



State of Illinois
Illinois Department of Public Health

Illinois Lead Program 2013 Annual Surveillance Report



October 2014 Edition



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Dear Colleagues:

The Illinois Department of Public Health is pleased to present the 2013 update of the annual surveillance report on childhood lead poisoning prevention activities within the state. Primary prevention, early detection and monitoring of children exposed to lead sources remains the primary goal of the Illinois Lead Program.

There is no safe level of lead in the body. Children exposed to high lead levels tend to suffer from life-long complications that affect their ability to think, learn or behave. Of the 278,000 Illinois children tested in 2013, more than 20,100 had blood lead levels at the federal reference value. Case management includes identification of the sources of lead and committed efforts to prevent or eliminate further lead exposure.

Lead poisoning is one of the most prevalent, yet preventable environmental health hazards that can affect any family, regardless of race or socioeconomic status. Illinois law requires reporting of all blood lead tests for children younger than 16 years of age.

The burden of Illinois childhood lead poisoning remains one of the highest in the nation. In 2013, environmental inspections were performed at 1,950 dwellings and common play areas of children to identify the sources of lead poisoning. Deteriorating lead-based paint is a primary source of lead poisoning in houses built prior to the residential lead paint ban of 1978. Approximately 2 million housing units in Illinois are estimated to have lead-based paint.

This report is intended to serve as a standard reference for legislators, community-based organizations, city, state and federal agencies, as well as health researchers who seek information on lead poisoning prevention in Illinois.

As we diligently work together to prevent childhood lead poisoning, the Illinois Lead Program looks forward to a continued collaboration with local health departments, its advisory council and other partners at the federal, state and local levels.

Sincerely,

Dr. LaMar Hasbrouck, MD, MPH
Director

Illinois Lead Program 2013 Annual Surveillance Report

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**To report the results of blood lead tests or
for more information about the elimination of childhood lead poisoning, contact the
Illinois Lead Program at 866-909-3572 or 217-782-3517 or visit
<http://www.idph.state.il.us/illinoislead/index.htm>
The deaf/hard of hearing may dial 800-547-0466.**

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Acronyms and Symbols used in this Annual Report

ABLR	Adult Blood Lead Registry
Act	Illinois Lead Poisoning Prevention Act (410 ILCS 45)
CDC	U.S. Centers for Disease Control and Prevention
CLRQ	Childhood Lead Risk Questionnaire
Department	Illinois Department of Public Health or IDPH
DHS	Illinois Department of Human Services
EBLLs	Elevated Blood Lead Levels
ESHD	East Side Health District
HFS	Illinois Department of Healthcare and Family Services
HHL PSS	Healthy Homes and Lead Poisoning Surveillance System
HP2020	Healthy People 2020
HUD	U.S. Department of Housing and Urban Development
IQ	Intelligence Quotient
NCHS	National Center for Health Statistics
OSHA	Occupational Safety and Health Administration
Program	Illinois Lead Program
U.S.DHHS	U.S. Department of Health and Human Services
U.S.EPA	U.S. Environmental Protection Agency
µg/dL	Micrograms per deciliter
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Definitions

Capillary blood: Known also as “finger stick,” are blood samples collected by pricking the skin.

Children: Six years of age and younger. Note children tested in 2013 also include about 3 percent who are 7 through 15 years of age

Evaluation: Administration of CLRQ to the parent by a health care provider

Housing unit: A house, apartment, mobile home, group of rooms or single room that is occupied or intended for occupancy (U.S. Census Bureau)

Intervention level: A value of 10µg/dL or greater from venous drawn blood

Percent of children tested: The number of children tested for blood lead divided by the population of children multiplied by 100 (U.S. Census Bureau)

Reference Value: Current recommended federal public health intervention level of 5µg/dL or greater of lead in blood

Test: Any blood lead draw (capillary, venous or unknown sample type) on a child with quantifiable data and analyzed by a CLIA-certified facility or an approved portable device. A blood lead test may be collected for testing, confirmation or follow-up (CDC)

WIC: Federal nutrition program for Women, Infants and Children

Executive Summary

The Illinois Lead Program's 2013 Annual Surveillance Report which portrays childhood lead poisoning prevention activities within the state from January through December 2013. This report, the 20th annual, is intended to serve as a standard reference for legislators, community-based organizations, city, state and federal agencies, as well as researchers who seek information on lead poisoning prevention in Illinois. The report provides information on childhood lead poisoning prevention activities by county, age, gender, race, and poverty status.

The Illinois Lead Program is part of the Division of Environmental Health at the Illinois Department of Public Health (Department). The program is administered following the Illinois Lead Poisoning Prevention Code (Code, 77 IL. Admin Code 845). The code is implemented and authorized by the Illinois Lead Poisoning Prevention Act [Act, 410 ILCS 45].

Following the code, the Department approves units of local government or health departments as delegate agencies to administer and enforce the act in accordance with written cooperative agreements. In 2013, the Department had grant agreements with 83 delegate agencies to provide case management care for lead poisoned children in 90 of 102 counties. Additionally, 18 of the delegate agencies also had grant agreements to provide environmental investigation services. In counties where no delegate agency agreements exist, case management and environmental investigation services are provided by the Department.

Funding: The program is currently supported in part by the Lead Poisoning Screening Prevention and Abatement Fund, Illinois State General Revenue Funds and funds from U.S. EPA.

Problem: There is no safe level of lead in the body. Lead poisoning is one of the most prevalent, preventable, environmental health hazards. Lead exposure can affect any family regardless of race or socioeconomic status. Lead poisoning can affect every organ system in children and adults, including the brain and the nervous system. Among the many maladies, lead poisoning is known to contribute to violent behavior problems, learning disabilities and developmental delays.

Lead Burden: The burden of Illinois childhood lead poisoning remains one of the highest in the nation. In 2013, 20,110 Illinois children had blood lead levels at the federal reference value of 5µg/dL or greater. Approximately 2,434 of the children had blood lead levels of 10µg/dL or greater, which mandates public health intervention in Illinois.

Children at highest risk for lead exposure include those with persistent oral behaviors, low-income households, African-Americans, children exposed to imported products containing lead, children with low iron, and those residing in deteriorating pre-1978 housing units. Approximately 60 percent of pre-1978 housing units have a prevalence of lead-based paint and 42 percent have significant lead-based paint hazards.

Mission: The mission of the Department's Illinois Lead Program is to eliminate the incidence of childhood lead poisoning.

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Vision: The vision of the program is to provide a lead safe environment for children.

Goal: The goals of the program are:

- Prevent childhood lead poisoning through community education and public awareness campaigns.
- Identify lead poisoned children and provide prompt interventions to reduce blood lead levels and improve health and developmental outcomes.

Highlights of 2013 Childhood Blood Lead Surveillance

- A total of 277,669 children were tested for blood lead poisoning from January through December 2013. About 97 percent of children tested were 6 years of age and younger at time of testing.
- Approximately 1 in 229 or 1,213 children tested was confirmed with a venous blood lead level of 10 μ g/dL or greater, the current level for public health intervention in Illinois.
- Approximately 1 in 23 or 12,269 children tested was confirmed with a venous lead level of 5 μ g/dL or greater, the recommended federal reference value for public health intervention.
- Of the 20,110 children tested in 2013 with blood lead levels at the federal reference value
 - 12,269 were confirmed with a venous test
 - 53 percent were males
 - 41 percent were children 1 and 2 years of age
 - 76 percent were beneficiaries of medical assistance
- Environmental inspections were performed at approximately 1,950 housing units and common play areas to identify the sources of lead poisoning.

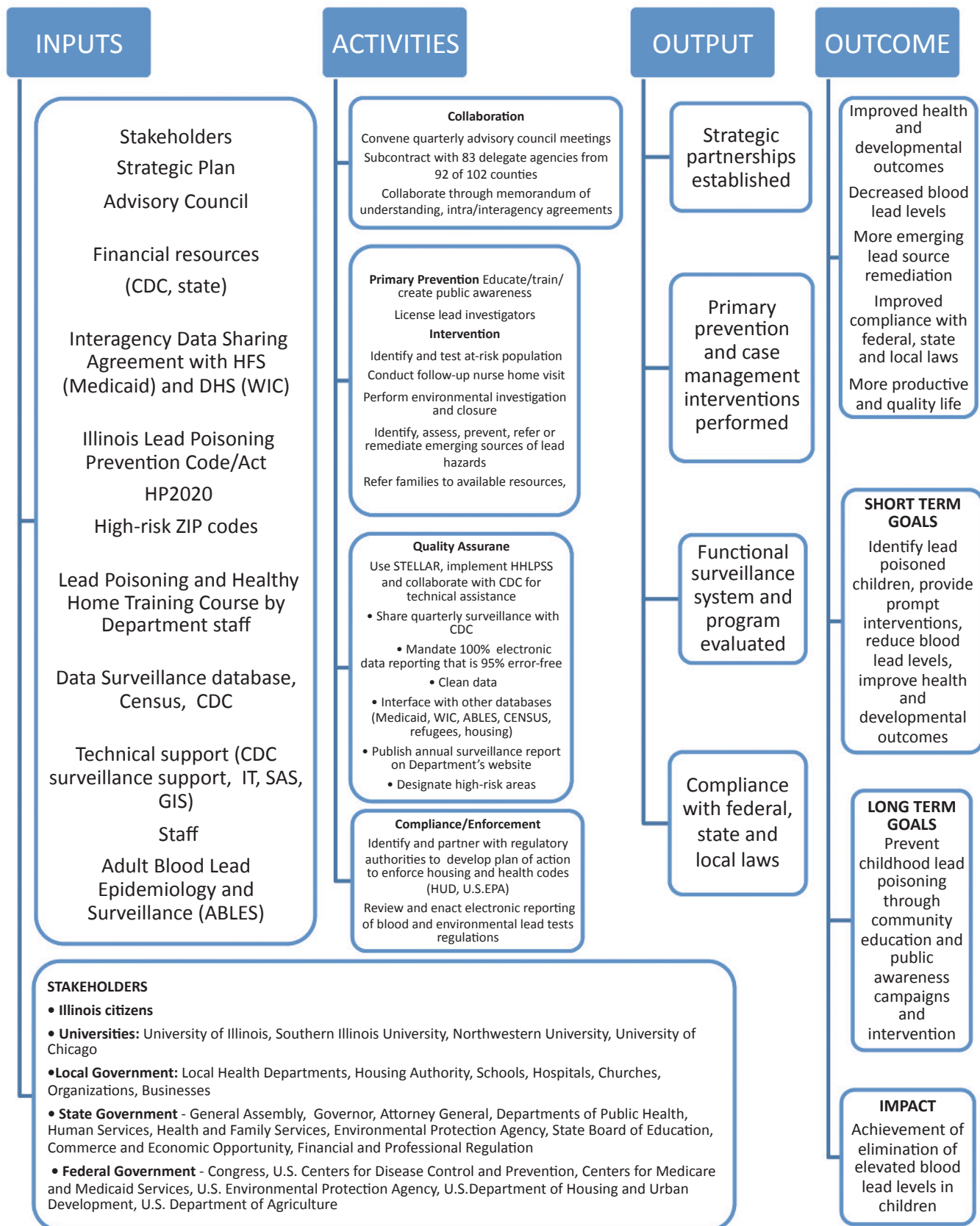
Scope: The scope of the ILP surveillance is to:

- Estimate the extent of elevated blood-lead levels among Illinois children
- Monitor and promote the follow-up of children with elevated blood-lead levels
- Identify potential sources of lead exposure and other housing-related health hazards
- Help allocate resources for lead poisoning prevention activities
- Provide information for education and policy

A blood lead of 10 μ g/dL or greater is the current level for public health intervention in Illinois

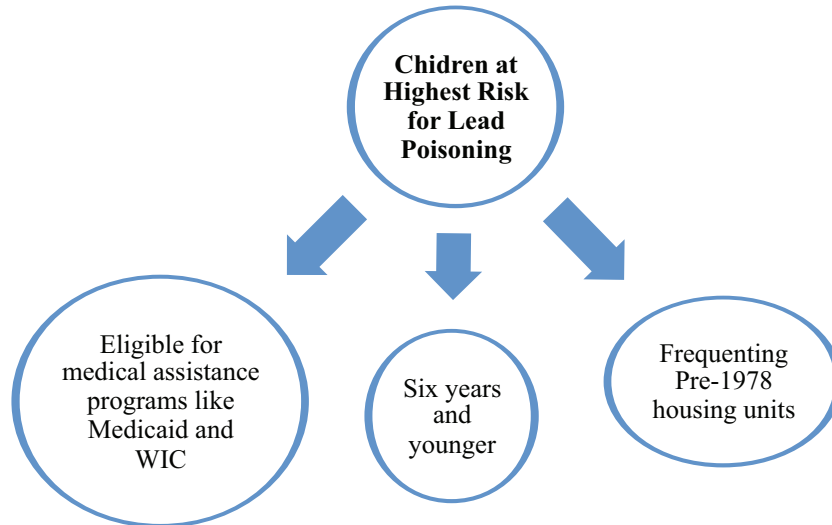
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Figure 1: Illinois Lead Program Activities and Outcomes



Children at Highest Risk for Blood Lead Exposure

Figure 2: Children at Highest Risk for Blood Lead Exposure



Young children and those with persistent oral behaviors: Lead ingestion from exposure to surfaces with lead-containing dust (e.g., crawling on the floor, playing at a window). Of the 277,669 children tested for blood lead, 20,110 (7 percent) had blood lead levels of 5µg/dL or greater and 12,269 were confirmed with a venous test.

- **Children in low-income households:** Among Illinois children enrolled in Medicaid, WIC, Head Start and All Kids, 7.2 percent had blood lead levels of 5µg/dL or greater in 2013.
- **Children exposed to imported products containing lead:** Such products include imported toys, cosmetics (surma, kohl), medicine (folk remedies), pottery, candies and spices. Visit <https://www.cpsc.gov/en/>.
- **Children with compromised nutritional status:** Absorption of lead increases in iron deficient individuals. Iron deficient children can absorb as much as 50 percent of the lead they ingest.
- **Lead prevalence and pre-1978 housing:** Homes in deteriorating condition continue to be the leading cause of lead poisoning cases in Illinois. Based on a national survey, 60 percent of pre-1978 Illinois housing units have a prevalence of lead-based paint and 42 percent have significant lead-based paint hazards (Table 1). For additional information on housing lead hazard, read **scorecard** at <http://scorecard.goodguide.com/env-releases/lead/>.

