



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Alister F. Martin, MD, MPP
Commissioner

June 1, 2026

Re: Current Guidance for Blood Lead Testing and Management for Pediatric and Adult Patients, Including Pregnant People

Dear Colleagues,

As clinical health care providers, you are on the front lines in preventing, detecting, and managing lead exposure. The blood lead reference value of 3.5 mcg/dL, currently used to identify people with blood lead levels (BLLs) higher than most, is a population-based measurement, not a health-based standard nor a toxicity threshold. No safe level has been identified, and even low BLLs have been shown to affect learning and behavior. If you identify people with BLLs ≥ 3.5 mcg/dL, try to ascertain possible sources of exposure by taking an environmental history, and provide nutritional counseling to help decrease lead absorption.

BLLs ≥ 3.5 mcg/dL must be reported to the New York City (NYC) Health Department within 24 hours. Please draw venous samples for follow-up testing. When a capillary test analyzed in the office is ≥ 3.5 mcg/dL, draw a venous sample before the individual leaves your office. **Monitor BLLs until at least one BLL < 3.5 mcg/dL is obtained.**

Information for Pediatric Care Providers

New York State (NYS) requires pediatric care providers to do a blood lead test on all children at ages 1 and 2 years and assess risk of lead exposure for children aged 6 months to 6 years at each routine well-child visit. The following resources can help you assess your pediatric patients' risk of lead exposure and manage those who have been exposed:

- [Lead Exposure in Children](#)
- [Chelation Protocol for Children with BLLs \$\geq 45\$ mcg/dL](#)

Information for Adult and Prenatal Care Providers

Prenatal care providers are required to assess all pregnant people for risk of lead exposure at their initial prenatal visit and do a blood lead test on those identified at risk. Other adults at risk of lead exposure should be tested, especially people who have spent time abroad or who have unexplained anemia, fertility, cognitive, or renal issues. The following resources can help you assess your adult patients' risk of lead exposure, and manage those who have been exposed:

- [Lead Exposure in Pregnancy](#)
- [Lead Exposure in Adults](#)

Data and Exposures Among At-risk Populations

In 2024, an estimated 76% of NYC children turning 3 years old were tested for lead exposure at least once. However, only 38% were tested at both ages 1 and 2 years, as required by NYS law ([2025 Report to the NYC Council](#)). The percents of children who were tested were lower than they were the previous year. To increase testing rates, you can use the Online Registry ([NYC.gov/health/CIR](#)) to run coverage reports and recall your patients due for lead testing.

The prevalence of BLLs ≥ 3.5 mcg/dL was significantly higher in some neighborhoods that have large Orthodox Jewish populations: 3% in children from Borough Park and 6% in children from Greenpoint. In these neighborhoods, lead testing rates by age 3 years tend to be lower than the citywide average. These gaps in testing may result in children with lead exposure being unidentified. Visit the Environment & Health Data Portal ([Lead Poisoning in NYC](#)) to see if your practice is in a neighborhood where children are at higher risk.

Certain populations in NYC are also at higher risk of lead exposure. NYC Health Department data reveal that children with South Asian ancestry, whose mothers were born in Pakistan, Afghanistan, and Nepal, have rates of elevated BLLs up to 4 times greater than the citywide rate ([Hore and Sedlar. 2024](#)). Exposure sources in people from South Asia often include using cultural products such as imported spices, traditional cosmetics, religious powders, metalware, or health remedies.

In 2024, 449 individuals of childbearing age were identified with BLLs ≥ 5 mcg/dL. Among those with available birth country data, 86% were foreign born. Overall, 6 countries accounted for over 80% of cases with 52% from Mexico, 9% Ecuador, 7% Guatemala, 7% India, 4% Bangladesh, and 4% Nepal ([2025 Report to the NYC Council](#)). Expanding testing coverage to ensure that pregnant people from these communities receive timely blood lead testing and care is essential.

In 2024, 9 children were identified with BLLs ≥ 45 mcg/dL and 3 adults with BLLs ≥ 50 mcg/dL, the levels at which chelation therapy is typically considered. Be aware that exposure to lead at these higher levels can present with anemia, abdominal pain, seizures, hypertension, encephalopathy, infertility, or renal issues. Be especially vigilant in certain at-risk populations, including children who eat paint chips or soil, spend time outside the US, use imported products, or have developmental delays or sickle cell disease ([Keller et al. 2017](#)), and foreign-born pregnant individuals with pica or who use traditional remedies ([Trim et al. 2026](#)).

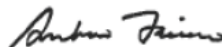
You can call 646-632-6002 and ask for the Care Coordination Unit to report a hospital admission or to discuss a case of lead poisoning. For more information about lead poisoning, visit [NYC.gov/lead](https://nyc.gov/lead) or call 311 and ask for the Healthy Homes Program.

Thank you all for your continuing efforts to prevent, identify, and manage lead exposure in New York City.

Sincerely,



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