

**State of Illinois**

Rod R. Blagojevich, Governor

**Department of Public Health**

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# Illinois Lead Program Surveillance Report - 2006

October 2007

# ILLINOIS LEAD PROGRAM

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## **GETTING THE WORD OUT ON LEAD**

October, 2007

The Illinois Childhood Lead Poisoning Prevention Program merged with the Environmental Lead Program on November 1, 2006, becoming an integral part of the Division of Environmental Health, under the Office of Health Protection at the Illinois Department of Public Health. The Illinois Lead Program, as it is now known, is committed to monitoring the identification and treatment of lead poisoned children, in addition to identifying the source of the lead poisoning.

The significant decline in blood lead poisoning is a public health success story, yet the prevention, early detection, and monitoring of childhood blood lead poisoning remains a challenge. In 2006, Illinois amended the Lead Poisoning Prevention Act, establishing new guidelines to further expand on lead poisoning prevention efforts in the state. Similarly, the Lead Risk Assessment Questionnaire was updated in June 2007. The U.S. Centers for Disease Control and Prevention (CDC) require all state and local Childhood Lead Poisoning Prevention programs to develop a strategic plan to eliminate childhood lead poisoning by the year 2010.

The Illinois Lead Program is working diligently to correct an underreporting problem in providing the CDC the total number of children tested, and the number of children with a confirmed blood lead level  $\geq 10$  mcg/dL. Currently, if a testing report has a missing core field it is considered as having an error and is not reported to CDC. The CDC does not report any blood test which has a missing core field. Hence, there are differences in the number of children tested for lead poisoning between the CDC and the Illinois Lead Program. The actual 2006 totals for Illinois were 278,078 children tested and 6,480 children having a blood lead level  $\geq 10$  mcg/dL.

Lead poisoning can affect any family regardless of race, socioeconomic status and education. However, disparity in exposure to blood lead poisoning remains a major issue in Illinois. In the year 2006, The Illinois Lead Program decided to conduct a study on the refugees who resettled in Illinois. This study is aimed at determining the increasing percentage of elevated blood lead levels among refugees in Illinois. The results from the study will help to allocate some resources for the prevention of lead poisoning among the refugees. The success of this study will help the Illinois Lead Program to focus on the high risk groups and prevent lead poisoning among them.

This report provides information by county on the number of children screened and identified with lead poisoning. The CDC recommends that children with blood lead levels 15 mcg/dL and higher be provided follow-up services. The follow-up services include medical management and case management. The Illinois Department of Public Health and local health departments provide these services to children residing in Illinois. Environmental investigations and management are provided to children 3 years of age and younger with lead levels 10 mcg/dL and higher, children with lead levels 20 mcg/dL and higher, children with blood lead levels that are persistently between 15mcg/dL and 24 mcg/dL, or at the request of the child's physician.

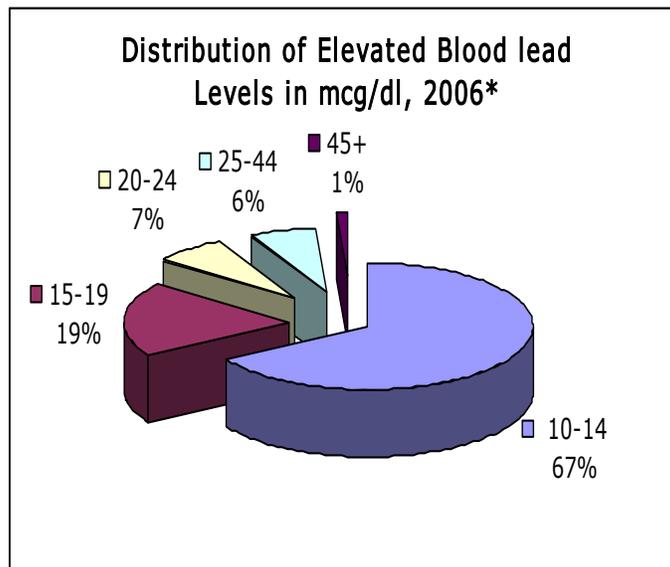
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
ILLINOIS LEAD PROGRAM  
SURVEILLANCE REPORT 2006**

**2006 SELECTED DATA TOTALS**

Here are some selected data totals of blood lead testing done in 2006:

- 311,954 blood lead tests were reported on 278,078 Illinois children.
- 6,480 children (2.33 percent) had at least one blood lead test result  $\geq 10$  mcg/dL
- 2,174 children (0.78 percent) had at least one blood lead test  $\geq 15$  mcg/dL
- 76 children were identified with severe lead poisoning ( $\geq 45$  mcg/dL)

Detailed breakdowns of the numbers of children screened and those with elevated results are provided in the following pages.



\* Greater than/Equal 10 mcg/dl

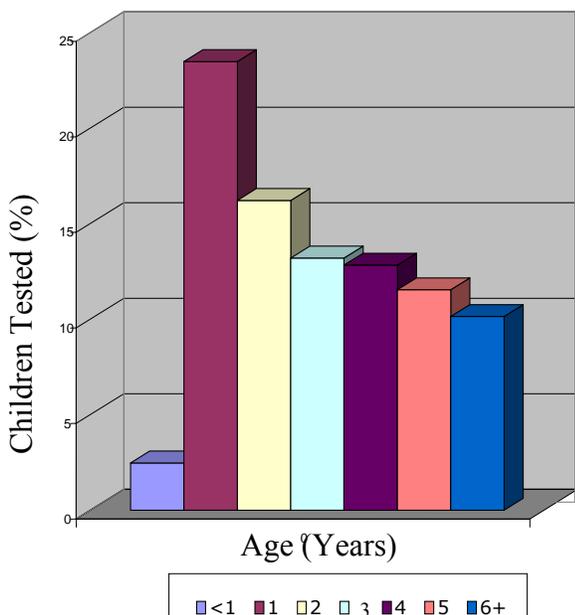
At what age should children be tested?

Illinois law requires that children between 6 months and 7 years of age who live in high risk areas be tested before attending a licensed day care, school or kindergarten. Early detection is important since damage from lead poisoning can be minimized or prevented when it is discovered early in an affected child's development.

As the figure on the left suggests, children are most likely to become lead poisoned once they are able to crawl and walk. Therefore, IDPH recommends that children be tested at 1 and 2 years of age. This is consistent with federal policies that require Medicaid-enrolled children to be tested at 1 and 2 years of age.