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Table 1: Estimates of Pre-1978 Housing Units with Lead Hazards in Illinois

Year Structure Built	Total Illinois Housing Units Estimate	Prevalence of Lead-based Paint in the Midwest ¹		Significant Lead-based Paint Hazard ²	
		% with Lead	Illinois Housing Units with Lead	% with Lead	Illinois Housing Units with Significant Lead Hazard
1960 to 1977	1,162,202	23.8	276,604	7.7	89,490
1940 to 1959	1,058,626	73.7	780,207	48.7	515,551
1939 or earlier	1,219,372	82.6	1,007,201	68.5	835,270
Pre-1978	3,440,200	60	2,064,013	42	1,440,310

Source: U.S. Census Bureau, 2008-2012 American Community Survey five-year estimate; and ¹Table 4-1 and ²Table 5-1 of American Healthy Homes Survey, 2011: http://portal.hud.gov/hudportal/documents/huddoc?id=AHHS_REPORT.pdf

Table 2 shows approximately 65 percent of total housing units in Illinois were built before 1978. The Table also shows 6.8 percent of children younger than 3 years of age who were tested had lead levels at the federal reference value of 5µg/dL.



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Table 2: Pre-1978 Housing Units and Children Younger than 3 Years of Age with Blood Lead Levels at Reference Value by County or Delegate Agencies

Illinois/ County/ City/ Delegate Agencies	Total Housing Units	Pre-1978 Housing Units Estimates	Children Younger than 3 Years of Age Tested by Capillary or Venous Blood Draws	
		(%) ^b	Children Tested (N)	Children Tested at Blood Lead Levels \geq 5 μ g/dL
Illinois	5,293,619	65	150,211	6.8
Adams	29,904	71	829	11.6
Alexander	4,033	72	69	7.2
Bond	7,086	57	217	5.5
Boone	19,909	44	694	4.9
Brown	2,466	68	46	15.2
Bureau	15,712	79	248	13.7
Calhoun	2,834	58	41	7.3
Carroll	8,432	71	148	6.1
Cass	5,845	74	233	10.3
Champaign	87,460	54	2,145	2.6
Christian	15,545	74	395	7.6
Clark	7,779	67	249	2.8
Clay	6,403	59	195	14.4
Clinton	15,297	55	304	1.6
Coles	23,463	66	706	3.7
Cook	2,178,739	76	77,000	8.1
Crawford	8,682	71	217	5.5
Cumberland	4,882	63	131	9.2
DeKalb	40,932	52	801	3.7
DeWitt	7,535	72	101	10.9
Douglas	8,370	67	231	3.5
DuPage	356,370	50	4,930	1.7
Edgar	8,802	76	140	5.7
Edwards	3,193	70	73	5.5
Effingham	14,620	55	244	7.4
Fayette	9,296	68	287	5.6
Ford	6,265	78	92	8.7
Franklin	18,516	68	334	3.3
Fulton	16,210	79	201	10.9
Gallatin	2,765	67	76	2.6
Greene	6,388	75	204	8.3
Grundy	19,919	44	263	3.0
Hamilton	4,098	67	77	6.5
Hancock	9,264	75	226	8.8
Hardin	2,413	63	22	0.0
Henderson	3,852	69	53	7.5
Henry	22,135	76	549	10.7
Iroquois	13,460	73	270	4.1
Jackson	28,542	57	710	3.0
Jasper	4,348	62	91	9.9
Jefferson	16,969	57	387	6.7
Jersey	9,855	57	340	6.2

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Illinois/ County/ City/ Delegate Agencies	Total Housing Units	Pre-1978 Housing Units Estimates	Children Younger than 3 Years of Age Tested by Capillary or Venous Blood Draws	
		(%) ^b	Children Tested (N)	Children Tested at Blood Lead Levels \geq 5 μ g/dL
Jo Daviess	13,560	59	125	32.0
Johnson	5,573	47	94	10.6
Kane	181,587	48	7,729	5.3
Kankakee	45,175	60	1,510	3.2
Kendall	40,002	26	659	2.3
Knox	24,040	79	568	12.3
Lake	260,020	46	4,959	1.9
LaSalle	49,924	69	795	11.1
Lawrence	6,889	75	249	4.0
Lee	15,049	75	117	6.0
Livingston	15,863	72	367	6.3
Logan	12,007	77	263	3.4
McDonough	14,412	69	307	8.1
McHenry	116,015	38	1,252	3.0
McLean	69,691	49	2,575	3.6
Macon	50,505	74	1,650	7.3
Macoupin	21,602	68	491	11.6
Madison	117,203	65	2,412	3.9
Marion	18,313	63	594	6.9
Marshall	5,922	76	130	6.2
Mason	7,075	76	178	9.6
Massac	7,116	60	75	5.3
Menard	5,661	59	74	2.7
Mercer	7,343	74	193	14.0
Monroe	13,396	39	237	5.1
Montgomery	12,860	70	353	7.4
Morgan	15,504	72	407	12.0
Moultrie	6,260	71	112	0.9
Ogle	22,539	63	288	4.2
Peoria	83,043	72	1,523	14.8
Perry	9,440	66	194	6.7
Piatt	7,285	68	103	1.9
Pike	7,966	75	198	6.6
Pope	2,563	56	14	7.1
Pulaski	3,166	70	27	7.4
Putnam	3,083	66	46	13.0
Randolph	13,718	67	312	7.4
Richland	7,524	64	186	10.2
Rock Island	65,772	78	2,259	12.0
St. Clair w/o ESHD	103,393	56	3,705	5.8
Saline	11,740	65	425	3.1
Sangamon	90,020	59	1,963	4.8
Schuyler	3,456	75	68	5.9
Scott	2,462	71	66	3.0
Shelby	10,420	74	244	4.9

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Illinois/ County/ City/ Delegate Agencies	Total Housing Units	Pre-1978 Housing Units Estimates	Children Younger than 3 Years of Age Tested by Capillary or Venous Blood Draws	
		(%) ^b	Children Tested (N)	Children Tested at Blood Lead Levels $\geq 5\mu\text{g/dL}$
Stark	2,684	84	73	24.7
Stephenson	22,076	73	680	11.3
Tazewell	57,468	69	1,362	4.3
Union	7,926	65	171	5.3
Vermilion	36,315	79	1,032	3.0
Wabash	5,593	68	191	12.6
Warren	7,697	83	251	10.0
Washington	6,551	68	73	12.3
Wayne	7,975	63	208	15.9
White	7,202	71	179	7.8
Whiteside	25,742	76	757	4.0
Will	237,175	36	5,903	2.9
Williamson	30,345	55	530	6.2
Winnebago	125,928	63	3,769	4.8
Woodford	15,155	62	367	3.8
Egyptian ²	21,707	67	680	4.3
ESHD ¹	13,042	83	1,852	7.3
Evanston	31,655	84	1,000	2.8
Oak Park	24,283	90	668	6.3
Skokie	25,135	84	548	2.9
Southern Seven ³	32,790	61	502	6.2
Stickney	2,652	83	63	4.8

Source: ^bPre-1978 housing unit was estimated from U.S. Census Bureau, 2008-2012 American Community Survey Five-Year Estimate. Table B25034.

¹ESHD or East Side Health District includes the cities of Alorton, Brooklyn, Cahokia, Centreville, East St. Louis, Lovejoy, National Stock Yards, Sauget, Washington Park and Fairmont City.

²Egyptian Counties: Saline, Galatine and White

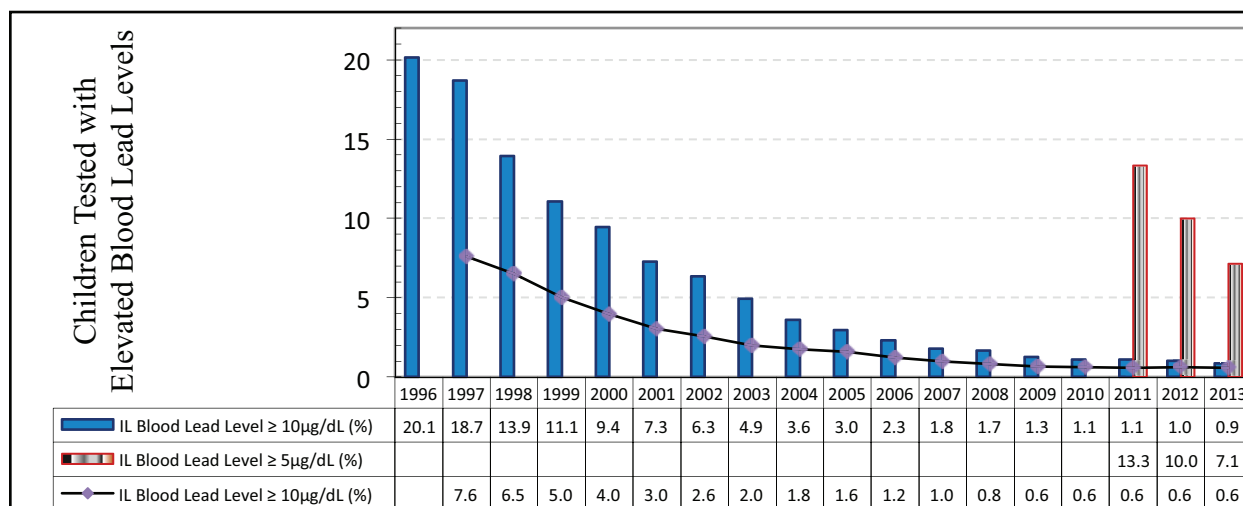
³Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union

Deteriorating lead-based paint remains the primary source of lead exposure to children. Approximately 65 percent of Illinois housing units were built prior to the residential lead paint ban of 1978.

http://scorecard.goodguide.com/env-releases/lead/rank-counties.tcl?how_many=50&drop_down_name=Number+of+housing+units+with+a+high+risk+of+lead+hazards&fips_state_code=17

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Figure 3: Illinois and U.S. Children Tested with Blood Lead Levels at Reference Value and at Illinois Public Health Intervention 1996 – 2013



Source: Illinois Lead Program Surveillance Data, 1996-2013, The United States average is based on the data reported by the CDC at: <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2012.htm>. Blood lead levels of 10µg/dL or greater triggers a public health intervention in Illinois.

Illinois continues to make progress in addressing childhood blood lead poisoning. Figure 3 shows the percentage of Illinois children at reference value for public health intervention. Blood lead levels of 10µg/dL or greater, the current level for public health intervention in Illinois has significantly decreased from 20.1 percent in 1996 to 0.9 percent in 2013. However, despite the increased number of children tested and fewer identified with elevated blood lead levels, the percentage of Illinois children at the federal reference value still exceeds the national percentage across the years.

Based on 2013 data from the CDC, 0.56 percent of children tested in the United States had blood lead at the federal reference value compared to 0.9 percent in Illinois in the same year. Note the number of Illinois children tested was 44 percent under-reported by CDC due to their strict reporting requirements of unidentifiable information.

In 2013, 2,434 children were identified in Illinois with the lead level of 10µg/dL or greater based on venous and capillary blood lead tests. Of the 1,022 children tested for the first time in 2013 at blood lead levels of 10µg/dL or greater, a total of 426 were venous confirmed cases as shown on Table 3.

The Illinois Lead Program maintains a surveillance system of blood lead results on children 15 years of age and younger. Illinois law requires reporting of all blood lead tests by physicians, laboratories, hospitals, clinics and other health care facilities to the Illinois Lead Program.

Illinois and U.S. Blood Lead Testing Activities: 1996 - 2013

The only way to know a child is lead poisoned is to perform a blood lead test. The act requires children 6 years of age and younger to be tested for lead poisoning if they reside in an area defined as high-risk; or evaluated for lead poisoning by a risk assessment procedure if they reside in areas defined as low-risk by the Department. The Department is authorized to maintain a system for the collection and analysis of childhood blood lead data. The Illinois statute is more stringent than the CDC and requires follow-up of children 15 years of age and younger.

Lead testing is required for:

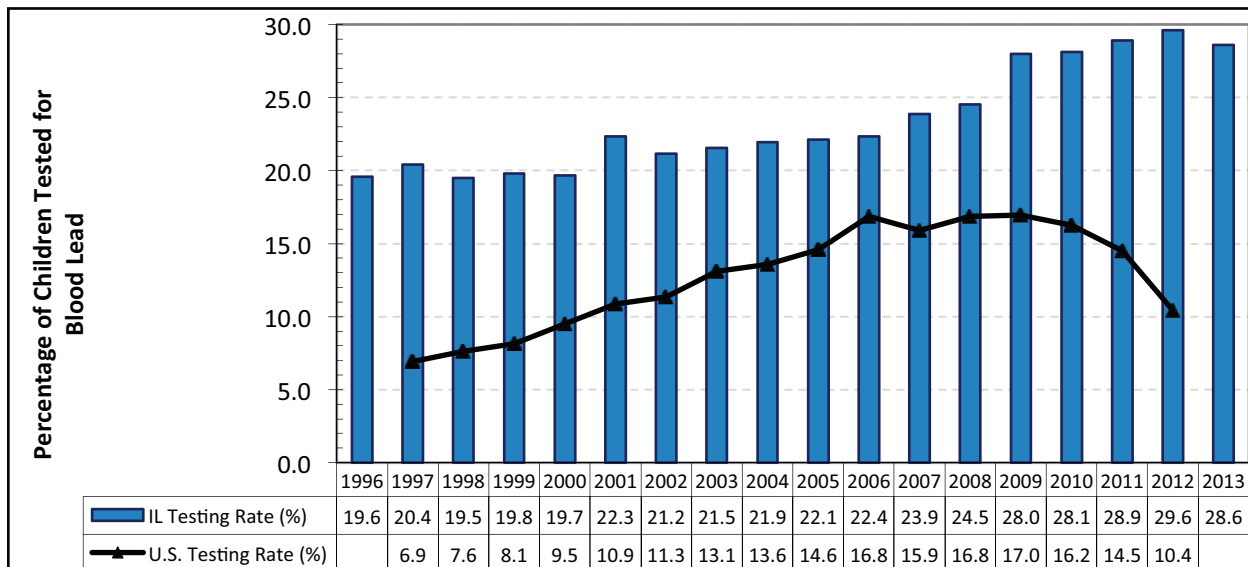
- Children residing in high-risk areas for lead exposure or who answer “YES” or “I DO NOT KNOW” to the **Childhood Lead Risk Questionnaire (CLRQ)**
- Children receiving services from Medicaid; Head Start; All Kids; Women, Infants and Children (WIC)

Evaluation is performed:

- Using CLRQ
- On children before they attend a licensed day care, school or kindergarten as required by law

As shown on Figure 4, the testing rate for blood lead in Illinois increased steadily from 19.6 percent in 1996 to 28.6 percent in 2013. The CDC reported a national blood lead testing rate of 10.4 percent for 2012 compared to a 29.6 percent testing rate in Illinois in the same year.

Figure 4: Childhood Blood Lead Testing Rates: 1996-2013



Source: Illinois Lead Program Surveillance Data, 1996-2013, The United States average is based on data reported to CDC at: <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2012.htm>.

