CHILDHOOD LEAD EXPOSURE IN NEW JERSEY

ANNUAL REPORT

STATE FISCAL YEAR 2025
(July 1, 2024 – June 30, 2025)

New Jersey Department of Health
Division 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

Abatement: Refers to long-term removal of an environmental lead hazard by a certified lead abatement contractor, such as removing lead-based paint and repairing a cracked wall or surface. N.J.A.C. 8:51 requires lead hazards to be abated (i.e., not remediated) when identified in the home of a lead-burdened child.

BLL: Blood Lead Level.

BLRV: Blood Lead Reference Value. A screening tool used by the Centers for Disease Control and Prevention (CDC) to identify children with blood lead levels that are higher than most children's levels in the United States. During SFY 2025, the Department lowered the minimum threshold BLRV from 5 µg/dL to 3.5 µg/dL to align with recommendations from the CDC.

Children: Refers to children who are younger than 17 years of age, unless otherwise specified.

Children six to 26 months of age: Includes children in the age range for universal blood lead testing required by N.J.A.C. 8:51A, where health care providers should test children at or around age one (within the age range six to 18 months) and again at or around age two (within the age range 18 to 26 months).

Children younger than 72 months of age: Refers to children who are younger than six years, which is the age by which N.J.A.C. 8:51A requires that all children should have received at least one blood lead test.

CLP: The Department's Childhood Lead Program.

Communicable Disease Reporting and Surveillance System (CDRSS): The Department's secure, online central database for reportable conditions including childhood lead test results. As of August 2021, CDRSS has been the repository for all nurse case management and environmental investigation data; prior to this, childhood lead data was managed in a database called Lead Trax.

Confirmed BLL: A blood lead level obtained from a venous blood sample (i.e., blood drawn from a vein).

Department: The New Jersey Department of Health.

Environmental Investigation: The process of identifying lead hazards within a structure. This includes inspection and sample testing for potential lead hazards. If lead paint hazards are identified, the structure will require abatement.

Geocoding: Before SFY 2022, addresses were geocoded in ArcGIS Pro. Starting SFY 2022, addresses are geocoded within CDRSS. For more information on how cases are coded in CDRSS, please visit: https://cdrs.doh.state.nj.us/cdrss/common/geocodingNotes.

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

Lead inspector/risk assessor: Someone who is certified to conduct an environmental inspection to identify lead hazards and order lead hazard removal.

LHD: Local health department.

Population Data: The CLP uses decennial population counts from the U.S. Census to calculate rates and other metrics. The U.S. Census 2020 was used for this report, unless otherwise specified, as this is the most recent decennial population count.

Unconfirmed BLL: A blood lead level obtained from a capillary (i.e., finger stick) blood sample. A venous sample is needed to confirm an unconfirmed BLL greater than or equal to 3.5 µg/dL according to N.J.A.C. 8:51.

Remediation: Refers to temporary measures to disrupt lead exposure, such as re-painting a cracked wall. Remediation may be used and/or required by other programs, but when a lead hazard is identified in a home with a lead-burdened child (i.e., a child with an elevated blood lead level), N.J.A.C. 8:51 requires the hazard to be abated, not remediated.

Screening Number/Percent: Where each child is counted only once, regardless of the number of tests that the child has had during the reporting timeframe.

SFY: Refers to the State Fiscal Year in New Jersey, which for SFY 2025 includes the period of July 1, 2024, to June 30, 2025.

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

Universal screening: Requires health care providers and local health departments to test all children for lead, regardless of where they live, whether they have health insurance, or whether there is any risk factors present.

Unknown Address: An address that could not be geocoded in CDRSS or an address that was not reported to the Department.

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EXECUTIVE SUMMARY

N.J.A.C. 8:51 and N.J.A.C. 8:51A protect children from the toxic effects of lead exposure by requiring a universal lead screening program in New Jersey and, for children with a blood lead level (BLL) at or above the blood lead reference value (BLRV), public health intervention, including nursing case management and environmental investigation. This Annual Report on Childhood Lead Exposure in New Jersey for State Fiscal Year (SFY) 2025 is submitted as required by N.J.S.A. 26:2-135, which tasks the Commissioner of Health with issuing an annual report to the Governor and the Legislature that includes a summary of blood lead testing and environmental investigation activities in the State during the preceding SFY. Highlights of the report include the following:

- During SFY 2025, through the rulemaking process in New Jersey, the Department updated N.J.A.C. 8:51 to lower the minimum threshold for a BLL at or above the BLRV from 5 to 3.5 µg/dL, as recommended by the Centers for Disease Control and Prevention (CDC). As a result, the State observed a 98.5% increase in the number of children requiring nurse case management services. The greatest increase in cases requiring nurse case management was observed among children younger than six years of age at 99.7%.

- During SFY 2025, **84%** of children born in New Jersey who reached three years of age received at least one blood lead test by age three. This represents an increase in the percentage of children tested as previously shown in the analysis of SFY 2024 data (80%). *From Chapter One, which describes blood lead screening of children younger than 17 years of age in New Jersey.*

- **Blood lead screening at both age one and age two years was completed for 29% of children born in New Jersey who turned three years of age during SFY 2025.** *From Chapter One, which describes blood lead screening of children younger than 17 years of age in New Jersey.*

- A total of 110,522 children between the ages of six months and 26 months were screened for lead in SFY 2025. This number is higher than the 106,041 children screened in SFY 2024. *From Chapter Two, which describes blood lead screening of children by age group, geographic location, gender, and month of test.*

- Trend data for BLLs at or above the BLRV cannot be generated using annual reports prior to SFY 2018, as the minimum threshold for a BLL at or above the BLRV was higher before SFY 2018 (i.e., the actionable level was lowered from 10 µg/dL to 5 µg/dL in SFY 2018). During SFY 2025, the minimum threshold for the BLRV was lowered again, from 5 µg/dL to 3.5 µg/dL as recommended by the Centers for Disease Control and Prevention (CDC). These changes strengthen the standard for intervening in cases of child lead exposure, enabling public health officials and medical providers to intervene earlier with education, case management, and other steps at the earliest possible time. *From Chapter Two, which describes blood lead screening of children by age group, geographic location, gender, and month of test.*

- In SFY 2025, 56% of children younger than six years of age with a BLL at or above the BLRV were male, and 44% were female. The peak months of screening for children under six years of age were July and August and the months when the most BLLs at or above the BLRV were detected were July through September. During warmer months exposure increases from lead dust produced from friction impact surfaces such as opening and closing windows. An uptick in testing occurs in the summer months due to an uptick in testing from back-to-school medical visits. The uptick in testing would identify more children with elevated blood lead levels. *From Chapter Two, which describes blood lead screening of children by age group, geographic location, gender, and month of test.*

- The ten large municipalities with the highest percentage of children younger than six years of age with a BLL at or above the BLRV (**note**: represented as "BLL ≥ BLRV" below) in SFY 2025 include the following:

    - Trenton City in Mercer County (50.0% screened, 9.6% BLL ≥ BLRV),
    - Irvington Township in Essex County (59.1% screened, 8.3% BLL ≥ BLRV),
    - East Orange City in Essex County (48.6% screened, 7.3% BLL ≥ BLRV),
    - Edison Township in Middlesex County (28.8% screened, 5.9% BLL ≥ BLRV),
    - Plainfield City in Union County (62.8% screened, 5.3% BLL ≥ BLRV),
    - Camden City in Camden County (35.4% screened, 5.2% BLL ≥ BLRV),
    - Atlantic City in Atlantic County (36.6% screened, 5.1% BLL ≥ BLRV),
    - Newark City in Essex County (50.5% screened, 5.0% BLL ≥ BLRV),
    - New Brunswick City in Middlesex County (32.3% screened, 4.7% BLL ≥ BLRV),
    - South Brunswick Township in Middlesex County (26.9% screened, 4.5% BLL ≥ BLRV).

    While the percentage of children with a BLL at or above the BLRV is the most widely used metric to represent the burden of childhood lead in a specific geographic area, comparisons of this metric between municipalities cannot be made. The variability in population size and the percentage screened can have a significant impact on the percentage of BLLs at or above the BLRV (e.g., the smaller the population, the more dramatic the change to the percentage). Additionally, the causes of a BLL at or above the BLRV can vary by municipality. Such causes may include community demographics (e.g., cultural practices, socioeconomics, etc.) and environmental sources of exposure (e.g., the age and/or condition of housing in a geographic area). *From Chapter Three, which compares blood lead screening and elevated blood lead levels in large municipalities.*

- In SFY 2025, a total of 947 environmental investigations (approximately 31% of cases with BLLs at or above the BLRV) were required by LHDs; 356 (approximately 56%) of those that required environmental investigations resulted in the LHD issuing an order of abatement. Of these 356 new abatements ordered in SFY 2025, the LHDs with the highest volume of orders of abatement were Trenton City, Trenton Department of

Health and Human Services (n=35), and Newark City, Newark Department of Health & Community Wellness (n=28). *From Chapter Four, which describes the volume and completion of environmental investigations conducted by LHDs.*

Preventing childhood lead exposure remains a priority for the State Department of Health. In SFY 2025, the Department continued its prevention campaign with a new slogan, ***"Stay Lead Free, Test Twice Before Three,"*** to increase awareness of all lead hazards in homes, schools, and on the job, and to educate parents about what they can do to prevent exposure and have their children tested. Throughout SFY 2025, the Department provided funding, technical support, and subject matter expertise to a variety of grantees. These included LHDs to support screening, environmental investigations, and nursing case management; regional childhood lead coalitions to support primary prevention, outreach, and education initiatives; Isles Inc, to support the New Jersey Healthy Homes Training Center; and Green and Healthy Homes Initiative (GHHI), to provide technical assistance to public health and community partners. Also, the Department implemented several Data Use Agreements (DUAs) with other governmental programs and agencies to allow for the exchange of data to ensure lead-burdened children receive timely medical care and early intervention services and to support regulatory programs in lead remediation, safe housing, and safe drinking water. Lastly, the Department participated in several interagency working groups to evaluate data sources and improve data transparency for all stakeholders addressing childhood lead exposure.

Please note when studying this report, the lowering of the minimum threshold from 5 to 3.5 µg/dL resulted in a dramatic increase in the number of childhood lead cases requiring nurse case management seen across New Jersey as a whole. Thus, comparisons in data cannot be made between SFY 2025 and previous SFY reports.

Previous SFY annual reports can be found online at https://www.nj.gov/health/childhood-lead/reports-data/

CHAPTER ONE

TESTING CHILDREN FOR BLOOD LEAD LEVELS AT OR ABOVE THE BLRV

In New Jersey, N.J.A.C. 8:51A requires healthcare providers to screen all children for lead at or around 12 months and 24 months of age. As children become more mobile, the exposure risk increases. Identification of children with BLLs at or above the BLRV allows for timely nurse case management and environmental investigation to identify the sources of exposure. Children three years of age or older must be tested at least once before their sixth birthday if they had not already been screened at age one year or two years. Laboratories are required to report all blood lead tests to the Department. Young children absorb more lead than adults when ingested. This chapter describes statewide blood lead screening among children in New Jersey.

Figure 1 represents the increase in cases across all age groups observed with the lowering of the minimum threshold from 5 to 3.5 µg/dL. The greatest increase in cases requiring nurse case management was observed among children younger than six years of age at 99.7%.

Figures 2a and **2b** represent the percentage of children who were born in New Jersey and had at least one blood lead test performed by the year when they turned three or six years of age, respectively, during SFY 2025. To generate statistics for these figures, each child is counted only once, regardless of the number of tests the child has received. The number of tests in a specific age group is then compared to the number of children who were born in New Jersey and are turning three or six years of age during SFY 2025. Because this method uses birth records to calculate screening rates, these statistics closely reflect the population of children in New Jersey who were eligible for and received screening.

As depicted in **Figure 2a**, 84% of children who were born in New Jersey and turned three years of age during SFY 2025 had at least one blood lead test in their lifetime. This represents an increase in percentage (80%) seen in the SFY 2024 report.

In **Figure 2b**, 96% of children who were born in New Jersey and turned six years old during SFY 2025 had at least one blood lead test in their lifetime. This number reflects an increase compared to the SFY 2024 report, where 95% of children who turned six years old during SFY 2024 had at least one blood lead test in their lifetime.

Figure 2c represents the percentage of children who were born in New Jersey and turned three years old during SFY 2025 and had at least two blood lead tests, including one blood lead test performed between the age of six months of age through younger than 24 months of age and at least one blood lead test performed between the age of 24 months through younger than 36 months. To generate statistics for this figure, each child is counted only once in their age group, regardless of the number of tests the child has received. Of the children who were born in New Jersey and turned three years old during SFY 2025, 29% had at least two blood lead tests.

