33%
OCEAN	9	0	0	N/A	0	0	N/A
PASSAIC	54	38	38	100%	29	17	59%
SALEM	11	5	5	100%	3	1	33%
SOMERSET	16	6	4	67%	2	1	50%
UNION	55	32	32	100%	29	16	55%
WARREN	5	4	4	100%	4	0	0%
Total	588	359	323	90%	192	91	47%

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

Reasons for investigation not required include property built after 1978 or property has lead-free certificate.

The data for this table is based on case updates entered in LeadTrax as of August 21, 2017. Time frames may vary for the completion of abatements.

Table 8

SFY 2017: Local Health Departments with ≥20 New Environmental Cases

Local Health Department	Cases Referred	Investigation Required	Investigation Completed	% Investigation Completed	Abatement Required	Abatement Completed	% Abatement Completed
Newark Department of Health and Community Wellness	65	35	10	29%	8	0	0%
Jersey City Department of Health & Human Services	54	39	38	97%	6	6	100%
Trenton Department of Health & Human Services	31	19	19	100%	15	5	33%
Paterson Division of Health	29	22	22	100%	15	6	40%
Irvington Health Department	28	21	21	100%	12	2	17%
Middlesex County Office of Health Svcs	24	15	15	100%	4	3	75%
Plainfield Health Dept	23	16	16	100%	16	8	50%
Passaic (city) Division of health	22	14	14	100%	12	10	83%
Cumberland County Health Dept	20	18	18	100%	10	18	80%

See Table 10 for complete data on the status of all EBLL cases referred to local health departments during SFY 2017.

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

Reasons for investigation not required include property built after 1978 or property has lead-free certificate.

The data for this table is based on case updates entered in LeadTrax as of August 21, 2017. Time frames may vary for the completion of abatements.

Table 9

Current Abatement Status of Cases by SFY: 1997-2017

SFY	Environmental Cases Opened	Investigation Required	Investigation Completed	% Investigation Completed	Investigation Pending	Abatements Completed	Abatements Pending	% Abatements Completed
1997	2168	1499	1468	98%	31	767	12	98%
1998	2014	1455	1405	97%	50	725	13	98%
1999	1517	1044	952	91%	92	558	29	95%
2000	1144	815	705	87%	110	484	29	94%
2001	932	648	562	87%	86	374	12	97%
2002	867	601	546	91%	55	363	7	98%
2003	796	527	495	94%	32	288	21	93%
2004	748	526	471	90%	55	289	20	94%
2005	718	542	481	89%	61	277	24	92%
2006	688	494	494	100%	0	229	40	85%
2007	1008	728	728	100%	0	356	18	95%
2008	750	581	581	100%	0	260	18	94%
2009	583	500	500	100%	0	337	35	91%
2010	450	411	411	100%	0	245	70	78%
2011	573	554	554	100%	0	273	95	74%
2012	874	435	406	93%	29	186	84	69%
2013	502	354	353	99%	1	174	58	75%
2014	424	381	348	91%	33	117	54	68%
2015	483	303	301	99%	2	138	35	80%
2016	568	338	289	86%	49	71	114	38%
2017	589	359	323	90%	36	91	99	47%

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

Reasons for investigation not required include property built after 1978 or property has lead-free certificate.

The data for this table is based on case updates entered in LeadTrax as of August 21, 2017. Time frames may vary for the completion of abatements.

Table 10

SFY 2017: Environmental Case Activity by Local Health Department

Local Health Department	Cases Referred	Investigation Required	Investigation Completed	Abatement Required	Abatement Completed
ATLANTIC CITY HEALTH DEPT	5	1	1	1	0
ATLANTIC COUNTY HEALTH DEPT	6	4	3	0	0
BAYONNE DEPT OF HEALTH	4	3	3	1	1
BERGEN COUNTY DEPT OF HEALTH SVCS	5	2	2	0	0
BERNARDS TWP HEALTH DEPT	1	0	0	0	0
BLOOMFIELD DEPT OF HEALTH	2	0	0	0	0
BRIDGEWATER TWP DEPT OF HEALTH	3	0	0	0	0
BURLINGTON COUNTY HEALTH DEPT	13	10	10	3	3
CAMDEN COUNTY DEPT OF HEALTH	17	8	8	0	0
CAPE MAY COUNTY HEALTH DEPT	2	1	1	0	0
CLIFTON HEALTH DEPT	2	2	2	2	1
CUMBERLAND COUNTY HEALTH DEPT	20	18	18	10	8
DOVER HEALTH DEPT	2	2	2	1	0
EAST HANOVER HEALTH DEPT	1	0	0	0	0
EAST ORANGE HEALTH DEPT	19	15	15	9	4
EDISON DEPT OF HEALTH & HUMAN RESOURCES	9	7	2	0	0
ELIZABETH DEPT OF HEALTH & HUMAN SVCS	17	8	8	8	7
ENGLEWOOD HEALTH DEPT	2	0	0	0	0
EWING TWP HEALTH DEPT	2	0	0	0	0
FORT LEE DEPT OF HEALTH	1	0	0	0	0
FRANKLIN TWP HEALTH DEPT	3	1	1	0	0
FREEHOLD AREA HEALTH DEPT	3	1	1	1	0
GLOUCESTER COUNTY DEPT OF HEALTH	5	1	1	1	0
HACKENSACK HEALTH DEPT	4	2	2	1	1
HAMILTON TWP DIVISION OF HEALTH	6	5	5	2	2
HARRISON BOARD OF HEALTH	1	1	1	0	0
HILLSBOROUGH TWP HEALTH DEPT	2	0	0	0	0
HOBOKEN HEALTH DEPT	4	1	1	0	0
HOPEWELL TWP HEALTH DEPT	1	0	0	0	0
HUNTERDON COUNTY DEPT OF HEALTH	4	2	1	0	0
IRVINGTON DEPT OF HEALTH & WELFARE	28	21	21	12	2