Numerator based on 2012 NCHS estimated population of Illinois children younger than 6 years of age (1,005,860)

Blood Lead Testing Among Illinois Children in 2013

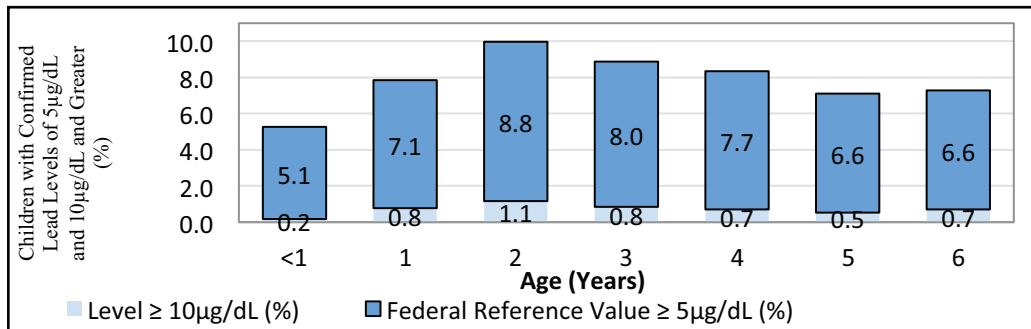
As required by the act, health care providers and directors of clinical laboratories must report all blood lead analyses to the Department. The total numbers of children tested in 2013 are the actual numbers reported to the Department. If a child had multiple tests, the highest venous result was selected. If there was no venous test on a child, the peak capillary blood lead result was selected.



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Blood Lead Levels by Age

Figure 5: Children with Confirmed Blood Lead Levels for Public Health Intervention versus Federal Reference Value by Age in 2013



Source: Illinois Lead Program Surveillance Data, 2013

Illinois law requires physicians to test all children 6 years of age and younger who live in high-risk areas for lead. The percentage of Illinois children at the intervention level or at the federal reference value peaked at approximately 2 years of age (Figure 5 and Table 3).

Illinois law also requires parents or legal guardians to provide a lead test statement from a physician or health care provider before attending a licensed daycare, kindergarten or school. A child has to be evaluated for lead risk, if residing in a low-risk area, or tested for pediatric blood lead exposure, if living in a high-risk area.

Table 3: Children Tested for Blood Lead by Age from January 1 to December 31, 2013

Age (Years)	Estimated Population ^a	Children Tested									
		Total Tested		<5 µg/dL		5-9 µg/dL			≥10 µg/dL		
		n	%	n	%	n		%	n		%
						Capillary	Venous		Capillary	Venous	
Less than 1	157,563	35,548	22.6	33,682	94.8	803	903	4.8	124	36	0.5
1	158,546	65,021	41.0	60,748	93.4	1,643	2,059	5.7	317	254	0.9
2	160,047	48,495	30.3	44,583	91.9	1,261	2,056	6.8	288	307	1.2
3	161,305	38,792	24.0	35,568	91.7	986	1,844	7.3	182	212	1.0
4	161,558	38,564	23.9	35,552	92.2	853	1,834	7.0	142	183	0.8
5	167,053	32,809	19.6	30,552	93.1	666	1,359	6.2	115	117	0.7
6	168,120	9,012	5.4	8,233	91.4	199	493	7.7	31	56	1.0
Others ^a		9,428		8,641	91.7	209	508	7.6	22	48	0.7
Total	1,134,192	277,669		257,559	92.8	6,620	11,056	6.4	1,221	1,213	0.9

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. ^aChildren 7 years of age or older and unidentified. Data includes one venous blood lead test result per child by age; if there was no venous test, then the highest capillary test result. ^bPopulation data compiled from bridged-race Vintage 2013 (2010-2013) postcensal population estimates (released by NCHS 6/26/2014). Accessed at <http://wonder.cdc.gov/bridged-race-v2013.html> on Aug 13, 2014².

Damage to blood vessels may lead to inaccurate results, so a confirmatory test with a blood draw from the vein is required.

Blood Lead Level by Ethnicity

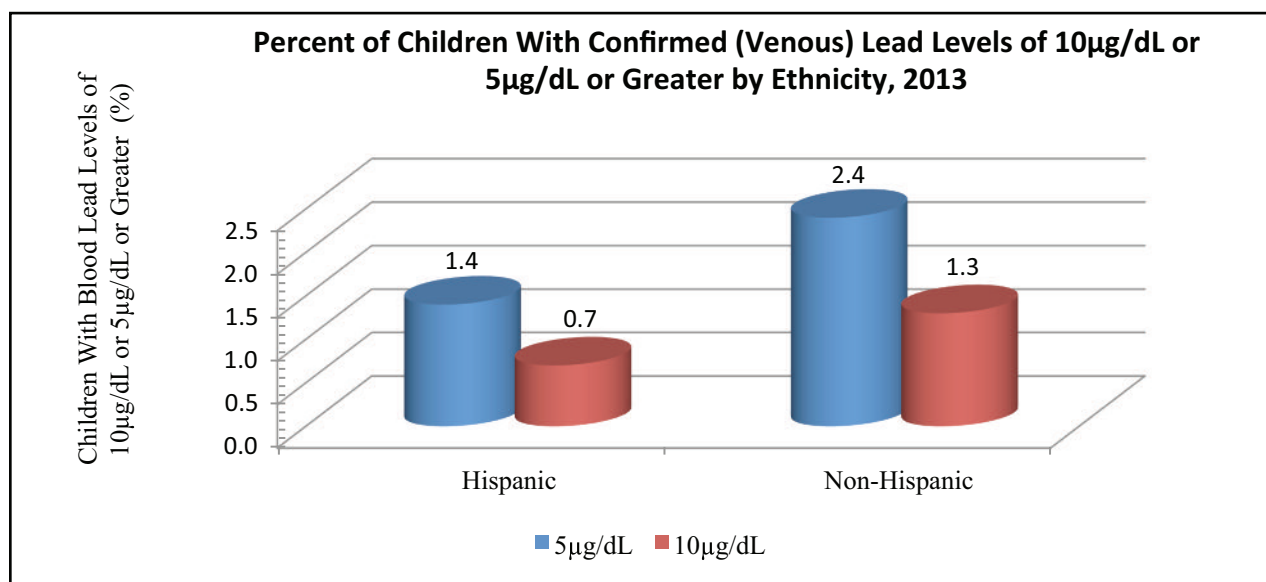
Table 4: Children Tested for Blood Lead by **Ethnicity** - January 1 to December 31, 2013

Ethnicity	Estimated Population ^a	Children Tested in 2013									
		Total Tested		<5 µg/dL		5-9 µg/dL			≥10 µg/dL		
		n	%	n	%	n		%	n		%
						Capillary	Venous		Capillary	Venous	
Less than 1	157,563	35,548	22.6	33,682	94.8	803	903	4.8	124	36	0.5
Hispanic	286,883	16,276	5.7	15,415	94.7	369	124	3.0	261	107	2.3
Non-Hispanic	847,309	28,815	3.4	26,273	91.2	1,197	330	5.3	650	365	3.5
Ethnicity unidentified		232,578		215,871	92.8	5,054	10,602	6.7	310	741	0.5
Total	1,134,192	277,669		257,559	92.8	6,620	11,056	6.4	1221	1213	0.9

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. Data includes one venous blood lead test result per child by ethnicity; if there was no venous test, then the highest capillary test result. ^aPopulation data compiled from bridged-race Vintage 2013 (2010-2013) postcensal population estimates (released by NCHS 6/26/2014). Accessed at <http://wonder.cdc.gov/bridged-race-v2013.html> on Aug 13, 2014”

About 84 percent of the children tested in 2013 had no ethnicity information reported; shown on Table 4 as ethnicity unidentified.

Figure 6: Percentage of Children with Confirmed Lead Levels of 10µg/dL or 5µg/dL or Greater by **Ethnicity**, 2013

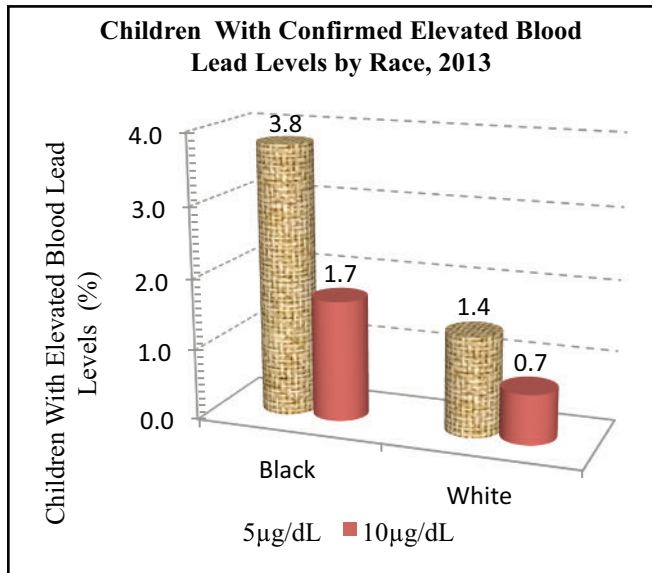


Source: Illinois Lead Program Surveillance Data, 2013

Most children’s products must not contain more than 100 parts per million (ppm, 0.01 percent) of total lead content in accessible parts: <http://www.cpsc.gov/en/Business—Manufacturing/Business-Education/Lead/Total-Lead-Content/>

Blood Lead Level and Race

Figure 7: Childhood Blood Lead Levels by Race in 2013



Race and ethnicity information is unreliable since almost 83 percent of the 277,669 children tested in 2013 had no race reported. Race status was available for only 9 percent of whites and 4 percent of blacks. Of the 11,464 black children tested, 3.8 percent had confirmed lead levels of 5µg/dL or greater. Of the 25,034 white children tested, approximately 1.4 percent had confirmed blood lead levels of 5µg/dL or greater. Figure 7 and Table 5 show black or African American children are disproportionately burdened by lead poisoning compared to their white counterparts. Only 2.4 percent of the 65,593 estimated populations of Asian or Pacific Islanders children were reported as tested, and 50 percent of them had confirmed blood lead levels of 5µg/dL or greater.

Source: Illinois Lead Program Surveillance Data, 2013

Table 5: Children Tested for Blood Lead by Race - January 1 to December 31, 2013

Race	Estimated Population ^a	Children Tested in 2013									
		Total Tested		<5 µg/dL		5-9 µg/dL			≥10 µg/dL		
		n	%	n	%	n		%	n		%
						Capillary	Venous		Capillary	Venous	
Black or African American	201,313	11,464	5.7	10,300	89.8	460	240	6.1	264	200	4.0
White	857,366	25,034	2.9	23,190	92.6	1,014	175	4.7	478	177	2.6
American Indian or Alaska Native	9,920	145	1.5	133	91.7	7	*	6.9	0	*	1.4
Others ^b		241,026		223,936	92.9	5,139	10,638	6.5	479	834	0.5
Total	1,134,192	277,669	24.5	257,559	92.8	6,620	11,056	6.4	1,221	1,213	0.9

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. ^aPopulation data compiled from bridged-race Vintage 2012 (2010-2013) postcensal population estimates (released by NCHS 6/26/2014). Accessed at <http://wonder.cdc.gov/bridged-race-v2013.html> on January 9, 2014” Data includes one venous blood lead test result per child by race; if there was no venous test, then the highest capillary test result. Races with small numbers are suppressed to prevent identification of individuals. ^bInclude all other races and children whose racial information was unavailable.

* Suppressed for confidentiality if the number of children is below 6.

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Table 6: Children Tested for Blood Lead by **Gender** - January 1 to December 31, 2013

Gender	Estimated Population ^a	Children Tested in 2013									
		Total Tested		<5 µg/dL		5-9 µg/dL			≥10 µg/dL		
		n	%	n	%	n		%	n		%
						Capillary	Venous		Capillary	Venous	
Female	556,225	133,494	24	124,210	93.0	3,035	5,179	6.2	503	567	0.8
Male	577,967	139,726	24.1	129,055	92.4	3,520	5,818	6.7	701	632	1.0
Gender unidentified		4,449		4,294	96.5	65	59	2.8	17	14	0.7
Total	1,134,192	277,669	24.5	257,559	92.8	6,620	11,056	6.4	1,221	1,213	0.9

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. ^aPopulation data compiled from bridged-race Vintage 2013 (2010-2013) postcensal population estimates (released by NCHS 6/26/2014). Accessed at <http://wonder.cdc.gov/bridged-race-v2013.html> on January 9, 2014” Data includes one venous blood lead test result per child by race; if there was no venous test, then the highest capillary test result.

Table 6 shows about 50 percent of the children tested in 2013 were males and 53 percent of children with lead levels at 5µg/dL or greater were males. Approximately 4,449 children had no gender data collected and are hereby classified as gender unidentified.

Table 7: Blood Lead Tests by **Laboratory** - January 1 to December 31, 2013

Laboratory	Blood Lead Tests by Laboratory and Level in 2013									
	Total Tested		<5 µg/dL		5-9 µg/dL			≥10 µg/dL		
	n	%	n	%	n		%	n		%
					Capillary	Venous		Capillary	Venous	
State Laboratory	54,310	18	50,703	93.4	1,831	760	4.8	564	452	1.9
Private Laboratories	245,233	82	223,853	91.3	5,370	12,641	7.3	894	2,475	1.4
All Laboratories	299,543		274,556	91.7	7,201	13,501	6.9	1,458	2,927	1.4

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. Data includes one venous blood lead test result per child; if there was no venous test, then the highest capillary test result. The Department’s laboratory data maybe an underestimate

A total of 299,543 blood lead samples collected from 277,669 children were analyzed by 220 laboratories as reported to the Department. Approximately 18 percent of the blood lead tests were analyzed at the Department’s laboratory accounting for 15 percent of children with lead levels of 5µg/dL or greater (Table 7).

There is a financial advantage to send blood samples to be analyzed for lead at the Department’s laboratories. Delegate agencies are compensated a fee for service for each blood specimen submitted to the Department’s laboratories to be analyzed for lead.

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Lead Care is a portable handheld blood lead analyzer with a maximum reading of $65\mu\text{g}/\text{dL}$ and operates within $\pm 3\mu\text{g}/\text{dL}$ error range. As of 2013, there were 304 Lead Care users in Illinois. Among the Lead Care users, 206 had reported at least one blood lead test and 98 users had not reported any blood lead tests. Of those reporting, 29 appeared to be reporting only, or primarily, elevated blood lead test results. This implies only about a third of Lead Care users comply with the reporting of blood lead results to the Department.



