

Childhood  
Lead Poisoning  
in New Jersey

**ANNUAL  
REPORT**

Fiscal Years

**2008**

July 1, 2007 - June 30, 2008

and

**2009**

July 1, 2008 - June 30, 2009



# **CHILDHOOD LEAD POISONING IN NEW JERSEY ANNUAL REPORT**

**FISCAL YEARS 2008-2009  
(July 1, 2007 – June 30, 2008 and July 1, 2008 – June 30, 2009)**

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

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

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

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

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

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

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

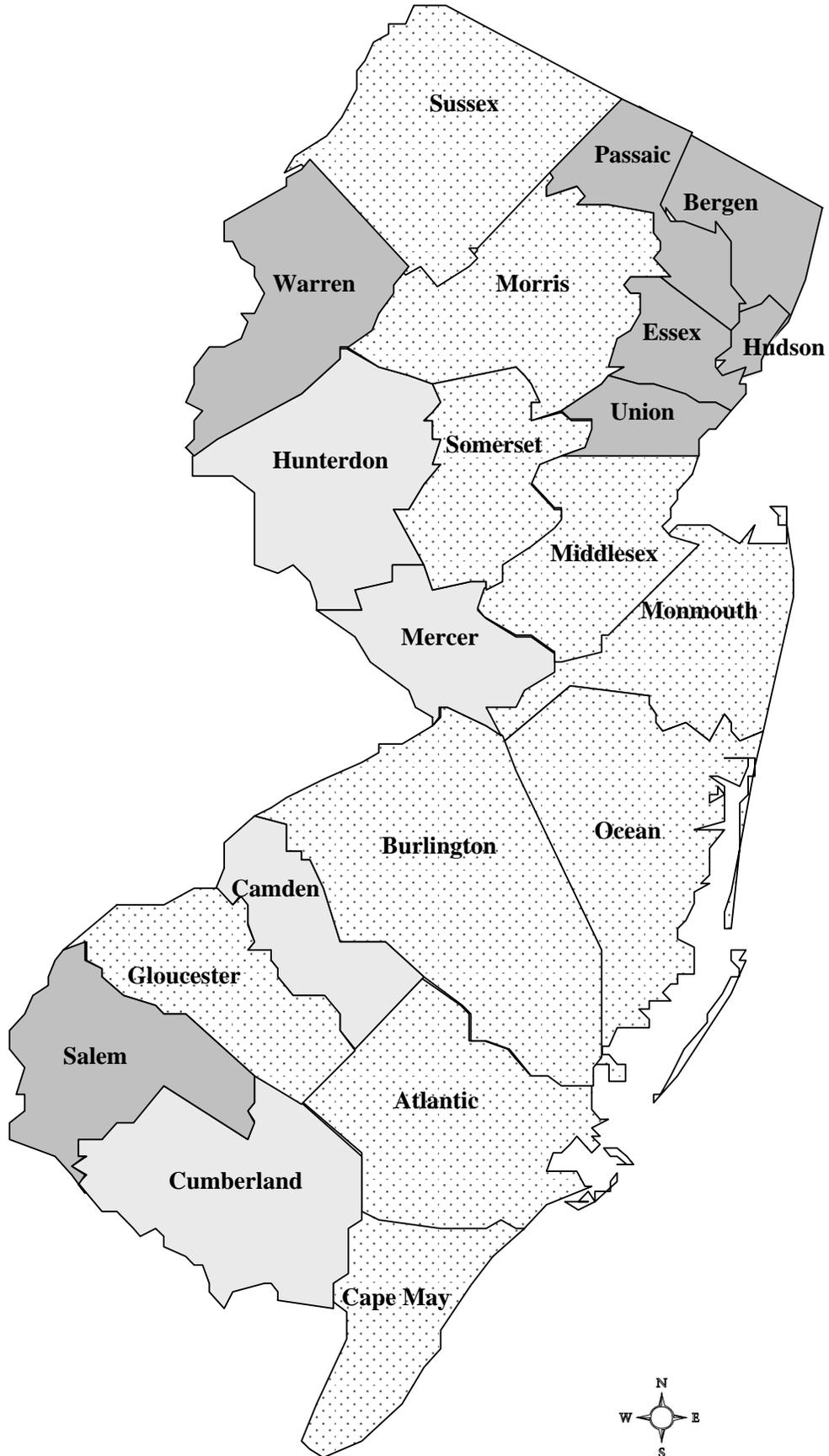
**Table 1a**  
**HOUSING BUILT BEFORE 1950 IN NEW JERSEY**

<b>County</b>	<b>Total Housing Units</b>	<b># of Units Built Pre-1950</b>	<b>% of Units Built Pre-1950</b>
Atlantic	114,090	24,868	21.8%
Bergen	339,820	126,125	37.1%
Burlington	161,311	26,363	16.3%
Camden	199,679	57,949	29.0%
Cape May	91,047	20,248	22.2%
Cumberland	52,863	16,316	30.9%
Essex	301,011	142,297	47.3%
Gloucester	95,054	19,029	20.0%
Hudson	240,618	125,180	52.0%
Hunterdon	45,032	11,720	26.0%
Mercer	133,280	44,117	33.1%
Middlesex	273,637	52,430	19.2%
Monmouth	240,884	56,969	23.6%
Morris	174,379	40,039	23.0%
Ocean	248,711	24,076	9.7%
Passaic	170,048	70,979	41.7%
Salem	26,158	9,623	36.8%
Somerset	112,023	21,286	19.0%
Sussex	56,528	12,221	21.6%
Union	192,945	82,231	42.6%
Warren	41,157	14,786	35.9%
<b>Statewide</b>	<b>3,310,275</b>	<b>998,852</b>	<b>30.2%</b>
<i>Source: 2000 U.S. Census of Housing and Population</i>			

**Table 1b**

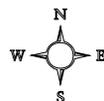
<b>HOUSING BUILT BEFORE 1980 IN NEW JERSEY</b>			
<b>County</b>	<b>Housing units: Total</b>	<b>Housing units: Built before 1980</b>	<b>% Housing built before 1980</b>
Atlantic County	114,090	78,811	69%
Bergen County	339,820	293,484	86%
Burlington County	161,311	109,124	68%
Camden County	199,679	159,867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

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



Percent of Housing Units Pre-1950

-  <27%
-  28-39%
-  >40%





## EXECUTIVE SUMMARY

N.J.A.C. 8:51A requires the protection of children under six years of age from the toxic effects of lead exposure by requiring lead screening pursuant to N.J.S.A. 26:2-137.2 et seq. (P.L. 1995, c 328). This Annual Report on Childhood Lead Poisoning in New Jersey for Fiscal Year (FY) 2008 and FY 2009 is submitted in compliance with N.J.S.A. 26:2-135, which requires the Commissioner of Health and Senior Services to issue an annual report to the Governor and the Legislature that includes a summary of the lead poisoning testing and abatement program activities in the State during the preceding fiscal year.

The number of children (<17 years old) tested for lead poisoning in FY 2008 was 209,084, an increase of 12% over the 186,041 children tested during FY 2007. This number includes 99,856 children between six months and 29 months of age, the ages at which all children should be tested under State law. This number represents 45% of children 6 to 29 months who were supposed to be tested for lead in FY 2008.

The number of children (<17 years old) tested for lead poisoning in FY 2009 was 207,006, a decrease of 1% from the 209,084 children tested during FY 2008. This number includes 100,479 children between six months and 29 months of age, the ages at which all children should be tested under State law. This number represents 45% of children 6 to 29 months who were supposed to be tested for lead in FY 2008.

While 207,053 (99.0%) children tested in New Jersey in FY 2008 and 205,446 (99.2%) in FY 2009 had blood lead levels below the Centers for Disease Control and Prevention (CDC) threshold of 10 µg/dL, there were 2,031 (0.97%) and 1,560 (0.75%) children with a blood lead test result above this level in FY 2008 and FY 2009, respectively. This included 324 children in FY 2008, and 274 children in FY 2009, who had at least one test result of 20 µg/dL or greater (Figure 6a). This also included 2,005 children in FY 2008 and 1,558 children in FY 2009 who had at least one test result of 10 µg/dL or greater (Figure 6b). The distribution of results by blood lead level is shown in Figures 5a and 5b.

The City of Newark is center stage in New Jersey's childhood lead poisoning elimination efforts. Newark surpasses by far any other large municipality in terms of the number of children (<6 years old) with elevated blood lead levels (EBLLs) ( $\geq 10$  ug/dL). In FY 2008 Newark city alone comprised 15% of the total number of children (<6 years old) with EBLLs in the entire State. In FY 2009, this rate was 14%. Moreover, the City of Newark Department of Child and Family Well Being had the highest number of new cases (incidence) of lead poisoned children reported during FY 2009 (Figure 11).



# Chapter One

## SCREENING CHILDREN FOR LEAD POISONING

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

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

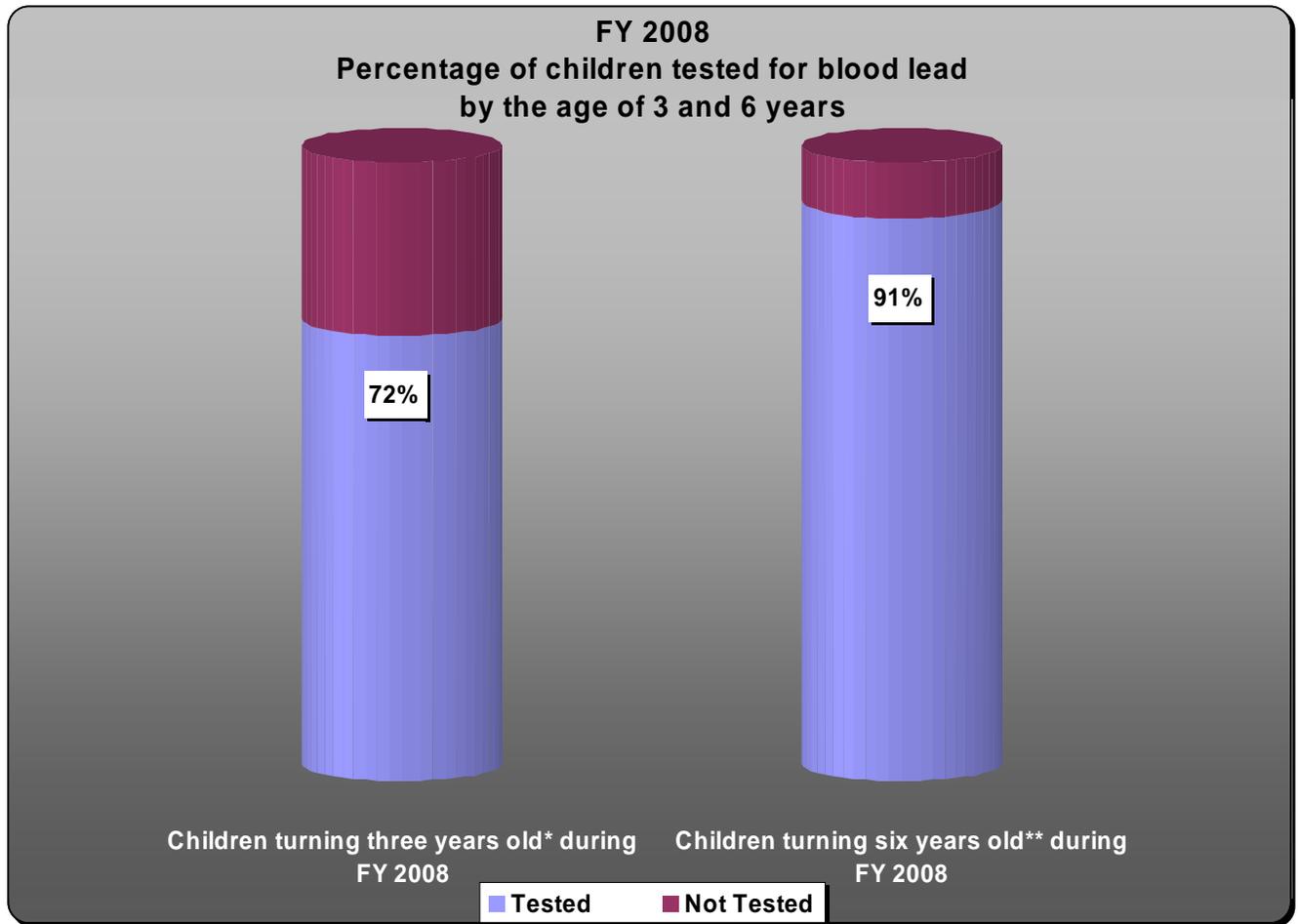
Analysis to create the tables, graphs or charts is based on unduplicated children, counting only one test per child.

The tables and charts highlighting children between the age of 6 and 29 months closely represent the screening rates. However, the number on these tables and charts also include children that were screened during FY 2008 and FY 2009 as their second screening test at two years of age, while they were already screened at the age of one year during FY 2006.

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

The charts below represent the percentages of children that had a lead test done prior to turning three years and prior to turning six years old during FY 2008 and FY 2009 (Figure 1a and 1b, respectively)

Figure 1a



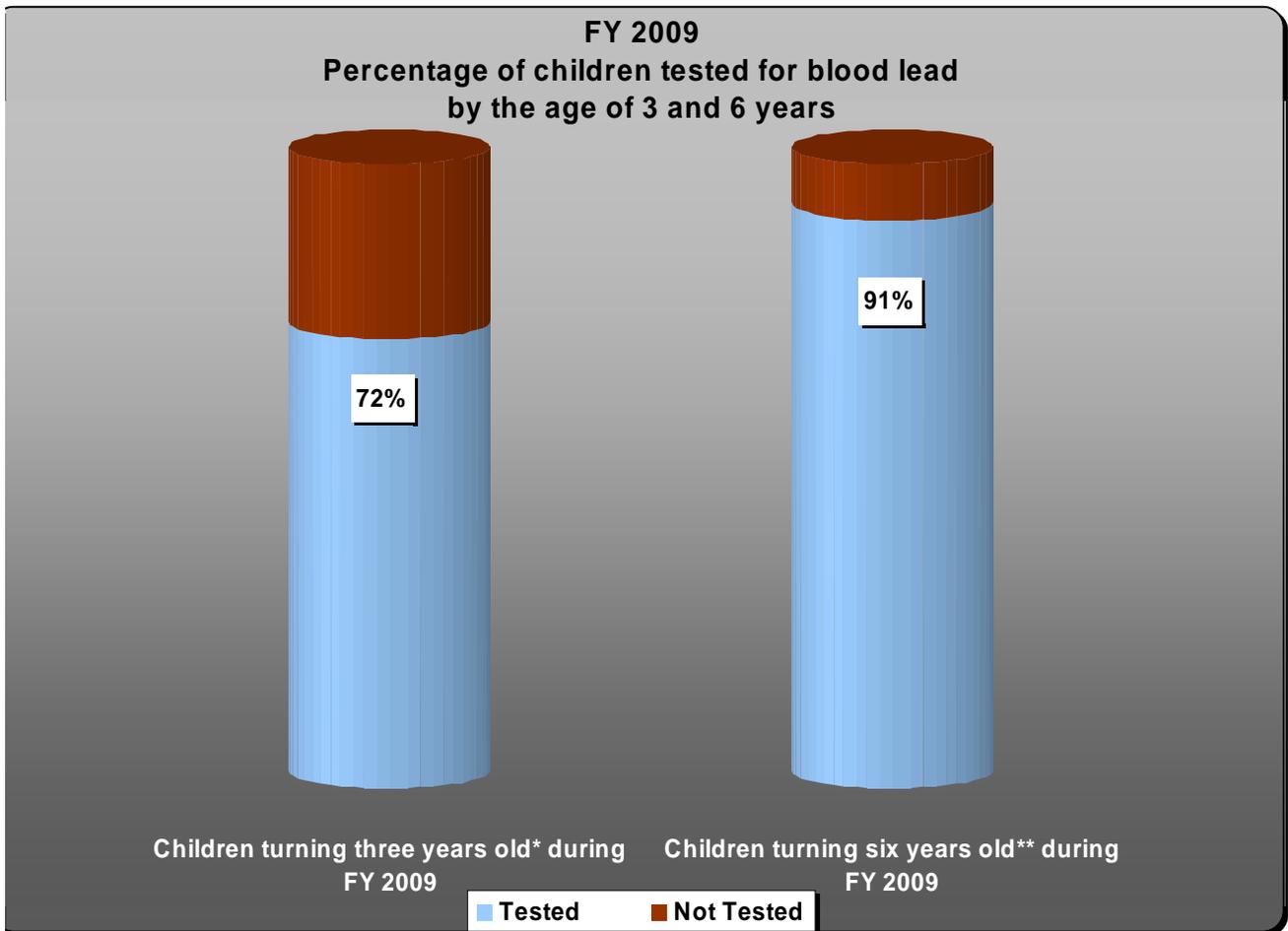
**This chart depicts the percentage of children who had at least one blood lead test before turning three and six years old.**

**\*Number of children born in New Jersey between July 1, 2004 and June 30, 2005**

**\*\* Number of children born in New Jersey between July 1, 2001 and June 30, 2002**

*\*\*Source: Birth Registry data*

Figure 1b

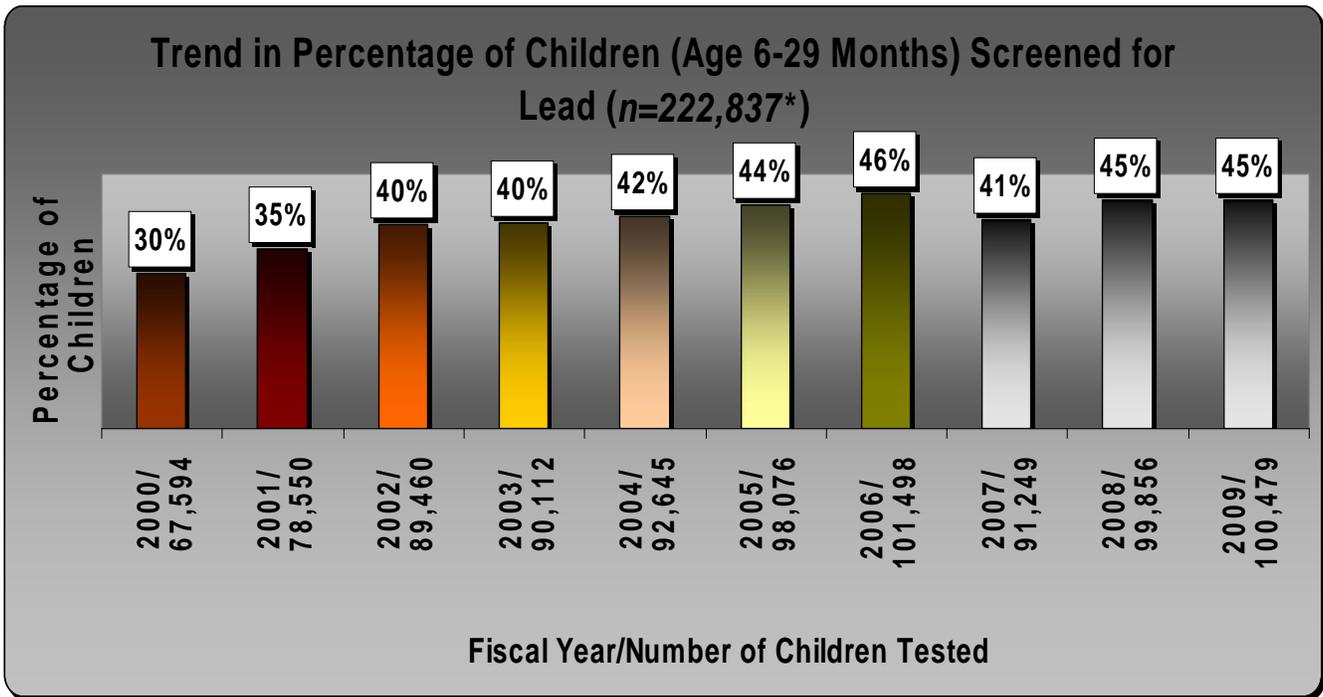


This chart depicts the percentage of children who had at least one blood lead test before turning three and six years old.

