LEAD FREE NV

NvCLPPP

Nevada Childhood Lead Poisoning Prevention Program

Nevada Childhood Blood Lead Data 2022-2023 Annual Report

Nevada Institute for Children's Research & Policy

NICRP

University of Nevada, Las Vegas

About NvCLPPP

The **Nevada Childhood Lead Poisoning Prevention Program (NvCLPPP)** aims to eliminate one of the most preventable environmental outcomes in children: lead poisoning.

Vision
Building a lead-safe world where every child, family, and community can thrive.

Mission
To prevent lead poisoning through data surveillance, early detection and response, education, policy, interventions, and partnerships with a focus in Nevada and a commitment to global collaboration.

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Acronyms

Acronym	Definition
ACS	American Community Survey
AAP	American Academy of Pediatrics
BLL	Blood lead level
BLTP	Blood Lead Testing Plan
BLVR	Blood lead reference value
CDC	Centers for Disease Control and Prevention
CLRQ	Childhood Lead Risk Questionnaire
DHHS	Nevada Department of Health and Human Services
LBP	Lead-based paint
LERI	Lead Exposure Risk Index
NvCLPPP	Nevada Childhood Lead Poisoning Prevention Program
PEP	Population Estimates Program
POC	Point-of-care
NRS	Nevada Revised Statutes
SNHD	Southern Nevada Health District
U.S.	United States
µg/dL	Micrograms per deciliter

Executive Summary

Purpose of the Report

This report summarizes blood lead testing data for Nevada children under six years of age from October 1, 2022 through September 30, 2023. It presents statewide and county-level data on testing, case rates, and factors associated with lead exposure risk (see Appendix A: Methods). The findings aim to inform Nevada's health authorities, health care providers, and community partners about current testing performance and opportunities to strengthen lead testing, reporting, and prevention statewide.

Why It Matters

Lead poisoning remains one of the most preventable environmental health hazards, yet exposure continues to harm children across the United States (see Appendix B: Sources of Exposure). Even at low levels, lead can cause irreversible cognitive, behavioral, and developmental damage. **Testing is the only way to detect exposure early, before harm occurs**.

Nevada continues to rank among the lowest states for childhood blood lead testing. According to reports submitted to Nevada health authorities, only about 3% of children under age six are tested annually, a trend that has persisted year after year despite federal and state laws (see Appendix C: Blood Lead Testing and Reporting).

Limited testing data make it difficult to assess the true scope of childhood lead exposure in the state. However, certain populations and communities are known to face higher risks for lead exposure (see Appendix D: Known Risk Factors):

- **Racial and ethnic minority children** are disproportionately affected nationwide due to disparities in housing quality and environmental conditions.
- **Rural communities** face limited access to testing and healthcare services due to greater distances from urban centers.
- **Refugee and foreign-born families** may participate in cultural practices or use imported goods that may increase exposure risks.
- **Families living in older homes** face potential exposure from deteriorating lead-based paint.
- **Families living in poverty** are more likely to reside in older or substandard housing conditions that increase the likelihood of lead exposure.

Key Findings

The key findings below summarize the major points from Nevada's 2022-2023 childhood blood lead testing data. They present a brief overview of testing rates, case rates, and cases in high-risk zip codes (see Appendix E: Lead Exposure Risk Index), providing a snapshot of where cases occurred and the data gaps that affect understanding of risk across the state.

- **Only 3% of Nevada children under age six were tested for lead.** This low testing rate limits the state's ability to fully understand the scope and distribution of lead exposure among children.
- **Nevada continues to have very low testing rates in the 0-2 age group**. Only 0.9% of children in this age group received a blood lead test, highlighting a major testing gap during the years when children are most vulnerable to the harmful effects of lead.
- **There were 82 children with blood lead level results at or above the reference value (3.5 µg/dL).** These results demonstrate that lead exposure affects children in the state and underscore the importance of increasing testing to prevent future cases.

- **More than two-thirds of children with blood lead levels ≥ 3.5 µg/dL lived in high-risk ZIP codes.** Testing rates in many high-risk ZIP codes are low, which limits the ability to fully understand the extent of lead exposure in these areas.
- **Incomplete race and ethnicity data** continue to limit understanding of testing disparities across population groups; 32.1% of records were missing this information.
- **Testing gaps persist across rural counties and in Washoe County,** where testing rates remain low. Only 0.8% of children under age six were tested in rural counties and 1.0% were tested in Washoe County.

Implications and Next Steps

To protect Nevada's children and strengthen statewide lead surveillance, healthcare providers, health authorities, and the NvCLPPP can work together to:

- **Increase statewide childhood lead testing** by strengthening provider adherence to screening schedules (including federal Medicaid requirements) and increasing parent and caregiver awareness of the importance of routine blood lead testing.
- **Expand access to point-of-care (POC) testing** by equipping pediatric clinics, particularly those providing healthcare services to children in rural or underserved communities, with LeadCare II analyzers.
- **Strengthen compliance with state blood lead reporting requirements** (per NRS 442.700) to ensure timely, complete, and accurate reporting of all blood lead test results (See Appendix C: Blood Lead Testing and Reporting).
- **Implement alternative reporting options for capillary tests** for pediatric clinics.
- **Establish consistent clinic-level testing workflows and follow-up procedures** to ensure that every identified case receives appropriate education and intervention.
- **Leverage the Lead Exposure Risk Index (LERI)** to target outreach, resource allocation, and family and provider education in high-risk ZIP codes and rural areas, increasing awareness of lead exposure risks and the importance of routine blood lead testing.

Statewide Data

In 2023, there were **215,421** children under the age of 6 in Nevada.

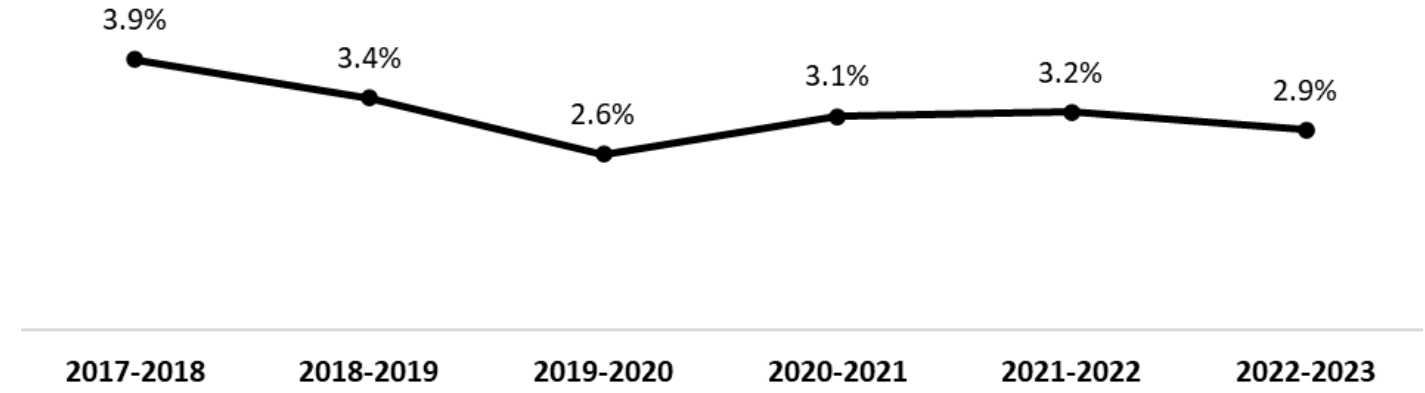
2.9% (6,163)
had a blood lead test.

1.3% (82)
of children tested had a BLL ≥ 3.5 µg/dL.

73.2% (60)
of the cases lived in a high-risk zip code. (See High Risk Zip Codes).

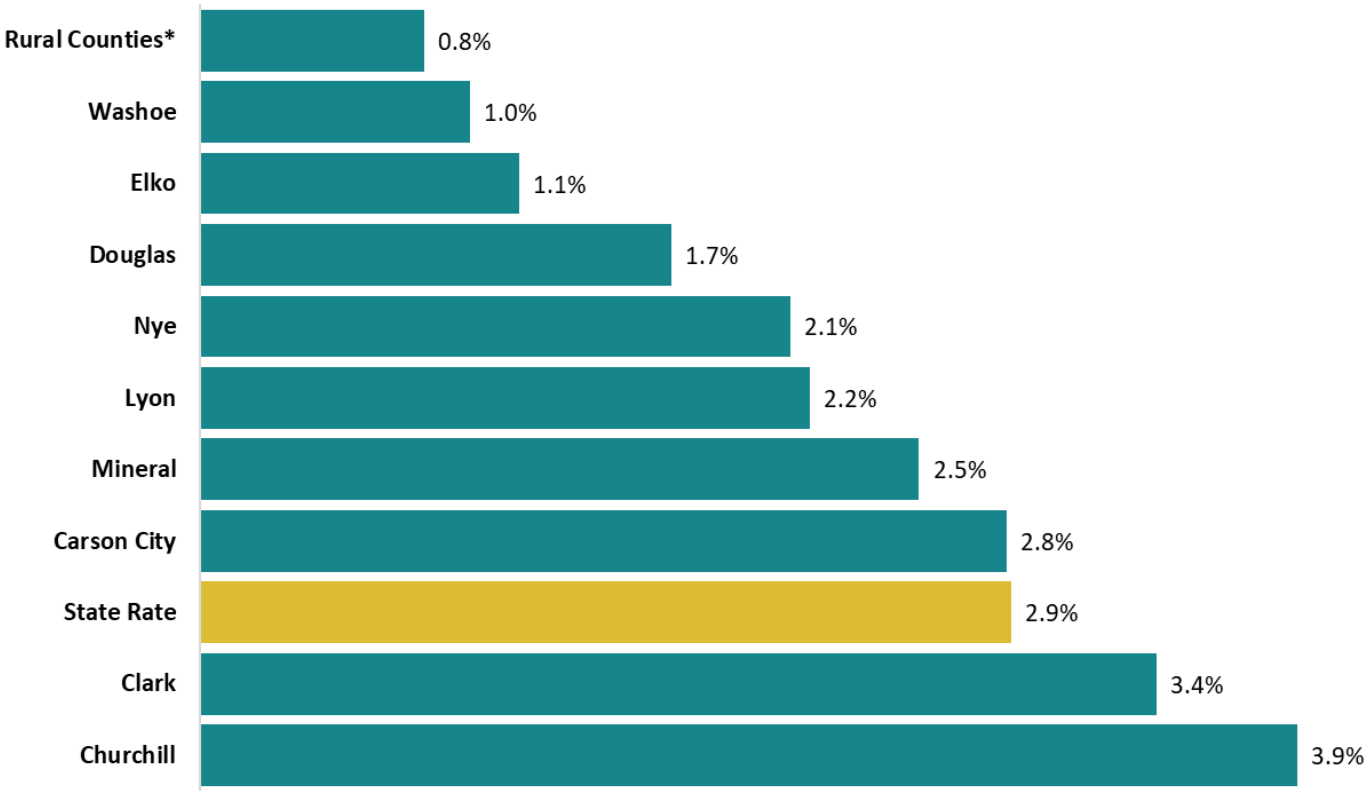
Statewide Testing Rate Trends

In 2022–2023, only **2.9% of Nevada children under age six** were tested for lead. This rate has remained relatively unchanged over the past several years, highlighting the ongoing need to strengthen statewide testing efforts.



County Trends

Clark and Churchill counties had a testing rate higher than the overall state rate of 2.9%.



*Rural Counties include Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, Storey, and White Pine.

Data as of 12/18/2025

Age

In Nevada, only 0.9% of children between 0-2 years old and 4.7% of children between 3-5 years old received a blood lead test this reporting period. Most (80.5%) of all identified cases occurred in the 3-5 years old age group. This pattern suggests that younger children, who are more vulnerable to the effects of lead exposure, may not be tested until later in childhood. Thus, delaying opportunities for early detection and intervention.

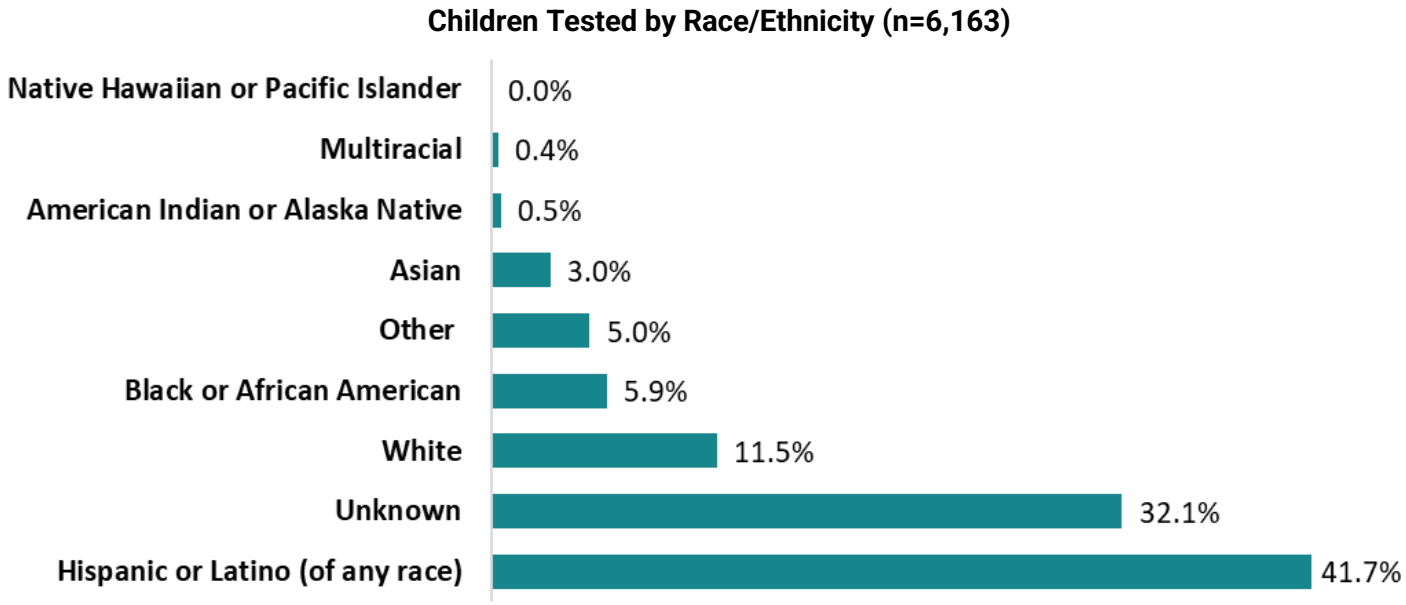
Age	Children tested[1]	Children Tested with BLLs ≥ 3.5 µg/dL[2]
0-2 years old	0.9%	19.5%
3-5 years old	4.7%	80.5%

1 Percentages in the "Children tested" column are calculated using the total population of children in each respective age group as the denominator.

