Florida Department of Health
Childhood Lead Poisoning Surveillance Program
Calendar Year 2000 Annual Report
Reference: H64/CCH408427-10
Cooperative agreement for surveillance of elevated blood lead levels in children

INTRODUCTION

Florida is the fourth largest state in the nation, has the nation's fourth largest live birth rate, is home to an estimated one million children less than 72 months of age, and has over 300,000 Medicaid-eligible children in the same age range. The many subtle demographic and socioeconomic differences in this pediatric population underscore the importance of addressing the preventable condition of childhood lead poisoning. The Centers for Disease Control and Prevention's (CDC's) Lead Poisoning Prevention Branch and the national health plan, Healthy People 2010, have established an objective for the elimination of elevated blood lead levels in children. The Florida Department of Health is preparing to meet this challenging objective in a number of ways.

For calendar year 2000, 56,451 total tests were performed on an unduplicated count of 52,438 children less than 72 months of age. These reports were submitted by the Department of Health, Bureau of Laboratories (state laboratory) and by reporting private laboratories to the program. Of those children tested, 558 had blood lead levels greater than or equal to 10 micrograms per deciliter (≥10µg/dL), including all test types (capillary, venous and unknown). The program does not regularly produce rates because many children are not screened and private laboratories often submit data that exclude results less than 10 micrograms per deciliter. Therefore, a reliable denominator is not available. Although the public laboratory does submit complete records, this subset of children may not be representative for estimating statewide prevalence.

The program conducts laboratory-based surveillance, though plans to incorporate local-level case management data are underway. The program was established in 1992 with funding from the CDC. The program began collecting data in 1993. The database is housed in the Department of Health, Bureau of Environmental Epidemiology in Tallahassee. Lead poisoning became a notifiable disease in Florida in 1992. The case definition of childhood lead poisoning is a venous blood sample result of ≥10 micrograms per deciliter (µg/dL) from a child less than 72 months of age.

The program is staffed by a Coordinator, Ms. Trina Thompson, and an Assistant Coordinator Ms. Susan Limbaugh. The program's Supervisor, Dr. Russell Mardon, and Principal Investigator, Dr. David Johnson, oversee the activities and consult with the staff. Program staff maintains laboratory data in Microsoft Access, entering data into flat ASCII files for each calendar year. The program's database now contains nearly 400,000 records. Blood lead level results and accompanying information are routinely entered, checked for quality, and merged to the main database.

The state laboratory and several reporting private laboratories submit records on a weekly or monthly basis. The Florida Statutes, Chapter 381, "Report of Diseases of Public Health Significance to Department", and Chapter 64D-3, of the *Florida Administrative Code*, "Control of Communicable Diseases and Conditions Which May Significantly Affect Man", address the reporting of notifiable diseases by laboratories. Laboratories have a 72 -hour time frame in which to report an elevated blood lead level with the following identifying information:

- Name and date of birth of the patient from whom the specimen was taken;
- Name, address, and telephone number of the processing laboratory; and
- Diagnostic test performed, specimen type and result.

In addition to the above, they must supply **either** of the following:

- Address, telephone number, race, sex, ethnicity and social security number (pending) of the patient, or, if these are not available then
- Name, address, and telephone number of the submitting physician or health care provider.

In addition to these minimum mandatory requirements outlined in the Florida Administrative Code, the program also requests:

- An indication if the individual is receiving Medicaid;
- That all blood lead test results (not only those greater than or equal to 10 micrograms per deciliter) be reported; and
- That all reports be submitted via regular mail service on computer diskette or encrypted and emailed.

The statute does not require blood lead levels less than 10µg/dL to be reported. Florida does not have a law mandating that laboratories submit all identifying information for the purpose of notifying the program of blood lead levels. The state laboratory requires that all parties responsible for the collection of blood samples submit complete identifying information. In turn, the state laboratory provides the program with the most complete records (including Medicaid status). Fifteen private laboratories regularly submitted data to the program during 2000. Some private laboratories report completely, but others do not submit records <10µg/dL or supply information essential for proper surveillance, including Medicaid status and the other variables referred to above. The program coordinator attempts to contact private laboratories to request that reports be submitted within 72-hours and that complete identifying information for elevated and non-elevated tests be submitted. Private laboratory reporting does continue to improve and remains an important source of data.

Lead is an Important Pediatric Health Problem

Despite the elimination of lead from gasoline and interior house paint in this country, lead from these sources remains in the environment and houses. The CDC has termed excessive absorption of lead as “one of the most common pediatric health problems in the United States today and it is entirely preventable” (CDC 1991). Though lead has been eliminated from house paint in this country, lead-based paint hazards in older homes remain the primary source of high-dose lead exposure for preschool-aged children (CDC 1997:13, Children's Environmental Health Network 1997:3). Children are at particular risk for lead exposure due to their regular hand-to-mouth activity during daily play where lead-based paint is peeling or flaking. The dust from this deteriorating paint is easily ingested and is a significant source of exposure.

Children 9 months of age to 2-1/2 years of age are at greatest risk of lead poisoning. They have greater hand-to-mouth activity, their brains are more sensitive to the toxic effects of lead, and they absorb a greater percentage of the lead that is ingested. For comparison, where an adult will absorb 10 percent of ingested lead, a toddler will absorb 50 percent of ingested lead (Children's Environmental Health Network 1997:1). Childrens’ developing nerves are more susceptible because the cell membrane activity and enzymes are affected by lower levels of

lead (Cassarett, Dull 1995). Children less than 72 months of age continue to have increased risk for lead poisoning, which gradually decreases until they are six years of age. After six years of age, the risk is generally low, but special circumstances may increase risk.

Ingested lead is readily available to a child's body during early growth and development. Children are very different from adults physiologically. Pound for pound, young children breathe more, eat more and drink more than adults and double their weight in their first four months of life (Children's Environmental Health Network 1997:1). For example, proportionately, an average one-year-old eats two to seven times more grapes, bananas, pears, carrots and broccoli than an adult (Ibid:2). Children have greater need for calcium than do adults for developing bones and will absorb more of this element when it is ingested. If lead is ingested, the body will mistake it for calcium and absorb the lead in place of calcium.

Other effects of lead poisoning may include diminished intelligence, learning disabilities, delayed congenital development, interference with calcium metabolism, reduced heme syntheses (or the body's ability to manufacture red blood cells), reduced kidney function, and damage to the central nervous system. The damage to the central nervous system is not reversible. The extent to which these effects will be present in a child depends on a number of factors, including the duration and intensity of exposure. These factors are still being studied to determine long-term effects of exposure on children.

SELECTED PROGRAM ACTIVITIES CALENDAR YEAR 2000

- The program compiled and submitted to the CDC, the annual report for 1999 and the four quarterly reports for 2000. The quarterly and annual reports are sent to all 67 county health departments (CHDs) and other interested parties. The report mailing list numbers over 100. Program staff is working with members of the Bureau of Environmental Epidemiology to make these reports available on the Internet.
- The program received at least 40 requests for data during calendar year 2000. Varying degrees of information were requested by concerned parents, realtors and home owners inquiring about the disclosure law, researchers from Florida universities, private construction consultants, graduate students whose projects or theses involve lead poisoning, and local county health departments. Fulfilling these requests required simple tasks such as providing educational materials, or more complex tasks of querying data from the main database and preparing appropriate explanations.
- Program staff learned that the Bureau of TB and Refugee Health has revised a policy on blood lead screening and will offer county health departments a $14.00 reimbursement for venous draws. The policy took effect January 1, 2000. The policy is summarized:
    - Test all children ages one and two years with a direct blood lead test. Assess all children aged six months to six years of age for exposure to lead (ask about peeling or chipping paint; siblings with lead exposure; contact with an adult whose job or hobby involves lead exposure; previous residence near smelter or battery recycling plant; previous residence near major highway or in an urban center). Educate parents about major sources of lead and how to prevent poisoning.
- The program coordinator has established a key contact in the Bureau of TB and Refugee Health and will continue to share information relating to lead poisoning and the screening of immigrants and refugees.

- On January 28, 2000 the program coordinator began attending the Joint Application Development (JAD) meeting as a part of a project to develop electronic laboratory reporting for the Department of Health. The JAD involves structured meetings in which business experts and technical experts formally discuss, determine and document the specific requirements necessary to meet the project goals. The JAD meetings are intended to create a plan for implementing electronic lab reporting for reportable laboratory findings related to modifiable diseases and conditions.
    - Update: The state laboratory contact for electronic laboratory reporting is also the laboratory's director, Dr. Ming Chan. Dr. Chan has made progress toward statewide electronic reporting and he is working closely with Laboratory Corporation of America (LabCorp) to test the use of HL7 and LOINC to transmit data into a central repository for the Department of Health. It is anticipated that by the third calendar quarter of 2001, staff in multiple programs will be able to retrieve laboratory results in this fashion. This update is important information toward the completion of one of the program's long-standing goals, to ensure that all private laboratories report electronically. The program coordinator is in close communication with the Bureau of Disease Epidemiology, an important stakeholder in this process, and she has been assured that she will be included as the system is tested.
- Program staff developed, and Governor Jeb Bush signed on October 12, 2000, a Proclamation of Childhood Lead Poisoning Prevention Week for the month of October. Staff also drafted a press release to accompany the proclamation. Upon release of these documents, a locally based reporter for National Public Radio contacted Ms. Thompson and conducted an interview on the risks of childhood lead poisoning. A copy of the proclamation was included with the program's fourth quarterly report.
- November 6th through 17th, Ms. Thompson attended the "Epidemiology in Action" course offered jointly by the CDC and Emory College of Public Health. Ms. Thompson considered this an excellent opportunity to receive a thorough review of epidemiology and its methods. Ms. Thompson found the course to be a very good investment of time and energy and anticipates applying the materials for the benefit of the lead program.
- Program supervisor, Dr. Russ Mardon, and assistant coordinator, Ms. Susan Limbaugh, attended a workshop on lead-based paint and Florida housing issues on November 15th. The workshop, conducted in Tallahassee by the Department of Community Affairs, gave an overview of how the anticipated regulations, drafted by the Agency for Housing and Urban Development will impact landlords receiving federal funds, and contractors working with potential lead hazards.
- Program supervisor, Dr. Russ Mardon, and coordinator, Ms. Thompson, attended the 2000 National Lead Grantee Conference in Atlanta on December 11-13. This meeting, co-sponsored by CDC, EPA, and HUD, was attended by the three agency grantees' receiving funding for activities related to childhood lead poisoning. This meeting provided a comprehensive overview of the visions and missions of each agency in their efforts to eliminate childhood lead poisoning, as well as helpful examples of projects engaged in by leading grantees.
- The program coordinator, Ms. Thompson, placed an objective in the most recent grant application to improve and simplify the quarterly and annual reporting process. During the second quarter, program supervisor, Dr. Mardon, responded to Ms. Thompson's request for revising quarterly reporting by drafting a Statistical Analysis

