Childhood Blood Lead Level Surveillance
Quarters 1-3 2018, New York City
January 2019

This report details trends in childhood blood lead surveillance data in New York City, and has been updated to include data for July, August, and September 2018. The number and rate of children with elevated blood lead levels in New York City are at a historic low, and we continue to see rates declining from previous years.

Since 2005, we have seen a nearly 90% decrease in the number of children under 18 years old with blood lead levels (BLL) of 5 mcg/dL or greater. Children living in public housing (NYCHA) typically have lower rates of elevated blood lead levels than children living in private housing. In 2017, a total of 362,119 children were tested for lead poisoning, and 356,802 (98.5%) had BLL below 5 mcg/dL. Of the 5,317 (1.5%) children with BLL at or above 5 mcg/dL, 5,157 (97%) lived in private housing, and 160 (3%) were associated with public housing.

From January through September 2018, there were 3,807 children younger than 18 years old with blood lead levels of 5 mcg/dL or greater in New York City; 110 of these children were associated with public housing. This represents a decline of 9% for children associated with private housing and 12% for children associated with NYCHA housing compared to the same period in 2017.

*2018 data are preliminary and available for January-September (9 months)

Note: The data above represents unique children per year. Adding across years will result in duplicate counts of individual children over time. Between 2010 and September 2018 there were 64,046 children under the age of 18 who had a blood lead level of 5 mcg/dL or greater; 2,044 of these children were associated with NYCHA.

The US Centers for Disease Control and Prevention (CDC) now uses a reference level of 5 micrograms per deciliter (mcg/dL) to identify children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.
Comparison of each quarter in a given year to the corresponding quarter in each previous year shows a declining trend in the number of children with elevated blood lead levels from 2014 to 2017. This trend continued in the first three quarters of 2018.

From January - March 2018, there were 1,306 children under age 18 with blood lead levels of 5 mcg/dL or greater, a 9% reduction compared to 1,441 children during the same time period in 2017.

From April - June 2018, there were 1,177 children under age 18 with blood lead levels of 5 mcg/dL or greater, an 11% reduction compared to 1,318 children during the same time period in 2017.

From July through September 2018, there were 1,324 children under age 18 with blood lead levels of 5 mcg/dL or greater, an 8% reduction compared to 1,442 children during the same time period in 2017.
Children under 6 are at greatest risk for elevated blood lead levels because they are growing rapidly and because they explore the world with hand-to-mouth activity.

Since 2010, the city has seen a 69% reduction in the number of children under age 6 with elevated blood lead levels of 5 mcg/dL or greater.

In 2017, 4,261 New York City children younger than 6 years of age were identified with blood lead levels of 5 mcg/dL or greater. This change represents a 14% decline from 2016 when there were 4,928 children with blood lead levels of 5 mcg/dL or greater, and an 89% decline since 2005 when there were 37,344 children with blood lead levels of 5 mcg/dL or greater.

Between January and September 2018, 3,116 children under 6 were identified with blood lead levels of 5 mcg/dL or greater.
Between 2014 and September 2018, there was a declining trend in the number of children under age 6 with elevated blood lead levels across all blood lead level groups.

As the data depict, blood lead levels at or above 45 mcg/dL are extremely rare. Since 2014, there have been fewer than 15 cases at or above 45 mcg/dL per year, the level at which medical intervention is recommended.
Concerned about lead poisoning? Here’s what you can do:

**Lead poisoning is preventable. Avoid exposure.**
- Report peeling or damaged paint to your building owner. Building owners are required to safely fix peeling paint. If they do not fix peeling paint, or if work is being done in an unsafe manner (for example, creating dust that is not being contained), you should [report them online](#) or by calling 311.
  - NYCHA residents concerned about their home or their children can call 718-707-7771.
- Keep children away from peeling paint and home renovations.
- Wash floors and windowsills often. Wash children’s hands and toys, too.
- Remove shoes before entering your home.
- Wash work clothes separately from the family laundry if someone in your household works with lead.
- Learn more about avoiding products that may contain lead, such as imported pottery, food and cosmetics, and traditional medicines. Visit nyc.gov/health.

**Get tested.**
A blood test is the only way to find out if you or your child have an elevated blood lead level. In New York State, children must be tested for lead poisoning at ages 1 and 2, and screened for risk up to age 6. Ask your doctor about testing older children if you think they may have been exposed to lead. Pregnant women should be assessed for lead exposure at their first prenatal visit. Call 311 for help finding a doctor or clinic.

**Data Notes and Definitions**
- Data in this report were collected during routine childhood lead surveillance by the New York City Department of Health and Mental Hygiene, 2010-2018.
- Data for 2018 are preliminary. Numbers and categorization of children by BLL, borough and type of housing can change for a variety of reasons, including address change, misreported addresses and invalid blood tests.
- Each child is counted only once per year, but the data do not represent unique children if added over multiple years.
- NYCHA housing is categorized based on the address listed on the laboratory report of the child’s highest BLL in a given period. The child’s highest venous test is used first, and if not available, the finger-stick test or unknown test type is used.