The American Academy of Pediatrics and the U.S. Centers for Disease Control and Prevention also highly recommend that 1- and 2-year-olds be routinely tested for lead poisoning.

**Percentage of Tested Illinois Children by Age, 2006**



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ILLINOIS LEAD PROGRAM  
SURVEILLANCE REPORT 2006**

Elevated Results in High-Risk Areas

Illinois screening data for 2000 – 2005 indicate that children living in high-risk ZIP codes are indeed more likely to be lead poisoned than children living in low-risk ZIP codes.

This demonstrates that targeted screening using the Lead Risk Assessment Questionnaire in low-risk areas is an appropriate and efficient way to identify children at risk for lead poisoning that might not be otherwise diagnosed.

The program revised the high-risk and low-risk ZIP codes for lead poisoning in 2005. The program revised the Lead Risk Assessment Questionnaire in order not to miss any data for the child and thereby help in proper understanding of case management. It has become clear that identifying high-risk areas assists in better educating and training in these communities. The high-risk and low-risk designations were introduced for target screening in 1995.

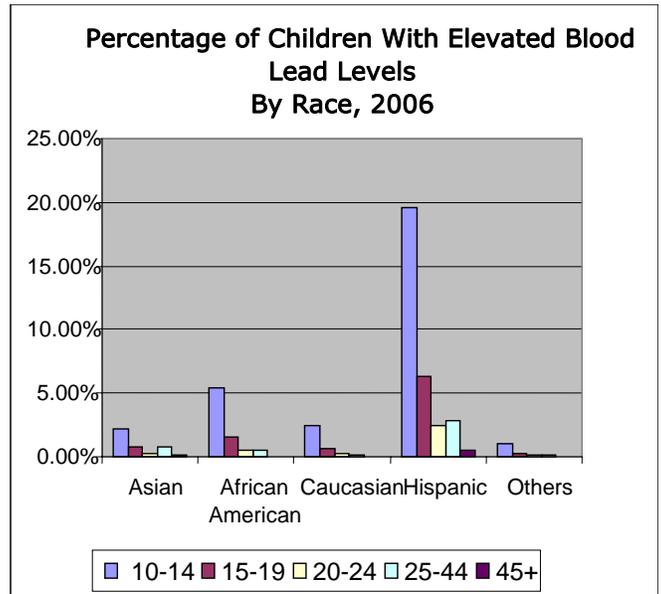
Lead Poisoning and Race

The chart below demonstrates the difference in lead poisoning by race. African-American children are twice as likely to be affected by lead poisoning as Caucasian children. Hispanic children are eight times as likely as caucasian children, which means they have four times the risk when compared to African-American children.

Most of this difference is attributed to the fact that minorities are more likely to live in the older housing common to high-risk ZIP codes. While lead paint is the source of most lead-poisoning cases, folk remedies and pottery containing lead and made outside the United States also may contribute to the higher lead poisoning rates of minority children.

Efforts must continue to eliminate the preventable causes of lead poisoning among children of all races.

The chart below shows the difficulty in collecting race and ethnicity data. This chart includes the data of children who revealed their racial status. The percentages reflect the elevated blood lead levels among these children. Approximately 49 percent of the children did not reveal their racial status. Among those children whose racial status was revealed, Hispanics contribute around 19 percent, African Americans around 6 percent, Asians around 2 percent, Caucasians around 2.5 percent and children of other races around 2 percent.



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
ILLINOIS LEAD POISONING  
SURVEILLANCE REPORT 2006**

<b>Summary of Activity</b>			
<b>2005</b>		<b>2006</b>	
Total children tested	275,108	Total children tested	278,078
Number with results $\geq$ 10 mcg/dL	8,123	Number with results $\geq$ 10 mcg/dL	6,480
Number with results $\geq$ 15 mcg/dL	2,765	Number with results $\geq$ 15 mcg/dL	2,174

<b>Number <math>\geq</math> 15 mcg/dL by geographic region</b>			
<b>2005</b>		<b>2006</b>	
Chicago	1,462 (53%)	Chicago	1,110 (51%)
Downstate	1,303 (47%)	Downstate	1,064 (49%)

County	2000 Population of Children 6 and Younger	<b>2005</b>						<b>2006</b>					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
Adams	5,652	985	33	7	0	5	1	959	22	9	2	1	0
Alexander	889	190	7	1	0	1	0	190	4	0	0	1	0
Bond	1,425	319	3	5	1	0	0	292	4	0	1	1	0
Boone	4,735	638	9	0	2	2	2	735	17	3	0	4	0
Brown	410	71	1	0	0	0	0	75	1	0	0	0	0
Bureau	3,015	469	6	2	0	1	0	352	8	1	0	1	0
Calhoun	373	56	0	0	0	0	0	80	0	0	0	0	0
Carroll	1,159	251	5	3	5	2	0	306	6	5	1	0	0
Cass	1,376	310	11	1	1	2	1	346	10	7	2	1	0
Champaign	15,229	1,754	32	8	3	4	0	1,880	35	4	0	2	1
Christian	2,763	365	6	0	1	1	0	545	6	2	2	1	0
Clark	1,308	302	4	1	0	1	0	306	5	0	0	0	0
Clay	1,231	289	4	7	0	2	0	295	10	5	0	1	0
Clinton	2,765	262	5	2	0	0	0	289	2	1	0	0	0
Coles	3,762	598	11	6	2	1	0	598	9	3	4	1	1
Cook w/o Chicago	241,425	32,770	384	108	45	50	6	34,358	275	96	42	33	7
Chicago	308,416	101,033	3,004	782	314	307	59	102,847	2,234	620	234	214	42

