



State of Illinois
Illinois Department of Public Health

Illinois Lead Program 2011 Annual Surveillance Report



November 2012 Edition



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Dear Colleagues,

The Illinois Department of Public Health is pleased to present the 2011 annual surveillance report on childhood lead poisoning prevention activities within the state. The Illinois Lead Program is committed to monitoring the identification and treatment of lead poisoned children, in addition to identifying sources of lead poisoning.

The burden of Illinois childhood lead poisoning remains one of the highest in the nation. Lead poisoning causes reduced IQ, irreversible learning disabilities and behavior problems. Deteriorating paint is the primary source of lead poisoning. Approximately 2 million pre-1978 housing units in Illinois are estimated to have lead-based paint. In 2011, case management services were provided to more than 2,000 lead poisoned children, and lead inspections were performed at their dwellings and common play areas. Anyone doing renovation, repair or painting (RRP) of a pre-1978 home should abide by the Renovation, Repair and Paint rule, currently enforced in Illinois by the United States Environmental Protection Agency, to contain the work area, minimize dust, and clean up thoroughly.

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 childhood lead poisoning prevention in Illinois.

As we work together diligently to prevent childhood lead poisoning and other housing related health hazards, 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,

LaMar Hasbrouck, M.D., M.P.H.
Director

Improving public health, one community at a time

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Illinois Lead Program **2011** Annual Surveillance Report

Prepared by

Frida D. Fokum, M.S., Ph.D.
Quality Assurance Manager

Eddie Simpson, B.S.B.
Illinois Lead Program Data System Administrator

Kert McAfee
Illinois Lead Program Manager

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Corresponding Author: Frida Fokum at Frida.Fokum@illinois.gov

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**To report the results of all 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.

Table of Contents

Illinois Childhood Lead Poisoning: Problem, Mission, Vision, Goal, Scope.....	1
Illinois Childhood Lead Testing Summary for 2011	2
Some Risk Factors for Lead Poisoning	4
Illinois Childhood Lead Testing Activities: 1996 - 2011	5
Distribution of Elevated Blood Lead Levels and Adverse Effects	11
Lead Poisoning and Race	12
Lead Testing Activities in Illinois, Chicago and the United States: 2009-2011	13
Population of Children, Number Tested, and Blood Lead Levels by County: 2010-2011	14
Pre-1978 Occupied Housing Units and Confirmed Venous Cases of Lead Poisoned Children Younger Than 3 Years of Age Tested for the First Time in 2011	18
Lead Poisoning and Children in Medicaid and Other Medical Assistance Programs	22
Case Management and Environmental Follow-up of Lead Poisoned Children.....	28
Illinois Lead Poisoning Prevention Tips	32
Illinois Lead Poisoning Elimination Advisory Council	35
Contact Information.....	36
Illinois Lead Program Staff.....	37

List of Tables

Table 1: Summary Statistics on Childhood Lead Testing Activities for Calendar Year 2011	2
Table 2: All Children Tested for the First Time in 2011 by County, Level of Concern and Test Type (Capillary or Venous).....	6
Table 3: Blood Lead Levels by Year from 1996 - 2011	11
Table 4: Lead Testing Activities in Illinois, Chicago and United States: 2009 - 2011	13
Table 5: Population of Children, Number Tested and Elevated Blood Lead Levels: 2010-2011	14
Table 6: Percentages of Pre-1978 Occupied Housing Units and Confirmed Cases of Lead Poisoned Children Younger Than 3 Years of Age Identified for the First Time in 2011	18
Table 7: The 2011 Blood Lead Test Results of Children Eligible for Medical Assistance Compared to Ineligible Children (Medicaid Versus Non-Medicaid Eligible Children)	24
Table 8: Investigation Activities of Lead Poisoned Children by Illinois Department of Public Health's Division of Environmental Health Regions	29

List of Figures

Figure 1: Childhood Blood Lead Testing Rates: 1996-2011.....	5
Figure 2: Venous Confirmed Cases of Lead Poisoned Children Identified for the First Time in 2011 With Lead Levels of Concern of 10 Micrograms per Deciliter or Greater.....	10
Figure 3: Childhood Blood Lead Levels in 2011.....	11
Figure 4: Illinois Childhood Blood Lead Levels by Race in 2011.....	12
Figure 5: Childhood Blood Lead Levels by Race from 1996 - 2011.....	12
Figure 6: Blood Lead Level of Concern of Children Eligible for Medicaid and Other Illinois Department of Healthcare and Family Services Medical Assistance Compared to Ineligible Children from 1996 - 2011.....	23
Figure 7: Illinois Lead Program Delegate and Non-delegate Agencies.....	27
Figure 8: Number of Regional Environmental Investigations for Lead Poisoning Performed by Department and Delegate Agencies in 2011.....	31

List of Abbreviations and Symbols in Report

CDC	U.S. Centers for Disease Control and Prevention
CNT	Center for Neighborhood Technology
CPSC	Consumer Product Safety Commission
Department	Illinois Department of Public Health
EBLLs	Elevated Blood Lead Levels
EI	Environmental Investigations
ESHD	East Side Health District
IDPH	Illinois Department of Public Health
ILP	Illinois Lead Program
IQ	Intelligence quotient
NHIS	National Health Interview Survey
NHV	Nurse Home Visit
Program	Illinois Lead Program
RRP	Renovation, Repair and Paint
STELLAR	Systematic Tracking of Elevated Lead Levels and Remediation
U.S. EPA	United States Environmental Protection Agency
µg/dL	Micrograms of lead per deciliter of blood
WIC	food assistance program for Women, Infants, and Children
≥	Greater than or equal to
<	Less than

Definitions

Assessment:	Administration of the risk questionnaire to the parent by a health care provider
Children:	Younger than 6 years of age. Note that the children tested in 2011 also include about 7 percent who are 6 to 15 years of age
Housing Unit:	A house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters (U.S. Bureau of the Census, 2010).
Level of Concern:	10 micrograms of lead per deciliter of blood or greater
Confirmed Venous:	Venous blood lead result at the level of concern
Lead poison:	Blood lead result at the level of concern
Screening:	Initial blood lead testing by venous or capillary methodology
Testing:	A blood lead draw

Illinois Childhood Lead Poisoning: Problem, Mission, Vision, Goal, Scope

Problem: There is no safe level of lead in the body. Lead poisoning is one of the most prevalent, yet preventable environmental health hazards that can affect any family, regardless of race or socioeconomic status. Lead poisoning affects the brain and nervous system and has been linked to behavioral problems, juvenile delinquency and learning disabilities. Lead poisoning has been shown to contribute to Juvenile and adult violent crimes and behaviors, dementia, Alzheimer's disease, developmental delays, hearing loss, high blood pressure, bone diseases, autism and Asperger syndrome.

The burden of Illinois childhood lead poisoning remains one of the highest in the nation¹. In 2011 alone, 3,164 Illinois children exhibited capillary and venous blood lead levels of 10 micrograms of lead per deciliter of blood and above. There are more than 3.6 million pre-1978 housing units in Illinois and about 2 million are estimated to contain lead-based paint, the major source of lead poisoning.

Mission: The mission of the Illinois Department of Public Health, Illinois Lead Program (ILP) is to eliminate the incidence of childhood lead poisoning.

Vision: The vision of the Illinois Lead Program is to provide a lead safe environment for all children.

Goal: Eliminating elevated blood lead levels and reducing the mean blood lead levels in children remains a 2020 Healthy People goal of utmost importance to public health. The goal of ILP is to:

- 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.

Scope: The scope of the ILP surveillance is to:

- Estimate the extent of elevated blood-lead levels among Illinois children
- Assess 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

¹ <http://www.cdc.gov/nceh/lead/data/national.htm>

CDC's National Surveillance Data (1997-2011) downloaded on June 25, 2013

Illinois Childhood Lead Testing Summary for 2011

Table 1: Summary Statistics on Childhood Lead Testing Activities for Calendar Year 2011

Characteristics	Children Tested	
	Number (N)	Percentage (%)
Total Number of Children Tested	290,862	28.9 ^b
Total Number of Blood Lead Tests ^a	323,883	
Children Tested by Blood Lead Levels, (µg/dL)		
10 or greater	3,164	1.1
≤4	252,089	86.7
5-9	35,609	12.2
10-14	1,812	0.6
15-19	660	0.2
20-24	292	0.1
≥25	400	0.1
Children Tested by Age, (years)		
Younger than 1	32,406	11.1
1	68,665	23.6
2	50,385	17.3
3	43,441	14.9
4	41,907	14.4
5	33,003	11.3
6	8,396	2.9
Older than 6 and unidentified	12,659	4.4
Gender		
Female	138,712	47.7
Male	145,616	50.1
Unidentified	6,534	2.2
Medicaid/Non-Medicaid^c		
Medicaid	216,142	74
Non-Medicaid	74,720	26
Laboratories Reporting Results	182	

Source: Illinois Lead Program Surveillance Data, 2011, CENSUS 2010

^a Data includes multiple tests per child, ^b The 2010 CENSUS estimated population of Illinois children younger than 6 years of age was 1,005,860 and 1178245 including 6 year olds., ^c Illinois Department of Healthcare and Family Services – Enterprise Data Warehouse

Illinois Lead Program **2011** Annual Surveillance Report

- About 290,862 Illinois children, 15 years of age or younger received at least one blood lead test during calendar year 2011.
- Approximately one in 128 children tested exhibited confirmed venous lead levels of concern of 10 micrograms per deciliter or greater

The total number of children tested on Table 1 for 2011 are the actual numbers reported to the Department. The children tested in 2011 were 15 years of age or younger and 93 percent were children younger than 6 years of age. If a child had multiple tests, the highest venous result was selected. If there was no venous test, the peak capillary result was selected.

Please be advised that some laboratories are unable to report less than 5 micrograms per deciliter of blood due to their level of detection. These differentials disproportionately inflate the number of children with blood lead levels of 5-9 micrograms per deciliter. Although the current proficiency testing compliance error range is +/- 4 µg/dL, most laboratories that do blood lead analyses perform at an error range within +/- 2 µg/dL. The handheld Lead Care Blood Analyzer operates within a +/- 3 mcg/dL error range.