Software (SAS) program that produces the tables in the quarterly and annual reports. The systems support staff for the Division of Environmental Health have pursued the statistical package SPSS in lieu of SAS due to the expense of the latter. The SPSS package was loaded onto the bureau's network in November 2000. Ms. Thompson may adapt Dr. Mardon's SAS program for use in SPSS to process future reports.

- Program staff met with Mr. Tom Fitzgerald, of the Department of Health, Division of Information Technology, regarding the above objective. Mr. Fitzgerald delegated, to Information Technology staff member Mr. Brant Miller, a task of creating a web-based platform that will export data to the CDC. Program staff are pleased to report that Mr. Miller has successfully completed this web-based system, and a brief description of the system follows.
    - The new system is a web-based application, designed with Cache language for use in a windows environment. The program staff access the home page of the application by typing its htm address into a web browser. The system includes data routines required of CDC to submit data for the national database and enables lead program staff to clean the data, apply the child identifiers and submit the data to CDC. Data for calendar years 1993 –1995 has been submitted to CDC. There are a small number of duplicative values in the data. Mr. Miller is addressing these values. Ms. Thompson anticipates that years 1993-1995 will be accepted for loading into the national database on or before May 1, 2001.
- Program staff began distributing screening guidelines and high-risk maps statewide during late December 2000. To date, these tools have been well received by county health department staff and community partners. Program staff will analyze incoming data as screening guidelines are increasingly used by private providers, to ascertain if the guidelines are assisting in finding additional children with elevated blood lead levels.
- Program staff, together with the Department of Health's Office of Communications, developed educational materials, including a new magnet design, a sticker, and brochures. The magnets are popular with children and their families and are an excellent bonus for children when provided after screening, as are stickers. Brochures are in English, Haitian Creole and Spanish. Program staff have been distributing these materials to county health department contacts since January 2001.
- Program supervisor, Dr. Russ Mardon; coordinator, Ms. Trina Thompson, and in-kind contributor Dr. Joe Sekerke met with staff of the Department of Community Affairs, Bureau of Community Development, on January 23, 2001. Ms. Thompson gained a key contact, Mr. Harold Eastman, who works in the Community Development Block Grant Section of that bureau. Mr. Eastman provided an overview of what he and other staff do, which includes conducting detailed presentations to the public on what is expected by the new Housing and Urban Development regulation regarding Section 8 housing. Ms. Thompson will be sharing educational materials with Mr. Eastman, including the screening guidelines, and has sketched a project for the lead program and Mr. Eastman to collaborate.
- CDC staff conducted a site visit with the program on January 10, 2001. Mr. David Hutchins, the program's new prevention project officer, Ms. Wendy Blumenthal, the program's contact for the national database, and Dr. Dennis Kim, an Epidemic Intelligence Service (EIS) officer, attended. Dr. Sharunda Buchanan, the program's surveillance project officer, attended briefly by telephone. Ms. Thompson presented background information on the program and displayed plans for expanding statewide

prevention activities. The site visit went well, as evidenced with discussion and positive comments from the CDC attendees. This was the program's first CDC site visit.

- Ms. Thompson and Ms. Limbaugh attended the annual national lead grantee meeting in New Orleans from January 30 through February 1, 2001. This meeting provided the guidance necessary for program staff to prepare a comprehensive prevention application, as well as multiple valuable opportunities to network with fellow grantees who are working toward similar goals.
- Program staff submitted an application to the CDC for a cooperative agreement to expand to a Statewide Childhood Lead Poisoning Prevention Program. The success of this application may result in expanded prevention and surveillance activities. One highlight of the application is its proposals to focus targeted surveillance and prevention activities in 4 counties: Broward, Hillsborough, Orange, and Palm Beach.

Laboratory Reporting

The program's assistant coordinator, Ms. Susan Limbaugh, is logging all private laboratory activity, describing current reports, and noting quality and consistency. This log will better enable the program to monitor laboratory reporting, track trends, and will facilitate communicating with private laboratories about specific reporting problems.

Department of Health, Bureau of Laboratories (State Laboratory)

Program staff have started tracking the occurrences of specimens provided to the state laboratory, that were subsequently deemed as unsatisfactory. A blood sample can be labeled as unsatisfactory for a number of reasons. There may be an insufficient quantity of blood for analysis, the blood may be clotted, or the container may not have patient identifying information. Program staff will be devising a method to communicate the importance of proper capillary collection to responsible county health department staff.

Private Laboratories

During calendar year 2000, four private laboratories made substantial changes in the quality of data submitted to the program.

- Doctor's Laboratory, based in Georgia, has already begun to submit records by email to the program. Doctor's Laboratory has a relatively low volume of blood lead results. Nevertheless, electronic submission immediately increased efficiency in data processing – and has eliminated the use of diskettes involved in previous conventional mail submissions.
- Program staff have noted that ARUP Laboratories' electronic records do not contain addresses or other important identifying information for patients. This is an on-going problem with several private laboratories. Where program staff have no patient address information, they assign the patient to the county of the sample provider. In this case it is DSI Laboratories in Lee County that provides a large volume of samples to ARUP for analyzing. Thus, the missing data elements resulted in the artificial inflating of the number of tests performed in Lee County. Ms. Limbaugh discussed options for completing these fields with the ARUP contact person. The ARUP contact person indicated she would work toward completing these fields. Program staff are pleased to report that in the next electronic file received by ARUP, the address and additional identifying fields were populated.

- Specialty Laboratories began submitting data by email with encrypted Excel files. This is a dramatic difference from the legal-size hard copy data sheets that this laboratory previously submitted.
- Mayo Clinical Laboratories, based in Miami Children's Hospital, has improved the reporting of essential identifying information. Ms. Limbaugh has noted that it is now unusual if Mayo's hard-copy reports do not contain test type and patient address. It is interesting to note that these identifiers are hand-written on every hard-copy report. Mayo submits a high volume of reports, with a range of approximately 25 reports every other day by conventional mail.
- Despite these improvements in private laboratory data, the program does not yet produce rates. A reliable denominator is not available. Although the public laboratory does submit complete records, this subset may not be representative by which to estimate prevalence.

DATA REVIEW

The data contained in this report have several limitations. The program does not receive complete information from all private clinical laboratories. Private laboratory data are included in a limited capacity in this report. Counties that use private laboratories for a large portion of their blood lead tests may not have a true representation of the extent of childhood lead poisoning in their area. An unknown, but possibly large, percentage of the tests performed by private physicians are not included in this report.

The program is attempting to overcome the data limitations in two ways. The first is the implementation of the reportable disease system Merlin. This system will collect additional information that is required for blood lead surveillance, and will capture case management and environmental investigation information entered by county health department staff. The program will have access to all entered information and these data will greatly supplement quarterly and annual reporting. The second approach to overcoming the data limitations is to coordinate with the private clinical laboratories to electronically report all blood lead tests performed, with complete identifying information. Program staff contact laboratory representatives to encourage complete reporting.

There has been a decline in the number of samples submitted to the Department of Health, Bureau of Laboratories (state laboratory), for blood lead analysis. In 1993, the first year that the program collected data, over 95,000 samples were submitted to the state laboratory. In 1994, the number decreased to approximately 60,000, approximately 40,000 in 1995 and 1996, approximately 35,000 in 1997, approximately 27,000 in 1998, approximately 24,600 in 1999 and approximately 21,000 in 2000.

The percentage of samples submitted that were obtained from Medicaid recipients also decreased, although not as dramatically as the total number of samples submitted. In 1993, 72 percent of samples submitted to the state laboratory were from Medicaid recipients. This percentage decreased to 66 percent in 1994, 64 percent in 1995, and 57 percent in 1996, increased slightly in 1997 to 59 percent and 55 percent in 1998 and increased again in 1999 with 60 percent. This percentage remained 60 percent for 2000**.** With the advent of managed care for Medicaid recipients, the proportion of Medicaid recipient samples may decrease because most private practitioners send their samples to private laboratories. Many reporting private laboratories do not report all blood lead levels with complete identifying information, including whether or not the child is on Medicaid.

The program recorded two positive trends in 2000, an increase in the number of records submitted by private laboratories, and a decrease in the number of children found with elevated blood lead levels. One fairly large private laboratory, Laboratory Corporation of America (LabCorp), contacted the program early in the calendar year. A LabCorp contact notified Ms. Thompson that the volume of samples LabCorp analyzes had increased and that this volume would be reflected in the number of records submitted to the program. Subsequently, Ms. Limbaugh noted in the laboratory log that the volume had indeed increased. LabCorp had been submitting approximately 100-250 records by diskette biweekly. With the increase in volume, LabCorp now submits 1-4 diskettes weekly and these can contain 250-700 records each. In addition, two private laboratories began submitting data to the program for the first time. Though these laboratories have a smaller volume and their records must be entered manually from hard copy reports, these records made an impact on the total number of records appended to the main database. This increase in the number of records submitted to the program may literally reflect an increase in the total number of children screened in Florida, or it may in part reflect LabCorp's increased clientele and this laboratory's initiative to report.