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Table 8: Children Tested for Blood Lead by **Collection Method** - January 1 to December 31, 2013

Blood Specimen Type	Blood Lead Tests Reported to IDPH ¹		Children Tested								Range	Geometric Mean ³
			Total		<5 µg/dL		5-9 µg/dL		≥10 µg/dL			
	n	%	n	%	n	%	n	%	n	%		
Venous	183,019	61.1	167,706	60.4	155,437	92.7	11,056	6.6	1,213	0.7	1-51	2.01
Capillary ²	116,524	38.9	109,963	39.6	102,122	92.9	6,620	6.0	1,221	1.1	1-94	1.87
Total	299,543		277,669		257,559	92.8	17,676	6.4	2,434	0.9	1-94	1.96

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013. Data includes one venous blood lead test result per child by race; if there was no venous test, then the highest capillary test result. ¹Data includes multiple tests per child; ²Capillary also includes unknown blood specimen type; ³geometric mean is a measure of central tendency defined as n^{th} root (n is number of lead levels) of the product of the lead levels

Sixty percent of children tested for lead exposure had at least one venous blood lead test with a geometric mean blood lead level of 2.01µg/dL (Table 8).

Table 9: Number of Blood Lead Tests By **Methods of Reporting** - January 1 to December 31, 2013

Blood Lead Tests Reported to the Department in 2013	Blood Tests Reported in 2013	
	n	%
Paper reported (mail or fax)	60,196	20
Electronic reporting (encrypted email or secure web downloads)	239,347	80
Total	299,543	

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Database, 2013

Approximately 80 percent of lead tests are reported to the Department electronically. Electronic reporting also includes blood lead data of 10µg/dL or greater and incomplete records entered by Department staff when received by phone, mail or fax (Table 9).

The program reported 20 percent blood lead test results below 10µg/dL received by mail or fax. The number of paper results should diminish as soon as an automated processing system is implemented, especially for Lead Care users.

The burden of Illinois childhood lead poisoning remains one of the highest in the nation. <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2012.htm>

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Table 10: Children Tested and Mean Blood Lead Level by Selected Characteristics in 2013

Characteristic	All Children Tested	Percentage of Children Tested for Lead Exposure (%)						Geometric Mean Blood Lead Level
		≥ 10 µg/dL			≥ 5 µg/dL			
	N	Venous	Capillary	Total	Venous	Capillary	Total	
All Children Tested	277,669	0.4	0.4	0.9	4.4	2.8	7.2	2.0
Female	133,494	0.2	0.2	0.4	2.1	1.3	3.3	1.94
Male	139,726	0.2	0.3	0.5	2.3	1.5	3.8	1.98
Unidentified ¹	4,449	<0.1	<0.1	<0.1	<0.1	<0.1	0.1	1.61
Age <3 Years	149,064	0.22	0.26	0.48	2.05	1.61	3.66	1.94
Age 3 – 5 Years	110,165	0.18	0.16	0.34	2.00	1.06	3.06	1.98
Age 6	9,012	0.02	0.01	0.03	0.20	0.08	0.28	1.95
Others ²	9,428	0.02	0.01	0.02	0.17	0.07	0.24	1.89
Black	11,464	0.07	0.10	0.17	0.16	0.26	0.42	1.57
White	25,034	0.06	0.17	0.24	0.13	0.54	0.66	1.41
Others ³	241,171	0.30	0.17	0.47	4.13	2.03	6.16	2.04
Hispanic	16,276	<0.1	0.1	0.1	0.1	0.2	0.3	1.31
Non-Hispanic	28,815	0.1	0.2	0.4	0.3	0.7	0.9	1.49
Others ⁴	232,578	0.3	0.1	0.4	4.1	1.9	6.0	2.08
Medicaid	211,607	0.5	0.2	0.7	0.7	0.7	7.2	1.93
Non-Medicaid	66,062	0.3	1.1	1.5	3.0	4.5	7.5	2.05
Public Health Lab	49,873	0.1	0.2	0.3	0.3	0.8	1.1	1.37
Private Lab	227,796	0.4	0.3	0.6	4.1	2.0	6.1	2.11

Source: Illinois Department of Public Health - Illinois Lead Program Surveillance Data 2013; ¹Gender not documented; ²Children 7 years of age and older and age unidentified; ³Other races and races not documented; ⁴Ethnicity not documented.

Some laboratories are unable to report less than 5µg/dL of blood lead due to their level of detection. These differentials disproportionately inflate the number of children with blood lead levels of 5µg/dL through 9µg/dL. The current proficiency testing compliance error range is ±4µg/dL. Most laboratories that conduct blood lead analyses perform at an error range within ±2µg/dL. The portable blood-lead analyzers operate within a ±3µg/dL error range.

Highlights of 2013 Blood Lead Surveillance by Selected Characteristics

- Based on the data compiled from bridged-race Vintage 2013 (2010-2013) postcensal population estimates released by NCHS 6/26/2014 and accessed at <http://wonder.cdc.gov/bridged-race-v2013.html> there were approximately 1.13 million Illinois children 6 years of age and younger. Of those children, 168,120 were 6 years of age.
- In 2013, approximately 299,543 blood lead test results were received for 277,669 (28.6%) Illinois children. Approximately 97 percent were children 6 years of age and younger at the time of blood lead testing (Table 10).
- Approximately 1/23 children tested was confirmed with a venous lead level at the federal reference value of 5µg/dL or greater.
- Approximately 1/229 children tested was confirmed with a venous blood lead level of 10µg/dL or greater, the Illinois public health intervention level.
- The Illinois childhood blood lead level (BLL) averaged 2.4µg/dL (geometric mean was 1.96µg/dL) based on highest test reported per child in calendar year 2013. The range of blood lead tests results was 1 - 94µg/dL.
 - Sixty percent of children tested in 2013 had at least one venous blood lead test.
 - Of all children tested, 257,559 (92.8 percent) had blood lead levels less than 5µg/dL, and 20,110 (7.2) were at or greater than this level.
 - Of the 20,110 children tested in 2013 with blood lead levels of 5µg/dL or greater:
 - a. 53 percent were males
 - b. 43 percent were 1 or 2 years of age
 - c. 76 percent were on Medicaid
 - Seven percent (17,676) of the children tested had blood lead levels of 5 to 9µg/dL and 2,434 had 10µg/dL or greater (0.9 percent).
 - Of all the blood lead results received in 2013, more than 83 percent had no information on race or ethnicity.
 - A total of 220 laboratories performed blood lead testing on 277,669 children. The blood specimens of 16 percent of all children tested were analyzed at the Department's laboratory.
 - There were 262,053 (90 percent) children tested in 2012 and 257,559 (92.8 percent) children tested in 2013 with lead levels below 5µg/dL, respectively.
 - Table 11 shows the number of children tested for the first time in 2013 and those retested for follow up by county, lead level and blood specimen collection type.

Table 11: Children Tested for Blood Lead by County and Delegate Agencies in 2013

All Children Tested by County, Blood Collection Type and Lead Level: 2012- 2013

Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger ^a	Children Tested for Blood Lead for the First Time in 2013									Illinois/ County/ Delegate Agency	All Children Tested in 2012					All Children Tested in 2013				
		Total Tested	By Age ^b		By Blood Draw Type ^c and Level (µg/dL)							Total Tested in 2012	Capillary and Venous, µg/dL			Total Tested in 2013	Capillary and Venous, µg/dL				
			<6 Years	≤6 Years	Venous (%)			Capillary (%)					<5	≥5	≥10		<5	≥5	≥10		
					<5	≥5	≥10	<5	≥5	≥10											
Illinois	1,154,225	129,318	125,875	127,466	48.1	3.8	0.3	45.1	3.5	0.5	Illinois	291,153	90.0	10.0	1.0	277,669	92.8	7.2	0.9		
Adams	5,894	920	873	890	20.2	2.3	0.8	70.2	9.4	2.2	Adams	1076	90.4	9.6	3.4	1,261	86.9	13.1	3.3		
Alexander	731	99	98	98	56.6	3.0	1.0	36.4	4.0	0.0	Alexander	195	83.6	16.4	3.1	151	92.1	7.9	1.3		
Bond	1,313	163	160	161	8.0	0.0	0.0	89.0	3.1	1.2	Bond	288	91.0	9.0	0.3	258	95.0	5.0	1.9		
Boone	4,936	484	469	470	45.6	0.2	0.0	51.0	4.0	1.0	Boone	1161	86.4	13.6	0.5	1,054	96.1	3.9	0.6		
Brown	403	60	59	59	13.6	3.4	1.7	74.6	10.2	1.7	Brown	72	86.1	13.9	1.4	71	84.5	15.5	5.6		
Bureau	2,739	334	321	325	55.8	3.3	1.8	34.2	7.9	0.6	Bureau	527	85.6	14.4	1.3	462	89.0	11.0	2.4		
Calhoun	390	36	36	36	25.0	0.0	0.0	69.4	5.6	0.0	Calhoun	93	84.9	15.1	3.2	65	90.8	9.2	1.5		
Carroll	988	165	164	164	27.4	1.8	0.0	67.1	4.3	1.2	Carroll	272	90.8	9.2	2.2	263	92.0	8.0	1.5		
Cass	1,192	231	222	225	17.9	0.9	0.4	73.8	8.3	1.3	Cass	455	84.8	15.2	3.3	422	88.9	11.1	3.8		
Champaign	16,001	1,934	1881	1,893	33.3	0.5	0.0	65.0	2.1	0.2	Champaign	3044	96.6	3.4	0.4	2,928	97.3	2.7	0.3		
Christian	2,935	322	314	316	44.5	1.9	0.6	49.5	5.7	1.6	Christian	620	93.4	6.6	1.5	571	93.2	6.8	2.1		
Clark	1,248	232	228	229	32.0	0.9	0.4	65.8	1.7	0.4	Clark	335	94.6	5.4	0.6	343	97.7	2.3	0.6		
Clay	1,210	175	171	172	1.1	0.6	0.6	87.9	10.9	1.7	Clay	272	87.1	12.9	0.7	275	88.0	12.0	2.2		
Clinton	3,010	235	231	233	24.0	0.4	0.4	74.7	1.7	0.4	Clinton	364	97.5	2.5	0.8	362	97.8	2.2	0.6		
Coles	3,832	544	541	542	10.9	0.2	0.2	85.4	3.9	0.7	Coles	865	93.2	6.8	1.4	892	96.1	3.9	0.7		
Cook w/o Chicago	224,944	21,722	20,889	21,179	64.4	2.2	0.2	32.4	1.5	0.3	Cook w/o Chicago	48,921	94.2	5.8	0.5	48,222	95.9	4.1	0.4		
Chicago	253,669	40,201	38,042	38,581	73.3	4.4	0.5	21.7	0.6	0.1	Chicago	112,156	85.9	14.1	1.1	106,462	94.1	5.9	0.8		
Crawford	1,424	183	182	182	10.4	0.5	0.0	86.9	2.2	0.0	Crawford	293	92.2	7.8	1.0	293	93.9	6.1	2.0		
Cumberland	965	99	99	99	8.1	0.0	0.0	83.8	8.1	1.0	Cumberland	179	93.3	6.7	0.6	160	91.3	8.8	1.3		
DeKalb	8,828	911	887	895	29.2	0.9	0.0	67.6	2.8	0.3	DeKalb	1446	95.9	4.1	0.6	1,610	96.5	3.5	0.4		
DeWitt	1,272	108	107	108	16.7	0.0	0.0	72.2	11.1	0.0	DeWitt	183	85.2	14.8	1.6	164	89.6	10.4	1.2		
Douglas	1,930	209	200	206	24.2	0.5	0.0	72.0	4.3	1.0	Douglas	337	94.7	5.3	0.9	305	96.1	3.9	0.7		
DuPage	79,302	5,479	5193	5,276	49.5	0.8	0.1	48.8	1.0	0.1	DuPage	9667	97.7	2.3	0.4	8,756	97.9	2.1	0.3		
Edgar	1,423	178	169	171	48.9	2.3	0.6	47.2	2.8	1.1	Edgar	273	88.6	11.4	2.9	243	95.5	4.5	1.2		
Edwards	517	80	78	79	3.8	0.0	0.0	89.9	7.6	1.3	Edwards	119	95.8	4.2	0.8	135	92.6	7.4	0.7		
Effingham	3,169	260	249	251	2.7	0.4	0.0	91.4	7.5	2.0	Effingham	542	91.7	8.3	0.9	454	91.2	8.8	1.8		
Fayette	1,730	176	173	175	2.3	0.0	0.0	93.2	4.5	0.0	Fayette	429	93.0	7.0	1.9	336	94.0	6.0	0.9		
Ford	1,149	98	95	96	15.3	0.0	0.0	77.6	7.1	0.0	Ford	136	89.0	11.0	2.2	131	90.1	9.9	0.0		
Franklin	3,317	401	389	392	33.6	0.5	0.0	63.7	2.8	0.5	Franklin	599	88.0	12.0	0.7	540	96.1	3.9	0.6		
Fulton	2,684	262	256	257	21.3	1.9	0.8	71.7	6.6	1.9	Fulton	422	86.0	14.0	2.6	339	89.7	10.3	3.2		
Gallatin	409	56	56	56	14.3	0.0	0.0	85.7	0.0	0.0	Gallatin	144	94.4	5.6	0.0	104	96.2	3.8	1.0		

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2013.

^aNational Center for Health Statistics, Vintage 2012; ^bAge 7 through 15 and age unidentified not included,

^cCapillary or finger sticks blood draw or venous blood draw. Confirmed test in Illinois is a venous blood draw.

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2012 and 2013.

Children tested were 15 years of age or younger of which 97 percent were children 6 years of age or younger in 2013.

The numbers include children tested for the first time, as well as those being retested for follow up (lead prevalence).