Lead Tip 1

- 1) All capillary and venous blood lead level (BLLs) results greater than or equal to the 10 µg/dL must be confirmed within three months;
- 2) Children with capillary BLLs \geq 45 µg/dL or with symptoms of lead poisoning should have an immediate (within 48 hr) confirmatory test; and
- 3) Response actions should be initiated only after elevated blood lead levels are confirmed.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5608a1.htm>

Some Risk Factors for Lead Poisoning

- **Age of Child:** Children, especially younger than 3 years of age due to hand-to-mouth activities (Table 6)
- **Socioeconomic status:** Children enrolled in Medicaid, WIC, Head Start, All Kids (Table 6 and Figure 7)
- **Age of Housing:** Pre-1978 housing units may contain lead-based paint (Table 6)
- **Racial and Ethnic Disparities:** Most prevalent among African Americans (Figure 4 and Figure 5)
- **Inadequate nutrition:** children deficient in iron, calcium, or vitamin D
- **Products from other countries** that may contain uncontrolled amount of lead such as toys, cosmetics (surma, kohl), medicine (folk remedies), pottery, candies and spices

High-risk ZIP codes based on risk assessment:

http://www.idph.state.il.us/envhealth/pdf/Lead_LRAQ_6_07.pdf



Illinois Childhood Lead Testing Activities: 1996 - 2011

The only way to know that a child is lead poisoned is to perform a blood lead test. The Illinois Lead Poisoning Prevention Act requires children 6 months through 6 years of age to be tested for lead poisoning if they reside in an area defined as high risk; or assessed 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 requirement for follow-up of children through age 5 years.

Lead testing is required for:

- Children residing in high risk areas for lead poisoning
- Children receiving services from Medicaid, Head Start, All Kids, WIC

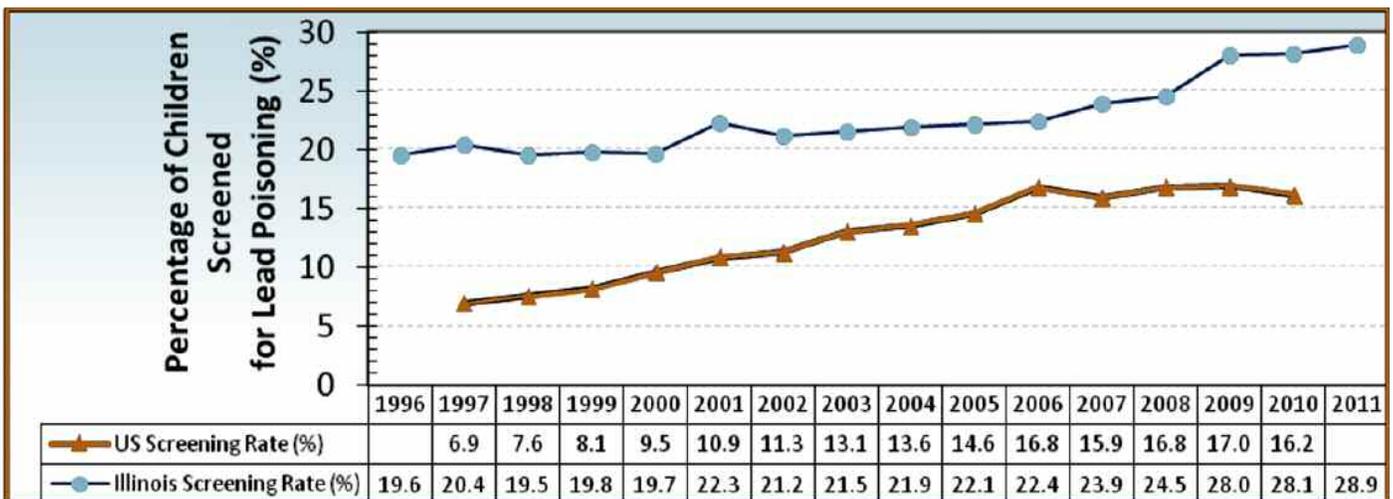
Assessment is performed using a Childhood Lead Risk Assessment Questionnaire, http://www.idph.state.il.us/envhealth/pdf/Lead_LRAQ_6_07.pdf, for

- Children residing in low risk areas in Illinois
- Children before they attend a licensed day care, school or kindergarten as required by law

Blood lead testing rates refers to the total number of children younger than 6 years (72 months) of age tested divided by total number of children younger than 72 months of age, as shown in Figure 1.

The testing rate for blood lead poisoning in Illinois slightly increased steadily from 19.6 percent in 1996 to 28.9 percent in 2011. Nationally, CDC reported a 16.2 percent testing rate for 2010 compared to a 28.1 percent testing rate in Illinois in the same year of 2010.

Figure 1: Childhood Blood Lead Screening Rates: 1996-2011



Source: Illinois Lead Program Surveillance Data, 1996-2011, ²The United States average is based on the data reported by the CDC at: <http://www.cdc.gov/nceh/lead/data/national.htm>

CDC's National Surveillance Data (1997-2011) downloaded on June 25, 2013

Illinois Lead Program 2011 Annual Surveillance Report

Table 2: All Children Tested for the **First Time** in 2011 by County, Level of Concern and Test Type (Capillary or Venous)

Illinois/County/ City/ Delegate Agencies	All Children Tested for the First Time in 2011	Level of Concern		
		Children With Blood Lead Levels of 10 Micrograms per Deciliter and Greater (EBLLS)		
		Capillary	Venous	Total EBLLS
Illinois	155,796	531	1,008	1,539
Adams	506	3	10	13
Alexander	139	1	7	8
Bond	200	0	1	1
Boone	577	3	3	6
Brown	50	0	1	1
Bureau	416	1	5	6
Calhoun	58	0	0	0
Carroll	192	2	1	3
Cass	228	3	0	3
Champaign	2,259	2	7	9
Christian	426	8	4	12
Clark	227	0	0	0
Clay	208	0	5	5
Clinton	255	3	0	3
Coles	615	4	1	5
Cook w/o Chicago	28,124	53	100	153
Crawford	203	0	0	0
Cumberland	134	2	0	2
DeKalb	1,088	5	8	13
DeWitt	122	4	2	6
Douglas	263	3	2	5
DuPage	6,271	8	19	27
Edgar	194	0	3	3
Edwards	73	2	0	2
Effingham	481	2	0	2
Fayette	257	2	2	4
Ford	147	0	1	1
Franklin	359	2	1	3
Fulton	383	4	4	8
Gallatin	73	1	0	1
Greene	170	2	0	2
Grundy	396	0	1	1
Hamilton	102	0	1	1
Hancock	248	5	0	5

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County/ City/ Delegate Agencies	All Children Tested for the First Time in 2011	Level of Concern		
		Children With Blood Lead Levels of 10 Micrograms per Deciliter and Greater (EBLLS)		
		Capillary	Venous	Total EBLLS
Hardin	42	0	0	0
Henderson	61	0	3	3
Henry	646	6	5	11
Iroquois	331	2	0	2
Jackson	759	2	0	2
Jasper	90	0	0	0
Jefferson	426	3	4	7
Jersey	246	0	0	0
Jo Daviess	109	0	1	1
Johnson	71	2	3	5
Kane	7,540	25	35	60
Kankakee	1,526	9	9	18
Kendall	725	1	0	1
Knox	618	4	13	17
Lake	6,769	11	23	34
LaSalle	1,068	1	12	13
Lawrence	222	0	0	0
Lee	129	0	2	2
Livingston	423	11	2	13
Logan	257	3	0	3
McDonough	274	0	1	1
McHenry	1,984	2	4	6
McLean	1,639	9	12	21
Macon	1,327	9	12	21
Macoupin	493	1	2	3
Madison	2,785	10	15	25
Marion	492	0	4	4
Marshall	118	1	0	1
Mason	174	1	3	4
Massac	143	0	1	1
Menard	117	0	0	0
Mercer	199	2	1	3
Monroe	281	4	0	4
Montgomery	323	0	2	2
Morgan	413	1	5	6
Moultrie	126	1	0	1
Ogle	322	1	4	5
Peoria	1,268	45	31	76
Perry	208	1	0	1
Piatt	129	1	2	3
Pike	210	0	0	0

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County/ City/ Delegate Agencies	All Children Tested for the First Time in 2011	Level of Concern		
		Children With Blood Lead Levels of 10 Micrograms per Deciliter and Greater (EBLLS)		
		Capillary	Venous	Total EBLLS
Pope	24	1	0	1
Pulaski	74	2	0	2
Putnam	47	0	0	0
Randolph	289	0	2	2
Richland	153	0	1	1
Rock island	2,539	29	13	42
St. Clair w/o ESHD	1,972	12	2	14
Saline	359	1	2	3
Sangamon	2,363	28	16	44
Schuyler	77	3	2	5
Scott	51	0	0	0
Shelby	206	1	0	1
Stark	75	2	1	3
Stephenson	689	8	11	19
Tazewell	894	10	1	11
Union	223	2	1	3
Vermilion	1,281	0	17	17
Wabash	192	2	2	4
Warren	270	0	9	9
Washington	105	0	1	1
Wayne	218	1	0	1
White	212	0	2	2
Whiteside	787	4	5	9
Will	5,967	16	13	29
Williamson	539	3	0	3
Winnebago	3,412	17	28	45
Woodford	221	2	0	2
Chicago	42,228	42	350	392
ESH ¹	1,814	11	9	20
Egyptian ²	644	2	4	6
Evanston	982	1	5	6
Non DA ³	8,758	16	40	56
Oak Park	627	3	5	8
Skokie	629	2	3	5
Southern Seven ⁴	716	8	12	20
Stickney	80	0	0	0
Unidentified	7,988	40	120	160

Illinois Lead Program 2011 Annual Surveillance Report

Source: Illinois Department of Public Health's Illinois Lead Program Surveillance Data, 2011 and;

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

³Non-DA or Non-delegate agencies include the counties of Jo Daviess, Ogle, DuPage, Lee, Grundy, Brown, Hancock, Marshall, Putnam and LaSalle

⁴Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union

The total number of children tested on Table 2 for 2011 are the actual numbers reported to the Department. The children tested in 2011 were 15 years of age or younger and 93 percent were children younger than 6 years of age. Older children tested include refugees, children in foster care and even some older children who never had a blood lead test.