\*Number of children born in New Jersey between July 1, 2005 and June 30, 2006

\*\* Number of children born in New Jersey between July 1, 2002 and June 30, 2003

Figure 2



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

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

The following table compares the number of children (6 to 29 months old) tested during FY 2007, FY 2008 and FY 2009:

Table 2

CHANGE IN NUMBER AND PERCENT OF CHILDREN (6 TO 29 MONTHS OLD) SCREENED - FY 2007-2008-2009								
	FY 2007	FY 2008	Change 2007-2008	Percent Change 2007-2008	FY 2008	FY 2009	Change 2008-2009	Percent Change 2008-2009
Number of Children in New Jersey = 222,837*								
Number of Children Screened	91,249	99,856	8,607	9.4%	99,856	100,479	623	0.6%
Percent Children Screened	41.0%	44.8%	3.8%	9.3%	44.8%	45.1%	0.3%	0.7%

*\*Estimated, based on the number of one- and two-year-old children in New Jersey (Source: US Census 2000)*



## Chapter Two

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

In this chapter the tables and charts exhibit the statistics of testing performed for various ages and the prevalence of lead poisoning during FY 2008 and FY 2009 among all children less than 17 years of age.

Tables 3a, 3b, 4a, 4b as well as Figure 3a and 3b show the testing statistics and the prevalence of childhood lead poisoning among the children between the ages of 6 and 29 months in New Jersey by county of residence. The analyses behind the formulation of the tables are based on the number of unduplicated children, among the children reported during FY 2007, counting only one test (highest\* blood lead level reported during FY 2008 and FY 2009) per child. However, these tables and charts may also include some children that were screened during FY 2008 or FY 2009 as their *second* screening test at around two years of age, as these children were already screened at the age of one year during FY 2007 or FY 2008, respectively.

Tables 5a, 5b, 6a, 6b, 7a and 7b display the testing statistics and the prevalence of lead poisoning among the children that were tested at the age of <6 years old during FY 2008 and FY 2009.

DHSS maintains a database containing all blood lead tests reported on the children <17 years of age. In order to exhibit the full picture of distribution of lead tests and the prevalence of lead poisoning among all children, Table 8a, 8b and Figures 4a, 4b, 5a and 5b focus on the entire population of the children that were tested for blood lead levels at the age of <17 years old and reported during FY 2008 and FY 2009.

Figures 6a and 6b depict the trend in number of children (<17 years old) reported with EBL, by the State Fiscal Year.

The children in the age groups of <6 years and <17 years old may have had one or more blood lead tests taken during their life time, either as a lead screening test or as a follow up to an elevated blood lead test. However, the analyses of data for the tables for these age groups were based on the number of unduplicated children, among the children reported during FY 2008 and FY 2009, counting only one test per child (highest\* blood lead level reported during FY 2008 and FY 2009, respectively).

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

**Table 3a**

<b>CHILDREN 6 TO 29 MONTHS OF AGE WITH LEAD TEST RESULTS REPORTED IN FY 2008, BY COUNTY OF RESIDENCE</b>								
<b>County Name</b>	<b>Number of Children*</b>	<b>Percent Screened</b>	<b>Blood Lead Level (ug/dL)</b>					<b>Total</b>
			<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>≥ 45</b>	
ATLANTIC	6,403	40.2%	2,538	23	9	4		2,574
BERGEN	21,968	32.4%	7,087	27	6	2	1	7,123
BURLINGTON	10,728	25.2%	2,686	8	4	4		2,702
CAMDEN	13,663	38.9%	5,270	26	7	11		5,314
CAPE MAY	2,103	39.8%	827	5	2	3		837
CUMBERLAND	3,639	51.4%	1,802	43	15	9		1,869
ESSEX	22,734	49.4%	10,996	139	53	43	4	11,235
GLOUCESTER	6,666	31.3%	2,079	4		2		2,085
HUDSON	15,205	45.8%	6,892	39	15	21	1	6,968
HUNTERDON	3,121	40.0%	1,238	6	2	1		1,247
MERCER	8,810	40.3%	3,513	24	8	7		3,552
MIDDLESEX	19,683	42.5%	8,313	28	12	7	1	8,361
MONMOUTH	16,744	34.0%	5,659	25	11	6		5,701
MORRIS	12,987	37.6%	4,864	11	7	4	1	4,887
OCEAN	12,765	34.6%	4,400	10	4	2		4,416
PASSAIC	14,232	45.8%	6,448	44	20	7		6,519
SALEM	1,540	25.5%	386	5	1			392
SOMERSET	8,843	28.0%	2,465	6	5	3		2,479
SUSSEX	3,876	22.5%	870	1	2	1		874
UNION	14,402	47.8%	6,821	41	13	12		6,887
WARREN	2,725	40.4%	1,093	4	2	1		1,100
ZIP Unknown	N/A	N/A	12,663	69	1	1		12,734
<b>Total</b>	<b>222,837</b>	<b>44.8%</b>	<b>98,910</b>	<b>588</b>	<b>199</b>	<b>151</b>	<b>8</b>	<b>99,856</b>

**Table 3b**

<b>CHILDREN 6 TO 29 MONTHS OF AGE WITH LEAD TEST RESULTS REPORTED IN FY 2009, BY COUNTY OF RESIDENCE</b>								
<b>COUNTY</b>	<b>Number of Children*</b>	<b>% Screened</b>	<b>Blood Lead Level (ug/dL)</b>					<b>Total</b>
			<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>≥ 45</b>	
<b>ATLANTIC</b>	6,403	36%	2,284	11	2	2		2,299
<b>BERGEN</b>	21,968	33%	7,221	18	3	6		7,248
<b>BURLINGTON</b>	10,728	24%	2,618	4	5	1		2,628
<b>CAMDEN</b>	13,663	38%	5,134	25	4	4		5,167
<b>CAPE MAY</b>	2,103	36%	746	8	2	4		760
<b>CUMBERLAND</b>	3,639	53%	1,898	22	15	11		1,946
<b>ESSEX</b>	22,734	50%	11,270	106	37	38	6	11,457
<b>GLOUCESTER</b>	6,666	28%	1,851	6				1,857
<b>HUDSON</b>	15,205	47%	7,153	33	13	13		7,212
<b>HUNTERDON</b>	3,121	36%	1,133	2	2	1		1,138
<b>MERCER</b>	8,810	40%	3,452	22	7	3		3,484
<b>MIDDLESEX</b>	19,683	42%	8,289	38	8	13	1	8,349
<b>MONMOUTH</b>	16,744	31%	5,186	17	8	7	1	5,219
<b>MORRIS</b>	12,987	35%	4,521	12	3			4,536
<b>OCEAN</b>	12,765	35%	4,440	10	3	3		4,456
<b>PASSAIC</b>	14,232	47%	6,667	48	19	20	2	6,756
<b>SALEM</b>	1,540	27%	414	2		2		418
<b>SOMERSET</b>	8,843	28%	2,471	6	5	1		2,483
<b>SUSSEX</b>	3,876	20%	768	2	1	1		772
<b>UNION</b>	14,402	44%	6,346	23	12	8	2	6,391
<b>WARREN</b>	2,725	40%	1,091	2	4	2		1,099
<b>ZIP Unknown</b>	N/A	N/A	14,797	7				14,804
<b>Total</b>	<b>222,837</b>	<b>45%</b>	<b>99,750</b>	<b>424</b>	<b>153</b>	<b>140</b>	<b>12</b>	<b>100,479</b>

**Table 4a**

<b>CHILDREN 6 TO 29 MONTHS OF AGE WITH BLOOD LEAD TEST RESULTS REPORTED IN FY 2008, BY MUNICIPALITY OF RESIDENCE (FOR MUNICIPALITIES WITH POPULATIONS &gt;35,000)</b>								
<b>Municipality</b>	<b>Number of Children*</b>	<b>% Screened</b>	<b>Blood Lead Level ug/dL</b>					<b>Total</b>
			<b>&lt;10</b>	<b>10- 14</b>	<b>15- 19</b>	<b>20- 44</b>	<b>≥ 45</b>	
ATLANTIC CITY	1,186	49.2%	567	8	6	2		583
BAYONNE CITY	1,376	35.8%	485	5	1	2		493
BELLEVILLE TOWNSHIP	836	51.1%	426			1		427
BERKELEY TOWNSHIP	433	40.4%	175					175
BLOOMFIELD TOWNSHIP	1,102	50.2%	550	2	1			553
BRICK TOWNSHIP	1,847	20.5%	378		1			379
BRIDGEWATER TOWNSHIP	1,300	17.1%	221	1				222
CAMDEN CITY	2,845	64.2%	1,796	20	4	6		1,826
CHERRY HILL TOWNSHIP	1,591	32.8%	521			1		522
CLIFTON CITY	1,766	51.7%	909	2	2			913
DOVER TOWNSHIP	1,915	22.5%	430					430
EAST BRUNSWICK TOWNSHIP	1,065	28.7%	306					306
EAST ORANGE CITY	2,132	42.3%	864	16	10	12		902
EDISON TOWNSHIP	2,481	42.2%	1,043	4				1,047
ELIZABETH CITY	3,700	58.1%	2,116	19	8	6		2,149
EVESHAM TOWNSHIP	1,227	25.4%	312					312
EWING TOWNSHIP	666	38.0%	251	1	1			253
FORT LEE BORO	766	31.2%	239					239
FRANKLIN TOWNSHIP	1,488	48.7%	723	1				724
GLOUCESTER TOWNSHIP	1,763	24.0%	423			1		424
HACKENSACK CITY	1,010	61.9%	614	6	3	1	1	625
HAMILTON TOWNSHIP	1,981	35.5%	703			1		704
HILLSBOROUGH TOWNSHIP	1,140	10.4%	119					119
HOBOKEN CITY	491	93.9%	460	1				461
HOWELL TOWNSHIP	1,547	25.8%	398			1		399
IRVINGTON TOWNSHIP	1,963	58.9%	1,121	22	8	4	2	1,157
JACKSON TOWNSHIP	1,420	20.9%	296	1				297
JERSEY CITY	6,558	49.1%	3,170	26	12	12	1	3,221
KEARNY TOWN	918	41.7%	381	1		1		383
LAKWOOD TOWNSHIP	2,961	68.2%	2,006	9	3	2		2,020
LINDEN CITY	877	42.0%	367		1			368
MANCHESTER TOWNSHIP	371	39.4%	146					146
MARLBORO TOWNSHIP	1,033	35.9%	371					371
MIDDLETOWN TOWNSHIP	1,777	28.7%	510					510
MONTCLAIR TOWNSHIP	1,048	33.8%	349	4	1			354

Municipality	Number of Children*	% Screened	Blood Lead Level ug/dL					Total
			<10	10-14	15-19	20-44	≥ 45	
NEWARK CITY	8,217	60.9%	4,887	72	24	22	2	5,007
NORTH BERGEN TOWNSHIP	1,435	42.9%	614		1			615
NORTH BRUNSWICK TOWNSHIP	1,009	44.4%	443	1	1	3		448
OLD BRIDGE TOWNSHIP	1,700	31.9%	542					542
PARSIPPANY TROY HILLS TOWNSHIP	1,202	44.4%	531	1	2			534
PASSAIC CITY	2,607	65.7%	1,683	17	8	4		1,712
PATERSON CITY	4,973	43.3%	2,116	24	10	3		2,153
PENNSAUKEN TOWNSHIP	873	39.2%	339	2		1		342
PERTH AMBOY CITY	1,474	47.1%	691	2		1		694
PISCATAWAY TOWNSHIP	1,381	38.3%	527	2				529
PLAINFIELD CITY	1,492	65.9%	963	13	3	4		983
SAYREVILLE BORO	1,079	41.0%	440	1	1			442
SOUTH BRUNSWICK TOWNSHIP	1,223	37.3%	454	1	1			456
TEANECK TOWNSHIP	1,048	26.3%	272	4				276
TRENTON CITY	2,602	52.1%	1,321	23	6	6		1,356
UNION CITY	1,955	43.6%	843	3	2	4		852
UNION TOWNSHIP	1,176	43.5%	511					511
VINELAND CITY	1,375	44.9%	609	7	1	1		618
WASHINGTON TOWNSHIP	1,086	36.3%	394					394
WAYNE TOWNSHIP	1,284	32.2%	414					414
WEST NEW YORK TOWN	1,174	39.2%	459			1		460
WEST ORANGE TOWNSHIP	1,191	47.5%	561	4		1		566
WOODBRIIDGE TOWNSHIP	2,495	38.1%	944	2	4			950
<b>Total</b>	<b>102,930</b>	<b>44.9%</b>	<b>45,624</b>	<b>337</b>	<b>131</b>	<b>105</b>	<b>7</b>	<b>46,204</b>

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

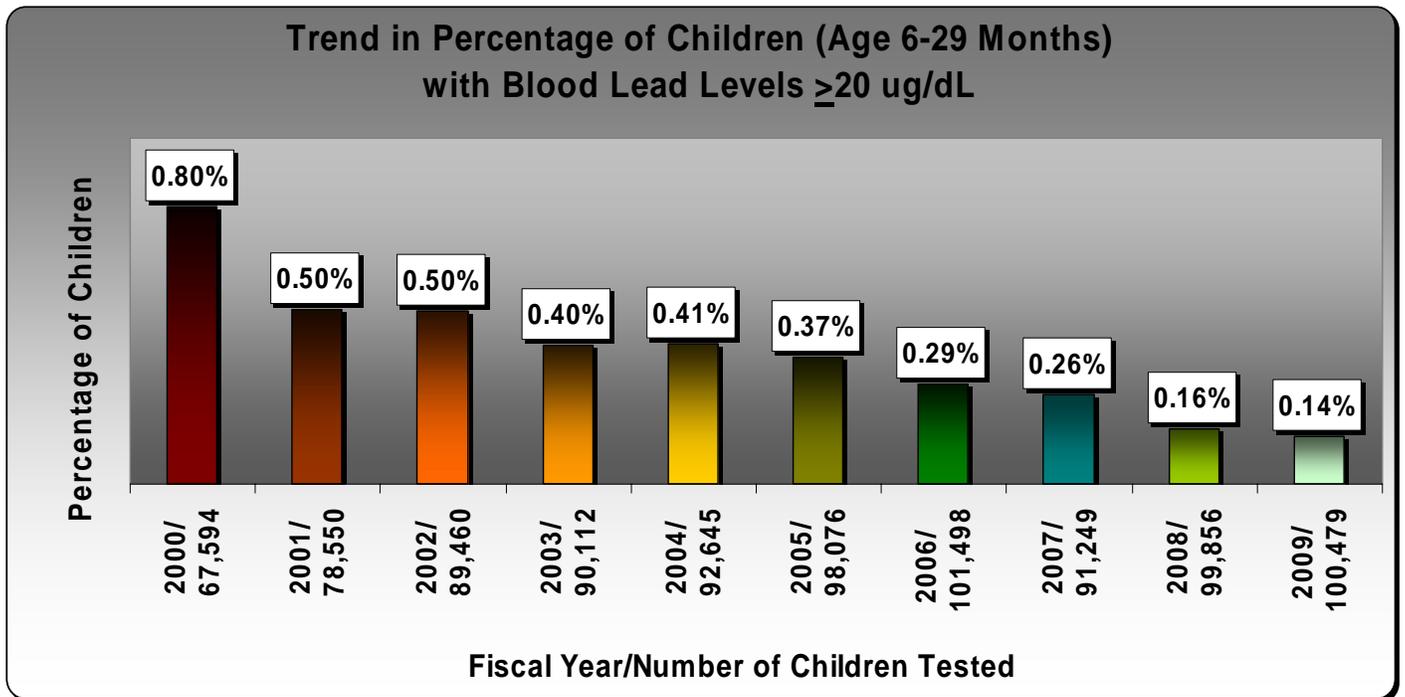
**Table 4b**

CHILDREN 6 TO 29 MONTHS OF AGE WITH BLOOD LEAD TEST RESULTS REPORTED IN FY 2009, BY MUNICIPALITY OF RESIDENCE (FOR MUNICIPALITIES WITH POPULATIONS >35,000)								
COUNTY	Number of Children*	% Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	≥ 45	
ATLANTIC CITY	1,186	41.9%	490	6	1			497
BAYONNE CITY	1,376	38.4%	522	2	3	1		528
BELLEVILLE TOWNSHIP	836	56.1%	467	1		1		469
BERKELEY TOWNSHIP	433	33.3%	144					144
BLOOMFIELD TOWNSHIP	1,102	50.8%	556	2	2			560
BRICK TOWNSHIP	1,847	22.5%	413	1	1			415
BRIDGEWATER TOWNSHIP	1,300	17.7%	229	1				230
CAMDEN CITY	2,845	66.6%	1,873	17	2	3		1,895
CHERRY HILL TOWNSHIP	1,591	28.5%	452	1				453
CLIFTON CITY	1,766	53.7%	943	5	1			949
DOVER TOWNSHIP	1,915	19.8%	380					380
EAST BRUNSWICK TOWNSHIP	1,065	29.9%	317	1				318
EAST ORANGE CITY	2,132	43.1%	889	20	5	4		918
EDISON TOWNSHIP	2,481	42.9%	1,060	2	2			1,064
ELIZABETH CITY	3,700	58.9%	2,154	11	5	8	2	2,180
EVESHAM TOWNSHIP	1,227	27.0%	330			1		331
EWING TOWNSHIP	666	42.2%	280	1				281
FORT LEE BORO	766	33.3%	254	1				255
FRANKLIN TOWNSHIP	1,488	53.2%	790		1	1		792
GLOUCESTER TOWNSHIP	1,763	19.9%	350					350
HACKENSACK CITY	1,010	61.0%	613	1	1	1		616
HAMILTON TOWNSHIP	1,981	34.0%	672	2				674
HILLSBOROUGH TOWNSHIP	1,140	10.9%	124					124
HOBOKEN CITY	491	103.7%	507	1		1		509
HOWELL TOWNSHIP	1,547	22.7%	351					351
IRVINGTON TOWNSHIP	1,963	62.0%	1,186	21	7	3		1,217
JACKSON TOWNSHIP	1,420	19.5%	276	1				277
JERSEY CITY	6,558	47.0%	3,046	21	5	8		3,080
KEARNY TOWN	918	45.5%	418					418
LAKEWOOD TOWNSHIP	2,961	70.9%	2,089	6	2	3		2,100
LINDEN CITY	877	45.0%	395					395
MANCHESTER TOWNSHIP	371	39.6%	147					147
MARLBORO TOWNSHIP	1,033	28.1%	290					290
MIDDLETOWN TOWNSHIP	1,777	25.9%	459				1	460
MONTCLAIR TOWNSHIP	1,048	31.4%	324	3	1	1		329
MOUNT LAUREL TOWNSHIP	993	25.6%	254					254
NEW BRUNSWICK CITY	1,308	82.9%	1,062	16	4	2		1,084
NEWARK CITY	8,217	63.5%	5,132	46	13	21	5	5,217

