



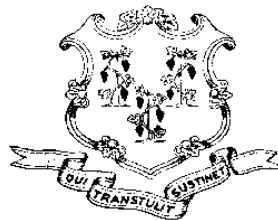
2017 Annual Childhood Lead Poisoning Surveillance Report

State of Connecticut Department of Public Health

Lead Poisoning Prevention and Radon 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.

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CT Department of Public Health

2017 Annual Childhood Lead Poisoning Surveillance Report

Commissioner, René Coleman-Mitchell, MPH
Connecticut Department of Public Health

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Chapter 1. KEY FINDINGS

The following provides a summary of key findings for lead poisoning disease surveillance conducted by the Lead Poisoning Prevention and Radon Program (LPPRP) during the 2017 calendar year (CY):

- **Statewide Mandatory Blood Lead Testing/Compliance**

- 81,862 blood lead tests for children under the age of 6 received by the LPPRP
- 74,389 children under the age of 6 were tested
- Among the 2014 birth cohort (children who turned 3 years of age in 2017), 86.1% were tested once by age 2 and 99.9% were tested once by age 3
- Among the 2014 birth cohort, 57.4% of children were tested at age 1 and again at age 2

- **Continued Decline in the Prevalence of Childhood Lead Poisoning**

Children are considered lead poisoned when diagnosed with a confirmed blood lead level ≥ 5 $\mu\text{g}/\text{dL}$. Among children under 6 years of age who had a confirmed blood lead test:

- 1,665 (23 per 1,000, i.e. 2.3%; 95% Confidence Interval: 22-24 per 1,000) children ≥ 5 $\mu\text{g}/\text{dL}$
- 217 (3 per 1,000, i.e. 0.3%; 95% Confidence Interval: 3-3 per 1,000) children ≥ 15 $\mu\text{g}/\text{dL}$
- 120 (1 per 1,000, i.e. 0.1%; 95% Confidence Interval: 1-2 per 1,000) children ≥ 20 $\mu\text{g}/\text{dL}$

- **Continued Decline in the 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:

- 1,034 (14 per 1,000, i.e. 1.4%; 95% Confidence Interval: 13-15 per 1,000) ≥ 5 $\mu\text{g}/\text{dL}$
- 163 (2 per 1,000, i.e. 0.2%; 95% Confidence Interval: 2-3 per 1,000) ≥ 15 $\mu\text{g}/\text{dL}$
- 93 (1 per 1,000, i.e. 0.1%; 95% Confidence Interval: 1-2 per 1,000) ≥ 20 $\mu\text{g}/\text{dL}$

- **Continued Reduction in Lead Poisoning Disparities among Race and Ethnicity**

Among children under 6 years of age who had a confirmed blood lead test:

- Blacks (3.9%) were twice as likely to be lead poisoned at levels ≥ 5 $\mu\text{g}/\text{dL}$ than Whites (1.7%)
- Hispanics (2.7%) were 1.4 times as likely to be lead poisoned at levels ≥ 5 $\mu\text{g}/\text{dL}$ than Non-Hispanics (2.0%)

- **Source of Lead Exposure**

Among the 104 dwelling units for which environmental investigations were triggered for children with venous blood lead level ≥ 20 $\mu\text{g}/\text{dL}$ or two 15-19 $\mu\text{g}/\text{dL}$ taken at least three months apart:

- 87.5% were identified with environmental lead hazards
- 67.3% were multiple-unit dwellings
- 81.7% were identified with paint hazards
- 53.8% were identified with dust hazards
- 43.3% were identified with soil hazards
- 1.0% were identified with a drinking water hazard

Chapter 2. UNDERSTANDING THE LEAD DATA

Per Connecticut General Statutes (CGS) Section 19a-110, reports of lead poisoning requires laboratory reporting of blood lead tests for all individuals. Laboratories are required to submit blood lead test reports for ≥ 10 micrograms per deciliter [$\mu\text{g}/\text{dL}$] 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/district (LHD) serving the town where the 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 LPPRP upgraded its blood lead surveillance system to a newer, 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 LPPRP's capability to use surveillance data to enhance child case management efforts. The web-based feature of the system enables secure and remote access by LHD staff. Case management features are built into the system for both child and property case management activities at the LHD level. The system has been offered to LHDs since May 2011. Sixty-five LHDs have adopted the CT DPH surveillance system and use it on an ongoing basis.

Important Business Rules:

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

Lead Poisoning – Children who are diagnosed with a blood lead level of ≥ 5 $\mu\text{g}/\text{dL}$ are considered to be lead poisoned. In 2013, the CT DPH lowered the case management action level from 10 $\mu\text{g}/\text{dL}$ to 5 $\mu\text{g}/\text{dL}$ to correspond with the Centers for Disease Control and Prevention (CDC) reference value¹. Blood lead levels as low as 5 $\mu\text{g}/\text{dL}$ have been shown to affect IQ, concentration, and academic achievement. This

¹ CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in “Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention” (2012) retrieved October 31, 2012 from http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf.

Chapter 2. Understanding The Lead Data

new reference value is based on children aged 1 to 5 years old who were in the highest 2.5% of children tested for lead in their blood by CDC's National Health and Nutrition Examination Survey (NHANES).²

Prior to 2013, lead poisoning was defined in Connecticut as a blood lead level of ≥ 10 $\mu\text{g}/\text{dL}$ (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 blood lead test in 2017 are included in this report regardless of whether the test was analyzed in 2017.

When a child had more than one lead test in CY 2017, the child was only counted once and the highest confirmed lead result was used for analysis. If the child had multiple lead tests while living in more than one town in CY 2017, 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 $\mu\text{g}/\text{dL}$ ³

² CDC. Blood Lead Reference Value. <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>
Accessed 10/11/2019.

³ Children tested with a capillary ≥ 5 $\mu\text{g}/\text{dL}$ are required to have a venous test as a confirmatory test.

Chapter 3. BLOOD LEAD SCREENING

Blood Lead Testing in 2017

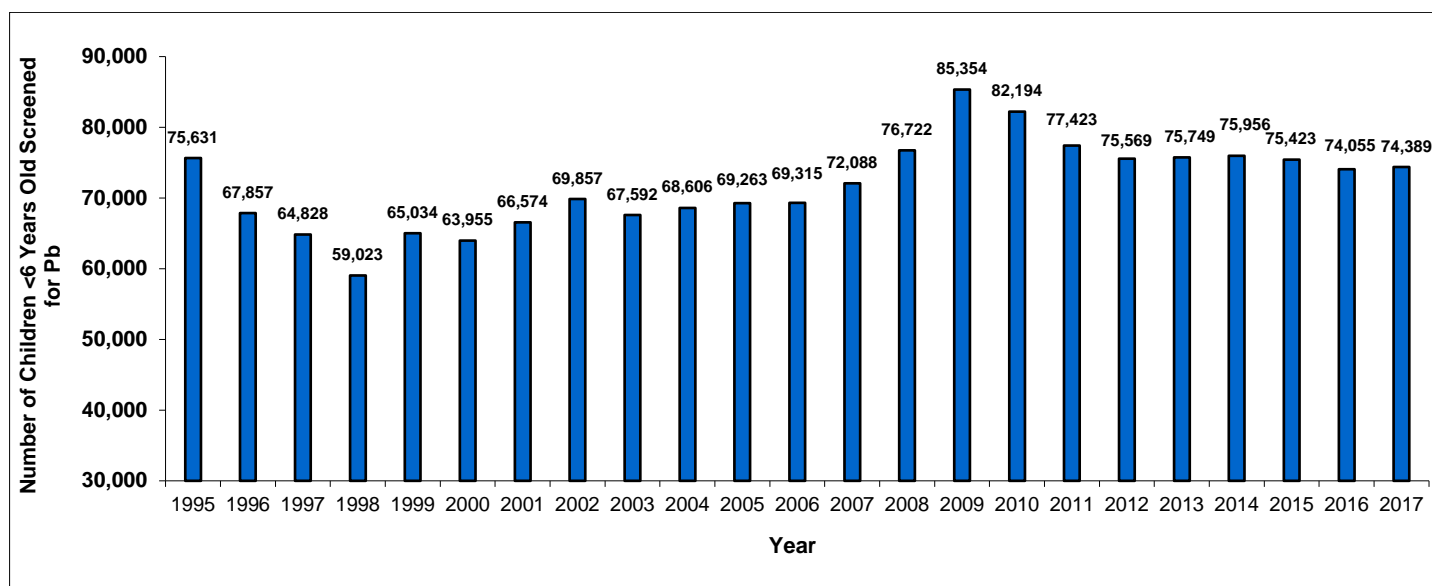
As of January 1, 2009, Connecticut law mandates that medical providers must conduct annual lead screening (i.e., blood lead testing) for each child 9 to 35 months of age. Furthermore, the law requires that any child between 36-72 months of age who has not been previously tested must also be tested by the child’s medical provider, regardless of risk.⁴

During CY 2017:

- The LPPRP received 82,073 blood lead test results for children under the age of 6
- 74,389 children under 6 years of age were tested for lead poisoning
- 57,265 (75.7%) 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 test, by calendar year – Connecticut 1995-2017



In CY 2017, 74,389 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 decreased statistics may not represent declining testing rates. The number of births in Connecticut has

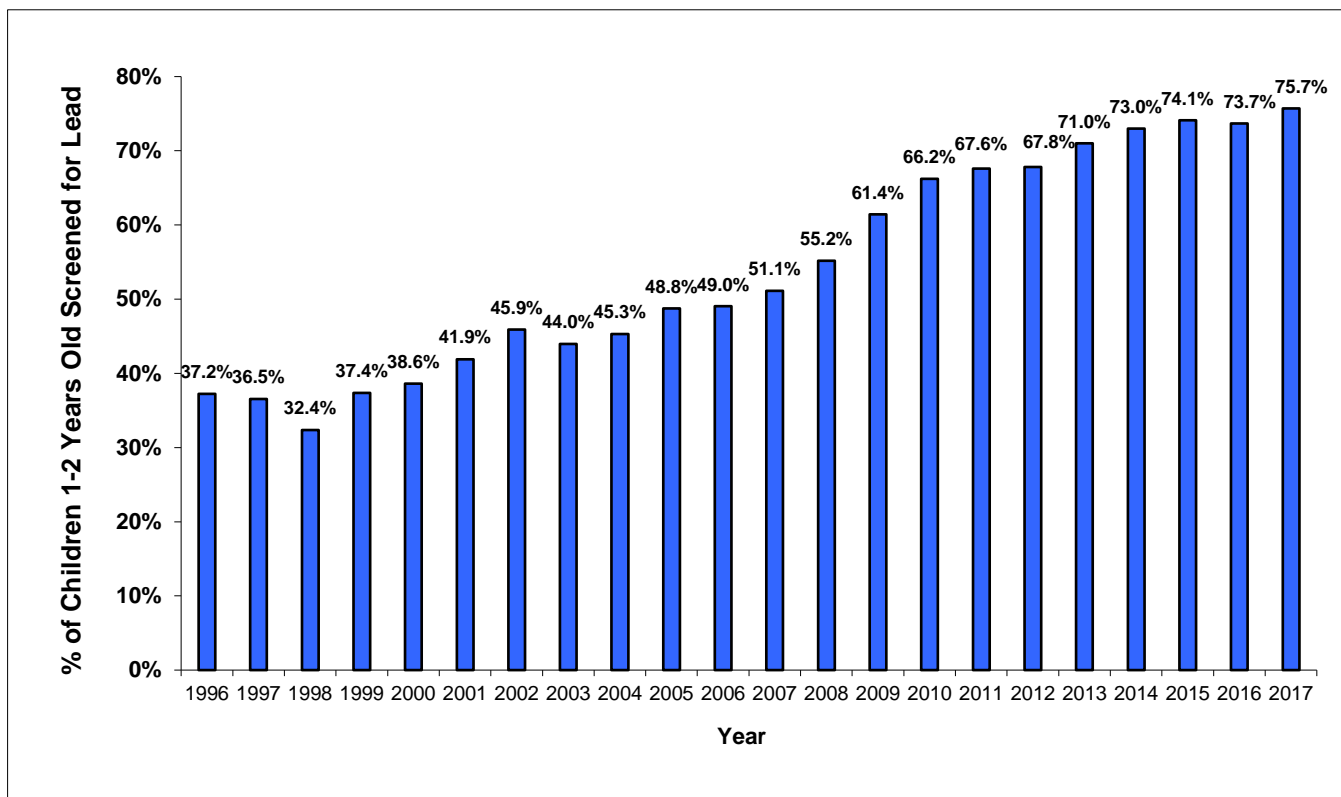
⁴ CGS §19a-111g. *Pediatric lead testing and risk assessment. Exemption.*

consistently declined since 2007, with the exception of small increases of 44 (0.1%) children in 2014 and 310 (0.9%) in 2016. Overall, within a 10 year timeframe, the number of births dropped 13.8% (5,768 fewer children) from 2006 to 2016.

Table 3.1. Demographics of children under 6 years of age who had a lead screening – Connecticut CY 2017 (N=74,389)

Demographics	Number	Percent
Age		
0-8 months	476	0.6%
9-11 months	5,275	7.1%
12-23 months	26,626	35.8%
24-35 months	25,364	34.1%
36-47 months	7,418	10.0%
48-59 months	6,058	8.1%
60-71 months	3,172	4.3%
Gender		
Male	37,862	50.9%
Female	36,501	49.1%
Unknown	26	<0.1%
Race		
White	45,693	61.4%
Black	9,489	12.8%
Asian	3,856	5.2%
Native American	271	0.4%
Hawaiian or Pacific Islander	18	<0.1%
Other (Including Multiple Races)	1,765	2.4%
Unknown	13,297	17.9%
Ethnicity		
Hispanic	18,978	25.6%
Non-Hispanic	44,280	59.9%
Unknown	11,131	14.5%

Figure 3.2. Percentage of children 1-2 years of age who had a lead test – Connecticut 1996-2017⁵



In CY 2017, 57,265 (75.7%) children between 9 months and 2 years of age were tested for lead poisoning. After a small decrease in the screening rate in the previous year, the screening rate increased 2.7% from 2016 to 2017.

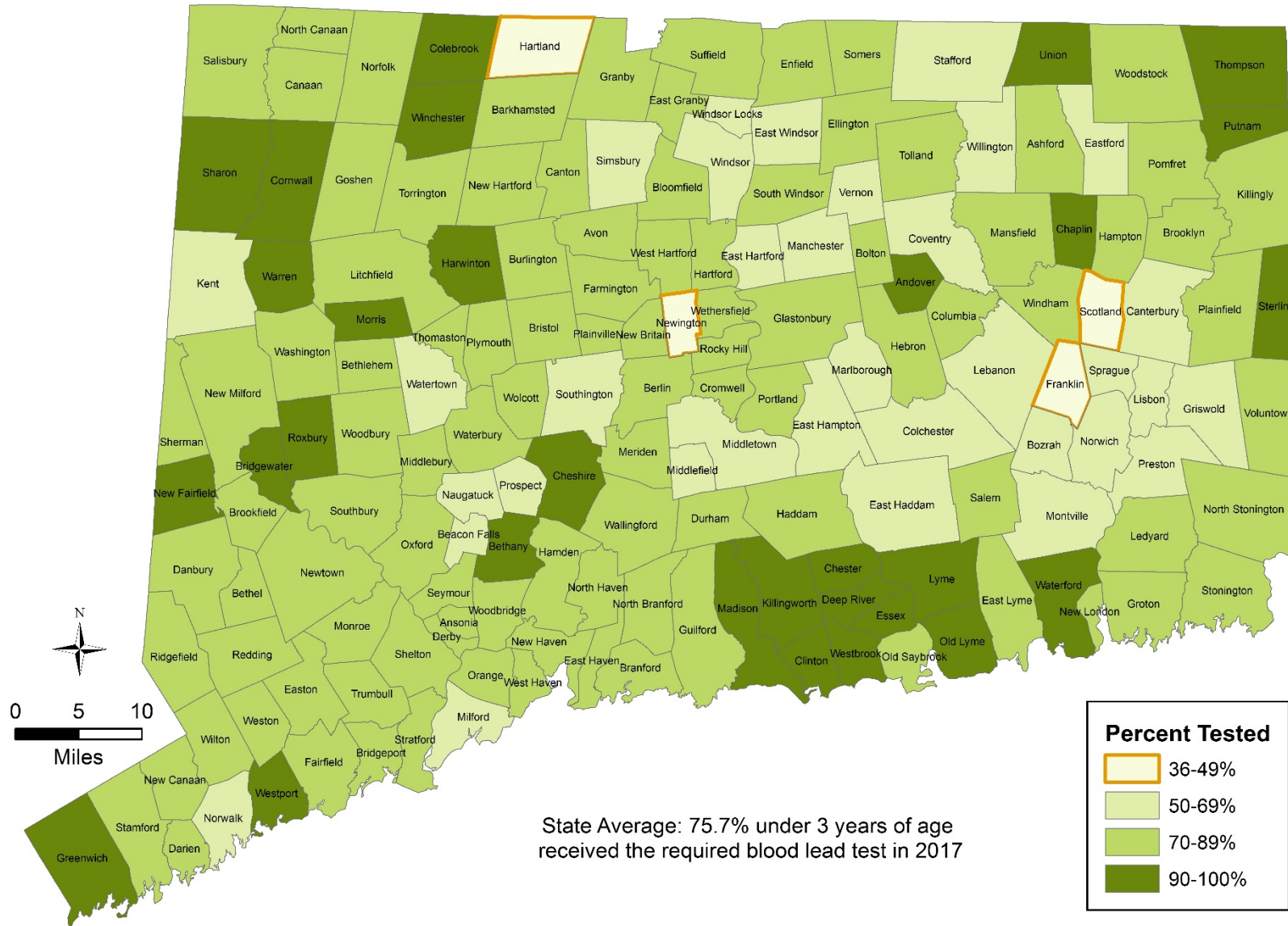
By Town Screening

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.

⁵ 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 to 11 months of age test results to the analysis. In prior reports, children between 9 to 11 months of age were not counted.

Map 3.1

Blood Lead Screening Rate of Children 9 Months to 2 Years Old By Town, Connecticut 2017



**Compliance with Blood Lead Testing Requirements:
Screening rates among birth cohorts who turned 2 years old, 3 years old,
and 6 years old in 2017**

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 DPH LPPRP 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 2014 birth cohort as the entire 2014 birth cohort reached three years of age (36 months) in 2017.

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,⁶ especially for smaller geographic areas.

$$\text{Screening rate}^7 = \frac{\text{Children born in the given year who received a blood lead tests reported with a CT address}}{\text{\# of live births in a given year in CT}}$$

⁶ 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 May 13, 2016. <http://ephtracking.cdc.gov/showIndicatorPages.action?selectedContentAreaAbbreviation=6&selectedIndicatorId=33&selectedMeasureId=>).

⁷ Live births reported with a Connecticut 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

2015 Birth Cohort (turned 2 years old in 2017)

Assessment of first required testing

Among children born in 2015,

- 17.1% were tested before age 1 (defined as under 12 months)
 - 71.0% were tested at age 1 (defined as 12 months to 23 months)
 - 84.8% were tested once by age 2 (defined as under 24 months)
-

2014 Birth Cohort (turned 3 years old in 2017)

Assessment of required first and second annual testing

The 2014 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 2014,

- 17.8% were tested before age 1 (defined as under 12 months)
- 71.6% were tested at age 1 (defined as 12 months to 23 months)
- 86.1% were tested once by age 2 (defined as under 24 months)
- 71.2% were tested at age 2 (defined as 24 months to 35 months)
- 99.9% were tested by age 3 (defined as under 36 months)
- 57.4% were screened at age 1⁸ and again at age 2

⁸ Including children 9 to 11 months old

Figure 3.3. Screening rate by age at blood lead testing and by testing timeframe among 2014 birth cohort

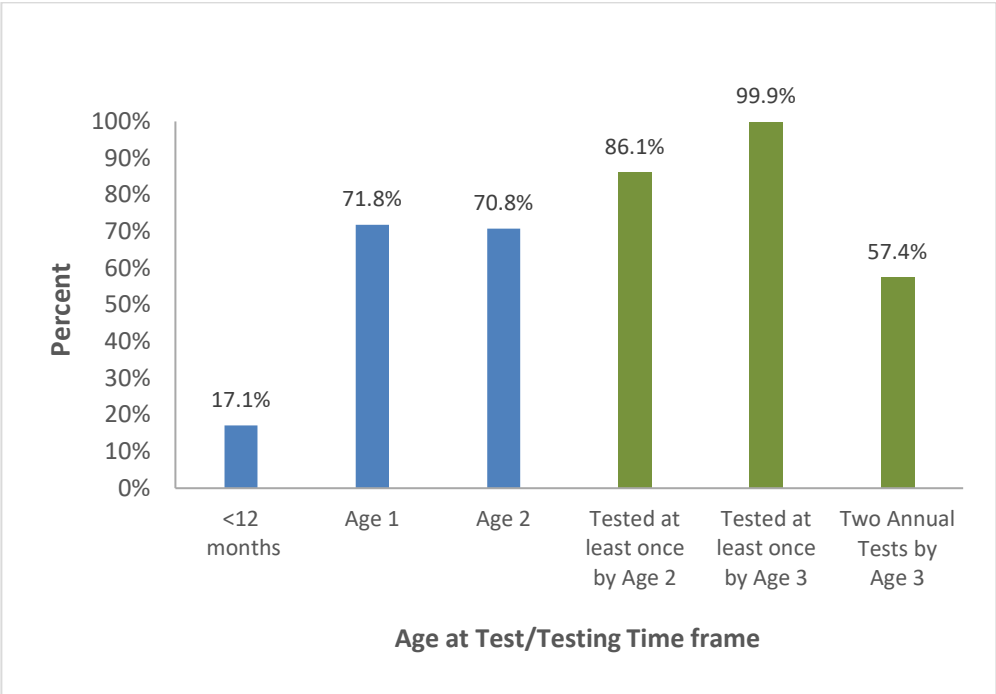
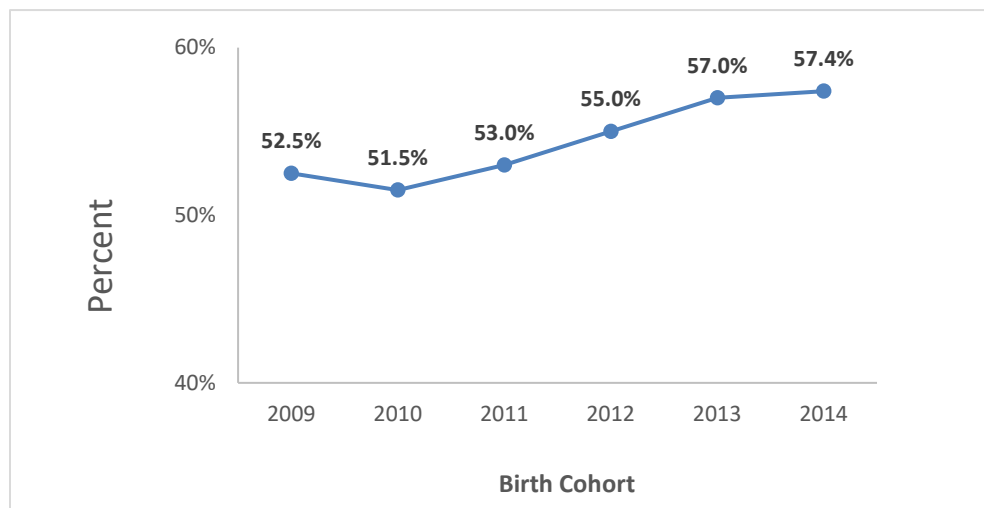


Figure 3.3 illustrates the data for the 2014 birth cohort as described on page 9 of this report. The 2014 birth cohort provides an opportunity to evaluate (1) the compliance with Connecticut State law requiring 2 blood lead tests before 35 months and (2) the effectiveness of Connecticut’s screening requirements.