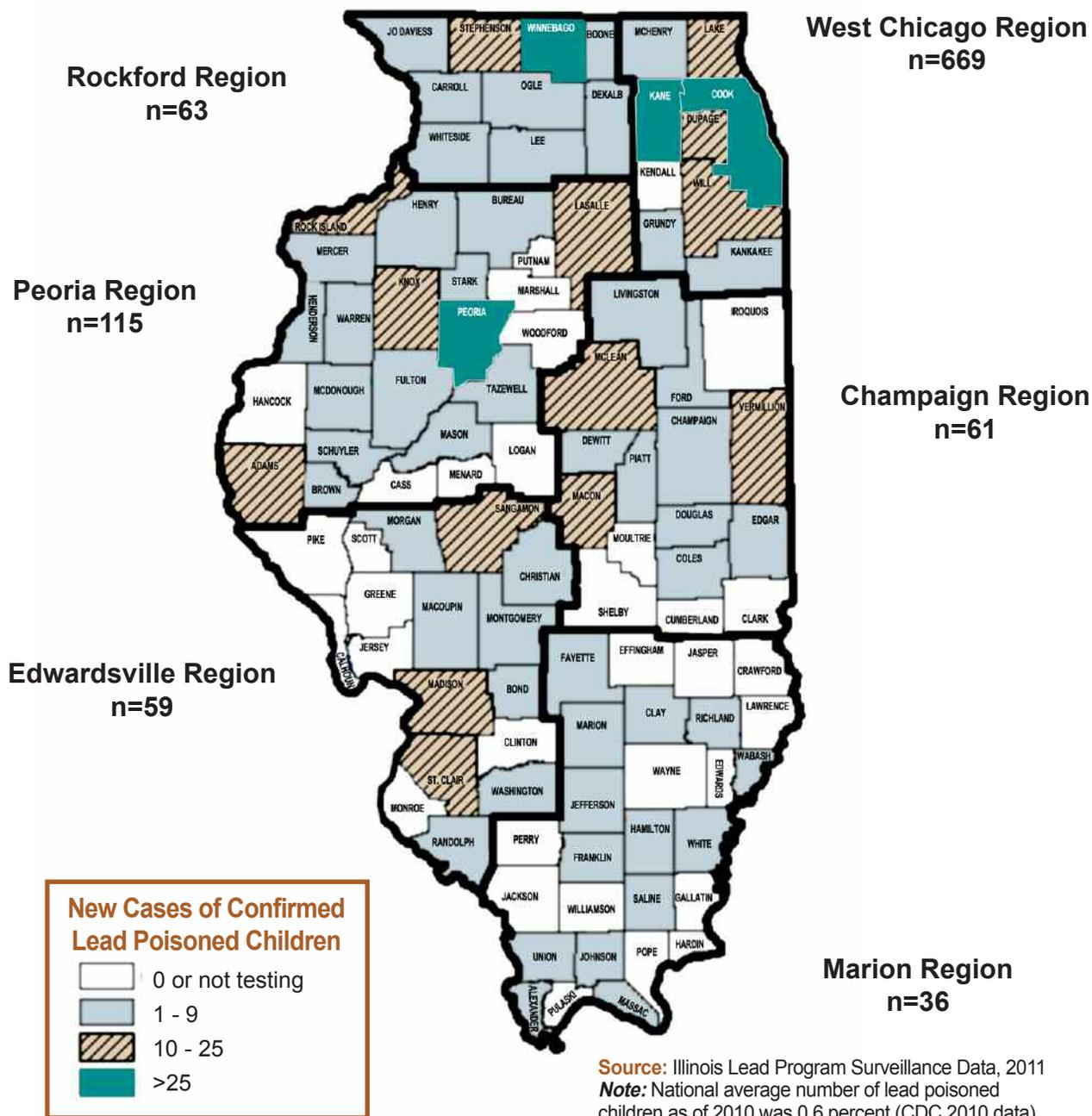
- About 155,796 children 15 years of age or younger received at least one blood lead test for the first time during calendar year 2011.
- One in 102 children tested for the first time exhibited confirmed venous lead levels of concern of 10 micrograms per deciliter or greater. Figure 2 shows the known distribution of venous confirmed cases of lead poisoned children identified for the first time in 2011.



Illinois Lead Program 2011 Annual Surveillance Report

Figure 2: Venous Confirmed Cases of Lead Poisoned Children Identified for the First Time in 2011 with Lead Levels of Concern of 10 Micrograms per Deciliter or Greater

Illinois Department of Public Health Division of Environmental Health Regions Confirmed (Venous ≥ 10 micrograms per deciliter) Cases of Lead Poisoned Children Identified for the First Time in 2011



Source: Illinois Lead Program Surveillance Data, 2011
Note: National average number of lead poisoned children as of 2010 was 0.6 percent (CDC 2010 data) Illinois lead poisoning rate is 1.1 percent in 2011 and was 1.1 percent in 2010 and 2011.

Distribution of Elevated Blood Lead Levels and Adverse Effects

Figure 3: Childhood Blood Lead Levels in 2011

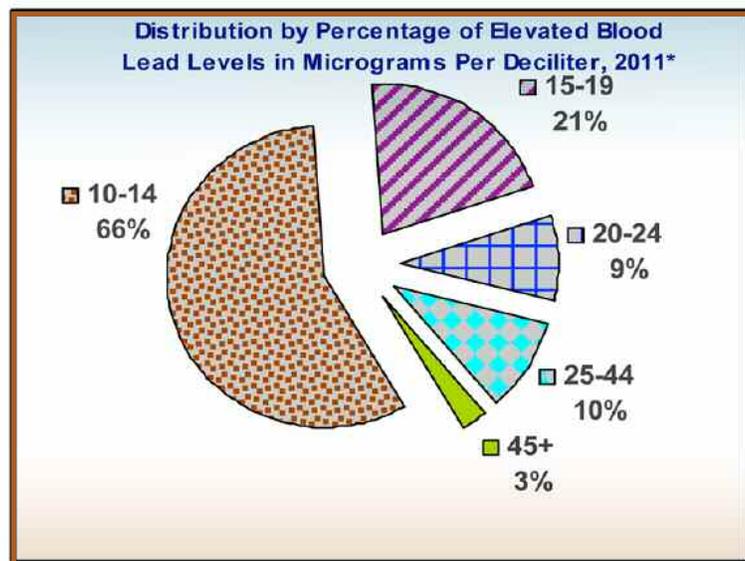


Figure 3 shows that 66 percent of lead poisoned Illinois children have moderate lead levels between 10 and 14 micrograms per deciliter. Moderate levels may result in constipation, abdominal pain, poor appetite, or anemia. High levels of lead in the body can lead to vomiting, irritability, lethargy, seizures and even death.

Source: Illinois Lead Program Surveillance Data, 2011

Table 3: Blood Lead Levels by Year from 1996 - 2011

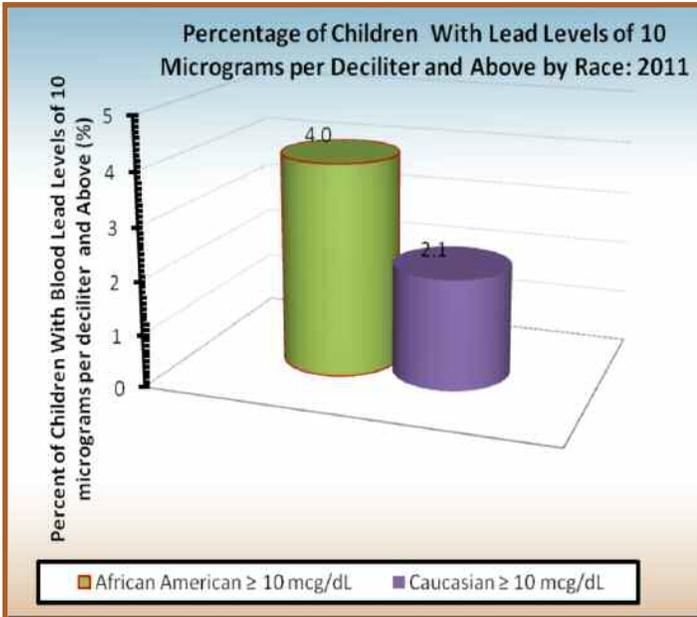
Year	Total Number of Children Tested	Elevated Blood Lead Levels as Percentage of Illinois Children Tested by Year and Levels: 1996 – 2011				
		10-14 µg/dL	15-19 µg/dL	20-24 µg/dL	25-44 µg/dL	45+ µg/dL
1996	235,290	11.8	4.7	1.8	1.7	0.19
1997	245,093	11.1	4.3	1.7	1.5	0.19
1998	234,417	8.8	2.8	1.1	1.0	0.14
1999	239,571	7.2	2.2	0.8	0.8	0.10
2000	244,442	6.1	1.9	0.8	0.6	0.08
2001	277,788	4.7	1.5	0.6	0.5	0.07
2002	263,069	4.1	1.3	0.5	0.4	0.06
2003	267,997	3.2	1.0	0.4	0.3	0.05
2004	272,757	2.4	0.7	0.2	0.2	0.03
2005	275,108	2.0	0.6	0.2	0.2	0.03
2006	278,078	1.6	0.4	0.2	0.2	0.03
2007	296,998	1.1	0.3	0.2	0.2	0.03
2008	304,807	1.0	0.3	0.1	0.2	0.03
2009	297,227	0.7	0.2	0.1	0.1	0.02
2010	300,290	0.7	0.2	0.1	0.1	<0.01
2011	290,862	0.9	0.2	0.1	0.1	<0.01

The number of children with severe levels of blood lead has decreased with time (Table 3). In 2011, 89 children (<0.01 percent) had lead levels of 45 micrograms per deciliter and higher compared to 445 children in 1996 (0.19 percent). Studies show that it takes about 24 months for half of the blood lead levels of more than 25 micrograms per deciliter to drop to 10 micrograms per deciliter¹.

Source: Illinois Lead Program Surveillance Data, 1996-2011, ¹Roberts et al. J. Clin Tox

Lead Poisoning and Race

Figure 4: Illinois Childhood Blood Lead Levels by Race in 2011



Collection of race and ethnicity data remains a challenge. Of the 290,862 children tested for blood lead poisoning, racial and ethnicity status were available for only 15 percent of them (9 percent Caucasians and 5 percent African Americans). Of the 13,294 known African-American children tested, 4.0 percent had lead levels of 10 micrograms per deciliter and above. Of the 27,579 Caucasian children tested, approximately 2.1 percent had blood lead levels of 10 micrograms per deciliter and above. Of the 368 (0.13 percent) Asian children tested, 5 percent displayed lead levels of 10 micrograms per deciliter and above (Figure 4).

Source: Illinois Lead Program Surveillance Data, 2011

Figure 5: Childhood Blood Lead Levels by Race from 1996 - 2011

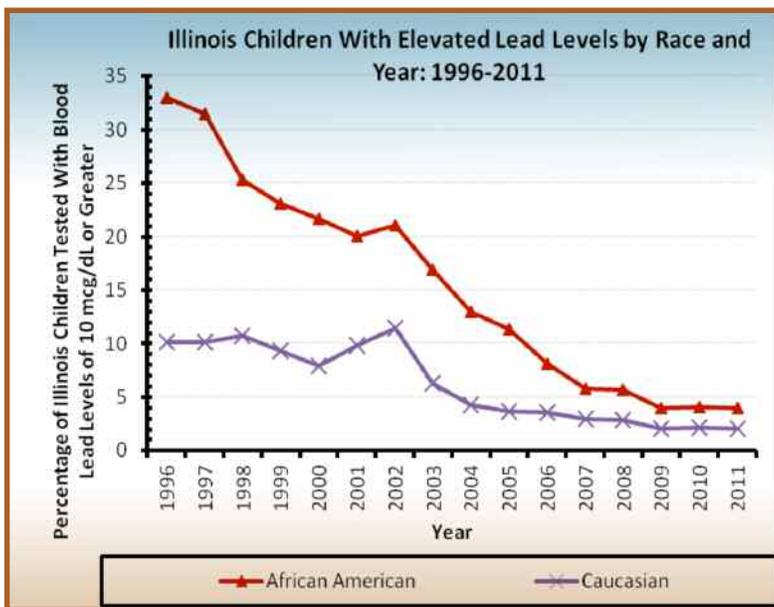


Figure 5 validates the significant differences in lead poisoning between African American and Caucasian children through the years. African-American children are disproportionately burdened by lead poisoning compared to their Caucasian counterpart. Education can partially help to alleviate this health disparity.

