

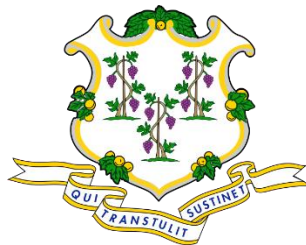


Report to the General Assembly
Public Health Committee

**Department of Public Health Report on Lead Poisoning
Prevention Efforts**

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Executive Summary

[Connecticut General Statutes \(CGS\) § 19a-111i](#) requires the Commissioner of Public Health to report annually to the General Assembly committees having cognizance of public health and human services on statewide lead poisoning prevention and control efforts during the preceding calendar year. The statute requires reporting on: (1) lead screening of children; (2) children diagnosed with elevated blood lead levels (EBLLs); and (3) environmental testing, abatement, and management of materials containing toxic levels of lead in premises.

Connecticut has required universal childhood lead screening since 2009, reflecting a longstanding statewide commitment to identifying lead exposure early and supporting timely public health intervention. In 2024, Public Act 23-31 refined lead-screening framework by adding annual medical risk assessments for children ages 36 to 72 months and annual lead screening for children identified as having an elevated risk of lead exposure. Public Act 22-49, An Act Reducing Lead Poisoning, further strengthened the state's response by lowering the blood lead reference value for children under six years of age from 5 µg/dL to 3.5 µg/dL. The Act also phased down the blood lead level requiring an epidemiological investigation from 15 µg/dL in 2023, to 10 µg/dL in 2024, and to 5 µg/dL beginning January 1, 2025.

Together, these recent changes support earlier and more proactive identification and intervention for children with lead exposure. It also substantially expands the volume and scope of cases potentially requiring DPH and local health departments and districts (LHDs) to increase surveillance, investigation, environmental testing, and abatement enforcement. Accordingly, the findings below should be interpreted within this evolving statutory framework, as changes over time may reflect expanded screening and intervention requirements rather than changes in the underlying prevalence of lead exposure.

Key findings included:

- **Screening:** 74,700 children under six years of age received blood lead testing.
- **Elevated blood lead levels (EBLL):** 1,673 children had confirmed blood lead levels at or above 3.5 µg/dL, including 1,013 newly identified EBLL cases.
- **Environmental testing:** 596 inspections were conducted across 520 properties, with some properties requiring multiple inspections. Among properties tested, lead hazards were identified in 71% for paint, 64% percent for dust, 29% for soil, and less than 1 percent for water.
- **Abatement:** 399 properties required abatement and 307 abatement orders were issued by local health. Throughout the year, 123 abatements were initiated and 106 were completed. A total of 756 abatements remained open at the end of the reporting year, which included properties requiring abatement that were initiated in prior years.
- **Management of materials containing toxic levels of lead:** Among properties where abatement was completed, 88 further required lead management plans describing how abated hazards and intact lead-painted surfaces would be monitored so that future deterioration is identified and addressed.

These findings provide context for understanding current childhood lead exposure, proactive screening and prevention efforts, and the growing environmental workload associated with state and local public health response under Connecticut's evolving lead prevention framework.

Introduction

This report presents Connecticut's statewide lead poisoning prevention and control activities for calendar year 2025, as required by Connecticut General Statutes (CGS) § 19a-111i. It provides the General Assembly with information on efforts to identify childhood lead exposure, respond to elevated blood lead levels, investigate potential sources of exposure, and address identified lead hazards.

Connecticut's childhood lead poisoning prevention and control framework has two closely related components: childhood lead screening and follow-up, and environmental investigation and hazard control. Together, these activities support early identification of lead exposure, timely follow-up, and mitigation of continued exposure. Over time, legislative changes have strengthened both components by expanding surveillance, lowering thresholds for public health intervention, and refining requirements for environmental response.

Connecticut has required universal blood lead testing for children under three years of age since 2009 per CGS § 19a-111g. In 2023, Public Act 23-31 updated childhood lead screening and risk-assessment requirements, further strengthening the state's approach to identifying children who may be at risk for lead exposure. Public Act 22-49, An Act Reducing Lead Poisoning, lowered blood lead levels that trigger public health action. Together, these changes reflect an ongoing shift toward earlier identification of lead exposure, intervention at lower blood lead levels, and more comprehensive monitoring of the public health response.