The data indicates that healthcare providers are testing children for lead at least once by the age of 3 years old. However, efforts need to be made to remind healthcare providers of the requirement to test children under 3 years old annually; 99.9% of children are tested for lead at least one time by the age of 3 years old, but only 57.4% are tested twice before turning 3 years of age as required. Despite that, the screening rate for the required two annual tests increased 11.5% from 51.5% in 2013 (among the 2010 birth cohort) to 57.4% in 2017 (among the 2014 birth cohort) (Figure 3.4).

Figure 3.4. Percentage tested at both age 1 and age 2 among 2014 birth cohort



Map 3.2 illustrates screening rates for the 2013 birth cohort by town and is shown on the next page. Looking more closely at lead screening rates by town provides the LPPRP 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 LHDs.



Map 3.2

Percentage of Children Who Received Two Annual Lead Tests by Age 3* Connecticut Birth Cohort 2014

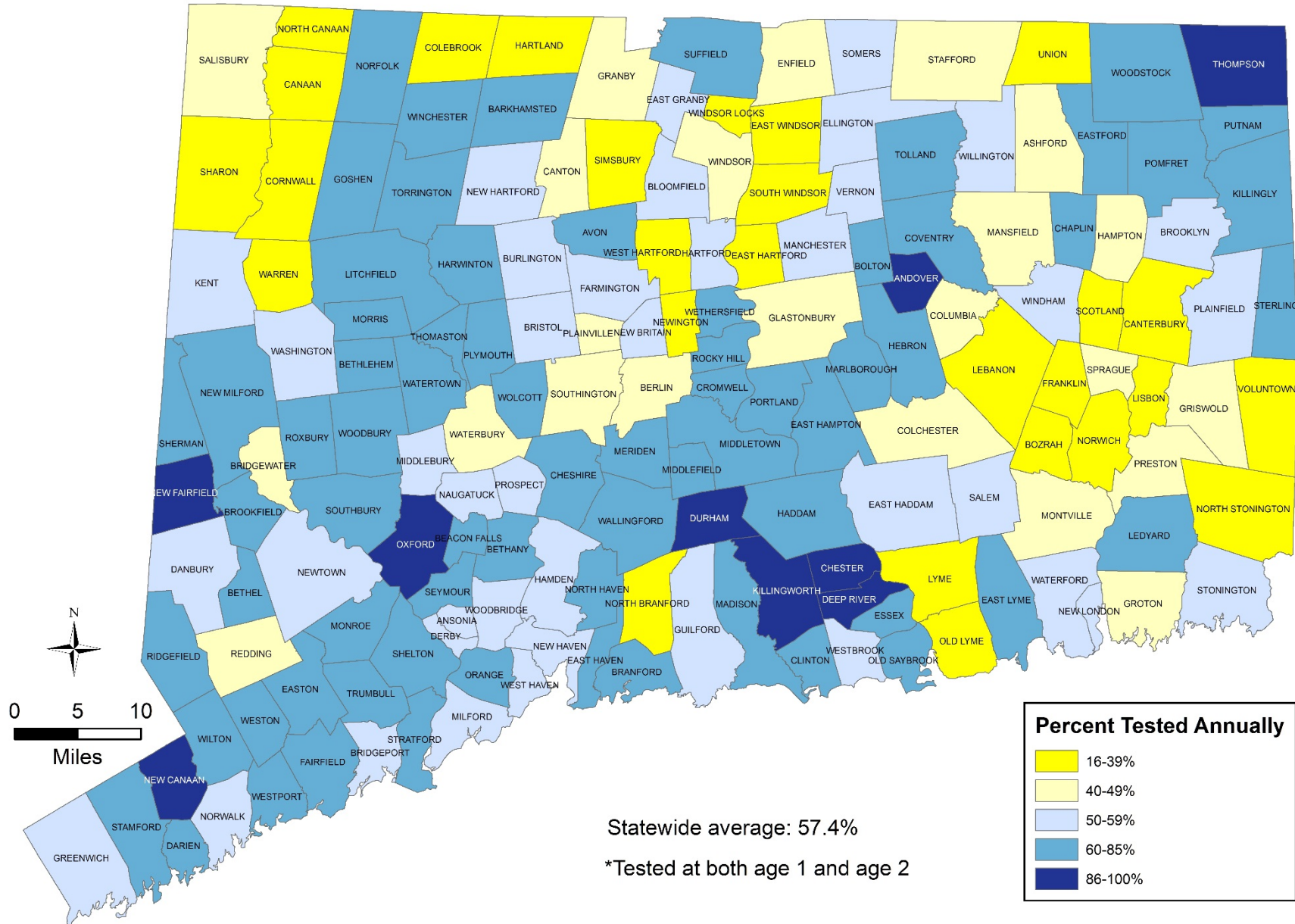
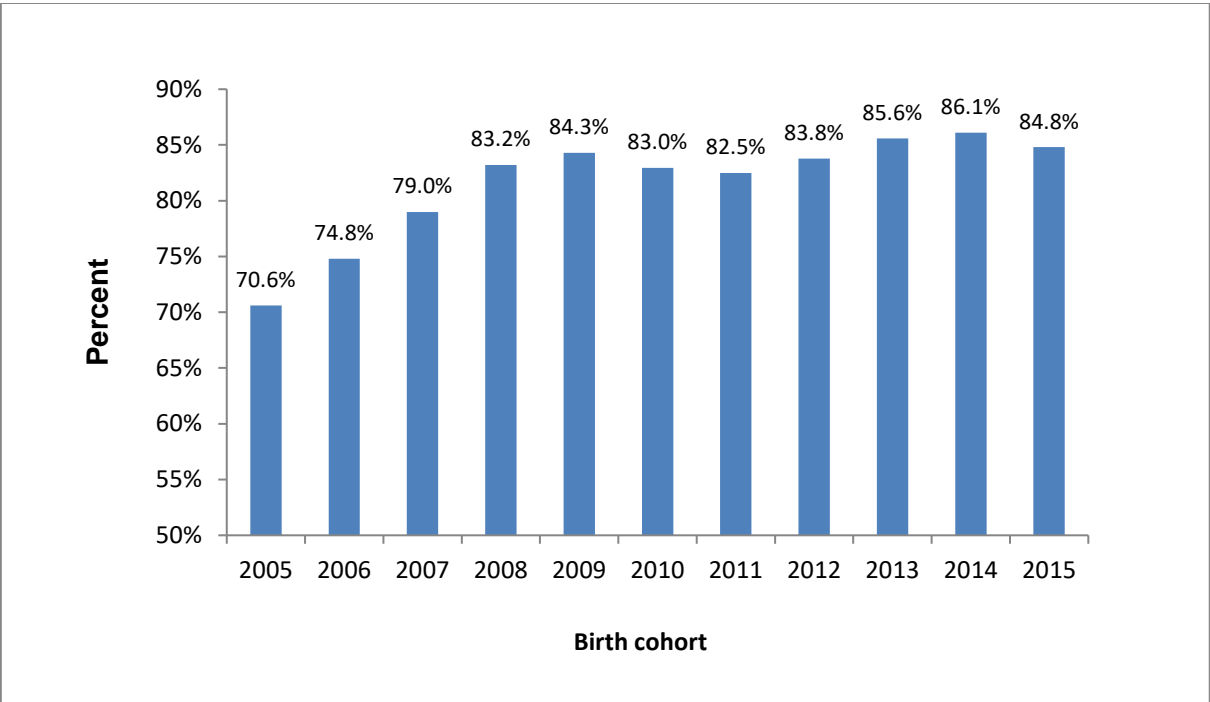


Figure 3.5. At least one test by second birthday (0 to 23 months), birth cohort 2005 to 2015



Another method for evaluating the effectiveness of mandatory testing for young children is to compare blood lead testing rates between birth cohorts. Since every child should be tested annually between 9 to 35 months of age, then minimally, every child should have had at least one blood lead test by the age of 2 years old. Figure 3.5 illustrates the percentage of children who were tested for lead by their healthcare providers at least one time before turning 2 years old. The screening rate for the assessed birth cohort in this current analysis, 2015 birth cohort, is 84.8%. A slight decrease is observed in the testing rates by second birthdays from birth cohorts 2014 to 2015 after a three year steady increase since 2013. The decrease could be the impact of the discontinuation of the lead poisoning prevention funding for LHDs that was offered from the Connecticut General Fund in the second half year of 2017.

Chapter 4. PREVALENCE OF CHILDHOOD LEAD POISONING

Prevalence of childhood lead poisoning is defined as the proportion of children under 6 years of age with a confirmed lead test in CY 2017 whose blood lead level was ≥ 5 $\mu\text{g}/\text{dL}$. The previous reference value in place since 1991 was 10 $\mu\text{g}/\text{dL}$. A growing body of research identified that blood lead levels below 10 $\mu\text{g}/\text{dL}$ 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 $\mu\text{g}/\text{dL}$,⁹ for lead poisoning among young children. The State of Connecticut adopted the new reference value in May 2013. As such, Connecticut LHDs are required to initiate public health case management actions for children with a confirmed blood level of ≥ 5 $\mu\text{g}/\text{dL}$.

Response Policies for Actionable Blood Lead Levels in 2017 –

Per CGS Secs. 19a-110(d), and 19a-111, LHDs are responsible for responding to reported venous blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more. With the adoption of the new reference value of 5 $\mu\text{g}/\text{dL}$, all LHDs 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 venous blood lead level is ≥ 5 $\mu\text{g}/\text{dL}$ or a capillary ≥ 10 $\mu\text{g}/\text{dL}$, the LHD 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.

A LHD 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 $\mu\text{g}/\text{dL}$ for tests taken at least 3 months apart. When a child’s venous blood lead level

⁹ Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels much higher than most children’s levels. This new level is based on the U.S. population of children ages 1 to 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. Retrieved 5/31/2016, from: http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm).

Chapter 4. Prevalence of Childhood Lead Poisoning

reaches 20 µg/dL, a LHD must conduct an epidemiological investigation (which includes an on-site comprehensive lead inspection and completion of the epidemiological investigation form with parent or caregiver interviews to determine all potential sources of lead exposure) and order the abatement of the identified sources of lead exposure for that child. Research has found that lead laws such as these enacted in Connecticut can effectively reduce the number of young children exposed to residential lead hazards and reduce the subsequent cases of lead poisoning in the properties identified with lead hazards.¹⁰

Some LHDs 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.

Prevalence of Environmental Intervention Blood Lead Levels –

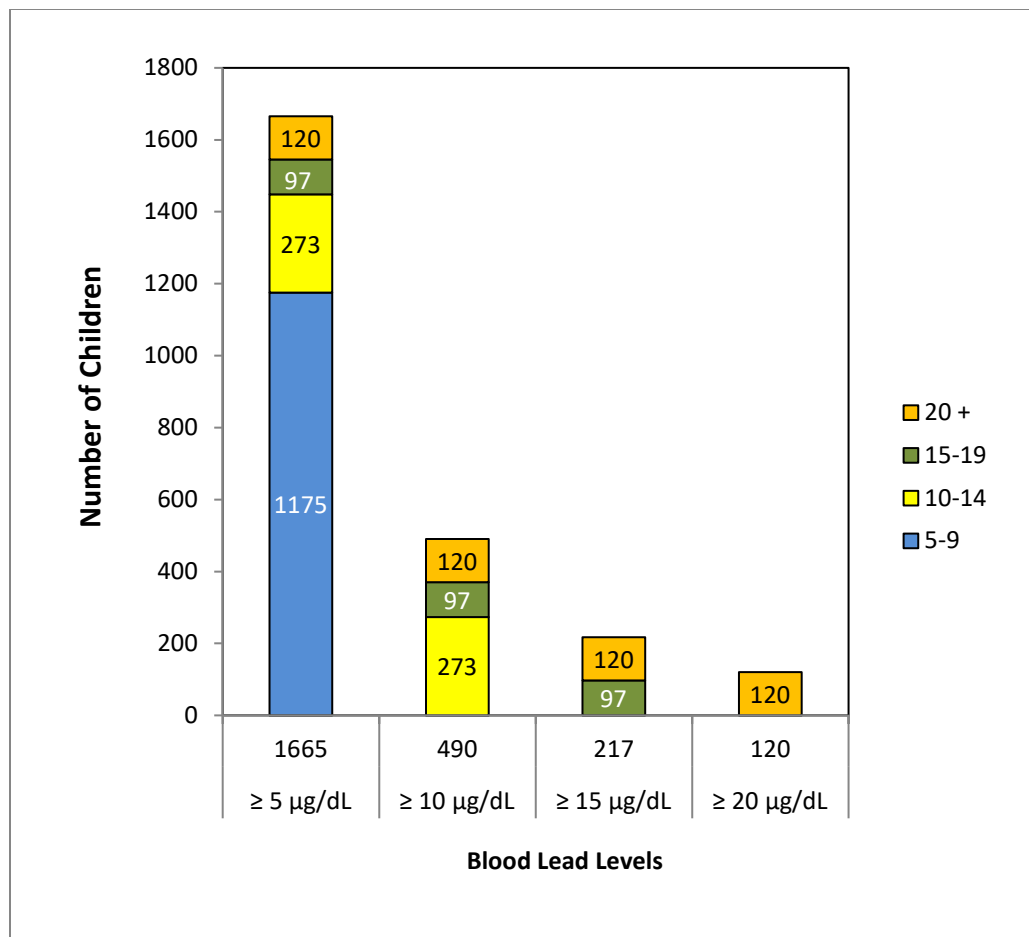
Prevalence includes child lead poisoning cases that may have occurred prior to 2016, and remained lead poisoning cases into CY 2017.

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 2017 whose blood lead level was ≥ 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 2017 whose blood lead level was ≥ 20 µg/dL.

¹⁰ 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 Kennedy et al., *Environmental Health* 2014.

Figure 4.1. Number of children under 6 years of age diagnosed with lead poisoning, CY 2017



Number of children identified as lead poisoned in 2017:

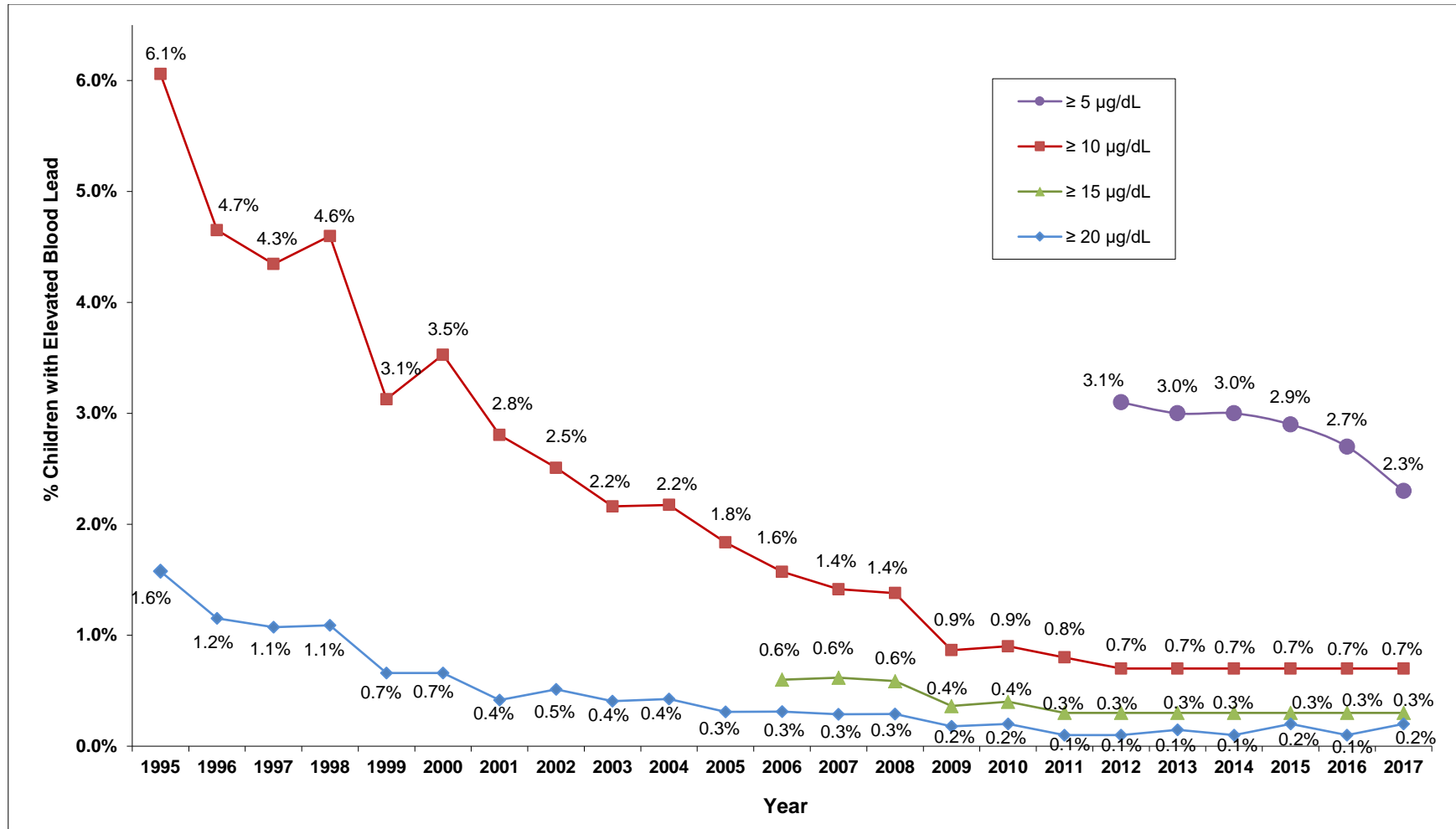
- 1,665 ≥ 5 µg/dL¹¹
- 490 ≥ 10 µg/dL¹²
- 217 ≥ 15 µg/dL¹³
- 120 ≥ 20 µg/dL

¹¹ Inclusive with blood lead levels ≥ 10 µg/dL, ≥ 15 µg/dL, and ≥ 20 µg/dL.

¹² Inclusive with blood lead levels ≥ 15 µg/dL and ≥ 20 µg/dL.

¹³ Inclusive with blood lead levels ≥ 20 µg/dL.

Figure 4.2. Prevalence of lead poisoned children under 6 years of age, by calendar year, and by blood lead level – Connecticut 1995-2017¹⁴

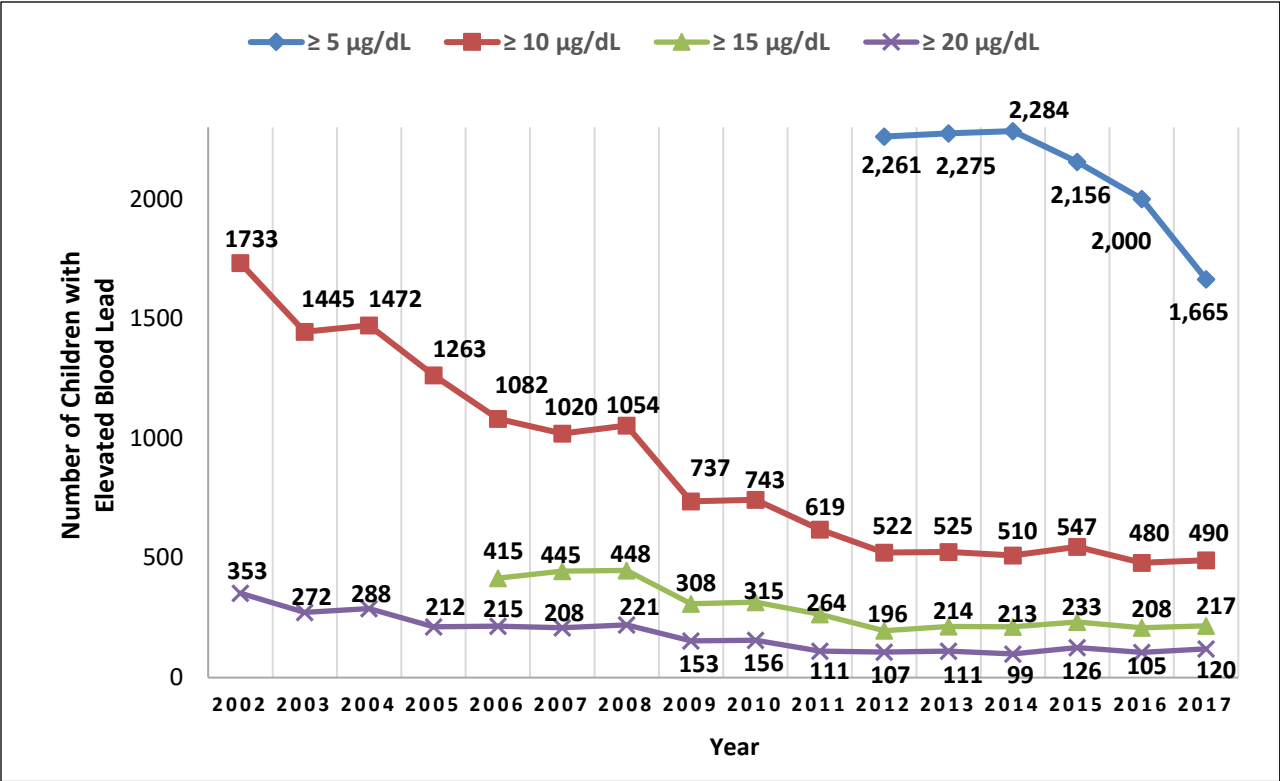


¹⁴ Data of 1995-2001 are based on analysis using number of tests instead of number of children screened as the unit of analysis.