COUNTY	Number of Children*	% Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	≥ 45	
NORTH BERGEN TOWNSHIP	1435	42.3%	607					607
NORTH BRUNSWICK TOWNSHIP	1,009	43.2%	431	3	2			436
OLD BRIDGE TOWNSHIP	1,700	31.1%	528			1		529
PARSIPPANY-TROY HILLS TOWNSHIP	1,202	41.8%	502	1				503
PASSAIC CITY	2,607	74.3%	1,904	13	12	8	1	1,938
PATERSON CITY	4,973	45.3%	2,209	27	7	11	1	2,255
PENNSAUKEN TOWNSHIP	873	38.9%	340					340
PERTH AMBOY CITY	1,474	51.5%	756	2			1	759
PISCATAWAY TOWNSHIP	1,381	38.3%	525	4				529
PLAINFIELD CITY	1,492	59.7%	882	6	1	1		890
SAYREVILLE BORO	1,079	41.6%	445	1		3		449
SOUTH BRUNSWICK TOWNSHIP	1,223	34.3%	418			1		419
TEANECK TOWNSHIP	1,048	26.4%	275	2				277
TRENTON CITY	2,602	53.0%	1,352	18	3	6		1,379
UNION CITY	1,955	48.2%	930	8	2	2		942
UNION TOWNSHIP	1,176	41.2%	481	2	1			484
VINELAND CITY	1,375	50.2%	690					690
WASHINGTON TOWNSHIP	1,086	29.1%	316					316
WAYNE TOWNSHIP	1,284	30.8%	394	1				395
WEST NEW YORK TOWN	1,174	47.9%	560		2			562
WEST ORANGE TOWNSHIP	1,191	48.8%	578	2	1			581
WOODBRIIDGE TOWNSHIP	2,495	37.9%	943	1	2			946
<b>Total</b>	<b>102,930</b>	<b>45.4%</b>	<b>46,304</b>	<b>281</b>	<b>89</b>	<b>92</b>	<b>11</b>	<b>46,777</b>

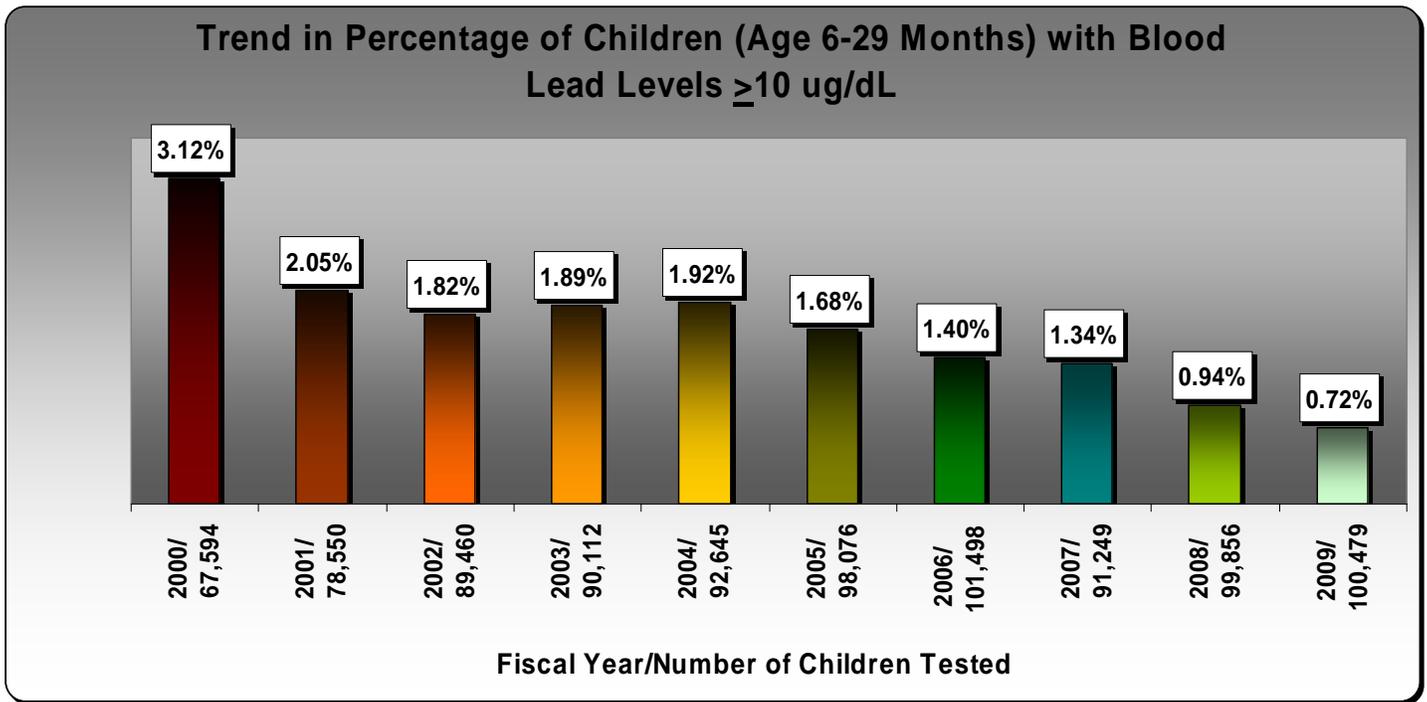
**This table exhibits the number of children tested between the age of 6 and 29 and their blood lead levels, by municipality.**

Figure 3a



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

Figure 3b



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

**Table 5a**

<b>CHILDREN &lt;6 OF AGE WITH LEAD TEST RESULTS REPORTED IN FY 2008, BY COUNTY OF RESIDENCE</b>									
<b>County</b>	<b>Number of Children*</b>	<b>% Tested</b>	<b>Blood Lead Level (ug/dL)</b>						<b>Total</b>
			<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>45-69</b>	<b>≥70</b>	
ATLANTIC	20,219	22.8%	4,541	48	11	6			4,606
BERGEN	66,984	16.7%	11,113	45	9	5	1		11,173
BURLINGTON	32,944	11.6%	3,791	12	7	4			3,814
CAMDEN	41,771	20.3%	8,393	50	10	15	1		8,469
CAPE MAY	6,477	19.9%	1,272	8	3	3			1,286
CUMBERLAND	11,200	31.3%	3,377	74	30	19			3,500
ESSEX	69,596	34.3%	23,365	303	116	92	7		23,883
GLOUCESTER	20,323	13.5%	2,737	7		3			2,747
HUDSON	46,455	30.1%	13,855	81	26	33	1		13,996
HUNTERDON	9,904	14.5%	1,421	7	3	1			1,432
MERCER	26,865	21.9%	5,789	59	13	12			5,873
MIDDLESEX	56,447	25.2%	14,152	47	18	14	1		14,232
MONMOUTH	51,242	17.7%	9,006	41	18	7		1	9,073
MORRIS	39,748	18.0%	7,123	18	9	5	1		7,156
OCEAN	38,870	19.1%	7,392	14	4	6			7,416
PASSAIC	43,600	29.8%	12,852	97	36	20	1		13,006
SALEM	4,760	11.6%	543	10	1				554
SOMERSET	26,764	14.0%	3,717	10	6	3			3,736
SUSSEX	11,982	10.6%	1,263	3	2	2			1,270
UNION	43,943	28.8%	12,530	86	24	23	1		12,664
WARREN	8,515	17.2%	1,451	6	3	1			1,461
ZIP Unknown	N/A	N/A	22,652	119					22,771
<b>Total</b>	<b>678,609</b>	<b>25.7%</b>	<b>172,335</b>	<b>1,145</b>	<b>349</b>	<b>274</b>	<b>14</b>	<b>1</b>	<b>174,118</b>

*\*Estimated, based on the US Census 2000 data*

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

**Table 5b**

CHILDREN <6 OF AGE WITH LEAD TEST RESULTS REPORTED IN FY 2009, BY COUNTY OF RESIDENCE								
COUNTY	Number of Children*	% Screened	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	≥ 45	
ATLANTIC	20,219	20%	4,093	29	5	4		4,131
BERGEN	66,984	17%	11,301	29	4	9		11,343
BURLINGTON	32,944	11%	3,654	7	8	1		3,670
CAMDEN	41,771	19%	7,856	44	8	9		7,917
CAPE MAY	6,477	18%	1,176	10	2	4		1,192
CUMBERLAND	11,200	30%	3,297	51	21	16		3,385
ESSEX	69,596	35%	23,783	256	85	67	6	24,197
GLOUCESTER	20,323	12%	2,490	9	2			2,501
HUDSON	46,455	31%	14,506	66	32	24		14,628
HUNTERDON	9,904	13%	1,292	2	2	1		1,297
MERCER	26,865	22%	5,818	36	13	10		5,877
MIDDLESEX	56,447	25%	13,886	52	16	17	1	13,972
MONMOUTH	51,242	15%	7,868	28	11	11	1	7,919
MORRIS	39,748	16%	6,473	17	4	1		6,495
OCEAN	38,870	19%	7,185	14	5	7		7,211
PASSAIC	43,600	31%	13,172	94	26	30	2	13,324
SALEM	4,760	12%	552	3		3		558
SOMERSET	26,764	14%	3,624	11	6	1		3,642
SUSSEX	11,982	9%	1,125	3	1	1		1,130
UNION	43,943	28%	12,089	53	24	21	3	12,190
WARREN	8,515	17%	1,424	8	4	2		1,438
ZIP Unknown	N/A	N/A	25,672	13				25,685
<b>Total</b>	<b>678,609</b>	<b>26%</b>	<b>172,336</b>	<b>835</b>	<b>279</b>	<b>239</b>	<b>13</b>	<b>173,702</b>

**Table 6a**

<b>NUMBER OF CHILDREN UNDER 6 YEARS OF AGE WITH THEIR BLOOD LEAD LEVELS, REPORTED IN FY 2008, BY MUNICIPALITY OF RESIDENCE (FOR MUNICIPALITIES WITH POPULATION &gt;35,000)</b>								
<b>Municipality</b>	<b>Number of Children*</b>	<b>% Tested</b>	<b>Blood Lead Level (ug/dL)</b>					
			<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>45-69</b>	<b>Total</b>
ATLANTIC CITY	3,694	33.3%	1,199	19	7	4		1,229
BAYONNE CITY	4,293	24.2%	1,030	7	1	3		1,041
BELLEVILLE TOWNSHIP	2,543	34.3%	870	1		1		872
BERKELEY TOWNSHIP	1,289	20.3%	261			1		262
BLOOMFIELD TOWNSHIP	3,359	30.0%	1,000	5	2			1,007
BRICK TOWNSHIP	5,731	10.5%	600		1			601
BRIDGEWATER TOWNSHIP	3,632	8.5%	309	1				310
CAMDEN CITY	8,894	38.0%	3,330	39	6	7	1	3,383
CHERRY HILL TOWNSHIP	4,757	15.8%	752			1		753
CLIFTON CITY	5,727	29.0%	1,653	3	3			1,659
DOVER TOWNSHIP	1,524	45.1%	686			1		687
EAST BRUNSWICK TOWNSHIP	3,375	14.6%	493					493
EAST ORANGE CITY	6,628	33.7%	2,151	43	15	24	1	2,234
EDISON TOWNSHIP	7,526	22.5%	1,688	6				1,694
ELIZABETH CITY	11,110	40.2%	4,407	35	11	9		4,462
EVESHAM TOWNSHIP	3,718	10.5%	392					392
EWING TOWNSHIP	1,950	20.3%	392	2	1			395
FORT LEE BORO	2,265	17.0%	386					386
FRANKLIN TOWNSHIP	4,087	27.6%	1,125	1				1,126
GLOUCESTER TOWNSHIP	4,845	12.2%	588			1		589
HACKENSACK CITY	2,916	39.5%	1,137	10	3	1	1	1,152
HAMILTON TOWNSHIP	6,048	20.0%	1,202	4		1		1,207
HILLSBOROUGH TOWNSHIP	3,589	4.3%	156					156
HOBOKEN CITY	1,444	45.0%	648	2				650
HOWELL TOWNSHIP	4,294	14.8%	634	1		1		636
IRVINGTON TOWNSHIP	5,957	43.6%	2,511	44	30	10	3	2,598
JACKSON TOWNSHIP	4,271	11.1%	471	1				472
JERSEY CITY	20,081	33.6%	6,657	60	18	18	1	6,754
KEARNY TOWN	2,779	27.3%	756	1		2		759
LAKEWOOD TOWNSHIP	6,810	53.8%	3,644	13	3	4		3,664
LINDEN CITY	2,872	27.5%	786	1	2		1	790
MANCHESTER TOWNSHIP	1,123	19.3%	217					217
MARLBORO TOWNSHIP	3,320	17.8%	592					592
MIDDLETOWN TOWNSHIP	5,525	13.4%	743					743
MONTCLAIR TOWNSHIP	3,278	19.8%	643	6	1			650
MOUNT LAUREL TOWNSHIP	2,977	13.3%	395					395
NEW BRUNSWICK CITY	3,985	42.2%	1,661	13	5	2	1	1,682

Municipality	Number of Children*	% Tested	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	45-69	
NEWARK CITY	25,608	45.0%	11,261	166	53	48	3	11,531
NORTH BERGEN TOWNSHIP	4,477	25.0%	1,114	1	2	1		1,118
NORTH BRUNSWICK TOWNSHIP	2,921	23.8%	689	1	3	3		696
OLD BRIDGE TOWNSHIP	2,012	46.6%	935	1		1		937
PARSIPPANY-TROY HILLS TOWNSHIP	3,662	22.0%	801	1	2	1		805
PASSAIC CITY	7,857	47.9%	3,720	28	11	6		3,765
PATERSON CITY	15,148	33.3%	4,952	61	22	13	1	5,049
PENNSAUKEN TOWNSHIP	2,747	20.7%	564	3		3		570
PERTH AMBOY CITY	4,546	37.3%	1,683	8	2	1		1,694
PISCATAWAY TOWNSHIP	3,725	23.9%	889	2				891
PLAINFIELD CITY	4,566	44.6%	1,995	27	6	10		2,038
SAYREVILLE BORO	3,264	23.2%	753	1	1	1		756
SOUTH BRUNSWICK TOWNSHIP	3,691	19.2%	706	2	1			709
TEANECK TOWNSHIP	3,086	13.8%	420	5				425
TRENTON CITY	7,850	34.1%	2,605	51	10	8		2,674
UNION CITY	5,913	29.1%	1,706	4	3	6		1,719
UNION TOWNSHIP	3,671	25.6%	934	3	2			939
VINELAND CITY	4,275	28.3%	1,192	11	3	3		1,209
WASHINGTON TOWNSHIP	3,618	13.9%	502					502
WAYNE TOWNSHIP	3,973	15.0%	596					596
WEST NEW YORK TOWN	3,619	24.8%	893	1	1	2		897
WEST ORANGE TOWNSHIP	3,560	29.3%	1,035	5	1	3		1,044
WOODBRIIDGE TOWNSHIP	7,378	22.5%	1,646	6	5	2		1,659
<b>Total</b>	<b>303,383</b>	<b>29.3%</b>	<b>87,756</b>	<b>706</b>	<b>237</b>	<b>203</b>	<b>13</b>	<b>88,915</b>

*\*Estimated, based on the US Census 2000 data*

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

**Table 6b**

NUMBER OF CHILDREN UNDER 6 YEARS OF AGE WITH THEIR BLOOD LEAD LEVELS, REPORTED IN FY 2009, BY MUNICIPALITY OF RESIDENCE (FOR MUNICIPALITIES WITH POPULATION >35,000)								
Municipality	Number of Children*	% Tested	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	≥ 45	
ATLANTIC CITY	3,694	28.7%	1,039	17	3	2		1,061
BAYONNE CITY	4,293	25.8%	1,097	3	3	4		1,107
BELLEVILLE TOWNSHIP	2,543	35.9%	908	3	3			914
BERKELY TOWNSHIP	1,289	0.0%						
BLOOMFIELD TOWNSHIP	3,359	29.7%	992	2		2		996
BRICK TOWNSHIP	5,731	10.8%	616	2		1		619
BRIDGEWATER TOWNSHIP	3,632	8.5%	309		1			310
CAMDEN CITY	8,894	36.5%	3,197	36	6	5		3,244
CHERRY HILL TOWNSHIP	4,757	13.5%	641	1				642
CLIFTON CITY	5,727	29.9%	1,705	7	1	1		1,714
DOVER TOWNSHIP	1,524	40.2%	612					612
EAST BRUNSWICK TOWNSHIP	3,375	14.4%	485	1				486
EAST ORANGE CITY	6,628	31.6%	2,027	41	12	14		2,094
EDISON TOWNSHIP	7,526	23.5%	1,765	3		2		1,770
ELIZABETH CITY	11,110	41.9%	4,614	22	13	9	2	4,660
EVESHAM TOWNSHIP	3,718	11.0%	408		1			409
EWING TOWNSHIP	1,950	22.0%	428	1				429
FORT LEE BORO	2,265	17.8%	403	1				404
FRANKLIN TOWNSHIP	4,087	28.1%	1,145		2	1		1,148
GLOUCESTER TOWNSHIP	4,845	9.7%	471					471
HACKENSACK CITY	2,916	41.3%	1,197	5	2	1		1,205
HAMILTON TOWNSHIP	6,048	20.0%	1,207	3	1	1		1,212
HILLSBOROUGH TOWNSHIP	3,589	4.7%	169					169
HOBOKEN CITY	1,444	48.8%	702	1	1			704
HOWELL TOWNSHIP	4,294	13.1%	562					562
IRVINGTON TOWNSHIP	5,957	47.1%	2,731	54	11	11		2,807
JACKSON TOWNSHIP	4,271	10.0%	425	1				426
JERSEY CITY	20,081	32.3%	6,431	40	15	9		6,495
KEARNY TOWN	2,779	32.5%	901	1		2		904
LAKEWOOD TOWNSHIP	6,810	53.9%	3,651	9	5	5		3,670
LINDEN CITY	2,872	27.8%	795	1	1	1		798
MANCHESTER TOWNSHIP	1,123	20.3%	228					228
MARLBORO TOWNSHIP	3,320	13.5%	449					449
MIDDLETOWN TOWNSHIP	5,525	11.3%	623				1	624
MONTCLAIR TOWNSHIP	3,278	19.0%	615	4	2	1		622
MOUNT LAUREL TOWNSHIP	2,977	11.4%	339					339
NEW BRUNSWICK CITY	3,985	43.6%	1,707	18	6	5		1,736
NEWARK CITY	25,608	47.3%	11,903	121	46	25	5	12,100
NORTH BERGEN TOWNSHIP	4,477	27.0%	1,207	1	2			1,210

Municipality	Number of Children*	% Tested	Blood Lead Level (ug/dL)					Total
			<10	10-14	15-19	20-44	≥ 45	
NORTH BRUNSWICK CITY	2,921	23.6%	682	3	2	2		689
OLD BRIDGE TOWNSHIP	2,012	42.4%	851	2	1			854
PARSIPPANY-TROY HILLS TOWNSHIP	3,662	19.7%	719	2				721
PASSAIC CITY	7,857	54.4%	4,234	18	8	14	1	4,275
PATERSON CITY	15,148	33.2%	4,934	63	17	15	1	5,030
PENNSAUKEN TOWNSHIP	2,747	19.7%	541					541
PERTH AMBOY CITY	4,546	36.3%	1,646	3		1	1	1,651
PISCATAWAY TOWNSHIP	3,725	22.7%	842	5				847
PLAINFIELD CITY	4,566	43.0%	1,938	16	4	6		1,964
SAYREVILLE BORO	3,264	22.2%	720	1	3			724
SOUTH BRUNSWICK TOWNSHIP	3,691	18.7%	689	1	2			692
TEANECK TOWNSHIP	3,086	14.0%	431	2				433
TRENTON CITY	7,850	34.9%	2,687	29	11	9		2,736
UNION CITY	5,913	34.4%	2,012	14	6	2		2,034
UNION TOWNSHIP	3,671	25.0%	908	5	1	2		916
VINELAND CITY	4,275	26.9%	1,143	4	2	1		1,150
WASHINGTON TOWNSHIP	3,618	11.1%	403					403
WAYNE TOWNSHIP	3,973	13.8%	549	1				550
WEST NEW YORK TOWN	3,619	29.9%	1,075	2	1	3		1,081
WEST ORANGE TOWNSHIP	3,560	28.6%	1,012	6		1		1,019
WOODBRIIDGE TOWNSHIP	7,378	22.4%	1,649	3		3		1,655
<b>Total</b>	<b>303,383</b>	<b>29.4%</b>	<b>88,369</b>	<b>579</b>	<b>195</b>	<b>161</b>	<b>11</b>	<b>89,315</b>