2 Percentages in the "Children tested with BLLs ≥ 3.5 µg/dL" column for the 0–2 and 3–5 year age groups are calculated using the number of tested children within that age group as the denominator.

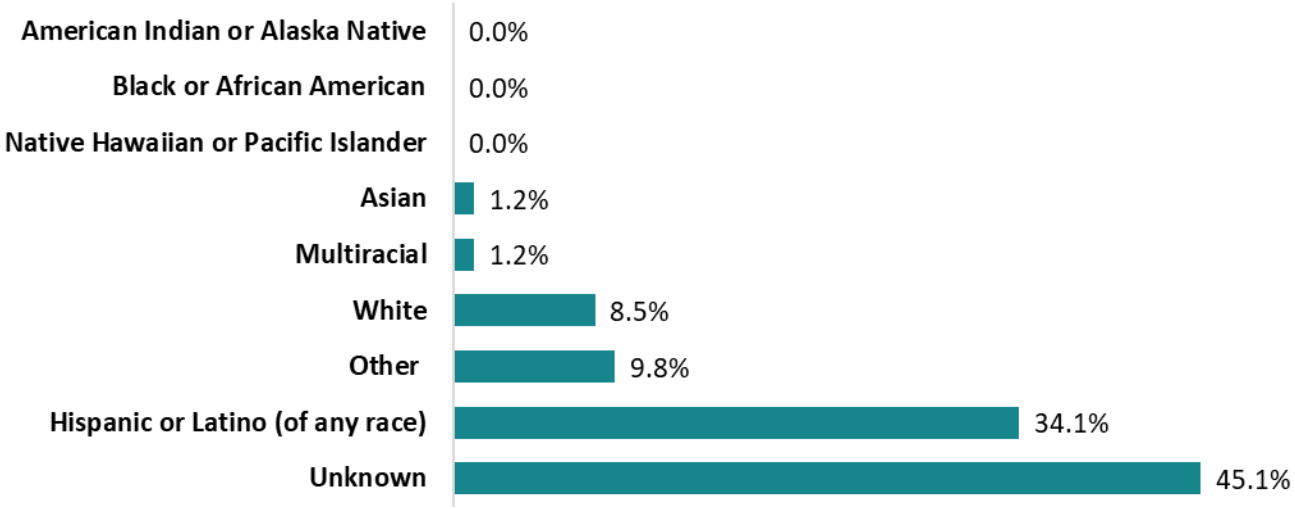
Race/Ethnicity

Race and ethnicity data were incomplete for many children tested, with 32.1% of records missing this information. Among children with available data, Latino/Hispanic children accounted for 41.7% of those tested, followed by White children (11.5%).



A similar pattern was observed among children with blood lead levels ≥ 3.5 µg/dL, where 34.1% of identified cases were Latino/Hispanic, 8.5% were White, and 45.1% were of unknown race or ethnicity. These findings highlight the need for more complete demographic reporting to better understand disparities and target prevention efforts effectively.

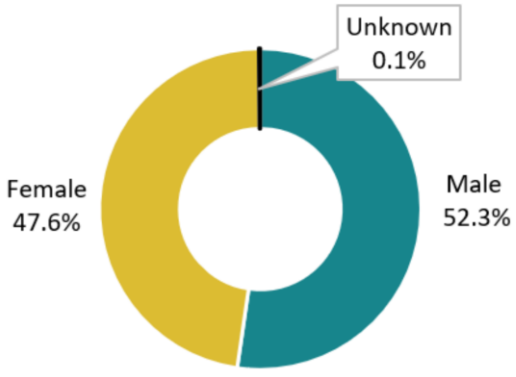
Children with BLLs ≥ 3.5 µg/dL by Race/Ethnicity (n=82)



Sex

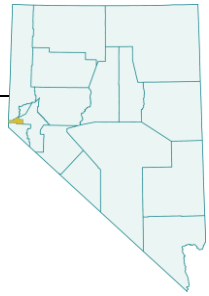
Of the children who received a blood lead test this reporting period, 52.3% were male and 47.6% were female. Among the cases, 57.3% were male. While this difference is modest, it aligns with emerging research suggesting that young boys may face a greater risk of lead poisoning than girls (Khanna, 2015; Noralina et al., 2024). Continued monitoring is needed to determine whether this pattern persists over time.

Children Tested (n=6,163)



Children Tested with BLLs ≥ 3.5 µg/dL (n=82)

Carson City

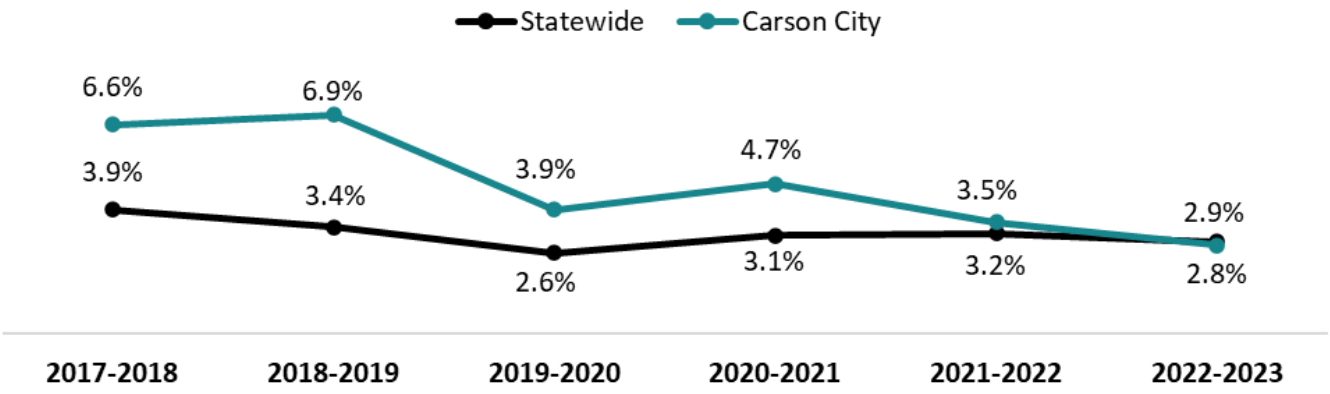


2.8% (109)
of children under the age of 6 had a BLL test.

2.8% (3)
of children tested had a BLL ≥ 3.5 µg/dL.

-% (<5)
of the cases lived in high-risk zip codes.

Testing Rate Trends



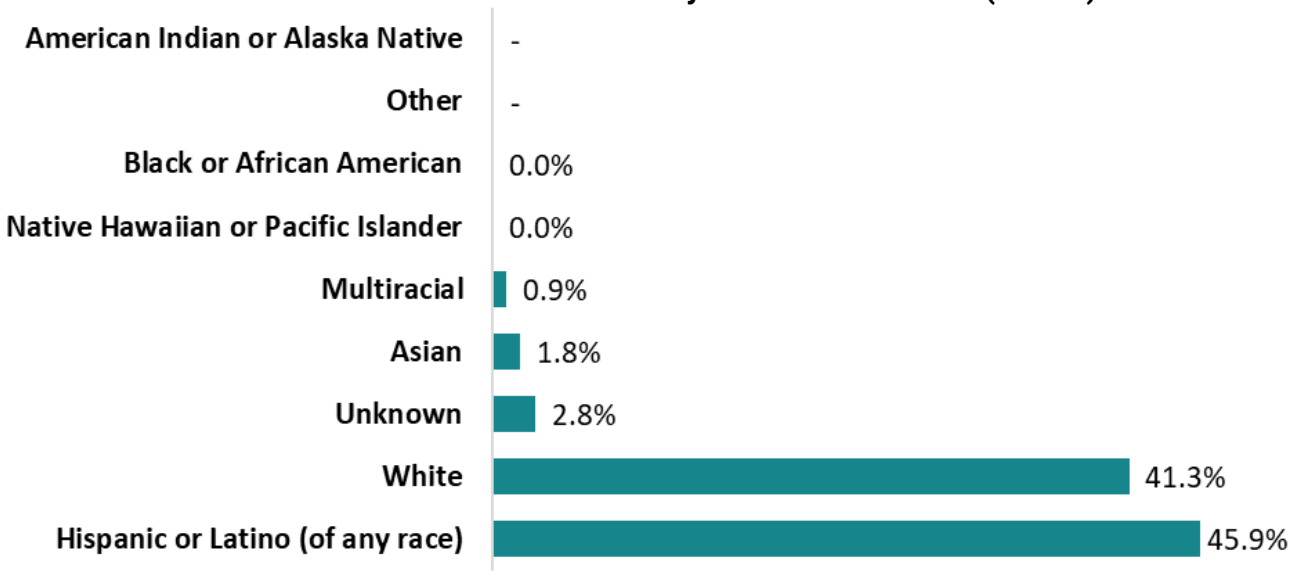
Testing Data for Carson City

Testing Rate by Age Group

Testing Age	Carson City	Statewide
0-2 years old	**5.5%**	0.9%
3-5 years old	**0.7%**	4.7%
All children <6	**2.8%**	2.9%

Sex of Children Tested (n=109)

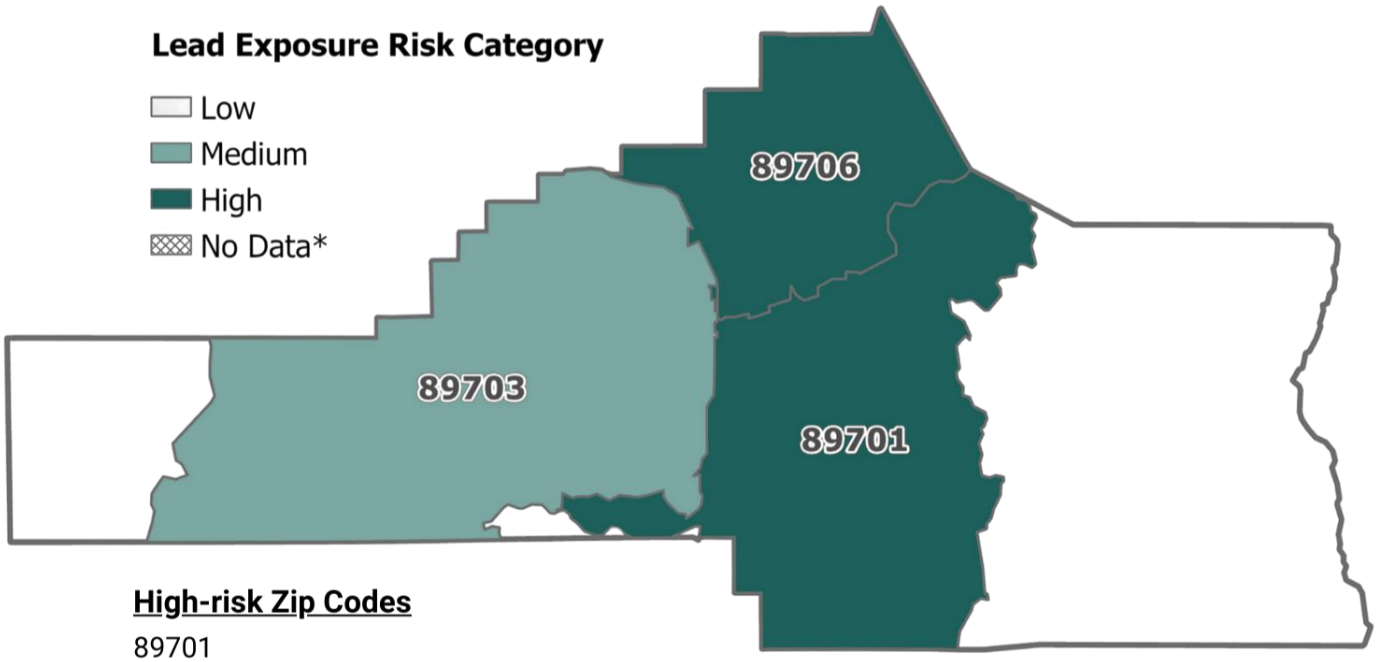
Race/Ethnicity of Children Tested (n=109)



NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Carson City



High-risk Zip Codes

89701

89706

Carson City Key Characteristics (2023)

Number of Children under 6 years old: 3,831

Child Race/Ethnicity (0-4 years): 1.3% American Indian or Alaska Native, 2.6% Asian, 1.3% Black, 42.7% Latino (of any race), 4.8% Multiracial, 0.3 % Native Hawaiian or Pacific Islander, 47.1% White

Childhood Poverty: 12.5% of children under 5 live below the poverty level

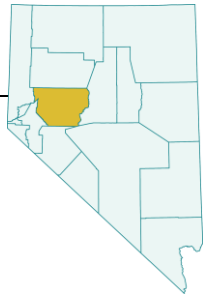
Older Homes: 49.3% of 24,902 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Data as of 12/18/2025

Churchill County

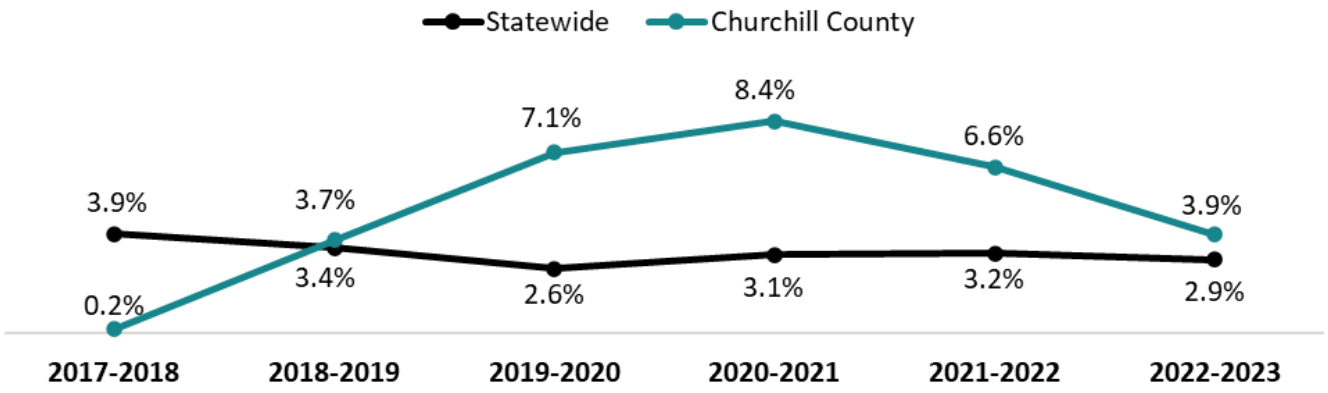


3.9% (68)
of children under the age of 6 had a BLL test.