All Children Tested by County, Blood Collection Type and Lead Level: 2012- 2013

Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger ^a	Children Tested for Blood Lead for the First Time in 2013									Illinois/ County/ Delegate Agency	All Children Tested in 2012				All Children Tested in 2013			
		Total Tested	By Age ^b		By Blood Draw Type ^c and Level (µg/dL)							Total Tested in 2012	Capillary and Venous, µg/dL			Total Tested in 2013	Capillary and Venous, µg/dL		
			<6 Years	≤6 Years	Venous (%)			Capillary (%)					<5	≥5	≥10		<5	≥5	≥10
					<5	≥5	≥10	<5	≥5	≥10									
Greene	1,088	162	155	159	14.4	1.3	0.0	80.0	5.6	2.5	Greene	337	89.6	10.4	1.5	341	91.8	8.2	1.8
Grundy	4,945	350	338	345	36.5	0.9	0.0	60.6	2.6	0.6	Grundy	515	96.5	3.5	0.0	550	96.4	3.6	0.4
Hamilton	704	65	62	63	13.8	0.0	0.0	80.0	6.2	0.0	Hamilton	148	85.1	14.9	4.7	119	91.6	8.4	1.7
Hancock	1,516	198	191	195	21.3	1.0	1.0	73.1	5.1	0.5	Hancock	366	88.3	11.7	2.7	332	92.5	7.5	1.8
Hardin	319	44	43	44	52.3	2.3	0.0	40.9	4.5	0.0	Hardin	50	90.0	10.0	0.0	56	94.6	5.4	0.0
Henderson	432	52	51	51	61.5	3.8	0.0	32.7	1.9	0.0	Henderson	93	91.4	8.6	0.0	86	89.5	10.5	3.5
Henry	4,114	583	568	572	14.0	1.9	0.9	77.5	7.6	1.7	Henry	890	86.4	13.6	2.0	901	89.7	10.3	2.6
Iroquois	2,254	302	295	300	34.8	0.3	0.0	62.6	2.3	0.0	Iroquois	423	90.5	9.5	1.7	479	95.8	4.2	0.4
Jackson	4,270	576	572	573	27.7	0.7	0.0	69.2	2.8	0.7	Jackson	1,014	94.1	5.9	1.1	959	96.9	3.1	1.0
Jasper	781	78	76	76	1.3	0.0	0.0	90.9	9.1	1.3	Jasper	125	93.6	6.4	0.8	107	91.6	8.4	0.9
Jefferson	3,374	371	361	362	15.3	1.6	0.0	79.8	4.4	1.1	Jefferson	485	90.7	9.3	1.9	548	93.2	6.8	1.3
Jersey	1,694	249	246	247	12.1	1.6	0.8	83.8	3.2	1.6	Jersey	439	96.1	3.9	0.9	459	94.1	5.9	2.8
Jo Daviess	1,633	156	152	152	39.7	31.4	0.0	25.6	3.2	0.0	Jo Daviess	146	95.2	4.8	0.7	201	70.1	29.9	0.5
Johnson	842	115	110	111	31.0	1.8	0.0	61.9	7.1	1.8	Johnson	125	76.0	24.0	2.4	158	91.8	8.2	1.9
Kane	54,752	6,194	5,964	6,058	28.8	1.3	0.2	66.9	3.9	0.8	Kane	14,568	93.6	6.4	1.1	14,521	94.3	5.7	1.4
Kankakee	10,414	1,385	1,322	1,349	13.8	0.6	0.3	83.5	2.5	0.6	Kankakee	2,555	93.2	6.8	1.1	2,619	96.0	4.0	1.0
Kendall	13,436	723	694	702	57.4	1.1	0.1	40.7	1.3	0.4	Kendall	1,347	97.6	2.4	0.6	1,074	97.8	2.2	0.5
Knox	3,746	532	510	519	47.3	4.2	1.1	44.1	5.5	1.1	Knox	892	79.6	20.4	3.6	836	86.8	13.2	3.6
Lake	64,247	5,260	5,041	5,142	58.0	1.0	0.1	40.5	0.8	0.3	Lake	10,310	98.2	1.8	0.3	9,591	98.4	1.6	0.3
LaSalle	9,053	916	891	899	41.4	1.8	0.3	49.7	8.3	1.3	LaSalle	1,663	82.7	17.3	1.3	1,410	90.4	9.6	1.6
Lawrence	1,198	206	204	204	10.2	0.0	0.0	88.8	1.0	0.0	Lawrence	312	92.9	7.1	1.6	312	95.5	4.5	1.3
Lee	2,645	151	148	150	70.9	4.0	2.0	23.8	1.3	0.0	Lee	205	90.7	9.3	2.9	201	91.0	9.0	1.5
Livingston	3,118	330	323	324	5.5	0.6	0.6	88.1	6.4	0.3	Livingston	719	85.0	15.0	1.5	581	93.3	6.7	0.9
Logan	2,170	268	264	267	12.4	0.7	0.4	83.1	4.1	0.0	Logan	373	91.7	8.3	0.8	391	93.6	6.4	1.3
McDonough	2,097	257	248	250	48.4	2.0	0.4	46.1	4.7	2.0	McDonough	435	92.6	7.4	0.9	405	92.8	7.2	2.0
McHenry	26,939	1,364	1,332	1,347	23.8	0.4	0.1	73.5	2.6	0.2	McHenry	2,715	97.5	2.5	0.3	2,191	96.9	3.1	0.3
McLean	14,780	2,234	2,193	2,201	3.4	0.6	0.3	92.4	4.1	0.5	McLean	3,419	88.9	11.1	1.1	3,473	94.9	5.1	1.2
Macon	9,661	1,254	1,228	1,239	16.9	1.1	0.5	78.7	4.3	1.1	Macon	2,635	91.5	8.5	2.5	2,695	92.9	7.1	2.1
Macoupin	3,766	473	458	461	24.2	1.5	0.9	68.5	7.3	1.1	Macoupin	688	91.0	9.0	1.0	728	89.3	10.7	1.9
Madison	22,545	2,272	2,215	2,238	47.7	1.2	0.3	48.9	2.7	0.5	Madison	4,191	94.3	5.7	1.1	4,031	95.6	4.4	0.8
Marion	3,512	450	443	444	7.2	0.9	0.0	89.0	4.0	1.1	Marion	839	91.5	8.5	1.1	785	93.5	6.5	1.5
Marshall	968	130	128	128	5.4	0.0	0.0	86.2	8.5	1.5	Marshall	132	80.3	19.7	2.3	170	91.8	8.2	1.8

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2013.

^aNational Center for Health Statistics, Vintage 2012; ^bAge 7 through 15 years and age unidentified not included,

^cCapillary or finger sticks blood draw or venous blood draw. Confirmed test in Illinois is a venous blood draw.

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2012 and 2013.

Children tested were 15 years of age or younger of which 97 percent were children 6 years of age or younger in 2013.

The numbers include children tested for the first time, as well as those being retested for follow up (lead prevalence).

All Children Tested by County, Blood Collection Type and Lead Level: 2012- 2013

Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger ^a	Children Tested for Blood Lead for the First Time in 2013									Illinois/ County/ Delegate Agency	All Children Tested in 2012				All Children Tested in 2013			
		Total Tested	By Age ^b		By Blood Draw Type ^c and Level (µg/dL)							Total Tested in 2012	Capillary and Venous, µg/dL			Total Tested in 2013	Capillary and Venous, µg/dL		
			<6 Years	≤6 Years	Venous (%)			Capillary (%)					<5	≥5	≥10		<5	≥5	≥10
					<5	≥5	≥10	<5	≥5	≥10									
Mason	1,002	125	124	124	8.8	0.8	0.0	82.4	8.0	0.0	Mason	228	86.8	13.2	2.6	269	91.8	8.2	1.1
Massac	1,325	141	135	136	64.5	2.1	0.0	32.6	0.7	0.0	Massac	222	86.9	13.1	0.9	197	95.4	4.6	1.0
Menard	1,026	69	69	69	43.5	2.9	2.9	52.2	1.4	0.0	Menard	137	94.2	5.8	0.0	102	97.1	2.9	2.0
Mercer	1,295	174	170	171	11.0	2.3	1.2	79.2	8.1	1.7	Mercer	303	85.8	14.2	2.0	288	88.9	11.1	3.5
Monroe	2,704	237	231	233	29.1	0.4	0.0	67.1	4.7	0.9	Monroe	372	95.4	4.6	0.5	328	95.4	4.6	0.6
Montgomery	2,270	294	282	286	20.4	1.0	0.0	76.5	3.8	1.0	Montgomery	505	90.9	9.1	2.6	485	92.0	8.0	1.6
Morgan	2,680	397	383	389	27.7	2.0	0.3	64.9	6.4	1.3	Morgan	795	86.0	14.0	2.8	779	90.1	9.9	2.6
Moultrie	1,355	112	110	111	18.8	0.0	0.0	79.5	1.8	0.9	Moultrie	194	92.3	7.7	0.0	155	98.1	1.9	0.6
Ogle	4,215	306	298	305	62.6	2.0	0.3	34.4	1.3	0.3	Ogle	430	90.2	9.8	0.9	518	96.7	3.3	0.6
Peoria	17,952	1,586	1,546	1,557	2.8	3.3	1.8	83.2	11.8	2.5	Peoria	1,110	60.7	39.3	11.3	2,071	80.9	19.1	6.1
Perry	1,602	184	183	183	29.0	0.5	0.5	68.3	2.7	1.1	Perry	295	92.9	7.1	1.4	320	95.0	5.0	1.9
Piatt	1,245	126	122	125	65.1	0.0	0.0	33.3	1.6	0.0	Piatt	162	93.2	6.8	2.5	182	96.7	3.3	0.0
Pike	1,396	170	165	167	16.8	1.2	0.6	78.4	5.4	1.2	Pike	302	90.1	9.9	1.7	273	93.0	7.0	1.1
Pope	266	26	26	26	26.9	0.0	0.0	69.2	3.8	3.8	Pope	30	90.0	10.0	0.0	33	97.0	3.0	3.0
Pulaski	485	45	44	45	40.0	0.0	0.0	53.3	6.7	2.2	Pulaski	102	87.3	12.7	5.9	70	92.9	7.1	4.3
Putnam	404	60	58	59	66.7	1.7	0.0	25.0	6.7	0.0	Putnam	56	83.9	16.1	1.8	73	90.4	9.6	0.0
Randolph	2,343	256	251	251	19.4	1.2	0.4	75.1	5.5	2.4	Randolph	451	89.4	10.6	1.8	416	92.5	7.5	2.4
Richland	1,363	154	150	151	2.6	1.3	0.7	88.2	9.2	3.3	Richland	205	82.4	17.6	1.5	224	89.7	10.3	3.6
Rock Island	13,148	2,185	2,115	2,159	19.2	1.3	0.5	71.4	8.6	0.8	Rock Island	4,493	85.3	14.7	1.9	4,542	89.2	10.8	1.6
St. Clair w/o ESHD	25,228	1,515	1,486	1,505	20.1	0.5	0.1	77.1	2.8	0.6	St. Clair w/o ESHD	3,093	96.1	3.9	0.6	3,003	95.7	4.3	1.3
Saline	2,082	363	357	360	9.9	0.3	0.0	87.9	1.9	0.8	Saline	694	91.1	8.9	1.0	668	97.3	2.7	0.9
Sangamon	17,285	1,787	1,760	1,772	34.6	0.8	0.4	61.8	3.3	0.8	Sangamon	3,363	91.7	8.3	1.8	3,166	94.2	5.8	1.5
Schuyler	540	72	70	71	28.2	1.4	1.4	69.0	2.8	0.0	Schuyler	135	86.7	13.3	3.7	103	95.1	4.9	1.0
Scott	416	58	57	58	29.3	0.0	0.0	70.7	0.0	0.0	Scott	95	91.6	8.4	1.1	97	96.9	3.1	0.0
Shelby	1,727	174	172	174	12.1	0.0	0.0	82.8	5.2	1.1	Shelby	310	92.9	7.1	0.3	296	93.9	6.1	1.7
Stark	423	78	76	77	2.6	0.0	0.0	77.9	20.8	1.3	Stark	74	70.3	29.7	5.4	114	77.2	22.8	5.3
Stephenson	3,844	603	584	589	45.5	3.5	0.7	47.0	5.2	0.3	Stephenson	1,238	84.7	15.3	3.2	1,246	88.8	11.2	2.2
Tazewell	11,875	1,358	1,345	1,350	1.5	0.1	0.1	94.9	3.7	0.6	Tazewell	688	86.3	13.7	1.3	1,600	95.0	5.0	1.1
Union	1,389	180	173	175	53.6	1.7	0.0	41.9	3.4	0.6	Union	320	91.3	8.8	0.9	293	94.9	5.1	0.3
Vermilion	7,615	1,148	1,116	1,128	92.5	2.8	0.3	4.4	0.3	0.0	Vermilion	1,677	94.9	5.1	1.2	1,715	95.9	4.1	0.6
Wabash	958	185	177	178	5.0	3.3	0.0	86.7	7.8	2.2	Wabash	205	90.2	9.8	2.0	251	88.8	11.2	1.6

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2013.

^aNational Center for Health Statistics, Vintage 2012; ^bAge 7 through 15 years and age unidentified not included,

^cCapillary or finger stick blood draw or venous blood draw. Confirmed test in Illinois is a venous blood draw.

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2012 and 2013.

Children tested were 15 years of age or younger of which 97 percent were children 6 years of age or younger in 2013.

The numbers include children tested for the first time, as well as those being retested for follow up (lead prevalence).

All Children Tested by County, Blood Collection Type and Lead Level: 2012- 2013

Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger ^a	Children Tested for Blood Lead for the First Time in 2013									Illinois/ County/ Delegate Agency	All Children Tested in 2012				All Children Tested in 2013			
		Total Tested	By Age ^b		By Blood Draw Type ^c and Level (µg/dL)							Total Tested in 2012	Capillary and Venous, µg/dL			Total Tested in 2013	Capillary and Venous, µg/dL		
			<6 Years	≤6 Years	Venous (%)			Capillary (%)					<5	≥5	≥10		<5	≥5	≥10
					<5	≥5	≥10	<5	≥5	≥10									
Warren	1,450	228	222	224	72.4	8.4	1.8	19.1	1.3	1.3	Warren	386	90.2	7.5	2.3	358	91.1	7.1	2.5
Washington	1,088	82	78	78	32.5	0.0	0.0	62.5	7.5	3.8	Washington	152	94.1	5.3	0.7	116	91.4	3.8	5.2
Wayne	1,396	177	173	173	6.9	1.7	0.6	83.8	9.8	3.5	Wayne	274	86.5	11.3	2.2	269	86.2	10.8	4.5
White	1,283	153	153	153	11.8	0.7	0.7	85.0	2.6	0.0	White	336	90.5	8.6	0.9	256	94.5	4.5	1.2
Whiteside	4,832	674	661	670	27.7	0.7	0.3	69.3	2.7	0.7	Whiteside	1,237	91.8	6.7	1.5	1,208	96.3	2.8	1.0
Will	66,207	5,422	5,262	5,318	40.2	0.6	0.1	57.4	2.3	0.5	Will	11,417	96.2	3.2	0.6	10,930	96.8	2.6	0.7
Williamson	5,576	683	673	677	27.9	0.7	0.1	66.0	5.7	0.7	Williamson	872	76.8	22.2	0.9	872	93.7	5.8	0.9
Winnebago	26,795	3,204	3,129	3,164	70.7	2.1	0.5	25.1	2.3	0.2	Winnebago	6,748	83.9	14.6	1.5	6,800	94.6	4.8	0.9
Woodford	3,573	348	343	343	2.6	0.6	0.3	94.2	3.5	0.6	Woodford	301	89.4	8.3	2.3	444	95.3	4.0	0.9
Egyptian ²	3,774	572	566	569	10.8	0.3	0.2	86.9	1.9	0.5	Egyptian ²	1,174	91.3	7.8	0.9	1,028	93.6	5.8	1.0
ESHD ¹	6,611	1,218	1,186	1,194	17.4	0.7	0.1	76.9	5.4	1.2	ESHD ¹	3,759	89.3	8.7	2.0	3,597	92.8	6.1	1.5
Evanston	6,043	892	847	860	59.0	3.9	0.4	36.1	1.0	0.1	Evanston	1,599	95.9	3.5	0.6	1,531	96.3	3.3	0.5
Oak Park	4,837	573	551	558	41.4	2.3	0.5	53.6	4.4	0.4	Oak Park	1,029	93.0	6.5	0.5	996	93.1	6.7	0.7
Skokie	4,980	507	471	478	55.4	10.3	0.4	33.5	0.8	0.0	Skokie	966	93.9	5.8	0.3	913	92.8	7.4	0.3
Southern Seven ³	5,357	650	629	635	50.4	1.9	0.2	44.4	3.9	0.8	Southern Seven ³	1,044	86.6	11.5	1.9	958	93.9	5.1	1.3
Stickney	583	40	40	40	80.0	0.0	0.0	20.0	0.0	0.0	Stickney	177	91.0	7.9	1.1	135	95.6	4.7	0.0

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2013.

