

Report to the New York City Council on Progress in Preventing Elevated Blood Lead Levels in New York City

Submitted by New York City Department of Health & Mental Hygiene September 2025

About This Report

Local Law 1 of 2004 requires the New York City Department of Health and Mental Hygiene (DOHMH) to annually report to the New York City Council on the City's progress toward reducing elevated blood lead levels among children and increasing blood lead testing in New York City. This report is submitted in compliance with this requirement.

Data in the report are presented in six sections:

- Section I presents data on New York City children under 6 years of age with blood lead levels at or above 3.5 micrograms per deciliter (mcg/dL). Young children are at greatest risk for elevated blood lead levels.
- Section II presents data on elevated blood lead levels for children under 18 years of age including by type of housing (public or private).
- Section III presents data on pregnant women with elevated blood lead levels. New York State law
 requires health care providers to assess all pregnant New Yorkers for risk of lead exposure at their
 first prenatal visit.
- Section IV presents data on blood lead testing for children turning 3 years of age in 2024. New York State law requires health care providers to test all children at or around ages 1 and 2.
- Section V presents data on safe work practices, including the number of addresses inspected and violations issued. Building owners must use safe work practices and trained workers to fix lead paint hazards when doing abatement and general repair work that disturbs lead-based paint.
- Section VI presents data on implementation of education and outreach and outlines strategies for continued progress in the prevention of lead exposure among children and communities at high risk.

The COVID-19 public health emergency has led to significant changes in health care utilization – including a drop in blood lead testing among children. Because of these changes, as well as a decline in the population caused by out-migration during pandemic, 2020-2024 surveillance data should be interpreted with caution.

Section I: Elevated Blood Lead Levels Among Children Under 6 Years Old

Lead exposure in childhood can lead to serious, long-term consequences, including learning difficulties and behavioral problems. Young children are especially at risk because they explore their environment by placing non-food items in their mouths, potentially exposing them to lead in dust and paint. Lead-based paint hazards remain the most commonly identified exposure source for New York City children with elevated blood lead levels.

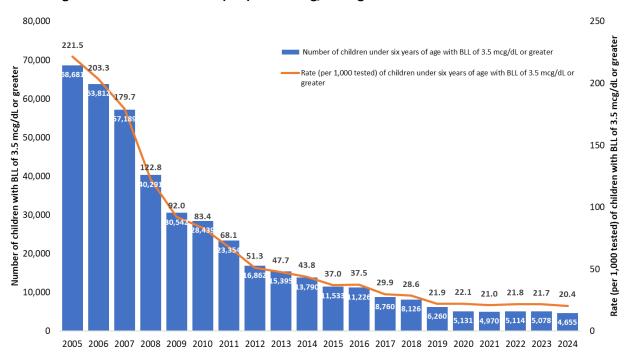
Number of New York City children with elevated blood lead levels are reaching historic lows. Since 2005, there has been a 93% decline in the number of children under 6 years of age with blood lead levels of 3.5 mcg/dL or greater.

Children under age 6 with blood lead levels of 3.5 mcg/dL or greater

In 2024, 4,655 New York City children under 6 years of age were identified with a blood lead level of 3.5 mcg/dL or greater. This represents an 8% decline compared to 2023, when there were 5,078 children with blood lead levels of 3.5 mcg/dL or greater and a 93% decline since 2005 when there were 68,681 children with blood lead levels of 3.5 mcg/dL or greater.

In 2024, the rate of children under 6 with elevated blood lead levels was 20.4 per 1,000 children tested, down 6% from 21.7 per 1,000 children tested in 2023. The COVID-19 public health emergency has led to significant changes in health care utilization – including a drop in blood lead testing among children. Because of these changes, as well as a decline in the population caused by out-migration during pandemic, surveillance data trends since 2020 should be interpreted with caution.

Figure 1. The number and rate (per 1,000 tested) of New York City children under 6 years of age with a blood lead level (BLL) of 3.5 mcg/dL or greater



Note: The COVID-19 public health emergency has led to significant changes in health care utilization – including a drop in blood lead testing among children. For this reason, 2020-2024 surveillance data should be interpreted with caution.

