

LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM

2023 SURVEILLANCE REPORT

Office of Public Health
*Section of Environmental
Epidemiology and Toxicology*



Program Staff

Shannon Soileau, MS
Section Chief

Collette Stewart, MPH
Environmental Health Scientist Manager

Mei-Hung Sun, MPH
Surveillance Epidemiologist

Jonathan Whipple
Program Monitor/Principal Investigator

Alaysa Harris
Environmental Health Scientist/Case Manager

Ashley Lenz
Environmental Health Scientist/Case Manager

Madison Puzdrakiewicz, MPH
Health Communication Specialist

Anna Crifasi
Public Health Intern

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For more information about the report or the program, visit ldh.la.gov/lead or contact 888-293-7020 (toll-free) or leadinfo@la.gov.

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Louisiana Childhood Lead Poisoning Prevention Program (LCLPPP)

The goals of LCLPPP are to:

- *Eliminate childhood lead poisoning in Louisiana*
- *Ensure all healthcare providers test children under the age of six for lead in their blood*
- *Reduce or eliminate lead sources by testing homes and properties*
- *Coordinate care for children exposed to lead*

LCLPPP collects, analyzes, and provides blood lead level (BLL) surveillance data to the U.S. Centers for Disease Control and Prevention (CDC) and general public.¹ This report summarizes 2023 lead testing data for children under six years of age living in Louisiana. Analyses cover testing rates, confirmed elevated BLLs, and Environmental Investigations (EIs) conducted statewide. Where possible, additional stratification is provided by age, sex, BLL range, parish, identified lead sources, and Louisiana Department of Health (LDH) Administrative Region.

Executive Summary

Blood Lead Testing Rates

- 48,590 (14.4%) children <6 years of age tested for lead
- Highest testing rates by
 - **Age:** 2 year olds (28.3%)
 - **Parish:** East Carroll (55.1%)
 - **LDH Administrative Region:** Region 8—Northeast (20.3%)
- Lowest testing rates by
 - **Parish:** Calcasieu and Vernon (both 3.3%)
 - **LDH Administrative Region:** Region 5—Southwest (4.9%)

Confirmed Cases

- 707 confirmed cases² (1.5% of those tested)
- 91.1% of confirmed cases had blood lead levels between 3.5 and <10 µg/dL
- Highest confirmed case rates by
 - **Parish:** Claiborne (7.3% of tested)
 - **LDH Administrative Region:** Region 1—Greater New Orleans (2.3% of tested; 0.4% of subpopulation)

Environmental Investigations

- Conducted for 103 children statewide
- 31.1% were conducted in Region 1—Greater New Orleans
- Findings:
 - **Lead hazards** identified in 85.4% of investigations; multiple hazards in 60.2%
 - **Most common sources of lead:** dust (53.4%) and lead-based paint (50.5%)
 - **Hazardous soil lead levels** in 25.2% of investigations

¹ LDH, *Louisiana Childhood Lead Poisoning Prevention Program*, last updated August 8, 2025, <https://ldh.la.gov/lead-poisoning-prevention>.

² See Methods section for definition

Background

Lead Poisoning

Lead is a toxic heavy metal commonly found in the environment—including soil, air, and water—as well as in man-made products. Historically, lead was widely used in paints, pipes, batteries, gasoline, ceramics, and other consumer goods. Leaded gasoline, which was used in the U.S. from the 1920s until it was banned for on-road vehicles in 1996, caused widespread soil contamination, particularly in urban areas near roads and highways, where lingering deposits remain a continuing source of exposure.

People living in homes built before 1978 are at a higher risk of exposure from lead-based paint, which was banned for residential use in the U.S. that year. In older housing, lead-based paint may still be present on walls, windows, doors, and trim. As this paint deteriorates, it creates lead-contaminated dust and chips that are easily ingested or inhaled, especially by young children who crawl, play on the floor, or put their hands and toys in their mouths.

Despite its long history of use, lead is highly harmful to the human body. Even small amounts can damage the brain and nervous system, impair development and behavior, and reduce intelligence. Exposure can occur through inhalation, ingestion, or absorption through the skin. There is no safe level of lead in the blood, and the effects are especially severe for young children during critical stages of growth and development. Because lead poisoning often occurs without visible symptoms, routine testing in children under age six is essential.³

Blood Lead Testing

In 2021, the CDC lowered the blood lead reference value (BLRV) for children from 5.0 to 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$). Children in the U.S. with a BLL at or above this 3.5 $\mu\text{g}/\text{dL}$ threshold are among the top 2.5% nationally with the highest BLLs.⁴ Blood lead testing may be performed using either a *capillary* sample, obtained through a finger- or heel-prick, or a *venous* sample, collected by inserting a needle into a vein.

All Louisiana parishes have been designated as high risk for childhood lead poisoning.⁵ In October 2008, the state enacted the universal lead screening rule, which mandates blood lead testing for all children under 6 years of age who reside or spend more than 10 hours per week in Louisiana. In accordance with the current CDC guidelines, primary care providers serving children ages 6 to 72 months must conduct a lead screening and complete a risk assessment questionnaire at every well-baby visit. All providers must also report all blood lead test results to LCLPPP, regardless of the test value.⁶ In addition, the Centers for

³ CDC, *Preventing Childhood Lead Poisoning*, Childhood Lead Poisoning Prevention, June 12, 2024, <https://www.cdc.gov/lead-prevention/prevention/index.html>

⁴ CDC, *Guidelines and Recommendations*, CLPP, March 26, 2025, <https://www.cdc.gov/lead-prevention/php/guidelines/index.html>

⁵ *Louisiana Administrative Code*, Title 48, Part V, §7005. Designation based on previous surveillance data and review by the state health officer and representatives from Louisiana medical schools.