^aNational Center for Health Statistics, Vintage 2012; ^bAge 7 through 15 years and age unidentified not included,

^cCapillary or venous blood draw. Confirmed test in Illinois is a venous blood draw.

¹ESHD or East Side Health District includes the cities of Alorton, Brooklyn, Cahokia, Centreville, East St. Louis, Lovejoy, National Stock Yards, Sauget, Washington Park and Fairmont City. Source: U.S. Census Bureau, 2010 Census. Single Years of Age and Sex: Summary File 1, Table PCT12. QT-P2.

²Egyptian Counties: Saline, Galatine and White

³Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union.

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database 2012 and 2013.

Children tested were 15 years of age or younger of which 97 percent were children 6 years of age or younger in 2013. The numbers include children tested for the first time, as well as those being retested for follow up (lead prevalence).

¹ESHD or East Side Health District includes the cities of Alorton, Brooklyn, Cahokia, Centreville, East St. Louis, Lovejoy, National Stock Yards, Sauget, Washington Park and Fairmont City.

²Egyptian Counties: Saline, Galatine and White

³Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union.

Lead Testing Activities in Illinois, Chicago and the United States: 2012-2013

Table 12: Blood Lead Burden in Illinois, Chicago and United States: 2012 - 2013

	2012		2013	
	N	%	N	%
Illinois: All Children Tested	291,153		277,669	
≥ 10µg/dL	3,020	1.0	2,434	0.9
Reference Value ≥ 5µg/dL	29,100	10.0	20,110	7.2
Illinois without Chicago			171,207	
≥ 10µg/dL	1,915	0.7	1,553	0.9
Reference Value ≥ 5µg/dL	21,687	7.4	13,811	8.1
Chicago³			106,462	
≥ 10µg/dL	1,120	1.0	881	0.8
Reference Value ≥ 5µg/dL	7,473	7.3	6,299	5.9
United States¹				
Lead poisoning rate ≥ 10µg/dL	15,874	0.62	11,152	0.56
Reference Value ≥ 5µg/dL	138,405	5.4	86,743	4.3

Source: Illinois Lead Program Surveillance Data, 2012-2013 queried with SAS; U.S. Centers for Disease Control and Prevention (CDC) Blood Lead Surveillance Data, 2012-2013; Note ¹Only 2012 CDC lead data is available at this time at: http://www.cdc.gov/nceh/lead/data/Website_StateConfirmedByYear_1997_2013_10162014.htm, downloaded October 30, 2014. The CDC data only includes children less than 6 years of age while Illinois Data includes children less than 15 years of age and 97 percent of the children tested in 2013 are 6 years of age and younger. The 2012 NCHS Vintage estimated population of Illinois children 6 years of age and younger was 1,134,192.

Data in Table 12 includes capillary and venous tests for all children whose blood lead results were reported to the Department in the specified year. The data also includes test results obtained with a portable desk top blood lead analyzer that operates within a +/- 3µg/dL error range.

The new reference value includes blood lead data of 5µg/dL or greater. Due to strict data reporting requirements, Illinois data with missing core address fields are often underreported nationally, leading to a denominator differential of Illinois data reported by CDC.

Lead Levels of Children Who Benefited from Medical Assistance Programs

Medical assistance programs refer to the authorized Social Security Acts of Title XIX (Medicaid) and the Children's Health Insurance Program (CHIP) that also cover All Kids Health Insurance Act as administered by the Illinois Department of Healthcare and Family Services (HFS).

<http://www2.illinois.gov/hfs/MedicalCustomers/MaternalandChildHealthPromotion/Pages/Screening.aspx>

The only way to know a child has been exposed to lead is through a blood test. Providers are reminded that all children enrolled in the HFS medical assistance programs should be tested at 12 months and 24 months of age. It is strongly recommended that children 84 months of age or younger, for whom no record of a previous test exists, also should be tested for blood lead poisoning.

Bonus payment for high performance: In 2013, HFS through their Illinois Health Connect (IHC) established a benchmark for the 5,922 Primary Care Providers (PCP) in the IHC roster to qualify for a bonus payment for lead testing. Any PCP who tested at least **71.41 percent** of their qualifying patients for blood lead poisoning (capillary or venous test) in 2013 on the IHC roster received a bonus payment for any additional child tested. Children on IHC roster on December 1, 2013 that turned 24 months in calendar year 2013 were tested. For specific questions about IHC bonus measure, go to <https://www.illinoishealthconnect.com/provider/qualitytools/bonuspayment.aspx>, or call the IHC Provider Services Help Desk at 1-877-912-1999, extension 3.

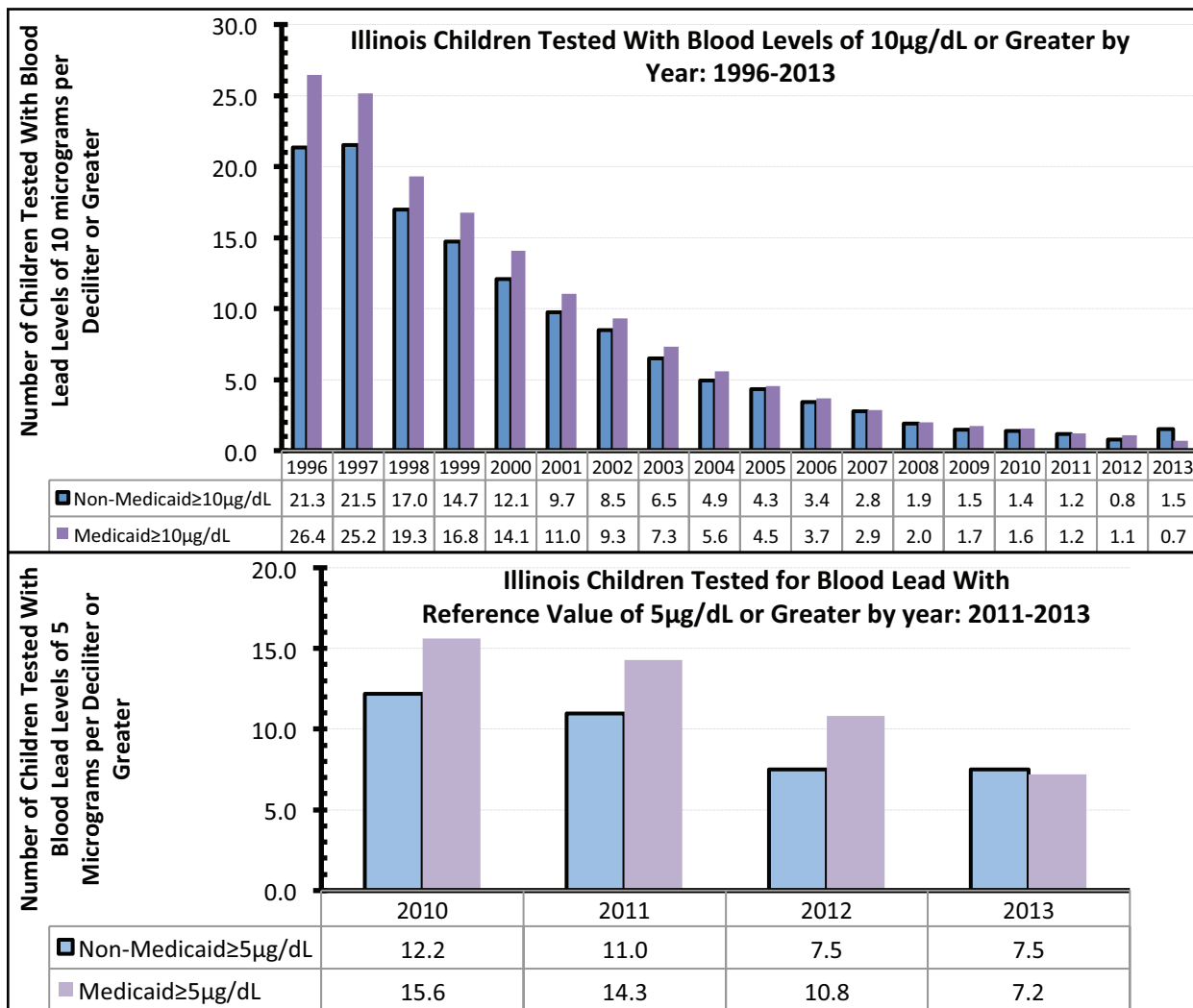
Table 13 shows 76 percent of children tested for lead poisoning in 2013 were participating in medical assistance programs provided by HFS or were enrolled in WIC programs and 24 percent who did not participate in the program. Of the Medical assistance program recipient children tested, 0.7 percent had blood lead levels of 10µg/dL or greater compared to non-participants.

Seventy-six percent of children tested in 2013 with lead levels at reference value of 5µg/dL or greater were Medical assistance program recipients compared to 24 percent non-participant children. Based on the children in the Medical assistance program tested, 7.2 percent had lead levels at the reference value compared to 7.5 percent among non-participants. The Department has interagency data sharing agreements with HFS and DHS to facilitate access and matching of blood lead data to their respective databases through the Enterprise Data Warehouse.

Figure 8 shows that there has been a significant decrease in childhood lead poisoning in Illinois among children eligible for Medicaid assistance programs.

Illinois Lead Program 2013 Annual Surveillance Report

Figure 8: Elevated Blood Lead Level of Medicaid and Non-Medicaid Eligible Children: 1996-2013



Source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database: 1996-2013 and the Illinois Department of Healthcare and Family Services Enterprise Data Warehouse

Illinois Lead Program 2013 Annual Surveillance Report

Table 13: Percentage of Children Tested for Blood Lead in 2013 Eligible for Medical Assistance

County	Children Tested for Blood Lead in 2013					
	All Tested	Medicaid-Eligible (%)	Non-Medicaid-Eligible (%)	Capillary ≥ 5 $\mu\text{g/dL}$ (%)	Venous ≥ 5 $\mu\text{g/dL}$ (%)	All Children ≥ 5 $\mu\text{g/dL}$ (%)
Illinois	277,669	76.2	23.8	2.8	4.4	7.2
Adams	1,261	70	30	9.4	3.6	13.1
Alexander	151	83.4	16.6	4.0	4.0	7.9
Bond	258	84.5	15.5	4.3	0.8	5.0
Boone	1,054	79	21	3.5	0.4	3.9
Brown	71	62	38	11.3	4.2	15.5
Bureau	462	67.7	32.3	6.9	4.1	11.0
Calhoun	65	61.5	38.5	7.7	1.5	9.2
Carroll	263	74.5	25.5	5.3	2.7	8.0
Cass	422	75.6	24.4	8.1	3.1	11.1
Champaign	2,928	66.4	33.6	2.0	0.7	2.7
Christian	571	79.3	20.7	4.4	2.5	6.8
Clark	343	76.4	23.6	1.7	0.6	2.3
Clay	275	87.6	12.4	11.3	0.7	12.0
Clinton	362	75.1	24.9	1.9	0.3	2.2
Coles	892	72.5	27.5	3.5	0.4	3.9
Cook	154,684	78	22	2.0	6.6	8.6
Crawford	293	75.8	24.2	4.1	2.0	6.1
Cumberland	160	73.1	26.9	8.1	0.6	8.8
De Kalb	1,610	79.9	20.1	2.5	1.0	3.5
De Witt	164	68.3	31.7	9.8	0.6	10.4
Douglas	305	68.2	31.8	3.0	1.0	3.9
DuPage	8,756	65.2	34.8	1.2	0.9	2.1
Edgar	243	67.5	32.5	2.5	2.1	4.5
Edwards	135	69.6	30.4	6.7	0.7	7.4
Effingham	454	81.5	18.5	8.1	0.7	8.8
Fayette	336	87.2	12.8	3.9	2.1	6.0
Ford	131	74.8	25.2	7.6	2.3	9.9
Franklin	540	80.7	19.3	3.5	0.4	3.9
Fulton	339	75.5	24.5	6.8	3.5	10.3
Gallatin	104	75	25	2.9	1.0	3.8
Greene	341	80.6	19.4	6.7	1.5	8.2
Grundy	550	67.3	32.7	2.7	0.9	3.6
Hamilton	119	78.2	21.8	5.9	2.5	8.4
Hancock	332	70.2	29.8	5.1	2.4	7.5
Hardin	56	85.7	14.3	3.6	1.8	5.4
Henderson	86	61.6	38.4	8.1	2.3	10.5
Henry	901	66.8	33.2	8.0	2.3	10.3