Figure 2d represents the number of children who were born in New Jersey and turned six years old during SFY 2025 and had at least two blood lead tests, including one blood lead test performed prior to age 48 months and at least one blood lead test performed between 48 months and younger than 72 months. To generate the statistics represented in this figure, each child is counted only once in their age group, regardless of the number of tests they received. Of the children who were born in New Jersey and turned six years old during SFY 2025, 18% had at least two blood lead tests.

Figure 3 represents annual trends in children six months through 26 months. This age range is used throughout the annual report and was selected to match N.J.A.C. 8:51A, which states a child's first blood lead test should be when they turn one year or during the range of when they are six months to 18 months of age, and a child's second blood lead test should be when they turn two years, or during the range of when they are 18 through 26 months. Given the requirement that children be tested twice, data generated for Figure 2 includes children tested at ages six through 26 months. The number of tests is then divided by the total population of children one year and two years, as reported in the U.S. Census. This method generates screening rates that are less precise than using birth records, as 10-year census counts may not capture annual changes in the population. For example, a decrease in the annual percentage screened may reflect factors other than screening practices, such as fewer children eligible for screening that year or screening saturation, where children were already tested in the previous year and do not require testing again.

Figure 1

The Increase in Actionable Cases Observed Among Age Groups with the Reduction of BLRV in SFY 2025

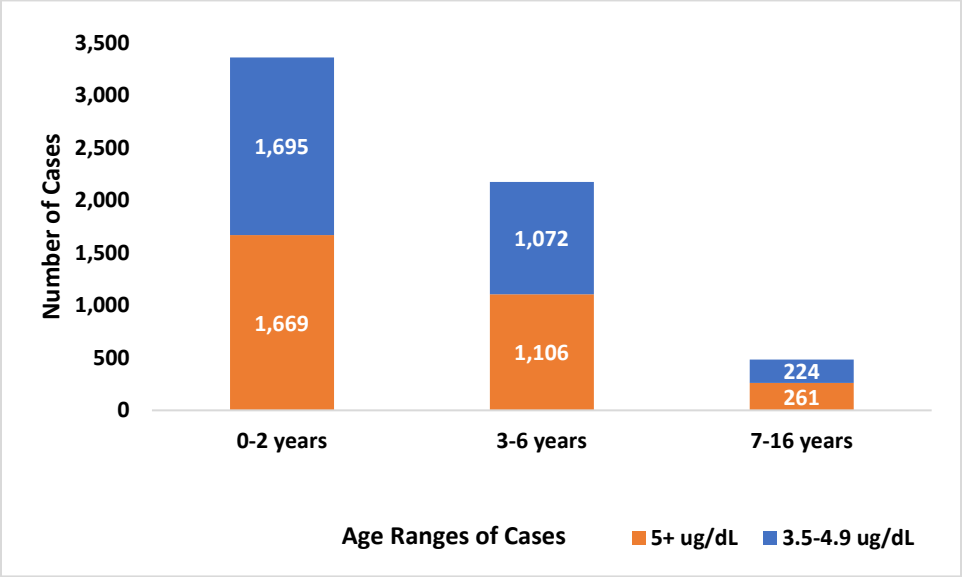
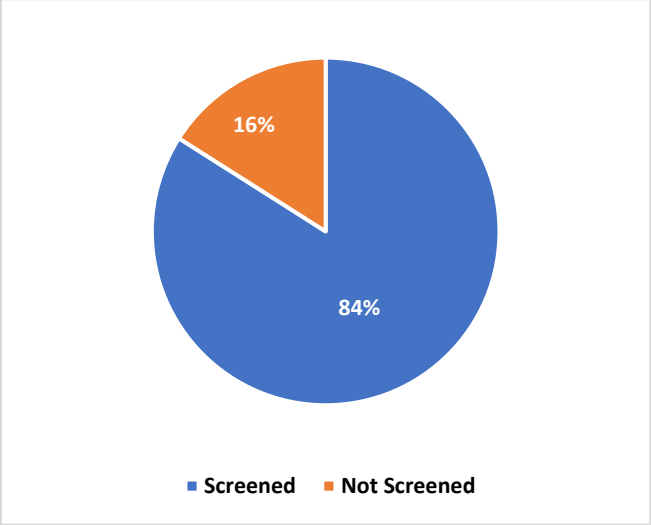


Figure 2a

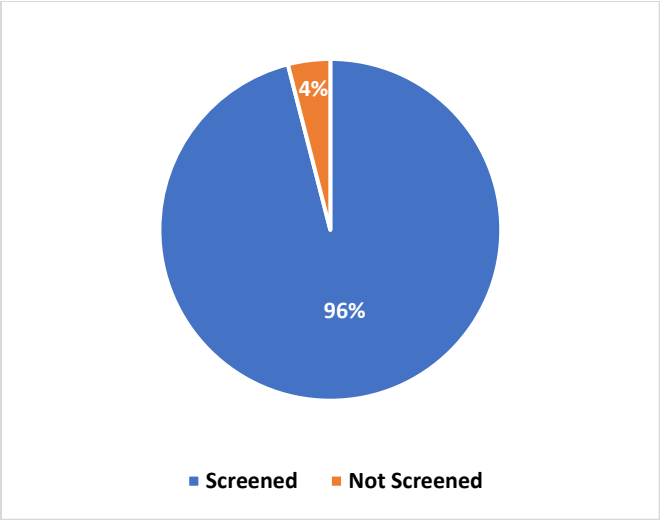
Percentage of Children* Who Turned Three Years of Age During SFY 2025 and Had At Least One Blood Lead Test in their Lifetime



*Number of children born in New Jersey between July 1, 2021, and June 30, 2022 (n =102,540)
Source: New Jersey Department of Health, Center for Health Statistics, New Jersey Birth Certificate Database

Figure 2b

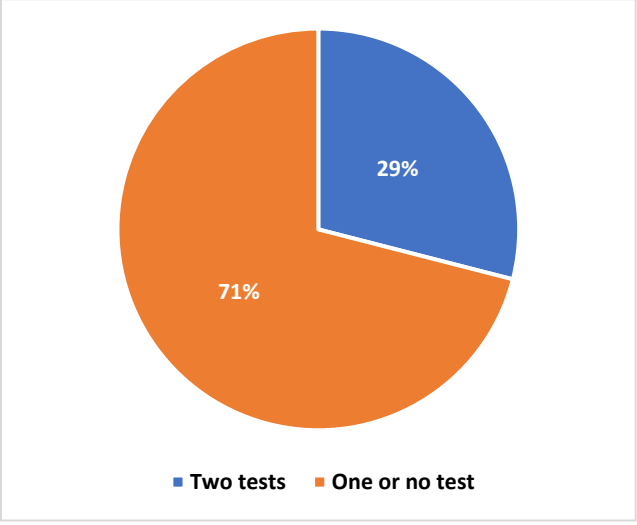
Percentage of Children* Who Turned Six Years of Age During SFY 2025 and Had At Least One Blood Lead Test in their Lifetime



*Number of children born in New Jersey between July 1, 2018, and June 30, 2019 (n =99,660)
Source: New Jersey Department of Health, Center for Health Statistics, New Jersey Birth Certificate Database

Figure 2c

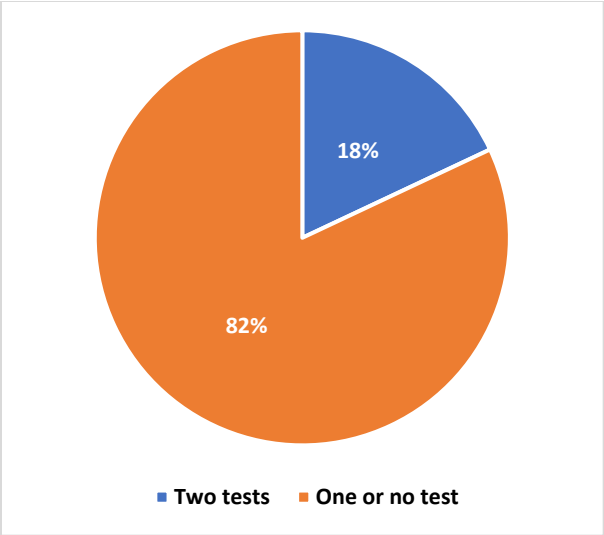
Percentage of Children* Who Turned Three Years of Age During SFY 2025 and Had Two Blood Lead Tests in their Lifetime



*Number of children born in New Jersey between July 1, 2021, and June 30, 2022 (n = 102,540)
Source: New Jersey Department of Health, Center for Health Statistics, New Jersey Birth Certificate Database

Figure 2d

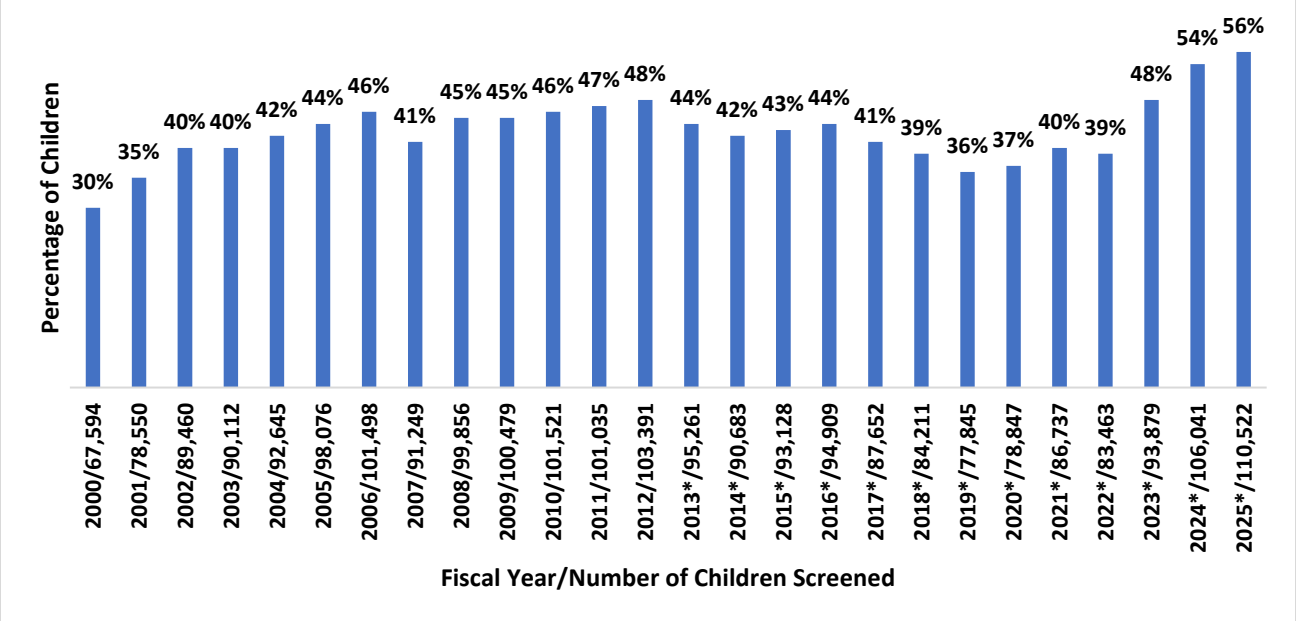
Percentage of Children* Who Turned Six Years of Age During SFY 2025 and Had Two Blood Lead Tests in their Lifetime



*Number of children born in New Jersey between July 1, 2018, and June 30, 2019 (n =99,660)
Source: New Jersey Department of Health, Center for Health Statistics, New Jersey Birth Certificate Database

Figure 3

Trend in Percentage* of Children Six Months Through 26/29*** Months of Age Screened by SFY**



*Caution is advised when interpreting these numbers, as percentages calculated using the 10-year census counts do not capture annual changes in the population.

**For SFY 2000 through SFY 2016, the number of blood lead tests used to calculate percentages may include duplicate records.

