

# RESULTS BASED ACCOUNTABILITY

## *A Call to Action for*

***Compliance with CT's Universal Blood Lead Screening Law  
(i.e., Connecticut General Statutes (CGS) Sec. 19a-110)  
and Federal Medicaid Statutes***



***What are the Screening and Testing Rates for CT's 169 Towns?***

***(This document is based on the Connecticut State Department of Public Health's  
2010 Surveillance Report.)***

***Click on link below to view CT Department of Public Health's ON-Line Surveillance Report***

***[http://www.ct.gov/dph/lib/dph/environmental\\_health/lead/pdf/CY\\_2010\\_Surveillance\\_Report\\_final\\_12-21-2012.pdf](http://www.ct.gov/dph/lib/dph/environmental_health/lead/pdf/CY_2010_Surveillance_Report_final_12-21-2012.pdf)***

*FEA developed this Results Based Accountability Report Card by utilizing 2010 DPH surveillance data and  
CT DPH recommendations and feedback. collaborative input*



# An Excellent Report Card for Our Children Takes a Collaborative TEAM Approach by all Key Stakeholders.

**Children's  
Pediatric Health  
Providers and  
Insurance Health  
Providers**



**Parents,  
Legal Guardians  
Foster Parents  
DCF, etc.**



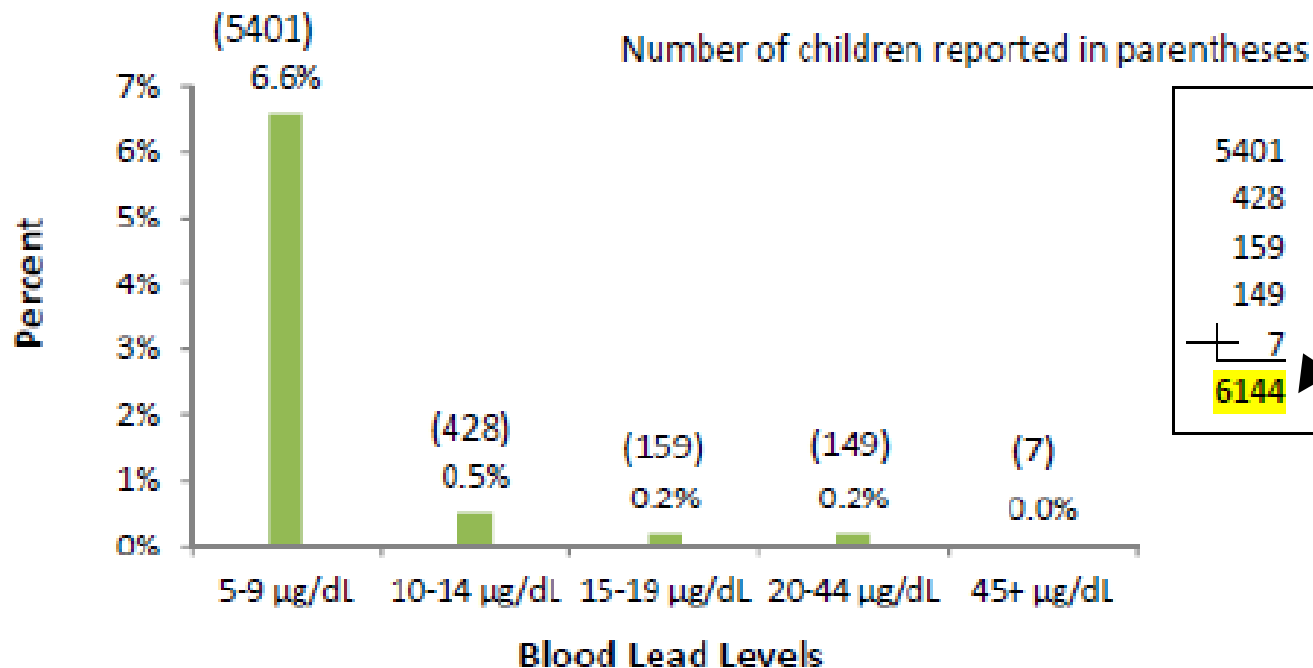
**Education,  
Health &  
Social  
Service  
Providers**



**Elected Officials in  
all Branches of  
Government &  
Community, State  
/ Federal Agencies**



# CT Surveillance Results for the Number of Lead Poisoned Children Under the Age of 6 years old in the Year 2010.



In 2010, there were **6114** CT children under the age of 6 who were medically identified with a blood lead level high enough to put them at risk of permanent brain

According to the Connecticut Department of Public Health's 2010 Surveillance Report, in calendar year 2010 there were **6,144** CT children under the age of 6 who were identified with a blood lead level of 5 ug/dl (*micrograms per deciliter of blood*) or greater.