There was a drop in the number of children found with elevated venous blood lead levels from 1,007 in 1999 to 550 in 2000 (see Tables 3 and 4). While this decrease is a positive step toward the elimination of childhood lead poisoning in Florida, program staff are aware that they have not received all screening results and that not all at-risk children are screened. Program staff anticipate a possible increase in the number of children found with elevated test results, of all types, including venous. This anticipation is based on the statewide release of screening guidelines initiated in late 2000. As private providers are stimulated to screen children for blood lead according to the guidelines, an increased number of elevated blood lead levels may be uncovered.

Graph Data

Comparisons of the children screened, found with elevated blood lead levels of all test type, and found with confirmed (venous) lead levels, by race sex, and age, for 2000 are shown in graphs 1-3. The graphs represent data submitted by the State Laboratory. Private laboratory data are not included due to the lack of demographic data. A summary of the data provided by the State Laboratory follows:

Graph 1

Children (all children <72 months of age tested for blood lead)

- 51% were male and 49% were female.
- 44% were African American and 44% were European American. The remaining 12% were composed of Native American, Asian or Pacific Islander, or had unknown race indications.
- 92% were between 12 and 72 months of age.

Graph 2
Children with Elevated Tests (All test types, capillary, venous and unknown. Tests ≥10µg/dL)

- 55% were male and 45% were female.
- 58% were African American and 30% were European American. The remaining 12% were composed of Native American, Asian or Pacific Islander, or had unknown race indications.
- 99% were between 12 and 72 months of age.

Graph 3
Children Confirmed as Lead Poisoned (Venous Tests≥10µg/dL)

- 56% were male and 44% were female.
- 60% were African American and 24% were European American. The remaining 16% were composed of Native American, Asian or Pacific Islander, or had unknown race indications.
- 99% were between 12 and 72 months of age.

These data indicate that male children were slightly more likely to be confirmed as lead poisoned. These data also show that nearly three times as many African American children were confirmed as lead poisoned compared to European American children. These data are consistent with national data showing that non-Hispanic blacks are more at risk for lead poisoning than children in other race groups (MMWR, February 21, 1997).

One trend in statewide case management appears to be low compliance in follow-up testing for children with initial blood lead levels ≥10µg/dL. Factors that influence follow-up tracking include providers using different laboratories for initial and confirmatory test analysis, incomplete reporting by laboratories and providers, and incomplete demographic information for tested children. Individual counties will need to evaluate local follow-up performance, especially where private laboratories are used for blood lead analyses.

Current Florida guidelines for childhood lead poisoning have established specific classes of lead poisoning and standards of care (time limits for venous blood sample follow-up of initial capillary blood sample tests, education, environmental actions, etc.) for each level of lead poisoning based on blood analysis results. The class levels and venous follow-up timeframes for initial capillary tests are:

Class Levels	Follow-up Time
10-14µg/dL	90 days
15-19µg/dL	30 days
20- 44µg/dL	7 days
45- 69µg/dL	2 days
≥70µg/dL	Immediately

Calculations based on elevated (≥10µg/dL) initial capillary test reports received from all laboratories from July 1999 through June 2000 (See Table 5) show that the following received follow-up tests according to time limits established by Florida guidelines:

- approximately 27% of children with initial capillary test results 10-14µg/dL.
- approximately 27% of children with initial capillary test results 15-19µg/dL.
- approximately 13% of children with initial capillary test results 20-44µg/dL.

- 20% of children with initial capillary test results 45-69µg/dL.
- No initial capillary tests ≥70µg/dL were reported.

The goal is that 100 percent of children with elevated initial capillary blood lead tests (≥10µg/dL) receive timely follow-up. Private laboratory reporting continues to be challenging for data analysis. For this report, private laboratory data were merged with Bureau of Laboratories' data to facilitate the identification of follow-up tests that were performed by private laboratories (see Tables 2 and 4). Each laboratory has different reporting deficits. Missing data elements include some or all of the following: children's addresses, test type, date of birth, indication if child is on Medicaid, provider of sample (eg: physician or other health care provider who had the child screened), date that the blood was collected, and date the laboratory analyzed the sample and posted a result. If any of these data elements are missing, a follow-up test may not be recorded in the data tables.

Many of all elevated reports for children submitted by private laboratories do not indicate if blood samples drawn were capillary or venous. These private laboratories combined analyze a greater number of samples than the State Laboratory alone. Given the magnitude of incomplete records submitted by private laboratories, the program may be underestimating the extent of lead poisoning in Florida. In order to compile the most accurate representation possible of the screened, elevated blood lead and lead poisoned populations, the program continues efforts to improve completeness and accuracy of data reporting by working with private laboratories.

2000 Annual Report
Explanation of Tables and Graphs

TABLE 1. 2000 Data: This table shows the number of specimens collected, the number of children tested (some children may have been tested multiple times), and the number and percentage of children who received Medicaid within each county. "Number of tests done", is a count of the number of blood specimens of sufficient quantity and quality that were received in the specified period. "Number of children tested", is determined by eliminating duplicate records on the same child using the child's last name, first name, and birthday as sort fields. Whether a child is a Medicaid recipient or not is determined by examining if she/he has a corresponding Medicaid number. If there is none, the child is categorized as a non-Medicaid child. The numbers used in this table are based on reports received from the Department of Health, Bureau of Laboratories, for the time period indicated. Tests performed by private laboratories are not reflected in this table.

TABLE 2. 2000 Data: This table shows the number of specimens collected and the number of children tested (some children may have been tested multiple times). "Number of tests done", is a count of the number of blood specimens of sufficient quantity and quality that were received in the specified period. "Number of children tested" is determined by eliminating duplicate records on the same child using the child's last name, first name, and birthday as sort fields. The numbers used in this table are based on reports received from reporting private laboratories for the time period indicated. Few reporting private laboratories submit Medicaid status, thus it cannot be included as in Table 1.

TABLE 3. 2000 Data: This table shows, by county, the number of children with venous tests in the indicated result categories. The Florida case definition for a lead poisoned child is one whose blood lead test of a sample drawn by the venous method is 10µg/dL or higher. The grouping of results follows the Florida guidelines. The numbers used in this table are based on reports received from the Department of Health, Bureau of Laboratories, for the time period indicated. Tests performed by private laboratories are not reflected in this table.

TABLE 4. 2000 Data: This table shows, by county, the number of children with venous tests in the indicated result categories. The Florida case definition for a lead poisoned child is one whose blood lead test of a sample drawn by the venous method is 10µg/dL or higher. The grouping of results follows the Florida guidelines. The numbers used in this table are based on reports received from reporting private laboratories.

TABLE 5. July 1999- June 2000 Data: This table shows, by county, the number and percent of initial capillary tests with results ≥10µg/dL with confirmatory venous tests within the time period specified by Florida guidelines. Ideally, each initial capillary test with a result ≥10µg/dL should have a venous confirmatory test within the time period specified by Florida guidelines. The numbers used in this table are based on reports received from the Department of Health, Bureau of Laboratories, and private clinical laboratories for the time period indicated on the table.

GRAPH 1. 2000 Data: This graph shows the proportion of all children with reported blood lead analyses by race, gender, and age groups (in months). The total population represents all children less than 72 months of age for whom a blood lead analysis result was reported by the Bureau of Laboratories. Private clinical data were not used for this analysis due to lack of demographic information.

GRAPH 2. 2000 Data: This graph shows the proportion of all children with capillary or venous blood lead analyses ≥10µg/dL by race, gender, and age groups in months. The total population

represents all children less than 72 months of age for whom a blood lead analysis result ≥10µg/dL was reported by the Bureau of Laboratories. Private clinical data were not used for this analysis due to lack of demographic information.

GRAPH 3. 2000 Data: This graph shows the proportion of all children with venous blood lead analyses ≥10µg/dL by race, gender, and age groups in months. The total population represents all children less than 72 months of age for whom a venous blood lead analysis result ≥10µg/dL was reported by the Bureau of Laboratories. Private clinical data were not used for this analysis due to lack of demographic information.

Table 1. **Number of blood lead tests, number of children <72 months of age tested, and percentage receiving Medicaid***