***For SFY 2000 through SFY 2010:

- Total Children = 2000 U.S. Census for Children 1 and 2 Years of Age
- Total Screened = Frequency of Children 6-29 Months of Age with a Blood Lead Test
- Percent Screened = (Total Screened / Total Children) * 100

For SFY 2011 through SFY 2022:

- Total Children = 2010 U.S. Census for Children 1 and 2 Years of Age
- Total Screened = Frequency of Children 6-26 Months of Age with a Blood Lead Test
- Percent Screened = (Total Screened / Total Children) * 100

For SFY 2023 through SFY 2025:

- Total Children = 2020 U.S. Census for Children 1 and 2 Years of Age
- Total Screened = Frequency of Children 6-26 Months of Age with a Blood Lead Test
- Percent Screened = (Total Screened / Total Children) * 100

CHAPTER TWO

PROFILE OF BLOOD LEAD TESTS PERFORMED AND PREVALENCE OF BLOOD LEAD LEVELS AT OR ABOVE THE BLRV IN CHILDREN

In addition to universal blood lead testing required by N.J.A.C. 8:51A, New Jersey requires public health intervention for all children with a BLL of 3.5 μg/dL, as defined in N.J.A.C. 8:51. This chapter provides a more in-depth look at blood lead screening data and prevalence of BLL at or above the BLRV by county/municipality of residence (which may differ from the county/municipality of exposure), the gender of children screened, and the month the sample was taken. To protect patient confidentiality, only municipalities with a population of 35,000 or more residents (i.e., large municipalities) are included in this report, as the proportion of children in the blood lead screening age range comprises an even smaller part of each municipal population. For each table in this chapter, a child with a BLL at or above the BLRV is counted only once, using the highest BLL. The number of children with a BLL at or above the BLRV is then divided by the total population of children in each age group, as reported in the U.S. Census. This method generates screening and prevalence statistics that may not reflect the size of the current population, as 10-year census counts do not capture annual changes such as decreases in the population.

Tables 1 and **2** show screening numbers and results by county and large municipality, respectively, for children six through 26 months of age. As per N.J.A.C. 8:51A, children in this age group must be screened twice, at ages 12 and 24 months. **Table 1** shows that in SFY 2025, the average percentage of children ages six through 26 months screened by county was 36.9%, with a range of 27.6% (Cape May County) to 46.6% (Mercer County). The average percentage of children ages six through 26 months with a BLL at or above the BLRV by county was 2.1%, ranging from 0.5% (Ocean County) to 4.9% (Cumberland County). **Table 2** shows that in SFY 2025, the average percentage of children aged six through 26 months screened in large municipalities was 38.1%, with a range of 22.5% (Fort Lee Borough in Bergen County) to 56.0% (Plainfield City in Union County). In large municipalities in New Jersey, the average percentage of children six to 26 months of age with a BLL at or above the BLRV was 2.1%. The range includes zero cases reported in several municipalities—Fort Lee Borough (Bergen County), Freehold Township (Monmouth County), and Washington Township (Gloucester County), up to 10.3% in Trenton City (Mercer County).

Figure 4 shows the top ten large municipalities with the greatest number of BLLs at or above the BLRV in cases aged six through 26 months. It further identifies the distribution of cases by BLL for each municipality. In SFY 2025, Edison Township (Middlesex County) had the greatest percentage of BLLs at 5+ μg/dL (64%) whereas Paterson City (Passiac County) and Elizabeth City (Union County) had the lowest percentage of BLLs at 5+ μg/dL (both at 42%). Paterson City (Passaic County) and Elizabeth City (Union County) both had the highest percentage of BLLs between 3.5-4.9 μg/dL at 58%.

Tables 3 and **4** display screening numbers and results by county and by large municipality, respectively, for children younger than six years of age. As per N.J.A.C. 8:51A, children must be screened at least once by six years of age. **Table 3** shows that in SFY 2025, the average

percentage of children under six years of age screened by county was 28.7%, with a range of 17.3% (Cape May County) to 42.4% (Essex County). The average percentage of children under six years of age with a BLL at or above the BLRV by county was 2.5%, with a range of 0.7% (Ocean County) to 5.6% (Salem County). **Table 4** shows that in SFY 2025, the average percentage of children younger than six years of age screened in large municipalities was 32.2%, with a range of 17.6% (Hoboken City in Hudson County) to 62.8% (Plainfield City in Union County), and the average percentage of children younger than six years of age with a BLL at or above the BLRV by large municipality was 2.4%, with a range of zero cases (Fort Lee Borough in Bergen County and Washington Township in Gloucester County) to 9.6% (Trenton City in Mercer County).

Figure 5 shows the top ten large municipalities with the greater number of BLLs at or above the BLRV in cases younger than six years old. It further identifies the distribution of cases by BLL for each municipality. In SFY 2025, Plainfield City (Union County) and Edison Township (Middlesex County) had the greatest percentage of BLLs at 5+ µg/dL (both at 56%) whereas Camden City (Camden County) had the lowest percentage of BLLs at 5+ µg/dL (44%). Camden City (Camden County) had the highest percentage of BLLs between 3.5-4.9 µg/dL at 56%.

Table 5 displays BLLs at or above the BLRV by county for all children <17 years of age. A total of 216,085 children were screened for lead in SFY 2025 compared to the 210,957 children screened in SFY 2024.

Figure 6 shows the distribution of cases by BLL across each county of residence. In SFY 2025, the counties with the highest percentages of cases with BLLs at 5+ µg/dL were Cape May County (64%), Somerset County (59%), and Essex County (54%). The counties with the lowest percentages of cases with BLLs at 5+ µg/dL were Bergen County (43%), Warren County (42%), and Sussex County (33%).

Figures 7a and **7b** compare the statewide BLL results among children by year of age. **Figure 7a** shows children with a BLL at or above the BLRV and **Figure 7b** shows children with a BLL less than the BLRV (i.e., BLL is less than 3.5 µg/dL). As illustrated in **Figure 7a**, children between one year and three years of age comprise the largest category of BLLs at or above the BLRV.

Figure 8a displays the percentage of children statewide with a BLL at or above the BLRV compared to children with a BLL less than the BLRV and shows that in SFY 2025, 97.2% of all children had a BLL less than 3.5 µg/dL. **Figure 8b** includes all children with a BLL at or above the BLRV and compares categories of these. In SFY 2025, 49.6% of children with a BLL at or above the BLRV had a blood lead level in the lowest category of results (3.5-4.9 µg/dL), and 0.2% of children had a blood lead level in the highest category of results (at or above 45 µg/dL).

Figure 9 shows the statewide gender distribution of children younger than six years of age with a BLL at or above the BLRV. In SFY 2025, 56% of children younger than six years of age with a BLL at or above the BLRV were male, and 44% were female.

Figure 10 shows the seasonal distribution of screening and percent of BLLs at or above the BLRV among children younger than six years of age. Here, the highest percentage of children younger than six years of age with a BLL at or above the BLRV were detected between July and August, which may be due in part to increased exposure to lead dust in and/or around the home, such as frequent opening and closing of windows contaminated with lead-based paint, home renovations, and yard maintenance that occur during warmer months.

Table 1

SFY 2025: Number of Children Six Months Through 26 Months of Age by BLL and County of Residence

County	Total Children	% Screened*	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
ATLANTIC	7,862	36.5	2,870	24	23	2	3	2	0	54	1.8	2,924
BERGEN	27,354	30.1	8,243	69	38	5	1	2	0	115	1.4	8,358
BURLINGTON	13,309	42.2	5,611	39	17	5	0	2	0	63	1.1	5,674
CAMDEN	17,334	37.1	6,438	64	29	3	2	0	0	98	1.5	6,536
CAPE MAY	2,198	27.6	607	3	4	2	0	0	0	9	1.5	616
CUMBERLAND	5,007	39.1	1,958	54	37	6	2	1	0	100	4.9	2,058
ESSEX	29,682	40.5	12,032	260	215	50	21	11	0	557	4.4	12,589
GLOUCESTER	8,894	35.4	3,151	22	17	0	1	0	0	40	1.3	3,191
HUDSON	27,477	32.8	9,024	153	85	19	2	3	0	262	2.8	9,286
HUNTERDON	3,167	44.8	1,419	14	4	1	0	1	0	20	1.4	1,439
MERCER	11,517	46.6	5,364	121	104	19	7	6	0	257	4.6	5,621
MIDDLESEX	25,615	35.1	8,990	101	84	22	10	9	0	226	2.5	9,216
MONMOUTH	16,899	35.0	5,923	33	37	8	0	2	0	80	1.3	6,003
MORRIS	14,044	40.7	5,709	50	26	4	0	2	0	82	1.4	5,791
OCEAN	26,823	34.5	9,257	28	17	3	1	1	1	51	0.5	9,308
PASSAIC	17,855	38.9	6,944	113	70	8	7	5	0	203	2.8	7,147
SALEM	2,032	33.3	677	9	9	2	3	2	0	25	3.6	702
SOMERSET	9,450	38.5	3,641	27	31	4	3	1	0	66	1.8	3,707
SUSSEX	3,699	28.6	1,057	4	4	0	0	0	0	8	0.8	1,065
UNION	19,596	40.5	7,933	112	86	16	3	2	0	219	2.7	8,152
WARREN	2,899	36.0	1,045	18	15	2	0	0	0	35	3.2	1,080
Unknown Address	NA	NA	59	0	0	0	0	0	0	0	0.0	59
Total	292,713	36.9	107,952	1,318	952	181	66	52	1	2,570	2.3	110,522

Total Children = 2020 U.S. Census for Children 0-2 Years of Age
Total Screened = Frequency of Children 6-26 Months of Age with a Blood Lead Test Reported in SFY 2025
Total BLL ≥ BLRV (µg/dL) = Frequency of Children 6-26 Months of Age with a BLL ≥ 3.5 µg/dL Reported in SFY 2025
% Screened = (Total Screened / Total Children) * 100
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100
*Caution is advised when interpreting these numbers, as percentages calculated using 10-year census counts do not capture annual changes in the population.
**BLL ≥ BLRV (µg/dL) = Blood lead level at or above the blood lead reference value.

Table 2

SFY 2025: Number of Children Six Months Through 26 Months of Age by BLL and Large Municipality

Municipality	Total Children	% Screened*	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**							Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
ATLANTIC CITY	1,455	39.5	551	7	12	2	2	1	0	24	4.2	575
BAYONNE	2,510	35.7	874	14	5	4	0	0	0	23	2.6	897
BELLEVILLE	1,155	41.7	476	5	1	0	0	0	0	6	1.2	482
BERKELEY	717	30.1	212	3	1	0	0	0	0	4	1.9	216
BLOOMFIELD	1,839	36.7	666	5	4	0	0	0	0	9	1.3	675
BRICK	1,866	31.8	590	1	1	1	0	0	0	3	0.5	593
BRIDGEWATER	1,213	35.7	431	0	1	0	1	0	0	2	0.5	433
CAMDEN	3,041	43.2	1,271	27	15	2	0	0	0	44	3.3	1,315
CHERRY HILL	2,254	35.1	789	2	0	0	1	0	0	3	0.4	792
CLIFTON	2,870	40.2	1,133	13	9	0	0	0	0	22	1.9	1,155
EAST BRUNSWICK	1,238	41.4	506	2	4	0	0	0	0	6	1.2	512
EAST ORANGE	2,503	39.6	922	30	20	10	4	4	0	68	6.9	990
EDISON	3,172	31.5	955	16	19	6	3	1	0	45	4.5	1,000
EGG HARBOR	1,314	32.9	429	3	0	0	0	0	0	3	0.7	432
ELIZABETH	5,357	41.6	2,162	38	25	2	1	0	0	66	3.0	2,228
EVESHAM	1,359	43.3	585	0	2	1	0	0	0	3	0.5	588
EWING	906	53.5	473	4	7	1	0	0	0	12	2.5	485
FORT LEE	1,102	22.5	248	0	0	0	0	0	0	0	0.0	248
FRANKLIN (Somerset County)	2,077	34.4	705	7	3	0	0	0	0	10	1.4	715
FREEHOLD	797	37.5	299	0	0	0	0	0	0	0	0.0	299
GALLOWAY	942	34.1	320	0	0	0	1	0	0	1	0.3	321
GLOUCESTER	2,036	35.8	723	5	1	0	0	0	0	6	0.8	729
HACKENSACK	1,383	39.6	534	9	5	0	0	0	0	14	2.6	548
HAMILTON (Mercer County)	2,665	50.0	1,301	16	13	2	1	0	0	32	2.4	1,333
HILLSBOROUGH	1,088	37.1	393	4	4	2	1	0	0	11	2.7	404
HOBOKEN	2,910	25.2	725	5	2	0	0	0	0	7	1.0	732
HOWELL	1,523	38.6	585	2	1	0	0	0	0	3	0.5	588
IRVINGTON	2,523	48.7	1,115	52	48	8	2	3	0	113	9.2	1,228
JACKSON	2,137	50.4	1,071	5	2	0	0	0	0	7	0.6	1,078
JERSEY CITY	11,822	35.1	4,025	74	46	7	1	2	0	130	3.1	4,155