It is important to note that DPH reports that this finding is based on a blood lead screening rate of only **33.5%** of Connecticut children under the age of 6.

Based on scientific research and findings from the CDC's Advisory Committee on childhood lead poisoning, blood lead levels of 5 ug / dl and lower have been known to cause permanent brain damage to the developing brains of young children, putting them at risk of learning disabilities, behavioral disorders, school failure and dropping out of school.



**A CALL TO ACTION for Medical Providers in CT Towns and Congressional Districts to Comply with State and Federal law for Blood Lead Testing all Children Under the Age of 6 Years and Children who are 1 and 2 Year old**



**Connecticut Governor- Malloy**



**Senator Richard Blumenthal**



**Senator Joseph Lieberman**

**Congressional Representative - District #1  
John B. Larson (*Democratic Party*)**



- |                |                  |
|----------------|------------------|
| 1. Bloomfield  | 6. West Hartford |
| 2. Bristol     | 7. Windsor       |
| 3. Glastonbury |                  |
| 4. Hartford    |                  |
| 5. Manchester  |                  |

**Congressional Representative - District #2  
Joe Courtney (*Democratic Party*)**



- |                |               |
|----------------|---------------|
| 1. Coventry    | 6. New London |
| 2. East Haddam | 7. Norwich    |
| 3. Glastonbury | 8. Vernon     |
| 4. Lebanon     |               |
| 5. Mansfield   |               |

**Congressional Representative - District #3  
Rosa L. DeLauro (*Democratic Party*)**



- |              |               |
|--------------|---------------|
| 1. Guilford  | 6. Stratford  |
| 2. Hamden    | 7. Waterbury  |
| 3. Naugatuck | 8. West Haven |
| 4. New Haven |               |
| 5. Shelton   |               |

**Congressional Representative - District #4  
Jim Himes (*Democratic Party*)**



1. Bridgeport
2. Greenwich
3. Stamford

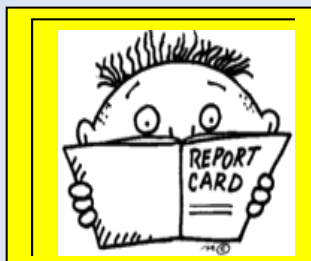
**Congressional Representative - District #5  
Christopher Murphy (*Democratic Party*)**



- |               |                |              |
|---------------|----------------|--------------|
| 1) Farmington | 4) New Britain | 7) Waterbury |
| 2) Goshen     | 5) Plainville  |              |
| 3) Meriden    | 6) Simsbury    |              |



# RESULTS BASED ACCOUNTABILITY REPORT CARD FOR CT TOWNS & MEDICAL PROVIDERS



**12 CT Towns Successfully Achieve Grades of “A” or “B” for Compliance with State Law for universal blood lead testing.**

***In 2010, there were six Connecticut Towns that achieved a State Law compliance Grade of “A” for Blood Lead Testing of children who were 1 -2 years old. There were 6 Towns that achieved a Grade of “B”***

	Population Under Age 6	Number of Children Under Age 6 Screened	Percent of Children Under Age 6 Screened	Report Card Grade for Under 6	Population of Children Ages 1-2 years	Number of Under Ages 1-2 Screened	Percent of Children Age 1-2 Screened	Report Card Grade for Children Ages 1-2
CLINTON	867	280	32.3%	F	267	248	92.9%	A
DEEP RIVER	290	105	36.2%	F	87	86	98.9%	A
HAMPTON	100	39	39.0%	F	31	31	100.0%	A
OLD LYME	375	131	34.9%	F	114	111	97.4%	A
OLD SAYBROOK	480	151	31.5%	F	134	138	100.0%	A
WASHINGTON	163	46	28.2%	F	40	42	100.0%	A