By county and sample type, 2000

	Number of Tests Performed			Number of Children Tested			Received Medicaid?				
County	Capillary	Venous	Total	Capillary	Venous	Total	Yes	%	No	%	Total
Alachua	196	13	209	186	12	198	150	76%	48	24%	198
Baker	105	3	108	98	3	101	96	95%	5	5%	101
Bay	0	39	39	0	39	39	6	15%	33	85%	39
Bradford	249	1	250	235	1	236	162	69%	74	31%	236
Brevard	452	27	479	421	25	446	262	59%	184	41%	446
Broward	2	24	26	2	24	26	0	N/A	26	100%	26
Calhoun	0	1	1	0	1	1	1	100%	0	N/A	1
Charlotte	110	1	111	110	1	111	83	75%	28	25%	111
Citrus	0	0	0	0	0	0	0	N/A	0	N/A	0
Clay	406	4	410	371	4	375	356	95%	19	5%	375
Collier	102	1	103	85	1	86	45	52%	41	48%	86
Columbia	81	0	81	77	0	77	70	91%	7	9%	77
Dade	227	915	1,142	219	909	1,128	0	N/A	1128	100%	1,128
Desoto	4	5	9	4	5	9	8	89%	1	11%	9
Dixie	143	1	144	129	1	130	103	79%	27	21%	130
Duval	3277	211	3,488	2998	172	3,170	1946	61%	1224	39%	3,170
Escambia	186	10	196	173	9	182	122	67%	60	33%	182
Flagler	225	0	225	212	0	212	200	94%	12	6%	212
Franklin	55	2	57	48	2	50	21	42%	29	58%	50
Gadsden	0	1	1	0	1	1	1	100%	0	N/A	1
Gilchrist	144	2	146	137	2	139	120	86%	19	14%	139
Glades	30	9	39	25	9	34	28	82%	6	18%	34
Gulf	15	1	16	13	1	14	14	100%	0	N/A	14
Hamilton	33	0	33	32	0	32	18	56%	14	44%	32
Hardee	77	4	81	72	4	76	59	78%	17	22%	76
Hendry	36	0	36	36	0	36	0	N/A	36	100%	36
Hernando	101	2	103	98	2	100	98	98%	2	2%	100
Highlands	0	0	0	0	0	0	0	N/A	0	N/A	0
Hillsborough	566	79	645	549	76	625	288	46%	337	54%	625
Holmes	43	3	46	39	3	42	41	98%	1	2%	42
Indian River	3	98	101	2	94	96	87	91%	9	9%	96
Jackson	27	1	28	25	1	26	22	85%	4	15%	26
Jefferson	0	7	7	0	7	7	2	29%	5	71%	7
Lafayette	39	0	39	37	0	37	34	92%	3	8%	37
Lake	460	2	462	429	2	431	271	63%	160	37%	431
Lee	3	0	3	2	0	2	2	100%	0	N/A	2
Leon	70	1	71	70	1	71	23	32%	48	68%	71
Levy	4	2	6	2	1	3	0	N/A	3	100%	3
Liberty	0	4	4	0	4	4	4	100%	0	N/A	4
Madison	0	0	0	0	0	0	0	N/A	0	N/A	0
Manatee	29	0	29	28	0	28	23	82%	5	18%	28
Marion	1254	48	1,302	1121	39	1,160	981	85%	179	15%	1,160
Martin	367	21	388	355	17	372	279	75%	93	25%	372
Monroe	1	2	3	1	2	3	2	67%	1	33%	3
Nassau	4	0	4	4	0	4	3	75%	1	25%	4
Okaloosa	0	0	0	0	0	0	0	N/A	0	N/A	0
Okeechobee	0	0	0	0	0	0	0	N/A	0	N/A	0
Orange	586	15	601	555	14	569	379	67%	190	33%	569
Osceola	342	1	343	335	1	336	224	67%	112	33%	336
Palm Beach	921	371	1,292	880	341	1,221	734	60%	487	40%	1,221
Pasco	188	11	199	179	11	190	134	71%	56	29%	190
Pinellas	4086	859	4,945	3683	813	4,496	2081	46%	2,415	54%	4,496
Polk	275	68	343	259	62	321	213	66%	108	34%	321
Putnam	115	14	129	108	13	121	59	49%	62	51%	121
Santa Rosa	1	1	2	1	1	2	0	N/A	2	100%	2
Sarasota	693	26	719	635	26	661	405	61%	256	39%	661
Seminole	413	4	417	399	4	403	348	86%	55	14%	403
St. Johns	193	8	201	176	8	184	176	96%	8	4%	184
St. Lucie	2	116	118	2	114	116	99	85%	17	15%	116
Sumter	419	26	445	383	26	409	269	66%	140	34%	409
Suwannee	128	5	133	114	4	118	99	84%	19	16%	118
Taylor	0	0	0	0	0	0	0	N/A	0	N/A	0
Union	47	1	48	45	1	46	43	93%	3	7%	46
Volusia	579	4	583	542	4	546	491	90%	55	10%	546
Wakulla	14	10	24	12	10	22	21	95%	1	5%	22
Walton	47	0	47	44	0	44	41	93%	3	7%	44
Washington	102	2	104	100	2	102	101	99%	1	1%	102
Total	**18,277**	**3,087**	**21,364**	**16,897**	**2,930**	**19,827**	**11,948**	**60%**	**7,879**	**40%**	**19,827**

***Records submitted by the Department of Health Bureau of Laboratories (State Lab)**

Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program

Table 1. **Number of blood lead tests, number of children <72 months of age tested, and percentage receiving Medicaid***

By county and sample type, 2000

	Number of Tests Performed			Number of Children Tested			Received Medicaid?				
County	Capillary	Venous	Total	Capillary	Venous	Total	Yes	%	No	%	Total
Alachua	196	13	209	186	12	198	150	76%	48	24%	198
Baker	105	3	108	98	3	101	96	95%	5	5%	101
Bay	0	39	39	0	39	39	6	15%	33	85%	39
Bradford	249	1	250	235	1	236	162	69%	74	31%	236
Brevard	452	27	479	421	25	446	262	59%	184	41%	446
Broward	2	24	26	2	24	26	0	N/A	26	100%	26
Calhoun	0	1	1	0	1	1	1	100%	0	N/A	1
Charlotte	110	1	111	110	1	111	83	75%	28	25%	111
Citrus	0	0	0	0	0	0	0	N/A	0	N/A	0
Clay	406	4	410	371	4	375	356	95%	19	5%	375
Collier	102	1	103	85	1	86	45	52%	41	48%	86
Columbia	81	0	81	77	0	77	70	91%	7	9%	77
Dade	227	915	1,142	219	909	1,128	0	N/A	1128	100%	1,128
Desoto	4	5	9	4	5	9	8	89%	1	11%	9
Dixie	143	1	144	129	1	130	103	79%	27	21%	130
Duval	3277	211	3,488	2998	172	3,170	1946	61%	1224	39%	3,170
Escambia	186	10	196	173	9	182	122	67%	60	33%	182
Flagler	225	0	225	212	0	212	200	94%	12	6%	212
Franklin	55	2	57	48	2	50	21	42%	29	58%	50
Gadsden	0	1	1	0	1	1	1	100%	0	N/A	1
Gilchrist	144	2	146	137	2	139	120	86%	19	14%	139
Glades	30	9	39	25	9	34	28	82%	6	18%	34
Gulf	15	1	16	13	1	14	14	100%	0	N/A	14
Hamilton	33	0	33	32	0	32	18	56%	14	44%	32
Hardee	77	4	81	72	4	76	59	78%	17	22%	76
Hendry	36	0	36	36	0	36	0	N/A	36	100%	36
Hernando	101	2	103	98	2	100	98	98%	2	2%	100
Highlands	0	0	0	0	0	0	0	N/A	0	N/A	0
Hillsborough	566	79	645	549	76	625	288	46%	337	54%	625
Holmes	43	3	46	39	3	42	41	98%	1	2%	42
Indian River	3	98	101	2	94	96	87	91%	9	9%	96
Jackson	27	1	28	25	1	26	22	85%	4	15%	26
Jefferson	0	7	7	0	7	7	2	29%	5	71%	7
Lafayette	39	0	39	37	0	37	34	92%	3	8%	37
Lake	460	2	462	429	2	431	271	63%	160	37%	431
Lee	3	0	3	2	0	2	2	100%	0	N/A	2
Leon	70	1	71	70	1	71	23	32%	48	68%	71
Levy	4	2	6	2	1	3	0	N/A	3	100%	3
Liberty	0	4	4	0	4	4	4	100%	0	N/A	4
Madison	0	0	0	0	0	0	0	N/A	0	N/A	0
Manatee	29	0	29	28	0	28	23	82%	5	18%	28
Marion	1254	48	1,302	1121	39	1,160	981	85%	179	15%	1,160
Martin	367	21	388	355	17	372	279	75%	93	25%	372
Monroe	1	2	3	1	2	3	2	67%	1	33%	3
Nassau	4	0	4	4	0	4	3	75%	1	25%	4
Okaloosa	0	0	0	0	0	0	0	N/A	0	N/A	0
Okeechobee	0	0	0	0	0	0	0	N/A	0	N/A	0
Orange	586	15	601	555	14	569	379	67%	190	33%	569
Osceola	342	1	343	335	1	336	224	67%	112	33%	336
Palm Beach	921	371	1,292	880	341	1,221	734	60%	487	40%	1,221
Pasco	188	11	199	179	11	190	134	71%	56	29%	190
Pinellas	4086	859	4,945	3683	813	4,496	2081	46%	2,415	54%	4,496
Polk	275	68	343	259	62	321	213	66%	108	34%	321
Putnam	115	14	129	108	13	121	59	49%	62	51%	121
Santa Rosa	1	1	2	1	1	2	0	N/A	2	100%	2
Sarasota	693	26	719	635	26	661	405	61%	256	39%	661
Seminole	413	4	417	399	4	403	348	86%	55	14%	403
St. Johns	193	8	201	176	8	184	176	96%	8	4%	184
St. Lucie	2	116	118	2	114	116	99	85%	17	15%	116
Sumter	419	26	445	383	26	409	269	66%	140	34%	409
Suwannee	128	5	133	114	4	118	99	84%	19	16%	118
Taylor	0	0	0	0	0	0	0	N/A	0	N/A	0
Union	47	1	48	45	1	46	43	93%	3	7%	46
Volusia	579	4	583	542	4	546	491	90%	55	10%	546
Wakulla	14	10	24	12	10	22	21	95%	1	5%	22
Walton	47	0	47	44	0	44	41	93%	3	7%	44
Washington	102	2	104	100	2	102	101	99%	1	1%	102
Total	**18,277**	**3,087**	**21,364**	**16,897**	**2,930**	**19,827**	**11,948**	**60%**	**7,879**	**40%**	**19,827**

***Records submitted by the Department of Health Bureau of Laboratories (State Lab)**

Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program

Table 2. **Number of blood lead tests, number of children <72 months of age tested, by county and sample type, 2000***