Municipality	Total Children	% Screened*	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
KEARNY	1,284	32.3	405	6	3	1	0	0	0	10	2.4	415
LAKEWOOD	14,032	33.6	4,694	13	5	1	1	1	1	22	0.5	4,716
LINDEN	1,438	33.4	479	1	1	0	0	0	0	2	0.4	481
MANALAPAN	898	34.2	303	2	2	0	0	0	0	4	1.3	307
MANCHESTER	565	51.2	288	0	1	0	0	0	0	1	0.3	289
MARLBORO	796	34.2	270	0	2	0	0	0	0	2	0.7	272
MIDDLETOWN	1,964	28.4	557	1	0	0	0	0	0	1	0.2	558
MONROE (Gloucester County)	1,088	32.0	346	2	0	0	0	0	0	2	0.6	348
MONROE (Middlesex County	721	46.6	331	3	2	0	0	0	0	5	1.5	336
MONTCLAIR	1,192	36.3	425	3	4	0	1	0	0	8	1.8	433
MOUNT LAUREL	1,160	50.2	579	2	1	0	0	0	0	3	0.5	582
NEW BRUNSWICK	1,909	35.5	654	11	7	3	0	3	0	24	3.5	678
NEWARK	11,685	43.1	4,766	126	103	27	10	4	0	270	5.4	5,036
NORTH BERGEN	1,978	34.0	659	9	5	0	0	0	0	14	2.1	673
NORTH BRUNSWICK	1,491	36.5	533	7	4	0	0	0	0	11	2.0	544
OLD BRIDGE	1,837	36.0	657	2	2	0	0	0	0	4	0.6	661
PARSIPPANY-TROY HILLS	1,610	36.1	569	7	5	0	0	1	0	13	2.2	582
PASSAIC	3,043	38.6	1,125	26	17	2	2	2	0	49	4.2	1,174
PATERSON	6,573	44.9	2,838	64	35	6	3	3	0	111	3.8	2,949
PENNSAUKEN	1,126	42.1	471	2	1	0	0	0	0	3	0.6	474
PERTH AMBOY	2,126	36.1	744	11	9	2	0	1	0	23	3.0	767
PISCATAWAY	1,610	38.8	609	9	4	1	1	0	0	15	2.4	624
PLAINFIELD	2,498	56.0	1,309	37	44	7	2	1	0	91	6.5	1,400
SAYREVILLE	1,475	34.2	494	6	3	2	0	0	0	11	2.2	505
SOUTH BRUNSWICK	997	35.5	344	5	3	1	1	0	0	10	2.8	354
TEANECK	1,217	41.2	493	6	2	0	0	0	0	8	1.6	501
TOMS RIVER	2,855	29.4	835	2	3	0	0	0	0	5	0.6	840
TRENTON	3,868	48.6	1,686	91	75	16	6	6	0	194	10.3	1,880
UNION CITY	2,317	39.3	872	25	9	3	1	0	0	38	4.2	910
UNION	1,574	40.5	625	8	2	3	0	0	0	13	2.0	638
VINELAND	1,930	37.3	709	7	2	0	1	1	0	11	1.5	720
WASHINGTON (Gloucester County)	1,411	34.1	481	0	0	0	0	0	0	0	0.0	481
WAYNE	1,315	37.0	482	1	3	0	1	0	0	5	1.0	487

Municipality	Total Children	% Screened*	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
WEST NEW YORK	1,832	36.7	655	9	6	1	0	1	0	17	2.5	672
WEST ORANGE	1,500	41.5	608	6	7	1	0	0	0	14	2.3	622
WINSLOW	1,257	32.1	401	3	0	0	0	0	0	3	0.7	404
WOODBRIDGE	3,389	31.8	1,054	13	6	4	0	0	0	23	2.1	1,077

Total Children = 2020 U.S. Census for Children 0-2 Years of Age
Total Screened = Frequency of Children 6-26 Months of Age with a Blood Lead Test Reported in SFY 2025
Total BLL ≥ BLRV (µg/dL) = Frequency of Children 6-26 Months of Age with a BLL ≥ 3.5 µg/dL Reported in SFY 2025
% Screened = (Total Screened / Total Children) * 100
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100
*Caution is advised when interpreting these numbers, as percentages calculated using 10-year census counts do not capture annual changes in the population.
**BLL ≥ BLRV (µg/dL) = Blood lead level at or above the blood lead reference value.

Figure 4

Top 10 Large Municipalities: Distribution of BLLs Among Cases 6-26 Months of Age in SFY 2025

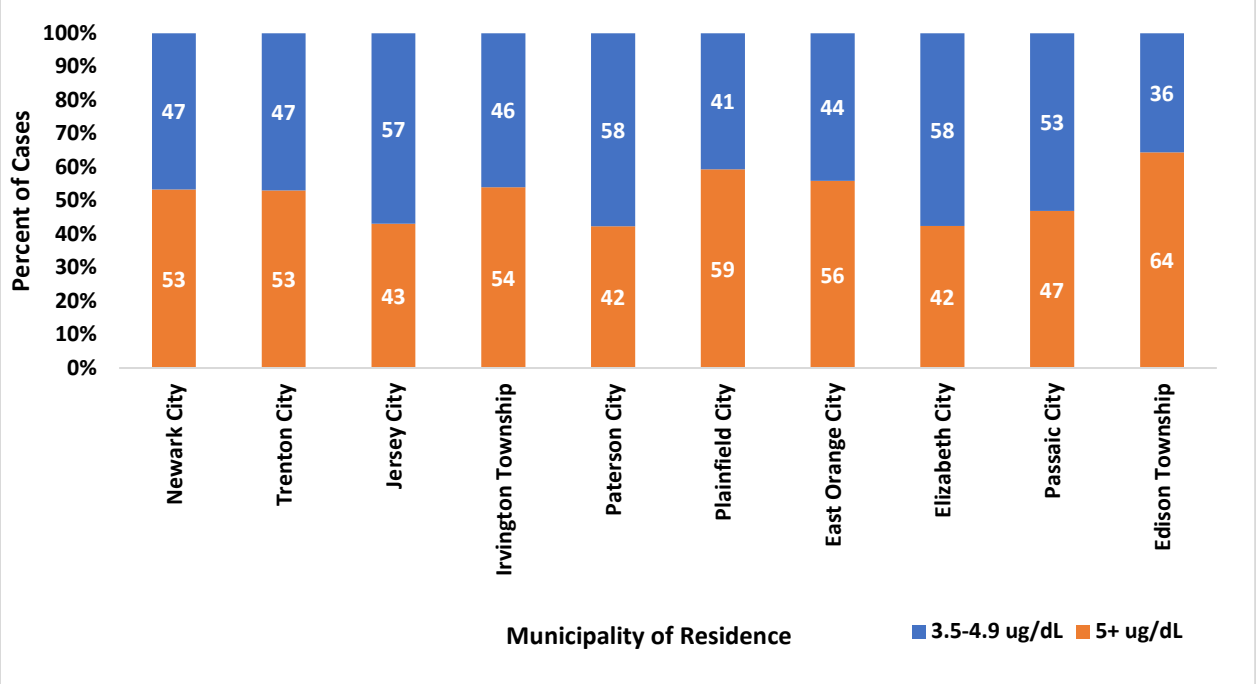


Table 3

SFY 2025: Number of Children Younger Than Six Years of Age by BLL and County of Residence

County	Total Children	% Screened*	BLL (µg/dL)		BLL ≥ BLRV (µg/dL)**							Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
ATLANTIC	16,460	28.0	4,498	52	35	8	5	3	1	104	2.3	4,602
BERGEN	58,669	23.2	13,385	119	67	11	4	4	0	205	1.5	13,590
BURLINGTON	27,792	27.9	7,642	61	38	8	2	4	2	115	1.5	7,757
CAMDEN	35,735	26.0	9,081	121	67	11	7	6	0	212	2.3	9,293
CAPE MAY	4,796	17.3	821	4	4	2	0	0	0	10	1.2	831
CUMBERLAND	10,582	32.9	3,288	102	68	11	6	3	0	190	5.5	3,478
ESSEX	62,977	42.4	25,406	591	493	93	38	50	3	1,268	4.8	26,674
GLOUCESTER	18,721	22.6	4,165	34	25	1	1	0	0	61	1.4	4,226
HUDSON	52,967	31.9	16,385	277	166	43	9	16	2	513	3.0	16,898
HUNTERDON	6,624	25.7	1,670	17	10	1	0	2	0	30	1.8	1,700
MERCER	24,217	39.4	9,046	246	194	32	14	15	0	501	5.2	9,547
MIDDLESEX	54,448	31.2	16,456	245	196	39	13	12	0	505	3.0	16,961
MONMOUTH	36,120	26.1	9,281	75	64	12	2	3	0	156	1.7	9,437
MORRIS	29,610	27.7	8,058	78	49	6	1	3	0	137	1.7	8,195
OCEAN	54,003	28.0	15,036	61	34	9	2	1	1	108	0.7	15,144
PASSAIC	37,215	38.4	13,836	221	171	26	11	15	0	444	3.1	14,280
SALEM	4,242	26.0	1,043	22	24	7	4	4	1	62	5.6	1,105
SOMERSET	20,085	26.4	5,182	55	57	9	4	3	0	128	2.4	5,310
SUSSEX	7,866	20.6	1,600	12	4	0	1	0	0	17	1.1	1,617
UNION	40,772	37.5	14,832	223	171	35	6	10	0	445	2.9	15,277
WARREN	6,030	24.0	1,396	27	18	5	0	0	0	50	3.5	1,446
Unknown Address	NA	NA	94	0	0	0	0	0	0	0	0.0	94
Total	609,931	30.7	182,201	2,643	1,955	369	130	154	10	5,261	2.8	187,462

Total Children = 2020 U.S. Census for Children 0-6 Years of Age
Total Screened = Frequency of Children 0-6 Years of Age with a Blood Lead Test Reported in SFY 2025
Total BLL ≥ BLRV (µg/dL) = Frequency of Children 0-6 Years of Age with a BLL ≥ 3.5 µg/dL Reported in SFY 2025
% Screened = (Total Screened / Total Children) * 100
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100
*Caution is advised when interpreting these numbers, as percentages calculated using 10-year census counts do not capture annual changes in the population.
**BLL ≥ BLRV (µg/dL) = Blood lead level at or above the blood lead reference value.

Table 4

SFY 2025: Number of Children Younger Than Six Years of Age by BLL and Large Municipality

Municipality	Total Children	% Screened *	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
ATLANTIC CITY	2,979	36.6	1,034	26	19	4	4	1	1	55	5.1	1,089
BAYONNE	5,150	35.7	1,796	25	9	5	0	4	1	44	2.4	1,840
BELLEVILLE	2,384	41.0	964	8	4	0	0	1	0	13	1.3	977
BERKELEY	1,592	24.9	389	5	3	0	0	0	0	8	2.0	397
BLOOMFIELD	3,590	33.1	1,161	12	13	2	0	0	0	27	2.3	1,188
BRICK	3,812	24.5	924	6	2	2	0	0	0	10	1.1	934
BRIDGEWATER	2,653	22.0	579	1	2	1	1	0	0	5	0.9	584
CAMDEN	6,406	35.4	2,152	66	37	5	5	5	0	118	5.2	2,270
CHERRY HILL	4,697	22.2	1,038	3	1	0	1	0	0	5	0.5	1,043
CLIFTON	5,873	37.2	2,140	22	21	0	0	2	0	45	2.1	2,185
EAST BRUNSWICK	2,770	29.9	813	3	10	0	0	1	0	14	1.7	827
EAST ORANGE	5,217	48.6	2,353	83	74	12	6	9	0	184	7.3	2,537
EDISON	7,160	28.8	1,938	54	53	10	4	1	0	122	5.9	2,060
EGG HARBOR	2,804	22.5	625	3	0	2	0	0	0	5	0.8	630
ELIZABETH	11,055	44.6	4,781	82	56	7	1	4	0	150	3.0	4,931
EVESHAM	2,801	24.9	695	0	2	1	0	0	0	3	0.4	698
EWING	1,783	42.9	741	9	13	1	1	0	0	24	3.1	765
FORT LEE	2,301	18.3	421	0	0	0	0	0	0	0	0.0	421
FRANKLIN (Somerset County)	4,238	26.1	1,082	16	9	1	0	0	0	26	2.3	1,108
FREEHOLD	1,777	27.6	490	1	0	0	0	0	0	1	0.2	491
GALLOWAY	1,979	23.2	452	1	3	2	1	0	0	7	1.5	459
GLOUCESTER	4,123	23.4	956	6	1	0	0	0	0	7	0.7	963
HACKENSACK	2,701	40.3	1,059	17	11	0	0	1	0	29	2.7	1,088
HAMILTON (Mercer County)	5,499	40.1	2,145	31	23	5	1	2	0	62	2.8	2,207
HILLSBOROUGH	2,428	21.3	497	7	9	2	1	0	0	19	3.7	516
HOBOKEN	5,112	17.6	894	6	2	0	0	0	0	8	0.9	902
HOWELL	3,240	31.6	1,015	6	1	0	1	0	0	8	0.8	1,023
IRVINGTON	5,184	59.1	2,808	118	93	20	6	17	1	255	8.3	3,063
JACKSON	4,594	40.0	1,825	9	4	0	0	0	0	13	0.7	1,838
JERSEY CITY	22,701	31.6	6,881	152	98	25	6	7	1	289	4.0	7,170
KEARNY	2,523	36.5	899	10	8	2	1	0	0	21	2.3	920
LAKEWOOD	26,780	27.7	7,383	24	11	5	1	1	1	43	0.6	7,426
LINDEN	2,838	35.3	985	10	6	0	0	0	0	16	1.6	1,001