⁶ LAC 48:V.7005,7007

Medicare & Medicaid Services (CMS) requires all Medicaid-enrolled children to be tested at 12 and 24 months, or between 24 and 72 months if not previously screened.⁷

Treatment and Prevention

Lead poisoning is preventable. The most common way to treat lead poisoning in children is to identify and remove the source of exposure. Few children have high enough levels of lead in their blood that they require a medicine called a *chelating agent*, which helps to remove lead from the body. Treatment plans should be coordinated with the child's provider and include guidance on nutrition, hygiene, follow-up testing, and lead-safe cleaning practices. LCLPPP provides several resources and linkages to services available to families across Louisiana.⁸

Case Management and Care Coordination

LCLPPP manages cases for all resident children under sixteen with BLLs at or above the CDC reference value of 3.5 µg/dL. Case managers monitor each child's BLL to ensure they decline, coordinate care with providers, and recommend appropriate follow-up testing and treatment. They also support families by offering guidance on reducing or eliminating lead hazards and by linking them to developmental screenings, community health workers, and other services.

Methods

Data Collection

LCLPPP receives blood lead test results through fax, mail, and Electronic Laboratory Reporting (ELR). ELR is used by clinics, hospitals, private laboratories, and other submitters to transmit laboratory results for reportable conditions and diseases to LDH. These electronic files are transferred using Secure File Transfer Protocol (sFTP) in formats such as HL7 2.5.1, HL7 2.3.1, and CSV. ELR data is imported into LCLPPP's surveillance system, which is used to track all blood lead test results for children under sixteen years of age, while results received via fax and mail are manually recorded in the system.

A single record contains an individual's demographic details (e.g., name, date of birth, sex, race/ethnicity, address, parish of residence) as well as testing information (e.g., sample collection date, BLL test result, specimen source, ordering provider and facility, performing laboratory). Race and ethnicity were evaluated, but not included in this report due to a high proportion of missing information. All BLL test results are analyzed by a Clinical Laboratory Improvement Amendments (CLIA)-certified facility or an approved portable device.

Environmental Investigations (EIs) are conducted by certified lead risk assessors and at minimum include: a visual inspection, administration of the U.S. Department of Housing and Urban Development (HUD) Resident Questionnaire,⁹ testing of painted surfaces via x-ray fluorescent (XRF) analyzer, and

⁷ CMS, *Coverage of Blood Lead Testing for Children Enrolled in Medicaid and the Children's Health Insurance Program*, CMCS Informational Bulletin, November 30, 2016, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib113016.pdf>.

⁸ LDH, LCLPPP, <https://ldh.la.gov/lead-poisoning-prevention>

⁹ HUD, *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing*, 2nd ed. (2012), Chapter 16, "Investigation and Treatment of Dwellings that House Children with Elevated Blood Lead Levels," 23–31, available at <https://www.hud.gov/sites/documents/lbph-18.pdf>.

environmental sample collection of dust, soil, paint, and drinking water from in and around the home.¹⁰ Sample analyses are conducted by laboratories certified through the U.S. Environmental Protection Agency (EPA) and accredited through both the National Environmental Laboratory Accreditation Program (NELAP) and Louisiana Environmental Laboratory Accreditation Program (LELAP). In order to identify potential lead hazards, results are compared with current standards set by state and federal environmental regulatory agencies.¹¹ Additionally, the lead risk assessor will work to identify any other potential sources of lead exposure for the child. All EI reports are tracked by LCLPPP case managers and documented in the program's surveillance system.

Population estimates used to calculate rates are a request-only product from the U.S. Census, available through CDC's Environmental Public Health Tracking Program. Estimates are provided at the county (parish) level by sex, race, ethnicity, and single year of age.

Inclusion Criteria

Record selection followed CDC Childhood Lead Poisoning Prevention Program (CLPPP) guidance for children less than 6 years of age (0-71 months). Each patient record was assigned a unique ID number based on the child's first and last name and date of birth. Age was documented as the child's age on the sample collection date, or if missing, on the test result date. Records were excluded if they had missing or invalid dates of birth, collection dates, or test dates, or if the individual was not a Louisiana resident.

A *confirmed case* is defined as either a venous test result ≥ 3.5 $\mu\text{g}/\text{dL}$ or two capillary test results ≥ 3.5 $\mu\text{g}/\text{dL}$ collected within a 12-week period.¹² Records missing blood test type were assigned a test type of capillary. For children with both a venous and capillary test in a given year, the highest venous result was retained for analysis. For children with multiple test results of the same test type in a given year, only the highest result was retained.

For EI data, the lead hazard sources were abstracted from EI reports, and the child's BLL, age, and parish of residence were obtained from the corresponding record in the surveillance data.

Statistical Analysis

Analyses were performed using SAS 9.4 (SAS Institute Inc., Cary, NC) and ArcGIS Pro 3.4 (ESRI, Redlands, CA). Records were geocoded using the Texas A&M University (TAMU) geocoding service via CDC's Environmental Public Health Tracking Program and MapMarker (SGSI, Sammamish, WA) software to improve location precision. Parish of residence was assigned based on the patient's street address, city and/or ZIP code. Children living in ZIP codes spanning multiple parishes were assigned to the parish containing the ZIP code's centroid in instances where street address and/or city were not available. Records with unidentifiable parishes were excluded from spatial analyses. For the choropleth maps (Figures 1 and 3), data were classified using the quantile method to determine map intervals. Non-zero case counts less than 5 and their associated rates were suppressed to protect confidentiality.