County	2000 Population of Children 6 and Younger	2005						2006					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
Crawford	1,408	262	5	0	2	0	0	263	3	0	1	0	0
Cumberland	871	179	3	1	0	1	0	160	1	0	0	0	0
DeKalb	7,983	662	8	1	1	0	0	693	13	2	0	0	0
DeWitt	1,430	303	4	0	0	0	0	298	5	0	0	0	0
Douglas	2,055	281	1	4	2	0	0	274	3	2	1	1	0
DuPage	89,349	4,636	26	13	4	3	0	5,096	30	4	2	1	0
Edgar	1,395	344	6	3	0	0	0	247	4	4	0	1	0
Edwards	552	172	4	1	0	0	0	134	1	0	0	0	0
Effingham	3,210	609	6	2	0	1	0	688	12	1	3	1	0
Fayette	1,711	401	11	1	0	0	0	391	8	0	0	1	0
Ford	1,228	62	0	0	1	0	0	71	3	1	0	0	0
Franklin	3,235	295	0	0	0	1	0	401	4	2	1	1	0
Fulton	2,836	437	22	9	3	0	0	439	9	3	0	0	2
Gallatin	472	130	0	0	0	0	0	134	3	0	0	0	0
Greene	1,224	303	6	3	1	0	0	305	3	0	0	0	0
Grundy	3,928	313	0	0	0	0	0	353	1	1	0	1	0
Hamilton	627	94	7	0	0	0	0	110	4	0	0	0	0
Hancock	1,380	366	12	4	2	0	0	432	11	4	1	1	1
Hardin	348	57	0	0	0	1	0	51	2	2	0	0	1
Henderson	498	177	2	0	1	0	0	125	2	0	0	0	0
Henry	3,959	1,002	27	8	2	2	0	890	7	4	4	3	1
Iroquois	2,432	278	6	1	0	0	0	329	16	1	0	1	1
Jackson	4,238	823	5	5	0	1	0	955	8	2	1	0	0
Jasper	823	154	3	2	1	0	0	125	0	1	1	0	0
Jefferson	3,236	675	4	5	1	1	0	557	1	1	0	1	0
Jersey	1,670	297	5	0	1	0	0	354	4	0	0	0	0
Jo Daviess	1,643	136	1	2	1	0	0	146	2	0	0	0	0
Johnson	918	74	0	0	0	0	0	87	0	0	0	0	0
Kane	56,926	9,910	242	72	30	32	4	10,211	213	56	30	30	1
Kankakee	10,534	2,435	39	6	3	2	0	2,574	38	7	0	2	1
Kendall	8,217	319	4	0	1	0	1	411	1	2	0	0	0
Knox	4,157	915	41	17	2	7	0	899	36	13	5	6	0
Lake	73,888	8,542	77	20	13	6	1	8,669	46	16	5	5	1
LaSalle	9,755	1,313	29	5	3	1	0	1,177	16	3	3	0	0

County	2000 Population of Children 6 and Younger	2005						2006					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
		Lawrence	1,134	424	5	1	2	0	0	415	9	2	2
Lee	2,546	323	9	3	2	0	0	269	8	2	3	1	1
Livingston	3,500	720	16	3	2	1	0	832	29	4	0	2	1
Logan	2,246	356	6	0	0	1	0	339	8	4	0	1	0
McDonough	1,848	348	6	1	1	1	0	340	4	4	0	1	1
McHenry	29,768	1,756	10	4	3	2	0	2,294	16	5	0	1	1
McLean	13,918	1,929	20	4	1	3	0	2,014	18	4	3	1	0
Macon	9,868	3,008	124	28	13	5	1	2,982	126	25	7	7	1
Macoupin	3,897	554	7	4	2	0	0	548	12	1	0	1	1
Madison	22,293	2,389	35	4	4	6	0	2,665	39	18	4	1	2
Marion	3,439	634	7	4	2	0	0	700	9	1	0	0	0
Marshall	981	112	1	1	0	1	0	114	1	1	1	1	1
Mason	1,314	164	2	3	1	1	0	274	7	3	1	0	0
Massac	1,349	148	2	0	0	0	0	155	0	0	0	0	0
Menard	951	68	2	1	2	0	0	97	0	0	0	0	0
Mercer	1,323	362	7	1	0	2	0	333	14	1	2	0	0
Monroe	2,525	189	7	0	0	0	0	198	1	0	0	0	0
Montgomery	2,298	480	16	1	0	0	0	515	6	0	0	0	0
Morgan	2,769	645	19	9	5	5	0	601	18	9	4	1	0
Moultrie	1,261	133	1	0	0	0	0	130	2	0	0	0	0
Ogle	4,309	347	4	1	2	1	0	309	6	2	1	0	0
Peoria	18,178	2,668	159	69	25	14	0	2,856	142	52	21	16	0
Perry	1,721	247	3	1	0	0	0	316	5	1	1	0	0
Piatt	1,291	187	3	2	1	1	0	188	4	1	0	1	0
Pike	1,315	358	10	3	1	1	0	325	9	2	2	0	0
Pope	234	23	0	0	0	0	0	22	0	0	0	0	0
Pulaski	644	54	1	1	0	1	0	91	0	2	0	1	0
Putnam	433	53	1	0	0	0	0	45	0	1	0	0	0
Randolph	2,559	361	19	1	3	1	0	378	11	0	0	0	0
Richland	1,290	251	6	2	1	0	0	289	2	1	0	0	0
Rock Island	13,472	3,839	130	38	13	14	1	4,061	115	34	6	12	3
St. Clair	25,318	5,274	147	52	15	12	0	5,543	139	35	8	7	0
Saline	2,163	558	5	2	0	2	0	539	9	3	1	0	0