	Population Under Age 6	Number of Children Under Age 6 Screened	Percent of Children Under Age 6 Screened	Report Card Grade for Under 6	Population of Children Ages 1-2 years	Number of Under Ages 1-2 Screened	Percent of Children Age 1-2 Screened	Report Card Grade for Children Ages 1-2
BARKHAMSTED	214	51	23.8	F	49	40	81.6 %	B
BRIDGEPORT	12, 731	6,707	52.7%	F	4,272	3,734	87.4%	B
GRISWOLD	802	308	38.4%	F	266	217	81.6%	B
HARTFORD	11. 155	5,523	49.5%	F	3,734	3,142	84.1%	B
NEW HAVEN	10, 762	4737	44.0%	F	3,712	3,046	82.1%	B
NORTH BRANFORD	795	244	30.7%	F	232	191	82.3%	B



## RESULTS BASED ACCOUNTABILITY

### REPORT CARD GRADES FOR 169 CT TOWNS

CT's Department of Public Health's 2010 Surveillance Report is based on blood lead level (BLL) data provided by medical providers in each of CT's 169 towns.

Below are the Grade Equivalent Ratings for each CT town

Grade Equivalent Rating	Academic Ratings Scores for Compliance with CT's Universal BLL Testing Statue by Medical Providers in 169 CT towns for 1 - 2 years old children during the year 2010
<b>A's</b>	<b>6 CT Towns</b> earned a rating of <b>"A"</b> <i>(A=90 - 100 % BLL Screening Rate for children in the 1 -2 age range)</i>
<b>B's</b>	<b>6 CT Towns</b> earned a rating of <b>"B"</b> <i>(B=80 - 89 % BLL Screening Rate for children in the 1 -2 age range)</i>
<b>C's</b>	<b>22 CT Towns</b> earned a rating of <b>"C"</b> <i>(C=70 - 79 % BLL Screening Rate for children in the 1 -2 age range)</i>
<b>D's</b>	<b>50 CT Towns</b> earned a rating of <b>"D"</b> <i>(D= 60 to 69 % BLL Screening Rate for children in the 1 -2 age range)</i>
<b>F's</b>	<b>85 CT Towns</b> earned a rating of <b>"F"</b> <i>(F= 0% to 59% BLL Screening Rate for children in the 1 -2 age range)</i>

# RESULTS BASED ACCOUNTABILITY REPORT CARD FOR CT TOWNS



Based on the CT Department of Public Health's 2010 Surveillance Report, below are the results of DPH's findings. This document also includes an academic equivalence level for medical provider sources in each of CT's 169 towns for BLL screening of children ages 1 - 2 years old.

TOWN	Population of Children ages 1 – 2 years	Number of Children ages 1 – 2 years Screened	Percentage of Children ages 1 – 2 years Screened	Report Card Grade
1. ANDOVER	52	34	65.4 %	D
2. ANSONIA	453	293	64.7 %	D
3. ASHFORD	75	39	52.0 %	F
4. AVON	287	164	57.1 %	F
5. BARKHAMSTED	49	40	81.6 %	B
6. BEACON FALLS	116	75	64.7 %	D
7. BERLIN	329	131	39.5 %	F
8. BETHANY	92	58	63.9 %	D
9. BETHEL	398	242	60.8 %	D
10. BETHLEHEM	56	30	53.6 %	F
11. BLOOMFIELD	360	215	59.7 %	F
12. BOLTON	76	41	53.9 %	F
13. BOZRAH	42	28	66.7 %	D
14. BRANFORD	466	323	69.3 %	D
15. BRIDGEPORT	4,272	3,734	87.4	B
16. BRIDGEWATER	27	11	40.7 %	F
17. BRISTOL	1,333	737	55.3 %	F
18. BROOKFIELD	313	177	56.5 %	F
19. BROOKLYN	162	111	68.5 %	D
20. BURLINGTON	187	83	44.4 %	F
21. CANAAN	21	7	33.3 %	F
22. CANTERBURY	89	42	47.2 %	F
23. CANTON	217	105	48.4 %	F
24. CHAPLIN	58	26	44.8 %	F
25. CHESHIRE	476	259	54.4 %	F
26. CHESTER	55	31	56.4 %	F