Within DPH, the Lead Hazard Reduction and Control Section (LHRC Section) maintains the statewide surveillance system used to manage blood lead laboratory reports and support follow-up for children with elevated blood lead levels. The system helps prioritize cases based on blood lead levels and provides a mechanism for tracking medical case management and other required follow-up activities.

Connecticut is also served by two Regional Lead Treatment Centers (RLTCs), located at Connecticut Children's Medical Center in Hartford and Yale New Haven Children's Hospital in New Haven. The RLTCs provide specialized medical case management for children with lead poisoning. They also offer peer-to-peer education and consultation to health care providers throughout the state. The LHRC Section works with health care providers, RLTCs, LHDs to monitor children's blood lead levels and track required follow-up.

The environmental component of Connecticut's lead response begins when a child meets the statutory criteria for an epidemiological investigation. Under CGS § 19a-111g(c), local directors of health are responsible for conducting or arranging investigations to identify the source or potential sources of lead exposure and taking appropriate action to prevent further exposure. Public Act 22-49, An Act Reducing Lead Poisoning, phased in lower blood lead levels triggering an epidemiological investigation, reaching 5 µg/dL beginning January 1, 2025.

State law also establishes requirements for documenting the local environmental response. Public Act 21-121 requires local health directors to report epidemiological investigation results and related actions through a DPH-prescribed web-based surveillance system, providing a statewide mechanism for tracking environmental follow-up. The statewide surveillance system captures information on properties investigated and environmental inspection activities documented by LHDs.

Environmental inspections conducted as part of these investigations evaluate potential lead hazards in and around properties where exposure may have occurred. Regulations of Connecticut State Agencies (RCSA) § 19a-111-3 establishes requirements for lead inspections, including inspection procedures, reports, notifications and abatement orders. RCSA § 19a-111-2(e) further requires a lead management plan to be developed within 60 days of receiving inspection results. The plan must be maintained by the property owner and provided to health officials upon request. The plan must identify intact lead surfaces and describe procedures for routinely monitoring and abating them if they deteriorate. The LHRC Section provides training and technical support to LHD staff involved in environmental investigations, lead inspections, and risk assessments and monitors documentation of required follow-up. When an LHD does not have sufficient qualified staff to conduct an environmental inspection, qualified lead professionals may provide supplemental capacity.

When an inspection identifies lead hazards requiring corrective action, the response moves from hazard identification to abatement. CGS § 19a-111c and RCSA §§ 19a-111-2 through 19a-111-5 establish requirements for addressing lead hazards, including abatement planning, corrective action, clearance, and timelines for compliance. Following satisfactory completion of required abatement, the local health department conducts clearance activities and issues a Letter of Compliance in accordance with RCSA § 19a-111-4.

Childhood lead exposure remains an important public health concern, particularly for children under six years of age, whose developing brains and nervous systems are especially vulnerable to the effects of lead. Even low levels of exposure can adversely affect learning, attention, behavior, and cognitive development, and some effects of childhood lead exposure may be long-lasting. These risks underscore the importance of preventing exposure and intervening as early as possible.

Effective lead poisoning prevention requires coordinated medical and environmental action. Children with elevated blood lead levels require appropriate follow-up and case management, while potential sources of exposure must be investigated, environmental hazards identified, and required corrective actions completed. Continued coordination among the Department of Public Health (DPH), health care providers, RLTCs, LHDs, DPH licensed and certified lead professionals, property owners, and other partners is essential to Connecticut's statewide lead poisoning prevention and control efforts.

The data presented in this report were systematically extracted and compiled from LHRC Section's web-based surveillance system and reflect information available as of August 6th, 2025.

Discussion

During calendar year 2025, the LHRC Section continued statewide surveillance of childhood blood lead testing and coordinated with health care providers, RLTCs, and LHDs to support required follow-up for children with elevated blood lead levels. The Section also monitored environmental inspection, testing, and lead hazard abatement activities documented in the statewide surveillance system.