Municipality	Total Children	% Screened *	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
MANALAPAN	2,087	22.9	473	3	2	0	0	0	0	5	1.0	478
MANCHESTER	1,198	41.9	501	0	1	0	0	0	0	1	0.2	502
MARLBORO	1,945	24.3	468	2	2	0	0	0	0	4	0.8	472
MIDDLETOWN	4,102	19.0	780	1	0	0	0	0	0	1	0.1	781
MONROE (Gloucester County)	2,276	22.6	511	3	0	0	0	0	0	3	0.6	514
MONROE (Middlesex County	1,762	28.6	495	6	3	0	0	0	0	9	1.8	504
MONTCLAIR	2,613	23.9	611	5	7	0	1	0	0	13	2.1	624
MOUNT LAUREL	2,485	28.6	706	2	1	1	0	0	0	4	0.6	710
NEW BRUNSWICK	3,919	32.3	1,206	35	18	3	0	4	0	60	4.7	1,266
NEWARK	24,625	50.5	11,827	289	237	50	20	19	1	616	5.0	12,443
NORTH BERGEN	3,984	35.1	1,376	12	10	1	0	1	0	24	1.7	1,400
NORTH BRUNSWICK	2,961	29.8	860	11	10	1	0	0	0	22	2.5	882
OLD BRIDGE	3,839	29.5	1,127	4	2	0	0	0	0	6	0.5	1,133
PARSIPPANY-TROY HILLS	3,389	23.3	770	10	8	0	0	1	0	19	2.4	789
PASSAIC	6,427	43.9	2,733	40	37	3	4	3	0	87	3.1	2,820
PATERSON	13,711	46.6	6,110	144	99	20	5	10	0	278	4.4	6,388
PENNSAUKEN	2,398	28.7	676	4	5	2	0	1	0	12	1.7	688
PERTH AMBOY	4,563	43.5	1,946	19	14	2	1	2	0	38	1.9	1,984
PISCATAWAY	3,394	32.6	1,082	14	8	2	1	0	0	25	2.3	1,107
PLAINFIELD	5,132	62.8	3,055	74	74	15	3	4	0	170	5.3	3,225
SAYREVILLE	3,047	30.0	895	13	4	3	0	0	0	20	2.2	915
SOUTH BRUNSWICK	2,378	26.9	611	12	14	1	2	0	0	29	4.5	640
TEANECK	2,653	27.7	722	8	3	1	0	0	0	12	1.6	734
TOMS RIVER	6,062	25.0	1,502	6	8	0	0	0	0	14	0.9	1,516
TRENTON	8,022	50.0	3,627	191	144	24	12	12	0	383	9.6	4,010
UNION	3,182	38.7	1,752	39	15	6	1	1	0	62	3.4	1,814
UNION CITY	4,691	33.3	1,034	13	6	6	1	0	0	26	2.5	1,060
VINELAND	4,151	29.0	1,177	18	4	0	1	2	0	25	2.1	1,202
WASHINGTON (Gloucester County)	2,886	20.7	597	0	0	0	0	0	0	0	0.0	597
WAYNE	2,926	24.0	694	1	5	1	1	0	0	8	1.1	702
WEST NEW YORK	3,598	39.5	1,392	14	10	1	1	3	0	29	2.0	1,421
WEST ORANGE	3,086	33.3	995	11	18	3	1	0	1	34	3.3	1,029

Municipality	Total Children	% Screened *	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
			<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
WINSLOW	2,575	21.9	562	3	0	0	0	0	0	3	0.5	565
WOODBRIDGE	7,005	30.2	2,050	38	20	9	0	0	0	67	3.2	2,117

Total Screened = Frequency of Children 0-6 Years of Age with a Blood Lead Test Reported in SFY 2025
Total BLL ≥ BLRV (µg/dL) = Frequency of Children 0-6 Years of Age with a BLL ≥ 3.5 µg/dL Reported in SFY 2025
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100
% Screened = (Total Screened / Total Children) * 100
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100
*Caution is advised when interpreting these numbers, as percentages calculated using 10-year census counts do not capture annual changes in the population.
**BLL ≥ BLRV (µg/dL) = Blood lead level at or above the blood lead reference value.

Figure 5

Top 10 Large Municipalities: Distribution of BLLs Among Cases Younger Than 6 Years of Age in SFY 2025

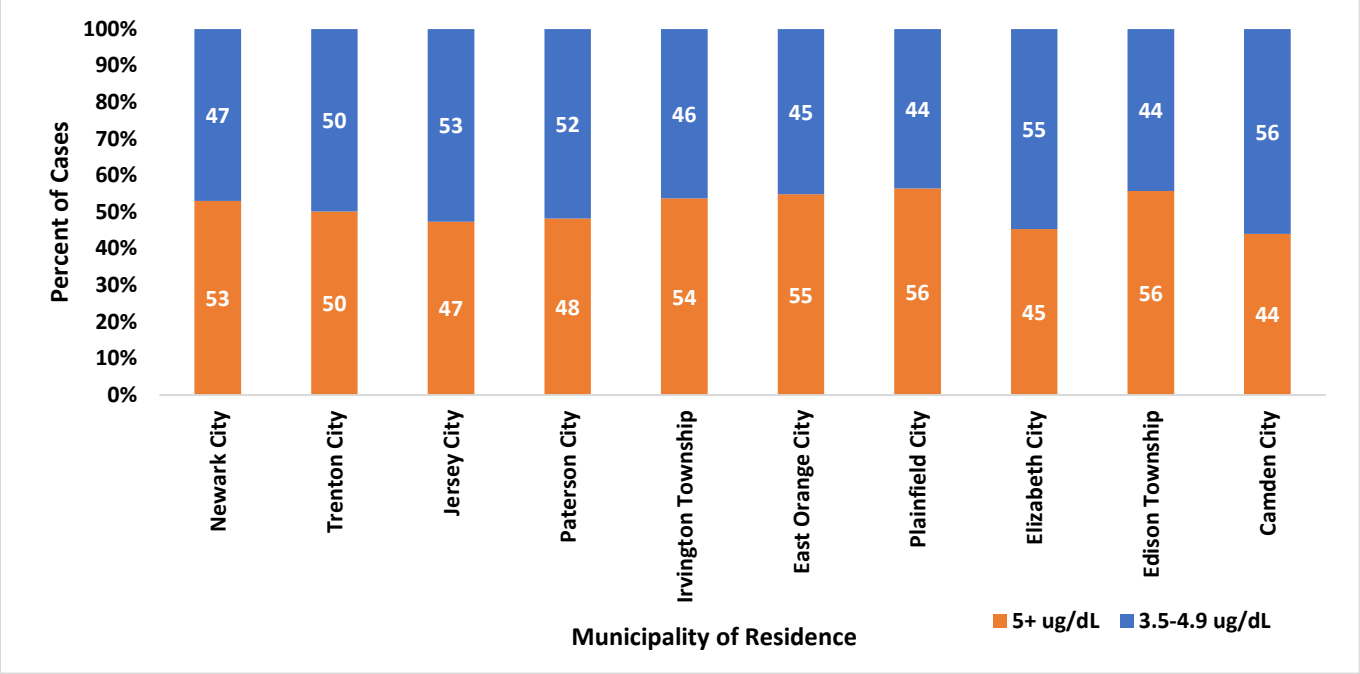


Table 5

SFY 2025: Number of Children by BLL and County of Residence

County	BLL (µg/dL)	BLL ≥ BLRV (µg/dL)**								Total Screened
	<3.5	3.5-4.9	5-9	10-14	15-19	20-44	≥45	Total BLL ≥ BLRV	% BLL ≥ BLRV	
ATLANTIC	4,767	54	41	8	5	3	1	112	2.3	4,879
BERGEN	14,948	129	75	13	6	4	0	227	1.5	15,175
BURLINGTON	7,973	64	43	9	2	4	2	124	1.5	8,097
CAMDEN	9,482	126	72	12	8	6	0	224	2.3	9,706
CAPE MAY	913	4	4	3	0	0	0	11	1.2	924
CUMBERLAND	3,653	112	78	12	6	4	0	212	5.5	3,865
ESSEX	31,819	661	559	112	44	62	3	1,441	4.3	33,260
GLOUCESTER	4,356	35	26	1	1	1	0	64	1.4	4,420
HUDSON	19,593	316	200	51	12	20	2	601	3.0	20,194
HUNTERDON	1,749	17	10	1	0	2	0	30	1.7	1,779
MERCER	10,989	281	221	38	14	16	0	570	4.9	11,559
MIDDLESEX	19,738	307	250	56	15	13	0	641	3.1	20,379
MONMOUTH	10,866	90	74	13	3	3	0	183	1.7	11,049
MORRIS	8,970	85	54	9	1	3	0	152	1.7	9,122
OCEAN	16,384	77	51	9	2	1	1	141	0.9	16,525
PASSAIC	15,944	253	191	31	13	17	0	505	3.1	16,449
SALEM	1,101	24	24	8	4	4	1	65	5.6	1,166
SOMERSET	5,859	61	67	11	5	4	0	148	2.5	6,007
SUSSEX	1,816	12	5	0	1	0	0	18	1.0	1,834
UNION	17,453	250	191	39	9	12	0	501	2.8	17,954
WARREN	1,581	33	19	5	0	0	0	57	3.5	1,638
Unknown address	104	0	0	0	0	0	0	0	0.0	104
Total	210,058	2,991	2,255	441	151	179	10	6,027	2.8	216,085

Total Screened = Frequency of Children < 17 Years of Age with a Blood Lead Test Reported in SFY 2025
Total BLL ≥ BLRV = Frequency of Children < 17 Years of Age with a BLL ≥ 3.5 µg/dL Reported in SFY 2025
% BLL ≥ BLRV = (Total BLL ≥ BLRV / Total Screened) * 100

Figure 6

Distribution of Cases by BLL and County of Residence in SFY 2025

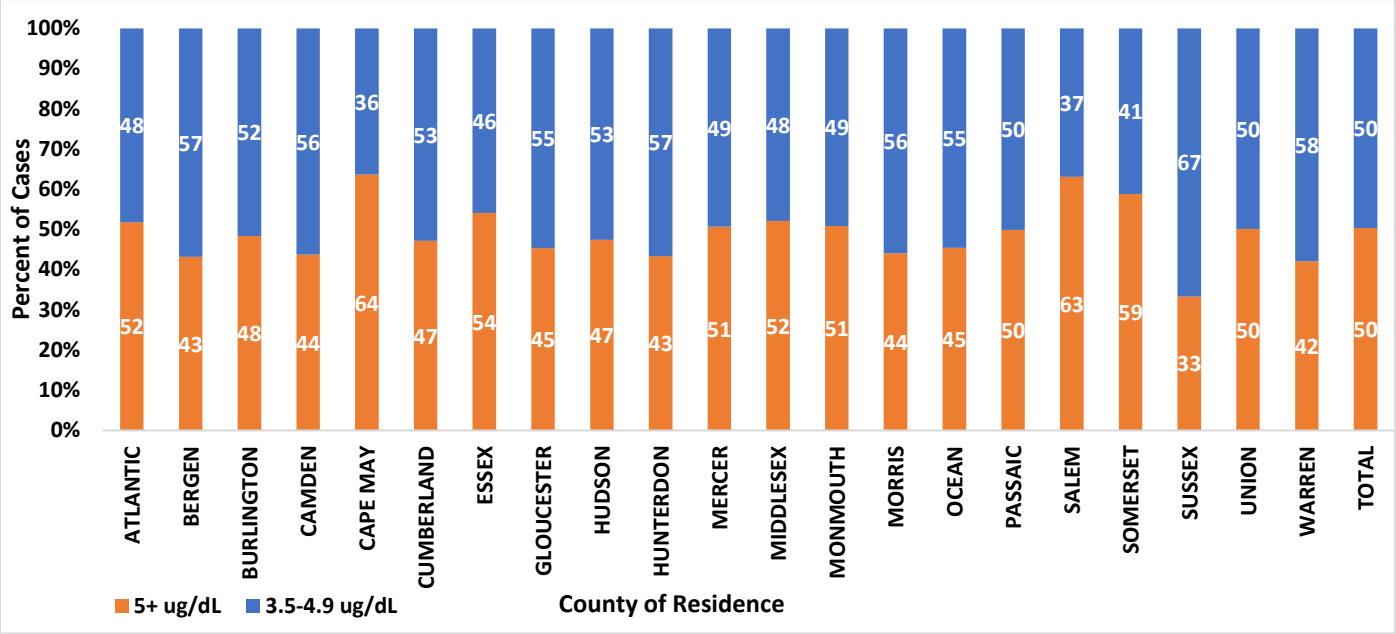


Figure 7a

SFY 2025: Statewide Frequency of Children with a BLL at or Above BLRV by Age (n=6,027)

