

# Childhood Lead Poisoning Prevention in Michigan

## FISCAL YEAR 2025 REPORT TO THE LEGISLATURE

Prepared by the  
Childhood Lead Poisoning Prevention Program  
Environmental Health Bureau  
Michigan Department of Health and Human Services  
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# INTRODUCTION

For more than 40 years, government, environmental advocates, landlords, schools and parents have worked to reduce and eliminate childhood lead poisoning hazards. These efforts have led to considerable gains, including increased awareness of lead as an environmental hazard, reductions and/or complete elimination of the use of lead in consumer products and improvements in guidance for the testing and the treatment of lead exposed children.

Unfortunately, lead poisoning is far from eradicated. Exposure to lead tends to be higher in Michigan's urban areas due to aging and deteriorating housing stock and the historic use of lead in gasoline, leaving urban soils contaminated with lead.

Young children, wherever they live, are particularly vulnerable to lead poisoning. Lead dust is the most common way children come into contact with lead, because children often put their hands in their mouths. Children also sometimes chew on toys and other household objects and furniture that may contain lead. When lead is swallowed, it can cause health problems. Swallowing lead can be a serious issue for children because their bodies and nervous systems are still developing.

Lead is a potent neurotoxin. Children's growing bodies absorb more lead than adults do, and their developing brains and nervous systems are more sensitive to the damaging effects of lead. Most people who have lead in their blood do not look or act sick. However, there is no safe level of lead in the blood. As lead exposure increases, the range and seriousness of health effects also increase. Lead in blood can cause problems with learning, behavior, speech, hearing, growth rates, development of the nervous system, and can even cause death.

The goal of the Michigan Childhood Lead Poisoning Prevention Program (CLPPP) is to prevent lead poisoning across the state through surveillance, outreach and health services. While the state and its local partners have seen some success, including declines in the overall rate of childhood lead poisoning, Michigan continues to be ranked in the top states with the greatest number of lead poisoned children, an indication that there is still much work to be done.

This report has been prepared in accordance with Lead Abatement Act 368 of 1978, Section 333.5474 of the Michigan Compiled Laws. Under MCL 333.5474, the department is required to produce an annual report for the legislature detailing the number of children screened for lead poisoning and expenditures under the lead poisoning prevention program. (See Appendix 1.) This report is for Fiscal Year (FY) 2025.

# NUMBERS OF MICHIGAN CHILDREN TESTED FOR LEAD AND BLOOD LEAD TEST RESULTS

Michigan law requires any clinical laboratory that analyses a blood sample for lead shall report the results of the blood lead analysis to the department. The clinical laboratory must submit the report to the department within five days after the analysis is completed ([MCL-333.20531, Sec. 20531](#)). This report describes blood lead test results for children under 6 years of age for FY25 (Oct. 1, 2024 to Sept. 30, 2025). Comparison data are provided for the previous 13 fiscal years (2012-2024). Each child was counted once each year, even if they had more than one test that year. The counts of children by blood lead level were based on the value representing the highest blood lead level obtained from a venous blood draw (or a capillary blood test if there was no venous test) that fiscal year.

Under MCL 333.5474, the department is required to annually report to the legislature the number of children with blood lead levels equal to or greater than ( $\geq$ ) 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) which, when the law was enacted in 1998, was the recommended threshold for defining “elevated blood lead level (EBLL).” Children with EBLLs should receive lead education, nursing case management, environmental investigations and additional medical monitoring.