# RESULTS BASED ACCOUNTABILITY REPORT

## CARD RATINGS IN CT TOWNS



TOWN	Population of Children ages 1 – 2 years	Number of Children ages 1 – 2 years Screened	Percentage of Children ages 1 – 2 years Screened	Report Card Grade
27. CLINTON	267	248	92.9 %	A
28. COLCHESTER	317	252	79.5 %	C
29. COLEBROOK	23	10	43.5 %	F
30. COLUMBIA	91	40	44.0 %	F
31. CORNWALL	20	15	75.0 %	C
32. COVENTRY	291	163	56.0 %	F
33. CROMWELL	295	164	55.6 %	F
34. DANBURY	2,185	1,559	71.4 %	C
35. DARIEN	660	284	43.0 %	F
36. DEEP RIVER	87	86	98.9 %	A
37. DERBY	337	183	54.3 %	F
38. DURHAM	142	84	59.2 %	F
39. EAST GRANBY	123	67	54.5 %	F
40. EAST HADDAM	177	110	62.1 %	D
41. EAST HAMPTON	293	158	53.9 %	F
42. EAST HARTFORD	1,376	986	71.7 %	C
43. EAST HAVEN	542	422	77.9 %	C
44. EAST LYME	284	191	67.3 %	D
45. EAST WINDSOR	236	125	53.0 %	F
46. EASTFORD	37	16	43.2 %	F
47. EASTON	125	80	64.0 %	D
48. ELLINGTON	353	190	53.8 %	F
49. ENFIELD	833	463	55.6 %	F
50. ESSEX	105	79	75.2 %	C
51. FAIRFIELD	1,325	961	72.5 %	C



# RESULTS BASED ACCOUNTABILITY REPORT

## CARD RATINGS IN CT TOWNS

TOWN	Population of Children ages 1 – 2 years	Number of Children ages 1 – 2 years Screened	Percentage of Children ages 1 – 2 years Screened	Report Card Grade
52. FARMINGTON	445	183	41.1 %	F
53. FRANKLIN	26	19	73.1 %	C
54. GLASTONBURY	673	334	49.6 %	F
55. GOSHEN	39	28	71.6 %	C
56. GRANBY	213	89	41.8 %	F
57. GREENWICH	1,441	824	57.2 %	F
58. <b>GRISWOLD</b>	266	217	81.6 %	B
59. GROTON	1,184	814	68.8 %	D
60. GUILFORD	364	191	52.5 %	F
61. HADDAM	180	95	52.8 %	F
62. HAMDEN	1,246	877	70.4 %	C
63. <b>HAMPTON</b>	31	31	100.0 %	A
64. <b>HARTFORD</b>	3,734	3,142	84.1 %	B
65. HARTLAND	39	17	43.6 %	F
66. HARWINTON	102	65	63.7 %	D
67. HEBRON	169	83	49.1 %	F
68. KENT	46	30	65.2 %	D
69. KILLINGLY	412	280	68.0 %	D
70. KILLINGWORTH	110	76	69.1 %	D
71. LEBANON	138	72	52.2%	F
72. LEDYARD	342	231	67.5	D
73. LISBON	73	9	12.3 %	F
74. LITCHFIELD	124	89	71.8 %	C
75. <b>LYME</b>	27	0	0.0 %	F
76. MADISON	251	164	65.3	D
77. MANCHESTER	1,511	926	61.3	D
78. MANSFIELD	200	121	60.5	D