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 2017 blood lead surveillance, 0.7% of children under the age of 6 years old in Connecticut were diagnosed with a confirmed blood lead level ≥ 10 $\mu\text{g}/\text{dL}$. Since CY 2009, the prevalence of childhood lead poisoning cases of ≥ 10 $\mu\text{g}/\text{dL}$ has been below 1%.

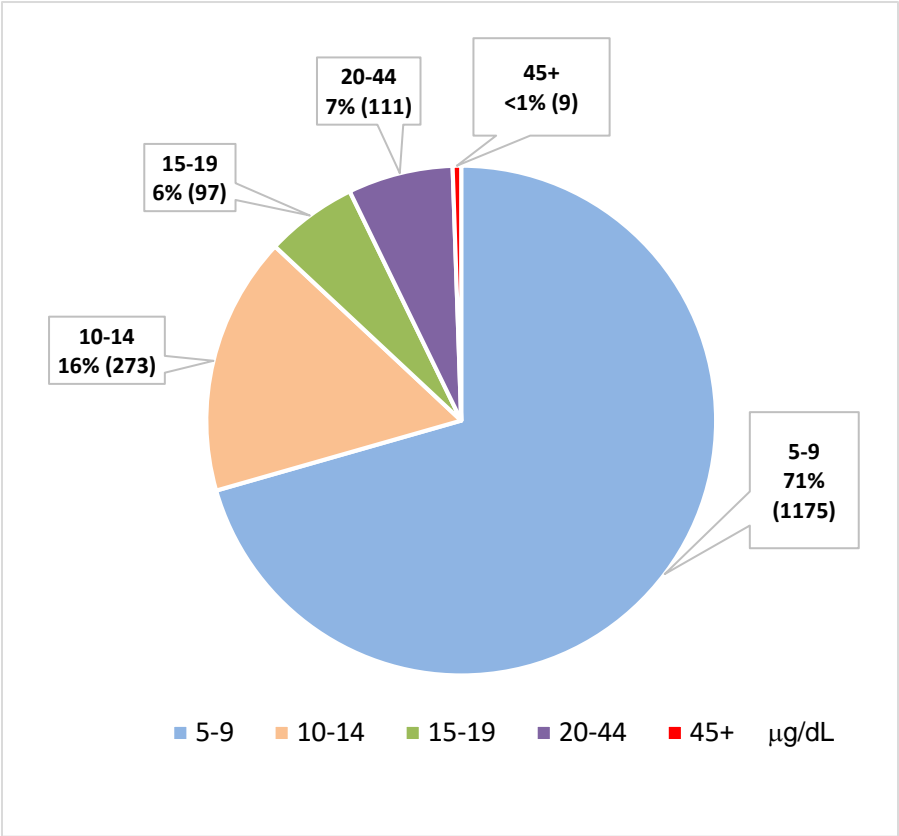
The prevalences for children under 6 years of age with confirmed blood lead tests ≥ 5 $\mu\text{g}/\text{dL}$, ≥ 10 $\mu\text{g}/\text{dL}$, ≥ 15 $\mu\text{g}/\text{dL}$, and ≥ 20 $\mu\text{g}/\text{dL}$ are 2.3%, 0.7%, 0.3%, and 0.2% respectively in 2017 (Figure 4.2). The prevalence of blood lead tests ≥ 5 $\mu\text{g}/\text{dL}$ statistically decreased significantly from 2.7% (95% CI: 2.6%-2.8%) to 2.3% (95% CI: 2.2%-2.4%) from 2016 to 2017, and this is equivalent of a 14.8% decrease. The prevalence of blood lead tests ≥ 10 $\mu\text{g}/\text{dL}$ and ≥ 15 $\mu\text{g}/\text{dL}$ did not change from 2016 to 2017. The prevalence of blood lead tests ≥ 20 $\mu\text{g}/\text{dL}$ reverted to the previous rate as 0.2% in 2015. The decline in the prevalence of blood lead tests ≥ 5 $\mu\text{g}/\text{dL}$ has been steady since 2012, the year the LPPRP announced the adoption of the lowered case definition. In 2017, we observed the largest (14.8%) decrease in a single year, a doubled decrease as compared to 2016.

Figure 4.3. Number of lead poisoned children under 6 years of age, by calendar year, and by blood lead levels – Connecticut 2002-2017



Starting in 2012, blood lead levels $\geq 5 \mu\text{g/dL}$ were added to this graph, because of the adoption of the CDC reference value by the CT DPH. In CY 2017, 1,665 children under 6 years of age were identified with a blood lead level $\geq 5 \mu\text{g/dL}$. This is a decrease of 335 (16.8%) children in the number of children lead poisoned from 2016 (2,000) to 2017 (1,665) as shown in Figure 4.3. That is the greatest decrease seen in a single year since we started to evaluate prevalence for children with a blood lead level $\geq 5 \mu\text{g/dL}$. However, we observed a slight increase of 10 children diagnosed with lead levels of $\geq 10 \mu\text{g/dL}$, a slight increase of 9 children diagnosed with lead levels of $\geq 15 \mu\text{g/dL}$, and an increase of 15 children diagnosed with lead levels of $\geq 20 \mu\text{g/dL}$ from CY 2016 to CY 2017. 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 $\mu\text{g/dL}$ – Connecticut 2017



In CY 2017, a total of 1,665 children under 6 years of age were identified with blood lead levels ≥ 5 $\mu\text{g/dL}$, indicating exposure to lead hazards. Among these children, the majority (1,175 children, 71% of total poisoned) had a level between 5-9 $\mu\text{g/dL}$, while 97 (6%) children had a level between 15-19 $\mu\text{g/dL}$, 111 (7%) children had a level between 20-44 $\mu\text{g/dL}$, and 9 (<1%) children had a chelation level ≥ 45 $\mu\text{g/dL}$ (Figure 4.4).¹⁵ Detailed tables of this data are presented in Table 8.2 in the appendices.

Map 4.1 (page 21) and Map 4.2 (page 22) depict the distribution of lead poisoned children with blood lead levels ≥ 5 $\mu\text{g/dL}$ and ≥ 15 $\mu\text{g/dL}$ among Connecticut towns/cities. While lead poisoned children were identified in 118 towns, New Haven (290 cases), Bridgeport (209 cases), Waterbury (162 cases), Hartford (145 cases), and Meriden (69 cases) are the geographic areas with the highest number of lead cases. These top 5 cities account for 52.2% of total lead poisoned children in 2017.

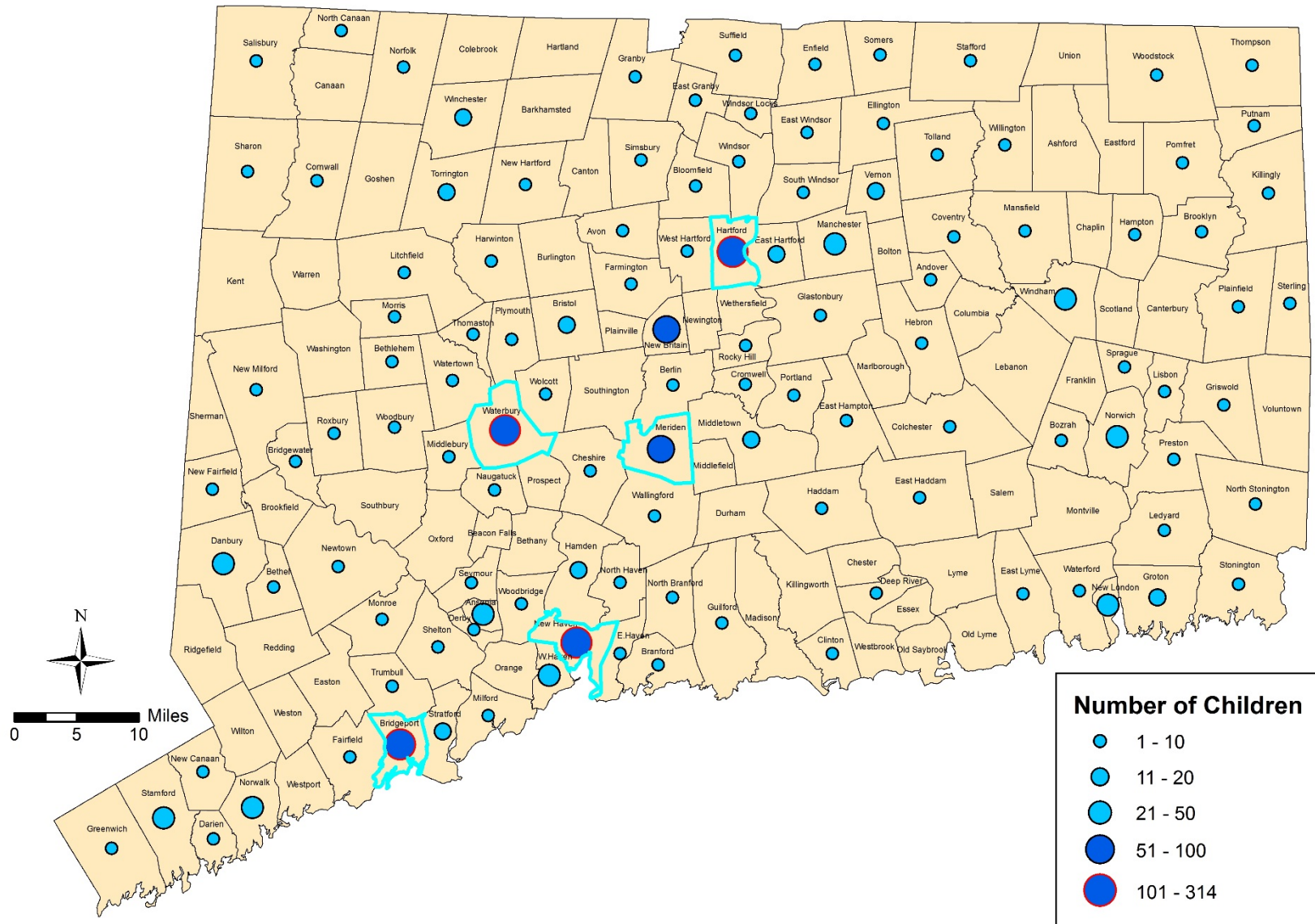
¹⁵ American Academy of Pediatrics recommends chelation treatment to begin when a child’s blood lead level is greater than 45 micrograms per deciliter. Retrieved 11/13/2019, from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/Treatment-of-Lead-Poisoning.aspx>.

Map 4.1

Number of Lead Poisoned Children* Under 6 Years Old by Town, Connecticut 2017

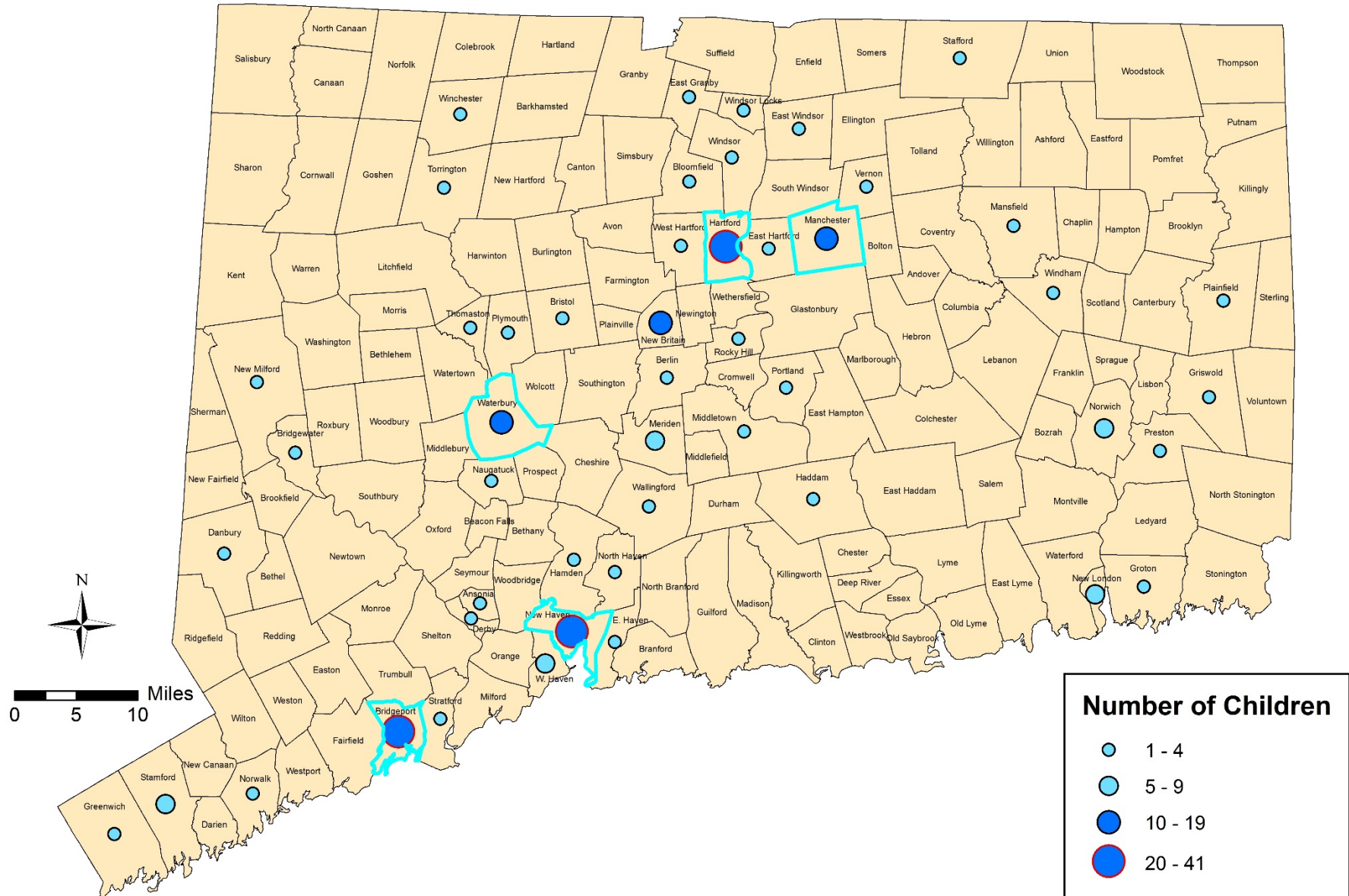
* Blood Lead Level $\geq 5 \mu\text{g/dL}$

Total: 1,665 Children



Map 4.2
Number of Children Under 6 Years Old with Blood Lead Levels $\geq 15 \mu\text{g}/\text{dL}$, by Town Connecticut 2017

Total: 217 Children



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 $\mu\text{g}/\text{dL}$) is defined as the proportion of children under 6 years of age with a confirmed lead test of ≥ 5 $\mu\text{g}/\text{dL}$ for the first time in 2017 compared to all children under 6 years of age who were tested for lead in 2017 *AND* did not have a result of ≥ 5 $\mu\text{g}/\text{dL}$ prior to 2017.

The incidence of lead poisoning cases (i.e., new cases of lead poisoning ≥ 10 $\mu\text{g}/\text{dL}$) is defined as the proportion of children under 6 years of age with a confirmed lead test of ≥ 10 $\mu\text{g}/\text{dL}$ for the first time in 2017 compared to all children under 6 years of age tested for lead in 2017 *AND* did not have a result of ≥ 10 $\mu\text{g}/\text{dL}$ prior to 2017.

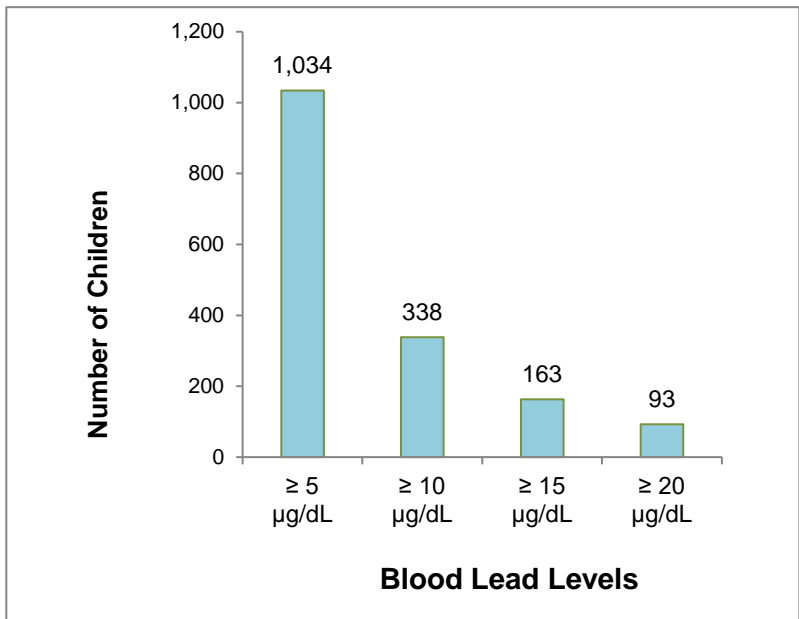
Incidence of Environmental Intervention Blood Lead Levels –

The incidence of lead poisoning cases of ≥ 15 $\mu\text{g}/\text{dL}$ (i.e., new cases of blood lead ≥ 15 $\mu\text{g}/\text{dL}$) is defined as the proportion of children under 6 years of age with a confirmed lead test of ≥ 15 $\mu\text{g}/\text{dL}$ for the first time in 2017 compared to all children under 6 years of age tested for lead in 2017 *AND* who had not had a result of ≥ 15 $\mu\text{g}/\text{dL}$ prior to 2017.

The incidence of lead poisoning cases of ≥ 20 $\mu\text{g}/\text{dL}$ (i.e., new cases of blood lead ≥ 20 $\mu\text{g}/\text{dL}$) is defined as the proportion of children under 6 years of age with a confirmed lead test of ≥ 20 $\mu\text{g}/\text{dL}$ for the first time in 2017 compared to all children under 6 years of age tested for lead in 2017 *AND* who did not have a result of ≥ 20 $\mu\text{g}/\text{dL}$ prior to 2017.

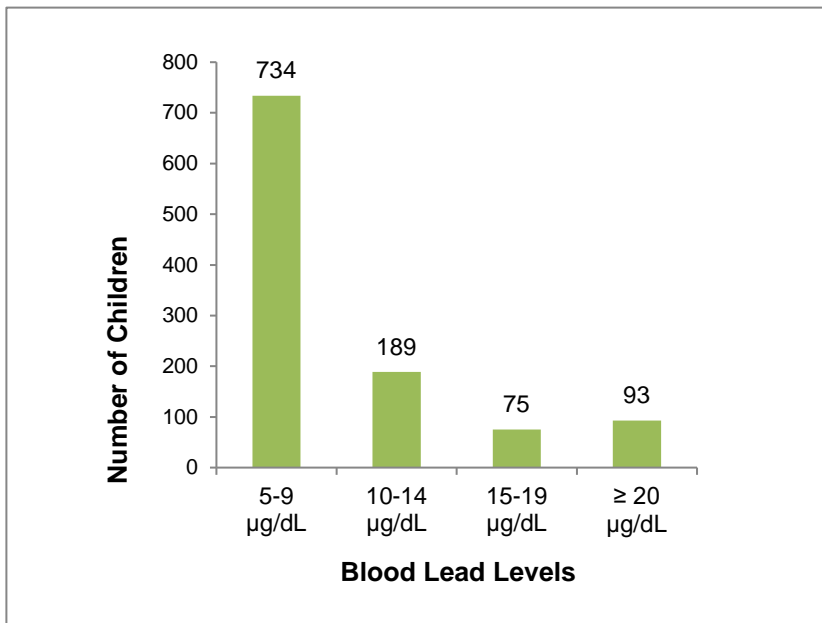
Figure 5.1. Cumulative incidence of lead poisoning among children under 6 years of age, by blood lead level – Connecticut CY 2017

Number of new cases identified and incidence of lead poisoning in 2017:



- ≥ 5 µg/dL: 1,034 (14 per 1,000, i.e. 1.4%; 95% Confidence Interval: 13-15 per 1,000)
- ≥ 10 µg/dL: 338 (5 per 1,000, i.e. 0.5% 95% Confidence Interval: 4-5 per 1,000)
- ≥ 15 µg/dL: 163 (2 per 1,000, i.e. 0.2%; 95% Confidence Interval: 2-3 per 1,000)
- ≥ 20 µg/dL: 93 (1 per 1,000, i.e. 0.1%; 95% Confidence Interval: 1-2 per 1,000)

Figure 5.2. Incidence of lead poisoning by blood lead categories among children under 6 years of age, by blood lead level – Connecticut CY 2017

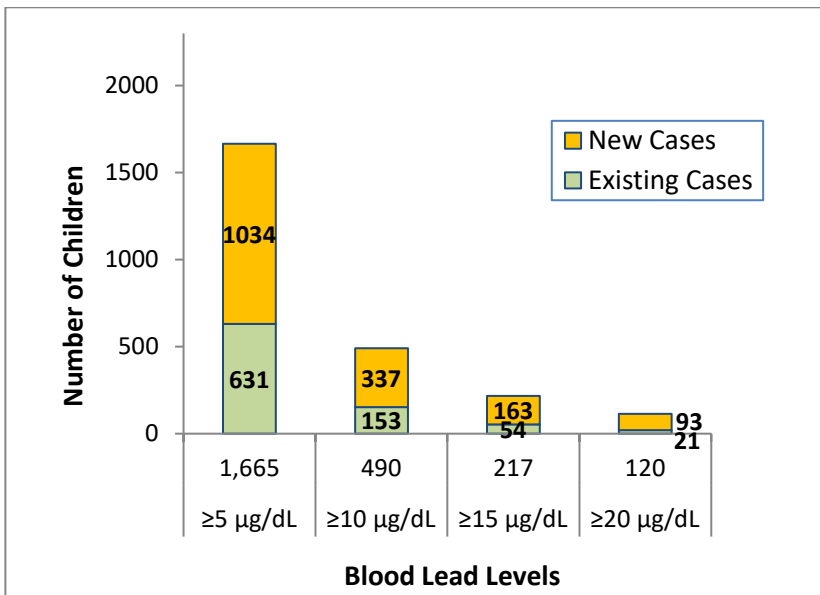


Number of new cases identified by blood lead categories

- 5-9 µg/dL: 734
- 10-14 µg/dL: 189
- 15-19 µg/dL: 75
- 20 µg/dL: 93

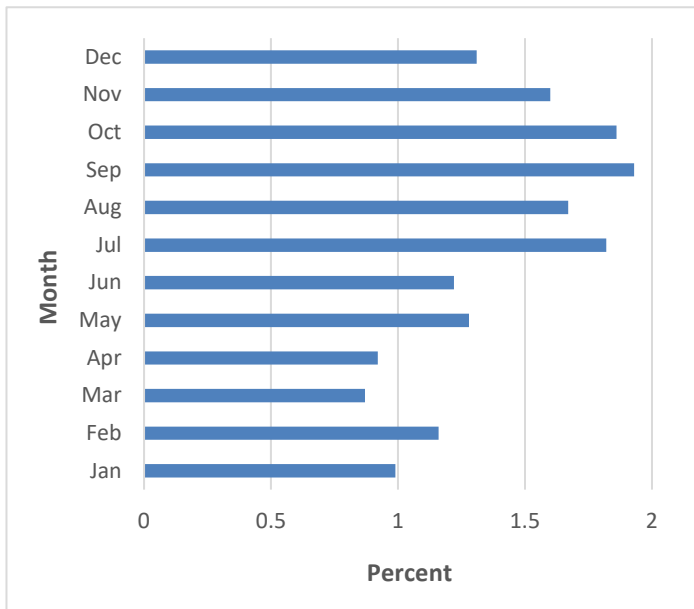
Figure 5.2 depicts a child's first analytical result in the corresponding range for 2017. The child may have had previously lower analytical results in different ranges in previous years.

