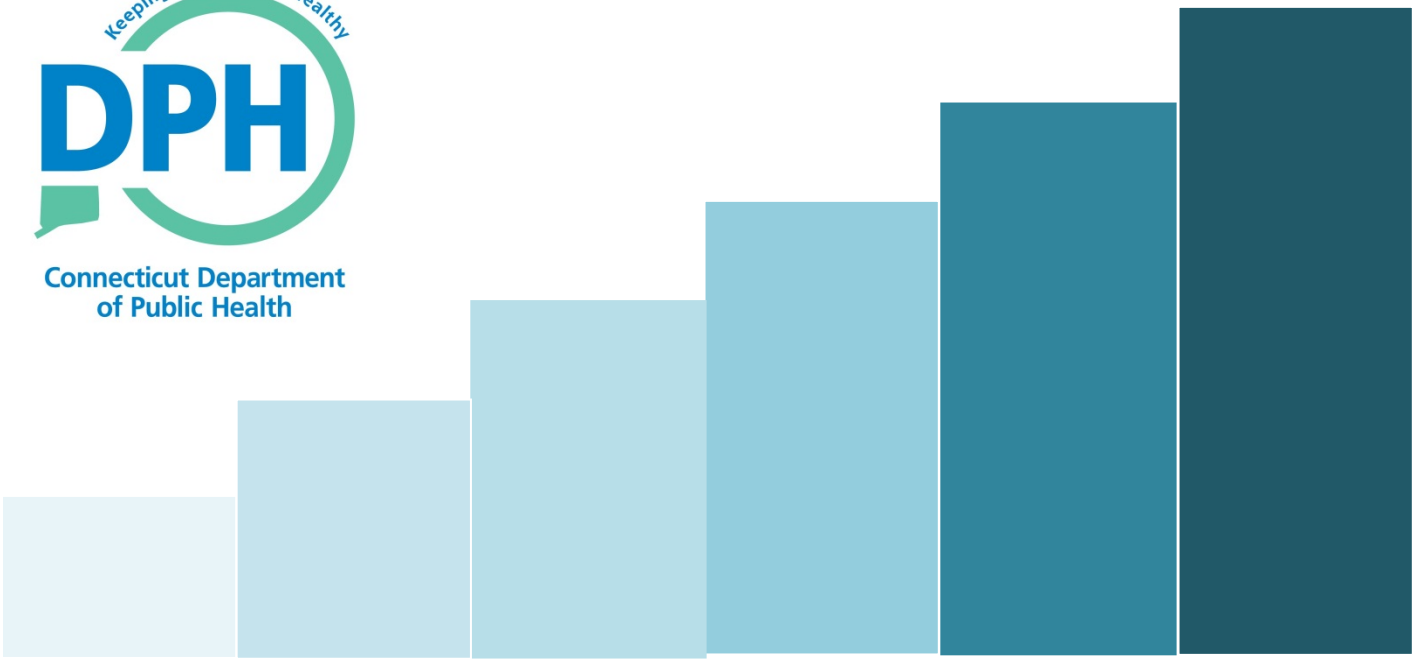

Childhood Lead Poisoning Prevention and Control

2015 Annual Disease Surveillance Report

State of Connecticut
Department of Public Health
Lead and Healthy Homes Program

This report describes the rates of childhood lead testing by pediatricians, the rates of childhood lead poisoning for children under the age of six, the identification and frequency of lead hazards in residential properties, and the effectiveness of the actions taken by local health departments and districts in response to reported cases of severe childhood lead poisoning.

Published May 9, 2017

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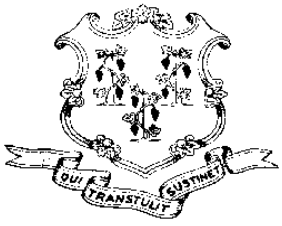

CT Department of Public Health

2015 Annual Disease Surveillance Report

on

Childhood Lead Poisoning Prevention and Control

Commissioner Raul Pino, MD, MPH

Connecticut Department of Public Health

Prepared by:
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Lead Free
KIDS
for a Healthy Future

Chapter 1. KEY FINDINGS

The following provides a summary of key findings for lead poisoning disease surveillance conducted by the Lead and Healthy Homes Program during the 2015 calendar year (CY):

- **Statewide Mandatory Blood Lead Screening/Compliance**
  - 83,274 blood lead tests for children under age of 6 received by the Lead and Healthy Homes Program
  - 75,423 children under age of 6 were screened
  - Among the 2012 birth cohort (children who turned 3 years of age in 2015), 83.8% were screened once by age 2 and 98.2% were screened once by age 3
  - Among the 2012 birth cohort, 55.0% of children were screened at age 1 and again at age 2

- **Prevalence of Childhood Lead Poisoning:**

  Children are considered lead poisoned when diagnosed with a confirmed blood lead level ≥5 μg/dL. Among children under 6 years of age who had a confirmed blood lead test:
  - 2156 (29 per 1,000, i.e. 2.9%) children ≥5 μg/dL
  - 233 (3 per 1,000, i.e. 0.3%) children ≥15 μg/dL
  - 126 (2 per 1,000, i.e. 0.2%) children ≥20 μg/dL

- **Incidence of Childhood Lead Poisoning**

  Number of new cases identified (incidence) among children under 6 years of age who had a confirmed blood lead test:
  - 1390 (19 per 1,000, i.e. 1.9%) ≥5 μg/dL
  - 182 (2 per 1,000, i.e. 0.2%) ≥15 μg/dL
  - 98 (1 per 1,000, i.e. 0.1%) ≥20 μg/dL

- **Race and Ethnicity Associated with Childhood Lead Poisoning**

  Among children under 6 years of age who had a confirmed blood lead test:
  - Blacks (5.0%) were twice as likely to be lead poisoned at levels ≥5 μg/dL than Whites (2.2%), or Asians (2.4%)
  - Hispanics (3.9%) were 1.6 times as likely to be lead poisoned at levels ≥5 μg/dL than Non-Hispanics (2.5%)

- **Environmental Lead Hazard Investigations**

  Among the 135 dwelling units for which environmental investigations were completed and reported for poisoned children:
  - 85.2% were identified with environmental lead hazards
  - 69.6% were multiple-unit dwellings
  - 84.4% were identified with paint hazards
  - 59.3% were identified with dust hazards
  - 34.1% were identified with soil hazards
  - 0.7% with a drinking water hazard

Chapter 2. UNDERSTANDING THE LEAD DATA

Connecticut General Statutes (CGS) Section 19a-110. Report of lead poisoning, requires laboratory reporting of blood lead tests for all individuals. Laboratories are required to submit blood lead test reports (i.e., findings ≥10 μg/dL of lead in blood) within 48 hours of receipt of the test result to the Connecticut Department of Public Health (CT DPH) and the local health department serving the town where the person (child) resides. At least monthly, laboratories are also required to submit to the CT DPH a comprehensive report of all blood lead test results for Connecticut residents.

The CT DPH has maintained a blood lead surveillance system since 1994. In 2010, the CT DPH Lead and Healthy Homes Program upgraded its blood lead surveillance system to a new, more comprehensive web-based system. The system has enhanced the ability to merge birth records and comprehensive environmental data with childhood blood lead data. The surveillance system has had a significant positive impact on the Lead and Healthy Homes Program's capability to utilize surveillance data to enhance child case management efforts. The web-based feature of the system enables secure and remote access by local health department staff. Case management features are built into the system for both child and property case management activities at the local health department level. The system has been offered to local health departments since May 2011. Sixty-five health departments have adopted the CT DPH surveillance system and utilize it on an ongoing basis.

Important Business Rules:

Lead Screening – A person is considered to have a lead screening if he or she was tested for lead with either a venous or capillary blood draw.

Lead Poisoning – Children who are diagnosed with a blood lead level of ≥5 μg/dL are considered to be lead poisoned. In 2013, the CT DPH lowered the case management action level from 10 μg/dL to 5 μg/dL to correspond with the Centers for Disease Control and Prevention (CDC) reference value (2012, June 7. CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in "*Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention*" retrieved October 31, 2012 from http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf). Blood lead levels as low as 5 μg/dL have been shown to affect IQ, ability to pay attention, and academic achievement. This new reference value is based on the children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood by CDC's National Health and Nutrition Examination Survey (NHANES).

Prior to 2013, lead poisoning was defined in Connecticut as a blood lead level of ≥10 μg/dL (i.e. "level of concern"). All previous CT DPH published lead poisoning statistics are based on the former "level of concern".

Children who had a blood sample collected for a lead screening in 2015 are included in this report regardless of whether the test was analyzed in 2015.

When a child had more than one lead screening in CY 2015, the child was only counted once and the highest confirmed lead result was used. If the child had multiple lead screenings while living in more than one town in CY 2015, the statistics regarding the child were applied to the town where the child lived when tested with the highest confirmed lead result.

A confirmed test result is defined as one of the following:

1) A venous blood draw
2) A capillary blood draw with a result of <5 μg/dL

Photo credit: CDC/ Julia Whitney, Stephen Griffin

Chapter 3. BLOOD LEAD SCREENING

Blood Lead Screening in 2015

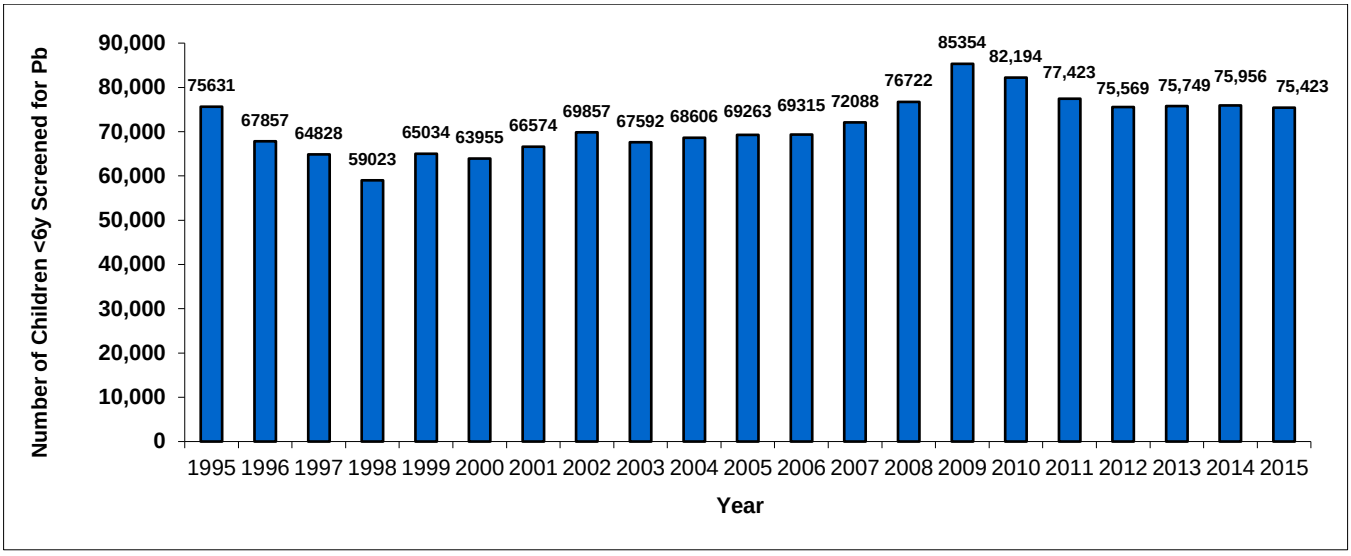
Connecticut law mandates that medical providers must conduct annual lead screening (i.e., blood lead testing) for each child 9 to 35 months of age, effective January 1, 2009. Furthermore, the law requires that any child between 36-72 months of age who has not been previously tested must also be tested by his or her medical provider, regardless of risk*.

During CY 2015:

- The Lead and Healthy Homes Program received 83,274 blood lead test results for children under the age of 6
- 75,423 children under 6 years of age were tested for lead poisoning
- 56,598 (74.1%) children between 9 months and 2 years old were tested for lead poisoning

Statewide Screening

Figure 3.1. Number of children under 6 years of age who had a lead screening, by calendar year – Connecticut 1995-2015



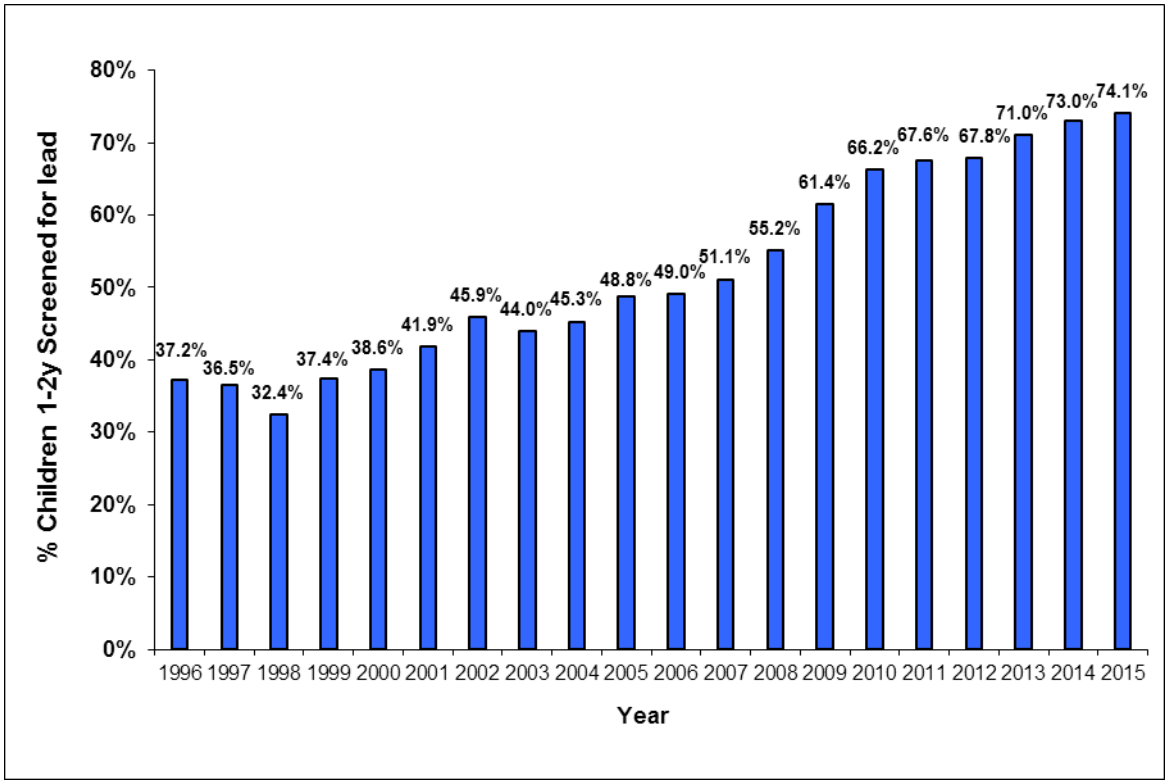
In CY 2015, 75,423 children under 6 years of age were tested for lead at least one time. The demographic characteristics for these children are reported in Table 3.1. This figure displays the raw data counts and doesn't represent declining screening rates. Since 2007, the number of births in Connecticut has consistently declined. The number of births dropped 13% (5510 children) from 2007 to 2013.

* *Conn. Gen. Stat. §19a-111g. Pediatric lead testing and risk assessment. Exemption.*

Table 3.1. Demographics of children under 6 years of age who had a lead screening – Connecticut CY 2015 (N=75,423)

Demographics	Number	Percent
Age		
0-8 months	507	0.7%
9-11 months	5,664	7.5%
12-23 months	26,431	35.0%
24-35 months	24,503	32.5%
36-47 months	8,448	11.2%
48-59 months	6,601	8.8%
60-71 months	3,269	4.3%
Gender		
Male	38,842	51.5%
Female	36,532	48.4%
Unknown	49	0.1%
Race		
White	46,878	62.2%
Black	10,077	13.4%
Asian	3,420	4.5%
Native American	173	0.2%
Hawaiian or Pacific Islander	0	0.0%
Other (Including Multiple Races)	2,451	3.3%
Unknown	12,427	16.4%
Ethnicity		
Hispanic	18,594	24.7%
Non-Hispanic	45,918	60.9%
Unknown	10,911	14.4%

Figure 3.2. Percentage of children 1-2 years of age who had a lead screening – Connecticut 1996-2015[†]



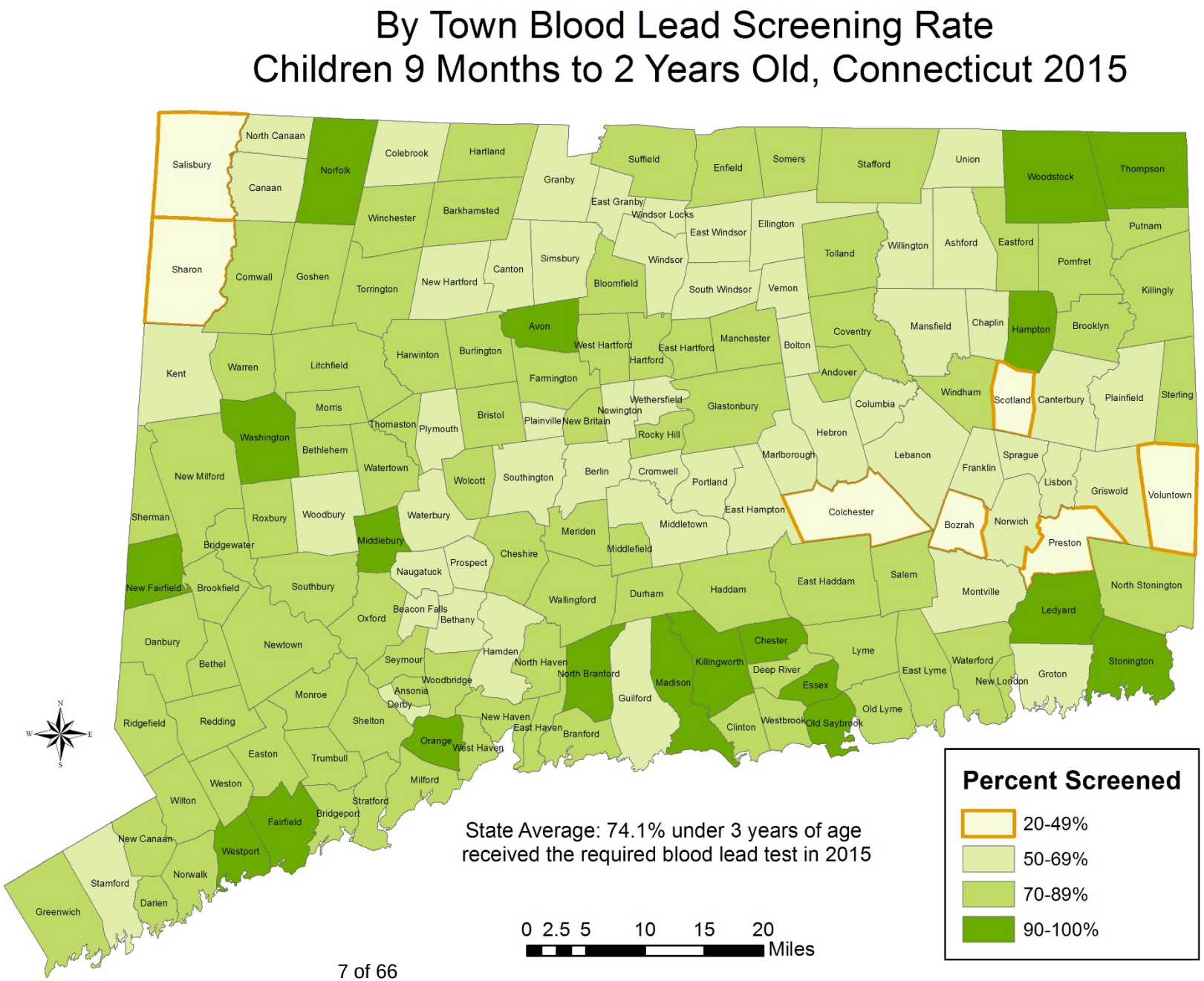
In CY 2015, 56,598 (74.1%) children between 9 months and 2 years of age were tested for lead poisoning. There was an increase of 1.1% (254 children) in the screening rate from 2014 to 2015.

By Town Screening

A map illustrating screening rates, by town, for children between 9 months and 2 years old is shown on the next page (Map 3.1). For detailed information on screening by town for children between 9 months and 2 years of age, see Appendix Table 8.1.

[†] Starting with the 2011 report, the CT DPH modified how screening rates were evaluated for one and two year olds. State law requires medical providers to test children between 9 to 35 months of age. As such, the CT DPH included the 9 months through11 months test results to the analysis. In prior reports, children between 9 through 11 months of age were not counted.

Map 3.1.


By Town Blood Lead Screening Rate
Children 9 Months to 2 Years Old, Connecticut 2015
Salisbury
North Canaan
Canaan
Norfolk
Colebrook
Hartland
Granby
Suffield
Enfield
Somers
Stafford
Union
Woodstock
Thompson
Sharon
Cornwall
Goshen
Torrington
Winchester
Barkhamsted
New Hartford
Canton
Simsbury
East Granby
Windsor Locks
Windsor
Bloomfield
East Windsor
Ellington
Tolland
Willington
Ashford
Eastford
Pomfret
Putnam
Killingly
South Windsor
Vernon
Kent
Warren
Litchfield
Harwinton
Burlington
Avon
West Hartford
Farmington
Hartford
East Hartford
Manchester
Bolton
Coverntry
Mansfield
Chaplin
Hampton
Brooklyn
Andover
Windham
Scotland
Canterbury
Plainfield
Sterling
Morris
Washington
Bethlehem
Thomaston
Plymouth
Bristol
Plainville
New Britain
Newington
Wethersfield
Glastonbury
Rocky Hill
Columbia
Hebron
Marlborough
Lebanon
Sprague
Franklin
Lisbon
Griswold
Voluntown
New Milford
Sherman
Roxbury
Woodbury
Watertown
Wolcott
Southington
Berlin
Cromwell
Portland
East Hampton
Middletown
Colchester
Bozrah
Norwich
Preston
Bridgewater
Middlebury
Waterbury
Meriden
Middlefield
Cheshire
Prospect
Naugatuck
New Fairfield
Brookfield
Southbury
Beacon Falls
Oxford
Bethany
Wallingford
Durham
Haddam
East Haddam
Salem
Montville
Ledyard
North Stonington
Danbury
Bethel
Newtown
Seymour
Hamden
North Haven
North Branford
Guilford
Madison
Killingworth
Chester
Deep River
Essex
Lyme
East Lyme
Waterford
New London
Groton
Stonington
Woodbridge
Ansonia
Derby
Monroe
Ridgefield
Redding
Shelton
New Haven
East Haven
Branford
Orange
West Haven
Clinton
Westbrook
Old Saybrook
Old Lyme
Easton
Trumbull
Weston
Milford
Wilton
Stratford
Bridgeport
Fairfield
New Canaan
Westport
Norwalk
Stamford
Darien
Greenwich
N
W
E
S
State Average: 74.1% under 3 years of age
received the required blood lead test in 2015
0 2.5 5 10 15 20
Miles
Percent Screened
20-49%
50-69%
70-89%
90-100%

Compliance with Blood Lead Testing Requirements:

Screening rates among birth cohorts who turned 2 years old, 3 years old, and 6 years old in 2015

All healthcare providers in Connecticut are required to conduct annual blood lead testing for children between 9 to 35 months of age. Compliance with the law is assessed by measuring the proportion of children born in Connecticut during a given year who have had one blood lead test by age one/at age one or age two and two annual tests by age three.

