



State of New Jersey  
DEPARTMENT OF HEALTH

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[www.nj.gov/health](http://www.nj.gov/health)

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*Governor*

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*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Commissioner*

March 29, 2021

Dear Health Care Provider:

As you may already know, studies show that no amount of lead exposure is safe for children. Even low blood lead levels have been shown to adversely disrupt the development of the brain and central nervous system in children. The primary way children in the United States are exposed to lead is through deteriorated lead paint and lead-contaminated dust in their home environments (pre-1978 housing).

Throughout the COVID-19 pandemic children have spent significantly more time at home, increasing their risk to exposure of lead paint and contaminated dust. The pandemic also caused many well-child visits to be cancelled. As a result, the number of New Jersey children tested for lead exposure declined 20% last year, which is consistent with a CDC study that found COVID-19 adversely affected identification of children with elevated blood lead levels due to the closure of many medical offices, schools and day care centers to close last spring.

The number of children with elevated blood lead levels and the number of hospitalizations also increased in 2020.

In an effort to increase screening rates, the Department is partnering with the New Jersey chapter of the American Academy of Pediatrics to improve screening rates by connecting with the pediatric medical community, preschool services and families.

Lead dust can be deposited in the home through opening and closing of doors and windows that have lead paint, outside sources being tracked into the home through shoes, entering through open windows during and after powerwashing of homes with exterior lead paint, and through home renovations disturbing lead-based paint.

Other sources of lead exposure in children include water from leaded pipes, imported toys, candy, spices, jewelry, cosmetics, herbal remedies and pottery that may be contaminated with lead. As a health care provider, you play a critical role in the identification of lead burdened children.

Since the adoption of New Jersey Administrative Code Title 8, Chapter 51A (N.J.A.C. 8:51A) in 1996, N.J.A.C. 8:51A has mandated that all physicians, registered professional nurses, as appropriate, and licensed health care facilities that provide services to children less than 72 months of age perform blood lead screening for all children, regardless of potential risk or geographic location. Blood lead screenings on each patient according to the following schedule:

- a. At 12 months of age (between 9-18 months); **and**

- b. Again at 24 months of age (between 18-26 months), where this second test should be performed no sooner than 6 months following the first test; **and, when applicable**
- c. Each child older than 26 months of age but less than 72 months of age if the child has never been previously screened; **and, when applicable**
- d. Any child 6-72 months wherein the risk assessment indicates a new exposure since the last time the child has been screened.

During the pandemic children may have missed their well-visits and therefore may not have been screened for an elevated blood lead level. Ensuring all children are screened for blood lead at ages one and two ensures early identification and removal of lead exposures to children and connection to critical early intervention services. The collaboration with your office is imperative to the identification and prevention of elevated blood lead levels in children.

If you would like further information on childhood lead exposure and the blood lead screening law in New Jersey, please visit the Department's website at [www.nj.gov/health/childhoodlead](http://www.nj.gov/health/childhoodlead) or call the Childhood Lead Program during routine business hours at (609) 633-2937.

Thank you for your attention to this important area.

Sincerely,



Judith Persichilli, RN, BSN, MA  
Commissioner, New Jersey Department of Health