*\*Estimated, based on the US Census 2000 data*

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

**Cross tabulation of age of the children tested and their blood lead levels – a comparison of  
FY 2007, FY 2008, and FY 2009**

**Table 7**

Breakdown of Age and Elevated Blood Lead Levels - FY 2007 vs FY 2008 vs FY 2009												
Age	Blood Lead Level/Fiscal Year											
	10-14 ug/dL			15-19 ug/dL			≥20 ug/dL			Total		
	FY 2007	FY 2008	FY 2009	FY 2007	FY 2008	FY 2009	FY 2007	FY 2008	FY 2009	FY 2007	FY 2008	FY 2009
<1 Year	57	59	37	23	11	10	16	16	8	96	86	45
1 Year	459	333	256	169	126	88	141	95	89	769	554	433
2 Years	420	299	228	138	83	82	121	85	81	679	467	391
3 Years	290	212	167	110	59	53	79	53	32	479	324	252
4 Years	194	131	95	39	47	29	45	22	26	278	200	150
5 Years	127	80	50	35	14	15	30	19	16	192	113	81
<b>Total</b>	<b>1,547</b>	<b>1,114</b>	<b>833</b>	<b>514</b>	<b>340</b>	<b>277</b>	<b>432</b>	<b>290</b>	<b>252</b>	<b>2,493</b>	<b>1,744</b>	<b>1,362</b>

**This table provides cross tabulation of children’s age versus their highest blood lead level category, as reported during FY 2007, 2008 and 2009. Each child is counted only once, using their highest blood lead level reported during each fiscal year.**

**Table 8a**

<b>NUMBER OF ALL CHILDREN &lt;17 YEARS OF AGE, TESTED AND BLOOD LEAD LEVELS, REPORTED IN FY 2008, BY COUNTY OF RESIDENCE</b>							
<b>County</b>	<b>Blood Lead Level (ug/dL)</b>						<b>Total</b>
	<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>45-69</b>	<b>≥ 70</b>	
ATLANTIC	5,447	51	11	6			5,515
BERGEN	12,624	47	9	5	1		12,686
BURLINGTON	4,267	13	7	5			4,292
CAMDEN	9,453	54	10	16	1	1	9,535
CAPE MAY	1,427	8	3	3			1,441
CUMBERLAND	3,988	86	38	20			4,132
ESSEX	29,183	353	140	105	7		29,788
GLOUCESTER	3,042	11		5			3,058
HUDSON	18,194	101	34	33	3		18,365
HUNTERDON	1,508	8	4	1			1,521
MERCER	7,074	62	14	13			7,163
MIDDLESEX	17,255	48	19	16	1		17,339
MONMOUTH	10,410	45	20	7		1	10,483
MORRIS	8,029	19	10	5	1		8,064
OCEAN	8,752	16	6	7			8,781
PASSAIC	15,113	107	43	24	1		15,288
SALEM	614	10	2				626
SOMERSET	4,279	12	7	3			4,301
SUSSEX	1,438	3	2	2			1,445
UNION	15,686	97	27	28	2		15,840
WARREN	1,639	6	3	1			1,649
ZIP Unknown	27,631	141	0	0	0	0	27,774
<b>Total</b>	<b>207,053</b>	<b>1,298</b>	<b>419</b>	<b>305</b>	<b>17</b>	<b>2</b>	<b>209,084</b>

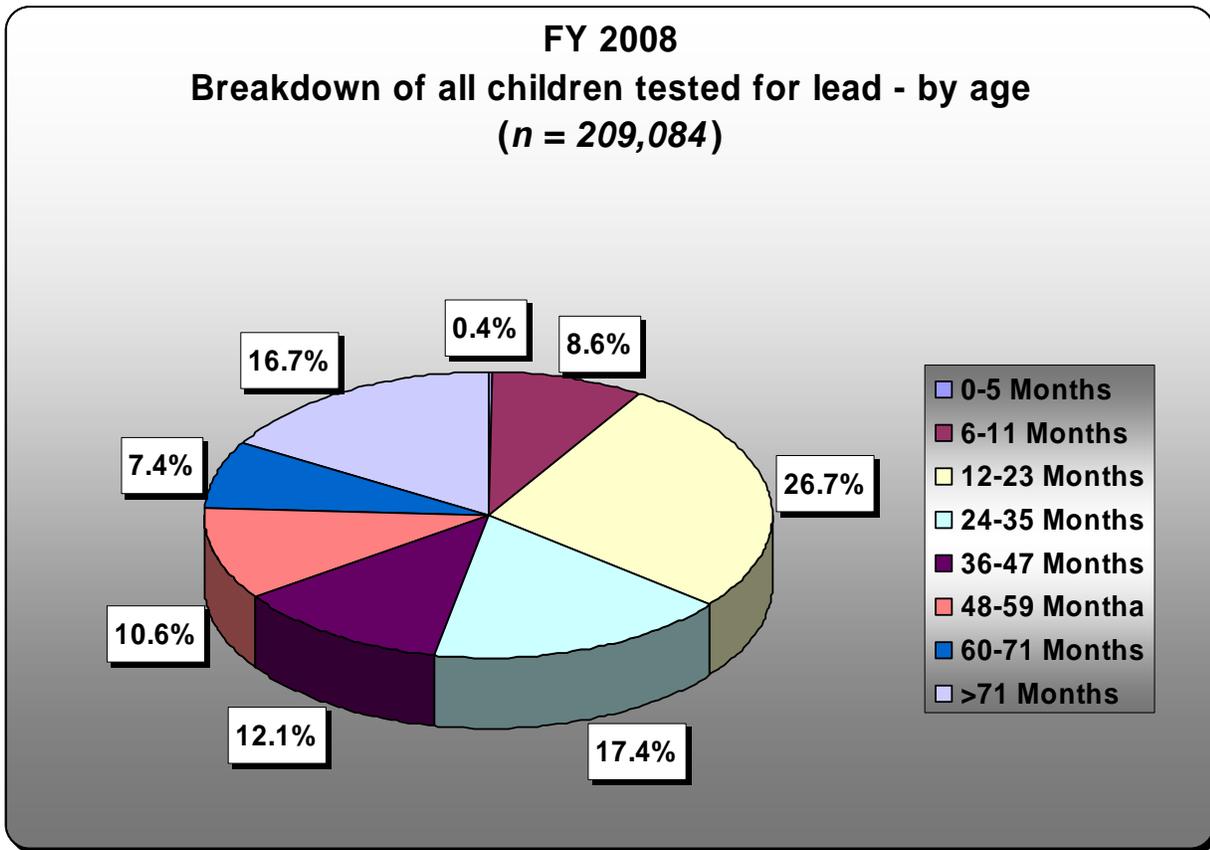
**This table displays distribution of tests by county, for all children <17 years old that were tested during FY 2007 and their highest blood lead level reported during FY 2008.**

**Table 8b**

<b>NUMBER OF ALL CHILDREN &lt;17 YEARS OF AGE, TESTED AND THEIR BLOOD LEAD LEVELS, REPORTED IN FY 2009, BY COUNTY OF RESIDENCE</b>						
<b>County</b>	<b>Blood Lead Level (ug/dL)</b>					
	<b>&lt;10</b>	<b>10-14</b>	<b>15-19</b>	<b>20-44</b>	<b>≥ 45</b>	<b>Total</b>
ATLANTIC	5,007	31	5	5		5,048
BERGEN	12,891	31	5	10		12,937
BURLINGTON	4,036	8	9	1		4,054
CAMDEN	8,830	48	8	9		8,895
CAPE MAY	1,308	10	2	4		1,324
CUMBERLAND	3,797	66	26	18		3,907
ESSEX	29,035	314	97	70	6	29,522
GLOUCESTER	2,716	10	2			2,728
HUDSON	18,617	80	38	28		18,763
HUNTERDON	1,370	3	3	1		1,377
MERCER	7,041	42	13	11		7,107
MIDDLESEX	16,897	55	22	17	1	16,992
MONMOUTH	9,113	32	12	13	1	9,171
MORRIS	7,257	17	5	1		7,280
OCEAN	8,275	16	5	8		8,304
PASSAIC	15,537	103	28	32	2	15,702
SALEM	610	3		3		616
SOMERSET	4,150	13	6	1		4,170
SUSSEX	1,262	3	1	1		1,267
UNION	15,138	63	27	26	3	15,257
WARREN	1,573	8	4	2		1,587
ZIP Unknown	30,986	12				30,998
<b>Total</b>	<b>205,446</b>	<b>968</b>	<b>318</b>	<b>261</b>	<b>13</b>	<b>207,006</b>

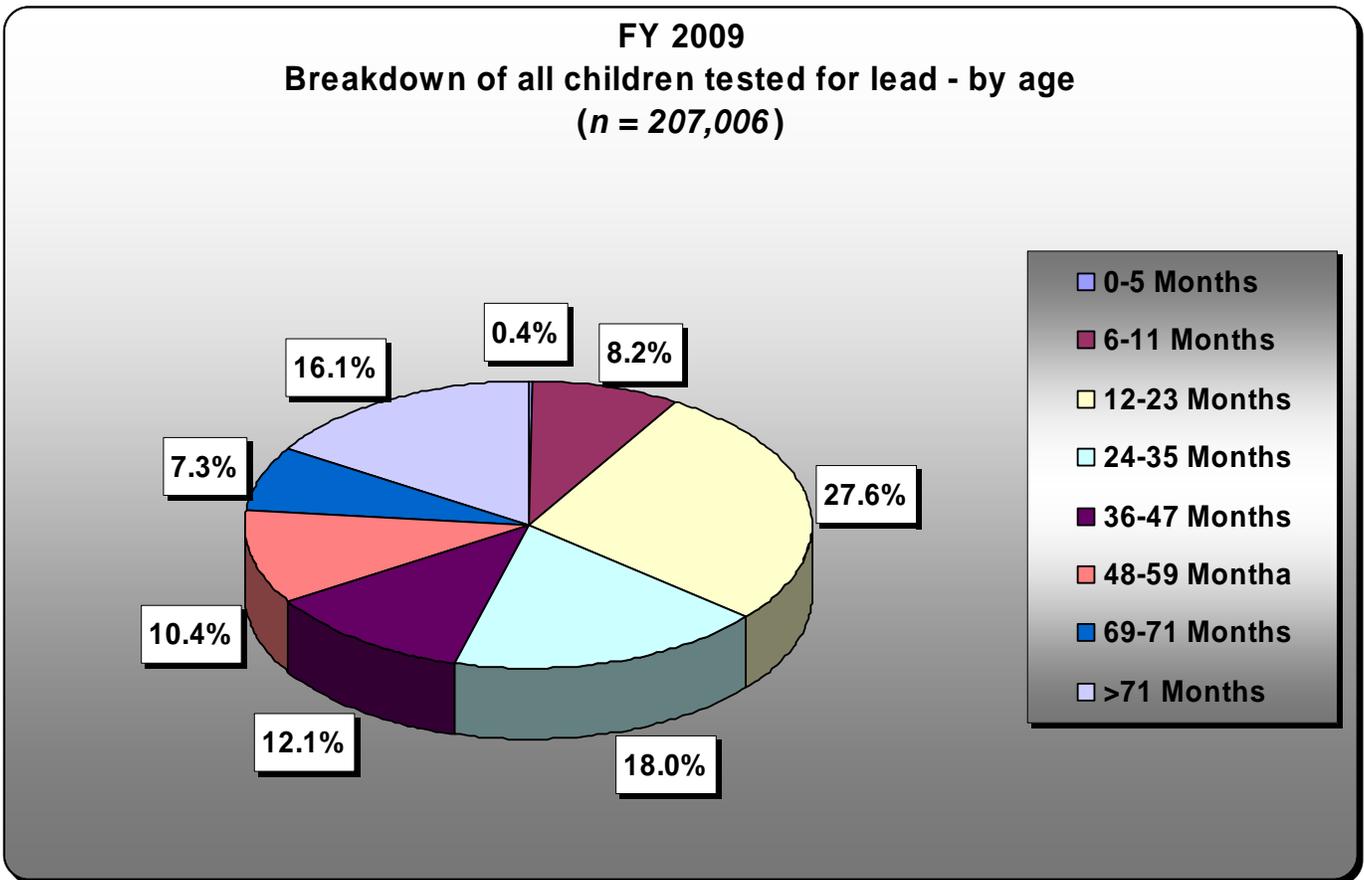
**This table displays distribution of tests by county, for all children <17 years old that were tested during FY 2007 and their highest blood lead level reported during FY 2009.**

Figure 4a



This chart is based on all children (<17 years old, unduplicated) that were reported with their blood lead test results during FY 2007, counting only one test per child.  
Total number of children tested = 209,084.

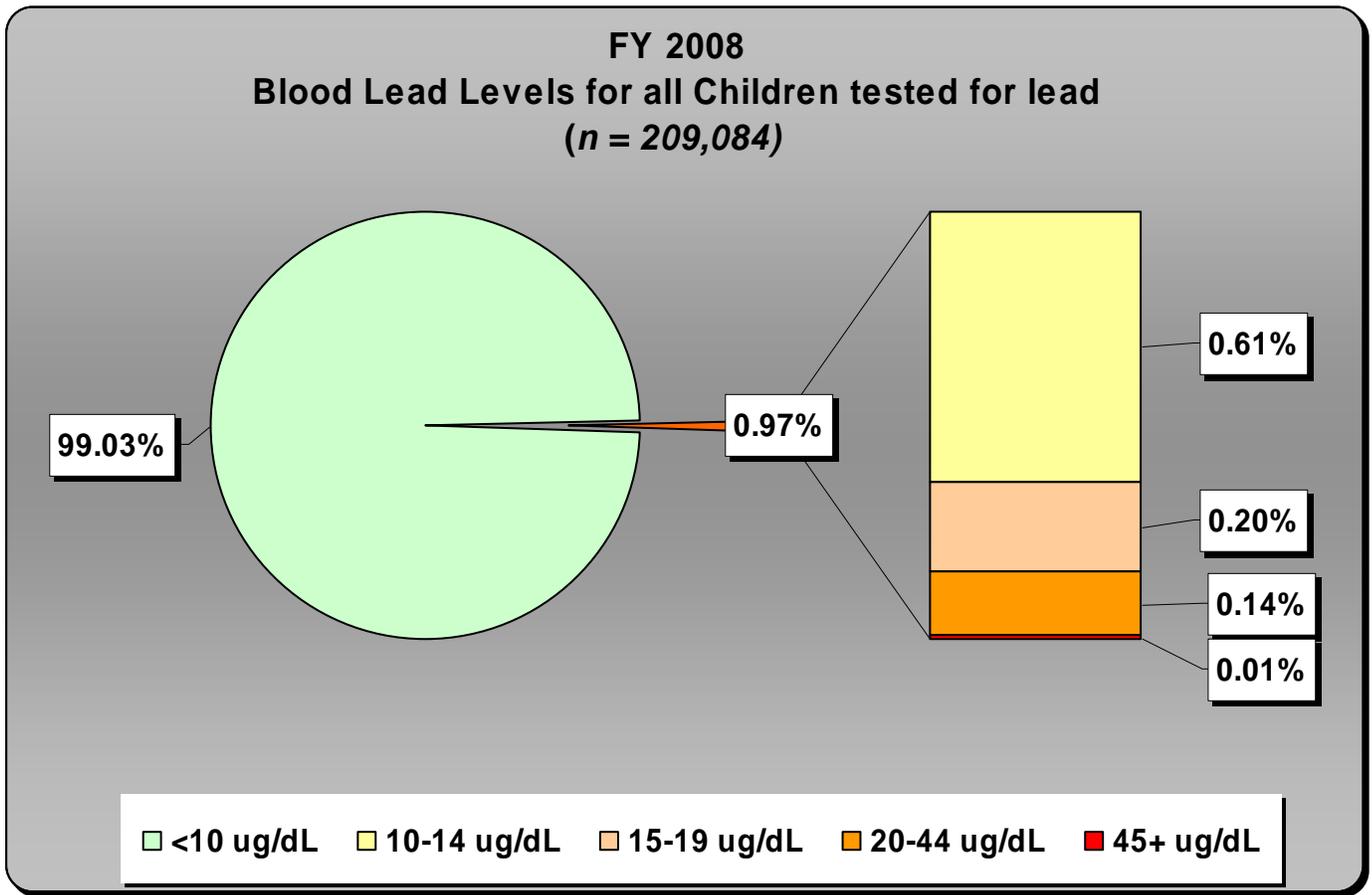
Figure 4b



This chart is based on all children (<17 years old, unduplicated) that were reported with their blood lead test results during FY 2007, counting only one test per child. Total number of children tested = 207,006.

Figure 5a

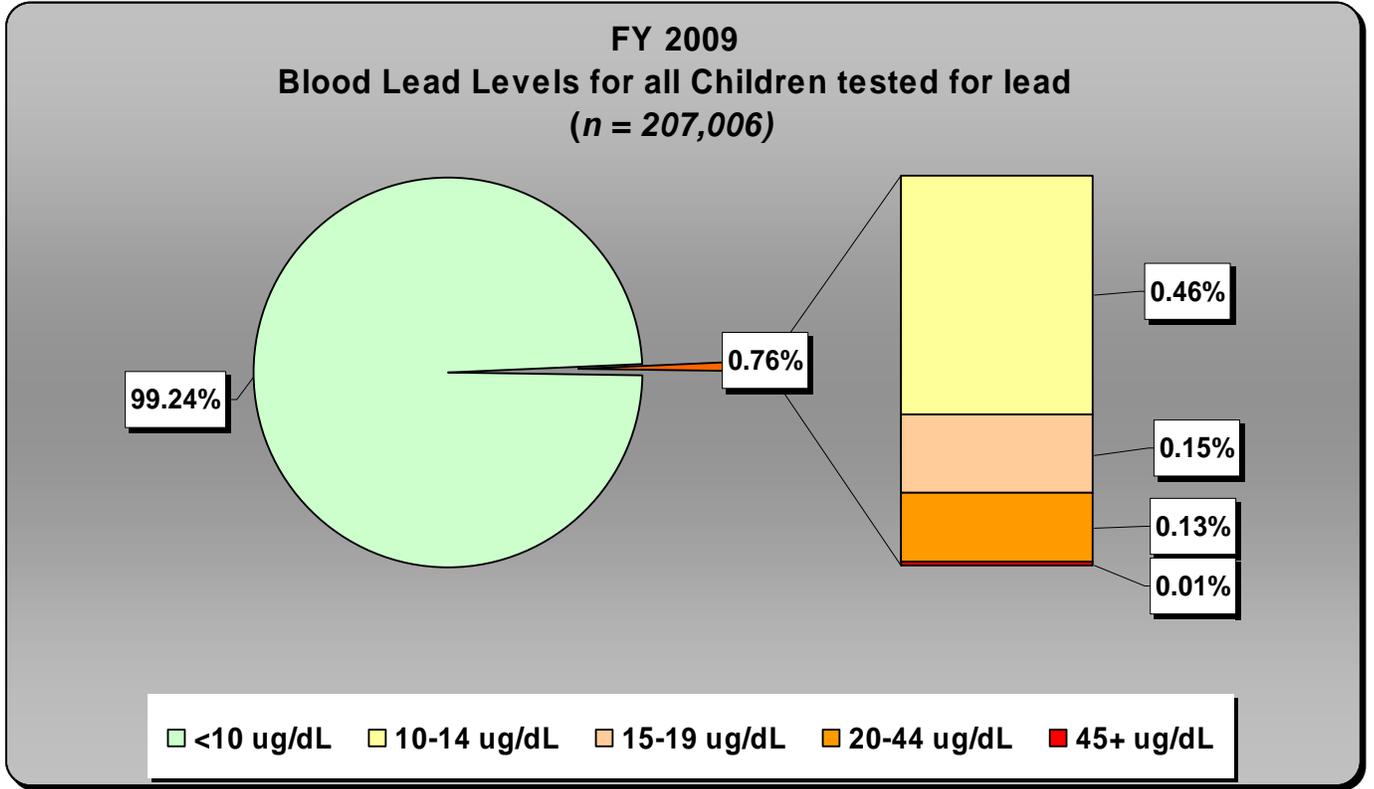
Percentage of children by blood lead levels for FY 2008



This pie chart describes the breakdown of blood lead levels of all children (unduplicated) reported during FY 2008 (number of children reported = 209,084), counting one test (highest lead level reported) per child.