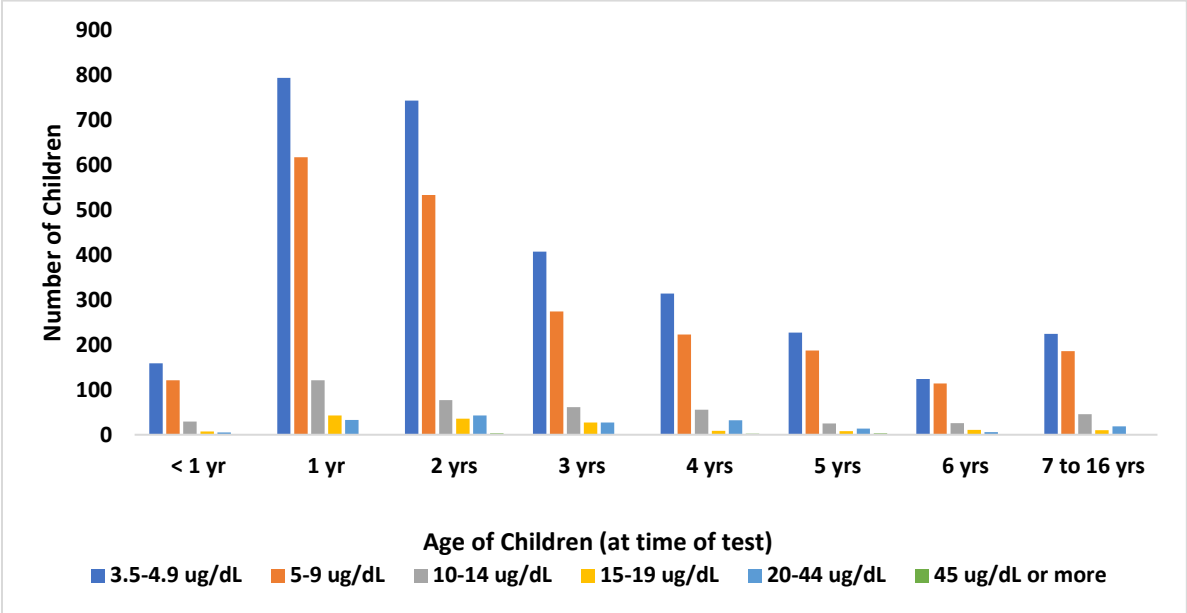


Figure 7b

SFY 2025: Statewide Frequency of Children Without a BLL at or Above BLRV by Age (n=210,058)

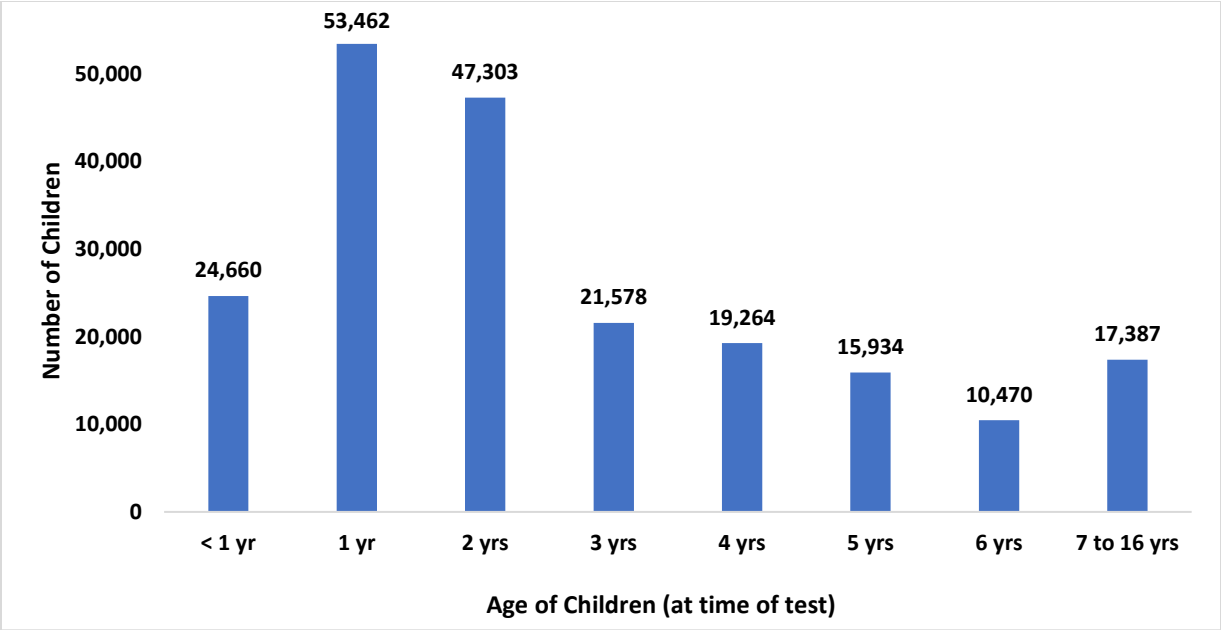


Figure 8a

SFY 2025: Statewide Percentage of Children with a BLL at or above BLRV (n=6,027)

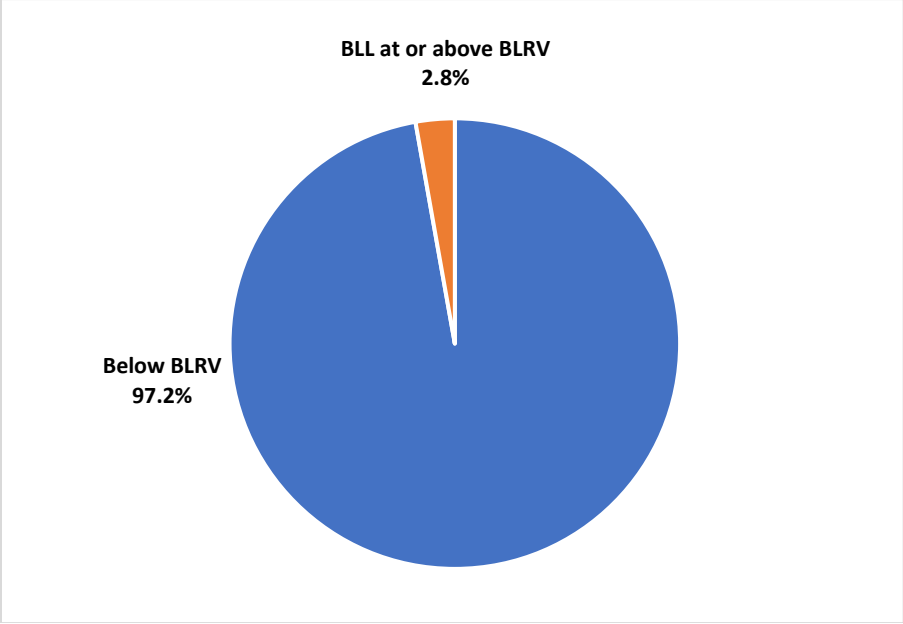


Figure 8b

SFY 2025: Statewide Percentage of Children by Category of BLL at or above BLRV (n=6,027)

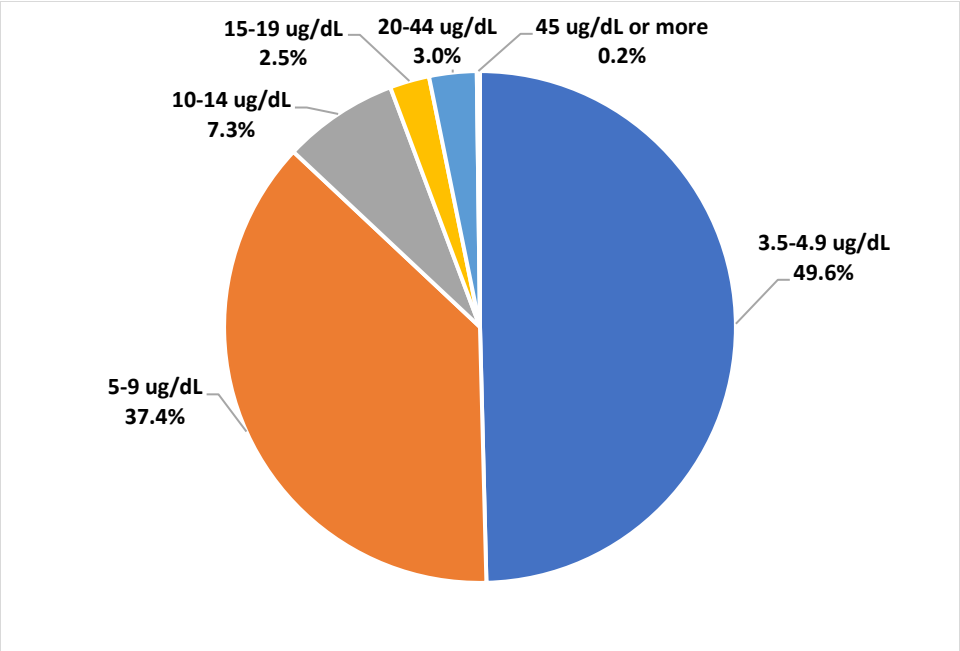


Figure 9

SFY 2025: Statewide Percentage of Children Younger Than Six Years of Age with a BLL at or above BLRV by Gender (n=5,261)

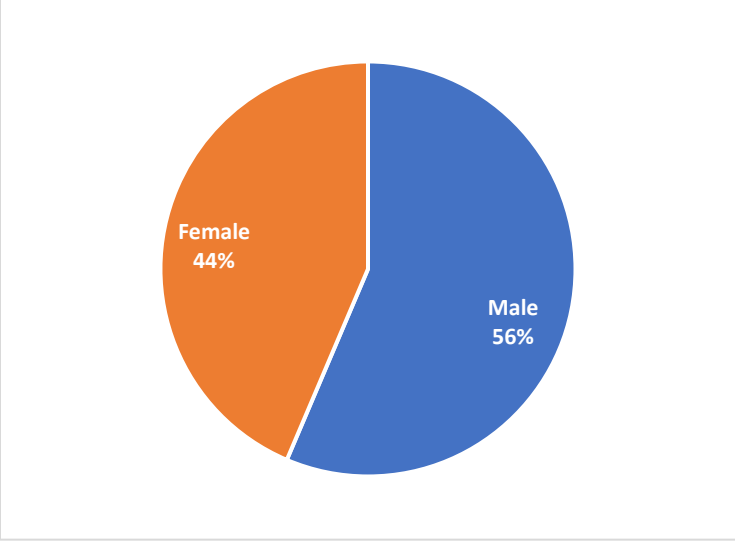
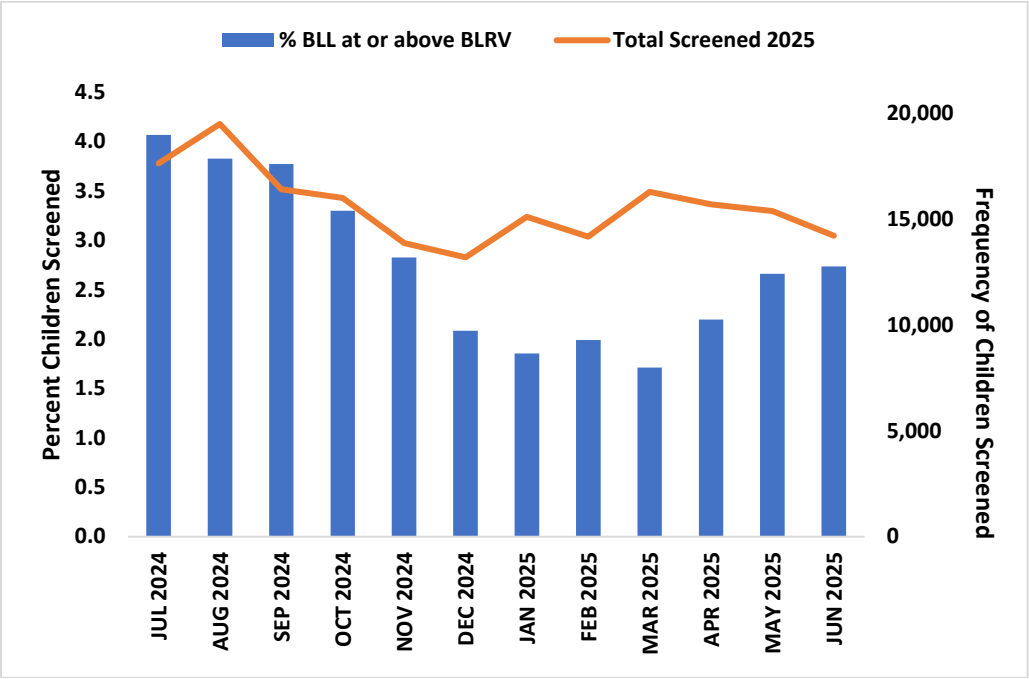


Figure 10

SFY 2025: Statewide Total Children Screened and Percentage of BLL at or above BLRV for Children Younger Than Six Years of Age by Month of Test (n=5,261)



CHAPTER THREE

SPOTLIGHT ON LARGE MUNICIPALITIES IN NEW JERSEY

Childhood lead exposure is an issue that affects all municipalities in New Jersey. This chapter provides a closer look at some large municipalities and how they rank according to attributes such as the population of children under six years of age, percentage of children screened in SFY 2025, and percent BLL at or above the BLRV.