The data above represent unique children per year. Included are all children tested in a calendar year with an elevated blood lead level, regardless of whether the test was confirmed or not, and regardless of whether they had an elevated test in previous years. Adding across years will result in duplicate counts of individual children over time. Between January 2005 and December 2024 there were 327,664 children under the age of 6 who had a blood lead level of 3.5 mcg/dL or greater.

Source: New York City Department of Health and Mental Hygiene Childhood Blood Lead Registry.

Children under age 6 with blood lead levels at or above the environmental intervention threshold

Prior to June 2019, Local Law 1 of 2004 required DOHMH to conduct environmental investigations for New York City children with an elevated blood lead level of 15 mcg/dL or greater. Since July 2018, DOHMH has been conducting environmental investigations for all children with an elevated blood lead level at or above 5 mcg/dL, and starting in March 2022, DOHMH has been providing these services to all children with a confirmed blood lead level of 3.5 mcg/dL or greater.

In 2024, 1,766 children¹ younger than 6 years of age were newly identified with an environmental intervention blood lead level of 3.5 mcg/dL or greater. This represents a 10% decrease in the number of children receiving environmental intervention services compared to 2023 when there were 1,960 children.

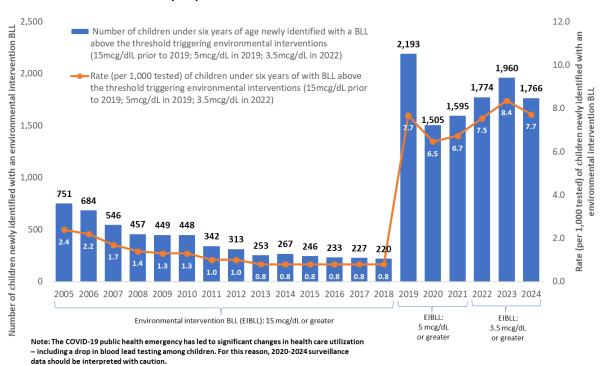


Figure 2. The number and rate of New York City children under 6 years of age newly identified with a blood lead level (BLL) at or above the environmental intervention threshold

Source: New York City Department of Health and Mental Hygiene Childhood Blood Lead Registry.

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¹ This number includes only children with a confirmed elevated blood lead level, who had an elevated test for the first time in a given calendar year. Figure 1, in contrast, shows all children tested in a calendar year with an elevated blood lead level, regardless of whether the test was confirmed or not, and regardless of whether they had an elevated test in previous years.

The burden of lead exposure is highest among children of color and children living in high-poverty neighborhoods

While the number of children with blood lead levels of 3.5 mcg/dL or greater has decreased over time across racial and ethnic groups and neighborhoods, the burden of lead exposure remains high for children of color and children living in moderate to high-poverty neighborhoods.

- In 2024, 90% of children under 6 years of age with blood lead levels of 3.5 mcg/dL or greater were from moderate (49%) to high-poverty neighborhoods (41%) (defined as zip codes with 10% to 20% and 20% or more of the population living below poverty level, respectively).
- In 2024, the rate of children under 6 years of age with blood lead levels of 3.5 mcg/dL or greater was 20.8 per 1,000 tested in moderate poverty neighborhoods and 23.1 per 1,000 in high poverty neighborhoods, 61% and 79% higher, respectively, than the rate of 12.9 per 1,000 in the wealthiest neighborhoods.
- In 2024, Asian, Black and Latino children represented 82% of children under age 6 newly identified with blood lead levels of 3.5 mcg/dL or greater.

Children living in public housing had a lower risk for lead exposure than children Citywide

Children living in homes maintained by the New York City Housing Authority (NYCHA) have, on average, a lower risk of lead exposure than those living in private housing. This difference in risk of exposure is likely because housing stock throughout the City is older than housing maintained by NYCHA.