In this report, the Department of Public Health Lead and Healthy Homes Program is able to evaluate the effectiveness of universal screening laws (i.e., mandated blood lead testing) for children under the age of three by assessing the screening rate among the 2012 birth cohort as the entire 2012 birth cohort reached three years of age (36 months) in 2015.

The analysis uses the total number of children who received a lead test while residing in Connecticut, regardless of where the child was born, divided by the total number of births in the given year from the Connecticut vital registry. The numerator includes all children born in the given year who had a lead test associated with a Connecticut address regardless of the child's birth state. This method accounts for population relocation. This method is adopted by the CDC's National Environmental Public Health Tracking (EPHT) Program to assess lead screening in young children among the grantee states. One unknown weakness in this method of calculation is that it may overestimate the screening rate‡, especially for smaller geographic areas.

$$\text{Screening rate} = \frac{\text{Children born in the given year who received a blood lead tests reported with a CT address}}{\text{\# of live births* in a given year in CT}}$$

‡ CDC EPHT program conducted screening rate analyses at county level and the results indicated some counties had screening rates over 100%. CDC explains this by stating the limitation of the analysis method: "The number of children born from Vital Statistics does not include children who have moved in or out of the area since birth. Therefore, as a denominator, it may under or over estimate the number of children in a birth cohort." (Centers for Disease Control and Prevention. Environmental Health Tracking Program and Lead Poisoning Prevention Program. Blood Lead Levels by Birth Cohort. Accessed From: www.cdc.gov/ephtracking. Accessed on May 13, 2016. http://ephtracking.cdc.gov/showIndicatorPages.action?selectedContentAreaAbbreviation=6&selectedIndicatorId=33&selectedMeasureId=)

*live births reported with a Connecicut address excluding out of state births by Connecticut residents

Blood Lead Testing By Birth Cohort:

Summary statistics for children up to three years of age

2013 Birth Cohort (turned 2 years old in 2015)

Assessment of first required screening

Among children born in 2013,

- 17.1% were tested before age 1 (defined as under 12 months)
- 71.8% were tested at age 1 (defined as 12 months to 23 months)
- 85.6% were tested once by age 2 (defined as under 24 months)

2012 Birth Cohort (turned 3 years old in 2015)

Assessment of required first and second annual screening

The 2012 birth cohort provides us with an opportunity to evaluate medical provider compliance with required blood lead testing for children between 9 to 35 months.

Among children born in 2012,

- 16.9% were tested before age 1 (defined as under 12 months)
- 70.3% were tested at age 1 (defined as 12 months to 23 months)
- 68.7% tested at age 2 (defined as 24 to 35 months)
- 83.8% were tested by age 2 (defined as under 24 months)
- 98.2% were tested by age 3 (defined as under 36 months)
- 55.0% were screened at age 1** and again at age 2

** Including children 9 to 11 months old

Figure 3.3. Screening rate by age at blood lead testing among 2012 birth cohort

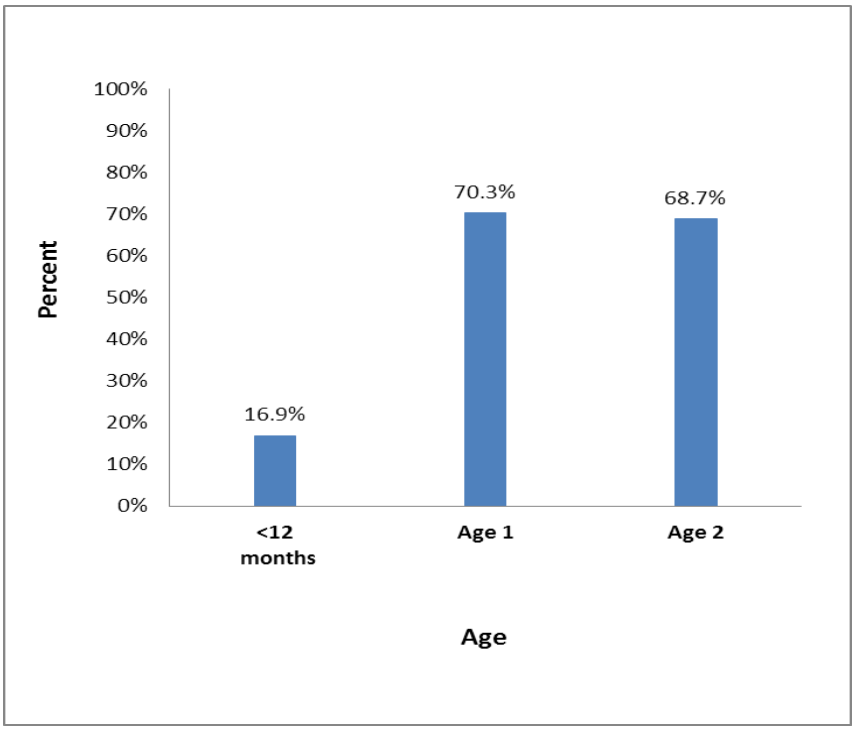
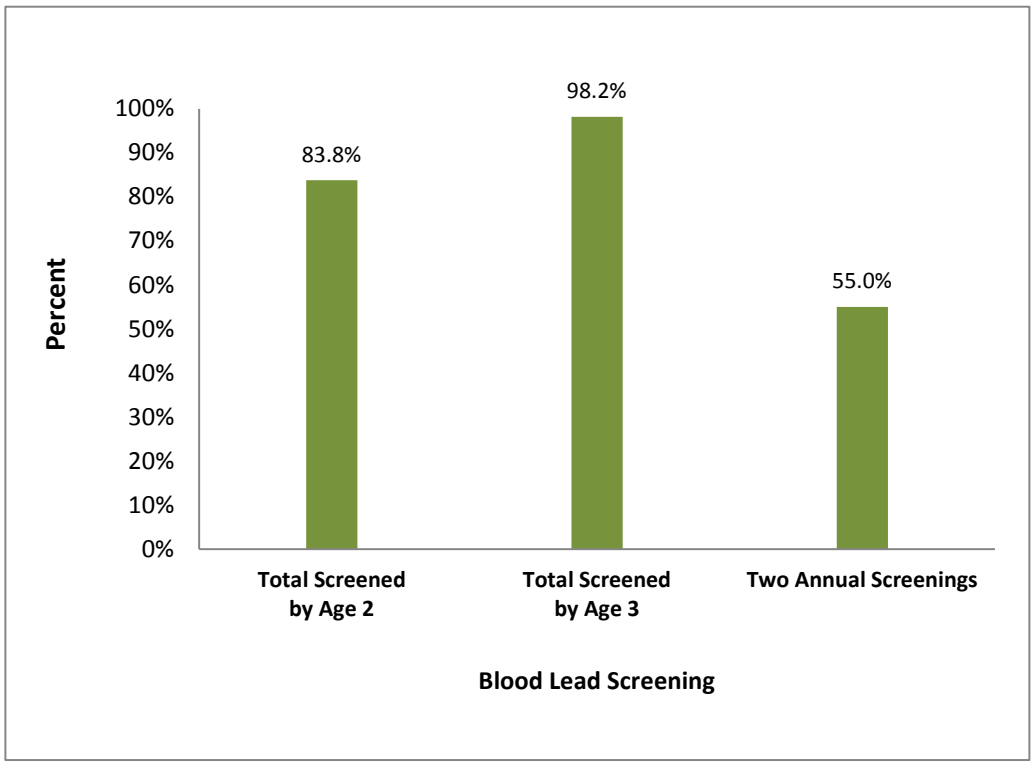


Figure 3.4. Percentage screened for lead at least once by age and annually under age three among 2012 birth cohort



Figures 3.3. and 3.4. illustrate the data for the 2012 birth cohort described on page 9 of this report. The 2012 birth cohort provides an opportunity to evaluate medical provider compliance with required blood lead testing for children between 9 to 35 months of age.

The data indicates that healthcare providers are testing children for lead at least once by age three. However, efforts need to be made to remind healthcare providers of the requirement to test children under the age of three annually; 98.2% of children are tested for lead at least one time by age three, but only 55.0% are tested the required two times before turning three years of age. Despite that, the screening rate for the required two annual screenings increased 2.0% from 2014 to 2015.

A map (Map 3.2.) illustrating by town screening rates for the 2012 birth cohort is shown on the next page. Looking more closely at lead screening rates by town provides the Lead and Healthy Homes Program with the opportunity to evaluate healthcare provider practices in specific geographic areas. The program uses the data to inform and focus outreach efforts in collaboration with local health departments and district departments of health.

Map 3.2.

Percentage of Children Who Received Two Annual Lead Tests by Age 3*
Connecticut Birth Cohort 2012

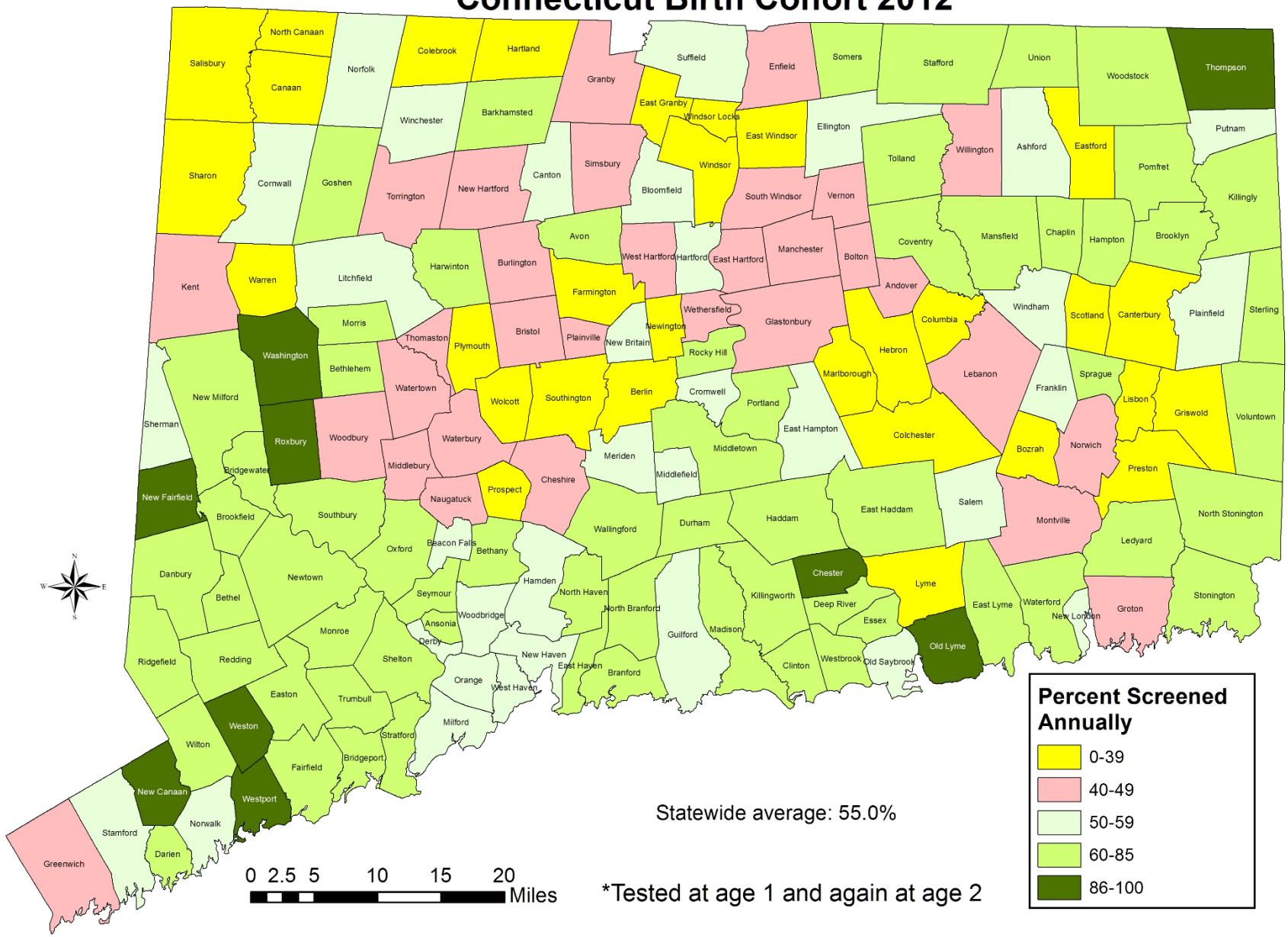
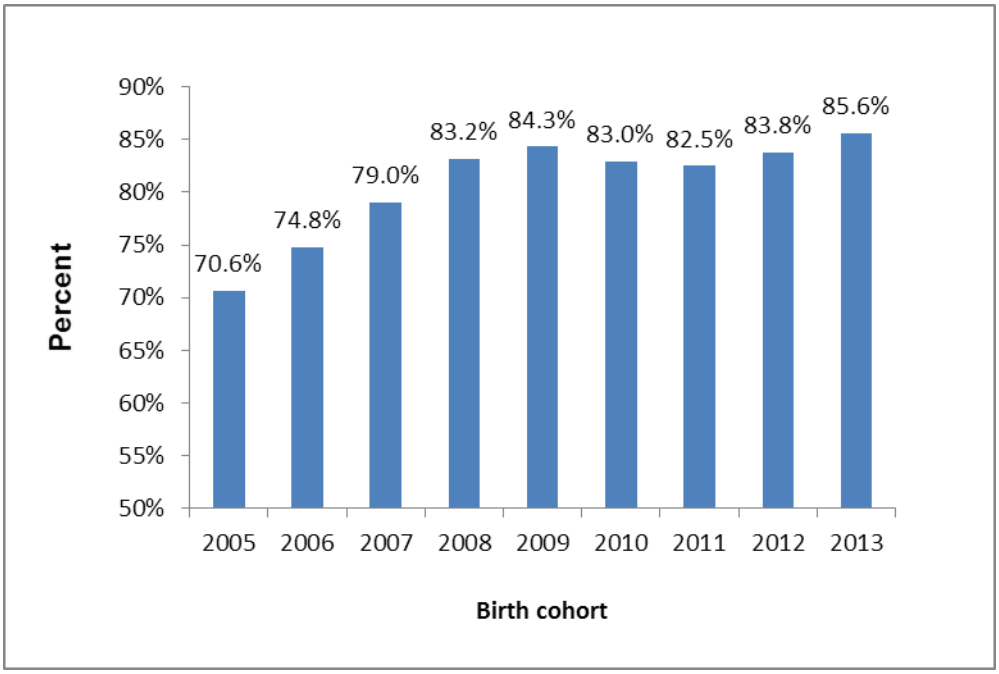


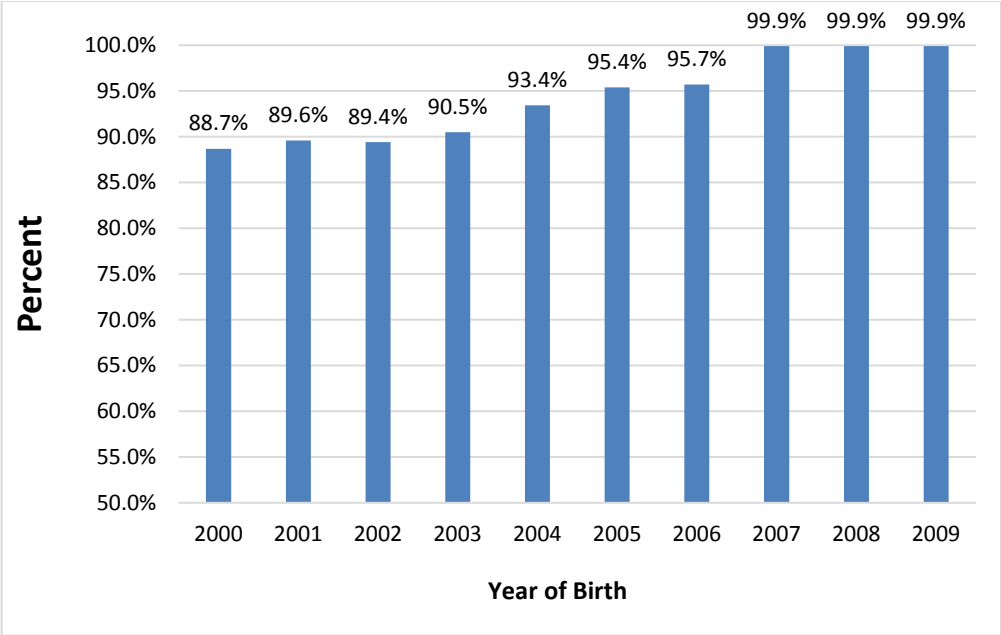
Figure 3.5. At least one screening by second birthday (0 to 23 months), birth cohort 2005 to 2013



Another method for evaluating the effectiveness of mandatory screening for young children is to compare blood lead testing rates between birth cohorts. Since every child should be tested annually between 9-35 months of age, then minimally, every child should have had at least one blood lead test by age two. Figure 3.5 illustrates the percentage of children who were tested for lead by their healthcare providers at least one time before turning two years old. The screening rate for the assessed birth cohort in this current analysis, 2013 birth cohort is 86.5%. A slightly increased trend is observed in the screening rates by second birthdays from birth cohorts 2011 to 2013.

Birth Cohort Analysis for Children under Six

Figure 3.6. Percentage of children who have had at least one screening by 72 months of age, by year of birth – Connecticut 2000-2009



Many children, prior to 2009, were not tested for lead before reaching three years of age. If a healthcare provider determines that a child older than three and under the age of 6 has never been tested for lead, the provider is then required to test that child. Therefore, an analysis of lead testing for birth cohorts that have reached 6 years of age by 2015 should also be considered. Figure 3.6 illustrates that, over time, more children under the age of 6 are being screened by healthcare providers, indicating that providers are complying with statutory requirements for testing older children who were previously never tested. The increase in blood lead screening among birth cohorts (illustrated by Figure 3.6 above) is also coupled with a decrease in childhood lead poisoning rates (page 18, Figure 4.2.) strongly suggesting that mandatory screening laws combined with primary prevention measures are an effective tool for reducing both the burden and incidence of childhood lead poisoning in Connecticut.

Our analysis shows 99.9% of children had at least one lead screening by 6 years of age among children born in 2009. The statistic method deployed is consistent with the CDC's methods for creating the childhood lead poisoning Nationally Consistent Data and Measures (Indicator: Blood Lead Levels by Birth Cohort. http://ephtracking.cdc.gov/showIndicatorPages.action. Accessed May 13, 2016). By looking at each individual child, we identified some children born in Connecticut that did not receive a blood lead screening by age 6. We are unable to confirm if these children resided in Connecticut until age 6. As the aforementioned CDC states (page 8) screening rates could be over 100% in some geographic areas using the CDC method. However, this statistic serves as an indicator for trends and progress in the prevention of lead poisoning.

Chapter 4. PREVALENCE OF CHILDHOOD LEAD POISONING

Prevalence of childhood lead poisoning is defined as the proportion of children under six years of age with a confirmed lead test in CY 2015 whose blood lead levels were ≥5 μg/dL. The previous reference value in place since 1991 was 10 μg/dL. A growing body of research identified that blood lead levels below 10 μg/dL can harm children in terms of their IQ, cognitive functions, and academic achievement. In May 2012, the CDC recommended a new "reference value" of 5 μg/dL[**], for lead poisoning among young children. The State of Connecticut adopted the new reference value in May 2013. As such, Connecticut local health departments and district departments of health are required to initiate public health case management actions for children with a confirmed blood level of ≥5 μg/dL.

Prevalence includes child lead poisoning cases that may have occurred prior to 2015, and remained lead poisoning cases into CY 2015.

Prevalence of Environmental Intervention Blood Lead Levels –

Prevalence of childhood lead poisoning cases of ≥15 μg/dL is defined as the proportion of children under 6 years of age with a confirmed lead test in CY 2015 whose blood lead levels were ≥15 μg/dL.

Prevalence of childhood lead poisoning cases ≥20 μg/dL is defined as the proportion of children under 6 years of age with a confirmed lead test in CY 2015 whose blood lead levels were ≥20 μg/dL.

[**] "Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children's levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood. The current reference value is based on NHANES data from 2007-2008 and 2009-2010. CDC will update the reference value every 4 years using the two most recent NHANES surveys." (Centers for Disease Control and Prevention. Childhood Lead Poisoning Prevention Program. Update on Blood Lead Levels in Children. Accessed from: http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm. Accessed on 5/13/2016)

Response Policies for Actionable Blood Lead Levels in 2015 –

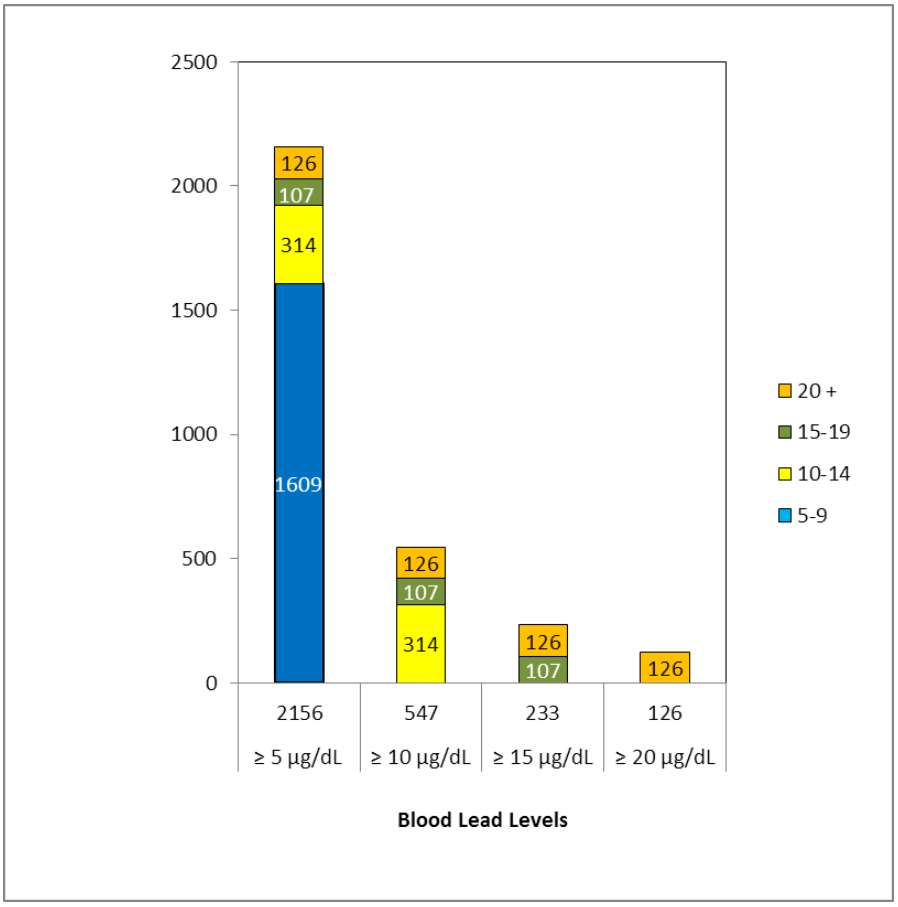
Per Connecticut General Statutes (CGS) sections 19a-110(d), and 19a-111, local health departments are responsible for responding to reported blood lead levels of 10 μg/dL or more. With the adoption of new reference value of 5 μg/dL, all local health departments/districts were required, by July 2013, to implement new response policies related to education/outreach and case management at lower blood lead values. When a child's blood lead level is at or above the reference value or a capillary ≥10 μg/dL, the local health department/district must provide the parent or guardian with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services under the Birth-to-Three Program, and laws and regulations pertaining to lead abatement. In addition to mandated response policies, local health departments/districts also carry out lead poisoning prevention activities annually, enabled by CGS section 19a-111j.