# RESULTS BASED ACCOUNTABILITY REPORT CARD

## RATINGS IN CT TOWNS

TOWN	Population of Children ages 1 – 2 years	Number of Children ages 1 – 2 years Screened	Percentage of Children ages 1 – 2 years Screened	Report Card Grade
79. MARLBOROUGH	140	61	43.6	F
80. MERIDEN	1,681	1,299	77.3	C
81. MIDDLEBURY	140	82	58.6	F
82. MIDDLEFIELD	67	31	46.3	F
83. MIDDLETOWN	1,051	686	65.3	D
84. MILFORD	1,018	712	69.9	D
85. MONROE	364	240	65.9	D
86. MONTVILLE	386	226	58.5	F
87. MORRIS	30	15	50.0	F
88. NAUGATUCK	709	437	61.6	D
89. NEW BRITAIN	2,017	1,334	66.1	D
90. NEW CANAAN	431	240	55.7	F
91. NEW FAIRFIELD	254	131	51.6	F
92. NEW HARTFORD	112	69	61.6	D
93. NEW HAVEN	3,712	3,046	82.1	B
94. NEW LONDON	656	407	62.0	D
95. NEW MILFORD	605	421	69.6	D
96. NEWINGTON	573	207	36.1	F
97. NEWTOWN	506	258	51.0	F
98. NORFOLK	23	12	52.2	F
99. NORTH BRANFORD	232	191	82.3	B
100. NORTH CANAAN	63	26	41.3	F
101. NORTH HAVEN	394	236	59.9	F
102. NORTH STONINGTON	90	62	68.9	D
103. NORWALK	2,417	1,731	71.6	C
104. NORWICH	1,011	678	67.1	D
105. OLD LYME	114	111	97.4	A
106. OLD SAYBROOK	134	138	100.0	A

# RESULTS BASED ACCOUNTABILITY REPORT CARD

## RATINGS IN CT TOWNS

<b>TOWN</b>	<b>Population of Children ages 1 – 2 years</b>	<b>Number of Children ages 1 – 2 years Screened</b>	<b>Percentage of Children ages 1 – 2 years Screened</b>	<b>Report Card Grade</b>
107 ORANGE	214	160	74.8	C
108 OXFORD	267	143	53.6	F
109 PLAINFIELD	360	245	68.1	D
110 PLAINVILLE	343	155	45.2	F
111 PLYMOUTH	245	145	59.2	F
112 POMFRET	70	45	64.3	D
113 PORTLAND	191	115	60.2	D
114 PRESTON	62	43	69.4	D
115 PROSPECT	169	101	59.8	F
116 PUTNAM	231	159	68.8	D
117 REDDING	153	68	44.4	F
118 RIDGEFIELD	487	242	49.7	F
119 ROCKY HILL	355	208	58.6	F
120 ROXBURY	25	19	76.0	C
121 SALEM	90	55	61.1	D
122 SALISBURY	41	14	34.1	F
123 SCOTLAND	32	8	25.0	F
124 SEYMOUR	365	210	57.5	F
125 SHARON	43	6	14.0	F
126 SHELTON	719	451	62.7	D
127 SHERMAN	58	35	60.3	D
128 SIMSBURY	419	206	49.2	F
129 SOMERS	169	81	47.9	F
130 SOUTH WINDSOR	488	284	58.2	F
131 SOUTHBURY	260	176	67.7	D
132 SOUTHLINGTON	808	350	43.3	F
133 SPRAGUE	78	56	71.8	C
134 STAFFORD	248	171	69.0	D
135 STAMFORD	3,350	2258	67.4	D
136 STERLING	94	50	53.2	F
137 STONINGTON	301	149	49.5	F
138 STRATFORD	1,075	713	66.3	D