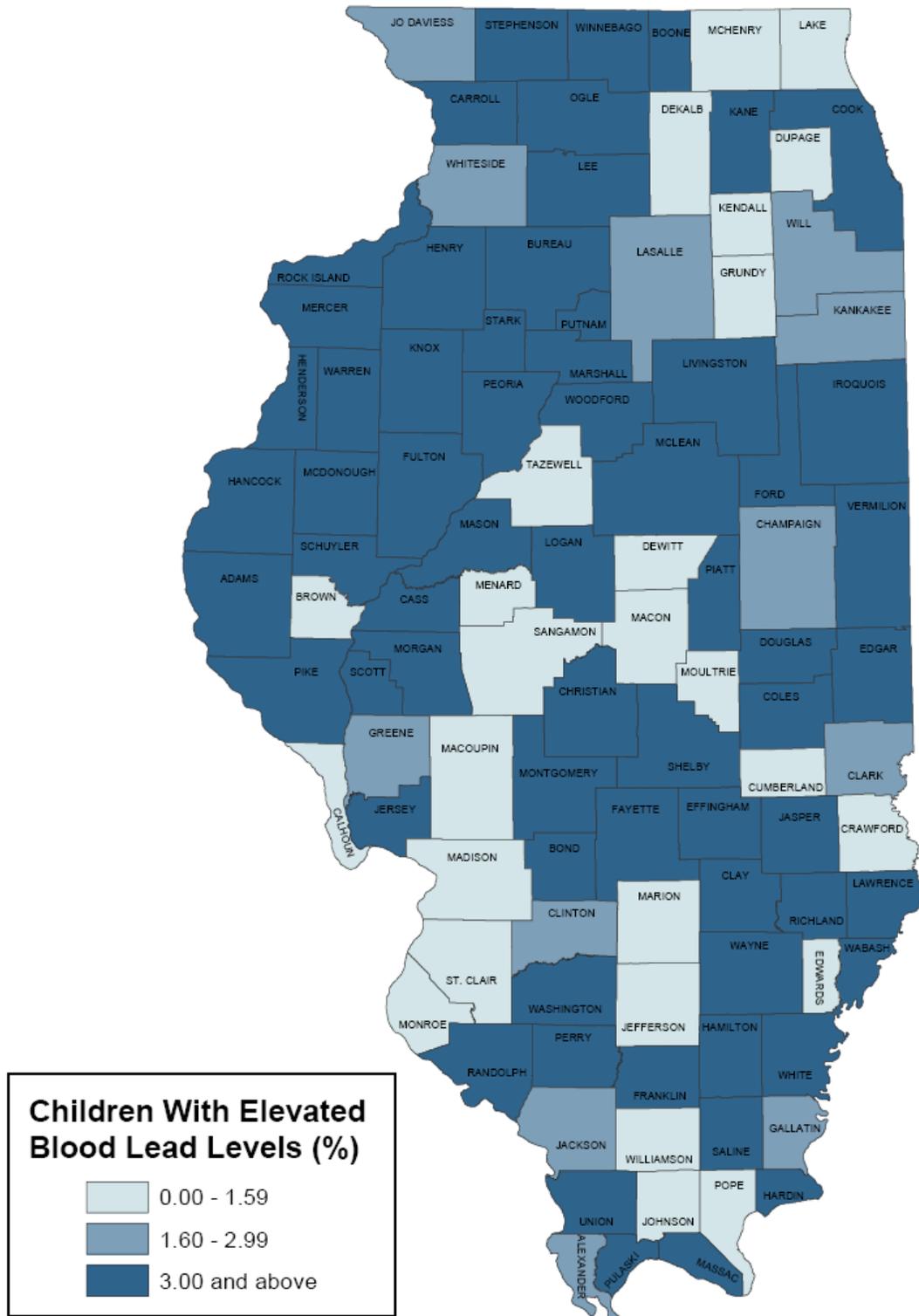
County	2000 Population of Children 6 and Younger	2005						2006					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
Sangamon	17,656	3,022	72	24	15	5	0	3,093	61	17	12	13	1
Schuyler	543	99	2	2	0	0	0	87	0	0	0	0	0
Scott	397	134	5	0	1	0	0	102	6	1	0	0	0
Shelby	1,695	274	4	1	0	3	0	308	5	2	0	0	0
Stark	499	139	4	0	0	0	0	132	3	1	1	1	0
Stephenson	4,079	1,131	42	16	5	5	0	1,116	36	17	8	4	0
Tazewell	10,969	1,103	19	3	3	0	1	1,885	13	3	0	0	0
Union	1,459	186	2	1	0	2	1	382	2	3	2	3	0
Vermilion	7,650	825	42	11	6	8	0	1,145	37	11	1	3	1
Wabash	988	295	5	3	3	1	0	280	7	3	0	0	0
Warren	1,380	290	8	0	1	2	0	236	6	0	0	1	0
Washington	1,165	100	0	0	1	1	0	101	2	0	1	0	0
Wayne	1,352	425	7	2	2	0	0	416	12	3	0	0	0
White	1,102	310	12	2	0	0	0	246	8	1	1	0	0
Whiteside	5,166	1,377	17	12	2	1	0	1,289	16	1	2	2	0
Will	67,427	4,415	40	11	2	4	0	5,186	44	9	0	6	1
Williamson	5,205	298	3	0	0	0	0	438	0	0	0	0	0
Winnebago	27,879	4,086	86	49	11	12	2	4,279	75	32	12	9	1
Woodford	3,036	123	2	1	0	0	0	244	6	0	0	0	0
Unknown		49,956	64	16	3	5	0	43,834	40	14	3	3	0
TOTAL	1,243,832	275,108	5,358	1,517	605	562	81	278,078	4,306	1,210	453	415	76

The information contained in this report is compiled by the Illinois Department of Public Health's Illinois Lead Program. Elevated blood lead levels ( $\geq 10$  mcg/dL) are reported by laboratories, physicians, hospitals and other health care providers. Non-elevated results ( $< 10$  mcg/dL) are reported by laboratories. Results on all children 15 years old or younger are included in this report. The vast majority of tests (92 %) are performed on children 6 years old or younger. The total number of children screened in the activity summary boxes and total tested column for 2005 and 2006 are the actual numbers reported to the Department. These numbers include children tested for the first time, as well as those being retested. Where a child has multiple tests, the highest venous result is selected. If there is no venous test, the highest capillary result is selected.

Illinois law requires that results of all blood lead tests be reported to the Illinois Department of Public Health's Illinois Lead Program by the directors of laboratories performing the analyses. Blood lead levels greater than or equal to 10 mcg/dL also must be reported by physicians, hospital administrators, local health department administrators and directors of laboratories that do not perform blood lead analyses. In either case, results must be reported to the Department's Childhood Lead Poisoning Reporting System at 217-782-3517 or 866-909-3572. For more information about lead poisoning sources and prevention, call the Illinois Lead Program at 866-909-3572 or 217-782-3517. The hearing impaired can reach both programs by dialing 800-547-0466.