A local health department/district must conduct an on-site comprehensive lead inspection and order the abatement of identified lead hazards for the dwelling unit where a child under 6 years of age resides who has had two venous blood lead levels of 15 to 19 μg/dL for tests taken at least 3 months apart. When a child's venous blood lead level reaches 20 μg/dL, a local health department/district must conduct an epidemiological investigation (which includes an on-site comprehensive lead inspection and completion of the epidemiological investigation form [interviews with parents or caregivers to determine all potential sources of lead exposure]) and order the abatement of the identified sources of lead exposure for that child. Research found that lead laws such as these enacted in Connecticut can effectively reduce the number of young children exposted to residential lead hazards and reduce the subsequent cases of lead poisoing in the properties identified with lead hazards[††].

Some local health departments/districts opt to conduct investigations and order the abatement of identified lead hazards at lower levels of diagnosed lead poisoning. Those environmental data elements are not included in this report.

[††] Primary prevention of lead poisoning in children: a cross-sectional study to evaluate state specific lead-based paint risk reduction laws in preventing lead poisoning in children. Chinaro Kennedyet. Al. *Environmental Health*2014

Figure 4.1. Number of children under 6 years of age diagnosed with lead poisoning, CY 2015



Number of children identified as lead poisoned in 2015:

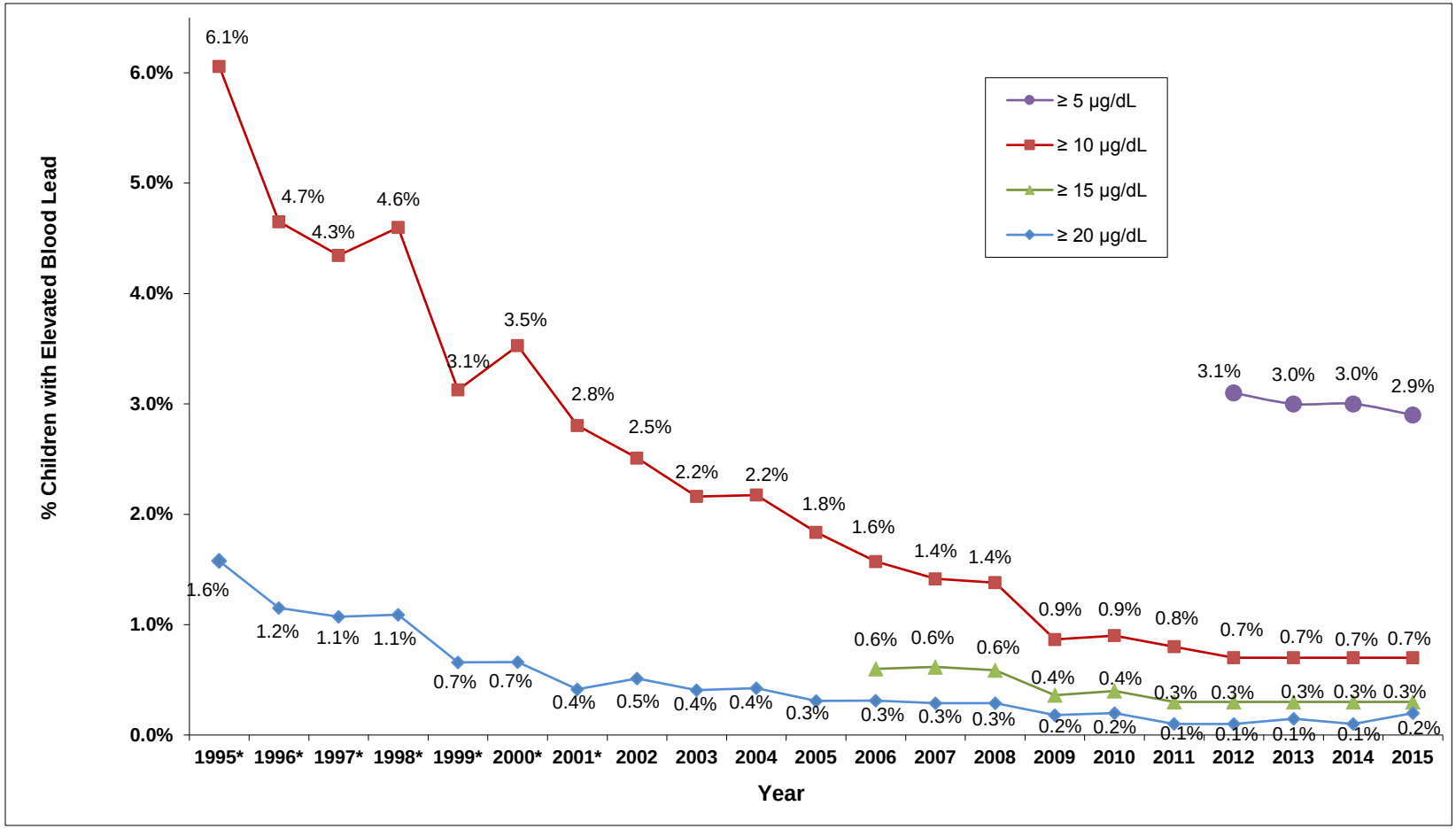
- 2,156 ≥ 5 µg/dL[‡‡]
- 547 ≥10 µg/dL[§§]
- 233 ≥15 µg/dL[***]
- 126 ≥20 µg/dL

[‡‡] Inclusive with blood lead levels ≥10 µg/dL, ≥15 µg/dL, and ≥20 µg/dL

[§§] Inclusive with blood lead levels ≥15 µg/dL and ≥20 µg/dL

[***] Inclusive with blood lead levels ≥20 µg/dL

Figure 4.2. Prevalence of children under 6 years of age who are lead poisoned, by calendar year and by blood lead level – Connecticut 1995-2015†††

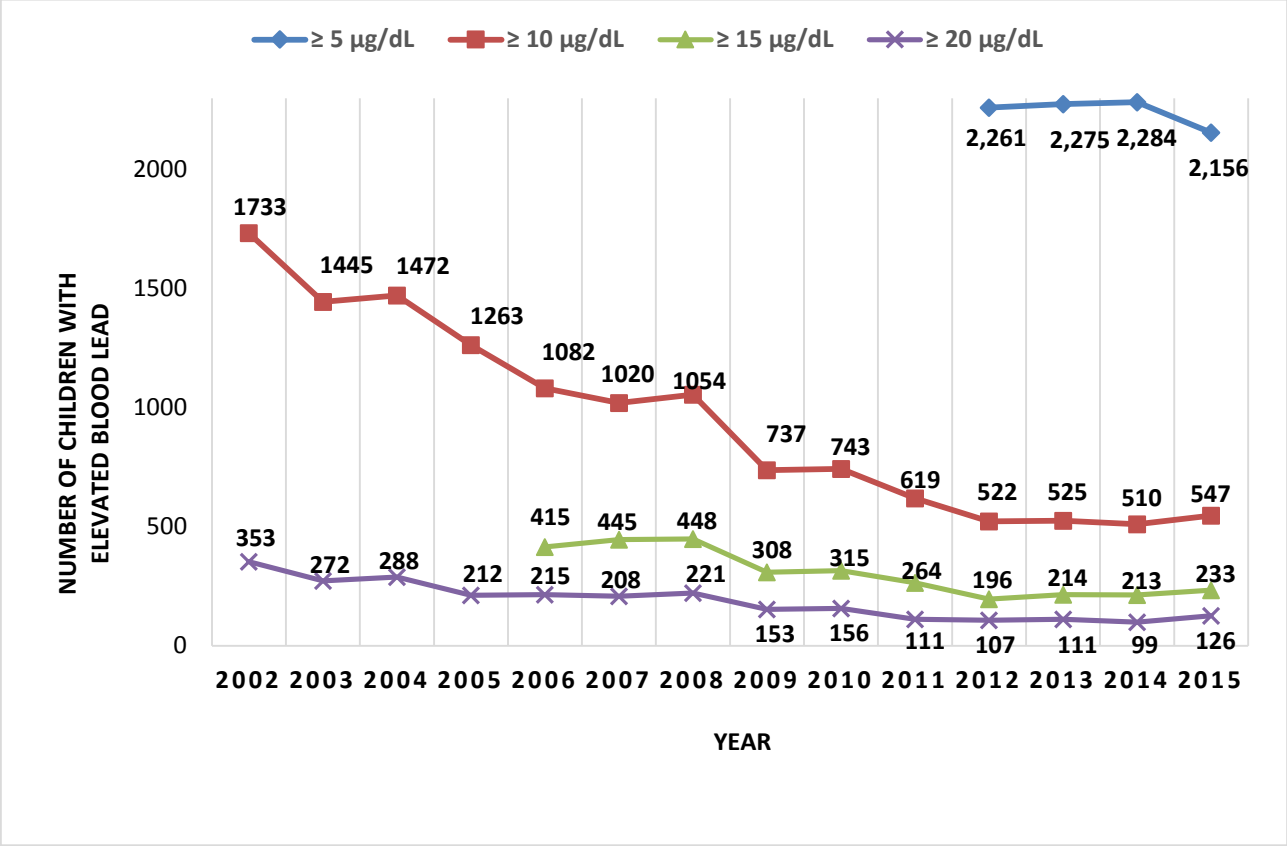


*Data of 1995-2001 are based on analysis using number of tests instead of number of children screened as the unit of analysis.

Per CGS Sec. 19a-110(d), *"On and after January 1, 2012, if one per cent or more of children in this state under the age of six report blood lead levels equal to or greater than ten micrograms per deciliter, the director shall conduct such on-site inspection and order such remediation for any child having a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter in two tests taken at least three months apart".* Based on the 2015 blood lead surveillance, 0.7% of children under the age of 6 in Connecticut were diagnosed with a confirmed blood lead levels ≥10 μg/dL. Since CY 2009, the prevalence of childhood lead poisoning cases of ≥10 μg/dL dropped below 1%.

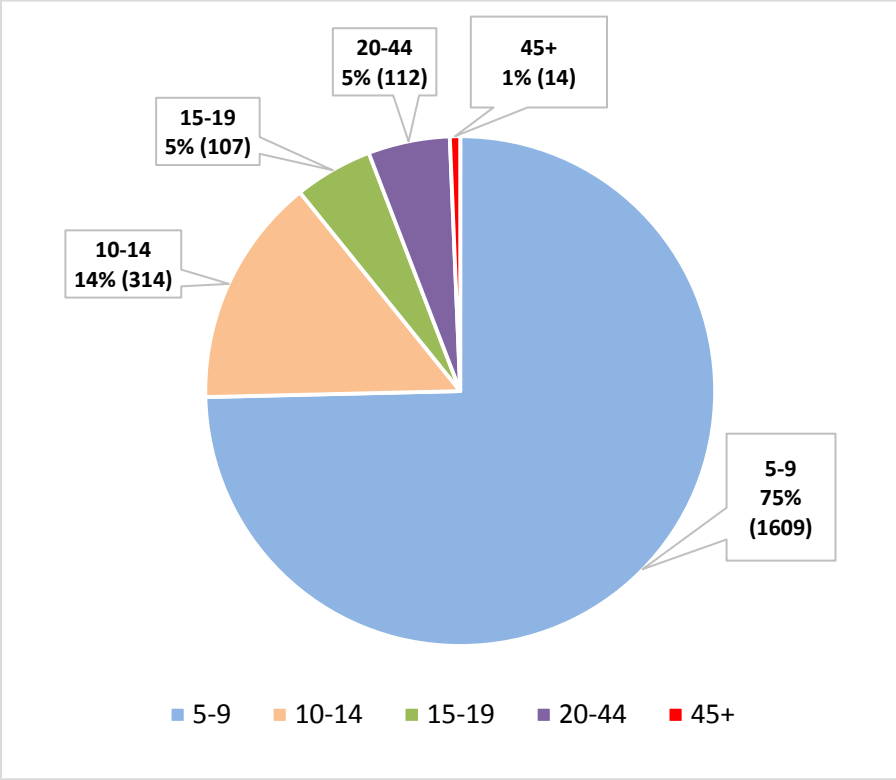
The prevalences for children under 6 years of age with confirmed blood lead tests ≥5 μg/dL, ≥10 μg/dL, ≥15 μg/dL, and ≥20 μg/dL are 2.9%, 0.7%, 0.3%, and 0.2% respectively. The prevalence of blood lead tests ≥5 μg/dL decreased from 3.0% to 2.9%. The prevalence of blood lead tests ≥10 and ≥20 μg/dL did not change from 2014 to 2015. However, the prevalence of blood lead tests ≥20 slightly increased from 0.1/% to 0.2% from 2014 to 2015.

Figure 4.3. Number of children under 6 years of age with lead poisoning, by calendar year and by blood lead levels – Connecticut 2002-2015



Starting in 2012, blood lead levels ≥5 µg/dL were added to this graph, because of the adoption of the CDC reference value by the CT Department of Public Health. In CY 2015, 2,156 children under 6 years of age were identified with a blood lead level ≥5 µg/dL. This is a decrease of 128 children from 2014 to 2015 and a slight decrease in the prevalence rate from 2014 (3.0%) to 2015 (2.9%) as shown in Figure 4.3. However, we observed an increase of 37 children diagnosed with lead levels of ≥10 µg/dL and an increase of 27 children diagnosed with lead levels of ≥20 µg/dL from CY 2014 to CY 2015. This indicates that we prevented more children being lead poisoned as shown in the decrease of the total number children poisoned but among children who were poisoned, more children were poisoned at a higher blood lead level.

Figure 4.4. Percentage and number of children under 6 years of age with blood lead levels ≥5 μg/dL– Connecticut 2015

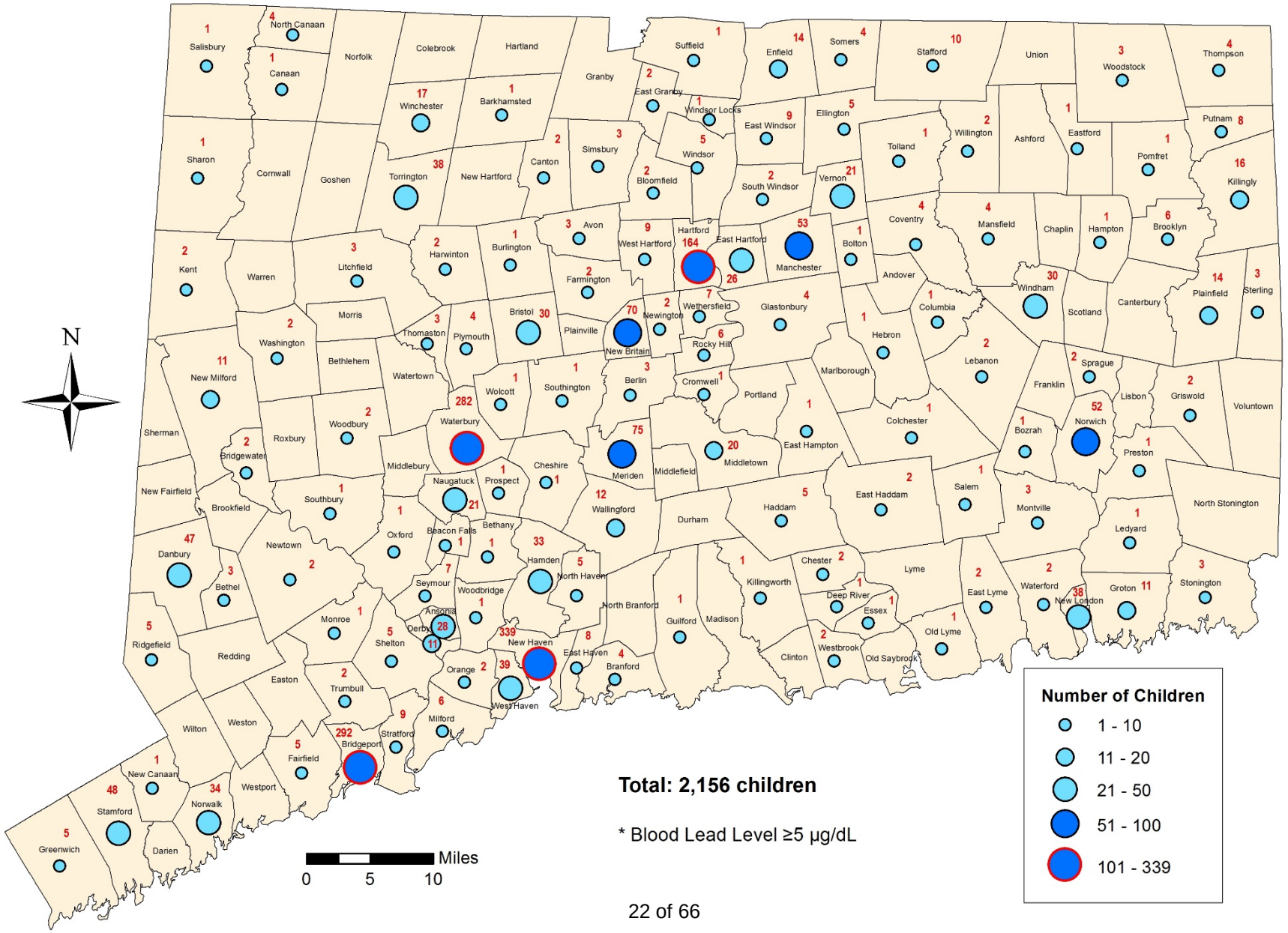


In CY 2015, a total of 2,156 children under 6 years of age were identified with blood lead levels ≥5 μg/dL, indicating exposure to lead hazards. Among these children, the majority (1609 children, 75% of total poisoned) had a level between 5-9 μg/dL, while 107 (5%) children had a level between 15-19 μg/dL, 112 (5%) children had a level between 20-44 μg/dL, and 14 (1%) children had a chelation level ≥45 μg/dL. Detailed tables of this data are presented in Table 8.2 in the appendices.

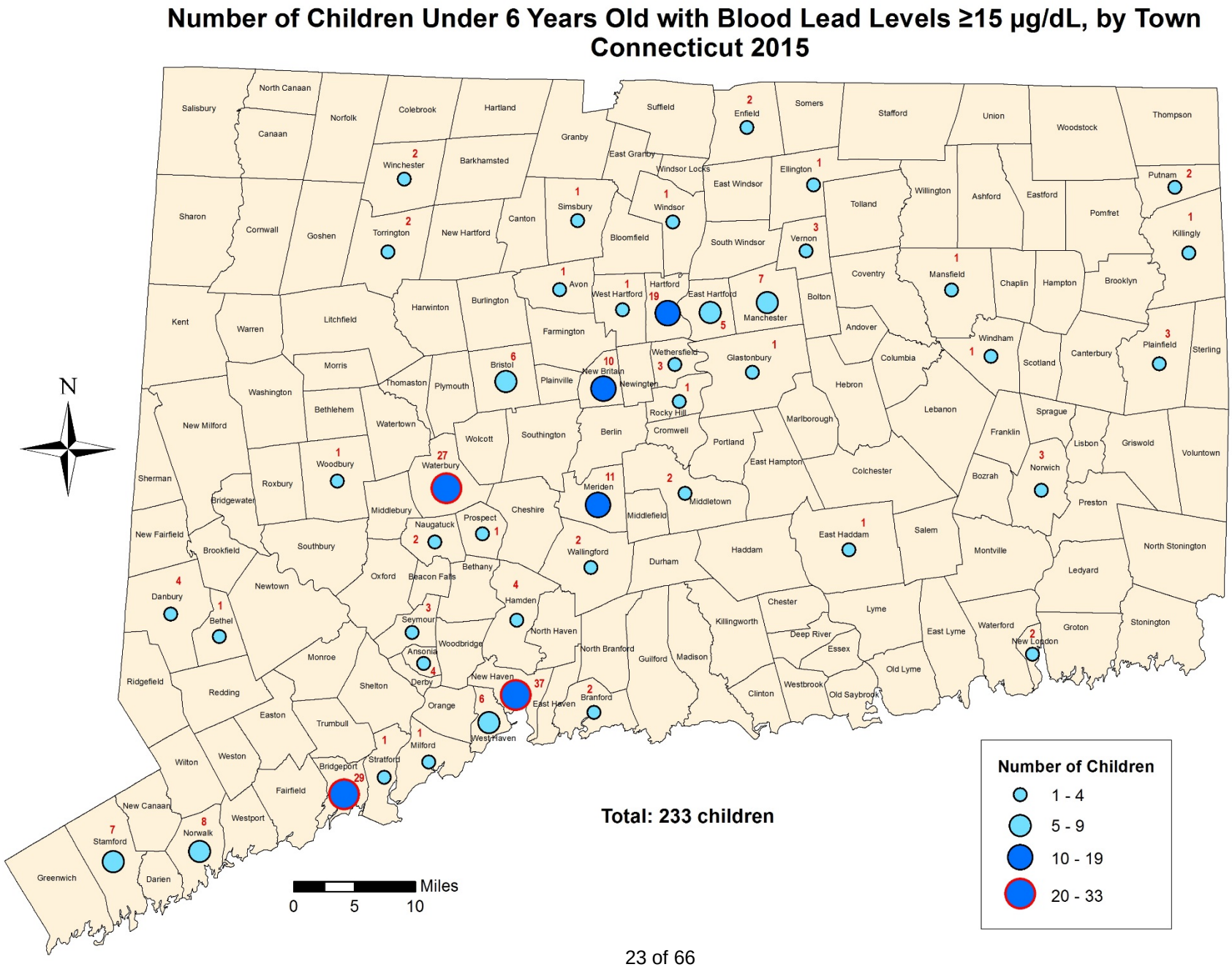
Map 4.1 (page 22) and map 4.2 (page 23) depict the distribution of lead poisoned children with blood lead levels ≥ 5 μg/dL and ≥ 15 μg/dL among Connecticut towns/cities. New Haven (339 cases), Bridgeport (292 cases), Waterbury (282 cases), Hartford (164 cases), and Meriden (75 cases) are the geographic areas with highest number of lead poisoned children.

Map 4.1.

Number of Lead Poisoned Children* Under 6 Years Old by Town, Connecticut 2015



Map 4.2.