# RESULTS BASED ACCOUNTABILITY REPORT

## CARD RATINGS IN CT TOWNS

TOWN	Population of Children ages 1 – 2 years	Number of Children ages 1 – 2 years Screened	Percentage of Children ages 1 – 2 years Screened	Report Card Grade
139 SUFFIELD	230	111	48.3	F
140 THOMASTON	142	75	52.8	F
141 THOMPSON	184	92	50.0	F
142 TOLLAND	302	205	67.9	D
143 TORRINGTON	816	514	63.0	D
144 TRUMBULL	717	472	65.8	D
145 UNION	14	2	14.3	F
146 VERNON	640	398	62.2	D
147 VOLUNTOWN	56	38	67.9	D
148 WALLINGFORD	929	641	69.0	D
149 WARREN	28	7	25.0	F
150 WASHINGTON	40	42	100.0	A
151 WATERBURY	3,222	2,528	78.5	C
152 WATERFORD	316	141	44.6	F
153 WATERTOWN	410	164	40.0	F
154 WEST HARTFORD	1,367	650	47.5	F
155 WEST HAVEN	1,325	958	72.3	C
156 WESTBROOK	108	86	79.6	C
157 WESTON	173	103	59.5	F
158 WESTPORT	530	397	74.9	C
159 WETHERSFIELD	542	260	48.0	F
160 WILLINGTON	90	63	70.0	C
161 WILTON	383	223	58.2	F
162 WINCHESTER	249	137	55.0	F
163 WINDHAM	666	467	70.1	C
164 WINDSOR	570	294	51.6	F
165 WINDSOR LOCKS	216	102	47.2	F
166 WOLCOTT	281	138	49.1	F
167 WOODBRIDGE	141	87	61.7	D
168 WOODBURY	142	92	64.8	D
169 WOODSTOCK	136	70	51.5	F

## KEY FINDINGS

The following provides a summary of key findings for lead surveillance conducted by the Lead and Healthy Homes Program during the 2010 calendar year (CY).

### Statewide Blood Lead Screening

- 82,194 (33.5%) screened among CT children from birth to six years of age
- 52,744 (66.2%) screened among CT children from one to two years of age
- 89,728 blood lead tests for children under age of 6 received by the Lead and Healthy Homes program

### Prevalence of Elevated Blood Lead Levels (EBLLs)

Among children under 6 years of age who had a confirmed blood lead test:

- 743 (0.9%) children  $\geq 10$   $\mu\text{g/dL}$
- 315 (0.4%) children  $\geq 15$   $\mu\text{g/dL}$
- 156 (0.2%) children  $\geq 20$   $\mu\text{g/dL}$

### Incidence of Elevated Blood Lead Levels

Number of new cases identified and incidence of EBLLs among children under 6 years of age who had a confirmed blood lead test:

- 504 (0.6%)  $\geq 10$   $\mu\text{g/dL}$
- 227 (0.3%)  $\geq 15$   $\mu\text{g/dL}$
- 119 (0.1%)  $\geq 20$   $\mu\text{g/dL}$

### Race and Ethnicity Associated with EBLLs

Among children under 6 years of age who had a confirmed blood lead test:

- Blacks (1.6%) were more likely to have EBLLs of  $\geq 10$   $\mu\text{g/dL}$  than Whites (0.8%),
- Native Americans (0.3%), or Asians (0.6%)
- Hispanics (1.5%) were more likely to have EBLLs of  $\geq 10$   $\mu\text{g/dL}$  than Non-Hispanics (0.8%)

### Environmental Lead Hazard Investigations

Among the 157 dwelling units for which environmental investigations were completed and reported for poisoned children:

- 89.8% were identified with environmental lead hazards
- 82.1% were multiple-unit dwelling
- 87.9% were identified with paint hazards
- 58.6% were identified with dust hazards
- 35.0% were identified with soil hazards
- 0% with a drinking water hazard

*Data included in this document was provided from the CT State Department of Public Health's Childhood Lead Poisoning in Connecticut, 2010 Surveillance Report*



# CT State Department of Public Health Data

## Compliance with Blood Lead Screening Mandate

### Screening by Birth Cohort

Starting January 1, 2009, it became mandatory that all healthcare providers in Connecticut conduct annual lead poisoning screening for every child 9 to 35 months of age. Prior to 2009, lead screening of one and two year old children was recommended rather than mandated. Compliance with this mandate is assessed by measuring the proportion of children born in Connecticut during a given year who have had at least one blood lead test by 18 months of age, and at least two blood lead tests by 36 months of age. In this report, two analysis approaches were used to calculate screening rates by 18 months, 36 months, and 6 years of age.