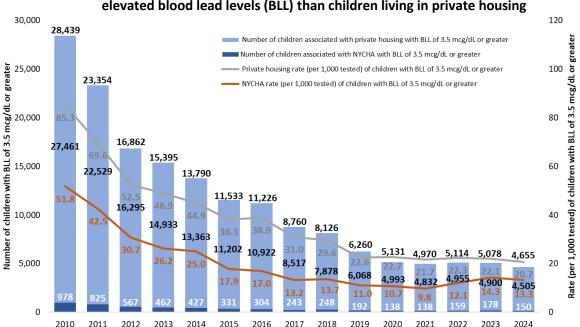


Figure 3. Children under age 6 living in NYCHA housing have consistently lower rates of elevated blood lead levels (BLL) than children living in private housing

Note: The COVID-19 public health emergency has led to significant changes in health care utilization—including a drop in blood lead testing among children. For this reason, 2020-2024 surveillance data should be interpreted with caution.

The data above represent unique children per year. Included are all children tested in a calendar year with an elevated blood lead level, regardless of whether the test was confirmed or not, and regardless of whether they had an elevated test in previous years. Adding across years will result in duplicate counts of individual children over time. Between January 2010 and December 2024 there were more than 135,000 children under the age of 6 who had a blood lead level of 3.5 mcg/dL or greater; about 4,600 (3%) of these children were associated with NYCHA.

- In 2024, of more than 11,000 children under 6 years of age living in NYCHA housing who were tested for lead, 150 were identified with blood lead levels at or above 3.5 mcg/dL. This represents a 16% decline since 2023 when 178 children were identified, and an 85% decline since 2010 when 978 children were identified.
- In 2024, the rate of children less than 6 years old living in NYCHA housing with blood lead levels at or above 3.5 mcg/dL was 13.3 per 1,000 children tested. This is about 35% lower than the citywide rate and the rate for children living in private housing (20.4 and 20.7 per 1,000 children tested, respectively).

Section II: Elevated Blood Lead Levels Among Children Under 18 Years Old

Blood lead levels among children under age 18 follow a similar pattern as blood lead levels for younger children. In 2024, the rate of children under age 18 living in NYCHA housing with blood lead levels at or above 3.5 mcg/dL was 12.6 per 1,000 children tested, about 40% lower than the citywide rate and the private housing rate (20.8 and 21.2 per 1,000 children tested, respectively).

35,000 120 34,209 Number of children associated with private housing with BLL of 3.5 mcg/dL or greater ■ Number of children associated with NYCHA with BLL of 3.5 mcg/dL or greater Number of children with BLL of 3.5 mcg/dL or greater 30,000 Rate (per 1,000 tested) of children with BLL of 3.5 mcg/dL or 100 NYCHA rate (per 1,000 tested) of children with BLL of 3.5 mcg/dL or greater 27,892 Private housing rate (per 1,000 tested) of children with BLL of 3.5 mcg/dL or greater 25,000 80 83. 20,098 20,000 18,449 33,046 60 16,738 15,000 26,911 14,099 13,850 51.2 48.1 48.0 40 44.7 10,757 19,443 9,764 40.0 10,000 17,886 _{16,231} _{13,696} 39.0 7,565 5,812 6,075 6,230 13,460 28.9 5,902 28.0 20 23.8 5,000 10,449 21.1 22.0 9,453 5.884 7,330 17.4 5,742 5.639 12. 12.6 13.1 10.4 10.0 9.8 O O 2011 2012 2013 2014 2015 2016 2017

Figure 4. Children under age 18 living in NYCHA housing have consistently lower rates of elevated blood lead levels (BLL) than children living in private housing

Note: The COVID-19 public health emergency has led to significant changes in health care utilization – including a drop in blood lead testing among children. For this reason, 2020-2024 surveillance data should be interpreted with caution.

The data above represent unique children per year. Included are all children tested in a calendar year with an elevated blood lead level, regardless of whether the test was confirmed or not, and regardless of whether they had an elevated test in previous years. Adding across years will result in duplicate counts of individual children over time. Between January 2010 and December 2024 there more than 155,000 children under the age of 18 who had a blood lead level of 3.5 mcg/dL or greater; about 5,400 (3%) of these children were associated with NYCHA.