Number of Children Under 6 Years Old with Blood Lead Levels ≥15 µg/dL, by Town
Connecticut 2015
N
Total: 233 children
Miles
0
5
10
Number of Children
1 - 4
5 - 9
10 - 19
20 - 33
Salisbury
North Canaan
Canaan
Norfolk
Colebrook
Hartland
Granby
Suffield
Enfield
Somers
Stafford
Union
Woodstock
Thompson
Winchester
Barkhamsted
East Granby
Windsor Locks
East Windsor
Ellington
Tolland
Willington
Ashford
Eastford
Pomfret
Putnam
Killingly
Sharon
Cornwall
Goshen
Torrington
New Hartford
Canton
Simsbury
Windsor
Bloomfield
South Windsor
Vernon
Coventry
Mansfield
Chaplin
Hampton
Brooklyn
Avon
West Hartford
Hartford
East Hartford
Manchester
Bolton
Andover
Windham
Scotland
Canterbury
Plainfield
Sterling
Kent
Warren
Litchfield
Harwinton
Burlington
Farmington
Morris
Bristol
Plainville
New Britain
Newington
Wethersfield
Glastonbury
Columbia
Hebron
Lebanon
Rocky Hill
Thomaston
Plymouth
Washington
Bethlehem
Watertown
Woodbury
Waterbury
Wolcott
Southington
Berlin
Cromwell
Portland
Marlborough
Sprague
Franklin
Lisbon
Griswold
Voluntown
New Milford
Sherman
Roxbury
Bridgewater
Middlebury
Cheshire
Meriden
Middlefield
Middletown
East Hampton
Colchester
Bozrah
Norwich
Preston
New Fairfield
Brookfield
Southbury
Naugatuck
Prospect
Wallingford
Durham
Haddam
East Haddam
Salem
Montville
Ledyard
North Stonington
Danbury
Bethel
Newtown
Oxford
Beacon Falls
Bethany
Hamden
Seymour
Chester
Lyme
Killingworth
Deep River
Essex
East Lyme
Waterford
New London
Groton
Stonington
Ansonia
Woodbridge
North Haven
North Branford
Guilford
Madison
Monroe
Ridgefield
Redding
Shelton
Derby
New Haven
East Haven
Branford
Orange
West Haven
Clinton
Westbrook
Old Saybrook
Old Lyme
Easton
Trumbull
Milford
Wilton
Weston
Stratford
Bridgeport
Fairfield
New Canaan
Westport
Stamford
Norwalk
Darien
Greenwich

Chapter 5. INCIDENCE OF CHILDHOOD LEAD POISONING

Incidence of Lead Poisoning among Children Under Six Years of Age

The incidence of lead poisoning cases (i.e., new cases of lead poisoning ≥5 μg/dL) is defined as the proportion of children under 6 years of age who had a confirmed lead test of ≥5 μg/dL for the first time in 2015 compared to all children under 6 years of age who were tested for lead in 2015 *AND* did not have a result of ≥5 μg/dL prior to 2015.

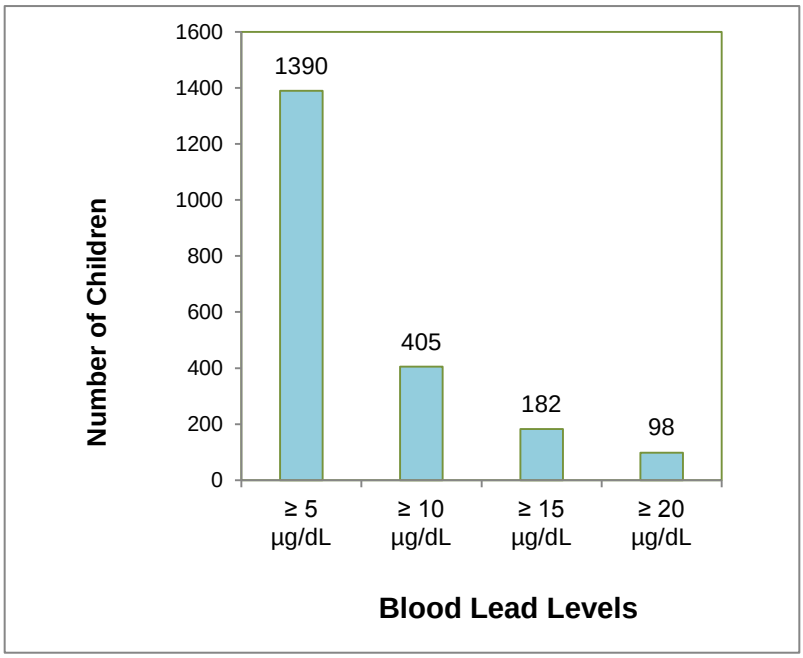
The incidence of lead poisoning cases (i.e., new cases of lead poisoning ≥10 μg/dL) is defined as the proportion of children under 6 years of age who had a confirmed lead test of ≥10 μg/dL for the first time in 2015 compared to all children under 6 years of age who were tested for lead in 2015 *AND* did not have a result of ≥10 μg/dL prior to 2015.

Incidence of Environmental Intervention Blood Lead Levels –

The incidence of lead poisoning cases of ≥15 μg/dL (i.e., new cases of blood lead ≥15 μg/dL) is defined as the proportion of children under 6 years of age who had a confirmed lead test of ≥15 μg/dL for the first time in 2015 compared to all children under 6 years of age who were tested for lead in 2015 *AND* who had not had a result of ≥15 μg/dL prior to 2015.

The incidence of lead poisoning cases of ≥20 μg/dL (i.e., new cases of blood lead ≥20 μg/dL) is defined as the proportion of children under 6 years of age who had a confirmed lead test of ≥20 μg/dL for the first time in 2015 compared to all children under 6 years of age who were tested for lead in 2015 *AND* who did not have a result of ≥20 μg/dL prior to 2015.

Figure 5.1. Cumulative incidence of lead poisoning among children under 6 years of age, by blood lead levels – Connecticut CY 2015



Number of new cases identified and incidence of lead poisoning in 2015:

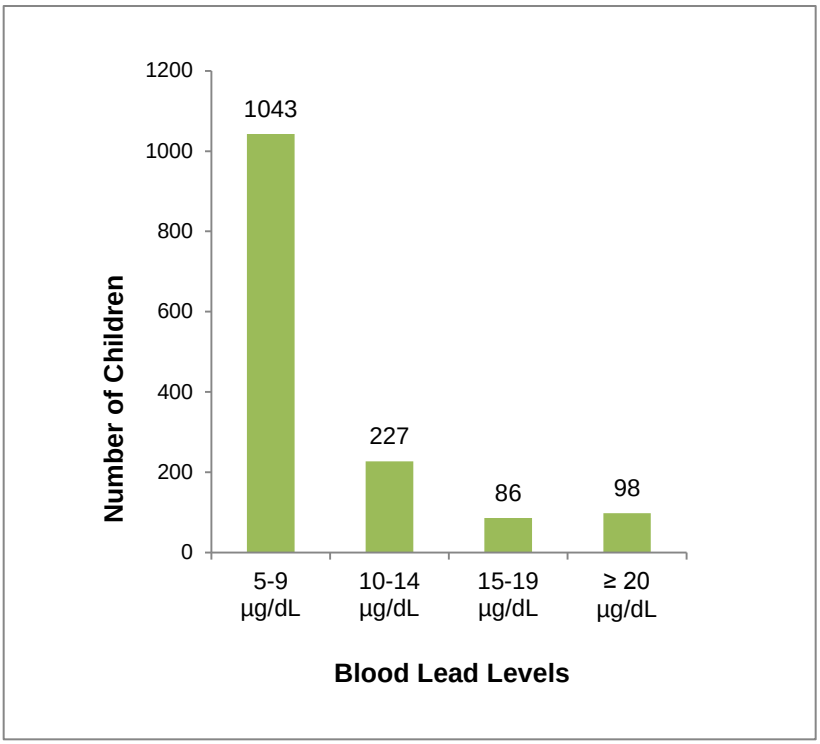
≥5 µg/dL: 1,390 (19 per 1,000, i.e. 1.9%)

≥10 µg/dL: 405 (6 per 1,000, i.e. 0.6%)

≥15 µg/dL: 182 (2 per 1,000, i.e. 0.2%)

≥20 µg/dL: 98 (1 per 1,000, i.e. 0.1%)

Figure 5.2. Incidence of lead poisoning by blood lead categories among children under 6 years of age, by blood lead levels – Connecticut CY 2015

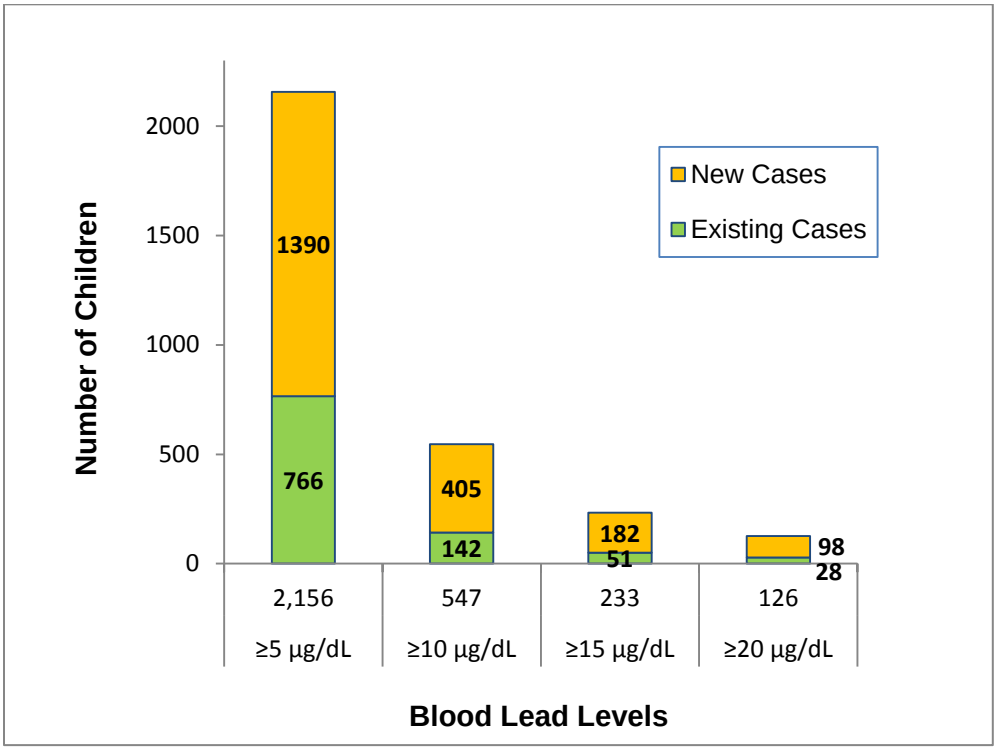


Number of new cases identified by blood lead categories

- 5-9 µg/dL: 1,043
- 10-14 µg/dL: 227
- 15-19 µg/dL: 86
- 20 µg/dL: 98

Figure 5.2 depicts a child's first analysis result in the corresponding ranage for 2015. The child may have had previous analysis results in different ranges in previous years.

Figure 5.3. Number of existing and new cases of lead poisoning among children under 6 years of age, by blood lead levels – Connecticut CY 2015



- Of the 2,156 children who were found to have blood lead levels ≥5 µg/dL in 2015, 1,390 (64.5%) were new cases.
- Of the 547 children who were found to have blood lead levels ≥10 µg/dL in 2015, 405 (74.0%) were new cases.
- Of the 233 children who were found to have blood lead levels ≥15 µg/dL in 2015, 182 (78.1%) were new cases.
- Of the 126 children who were found to have blood lead levels ≥20 µg/dL in 2015, 98 (77.8) were new cases.

Figure 5.4. Age of children when first identified as lead poisoned - Number of new cases of lead poisoning among children under 6 years of age, by age at test – Connecticut CY 2015

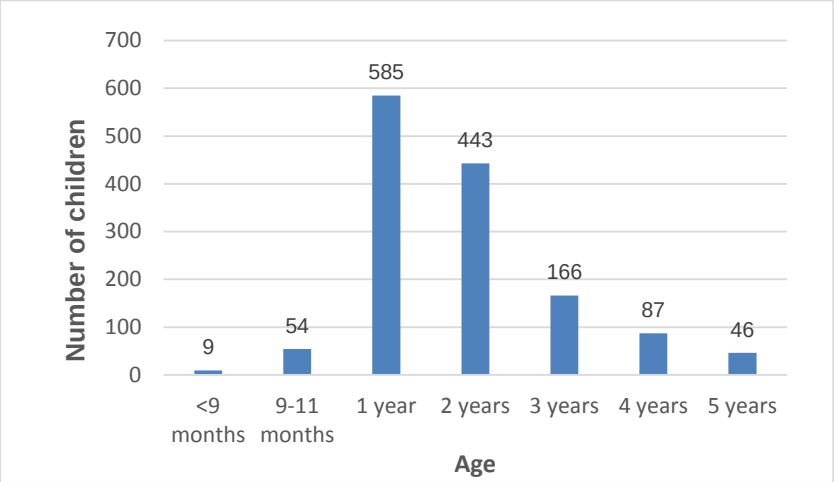
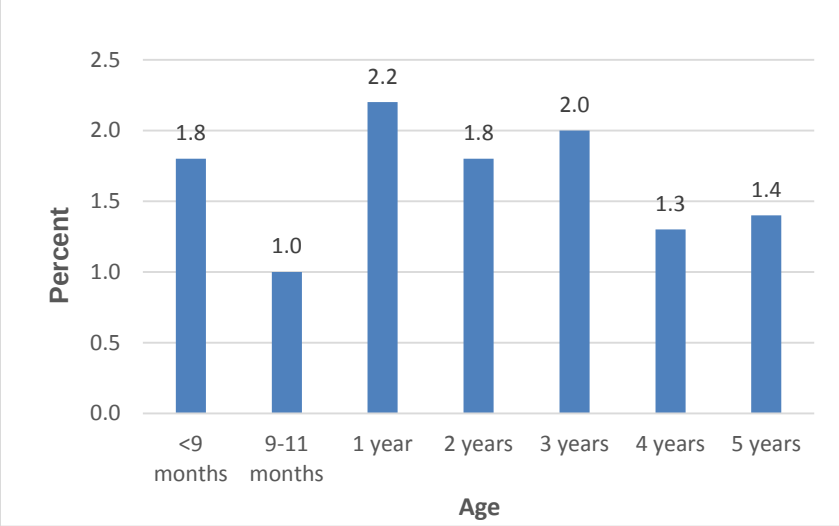
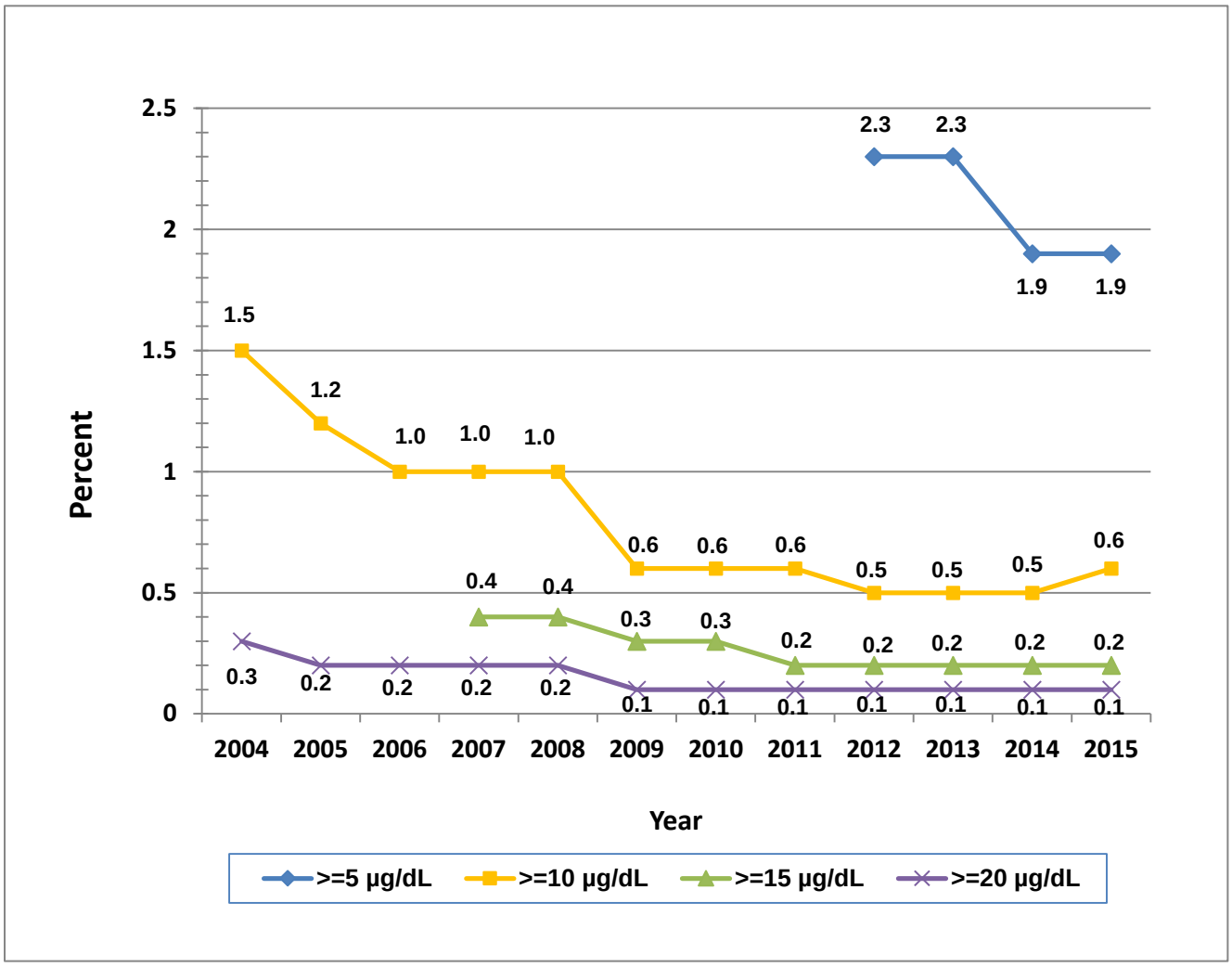


Figure 5.5. Incidence rate of lead poisoning among children under 6 years of age, by age at first identification – Connecticut CY 2015



Research found that children between 18 and 36 months of age are at the highest risk of lead poisoning because of hand to mouth behavior, the increased mobility, and the bodies absorb lead at a higher rate. Figure 5.4 decipts the number of children by age when first tested with a blood lead level ≥5 μg/dL among children tested in 2015. Figure 5.5 decipts the incidence rate by age. The number of lead poisoned children was highest among the 1 year old followed by the 2 years old cohorts, 585 children and 443 respectively. The lead poisoning incidence rate was highest among the 1 year old cohort. The children aged less than 9 months and 3 years had an equal or slightly higher incidence rate, 1.8% and 2.0% than the 2 years old,1.8%, despite that more children were poisoned at age 2. It could be due to the smaller denominators for the number of children tested at age <9 months and age 3.

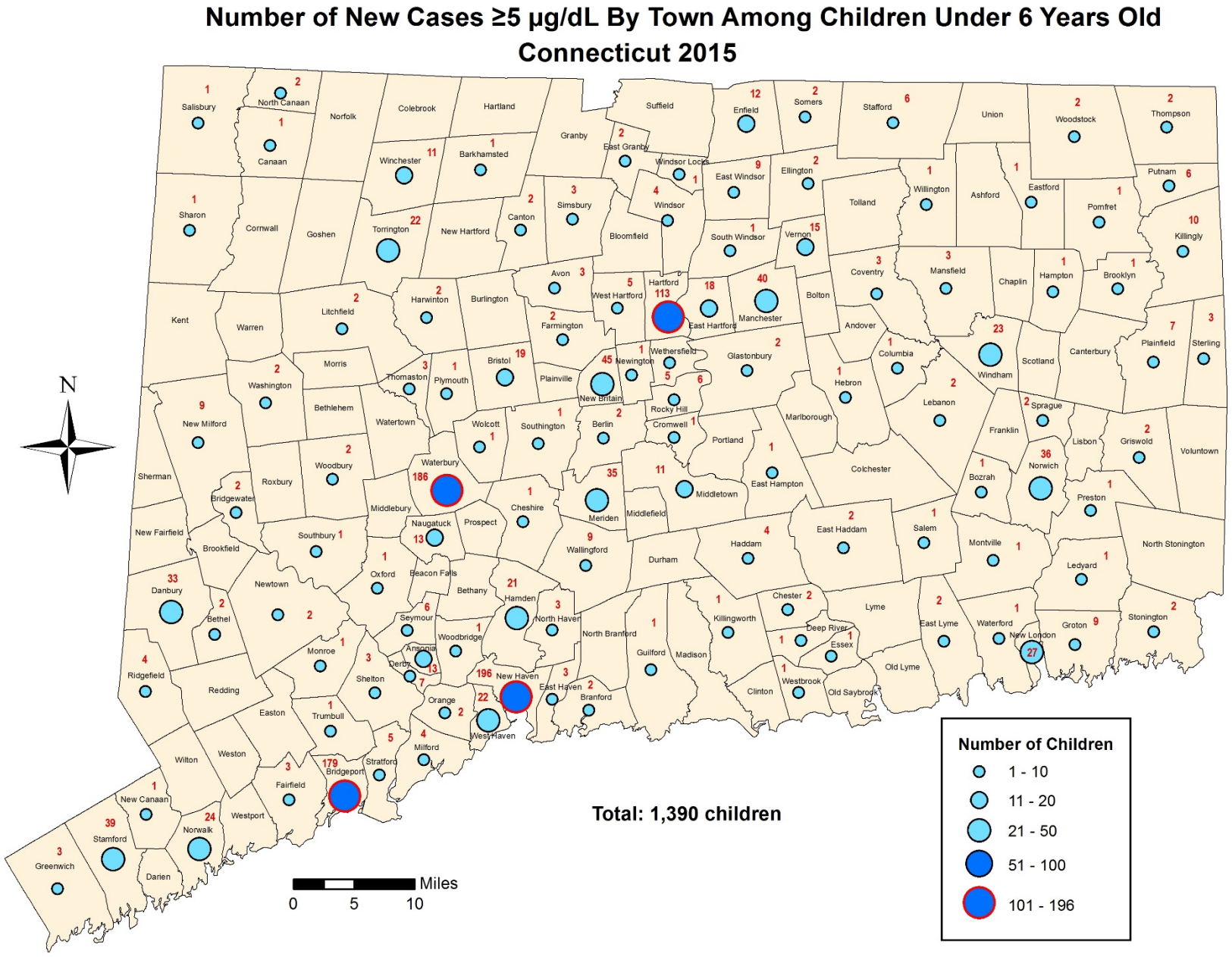
Figure 5.6. Incidence Rate of lead poisoning among children under 6 years of age, by blood lead levels – Connecticut CY 2004-2015



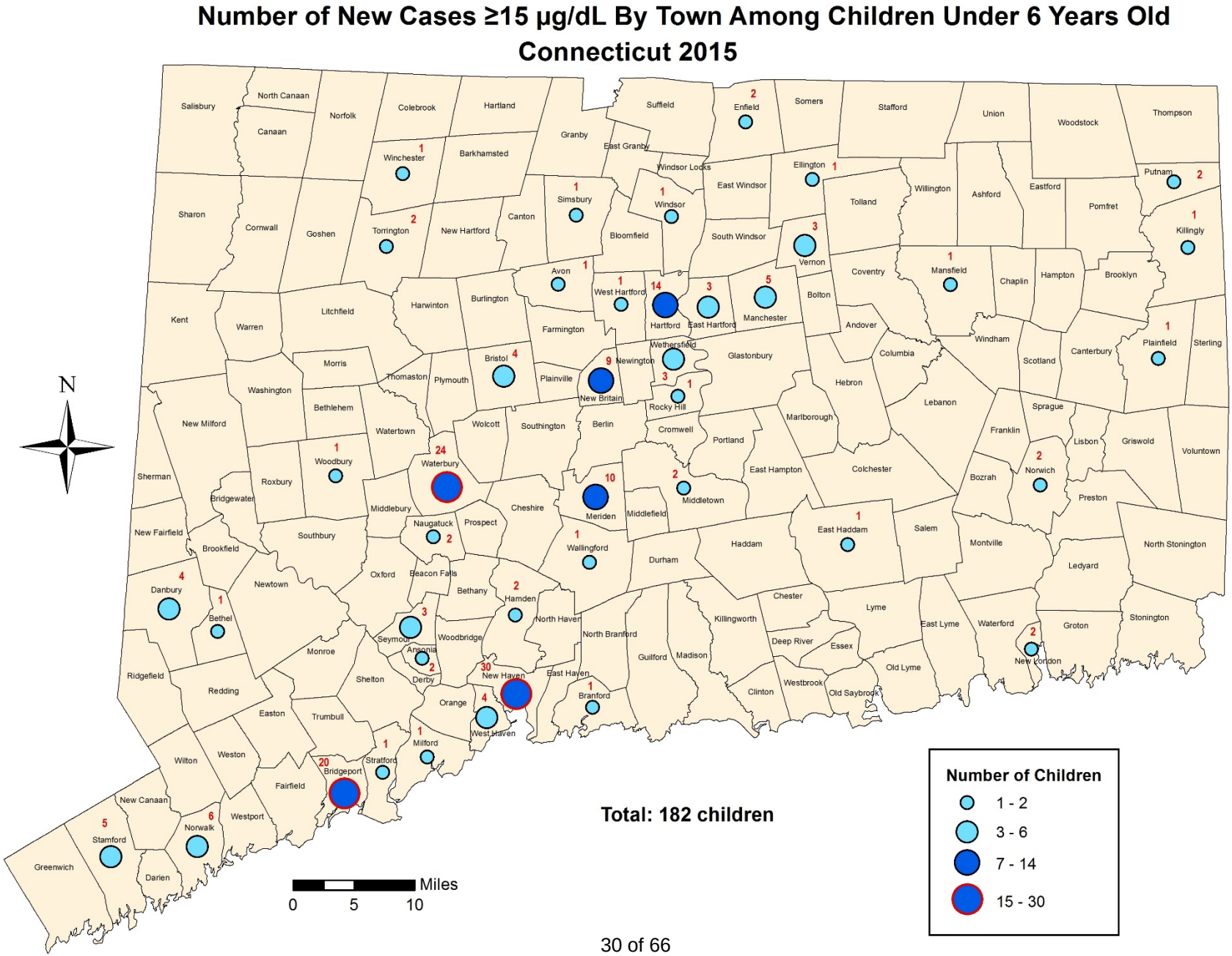
Among children under 6 years of age who had a confirmed blood lead test in 2015, 1.9%, 0.6%, 0.2%, and 0.1% of children were identified as first time with a level of ≥5 µg/dL, ≥10 µg/dL, ≥15 µg/dL, and ≥20 µg/dL respectively. An increased incidence rate was observed for blood lead levels ≥10 µg/dL from 2014 to 2015. The rate for ≥15 µg/dL remains unchanged for the last 5 years. The incidence rate for ≥20 µg/dL remains unchanged since 2009. **The decrease in the ≥5 µg/dL incidence rate is in concert with the new action level that was implemented mid-year in 2013 and reflects the effectiveness of the expanded prevention efforts as new cases were reduced overall. However, the increased indence rate for ≥10 µg/dL indicating children were poisoned at a higher blood lead level in 2015.**

Map 5.1 and map 5.2 depict the distribution of new cases of blood lead levels ≥ 5 µg/dL and ≥ 15 µg/dL among Connecticut towns/cities. New Haven (196 cases), Waterbury (186 cases), Bridgeport (179 cases), Hartford (113 cases), and New Britain (45 cases) are the geographic areas with highest number of new lead poisoned cases. In 2015, 116 (68.6%) Connecticut towns/cites were identified with new lead poisoned children.