Figure 5b

Percentage of children by blood lead levels for FY 2009

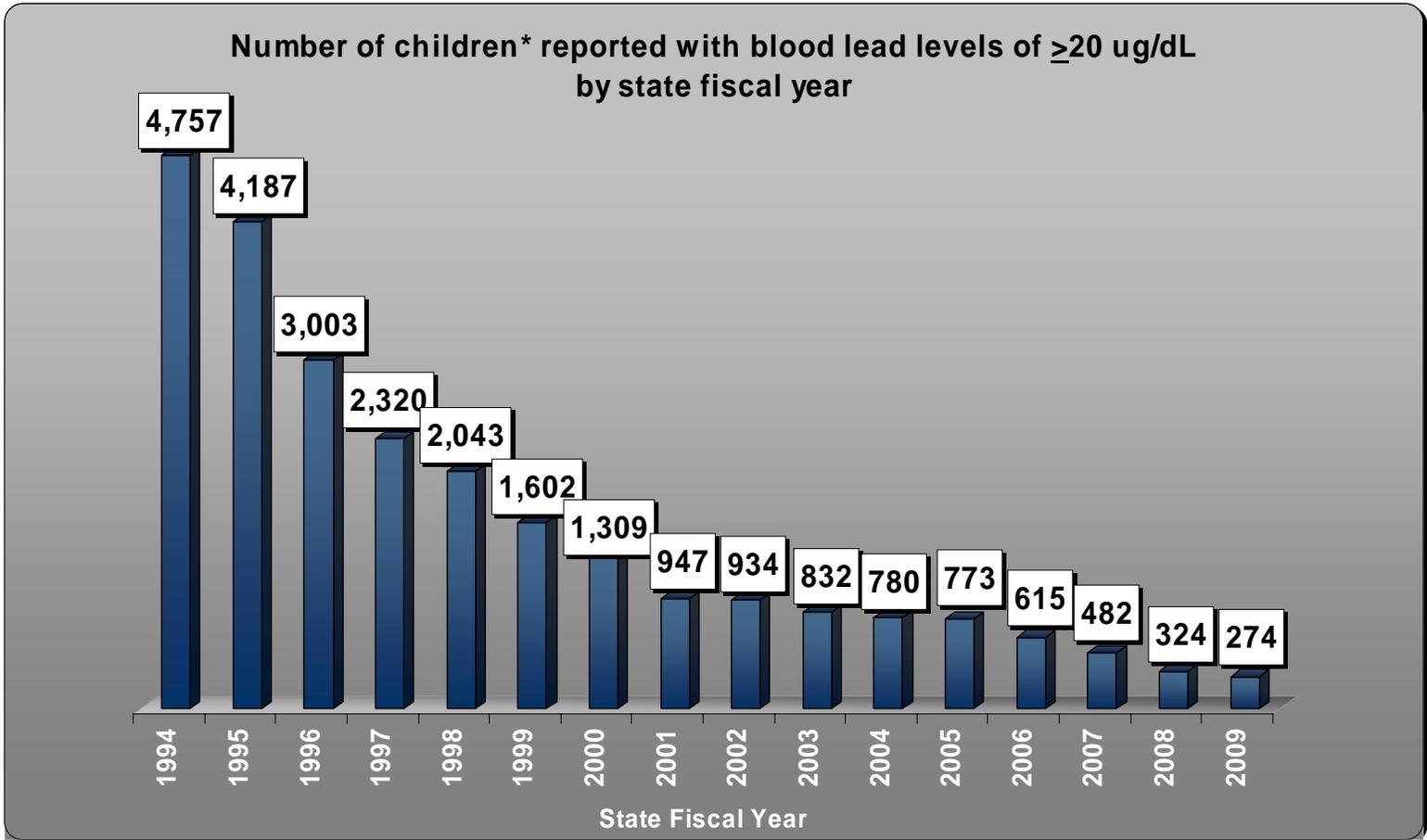


This pie chart describes the breakdown of blood lead levels of all children (unduplicated) reported during FY 2009 (number of children reported = 207,006), counting one test (highest lead level reported) per child.

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

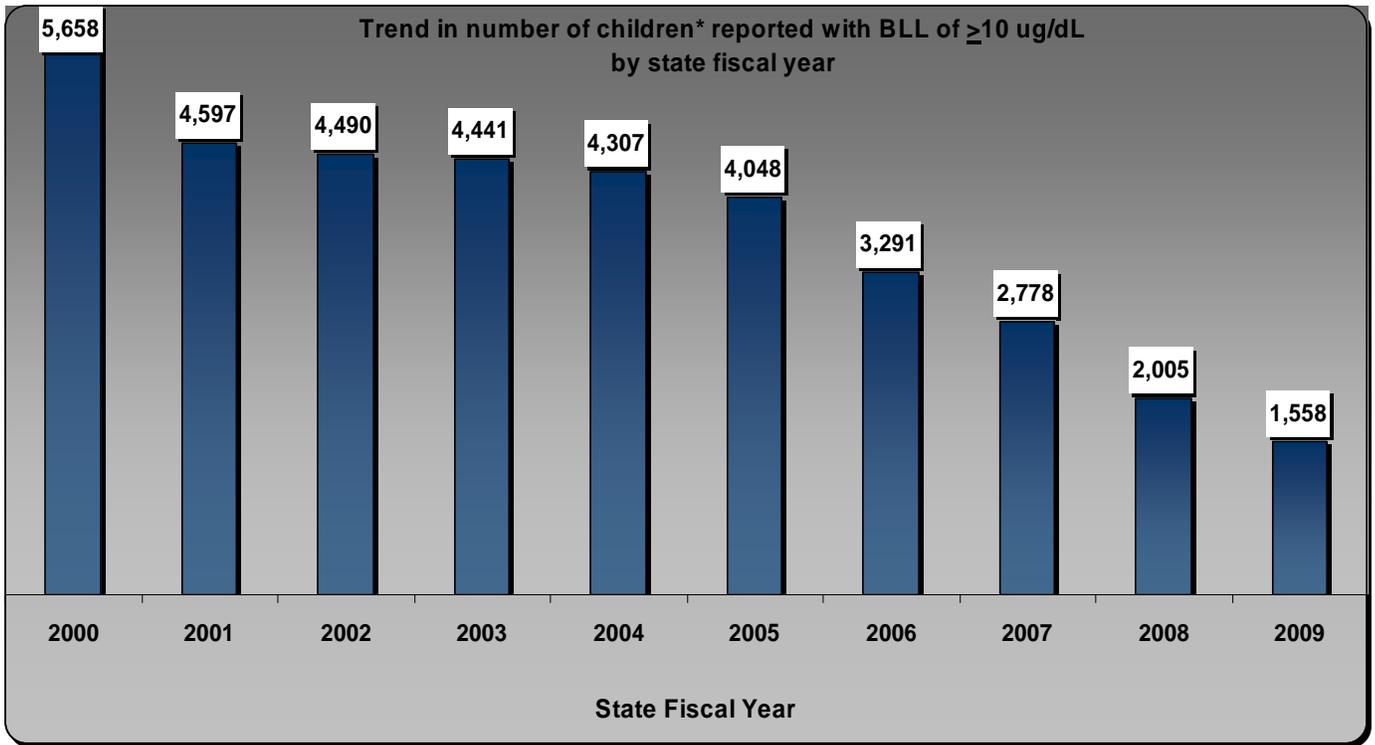
Figure 6a

**CHILDREN WITH BLOOD LEAD  $\geq 20$   $\mu\text{g}/\text{dL}$   
BY STATE FISCAL YEAR (SFY)**



\*This chart demonstrates the trend in number of children (<17 years old) reported with EBL ( $\geq 20$   $\mu\text{g}/\text{dL}$ ), by State Fiscal Year.

Figure 6b



\*This chart demonstrates the trend in number of children (<17 years old) reported with EBL ( $\geq 10$  ug/dL), by State Fiscal Year.

## Chapter Three

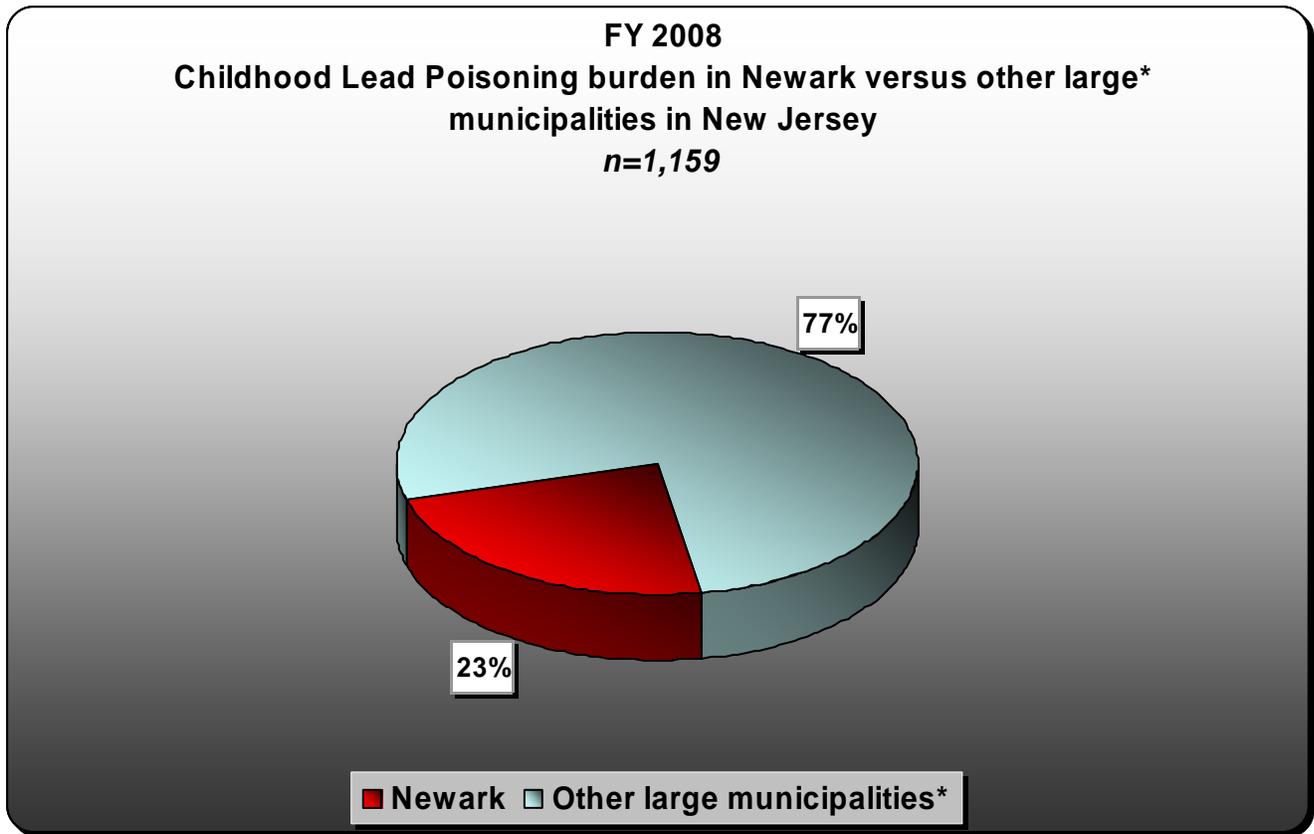
### SPOTLIGHT ON NEWARK CITY

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

Newark comprised 15% and 14% of all children (< 6 years old) in the entire State with EBL ( $\geq 10 \mu\text{g/dL}$ ) during FY 2008 and FY 2009, respectively. Among all large municipalities, Newark has the highest number of children (< 6 years old) with EBL. Newark comprised 23% (FY 2008) and 21% (FY 2009) of the total number of children (< 6 years old) with EBL ( $\geq 10 \mu\text{g/dL}$ ) in all large municipalities.

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

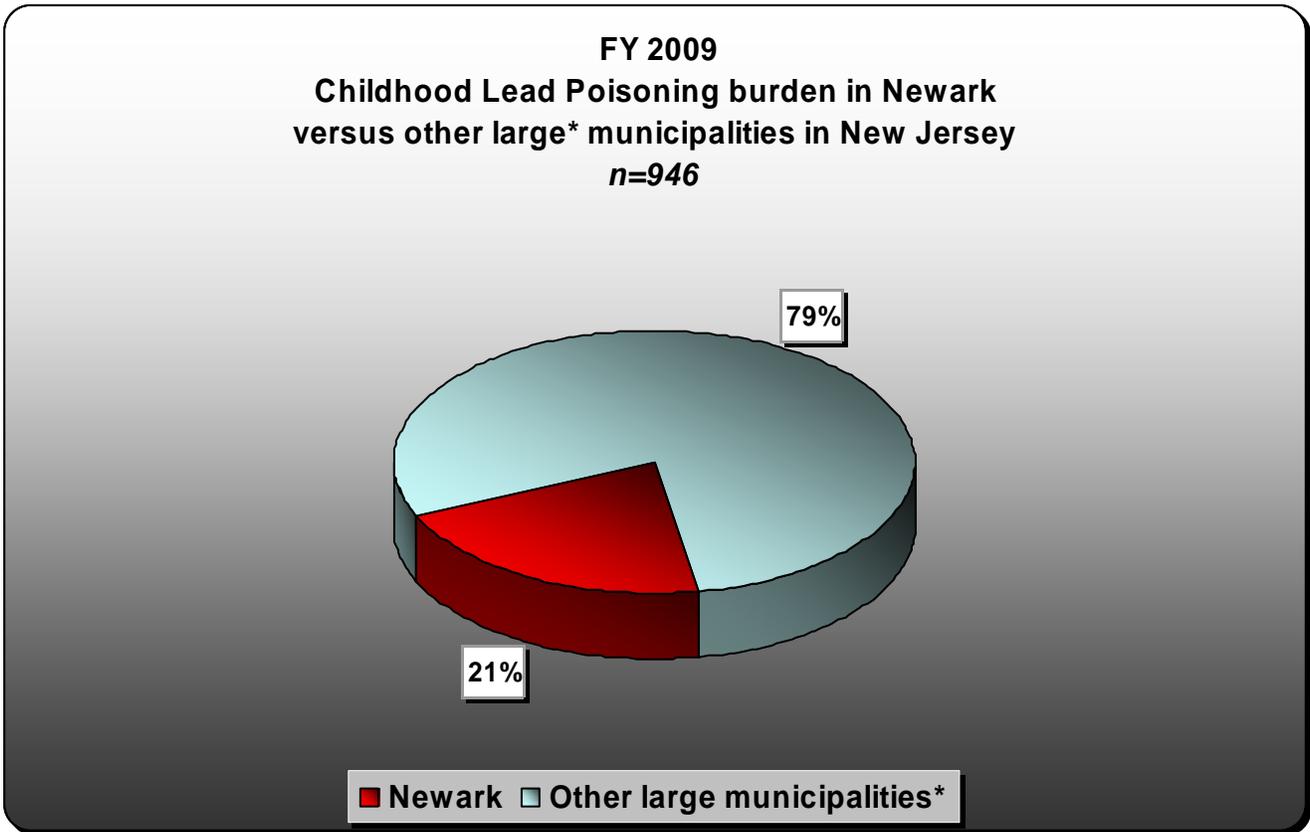
Figure 7a



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

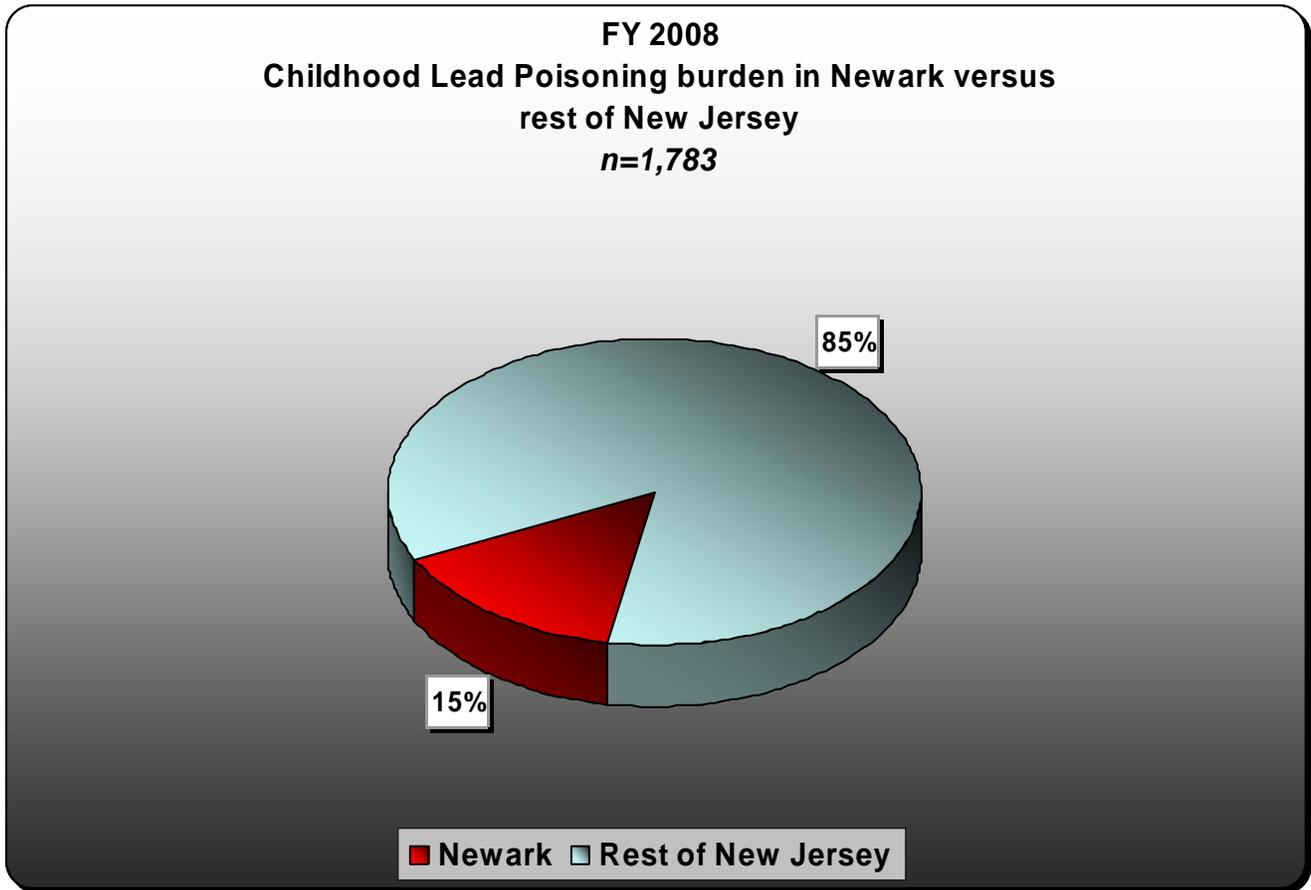
The above pie chart is based on the total number of unduplicated children (<6 years old) in the large\* municipalities, reported with blood lead levels of  $\geq 10 \mu\text{g/dL}$  (1,159 children), counting only one test (highest blood lead level reported) per child, during FY 2008.