According to U.S. Census 2010, 63 percent of Illinoisans reported their race as white, non-Hispanic; 15 percent were African American; 5 percent were Asian; less than 1 percent were American Indian and Alaska Native; less than 0.5 percent were Native Hawaiian and Other Pacific Islander and 16 percent were Hispanic.

Lead Testing Activities in Illinois, Chicago and the United States: 2009-2011

Table 4: Lead Testing Activities in Illinois, Chicago and United States: 2009 - 2011

	2009		2010		2011 ²	
Illinois						
Total number of children tested	297,227		300,290		290,862	
Level of concern, ≥ 10 $\mu\text{g}/\text{dL}$	3,720	1.25%	3,356	1.12%	3,164	1.09%
³ Results 5-9 $\mu\text{g}/\text{dL}$	40,947	13.78%	38,893	12.95%	35,609	12.24%
Illinois Excluding Chicago and unidentified						
Total number of children tested	180,855		198,324		184,003	
Lead poisoning rate (≥ 10 $\mu\text{g}/\text{dL}$)	2,103	1.16%	2,079	1.05%	2,038	1.11%
³ Results 5-9 $\mu\text{g}/\text{dL}$	14,679	8.12%	17,397	8.77%	13,116	7.13%
Chicago						
Total number of children tested	116,372		101,966		106,859	
Lead poisoning rate (≥ 10 $\mu\text{g}/\text{dL}$)	1,617	1.40%	1,277	1.30%	1,126	1.05%
³ Results 5-9 $\mu\text{g}/\text{dL}$	26,268	23%	21,496	21%	22,493	21.05%
United States¹						
Total number of children tested	4,376,854		4,078,153		3,518,193	
Lead poisoning rate (≥ 10 $\mu\text{g}/\text{dL}$)	26,867	0.61%	24,891	0.61%	19,505	0.56%

Source: Illinois Lead Program Surveillance Data, 2009-2011 and U.S. Centers for Disease Control and Prevention (CDC) Blood Lead Surveillance Data, 2009-2011; Note ¹2011 CDC lead data is available at this time at: <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2011.htm>, downloaded April 9, 2013. ²The 2010 CENSUS estimated population of Illinois children younger than 6 years of age was 1,005,860. ³The 5-9 $\mu\text{g}/\text{dL}$ may be highly inflated because the current limit of detection of many laboratories is 5 micrograms per deciliter implying that so many blood lead levels are reported at that level even when they are below.

Data in Table 4 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 tests results obtained with portable desk top Lead Care Blood Analyzer that operates within a +/- 3 mcg/dL error range. As of February 2012, there were 274 registered users of the Lead Care Blood Analyzer units with 353 units in Illinois.

Capillary and Lead Care Blood Analyzer results should be followed up with venous testing to confirm the results are truly elevated.

Due to strict data reporting requirements, Illinois data with missing core address fields are often underreported nationally leading to a denominator differential with Illinois data reported by CDC.

Illinois Lead Program **2011** Annual Surveillance Report**Population of Children, Number Tested, and Blood Lead Levels by County: 2010-2011****Table 5:** Population of Children, Number Tested and Elevated Blood Lead Levels: 2010-2011

Illinois/County/ City/ Delegate Agency	2010 Population Younger Than 6 Years of Age	Total Tested 2010	2010 ^a					Total Tested 2011	2011 ^b				
			5- 9	10- 14	15- 19	20- 24	25+		5- 9	10- 14	15- 19	20- 24	25+
			µg/dL						µg/dL				
Illinois	1,005,860	300,290	38,893	2,011	682	277	386	290,862	35,609	1,812	660	292	400
Adams	5,103	682	73	14	4	2		635	58	11	6	2	0
Alexander	686	154	14	3	1	2	0	177	16	6	5	2	0
Bond	1,145	310	28	1	0	0	0	303	22	2	0	0	0
Boone	4,560	941	137	3	0	0	1	898	89	7	3	1	5
Brown	369	93	9	1	1	0	0	63	5	0	1	0	0
Bureau	2,450	440	36	6	0	0	1	504	27	2	4	0	0
Calhoun	325	56	2	0	0	0	1	77	4	0	0	0	0
Carroll	889	292	34	4	1	0	0	296	12	2	1	1	2
Cass	1,119	498	58	4	1	1	1	401	36	6	3	2	0
Champaign	13,769	2,912	72	4	3	0	0	2,952	66	10	3	0	0
Christian	2,523	595	33	6	2	2	1	683	45	8	1	2	4
Clark	1,129	238	22	1	1	0	1	302	7	1	0	0	0
Clay	1,028	284	42	1	1	0	0	295	19	2	1	0	2
Clinton	2,674	402	9	3	0	0	0	347	10	3	0	0	0
Coles	3,364	835	84	12	4	1	2	937	76	6	1	1	4
Cook without Chicago	189,286	56,754	4,652	210	68	38	42	54,214	5,185	254	102	44	62
Crawford	1,224	241	15	3	1	1	0	297	13	3	0	0	0
Cumberland	883	164	18	0	0	1	0	207	11	4	0	0	0
DeKalb	7,958	1,248	56	4	2	1	1	1,473	67	10	3	2	6
DeWitt	1,162	255	35	7	1	0	0	177	14	3	2	0	2
Douglas	1,696	338	21	4	1	2	0	350	19	6	1	0	0
DuPage	69,179	8,936	223	17	8	2	3	9,442	191	26	3	4	8
Edgar	1,307	231	16	6	1	0	0	241	14	1	1	2	1
Edwards	458	119	6	1	3	0	0	114	5	3	2	0	0
Effingham	2,734	733	45	4	1	2	1	697	23	2	0	2	1
Fayette	1,559	364	16	3	0	1	0	395	14	7	0	0	0
Ford	994	152	23	3	2	0	0	174	12	2	0	0	0
Franklin	2,831	420	25	5	3	0	1	483	19	3	1	0	1
Fulton	2,349	479	53	10	1	1	2	484	40	8	3	1	2
Gallatin	404	139	7	1	0	1	0	106	3	1	0	0	0
Greene	961	349	24	5	2	0	0	348	24	4	0	0	0
Grundy	4,374	517	19	1	0	0	0	550	16	0	2	0	0
Hamilton	593	142	10	3	3	0	0	157	10	3	1	0	0
Hancock	1,339	364	32	6	2	1	1	363	32	5	2	1	0
Hardin	276	33	1	0	1	0	1	50	2	0	0	0	0
Henderson	416	127	14	1	0	0	0	100	7	2	1	0	0

Illinois Lead Program **2011** Annual Surveillance Report

Illinois/County/ City/ Delegate Agency	2010 Population Younger Than 6 Years of Age	Total Tested 2010	2010 ^a					Total Tested 2011	2011 ^b				
			5- 9	10- 14	15- 19	20- 24	25+		5- 9	10- 14	15- 19	20- 24	25+
			µg/dL						µg/dL				
Henry	3,672	1,017	123	10	5	2	2	979	96	12	6	3	0
Iroquois	1,994	411	51	2	2	0	1	388	23	1	1	0	0
Jackson	3,690	1,049	50	1	1	0	0	1,159	27	3	0	1	0
Jasper	684	111	5	0	0	0	0	124	1	0	0	0	0
Jefferson	2,890	542	33	3	1	0	2	567	18	5	1	2	2
Jersey	1,589	425	29	2	0	1	0	405	20	0	0	0	2
Jo Daviess	1,433	134	8	2	1	0	0	139	13	0	0	0	1
Johnson	695	80	2	1	0	0	0	100	4	0	2	1	2
Kane	48,441	13,635	838	82	32	7	18	14,548	622	70	30	18	18
Kankakee	9,228	2,475	170	22	3	2	4	2,309	99	19	4	1	5
Kendall	12,306	983	21	6	3	0	0	961	20	2	1	1	1
Knox	3,397	1,038	175	16	9	5	2	952	158	16	5	2	5
Lake	57,283	11,480	221	24	7	7	3	11,434	206	26	11	2	8
LaSalle	8,057	1,215	182	23	5	3	2	1,466	124	16	7	1	1
Lawrence	1,071	349	22	4	2	1	1	321	12	1	2	1	1
Lee	2,459	443	21	4	4	0	2	192	13	2	2	1	2
Livingston	2,658	797	96	12	1	1	1	781	85	13	1	1	2
Logan	1,921	387	31	6	0	0	1	357	22	4	1	0	1
McDonough	1,808	393	27	3	4	1	1	410	25	1	0	0	0
McHenry	24,338	2,737	74	6	2	1	3	2,906	68	4	0	1	1
McLean	12,866	2,669	313	12	2	3	1	2,632	294	17	13	2	6
Macon	8,347	3,379	260	32	13	8	7	2,941	157	42	12	4	2
Macoupin	3,420	707	37	7	1	2	0	734	42	2	1	0	1
Madison	19,708	4,188	241	33	6	7	6	4,113	178	27	15	2	6
Marion	3,036	789	70	3	0	0	0	791	37	4	1	0	3
Marshall	801	235	33	11	2	1	0	171	25	2	0	1	1
Mason	925	291	30	4	2	1	0	279	13	5	0	1	3
Massac	1,167	222	8	1	1	1	0	185	3	2	0	0	0
Menard	880	154	12	3	0	0	0	151	6	0	0	0	0
Mercer	1,150	322	45	4	2	0	0	299	34	5	1	0	0
Monroe	2,361	438	20	2	0	0	0	406	12	1	5	1	0
Montgomery	2,054	533	49	3	0	0	1	501	33	3	0	1	0
Morgan	2,359	650	68	8	4	1	1	722	64	9	4	5	1
Moultrie	1,199	190	26	5	0	1	0	187	20	1	0	0	0
Ogle	3,833	593	52	1	4	2	1	460	35	7	0	1	1
Peoria	15,146	2,789	576	100	56	17	22	1,915	332	69	36	16	16
Perry	1,435	412	30	2	1	0	0	347	11	2	1	0	0
Piatt	1,113	209	18	1	0	0	0	164	12	4	0	0	0
Pike	1,211	323	42	4	2	2	0	334	27	1	1	0	0
Pope	249	25	0	0	0	0	0	29	2	0	0	1	0
Pulaski	457	96	5	4	0	0	0	99	11	2	0	0	0
Putnam	370	54	2	0	0	0	0	54	5	0	0	0	0