#### Method 1: Longitudinal analysis

The first method uses a longitudinal analysis approach, following children born in Connecticut from birth to 18 months, 36 months, and 6 years of age. Only children born in Connecticut and tested in Connecticut are included in the numerator. This method doesn't account for children moving out of state after birth. The weakness in this method of calculation is that it can underestimate the screening rate. This is the method used in previously published annual reports.

$$\text{Screening rate} = \frac{\text{Subset of Children who were tested in CT}}{\text{\# of live births in a given year in CT}}$$

#### Method 2: Cross-sectional method

Due to the issue of population relocation, a second analysis was conducted based on the concept of cross-sectional analysis. This second method uses the total number of children who received a lead test while residing in Connecticut regardless of where the child was born, divided by total number of births in the given year from the vital registry. The numerator includes all children born in the given year who had a lead test associated with a Connecticut address regardless of the child's birth state. This method accounts for population relocation. This method is adopted by the CDC's National Environmental Public Health Tracking (EPHT) Program to assess lead screening among young children among the grantee states. Contrary to the longitudinal method, the weakness in this method of calculation is that it can overestimate the screening rate<sup>\*</sup>.

$$\text{Screening rate} = \frac{\text{Children born in the given year who received a blood lead tests reported with a CT address}}{\text{\# of live births in a given year in CT}}$$

<sup>\*</sup> CDC EPHT program conducted screening rate analyses at county level and the results indicated some counties had screening rates over 100%. Per CDC, "There are several reasons why the number of children tested in a county may be higher than the number of children born in a county. Using the number of children born in a county doesn't account for children who move into a county before being tested."

# UNDERSTANDING THE LEAD DATA

Laboratories are mandated to submit blood lead level reports to the Connecticut Department of Public Health (CT DPH) and local health departments per Connecticut General Statutes (CGS) Sec. 19a-110 -- *Report of lead poisoning*. Laboratories that perform blood lead tests are required to submit elevated blood lead test reports (i.e., findings  $\geq 10$   $\mu\text{g/dL}$  of lead in blood) within 48 hours of receipt of the test result to the CT DPH and the local health department serving the town where the person (child) resides. At least monthly, laboratories are required to submit to the CT DPH a comprehensive report of all blood lead test results for Connecticut residents.

The CT DPH has maintained a blood lead surveillance system since 1994. In 2010, the CT DPH Lead and Healthy Homes program upgraded the previous blood lead surveillance system to a comprehensive web-based system. The new system has enhanced the ability to merge birth records and comprehensive environmental data with child blood lead data. The new surveillance system has had a significant positive impact on the Lead and Healthy Homes program's capability to utilize surveillance data to enhance case management efforts, resulting in cleaner and better data. The web-based feature of the new system enables secure and remote access by local health department staff. Case management features are built into the system to enhance both child and property case management activities at the local health department level. The new system has been offered to local health departments since May 2011.

## Important Business Rules:

**Lead Screening** – A person is considered to have a lead screening if he or she was tested for lead with either a venous or capillary blood draw.

Children who had a blood sample collected for a lead screening in 2010 are included in this report regardless of whether the test was analyzed in 2010.

When a child had more than one lead screening in CY 2010, the child was only counted once and the highest confirmed lead result was used. If the child had multiple lead screenings while living in more than one town in CY 2010, the statistics regarding the child were applied to the town where the child lived when tested with the highest confirmed lead result.

*A confirmed test result is defined as one of the following:*

- 1) A venous blood draw
- 2) A capillary blood draw with a result of  $<10 \mu\text{g/dL}$
- 3) The second of two capillary blood draws, if both screenings results were  $\geq 10 \mu\text{g/dL}$  and the blood tests were drawn within 12 weeks of one another
- 4) A capillary blood draw with a result of  $\geq 10 \mu\text{g/dL}$ , if the previous lead test was a confirmed elevated blood lead level of  $\geq 10 \mu\text{g/dL}$ , regardless of the time lag between tests

Remarks:

Children who are 1 to 2 years old refer to those who are 12 through 35 months of age.

Unless otherwise specified, "years" refer to calendar years within this report.

Starting with the 2004 report, the Lead and Healthy homes program has slightly modified the statistical analysis methods. The unit of analysis for elevated blood lead levels in the CY 2004 through CY 2009 Surveillance Reports was based on the number of individual children, whereas Surveillance Reports prior to 2004 were based on the number of valid or confirmed blood tests. Also, additional criteria have been added to the definition of confirmed blood tests.