Figure 7b



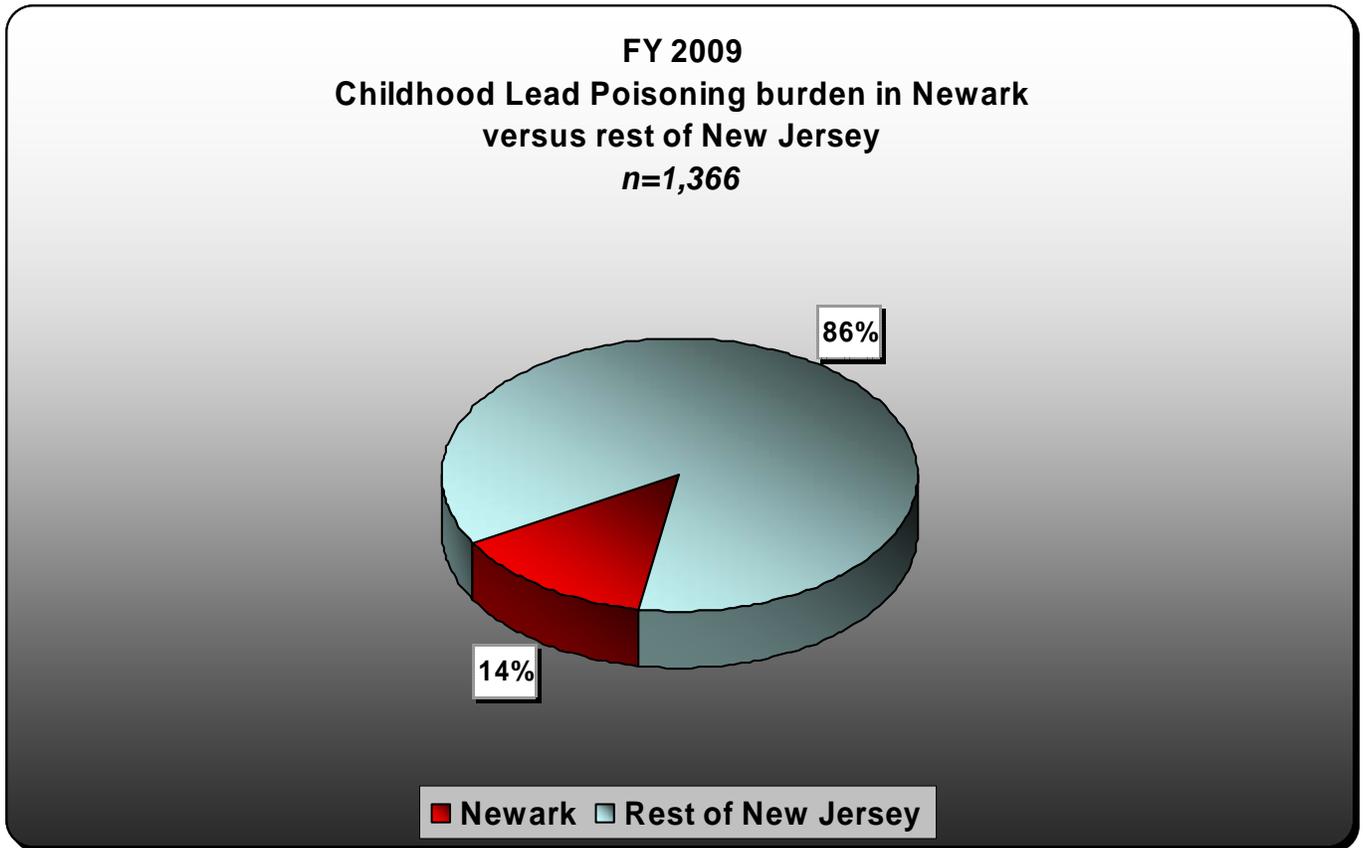
The above pie chart is based on the total number of unduplicated children (<6 years old) in the large\* municipalities, reported with blood lead levels of  $\geq 10 \mu\text{g/dL}$  (946 children), counting only one test (highest blood lead level reported) per child, during FY 2009.

Figure 8a



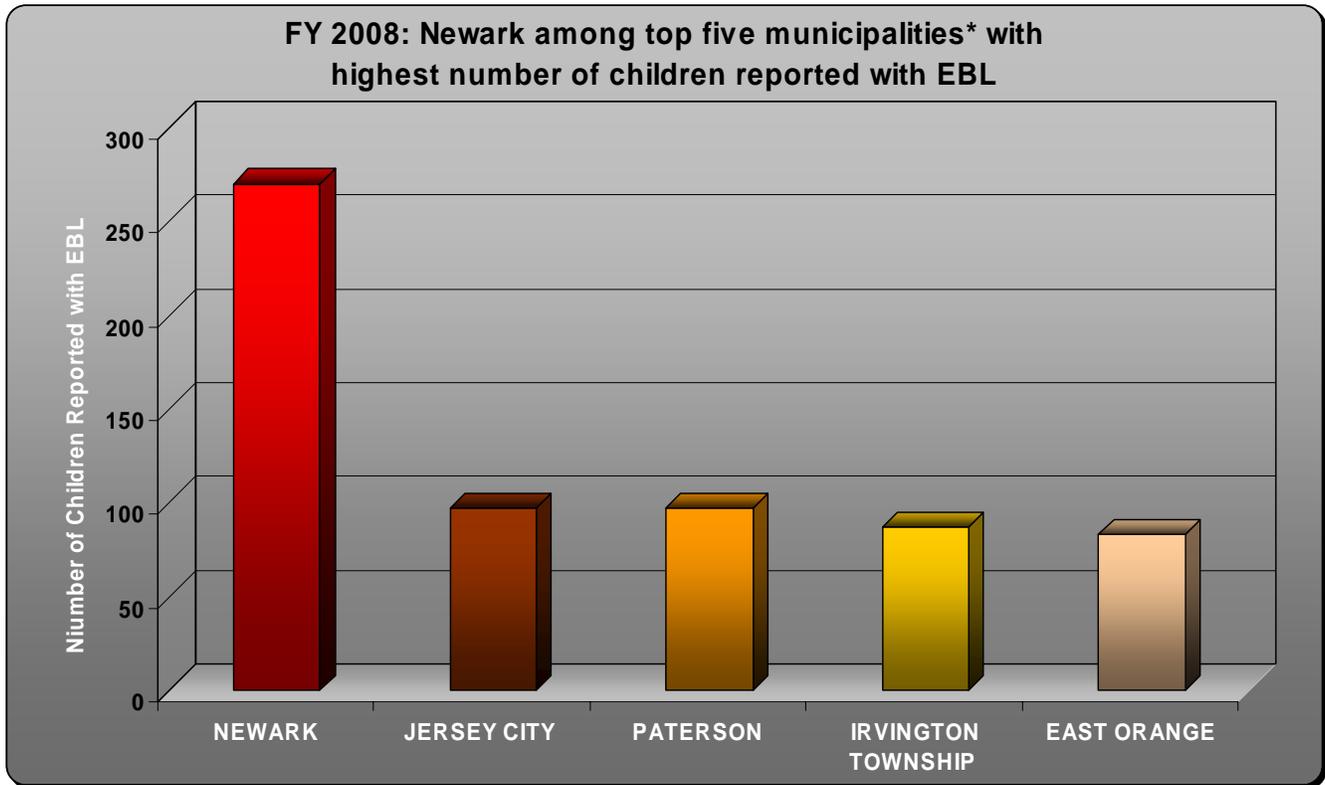
The above pie chart is based on the total number of unduplicated children (<6 years old) in the entire State, reported with blood lead levels of  $\geq 10 \mu\text{g/dL}$  (1,783 children), counting only one test (highest blood lead level reported) per child, during FY 2008.

Figure 8b



The above pie chart is based on the total number of unduplicated children (<6 years old) in the entire State, reported with blood lead levels of  $\geq 10 \mu\text{g/dL}$  (1,366 children), counting only one test (highest blood lead level reported) per child, during FY 2009.

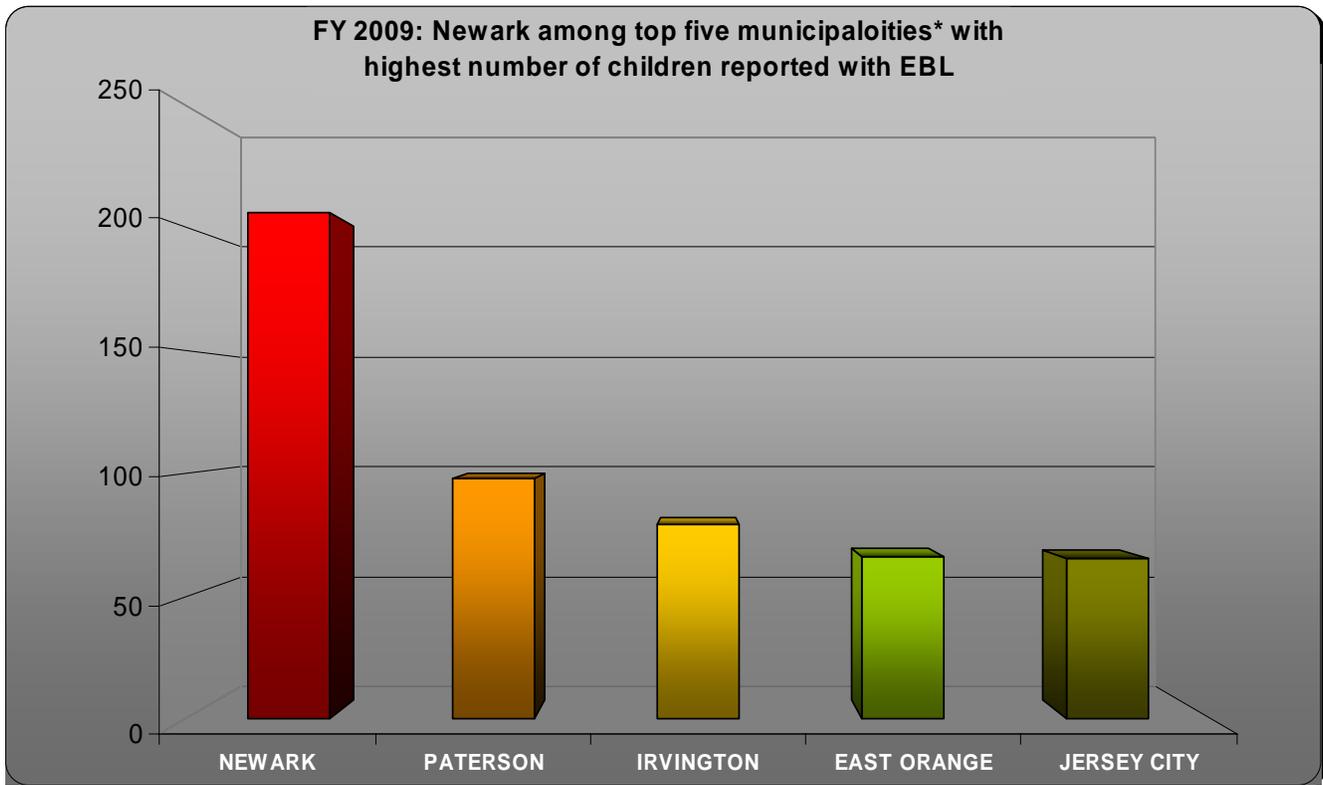
**Figure 9a**



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

**The above bar chart is based on the number of unduplicated children (<17 years old) in the large\* municipalities during Fiscal Year 2008. This chart highlights Newark as with the highest number of children reported with EBL ( $\geq 10$  ug/dL)**

**Figure 9b**

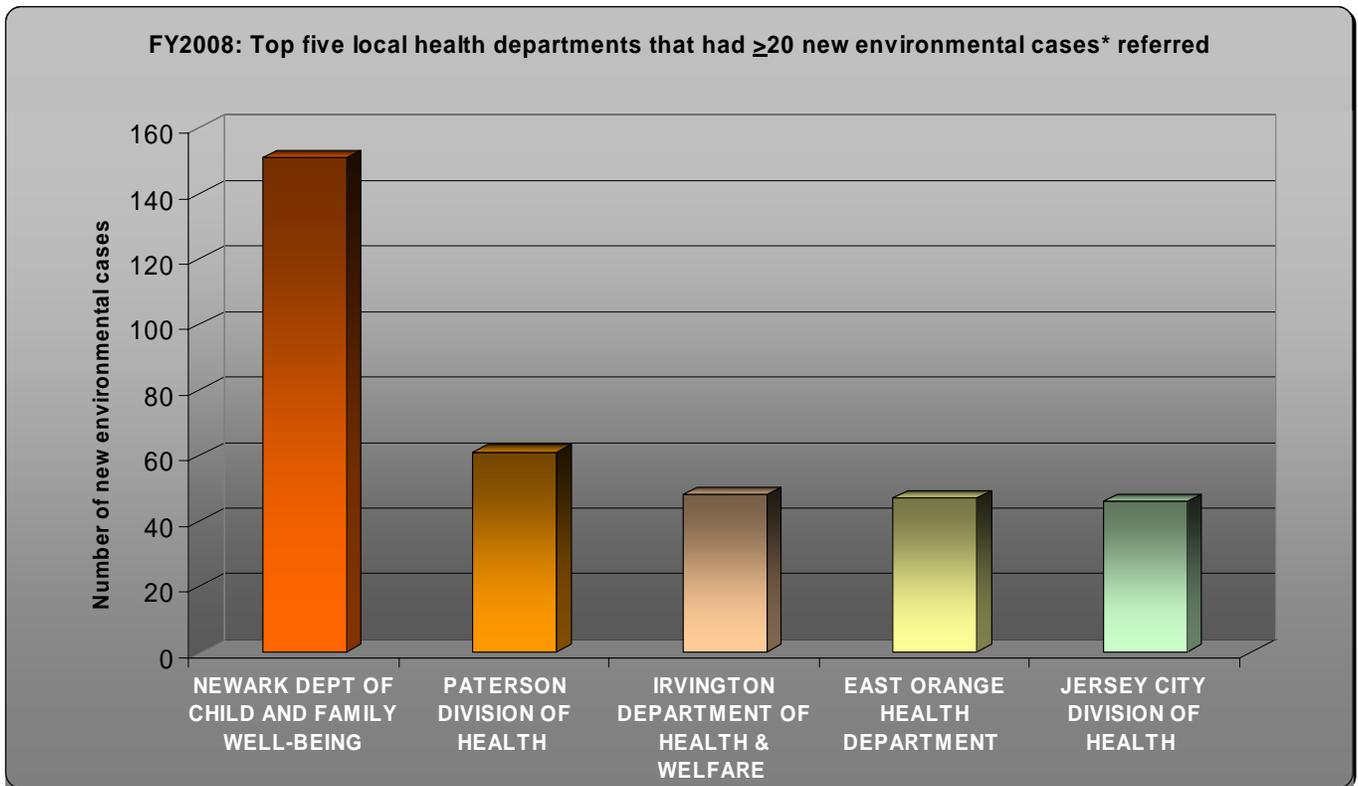


**\*Municipalities with population of >35,000**

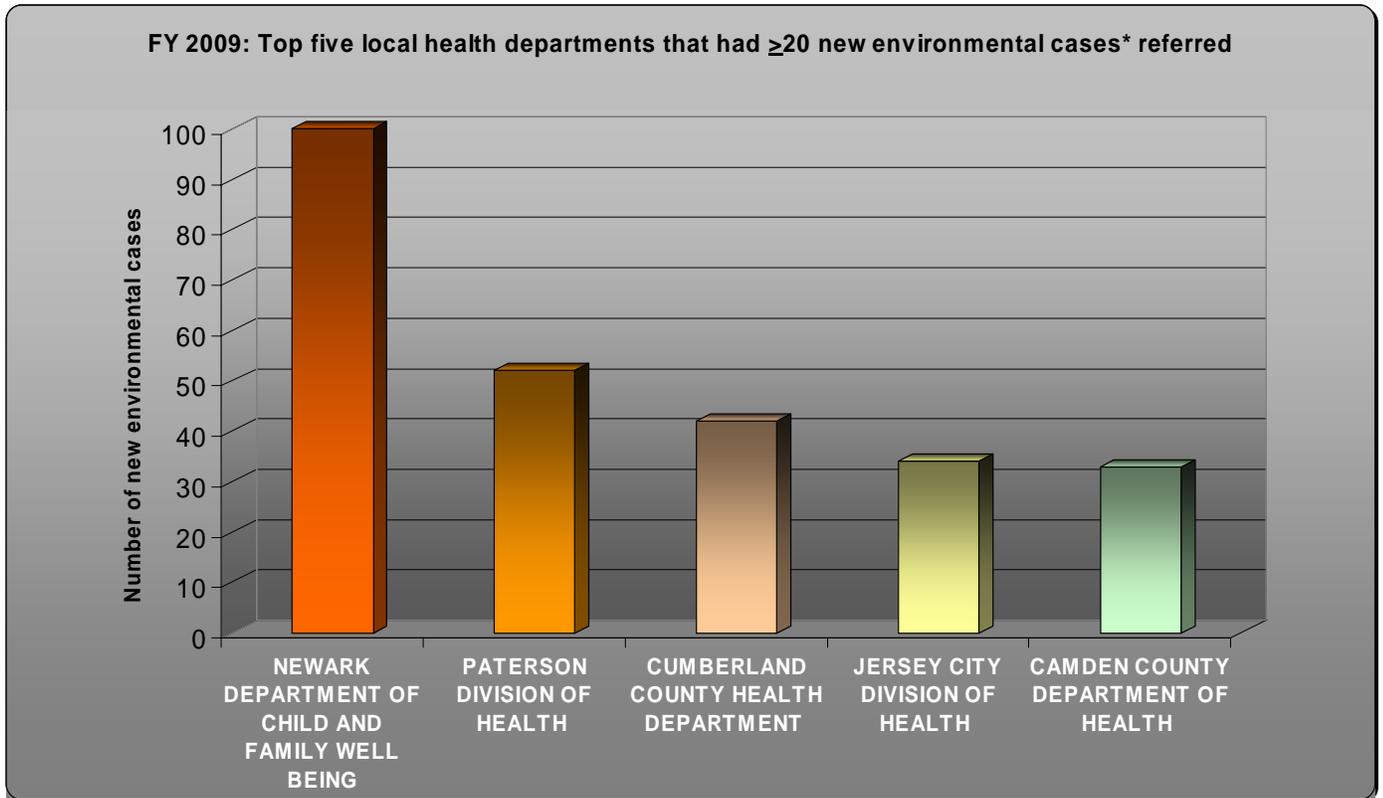
**The above bar chart is based on the number of unduplicated children (<17 years old) in the large\* municipalities during Fiscal Year 2009. This chart highlights Newark as having the highest number of children reported with EBL ( $\geq 10$  ug/dL)**

The following two charts highlight Newark, with the highest number of new environmental cases referred to during FY 2008 and FY 2009 and the magnitude of the same among the top five local health departments that had more than 20 new environmental cases referred to during the same fiscal year.