Local Health Department	Cases Referred	Investigation Required	Investigation Completed	Abatement Required	Abatement Completed
JERSEY CITY DIVISION OF HEALTH	54	39	38	6	6
LINDEN BOARD OF HEALTH	3	0	0	0	0
LONG BRANCH DEPT OF HEALTH	1	1	1	1	1
MADISON BORO BOARD OF HEALTH	1	0	0	0	0
MAPLEWOOD HEALTH DEPT	2	2	2	1	1
MID-BERGEN REGIONAL HEALTH COMMISSION	2	1	1	0	0
MIDDLE-BROOK REGIONAL HEALTH COMMISSION	3	2	0	0	0
MIDDLESEX COUNTY PUBLIC HEALTH DEPT	24	15	15	4	3
MONMOUTH COUNTY HEALTH DEPT	11	7	7	3	3
MONMOUTH COUNTY REGIONAL HEALTH COMMISSION	3	0	0	0	0
MONTCLAIR HEALTH DEPT	6	5	5	4	4
MONTGMERY TWP HEALTH DEPT	1	1	1	0	0
MORRISTOWN DIVISION OF HEALTH	2	1	1	0	0
N.W. BERGEN REGIONAL HEALTH COMMISSION	1	1	1	0	0
NEWARK DEPT OF HEALTH & COMMUNITY WELLNESS	65	35	10	8	0
NORTH BERGEN HEALTH DEPT	13	12	12	5	4
OCEAN COUNTY HEALTH DEPT	9	0	0	0	0
PARAMUS BOARD OF HEALTH	2	2	2	0	0
PARSIPPANY HEALTH DEPT	3	2	2	0	0
PASSAIC (CITY) DIVISION OF HEALTH	22	14	14	12	10
PATERSON DIVISION OF HEALTH	29	22	22	15	6
PEQUANNOCK TWP BOARD OF HEALTH	2	1	1	0	0
PISCATAWAY TWP HEALTH DEPT	4	3	3	0	0
PLAINFIELD HEALTH DEPT	23	16	16	16	8
RAHWAY HEALTH DEPT	5	4	3	2	0
RANDOLPH TWP BOARD OF HEALTH	1	1	1	0	0
RIDGEFIELD HEALTH DEPT	1	1	1	1	0
ROSELLE HEALTH DEPT	1	0	0	0	0
ROXBURY TWP BOARD OF HEALTH	2	1	1	1	0
SALEM COUNTY DEPT OF HEALTH	11	5	5	3	1
SOMERSET COUNTY HEALTH DEPT	3	2	2	2	1
SOMERVILLE HEALTH DEPARTMENT	1	0	0	0	0
SOUTH BRUNSWICK HEALTH DEPT	3	0	0	0	0
SOUTH ORANGE HEALTH DEPT	1	1	1	1	0
TWP OF CRANFORD DEPT OF HEALTH	1	0	0	0	0
TWP OF HANOVER HEALTH DEPT	2	1	1	1	1

Local Health Department	Cases Referred	Investigation Required	Investigation Completed	Abatement Required	Abatement Completed
TWP OF UNION DEPT OF HEALTH	3	3	3	0	0
TRENTON DEPT OF HEALTH & HUMAN SVCS	31	19	19	15	5
VINELAND DEPT OF HEALTH	5	0	2	1	1
WARREN COUNTY HEALTH DEPT	5	4	0	4	0
WEST CALDWELL HEALTH DEPT	1	1	1	0	0
WEST MILFORD TWP HEALTH DEPT	1	0	0	0	0
WEST NEW YORK HEALTH DEPT	2	2	2	1	1
WEST ORANGE HEALTH DEPT	15	13	12	11	3
WEST WINDSOR TWP HEALTH DEPT	2	2	1	1	1
WESTFIELD REGIONAL HEALTH DEPT	2	1	1	1	1
WESTWOOD HEALTH DEPT	1	0	0	0	0
WOODBRIDGE TWP DEPT OF HEALTH & HUMAN SVCS	8	0	0	0	0

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

Reasons for investigation not required include property built after 1978 or property has lead-free certificate.