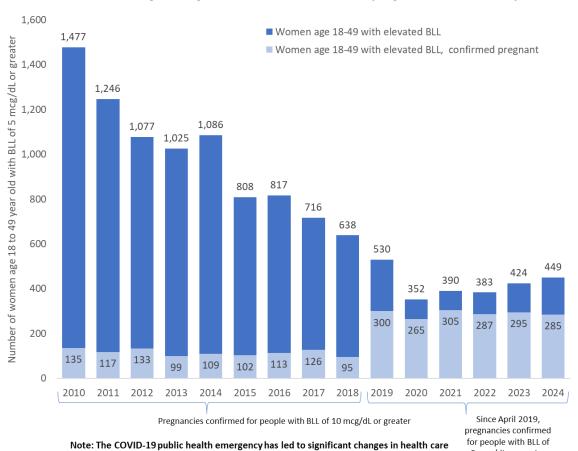
Source: New York City Department of Health and Mental Hygiene Childhood Blood Lead Registry.

Section III: Pregnant People with Elevated Blood Lead Levels

Lead exposure can harm both the fetus and pregnant person, increasing the risk of miscarriage, causing birth defects and leading to learning and behavior problems in children. New York State law requires medical providers to assess pregnant people for lead exposure at their first visit. Prior to 2019, DOHMH provided risk assessments to all pregnant people with blood lead levels of 10 mcg/dL or greater. Since April 2019, DOHMH provides risk assessments to all pregnant people with a blood lead level of 5 mcg/dL or greater.

- In 2024, 449 individuals who could become pregnant were identified with elevated blood lead levels (5 mcg/dL or greater), including 285 confirmed pregnancies.
- Among those with available birth country data, 86% were foreign-born, representing 26 different countries. Over half (52%) were from Mexico, followed by Ecuador (9%), and Guatemala (7%). About 18% were from South Asian countries, including India (7%), Bangladesh (4%), Nepal (4%), Pakistan (2%), and Afghanistan (1%). Other countries with at least two cases included Dominican Republic (2%), Georgia (2%), Ghana (2%), Morocco (2%), and Guinea (1%). Together, these 13 countries accounted for more than 90% of all foreign-born cases and 80% of all cases.

Figure 5. Number of people who could become pregnant identified with blood lead levels (BLL) of 5 mcg/dL or greater, total and confirmed pregnant, New York City 2010-2024



utilization. For this reason, 2020-2024 surveillance data should be interpreted with caution.

5 mcg/dL or greater

Section IV: Blood Lead Testing for Children Ages 3 Years and Younger

Early identification of lead-exposed children is critical to prevent further exposures. Since most children with elevated blood lead levels have no symptoms, blood lead testing is the only way to identify them. In New York State, health care providers are required by law to test all children at or around age 1 and age 2, and to assess and test those at risk of lead poisoning starting at age 6 months up to age 6.

Most New York City children were tested for lead poisoning at least once before age 3

- In 2024, an estimated 76% of New York City children turning 3 years old were tested for lead poisoning at least once. However, only 38% were tested at both age 1 and age 2, as required by New York State law.
- Although most NYC children are tested for lead before age 3, the COVID-19 public health
 emergency has significantly impacted health care utilization, leading to a drop in blood lead
 testing. In 2024, there was a 20% decline in the number of children tested for lead compared to
 2019, driven by COVID-19-related care disruptions and fewer births in recent cohorts.

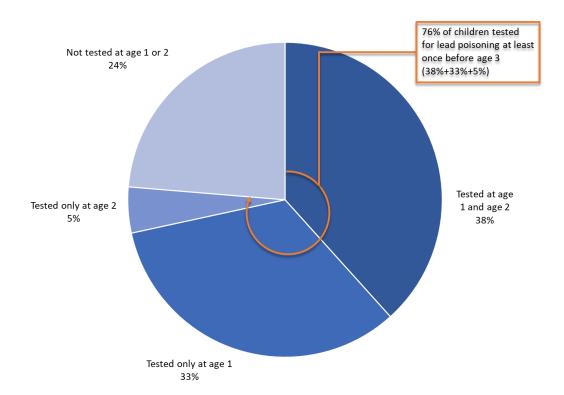


Figure 6. Most New York City children are tested for lead poisoning at least once before age 3

Note: The COVID-19 public health emergency has led to significant changes in health care utilization – including a drop in blood lead testing among children. For this reason, 2024 surveillance data should be interpreted with caution.