Childhood Lead Screening and Elevated Blood Lead Levels

Childhood lead testing and elevated blood lead level data are summarized in Table 1. Testing volume increased across the three-year period. Prevalence increased in 2024 but declined in 2025 to the level observed in 2023, suggesting no sustained increase over the three-year period. Incidence also declined in 2025 compared with both prior years.

These findings should be interpreted within Connecticut’s evolving childhood lead screening and intervention framework. The reduction in the blood lead reference value to 3.5 µg/dL expanded the population of children classified as having an elevated blood lead level. Changes in screening requirements and testing practices may also influence the number of children represented in these measures.

Table 1. Childhood Lead Testing and Elevated Blood Lead Levels, 2023–2025

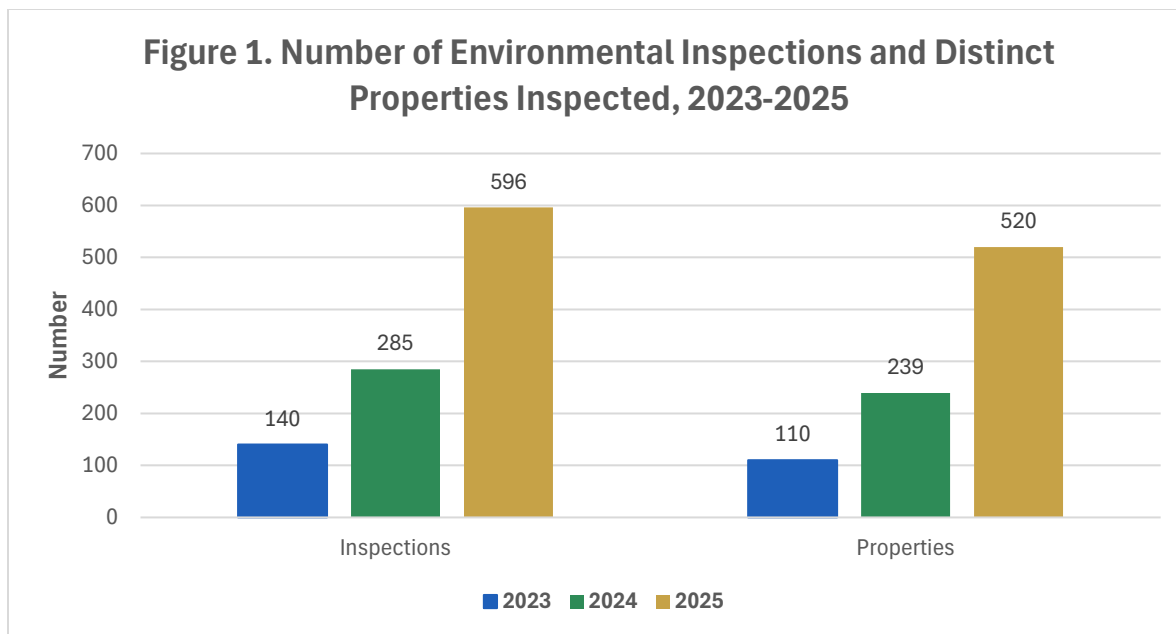
Measure	2023	2024	2025
Children tested for lead	66,682	72,190	74,700
Children with confirmed BLL ≥ 3.5 µg/dL	1,667	1,887	1,673
Newly identified children with elevated BLLs*	1,205	1,262	1,013

*Note. BLL = blood lead level; µg/dL = micrograms per deciliter.