In 2012, the Centers for Disease Control and Prevention (CDC) released updated recommendations for addressing childhood lead poisoning and prevention, including adoption of an updated definition of elevated blood lead level from  $\geq 10$  to  $\geq 5$   $\mu\text{g}/\text{dL}$  and setting this level based on the Blood Lead Reference Value (BLRV), which is a tool to identify children with higher levels of lead in their blood compared to most children in the United States. In October 2021, the CDC lowered the BLRV from 5 to 3.5  $\mu\text{g}/\text{dL}$ , and Michigan adopted the federal agency’s updated BLRV to define EBLL in May 2022. When a child has a venous blood lead test result above the blood lead reference value the child qualifies for nursing case management services. Lowering the blood lead reference value to 3.5 allows more children to qualify for nursing case management services, which provide a family with more education, referrals and care coordination than children not enrolled in nursing case management. The data tables and figures that follow include blood lead test results with  $\geq 3.5$   $\mu\text{g}/\text{dL}$ ,  $\geq 5$   $\mu\text{g}/\text{dL}$  and  $\geq 10$   $\mu\text{g}/\text{dL}$ .

In FY25, blood lead tests for 151,569 children under 6 years old were reported by laboratories. A total of 4,993 (3.3%) of tested children had blood lead levels  $\geq 3.5$   $\mu\text{g}/\text{dL}$ , 2,979 (2.0%) had blood lead levels  $\geq 5$   $\mu\text{g}/\text{dL}$  and 696 (0.5%) had blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$ .

The number of children tested remained relatively constant from FY12 - FY19. The number and percentage of children with EBLLs declined steadily from FY12 - FY19. In FY20, the number of children tested declined markedly, aligning with the start of the COVID-19 pandemic. In FY20, the number of children with EBLLs was markedly lower than that for FY19. Numbers of children tested in FY21 and FY22 stayed low compared

to pre-pandemic years and the numbers of children with EBLs was slightly lower in FY21 and FY22 compared to FY20 before increasing markedly in FY23.

Likewise, the percentage of children with elevated levels declined from FY12 - FY20, but then slightly increased from FY21 - FY24. In FY25, the percentage of children with elevated levels was the lowest of any year in the comparison period (Table 1, Figure 1, Figure 2). It is anticipated that in the coming years, more children with EBLs will be identified due to Michigan’s new [universal testing law](#).

**Total Number of Children Under Age 6 Tested for Lead and the Number (#) and Percent (%) of Children with Elevated Blood Lead Levels ( $\geq 3.5\mu\text{g/dL}$ ,  $\geq 5\mu\text{g/dL}$ , and  $\geq 10\mu\text{g/dL}$ ) by Fiscal Year in the State of Michigan: 2012-2025\***