1.5% (1)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rates Trends



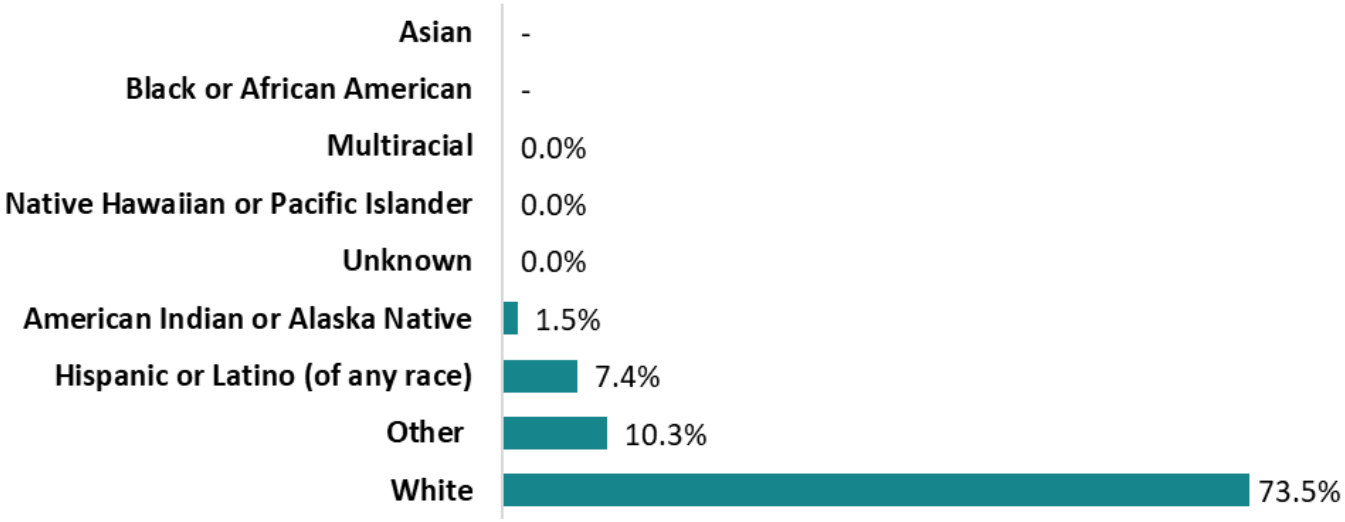
Testing Data for Churchill

Testing Rate by Age Group

Testing Age	Churchill County	Statewide
0-2 years old	**9.2%**	0.9%
3-5 years old	**0.1%**	4.7%
All children <6	**3.9%**	2.9%

Sex of Children Tested (n=68)

Race/Ethnicity of Children Tested (n=68)

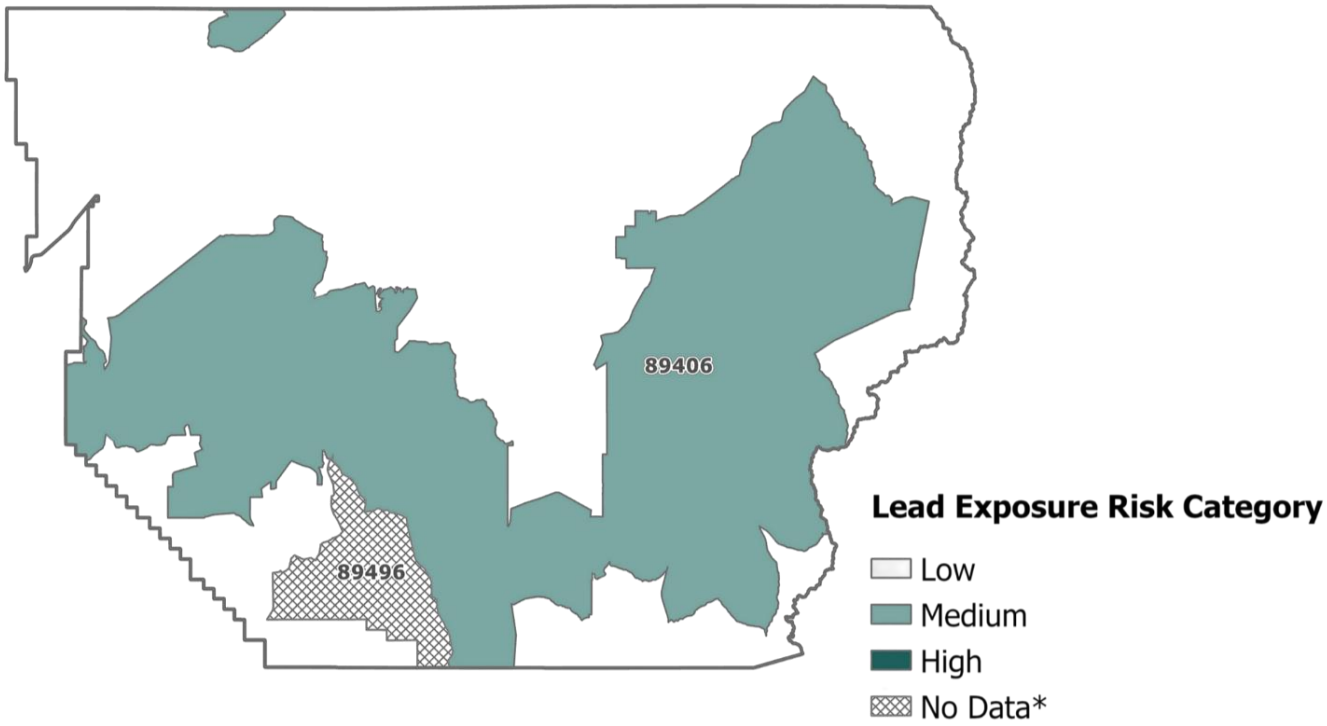


NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Churchill County

The 2023 LERI did not identify any high-risk zip codes in Churchill County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Churchill County Key Characteristics (2023)

Number of Children under 6 years old: 1,758

Child Race/Ethnicity (0-4 years): 3.0% American Indian or Alaska Native, 2.1% Asian, 2.1% Black, 28.7% Latino (of any race), 6.6% Multiracial, 0.3% Native Hawaiian or Pacific Islander, 57.3% White

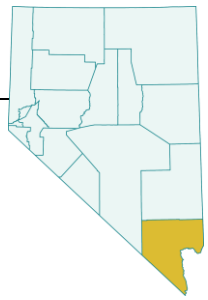
Childhood Poverty: 5.0% of children under 5 live below the poverty level

Older Homes: 35.7% of 10,924 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Clark County

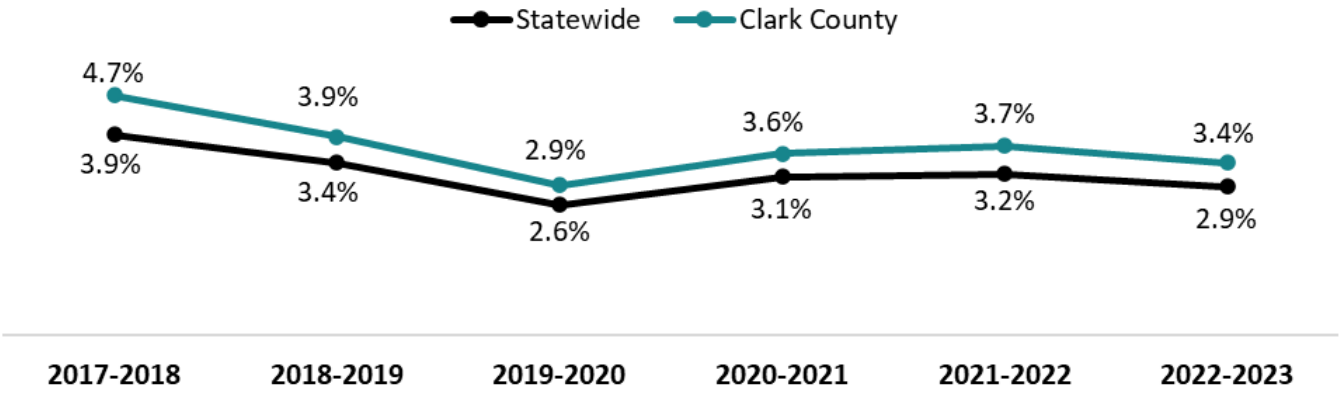


3.4% (5,415)
of children under the age of 6 had a BLL test.

1.1% (62)
of children tested had a BLL ≥ 3.5 µg/dL.

80.7% (50)
of the 62 cases lived in high-risk zip codes.

Testing Rate Trends

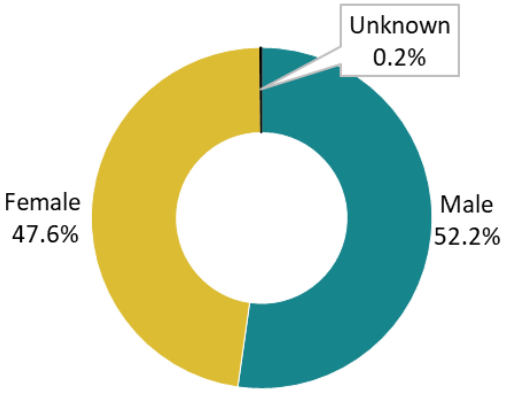


Testing Data for Clark

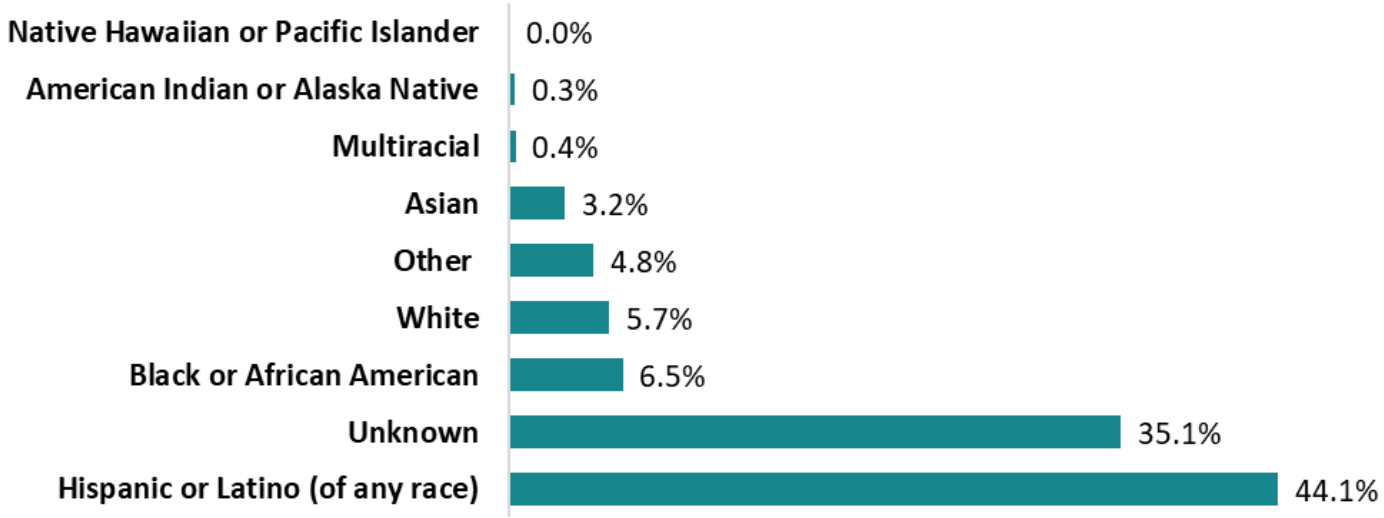
Testing Rate by Age Group

Testing Age	Clark County	Statewide
0-2 years old	**0.3%**	0.9%
3-5 years old	**6.2%**	4.7%
All children <6	**3.4%**	2.9%

Sex of Children Tested (n=5,415)