Figure 5.3. Number of existing and new cases of lead poisoning among children under 6 years of age, by blood lead level – Connecticut CY 2017



- Of the 1,665 children found to have blood lead levels $\geq 5 \mu\text{g/dL}$ in 2017, 1,034 (62.1%) were new cases.
- Of the 490 children found to have blood lead levels $\geq 10 \mu\text{g/dL}$ in 2017, 337 (68.8%) were new cases.
- Of the 217 children found to have blood lead levels $\geq 15 \mu\text{g/dL}$ in 2017, 163 (75.1%) were new cases. This is an increase from 2016 to 2017 (71.6 vs. 75.1%).
- Of the 120 children found to have blood lead levels $\geq 20 \mu\text{g/dL}$ in 2017, 93 (77.5%) were new cases.

Figure 5.4. Incidence of lead poisoning among children under 6 years of age, by month – Connecticut CY 2017



A seasonal trend of higher lead poisoning incidence rate (>1.5%) was observed during the warmer months (July to November). Children are more likely to have increased exposure due to lead dust generated by friction caused by opening and closing windows containing lead based paint, lead contaminated soil in play areas, and/or home repainting and renovation activities during the warmer months.

Based on this seasonal trend, lead poisoning prevention and education outreach campaigns should be conducted before the peak season.

Figure 5.5. 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 2017

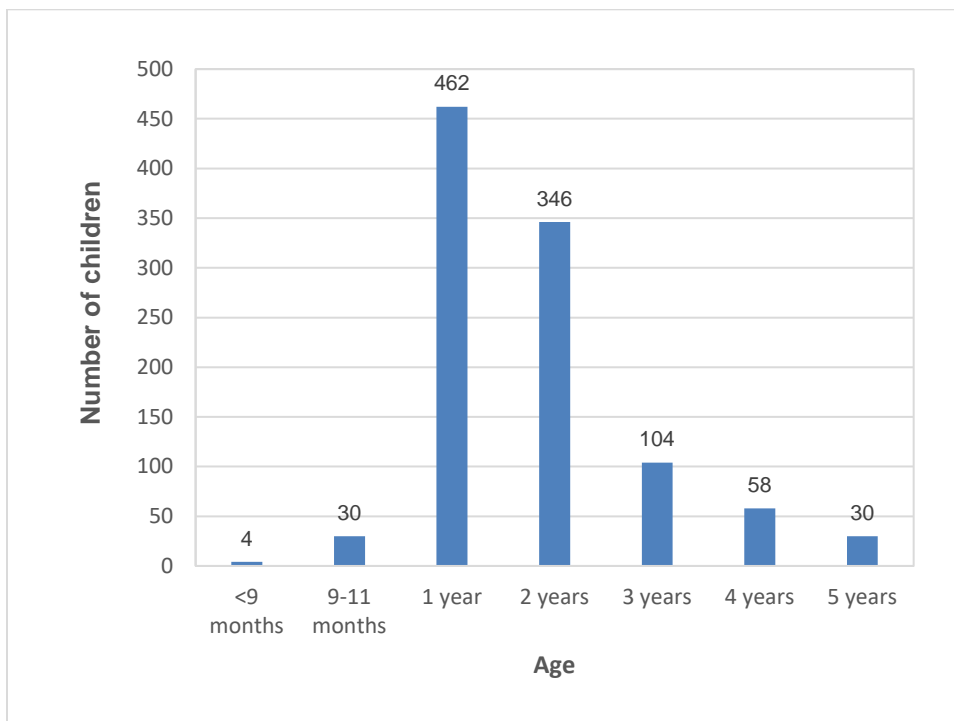
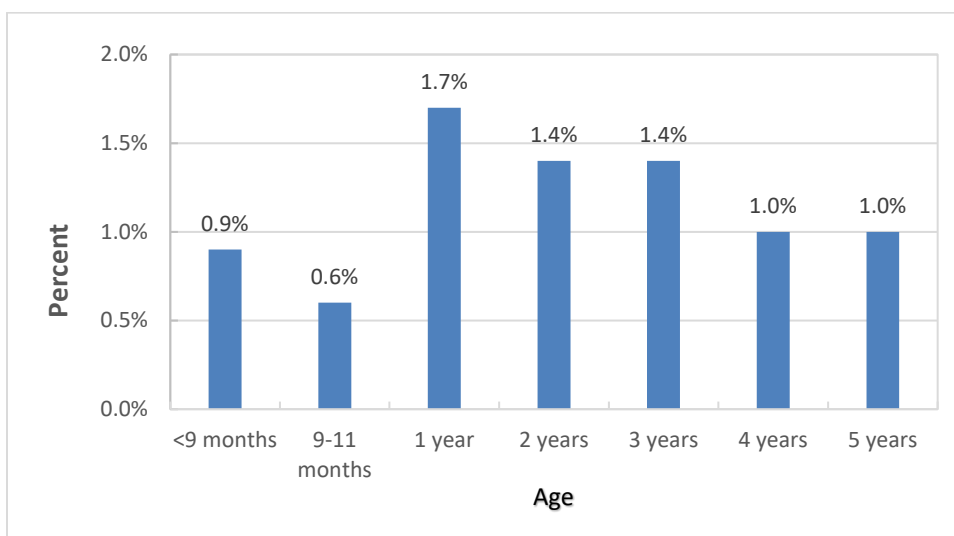
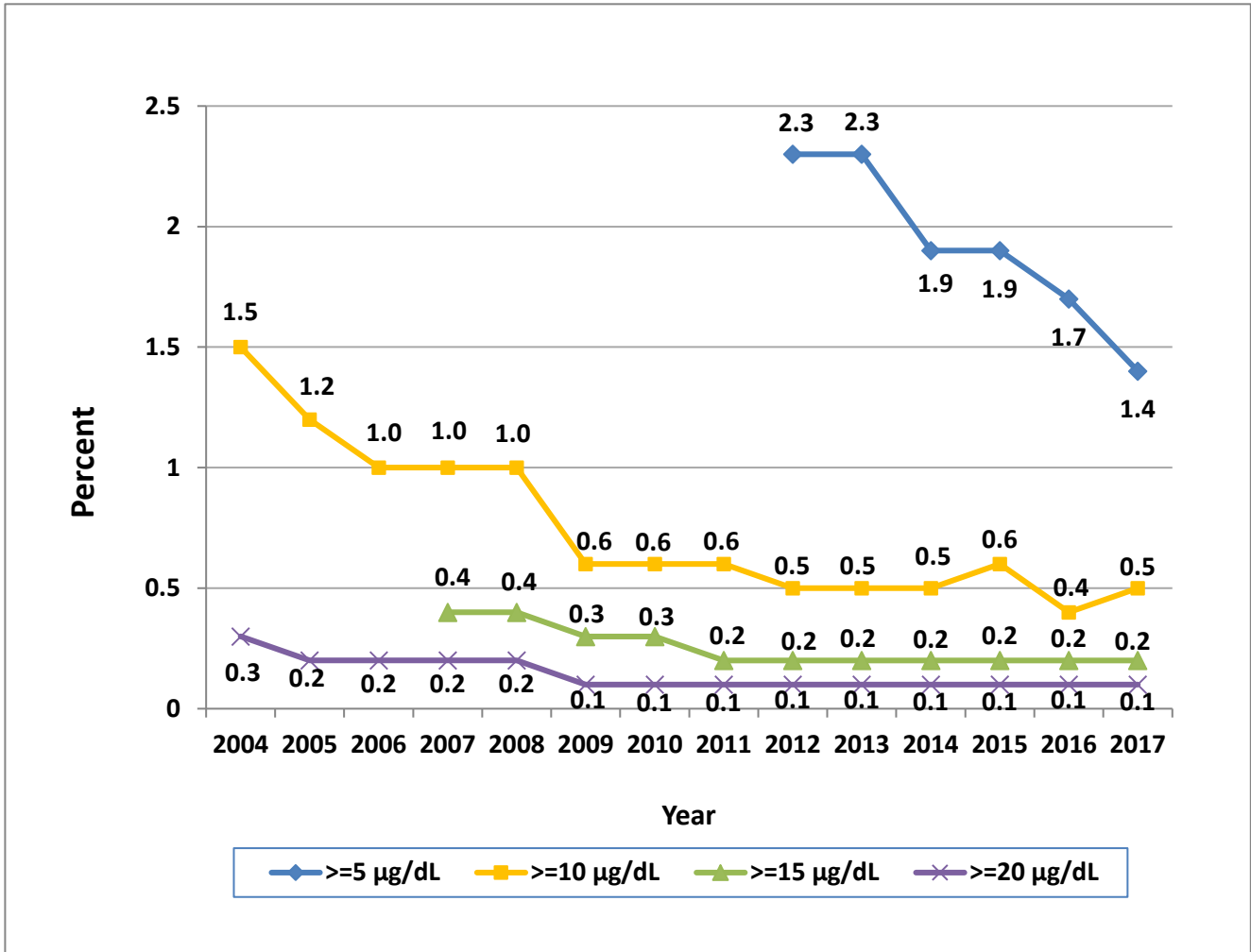


Figure 5.6. Incidence rate of lead poisoning among children under 6 years of age, by age at first identification – Connecticut CY 2017



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, increased mobility, and the higher rate of lead absorption. Figure 5.5 depicts the number of children by age when first tested with a blood lead level $\geq 5 \mu\text{g/dL}$ among children tested in 2017. Figure 5.6 depicts the incidence rate by age. The number and incidence rate of lead poisoned children was highest among the 1 year old followed by the 2 years old cohorts, 462 children (1.7%) and 346 (1.4%) respectively.

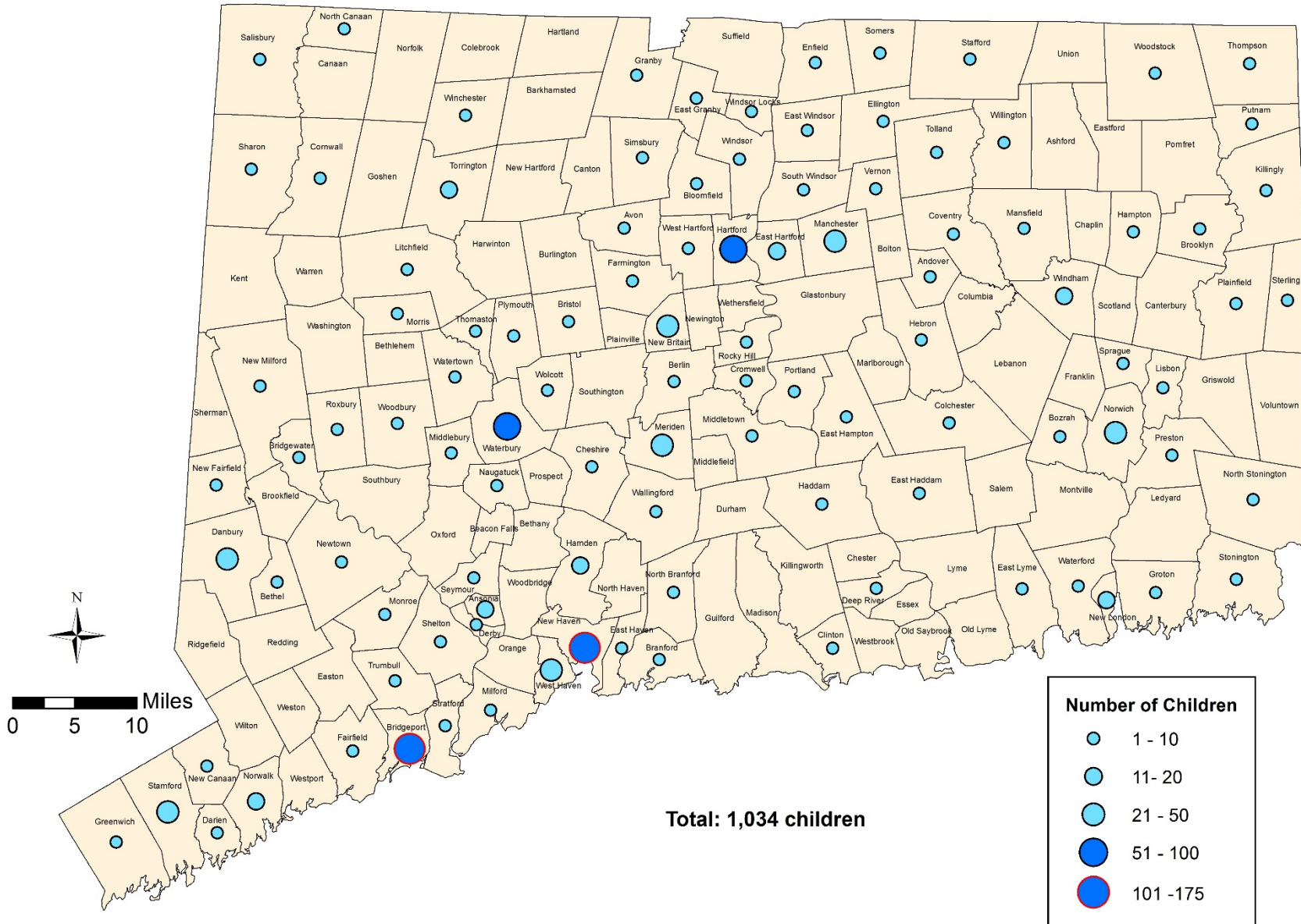
Figure 5.7. Incidence rate of lead poisoning among children under 6 years of age, by blood lead level – Connecticut CY 2004-2017



Among children under 6 years of age with a confirmed blood lead test in 2017, 1.4%, 0.5%, 0.2%, and 0.1% of children were identified as having a level of $\geq 5 \mu\text{g/dL}$, $\geq 10 \mu\text{g/dL}$, $\geq 15 \mu\text{g/dL}$, and $\geq 20 \mu\text{g/dL}$ for the first time, respectively. A slightly increased incidence rate was observed for blood lead levels $\geq 10 \mu\text{g/dL}$ from 2016 to 2017. The rate for $\geq 15 \mu\text{g/dL}$ remains unchanged for the last 6 years, since 2011. The incidence rate for $\geq 20 \mu\text{g/dL}$ remains unchanged since 2009. The decrease in the $\geq 5 \mu\text{g/dL}$ incidence rate is in concert with the new action level that was implemented mid-year in 2013 and the media campaign that took place mid-year 2016 and 2017 and reflects the effectiveness of the expanded prevention efforts as new cases were reduced overall.

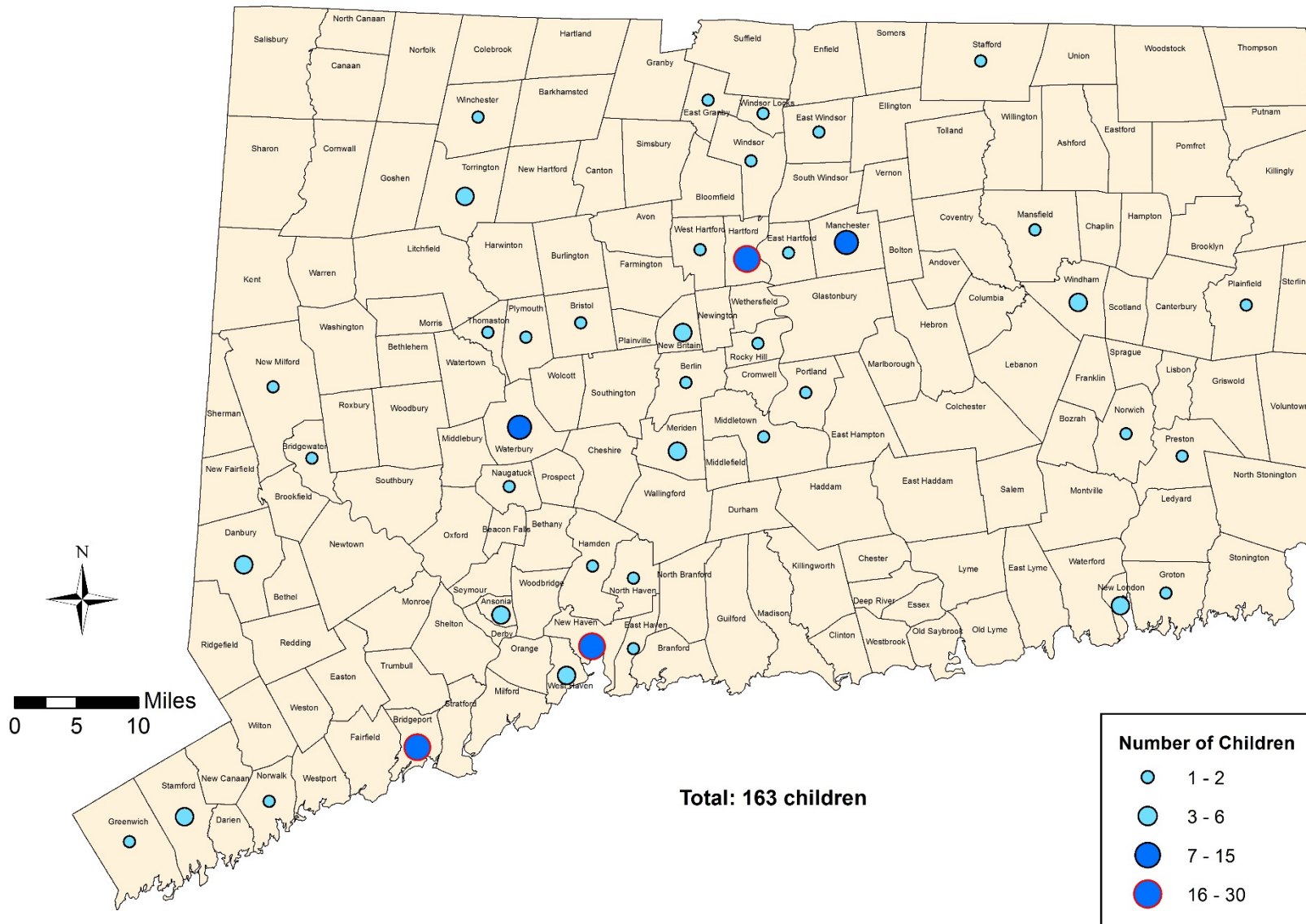
Map 5.1 and Map 5.2 depict the distribution of new cases of blood lead levels $\geq 5 \mu\text{g/dL}$ and $\geq 15 \mu\text{g/dL}$ among Connecticut towns/cities. New Haven (175 cases), Bridgeport (131 cases), Hartford (99 cases), Waterbury (87 cases), and Meriden (33 cases) are the geographic areas with the highest number of new lead poisoned cases. These communities account for 50.8% of the new cases. In 2017, 105 (62.1%) Connecticut towns/cities were identified with new lead poisoned children.