Map 5.1.


Number of New Cases ≥5 µg/dL By Town Among Children Under 6 Years Old
Connecticut 2015
N
Total: 1,390 children
Number of Children
1 - 10
11 - 20
21 - 50
51 - 100
101 - 196
Miles
0
5
10

Map 5.2.


Number of New Cases ≥15 µg/dL By Town Among Children Under 6 Years Old
Connecticut 2015
N
Salisbury
North Canaan
Canaan
Norfolk
Colebrook
Hartland
Granby
Suffield
Enfield
Somers
Stafford
Union
Woodstock
Thompson
Winchester
Barkhamsted
East Granby
Windsor Locks
Ellington
Putnam
Sharon
Cornwall
Goshen
Torrington
New Hartford
Canton
Simsbury
Windsor
East Windsor
Tolland
Willington
Ashford
Eastford
Pomfret
Killingly
Bloomfield
South Windsor
Vernon
Avon
West Hartford
Hartford
East Hartford
Manchester
Coventry
Mansfield
Chaplin
Hampton
Brooklyn
Bolton
Kent
Warren
Litchfield
Harwinton
Burlington
Farmington
Andover
Windham
Scotland
Canterbury
Plainfield
Sterling
Wethersfield
Newington
Glastonbury
Columbia
Morris
Bristol
Thomaston
Plymouth
Plainville
New Britain
Rocky Hill
Hebron
Washington
Bethlehem
Watertown
Wolcott
Southington
Berlin
Cromwell
Portland
Marlborough
Lebanon
Sprague
Franklin
Lisbon
Griswold
Voluntown
New Milford
Woodbury
Waterbury
Middletown
East Hampton
Colchester
Bozrah
Norwich
Sherman
Roxbury
Bridgewater
Middlebury
Cheshire
Meriden
Middlefield
Preston
New Fairfield
Brookfield
Southbury
Naugatuck
Prospect
Wallingford
East Haddam
Salem
Montville
North Stonington
Durham
Haddam
Ledyard
Danbury
Bethel
Newtown
Oxford
Beacon Falls
Bethany
Hamden
Chester
Lyme
Stonington
Seymour
Woodbridge
North Haven
North Branford
Killingworth
East Lyme
Waterford
Groton
Ansonia
Deep River
Essex
New London
Monroe
Guilford
Madison
Ridgefield
Shelton
Derby
New Haven
East Haven
Old Lyme
Redding
Orange
Branford
Westbrook
Old Saybrook
Clinton
Easton
Trumbull
West Haven
Milford
Wilton
Weston
Stratford
Bridgeport
Fairfield
New Canaan
Westport
Norwalk
Stamford
Greenwich
Darien
Miles
0
5
10
Total: 182 children
Number of Children
1 - 2
3 - 6
7 - 14
15 - 30

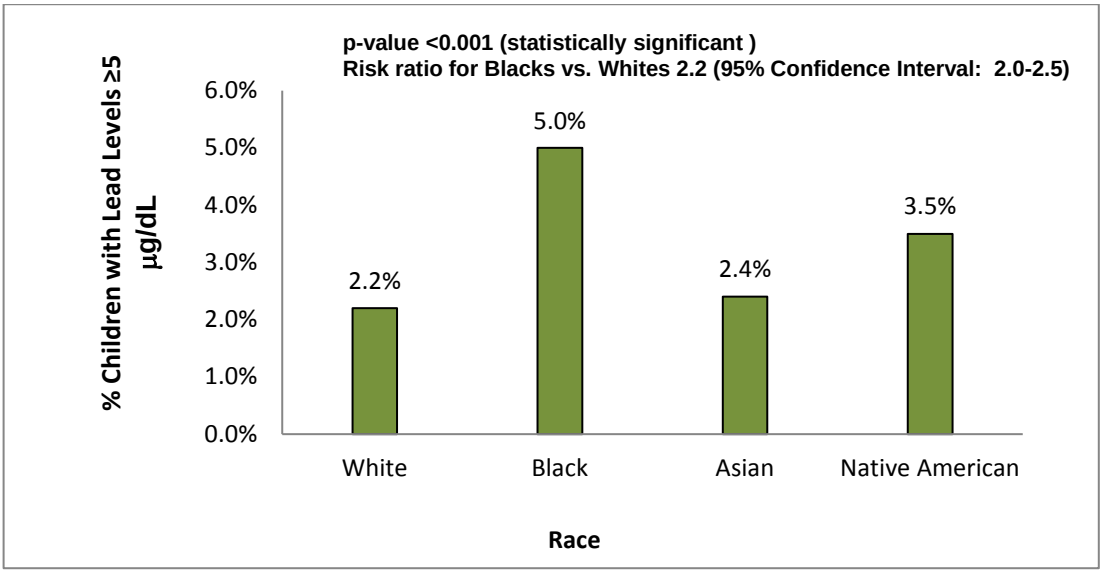
CHAPTER 6. DEMOGRAPHIC CHARACTERISTICS ASSOCIATED WITH CHILDHOOD LEAD POISONING

Race and Ethnicity

For the purposes of this report, children who were diagnosed with a blood lead level of ≥5 μg/dL are considered to be lead poisoned. The health disparities for lead poisoning among races and between Hispanic and non-Hispanic ethnicities remain in 2015. These health disparities were noticed in the first comprehensive annual lead surveillance report in 2004. The following figures portray the association between lead poisoning and race and ethnicity. They also indicate health disparities.

Race

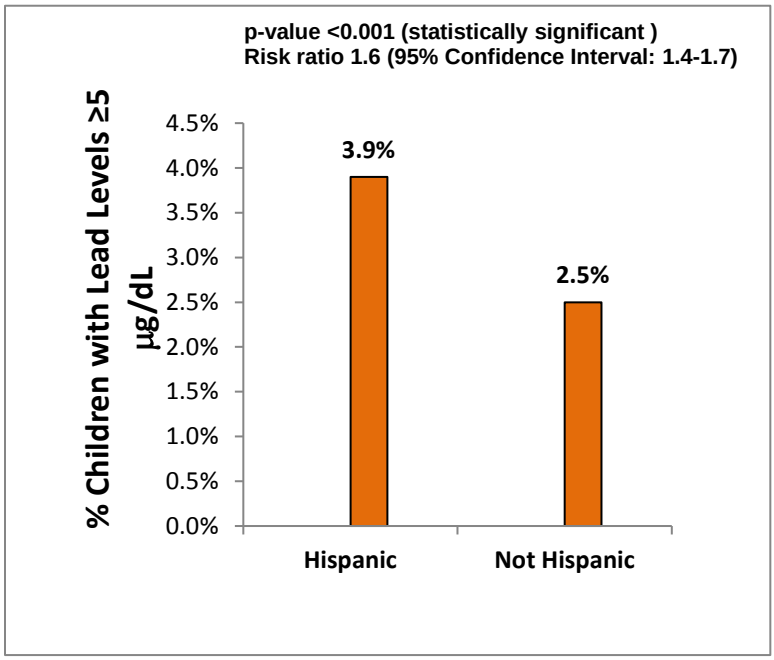
Figure 6.1. Percentage of children under 6 years of age with a blood lead level ≥5 μg/dL, by race – Connecticut CY 2015



Among children under 6 years of age who had a confirmed blood lead test in 2015, Blacks (5.0%) were twice as likely to be lead poisoned at levels of ≥5 μg/dL when compared to Whites (2.2%) or Asians (2.4%). The health disparity for lead poisoning prevalence among Black and White children is smiliar to the past two years (2.4 times higher in Black children in 2013 and 2.2 times in 2014).

Ethnicity

Figure 6.2. Percentage of children under 6 years of age with a blood lead level ≥5 µg/dL, by ethnicity – Connecticut CY 2015



Among children under 6 years of age who had a confirmed blood lead test in 2015, Hispanics (3.9%, 728 children) were 1.6 times as likely to be lead poisoned at levels of ≥5 µg/dL than non-Hispanics (2.5%, 1137 children). The disparity in the lead poisoning prevalence between Hispanics and non-Hispanics has not changed since 2012. Map 6.1 (page 32) depicts the number and percentage of lead poisoned Hispanic children in Connecticut towns.

Household Income below Poverty Level (Map 6.2)

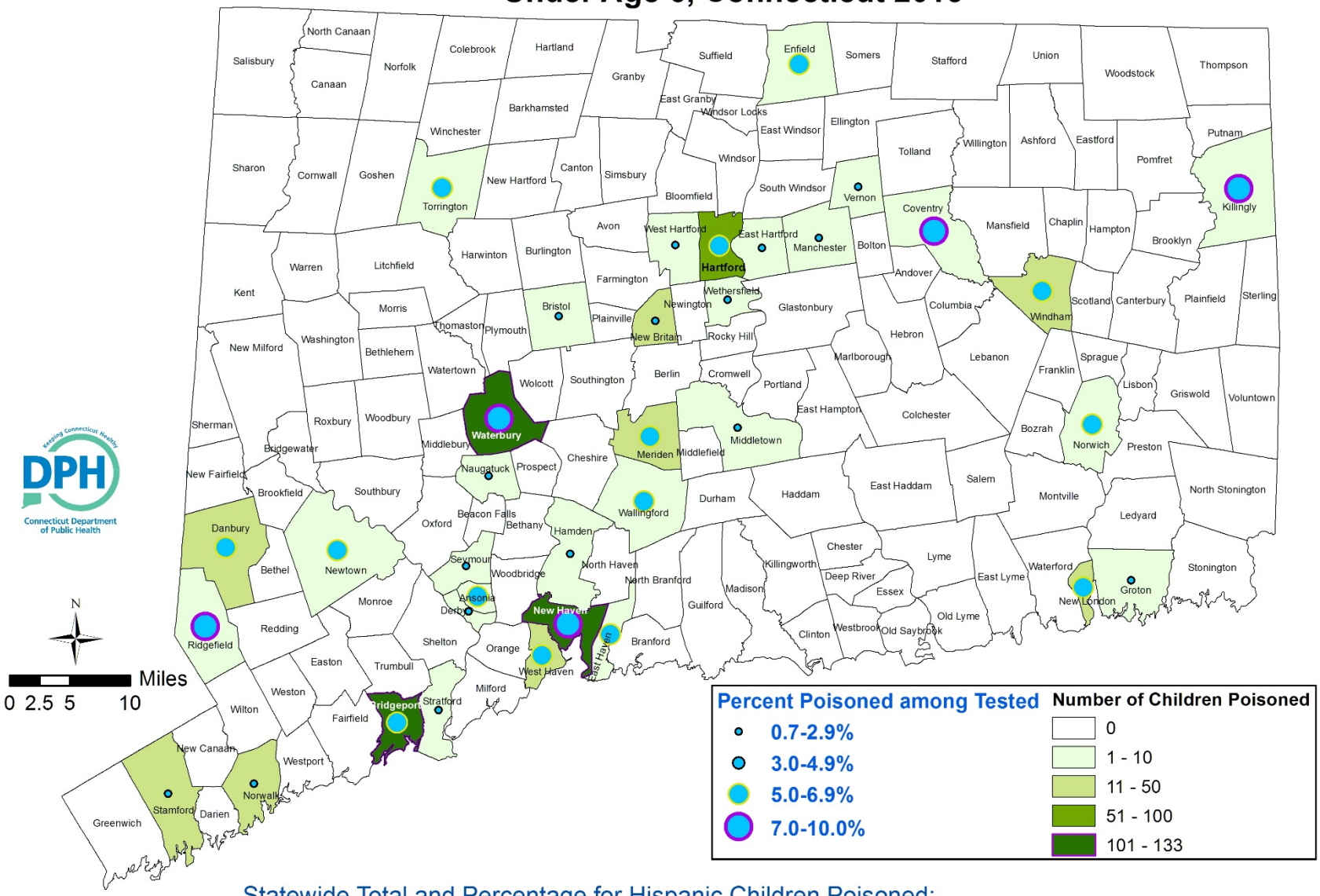
A correlation between household incomes below poverty level and childhood lead poisoning is observed using geospatial illustration. Map 6.2 (page 33) depicts the overlay of lead poisoning cases ≥5 µg/dL and household incomes below poverty level. Bridgeport, Hartford, New Haven, and Waterbury are the locations that have the highest number of households with incomes below poverty level, as well as the highest rates of childhood lead poisoning.

Pre-1978 housing (Map 6.3)

Lead-based paints were banned for residential use in 1978. The U.S. Environmental Protection Agency (EPA) reports that 83% of homes built prior to 1980 contain some lead-based paint (*Report on the National Survey of Lead-Based Paint in Housing, Base Report*, EPA, 1995. EPA 747-R-95-003.). Older houses have an even higher probability of containing lead-based paint. In Connecticut, 45% of the housing stock was built before 1960 (2010-2014 American Community Survey 5-Year Estimates, US Census, 2015). Map 6.3 (page 34) depicts childhood lead poisoning cases and pre-1960 housing.

Map 6.1.

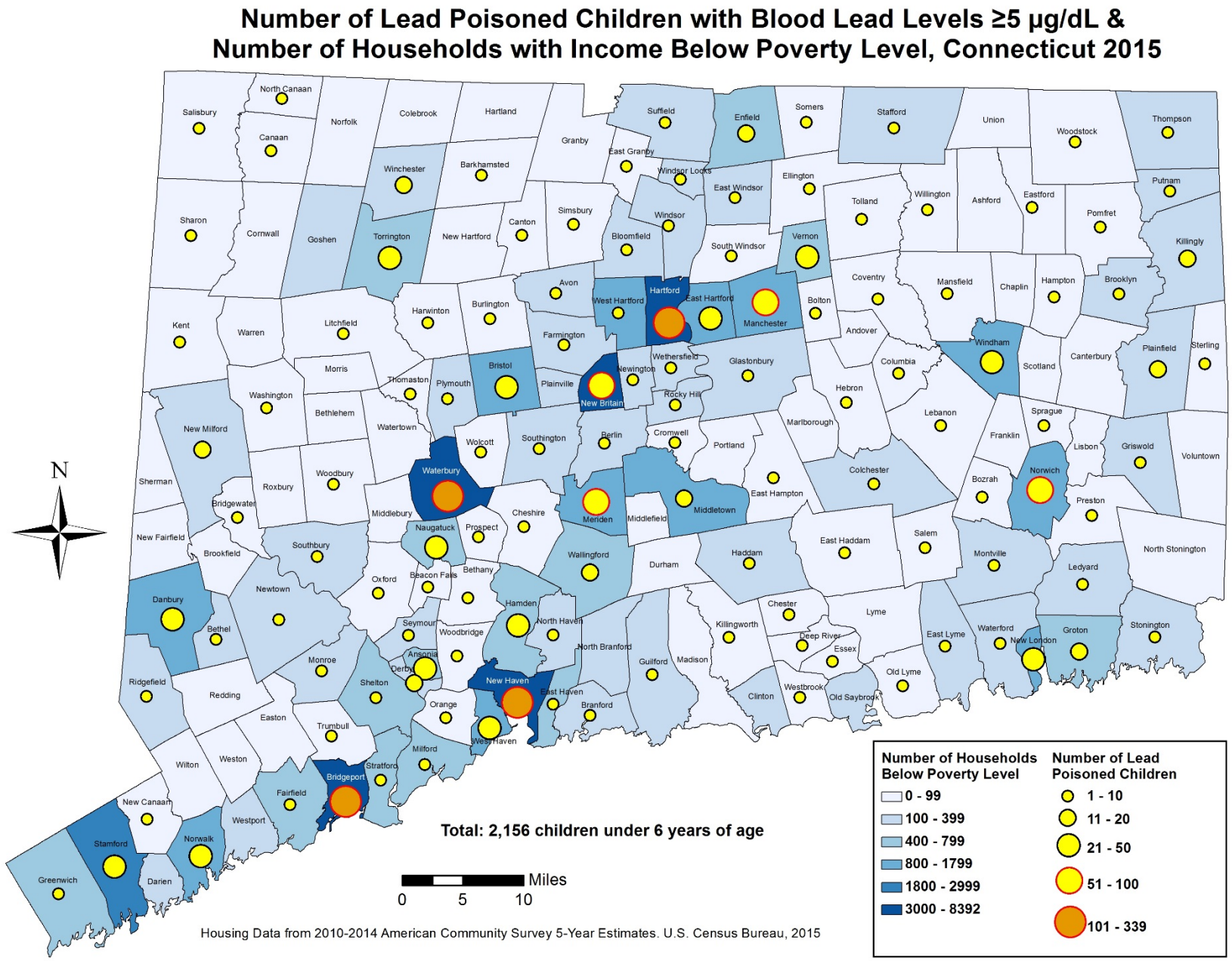
Number and Percentage of Hispanic Children Lead Poisoned Under Age 6, Connecticut 2015



Statewide Total and Percentage for Hispanic Children Poisoned: 728 (3.9%)

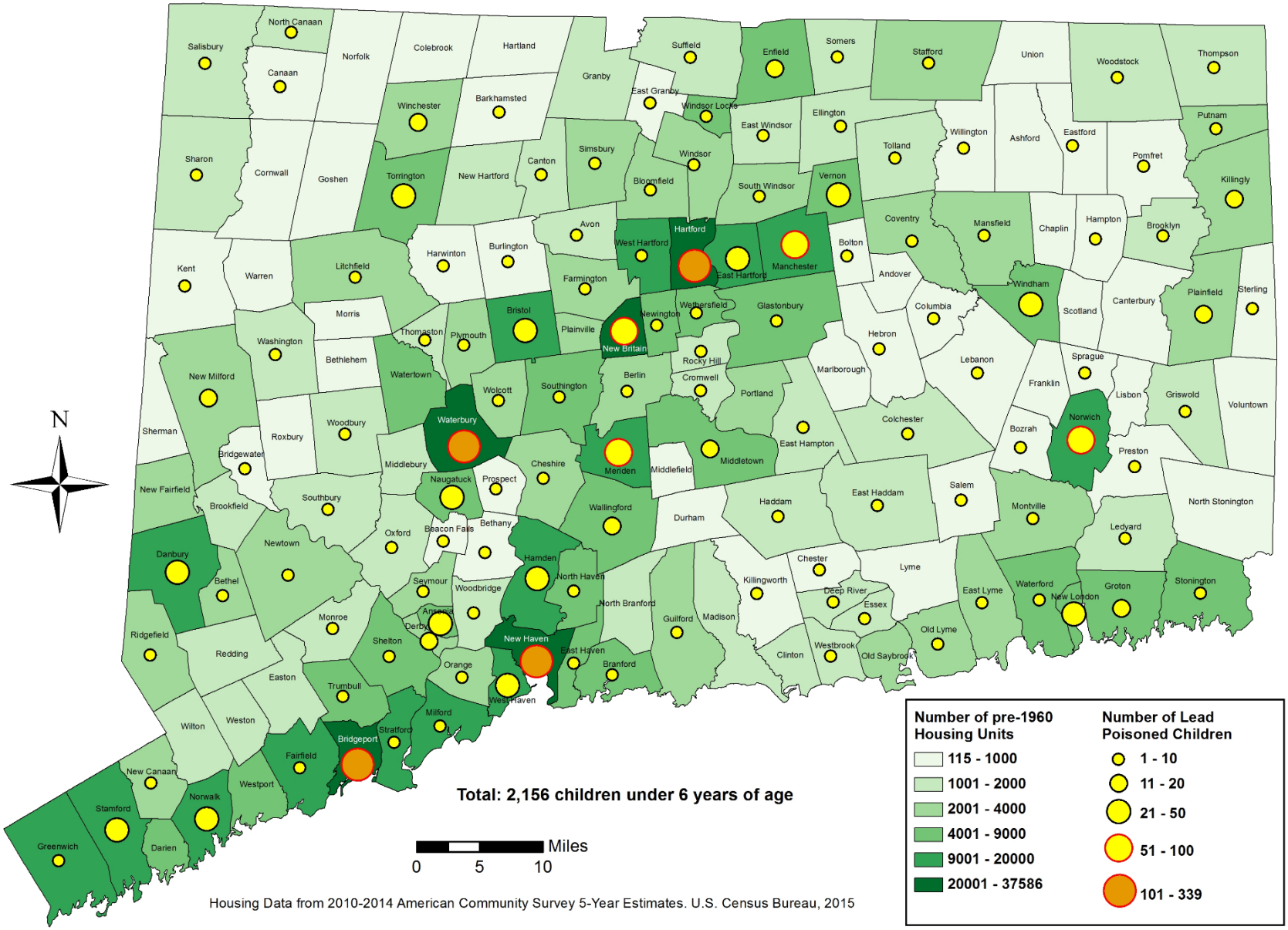
Percent poisoned among Non-Hispanic Children: 2.5%.
Towns with less than 10 children tested were not included

Map 6.2


Number of Lead Poisoned Children with Blood Lead Levels ≥5 µg/dL &
Number of Households with Income Below Poverty Level, Connecticut 2015
N
Total: 2,156 children under 6 years of age
Miles
0 5 10
Housing Data from 2010-2014 American Community Survey 5-Year Estimates. U.S. Census Bureau, 2015
Number of Households Below Poverty Level
0 - 99
100 - 399
400 - 799
800 - 1799
1800 - 2999
3000 - 8392
Number of Lead Poisoned Children
1 - 10
11 - 20
21 - 50
51 - 100
101 - 339
Salisbury
North Canaan
Canaan
Norfolk
Colebrook
Hartland
Granby
Suffield
Enfield
Somers
Stafford
Union
Woodstock
Thompson
Putnam
Winchester
Barkhamsted
East Granby
Windsor Locks
East Windsor
Ellington
Tolland
Willington
Ashford
Eastford
Pomfret
Killingly
Sharon
Cornwall
Goshen
Torrington
New Hartford
Canton
Simsbury
Windsor
Bloomfield
South Windsor
Vernon
Coventry
Mansfield
Chaplin
Hampton
Brooklyn
Avon
West Hartford
Hartford
East Hartford
Manchester
Bolton
Andover
Windham
Scotland
Canterbury
Plainfield
Sterling
Kent
Warren
Litchfield
Harwinton
Burlington
Farmington
Wethersfield
Glastonbury
Columbia
Morris
Thomaston
Plymouth
Bristol
Plainville
Newington
New Britain
Rocky Hill
Hebron
Lebanon
Sprague
Franklin
Lisbon
Griswold
Voluntown
Washington
Bethlehem
Watertown
Wolcott
Southington
Berlin
Cromwell
Portland
Marlborough
New Milford
Sherman
Roxbury
Woodbury
Waterbury
Middlebury
Cheshire
Meriden
Middlefield
Middletown
East Hampton
Colchester
Bozrah
Norwich
Preston
Bridgewater
New Fairfield
Brookfield
Southbury
Naugatuck
Prospect
Wallingford
Durham
Haddam
East Haddam
Salem
Montville
Ledyard
North Stonington
Danbury
Bethel
Newtown
Oxford
Beacon Falls
Bethany
Hamden
North Haven
Seymour
Woodbridge
Chester
Lyme
Killingworth
Deep River
Essex
East Lyme
Waterford
New London
Groton
Stonington
Ansonia
Derby
North Branford
Guilford
Madison
Monroe
Shelton
New Haven
East Haven
Branford
Clinton
Westbrook
Old Saybrook
Old Lyme
Ridgefield
Redding
Easton
Trumbull
Orange
West Haven
Milford
Wilton
Weston
Stratford
Bridgeport
Fairfield
New Canaan
Westport
Stamford
Norwalk
Greenwich
Darien

Map 6.3.