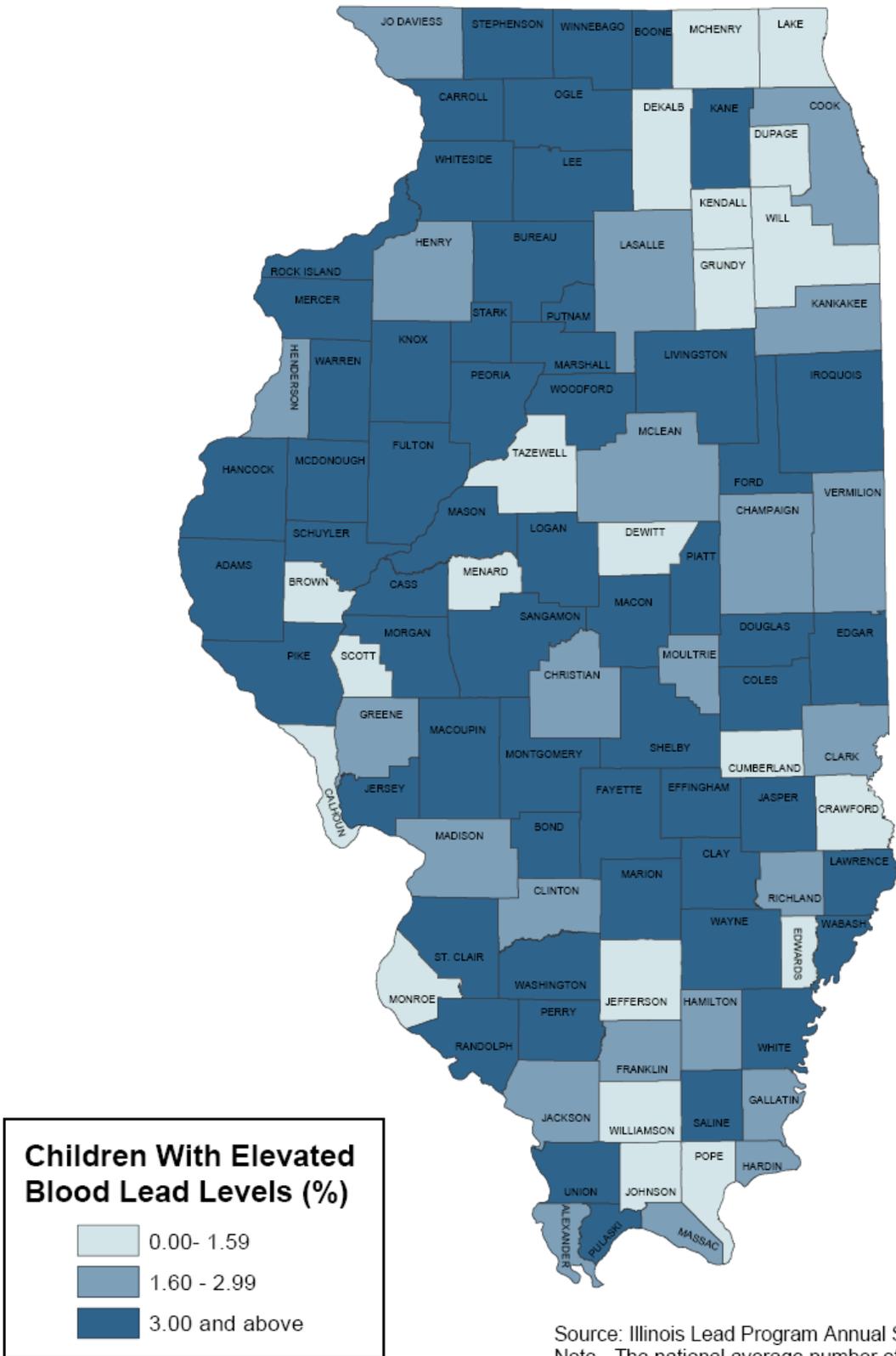


# Illinois Children Younger Than 6 Years of Age With Elevated Blood Lead Levels in 2006 by County Based on Number of Children Tested



Source: Illinois Lead Program Annual Surveillance Report 2006  
 Note - The national average number of lead poisoned children is 1.6 percent.  
 - The Illinois average number of lead poisoned children was 2.4 percent in 2006.

# Illinois Children Younger Than 3 Years of Age With Elevated Blood Lead Levels in 2006 by County Based on Number of Children Tested



Source: Illinois Lead Program Annual Surveillance Report 2006  
 Note - The national average number of lead poisoned children is 1.6 percent.  
 - The Illinois average number of lead poisoned children was 2.4 percent in 2006.

Illinois Department of Public Health  
**FACTS ON CHILDHOOD LEAD POISONING**

**1. What is Lead?**

Lead is naturally-occurring metal that is unsafe at any level in our bodies.

**2. What is lead poisoning?**

Lead poisoning is the presence of too much lead in the body.

**3. What are the symptoms of lead poisoning?**

Children with lead poisoning usually have no obvious signs or abnormal symptoms.

**4. How does lead poisoning affect children?**

Lead decreases children's ability to learn and may lead to behavior problems.

**5. Who gets lead poisoning?**

People of any age, race or economic level, but children are at greatest risk because of oral behaviors and hand contamination.

**6. What are the sources of present lead exposure?**

- Dust and paint chips from deteriorating lead-based paint in homes built before 1978
- Soil contaminated with lead
- Imported glazed pottery or other products made outside the United States that contain lead
- Food, medicines or folk remedies from foreign countries that contain lead
- Family members who have occupations or hobbies involving lead
- Drinking water from plumbing containing lead

**7. How can I tell if my child has lead poisoning?**

The only way to diagnose lead poisoning is with a blood test. The blood sample is sent to a laboratory to find out how much lead it contains.

**8. When should I have my child assessed or tested?**

- A child should be assessed for lead exposure at every well child visit between 6 months and 6 years
- Blood lead tests are recommended at 12 and 24 months of age
- When a high risk of lead exposure exists
- All children eligible for or enrolled in Medicaid, Head Start, All Kids or WIC are required to have blood lead testing

**To access your child's possible exposure to lead, please answer the questions on the reverse side of this page and discuss any questions or concerns regarding lead poisoning with your child's health care provider.**

**Illinois Department of Public Health  
CHILDHOOD LEAD RISK ASSESSMENT QUESTIONNAIRE**

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING  
(410 ILCS 45/6.2)**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ ZIP Code \_\_\_\_\_

<b>Respond to the following questions by circling the appropriate answer.</b>	<b>R E S P O N S E</b>
---	------------------------

- |   |                   |
|---|-------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?   | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?   | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978?   | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?  | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country?  | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?  | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?  | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area?   | Yes No Don't Know |

-----  
A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; and

- there has been no change in the child's living conditions; and
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_ Test 2: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

\_\_\_\_\_  
Signature of Doctor/Nurse

\_\_\_\_\_  
Date

**Illinois Lead Program  
866-909-3572 or 217-782-3517  
TTY (hearing impaired use only) 800-547-0466**

**Illinois Department of Public Health**  
**GUIDELINES FOR BLOOD LEAD SCREENING AND LEAD RISK ASSESSMENT**

- **Blood lead screening** is defined as obtaining a blood lead test. Lead risk assessment is defined as evaluation of potential for exposures to lead based on questionnaire responses.
- **It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or potential exposure to lead has been identified, regardless of child's age.**
- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.
- In Illinois, all children from **low-income families** (i.e., Medicaid-eligible children) should receive a blood lead test at ages 12 and 24 months, even if they live in a low-risk ZIP code area. If the child is 3 through 6 years old and has not been tested, a blood lead test is required.