¹⁰ EIs must comply with HUD guidelines, 40 CFR Part 745, and LAC 33:III.28.

¹¹ EPA, *Hazard Standards and Clearance Levels for Lead in Paint, Dust and Soil (TSCA Sections 402 and 403)*, last updated August 6, 2025, <https://www.epa.gov/lead/hazard-standards-and-clearance-levels-lead-paint-dust-and-soil-tsca-sections-402-and-403>.

¹² CDC, *About the Data: Blood Lead Surveillance*, CLPP, March 7, 2025, <https://www.cdc.gov/lead-prevention/php/data/blood-lead-surveillance.html>.

Findings

Childhood Blood Lead Testing Rates

In 2023, a total of 337,296 children under the age of six were living in Louisiana. Of these, **48,590 (14.4%) were tested for lead.**

Blood Lead Testing Demographics: Sex and Age

Screening rates were similar for males and females. Children under age 2 (0–23 months) represented half of those tested, with a screening rate of 22.1%. The highest rate was among 2-year-olds (24–35 months) at 28.3%.

Table 1. Blood Lead Testing Rate among Children <6 Years by Sex and Age, Louisiana, 2023

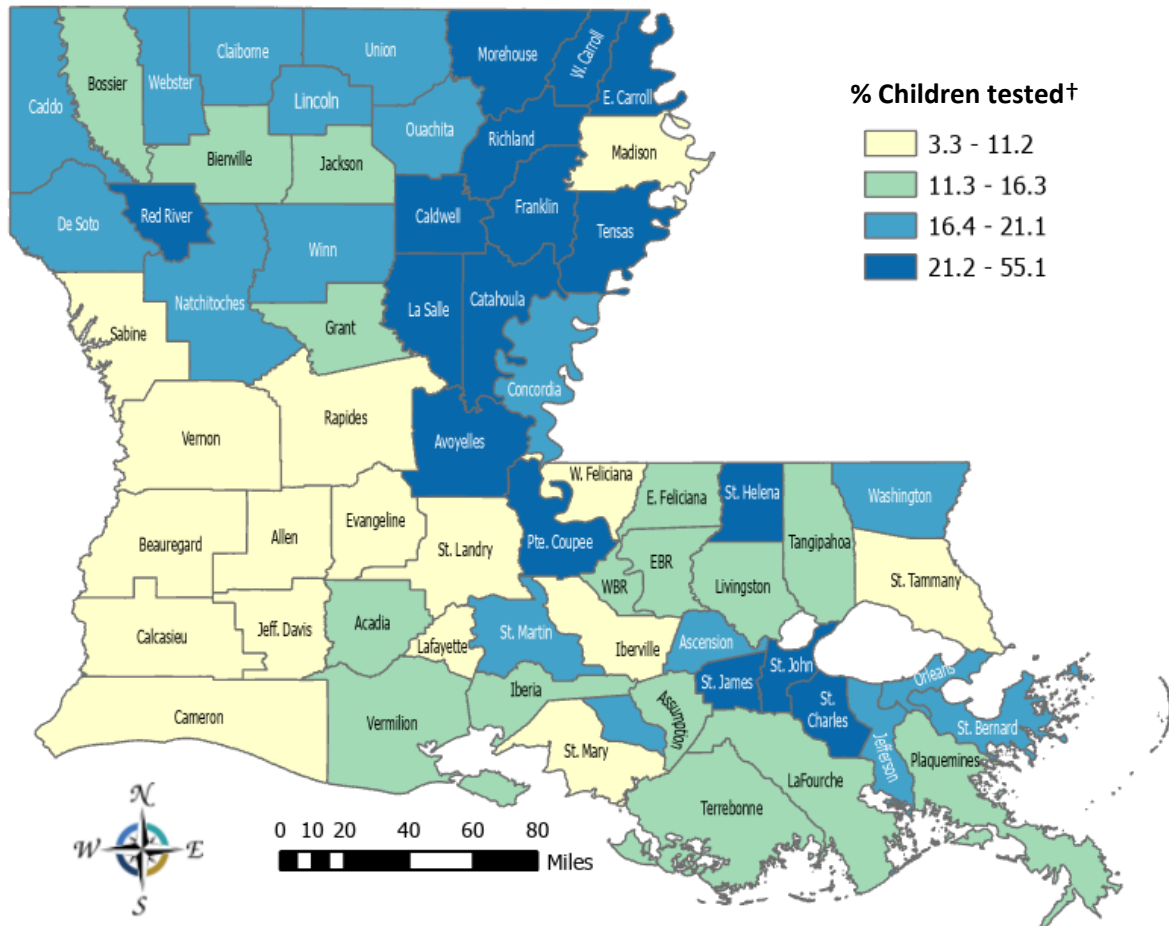
Demographic	n	Rate (%)
SEX		
Female	23,514	14.2
Male	24,557	14.3
Unknown	519	--
AGE*		
0-1	24,730	22.1
2	15,752	28.3
3-5	8,108	4.8
TOTAL	48,590	14.4

* Age in months = [0-23, 24-35, 36-71]

Blood Lead Testing by Parish

Across Louisiana parishes, testing rates for children under age six ranged from 3.3% to 55.1%. The highest rates were observed in East Carroll (55.1%), Red River (31.0%), Morehouse (29.4%), Pointe Coupee (28.0%), and Tensas (27.9%) parishes. The lowest rates were in Calcasieu and Vernon, both at 3.3%.¹³

Figure 1. Blood Lead Testing Rate among Children <6 Years by Parish, Louisiana, 2023 (n=48,491*)



* 99 children could not be assigned to a parish due to incomplete address information.