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County/ City/ Delegate Agency	2010 Population Younger Than 6 Years of Age	2010 ^a						Total Tested 2011	2011 ^b				
		Total Tested 2010	5- 9	10- 14	15- 19	20- 24	25+		5- 9	10- 14	15- 19	20- 24	25+
			µg/dL						µg/dL				
Randolph	2,085	466	33	3	2	1	0	476	19	1	2	3	0
Richland	1,202	257	15	1	0	0	0	213	21	1	0	0	0
Rock island	11,307	4,428	616	69	19	7	12	4,656	653	58	16	7	11
St. Clair without ESHD	16,554	3,457	104	9	4	2	3	3,473	103	16	8	2	4
Saline	1,766	679	37	3	1	0	0	563	15	2	1	2	0
Sangamon	15,083	3,321	261	42	15	9	5	3,497	224	39	18	3	7
Schuyler	483	128	13	3	1	0	0	119	4	4	3	0	0
Scott	390	110	3	1	0	0	0	85	4	0	0	0	0
Shelby	1,554	301	35	3	1	0	0	303	16	1	0	0	0
Stark	393	124	20	3	0	0	0	117	26	2	1	0	1
Stephenson	3,379	1,358	178	37	9	5	2	1,259	134	34	11	8	8
Tazewell	10,404	1,711	160	17	4	4	6	1,339	91	11	4	0	0
Union	1,241	400	19	8	4	2	1	337	21	4	2	0	1
Vermilion	6,561	1,368	64	6	5	2	3	1,678	75	12	5	2	5
Wabash	886	260	22	6	1	1	0	263	18	6	2	0	0
Warren	1,248	377	38	6	1	0	0	388	32	5	3	1	1
Washington	1,024	207	17	4	0	1	0	150	7	1	2	0	0
Wayne	1,245	349	21	1	1	0	0	305	17	2	0	0	0
White	1,045	338	22	3	0	0	0	355	29	3	0	0	0
Whiteside	4,228	1,331	70	10	2	0	3	1,267	69	9	4	6	1
Will	59,747	8,094	277	20	6	5	0	9,126	319	20	11	4	9
Williamson	4,859	507	22	2	0	0	1	684	36	3	1	0	1
Winnebago	23,591	6,478	953	60	17	7	19	6,251	952	58	24	14	7
Woodford	3,071	363	42	1	2	0	0	329	29	4	0	0	0
Chicago	220,028	101,966	21,496	757	264	92	164	106,859	22,493	666	219	94	147
ESHD ¹	5,669	4,523	466	45	14	4	5	4,213	319	31	5	6	4
Egyptian ²	3,215	1,156	66	7	1	1	0	1,024	47	6	1	2	0
Evanston	5,179	1,760	116	5	2	1	1	1,555	60	6	3	1	0
Non DA ³	92,214	12,711	595	67	27	9	9	12,900	459	58	17	9	14
Oak Park	4,083	1,110	94	8	1	2	3	1,046	80	12	2	0	4
Skokie	4,222	1,117	519	50	16	9	5	1,035	990	3	2	0	0
Southern Seven ⁴	4,771	1,010	49	17	7	5	2	977	59	14	9	4	3
Stickney	499	138	21	0	0	0	0	147	23	0	0	0	0
Unidentified		17,580	3,809	65	13	0	15	5,252	661	6	1	2	1

Source: Illinois Lead Program Surveillance Data, 2010-2011, CENSUS 2010

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

³Non-DA or Non-Delegate agencies include the counties of Jo Daviess, Ogle, DuPage, Lee, Grundy, Brown, Hancock, Marshall, Putnam, and LaSalle. Henderson was Non-DA from July 2011.

⁴Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union.

Illinois Lead Program **2011** Annual Surveillance Report

Note: The total number of children tested on Tables 4 and 5 for 2010 and 2011 are the actual numbers reported to the Department. All the children tested in 2011 were 15 years of age or younger with 93 percent being children younger than 6 years of age. These numbers include children tested for the first time, as well as those being retested (lead prevalence).

Lead Tip 2

Schedule for Follow-up Blood Lead Testing

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 declining
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	Within 48 hours	1 month

Pre-1978 Occupied Housing Units and Confirmed Venous Cases of Lead Poisoned Children Younger Than 3 Years of Age Tested for the First Time in 2011

Table 6: Percentages of Pre-1978 Occupied Housing Units and Confirmed Cases of Lead Poisoned Children Younger Than 3 Years of Age Identified for the First Time in 2011

Illinois/County/ City/ Delegate Agencies	Total Housing Units	Total Occupied Housing Units (%)	Pre-1978 Occupied Housing Units Estimates ^a			Number of Children Younger Than 3 Years of Age Tested for the First Time in 2011 ^b	
			Owner Occupied (%)	Rental Occupied (%)	Total Estimate (%)	Tested (n)	Confirmed Venous Cases ≥10 µg/dL (n)
US	130,038,080	87.8				3,518,193	19,505
Illinois	5,267,614	90.6	44.5	22.3	66.8	109,055	655
Adams	29,887	90.8	54.2	19.3	73.5	352	9
Alexander	4,126	80.4	51.5	21.6	73.1	57	3
Bond	7,087	88.3	50.6	11.9	62.5	170	1
Boone	19,581	91.5	34.2	12.4	46.6	468	3
Brown	2,475	86.4	53.1	14.8	67.9	36	1
Bureau	15,686	92.9	60.9	19.4	80.3	230	1
Calhoun	2,824	72.4	48.8	13.4	62.1	46	0
Carroll	8,382	83.6	58.4	17.3	75.7	136	1
Cass	5,875	86.1	55.5	21.7	77.2	153	0
Champaign	85,888	90.6	32.0	24.7	56.7	1,725	2
Christian	15,532	91.0	56.7	17.5	74.2	334	2
Clark	7,804	86.5	55.7	16.4	72.1	182	0
Clay	6,437	87.2	52.3	14.2	66.5	154	4
Clinton	15,136	92.5	47.2	12.8	60.0	222	0
Coles	23,376	89.4	43.8	22.5	66.3	511	1
Cook without Chicago	975,692	92.6	46.3	31.8	78.1	19,235	62
Crawford	8,733	89.5	56.0	16.0	71.9	150	0
Cumberland	4,918	84.8	46.3	15.3	61.6	102	0
DeKalb	40,297	93.9	33.6	20.8	54.4	617	3
DeWitt	7,506	90.7	58.6	17.3	75.9	101	2
Douglas	8,336	90.8	55.3	14.1	69.5	182	2
DuPage	355,804	94.3	41.4	12.3	53.7	4,014	11
Edgar	8,810	89.4	60.0	15.9	75.9	132	2
Edwards	3,214	86.7	53.9	20.3	74.2	54	0
Effingham	14,527	92.7	46.3	12.9	59.2	265	0
Fayette	9,314	87.8	56.0	16.6	72.7	224	2
Ford	6,271	89.9	63.9	18.4	82.3	107	1
Franklin	18,547	87.5	56.3	15.2	71.5	216	0
Fulton	16,250	90.3	64.5	17.2	81.7	219	3
Gallatin	2,818	84.4	54.1	14.4	68.6	55	0
Greene	6,429	90.0	62.4	15.7	78.1	134	0

Illinois Lead Program **2011** Annual Surveillance Report

Illinois/County/ City/ Delegate Agencies	Total Housing Units	Total Occupied Housing Units (%)	Pre-1978 Occupied Housing Units Estimates ^a			Number of Children Younger Than 3 Years of Age Tested for the First Time in 2011 ^b	
			Owner Occupied (%)	Rental Occupied (%)	Total Estimate (%)	Tested (n)	Confirmed Venous Cases ≥10 µg/dL (n)
Grundy	19,496	92.1	35.2	10.9	46.2	230	1
Hamilton	4,101	85.4	59.5	12.4	71.9	76	1
Hancock	9,286	86.3	61.1	15.8	76.9	188	0
Hardin	2,474	75.5	52.5	16.7	69.1	10	0
Henderson	3,900	83.2	57.0	16.5	73.5	50	3
Henry	22,083	92.5	60.2	18.0	78.2	471	3
Iroquois	13,459	87.9	59.4	16.3	75.7	205	0
Jackson	28,273	84.1	33.8	27.4	61.2	608	0
Jasper	4,369	91.6	53.9	11.0	64.9	74	0
Jefferson	17,110	89.8	42.8	16.7	59.5	345	4
Jersey	9,770	88.3	44.5	14.8	59.4	196	0
Jo Daviess	13,421	74.5	51.0	16.8	67.8	67	0
Johnson	5,469	80.4	37.3	11.5	48.8	31	0
Kane	178,651	94.6	35.2	14.9	50.1	5,253	24
Kankakee	44,849	91.3	43.1	19.3	62.4	1,071	9
Kendall	37,822	94.4	22.9	6.9	29.8	444	0
Knox	24,084	90.8	58.4	24.1	82.5	462	9
Lake	257,971	92.7	36.0	11.7	47.8	4,247	13
LaSalle	49,766	91.1	54.6	17.5	72.2	668	8
Lawrence	6,988	90.2	53.8	20.7	74.5	176	0
Lee	14,971	91.7	57.1	19.4	76.5	73	2
Livingston	15,836	92.4	57.9	16.3	74.2	321	1
Logan	12,081	90.9	60.4	18.8	79.2	206	0
McDonough	14,341	90.1	49.1	24.4	73.4	211	1
McHenry	114,791	94.2	31.1	8.5	39.6	1,189	3
McLean	68,789	91.8	35.1	16.0	51.2	1,315	6
Macon	50,599	88.8	55.5	20.4	75.9	961	7
Macoupin	21,689	89.3	54.3	14.2	68.6	365	1
Madison	116,653	91.6	48.3	17.4	65.8	1,946	5
Marion	18,345	88.0	49.7	15.6	65.3	393	3
Marshall	5,946	86.8	65.1	12.9	78.0	88	0
Mason	7,094	91.3	63.3	15.0	78.3	149	3
Massac	7,119	88.4	46.7	14.9	61.6	49	0
Menard	5,644	89.6	49.5	12.3	61.8	88	0
Mercer	7,362	93.2	57.5	16.7	74.2	150	1
Monroe	13,136	94.3	32.9	9.2	42.2	214	0
Montgomery	13,017	89.9	56.9	16.4	73.3	261	2
Morgan	15,556	90.0	50.8	23.2	74.0	314	4
Moultrie	6,192	90.9	59.9	14.8	74.7	86	0
Ogle	22,386	92.3	47.9	18.5	66.5	210	1
Peoria	82,602	90.8	52.2	23.0	75.2	997	21