Map 5.1
Number of New Cases $\geq 5 \mu\text{g}/\text{dL}$ Among Children Under 6 Years Old By Town, Connecticut 2017



Map 5.2

Number of New Cases $\geq 15 \mu\text{g/dL}$ Among Children Under 6 Years Old, By Town Connecticut 2017



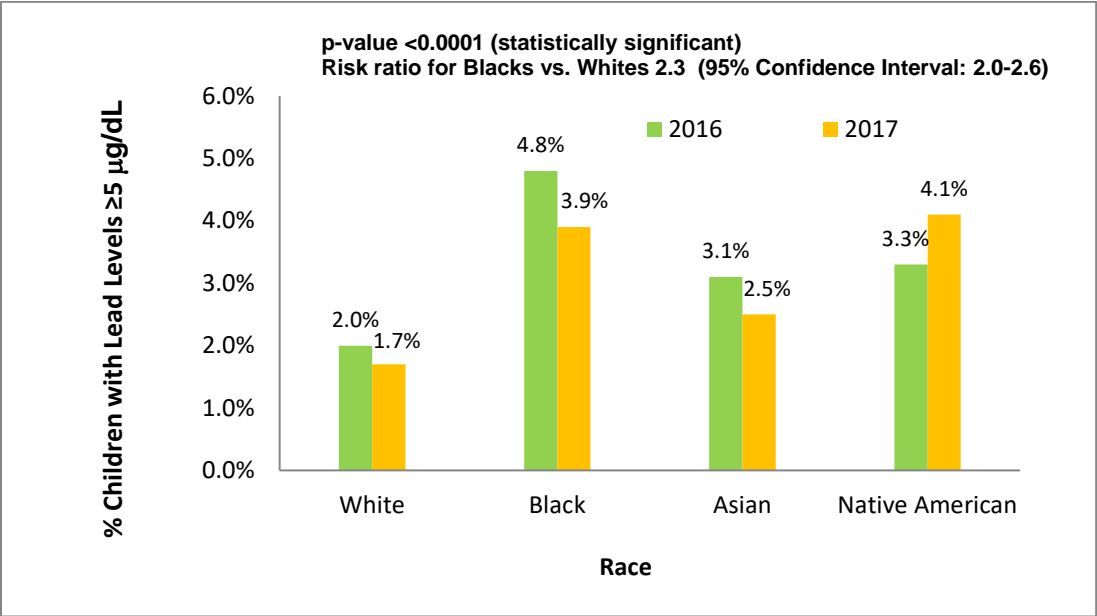
CHAPTER 6. DEMOGRAPHIC CHARACTERISTICS ASSOCIATED WITH CHILDHOOD LEAD POISONING

Race and Ethnicity

For the purposes of this report, children who were diagnosed with a blood lead level of $\geq 5 \mu\text{g/dL}$ are considered to be lead poisoned. The health disparities for lead poisoning among races and between Hispanic and non-Hispanic ethnicities remain in 2017. 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

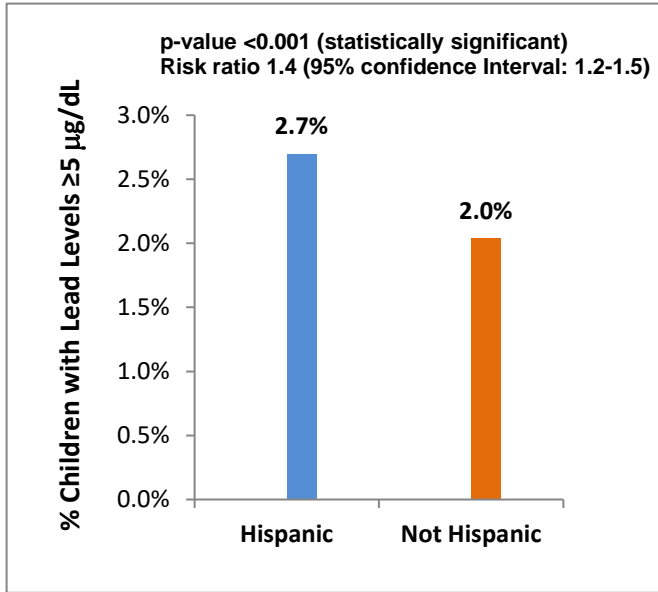
Figure 6.1. Percentage of children under 6 years of age with a blood lead level $\geq 5 \mu\text{g/dL}$, by race – Connecticut CY 2016 and CY 2017



Among children under 6 years of age with a confirmed blood lead test in 2017, Blacks (3.9%) were 2.3 times as likely to be lead poisoned at levels of $\geq 5 \mu\text{g/dL}$ when compared to Whites (1.7%) or Asians (2.5%). The health disparity for lead poisoning prevalence among Black and White children is decreased compared to 2016 (Risk ratio 2.3 in 2017 vs. 2.4 in 2016). Map 6.1 (page 34) depicts the number and percentage of lead poisoned Black children in Connecticut towns.

Ethnicity

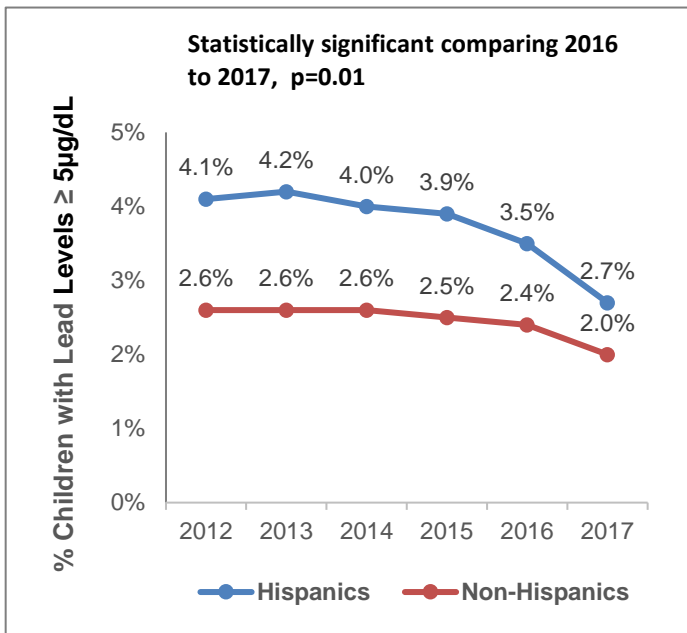
Figure 6.2. Percentage of children under 6 years of age with a blood lead level $\geq 5 \mu\text{g/dL}$, by ethnicity – Connecticut CY 2017



Among children under 6 years of age with a confirmed blood lead test in 2017, Hispanics (2.7%, 508 children) were 1.4 times (95% confidence interval: 1.2-1.5, statistically significant), as likely to be lead poisoned at levels of $\geq 5 \mu\text{g/dL}$ than non-Hispanics (2.0%, 895 children). The risk ratio between Hispanic children and non-Hispanic children, i.e. the health disparity, continues to decrease from 2015 to 2017 (1.6 vs. 1.4); from 2015 to 2016 (1.6 vs. 1.5) and from 2016 to 2017 (1.5 vs. 1.4, although not statistically significant).

Map 6.2 (page 34) depicts the number and percentage of lead poisoned Hispanic children in Connecticut towns.

Figure 6.3. Trend of lead poisoning among children under 6 years of age, by ethnicity, Connecticut 2012-2017



The LPPRP partnered with the Latino and Puerto Rican Affairs Commission to conduct annual media campaigns targeting the Hispanic population in mid-year 2016 and 2017. Figure 6.3 depicts the prevalence of lead poisoning by ethnicity in the past 6 years. Although there was an existing downward trend from 2013 to 2015, the decline in 2016 and 2017 exceeded the previous years and is statistically significant comparing 2015 to 2016 (3.9 vs. 3.5, $P = 0.01$) and 2016 to 2017 (3.5% vs. 2.7%, $p < 0.001$). The declines in 2016 and 2017 likely correlate with the media campaign.

Household Income below Poverty Level (Map 6.3)

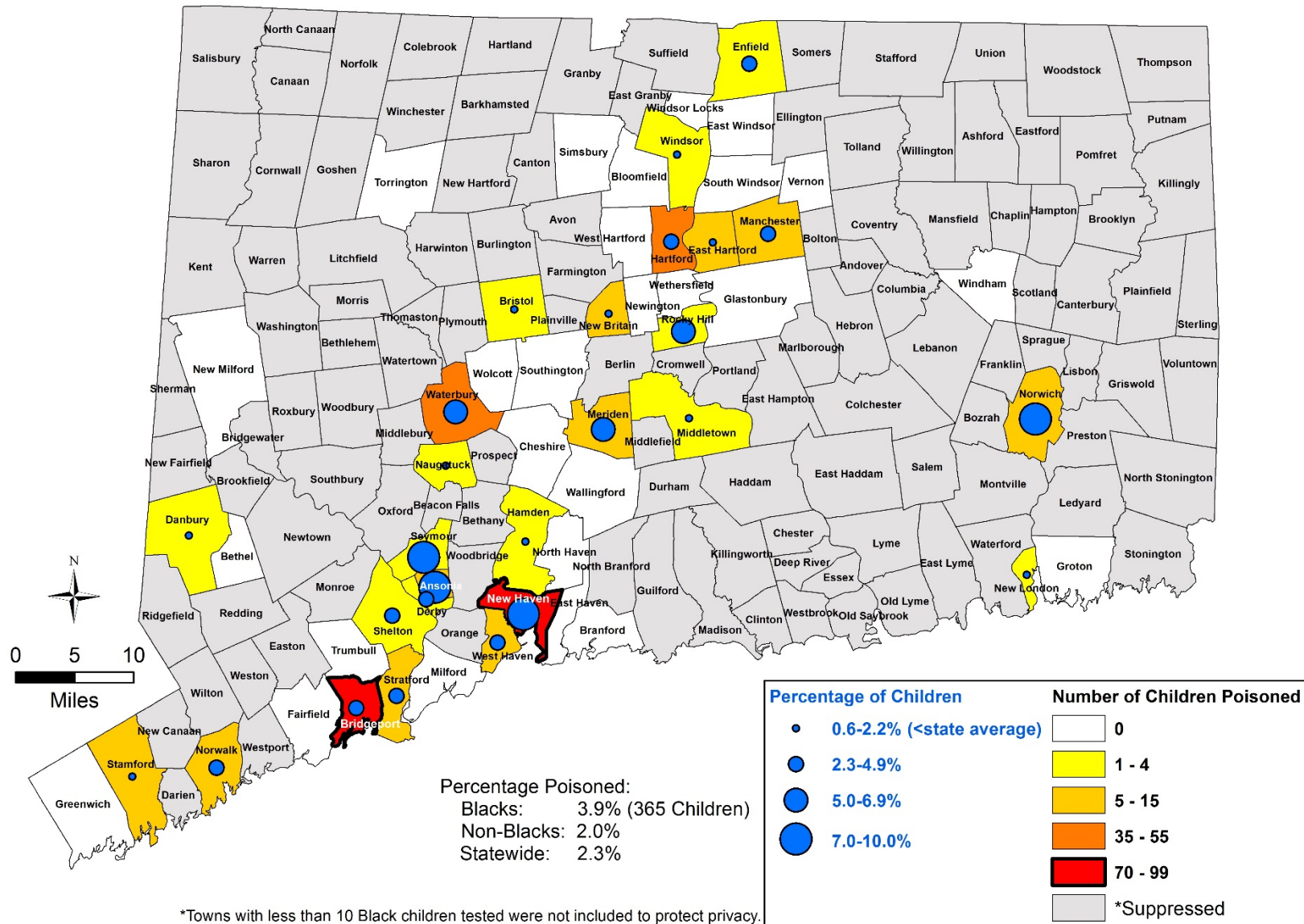
A correlation between household income below poverty level and childhood lead poisoning is observed using geospatial illustration. Map 6.3 (page 35) depicts the overlay of lead poisoning cases ≥ 5 $\mu\text{g}/\text{dL}$ and household incomes below poverty level. Bridgeport, Hartford, New Haven, and Waterbury are the cities 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 6.4)

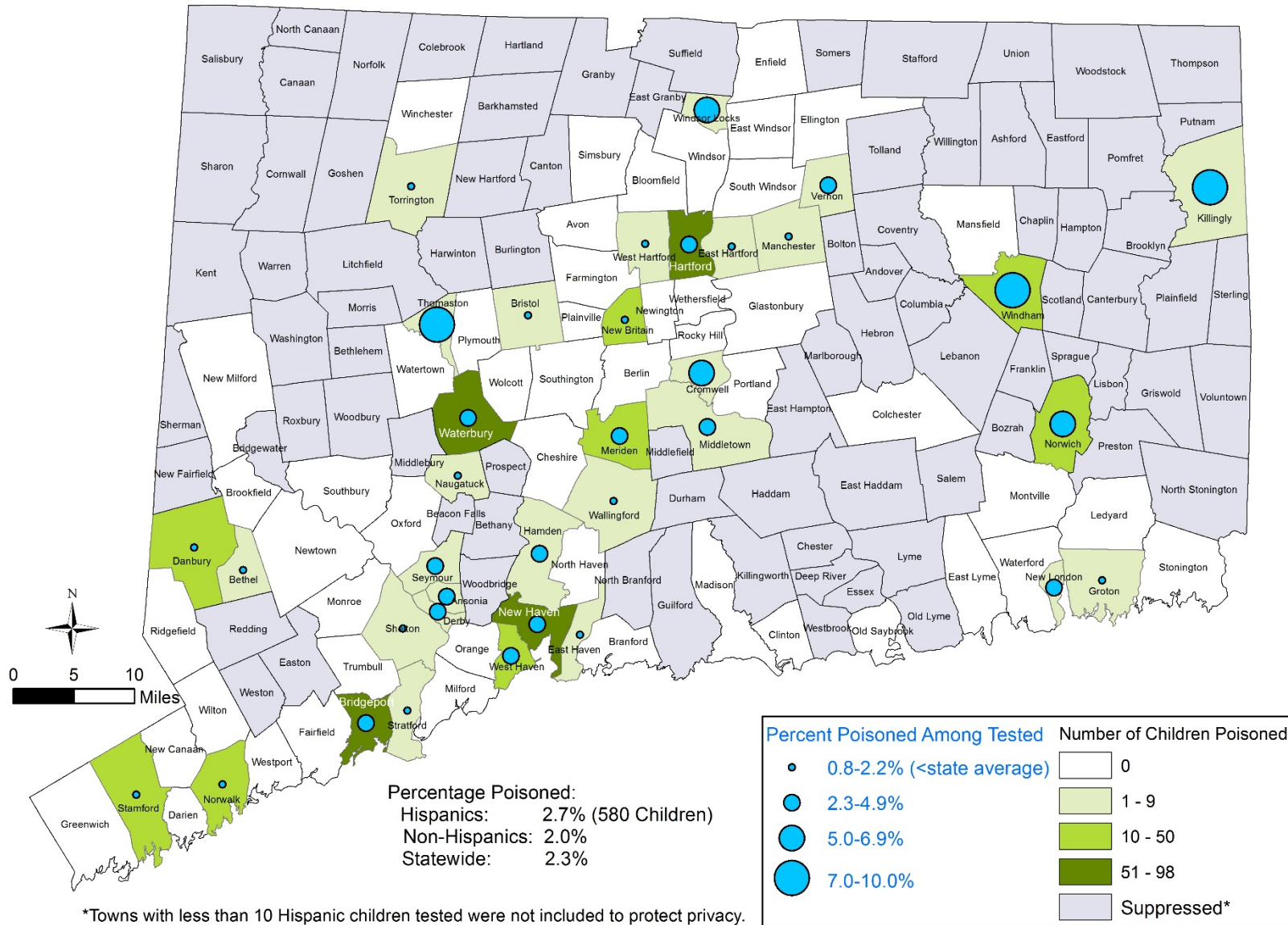
Lead-based paints were banned from residential use in 1978. The U.S. Environmental Protection Agency (EPA) reports that 83% of homes built prior to 1980 contain some lead-based paint (*Report on the National Survey of Lead-Based Paint in Housing, Base Report*, EPA, 1995. EPA 747-R-95-003.). Older houses have an even higher probability of containing lead-based paint. In Connecticut, 71% of the housing stock was built before 1980 and 44% was built before 1960 (2013-2017 American Community Survey 5-Year Estimates, US Census, 2018). Map 6.4 and map 6.5 (page 36 and page 37) depict number and percentage of childhood lead poisoning cases and pre-1960 housing by town respectively.

Map.6.1

Number and Percentage of Black/African American Children Lead Poisoned Under Age 6, Connecticut 2017



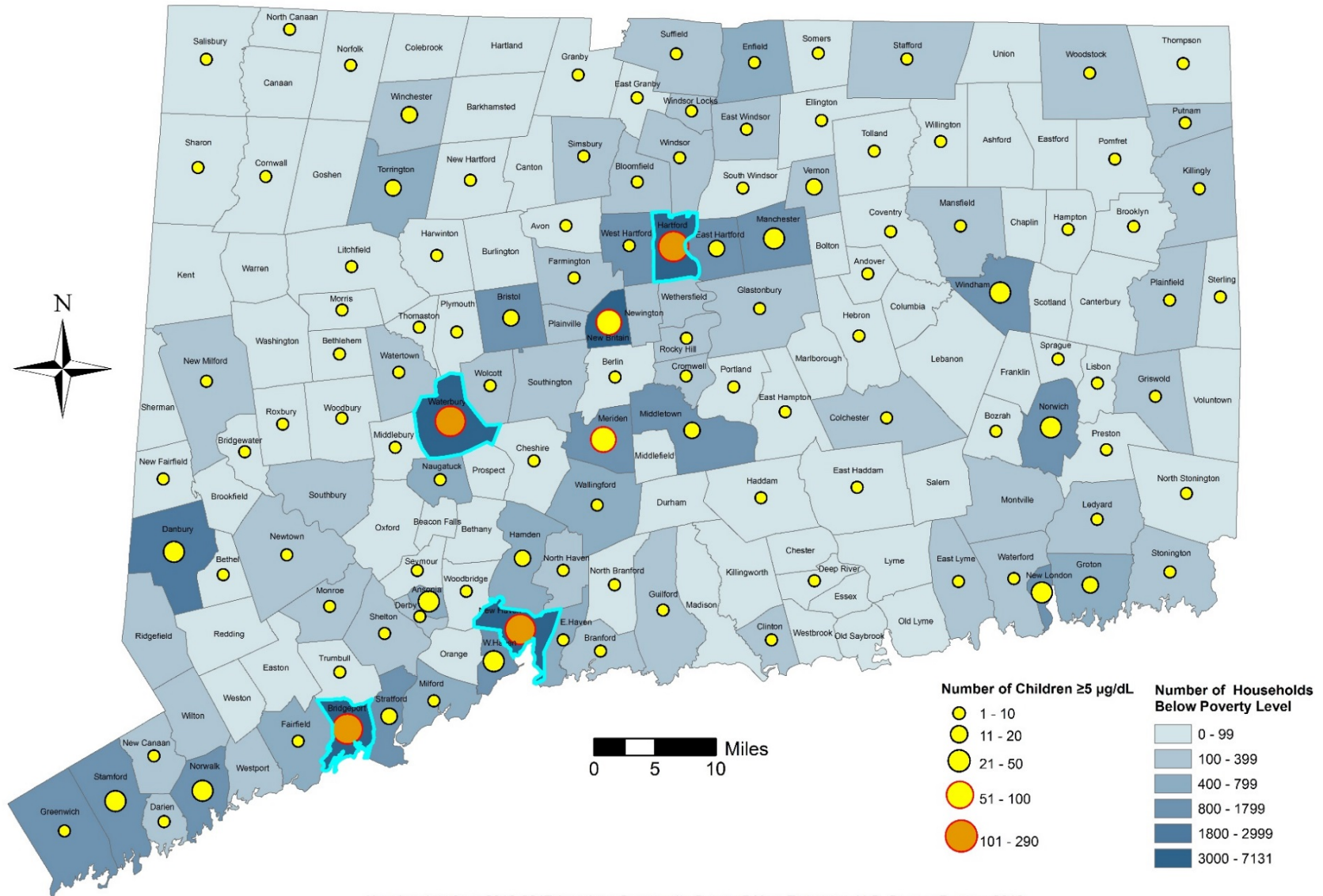
Map 6.2
Number and Percentage of Hispanic Children Lead Poisoned Under Age 6, Connecticut 2017



Map 6.3

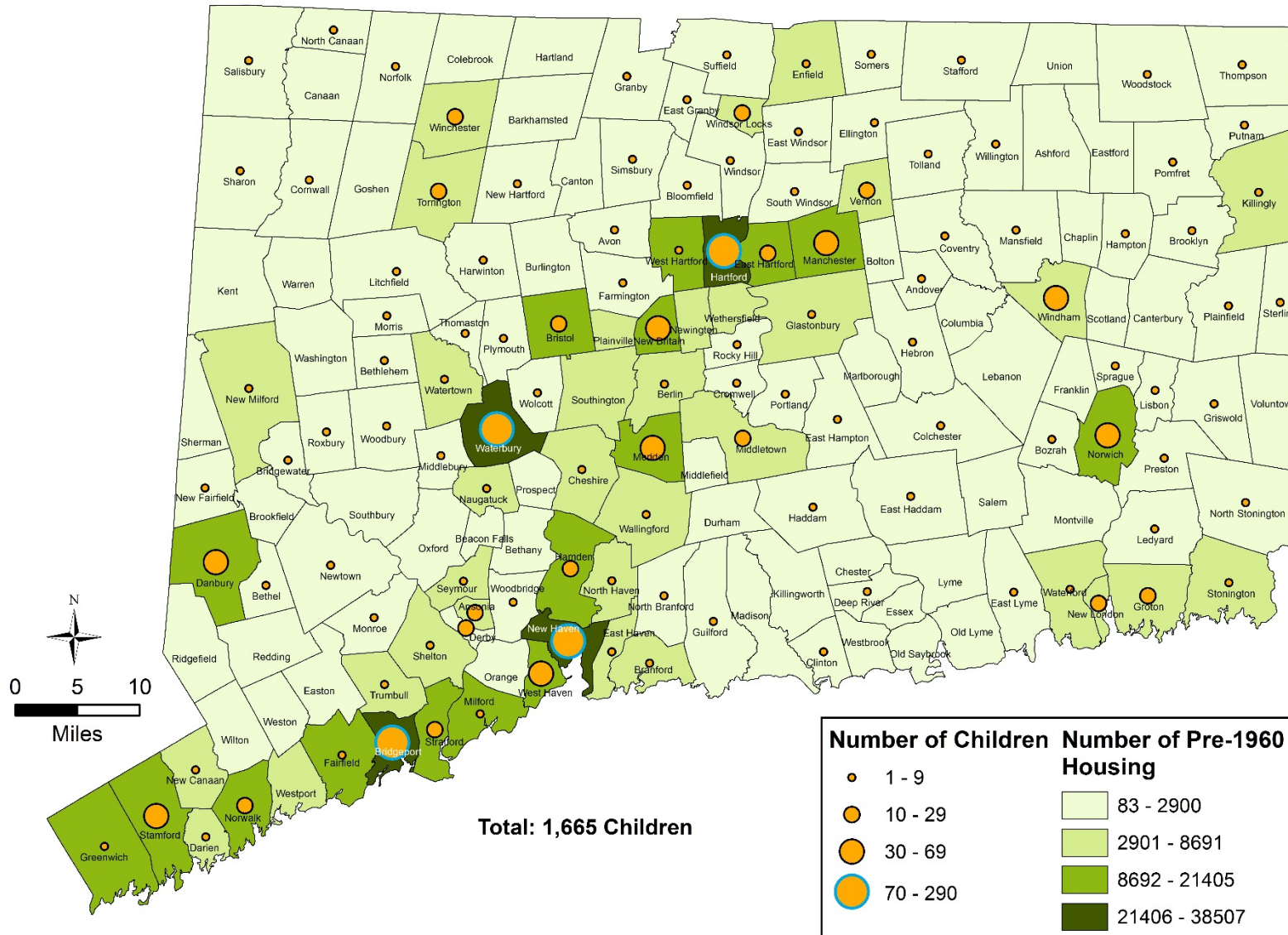
Number of Lead Poisoned Children with Blood Lead Levels $\geq 5 \mu\text{g}/\text{dL}$ & Number of Households with Income Below Poverty Level, Connecticut 2017