**Childhood Lead Risk Assessment Questionnaire**

- Complete the Childhood Lead Risk Assessment Questionnaire during a health care visit at ages 12 and 24 months.
  - If responses to all the questions are “NO,” re-evaluate at every well child visit or more often if deemed necessary.
  - If any response is “YES” or “DON’T KNOW,” obtain a blood lead test
- Consider evaluating children before 12 months of age, depending on the area.
- If the child is age 3-6 years and
  - 1) there is any “YES” or “DON’T KNOW” and
  - 2) has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older and
  - 3) risks of exposure to lead have not changed, further blood lead tests are not necessary.
- If the child is 1) 3-6 years, and 2) all answers to the Childhood Lead Risk Assessment Questionnaire are “NO,” and 3) risks of exposure to lead have not changed, a blood lead test is not necessary.
- If the child is 3-6 years of age and risks of exposures to lead have increased, obtain a blood lead test.
- Continue to use the Childhood Lead Risk Assessment Questionnaire through age 6.

**For children living in Chicago:**

- A blood lead test for children age 3 and younger should be obtained at 6, 12, 18, 24 and 36 months OR at 9, 15, 24 and 36 months.
- Children 4 through 6 years of age with prior blood lead levels <10 mcg/dL should have an annual risk assessment. A blood lead test should be performed if risk increases or if the child exhibits persistent oral behaviors.

Illinois Lead Program  
866-909-3572 or 217-782-3517  
TTY (hearing impaired use only) 800-547-0466  
Printed by Authority of the State of Illinois  
P.O. # 537358 2 M 6/07

Illinois Lead Program  
**CHILDHOOD LEAD POISONING ELIMINATION ADVISORY COUNCIL**

The Illinois Department of Public Health (IDPH) created the Illinois Childhood Lead Poisoning Elimination Advisory Council in late 2003. The state advisory council consists of representatives identified as being necessary by the U.S. Centers for Disease Control and Prevention (CDC) as well as representatives from the local advisory committees. The staff of the Illinois Lead Program, representatives (Nurses/ Lead Coordinators) of local health departments, physicians, members of U.S. Environmental Protection Agency (EPA), Housing and Urban Development (HUD), Illinois Department of Healthcare and Family Services (IHFS) are the major participants of the Illinois Childhood Lead Poisoning Elimination Advisory Council. The council meets four times a year to discuss the various issues regarding the prevention of lead contamination in the environment.

The council conducted a series of meetings to develop a long-range strategic plan for decreasing the serious threat posed by lead poisoning to children in this state. Over the course of nearly eight months, dedicated groups of professionals, community activists and other interested parties worked together to craft goals, objectives, strategies and more than 50 specific targeted activities as part of a five-year plan to protect the health of Illinois' children. The effort has nine major goals:

- To improve awareness of childhood lead poisoning among parents, health care providers, the housing industry, elected officials and opinion leaders
- To make lead-safe housing a priority in all areas of the state
- To provide a mechanism to allow the public to make lead-safe housing choices
- To be more aggressive in interventions against unsafe housing
- To improve regulatory tools and compliance efforts against housing containing lead
- To simplify and improve screening practices for at-risk children
- To focus screening efforts on areas of highest concern
- To identify children in rural areas at risk for lead poisoning
- To provide better data analysis and an effective framework for the evaluation of long-term and short-term outcomes for the implementation of this strategic plan

This strategic plan is not intended to be a static document. It is anticipated that, as the Department and the advisory council continue efforts in the years to come, the strategic plan will be amended and expanded to reflect the changing situation in Illinois. While it would be hoped that all interventions would be immediately successful, this is not realistic. Some interventions will be more successful than others. Subsequent evaluation of these efforts undoubtedly will require changes in the strategic plan.

The active participants of the Lead Poisoning Elimination Advisory Council are listed in the next two pages. For information regarding the procedures for lead elimination, the Lead Elimination Strategic Plan can be obtained from the Illinois Lead Program or any of the active participants listed on the next two pages:

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White, Kim, PHD, RN

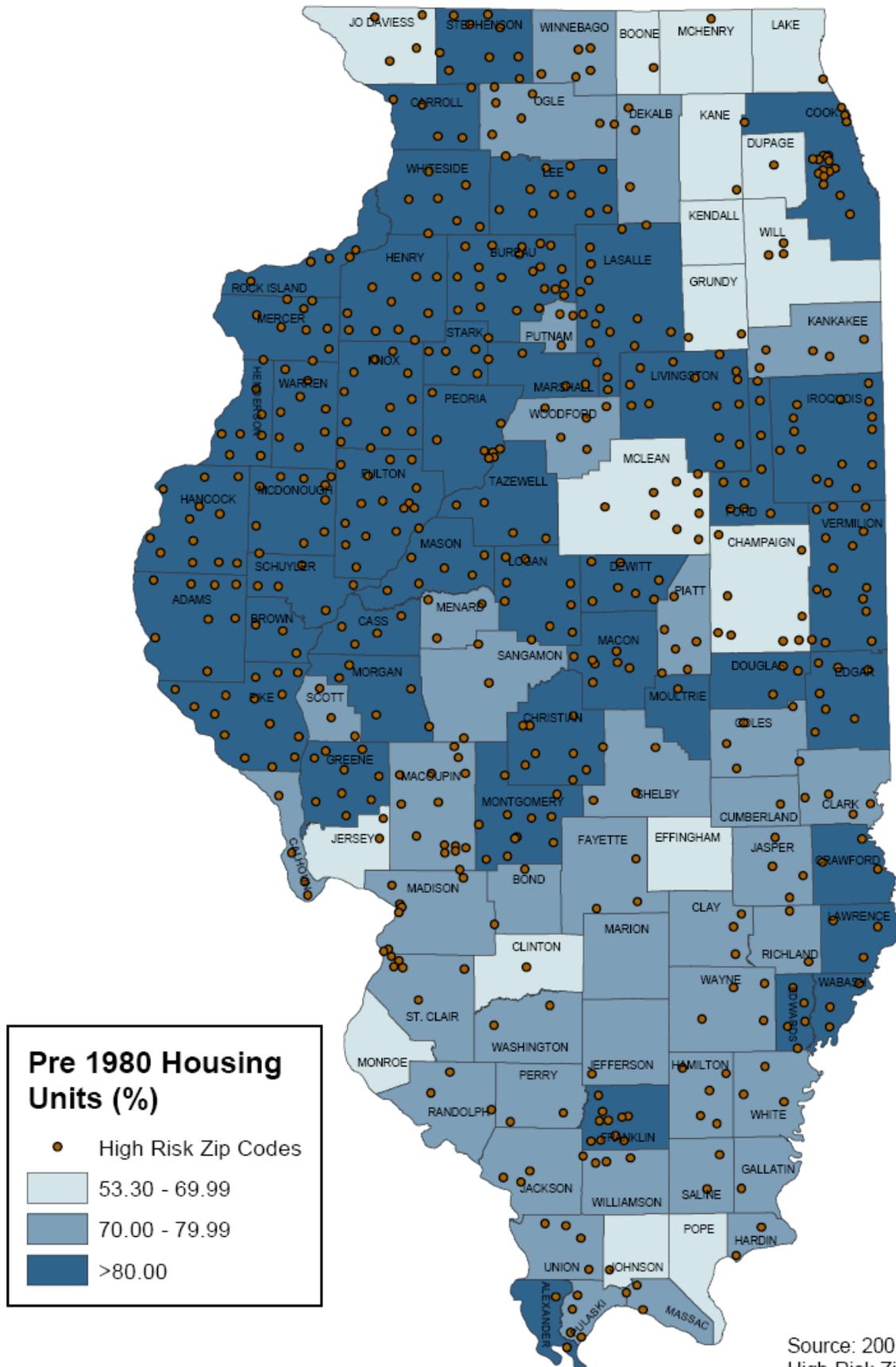
Assistant Professor  
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School of Nursing  
618-650-3495