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County/ City/ Delegate Agencies	Total Housing Units	Total Occupied Housing Units (%)	Pre-1978 Occupied Housing Units Estimates ^a			Number of Children Younger Than 3 Years of Age Tested for the First Time in 2011 ^b	
			Owner Occupied (%)	Rental Occupied (%)	Total Estimate (%)	Tested (n)	Confirmed Venous Cases ≥10 µg/dL (n)
Perry	9,512	86.9	56.6	15.0	71.6	157	0
Piatt	7,262	90.3	56.5	12.1	68.6	95	1
Pike	8,017	82.9	61.9	17.2	79.0	169	0
Pope	2,507	73.7	41.8	14.4	56.2	9	0
Pulaski	3,211	78.8	50.3	17.2	67.6	41	0
Putnam	3,071	82.5	52.9	15.4	68.3	26	0
Randolph	13,686	87.7	54.4	13.7	68.1	237	1
Richland	7,568	88.2	55.0	15.8	70.8	130	1
Rock island	65,676	92.0	58.2	22.3	80.5	1,768	9
St. Clair without ESHD	101,632	90.5	40.3	19.7	59.9	1,546	2
Saline	11,910	88.9	47.4	18.7	66.0	252	2
Sangamon	89,624	91.5	41.4	17.5	59.0	1,846	9
Schuyler	3,465	86.8	58.2	16.2	74.3	50	2
Scott	2,477	86.4	53.1	19.7	72.8	41	0
Shelby	10,305	87.7	58.1	16.8	74.9	178	0
Stark	2,707	89.1	71.1	17.1	88.3	52	1
Stephenson	22,111	88.8	53.6	21.6	75.2	522	5
Tazewell	57,010	94.2	56.6	15.9	72.5	715	1
Union	7,946	88.9	45.4	15.8	61.2	150	0
Vermilion	36,468	88.4	57.3	22.5	79.8	766	12
Wabash	5,654	86.7	56.8	13.8	70.6	135	1
Warren	7,731	89.0	59.6	21.9	81.5	190	3
Washington	6,544	92.6	55.9	13.6	69.5	68	1
Wayne	8,030	89.8	50.5	15.9	66.4	157	0
White	7,273	88.9	57.4	13.6	71.0	166	2
Whiteside	25,729	91.7	59.5	18.1	77.6	596	4
Will	233,921	94.1	28.4	9.3	37.6	3,638	5
Williamson	30,070	87.5	42.4	14.7	57.0	320	0
Winnebago	125,301	89.8	43.8	20.7	64.4	2,542	19
Woodford	14,971	94.8	53.0	12.2	65.3	180	0
Chicago	1,197,741	86.2	39.9	43.7	83.5	33,837	279
ESHD ¹	13,431	82.4	45.5	39.1	84.6	1,345	7
Egyptian ²	22,001	88.3	51.6	16.5	68.1	473	4
Evanston	32,856	88.6	51.6	35.0	86.6	734	5
Non DA ³	496,622	92.8	44.1	13.5	57.6	5,600	24
Oak Park	24,153	90.8	59.3	32.2	91.5	466	3
Skokie	24,258	92.8	66.0	21.4	87.4	474	1
Southern Seven ⁴	32,852	83.1	45.9	15.7	61.6	347	3
Stickney	2,720	87.2	67.3	10.8	78.1	57	0

Illinois Lead Program **2011** Annual Surveillance Report

Source: ^aPre1978 housing unit was estimated from U.S. Census Bureau, 2010 American Community Survey Five-Year Estimate, DP04; ^bIllinois Lead Program Surveillance Data 2011;

¹ESH 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

³Non-DA or Non-Delegate agencies include the counties of Jo Daviess, Ogle, DuPage, Lee, Grundy, Brown, Hancock, Marshall, Putnam, and LaSalle. Henderson was Non-DA from July 2011.

⁴Southern Seven Counties: Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union.

Homes built before 1978 remain the leading source of lead poisoning cases in Illinois due to the lead that was added to the residential paint prior to 1978. Table 6 indicates that 67 percent of pre-1978 housing units in Illinois are occupied.

Illinois ranks fifth nationally in the number of housing units at highest risk for lead hazards. The top 10 Illinois counties with a high risk of lead hazards include Cook, St. Clair (including East Side Health District), Madison, Peoria, Winnebago, Rock Island, Champaign, Kane, Vermilion, and Macon.

<http://scorecard.goodguide.com/env-releases/lead/>

Approximately 655 children younger than 3 years of age at the time of testing exhibited confirmed venous blood lead levels of concern of 10 micrograms per deciliter and above identified for the first time in 2011.

Lead Tip 3

Lead levels as low as 5 micrograms per deciliter in children have been associated with:

- A drop in academic achievement
- Lower intelligence quotient (IQ)
- Attention-related behavioral problems (ADHD)
- Violent Behavior problems and juvenile delinquency

<http://ntp.niehs.nih.gov/go/36443>.

Lead Poisoning and Children in Medicaid and Other Medical Assistance Programs

All children enrolled in the Illinois Department of Healthcare and Family Services (HFS) medical assistance programs are mandated to be universally tested between the ages of 10 months and 24 months of age. Children 24 months through 6 years of age, for whom no record of a previous testing exists, also should be tested for blood lead poisoning.

In August of 2009, CDC published a recommendation for blood lead testing of Medicaid eligible children aged 1 year to 5 years as follows:

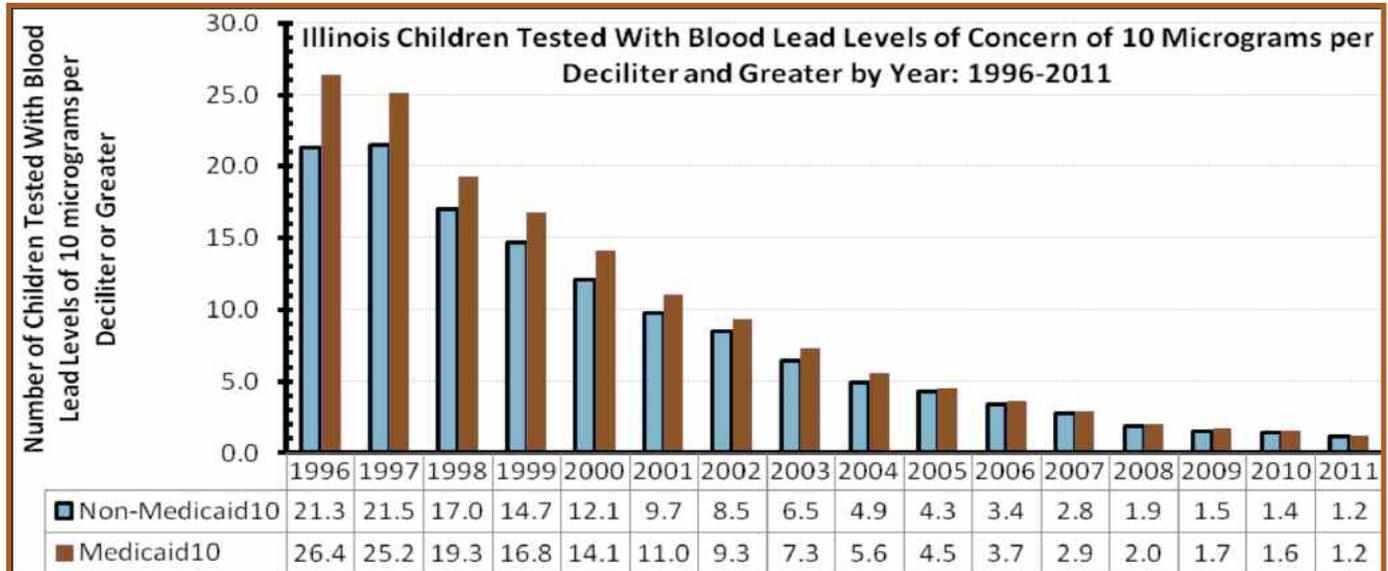
1. *Decisions regarding the level of risk for elevated blood lead levels among Medicaid-eligible children should be made by state and local health departments;*
2. *Lead testing should be provided at WIC (Women, Infant and Children) sites, and new blood lead testing technologies should be considered; and*
3. *Existing surveillance systems should be refined to include other measures of risk of exposure, including environmental measures, so that they are not solely dependent on blood lead level testing for identifying risk for lead poisoning.*

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm>

Figure 6 shows that there has been a significant decrease in childhood lead poisoning in Illinois even among children eligible for Medicaid assistance programs. Medical assistance programs hereby refers to the authorized Social Security Acts of Title XIX (Medicaid) and the Children's Health Insurance Program (CHIP) that also covers All Kids Health Insurance Act as administered by HFS.

Illinois Lead Program 2011 Annual Surveillance Report

Figure 6: Blood Lead Level of Concern of Children Eligible for Medicaid and Other Illinois Department of Healthcare and Family Services Medical Assistance Compared to Ineligible Children from 1996 - 2011



Data Source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database: 1996-2011 and the Illinois Department of Healthcare and Family Services Enterprise Data Warehouse



Illinois Lead Program 2011 Annual Surveillance Report

Table 7: The 2011 Blood Lead Test Results of Children Eligible for Medical Assistance Compared to Ineligible Children (Medicaid Versus Non-Medicaid Eligible Children)

Illinois/County	Total Number of Children Tested in 2011	Medicaid Eligible Children (%)		Non-Medicaid Eligible Children (%)	
		Children Tested Who Were Medicaid-Eligible (%)	Medicaid-Eligible Children Tested With Lead Levels of Concern ≥ 10 $\mu\text{g}/\text{dL}$	Children Tested Who Were Non-Medicaid-Eligible (%)	Non-Medicaid-Eligible Children Tested With Lead Levels of Concern ≥ 10 $\mu\text{g}/\text{dL}$
Illinois	290,862	74	1.2	26	1.2
Adams	635	72	4.8	28	1.1
Alexander	177	88	5.8	12	18.2
Bond	303	84	1.6	16	2.0
Boone	898	85	1.7	15	3.7
Brown	63	78	0.0	22	14.3
Bureau	504	69	1.4	31	0.0
Calhoun	77	71	0.0	29	4.5
Carroll	296	75	1.4	25	1.4
Cass	401	78	4.2	22	5.6
Champaign	2,952	72	0.4	28	0.1
Christian	683	77	3.2	23	5.7
Clark	302	74	0.5	26	0.0
Clay	295	85	2.8	15	7.0
Clinton	347	82	0.3	18	3.3
Coles	937	79	2.7	21	2.5
Cook	161,073	75	1.0	25	1.2
Crawford	297	76	0.9	24	2.8
Cumberland	207	79	2.5	21	4.5
De Kalb	1,473	74	1.0	26	1.6
De Witt	177	85	4.6	15	0.0
Douglas	350	79	1.8	21	2.7
Du Page	9,442	65	0.4	35	0.5
Edgar	241	73	1.7	27	4.7
Edwards	114	68	6.4	32	0.0
Effingham	697	64	1.1	36	0.8
Fayette	395	85	2.1	15	1.7
Ford	174	76	1.5	24	0.0
Franklin	483	79	1.3	21	0.0
Fulton	484	77	3.2	23	2.7
Gallatin	106	78	1.2	22	0.0
Greene	348	82	2.1	18	1.6
Grundy	550	65	0.6	35	0.5
Hamilton	157	84	3.0	16	16.0
Hancock	363	67	3.3	33	1.7
Hardin	50	70	0.0	30	0.0
Henderson	100	62	3.2	38	2.6
Henry	979	67	4.1	33	1.3
Iroquois	388	72	1.4	28	0.9
Jackson	1,159	89	0.3	11	0.8
Jasper	124	83	0.0	17	0.0
Jefferson	567	86	1.8	14	11.3