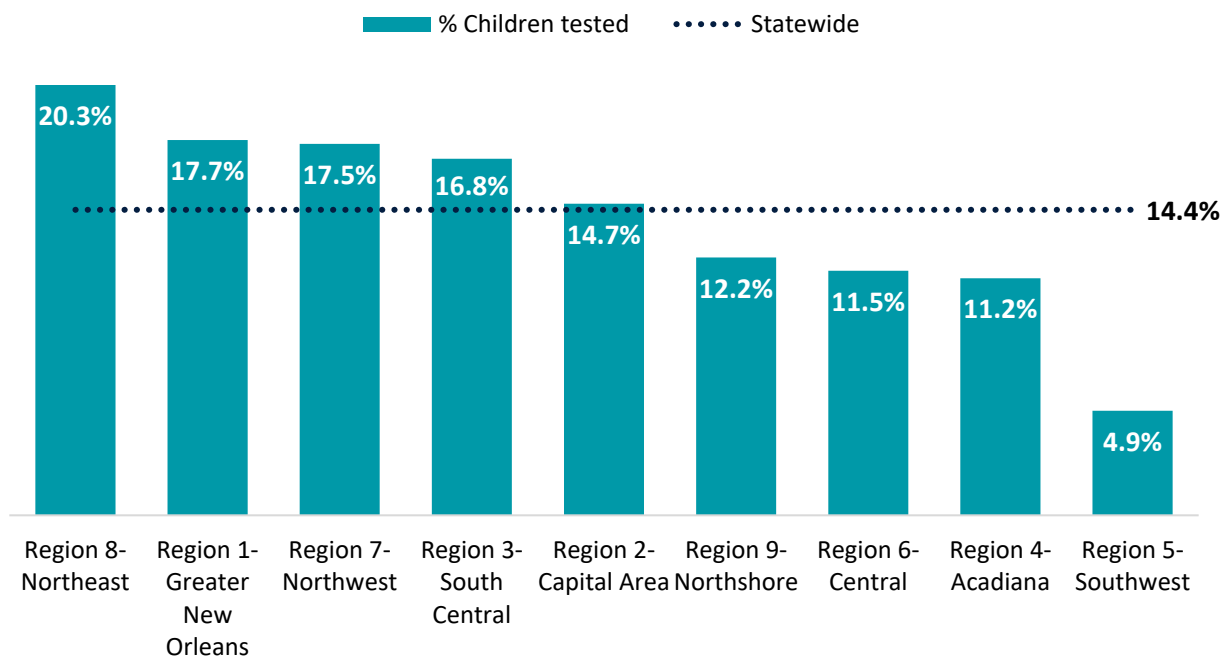
† Denominator = parish population estimates for children <6 years of age

¹³ See Appendix: Table A1 for parish case counts and rates.

Blood Lead Testing by LDH Administrative Region

Region 8–Northeast had the highest testing rate (20.3%), driven largely by East Carroll, Morehouse, and Tensas parishes. Region 5–Southwest had the lowest rate at 4.9%.

Figure 2. Blood Lead Testing Rate among Children <6 Years by LDH Administrative Region, Louisiana, 2023 (n=48,491*)



* 99 cases could not be assigned to a region due to incomplete address information.¹⁴

» Note: Regional map can be accessed [here](#) for reference.

Confirmed Cases ≥ Blood Lead Reference Value (BLRV)

Among those tested, 3.7% (n=1,809) had BLLs at or above the reference value, and **1.5% (n=707) were confirmed cases**. This is roughly 2 confirmed cases for every 5 children with results at or above the BLRV. The majority of confirmed cases (91.1%) had levels ranging from 3.5 to just under 10 µg/dL.

Table 2. Confirmed BLL result ≥ 3.5 µg/dL among Children <6 Years, Louisiana, 2023

BLL (µg/dL)	n	%
3.5 – 9.9	644	91.1
10 – 19.9	55	7.8
20 – 44.9	7	1.0
≥45	1	0.1
TOTAL	707*	100

* 667 were confirmed by venous and 40 by capillary.

¹⁴ See Appendix: Table A2 for regional case counts and rates.

Confirmed Case Demographics: Sex and Age

Confirmed cases showed no pronounced variation by sex or age.

Table 3. Confirmed BLL result ≥ 3.5 $\mu\text{g}/\text{dL}$ among Children <6 Years by Sex and Age, Louisiana, 2023

Demographic	n	% of tested*	% of subpopulation†
SEX			
Female	312	1.33	0.19
Male	395	1.61	0.23
AGE			
0-1	316	1.28	0.28
2	223	1.42	0.40
3-5	168	2.07	0.10
TOTAL	707	1.46	0.21