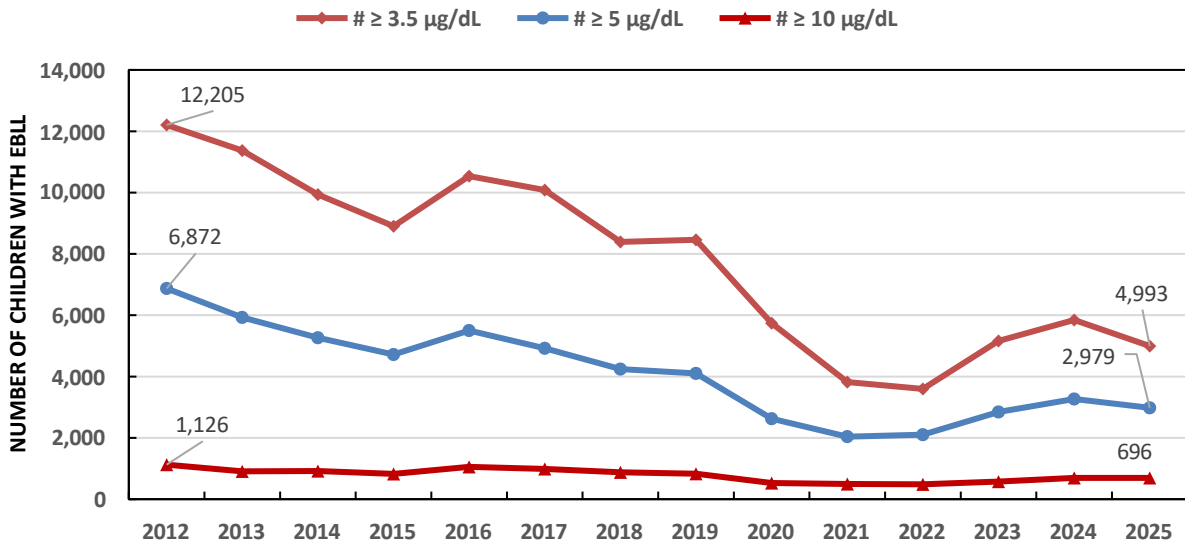
Michigan							
Fiscal Year	# Children Tested	# with BLL $\geq 3.5 \mu\text{g/dL}$	% with BLL $\geq 3.5 \mu\text{g/dL}$	# with BLL $\geq 5 \mu\text{g/dL}^1$	% with BLL $\geq 5 \mu\text{g/dL}^1$	# with BLL $\geq 10 \mu\text{g/dL}^2$	% with BLL $\geq 10 \mu\text{g/dL}^2$
2012	148,741	12,205	8.2	6,872	4.6	1,126	0.8
2013	148,539	11,369	7.7	5,927	4.0	911	0.6
2014	144,594	9,936	6.9	5,265	3.6	920	0.6
2015	138,858	8,901	6.4	4,718	3.4	825	0.6
2016	155,066	10,535	6.8	5,501	3.5	1,057	0.7
2017	150,343	10,085	6.7	4,922	3.3	989	0.7
2018	142,299	8,390	5.9	4,243	3.0	877	0.6
2019	143,177	8,458	5.9	4,105	2.9	832	0.6
2020	106,563	5,742	5.4	2,626	2.5	528	0.5
2021	103,056	3,822	3.7	2,039	2.0	498	0.5
2022	101,143	3,597	3.6	2,106	2.1	486	0.5
2023	122,152	5,162	4.2	2,847	2.3	573	0.5
2024	140,498	5,846	4.2	3,265	2.3	694	0.5
2025	151,569	4,993	3.3	2,979	2.0	696	0.5

\* Data source: Data Warehouse, Data current as of October 31, 2025

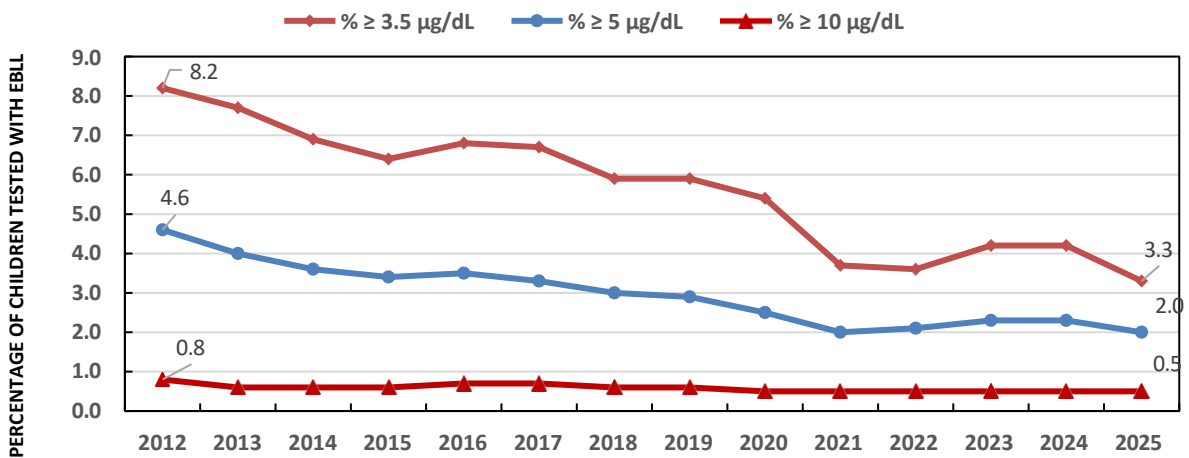
<sup>1</sup> Blood Lead level after rounding to the nearest whole number (levels  $\geq 4.5 \mu\text{g/dL}$ )