	Number of Tests Performed				Number of Children Tested			
County	Capillary	Venous	Unknown	Total	Capillary	Venous	Unknown	Total
Alachua	419	10	419	429	394	9	345	403
Baker	5	0	22	22	5	0	12	5
Bay	8	3	28	31	8	3	27	11
Bradford	9	0	7	7	9	0	5	9
Brevard	5	14	349	363	5	8	334	13
Broward	843	36	2,844	2,880	816	34	2,693	850
Calhoun	2	0	10	10	2	0	8	2
Charlotte	23	1	18	19	22	1	16	23
Citrus	257	2	125	127	248	2	95	250
Clay	7	3	63	66	7	3	61	10
Collier	17	83	12	95	16	81	9	97
Columbia	298	13	202	215	282	9	156	291
Dade	1131	709	7736	8,445	1051	687	7150	1,738
Desoto	0	0	45	45	0	0	40	0
Dixie	31	12	9	21	27	11	8	38
Duval	26	16	383	399	26	15	349	41
Escambia	4	401	536	937	4	386	504	390
Flagler	9	0	6	6	9	0	5	9
Franklin	55	0	30	30	53	0	17	53
Gadsden	3	6	6	12	3	5	5	8
Gilchrist	40	9	18	27	40	9	12	49
Glades	0	0	6	6	0	0	6	0
Gulf	53	0	13	13	53	0	11	53
Hamilton	105	4	57	61	97	4	42	101
Hardee	0	0	6	6	0	0	4	0
Hendry	0	1	108	109	0	1	106	1
Hernando	1	0	87	87	1	0	84	1
Highlands	10	3	174	177	8	3	166	11
Hillsborough	331	170	2588	2,758	320	163	2,371	483
Holmes	0	0	31	31	0	0	29	0
Indian River	408	2	188	190	388	2	132	390
Jackson	24	3	53	56	24	3	53	27
Jefferson	0	0	11	11	0	0	11	0
Lafayette	4	0	4	4	4	0	4	4
Lake	20	1	164	165	20	1	154	21
Lee	53	8	2,122	2,130	53	5	2,021	58
Leon	18	391	157	548	18	368	144	386
Levy	196	22	83	105	184	21	68	205
Liberty	3	0	3	3	2	0	2	2
Madison	4	1	116	117	4	1	113	5
Manatee	0	1	603	604	0	1	583	1
Marion	45	10	47	57	44	9	42	53
Martin	6	3	108	111	6	3	101	9
Monroe	0	1	90	91	0	1	89	1
Nassau	0	0	8	8	0	0	7	0
Okaloosa	92	2	177	179	90	2	166	92
Okeechobee	45	1	411	412	44	1	388	45
Orange	485	21	692	713	467	16	594	483
Osceola	22	1	94	95	22	1	87	23
Palm Beach	172	2	1,120	1,122	167	2	1,053	169
Pasco	41	4	347	351	40	4	305	44
Pinellas	181	147	429	576	173	144	398	317
Polk	541	27	1,033	1,060	521	21	889	542
Putnam	22	0	245	245	22	0	235	22
Santa Rosa	4	37	84	121	4	37	82	41
Sarasota	70	1	265	266	68	1	236	69
Seminole	395	3	200	203	382	3	182	385
St. Johns	109	8	66	74	109	8	55	117
St. Lucie	143	0	385	385	137	0	363	137
Sumter	2	0	6	6	1	0	5	1
Suwannee	86	4	49	53	83	3	42	86
Taylor	1	1	18	19	1	1	16	2
Union	6	0	8	8	6	0	6	6
Volusia	259	12	320	332	241	12	299	253
Wakulla	1	1	1	2	1	1	0	2
Walton	13	1	42	43	12	1	40	13
Washington	0	0	25	25	0	0	25	0
Total	**7,163**	**2,212**	**25,712**	**35,087**	**6,844**	**2,107**	**23,660**	**32,611**

***Records submitted by reporting private laboratories. Medicaid status is not included because it is not consistently submitted.**
Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program

Table 3. **Children <72 months of age, venous samples grouped by county, 2000**
Based on records from the Department of Health Bureau of Laboratories

County	Venous Test Results (µg/dL)					Total
	0-9	10-14	15-19	20-44	45-69	
Alachua	12	0	0	0	0	12
Baker	3	0	0	0	0	3
Bay	39	0	0	0	0	39
Bradford	1	0	0	0	0	1
Brevard	25	0	0	0	0	25
Broward	21	3	0	0	0	24
Calhoun	1	0	0	0	0	1
Charlotte	1	0	0	0	0	1
Citrus	0	0	0	0	0	0
Clay	3	1	0	0	0	4
Collier	1	0	0	0	0	1
Columbia	0	0	0	0	0	0
Dade	794	95	17	3	0	909
Desoto	5	0	0	0	0	5
Dixie	1	0	0	0	0	1
Duval	113	37	15	7	0	172
Escambia	7	1	1	0	0	9
Flagler	0	0	0	0	0	0
Franklin	2	0	0	0	0	2
Gadsden	1	0	0	0	0	1
Gilchrist	2	0	0	0	0	2
Glades	9	0	0	0	0	9
Gulf	1	0	0	0	0	1
Hamilton	0	0	0	0	0	0
Hardee	4	0	0	0	0	4
Hendry	0	0	0	0	0	0
Hernando	2	0	0	0	0	2
Highlands	0	0	0	0	0	0
Hillsborough	68	4	1	3	0	76
Holmes	3	0	0	0	0	3
Indian River	88	4	1	1	0	94
Jackson	1	0	0	0	0	1
Jefferson	7	0	0	0	0	7
Lafayette	0	0	0	0	0	0
Lake	1	1	0	0	0	2
Lee	0	0	0	0	0	0
Leon	1	0	0	0	0	1
Levy	0	0	1	0	0	1
Liberty	4	0	0	0	0	4
Madison	0	0	0	0	0	0
Manatee	0	0	0	0	0	0
Marion	30	6	3	0	0	39
Martin	15	2	0	0	0	17
Monroe	2	0	0	0	0	2
Nassau	0	0	0	0	0	0
Okaloosa	0	0	0	0	0	0
Okeechobee	0	0	0	0	0	0
Orange	9	3	2	0	0	14
Osceola	1	0	0	0	0	1
Palm Beach	316	16	7	2	0	341
Pasco	11	0	0	0	0	11
Pinellas	779	24	5	5	0	813
Polk	58	3	1	0	0	62
Putnam	11	1	1	0	0	13
Santa Rosa	1	0	0	0	0	1
Sarasota	24	2	0	0	0	26
Seminole	3	1	0	0	0	4
St. Johns	8	0	0	0	0	8
St. Lucie	113	1	0	0	0	114
Sumter	24	0	2	0	0	26
Suwannee	3	1	0	0	0	4
Taylor	0	0	0	0	0	0
Union	0	1	0	0	0	1
Volusia	4	0	0	0	0	4
Wakulla	10	0	0	0	0	10
Walton	0	0	0	0	0	0
Washington	2	0	0	0	0	2
Total	**2,645**	**207**	**57**	**21**	**0**	**2,930**

Table 4. **Children <72 months of age, venous samples grouped by results, by county, 2000**
Based on records from reporting private laboratories.

	Venous Test Results (µg/dL)						
County	**0-9**	**10-14**	**15-19**	**20-44**	**45-69**	**>=70**	**Total**
Alachua	9	0	0	0	0	0	9
Baker	0	0	0	0	0	0	0
Bay	3	0	0	0	0	0	3
Bradford	0	0	0	0	0	0	0
Brevard	2	3	3	0	0	0	8
Broward	6	21	5	1	0	1	33
Calhoun	0	0	0	0	0	0	0
Charlotte	0	1	0	0	0	0	1
Citrus	2	0	0	0	0	0	2
Clay	2	1	0	0	0	0	3
Collier	67	5	5	4	0	0	81
Columbia	8	1	0	0	0	0	9
Dade	585	79	14	7	2	0	687
Desoto	0	0	0	0	0	0	0
Dixie	10	0	1	0	0	0	11
Duval	9	5	1	0	0	0	15
Escambia	378	5	3	0	0	0	386
Flagler	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0
Gadsden	2	2	0	1	0	0	5
Gilchrist	9	0	0	0	0	0	9
Glades	0	0	0	0	0	0	0
Gulf	0	0	0	0	0	0	0
Hamilton	3	0	1	0	0	0	4
Hardee	0	0	0	0	0	0	0
Hendry	0	1	0	0	0	0	1
Hernando	0	0	0	0	0	0	0
Highlands	0	2	1	0	0	0	3
Hillsborough	151	7	2	3	0	0	163
Holmes	0	0	0	0	0	0	0
Indian River	1	1	0	0	0	0	2
Jackson	3	0	0	0	0	0	3
Jefferson	0	0	0	0	0	0	0
Lafayette	0	0	0	0	0	0	0
Lake	0	0	0	1	0	0	1
Lee	4	0	0	1	0	0	5
Leon	357	10	0	0	1	0	368
Levy	20	0	1	0	0	0	21
Liberty	0	0	0	0	0	0	0
Madison	0	0	0	0	0	0	0
Manatee	0	1	1	0	0	0	2
Marion	9	0	0	0	0	0	9
Martin	3	0	0	0	0	0	3
Monroe	1	0	0	0	0	0	1
Nassau	0	0	0	0	0	0	0
Okaloosa	2	0	0	0	0	0	2
Okeechobee	1	0	0	0	0	0	1
Orange	2	13	0	1	0	0	16
Osceola	1	0	0	0	0	0	1
Palm Beach	2	0	0	0	0	0	2
Pasco	4	0	0	0	0	0	4
Pinellas	130	10	1	3	0	0	144
Polk	5	9	4	3	0	0	21
Putnam	0	0	0	0	0	0	0
Santa Rosa	36	1	0	0	0	0	37
Sarasota	1	0	0	0	0	0	1
Seminole	3	0	0	0	0	0	3
St. Johns	7	0	1	0	0	0	8
St. Lucie	0	0	0	0	0	0	0
Sumter	0	0	0	0	0	0	0
Suwannee	0	1	1	1	0	0	3
Taylor	0	1	0	0	0	0	1
Union	0	0	0	0	0	0	0
Volusia	3	7	2	0	0	0	12
Wakulla	0	1	0	0	0	0	1
Walton	1	0	0	0	0	0	1
Washington	0	0	0	0	0	0	0
Total	**1,842**	**188**	**47**	**26**	**3**	**1**	**2,107**