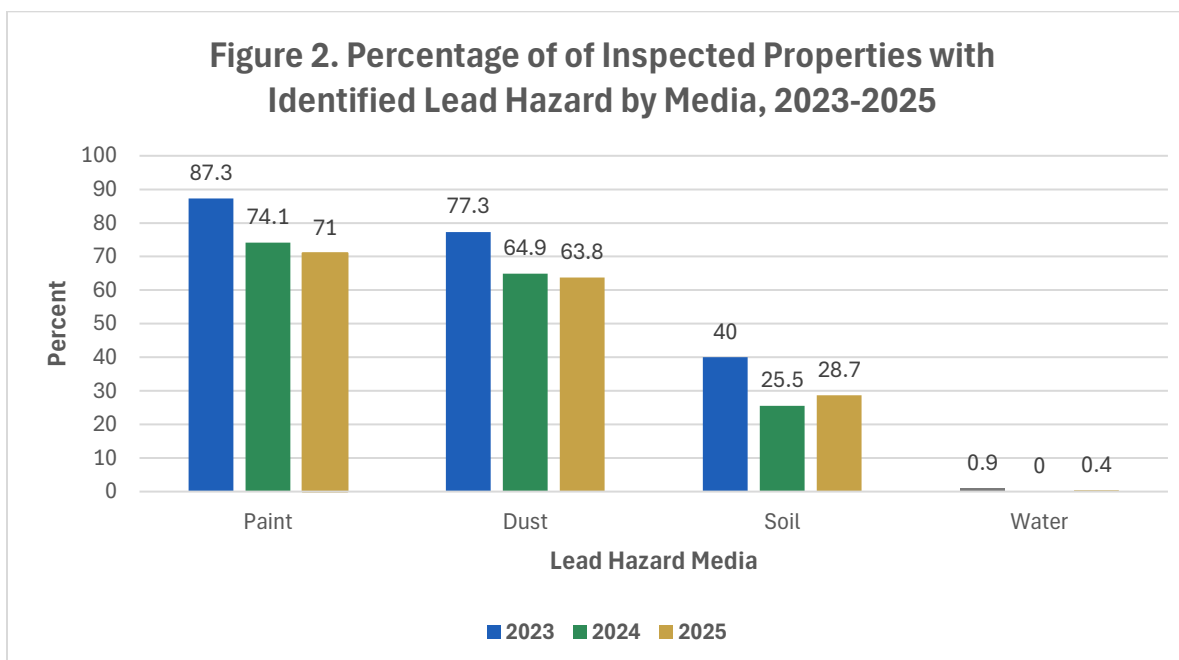
The following sections summarize environmental inspections, environmental testing, and abatement activities documented in the statewide surveillance system.

Environmental Testing

Environmental inspections and testing play a critical role in identifying potential sources of lead exposure. As shown in Figure 1, both the number of inspections conducted, and the number of distinct properties inspected increased substantially from 2023 to 2025. Over this period, inspections rose by 326%, and the number of properties inspected increased by 373%. This growth aligns with the statutory lowering of the blood lead threshold requiring an epidemiological investigation to 5 µg/dL, effective January 1, 2025.



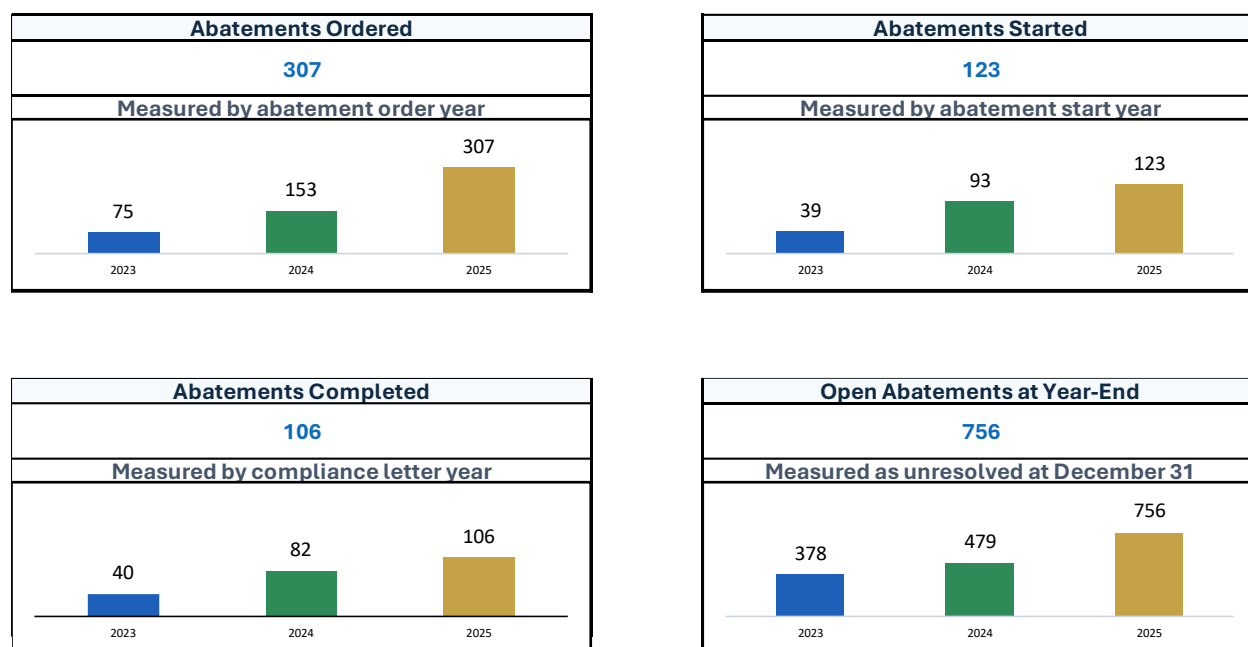
Environmental testing conducted during inspections assess potential sources of lead exposure from paint, dust, soil, and water. As shown in Figure 2, the percentage of inspected properties with identified lead hazards varied by environmental medium from 2023 through 2025 but decreased over time for each media type. Deteriorated lead-based paint accounted for the largest share of identified hazards throughout the period, followed by dust and soil, while lead in water was consistently identified in a much smaller proportion of properties.