Figure 10a

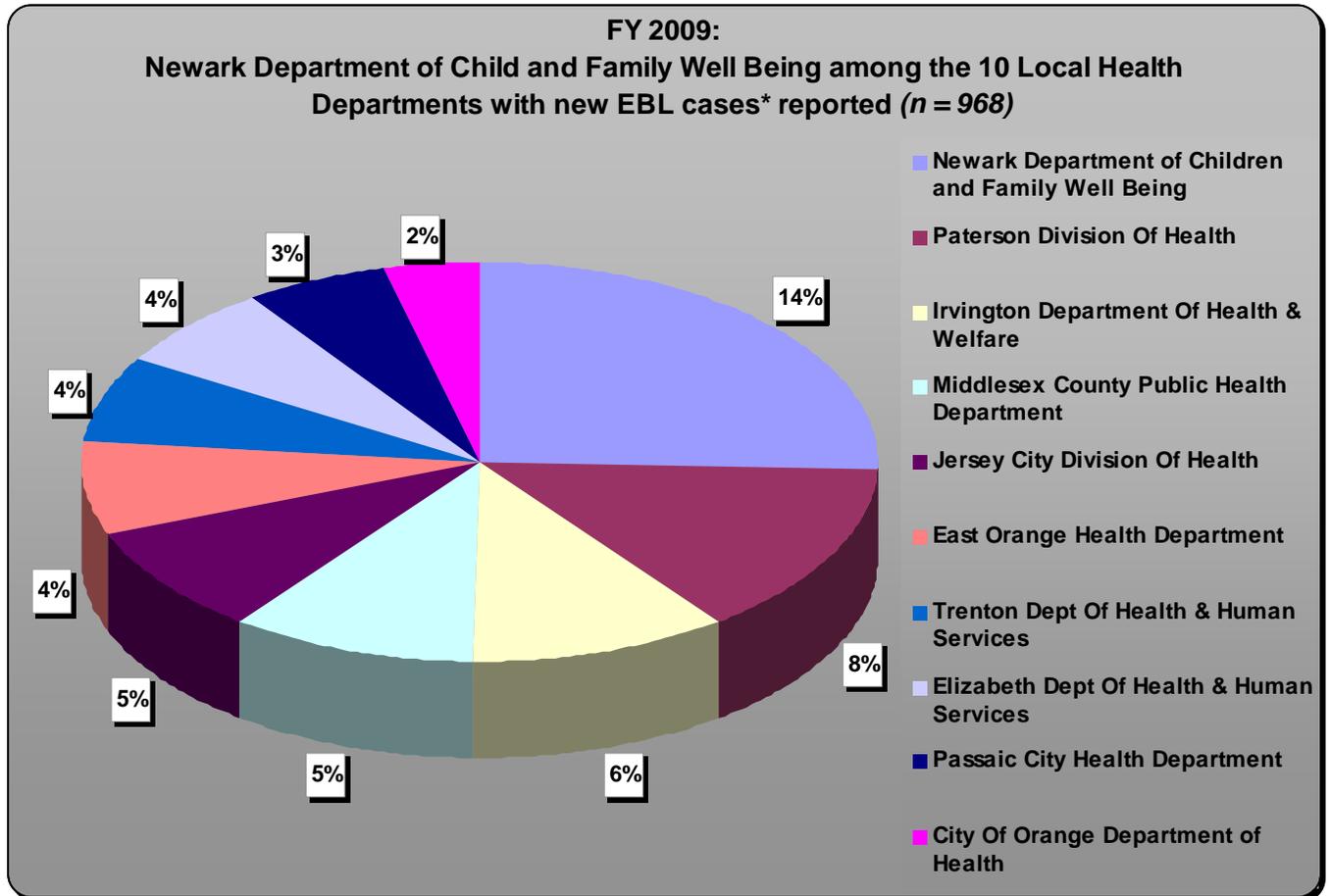


**Figure 10b**



**\*New environmental case is referred to the local health department when a child with lead level of  $\geq 15$   $\mu\text{g}/\text{dL}$  is reported to NJ DHSS, with an address for which there has been no environmental case referred to ever before, or if it has been more than one year since the environmental case for the address has been closed.**

**Figure 11**



The above pie chart highlights Newark as having the highest number of new cases\* of lead poisoning reported during FY 2009.

*\*Incidence rate (counting the children reported for the first time ever with blood lead level of 10 ug/dL or greater)*

## Chapter Four

### ENVIRONMENTAL INVESTIGATIONS BY LOCAL HEALTH DEPARTMENTS

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

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

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

The data in Tables 9a, 9b, 10a, 10b, and 11 reflect the results of environmental investigations as reported to the DHSS by local health departments. They are accurate to the extent that local health departments make complete and timely reports to the DHSS. It is possible that additional inspections and/or abatements may have been completed, but not reported.

**Table 9a**

ENVIRONMENTAL ACTIVITY STATUS BY COUNTY - FY 2008							
County	EBL reports sent	Invest, Comp.	% Invest. Comp.	Lead Hazards Found	% Lead Hazards Found	Abatements Completed.	% Abatements Completed
ATLANTIC	9	3	33%	3	100%	0	0%
BERGEN	20	18	90%	14	50%	2	14%
BURLINGTON	11	8	73%	2	90%	2	100%
CAMDEN	44	31	70%	27	53%	9	33%
CAPE MAY	1	0	0%	N/A	N/A	N/A	N/A
CUMBERLAND	48	16	33%	9	93%	3	33%
ESSEX	265	189	71%	156	46%		0%
GLOUCESTER	6	2	33%	2	100%	2	100%
HUDSON	64	27	42%	13	94%	22	169%
HUNTERDON	9	8	89%	7	100%	0	0%
MERCER	32	19	59%	15	77%	6	40%
MIDDLESEX	34	25	74%	12	69%	5	42%
MONMOUTH	25	17	68%	13	68%	4	31%
MORRIS	10	6	60%	5	50%	1	20%
OCEAN	13	11	85%	10	33%	1	10%
PASSAIC	84	40	48%	30	88%	16	53%
SALEM	4	4	100%	3	100%	0	0%
SOMERSET	5	4	80%	4	25%	0	0%
SUSSEX	0	0	N/A	N/A	N/A	N/A	N/A
UNION	58	39	67%	37	55%	6	16%
WARREN	7	5	71%	2	100%	0	0%
<b>TOTAL</b>	<b>749</b>	<b>472</b>	<b>63%</b>	<b>364</b>	<b>77%</b>	<b>79</b>	<b>22%</b>

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

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

**Table 9b**

<b>ENVIRONMENTAL ACTIVITY STATUS BY COUNTY - FY 2009</b>								
<b>County</b>	<b>EBL Reports Sent</b>	<b>Invest. Required</b>	<b>Invest. Completed</b>	<b>Percent Invest. Completed</b>	<b>Lead Hazards Found</b>	<b>% Lead Hazards Found</b>	<b>Abatements Completed</b>	<b>% Abatements Completed</b>
ATLANTIC	6	5	5	100%	4	80%	3	75%
BERGEN	15	11	6	55%	6	100%	1	17%
BURLINGTON	5	5	4	80%	3	75%	1	33%
CAMDEN	33	29	8	28%	5	63%	5	100%
CAPE MAY	2	1	0	0%	N/A	N/A	0	N/A
CUMBERLAND	44	40	36	90%	24	67%	11	46%
ESSEX	179	170	38	22%	27	71%	11	41%
GLOUCESTER	1	0	0	N/A	N/A	N/A	0	N/A
HUDSON	55	47	40	85%	22	55%	13	59%
HUNTERDON	4	3	1	33%	1	100%	1	100%
MERCER	27	18	15	83%	15	100%	6	40%
MIDDLESEX	34	33	2	6%	0	0%	0	N/A
MONMOUTH	27	25	14	56%	8	57%	5	63%
MORRIS	2	1	1	100%	1	100%	0	0%
OCEAN	12	8	4	50%	0	0%	0	N/A
PASSAIC	76	70	56	80%	51	91%	20	39%
SALEM	3	2	2	100%	1	50%	0	0%
SOMERSET	5	3	1	33%	0	0%	0	N/A
SUSSEX	1	1	1	100%	1	100%	0	0%
UNION	48	29	17	59%	10	59%	7	70%
WARREN	4	2	2	100%	2	100%	1	50%
<b>Total</b>	<b>583</b>	<b>503</b>	<b>253</b>	<b>50%</b>	<b>181</b>	<b>72%</b>	<b>85</b>	<b>47%</b>

**Table 10a**

FY 2008: Local Health Departments with >20 environmental cases referred								
Local Health Department	EBL Reports Sent	Invest. Required	Invest. Completed	Percent Invest. Completed	Lead Hazards Found	% Lead Hazards Found	Abatements Completed	% Abatements Completed
NEWARK DEPARTMENT OF CHILD AND FAMILY WELL BEING	151	148	126	85%	116	92%	9	8%
PATERSON DIVISION OF HEALTH	61	51	29	57%	25	86%	21	84%
IRVINGTON DEPARTMENT OF HEALTH & WELFARE	48	45	36	80%	24	67%	13	54%
EAST ORANGE HEALTH DEPARTMENT	47	32	17	53%	8	47%	3	38%
JERSEY CITY DIVISION OF HEALTH	46	25	17	68%	9	53%	7	78%
CAMDEN COUNTY DEPARTMENT OF HEALTH	44	40	31	78%	27	87%	12	44%
CUMBERLAND COUNTY HEALTH DEPARTMENT	44	34	14	41%	7	50%	5	71%
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	30	25	22	88%	11	50%	2	18%
PLAINFIELD HEALTH DEPARTMENT	30	30	27	90%	27	100%	11	41%
TRENTON DEPT OF HEALTH & HUMAN SERVICES	27	23	16	70%	13	81%	9	69%
PASSAIC CITY HEALTH DEPARTMENT	20	15	11	73%	5	46%	2	40%

**The above table depicts the local health department that had more than 20 new environmental cases\* referred (EBL reports sent) to them during FY 2008, and the status of the environmental activity performed for the cases. See Appendix 2 for complete data on the status of all elevated blood lead reports issued by local health department.**

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

**Table 10b**

FY 2009: Local Health Departments with >20 environmental cases referred								
Local Health Department	EBL Reports Sent	Invest. Required	Invest. Completed	Percent Invest. Completed	Lead Hazards Found	% Lead Hazards Found	Abatements Completed	% Abatements Completed
NEWARK DEPARTMENT OF CHILD HEALTH AND FAMILY WELL BEING	100	100	99	99%	0	0%	0	N/A
PATERSON DIVISION OF HEALTH	52	48	39	81%	26	67%	21	81%
CUMBERLAND COUNTY HEALTH DEPARTMENT	42	31	20	65%	16	80%	13	81%
JERSEY CITY DIVISION OF HEALTH	34	23	12	52%	8	67%	4	50%
CAMDEN COUNTY DEPARTMENT OF HEALTH	33	30	25	83%	4	16%	0	0%
IRVINGTON DEPARTMENT OF HEALTH & WELFARE	30	28	28	100%	11	39%	5	46%
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	27	26	26	100%	1	4%	0	0%
EAST ORANGE HEALTH DEPARTMENT	26	23	17	74%	7	41%	5	71%
TRENTON DEPT OF HEALTH & HUMAN SERVICES	24	24	18	75%	16	89%	9	56%
PASSAIC CITY HEALTH DEPARTMENT	23	22	11	50%	10	91%	9	90%

**The above table depicts the local health department that had more than 20 new environmental cases\* referred (EBL reports sent) to them during FY 2009, and the status of the environmental activity performed for the cases. See Appendix 2 for complete data on the status of all elevated blood lead reports issued by local health department.**

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

**Table 11**

<b>CURRENT ENVIRONMENTAL INVESTIGATION STATUS BY FISCAL YEAR</b>								
<b>Fiscal Year</b>	<b>EBL Reports Sent</b>	<b>Invest. Reqd.</b>	<b>Invest. Completed</b>	<b>% Invest. Completed</b>	<b># Lead Hazards Found</b>	<b>%Lead Hazards Found</b>	<b># Abatements Completed</b>	<b>% Abatements Completed</b>
FY1997	2168	1499	1487	99%	777	53%	767	99%
FY1998	2014	1455	1455	99%	738	53%	725	98%
FY1999	1517	1044	1015	97%	584	62%	555	95%
FY2000	1144	815	786	96%	510	73%	483	95%
FY2001	932	648	636	98%	384	41%	372	97%
FY2002	866	600	594	99%	365	39%	359	98%
FY2003	796	527	506	96%	306	43%	287	94%
FY2004	748	526	506	96%	303	43%	285	94%
FY2005	718	542	518	96%	295	47%	270	92%
FY2006	688	494	454	92%	257	50%	222	86%
FY2007	1008	729	629	86%	453	51%	285	63%
FY2008	750	581	400	69%	228	57%	123	54%
FY2009	583	503	253	50%	168	66%	72	43%

Table 11 illustrates that it can take several years to complete abatement of a property where lead hazards have been identified. The length of time between the reporting of an elevated blood lead test result and the completion of the abatement of lead hazards responsible for the elevation is affected by a number of factors, which vary from case to case. These factors include:

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

## Chapter Five

### ADDRESSING CHILDHOOD LEAD POISONING IN NEW JERSEY

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

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

#### **FY 2008-2009 Accomplishments**

##### **A. Increasing Screening Rates**

Collaboration with the Department's Refugee Health Program (RHP) - Training was provided to DHSS Refugee Health Program staff and Federally Qualified Health Centers staff on blood lead screening and nurse case management protocols per CDC recommendations for newly arrived refugee children. The training was conducted to assure documentation of lead testing status and results on the Health Examination Record that is completed within 90 days of a refugee's arrival to the United States. Trained staff were given access to LeadTrax, which has a field to identify refugee status. Knowledge of the refugee status allowed staff to determine initial and follow-up lead test results and in turn current addresses for tracking purposes of lead poisoning cases during the resettlement process.

Protocols were developed, in collaboration with the DHSS Refugee Health Program, for the timely testing, identification, and treatment of refugee children for lead poisoning. A partnership was established with two Federally Qualified Health Centers, which process the largest numbers of refugees entering New Jersey, to pilot the protocols.

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

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

#### B. Surveillance

Since July 2006, when LeadTrax, a web-based surveillance system, became operational, the twelve local health departments which are DHSS grantees for case management and environmental investigation were trained and given access. In addition, 38 of the 102 non-grantee local health departments had at least one staff person that was also trained and given access rendering them capable of tracking all blood lead tests in their jurisdictions. LeadTrax thereby enabled DHSS to decrease the time between the receipt of a blood lead sample report from the analyzing lab to notification to the respective local health department of an elevated blood lead level requiring a public health response. In addition, LeadTrax users were able to create electronic records to document their case management and environmental investigation activities for lead poisoned children in their jurisdiction.

DHSS witnessed an increase to 97% in electronic reporting from traditional laboratories and from users of Lead Care analyzers of blood lead test results.

LeadTrax was customized to accommodate data entry of identified sources of non-paint lead during inspections and/or home visits of lead poisoned children. In June 2008, the first assessment of non-paint lead sources by jurisdiction was performed in the form of a statistical report.

LeadTrax was customized to meet CDC reporting element requirements as well as the Program's specific needs. Since being deployed in July 2006, LeadTrax has been in the Continuous Quality Improvement mode, being further customized for betterment of features, utility, and ease of use by Program staff and local users.

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

Case management protocols were revised so that all children with one elevated blood lead level (EBLL) of  $\geq 15$  ug/dL were admitted for case management services by DHSS grantees.

#### D. Public and Professional Education

Childhood Lead Poisoning Prevention (CLPP) Week (October 2007) – The regional CLPP coalitions, in partnership with the New Jersey Interagency Task Force on the Prevention of Lead Poisoning, planned and implemented activities statewide. The theme “Mommy Knows Best, I’ve Had My Lead Test” focused on the importance of age-appropriate blood lead testing.

Regional CLPP Coalitions - The number of regional CLPP coalitions was decreased from four to three which continued to provide services throughout the State. Several sub-coalitions or “clusters” were formed to assure local input into planning and access to resources. Each Regional Coalition also chose at least one municipality per county for targeted outreach and education based on risk factors for need of services. Funding from the Lead Hazard Control Assistance Act, administered by the Department of Community Affairs (DCA), was provided to the regional CLPP coalitions which supported initiatives with the following focus: age-appropriate testing, increased applications for the Lead Hazard Control Assistance Fund, and increased offerings for lead safe work practices.

Primary Prevention - Five of the 12 CLPP grantees undertook primary prevention-based initiatives. CLPP grantees in the cities of Paterson, East Orange, Plainfield and Cumberland County targeted outreach and education to housing adjacent to or nearby residential units known to have had lead hazards in relationship to the investigation of a lead-poisoned child. Wipe Out Lead NJ lead dust test kits were distributed to interested residents along with information related to lead poisoning prevention and financial resources available. The CLPP grantee in the city of Passaic sponsored half-day conferences for owner-occupied and tenant-occupied property owners. The conferences focused on property owner responsibilities, tenants’ rights, and Federal and State financial resources available to remediate lead hazards.

#### E. Strengthening Collaborations

Collaboration with the Department’s Division of Consumer and Environmental Health Services - The Environmental Public Health Tracking Network, a collaboration between the Department’s Division of Family Health Services and Division of Consumer and Environmental Health Services, launched its web portal in December 2008 (<http://nj.gov/health/epht/index.shtml>). The Network collects data on health, human exposures, and environmental hazards as a means to understand patterns and trends in diseases. The Department’s statistical data on childhood lead poisoning contributes to this portal.

Department of Community Affairs (DCA) – DHSS entered into an agreement with the DCA for the purpose of data sharing. With assistance from DCA, maps were generated showing the following: Regional Coalitions’ targeted municipalities, DCA’s Lead Education and Outreach (LEO) grantees’ service areas (based on % of pre-1950 housing but limited by grantee geographic service areas), and Department of Human Services’ (DHS) Medical Assistance Center service areas (based on # Medicaid enrollees). The maps showed areas of outreach and education overlap thereby providing a catalyst for collaborations.

The Alliance for Healthy Housing and the National Center for Healthy Homes – The Alliance for Healthy Housing and the National Center for Healthy Homes, under contract with CDC, provided technical assistance to the City of Newark Department of Child and Family Well-Being to strengthen all aspects of the Newark CLPP Program, including an increased focus on primary prevention. In addition, implemented strategies

strengthened the city's ability to secure a grant from the Kresge Foundation to perform additional assessments and develop a strategic plan for future initiatives.

Department of the Public Advocate (DPA) - DPA conducted an investigation of the actions by local health departments that responded to elevated blood lead levels in children. A series of reinspections of units, determined to have previously received an abatement order from the local health department in five selected cities and deemed passed clearance testing, was conducted in 2007. A final report, which included recommendations for several State departments, was released in April 2008 resulting in a Governor's Executive Order dated April 29, 2008.

Recommendations that required a DHSS response included:

- Review current standards for N.J.A.C. 8:51 (Chapter XIII) regarding lowering the level of concern.
- Report results of reinspections in units that the Public Advocate identified as having hazards.
- Expand use of LeadTrax to all local health departments.
- Review feasibility of blood lead screening pregnant women and their newborns.
- Develop additional educational materials.
- Develop targeted blood lead screening plans based on mapping.
- Create a one-page handout regarding dangers of blood lead.
- Review LHD current practices regarding inspection of multi-unit dwellings where an EBLL child resides.
- Identify LHDs willing to perform inspections on demand with payment from requester.
- Review current procedures for time frames from inspection to clearance.
- Develop materials to increase awareness of sources in consumer products and develop a visual aide for home visitors.
- DOE use materials created by DHSS.
- DHS work with DHSS to enhance data collection, especially of medical insurance status.
- DCA and DHSS collaborate to cross-match address data.

Collaboration with the Lead-Safe Model Cities – The Department, as a means to build local capacity and assist local health departments, provided financial assistance to municipalities that had entered into agreements with the Department of the Public Advocate to be designated as Lead-Safe Model Cities. The financial assistance was dedicated to the cross training of city housing inspectors as lead inspector/risk assessors (LI/RAs). These LI/RAs are able to conduct lead inspections in units of a multi-unit building, thereby enabling the respective local health department to dedicate their time to the investigation and identification of lead hazards in the lead poisoned child's primary residence and any secondary addresses.