Table 5. **Venous confirmation of initial capillary test results >=10ug/dL, children <72 months of age, by county, 1999.**

	Initial Capillary 10-14µg/dL				Initial Capillary 15-19µg/dL				Initial Capillary 20-44µg/dL				Initial Capillary 45-69µg/dL			
		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed
County	Total	<= 90 Days	>90 Days	Per Guidelines	Total	<= 30 Days	>30 Days	Per Guidelines	Total	<= 7 Days	>7 Days	Per Guidelines	Total	<= 2 Days	>2 Days	Per Guidelines
Alachua	14	2	1	14.3%	6	2	1	33.3%	3	1	0	33.3%	0	0	0	N/A
Baker	3	1	0	33.3%	1	0	0	0.0%	0	0	0	N/A	0	0	0	N/A
Bay	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Bradford	8	1	0	12.5%	1	0	0	0.0%	2	0	0	0.0%	0	0	0	N/A
Brevard	25	15	1	60.0%	9	6	2	66.7%	4	2	1	50.0%	0	0	0	N/A
Broward	44	2	0	4.5%	9	4	0	44.4%	0	0	0	N/A	1	0	0	0.0%
Calhoun	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Charlotte	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Citrus	2	1	0	50.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Clay	5	1	1	20.0%	0	0	0	N/A	1	0	0	0.0%	0	0	0	N/A
Collier	1	0	1	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Columbia	6	2	0	33.3%	1	0	0	0.0%	1	1	0	100.0%	0	0	0	N/A
Dade	37	0	2	0.0%	9	0	2	0.0%	6	0	1	0.0%	2	0	0	0.0%
Desoto	1	0	0	0.0%	0	0	0	N/A	2	0	0	0.0%	0	0	0	N/A
Dixie	8	0	0	0.0%	3	0	1	0.0%	1	0	0	0.0%	0	0	0	N/A
Duval	55	28	13	50.9%	19	7	8	36.8%	10	2	7	20.0%	0	0	0	N/A
Escambia	3	1	1	33.3%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Flagler	2	0	0	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Franklin	8	3	0	37.5%	4	1	0	25.0%	3	0	1	0.0%	0	0	0	N/A
Gadsden	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Gilchrist	3	2	0	66.7%	2	1	1	50.0%	0	0	0	N/A	0	0	0	N/A
Glades	6	0	1	0.0%	3	1	1	33.3%	1	0	1	0.0%	0	0	0	N/A
Gulf	0	0	0	N/A	2	0	0	0.0%	0	0	0	N/A	0	0	0	N/A
Hamilton	1	1	0	100.0%	1	0	1	0.0%	0	0	0	N/A	0	0	0	N/A
Hardee	0	0	0	N/A	1	1	0	100.0%	0	0	0	N/A	0	0	0	N/A
Hendry	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Hernando	4	1	0	25.0%	1	0	0	0.0%	0	0	0	N/A	0	0	0	N/A
Highlands	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Hillsborough	26	2	2	7.7%	5	1	2	20.0%	4	0	3	0.0%	1	1	0	100.0%
Holmes	5	3	0	60.0%	1	1	0	100.0%	0	0	0	N/A	0	0	0	N/A
Indian River	2	2	0	100.0%	1	0	1	0.0%	0	0	0	N/A	0	0	0	N/A
Jackson	5	1	0	20.0%	1	0	1	0.0%	1	0	0	0.0%	0	0	0	N/A
Jefferson	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Lafayette	1	0	0	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Lake	21	1	0	4.8%	7	0	1	0.0%	4	0	0	0.0%	0	0	0	N/A
Lee	1	0	0	0.0%	0	0	0	N/A	1	0	0	0.0%	0	0	0	N/A
Leon	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Levy	4	1	0	25.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Liberty	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Madison	1	1	0	100.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Manatee	0	0	0	N/A	1	1	0	100.0%	1	0	0	0.0%	0	0	0	N/A
Marion	23	19	1	82.6%	8	6	2	75.0%	3	2	1	66.7%	0	0	0	N/A
Martin	5	2	1	40.0%	3	1	2	33.3%	0	0	0	N/A	0	0	0	N/A
Monroe	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Nassau	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Okaloosa	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A

Table 5. Continued

County	Initial Capillary 10-14µg/dL				Initial Capillary 15-19µg/dL				Initial Capillary 20-44µg/dL				Initial Capillary 45-69µg/dL			
		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed		Venous Confirmation		% Confirmed
	Total	<= 90 Days	>90 Days	Per Guidelines	Total	<= 30 Days	>30 Days	Per Guidelines	Total	<= 7 Days	>7 Days	Per Guidelines	Total	<= 2 Days	>2 Days	Per Guidelines
Okeechobee	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Orange	23	4	3	17.4%	5	2	1	40.0%	3	0	1	0.0%	0	0	0	N/A
Osceola	4	0	0	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Palm Beach	53	6	3	11.3%	22	0	4	0.0%	10	0	4	0.0%	0	0	0	N/A
Pasco	19	0	1	0.0%	7	1	1	14.3%	8	0	1	0.0%	0	0	0	N/A
Pinellas	93	39	14	41.9%	18	6	7	33.3%	13	3	7	23.1%	0	0	0	N/A
Polk	26	4	2	15.4%	4	1	1	25.0%	2	0	2	0.0%	0	0	0	N/A
Putnam	6	2	2	33.3%	6	0	4	0.0%	1	1	0	100.0%	0	0	0	N/A
Santa Rosa	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Sarasota	8	5	1	62.5%	2	1	0	50.0%	2	0	1	0.0%	0	0	0	N/A
Seminole	9	0	0	0.0%	6	3	1	50.0%	0	0	0	N/A	0	0	0	N/A
St. Johns	7	0	1	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
St. Lucie	1	0	0	0.0%	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Sumter	25	15	4	60.0%	9	3	3	33.3%	4	0	2	0.0%	0	0	0	N/A
Suwannee	4	2	1	50.0%	3	0	2	0.0%	0	0	0	N/A	0	0	0	N/A
Taylor	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Union	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Volusia	24	0	1	0.0%	6	0	0	0.0%	2	0	0	0.0%	1	0	0	0.0%
Wakulla	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A	0	0	0	N/A
Walton	1	0	0	0.0%	2	0	0	0.0%	0	0	0	N/A	0	0	0	N/A
Washington	2	1	0	50.0%	2	1	0	50.0%	0	0	0	N/A	0	0	0	N/A
Total	**635**	**171**	**58**	**26.9%**	**191**	**51**	**50**	**26.7%**	**93**	**12**	**33**	**12.9%**	**5**	**1**	**0**	**20.0%**

Confirmation time periods conform to Florida guidelines.

Per Florida guidelines, all initial capillary tests with results >=10ug/dL should have **venous confirmation** tests within a time period specified by the same guidelines. The confirmation time period depends upon the category within which the initial capillary tests results fall.

Table 7 Estimated number of children aged 1and 2 years, number of Medicaid eligible children aged 1 and 2 years and number of children aged 1and 2 years tested for lead poisoning, by county, based on 1990 census data. on information provided by the Agency for Health Care Administration,and on reports from the Department of Health, Bureau of Laboratories and reporting private laboratories from January 1, 1999 to December 31, 1999.