Number of Lead Poisoned Children with Blood Lead Levels ≥5 µg/dL & Number of Housing Units Built Before 1960, Connecticut 2015



CHAPTER 7. ENVIRONMENTAL INVESTIGATIONS FOR CHILDREN WITH ENVIRONMENTAL INTERVENTION BLOOD LEAD LEVELS

Per CGS sections 19a-110(d), and 19a-111, and the Lead Poisoning Prevention and Control Regulations (19a-111 et. seq.), local health departments/districts are required to carry out comprehensive lead inspections at the residences of lead poisoned children with environmental intervention blood lead levels (EIBLL) (defined in the next paragraph). A comprehensive lead inspection includes the sampling of representative painted (or coated) surfaces of a dwelling unit, as well as the collection and analysis of dust, water, and exposed soil at the property.

When a child's venous blood lead level is reported as ≥ 20 μg/dL (EIBLL), a local health department/district must conduct an epidemiological investigation and order the elimination (abatement) of the sources of lead exposure for that child. In addition, when a child's venous blood lead levels are reported as two 15-19 μg/dL tests taken at least three months apart (EIBLL), a local health department/district must conduct an on-site inspection to identify the source of lead exposure and order lead abatement if hazards are identified. The investigation to determine the sources of lead exposure may result in the health department/district conducting a lead inspection at more than one property, if that child is routinely cared for at alternate locations. Additionally, if a lead poisoned child moves to a new dwelling unit and subsequent venous blood test results are ≥20 μg/dL, the new dwelling unit must also be inspected for lead hazards and lead abatement ordered when hazards are identified. If a child resides in more than one dwelling unit, investigations are conducted for each of the dwelling units where the lead poisoned child resides.

Some local health departments/districts opt to conduct investigations and order lead abatement at lower levels of diagnosed lead poisoning. Those environmental data elements are not included in this report. The analyses in this report contain dwelling units associated with at least one EIBLL children.

In 2015, 141 environmental cases were opened for children who had blood lead levels that triggered environmental intervention.

Among the 141 environmental cases opened, 135 properties required a comprehensive or limited lead inspection; six of the homes were built after 1978. Of the 135 properties, 120 units received a comprehensive lead inspection and 15 properties received a limited inspection. In order for a comprehensive lead inspection to be considered complete, the report must minimally include paint, dust, water, and soil analysis results (where applicable). For limited testing, the report must include dust, water, and soil analysis results (where applicable).

The analyses of the environmental findings below are based on the environmental investigation reports for the 135 dwelling units for which environmental investigations were conducted for lead poisoned children and where lead inspection reports were provided to the CT DPH.

Housing style

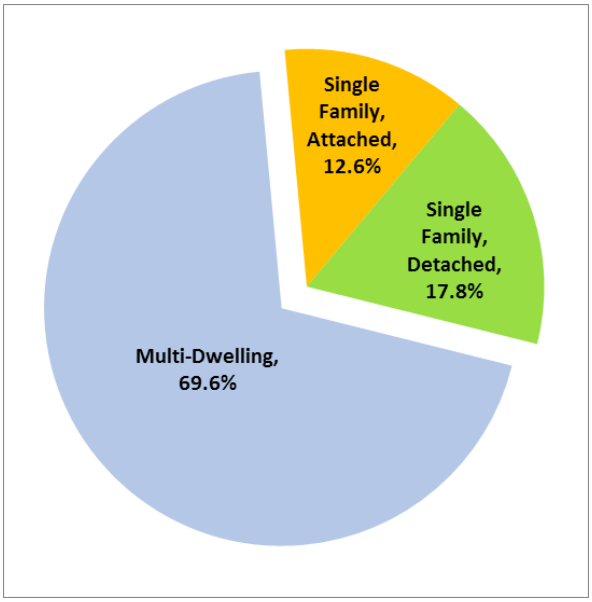


Figure 7.1. Percentage of housing style among inspected housing units

Of the 135 dwelling units inspected, 94 (69.6%) were multiple-unit dwellings, 17 (12.6%) were single family attached dwellings, and 24 (17.8%) were single family detached dwellings.

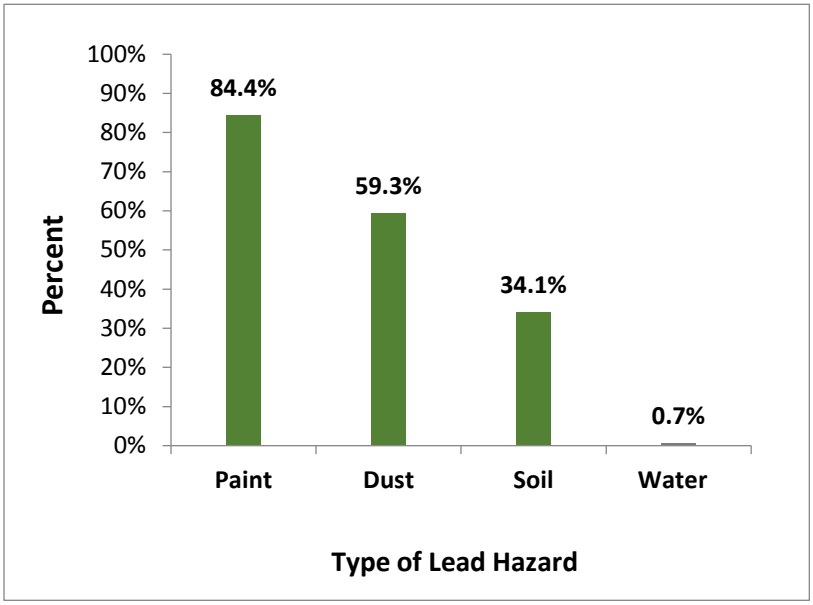
Environmental lead hazards

Children are most commonly exposed to lead from lead-based paint hazards. Lead-based paint hazards include defective painted surfaces, friction and chewable surfaces, lead-contaminated dust on interior floors and surfaces, and lead contaminated soil. Children are less frequently poisoned from water, herbal or ethnic remedies, imported cosmetics, toys, and other miscellaneous lead-contaminated products and foods. A comprehensive lead inspection minimally consists of a comprehensive lead paint inspection, as well as dust, soil, and water sampling and analyses. If other less common sources of lead exposure are identified during a comprehensive lead inspection or through conversations with a caregiver, those media are also sampled and analyzed. The Lead and Healthy Homes Program collects, analyzes, and reports on data for the most common sources of lead exposure.

Of the 135 dwelling units for which lead inspection results were received, 115 (85.2%) were identified with at least one environmental lead hazard, and 20 (14.8%) had no identified environmental lead hazards.

Environmental lead hazards identified by source

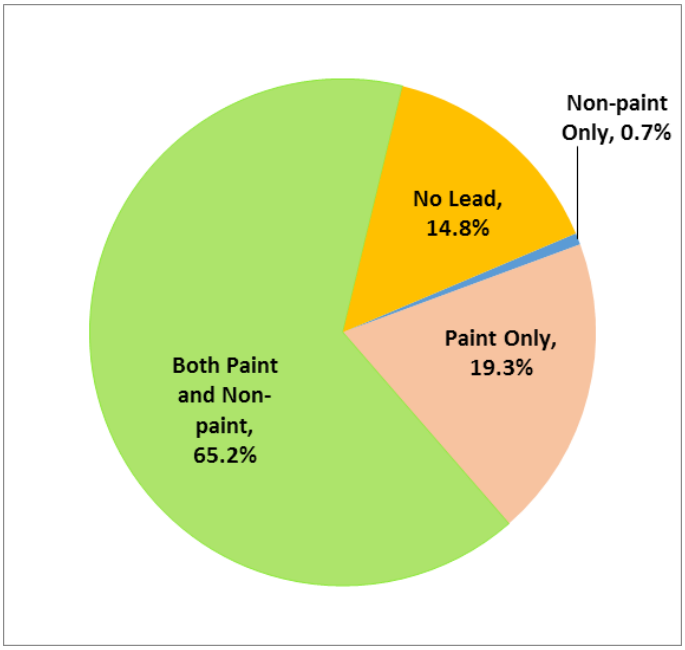
Figure 7.2. Percentage of environmental lead hazards identified by source



Of the 135 dwelling units investigated and reported, a total of 114 (84.4%) were identified with a lead-based paint hazard, 80 (59.3%) were identified with a lead dust hazard, 46 (34.1%) were identified with a lead soil hazard, and 1 (0.7%) was identified with a lead in drinking water hazard from a private well.

Environmental lead hazards identified by existence of lead paint hazard

Figure 7.3. Percentage of environmental lead hazards related to paint or non-paint hazards



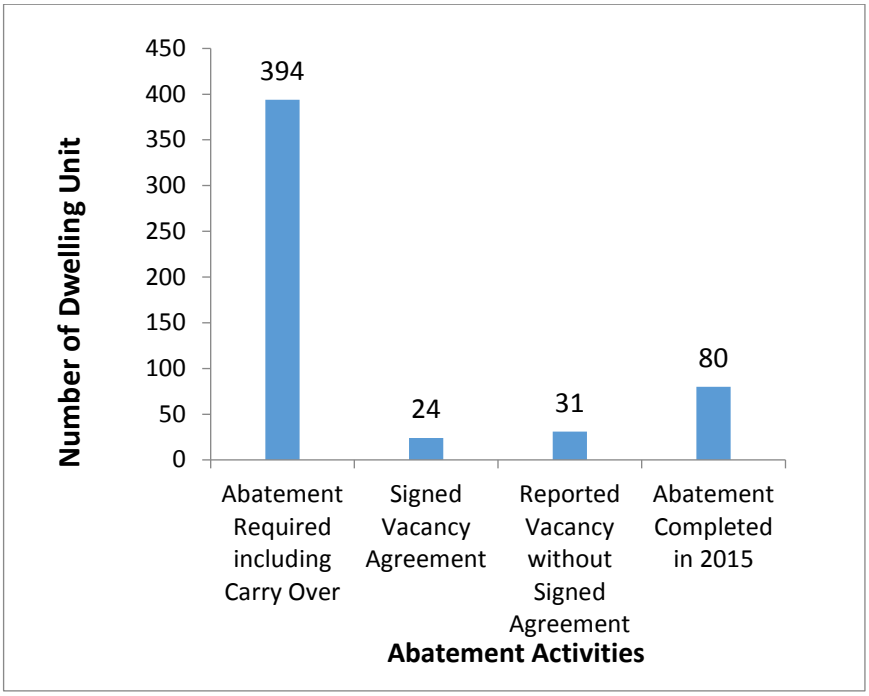
Of the 135 dwelling units for which investigations were completed, 26 (19.3%) dwelling units were identified with lead-based paint hazards only, 88 (65.2%) dwelling units were identified with both lead-based paint and non-paint hazards‡‡‡, 1 (0.7%) were identified with non-paint hazards only, and 20 (14.8%) had no environmental lead hazards.

Reported lead abatement and management activities

A health department/district is required to issue an order to the property owner to eliminate the lead-based paint hazards identified during the comprehensive lead inspection. The dwelling unit, common areas, ancillary structures (garages/sheds), and exterior exposed soil areas may undergo lead abatement if a lead hazard was identified on the property during the comprehensive lead inspection. Intact lead-based paint surfaces that remain in the home must be placed on a management plan to ensure that they remain intact, and do not become a lead hazard and a future source of exposure for occupants.

Through the lead inspection report information provided to the CT DPH, the Lead and Healthy Homes Program identified 394 dwelling units (including cases carried forward from previous years) that remained open environmental cases in 2015.

Figure 7.4. Abatement and management activities among dwelling units requiring abatement of lead hazards



As of 2015, 394 dwelling units were required to perform abatement of lead hazards. In 2015, lead abatement was completed in 80 units; leaving 314 required abatement projects to carry over into 2016. A vacancy agreement was signed for 24 dwelling units while 31 were reported vacant but without a signed agreement.

‡‡‡ Non-paint hazards consist of lead dust, lead in soil, or lead in water.

Figure 7.5. Number of months or years to complete abatement among dwelling units where abatement of lead hazards was completed in 2015

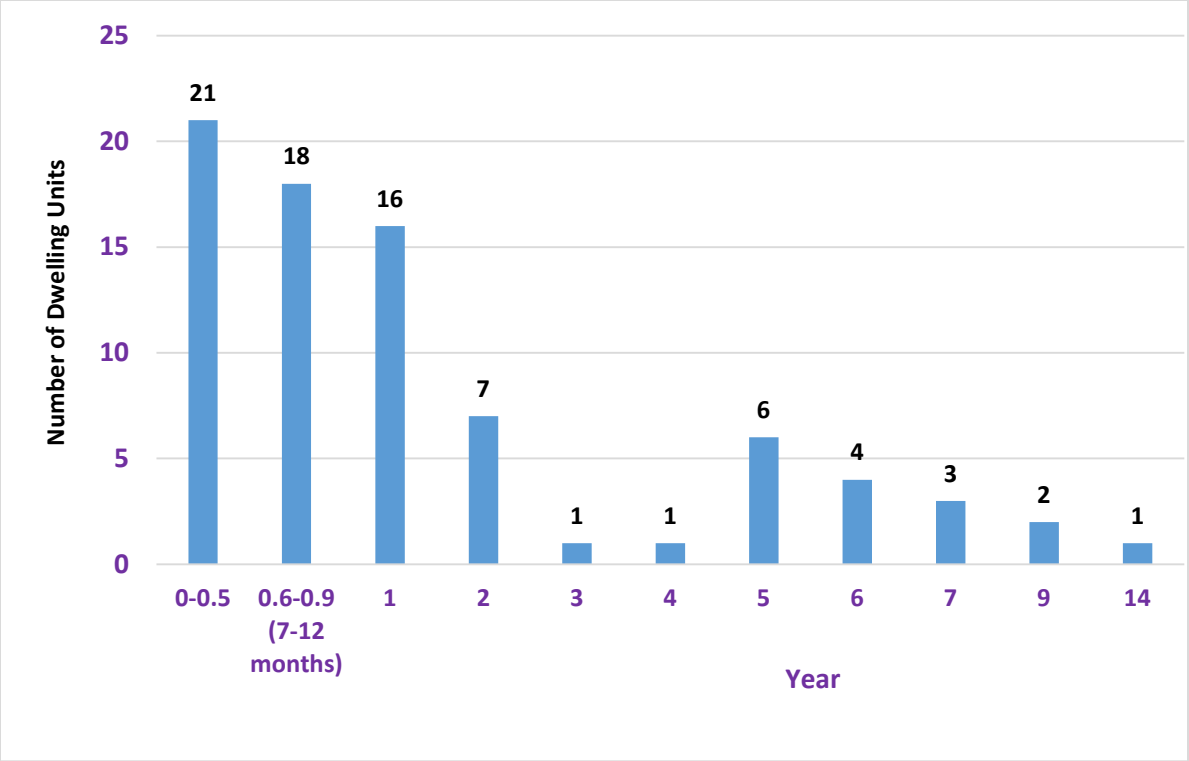
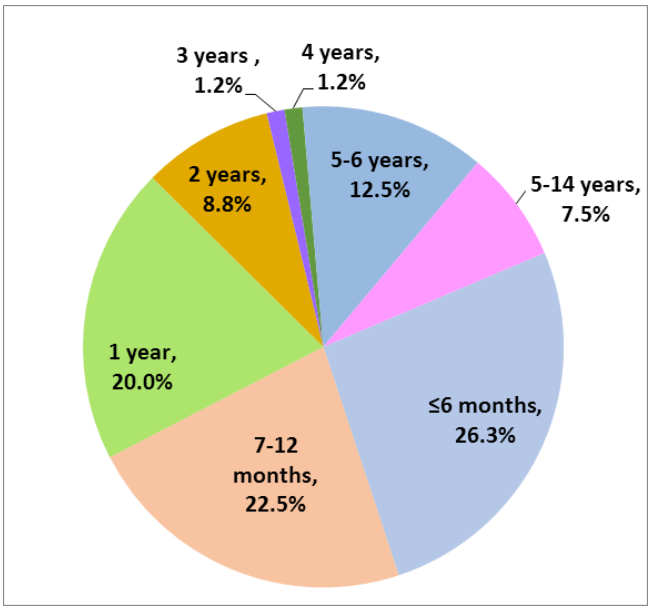


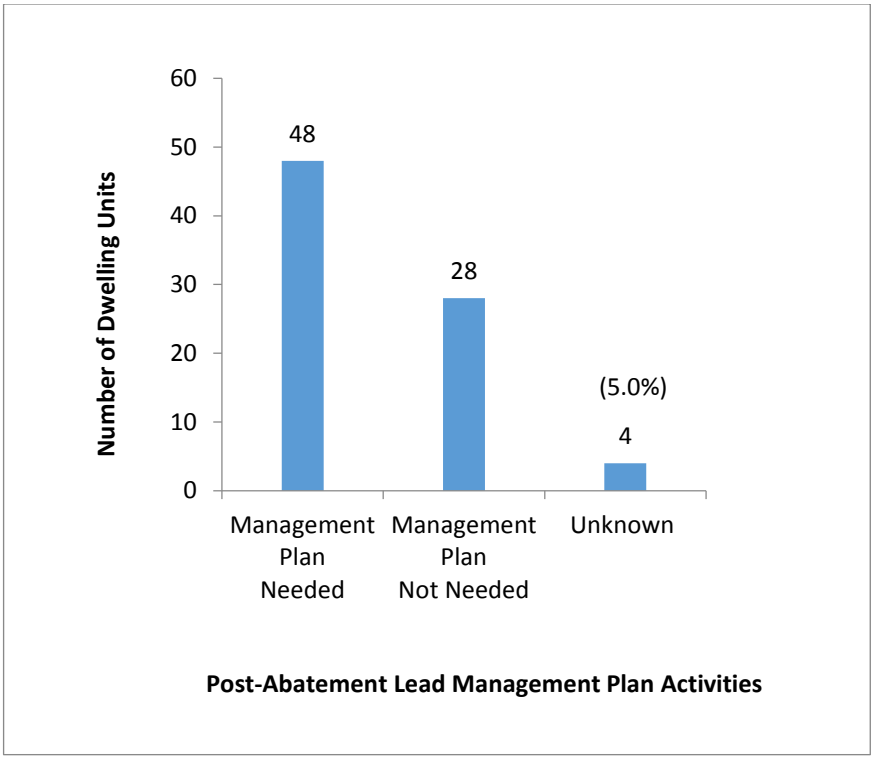
Figure 7.6. Distribution of time required to complete abatement among dwelling units where abatement of lead hazards was completed in 2015

Among the 80 dwelling units where lead abatement was completed in 2015, it took property owners between 1 month to 14 years to complete the work. The broad range of time it takes to complete abatement is dependent on factors such as the level of lead abatement needed at a property, the willingness of a property owner to comply with health orders and the enforcement of orders issued by a Director of Health.



Thiry-nine of the 80 (48.8%) property owners completed lead abatement within one year. The average time to complete lead abatement for these properties was 1 year and 11 months.

Figure 7.7. Lead management plans among dwelling units where lead abatement was completed in 2015



Intact lead-based paint and encapsulated surfaces must be placed on a lead management plan. Of the 80 dwelling units for which lead abatement was completed in 2015, 48 (60.0%) of the dwelling units required lead management plans, 28 (35.0%) did not require lead management plans, and the status of 4 (5.0%) dwelling units was not reported.