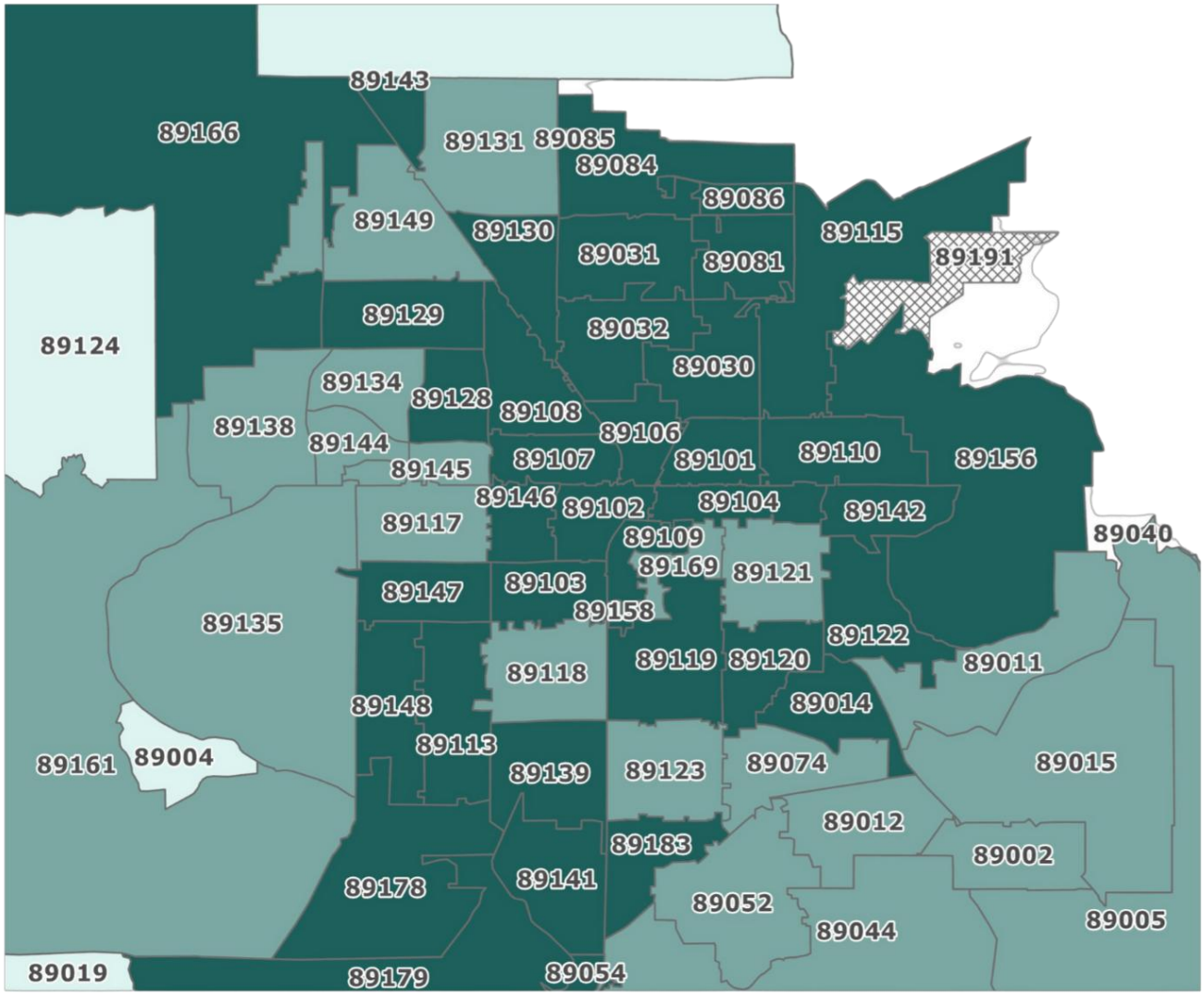


Race/Ethnicity of Children Tested (n=5,415)



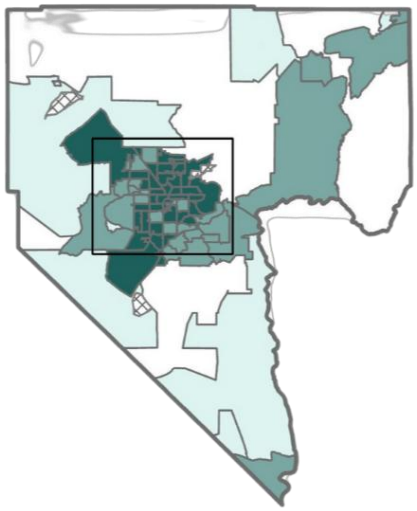
Data as of 12/18/2025

LERI High-Risk Zip Codes in Clark County (continued on next page)



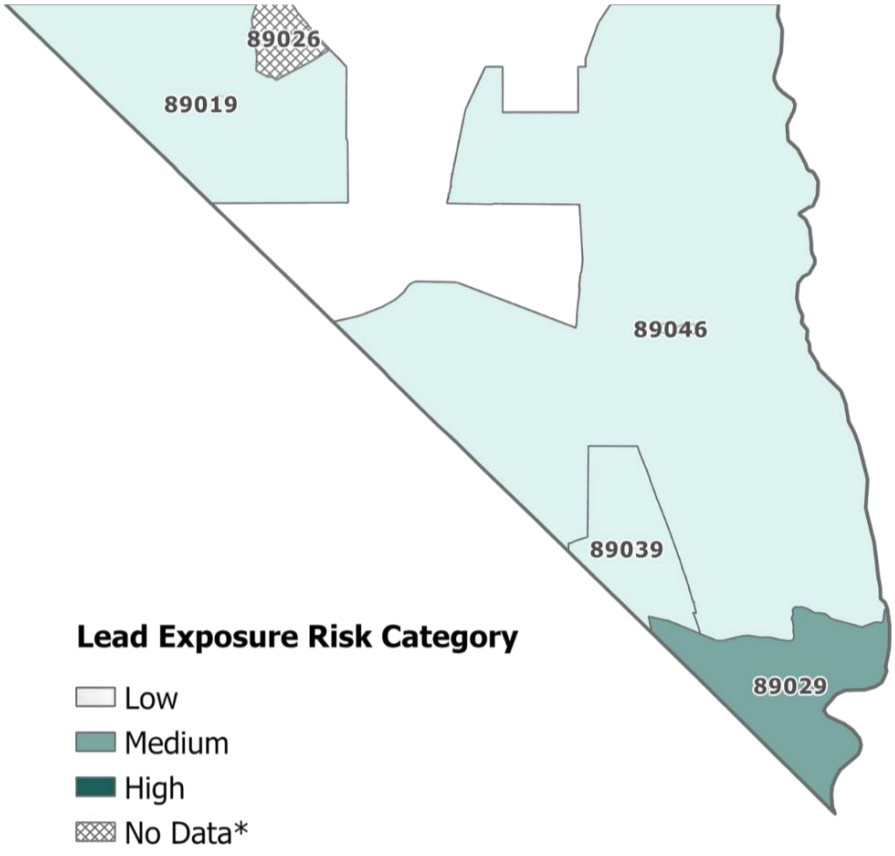
Lead Exposure Risk Category

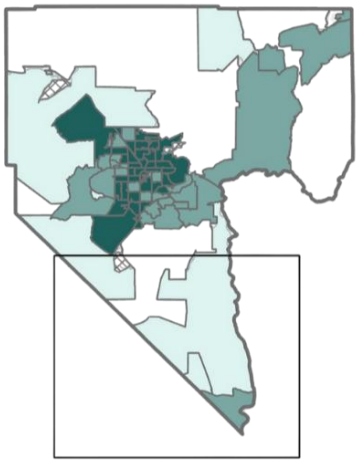
- Low
- Medium
- High
- No Data*



*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.
NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Clark County (continued on next page)





Clark County Key Characteristics (2023)

Number of Children under 6 years old: 160,506

Child Race/Ethnicity (0-4 years): 0.2% American Indian or Alaska Native, 9.0% Asian, 15.9% Black, 44.6% Latino (of any race), 8.7% Multiracial, 0.8% Native Hawaiian or Pacific Islander, 20.7% White

Childhood Poverty: 20.6% of children under 5 live below the poverty level

Older Homes: 17.8% of 935,960 homes were built before 1980

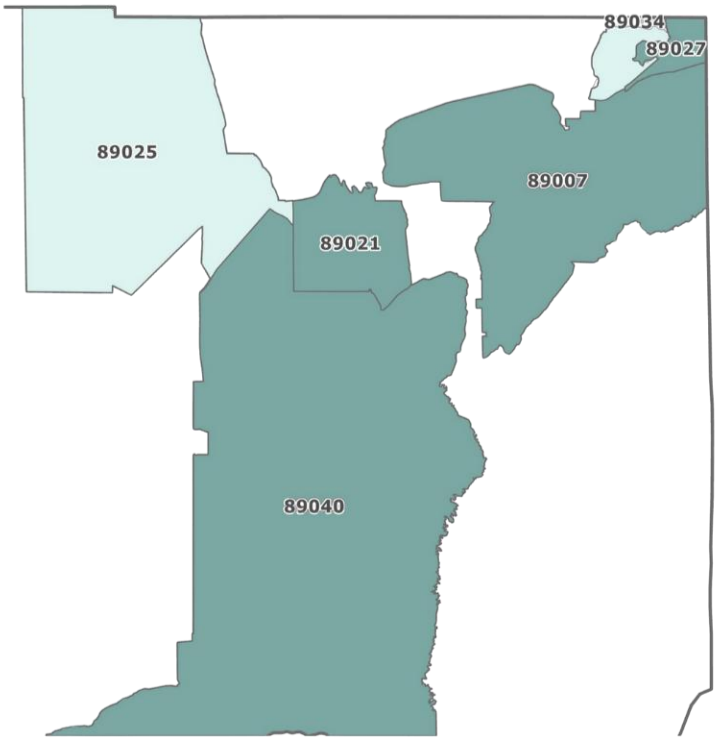
*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

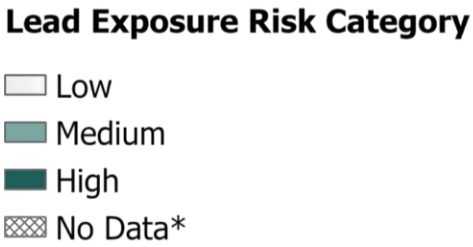
NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

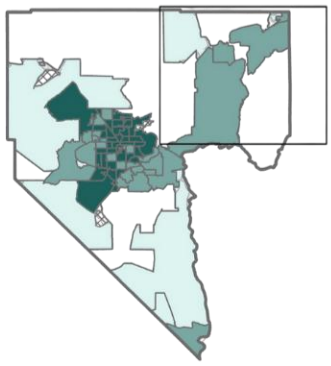
LERI High-Risk Zip Codes in Clark County

High-risk Zip Codes

89014	89119
89030	89120
89031	89122
89032	89128
89054	89129
89081	89130
89084	89139
89086	89141
89101	89142
89102	89143
89103	89146
89104	89147
89106	89148
89107	89156
89108	89166
89109	89178
89110	89179
89113	89183
89115	



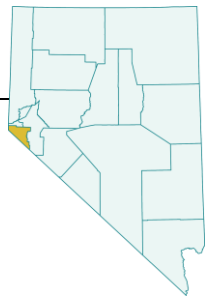




*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Douglas County

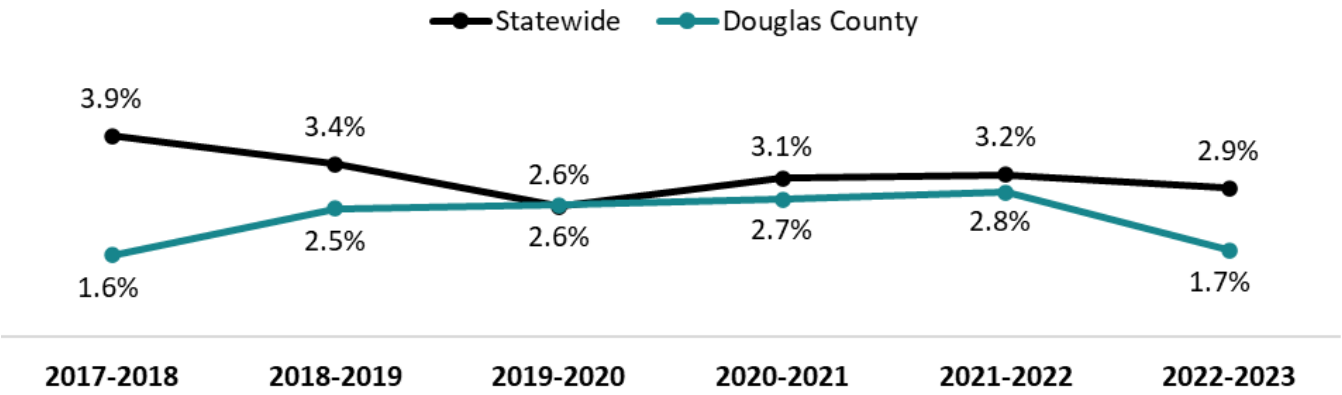


1.7% (34)
of children under the age of 6 had a BLL test.

0.0% (0)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rate Trends



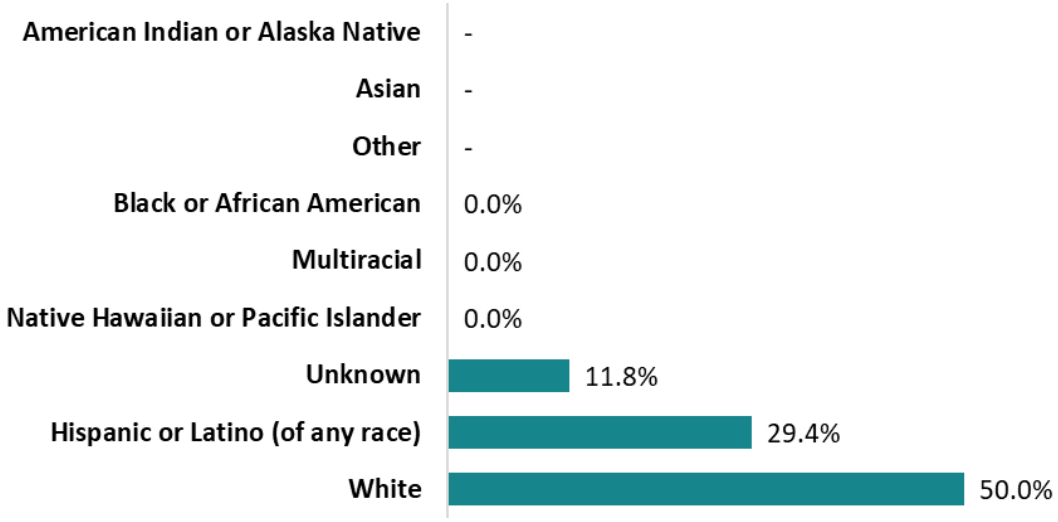
Testing Data for Douglas

Testing Rate by Age Group

Testing Age	Douglas County	Statewide
0-2 years old	**3.8%**	0.9%
3-5 years old	**0.2%**	4.7%
All children <6	**1.7%**	2.9%

Sex of Children Tested (n=34)