Abatement

Data on the amount of lead hazard abatement between 2023 and 2025 is summarized in Figure 3. There was a 298% increase in the number of properties requiring abatement and a 307% increase in the number of abatements ordered. The number of abatements started and completed, as defined by the issuance of a letter of compliance, increased 215% and 163%, respectively. The number of open abatements at year-end doubled between 2023 and 2025. This increase may be partly attributable to the phased implementation of Public Act 22-49, which progressively lowered the blood lead level threshold between 2023 and 2025, requiring LHDs to conduct an epidemiological investigation. As a result, more cases may have met the criteria for investigation and subsequent abatement action.

Figure 3. Amount of Abatement Activities, 2023–2025



Management of Materials Containing Toxic Levels of Lead

The number of properties requiring a lead management plan increased from 32 in 2023 to 88 in 2025, a 175% increase. This increase may also be partly attributable to the phased implementation of Public Act 22-49.

Conclusion

The 2025 findings reflect Connecticut's continued progress in strengthening childhood lead poisoning prevention through earlier identification, lower intervention thresholds, and expanded environmental response requirements. As statutory changes have taken effect, the number of children screened, investigations initiated, environmental hazards identified, and abatements ordered have increased substantially, demonstrating the impact of a more proactive statewide approach. Despite the increase in number of children screened, 2025 identified the lowest number of newly identified children with elevated BLLs over the last three years (Table 1), reflecting the benefits of enhanced surveillance and lower detection limits.

These trends also underscore the operational challenges associated with implementing enhanced public health requirements. LHDs and qualified lead professionals face growing demands that may affect the timeliness of investigations and abatements, particularly in areas with constrained staffing or contractor availability. Sustained workforce capacity, adequate technical support, and continued coordination among state, local, and medical partners remain essential to fulfilling the intent of recent legislative reforms.

Ongoing monitoring of screening outcomes, medical follow-up, environmental hazards, abatement activities, and resource capacity will help identify emerging needs and guide future policy decisions. Connecticut's continued commitment to early detection, timely intervention, and environmental hazard reduction remains central to safeguarding the health and development of Connecticut's children.

Appendix A: Operational Definitions

The following operational definitions describe how key childhood lead and environmental health measures are used and reported in this report. These definitions are intended to support consistent interpretation of the data and may differ from definitions used for other administrative, regulatory, or surveillance purposes.

Abatement

Corrective action undertaken to permanently eliminate or control identified lead hazards in accordance with applicable requirements.

Abatement Letter of Compliance

A formal written notification issued by the appropriate authority documenting that required abatement work and applicable clearance or compliance requirements have been satisfactorily completed.