COUNTY	ESTIMATED CHILDREN	MEDICAID ELIG CHILDREN	CHILDREN SCREENED CAPILLARY	VENOUS	UKNOWN	TOTAL	PERCENT SCREENED
Alachua	0	0	0	0	0	0	#DIV/0!
Baker	0	0	0	0	0	0	#DIV/0!
Bay	0	0	0	0	0	0	#DIV/0!
Bradford	0	0	0	0	0	0	#DIV/0!
Brevard	0	0	0	0	0	0	#DIV/0!
Broward	0	0	0	0	0	0	#DIV/0!
Calhoun	0	0	0	0	0	0	#DIV/0!
Charlotte	0	0	0	0	0	0	#DIV/0!
Citrus	0	0	0	0	0	0	#DIV/0!
Clay	0	0	0	0	0	0	#DIV/0!
Collier	0	0	0	0	0	0	#DIV/0!
Columbia	0	0	0	0	0	0	#DIV/0!
Dade	0	0	0	0	0	0	#DIV/0!
Desoto	0	0	0	0	0	0	#DIV/0!
Dixie	0	0	0	0	0	0	#DIV/0!
Duval	0	0	0	0	0	0	#DIV/0!
Escambia	0	0	0	0	0	0	#DIV/0!
Flagler	0	0	0	0	0	0	#DIV/0!
Franklin	0	0	0	0	0	0	#DIV/0!
Gadsden	0	0	0	0	0	0	#DIV/0!
Gilchrist	0	0	0	0	0	0	#DIV/0!
Glades	0	0	0	0	0	0	#DIV/0!
Gulf	0	0	0	0	0	0	#DIV/0!
Hamilton	0	0	0	0	0	0	#DIV/0!
Hardee	0	0	0	0	0	0	#DIV/0!
Hendry	0	0	0	0	0	0	#DIV/0!
Hernando	0	0	0	0	0	0	#DIV/0!
Highlands	0	0	0	0	0	0	#DIV/0!
Hillsborough	0	0	0	0	0	0	#DIV/0!
Holmes	0	0	0	0	0	0	#DIV/0!
Indian River	0	0	0	0	0	0	#DIV/0!
Jackson	0	0	0	0	0	0	#DIV/0!
Jefferson	0	0	0	0	0	0	#DIV/0!
Lafayette	0	0	0	0	0	0	#DIV/0!
Lake	0	0	0	0	0	0	#DIV/0!
Lee	0	0	0	0	0	0	#DIV/0!
Leon	0	0	0	0	0	0	#DIV/0!
Levy	0	0	0	0	0	0	#DIV/0!
Liberty	0	0	0	0	0	0	#DIV/0!
Madison	0	0	0	0	0	0	#DIV/0!
Manatee	0	0	0	0	0	0	#DIV/0!
Marion	0	0	0	0	0	0	#DIV/0!
Martin	0	0	0	0	0	0	#DIV/0!
Monroe	0	0	0	0	0	0	#DIV/0!
Nassau	0	0	0	0	0	0	#DIV/0!
Okaloosa	0	0	0	0	0	0	#DIV/0!
Okeechobee	0	0	0	0	0	0	#DIV/0!
Orange	0	0	0	0	0	0	#DIV/0!
Osceola	0	0	0	0	0	0	#DIV/0!
Palm Beach	0	0	0	0	0	0	#DIV/0!
Pasco	0	0	0	0	0	0	#DIV/0!
Pinellas	0	0	0	0	0	0	#DIV/0!
Polk	0	0	0	0	0	0	#DIV/0!
Putnam	0	0	0	0	0	0	#DIV/0!
Santa Rosa	0	0	0	0	0	0	#DIV/0!
Sarasota	0	0	0	0	0	0	#DIV/0!
Seminole	0	0	0	0	0	0	#DIV/0!
St. Johns	0	0	0	0	0	0	#DIV/0!
St. Lucie	0	0	0	0	0	0	#DIV/0!
Sumter	0	0	0	0	0	0	#DIV/0!
Suwannee	0	0	0	0	0	0	#DIV/0!
Taylor	0	0	0	0	0	0	#DIV/0!
Union	0	0	0	0	0	0	#DIV/0!
Volusia	0	0	0	0	0	0	#DIV/0!
Wakulla	0	0	0	0	0	0	#DIV/0!
Walton	0	0	0	0	0	0	#DIV/0!
Washington	0	0	0	0	0	0	#DIV/0!
TOTALS	**0**	**0**	**0**	**0**	**0**	**0**	**#DIV/0!**
PERCENT	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**

Prepared by the joint CDC and FL. HRS Childhood Lead Poisoning Surveillance Program.

	1999	2000
All Tests By Race		
Native American	2	0
Asian or Pacific Isla	168	0
African American	10957	0
European American	10800	0
Other	851	0
Unknown	1870	0
Total	24648	0
All Tests >=10 By Race		
Native American	0	0
Asian or Pacific Isla	8	0
African American	802	0
European American	456	0
Other	18	0
Unknown	91	0
Total	1375	0
All Venous Tests >=10 By Race		
Native American	0	0
Asian or Pacific Isla	0	0
African American	306	0
European American	88	0
Other	6	0
Unknown	34	0
Total	434	0
All Tests By Gender		
Male	12471	0
Female	11962	0
Unknown	215	0
Total	24648	0
All Tests >=10 By Gender		
Male	770	0
Female	594	0
Unknown	11	0
Total	1375	0
All Venous Tests >=10 By Gender		
Male	237	0
Female	194	0
Unknown	3	0
Total	434	0
All Tests By Age Group (in months)		
0-11	1913	0
12-23	6066	0
24-35	3694	0
36-47	4174	0
48-59	5138	0
60-71	3663	0
Total	24648	0
All Tests >=10 By Age Group (in months		
0-11	43	0
12-23	320	0
24-35	283	0
36-47	243	0
48-59	255	0
60-71	231	0
Total	1375	0
enous Tests >=10 By Age Group (in mo		
0-11	9	0
12-23	92	0
24-35	96	0
36-47	82	0
48-59	77	0
60-71	78	0
Total	434	0

	1999	2000
Children Tested By Race		
Native American	2	3
Asian or Pacific Island	157	123
African American	9880	7730
European American	10057	8937
Other	810	958
Unknown	1779	2077
Total	22685	19828
Child Results >=10 By Race		
Native American	0	0
Asian or Pacific Island	7	3
African American	417	252
European American	215	166
Other	13	17
Unknown	69	118
Total	721	556
Child Venous >=10 By Race		
Native American	0	0
Asian or Pacific Island	0	0
African American	129	121
European American	51	41
Other	5	9
Unknown	29	114
Total	214	285
Children By Gender		
Male	11441	9986
Female	11038	9622
Unknown	206	220
Total	22685	19828
Child Results >=10 By Gender		
Male	397	306
Female	316	247
Unknown	8	3
Total	721	556
Child Venous >=10 By Gender		
Male	119	152
Female	93	131
Unknown	2	2
Total	214	285
Children By Age Group (in months)		
0-11	1779	1456
12-23	5478	5042
24-35	3376	2974
36-47	3866	3533
48-59	4745	3919
60-71	3441	2904
Total	22685	19828
Child Results >=10 By Age Group (in mo		
0-11	17	18
12-23	166	128
24-35	141	99
36-47	137	124
48-59	126	92
60-71	134	95
Total	721	556
Child Venous >=10 By Age Group (in mo		
0-11	2	8
12-23	46	61
24-35	40	45
36-47	51	59
48-59	30	52
60-71	45	60
Total	434	285

Tests

Race

1998 />\ 1999 All	>=10	Venous>=10
Native American	0.0	0.0	0.0
Asian or Pacific Islander	0.7	0.6	0.0
African American	44.5	58.3	70.5
European American	43.8	33.2	20.3
Other	3.5	1.3	1.4
Unknown Race	7.6	6.6	7.8
Total	100.0	100.0	100.0

Gender

1998 />\ 1999 All	>=10	Venous>=10
Male	50.6	56.0	54.6
Female	48.5	43.2	44.7
Unknown Gender	0.9	0.8	0.7
Total	100.0	100.0	100.0

Age Groups

1998 />\ 1999 All	>=10	Venous>=10
0-11	7.8	3.1	2.1
12-23	24.6	23.3	21.2
24-35	15.0	20.6	22.1
36-47	16.9	17.7	18.9
48-59	20.8	18.5	17.7
60-71	14.9	16.8	18.0
Total	100.0	100.0	100.0

Children

Race

1998 />\ 1999 All	>=10	Venous>=10
Native American	0.0	0.0	0.0
Asian or Pacific Islander	0.7	1.0	0.0
African American	43.6	57.8	60.3
European American	44.3	29.8	23.8
Other	3.6	1.8	2.3
Unknown Race	7.8	9.6	13.6
Total	100.0	100.0	100.0

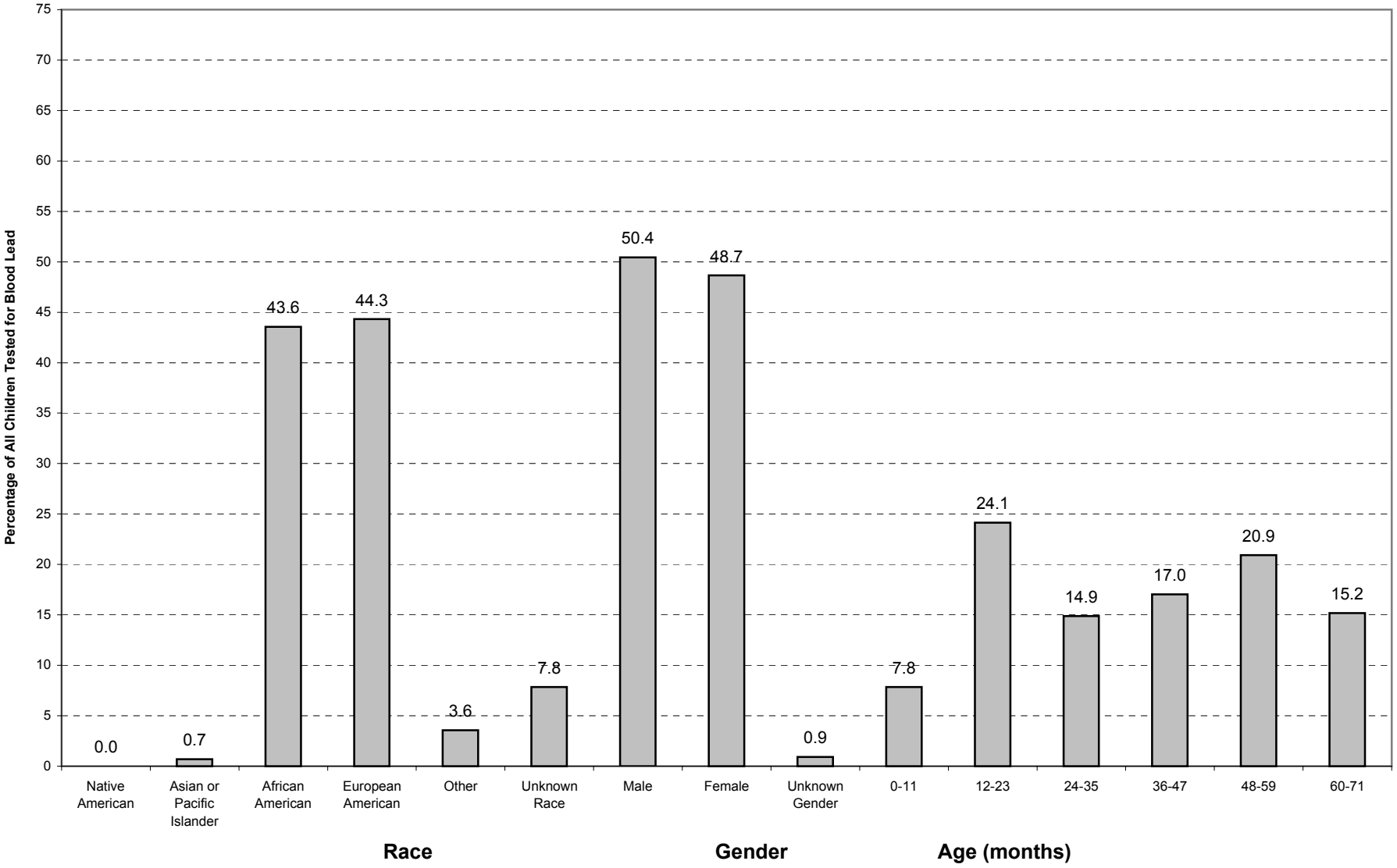
Gender

1998 />\ 1999 All	>=10	Venous>=10
Male	50.4	55.1	55.6
Female	48.7	43.8	43.5
Unknown Gender	0.9	1.1	0.9
Total	100.0	100.0	100.0