Many of New Jersey's large municipalities also have the highest number of children younger than six years of age. **Table 6** ranks the top 10 large municipalities by the largest population of children younger than six years of age (based on data from the 2020 U.S. Census). Lakewood Township has the largest population of children younger than six years of age (26,780), followed by Newark City (24,625) and Jersey City (22,701).

N.J.A.C. 8:51A requires that children are screened for lead at least once before they turn six years, **Table 7** ranks the top 10 large municipalities with the highest percentage of children younger than six years of age who were screened in SFY 2025. Plainfield City in Union County (62.8%) had the highest percentage of children younger than six years of age screened in SFY 2025, followed by Irvington Township in Essex County (59.1%), Newark City in Essex County (50.5%), and Trenton City in Mercer County (50.0%).

Table 8 ranks the top 10 large municipalities by the lowest percentage of children younger than six years of age who were screened in SFY 2025. The City of Hoboken in Hudson County (17.6%) had the lowest percentage of children younger than six years of age screened in SFY 2025, followed by the Borough of Fort Lee in Bergen County (18.3%), the Township of Middletown in Monmouth County (19.0%), the Township of Washington in Gloucester County (20.7%), and the Township of Hillsborough in Somerset County (21.3%).

Table 9 ranks the top large municipalities with the highest percentage of children younger than six years of age with a BLL at or above 3.5 µg/dL. The ten large municipalities with the highest percentage of children with a BLL at or above 3.5 µg/dL in SFY 2025 included Trenton City in Mercer County (9.6%), Irvington Township in Essex County (8.3%), East Orange City in Essex County (7.3%), Edison Township in Middlesex County (5.9%), Plainfield City in Union County (5.3%), Camden City in Camden County (5.2%), Atlantic City in Atlantic County (5.1%), Newark City in Essex County (5.0%), New Brunswick City in Middlesex County (4.7%), and South Brunswick Township in Middlesex County (4.5%). While the percentage of children with a BLL at or above the BLRV is one metric that examines the burden of childhood lead in a geographic area, it does not account for factors that may vary from place to place such as population size, screening rates, and sources of exposure (e.g., age of housing).

Table 6

Top 10 Large Municipalities Ranked by Largest Population of Children Younger Than Six Years of Age

Municipality (County)	Population < 6 Years
Lakewood Township (Ocean)	26,780
Newark City (Essex)	24,625
Jersey City (Hudson)	22,701
Paterson City (Passaic)	13,711
Elizabeth City (Union)	11,055
Trenton City (Mercer)	8,022
Edison Township (Middlesex)	7,160
Woodbridge Township (Middlesex)	7,005
Passaic City (Passaic)	6,427
Camden City (Camden)	6,406

Total Children = 2020 U.S. Census for Children 0-6 Years of Age

Table 7

Top 10 Large Municipalities Ranked by Highest Percentage of Children Younger Than Six Years of Age Screened in SFY 2025

Municipality (County)	Population < 6 Years
Plainfield City (Union)	62.8%
Irvington Township (Essex)	59.1%
Newark City (Essex)	50.5%
Trenton City (Mercer)	50.0%
East Orange City (Essex)	48.6%
Paterson City (Passaic)	46.6%
Elizabeth City (Union)	44.6%
Passaic City (Passaic)	43.9%
Perth Amboy City (Middlesex)	43.5%
Ewing Township (Mercer)	42.9%

Total Children = 2020 U.S. Census for Children 0-6 Years of Age
Total Screened = Frequency of Children 0-6 Years of Age with a Blood Lead Test Reported in SFY 2025

Table 8

Top 10 Large Municipalities Ranked by Lowest Percentage of Children Younger Than Six Years of Age Screened in SFY 2025

Municipality (County)	Population < 6 Years
Hoboken City (Hudson)	17.6%
Fort Lee Borough (Bergen)	18.3%
Middletown Township (Monmouth)	19.0%
Washington Township (Gloucester)	20.7%
Hillsborough Township (Somerset)	21.3%
Winslow Township (Camden)	21.9%
Bridgewater Township (Somerset)	22.0%
Cherry Hill Township (Camden)	22.2%
Egg Harbor Township (Atlantic)	22.5%
Monroe Township (Gloucester)	22.6%

Total Children = 2020 U.S. Census for Children 0-6 Years of Age
Total Screened = Frequency of Children 0-6 Years of Age with a Blood Lead Test Reported in SFY 2025

Table 9

Top 10 Large Municipalities Ranked by Highest Percentage of Children Younger Than Six Years of Age with a BLL at or Above BLRV in SFY 2025

Municipality (County)	% Children < 6 Years with a BLL at or Above BLRV
Trenton City (Mercer)	9.6%
Irvington Township (Essex)	8.3%
East Orange City (Essex)	7.3%
Edison Township (Middlesex)	5.9%
Plainfield City (Union)	5.3%
Camden City (Camden)	5.2%
Atlantic City (Atlantic)	5.1%
Newark City (Essex)	5.0%
New Brunswick City (Middlesex)	4.7%
South Brunswick Township (Middlesex)	4.5%

Total Children = 2020 U.S. Census for Children 0-6 Years of Age
Percent BLL at or Above BLRV = (Total # BLL at or Above BLRV / Total Screened) * 100

CHAPTER FOUR

ENVIRONMENTAL INVESTIGATIONS AND ABATEMENTS BY LOCAL HEALTH DEPARTMENTS

N.J.A.C. 8:51 requires LHDs to investigate reported cases of BLLs that meet or exceed the threshold for public health intervention within their jurisdiction and to order the abatement of lead hazards identified during an investigation. The procedures for conducting environmental investigations are specified in N.J.A.C. 8:51 and include an inspection of the child's primary residence and any secondary addresses, such as a childcare center, the home of a relative or 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 such as water and/or consumer products.

RESULTS OF ENVIRONMENTAL INVESTIGATIONS

If an environmental lead hazard is identified in the interior of a structure during an investigation, abatement is the mandatory result. Furthermore, if a lead hazard is identified in the exterior portion of a structure, interim controls (which do not require a certified lead abatement contractor to perform such duties) OR lead abatement may be performed.

Open abatements may reflect the fact that it can take several years to complete the abatement process for a property where lead hazards are identified due to 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 by certified lead abatement contractors, and the inability of property owners to obtain financial assistance to pay for the cost of the required abatement. The New Jersey Department of Community Affairs provides lead abatement assistance funding throughout the State to low-to-moderate income families to offset abatement costs; more information is available online at https://www.nj.gov/dca/dhcr/offices/leadsafe.shtml. Starting SFY 2022, the data source for *Abatement Completed* changed from *Date Referred* to *Abatement Completed Date*. This change has resulted in the removal of *Percentage Abatement Completed* from tables 9 and 10 as abatements completed during the current fiscal year may have been initiated in previous fiscal years and therefore cannot be linked to the number of ordered abatements.

The data in this chapter reflects the frequency and results of environmental investigations conducted by LHDs. The data are accurate to the extent that LHDs enter complete and timely information in CDRSS before August 15 of each SFY (i.e., the date when data for the annual report is captured). In SFY 2025, the percentage of investigations completed by LHDs increased from 87.1% to 95%.

Table 10 shows environmental case activity by county. In SFY 2025, Essex County had the highest number of environmental cases requiring investigation (262), followed by Hudson County (109), Middlesex County (92), and Mercer County (79), whereas Gloucester County (7) and Warren County (3) had fewer numbers of environmental cases requiring investigation, followed by Hunterdon, Cape May, and Sussex Counties all with two environmental cases requiring investigations, respectively. Environmental case activity is based on crude data and is not adjusted for factors such as population size, population density, or differences in blood lead screening rates. As shown in **Table 10**, of the 947 cases requiring an environmental investigation in SFY 2025, over one-third (37.6%) resulted in an LHD issuing an order of abatement.

Table 11 and **Figures 11** and **12** display environmental case activity by LHD. As shown in **Table 11** and **Figure 12**, the Newark Department of Community Health & Wellness had the highest number of cases requiring environmental investigation (124) in SFY 2025, followed by the Jersey City Department of Health and Human Services (59), and the City of Trenton, Department of Heath and Human Services (58).

In addition to environmental investigations, for all reported cases of BLLs that meet or exceed the threshold for public health intervention, the LHD arranges for a home visit by a public health nurse case manager to educate the child's parent/legal guardian about how to reduce their child's BLL at or above the BLRV and the steps that he/she/they 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. Nurse case management for children with BLLs at or above the BLRV requires individualized care plans and services for each child and are not part of the annual report.

Table 10

SFY 2025: Environmental Case Activity Status by County

County	Cases Referred *	Investigation Required**	% Investigation Required	Investigation Completed***	% Investigation Completed	Abatement Required	Abatement Completed ****
ATLANTIC	26	20	76.9	20	100.0	9	1
BERGEN	42	39	92.9	39	100.0	20	27
BURLINGTON	25	24	96.0	24	100.0	1	3
CAMDEN	21	19	90.5	19	100.0	14	15
CAPE MAY	3	2	66.7	2	100.0	0	0
CUMBERLAND	34	31	91.2	31	100.0	15	23
ESSEX	293	262	89.4	223	85.1	78	61
GLOUCESTER	7	7	100.0	7	100.0	3	2
HUDSON	111	109	98.2	109	100.0	35	44
HUNTERDON	7	2	28.6	2	100.0	0	0
MERCER	80	79	98.8	77	97.5	45	65
MIDDLESEX	108	92	85.2	92	100.0	7	7
MONMOUTH	33	31	93.9	31	100.0	20	19
MORRIS	17	13	76.5	11	84.6	3	3
OCEAN	22	19	86.4	19	100.0	4	4
PASSAIC	83	77	92.8	75	97.4	41	43
SALEM	21	20	95.2	20	100.0	7	8
SOMERSET	26	20	76.9	19	95.0	7	11
SUSSEX	4	2	50.0	2	100.0	0	0
UNION	84	76	90.5	75	98.7	46	44
WARREN	3	3	100.0	3	100.0	1	5
Total	1,050	947	90.2	900	95.0	356	385

*An environmental case is referred to a local health department where a child with a BLL at or above the BLRV, who resides at an address that does not have an existing environmental case open, is reported.

**An environmental investigation is required for all environmental cases referred unless the property was built after 1978, or the property has a lead-free certificate. Click here for N.J.A.C. 8:51-4.1.

***An environmental investigation is completed when inspection and environmental sample testing is completed.

****Abatement Completed is cumulative to include abatements from previous years.

Data for this table are based on case updates entered in CDRSS as of August 15, 2025. If a local health department completed an investigation or abatement but did not update data in CDRSS, it will not be counted as completed in this report.