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County	Total Number of Children Tested in 2011	Medicaid Eligible Children (%)		Non-Medicaid Eligible Children (%)	
		Children Tested Who Were Medicaid-Eligible (%)	Medicaid-Eligible Children Tested With Lead Levels of Concern $\geq 10 \mu\text{g/dL}$	Children Tested Who Were Non-Medicaid-Eligible (%)	Non-Medicaid-Eligible Children Tested With Lead Levels of Concern $\geq 10 \mu\text{g/dL}$
Jersey	405	75	0.7	25	1.0
Jo Daviess	139	77	0.0	23	0.0
Johnson	100	80	2.5	20	10.0
Kane	14,548	82	1.2	18	1.7
Kankakee	2,309	76	1.3	24	1.3
Kendall	961	65	0.8	35	0.3
Knox	952	76	2.9	24	4.4
Lake	11,434	71	0.3	29	1.0
La Salle	1,466	71	1.9	29	1.9
Lawrence	321	81	1.5	19	1.6
Lee	192	68	2.3	32	3.2
Livingston	781	77	1.7	23	2.8
Logan	357	81	2.8	19	7.4
McDonough	410	80	0.6	20	0.0
McHenry	2,906	70	0.2	30	0.0
McLean	2,632	78	1.3	22	3.3
Macon	2,941	89	1.6	11	5.2
Macoupin	734	74	1.1	26	1.6
Madison	4,113	75	1.4	25	0.8
Marion	791	86	1.2	14	3.7
Marshall	171	75	3.9	25	2.4
Mason	279	83	2.6	17	0.0
Massac	185	74	1.5	26	0.0
Menard	151	64	0.0	36	0.0
Mercer	299	72	3.7	28	2.4
Monroe	406	55	2.2	45	1.1
Montgomery	501	77	1.8	23	0.9
Morgan	722	82	3.0	18	4.7
Moultrie	187	77	2.1	23	0.0
Ogle	460	71	1.2	29	2.3
Peoria	1,915	75	8.3	25	8.9
Perry	347	81	0.7	19	3.0
Piatt	164	63	2.9	37	1.7
Pike	334	91	0.7	9	0.0
Pope	29	69	5.0	31	0.0
Pulaski	99	84	2.4	16	0.0
Putnam	54	74	0.0	26	0.0
Randolph	476	84	1.5	16	2.6
Richland	213	85	4.4	15	3.1
Rock Island	4,656	79	3.6	21	4.8
St. Clair	7,686	85	1.3	15	2.6
Saline	563	81	0.4	19	2.8
Sangamon	3,497	78	1.9	22	1.8
Schuyler	119	77	5.4	23	7.4
Scott	85	84	1.4	16	0.0

Illinois Lead Program 2011 Annual Surveillance Report

Illinois/County	Total Number of Children Tested in 2011	Medicaid Eligible Children (%)		Non-Medicaid Eligible Children (%)	
		Children Tested Who Were Medicaid-Eligible (%)	Medicaid-Eligible Children Tested With Lead Levels of Concern ≥ 10 $\mu\text{g/dL}$	Children Tested Who Were Non-Medicaid-Eligible (%)	Non-Medicaid-Eligible Children Tested With Lead Levels of Concern ≥ 10 $\mu\text{g/dL}$
Shelby	303	85	0.8	15	0.0
Stark	117	62	5.6	38	6.7
Stephenson	1,259	72	5.0	28	1.4
Tazewell	1,339	71	1.5	29	0.8
Union	337	73	2.8	27	4.4
Vermilion	1,678	85	1.3	15	1.2
Wabash	263	78	2.5	22	3.4
Warren	388	72	2.1	28	4.7
Washington	150	67	4.0	33	2.0
Wayne	305	79	1.2	21	3.1
White	355	75	2.2	25	0.0
Whiteside	1,267	79	1.8	21	1.5
Will	9,126	71	0.6	29	0.4
Williamson	684	82	0.5	18	1.6
Winnebago	6,251	85	1.7	15	3.0
Woodford	329	77	0.4	23	3.9

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Database and Illinois Department of Healthcare and Family Services Enterprise Data Warehouse, 2011. The SAS (statistical analysis software) and SQL (Structured Query Language) codes were used to query databases

Table 7 shows that 74 percent of children tested for lead poisoning in 2011 were participating in medical assistance programs provided by the Illinois Department of Healthcare and Family Services or were enrolled in WIC (Women, Infant and Children) programs provided by the Illinois Department of Human Services. Only 26 percent of children not participating in medical assistance programs were tested for lead poisoning in 2011.

The percentage of children with blood lead levels of concern of 10 micrograms per deciliter or greater were similar for Medicaid and non-Medicaid eligible children in 2011. Pre-1978 housing units, nutrition poor in iron and calcium, and the inability to maintain chipping lead-based paint have been shown to be associated with lead poisoning.

Case Management and Environmental Follow-up of Lead Poisoned Children

Case Management of Lead Poisoned Children

The Illinois Department of Public Health had grant agreements during 2011 with 86 delegate agencies to provide case management care for lead poisoned children in 92 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 7).

Local health departments without a delegate agency agreement are designated as non-delegate agencies. There are currently 12 non-delegate agencies where case management is provided by the Illinois Lead Program regional nurse consultants.

The Illinois Department of Public Health is partitioned into six environmental regions with an office for each region. The nurse consultants and the Illinois Lead Program education coordinator conducted oneday lead poisoning prevention training sessions at each of the all six regional offices of the Illinois Department of Public Health.

Table 8 shows that 1,008 children were identified for the first time with confirmed venous lead levels of concern of 10 micrograms per deciliter or greater in 2011. In collaboration with the health care professionals

conducting medical case management, the delegate agencies and the Illinois Lead Program regional nurse consultants performed more than 2,000 home visits to provide educational and referral services to families with lead poisoned children.



Illinois Lead Program 2011 Annual Surveillance Report

Table 8: Investigation Activities of Lead Poisoned Children by Illinois Department of Public Health's Division of Environmental Health Regions

Activities	Central Office	Champaign Region	Edwardsville Region	Marion Region	Peoria Region	Rockford Region	West Chicago Region	TOTAL (N) ²
Total number of children tested in 2011 with venous and capillary blood lead levels of Concern ≥ 10 $\mu\text{g}/\text{dL}$ (Prevalence)	0	198	264	158	431	244	1,859	3,164
Total number of venous confirmed lead poisoned cases identified for the first time in 2011 with blood lead level of Concern ≥ 10 $\mu\text{g}/\text{dL}$ (Incidence)	0	61	59	36	115	63	669	1,008
Total Environmental Investigations and Follow-up Conducted	Delegate Agencies ¹	0	19	15	0	46	240	899
	Primary Dwelling	0	35	42	40	38	56	34
	Secondary Dwellings	0	0	4	4	0	4	8
	Total Follow-up Investigations	0	284	211	96	65	100	20
	Complaints/On Site Contractor Investigations	36	0	1	73	0	30	4
Total Mitigation/Abatement Complete – Certificate of Compliance Issued	0	21	31	30	23	35	22	162
Total Cases Completed/Closed Reasons include: 1. No lead hazard identified 2. Venous lead level less than 10 $\mu\text{g}/\text{dL}$ 3. Other dwelling investigated 4. Dwelling or occupant not located 5. Dwelling demolished	0	27	3	5	5	4	22	66
Total Cases for Enforcement, Public Presentations/ Meetings/Court Local Health Department Program Field Training	30	15	3	1	4	13	8	74

Source: Illinois Department of Public Health – Illinois Lead Program Surveillance Databases 2011

¹The 16 delegate agencies that provide environmental inspection services in addition to case management services include Champaign-Urbana, Chicago, Cook County, East Side Health District, Evanston, Kane County, Kankakee County, Knox County, Lake County, Macon County, Montgomery County, Morgan County, Oak Park, Peoria County, Vermilion County, Warren County and Winnebago County.

²Due to incomplete or unidentifiable address information, totals may not add up.

Lead Tip 4

Lead concentrations in drinking water should be below the U. S. EPA's action level of 15 parts per billion.

Source: <http://www.cdc.gov/nceh/lead/publications/>

Environmental Follow up of Lead Poisoned Children

Following the Lead Poisoning Prevention Act, inspections of dwellings and common place area occupied by a person testing positive for lead is performed by a licensed representative of the Department, or its delegate agency for the purpose of determining the source of lead poisoning.

The Illinois Department of Public Health has grant agreements with 16 delegate agencies to provide environmental inspection services in addition to case management services. Environmental services include home inspections and risk assessment. Remediation is required by law when a lead hazard has been identified in a home where a lead poisoned child lives or regularly visits. Local health departments not covered by a delegate agency agreement are served by the Illinois Lead Program regional lead risk assessors housed in the regional offices of the Illinois Department of Public Health.

The six environmental regional offices of the Illinois Department of Public Health each have lead risk assessors who conduct home inspections for lead poisoned children in accordance with the Illinois Lead Poisoning Prevention Act.