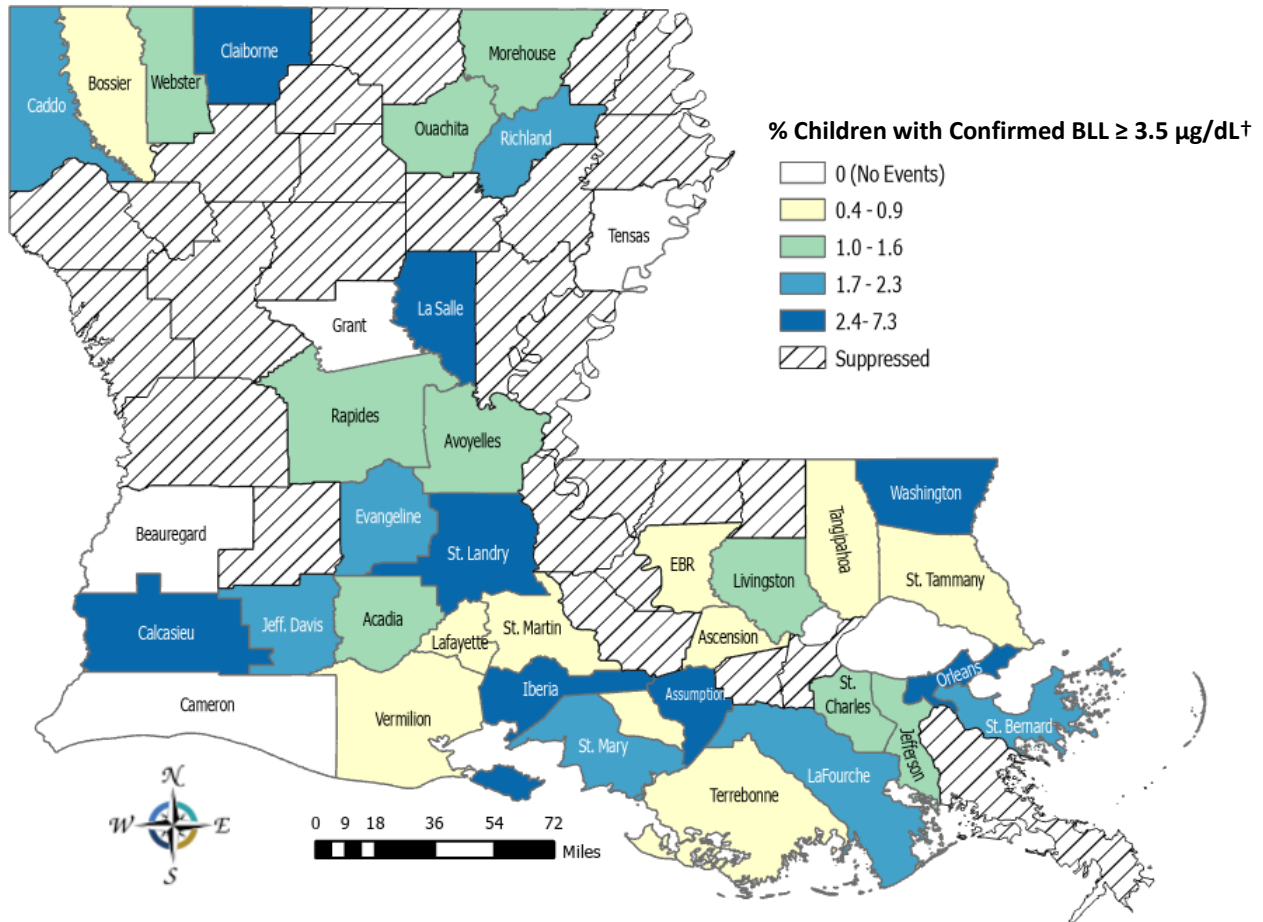
* Denominator = number of children tested in each subgroup

† Denominator = population estimates of children in each subgroup

Confirmed Cases by Parish

Claiborne (7.3%), Orleans (3.5%), and La Salle (3.2%) had the highest rates of confirmed cases among children tested.¹⁵

Figure 3. Confirmed BLL result $\geq 3.5 \mu\text{g}/\text{dL}$ among Children <6 Years by Parish, Louisiana, 2023 (n=700*)



* 7 confirmed cases could not be assigned to a parish due to incomplete address information. Non-zero counts <5 have been suppressed.

† Denominator = number of children <6 years tested in the parish

¹⁵ See Appendix: Table A3.

Confirmed Cases by LDH Administrative Region

Region 1—Greater New Orleans had the highest rate of confirmed cases, both among children tested (2.3%) and within the regional population under age six (0.4%).

Table 4. Confirmed BLL result \geq 3.5 $\mu\text{g}/\text{dL}$ among Children <6 Years by LDH Administrative Region, Louisiana, 2023

LDH Administrative Region	n	% of tested*	% of subpopulation†
Region 1—Greater New Orleans	239	2.27	0.40
Region 2—Capital Area	53	0.71	0.10
Region 3—South Central	53	1.16	0.19
Region 4—Acadiana	70	1.32	0.15
Region 5—Southwest	20	1.72	0.08
Region 6—Central	36	1.42	0.16
Region 7—Northwest	98	1.52	0.27
Region 8—Northeast	70	1.41	0.29
Region 9—Northshore	61	1.09	0.13
Unknown	7	--	--
Louisiana (Total)	707	1.46	0.21

* Denominator = number of children <6 years tested in each region

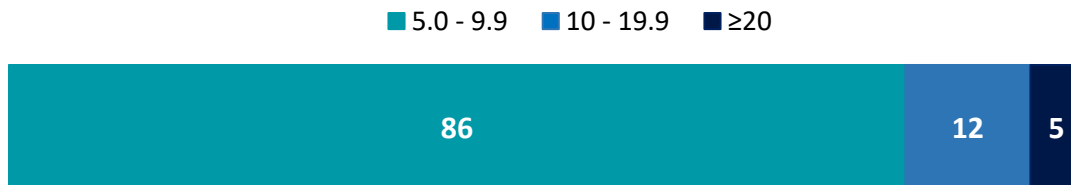
† Denominator = population of children <6 years residing in each region

Environmental Investigations

Environmental Investigations (EIs) are provided at no cost to families of children under six years of age with venous BLLs ≥ 5.0 $\mu\text{g}/\text{dL}$. If a parent or guardian accepts the offer, a certified lead risk assessor visits the property to conduct a thorough inspection and prepare a detailed report. The assessor collects and tests samples of dust, soil, paint, and water from in and around the home to identify potential lead hazards. Additionally, the lead risk assessor will work to identify any other potential sources of lead exposure for the child.