Total: 1,665 Children

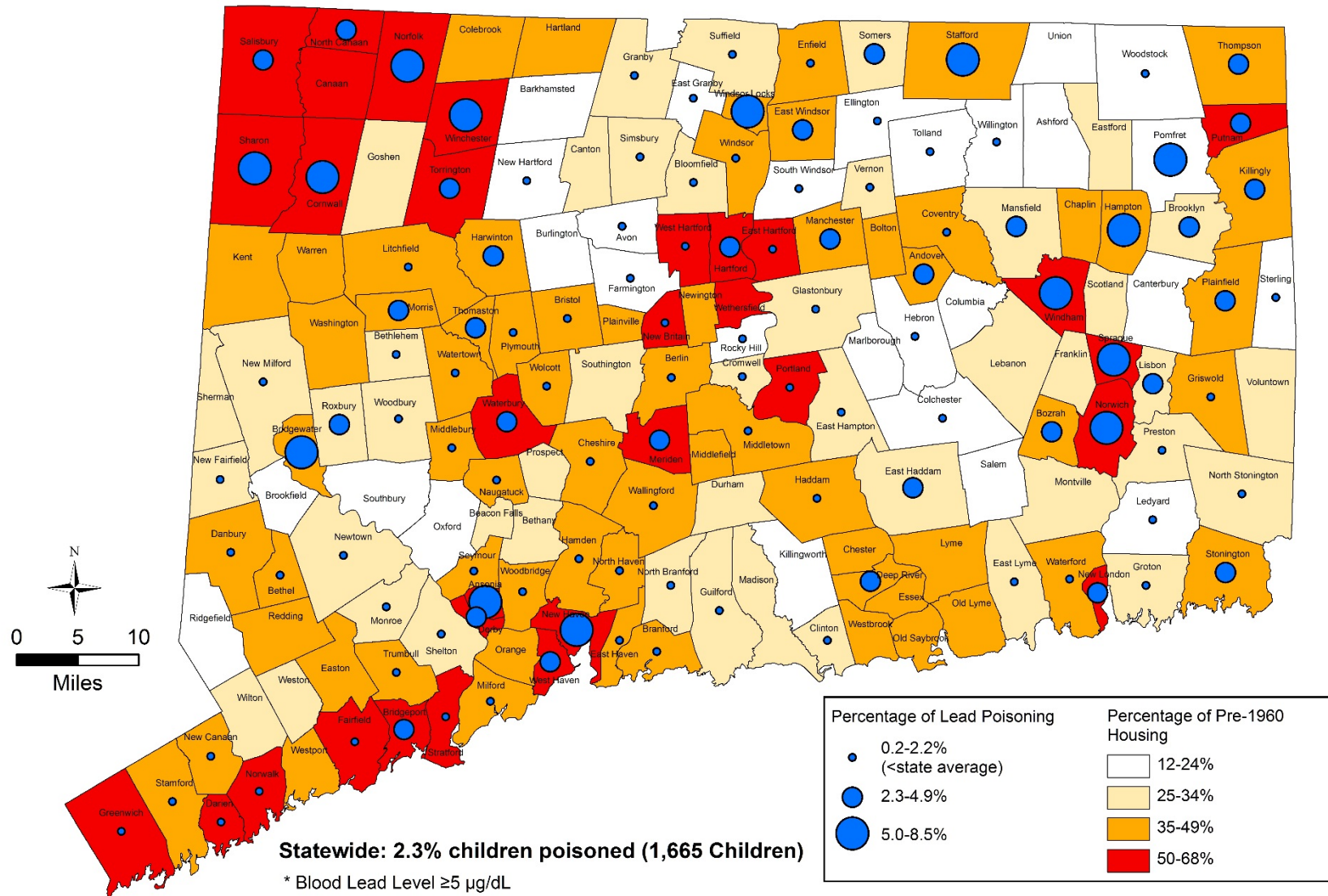


Housing data from 2013-2017 American Community Survey 5-Year Estimates, U.S. Census Bureau, 2018

Map 6.4
Number of Lead Poisoned Children with Blood Lead Levels ≥ 5 $\mu\text{g}/\text{dL}$ &
Number of Housing Units Built Before 1960, Connecticut 2017



Map 6.5
Percentages of pre-1960 Housing and Lead Poisoned Children* Under 6 Years Old by Town, Connecticut 2017



Housing Data from 2013-2017 American Community Survey 5-year Estimates, U.S. Census Bureau, 2018

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.), LHDs 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 a property.

When a child's venous blood lead level is reported as ≥ 20 $\mu\text{g/dL}$ (EIBLL), a LHD 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 $\mu\text{g/dL}$ tests taken at least three months apart (EIBLL), a LHD 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 LHD 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 $\mu\text{g/dL}$, 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 LHDs 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.

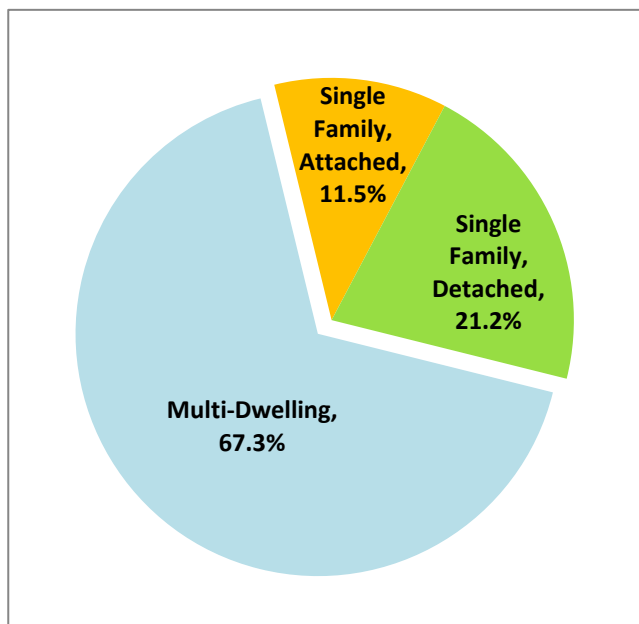
In 2017, 114 environmental cases were opened for children who had blood lead levels that triggered environmental intervention.

Among the 114 environmental cases opened, 110 properties required a comprehensive or limited lead inspection while four of the homes were built after 1978 and were thus exempted from the inspection. Six were not inspected due to parent refusal. Of the 104 properties inspected, 87 units received a comprehensive lead inspection and 17 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 104 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 104 dwelling units inspected, 70 (67.3%) were multiple-unit dwellings, 12 (11.5%) were single family attached dwellings, and 22 (21.2%) were single family detached dwellings.

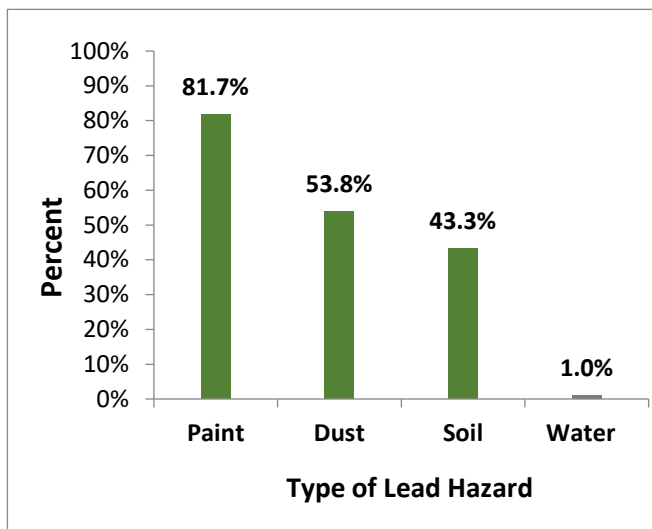
Environmental lead hazards

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 LPPRP collects, analyzes, and reports on data for the most common sources of lead exposure.

Of the 104 dwelling units for which lead inspection results were received, 91 (87.5%) were identified with at least one environmental lead hazard, and 13 (12.5%) had no identified environmental lead hazards.

Environmental lead hazards identified by source

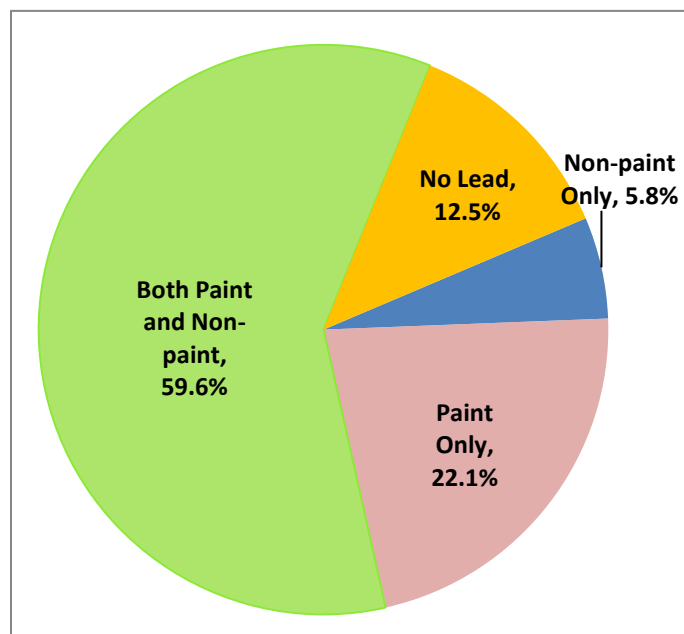
Figure 7.2. Percentage of environmental lead hazards identified by source



Of the 104 dwelling units investigated and reported, a total of 85 (81.7%) were identified with a lead-based paint hazard, 56 (53.8%) were identified with a lead dust hazard, 45 (43.3%) were identified with a lead soil hazard, and one (1.0%) was identified with a lead in drinking water hazard.

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 104 dwelling units for which investigations were completed, 23 (22.1%) dwelling units were identified with lead-based paint hazards only, 62 (59.6%) dwelling units were identified with both lead-based paint and non-paint hazards,¹⁶ 6 (5.8%) were identified with non-paint hazards only, and 13 (12.5%) had no environmental lead hazards.

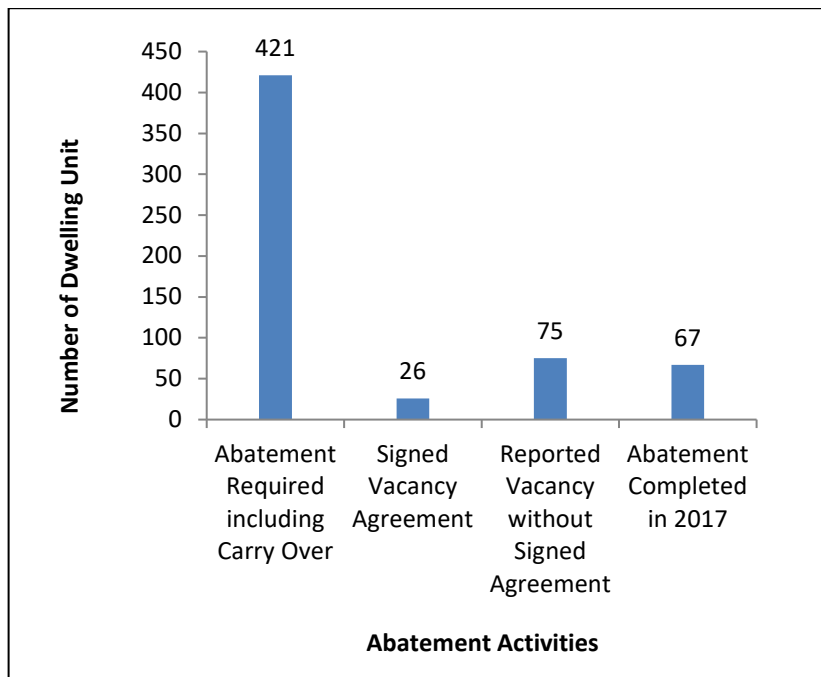
¹⁶ Non-paint hazards consist of lead dust, lead in soil, or lead in water.

Reported lead abatement and management activities

A LHD is required to issue a lead abatement 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), exterior, and 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 LPPRP identified 421 dwelling units (including cases carried forward from previous years) that remained open environmental cases in 2017.

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



As of 2017, 421 dwelling units were required to perform abatement of lead hazards. In 2017, lead abatement was completed in 67 units; leaving 354 required abatement projects to carry over into 2018. A vacancy agreement was signed for 26 dwelling units while 75 were reported vacant but without a signed agreement.

Figure 7.5. Number of months or years to complete abatement among dwelling units where abatement of lead hazards was completed in 2017

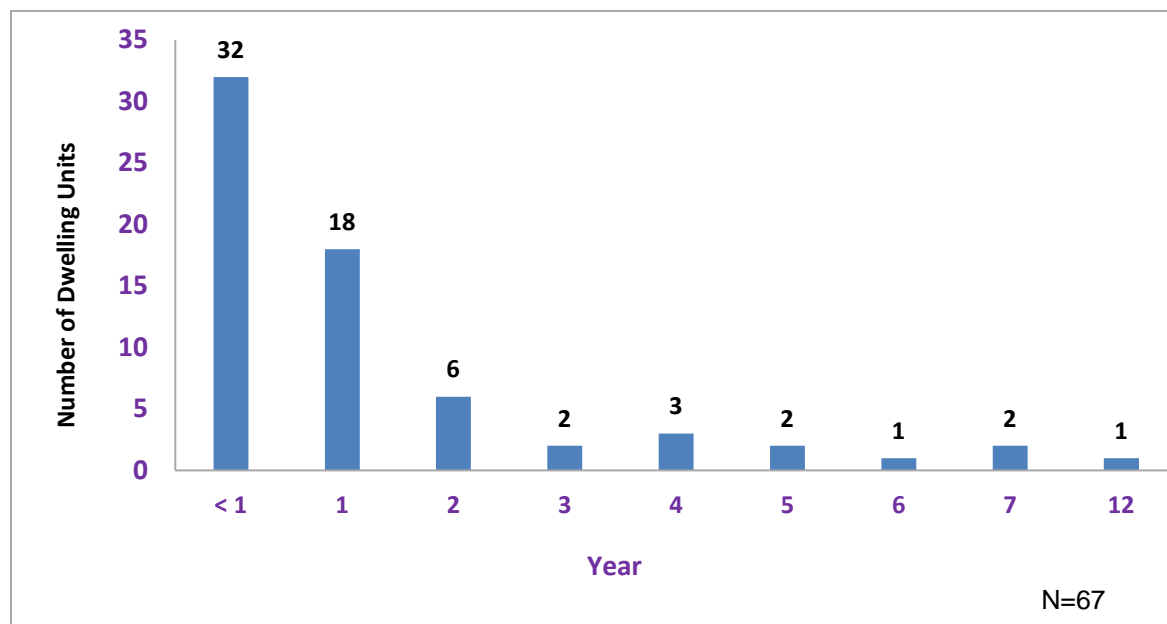
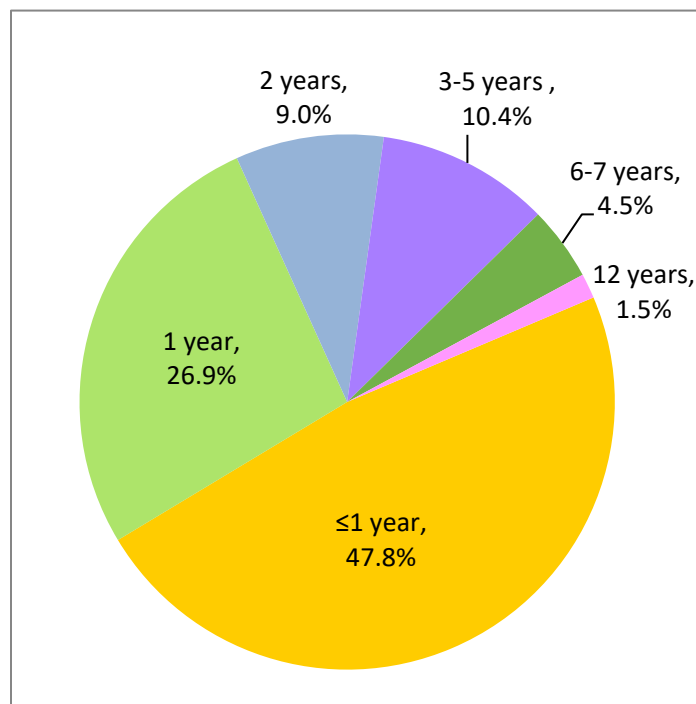


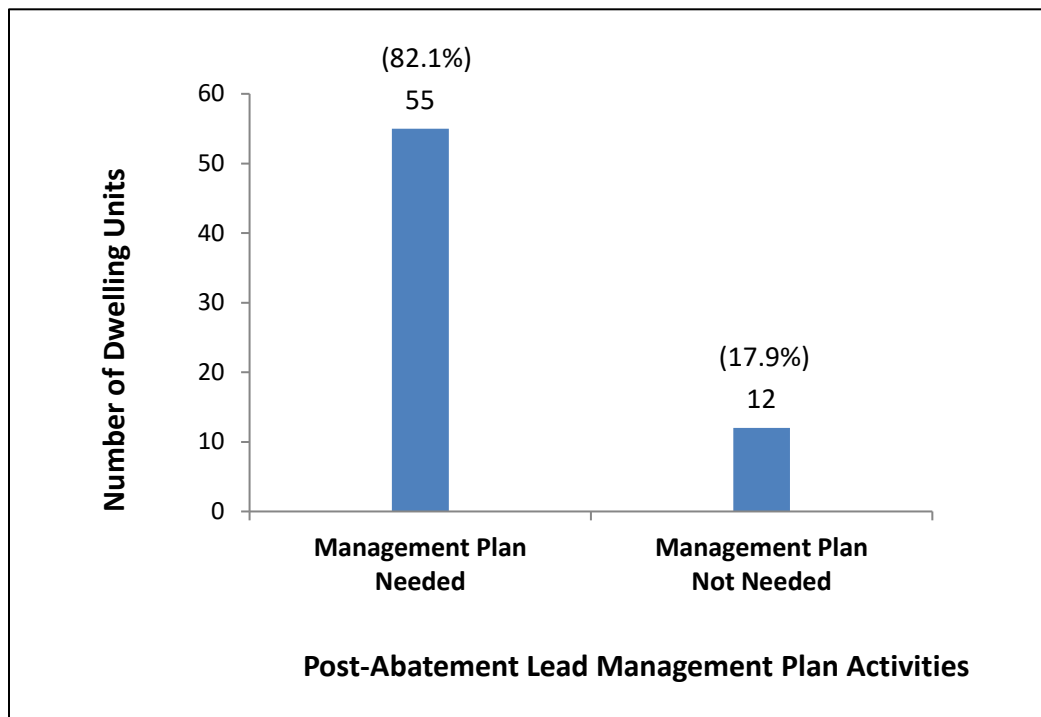
Figure 7.6. Distribution of time required to complete abatement among dwelling units where abatement of lead hazards was completed in 2017



Among the 67 dwelling units where lead abatement was completed in 2017, it took property owners between 1 months to 12 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.

Thirty-two of the 67 (47.8%) property owners completed lead abatement within one year. The average time to complete lead abatement for these properties was 1 year and 8 months.

Figure 7.7. Lead management plans among dwelling units where lead abatement was completed in 2017



Intact lead-based paint and encapsulated surfaces must be placed on a lead management plan. Of the 67 dwelling units for which lead abatement was completed in 2017, 55 (82.1%) of the dwelling units required lead management plans while 12 (17.9%) did not require lead management plans.