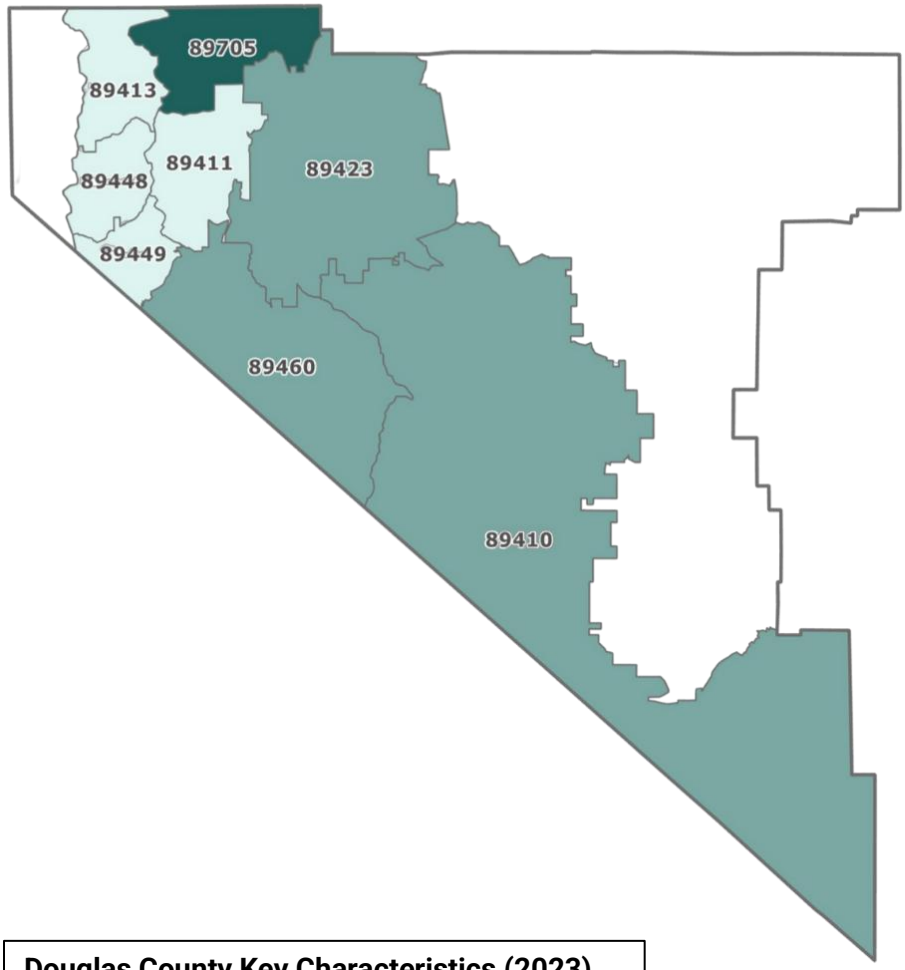
Race/Ethnicity of Children Tested (n=34)



NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Douglas County



Douglas County Key Characteristics (2023)

Number of Children under 6 years old: 2,046

Child Race/Ethnicity (0-4 years): 0.9% American Indian or Alaska Native, 1.8% Asian, 0.5% Black, 24.7% Latino (of any race), 8.6% Multiracial, 0.2% Native Hawaiian or Pacific Islander, 63.3% White

Childhood Poverty: 9.8% of children under 5 live below the poverty level

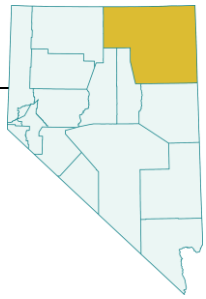
Older Homes: 31.6% of 24,599 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.
NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

Elko County

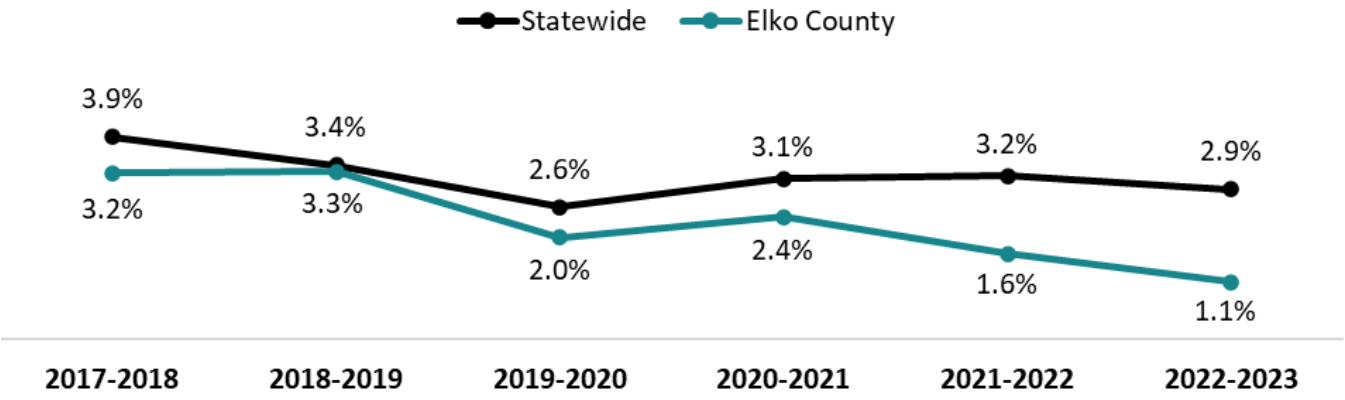


1.1% (51)
of children under the age of 6 had a BLL test.

0.0% (0)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rate Trends



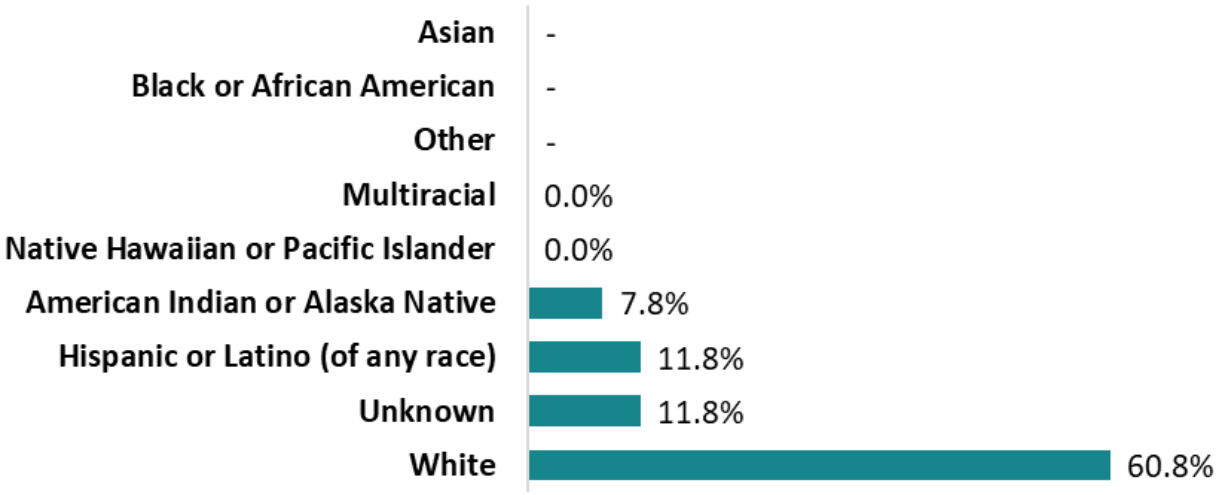
Testing Data for Elko

Testing Rate by Age Group

Testing Age	Elko County	Statewide
0-2-year-olds	**1.7%**	0.9%
3-5-year-olds	**0.7%**	4.7%
All children <6	**1.7%**	2.9%

Sex of Children Tested (n=51)

Race/Ethnicity of Children Tested (n=51)



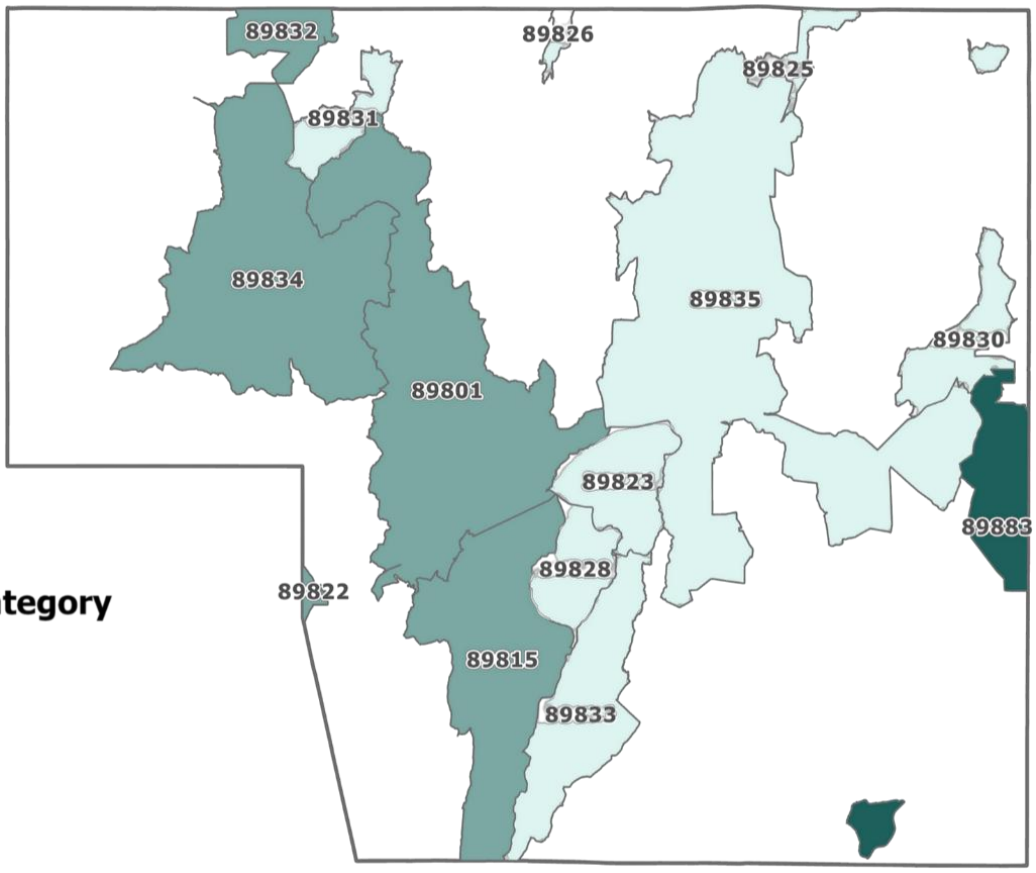
NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Elko County

High-risk Zip Codes

89883



Elko County Key Characteristics (2023)

Number of Children under 6 years old: 4,539

Child Race/Ethnicity (0-4 years): 3.1% American Indian or Alaska Native, 1.7% Asian, 1.1% Black, 37.9% Latino (of any race), 3.3% Multiracial, 0.1% Native Hawaiian or Pacific Islander, 52.7% White

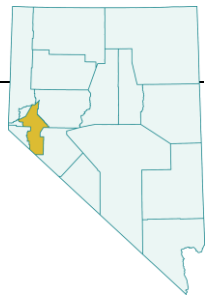
Childhood Poverty: 17.8% of children under 5 live below the poverty level

Older Homes: 27.9% of 22,033 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Lyon County

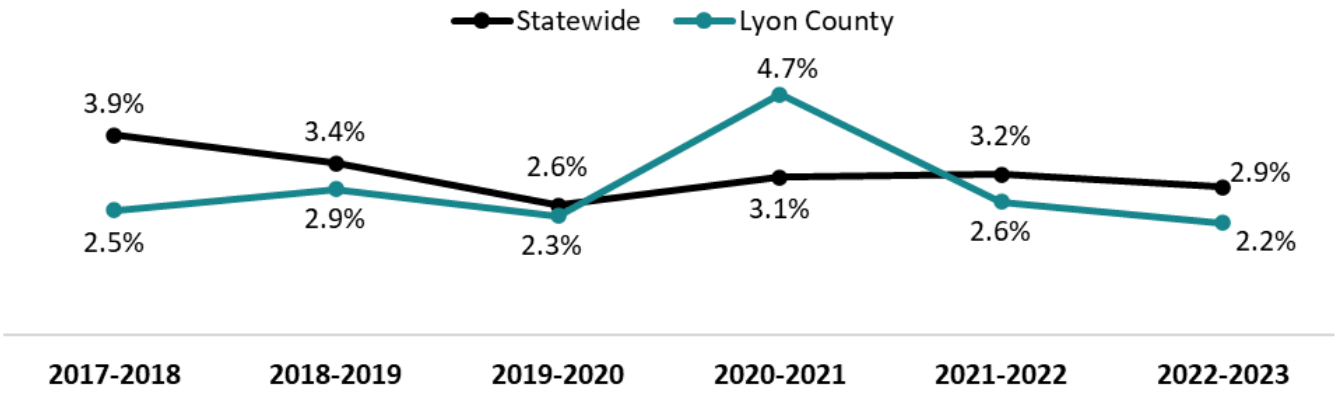


2.2% (84)
of children under the age of 6 had a BLL test.

1.2% (1)
of children tested had a BLL ≥ 3.5 µg/dL.

-% (<5)
of the cases lived in high-risk zip codes.