Chapter 8. APPENDICES

Table 8.1. By town screening for children under age 6 and 9 months to 2 years old – Connecticut CY 2015

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
Connecticut						
CY 2002*			69,857	88,094	40,452	45.9
CY 2003*			67,592	88,094	38,742	44
CY 2004*			68,606	88,094	39,894	45.3
CY 2005*			69,263	88,094	42,954	48.8
CY 2006*			69,315	88,094	43,193	49
CY 2007*			72,088	88,094	45,037	51.1
CY 2008*			76,722	88,094	48,594	55.2
CY 2009*			85,354	88,094	54,106	61.4
CY 2010*			82,194	79,676	52,744	66.2
CY 2011			77,423	82,765	55,960	67.6
CY 2012			75,569	80,411	54,524	67.8
CY 2013			75,749	78,288	55,862	71.4
CY2014			75,956	77,163	56,344	73.0
CY 2015		**667,950**	**75,423**	**76,357**	**56,598**	**74.1**
By-Town, CY 2015						
1	ANDOVER	495	30	34	26	76
2	ANSONIA	4869	523	503	368	73
3	ASHFORD	467	71	96	66	69
4	AVON	1353	264	259	236	91
5	BARKHAMSTED	283	38	46	37	80
6	BEACON FALLS	915	80	97	62	64
7	BERLIN	3007	233	337	189	56
8	BETHANY	551	57	77	51	66

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
9	BETHEL	2510	304	286	253	88
10	BETHLEHEM	444	45	46	38	83
11	BLOOMFIELD	3167	329	372	278	75
12	BOLTON	761	60	89	50	56
13	BOZRAH	357	22	40	18	45
14	BRANFORD	5379	388	486	352	72
15	BRIDGEPORT	37888	6118	4224	3530	84
16	BRIDGEWATER	413	13	10	11	84
17	BRISTOL	12052	1150	1316	945	72
18	BROOKFIELD	1551	220	225	189	84
19	BROOKLYN	1123	122	117	97	83
20	BURLINGTON	667	129	153	112	73
21	CANAAN &NORTH CANAAN [π]	379	45	56	36	64
22	CANTERBURY	404	72	94	61	65
23	CANTON	1661	119	154	101	66
24	CHAPLIN	420	25	32	19	59
25	CHESHIRE	3139	349	359	293	82
26	CHESTER	953	52	49	48	98
27	CLINTON	1963	171	202	159	79
28	COLCHESTER	1134	144	286	132	46
29	COLEBROOK	358	10	15	10	67
30	COLUMBIA	660	51	93	46	49
31	CORNWALL	580	11	12	10	83
32	COVENTRY	1970	211	242	181	75
33	CROMWELL	1758	263	337	231	69

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
34	DANBURY	12621	2180	2113	1700	80
35	DARIEN	4120	452	487	403	83
36	DEEP RIVER	1175	54	62	51	82
37	DERBY	3092	254	313	200	64
38	DURHAM	827	99	120	88	73
39	EAST GRANBY	508	79	98	64	65
40	EAST HADDAM	1558	124	154	117	76
41	EAST HAMPTON	1919	196	272	169	62
42	EAST HARTFORD	11476	1235	1387	970	70
43	EAST HAVEN	5374	496	540	429	79
44	EAST LYME	2835	243	255	218	85
45	EAST WINDSOR	1910	197	267	159	60
46	EASTFORD	246	18	24	17	71
47	EASTON	1108	89	90	79	88
48	ELLINGTON	1898	262	329	207	63
49	ENFIELD	8189	666	670	469	70
50	ESSEX	1317	61	57	57	100
51	FAIRFIELD	12422	1068	998	977	98
52	FARMINGTON	2652	397	380	309	81
53	FRANKLIN	249	23	25	16	64
54	GLASTONBURY	3951	433	504	387	77
55	GOSHEN	289	30	38	27	71
56	GRANBY	1228	114	144	93	65
57	GREENWICH	12662	1025	1230	879	71
58	GRISWOLD	1463	187	233	141	61

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
59	GROTON	6169	1070	1197	827	69
60	GUILFORD	2718	185	255	176	69
61	HADDAM	1281	114	138	108	78
62	HAMDEN	12121	956	1201	821	68
63	HAMPTON	313	32	27	29	100
64	HARTFORD	33755	4881	4098	3151	77
65	HARTLAND	324	21	24	18	75
66	HARWINTON	812	69	78	57	73
67	HEBRON	600	95	144	86	60
68	KENT	621	28	40	25	63
69	KILLINGLY	3033	341	331	280	85
70	KILLINGWORTH	496	67	69	64	93
71	LEBANON	1005	69	112	56	50
72	LEDYARD	1162	316	276	259	94
73	LISBON	382	32	42	25	60
74	LITCHFIELD	2084	93	98	85	87
75	LYME & OLD LYME [β]	533	99	103	89	86
76	MADISON	1865	181	176	174	99
77	MANCHESTER	12189	1451	1664	1184	71
78	MANSFIELD	1897	126	171	110	64
79	MARLBOROUGH	348	71	108	61	56
80	MERIDEN	15702	1913	1579	1182	75
81	MIDDLEBURY	1217	136	117	108	92
82	MIDDLEFIELD	866	48	62	44	71
83	MIDDLETOWN	7722	912	1233	807	65

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
84	MILFORD	10866	923	960	708	74
85	MONROE	1726	295	308	269	87
86	MONTVILLE	1950	270	330	209	63
87	MORRIS	673	32	30	25	83
88	NAUGATUCK	5596	725	797	520	65
89	NEW BRITAIN	20407	2661	2339	1691	72
90	NEW CANAAN	2795	340	382	307	80
91	NEW FAIRFIELD	1937	198	156	173	100
92	NEW HARTFORD	891	71	98	62	63
93	NEW HAVEN	37605	4461	3782	2939	78
94	NEW LONDON	8151	823	709	543	77
95	NEW MILFORD	3083	441	492	393	80
96	NEWINGTON	4805	396	548	344	63
97	NEWTOWN	2837	275	340	252	74
98	NORFOLK	575	17	19	17	89
99	NORTH BRANFORD	1677	196	201	183	91
100	NORTH CANAAN & CANAAN [π]	1005	45	56	36	64
101	NORTH HAVEN	3916	321	402	281	70
102	NORTH STONINGTON	737	67	73	54	74
103	NORWALK	18245	2221	2498	1757	70
104	NORWICH	10497	934	1077	599	56
105	OLD LYME & LYME [β]	2543	84	103	89	86
106	OLD SAYBROOK	2434	120	109	111	100
107	ORANGE	2332	215	216	197	91
108	OXFORD	1218	181	196	154	79

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
109	PLAINFIELD	2886	271	314	208	66
110	PLAINVILLE	3538	259	361	203	56
111	PLYMOUTH	2233	174	199	125	63
112	POMFRET	474	64	63	50	79
113	PORTLAND	2149	142	198	128	65
114	PRESTON	563	44	76	34	45
115	PROSPECT	947	133	155	100	65
116	PUTNAM	2407	195	224	157	70
117	REDDING	1320	105	108	95	88
118	RIDGEFIELD	2310	391	402	320	80
119	ROCKY HILL	1650	426	417	372	89
120	ROXBURY	377	14	18	13	72
121	SALEM	318	57	69	51	74
122	SALISBURY	1307	16	35	16	46
123	SCOTLAND	204	6	24	5	21
124	SEYMOUR	2941	327	374	274	73
125	SHARON	1140	15	21	10	48
126	SHELTON	4231	667	753	586	78
127	SHERMAN	599	33	35	31	89
128	SIMSBURY	2781	241	346	212	61
129	SOMERS	996	111	102	79	77
130	SOUTH WINDSOR	2496	335	446	295	66
131	SOUTHBURY	1283	207	213	188	88
132	SOUTHINGTON	5356	603	716	478	67
133	SPRAGUE	724	62	69	46	67

		Housing stock built before 1960[8]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
134	STAFFORD	2770	186	183	157	86
135	STAMFORD	19188	3615	4259	2942	69
136	STERLING	295	58	51	41	80
137	STONINGTON	4342	217	158	185	100
138	STRATFORD	12569	1124	1168	887	76
139	SUFFIELD	1543	186	167	135	81
140	THOMASTON	1386	139	127	102	80
141	THOMPSON	1851	164	114	118	100
142	TOLLAND	966	203	237	165	70
143	TORRINGTON	8870	741	745	603	81
144	TRUMBULL	5167	609	632	558	88
145	UNION	95	3	6	3	50
146	VERNON	4958	670	791	516	65
147	VOLUNTOWN	368	24	34	15	44
148	WALLINGFORD	8089	763	794	629	79
149	WARREN	342	8	8	7	88
150	WASHINGTON	1254	39	33	31	94
151	WATERBURY	25896	4233	3229	2178	67
152	WATERFORD	4285	230	275	197	72
153	WATERTOWN	3849	388	344	290	84
154	WEST HARTFORD	17624	1146	1280	978	76
155	WEST HAVEN	12243	1330	1339	988	74
156	WESTBROOK	1562	70	75	67	89
157	WESTON	1374	111	120	107	89
158	WESTPORT	4934	395	374	359	96

		Housing stock built before 1960[β]	Number of Children Under Age 6 Screened	Population* Age 9 months-2 yrs.	*Number and Percent of Children Age 9 ms-2 yrs Screened*	
			Number		Number	Percent
159	WETHERSFIELD	5735	433	576	374	65
160	WILLINGTON	610	82	98	64	65
161	WILTON	1806	268	314	240	76
162	WINCHESTER	3341	184	189	144	76
163	WINDHAM	5099	495	582	427	73
164	WINDSOR	2791	431	555	336	61
165	WINDSOR LOCKS	4889	192	256	150	59
166	WOLCOTT	2318	257	221	173	78
167	WOODBRIDGE	1190	117	126	102	81
168	WOODBURY	1587	101	129	81	63
169	WOODSTOCK	1098	123	91	98	100

NOTE: Children are counted only once, regardless of the number of times they are tested.

- Population estimate is based on vital registry for birth cohorts 2010 and 2011. Children 9 months to 11 months old who were tested in 2013 were added to the population denominator.
- * Screening rates for CY 2002 to CY 2010 are based on number of children who were 1 or 2 years old at time of screening. These statistics were reported in previous annual reports
- ‡ Screening rate rounded down to 100%.
- α Data obtained from 2011-2015 American Community Survey 5-Year Estimates, Table B25034, https://factfinder.census.gov
- π Canaan and North Canaan are combined for number and percentage of children tested because Canaan could be a community within North Canaan or the town of Canaan.
- β Lyme and Old Lyme are combined for number and percentage of children tested because residents of Lyme are often reported as residing in Old Lyme.

Table 8.2. Prevalence - Percent of Children with a Blood Lead Level 0-4 *µg/dL and* Cumulative Percent of Children with a Blood lead Level *of ≥5 µg/dL* among Children under 6 Years of Age, *by Blood Lead Categories*

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
	Connecticut											
	CY 2002	69,062					1,733	2.5			353	0.5
	CY 2003	66,847					1,445	2.2			272	0.4
	CY 2004	67,688					1,472	2.2			288	0.4
	CY 2005	68,757					1,263	1.8			212	0.3
	CY 2006	68,828					1,082	1.6	415	0.6	215	0.3
	CY 2007	71,627					1,020	1.4	445	0.6	208	0.3
	CY 2008	76,367					1,054	1.4	448	0.6	221	0.3
	CY 2009	85,138					737	0.9	308	0.4	153	0.2
	CY 2010	81,999	76.598	93.4	5,401*	6.6*	743	0.9	315	0.4	156	0.2
	CY 2011	77,306	72,322	93.6	4,984*	6.4*	619	0.8	264	0.3	111	0.1
	CY2012	73,785	71,524	96.9	2,261	3.1	522	0.7	196	0.3	107	0.1
	CY2013	74,636	72,361	97.0	2,275	3.0	525	0.7	214	0.3	111	0.1
	CY2014	75,368	73,084	97.0	2,284	3.0	510	0.7	213	0.3	99	0.1
	CY2015	**74,881**	**72,725**	**97.1**	**2,156**	**2.9**	**547**	**0.7**	**233**	**0.3**	**126**	**0.2**
	By-Town											
1	**ANDOVER**	30	30	100.0	0	0.0	0	0.0	0	0.0	0	0.0
2	**ANSONIA**	519	491	94.6	28	5.4	7	1.3	4	0.8	3	0.6
3	**ASHFORD**	71	71	100.0	0	0.0	0	0.0	0	0.0	0	0.0

* Capillary tests ³ 5 mg/dL were treated as confirmatory tests based on previous confirmatory definition

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
4	AVON	261	258	98.9	3	1.1	1	0.4	1	0.4	0	0.0
5	BARKHAMSTED	38	37	97.4	1	2.6	0	0.0	0	0.0	0	0.0
6	BEACON FALLS	79	78	98.7	1	1.3	1	1.3	0	0.0	0	0.0
7	BERLIN	231	228	98.7	3	1.3	2	0.9	0	0.0	0	0.0
8	BETHANY	57	56	98.2	1	1.8	0	0.0	0	0.0	0	0.0
9	BETHEL	302	299	99.0	3	1.0	1	0.3	1	0.3	1	0.3
10	BETHLEHEM	45	45	100.0	0	0.0	0	0.0	0	0.0	0	0.0
11	BLOOMFIELD	329	327	99.4	2	0.6	0	0.0	0	0.0	0	0.0
12	BOLTON	60	59	98.3	1	1.7	0	0.0	0	0.0	0	0.0
13	BOZRAH	22	21	95.5	1	4.5	0	0.0	0	0.0	0	0.0
14	BRANFORD	382	378	99.0	4	1.0	2	0.5	2	0.5	2	0.5
15	BRIDGEPORT	6086	5794	95.2	292	4.8	72	1.2	29	0.5	17	0.3
16	BRIDGEWATER	13	11	84.6	2	15	1	7.7	0	0.0	0	0.0
17	BRISTOL	1148	1118	97.4	30	2.6	11	1.0	6	0.5	3	0.3
18	BROOKFIELD	220	220	100.0	0	0.0	0	0.0	0	0.0	0	0.0
19	BROOKLYN	121	115	95.0	6	4.9	2	1.7	0	0.0	0	0.0
20	BURLINGTON	128	127	99.2	1	0.8	1	0.8	0	0.0	0	0.0
21	CANAAN	12	11	91.7	1	8.3	0	0.0	0	0.0	0	0.0
22	CANTERBURY	72	72	100.0	0	0.0	0	0.0	0	0.0	0	0.0
23	CANTON	118	116	98.3	2	1.7	1	0.8	0	0.0	0	0.0
24	CHAPLIN	25	25	100.0	0	0.0	0	0.0	0	0.0	0	0.0
25	CHESHIRE	348	347	99.7	1	0.3	1	0.3	0	0.0	0	0.0
26	CHESTER	52	50	96.2	2	3.8	0	0.0	0	0.0	0	0.0
27	CLINTON	171	171	100.0	0	0.0	0	0.0	0	0.0	0	0.0
28	COLCHESTER	143	142	99.3	1	0.7	1	0.7	0	0.0	0	0.0
29	COLEBROOK	10	10	100.0	0	0.0	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
30	COLUMBIA	51	50	98.0	1	2.0	0	0.0	0	0.0	0	0.0
31	CORNWALL	11	11	100.0	0	0.0	0	0.0	0	0.0	0	0.0
32	COVENTRY	211	207	98.1	4	1.9	0	0.0	0	0.0	0	0.0
33	CROMWELL	261	260	99.6	1	0.4	0	0.0	0	0.0	0	0.0
34	DANBURY	2164	2117	97.8	47	2.2	11	0.5	4	0.2	2	0.1
35	DARIEN	450	450	100.0	0	0.0	0	0.0	0	0.0	0	0.0
36	DEEP RIVER	53	52	98.1	1	1.9	0	0.0	0	0.0	0	0.0
37	DERBY	253	242	95.7	11	4.3	2	0.8	0	0.0	0	0.0
38	DURHAM	97	97	100.0	0	0.0	0	0.0	0	0.0	0	0.0
39	EAST GRANBY	78	76	97.4	2	2.5	2	2.6	0	0.0	0	0.0
40	EAST HADDAM	123	121	98.4	2	1.6	1	0.8	1	0.8	1	0.8
41	EAST HAMPTON	192	191	99.5	1	0.5	0	0.0	0	0.0	0	0.0
42	EAST HARTFORD	1229	1203	97.9	26	2.1	9	0.7	5	0.4	3	0.2
43	EAST HAVEN	493	485	98.4	8	1.6	2	0.4	0	0.0	0	0.0
44	EAST LYME	241	239	99.2	2	0.8	0	0.0	0	0.0	0	0.0
45	EAST WINDSOR	194	185	95.4	9	4.6	1	0.5	0	0.0	0	0.0
46	EASTFORD	18	17	94.4	1	5.6	0	0.0	0	0.0	0	0.0
47	EASTON	88	88	100.0	0	0.0	0	0.0	0	0.0	0	0.0
48	ELLINGTON	261	256	98.1	5	1.9	2	0.8	1	0.4	1	0.4
49	ENFIELD	660	646	97.9	14	2.1	2	0.3	2	0.3	0	0.0
50	ESSEX	61	60	98.4	1	1.6	0	0.0	0	0.0	0	0.0
51	FAIRFIELD	1061	1056	99.5	5	0.5	1	0.1	0	0.0	0	0.0
52	FARMINGTON	394	392	99.5	2	0.5	0	0.0	0	0.0	0	0.0
53	FRANKLIN	23	23	100.0	0	0.0	0	0.0	0	0.0	0	0.0
54	GLASTONBURY	432	428	99.1	4	0.9	1	0.2	1	0.2	1	0.2
55	GOSHEN	30	30	100.0	0	0.0	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
56	GRANBY	113	113	100.0	0	0.0	0	0.0	0	0.0	0	0.0
57	GREENWICH	1016	1011	99.5	5	0.5	0	0.0	0	0.0	0	0.0
58	GRISWOLD	187	185	98.9	2	1.1	0	0.0	0	0.0	0	0.0
59	GROTON	1063	1052	99.0	11	1.0	1	0.1	0	0.0	0	0.0
60	GUILFORD	183	182	99.5	1	0.5	0	0.0	0	0.0	0	0.0
61	HADDAM	112	107	95.5	5	4.4	0	0.0	0	0.0	0	0.0
62	HAMDEN	950	917	96.5	33	3.5	9	0.9	4	0.4	3	0.3
63	HAMPTON	31	30	96.8	1	3.1	1	3.2	0	0.0	0	0.0
64	HARTFORD	4851	4687	96.6	164	3.4	43	0.9	19	0.4	9	0.2
65	HARTLAND	21	21	100.0	0	0.0	0	0.0	0	0.0	0	0.0
66	HARWINTON	68	66	97.1	2	2.9	1	1.5	0	0.0	0	0.0
67	HEBRON	95	94	98.9	1	1.1	0	0.0	0	0.0	0	0.0
68	KENT	27	25	92.6	2	7.1	0	0.0	0	0.0	0	0.0
69	KILLINGLY	340	324	95.3	16	4.7	3	0.9	1	0.3	0	0.0
70	KILLINGWORTH	67	66	98.5	1	1.5	0	0.0	0	0.0	0	0.0
71	LEBANON	69	67	97.1	2	2.9	0	0.0	0	0.0	0	0.0
72	LEDYARD	316	315	99.7	1	0.3	0	0.0	0	0.0	0	0.0
73	LISBON	32	32	100.0	0	0.0	0	0.0	0	0.0	0	0.0
74	LITCHFIELD	92	89	96.7	3	3.2	0	0.0	0	0.0	0	0.0
75	LYME	15	15	100.0	0	0.0	0	0.0	0	0.0	0	0.0
76	MADISON	181	181	100.0	0	0.0	0	0.0	0	0.0	0	0.0
77	MANCHESTER	1444	1391	96.3	53	3.7	16	1.1	7	0.5	3	0.2
78	MANSFIELD	124	120	96.8	4	3.2	1	0.8	1	0.8	1	0.8
79	MARLBOROUGH	71	71	100.0	0	0.0	0	0.0	0	0.0	0	0.0
80	MERIDEN	1891	1816	96.0	75	3.9	24	1.3	11	0.6	9	0.5
81	MIDDLEBURY	134	134	100.0	0	0.0	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
82	MIDDLEFIELD	48	48	100.0	0	0.0	0	0.0	0	0.0	0	0.0
83	MIDDLETOWN	906	886	97.8	20	2.2	7	0.8	2	0.2	1	0.1
84	MILFORD	920	914	99.3	6	0.7	1	0.1	1	0.1	0	0.0
85	MONROE	295	294	99.7	1	0.3	0	0.0	0	0.0	0	0.0
86	MONTVILLE	269	266	98.9	3	1.1	0	0.0	0	0.0	0	0.0
87	MORRIS	31	31	100.0	0	0.0	0	0.0	0	0.0	0	0.0
88	NAUGATUCK	722	701	97.1	21	2.9	3	0.4	2	0.3	2	0.3
89	NEW BRITAIN	2634	2564	97.3	70	2.6	19	0.7	10	0.4	9	0.3
90	NEW CANAAN	338	337	99.7	1	0.3	1	0.3	0	0.0	0	0.0
91	NEW FAIRFIELD	197	197	100.0	0	0.0	0	0.0	0	0.0	0	0.0
92	NEW HARTFORD	70	70	100.0	0	0.0	0	0.0	0	0.0	0	0.0
93	NEW HAVEN	4398	4059	92.3	339	7.6	93	2.1	37	0.8	19	0.4
94	NEW LONDON	815	777	95.3	38	4.6	5	0.6	2	0.2	2	0.2
95	NEW MILFORD	439	428	97.5	11	2.5	2	0.5	0	0.0	0	0.0
96	NEWINGTON	394	392	99.5	2	0.5	0	0.0	0	0.0	0	0.0
97	NEWTOWN	274	272	99.3	2	0.7	0	0.0	0	0.0	0	0.0
98	NORFOLK	17	17	100.0	0	0.0	0	0.0	0	0.0	0	0.0
99	NORTH BRANFORD	196	196	100.0	0	0.0	0	0.0	0	0.0	0	0.0
100	NORTH CANAAN	32	28	87.5	4	12	1	3.1	0	0.0	0	0.0
101	NORTH HAVEN	321	316	98.4	5	1.6	0	0.0	0	0.0	0	0.0
102	NORTH STONINGTON	67	67	100.0	0	0.0	0	0.0	0	0.0	0	0.0
103	NORWALK	2217	2183	98.5	34	1.5	10	0.5	8	0.4	3	0.1
104	NORWICH	929	877	94.4	52	5.6	11	1.2	3	0.3	3	0.3
105	OLD LYME	84	83	98.8	1	1.2	0	0.0	0	0.0	0	0.0
106	OLD SAYBROOK	118	118	100.0	0	0.0	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
107	ORANGE	214	212	99.1	2	0.9	0	0.0	0	0.0	0	0.0
108	OXFORD	180	179	99.4	1	0.6	0	0.0	0	0.0	0	0.0
109	PLAINFIELD	270	256	94.8	14	5.2	7	2.6	3	1.1	2	0.7
110	PLAINVILLE	258	258	100.0	0	0.0	0	0.0	0	0.0	0	0.0
111	PLYMOUTH	174	170	97.7	4	2.3	1	0.6	0	0.0	0	0.0
112	POMFRET	64	63	98.4	1	1.6	0	0.0	0	0.0	0	0.0
113	PORTLAND	139	139	100.0	0	0.0	0	0.0	0	0.0	0	0.0
114	PRESTON	44	43	97.7	1	2.3	0	0.0	0	0.0	0	0.0
115	PROSPECT	133	132	99.2	1	0.8	1	0.8	1	0.8	1	0.8
116	PUTNAM	195	187	95.9	8	4.1	3	1.5	2	1.0	1	0.5
117	REDDING	104	104	100.0	0	0.0	0	0.0	0	0.0	0	0.0
118	RIDGEFIELD	391	386	98.7	5	1.3	2	0.5	0	0.0	0	0.0
119	ROCKY HILL	424	418	98.6	6	1.4	1	0.2	1	0.2	1	0.2
120	ROXBURY	14	14	100.0	0	0.0	0	0.0	0	0.0	0	0.0
121	SALEM	57	56	98.2	1	1.8	0	0.0	0	0.0	0	0.0
122	SALISBURY	16	15	93.8	1	6.3	0	0.0	0	0.0	0	0.0
123	SCOTLAND	6	6	100.0	0	0.0	0	0.0	0	0.0	0	0.0
124	SEYMOUR	325	318	97.8	7	2.1	3	0.9	3	0.9	1	0.3
125	SHARON	15	14	93.3	1	6.7	0	0.0	0	0.0	0	0.0
126	SHELTON	665	660	99.2	5	0.7	0	0.0	0	0.0	0	0.0
127	SHERMAN	33	33	100.0	0	0.0	0	0.0	0	0.0	0	0.0
128	SIMSBURY	240	237	98.8	3	1.2	1	0.4	1	0.4	1	0.4
129	SOMERS	109	105	96.3	4	3.6	1	0.9	0	0.0	0	0.0
130	SOUTH WINDSOR	334	332	99.4	2	0.6	0	0.0	0	0.0	0	0.0
131	SOUTHBURY	206	205	99.5	1	0.5	1	0.5	0	0.0	0	0.0
132	SOUTHINGTON	599	598	99.8	1	0.2	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
133	SPRAGUE	62	60	96.8	2	3.2	0	0.0	0	0.0	0	0.0
134	STAFFORD	185	175	94.6	10	5.4	3	1.6	0	0.0	0	0.0
135	STAMFORD	3590	3542	98.7	48	1.3	13	0.4	7	0.2	6	0.2
136	STERLING	58	55	94.8	3	5.2	0	0.0	0	0.0	0	0.0
137	STONINGTON	216	213	98.6	3	1.4	1	0.5	0	0.0	0	0.0
138	STRATFORD	1120	1111	99.2	9	0.8	3	0.3	1	0.1	0	0.0
139	SUFFIELD	185	184	99.5	1	0.5	1	0.5	0	0.0	0	0.0
140	THOMASTON	139	136	97.8	3	2.2	1	0.7	0	0.0	0	0.0
141	THOMPSON	164	160	97.6	4	2.4	1	0.6	0	0.0	0	0.0
142	TOLLAND	202	201	99.5	1	0.5	0	0.0	0	0.0	0	0.0
143	TORRINGTON	725	687	94.8	38	5.1	8	1.1	2	0.3	1	0.1
144	TRUMBULL	608	606	99.7	2	0.3	0	0.0	0	0.0	0	0.0
145	UNION	3	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0
146	VERNON	665	644	96.8	21	3.1	6	0.9	3	0.5	0	0.0
147	VOLUNTOWN	24	24	100.0	0	0.0	0	0.0	0	0.0	0	0.0
148	WALLINGFORD	753	741	98.4	12	1.6	4	0.5	2	0.3	1	0.1
149	WARREN	7	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0
150	WASHINGTON	38	36	94.7	2	5.1	0	0.0	0	0.0	0	0.0
151	WATERBURY	4177	3895	93.2	282	6.7	60	1.4	27	0.6	7	0.2
152	WATERFORD	230	228	99.1	2	0.9	0	0.0	0	0.0	0	0.0
153	WATERTOWN	380	380	100.0	0	0.0	0	0.0	0	0.0	0	0.0
154	WEST HARTFORD	1139	1130	99.2	9	0.8	1	0.1	1	0.1	1	0.1
155	WEST HAVEN	1321	1282	97.0	39	2.9	8	0.6	6	0.5	4	0.3
156	WESTBROOK	70	68	97.1	2	2.9	1	1.4	0	0.0	0	0.0
157	WESTON	111	111	100.0	0	0.0	0	0.0	0	0.0	0	0.0
158	WESTPORT	394	394	100.0	0	0.0	0	0.0	0	0.0	0	0.0