Table 11

SFY 2025: Environmental Case Activity by Local Health Department

Local Health Department	Cases Referred*	Investigation Required**	Investigation Completed***	% Investigation Completed	Abatement Required	Abatement Completed ****
Atlantic City Department of Health & Human Services	16	10	10	100.0	6	1
Atlantic County Division of Public Health	10	10	10	100.0	3	0
Bayonne Health Department	14	14	14	100.0	5	3
Bergen County Department of Health Services	13	13	13	100.0	5	5
Bernards Township Health Department	0	0	0	NA	0	1
Bloomfield Department of Health & Human Services	6	5	5	100.0	4	5
Branchburg Health Department	1	0	0	NA	0	0
Burlington County Health Department	25	24	24	100.0	1	3
Camden County Department of Health & Human Services	21	19	19	100.0	14	15
Cape May County Health Department	3	2	2	100.0	0	0
City of Elizabeth, Department of Health & Human Services	18	17	17	100.0	12	17
City of Orange Township	13	12	12	100.0	5	8
City of Passaic Division of Health	20	18	18	100.0	16	14
City of Paterson, Division of Health	52	49	49	100.0	21	21
City of Plainfield Health Department	37	37	37	100.0	19	12
City of Trenton, Department of Health & Human Services	58	58	58	100.0	35	57
City of Vineland	4	3	3	100.0	3	5
Clifton Health Department	4	4	4	100.0	3	6
Cumberland County Department of Health	30	28	28	100.0	12	18
East Hanover Health Department	0	0	0	NA	0	1
East Orange Department of Health	50	49	46	93.9	20	22
Edison Department of Health & Human Services	22	19	19	100.0	0	0
Englewood Health Department	1	1	1	100.0	1	2
Ewing Health Department	3	2	2	100.0	0	1
Freehold Health Department	8	7	7	100.0	4	2
Gloucester County Department of Health & Senior Services	7	7	7	100.0	3	2
Guttenberg Health Department	1	1	1	100.0	0	1
Hackensack Department of Health	4	3	3	100.0	2	3
Hamilton Township Division of Health	13	13	12	92.3	10	7
Harrison Health Department	3	3	3	100.0	0	0
Hillsborough Township Health Department	5	5	5	100.0	0	0
Hillside Health Department	3	3	3	100.0	2	3
Hunterdon County Department of Health	7	2	2	100.0	0	0
Irvington Health Department	60	57	47	82.5	17	4

Local Health Department	Cases Referred*	Investigation Required**	Investigation Completed***	% Investigation Completed	Abatement Required	Abatement Completed ****
Jersey City Department of Health & Human Services	59	59	59	100.0	24	28
Jersey Shore Regional Health Commission	0	0	0	NA	0	1
Kearny Department of Health	4	4	4	100.0	2	2
Lawrence Township Health Department	2	2	2	100.0	0	0
Linden Board of Health	5	2	2	100.0	2	2
Long Branch Department of Health	6	6	6	100.0	4	2
Maplewood Health Department	3	3	3	100.0	1	1
Mid-Bergen Regional Health Commission	11	11	11	100.0	6	8
Middle-Brook Regional Health Commission	2	2	2	100.0	0	0
Middlesex County Office of Health Services	66	54	54	100.0	6	4
Monmouth County Board of Health	17	17	17	100.0	11	14
Monmouth County Regional Health Commission # 1	2	1	1	100.0	1	0
Montclair Health Department	5	5	5	100.0	2	1
Montgomery Township Health Department	3	1	0	0.0	0	0
Morris County Division of Public Health	3	3	2	66.7	0	0
Morristown Division of Health	3	3	2	66.7	2	1
Mount Olive Township Health Department	1	0	0	NA	0	0
N.W. Bergen Regional Health Commission	1	1	1	100.0	0	3
Newark Department of Health & Community Wellness	149	124	98	79.0	28	19
Ocean County Health Department	22	19	19	100.0	4	4
Palisades Park Health Department	7	5	5	100.0	2	3
Paramus Health Department	2	2	2	100.0	1	1
Passaic County Department of Health	5	4	2	50.0	1	2
Princeton Health Department	1	1	0	0.0	0	0
Rahway Health Department	1	1	1	100.0	0	1
Randolph Township Health Department	1	1	1	100.0	1	1
Rockaway Township Health Department	3	1	1	100.0	0	0
Salem County Department of Health	21	20	20	100.0	7	8

Local Health Department	Cases Referred*	Investigation Required**	Investigation Completed***	% Investigation Completed	Abatement Required	Abatement Completed ****
Secaucus Health Department	1	1	1	100.0	0	0
Somerset County Department of Health	15	12	12	100.0	7	11
South Brunswick Health Department	5	4	4	100.0	0	0
Sussex County Department of Health and Human Services, Division of Health	4	2	2	100.0	0	0
Teaneck Department of Health & Human Services	2	2	2	100.0	2	2
Town of Dover Health Department	2	2	2	100.0	0	0
Township of Morris Health Department	1	1	1	100.0	0	0
Township of North Bergen Health Department	7	6	6	100.0	1	1
Township of Parsippany-Troy Hills Health Department	1	1	1	100.0	0	0
Union City Health Department	12	11	11	100.0	3	7
Union County Office of Health Management	7	6	6	100.0	3	3
Union Township Health Department	7	4	4	100.0	4	0
Village of Ridgewood Health Department	1	1	1	100.0	1	0
Warren County Health Department	3	3	3	100.0	1	5
Washington Township Health Department	1	0	0	NA	0	0
Wayne Health Department	2	2	2	100.0	0	0
Weehawken Health Department	4	4	4	100.0	0	2
West Caldwell Health Department	1	1	1	100.0	0	0
West New York Health Department	6	6	6	100.0	0	0
West Orange Health Department	6	6	6	100.0	1	1
West Windsor Health Department	3	3	3	100.0	0	0
Westfield Regional Health Department	7	7	6	85.7	4	6
Woodbridge Township Health & Human Services	15	15	15	100.0	1	2

*An environmental case is referred to a local health department where a child with a BLL at or above the BLRV, who resides at an address that does not have an existing environmental case open, is reported.

**An environmental investigation is required for all environmental cases referred unless the property was built after 1978, or the property has a lead-free certificate. Click here for N.J.A.C. 8:51-4.1.

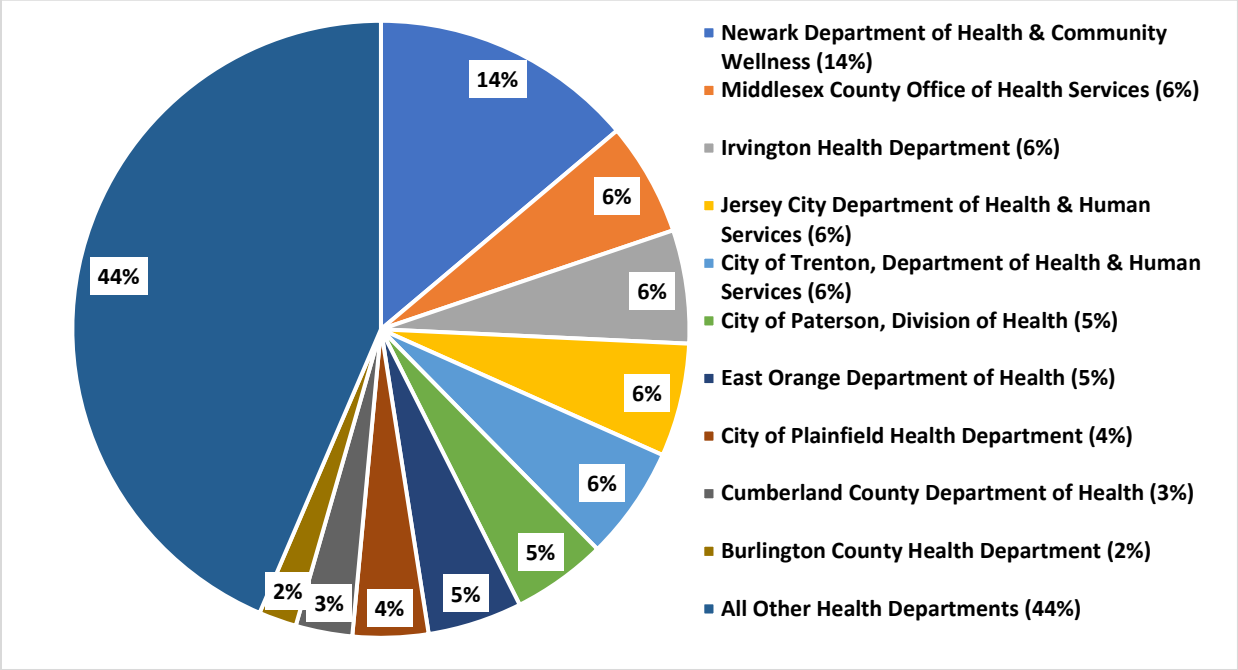
***An environmental investigation is completed when inspection and environmental sample testing is completed.

****Abatement Completed is cumulative to include abatements from previous years.

Data for this table are based on case updates entered in CDRSS as of August 15, 2025. If a local health department completed an investigation or abatement but did not update data in CDRSS, it will not be counted as completed in this report.

Figure 11

SFY 2025: Top 10 Local Health Departments with the Highest Percentage of New Environmental Case Referrals* Compared to All Other Local Health Departments

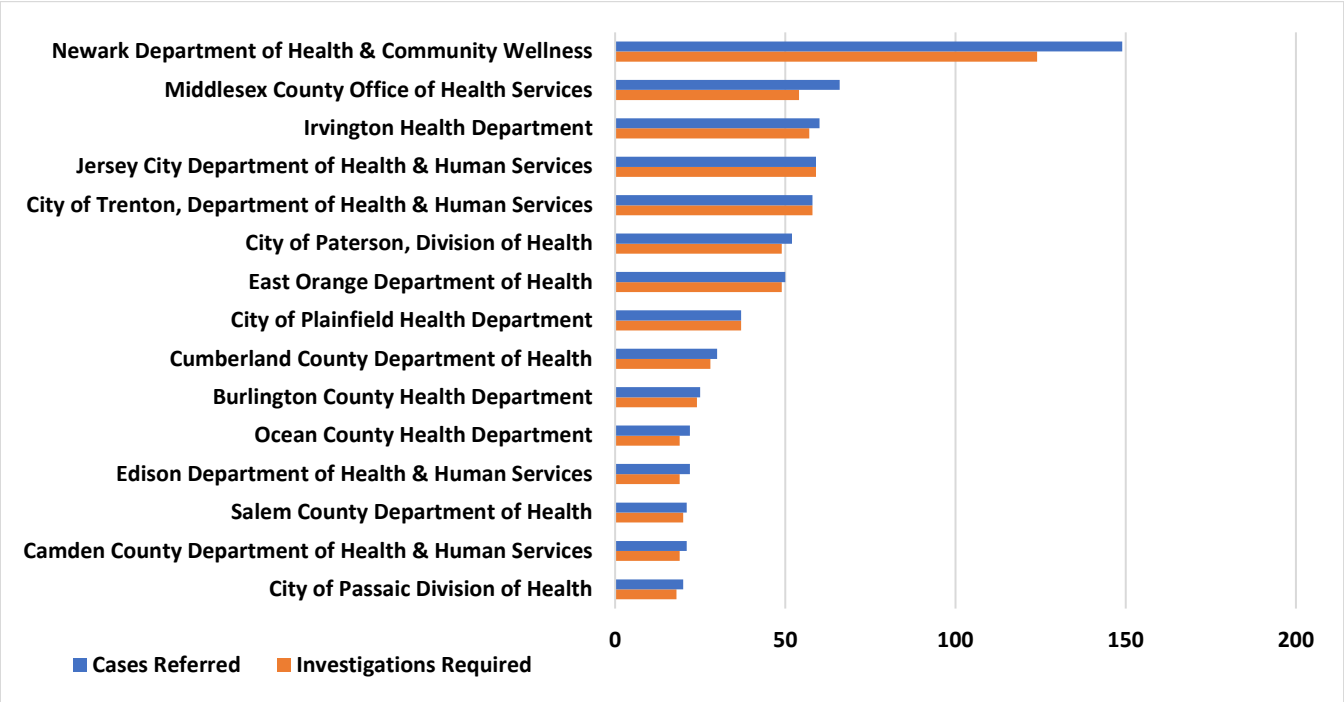


*An environmental case is referred to a local health department when a child with an BLL at or above the BLRV, who resides at an address that does not have an existing environmental case open, is reported.

Data for this table are based on case updates entered in CDRSS as of August 15, 2025. If a local health department completed an investigation or abatement, but did not update data in CDRSS, it will not be counted as completed in this report.

Figure 12

Local Health Departments with ≥ 20 New Environmental Case Referrals* in SFY 2025 Compared to Environmental Investigations Required**



*An environmental case is referred to a local health department where a child with a BLL at or above the BLRV, who resides at an address that does not have an existing environmental case open, is reported.

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