<sup>2</sup> Blood Lead level after rounding to the nearest whole number (levels  $\geq 9.5 \mu\text{g/dL}$ )

**FIGURE 1. NUMBER OF MICHIGAN CHILDREN UNDER AGE 6 WITH ELEVATED BLOOD LEAD LEVELS: FISCAL YEARS 2012-2025**



**FIGURE 2. PERCENTAGE OF MICHIGAN CHILDREN UNDER AGE 6 WITH ELEVATED BLOOD LEAD LEVELS: FISCAL YEARS 2012-2025**



# FUNDING

FY25 funding for the Childhood Lead Poisoning Prevention Program came from four sources:

FY	Maternal and Child Health Services Block Grant*	State of Michigan General Fund	State of Michigan Emergency Funds	Centers for Disease Control and Prevention	Total
2025	\$1,079,800	\$645,900	\$723,043	\$612,784	\$3,061,527

\*Source: Federal Health Resources and Services Administration

Funding was used to maintain three primary components of the Michigan Department of Health and Human Services (MDHHS). CLPPP as required by PA 368 of 1978, Section 333.5474.

**1) Surveillance system capable of gathering, storing and reporting on blood lead results for Michigan children.** CLPPP staff utilize the Michigan Child Lead Poisoning Surveillance (MICLPS) application to collect and process blood lead results for all Michigan residents. Results are then reported to the MDHHS Lead Safe Home Program, local health departments (LHDs), the Michigan Care Improvement Registry (MCIR) and Medicaid to ensure all children with elevated blood lead levels are offered the services for which they are eligible. Data is also provided to researchers and the public to increase awareness around the burden of lead across the state.

Improvements to the surveillance system in FY25 included:

- Enhancements to the MICLEAR Case Management module allowed for effective linking of patients with elevated lead levels directly to their application for home lead services. Additionally, MICLEAR Case Management replaced PDF file uploads and created electronic versions of the initial home visit form and individualized plan of care. This allows local health department nurses to directly enter these into MICLEAR and will allow CLPPP to better aggregate data to provide clearer insight into the scope of work being performed by partners across the state.
- Successfully moved additional testing labs to automated blood lead reporting. In FY25, the percent of blood lead results reported through automated methods increased to 66%, up from 31% in previous FYs. The average number of days from receipt of blood lead result to finalization and reporting of the result for automated routes was 7.27 days (median five days), compared to 13.9 days (median nine days) for all other reporting mechanisms.

**2) Clinical case management coordination.** The CLPPP nurse consultants act as expert consultants to clinical health care providers and local public health agencies throughout Michigan to ensure children with elevated blood lead levels are

managed appropriately.

- Funds were provided to 44 LHDs to provide Nurse Case Management (NCM) services to children with elevated blood lead levels. These nursing case management services are offered to all families with children with venous confirmed elevated blood lead levels regardless of insurance status. All participating LHDs document their NCM activities in MICLEAR and report to CLPPP. CLPPP reviews the information provided and approves funds for reimbursement. In FY25, 877 Michigan children with elevated blood lead levels received NCM services.
- Flint supplemental funds were used to support the intensive efforts to provide NCM to all children in Genesee County with elevated blood lead levels.
- Funds were provided to LHDs to allow for the use of community health workers to support families with children exposed to lead and assist with addressing social determinants of health.
- Funds were provided to four LHDs for pilot programs to increase blood lead testing within their jurisdictions.