In 2023, EIs were conducted for 103 children statewide. Children's BLLs ranged from 5.0 to 36.0 $\mu\text{g}/\text{dL}$, with the majority (83.5%) falling between 5.0 and 9.9 $\mu\text{g}/\text{dL}$ (See Figure 4). By age, 54.5% were under two years old, 25.2% were two years old, and 20.4% were between three and five years old [data not shown].

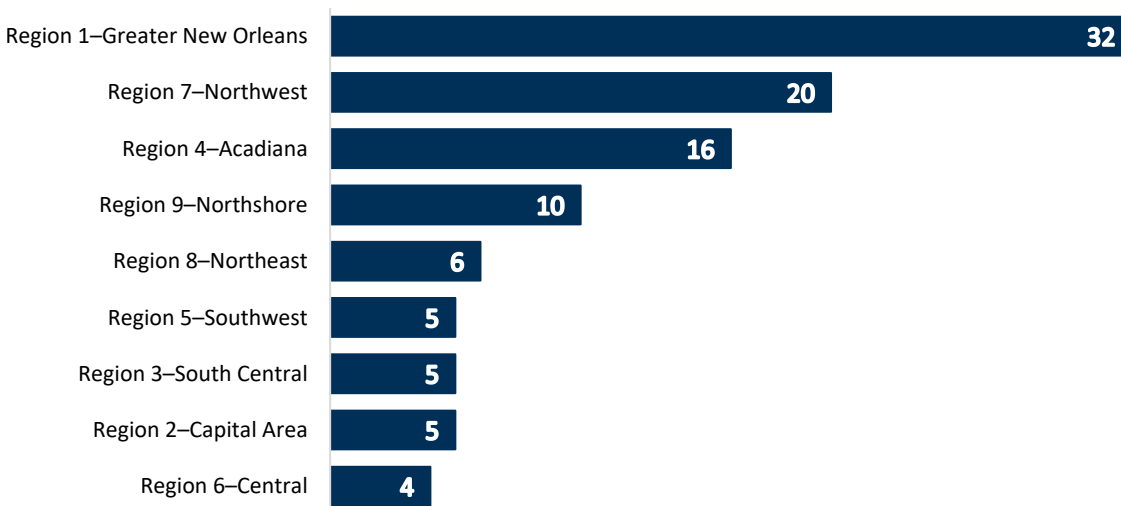
Figure 4. BLL ($\mu\text{g}/\text{dL}$) of Children with Completed Environmental Investigation, Louisiana, 2023 (n=103)



EIs by LDH Administrative Region

Nearly one-third (31.1%) of investigations were conducted in Region 1, followed by Regions 7 and 4.

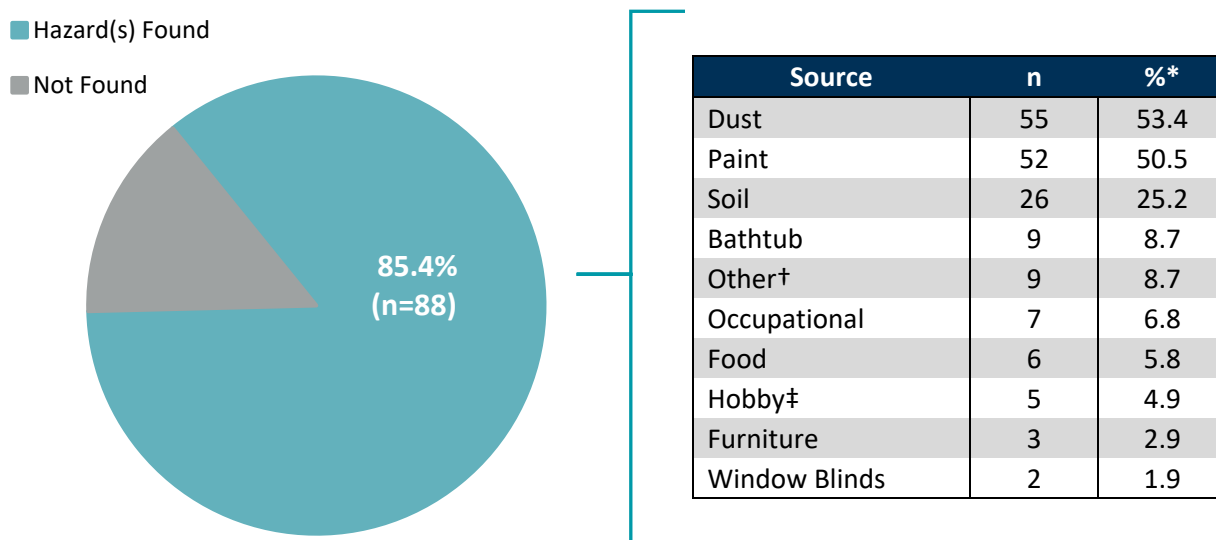
Figure 5. Environmental Investigations by LDH Administrative Region, Louisiana, 2023 (n=103)



Lead Hazard Sources Identified by EI

Of the 103 EIs conducted in 2023, 85.4% identified at least one lead hazard in or around the home, and 60.2% identified multiple hazards. Dust (53.4%) and lead-based paint (50.5%) were the most common sources. Hazardous lead levels in soil were detected in 25.2% of investigations. Drinking water was not identified as a lead hazard source in any investigation.