Testing Rate Trends



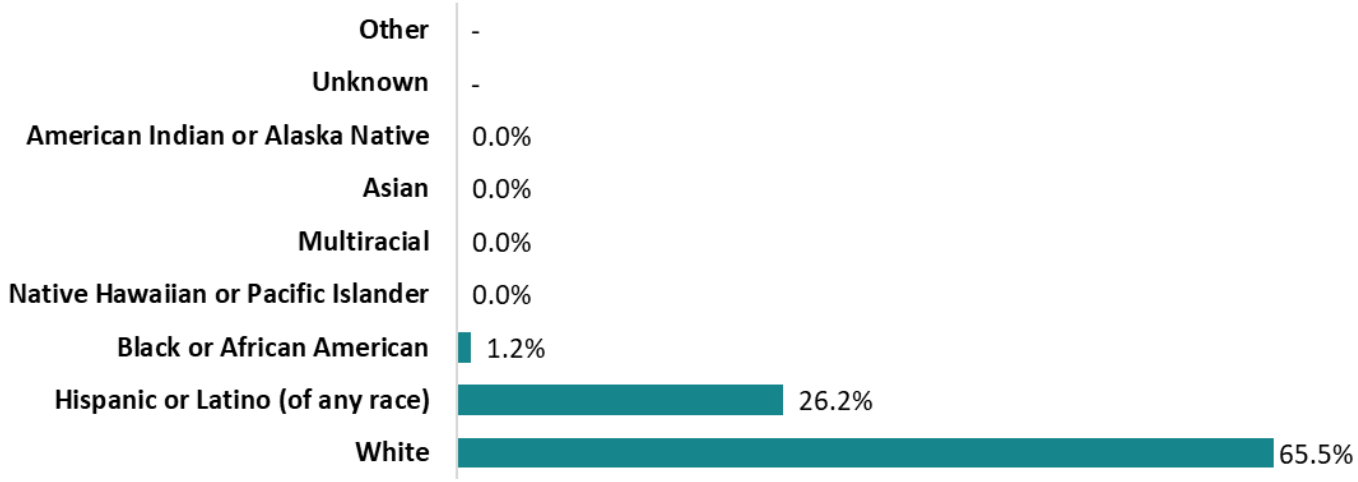
Testing Data for Lyon

Testing Rate by Age Group

Testing Age	Lyon County	Statewide
0-2 years old	**3.9%**	0.9%
3-5 years old	**0.3%**	4.7%
All children <6	**2.2%**	2.9%

Sex of Children Tested (n=84)

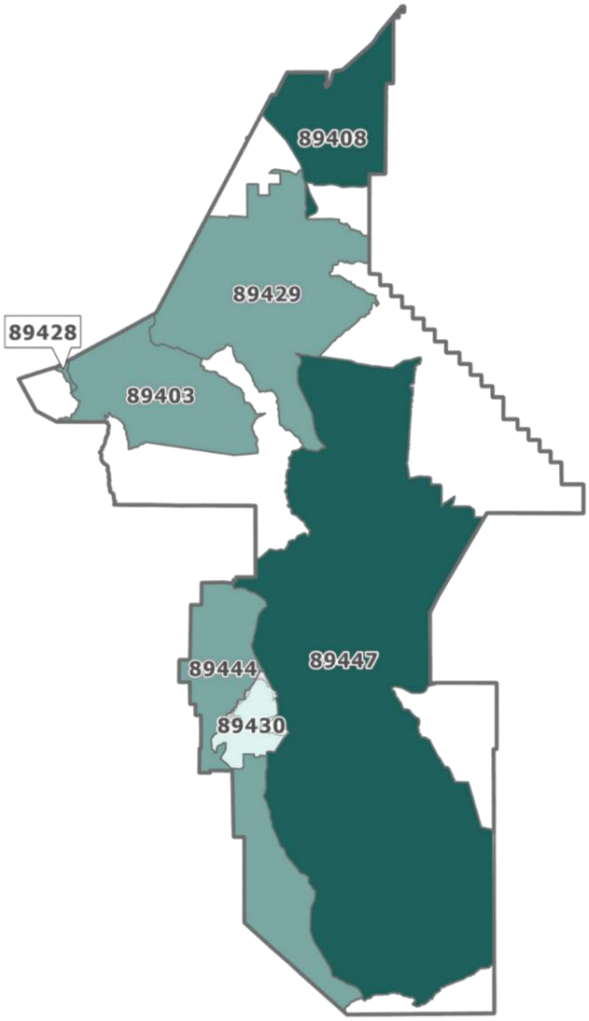
Race/Ethnicity of Children Tested (n=84)



NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Lyon County



High-risk Zip Codes
89408
89447

Lead Exposure Risk Category
Low
Medium
High
No Data*

Lyon County Key Characteristics (2023)

Number of Children under 6 years old: 3,905

Child Race/Ethnicity (0-4 years): 2.2% American Indian or Alaska Native, 1.8% Asian, 0.9% Black, 33.3% Latino (of any race), 6.4% Multiracial, 0.6% Native Hawaiian or Pacific Islander, 54.9% White

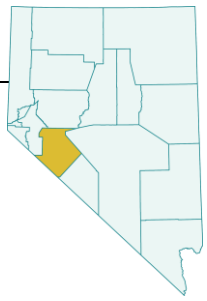
Childhood Poverty: 10.5% of children under 5 live below the poverty level

Older Homes: 23.9% of 24,998 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Mineral County

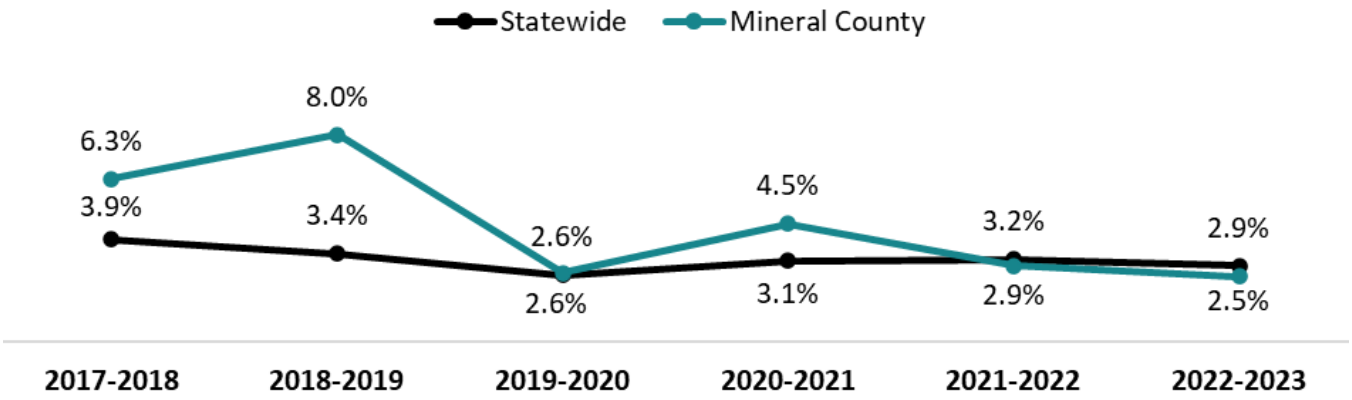


2.5% (9)
of children under the age of 6 had a BLL test.

0.0% (0)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rate Trends



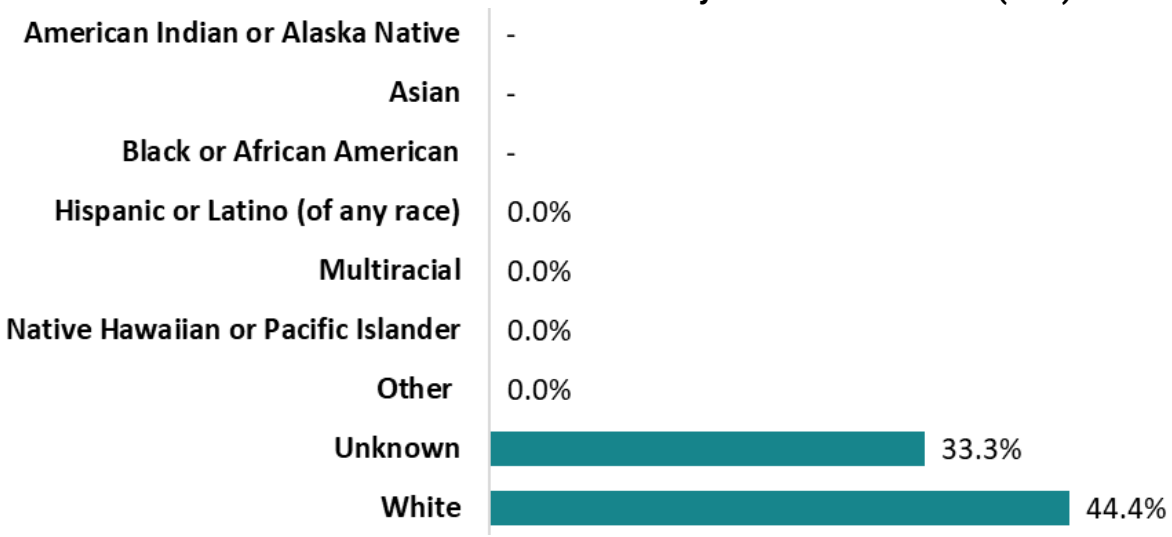
Testing Data for Mineral

Testing Rate by Age Group

Testing Age	Mineral County	Statewide
0-2 years old	**4.7%**	0.9%
3-5 years old	**0.0%**	4.7%
All children <6	**2.5%**	2.9%

Sex of Children Tested (n=9)

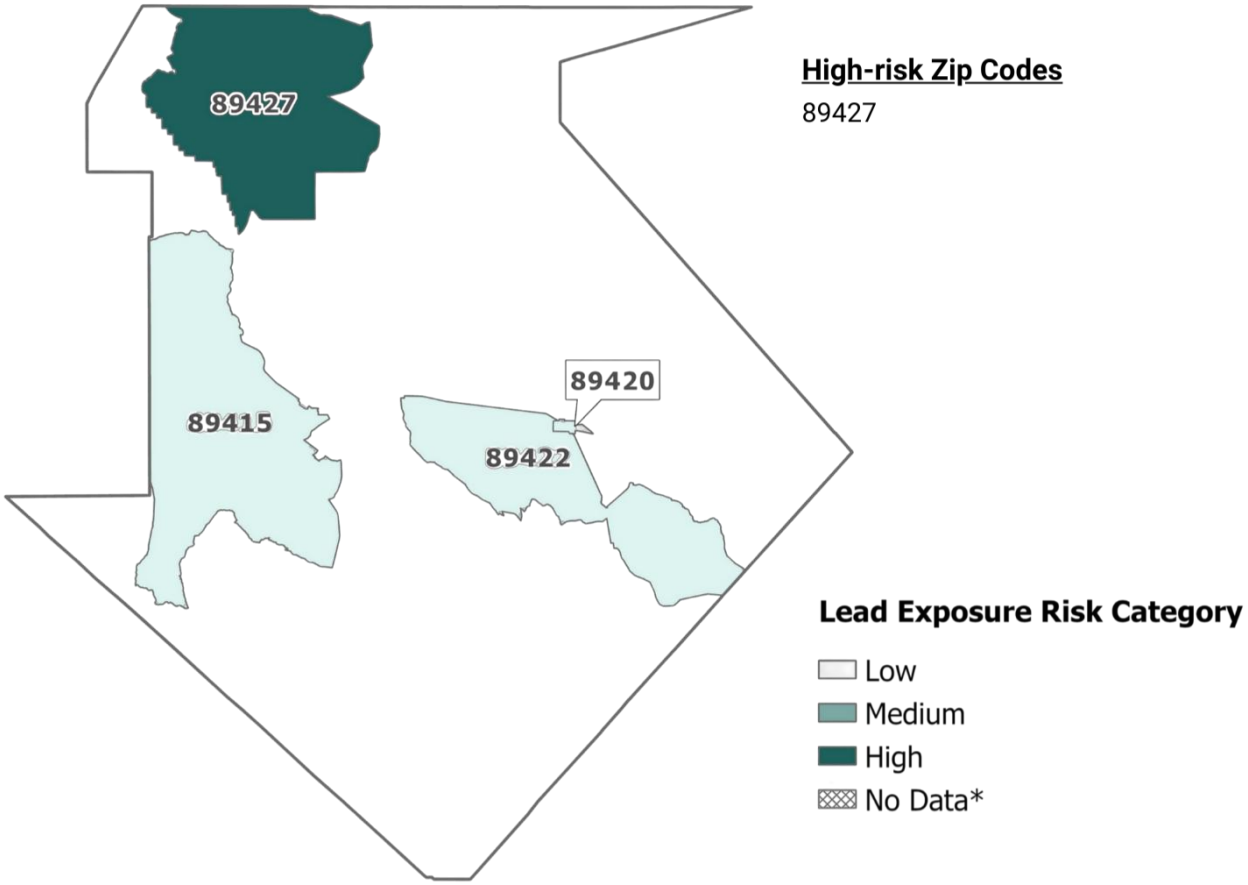
Race/Ethnicity of Children Tested (n=9)



NOTE: Suppressed values are indicated by "-" or "<5" in this report to protect child identity.

Data as of 12/18/2025

LERI High-Risk Zip Codes in Mineral County



Mineral County Key Characteristics (2023)

Number of Children under 6 years old: 355

Child Race/Ethnicity (0-4 years): 14.9% American Indian or Alaska Native, 1.5% Asian, 2.1% Black, 23.6% Latino (of any race), 8.2% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 49.7% White

Childhood Poverty: 28.4% of children under 5 live below the poverty level

Older Homes: 63.2% of 2,202 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

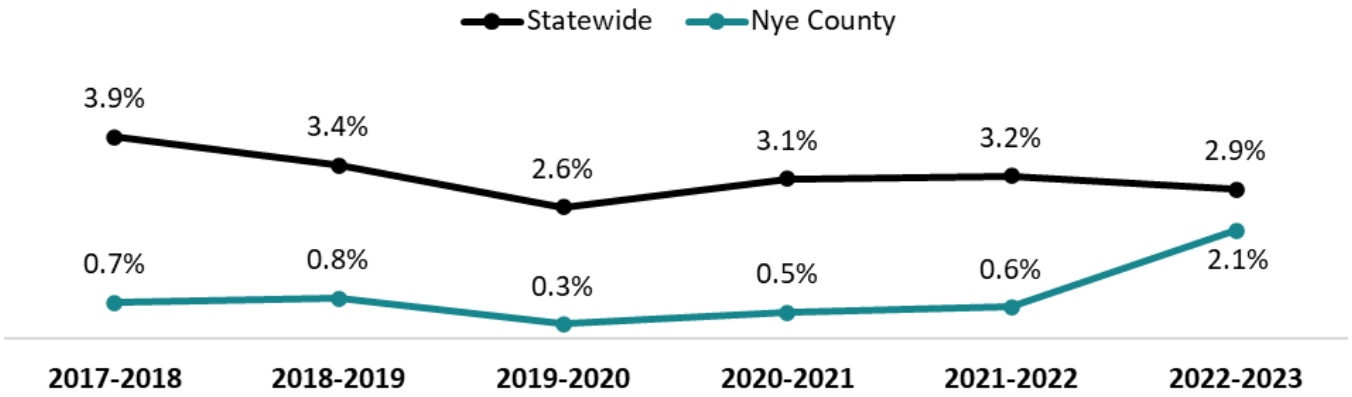
Nye County

2.1% (59)
of children under the age of 6 had a BLL test.