**3) Comprehensive educational and community outreach prevention.** The MDHHS Environmental Health Bureau provided outreach and distribution of lead poisoning prevention health education materials at 455 events across Michigan, resulting in 46,193 engagement opportunities. Additionally, MDHHS staff engaged with 534 providers concerning universal testing rules and resources and sent out 669 letters to providers in high-risk jurisdictions. Funds were also allocated to local health departments within each of Michigan's 10 Prosperity Regions to provide lead poisoning prevention, education and outreach within each region. Activities included:

- Campaigns to educate and inform key audiences about lead hazards.
- Connecting with at-risk families to educate and encourage blood lead testing for children and pregnant women.
- Providing informational materials to assist parents and caregivers on safe cleaning practices to reduce lead exposure.
- Sending alerts and just-in-time communications on hazardous products.
- Providing updated training for primary care providers on counseling, testing and treating lead exposed patients.

# CONCLUSION & RECOMMENDATIONS

Childhood lead poisoning remains a public health threat for many Michigan children. The number and percentage of tested children markedly decreased in 2020 and remained at this low level for the next two years. This decline has been attributed to the onset of the COVID-19 pandemic, which resulted in decreased in-person office visits, increased barriers to services and decreased the availability of testing across the state.

During FY25, we observed a notable increase in blood lead testing, exceeding pre-pandemic numbers and marking the highest number of children tested since FY17. This increase is likely due to the passage of Michigan's universal testing law. By law, Michigan now requires blood lead testing for all children at 12 months and 24 months of age and at other intervals based on exposure risk. It is the physician's responsibility to test or order the test. The law updates the Public Health Code, adding [MCL 333.5474d](#) and amending [MCL 333.9206\(1\)](#). Administrative rules ([R 330.301-304](#)) for implementation of the law were made official on April 30, 2025.

The universal testing law is an important step toward protecting Michigan's children from the effects of lead exposure, but there is still significant work to be done. The age of Michigan's housing stock, the number of children living in rental homes and the insufficient level of funding for lead remediation allow lead poisoning risk to continue as an environmental public health concern in Michigan.

Blood lead testing results from 2005 to the present can be found in the CLPPP Annual Reports, available at [Lead Data and Reports](#) and from 2010 at [Michigan.gov/Mitracking](#).

Beginning in late FY15, a major focus of lead poisoning prevention activities has been on lead exposures in the City of Flint. Data summaries and information specific to Flint can be found at [Michigan.gov/Flintwater](#).

Over the next year, CLPPP will also continue efforts to reduce exposures through:

- Continuing education about the new universal blood lead testing law and administrative rules, requiring more children in Michigan to be tested for lead.
- Continuing a statewide media campaign to educate caregivers of children about the importance of talking to their health care provider about blood lead testing.
- Improvements to the systems for managing surveillance data electronically.
- Analysis and dissemination of data on children with elevated blood lead levels.
- Information and education provided to the general population to prevent childhood lead poisoning.

- Ensuring appropriate public health case management and interventions statewide when a child is identified with an elevated blood lead level.
- Integrating health and housing programs to better serve families impacted by lead exposure.
- Strengthening cross-functional collaboration to respond to unique sources of lead exposure.
- Linking prevention services, including assessment and abatement of lead hazards in homes, to families in need.
- Educating health care providers about the importance of screening children for blood lead, retesting to confirm elevated test results and appropriate treatment of lead-exposed patients.

# APPENDIX 1

## Excerpts from Act 368 of 1978 regarding legislative reporting requirements.

**MCL 333.5474(2)** “The department shall report to the legislature by January 1, 1999, and annually thereafter, the number of children through age 6 who were screened for lead poisoning during the preceding FY and who were confirmed to have had blood lead levels above 10 micrograms per deciliter. The report shall compare these rates with those of previous FYs and the department shall recommend methods for improving compliance with guidelines issued by the federal centers for disease control and prevention, including any necessary legislation or appropriations.”

**MCL 333.5474(3)** “Not more than 1 year after the effective date of this part, and annually thereafter, the department shall prepare a written report regarding the expenditures under the lead poisoning prevention program including the amounts and sources of money from the previous year and a complete accounting of its use. The report shall be given to the appropriate committees of the legislature and be made available to the general public upon request.”