Interagency Task Force on the Prevention of Lead Poisoning (Task Force) - DHSS staff, along with other State staff, attended a Federally-sponsored conference on creating and maintaining healthy homes in Baltimore, MD in Fall 2008. Shortly thereafter, the Task Force convened a planning committee to develop a New Jersey-focused conference. “Lead and Beyond: Progress in Eliminating Lead Poisoning and New Opportunities for Collaboration”, scheduled for April 16, 2010. The one-day conference, highlighting the State’s collective progress in eliminating childhood lead poisoning, will feature three workshop tracks (housing, health, and environment) and an opening keynote.



Appendix 1

**ENVIRONMENTAL ACTIVITY STATUS**

**BY LOCAL HEALTH DEPARTMENT JURISDICTION**

**FY 2008 and FY 2009**

**FY 2008**

COUNTY / LOCAL HEALTH DEPARTMENT	EBL REPORTS SENT	INVEST. NOT REQUIRED	INVEST. REQUIRED	INVEST. PENDING	INVEST. COMPLETED	% INVEST. COMPLETED	LEAD HAZARDS FOUND	% LEAD HAZARDS FOUND	ABATEMENT PENDING	ABATEMENT COMPLETED	% ABATEMENT COMPLETED
<b>ATLANTIC COUNTY</b>											
ATLANTIC COUNTY HEALTH DEPARTMENT	5	2	2	3	2	100%	2	100%	0	0	100%
ATLANTIC CITY HEALTH DEPARTMENT	4	1	1	3	1	100%	1	100%	0	0	100%
<b>BERGEN COUNTY</b>											
BERGEN COUNTY DEPARTMENT OF HEALTH	6	4	6	0	6	100%	4	67%	0	0	100%
BERGENFIELD HEALTH DEPARTMENT	2	0	2	0	2	100%	2	100%	2	0	0%
ENGLEWOOD HEALTH DEPARTMENT	1	1	1	0	1	100%	1	100%	0	0	100%
HACKENSACK HEALTH DEPARTMENT	5	2	5	0	4	80%	4	100%	2	1	50%
PARAMUS BOARD OF HEALTH	1	0	1	0	1	100%	1	100%	1	0	0%
MID-BERGEN REGIONAL HEALTH COMMISSION	4	0	4	0	3	75%	1	33%	1	1	0%
WASHINGTON TOWNSHIP LOCAL HEALTH AGENCY	1	1	1	0	1	100%	1	100%	0	0	100%
<b>BURLINGTON COUNTY</b>											
BURLINGTON COUNTY HEALTH DEPARTMENT	11	1	11	0	8	73%	2	25%	1	3	50%
<b>CAMDEN COUNTY</b>											
CAMDEN COUNTY DEPARTMENT OF HEALTH	44	12	40	4	31	78%	27	87%	15	9	44%
<b>CAPE MAY COUNTY</b>											
CAPE MAY COUNTY HEALTH DEPARTMENT	1	0	1	0	0	0%	0	N/A	0	0	N/A
<b>CUMBERLAND COUNTY</b>											
CUMBERLAND COUNTY HEALTH DEPARTMENT	44	5	34	10	14	41%	7	50%	2	20	71%
VINELAND DEPARTMENT OF HEALTH	4	1	3	1	2	67%	2	100%	1	1	50%
<b>ESSEX COUNTY</b>											
BLOOMFIELD DEPARTMENT OF HEALTH	1	0	1	0	0	0%	0	N/A	0	0	N/A
EAST ORANGE HEALTH DEPARTMENT	47	3	32	15	17	53%	8	47%	5	15	38%
IRVINGTON DEPARTMENT OF HEALTH & WELFARE	48	13	45	3	36	80%	24	67%	11	9	54%
MAPLEWOOD HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
MONTCLAIR HEALTH DEPT.	5	1	4	1	4	100%	3	75%	2	0	33%
NEWARK DEPARTMENT OF HEALTH	151	9	148	3	126	85%	116	92%	107	22	8%
SOUTH ORANGE HEALTH DEPARTMENT	2	0	2	0	1	50%	0	0%	0	0	N/A
WEST ORANGE HEALTH DEPARTMENT	10	4	9	1	4	44%	4	100%	0	5	100%
<b>GLOUCESTER COUNTY</b>											
GLOUCESTER COUNTY DEPARTMENT OF HEALTH	6	2	4	2	2	50%	2	100%	0	2	100%
<b>HUDSON COUNTY</b>											
BAYONNE DEPARTMENT OF HEALTH	4	1	4	0	4	100%	2	50%	1	0	50%
HARRISON BOARD OF HEALTH	1	0	1	0	0	0%	0	N/A	0	0	N/A
JERSEY CITY DIVISION OF HEALTH	46	7	25	21	17	68%	9	53%	2	8	78%
KEARNY DEPARTMENT OF HEALTH	1	0	1	0	0	0%	0	N/A	0	0	N/A
NORTH BERGEN HEALTH DEPARTMENT	8	2	8	0	6	75%	2	33%	0	2	100%
WEST NEW YORK HEALTH DEPARTMENT	4	0	3	1	0	0%	0	N/A	0	3	N/A
<b>HUNTERDON COUNTY</b>											
HUNTERDON COUNTY DEPARTMENT OF HEALTH	9	7	9	0	8	89%	7	88%	0	1	100%
<b>MERCER COUNTY</b>											
HAMILTON TOWNSHIP DIVISION OF HEALTH	1	0	1	0	1	100%	1	100%	1	0	0%
HOPEWELL TOWNSHIP HEALTH DEPARTMENT	1	0	0	1	0	N/A	0	N/A	0	0	N/A
LAWRENCE TOWNSHIP HEALTH DEPARTMENT	1	1	1	0	1	100%	1	100%	0	0	100%
PRINCETON REGIONAL HEALTH COMMISSION	1	0	0	1	0	N/A	0	N/A	0	0	N/A
TRENTON DEPT OF HEALTH & HUMAN SERVICES	27	9	23	4	16	70%	13	81%	4	7	69%
WEST WINDSOR TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	0	0%	0	0	N/A
<b>MIDDLESEX COUNTY</b>											
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	30	2	25	5	22	88%	11	50%	9	3	18%
EDISON DEPARTMENT OF HEALTH & HUMAN SERVICES	1	0	1	0	1	100%	0	0%	0	0	N/A
WOODBRIIDGE TOWNSHIP DEPT OF HEALTH	3	0	3	0	3	100%	1	33%	1	0	0%
<b>MONMOUTH COUNTY</b>											
MONMOUTH COUNTY HEALTH DEPARTMENT	16	2	15	1	9	60%	6	67%	4	6	33%
FREEHOLD AREA HEALTH DEPARTMENT	4	0	2	2	2	100%	2	100%	2	0	0%
HOLMDEL HEALTH DEPARTMENT	1	1	1	0	1	100%	1	100%	0	0	100%
LONG BRANCH DEPARTMENT OF HEALTH	1	1	1	0	1	100%	1	100%	0	0	100%
MONMOUTH COUNTY REGIONAL HEALTH COMMISSION	3	2	2	1	2	100%	2	100%	0	0	100%
DOVER HEALTH DEPARTMENT	3	0	3	0	2	67%	1	50%	1	1	100%

**FY 2008**

COUNTY / LOCAL HEALTH DEPARTMENT	EBL REPORTS SENT	INVEST. NOT REQUIRED	INVEST. REQUIRED	INVEST. PENDING	INVEST. COMPLETED	% INVEST. COMPLETED	LEAD HAZARDS FOUND	% LEAD HAZARDS FOUND	ABATEMENT PENDING	ABATEMENT COMPLETED	% ABATEMENT COMPLETED
<b>MORRIS COUNTY</b>											
MONTVILLE TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	0	0%	0	0	N/A
MORRISTOWN DIVISION OF HEALTH	2	0	2	0	2	100%	2	100%	2	0	0%
MT. OLIVE TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
PARSIPPANY HEALTH DEPARTMENT	1	0	0	1	0	N/A	0	N/A	0	0	N/A
PEQUANNOCK TOWNSHIP BOARD OF HEALTH	1	1	1	0	1	100%	1	100%	0	0	100%
RANDOLPH TOWNSHIP BOARD OF HEALTH	1	0	1	0	1	100%	1	100%	1	0	0%
ROCKAWAY TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	0	0%	0	N/A	0	1	N/A
<b>OCEAN COUNTY</b>											
OCEAN COUNTY HEALTH DEPARTMENT	13	4	12	1	11	92%	10	91%	6	1	40%
<b>PASSAIC COUNTY</b>											
CLIFTON BOARD OF HEALTH	2	0	1	1	0	0%	0	N/A	0	1	N/A
PASSAIC CITY HEALTH DEPARTMENT	20	2	15	5	11	73%	5	46%	3	4	40%
PATERSON DIVISION OF HEALTH	61	21	51	10	29	57%	25	86%	4	22	84%
<b>SALEM COUNTY</b>											
SALEM COUNTY DEPARTMENT OF HEALTH	4	3	4	0	4	100%	3	75%	0	0	100%
<b>SOMERSET COUNTY</b>											
SOMERSET COUNTY HEALTH DEPARTMENT	3	0	3	0	2	67%	2	100%	2	1	0%
BERNARDS TOWNSHIP HEALTH DEPARTMENT	1	1	1	0	1	100%	1	100%	0	0	100%
SOMERVILLE HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
SPARTA HEALTH DEPARTMENT	1	0	0	1	0	N/A	0	N/A	0	0	N/A
<b>UNION COUNTY</b>											
ELIZABETH DEPARTMENT OF HEALTH & HUMAN SERVICES	15	4	10	5	6	60%	4	67%	0	4	100%
LINDEN BOARD OF HEALTH	3	1	3	0	1	33%	1	100%	0	2	100%
PLAINFIELD HEALTH DEPARTMENT	30	11	30	0	27	90%	27	100%	16	3	41%
RAHWAY HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
ROSELLE HEALTH DEPARTMENT	5	1	5	0	1	20%	1	100%	0	4	100%
SUMMIT HEALTH DEPARTMENT	1	0	0	1	0	N/A	0	N/A	0	0	N/A
TOWNSHIP OF UNION DEPARTMENT OF HEALTH	1	1	1	0	1	100%	1	100%	0	0	100%
WESTFIELD REGIONAL HEALTH DEPARTMENT	2	2	2	0	2	100%	2	100%	0	0	100%
<b>WARREN COUNTY</b>											
WARREN COUNTY HEALTH DEPARTMENT	7	5	7	0	5	71%	5	100%	0	2	100%

FY 2009

COUNTY / LOCAL HEALTH DEPARTMENT	EBL REPORTS SENT	INVEST. NOT REQUIRED	INVEST. REQUIRED	INVEST. PENDING	INVEST. COMPLETED	% INVEST. COMPLETED	LEAD HAZARDS FOUND	% LEAD HAZARDS FOUND	ABATEMENT PENDING	ABATEMENT COMPLETED	% ABATEMENT COMPLETED
<b>ATLANTIC COUNTY</b>											
ATLANTIC COUNTY HEALTH DEPARTMENT	3	0	3	2	1	33%	1	100%	1	0	0%
ATLANTIC CITY HEALTH DEPARTMENT	3	1	2	1	1	50%	1	100%	0	1	100%
<b>BERGEN COUNTY</b>											
BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES	5	0	5	0	5	100%	1	20%	1	0	0%
ENGLEWOOD HEALTH DEPARTMENT	3	0	3	0	3	100%	3	100%	1	2	67%
FAIR LAWN HEALTH DEPARTMENT	2	0	2	0	2	100%	2	100%	0	2	100%
HACKENSACK HEALTH DEPARTMENT	1	0	1	1	0	0%	0	N/A	0	0	N/A
MID-BERGEN REGIONAL HEALTH COMMISSION	3	0	3	0	3	100%	3	100%	2	1	33%
WESTWOOD HEALTH DEPARTMENT	1	0	1	0	1	100%	0	0%	0	0	N/A
<b>BURLINGTON COUNTY</b>											
BURLINGTON COUNTY HEALTH DEPARTMENT	5	1	4	1	3	75%	2	67%	0	2	100%
<b>CAMDEN COUNTY</b>											
CAMDEN COUNTY DEPARTMENT OF HEALTH	33	3	30	5	25	83%	4	16%	4	0	0%
<b>CAPE MAY COUNTY</b>											
CAPE MAY COUNTY HEALTH DEPARTMENT	2	0	2	0	2	100%	1	50%	1	0	0%
<b>CUMBERLAND COUNTY</b>											
CUMBERLAND COUNTY HEALTH DEPARTMENT	42	11	31	11	20	65%	16	80%	3	13	81%
VINELAND DEPARTMENT OF HEALTH	2	1	1	0	1	100%	1	100%	1	0	0%
<b>ESSEX COUNTY</b>											
BLOOMFIELD DEPARTMENT OF HEALTH	2	0	2	0	2	100%	2	100%	0	2	100%
EAST ORANGE HEALTH DEPARTMENT	26	3	23	6	17	74%	7	41%	2	5	71%
IRVINGTON DEPARTMENT OF HEALTH & WELFARE	30	2	28	0	28	100%	11	39%	6	5	46%
LIVINGSTON HEALTH DEPARTMENT	1	1	0	0	0	N/A	0	N/A	0	0	N/A
MONTCLAIR HEALTH DEPT.	4	1	3	0	3	100%	0	0%	0	0	N/A
NEWARK DEPARTMENT OF CHILD AND FAMILY WELL BEING	100	0	100	1	99	99%	0	0%	0	0	N/A
SOUTH ORANGE HEALTH DEPARTMENT	4	0	4	0	4	100%	3	75%	0	3	100%
WEST ORANGE HEALTH DEPARTMENT	12	4	8	4	4	50%	2	50%	1	1	50%
<b>GLOUCESTER COUNTY</b>											
GLOUCESTER COUNTY DEPARTMENT OF HEALTH	1	0	1	0	1	100%	1	100%	1	0	0%
<b>HUDSON COUNTY</b>											
BAYONNE DEPARTMENT OF HEALTH	4	1	3	1	2	67%	2	100%	1	1	50%
HARRISON BOARD OF HEALTH	1	0	1	0	1	100%	1	100%	0	1	100%
JERSEY CITY DIVISION OF HEALTH	34	11	23	11	12	52%	8	67%	4	4	50%
KEARNY DEPARTMENT OF HEALTH	2	0	2	0	2	100%	1	50%	0	1	100%
NORTH BERGEN HEALTH DEPARTMENT	9	4	5	1	4	80%	4	100%	3	1	25%
WEST NEW YORK HEALTH DEPARTMENT	5	2	3	0	3	100%	1	33%	0	1	100%
<b>HUNTERDON COUNTY</b>											
HUNTERDON COUNTY DEPARTMENT OF HEALTH	4	0	4	1	3	75%	1	33%	1	0	0%
<b>MERCER COUNTY</b>											
EWING TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
HAMILTON TOWNSHIP DIVISION OF HEALTH	1	0	1	0	1	100%	1	100%	1	0	0%
TRENTON DEPT OF HEALTH & HUMAN SERVICES	24	0	24	6	18	75%	16	89%	7	9	56%
WEST WINDSOR TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	0	0%	0	0	
<b>MIDDLESEX COUNTY</b>											
MIDDLESEX COUNTY PUBLIC HEALTH DEPARTMENT	27	1	26	0	26	100%	1	4%	1	0	0%
MIDDLE-BROOK REGIONAL HEALTH COMMISSION	1	0	1	0	1	100%	0	0%	0	0	N/A
EDISON DEPARTMENT OF HEALTH & HUMAN RESOURCES	2	0	2	0	2	100%	0	0%	0	0	N/A
SOUTH BRUNSWICK HEALTH DEPARTMENT	1	0	1	0	1	100%	0	0%	0	0	N/A
WOODBRIIDGE TOWNSHIP DEPT OF HEALTH & HUMAN SERV	3	1	2	0	2	100%	0	0%	0	0	N/A
<b>MONMOUTH COUNTY</b>											
MONMOUTH COUNTY HEALTH DEPARTMENT	11	2	9	1	8	89%	3	38%	1	2	67%
FREEHOLD AREA HEALTH DEPARTMENT	8	3	5	2	3	60%	1	33%	0	1	100%
LONG BRANCH DEPARTMENT OF HEALTH	3	0	3	1	2	67%	0	0%	0	0	N/A
MIDDLETOWN TOWNSHIP HEALTH DEPARTMENT	1	0	1	1	0	0%	0	N/A	0	0	N/A

**FY 2009**

COUNTY / LOCAL HEALTH DEPARTMENT	EBL REPORTS SENT	INVEST. NOT REQUIRED	INVEST. REQUIRED	INVEST. PENDING	INVEST. COMPLETED	% INVEST. COMPLETED	LEAD HAZARDS FOUND	% LEAD HAZARDS FOUND	ABATEMENT PENDING	ABATEMENT COMPLETED	% ABATEMENT COMPLETED
MONMOUTH COUNTY REGIONAL HEALTH COMMISSION	4	1	3	0	3	100%	1	33%	1	0	0%
<b>MORRIS COUNTY</b>											
TOWNSHIP OF HANOVER HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	0	1	100%
ROCKAWAY TOWNSHIP HEALTH DEPARTMENT	1	0	1	0	1	100%	1	100%	1	0	0%
<b>OCEAN COUNTY</b>											
OCEAN COUNTY HEALTH DEPARTMENT	12	4	8	0	8	100%	4	50%	4	0	0%
<b>PASSAIC COUNTY</b>											
CLIFTON BOARD OF HEALTH	1	0	1	0	1	100%	1	100%	0	1	100%
PASSAIC CITY HEALTH DEPARTMENT	23	1	22	11	11	50%	10	91%	1	9	90%
PATERSON DIVISION OF HEALTH	52	4	48	9	39	81%	26	67%	5	21	81%
<b>SALEM COUNTY</b>											
SALEM COUNTY DEPARTMENT OF HEALTH	3	1	2	0	2	100%	2	100%	1	1	50%
<b>SOMERSET COUNTY</b>											
SOMERSET COUNTY HEALTH DEPARTMENT	3	0	3	0	3	100%	1	33%	1	0	0%
FRANKLIN TOWNSHIP HEALTH DEPARTMENT	2	1	1	0	1	100%	1	100%	1	0	0%
<b>SUSSEX COUNTY</b>											
SUSSEX COUNTY DEPT HEALTH PUB SAFE & SR SERV	1	0	1	0	1	100%	1	1	0	1	100%
<b>UNION COUNTY</b>											
ELIZABETH DEPARTMENT OF HEALTH & HUMAN SERVICES	19	4	15	4	11	73%	9	82%	6	3	33%
LINDEN BOARD OF HEALTH	2	0	2	0	2	100%	2	100%	2	0	0%
PLAINFIELD HEALTH DEPARTMENT	17	1	16	1	15	94%	11	73%	11	0	0%
RAHWAY HEALTH DEPARTMENT	3	0	3	0	3	100%	0	0%	0	0	N/A
ROSELLE HEALTH DEPARTMENT	2	0	2	0	2	100%	0	0%	0	0	N/A
SUMMIT HEALTH DEPARTMENT	1	0	1	1	0	0%	0	N/A	0	0	N/A
TOWNSHIP OF UNION DEPARTMENT OF HEALTH	3	1	2	1	1	50%	0	0%	0	0	N/A
WESTFIELD REGIONAL HEALTH DEPARTMENT	1	1	0	0	0	N/A	0	N/A	0	0	N/A
<b>WARREN COUNTY</b>											
WARREN COUNTY HEALTH DEPARTMENT	4	0	4	1	3	75%	3	100%	2	1	33%