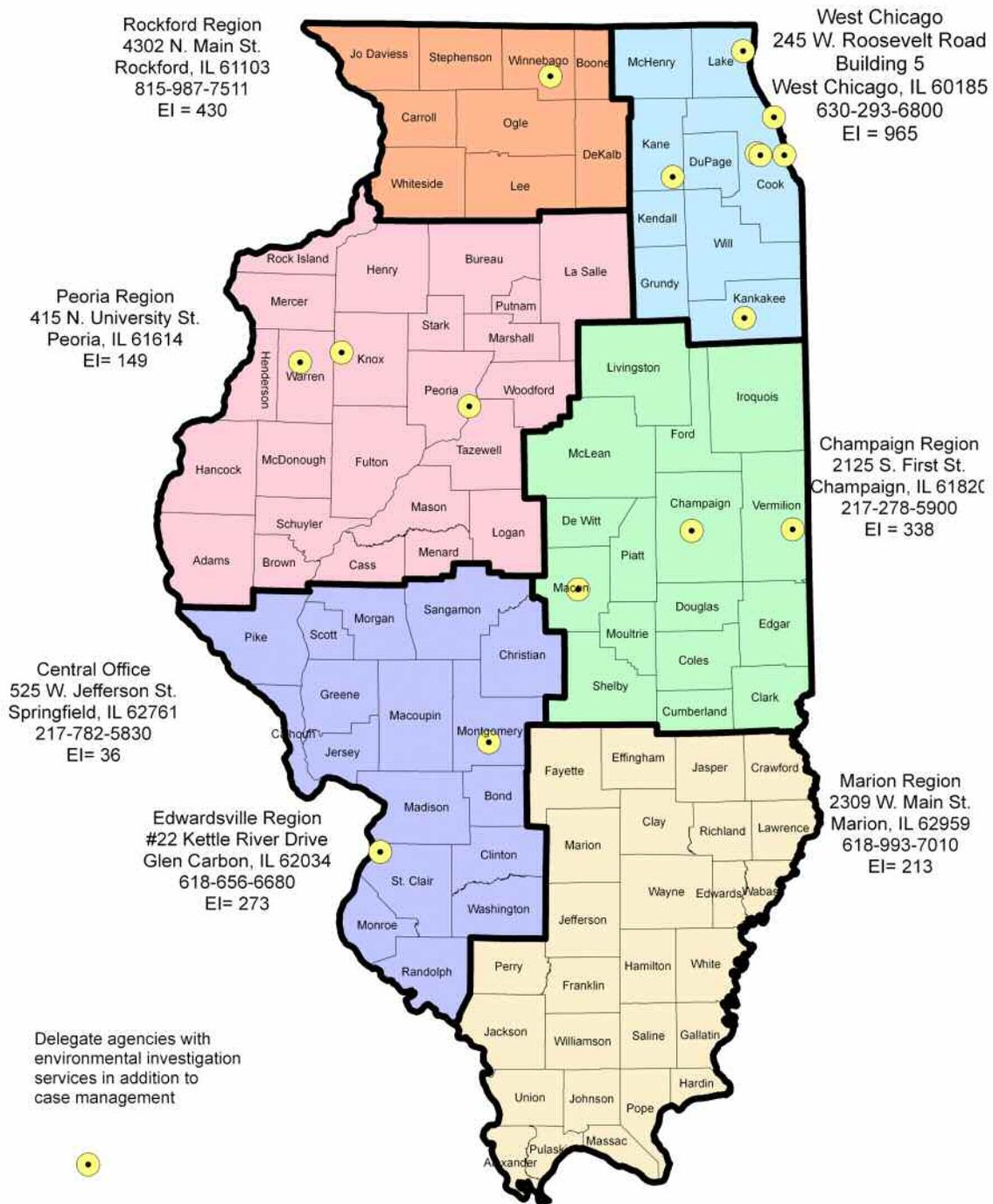
A total of 2,404 lead investigations and follow-ups were performed at regulated facilities where children with confirmatory blood lead tests of 10 micrograms per deciliter or greater reside or frequent. Environmental remediation is a high priority because medical treatment is ineffective when the child returns to a harmful environment. Homes of children who exhibit elevated blood lead levels are inspected and a report of existing lead hazards is provided. Safe work and cleanup procedures are provided as all identified hazards are required to be controlled or eliminated.

Some environmental activities included follow-ups, complaints and on-site contractor investigation as shown in **Figure 8**.

Illinois Lead Program 2011 Annual Surveillance Report

Figure 8: Number of Regional Environmental Investigations for Lead Poisoning Performed by Department and Delegate Agencies in 2011

Illinois Department of Public Health - Division of Environmental Health Regions



Source: Illinois Lead Program Surveillance Data 2011

Illinois Lead Poisoning Prevention Tips

1. Regularly wash children's hands and toys. Wash children's hands before they eat.
2. Give children foods high in iron and calcium.
3. Clean up paint chips and lead dust in window sills and on the floor near windows, doorways and woodwork. Use wet mop or cloth and cleaning product.
4. Throw away lead-painted toys.
5. Do not store food in open cans or pottery.
6. If you work with lead, shower and change clothes before coming home. Wash work clothes separately.
7. Run cold water for a few minutes before using it for cooking and drinking. Never use water from the hot water tap for cooking, drinking or making formula.
8. Prevent children from playing in exposed soil.
9. Remove shoes before entering homes.
10. For more information about licensed contractors who test paint and dust from homes like lead risk assessors, lead-based paint inspectors or abatement contractors, go to:
<http://app.idph.state.il.us/Envhealth/Lead/LeadProfessionalListing.asp>
11. Hire EPA certified contractors to renovate, repair or paint in a home built before 1978.
12. Pregnant women and children should not be present in housing built before 1978 that is undergoing renovation, repairs or painting.
13. Make sure children do not have access to peeling paint or chewable surfaces painted with leadbased paint. Keep children away from renovation or repair work that disturbs painted surfaces.
14. Create barriers between living/play areas and lead sources.
15. Do not use products from other countries that may contain lead such as toys, cosmetics, medication, pottery, candies and spices.
16. Ask doctors to test young children for lead even if they seem healthy.

For more lead poisoning prevention tips, visit:

CDC: <http://www.cdc.gov/nceh/lead/tips.htm>

CPSC: <http://www.cpsc.gov/en/Business--Manufacturing/Business-Education/Lead/Topics/Guidance-for-Lead-Pb-in-Consumer-Products/>

US EPA: <http://www.epa.gov/lead/>

Educational Activities to Prevent Lead Poisoning in Illinois

The role of public health nursing is integral in the prevention of childhood lead poisoning and education is important to primary prevention. The Illinois Lead Program regional nurses and the education coordinator conducted one-day lead poisoning prevention training sessions at each of the six regional offices of the Illinois Department of Public Health. A total of 69 health care professionals were trained on lead poisoning in 2011 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

Throughout the year, the Illinois Lead Program staff continues to conduct outreach and educational activities such as:

- Speaking engagements for student nursing and medical residents programs
- Attending stakeholder's organizational meetings
- Hosting and participating in health fairs, conferences and campaigns offered to local health departments, health and environmental professionals, and community leaders to educate and distribute materials regarding the prevention and intervention of various home hazards

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

Annual Lead Poisoning Prevention Conferences: In 2011, the Illinois Department of Public Health and the state of Illinois released a proclamation and organized a conference to commemorate the National Lead Poisoning Prevention Week. The Lead Poisoning Prevention and Healthy Homes Conference, held in Springfield, Illinois, were attended by 120 health care professionals and 10 exhibitors from different home hazard prevention programs. In addition to lead poisoning, the conference addressed the influence that the home environment may have on family health. Presenters came from the National Center for Healthy Housing, Housing and Urban Development, U.S. Environmental Protection Agency Region 5, Department of Energy, University of Washington and an attorney-at-law.

Illinois Lead Program **2011** Annual Surveillance Report

The Comprehensive Lead Education, Reduction and Window Replacement Program

(CLEARWin) 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 upon completion of the pilot phase.

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

Lead Tip 5

The RRP rule defines a child-occupied facility as a building, or portion of a building, constructed prior to 1978, visited regularly by the same child, younger than 6 years of age, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visits last at least six hours, and the combined annual visits last at least 60 hours.

Source: www.epa.gov/lead

Illinois Lead Poisoning Elimination Advisory Council

The mission of the advisory council is to develop and implement a comprehensive statewide strategic plan and foster creative partnerships and collaboration in the areas of:

- Testing and Case Management
- Remediation
- Surveillance – Data Collection, Analyses, Dissemination/Evaluation
- Primary Prevention – Education/Training
- Strategic Partnership
- Elimination Plan – Collaboration

The council is divided into committees who identify goals and objectives related to the elimination of childhood lead poisoning and healthy homes initiatives. The 2011 subcommittees were:

- Education Awareness
- Primary Prevention/Testing
- Resource and Regulations
- Evaluation
- Healthy Homes Identification and Intervention

The program continues to recruit and build capacity and competency among members of its advisory council.

The 2011 stakeholders included:

- Physicians
- Nurses
- Health Educators
- Nutritionists
- Demographer
- Environmental Scientists
- Epidemiologists
- Allied Health Professionals
- University Professors

For more information on the advisory council, contact the Illinois Department of Public Health.

Contact Information

Illinois Lead Program

Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761
Phone: 866-909-3572 or 217-782-3517
The hearing impaired can dial 800-547-0466
<http://www.idph.state.il.us/illinoislead/index.htm>

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

<http://www.cdc.gov/nceh/lead/>
Phone: 800-CDC-INFO (800-232-4636)

National Center for Healthy Housing (NCHH)

<http://www.nchh.org>
Phone: 877-312-3046

U.S. Environmental Protection Agency (US EPA)

<http://www.epa.gov/>
Phone: 800-424-LEAD (1-800-424-5323)

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)

<http://www.apha.org>

Illinois Lead Program Staff

Illinois Lead Program Manager

Kert McAfee
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217-557-4519
Fax: 217-557-1188
Email: kert.mcafee@illinois.gov

Data System Section Administrator

Eddie Simpson, BSB.
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217- 785-2366
Fax: 217-557-1188
Email: eddie.simpson@illinois.gov

Case Management Supervisor

Kate Abitogun, R.N., B.S.N., M.S.N., FNP
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217- 558-2611
Fax: 217-557-1188
Email: kate.abitogun@illinois.gov

Nurse Consultant - Northern Region

Roxane Fleming, R.N., RD, M.A., LPC
Regional Nurse Consultant – Northern Region
Peoria Regional Office
5415 N. University St.
Peoria, IL 61614
Phone: 309-693-5133
Fax: 309-693-5118
Email: roxane.fleming@illinois.gov

Nurse Consultant - Southern Region

Nichole Jones, R.N., B.S.N, CCRN
Regional Nurse Consultant – Southern Region
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217-785-3045
Fax: 217-557-1188
Email: nichole.jones@illinois.gov

Education Coordinator

Eleanor Davis, B.S.
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217-524-2081
Fax: 217-557-1188
Email: eleanor.davis@illinois.gov

Quality Assurance Manager

Frida Fokum, M.S., Ph.D.
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217-558-3502
Fax: 217-557-1188
Email: frida.fokum@illinois.gov

Compliance Investigator

John Fee, Environmental Health Specialist III
525 W. Jefferson St.
Springfield, IL 62761
Phone: 217-558-2048
Fax: 217-557-1188
Email: john.fee@illinois.gov

Regional Environmental Staff Numbers

Rockford Region 815-987-7511
Dan Guif
daniel.guif@illinois.gov

Steve Johnson
steve.j.johnson@illinois.gov

Peoria Region 309-693-5360
Scott Bell
scott.bell@illinois.gov

West Chicago Region 630-293-6800
Tom Baughman
tom.baughman@illinois.gov
Sam Davis
sam.davis@illinois.gov

Edwardsville Region 618-656-6680
Raymond Stottler
raymond.stottler@illinois.gov
Ismay Daly
ismay.daly@illinois.gov

Champaign Region 217-278-5900
Wayne Matthews
wayne.matthews@illinois.gov

Marion Region 618-993-7010
Lynn Stone
lynn.stone@illinos.gov

Illinois Lead Program 2011 Annual Surveillance Report



**Illinois Department of Public Health
Illinois Lead Program**

525 West Jefferson Street
Springfield, Illinois 62761
866-909-3572 or 217-782-3517
TTY 800-547-0466 (hearing impaired use only)