**Illinois Department of Public health**  
**HIGH RISK ZIP CODES FOR PEDIATRIC BLOOD LEAD POISONING**

<b>Adams</b>	62627	60546	<b>Franklin</b>	62330	<b>Jefferson</b>
62301	62691	60804	62812	62334	62883
62320	<b>Champaign</b>	<b>Crawford</b>	62819	62336	<b>Jersey</b>
62324	61815	62433	62822	62354	62030
62339	61816	62449	62825	62367	62063
62346	61845	62451	62874	62373	<b>Jo Daviess</b>
62348	61849	<b>Cumberland</b>	62884	62379	61028
62349	61851	62428	62891	62380	61075
62365	61852	<b>De Witt</b>	62896	<b>Hardin</b>	61085
<b>Alexander</b>	61862	61727	62983	62919	61087
62914	61872	61735	62999	62982	<b>Johnson</b>
62988	<b>Christian</b>	61749	<b>Fulton</b>	<b>Henderson</b>	62908
<b>Bond</b>	62083	61750	61415	61418	62923
62273	62510	61777	61427	61425	<b>Kane</b>
<b>Boone</b>	62517	61778	61431	61454	60120
61038	62540	61882	61432	61460	60505
<b>Brown</b>	62546	<b>DeKalb</b>	61441	61469	<b>Kankakee</b>
62353	62555	60111	61477	61471	60901
62375	62556	60129	61482	61480	60910
62378	62557	60146	61484	<b>Henry</b>	60917
<b>Bureau</b>	62567	60550	61501	61234	60954
61312	62570	<b>Douglas</b>	61519	61235	60969
61314	<b>Clark</b>	61930	61520	61238	<b>Kendall</b>
61315	62420	61941	61524	61274	None
61322	62442	61942	61531	61413	<b>Knox</b>
61323	62474	<b>DuPage</b>	61542	61419	61401
61328	62477	60519	61543	61434	61410
61329	62478	<b>Edgar</b>	61544	61443	61414
61330	<b>Clay</b>	61917	61563	61468	61436
61337	62824	61924	<b>Gallatin</b>	61490	61439
61338	62879	61932	62934	<b>Iroquois</b>	61458
61344	<b>Clinton</b>	61933	<b>Greene</b>	60911	61467
61345	62219	61940	62016	60912	61474
61346	<b>Coles</b>	61944	62027	60924	61485
61349	61931	61949	62044	60926	61489
61359	61938	<b>Edwards</b>	62050	60930	61572
61361	61943	62476	62054	60931	<b>Lake</b>
61362	62469	62806	62078	60938	60040
61368	<b>Cook</b>	62815	62081	60945	<b>La Salle</b>
61374	All Chicago	62818	62082	60951	60470
61376	ZIP Codes	<b>Effingham</b>	62092	60953	60518
61379	60043	None	<b>Grundy</b>	60955	60531
<b>Calhoun</b>	60104	<b>Fayette</b>	60437	60966	61301
62006	60153	62458	60474	60967	61316
62013	60201	62880	<b>Hamilton</b>	60968	61321
62036	60202	62885	62817	60973	61325
62070	60301	<b>Ford</b>	62828	<b>Jackson</b>	61332
<b>Carroll</b>	60302	60919	62829	62927	61334
61014	60304	60933	62859	62940	61342
61051	60305	60936	<b>Hancock</b>	62950	61348
61053	60402	60946	61450	<b>Jasper</b>	61354
61074	60406	60952	62311	62432	61358
61078	60456	60957	62313	62434	61364
<b>Cass</b>	60501	60959	62316	62459	61370
62611	60513	60962	62318	62475	61372
62618	60534	61773	62321	62480	