Age Groups

1998 />\ 1999 All	>=10	Venous>=10
0-11	7.8	2.4	0.9
12-23	24.1	23.0	21.5
24-35	14.9	19.6	18.7
36-47	17.0	19.0	23.8
48-59	20.9	17.5	14.0
60-71	15.2	18.6	21.0
Total	100.0	100.0	100.0

Graph 1: All Children<72 Months of Age , by Race, Gender and Age (months), Tested for Blood Lead, 2001, n=17,004*

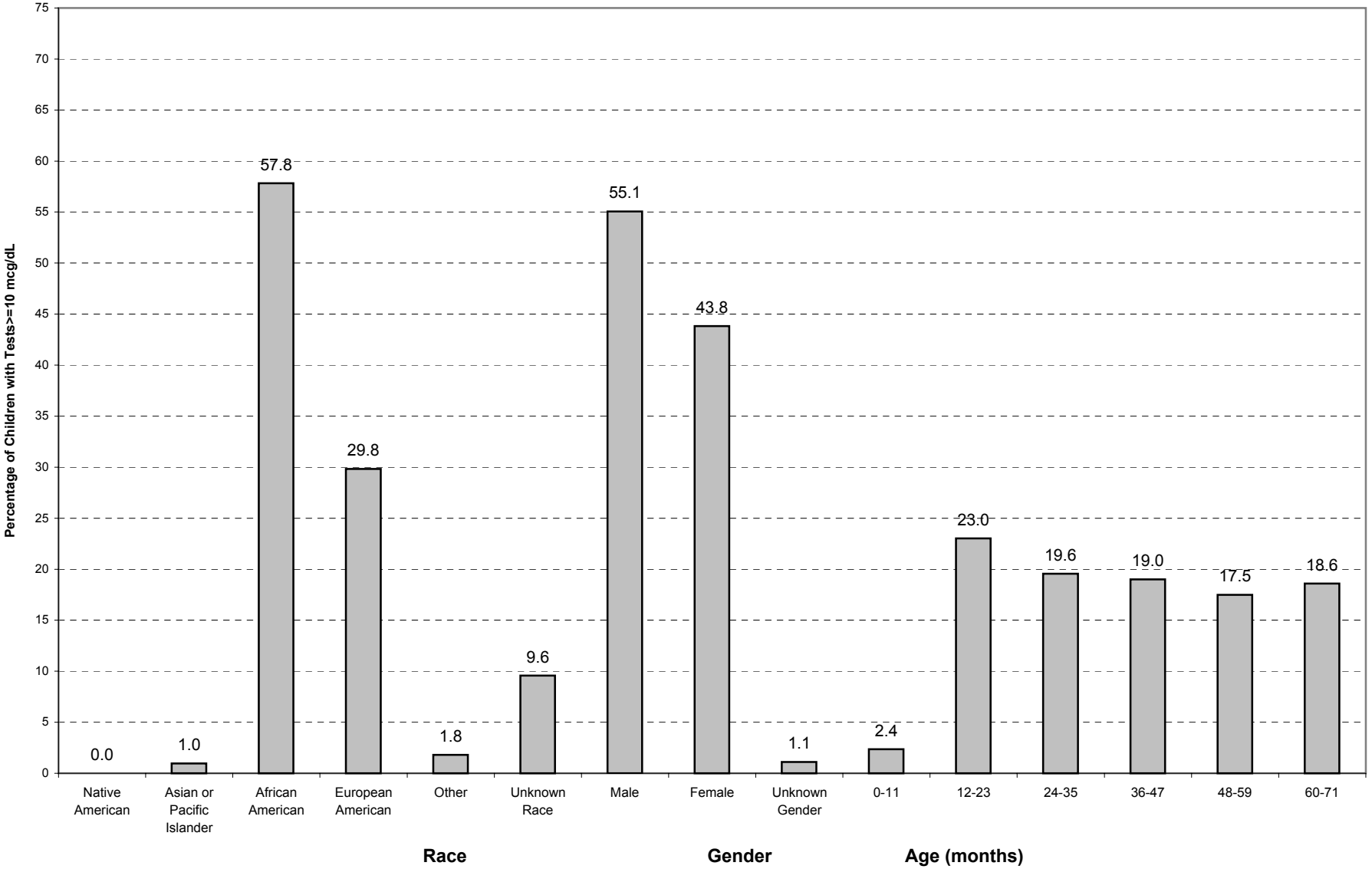


*Source: Florida Department of Health, Bureau of Laboratories

Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program

Graph 2: All Children<72 months of Age with Blood Lead Tests>=10 mcg/dL by Race, Gender and Age (months), 2001

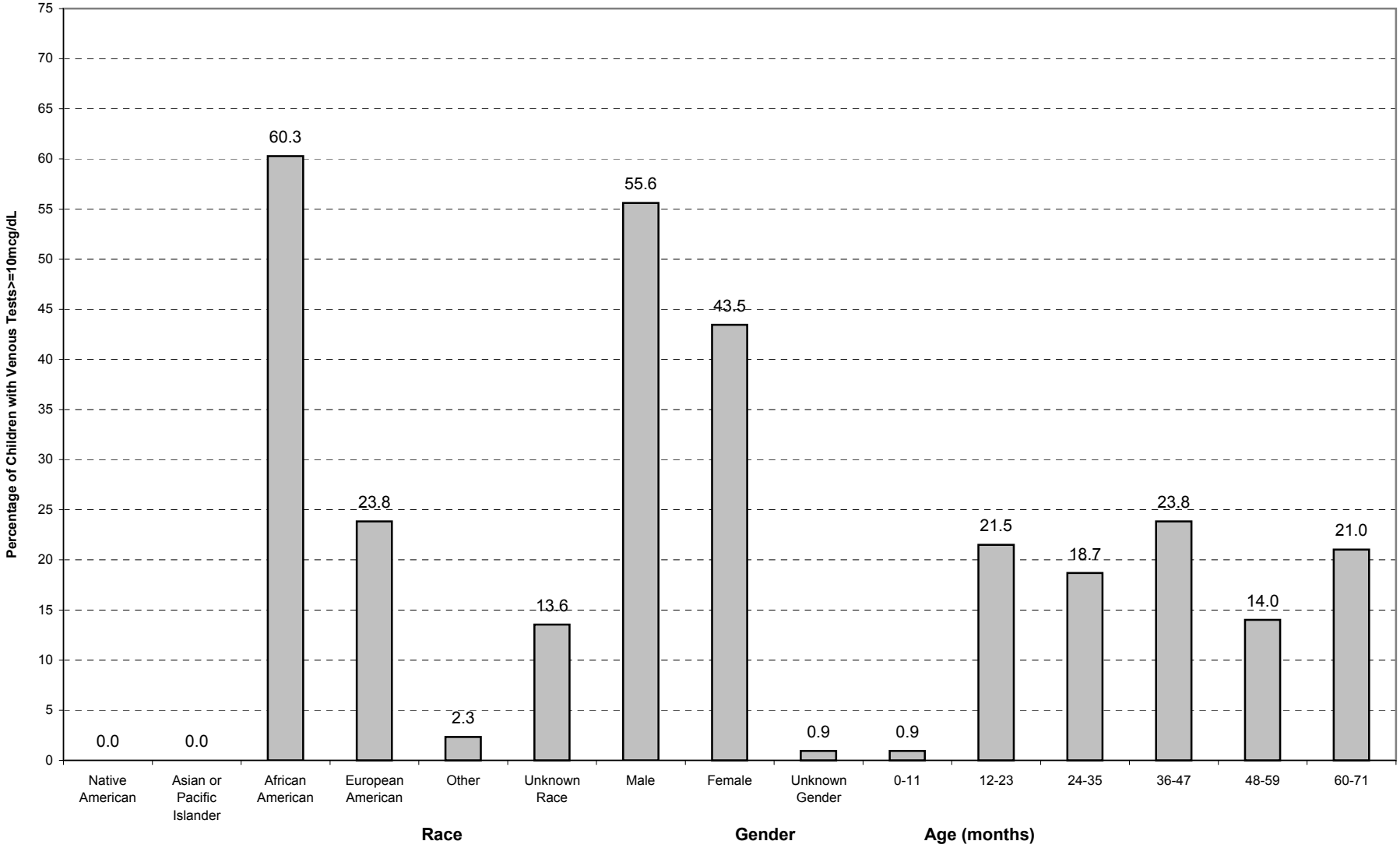
n=*



***Source: Florida Department of Health, Bureau of Laboratories**

Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program

Graph 3: Children<72 Months of Age with Venous Blood Lead Tests>=10mcg/dL, by Race, Gender and Age (months), 2001
n=*



***Source: Florida Department of Health, Bureau of Laboratories**
Prepared by the joint CDC and FL Department of Health Childhood Lead Poisoning Surveillance Program