Table 5. Environmental Investigations: Lead Hazard Sources, Louisiana, 2023



* Denominator = total number of EIs conducted (n=103). In most cases (60.2%), more than one lead hazard was identified at the property. Percentages do not total 100%.

† Examples of “Other” include art/décor, toys, jewelry, glazed cookware/dishes, kitchen sink, or car battery.

‡ “Hobby” refers to exposures related to fishing and/or hunting, e.g. decoys, fishing sinkers, ammunition, or other equipment.

Key Takeaways

A glaring finding of this report is the low levels of testing in Louisiana, despite it being a state mandate. In 2023, 14.4% of children under 6 years old in Louisiana were tested for lead, with testing most prevalent among 2-year-olds. Although children under 2 years of age accounted for half of those tested, their lower testing rates indicate a need to expand screening in this age group, consistent with CDC guidelines and Medicaid requirements. Testing in LDH Regions 4, 5, 6, and 9 fell below the statewide rate, highlighting areas for potential targeted outreach and prevention. Potential factors contributing to low testing rates may include the lack of a federal testing mandate and varying requirements across states, limited provider awareness of federal guidance and/or state requirements for testing and reporting, low caregiver awareness of the importance of testing, limited access to healthcare, competing priorities and social and structural barriers.

Among children tested, 1.5% were confirmed cases, with the majority of blood lead levels ranging from 3.5 to <10 µg/dL. Region 1 reported the highest confirmed case rate and the largest number of environmental investigations (EIs), suggesting elevated exposure risk. Around 85% of EIs identified lead hazards—primarily in dust, paint, and soil—emphasizing the importance of lead-safe cleaning practices, minimizing hand-to-mouth activity, and recognizing the exposure risk in older homes built before 1978.

Limitations

Findings should be interpreted with caution when compared with other states, as testing practices, confirmatory testing protocols, and reporting requirements vary.¹⁶ This report has several limitations that should be considered:

- *Single-year analysis:* This report is limited to 2023, restricting evaluation of trends in testing or exposure over time. LDH’s annual surveillance report was put on pause for several years (2018-2022) in an effort to consolidate and upgrade existing data systems and improve overall data quality in surveillance reports. During this time, LDH continued to report child lead testing data to the CDC on a quarterly basis.¹⁷
- *Undercount of tested children:* Results for Louisiana children tested in other states may not have been reported to LDH. Collection and reporting practices vary across sources; some healthcare providers may submit only elevated lead test results.
- *Overcount of tested children or elevated results:* Missing or invalid demographic information may have caused duplicate counts of children with multiple tests. Capillary samples are prone to contamination and false positives, which could overestimate elevated test results.¹⁸
- *Inaccurate assignment of parish of residence:* Records listing only a PO box may not accurately represent the child’s parish of residence. Records with only a ZIP code may have been assigned to the wrong parish because some ZIP codes span multiple parishes. Parish of residence is based on the child’s address at the time of testing and may not reflect where exposure occurred.

¹⁶ CDC, *Data and Statistics*, CLPP, August 14, 2024, <https://www.cdc.gov/lead-prevention/php/data/index.html>.

¹⁷ CDC Data from 2017-2022 is publicly available and can be accessed here: <https://www.cdc.gov/lead-prevention/php/data/state-surveillance-data.html>.

¹⁸ Amy Wang et al., “Screening for Elevated Blood Lead Levels: False-Positive Rates of Tests on Capillary Samples, Minnesota, 2011–2017,” *Journal of Public Health Management and Practice* 25, no. 1 (2019): S44–S50, <https://doi.org/10.1097/PHH.0000000000000879>

Next Steps

The findings presented in this report aim to inform strategies to increase testing rates and guide targeted outreach and prevention efforts. Moving forward, the program will continue to work to improve testing and reporting rates through provider and family outreach and education, automate data collection, improve data quality, and integrate related datasets such as socioeconomic status, Medicaid enrollment, and age of housing. By June 2026, OPH will launch a lead testing pilot in Regions 5 and 8 focused on families enrolled in Louisiana WIC who have no record of a previous lead test. Going forward, LDH plans to analyze trends in testing and evaluate the gap years (2018-2022) where no surveillance report was produced amidst the aforementioned data modernization effort. Ultimately, these improvements will enhance LCLPPP's ability to identify children at greatest risk for lead exposure and intervene effectively.

Appendix: Supplemental Tables

Table A1. Blood Lead Testing Rate among Children <6 Years by Parish, Louisiana, 2023

Parish	Population	n	Rate (%)
Acadia	4,647	738	15.9
Allen	1,540	146	9.5
Ascension	10,258	1,728	16.8
Assumption	1,265	190	15.0
Avoyelles	2,859	632	22.1
Beauregard	3,125	200	6.4
Bienville	925	110	11.9
Bossier	9,717	1,397	14.4
Caddo	16,355	3,159	19.3
Calcasieu	16,111	533	3.3
Caldwell	615	139	22.6
Cameron	344	22	6.4
Catahoula	547	125	22.9
Claiborne	771	150	19.5
Concordia	1,164	213	18.3
De Soto	1,968	353	17.9
East Baton Rouge	32,937	4,644	14.1
East Carroll	379	209	55.1
East Feliciana	1,052	156	14.8
Evangeline	2,635	258	9.8
Franklin	1,506	361	24.0
Grant	1,523	186	12.2
Iberia	5,333	626	11.7
Iberville	2,036	205	10.1
Jackson	822	118	14.4
Jefferson	30,922	5,702	18.4
Jefferson Davis	2,448	261	10.7
Lafayette	19,843	1,801	9.1
Lafourche	6,714	1,043	15.5
La Salle	985	216	21.9
Lincoln	2,963	555	18.7
Livingston	11,577	1,467	12.7
Madison	758	55	7.3
Morehouse	1,721	506	29.4
Natchitoches	2,499	483	19.3
Orleans	23,353	3,972	17.0
Ouachita	11,936	2,167	18.2
Plaquemines	1,626	256	15.7