1.7% (1)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rate Trends



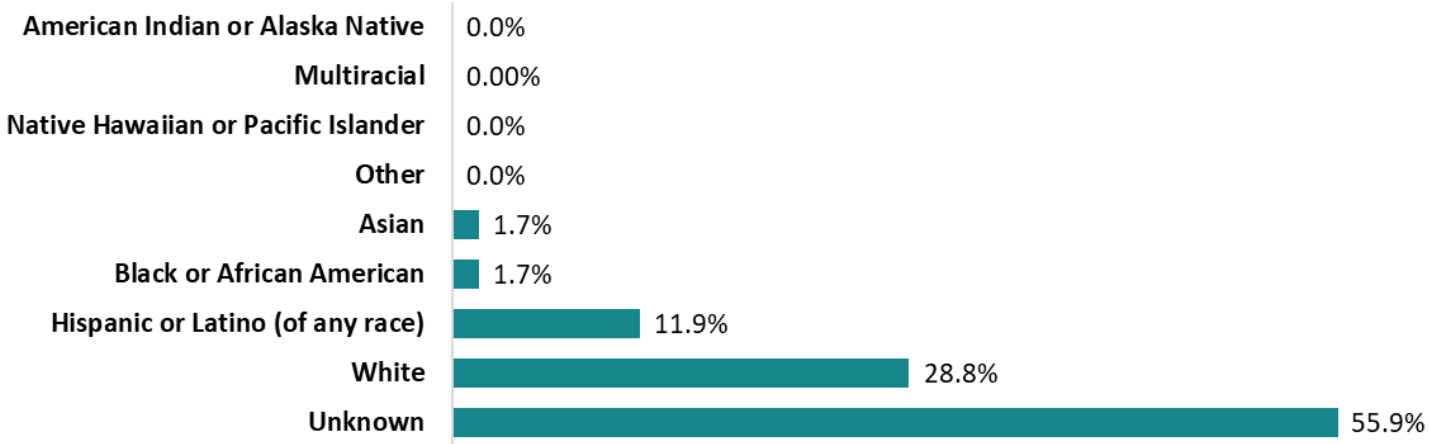
Testing Data for Nye

Testing Rate by Age Group

Testing Age	Nye County	Statewide
0-2 years old	**3.4%**	0.9%
3-5 years old	**0.8%**	4.7%
All children <6	**2.1%**	2.9%

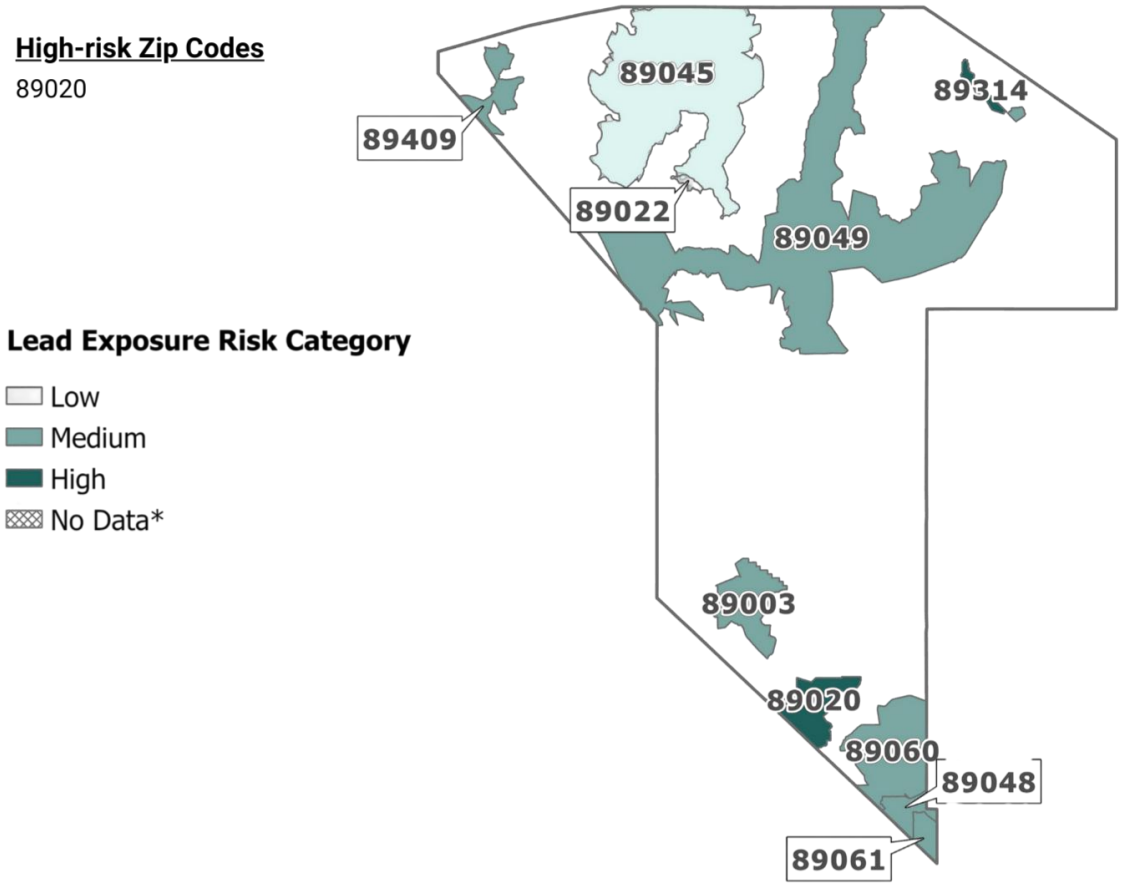
Sex of Children Tested (n=59)

Race/Ethnicity of Children Tested (n=59)



Data as of 12/18/2025

LERI High-Risk Zip Codes in Nye County



Nye County Key Characteristics (2023)

Number of Children under 6 years old: 2,835

Child Race/Ethnicity (0-4 years): 0.8% American Indian or Alaska Native, 1.6% Asian, 2.8% Black, 36.8% Latino (of any race), 8.1% Multiracial, 0.4% Native Hawaiian or Pacific Islander, 49.5% White

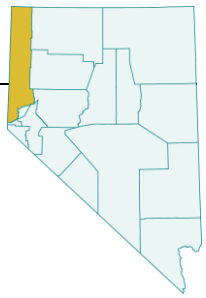
Childhood Poverty: 12.6% of children under 5 live below the poverty level

Older Homes: 14.0% of 25,186 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

Washoe County

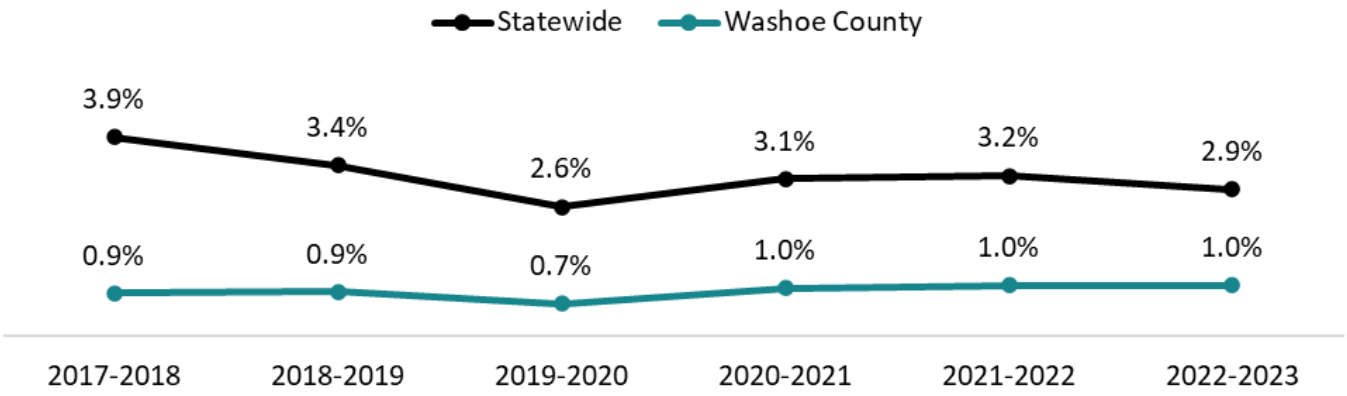


1.0% (311)
of children under the age of 6 had a BLL test.

3.9% (12)
of children tested had a BLL ≥ 3.5 µg/dL.

50.0% (6)
of the 32 cases lived in high-risk zip codes.

Testing Rate Trends



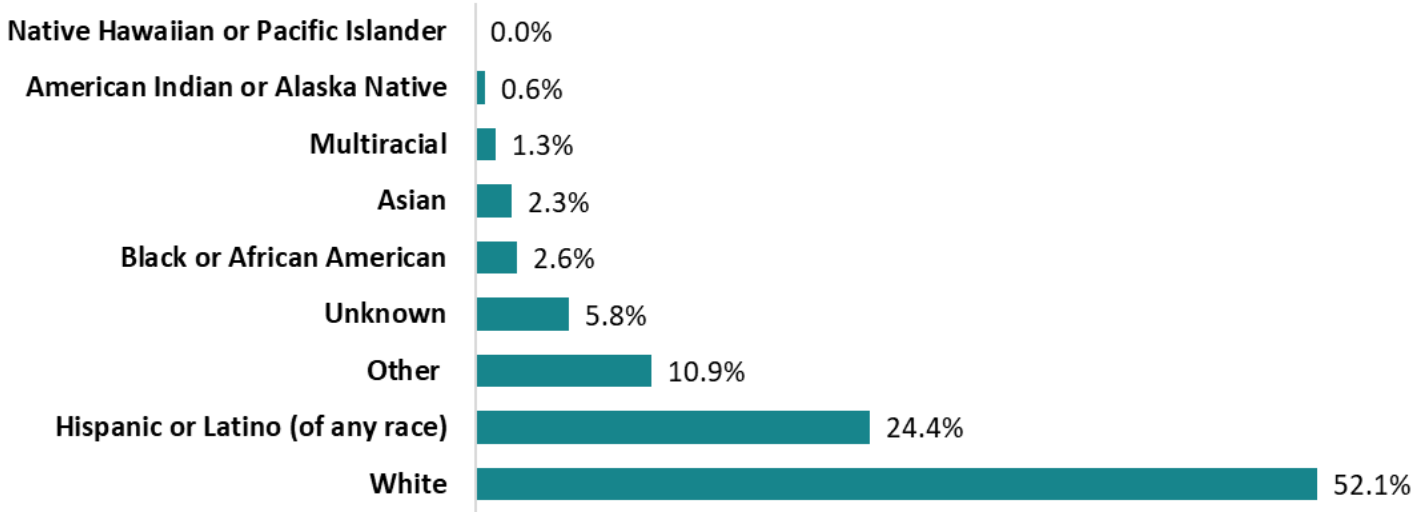
Testing Data for Washoe

Testing Rate by Age Group

Testing Age	Washoe County	Statewide
0-2-year-olds	1.7%	0.9%
3-5-year-olds	0.2%	4.7%
All children <6	1.0%	2.9%

Sex of Children Tested (n=311)

Race/Ethnicity of Children Tested (n=311)



Data as of 12/18/2025

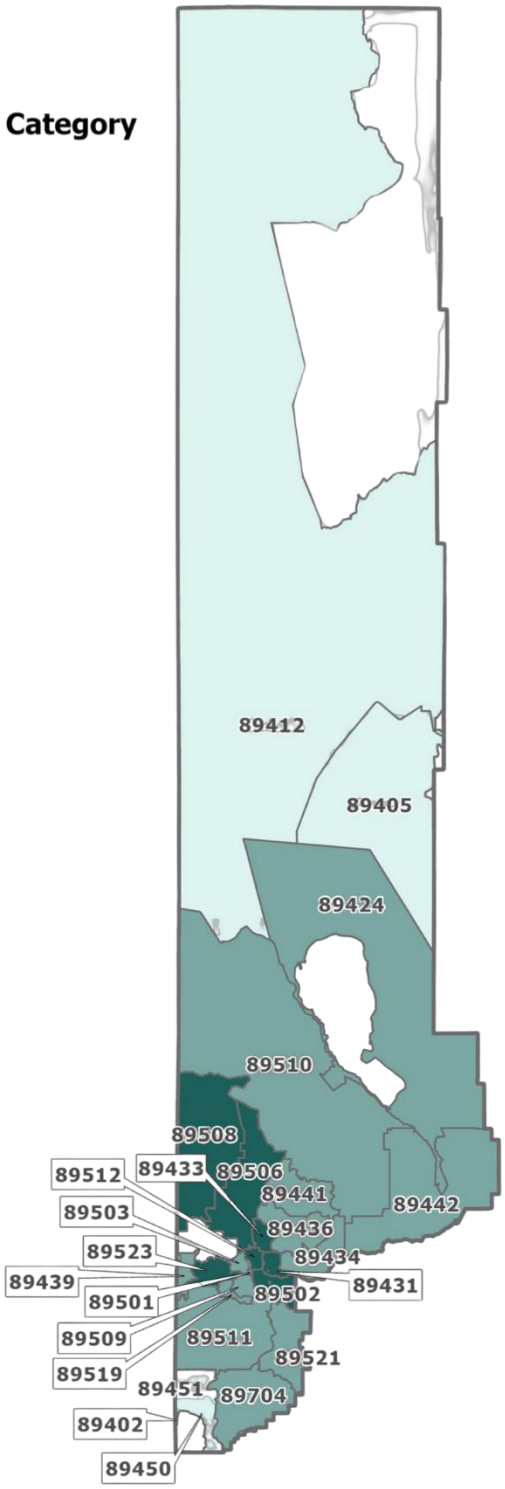
LERI High-Risk Zip Codes in Washoe County