The data for this table is based on case updates entered in LeadTrax as of August 21, 2017. Time frames may vary for the completion of abatements.

CHAPTER FIVE

HEALTHY NEW JERSEY 2020 OBJECTIVE ADDRESSING ELEVATED BLOOD LEAD LEVELS IN NEW JERSEY'S CHILDREN

Healthy People 2020:

In October 2011, the U.S. Department of Health and Human Services released ***Healthy People 2020*** (HP2020) that established health objectives for the Nation for the next 10 years. The information below describes health objectives relative to childhood lead. Additional information about HP2020, can be found online at www.healthypeople.gov.

Environmental Health 8 (EH-8) Reduce blood lead levels in children.

- **Revised* Objective EH-8.1** Reduce blood lead levels in children aged 1–5 years.
  Baseline: 5.8 µg/dL—Concentration level of lead in blood samples at which 97.5% of the population aged 1-5 years is below the measured level in 2005–08.
  Target: 5.2 µg/dL of lead.
  Target-Setting Method: 10 percent improvement.
  Current Metric: 4.3 µg/dL of lead (2009-2012).
  Data Sources: National Health and Nutrition Examination Survey (NHANES), Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS).
  **Revision History: At launch, this objective was informational only. In 2014, the measure was changed from "elevated blood lead levels ≥10 micrograms/dL in children aged 1 to 5 years" to the "concentration of blood lead among children aged 1 to 5 years in the 97.5 percentile." As a result, the original baseline was revised from 0.9 percent to 5.8 µg/dl. The target-setting method was changed from "not applicable" to "10 percent improvement" and a target of 5.2 µg/dl was established.*

- **Revised* Objective EH-8.2:** Reduce the mean BLLs in children.
  Baseline: 1.8 µg/dL—This was the average BLL in children aged 1-5 years in 2003–04.
  Target: 1.6 µg/dL average BLL.
  Target-Setting Method: 10 percent improvement.
  Current Metric: 1.0 µg/dL average BLL (2011-2012).
  Data Sources: NHANES, CDC/NHCS.
  **Revision History: In 2014, the original baseline was revised from 1.5 (2005-2008) to 1.8 (2003-2004) to align with other NHANES biomonitoring objectives. The target was adjusted from 1.4 to 1.6 to reflect the revised baseline using the original target-setting method. Periodicity was revised to biennial.*

Healthy New Jersey 2020:

Healthy New Jersey 2020 (HNJ2020) is the state's health improvement plan that establishes the health promotion and disease prevention agenda for New Jersey for the next 10 years. The information below describes health objectives relative to childhood lead. Additional information about HNJ2020 can be found online www.state.nj.us/health/chs/hnj2020.

Maternal Child Health (MCH) Objectives

- **Revised* Objective MCH-11**: Reduce blood lead levels in children aged 1-5 years to 4.5 µg/dL.
  Baseline: 8.0 µg/dL—This was the average BLL in children aged 1-5 years in 2005-08.
  Target: 4.5 µg/dL (U.S. target is 5.2 µg/dL).
  Target-Setting Method: 10 percent improvement.
  Definition of Metric: Concentration of blood lead in children aged 1 to 5 years in the 97.5 percentile.
  SFY2017: 5.0 µg/dL.
  Data Source: New Jersey Childhood Lead Information Database (LeadTrax).
  **Revision History: The original HNJ2020 objective was to reduce the proportion of children aged 1-5 years who have a blood lead level ≥ 10 µg/dL to 0.9%. The target was achieved early and maintained, so the objective was replaced.*

- **Revised* Objective MCH-12:** Reduce the mean blood lead levels in children aged 1-5 years to an average blood lead level of ≤ 1.5 µg/dL.
  Baseline: 3.2 µg/dL—This was the average BLL in children aged 1-5 years in 2005–08.
  Target: 1.5 µg/dL average BLL (U.S. target is 1.6 µg/dL average BLL).
  Target-Setting Method: 10 percent improvement.
  Definition of Metric: Mean (average) BLL in children aged 1 to 5 years.
  SFY2017: 1.5 µg/dL average BLL.
  Data Source: LeadTrax.
  **Revision History: The original HNJ2020 objective was to reduce the mean BLLs in children aged 1-5 years to an average of ≤ 2.9 µg/dL.*