Table A1. Blood Lead Testing Rate among Children <6 Years by Parish, Louisiana, 2023

Parish	Population	n	Rate (%)
Pointe Coupee	1,403	393	28.0
Rapides	9,786	867	8.9
Red River	539	167	31.0
Richland	1,540	399	25.9
Sabine	1,545	154	10.0
St. Bernard	3,500	580	16.6
St. Charles	3,460	791	22.9
St. Helena	637	140	22.0
St. James	1,282	305	23.8
St. John the Baptist	2,833	674	23.8
St. Landry	6,841	563	8.2
St. Martin	3,700	680	18.4
St. Mary	3,658	364	10.0
St. Tammany	19,136	1,760	9.2
Tangipahoa	11,356	1,554	13.7
Tensas	190	53	27.9
Terrebonne	7,977	1,204	15.1
Union	1,328	247	18.6
Vermilion	4,411	632	14.3
Vernon	4,320	144	3.3
Washington	3,328	674	20.3
Webster	2,471	471	19.1
West Baton Rouge	2,130	257	12.1
West Carroll	626	139	22.2
West Feliciana	735	46	6.3
Winn	785	151	19.2
<i>Unknown</i>	--	99	--
Louisiana (Total)	337,296	48,590	14.4

Table A2. Blood Lead Testing Rate among Children <6 Years by LDH Administrative Region, Louisiana, 2023

Region	Population	n	Rate (%)
Region 1- Greater New Orleans	59,401	10,510	17.7
Region 2- Capital Area	50,551	7,429	14.7
Region 3- South Central	27,189	4,571	16.8
Region 4- Acadiana	47,410	5,298	11.2
Region 5- Southwest	23,568	1,162	4.9
Region 6- Central	21,969	2,534	11.5
Region 7- Northwest	36,790	6,444	17.5

Table A2. Blood Lead Testing Rate among Children <6 Years by LDH Administrative Region, Louisiana, 2023

Region	Population	n	Rate (%)
Region 8- Northeast	24,384	4,948	20.3
Region 9- Northshore	46,034	5,595	12.2
<i>Unknown</i>	--	99	--
Louisiana (Total)	337,296	48,590	14.4

Table A3. Confirmed BLL result $\geq 3.5 \mu\text{g/dL}$ among Children <6 Years by Parish, Louisiana, 2023

Parish	Tested (N)	Confirmed (n)	% of tested
Acadia	738	9	1.22
Allen	146	*	*
Ascension	1,728	7	0.41
Assumption	190	5	2.63
Avoyelles	632	8	1.27
Beauregard	200	0	0
Bienville	110	*	*
Bossier	1,397	11	0.79
Caddo	3,159	60	1.90
Calcasieu	533	13	2.44
Caldwell	139	*	*
Cameron	22	0	0
Catahoula	125	*	*
Claiborne	150	11	7.33
Concordia	213	*	*
De Soto	353	*	*
East Baton Rouge	4,644	34	0.73
East Carroll	209	*	*
East Feliciana	156	*	*
Evangeline	258	6	2.33
Franklin	361	*	*
Grant	186	0	0
Iberia	626	15	2.40
Iberville	205	*	*
Jackson	118	*	*
Jefferson	5,702	88	1.54
Jefferson Davis	261	5	1.92
Lafayette	1,801	13	0.72
Lafourche	1,043	21	2.01
La Salle	216	7	3.24
Lincoln	555	*	*

Table A3. Confirmed BLL result ≥ 3.5 $\mu\text{g}/\text{dL}$ among Children <6 Years by Parish, Louisiana, 2023

Parish	Tested (N)	Confirmed (n)	% of tested
Livingston	1,467	16	1.09
Madison	55	*	*
Morehouse	506	8	1.58
Natchitoches	483	*	*
Orleans	3,972	137	3.45
Ouachita	2,167	35	1.62
Plaquemines	256	*	*
Pointe Coupee	393	*	*
Rapides	867	14	1.61
Red River	167	*	*
Richland	399	8	2.01
Sabine	154	*	*
St. Bernard	580	11	1.90
St. Charles	791	8	1.01
St. Helena	140	*	*
St. James	305	*	*
St. John the Baptist	674	*	*
St. Landry	563	17	3.02
St. Martin	680	5	0.74
St. Mary	364	8	2.20
St. Tammany	1,760	11	0.63
Tangipahoa	1,554	14	0.90
Tensas	53	0	0
Terrebonne	1,204	9	0.75
Union	247	*	*
Vermilion	632	5	0.79
Vernon	144	*	*
Washington	674	19	2.82
Webster	471	6	1.27
West Baton Rouge	257	*	*
West Carroll	139	*	*
West Feliciana	46	*	*
Winn	151	*	*
Louisiana	48,590	707	1.46

» Note: * denotes suppressed counts (<5)

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