CY 2015 Data (<6 years old)		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test											
		Number of Children with Confirmed Test	0–4 µg/dL		Cumulative Statistics							
					≥ 5 µg/dL		≥ 10 µg/dL		≥ 15 µg/dL		≥ 20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
159	WETHERSFIELD	429	422	98.4	7	1.6	3	0.7	3	0.7	0	0.0
160	WILLINGTON	81	79	97.5	2	2.4	0	0.0	0	0.0	0	0.0
161	WILTON	267	267	100.0	0	0.0	0	0.0	0	0.0	0	0.0
162	WINCHESTER	180	163	90.6	17	9.2	6	3.3	2	1.1	0	0.0
163	WINDHAM	489	459	93.9	30	6.1	11	2.2	1	0.2	1	0.2
164	WINDSOR	430	425	98.8	5	1.2	2	0.5	1	0.2	0	0.0
165	WINDSOR LOCKS	189	188	99.5	1	0.5	0	0.0	0	0.0	0	0.0
166	WOLCOTT	257	256	99.6	1	0.4	0	0.0	0	0.0	0	0.0
167	WOODBRIDGE	115	114	99.1	1	0.9	0	0.0	0	0.0	0	0.0
168	WOODBURY	101	99	98.0	2	2.0	2	2.0	1	1.0	0	0.0
169	WOODSTOCK	122	119	97.5	3	2.4	1	0.8	0	0.0	0	0.0

Table 8.3. Incidence of lead poisoning among children under six years of age, by town and by blood lead levels – Connecticut CY 2015

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
	Connecticut												
		1,390	72,750	1.9	405	74,198	0.6	182	74,565	0.2	98	74,713	0.1
	By-Town												
1	ANDOVER	0	30	0.0	0	30	0.0	0	30	0.0	0	30	0.0
2	ANSONIA	13	494	2.6	4	514	0.8	2	517	0.4	2	519	0.4
3	ASHFORD	0	71	0.0	0	71	0.0	0	71	0.0	0	71	0.0
4	AVON	3	264	1.1	1	264	0.4	1	264	0.4	0	264	0.0
5	BARKHAMSTED	1	38	2.6	0	38	0.0	0	38	0.0	0	38	0.0
6	BEACON FALLS	0	78	0.0	0	79	0.0	0	79	0.0	0	79	0.0
7	BERLIN	2	231	0.9	2	233	0.9	0	233	0.0	0	233	0.0
8	BETHANY	0	55	0.0	0	55	0.0	0	56	0.0	0	56	0.0
9	BETHEL	2	302	0.7	1	303	0.3	1	304	0.3	1	304	0.3
10	BETHLEHEM	0	44	0.0	0	45	0.0	0	45	0.0	0	45	0.0
11	BLOOMFIELD	0	322	0.0	0	328	0.0	0	328	0.0	0	328	0.0
12	BOLTON	0	59	0.0	0	60	0.0	0	60	0.0	0	60	0.0
13	BOZRAH	1	22	4.5	0	22	0.0	0	22	0.0	0	22	0.0
14	BRANFORD	2	384	0.5	1	386	0.3	1	386	0.3	1	387	0.3
15	BRIDGEPORT	179	5,727	3.1	52	6,010	0.9	20	6,072	0.3	12	6,090	0.2
16	BRIDGEWATER	2	13	15.4	1	13	7.7	0	13	0.0	0	13	0.0
17	BRISTOL	19	1125	1.7	9	1141	0.8	4	1144	0.3	2	1147	0.2
18	BROOKFIELD	0	219	0.0	0	220	0.0	0	220	0.0	0	220	0.0

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
19	BROOKLYN	1	115	0.9	0	116	0.0	0	119	0.0	0	121	0.0
20	BURLINGTON	0	128	0.0	1	129	0.8	0	129	0.0	0	129	0.0
21	CANAAN	1	12	8.3	0	12	0.0	0	12	0.0	0	12	0.0
22	CANTERBURY	0	70	0.0	0	71	0.0	0	71	0.0	0	72	0.0
23	CANTON	2	117	1.7	1	119	0.8	0	119	0.0	0	119	0.0
24	CHAPLIN	0	25	0.0	0	25	0.0	0	25	0.0	0	25	0.0
25	CHESHIRE	1	349	0.3	1	349	0.3	0	349	0.0	0	349	0.0
26	CHESTER	2	51	3.9	0	52	0.0	0	52	0.0	0	52	0.0
27	CLINTON	0	170	0.0	0	171	0.0	0	171	0.0	0	171	0.0
28	COLCHESTER	0	142	0.0	0	143	0.0	0	143	0.0	0	144	0.0
29	COLEBROOK	0	10	0.0	0	10	0.0	0	10	0.0	0	10	0.0
30	COLUMBIA	1	51	2.0	0	51	0.0	0	51	0.0	0	51	0.0
31	CORNWALL	0	11	0.0	0	11	0.0	0	11	0.0	0	11	0.0
32	COVENTRY	3	210	1.4	0	210	0.0	0	211	0.0	0	211	0.0
33	CROMWELL	1	263	0.4	0	263	0.0	0	263	0.0	0	263	0.0
34	DANBURY	33	2132	1.5	9	2169	0.4	4	2176	0.2	2	2178	0.1
35	DARIEN	0	452	0.0	0	452	0.0	0	452	0.0	0	452	0.0
36	DEEP RIVER	1	52	1.9	0	54	0.0	0	54	0.0	0	54	0.0
37	DERBY	7	245	2.9	1	251	0.4	0	252	0.0	0	253	0.0
38	DURHAM	0	99	0.0	0	99	0.0	0	99	0.0	0	99	0.0
39	EAST GRANBY	2	79	2.5	2	79	2.5	0	79	0.0	0	79	0.0
40	EAST HADDAM	2	124	1.6	1	124	0.8	1	124	0.8	1	124	0.8

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
41	EAST HAMPTON	1	194	0.5	0	196	0.0	0	196	0.0	0	196	0.0
42	EAST HARTFORD	18	1210	1.5	7	1228	0.6	3	1231	0.2	1	1232	0.1
43	EAST HAVEN	3	483	0.6	2	494	0.4	0	495	0.0	0	495	0.0
44	EAST LYME	2	243	0.8	0	243	0.0	0	243	0.0	0	243	0.0
45	EAST WINDSOR	9	195	4.6	1	197	0.5	0	197	0.0	0	197	0.0
46	EASTFORD	1	18	5.6	0	18	0.0	0	18	0.0	0	18	0.0
47	EASTON	0	88	0.0	0	89	0.0	0	89	0.0	0	89	0.0
48	ELLINGTON	2	259	0.8	2	261	0.8	1	262	0.4	1	262	0.4
49	ENFIELD	12	657	1.8	2	662	0.3	2	665	0.3	0	666	0.0
50	ESSEX	1	61	1.6	0	61	0.0	0	61	0.0	0	61	0.0
51	FAIRFIELD	3	1058	0.3	1	1064	0.1	0	1067	0.0	0	1068	0.0
52	FARMINGTON	2	394	0.5	0	397	0.0	0	397	0.0	0	397	0.0
53	FRANKLIN	0	23	0.0	0	23	0.0	0	23	0.0	0	23	0.0
54	GLASTONBURY	2	430	0.5	0	432	0.0	0	432	0.0	1	433	0.2
55	GOSHEN	0	30	0.0	0	30	0.0	0	30	0.0	0	30	0.0
56	GRANBY	0	113	0.0	0	114	0.0	0	114	0.0	0	114	0.0
57	GREENWICH	3	1018	0.3	0	1021	0.0	0	1022	0.0	0	1023	0.0
58	GRISWOLD	2	180	1.1	0	186	0.0	0	186	0.0	0	186	0.0
59	GROTON	9	1065	0.8	1	1067	0.1	0	1070	0.0	0	1070	0.0
60	GUILFORD	1	184	0.5	0	184	0.0	0	185	0.0	0	185	0.0
61	HADDAM	4	112	3.6	0	113	0.0	0	113	0.0	0	113	0.0
62	HAMDEN	21	928	2.3	3	942	0.3	2	951	0.2	2	953	0.2

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
63	HAMPTON	1	32	3.1	1	32	3.1	0	32	0.0	0	32	0.0
64	HARTFORD	113	4703	2.4	28	4822	0.6	14	4847	0.3	6	4863	0.1
65	HARTLAND	0	21	0.0	0	21	0.0	0	21	0.0	0	21	0.0
66	HARWINTON	2	68	2.9	1	69	1.4	0	69	0.0	0	69	0.0
67	HEBRON	1	94	1.1	0	95	0.0	0	95	0.0	0	95	0.0
68	KENT	0	25	0.0	0	28	0.0	0	28	0.0	0	28	0.0
69	KILLINGLY	10	325	3.1	2	337	0.6	1	339	0.3	0	341	0.0
70	KILLINGWORTH	1	67	1.5	0	67	0.0	0	67	0.0	0	67	0.0
71	LEBANON	2	67	3.0	0	69	0.0	0	69	0.0	0	69	0.0
72	LEDYARD	1	314	0.3	0	316	0.0	0	316	0.0	0	316	0.0
73	LISBON	0	32	0.0	0	32	0.0	0	32	0.0	0	32	0.0
74	LITCHFIELD	2	92	2.2	0	92	0.0	0	93	0.0	0	93	0.0
75	LYME	0	15	0.0	0	15	0.0	0	15	0.0	0	15	0.0
76	MADISON	0	181	0.0	0	181	0.0	0	181	0.0	0	181	0.0
77	MANCHESTER	40	1424	2.8	13	1441	0.9	5	1445	0.3	1	1446	0.1
78	MANSFIELD	3	124	2.4	1	126	0.8	1	126	0.8	1	126	0.8
79	MARLBOROUGH	0	71	0.0	0	71	0.0	0	71	0.0	0	71	0.0
80	MERIDEN	35	1808	1.9	18	1876	1.0	10	1892	0.5	8	1903	0.4
81	MIDDLEBURY	0	135	0.0	0	136	0.0	0	136	0.0	0	136	0.0
82	MIDDLEFIELD	0	48	0.0	0	48	0.0	0	48	0.0	0	48	0.0
83	MIDDLETOWN	11	892	1.2	6	906	0.7	2	909	0.2	1	911	0.1
84	MILFORD	4	917	0.4	1	921	0.1	1	923	0.1	0	923	0.0

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
85	MONROE	1	294	0.3	0	294	0.0	0	294	0.0	0	295	0.0
86	MONTVILLE	1	264	0.4	0	268	0.0	0	269	0.0	0	270	0.0
87	MORRIS	0	32	0.0	0	32	0.0	0	32	0.0	0	32	0.0
88	NAUGATUCK	13	706	1.8	2	718	0.3	2	723	0.3	2	724	0.3
89	NEW BRITAIN	45	2583	1.7	17	2639	0.6	9	2654	0.3	9	2657	0.3
90	NEW CANAAN	1	339	0.3	1	339	0.3	0	339	0.0	0	340	0.0
91	NEW FAIRFIELD	0	198	0.0	0	198	0.0	0	198	0.0	0	198	0.0
92	NEW HARTFORD	0	69	0.0	0	71	0.0	0	71	0.0	0	71	0.0
93	NEW HAVEN	196	4116	4.8	64	4336	1.5	30	4404	0.7	16	4432	0.4
94	NEW LONDON	27	788	3.4	3	810	0.4	2	821	0.2	2	823	0.2
95	NEW MILFORD	9	436	2.1	2	441	0.5	0	441	0.0	0	441	0.0
96	NEWINGTON	1	392	0.3	0	394	0.0	0	395	0.0	0	395	0.0
97	NEWTOWN	2	272	0.7	0	274	0.0	0	275	0.0	0	275	0.0
98	NORFOLK	0	15	0.0	0	17	0.0	0	17	0.0	0	17	0.0
99	NORTH BRANFORD	0	196	0.0	0	196	0.0	0	196	0.0	0	196	0.0
100	NORTH CANAAN	2	30	6.7	0	32	0.0	0	33	0.0	0	33	0.0
101	NORTH HAVEN	3	319	0.9	0	321	0.0	0	321	0.0	0	321	0.0
102	NORTH STONINGTON	0	66	0.0	0	67	0.0	0	67	0.0	0	67	0.0
103	NORWALK	24	2193	1.1	8	2212	0.4	6	2218	0.3	3	2218	0.1
104	NORWICH	36	892	4.0	8	918	0.9	2	925	0.2	2	930	0.2
105	OLD LYME	0	81	0.0	0	82	0.0	0	83	0.0	0	84	0.0

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2015 Data		Number of Children with BLL ≥ 5 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 5 µg/dL	≥ 5 µg/dL Incidence (%)	Number of Children with BLL ≥ 10 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥10 µg/dL	≥ 10 µg/dL Incidence (%)	Number of Children with BLL ≥ 15 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 15 µg/dL	≥ 15 µg/dL Incidence (%)	Number of Children with BLL ≥ 20 µg/dL For the First Time	Total # Children Screened with No Previous BLL of ≥ 20 µg/dL	≥ 20 µg/dL Incidence (%)
106	OLD SAYBROOK	0	120	0.0	0	120	0.0	0	120	0.0	0	120	0.0
107	ORANGE	2	215	0.9	0	215	0.0	0	215	0.0	0	215	0.0
108	OXFORD	1	180	0.6	0	181	0.0	0	181	0.0	0	181	0.0
109	PLAINFIELD	7	255	2.7	4	268	1.5	1	268	0.4	1	270	0.4
110	PLAINVILLE	0	258	0.0	0	259	0.0	0	259	0.0	0	259	0.0
111	PLYMOUTH	1	166	0.6	1	169	0.6	0	173	0.0	0	173	0.0
112	POMFRET	1	59	1.7	0	62	0.0	0	63	0.0	0	64	0.0
113	PORTLAND	0	137	0.0	0	142	0.0	0	142	0.0	0	142	0.0
114	PRESTON	1	44	2.3	0	44	0.0	0	44	0.0	0	44	0.0
115	PROSPECT	0	131	0.0	0	132	0.0	0	132	0.0	0	132	0.0
116	PUTNAM	6	189	3.2	3	194	1.5	2	194	1.0	1	194	0.5
117	REDDING	0	105	0.0	0	105	0.0	0	105	0.0	0	105	0.0
118	RIDGEFIELD	4	387	1.0	2	390	0.5	0	391	0.0	0	391	0.0
119	ROCKY HILL	6	423	1.4	1	425	0.2	1	426	0.2	1	426	0.2
120	ROXBURY	0	14	0.0	0	14	0.0	0	14	0.0	0	14	0.0
121	SALEM	1	57	1.8	0	57	0.0	0	57	0.0	0	57	0.0
122	SALISBURY	1	16	6.3	0	16	0.0	0	16	0.0	0	16	0.0
123	SCOTLAND	0	6	0.0	0	6	0.0	0	6	0.0	0	6	0.0
124	SEYMOUR	6	326	1.8	3	326	0.9	3	326	0.9	1	327	0.3
125	SHARON	1	15	6.7	0	15	0.0	0	15	0.0	0	15	0.0
126	SHELTON	3	661	0.5	0	665	0.0	0	667	0.0	0	667	0.0
127	SHERMAN	0	33	0.0	0	33	0.0	0	33	0.0	0	33	0.0

Numbers and Percents of New Confirmed Blood Lead Levels													
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128	SIMSBURY	3	239	1.3	1	240	0.4	1	241	0.4	1	241	0.4
129	SOMERS	2	108	1.9	0	108	0.0	0	108	0.0	0	110	0.0
130	SOUTH WINDSOR	1	334	0.3	0	335	0.0	0	335	0.0	0	335	0.0
131	SOUTHBURY	1	206	0.5	1	207	0.5	0	207	0.0	0	207	0.0
132	SOUTHINGTON	1	597	0.2	0	600	0.0	0	600	0.0	0	601	0.0
133	SPRAGUE	2	59	3.4	0	61	0.0	0	61	0.0	0	61	0.0
134	STAFFORD	6	177	3.4	3	185	1.6	0	186	0.0	0	186	0.0
135	STAMFORD	39	3580	1.1	11	3605	0.3	5	3612	0.1	4	3613	0.1
136	STERLING	3	58	5.2	0	58	0.0	0	58	0.0	0	58	0.0
137	STONINGTON	2	213	0.9	1	216	0.5	0	217	0.0	0	217	0.0
138	STRATFORD	5	1104	0.5	2	1120	0.2	1	1122	0.1	0	1124	0.0
139	SUFFIELD	0	182	0.0	0	185	0.0	0	186	0.0	0	186	0.0
140	THOMASTON	3	138	2.2	1	139	0.7	0	139	0.0	0	139	0.0
141	THOMPSON	2	158	1.3	1	164	0.6	0	164	0.0	0	164	0.0
142	TOLLAND	0	199	0.0	0	202	0.0	0	202	0.0	0	203	0.0
143	TORRINGTON	22	713	3.1	7	725	1.0	2	735	0.3	1	739	0.1
144	TRUMBULL	1	604	0.2	0	609	0.0	0	609	0.0	0	609	0.0
145	UNION	0	3	0.0	0	3	0.0	0	3	0.0	0	3	0.0
146	VERNON	15	656	2.3	6	666	0.9	3	670	0.4	0	670	0.0
147	VOLUNTOWN	0	24	0.0	0	24	0.0	0	24	0.0	0	24	0.0
148	WALLINGFORD	9	753	1.2	3	759	0.4	1	762	0.1	1	762	0.1
149	WARREN	0	8	0.0	0	8	0.0	0	8	0.0	0	8	0.0

Numbers and Percents of New Confirmed Blood Lead Levels													
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150	WASHINGTON	2	38	5.3	0	39	0.0	0	39	0.0	0	39	0.0
151	WATERBURY	186	3994	4.7	48	4168	1.2	24	4202	0.6	7	4213	0.2
152	WATERFORD	1	228	0.4	0	229	0.0	0	229	0.0	0	229	0.0
153	WATERTOWN	0	387	0.0	0	388	0.0	0	388	0.0	0	388	0.0
154	WEST HARTFORD	5	1133	0.4	1	1140	0.1	1	1143	0.1	1	1145	0.1
155	WEST HAVEN	22	1286	1.7	4	1310	0.3	4	1322	0.3	2	1325	0.2
156	WESTBROOK	1	68	1.5	0	69	0.0	0	70	0.0	0	70	0.0
157	WESTON	0	111	0.0	0	111	0.0	0	111	0.0	0	111	0.0
158	WESTPORT	0	394	0.0	0	395	0.0	0	395	0.0	0	395	0.0
159	WETHERSFIELD	5	428	1.2	3	431	0.7	3	431	0.7	0	433	0.0
160	WILLINGTON	1	80	1.3	0	81	0.0	0	81	0.0	0	82	0.0
161	WILTON	0	267	0.0	0	267	0.0	0	267	0.0	0	267	0.0
162	WINCHESTER	11	173	6.4	4	180	2.2	1	181	0.6	0	184	0.0
163	WINDHAM	23	478	4.8	8	485	1.6	0	491	0.0	0	493	0.0
164	WINDSOR	4	423	0.9	2	429	0.5	1	430	0.2	0	430	0.0
165	WINDSOR LOCKS	1	187	0.5	0	190	0.0	0	190	0.0	0	190	0.0
166	WOLCOTT	1	257	0.4	0	257	0.0	0	257	0.0	0	257	0.0
167	WOODBRIDGE	1	115	0.9	0	116	0.0	0	117	0.0	0	117	0.0
168	WOODBURY	2	100	2.0	2	101	2.0	1	101	1.0	0	101	0.0
169	WOODSTOCK	2	121	1.7	0	122	0.0	0	123	0.0	0	123	0.0

The children in the photos in this report are **not** lead poisoned. The goal of the Department of Public Health is for **all** children to be safe from lead poisoning.

Additional lead poisoning data can be found at http://www.ct.gov/dph/lead