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County	Children Tested for Blood Lead in 2013					
	All Tested	Medicaid-Eligible (%)	Non-Medicaid-Eligible (%)	Capillary ≥ 5 $\mu\text{g/dL}$ (%)	Venous ≥ 5 $\mu\text{g/dL}$ (%)	All Children ≥ 5 $\mu\text{g/dL}$ (%)
Iroquois	479	70.6	29.4	3.1	1.0	4.2
Jackson	959	82.4	17.6	2.0	1.1	3.1
Jasper	107	78.5	21.5	8.4	0.0	8.4
Jefferson	548	79.6	20.4	4.6	2.2	6.8
Jersey	459	65.4	34.6	4.8	1.1	5.9
Jo Daviess	201	65.7	34.3	3.0	26.9	29.9
Johnson	158	71.5	28.5	6.3	1.9	8.2
Kane	14,521	79.8	20.2	4.0	1.7	5.7
Kankakee	2,619	72.6	27.4	3.2	0.8	4.0
Kendall	1,074	69.1	30.9	1.2	1.0	2.2
Knox	836	75.2	24.8	7.5	5.6	13.2
Lake	9,591	70.3	29.7	0.7	0.9	1.6
La Salle	1,410	71.9	28.1	7.4	2.2	9.6
Lawrence	312	78.5	21.5	2.9	1.6	4.5
Lee	201	67.2	32.8	2.0	7.0	9.0
Livingston	581	76.4	23.6	5.9	0.9	6.7
Logan	391	76	24	4.9	1.5	6.4
McDonough	405	67.7	32.3	4.4	2.7	7.2
McHenry	2,191	67.9	32.1	2.8	0.4	3.1
McLean	3,473	61.4	38.6	4.1	1.0	5.1
Macon	2,695	81.6	18.4	5.2	1.9	7.1
Macoupin	728	72.9	27.1	9.1	1.6	10.7
Madison	4,031	73.8	26.2	3.1	1.3	4.4
Marion	785	86.9	13.1	5.0	1.5	6.5
Marshall	170	69.4	30.6	7.6	0.6	8.2
Mason	269	82.9	17.1	7.1	1.1	8.2
Massac	197	85.8	14.2	1.5	3.0	4.6
Menard	102	74.5	25.5	1.0	2.0	2.9
Mercer	288	70.8	29.2	8.3	2.8	11.1
Monroe	328	49.7	50.3	4.3	0.3	4.6
Montgomery	485	76.7	23.3	6.2	1.9	8.0
Morgan	779	77.7	22.3	6.2	3.7	9.9
Moultrie	155	69	31	1.3	0.6	1.9
Ogle	518	70.5	29.5	1.2	2.1	3.3
Peoria	2,071	66	34	13.6	5.5	19.1
Perry	320	78.8	21.3	3.8	1.3	5.0
Piatt	182	50.5	49.5	2.2	1.1	3.3
Pike	273	75.5	24.5	5.1	1.8	7.0
Pope	33	81.8	18.2	3.0	0.0	3.0
Pulaski	70	80	20	5.7	1.4	7.1

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County	Children Tested for Blood Lead in 2013					
	All Tested	Medicaid-Eligible (%)	Non-Medicaid-Eligible (%)	Capillary ≥ 5 $\mu\text{g}/\text{dL}$ (%)	Venous ≥ 5 $\mu\text{g}/\text{dL}$ (%)	All Children ≥ 5 $\mu\text{g}/\text{dL}$ (%)
Putnam	73	65.8	34.2	8.2	1.4	9.6
Randolph	416	78.6	21.4	5.8	1.7	7.5
Richland	224	85.3	14.7	8.5	1.8	10.3
Rock Island	4,542	77.8	22.2	9.2	1.5	10.8
St. Clair	6,600	78.6	21.4	4.8	1.1	5.8
Saline	668	79	21	2.2	0.4	2.7
Sangamon	3,166	78.4	21.6	4.1	1.7	5.8
Schuyler	103	75.7	24.3	2.9	1.9	4.9
Scott	97	69.1	30.9	2.1	1.0	3.1
Shelby	296	80.4	19.6	4.7	1.4	6.1
Stark	114	65.8	34.2	19.3	3.5	22.8
Stephenson	1,246	73.4	26.6	4.7	6.4	11.2
Tazewell	1,600	64.8	35.3	4.8	0.3	5.0
Union	293	74.7	25.3	3.1	2.0	5.1
Vermilion	1,715	84.7	15.3	0.2	3.8	4.1
Wabash	251	74.5	25.5	8.4	2.8	11.2
Warren	358	72.3	27.7	1.4	7.5	8.9
Washington	116	69.8	30.2	8.6	0.0	8.6
Wayne	269	78.1	21.9	11.2	2.6	13.8
White	256	75.8	24.2	3.9	1.6	5.5
Whiteside	1,208	76.5	23.5	2.4	1.3	3.7
Will	10,930	70.1	29.9	2.4	0.8	3.2
Williamson	872	77.8	22.2	5.5	0.8	6.3
Winnebago	6,800	82.8	17.3	1.8	3.6	5.4
Woodford	444	57.7	42.3	4.3	0.5	4.7

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database and Illinois Department of Healthcare and Family Services Enterprise Data Warehouse, 2013 through an interagency data agreement. The SAS (statistical analysis software) and SQL (Structured Query Language) codes were used to query databases

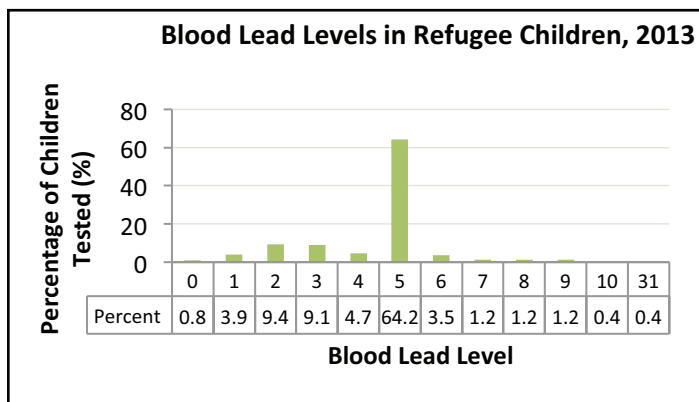
The percentage of children with blood lead levels of $10\mu\text{g}/\text{dL}$ or greater was 0.7 percent for Medicaid and 1.5 percent for non-Medicaid eligible children in 2013. Approximately 7.2 percent of Medicaid eligible children tested exhibited lead levels at reference values of $5\mu\text{g}/\text{dL}$ or greater compared to only 7.5 percent among children who did not participate in any medical assistance program. Research indicates older substandard housing units, nutrition poor in iron and calcium and the inability to maintain chipping lead-based paint have been associated with lead poisoning.

Blood Lead Levels in Refugee Children

The Department’s Minority Health Program manages the Refugee Health Assessment Program and evaluates the testing of refugee children for blood lead poisoning following the CDC guidelines to evaluate children 6 months to 16 years of age as part of the initial health assessment. The Illinois Lead Program collaborates with the Illinois Refugee Health Assessment Program.

Lead Prevalence and Refugee Status: In 2013, there were 328 refugee children 6 years of age and younger at the time of testing who completed the initial health assessment in Illinois. Of those assessed, 77 percent (254 of 328) had a blood lead level recorded, and 183 of the recorded tests (72 percent) had a BLL \geq 5 μ g/dL (Figure 9).

Figure 9: Lead Levels of Refuge Children Tested in 2013



Refugee children with “pending” or missing blood lead result were matched to lead program data using a name/date of birth algorithm (for first part of 2013). The first report of blood lead level in the lead database was reported as the initial health assessment lead level. Refugee children 6 years of age and younger at time of testing who had their first testing date in 2013 were included in this report.

Source: Illinois Department of Public Health’s Refugee Health Assessment Program database- which contains results of health test reported by contracted testing clinics.

Recommendations for Refugee Children Post-Arrival Lead Testing

1. Check BLL of all refugee children **6 months–16 years of age** upon their arrival in the United States (generally within 90 days, preferably within 30 days of arrival).
2. Within 3–6 months post-resettlement, a follow-up blood lead test should be conducted on all refugee children aged **6 months–6 years of age**, regardless of the initial testing blood lead level result.
3. Within 90 days of their arrival in the United States, children aged **6 months–6 years of age** should undergo nutritional assessment and testing for hemoglobin or hematocrit level with one or more of the following: mean corpuscular volume (MCV) with the red cell distribution width (RDW), ferritin, transferrin saturation, or reticulocyte hemoglobin content. A routine complete blood count with differential is recommended for all refugees following their arrival in the United States, and these red cell parameters are included in this testing.
4. Provide daily pediatric multivitamins with iron to refugee children aged **6 months through 6 years of age**.

Source: Adapted from <http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>

For more information on the Refugee Health Assessment Program, go to http://www.idph.state.il.us/about/minority_hlth/default.htm

Childhood Blood Lead Poisoning Prevention Activities

Childhood lead exposure can be minimized or prevented through increased public awareness.

- Apply lead-safe work practices when disturbing lead based paint
- Keep the play, study and living areas of children clean
- Children should eat a healthy diet that includes calcium and iron

A. Primary Prevention - Educational Activities

The role of public health professionals is integral in the prevention of childhood lead poisoning and education is important to primary prevention. The program's regional nurses and education coordinator conducted one-day lead poisoning prevention training sessions at each of the Department's six regional offices. A total of 90 health care professionals were trained on lead poisoning in 2013 and Continuing Education Credits (CEUs) were accorded to qualifying participants. Topics covered in the training included:

- Case management and case follow-up
- Health effects and treatment of lead poisoning
- Specimen collection, submission and analysis at the Department's Division of Laboratories
- Environmental case follow-up and compliance investigations for lead poisoned children
- Healthy Homes Initiative

For more information on the one-day lead poisoning prevention training sessions, contact the program at 217-524-2081.

For more lead poisoning prevention tips, visit CDC at <http://www.cdc.gov/nceh/lead/tips.htm>

B. Primary Prevention - Comprehensive Lead Education, Reduction and Window Replacement Program

The CLEAR-WIN Program is a prevention-focused pilot program aimed at replacing mostly original wood-sashed/painted windows in approximately 500 low-income, pre-1978 homes. The projects focus on reducing potential lead hazards and providing on-the-job training for community members in the two pilot communities of Englewood/West Englewood (Chicago) and Peoria County. Health benefits, hazards alleviation and home value after window improvement and energy savings will be evaluated.

For more information on the CLEAR-Win, contact the Illinois Lead Program at 217-782-5830.

C. Licensed Lead Contractors in Illinois

The Department requires any person who wishes to conduct lead services in a regulated facility in Illinois to be appropriately licensed (Table 14). These activities include: lead inspections, lead risk assessments, lead hazard tests, lead mitigation, and lead abatement work and supervision.

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Table 14: Licensed Lead Contractors in Illinois

Lead Contractors in Illinois:	196
Other Lead Licenses	
Inspector:	97
Risk Assessor:	554
Supervisor:	545
Worker:	1,107

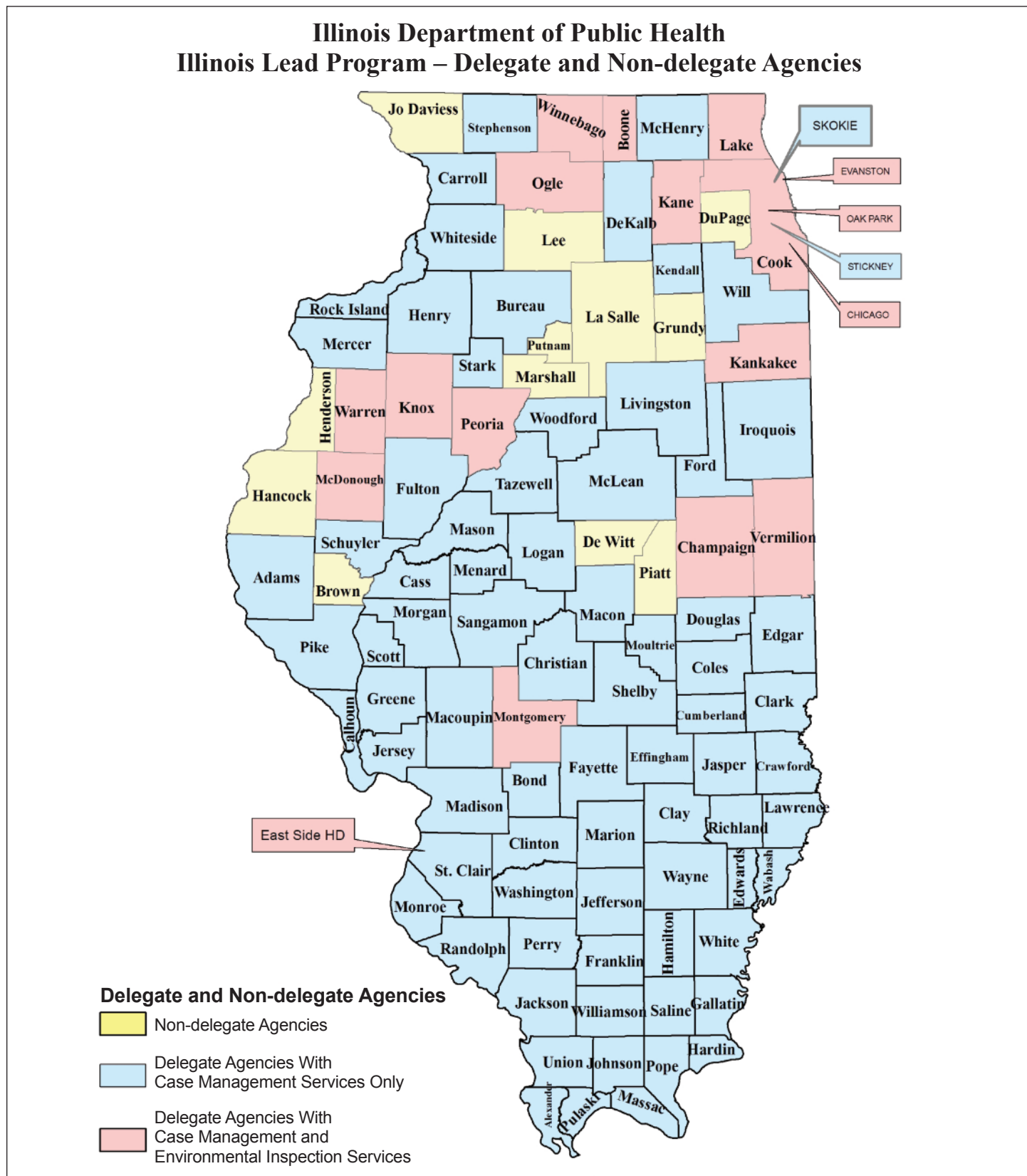
Source: Illinois Department of Public Health- Illinois Lead Program Figures as of 12/31/2013

For Approved Training Providers and for more current information, go to:
<http://app.idph.state.il.us/Envhealth/lead/LeadProfessionalListing.asp>



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Figure 10: Illinois Lead Program Delegate and Non-delegate Agencies in 2013



Source: Illinois Lead Program Surveillance Database, 2013. 09/17/2014

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D. Intervention - Case Management Follow-up of Children with Lead in their Blood

The Department had grant agreements by year ending in 2013 with 84 delegate agencies to provide case management care for lead poisoned children in 90 of 102 counties. Medical case management activities include education, nurse home visits and referrals for related services, such as medical, long-term nutritional supplementation and developmental testing. In collaboration with the Department, these delegate agencies provide community and technical education to health care providers, families of lead poisoned children and the general public. Each of the delegate agencies used the STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) data processing system to maintain records for case management of children in their jurisdiction (Figure 10).