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Table 8.1. Screening for children under age 6 and 9 months to 2 years old by town- Connecticut CY 2017

	Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
	Number	Percent			Number	Percent
Connecticut						
CY 2002*			69,857	88,094	40,452	45.9
CY 2003*			67,592	88,094	38,742	44.0
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	49.0
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
CY 2014			75,956	77,163	56,344	73.0
CY 2015	667,950	44.8	75,423	76,357	56,598	74.1
CY 2016	665,592	44.6	74,055	76,081	56,079	73.7
CY 2017	668,025	44.3	74,559	75,836	57,425	75.7
By-Town, CY 2017						
1	ANDOVER	576	43.1	46	40	100.0 [‡]
2	ANSONIA	4,907	62.9	511	501	71.7
3	ASHFORD	470	24.1	62	75	70.7
4	AVON	1,266	17.2	288	325	78.5

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		Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
5	BARKHAMSTED	332	22.6	43	53	43	81.1
6	BEACON FALLS	834	31.0	78	102	65	63.7
7	BERLIN	3,178	37.3	274	310	223	71.9
8	BETHANY	684	33.1	75	80	73	91.3
9	BETHEL	2,615	34.6	333	356	279	78.4
10	BETHLEHEM	500	30.5	47	58	42	72.4
11	BLOOMFIELD	2,840	31.4	337	403	297	73.7
12	BOLTON	779	38.2	71	90	63	70.0
13	BOZRAH	478	43.2	32	45	28	62.2
14	BRANFORD	5,048	36.7	376	410	351	85.6
15	BRIDGEPORT	38,507	66.2	5435	4176	3250	77.8
16	BRIDGEWATER	385	44.4	16	15	14	93.3
17	BRISTOL	12,109	45.1	1194	1349	994	73.7
18	BROOKFIELD	1,586	24.1	268	267	218	81.6
19	BROOKLYN	886	27.4	110	123	92	74.8
20	BURLINGTON	781	21.7	132	162	120	74.1
21	CANAAN & NORTH CANAAN ^{TT}	407	57.0	51	58	46	79.3
22	CANTERBURY	456	22.9	59	92	49	53.3
23	CANTON	1,455	33.2	115	138	104	75.4
24	CHAPLIN	424	44.6	27	25	24	96.0
25	CHESHIRE	3,918	35.6	419	409	369	90.2
26	CHESTER	927	44.8	62	48	58	100.0 [‡]
27	CLINTON	1,930	31.5	207	185	193	100.0 [‡]

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		Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
28	COLCHESTER	1,227	19.1	248	330	219	66.4
29	COLEBROOK	391	48.5	10	10	10	100.0
30	COLUMBIA	543	23.9	71	90	65	72.2
31	CORNWALL	550	53.5	15	10	14	100.0
32	COVENTRY	2,088	41.2	203	260	180	69.2
33	CROMWELL	2,041	33.0	237	310	221	71.3
34	DANBURY	12,487	38.2	2226	2049	1737	84.8
35	DARIEN	4,090	58.1	454	507	395	77.9
36	DEEP RIVER	1,016	48.8	61	49	55	100.0 [‡]
37	DERBY	2,876	52.7	289	285	226	79.3
38	DURHAM	847	29.8	92	112	89	79.5
39	EAST GRANBY	424	19.9	82	96	68	70.8
40	EAST HADDAM	1,543	33.7	119	173	111	64.2
41	EAST HAMPTON	1,865	33.7	181	253	166	65.6
42	EAST HARTFORD	11,076	51.2	1142	1356	896	66.1
43	EAST HAVEN	5,263	41.9	515	558	441	79.0
44	EAST LYME	2,871	32.9	216	262	200	76.3
45	EAST WINDSOR	1,836	36.1	184	237	140	59.1
46	EASTFORD	269	34.0	17	20	13	65.0
47	EASTON	1,112	39.2	93	101	89	88.1
48	ELLINGTON	1,694	24.0	288	330	240	72.7
49	ENFIELD	8,417	47.3	727	708	523	73.9
50	ESSEX	1,545	44.8	62	65	60	92.3

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		Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
51	FAIRFIELD	12,277	56.8	1075	1121	995	88.8
52	FARMINGTON	2,638	23.9	385	435	314	72.2
53	FRANKLIN	256	32.7	14	29	11	37.9
54	GLASTONBURY	3,781	26.9	423	531	377	71.0
55	GOSHEN	482	29.2	30	28	25	89.3
56	GRANBY	1,248	27.2	131	160	114	71.3
57	GREENWICH	12,587	51.1	1119	1098	990	90.2
58	GRISWOLD	1,790	35.9	192	226	129	57.1
59	GROTON	5,961	33.0	1046	1098	798	72.7
60	GUILFORD	2,558	27.4	202	258	195	75.6
61	HADDAM	1,274	35.4	132	154	125	81.2
62	HAMDEN	11,634	46.7	1010	1163	860	73.9
63	HAMPTON	291	38.0	33	37	30	81.1
64	HARTFORD	34,154	63.6	4263	3810	2940	77.2
65	HARTLAND	345	42.0	14	21	9	42.9
66	HARWINTON	800	36.6	76	62	68	100.0 [‡]
67	HEBRON	571	15.6	118	149	107	71.8
68	KENT	560	37.3	21	29	18	62.1
69	KILLINGLY	3,326	41.2	314	313	247	78.9
70	KILLINGWORTH	556	21.8	80	79	80	100.0
71	LEBANON	856	27.7	81	132	70	53.0
72	LEDYARD	1,120	18.2	350	348	298	85.6
73	LISBON	424	24.5	30	52	27	51.9

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		Housing stock built before 1960 ^α		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
74	LITCHFIELD	1,887	44.7	116	117	103	88.0
75	LYME & OLD LYME ^β	523	43.6	119	90	114	100.0 [‡]
76	MADISON	2,056	25.7	204	213	194	91.1
77	MANCHESTER	12,159	48.1	1421	1742	1196	68.7
78	MANSFIELD	1,601	25.8	152	175	134	76.6
79	MARLBOROUGH	291	12.6	96	123	76	61.8
80	MERIDEN	17,115	56.3	1910	1517	1164	76.7
81	MIDDLEBURY	1,212	41.3	127	126	97	77.0
82	MIDDLEFIELD	877	46.9	45	67	43	64.2
83	MIDDLETOWN	7,653	36.1	801	1116	723	64.8
84	MILFORD	10,796	45.8	872	984	678	68.9
85	MONROE	1,902	26.0	274	322	257	79.8
86	MONTVILLE	2,053	26.4	287	339	235	69.3
87	MORRIS	619	47.6	29	25	24	96.0
88	NAUGATUCK	5,499	43.0	698	740	498	67.3
89	NEW BRITAIN	21,405	66.7	2731	2149	1692	78.7
90	NEW CANAAN	2,923	39.0	328	369	290	78.6
91	NEW FAIRFIELD	2,018	34.2	197	174	167	96.0
92	NEW HARTFORD	682	24.0	83	92	76	82.6
93	NEW HAVEN	36,983	65.5	4257	3510	2906	82.8
94	NEW LONDON	8,041	64.7	643	653	486	74.4
95	NEW MILFORD	3,516	30.4	445	490	409	83.5
96	NEWINGTON	4,755	36.9	333	582	274	47.1

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		Housing stock built before 1960 ^α		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
97	NEWTOWN	2,860	27.8	306	396	283	71.5
98	NORFOLK	570	61.5	15	14	11	78.6
99	NORTH BRANFORD	1,883	32.0	199	231	192	83.1
100	NORTH CANAAN & CANAAN ^π	1,128	67.3	51	58	46	79.3
101	NORTH HAVEN	3,676	40.9	368	414	327	79.0
102	NORTH STONINGTON	763	33.9	79	74	61	82.4
103	NORWALK	17,723	50.0	2093	2449	1664	67.9
104	NORWICH	10,889	58.7	835	1034	565	54.6
105	OLD LYME & LYME ^β	2,473	49.1	119	90	114	100.0 [‡]
106	OLD SAYBROOK	2,462	44.1	84	94	79	84.0
107	ORANGE	2,142	42.0	219	246	184	74.8
108	OXFORD	1,072	22.5	195	225	181	80.4
109	PLAINFIELD	2,803	44.0	266	299	216	72.2
110	PLAINVILLE	3,605	43.6	269	312	232	74.4
111	PLYMOUTH	2,234	42.2	176	189	155	82.0
112	POMFRET	416	23.7	53	60	42	70.0
113	PORTLAND	2,308	52.5	153	205	145	70.7
114	PRESTON	607	30.7	52	67	46	68.7
115	PROSPECT	993	28.6	142	160	109	68.1
116	PUTNAM	2,547	57.7	183	155	151	97.4
117	REDDING	1,393	35.8	116	138	99	71.7
118	RIDGEFIELD	2,218	23.0	376	395	327	82.8
119	ROCKY HILL	1,585	17.6	447	458	391	85.4

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		Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
120	ROXBURY	357	30.1	28	18	25	100.0 [‡]
121	SALEM	272	15.5	62	80	60	75.0
122	SALISBURY	1,467	52.8	29	34	24	70.6
123	SCOTLAND	218	32.9	8	11	4	36.4
124	SEYMOUR	3,017	44.8	346	390	292	74.9
125	SHARON	1,215	62.6	20	22	20	90.9
126	SHELTON	4,542	26.5	683	734	594	80.9
127	SHERMAN	540	30.6	33	33	29	87.9
128	SIMSBURY	2,593	27.3	260	405	230	56.8
129	SOMERS	924	25.7	135	108	95	88.0
130	SOUTH WINDSOR	2,170	21.0	409	475	361	76.0
131	SOUTHBURY	1,154	13.5	199	201	176	87.6
132	SOUTHINGTON	5,563	30.9	604	815	514	63.1
133	SPRAGUE	745	58.0	59	75	42	56.0
134	STAFFORD	2,454	46.2	155	212	134	63.2
135	STAMFORD	19,243	36.1	3512	4229	3005	71.1
136	STERLING	253	19.7	55	46	44	95.7
137	STONINGTON	4,341	45.9	260	217	175	80.6
138	STRATFORD	11,993	55.2	1042	1045	818	78.3
139	SUFFIELD	1,806	33.3	196	181	150	82.9
140	THOMASTON	1,513	46.3	148	134	106	79.1
141	THOMPSON	1,800	43.8	143	107	100	93.5
142	TOLLAND	837	15.5	224	250	190	76.0

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		Housing stock built before 1960 ^a		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
143	TORRINGTON	8,691	50.8	716	717	600	83.7
144	TRUMBULL	5,166	40.1	662	719	605	84.1
145	UNION	83	21.8	6	5	6	100.0 [‡]
146	VERNON	4,624	32.5	652	814	503	61.8
147	VOLUNTOWN	375	34.2	31	35	25	71.4
148	WALLINGFORD	8,495	42.2	807	812	711	87.6
149	WARREN	358	41.8	14	12	14	100.0 [‡]
150	WASHINGTON	1,086	49.2	35	40	35	87.5
151	WATERBURY	26,415	56.2	4331	3212	2272	70.7
152	WATERFORD	4,246	48.7	270	272	245	90.1
153	WATERTOWN	3,646	41.1	381	393	269	68.4
154	WEST HARTFORD	17,329	67.0	1093	1229	935	76.1
155	WEST HAVEN	12,147	55.1	1313	1277	1043	81.7
156	WESTBROOK	1,583	41.0	92	83	80	96.4
157	WESTON	1,303	33.3	108	138	101	73.2
158	WESTPORT	4,693	43.2	371	367	344	93.7
159	WETHERSFIELD	5,754	51.0	409	463	358	77.3
160	WILLINGTON	562	22.0	68	82	55	67.1
161	WILTON	1,743	27.0	283	334	250	74.9
162	WINCHESTER	3,091	54.8	202	183	164	89.6
163	WINDHAM	5,437	56.1	512	560	450	80.4
164	WINDSOR	2,695	49.2	465	556	383	68.9
165	WINDSOR LOCKS	4,850	42.1	188	226	146	64.6

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		Housing stock built before 1960 ^α		Number of Children Under Age 6 Screened	Population ^Ω Age 9 months-2 yrs	Number and Percent of Children Age 9 mos-2 yrs Screened	
		Number	Percent			Number	Percent
166	WOLCOTT	2,355	38.9	262	235	185	78.7
167	WOODBIDGE	1,206	39.0	136	136	116	85.3
168	WOODBURY	1,482	32.7	109	119	96	80.7
169	WOODSTOCK	839	23.9	130	118	100	84.7

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

- ^α Data obtained from 2013-2017 American Community Survey 5-Year Estimates, Table B25034, <https://factfinder.census.gov>.
- ^Ω Population estimate is based on vital registry for birth cohorts 2014 and 2015. Children 9 months to 11 months old who were tested in 2017 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%.
- ^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.

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Table 8.2. Prevalence - Percent of Children with a Blood Lead Level 0-4 $\mu\text{g}/\text{dL}$ and Cumulative Percent of Children with a Blood lead Level of $\geq 5 \mu\text{g}/\text{dL}$ among Children under 6 Years of Age, by Blood Lead Levels-Connecticut 2017

CY 2017 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 $\mu\text{g}/\text{dL}$		Elevated Blood Lead Levels							
					All levels $\geq 5 \mu\text{g}/\text{dL}$		All levels $\geq 10 \mu\text{g}/\text{dL}$		All levels $\geq 15 \mu\text{g}/\text{dL}$		All levels $\geq 20 \mu\text{g}/\text{dL}$	
			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
	CY2016	73,512	71,512	97.3	2,000	2.7	480	0.7	208	0.3	105	0.1

* Capillary tests $\geq 5 \mu\text{g}/\text{dL}$ were treated as confirmatory tests based on previous confirmatory definition before the adoption of the CDC reference value.

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		Numbers and Percents of Confirmed Blood Lead Levels among Children Aged Less Than Six Years with a Confirmed Lead Test										
CY 2017 Data (<6 years old)		Number of Children with Confirmed Test	0–4 µg/dL		Elevated Blood Lead Levels							
					All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
			Number	%	Number	%	Number	%	Number	%	Number	%
	CY2017	73,986	72,321	97.7	1,665	2.3 (95% CI 2.2-2.4)	490	0.7 (95% CI 0.6-0.7)	217	0.3 (95% CI 0.3-0.3)*	120	0.2 (95% CI 0.1-0.2)
	By-Town											
1	Andover	46	S	S	1-4	S	0	0.0	0	0.0	0	0.0
2	Ansonia	510	484	94.9	26	5.1	7	1.4	3	0.6	3	0.6
3	Ashford	62	62	100.0	0	0.0	0	0.0	0	0.0	0	0.0
4	Avon	288	286	99.3	2	0.7	0	0.0	0	0.0	0	0.0
5	Barkhamsted	42	42	100.0	0	0.0	0	0.0	0	0.0	0	0.0
6	Beacon Falls	77	77	100.0	0	0.0	0	0.0	0	0.0	0	0.0
7	Berlin	272	270	99.3	2	0.7	1	0.4	1	0.4	1	0.4
8	Bethany	75	75	100.0	0	0.0	0	0.0	0	0.0	0	0.0
9	Bethel	333	330	99.1	3	0.9	1	0.3	0	0.0	0	0.0
10	Bethlehem	45	S	S	1-4	S	0	0.0	0	0.0	0	0.0
11	Bloomfield	333	330	99.1	3	0.9	2	0.6	1	0.3	0	0.0
12	Bolton	71	71	100.0	0	0.0	0	0.0	0	0.0	0	0.0
13	Bozrah	32	S	S	1-4	S	0	0.0	0	0.0	0	0.0
14	Branford	375	369	98.4	6	1.6	2	0.5	0	0.0	0	0.0
15	Bridgeport	5405	5196	96.1	209	3.9	64	1.2	29	0.5	17	0.3
16	Bridgewater	16	S	S	1-4	S	1-4	S	1-4	S	0	0.0
17	Bristol	1181	1164	98.6	17	1.4	3	0.3	3	0.3	2	0.2
18	Brookfield	268	268	100.0	0	0.0	0	0.0	0	0.0	0	0.0
19	Brooklyn	110	107	97.3	3	2.7	1	0.9	0	0.0	0	0.0
20	Burlington	132	132	100.0	0	0.0	0	0.0	0	0.0	0	0.0
21	Canaan	7	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0

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CY 2017 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		Elevated Blood Lead Levels							
			Number	%	All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
22	Canterbury	59	59	100.0	0	0.0	0	0.0	0	0.0	0	0.0
23	Canton	115	115	100.0	0	0.0	0	0.0	0	0.0	0	0.0
24	Chaplin	27	27	100.0	0	0.0	0	0.0	0	0.0	0	0.0
25	Cheshire	416	415	99.8	1	0.2	0	0.0	0	0.0	0	0.0
26	Chester	62	62	100.0	0	0.0	0	0.0	0	0.0	0	0.0
27	Clinton	207	206	99.5	1	0.5	1	0.5	0	0.0	0	0.0
28	Colchester	248	247	99.6	1	0.4	1	0.4	0	0.0	0	0.0
29	Colebrook	10	10	100.0	0	0.0	0	0.0	0	0.0	0	0.0
30	Columbia	71	71	100.0	0	0.0	0	0.0	0	0.0	0	0.0
31	Cornwall	13	S	S	1-4	S	0	0.0	0	0.0	0	0.0
32	Coventry	203	202	99.5	1	0.5	0	0.0	0	0.0	0	0.0
33	Cromwell	237	236	99.6	1	0.4	0	0.0	0	0.0	0	0.0
34	Danbury	2217	2178	98.2	39	1.8	9	0.4	3	0.1	1	0.0
35	Darien	453	451	99.6	2	0.4	1	0.2	0	0.0	0	0.0
36	Deep River	61	58	95.1	3	4.9	0	0.0	0	0.0	0	0.0
37	Derby	287	277	96.5	10	3.5	3	1.0	1	0.3	0	0.0
38	Durham	92	92	100.0	0	0.0	0	0.0	0	0.0	0	0.0
39	East Granby	80	79	98.8	1	1.3	1	1.3	1	1.3	0	0.0
40	East Haddam	119	116	97.5	3	2.5	0	0.0	0	0.0	0	0.0
41	East Hampton	180	177	98.3	3	1.7	0	0.0	0	0.0	0	0.0
42	East Hartford	1140	1122	98.4	18	1.6	10	0.9	2	0.2	1	0.1
43	East Haven	513	504	98.2	9	1.8	3	0.6	2	0.4	0	0.0
44	East Lyme	214	213	99.5	1	0.5	0	0.0	0	0.0	0	0.0
45	East Windsor	184	179	97.3	5	2.7	1	0.5	1	0.5	1	0.5

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CY 2017 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		Elevated Blood Lead Levels							
			Number	%	All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
46	Eastford	17	17	100.0	0	0.0	0	0.0	0	0.0	0	0.0
47	Easton	92	92	100.0	0	0.0	0	0.0	0	0.0	0	0.0
48	Ellington	288	283	98.3	5	1.7	1	0.3	0	0.0	0	0.0
49	Enfield	724	718	99.2	6	0.8	1	0.1	0	0.0	0	0.0
50	Essex	62	62	100.0	0	0.0	0	0.0	0	0.0	0	0.0
51	Fairfield	1075	1071	99.6	4	0.4	3	0.3	0	0.0	0	0.0
52	Farmington	383	380	99.2	3	0.8	2	0.5	0	0.0	0	0.0
53	Franklin	14	14	100.0	0	0.0	0	0.0	0	0.0	0	0.0
54	Glastonbury	421	420	99.8	1	0.2	0	0.0	0	0.0	0	0.0
55	Goshen	30	30	100.0	0	0.0	0	0.0	0	0.0	0	0.0
56	Granby	131	129	98.5	2	1.5	1	0.8	0	0.0	0	0.0
57	Greenwich	1115	1113	99.8	2	0.2	1	0.1	1	0.1	0	0.0
58	Griswold	191	189	99.0	2	1.0	2	1.0	1	0.5	1	0.5
59	Groton	1043	1032	98.9	11	1.1	5	0.5	1	0.1	0	0.0
60	Guilford	199	198	99.5	1	0.5	0	0.0	0	0.0	0	0.0
61	Haddam	130	128	98.5	2	1.5	1	0.8	1	0.8	1	0.8
62	Hamden	1004	987	98.3	17	1.7	4	0.4	2	0.2	2	0.2
63	Hampton	32	S	S	1-4	S	0	0.0	0	0.0	0	0.0
64	Hartford	4223	4078	96.6	145	3.4	45	1.1	23	0.5	9	0.2
65	Hartland	14	14	100.0	0	0.0	0	0.0	0	0.0	0	0.0
66	Harwinton	76	74	97.4	2	2.6	0	0.0	0	0.0	0	0.0
67	Hebron	116	115	99.1	1	0.9	0	0.0	0	0.0	0	0.0
68	Kent	19	19	100.0	0	0.0	0	0.0	0	0.0	0	0.0
69	Killingly	313	305	97.4	8	2.6	0	0.0	0	0.0	0	0.0

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CY 2017 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		Elevated Blood Lead Levels								
			Number	%	All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL		
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%		
70	Killingworth	80	80	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
71	Lebanon	81	81	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
72	Ledyard	347	346	99.7	1	0.3	0	0.0	0	0.0	0	0.0	
73	Lisbon	30	S	S	1-4	S	1-4	S	0	0.0	0	0.0	
74	Litchfield	116	114	98.3	2	1.7	0	0.0	0	0.0	0	0.0	
75	Lyme	12	12	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
76	Madison	204	204	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
77	Manchester	1417	1375	97.0	42	3.0	15	1.1	11	0.8	6	0.4	
78	Mansfield	151	146	96.7	5	3.3	2	1.3	1	0.7	0	0.0	
79	Marlborough	95	95	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
80	Meriden	1896	1827	96.4	69	3.6	20	1.1	8	0.4	4	0.2	
81	Middlebury	126	125	99.2	1	0.8	0	0.0	0	0.0	0	0.0	
82	Middlefield	45	45	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
83	Middletown	798	783	98.1	15	1.9	6	0.8	2	0.3	0	0.0	
84	Milford	870	866	99.5	4	0.5	1	0.1	0	0.0	0	0.0	
85	Monroe	274	272	99.3	2	0.7	0	0.0	0	0.0	0	0.0	
86	Montville	285	285	100.0	0	0.0	0	0.0	0	0.0	0	0.0	
87	Morris	29	S	S	S	S	0	0.0	0	0.0	0	0.0	
88	Naugatuck	696	688	98.9	8	1.1	3	0.4	1	0.1	1	0.1	
89	New Britain	2719	2666	98.1	53	1.9	19	0.7	10	0.4	8	0.3	
90	New Canaan	327	322	98.5	5	1.5	1	0.3	0	0.0	0	0.0	
91	New Fairfield	197	196	99.5	1	0.5	0	0.0	0	0.0	0	0.0	
92	New Hartford	83	82	98.8	1	1.2	1	1.2	0	0.0	0	0.0	
93	New Haven	4,208	3918	93.1	290	6.9	82	1.9	41	1.0	23	0.5	

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CY 2017 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		Elevated Blood Lead Levels							
					All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
94	New London	637	608	95.4	29	4.6	13	2.0	6	0.9	3	0.5
95	New Milford	443	440	99.3	3	0.7	2	0.5	1	0.2	1	0.2
96	Newington	332	332	100.0	0	0.0	0	0.0	0	0.0	0	0.0
97	Newtown	305	303	99.3	2	0.7	0	0.0	0	0.0	0	0.0
98	Norfolk	15	S	S	1-4	S	0	0.0	0	0.0	0	0.0
99	North Branford	199	198	99.5	1	0.5	0	0.0	0	0.0	0	0.0
100	North Canaan	43	S	S	1-4	S	0	0.0	0	0.0	0	0.0
101	North Haven	367	366	99.7	1	0.3	1	0.3	1	0.3	1	0.3
102	North Stonington	76	75	98.7	1	1.3	0	0.0	0	0.0	0	0.0
103	Norwalk	2084	2060	98.8	24	1.2	4	0.2	2	0.1	1	0.0
104	Norwich	835	789	94.5	46	5.5	14	1.7	6	0.7	3	0.4
105	Old Lyme	107	107	100.0	0	0.0	0	0.0	0	0.0	0	0.0
106	Old Saybrook	84	84	100.0	0	0.0	0	0.0	0	0.0	0	0.0
107	Orange	219	219	100.0	0	0.0	0	0.0	0	0.0	0	0.0
108	Oxford	194	194	100.0	0	0.0	0	0.0	0	0.0	0	0.0
109	Plainfield	265	257	97.0	8	3.0	2	0.8	2	0.8	1	0.4
110	Plainville	269	269	100.0	0	0.0	0	0.0	0	0.0	0	0.0
111	Plymouth	175	172	98.3	3	1.7	2	1.1	1	0.6	0	0.0
112	Pomfret	53	50	94.3	3	5.7	0	0.0	0	0.0	0	0.0
113	Portland	153	151	98.7	2	1.3	1	0.7	1	0.7	1	0.7
114	Preston	51	50	98.0	1	2.0	1	2.0	1	2.0	1	2.0
115	Prospect	142	142	100.0	0	0.0	0	0.0	0	0.0	0	0.0
116	Putnam	182	173	95.1	9	4.9	2	1.1	0	0.0	0	0.0