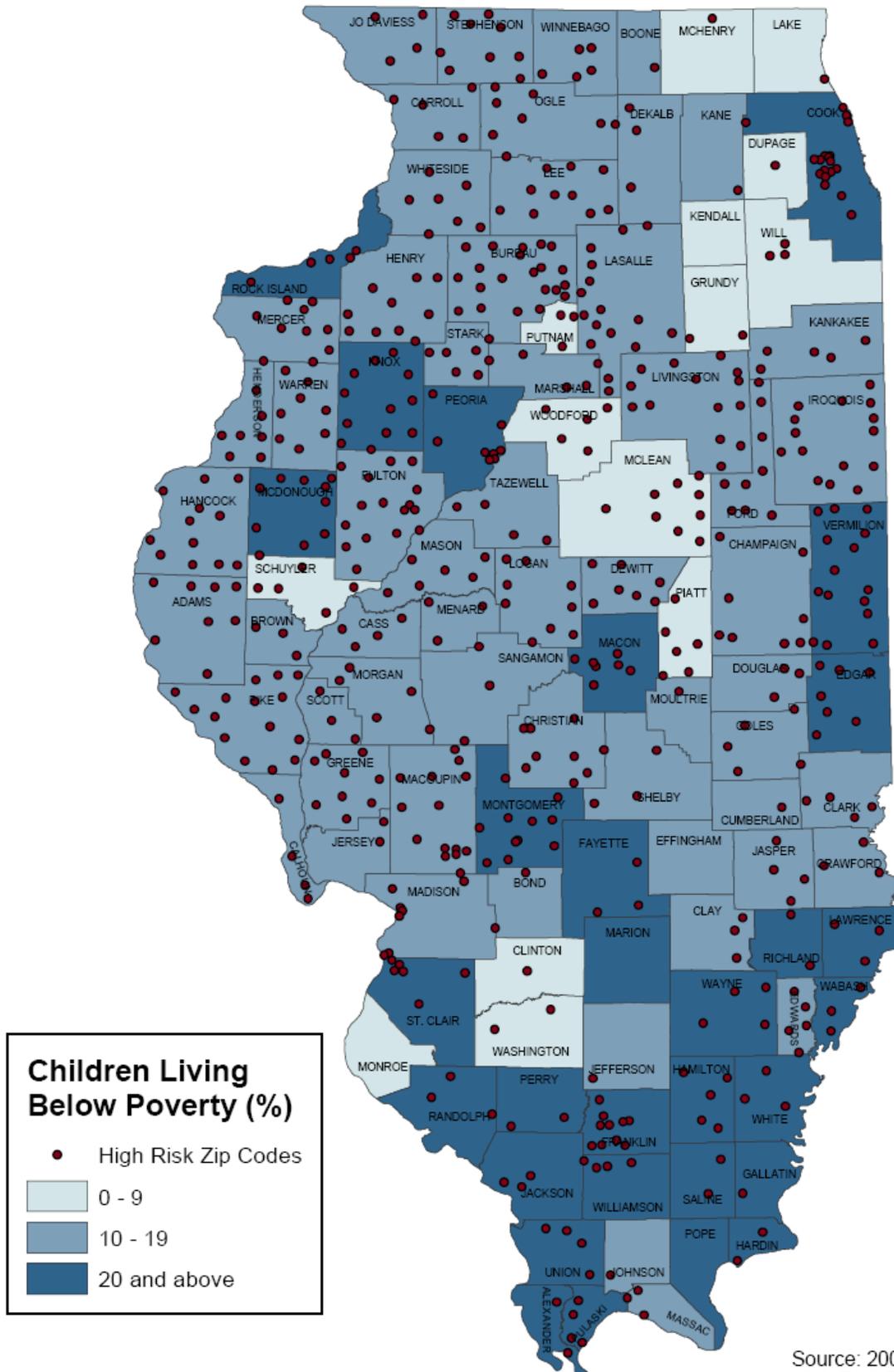
<b>Lawrence</b>	62649	61231	<b>Pike</b>	62319	62863
62439	62672	61260	62312	62344	<b>Warren</b>
62460	62674	61263	62314	62624	61412
62466	62685	61276	62323	62639	61417
<b>Lee</b>	62686	61465	62340	<b>Scott</b>	61423
60553	62690	61466	62343	62621	61435
61006	<b>Madison</b>	61476	62345	62663	61447
61031	62002	61486	62352	62694	61453
61042	62048	<b>Monroe</b>	62355	<b>Shelby</b>	61462
61310	62058	None	62356	62438	61473
61318	62060	<b>Montgomery</b>	62357	62534	61478
61324	62084	62015	62361	62553	<b>Washington</b>
61331	62090	62019	62362	<b>Stark</b>	62214
61353	62095	62032	62363	61421	62803
61378	<b>Marion</b>	62049	62366	61426	<b>Wayne</b>
<b>Livingston</b>	None	62051	62370	61449	62446
60420	<b>Marshall</b>	62056	<b>Pope</b>	61479	62823
60460	61369	62075	None	61483	62843
60920	61377	62077	<b>Pulaski</b>	61491	62886
60921	61424	62089	62956	<b>Stephenson</b>	<b>White</b>
60929	61537	62091	62963	61018	62820
60934	61541	62094	62964	61032	62821
61311	<b>Mason</b>	62094	62976	61039	62835
61313	62617	62538	62992	61044	62844
61333	62633	<b>Morgan</b>	<b>Putnam</b>	61050	62887
61740	62644	62601	61336	61060	<b>Whiteside</b>
61741	62655	62628	61340	61062	61037
61743	62664	62631	61363	61067	61243
61769	62682	62692	<b>Randolph</b>	61089	61251
61775	<b>Massac</b>	62695	62217	<b>Tazewell</b>	61261
<b>Logan</b>	62953	<b>Moultrie</b>	62242	61539	61270
62512	<b>McDonough</b>	61937	62272	61564	61277
62518	61411	<b>Ogle</b>	<b>Richland</b>	61721	61283
62519	61416	61007	62419	61734	<b>Will</b>
62548	61420	61030	62425	<b>Union</b>	60432
62543	61422	61047	<b>Rock Island</b>	62905	60433
62635	61438	61049	61201	62906	60436
62643	61440	61054	61236	62920	<b>Williamson</b>
62666	61440	61064	61239	62926	62921
62671	61470	61091	61259	<b>Vermilion</b>	62948
<b>Macon</b>	61475	<b>Peoria</b>	61265	60932	62949
62514	62374	61451	61279	60942	62951
62521	<b>McHenry</b>	61529	<b>St. Clair</b>	60960	<b>Winnebago</b>
62522	60034	61552	62201	60963	61077
62523	<b>McLean</b>	61602	62203	61810	61101
62526	61701	61603	62204	61831	61102
62537	61720	61604	62205	61832	61103
62551	61722	61605	62220	61833	61104
<b>Macoupin</b>	61724	61606	62289	61844	<b>Woodford</b>
62009	61728	<b>Perry</b>	<b>Saline</b>	61848	61516
62033	61730	62832	62930	61857	61545
62069	61731	62997	62946	61865	61570
62085	61737	<b>Piatt</b>	<b>Sangamon</b>	61870	61760
62088	61770	61813	62625	61876	61771
62093	<b>Menard</b>	61830	62689	61883	
62626	62642	61839	62703	<b>Wabash</b>	
62630	62673	61855	<b>Schuyler</b>	62410	
62640	62688	61929	61452	62852	
	<b>Mercer</b>	61936			

# High-Risk Zip Codes and Illinois Children living in Housing Units Built Before 1980 by County



Source: 2000 Census data  
High-Risk Zip codes revised by  
Illinois Lead Program in 2005

# High Risk Zip Codes and Illinois Children 6 Years of Age and Younger Living Below Poverty By County



Source: 2000 Census data  
High-Risk Zip codes revised by  
Illinois Lead Program in 2005