Source: New York City Department of Health and Mental Hygiene Childhood Blood Lead Registry and Office of Vital Statistics.

Section V: Safe Work Practices

New York City's housing stock is old and many have older layers of lead-based paint in dwelling units or common areas, especially in buildings built prior to 1960. For this reason, to prevent potential lead exposure, building owners are required to take active measures to ensure that deteriorated surfaces are remediated and abated, and must use safe practices for any construction, abatement or repair activities that disturb painted surfaces.

DOHMH checks that property owners are using safe work practices when complying with a Health Commissioner's Order to abate a lead paint hazard. In 2024, DOHMH monitored 1,119 buildings for compliance with a Health Commissioner's Order to abate, conducted 2,663 inspections in these buildings, and issued 31 Orders or notices of violations in 25 of the proactively monitored buildings. DOHMH also responds to 311 calls about unsafe work practices. In 2024, in response to 311 calls, DOHMH conducted 2,127 inspections in 893 buildings and found unsafe work practices in 327 of these buildings and issued 463 Orders or notices of violation.

Section VI: Education, Outreach and Strategies for Continued Progress

New York City has made great progress in reducing elevated blood levels in children. Between 2005 and 2024, there was a 93% decline in the number of children younger than 6 years of age with a blood lead level of 3.5 mcg/dL or greater. This success is the result of a proactive and comprehensive approach to preventing lead exposure in childhood. Nevertheless, living in older, poorly maintained housing where lead-based paint exists continues to be the most commonly identified risk factor for lead exposure among New York City children.

Education and outreach focused on childhood lead poisoning prevention

DOHMH conducts education and outreach throughout New York City. In 2024:

- DOHMH distributed more than 101,000 copies of printed educational materials on prevention of lead poisoning among children, pregnant persons, workers in high-risk occupations such as construction, as well as materials on lead contamination in consumer products. These materials were printed in 16 languages - English, Spanish, Bengali, Urdu, Hindi, Traditional Chinese, Simplified Chinese, Italian, Korean, Polish, Arabic, Russian, Punjabi, French, Yiddish, and Haitian Creole.
- More than 19,500 New Yorkers participated in over 700 education and outreach events that
 raised awareness about need for timely testing of children for lead poisoning, home health
 hazards such as peeling paint, and health risks of exposure to lead-contaminated consumer
 products. These events were organized in collaboration with community- and faith-based
 organizations, government organizations, schools, hospitals, clinics, day cares, and libraries.

Strategies for Continued Progress

DOHMH implements targeted interventions for communities most at risk. Prevention strategies include:

- Eliminating or reducing lead-based paint hazards and other sources of lead in homes and communities through investigation, enforcement, education, and technical assistance.
- Promoting blood lead testing for children, pregnant people, and newborns through outreach to families, health care providers, and Medicaid Managed Care organizations.
- Increasing awareness about risk factors for lead exposure by targeting culturally appropriate advertising campaigns to communities at risk.
- Providing care coordination services to children with an elevated blood lead level, as well as pregnant people with an elevated blood lead level and their newborns.
- Building partnerships with community, social service, and faith-based organizations; home visiting programs; weatherization groups; neighborhood housing groups; medical providers; and agencies concerned with child and environmental health.
- Addressing other home-based health issues during prevention efforts, such as reducing home asthma triggers and safety hazards.

This report and more information about childhood lead levels are available through the NYC DOHMH website at: nyc.gov/lead

Additional data on childhood lead exposure are also available through the NYC DOHMH Environment and Health Data Portal at nyc.gov/health/tracking.