Abatement Completion

An abatement for which required corrective work has completed requirements and for which a letter of compliance has been issued

Abatement Order

A formal order issued by the appropriate local public health or code enforcement authority requiring the responsible party to correct identified lead hazards requiring abatement.

Elevated Blood Lead

A venous blood lead level analyzed using a high-complexity laboratory method certified under the Clinical Laboratory Improvement Amendments (CLIA) and measuring 5 µg/dL or greater prior to January 1, 2023, or 3.5 µg/dL or greater beginning January 1, 2023.

Environmental Inspection

An environmental inspection is a property-specific component of a broader epidemiological investigation. As used in this report, it refers to an inspection of a property conducted to evaluate potential sources of lead exposure and identify lead hazards that may require corrective action.

Incident Case

A child newly identified as having an elevated blood lead level during the specified calendar year and not previously counted as an EBL case. Cases were defined by venous blood lead levels of equal to or greater than 5 µg/dL prior to 2023 and 3.5 µg/dL starting January 1, 2023.

Lead Management Plan

A documented plan for the ongoing management and monitoring of lead-containing surfaces or conditions that do not require immediate abatement but remain subject to maintenance, monitoring, or other applicable lead-control requirements.

Media

An environmental material or source evaluated for the presence of lead during an environmental investigation, such as paint, dust, soil, water, or other potential sources of lead exposure.

µg/dL (micrograms per deciliter)

A unit of measurement used to express the concentration of lead in blood, representing the number of micrograms of lead present in one deciliter of blood.

Open Abatement

A property with an outstanding abatement requirement that had not met the requirements for abatement completion as of the end of the specified reporting period.

Prevalent Case

A child identified as having an elevated blood lead level during the specified reporting period, including children whose elevated status may have been identified previously and remained active during the period.

Qualified Lead Professional

An individual or entity holding a current Connecticut Department of Public Health (DPH) license or certification authorizing the specific lead-related activity being performed. This includes licensed lead consultant contractors and lead abatement contractors, as well as DPH-certified lead inspectors, lead inspector risk assessors, lead planner-project designers, lead abatement supervisors, and lead abatement workers working within the scope of their respective credentials.

Screening

A blood lead test derived through capillary or venous means.

Appendix B: Legal Citations

Connecticut General Statutes

CGS § 19a-111 – Powers and duties of local directors of health regarding lead hazard identification

(https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111)

CGS § 19a-111c – Lead hazard abatement; abatement plans; compliance requirements

(https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111c)

CGS § 19a-111g – Childhood blood lead testing requirements; epidemiological investigations

(https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111g)

CGS § 19a-111g(c) – Responsibilities of local directors of health upon receipt of qualifying blood lead results

(https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111g)

CGS § 19a-111i – Annual reporting requirements for statewide lead poisoning prevention and control

(https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111i)

Regulations of Connecticut State Agencies

RCSA § 19a-111-2 – Lead abatement: definitions, procedures, and regulatory requirements

(<https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid=%7B5B0D2B5C-986E-4E81-B58C-DB0E597D4669%7D>)

RCSA § 19a-111-3 – Lead inspections and risk assessments: scope, procedures, and documentation

(<https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid=%7B2C1DB1A1-6810-46E9-A46D-FC4B6C4D6871%7D>)

RCSA § 19a-111-4 – Clearance standards and issuance of Letters of Compliance following abatement

(<https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid=%7B714C2DB8-BE66-4E30-BF07-E8FCDE0F318A%7D>)

RCSA § 19a-111-5 – Additional regulatory requirements governing abatement activities

(<https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid=%7BBFA85868-42BF-4FF9-9767-1D7D42BFFD98%7D>)

Public Acts

Public Act 21-121 – An Act Concerning Lead Poisoning Prevention and Response

(<https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00121-R00HB-06421-PA.PDF>)

Public Act 22-49 – An Act Reducing Lead Poisoning

(<https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00049-R00HB-05414-PA.PDF>)

Public Act 23-31 – An Act Concerning Childhood Lead Testing and Lead Poisoning Prevention
(<https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00031-R00HB-06843-PA.PDF>)