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CY 2017 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		Elevated Blood Lead Levels							
			Number	%	All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
117	Redding	116	116	100.0	0	0.0	0	0.0	0	0.0	0	0.0
118	Ridgefield	376	376	100.0	0	0.0	0	0.0	0	0.0	0	0.0
119	Rocky Hill	445	436	98.0	9	2.0	2	0.4	1	0.2	0	0.0
120	Roxbury	28	S	S	1-4	S	0	0.0	0	0.0	0	0.0
121	Salem	61	61	100.0	0	0.0	0	0.0	0	0.0	0	0.0
122	Salisbury	29	S	S	1-4	S	0	0.0	0	0.0	0	0.0
123	Scotland	8	8	100.0	0	0.0	0	0.0	0	0.0	0	0.0
124	Seymour	342	336	98.2	6	1.8	0	0.0	0	0.0	0	0.0
125	Sharon	19	S	S	1-4	S	0	0.0	0	0.0	0	0.0
126	Shelton	682	673	98.7	9	1.3	1	0.1	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	257	255	99.2	2	0.8	1	0.4	0	0.0	0	0.0
129	Somers	135	131	97.0	4	3.0	0	0.0	0	0.0	0	0.0
130	South Windsor	407	406	99.8	1	0.2	0	0.0	0	0.0	0	0.0
131	Southbury	199	199	100.0	0	0.0	0	0.0	0	0.0	0	0.0
132	Southington	600	600	100.0	0	0.0	0	0.0	0	0.0	0	0.0
133	Sprague	59	54	91.5	5	8.5	0	0.0	0	0.0	0	0.0
134	Stafford	154	145	94.2	9	5.8	2	1.3	2	1.3	1	0.6
135	Stamford	3499	3461	98.9	38	1.1	12	0.3	5	0.1	2	0.1
136	Sterling	55	54	98.2	1	1.8	0	0.0	0	0.0	0	0.0
137	Stonington	255	246	96.5	9	3.5	2	0.8	0	0.0	0	0.0
138	Stratford	1039	1021	98.3	18	1.7	5	0.5	2	0.2	2	0.2
139	Suffield	195	194	99.5	1	0.5	1	0.5	0	0.0	0	0.0
140	Thomaston	147	143	97.3	4	2.7	1	0.7	1	0.7	0	0.0

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CY 2017 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		Elevated Blood Lead Levels							
			Number	%	All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
141	Thompson	142	138	97.2	4	2.8	0	0.0	0	0.0	0	0.0
142	Tolland	224	223	99.6	1	0.4	0	0.0	0	0.0	0	0.0
143	Torrington	708	691	97.6	17	2.4	5	0.7	4	0.6	3	0.4
144	Trumbull	662	661	99.8	1	0.2	0	0.0	0	0.0	0	0.0
145	Union	6	6	100.0	0	0.0	0	0.0	0	0.0	0	0.0
146	Vernon	650	636	97.8	14	2.2	4	0.6	1	0.2	1	0.2
147	Voluntown	31	31	100.0	0	0.0	0	0.0	0	0.0	0	0.0
148	Wallingford	806	803	99.6	3	0.4	1	0.1	1	0.1	0	0.0
149	Warren	14	14	100.0	0	0.0	0	0.0	0	0.0	0	0.0
150	Washington	35	35	100.0	0	0.0	0	0.0	0	0.0	0	0.0
151	Waterbury	4294	4132	96.2	162	3.8	45	1.0	13	0.3	9	0.2
152	Waterford	270	269	99.6	1	0.4	0	0.0	0	0.0	0	0.0
153	Watertown	380	379	99.7	1	0.3	0	0.0	0	0.0	0	0.0
154	West Hartford	1082	1075	99.4	7	0.6	2	0.2	1	0.1	0	0.0
155	West Haven	1305	1265	96.9	40	3.1	12	0.9	6	0.5	2	0.2
156	Westbrook	92	92	100.0	0	0.0	0	0.0	0	0.0	0	0.0
157	Weston	108	108	100.0	0	0.0	0	0.0	0	0.0	0	0.0
158	Westport	370	370	100.0	0	0.0	0	0.0	0	0.0	0	0.0
159	Wethersfield	407	407	100.0	0	0.0	0	0.0	0	0.0	0	0.0
160	Willington	67	66	98.5	1	1.5	1	1.5	0	0.0	0	0.0
161	Wilton	283	283	100.0	0	0.0	0	0.0	0	0.0	0	0.0
162	Winchester	201	184	91.5	17	8.5	3	1.5	1	0.5	0	0.0
163	Windham	510	479	93.9	31	6.1	13	2.5	4	0.8	4	0.8
164	Windsor	462	459	99.4	3	0.6	1	0.2	1	0.2	1	0.2

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CY 2017 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		Elevated Blood Lead Levels								
					All levels ≥5 µg/dL		All levels ≥10 µg/dL		All levels ≥15 µg/dL		All levels ≥20 µg/dL		
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%		
165	Windsor Locks	186	176	94.6	10	5.4	4	2.2	2	1.1	2	1.1	
166	Wolcott	262	261	99.6	1	0.4	0	0.0	0	0.0	0	0.0	
167	Woodbridge	134	132	98.5	2	1.5	1	0.7	0	0.0	0	0.0	
168	Woodbury	109	107	98.2	2	1.8	0	0.0	0	0.0	0	0.0	
169	Woodstock	130	128	98.5	2	1.5	0	0.0	0	0.0	0	0.0	

- Abbreviation: CI = confidence interval. The CIs are equal to the point estimate due to rounding in certain circumstances.
- S: Statistics for towns with less than 50 children tested were suppressed if there was any child with an elevated blood lead level.

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Table 8.3. Incidence of lead poisoning among children under six years of age, by town and by blood lead levels – Connecticut CY 2017

Numbers and Percents of New Confirmed Blood Lead Levels													
CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g}/\text{dL}$	≥ 5 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g}/\text{dL}$	≥ 10 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g}/\text{dL}$	≥ 15 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g}/\text{dL}$	≥ 20 $\mu\text{g}/\text{dL}$ Incidence (%)
Connecticut													
		1034	72153	1.4 (95% CI 1.3-1.5)	338	73381	0.5 (95% CI 0.4-0.5)	163	73698	0.2 (95% CI 0.2-0.3)	93	73827	0.1 (95% CI 0.1-0.2)
By-Town													
1	Andover	1-4	46	S	0	46	0	0	46	0	0	46	0
2	Ansonia	17	487	3.5	5	500	1	3	505	0.6	3	508	0.6
3	Ashford	0	60	0	0	60	0	0	61	0	0	62	0
4	Avon	2	288	0.7	0	288	0	0	288	0	0	288	0
5	Barkhamsted	0	42	0	0	42	0	0	42	0	0	42	0
6	Beacon Falls	0	77	0	0	77	0	0	78	0	0	78	0
7	Berlin	2	270	0.7	1	271	0.4	1	272	0.4	1	272	0.4
8	Bethany	0	74	0	0	75	0	0	75	0	0	75	0
9	Bethel	2	329	0.6	1	332	0.3	0	332	0	0	333	0
10	Bethlehem	0	44	0	0	45	0	0	45	0	0	45	0
11	Bloomfield	2	331	0.6	1	332	0.3	0	332	0	0	332	0
12	Bolton	0	71	0	0	71	0	0	71	0	0	71	0
13	Bozrah	1-4	32	S	0	32	0	0	32	0	0	32	0
14	Branford	4	371	1.1	2	375	0.5	0	375	0	0	375	0
15	Bridgeport	131	5,169	2.5	47	5,334	0.9	24	5,371	0.4	14	5,384	0.3
16	Bridgewater	1-4	15	S	1-4	15	S	1-4	16	S	0	16	0
17	Bristol	10	1,162	0.9	2	1,171	0.2	2	1,174	0.2	2	1,177	0.2

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g/dL}$	≥ 5 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g/dL}$	≥ 10 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g/dL}$	≥ 15 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g/dL}$	≥ 20 $\mu\text{g/dL}$ Incidence (%)
18	Brookfield	0	267	0	0	268	0	0	268	0	0	268	0
19	Brooklyn	2	108	1.9	1	110	0.9	0	110	0	0	110	0
20	Burlington	0	131	0	0	131	0	0	131	0	0	132	0
21	Canaan	0	7	0	0	7	0	0	7	0	0	7	0
22	Canterbury	0	58	0	0	59	0	0	59	0	0	59	0
23	Canton	0	114	0	0	115	0	0	115	0	0	115	0
24	Chaplin	0	27	0	0	27	0	0	27	0	0	27	0
25	Cheshire	1	415	0.2	0	416	0	0	416	0	0	416	0
26	Chester	0	61	0	0	62	0	0	62	0	0	62	0
27	Clinton	1	204	0.5	1	206	0.5	0	207	0	0	207	0
28	Colchester	1	246	0.4	1	247	0.4	0	247	0	0	248	0
29	Colebrook	0	10	0	0	10	0	0	10	0	0	10	0
30	Columbia	0	69	0	0	71	0	0	71	0	0	71	0
31	Cornwall	1-4	13	S	0	13	0	0	13	0	0	13	0
32	Coventry	1	202	0.5	0	203	0	0	203	0	0	203	0
33	Cromwell	1	236	0.4	0	237	0	0	237	0	0	237	0
34	Danbury	32	2,176	1.5	9	2,207	0.4	3	2,213	0.1	1	2,216	0
35	Darien	1	451	0.2	1	453	0.2	0	453	0	0	453	0
36	Deep River	3	61	4.9	0	61	0	0	61	0	0	61	0
37	Derby	6	278	2.2	2	281	0.7	0	284	0	0	286	0
38	Durham	0	91	0	0	92	0	0	92	0	0	92	0
39	East Granby	1	80	1.3	1	80	1.3	1	80	1.3	0	80	0

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g/dL}$	≥ 5 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g/dL}$	≥ 10 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g/dL}$	≥ 15 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g/dL}$	≥ 20 $\mu\text{g/dL}$ Incidence (%)
40	East Haddam	2	116	1.7	0	117	0	0	117	0	0	118	0
41	East Hampton	3	180	1.7	0	180	0	0	180	0	0	180	0
42	East Hartford	11	1,122	1	6	1,131	0.5	2	1,137	0.2	1	1,139	0.1
43	East Haven	8	505	1.6	3	512	0.6	2	512	0.4	0	512	0
44	East Lyme	1	213	0.5	0	214	0	0	214	0	0	214	0
45	East Windsor	2	180	1.1	1	182	0.5	1	184	0.5	1	184	0.5
46	Eastford	0	16	0	0	17	0	0	17	0	0	17	0
47	Easton	0	92	0	0	92	0	0	92	0	0	92	0
48	Ellington	3	284	1.1	0	287	0	0	288	0	0	288	0
49	Enfield	4	710	0.6	0	721	0	0	722	0	0	723	0
50	Essex	0	62	0	0	62	0	0	62	0	0	62	0
51	Fairfield	3	1,065	0.3	2	1,069	0.2	0	1,073	0	0	1,074	0
52	Farmington	2	378	0.5	2	382	0.5	0	382	0	0	382	0
53	Franklin	0	14	0	0	14	0	0	14	0	0	14	0
54	Glastonbury	0	419	0	0	419	0	0	420	0	0	420	0
55	Goshen	0	29	0	0	30	0	0	30	0	0	30	0
56	Granby	2	130	1.5	1	131	0.8	0	131	0	0	131	0
57	Greenwich	2	1,113	0.2	1	1,113	0.1	1	1,114	0.1	0	1,114	0
58	Griswold	0	188	0	1	190	0.5	0	190	0	0	190	0
59	Groton	10	1,036	1	5	1,042	0.5	1	1,043	0.1	0	1,043	0
60	Guilford	0	198	0	0	198	0	0	198	0	0	198	0
61	Haddam	1	129	0.8	0	129	0	0	129	0	0	129	0

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g/dL}$	≥ 5 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g/dL}$	≥ 10 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g/dL}$	≥ 15 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g/dL}$	≥ 20 $\mu\text{g/dL}$ Incidence (%)
62	Hamden	11	988	1.1	3	997	0.3	1	1,002	0.1	1	1,003	0.1
63	Hampton	1-4	30	S	0	31	0	0	32	0	0	32	0
64	Hartford	99	4,063	2.4	34	4,171	0.8	21	4,197	0.5	7	4,210	0.2
65	Hartland	0	14	0	0	14	0	0	14	0	0	14	0
66	Harwinton	0	74	0	0	75	0	0	76	0	0	76	0
67	Hebron	1	115	0.9	0	116	0	0	116	0	0	116	0
68	Kent	0	19	0	0	19	0	0	19	0	0	19	0
69	Killingly	5	300	1.7	0	310	0	0	312	0	0	313	0
70	Killingworth	0	78	0	0	80	0	0	80	0	0	80	0
71	Lebanon	0	81	0	0	81	0	0	81	0	0	81	0
72	Ledyard	0	344	0	0	347	0	0	347	0	0	347	0
73	Lisbon	1-4	30	S	1-4	30	S	0	30	0	0	30	0
74	Litchfield	2	115	1.7	0	116	0	0	116	0	0	116	0
75	Lyme	0	12	0	0	12	0	0	12	0	0	12	0
76	Madison	0	204	0	0	204	0	0	204	0	0	204	0
77	Manchester	27	1,380	2	10	1,405	0.7	7	1,409	0.5	4	1,413	0.3
78	Mansfield	2	147	1.4	1	148	0.7	1	148	0.7	0	148	0
79	Marlborough	0	95	0	0	95	0	0	95	0	0	95	0
80	Meriden	33	1,813	1.8	8	1,861	0.4	3	1,878	0.2	1	1,883	0.1
81	Middlebury	1	126	0.8	0	126	0	0	126	0	0	126	0
82	Middlefield	0	45	0	0	45	0	0	45	0	0	45	0
83	Middletown	9	786	1.1	5	796	0.6	2	797	0.3	0	797	0

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g/dL}$	≥ 5 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g/dL}$	≥ 10 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g/dL}$	≥ 15 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g/dL}$	≥ 20 $\mu\text{g/dL}$ Incidence (%)
84	Milford	4	866	0.5	1	870	0.1	0	870	0	0	870	0
85	Monroe	1	273	0.4	0	274	0	0	274	0	0	274	0
86	Montville	0	284	0	0	285	0	0	285	0	0	285	0
87	Morris	1-4	28	S	0	29	0	0	29	0	0	29	0
88	Naugatuck	6	688	0.9	3	694	0.4	1	695	0.1	1	695	0.1
89	New Britain	26	2,648	1	9	2,693	0.3	5	2,701	0.2	5	2,711	0.2
90	New Canaan	4	326	1.2	1	326	0.3	0	326	0	0	327	0
91	New Fairfield	1	197	0.5	0	197	0	0	197	0	0	197	0
92	New Hartford	0	82	0	0	82	0	0	83	0	0	83	0
93	New Haven	175	3,916	4.5	56	4,111	1.4	30	4,169	0.7	20	4,186	0.5
94	New London	18	604	3	9	626	1.4	6	634	0.9	3	636	0.5
95	New Milford	2	441	0.5	2	443	0.5	1	443	0.2	1	443	0.2
96	Newington	0	330	0	0	331	0	0	331	0	0	331	0
97	Newtown	1	303	0.3	0	305	0	0	305	0	0	305	0
98	Norfolk	0	14	0	0	15	0	0	15	0	0	15	0
99	North Branford	1	199	0.5	0	199	0	0	199	0	0	199	0
100	North Canaan	1-4	41	S	0	43	0	0	43	0	0	43	0
101	North Haven	0	364	0	0	366	0	1	367	0.3	1	367	0.3
102	North Stonington	1	75	1.3	0	76	0	0	76	0	0	76	0
103	Norwalk	17	2,055	0.8	4	2,074	0.2	2	2,079	0.1	1	2,080	0
104	Norwich	24	789	3	8	817	1	2	825	0.2	1	826	0.1
105	Old Lyme	0	107	0	0	107	0	0	107	0	0	107	0

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g}/\text{dL}$	≥ 5 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g}/\text{dL}$	≥ 10 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g}/\text{dL}$	≥ 15 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g}/\text{dL}$	≥ 20 $\mu\text{g}/\text{dL}$ Incidence (%)
106	Old Saybrook	0	84	0	0	84	0	0	84	0	0	84	0
107	Orange	0	219	0	0	219	0	0	219	0	0	219	0
108	Oxford	0	192	0	0	194	0	0	194	0	0	194	0
109	Plainfield	4	251	1.6	1	261	0.4	2	264	0.8	1	265	0.4
110	Plainville	0	268	0	0	269	0	0	269	0	0	269	0
111	Plymouth	3	172	1.7	2	174	1.1	1	175	0.6	0	175	0
112	Pomfret	0	50	0	0	52	0	0	53	0	0	53	0
113	Portland	1	151	0.7	1	153	0.7	1	153	0.7	1	153	0.7
114	Preston	1	51	2	1	51	2	1	51	2	1	51	2
115	Prospect	0	142	0	0	142	0	0	142	0	0	142	0
116	Putnam	7	175	4	2	180	1.1	0	181	0	0	182	0
117	Redding	0	115	0	0	116	0	0	116	0	0	116	0
118	Ridgefield	0	372	0	0	375	0	0	376	0	0	376	0
119	Rocky Hill	4	435	0.9	1	440	0.2	1	443	0.2	0	443	0
120	Roxbury	1-4	28	S	0	28	0	0	28	0	0	28	0
121	Salem	0	61	0	0	61	0	0	61	0	0	61	0
122	Salisbury	1-4	28	S	0	29	0	0	29	0	0	29	0
123	Scotland	0	8	0	0	8	0	0	8	0	0	8	0
124	Seymour	3	336	0.9	0	339	0	0	340	0	0	340	0
125	Sharon	1-4	19	S	0	19	0	0	19	0	0	19	0
126	Shelton	5	678	0.7	0	680	0	0	681	0	0	682	0
127	Sherman	0	33	0	0	33	0	0	33	0	0	33	0

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Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g/dL}$	≥ 5 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g/dL}$	≥ 10 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g/dL}$	≥ 15 $\mu\text{g/dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g/dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g/dL}$	≥ 20 $\mu\text{g/dL}$ Incidence (%)
128	Simsbury	2	256	0.8	1	257	0.4	0	257	0	0	257	0
129	Somers	1	132	0.8	0	133	0	0	133	0	0	135	0
130	South Windsor	1	406	0.2	0	407	0	0	407	0	0	407	0
131	Southbury	0	198	0	0	199	0	0	199	0	0	199	0
132	Southington	0	600	0	0	600	0	0	600	0	0	600	0
133	Sprague	4	58	6.9	0	58	0	0	59	0	0	59	0
134	Stafford	5	149	3.4	1	152	0.7	1	153	0.7	0	153	0
135	Stamford	26	3,461	0.8	7	3,491	0.2	4	3,495	0.1	2	3,497	0.1
136	Sterling	1	54	1.9	0	55	0	0	55	0	0	55	0
137	Stonington	7	246	2.8	2	254	0.8	0	255	0	0	255	0
138	Stratford	10	1,022	1	2	1,031	0.2	0	1,035	0	1	1,038	0.1
139	Suffield	0	194	0	1	195	0.5	0	195	0	0	195	0
140	Thomaston	2	142	1.4	1	146	0.7	1	147	0.7	0	147	0
141	Thompson	2	138	1.4	0	141	0	0	142	0	0	142	0
142	Tolland	1	224	0.4	0	224	0	0	224	0	0	224	0
143	Torrington	12	680	1.8	4	700	0.6	4	704	0.6	3	705	0.4
144	Trumbull	1	662	0.2	0	662	0	0	662	0	0	662	0
145	Union	0	6	0	0	6	0	0	6	0	0	6	0
146	Vernon	10	631	1.6	1	643	0.2	0	646	0	0	648	0
147	Voluntown	0	31	0	0	31	0	0	31	0	0	31	0
148	Wallingford	1	794	0.1	0	800	0	0	803	0	0	804	0
149	Warren	0	14	0	0	14	0	0	14	0	0	14	0

Numbers and Percents of New Confirmed Blood Lead Levels

CY 2017 Data		Number of Children with BLL ≥ 5 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 5 $\mu\text{g}/\text{dL}$	≥ 5 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 10 $\mu\text{g}/\text{dL}$	≥ 10 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 15 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 15 $\mu\text{g}/\text{dL}$	≥ 15 $\mu\text{g}/\text{dL}$ Incidence (%)	Number of Children with BLL ≥ 20 $\mu\text{g}/\text{dL}$ for the First Time	Total # Children Screened with No Previous BLL of ≥ 20 $\mu\text{g}/\text{dL}$	≥ 20 $\mu\text{g}/\text{dL}$ Incidence (%)
150	Washington	0	33	0	0	34	0	0	35	0	0	35	0
151	Waterbury	87	4,066	2.1	28	4,218	0.7	8	4,257	0.2	6	4,275	0.1
152	Waterford	1	266	0.4	0	270	0	0	270	0	0	270	0
153	Watertown	1	377	0.3	1	379	0.3	0	380	0	0	380	0
154	West Hartford	5	1,072	0.5	2	1,079	0.2	1	1,082	0.1	0	1,082	0
155	West Haven	27	1,276	2.1	8	1,294	0.6	5	1,299	0.4	2	1,303	0.2
156	Westbrook	0	91	0	0	92	0	0	92	0	0	92	0
157	Weston	0	108	0	0	108	0	0	108	0	0	108	0
158	Westport	0	370	0	0	370	0	0	370	0	0	370	0
159	Wethersfield	0	405	0	0	407	0	0	407	0	0	407	0
160	Willington	1	66	1.5	1	67	1.5	0	67	0	0	67	0
161	Wilton	0	283	0	0	283	0	0	283	0	0	283	0
162	Winchester	9	188	4.8	2	196	1	1	200	0.5	0	201	0
163	Windham	18	480	3.8	10	502	2	4	506	0.8	4	508	0.8
164	Windsor	1	456	0.2	1	461	0.2	1	462	0.2	1	462	0.2
165	Windsor Locks	10	184	5.4	4	186	2.2	2	186	1.1	2	186	1.1
166	Wolcott	1	260	0.4	0	262	0	0	262	0	0	262	0
167	Woodbridge	0	130	0	0	132	0	0	133	0	0	134	0
168	Woodbury	1	107	0.9	0	109	0	0	109	0	0	109	0
169	Woodstock	1	128	0.8	0	130	0	0	130	0	0	130	0

- Abbreviation: CI = confidence interval. The CIs are equal to the point estimate due to rounding in certain circumstances.
- S: Statistics for towns with less than 50 children tested were suppressed if there was any child with an elevated blood lead level.





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The children in the photos of 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>