Local health departments without a delegate agency agreement are designated as non-delegate agencies. There were 12 non-delegate agencies in 2013 where case management was provided by the Illinois Lead Program regional nurse consultants (Table 15).

Table 15: Non Delegate Agencies where Case Management Services were provided by Department’s Nurse Consultants in 2013

Brown County Health Department	Grundy County Health Department	Jo Daviess County Health Department	Marshall County Health Department
Dewitt County Health Department	Hancock County Health Department	La Salle County Health Department	Piatt County Health Department
DuPage County Health Department	Henderson County Health Department	Lee County Health Department	Putnam County Health Department

During nursing case management visits, families of affected children were provided educational materials related to lead exposure and prevention. Families also were provided the Illinois Tobacco Quitline referral number (1-866-QUIT-YES) for those interested in cessation of the use of tobacco products, as well as other educational materials relating to the prevention of home hazards.

Capillary blood draw, also known as “finger stick,” is a blood sample collected by pricking the skin. Damage to blood vessels or improper cleaning of finger stick site may lead to inaccurate results, so a confirmatory test with a blood draw from the vein is required. Table 8 shows the recommended schedule for follow-up of children with capillary blood lead results to obtain a venous confirmatory test. Venous blood draw is most preferred by the Department in order to avoid false positive results.

Table 16 shows the recommended schedule for follow-up of children with different levels of confirmed venous blood lead tests. However, some case managers or physicians may choose to repeat blood lead tests on new patients within a month to ensure their blood lead level is not rising quicker than anticipated.

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Table 16: Obtaining a Confirmatory (Venous) Test for Follow-up of Capillary Blood Draw

Blood $\mu\text{g}/\text{dL}$	Time to confirmation testing
$\geq 5 - 9$	1 – 3 months
10 - 44	1 week – 1 month
45 - 49	48 hours
60 - 69	24 hours
≥ 70	Urgently as emergency test

The higher the blood lead level, the more urgent the need for confirmatory testing as outlined on Table 17. The Department recommends follow-up testing for 10 – 19 $\mu\text{g}/\text{dL}$ at 1 – 3 months.

Source: Adapted from: Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, Atlanta: CDC; 1997.

Table 17: Follow-Up Blood Lead Testing After a Confirmatory (Venous) Blood Draw

Venous Blood Lead level $\mu\text{g}/\text{dL}$	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level is declining
$\geq 5- 9$	3 months*	6 – 9 months
10 - 19	1 – 3 months*	3 – 6 months
20 - 24	1 – 3 months*	1 – 3 months
25 - 44	2 weeks – 1 month	1 month
≥ 45	As soon as possible	As soon as possible

Source: Recommended Schedule for Follow-up of Blood Lead Draw. Printed by Authority of the State of Illinois P.O. # 5514481 100 02/14 *Some case managers or physicians may choose to repeat blood lead tests on new patients within a month to ensure their BLL level is not rising more quickly than anticipated. **NOTE:** 1) Reference value $\geq 5 \mu\text{g}/\text{dL}$.

The Department has six environmental health regions (Table 18 and Figure 11). Based on regional data, 426 children were identified for the first time with confirmed venous blood lead levels of $10\mu\text{g}/\text{dL}$ or greater in 2013. There were 3,530 children tested for the first time in 2013 with blood lead levels at the federal reference level for intervention.

Table 18: Children Tested for Blood Lead for the First Time in 2013 by Region

Children Tested for Blood Lead for the FIRST TIME in 2013		Champaign Region	Marion Region	Edwardsville Region	Peoria Region	Rockford Region	West Chicago Region	TOTAL (N)
Total Number of Children Tested for Blood Lead		9,033	5,587	9,854	10,924	6,626	87,290	129,314
Confirmed cases of blood lead identified for	$\geq 10\mu\text{g}/\text{dL}$	21	7	28	85	26	259	426
the first time in 2013 (Incidence)	$\geq 5-9\mu\text{g}/\text{dL}$	59	43	68	128	141	3,091	3,530

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Databases 2013.¹Data from the Delegate Agencies with environmental inspection services as in Table 19; ²Data includes closed cases by delegate agencies within the listed regions as shown in Table 19; ³Marion numbers for Tables 18b and 18c are combined with Champaign Region.

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E. Intervention - Environmental Follow-up of Children with Lead in their Blood

The local health department is required by law to conduct lead investigation to identify lead hazards. The health department risk assessor develops and provides a letter and report that identifies the tested surfaces, the surface test results and whether or not the surfaces with results greater than the legal limit are lead hazards. Occupants and owners are provided information on lead-safe practices and owners are required to submit mitigation plans to the Department or local health department for review and approval.

In calendar year 2013, the Department had grant agreements with 18 delegate agencies to provide environmental inspection services in addition to case management services (Table 19).

Table 19: Delegate Agencies with Case Management and Environmental Investigation Services in 2013

Boone County Health Department	Champaign-Urbana Public Health District	Chicago Department of Public Health	Cook County Health Department
East Side Health District	Evanston Health Department	Kane County Health Department	Kankakee County Health Department
Knox County Health Department	Lake County Health Department	McDonough County Health Department	Montgomery County Health Department
Oak Park Health Department	Ogle County Health Department*	Peoria County Health Department	Vermilion County Health Department
Warren County Health Department	Winnebago County Health Department		

*Note: Ogle County Health Department environmental inspection services are performed by Boone County

Local health departments not covered by a delegate agency agreement are served by the program's regional lead risk assessors housed in the regional offices of the Department. The six environmental regional offices of the Department have lead risk assessors who conduct home inspections for children with blood lead at Illinois intervention level in accordance with the act.

Environmental services included home inspections and risk assessment, follow-ups, complaints and on-site contractor investigation. Remediation is required by law when a lead hazard has been identified in a home where a child with elevated blood lead level lives or regularly visits.

Environmental remediation is necessary because the child can be re-exposed when they return to the lead hazards that have not been mitigated or abated. Children who receive medical chelation and who return to the lead hazards are at even greater risk because the medication increases their body's ability to absorb lead from their environment.

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A total of 1,214 environmental assessment cases were closed in 2013. Reasons for case closures included: No lead hazard identified, venous blood-lead level was below 10µg/dL, dwelling or occupant not located, dwelling demolished, or closure decision made by delegate agencies with environmental services.

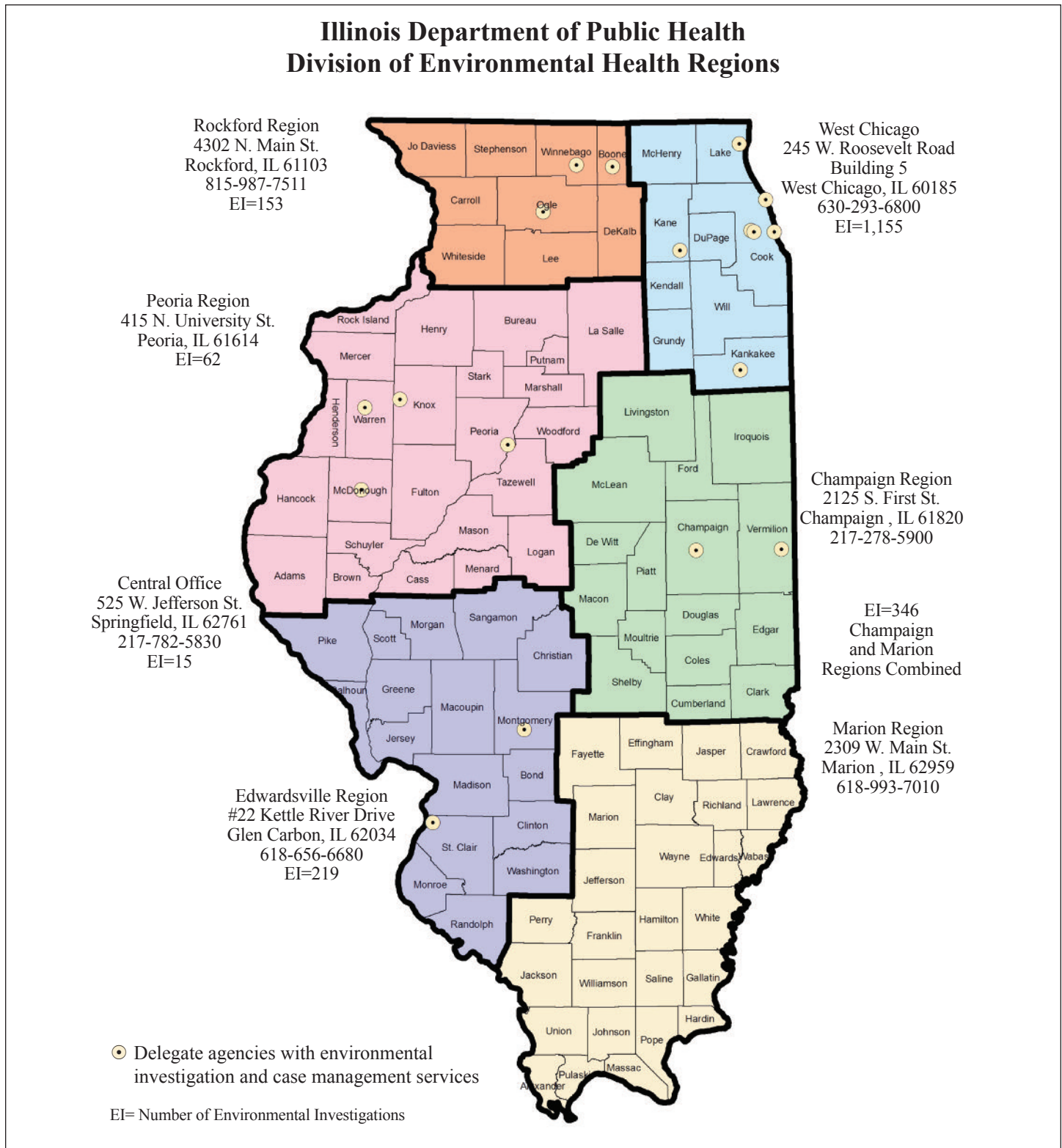
In 2013, a total of 1,950 environmental investigations were conducted on dwellings and common areas between dwellings where children with elevated lead levels reside or spend significant amounts of time. Figure 11 shows the regional distribution of environmental investigations for lead poisoning performed by the Department and its delegate agencies in 2013.

Environmental investigations included follow-ups and were performed at primary and secondary dwellings. Sixty-two (62) percent of the initial and follow-up lead investigations were conducted by risk assessors from local health departments that provide environmental services. The other 38 percent of the lead investigations were conducted by regional risk assessors from the Department.



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Figure 11: Number of Regional Environmental Investigations for Lead Poisoning Performed by Department and Delegate Agencies Based on Division of Environmental Health Regions in 2013



Source: Illinois Lead Program Surveillance Data 2013

Adult Blood Lead Registry

Figure 12: Illinois Blood Lead Surveillance Programs



The Illinois Lead Program and the Adult Blood Lead Registry (ABLR) comprise the Illinois blood lead surveillance systems (Figure 12).

There is no safe level of lead in the body. Approximately 99 percent of lead absorbed by an adult can be excreted within a couple of weeks compared to only 33 percent excretion by children. Lead exposure in adults may lead to short or long term cognitive dysfunction, adverse reproductive outcomes, cardiovascular or kidney damage. Adults can suffer from complications during pregnancy, high blood pressure or some nervous disorders.

The **ABLR** maintained by the Department's Division of Epidemiologic Studies collects blood lead data for adults 16 years of age and older and notifies federal enforcement agencies to trigger inspections and/or interventions. Laboratories are now mandated to report levels of 10 $\mu\text{g}/\text{dL}$ or greater to ABLR.

According to the 2013 Illinois ABLR annual report:

- ABLR made 35 referrals (employees) to Occupational Safety and Health Administration (OSHA) for 16 companies with employees who had blood lead levels $\geq 40\mu\text{g}/\text{dL}$ in calendar year 2013. These quarterly ABLR reports to OSHA led to two safety inspections that resulted in fines totaling \$12,040 for violation of OSHA rules.
- ABLR notified OSHA within 24 hours of any case with an elevated blood lead level $\geq 60\mu\text{g}/\text{dL}$.
- The ABLR data was sent to the CDC's National Institute for Occupational Safety and Health (NIOSH) in August of 2013. As of September 2013, funding for state ABLES programs was cut. Data collection and OSHA notification continues at the $\geq 40\mu\text{g}/\text{dL}$ blood lead level.

For more information on the Illinois Adult Blood Lead Registry visit

<http://www.idph.state.il.us/about/epi/ihhsr.htm> or phone 800-424-LEAD (5323).

Lead Elimination Advisory Council

The Childhood **Lead Poisoning Elimination Advisory Council** met quarterly to plan collaboration and partnership strategies with local agencies and organizations to reduce exposures to lead and other environmental health hazards at the local and statewide level.

The mission of the council is to develop and implement a comprehensive statewide strategic plan, foster partnership and collaboration in primary prevention, intervention, surveillance and evaluation.

During the last quarter of 2013, the council was divided into workgroups to identify goals and objectives that will promote the Illinois Healthy Homes Program activities. The workgroups were:

- **Education and Outreach Workgroup:** Research and make recommendations by April 1, 2014 to the Department concerning evidence-based educational models and social media strategies that can be applied to healthy homes.
- **Policy and Regulations Workgroup:** Review existing health and housing codes and prepare a report by October 1, 2014 with recommendations concerning a) the enhancement of existing health codes with best practices and evidence-based research; b) the adoption of existing building codes, such as those promulgated by the International Code Council; and/or c) the need for establishing a framework for a statewide housing code, or some combination of these strategies.
- **Data and Evaluation Workgroup** – a) Prepare a report recommending priorities for public health surveillance related to healthy housing and b) prepare an evaluation plan

The program continues to recruit and build capacity and competency among members of its council. The council consists of several professionals from governmental agencies, local health departments and community organizations. The stakeholders include:

- Physicians and nurses
- Health educators
- Nutritionists
- Demographer
- Environmental scientists
- Epidemiologists
- Other allied health professionals
- University professors

There also is **Lead Safe Housing Advisory Council** which is charged with advising the Department on lead poisoning prevention activities. The council is co-chaired by the Illinois Lead Safe Housing Task Force and the Department.

For more information on the advisory council, contact the Department's Division of Environmental Health at 217-782-3517.

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U.S. Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/nceh/lead/>
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National Center for Healthy Housing (NCHH)

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U.S. Environmental Protection Agency (U.S. EPA)

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U.S. Department of Housing and Urban Development (HUD)

<http://www.hud.gov/>

Illinois Public Health Association (IPHA)

<http://www.ipha.com>

American Public Health Association (APHA)

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