High-risk Zip Codes

89431	89508
89433	89512
89502	89523
89506	

Lead Exposure Risk Category

- Low
- Medium
- High
- No Data*



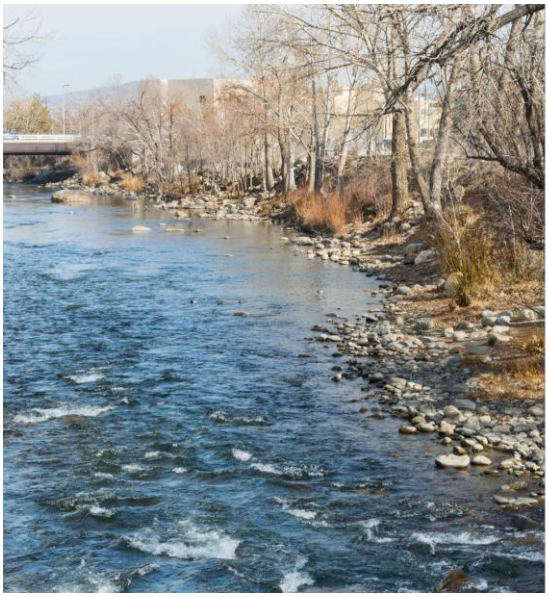
Washoe County Key Characteristics (2023)

Number of Children under 6 years old: 32,726

Child Race/Ethnicity (0-4 years): 0.8% American Indian or Alaska Native, 5.7% Asian, 3.0% Black, 44.8% Latino (of any race), 6.8% Multiracial, 1.0% Native Hawaiian or Pacific Islander, 37.9% White

Childhood Poverty: 11.6% of children under 5 live below the poverty level

Older Homes: 36.0% of 213,392 homes were built before 1980



*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

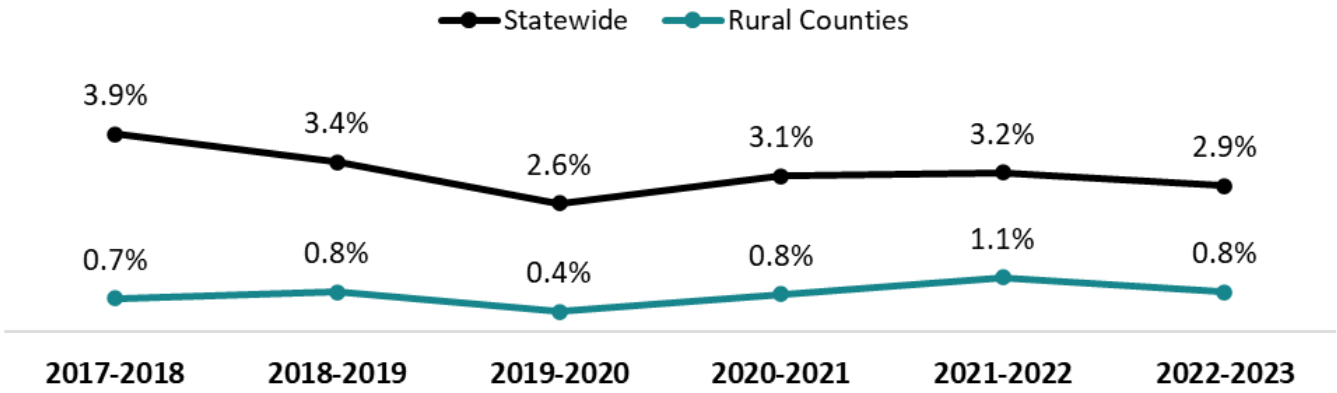
Rural Counties (Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, Storey, White Pine)

0.8% (23)
of children under the age of 6 had a BLL test.

-% (<5)
of children tested had a BLL ≥ 3.5 µg/dL.

0.0% (0)
of the cases lived in high-risk zip codes.

Testing Rate Trends



Note: In 2022–2023, the Rural Counties category also includes Humboldt, Pershing, and White Pine to meet data suppression requirements. Previous years included only Esmeralda, Eureka, Lander, Lincoln, and Storey.

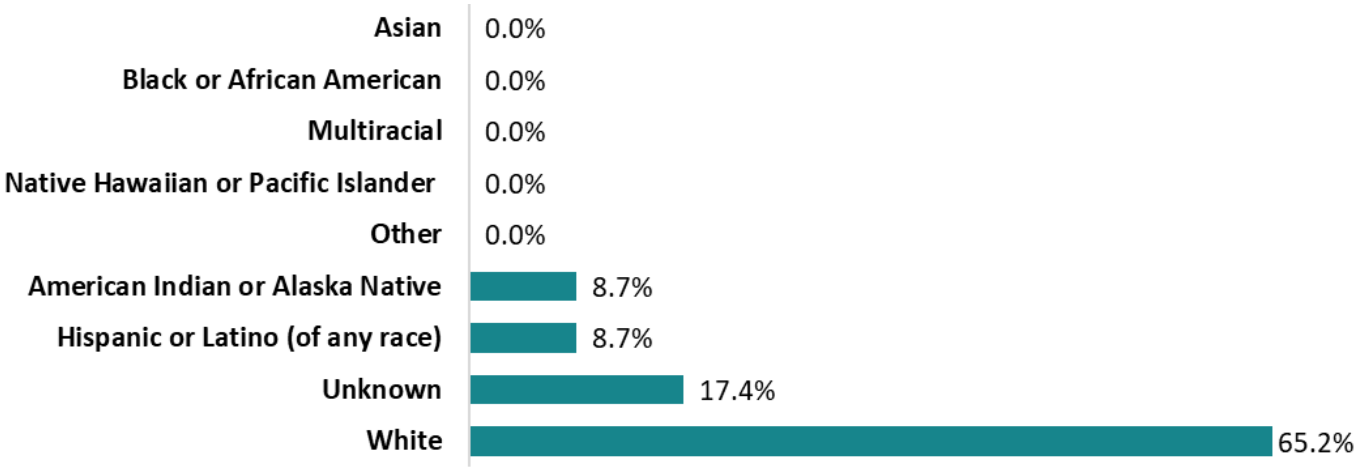
Testing Data for Rural Counties

Testing Rate by Age Group

Testing Age	Rural Counties	Statewide
0-2-year-olds	1.6%	0.9%
3-5-year-olds	0.2%	4.7%
All children <6	0.8%	2.9%

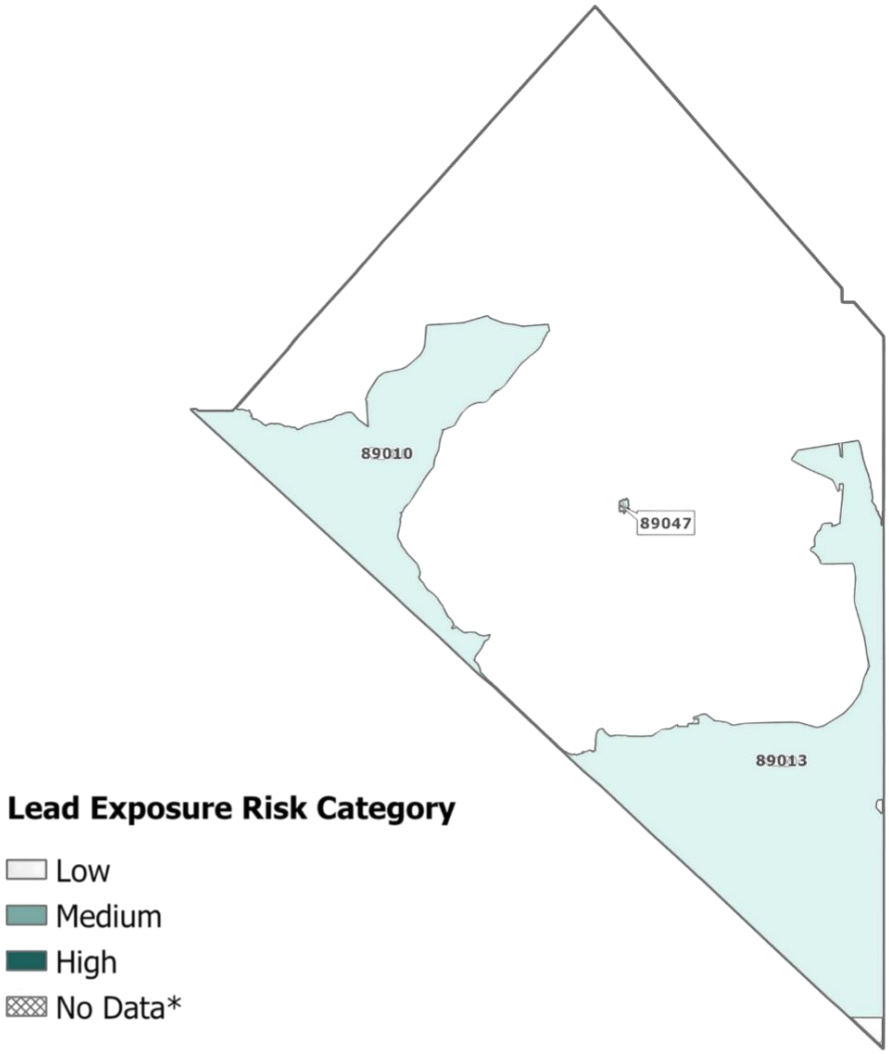
Sex of Children Tested (n=23)

Race/Ethnicity of Children Tested (n=23)



LERI High-Risk Zip Codes in Esmeralda County

The 2023 LERI did not identify any high-risk zip codes in Esmeralda County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Esmeralda County Key Characteristics (2023)

Number of Children under 6 years old: 26

Child Race/Ethnicity (0-4 years): 0.0% American Indian or Alaska Native, 0.0% Asian, 0.0% Black, 33.3% Latino (of any race), 19.0% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 47.6% White

Childhood Poverty: 0.00% of children under 5 live below the poverty level

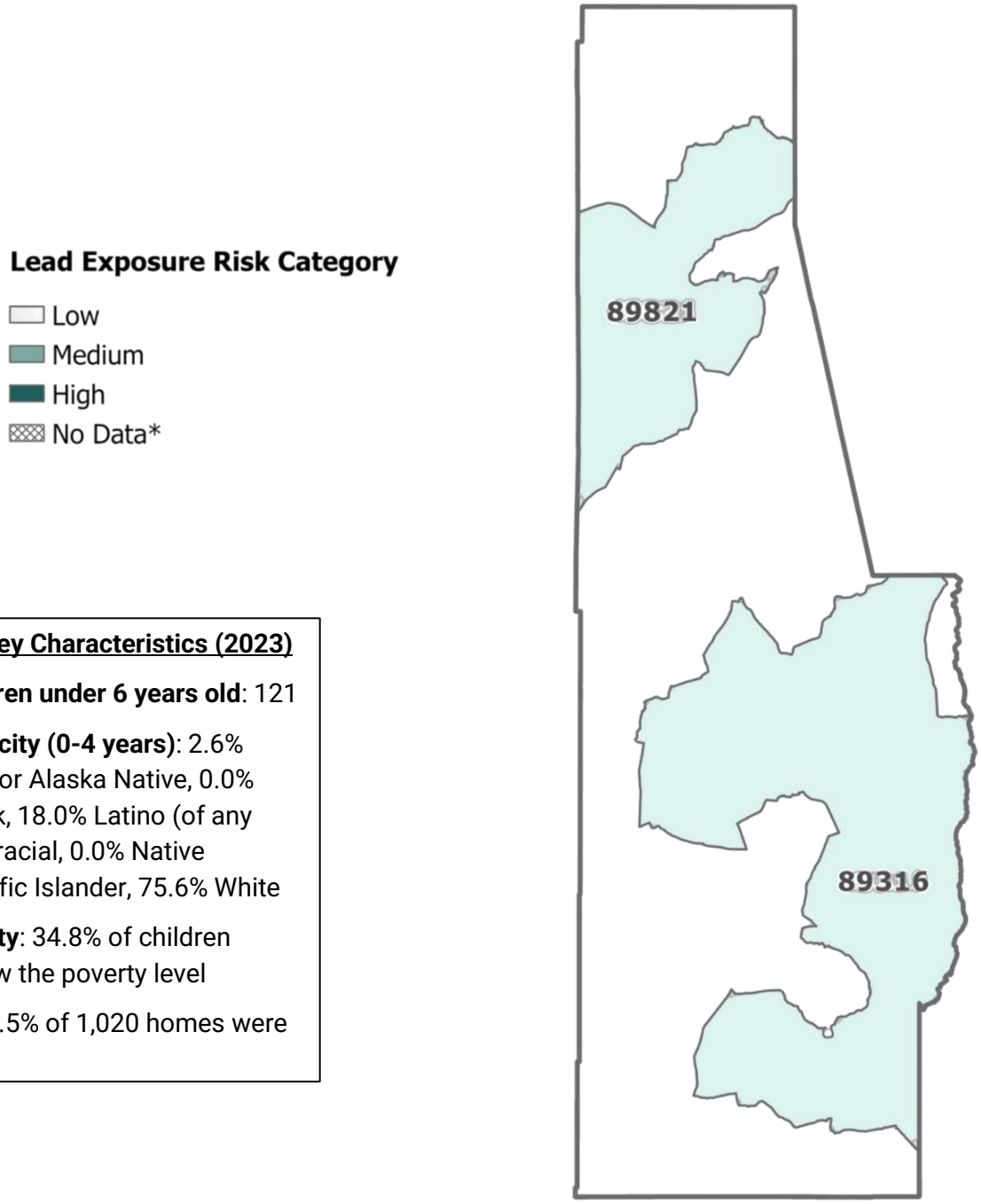
Older Homes: 37.1% of 727 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Eureka County

The 2023 LERI did not identify any high-risk zip codes in Eureka County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Eureka County Key Characteristics (2023)

Number of Children under 6 years old: 121

Child Race/Ethnicity (0-4 years): 2.6% American Indian or Alaska Native, 0.0% Asian, 0.0% Black, 18.0% Latino (of any race), 3.9% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 75.6% White

Childhood Poverty: 34.8% of children under 5 live below the poverty level

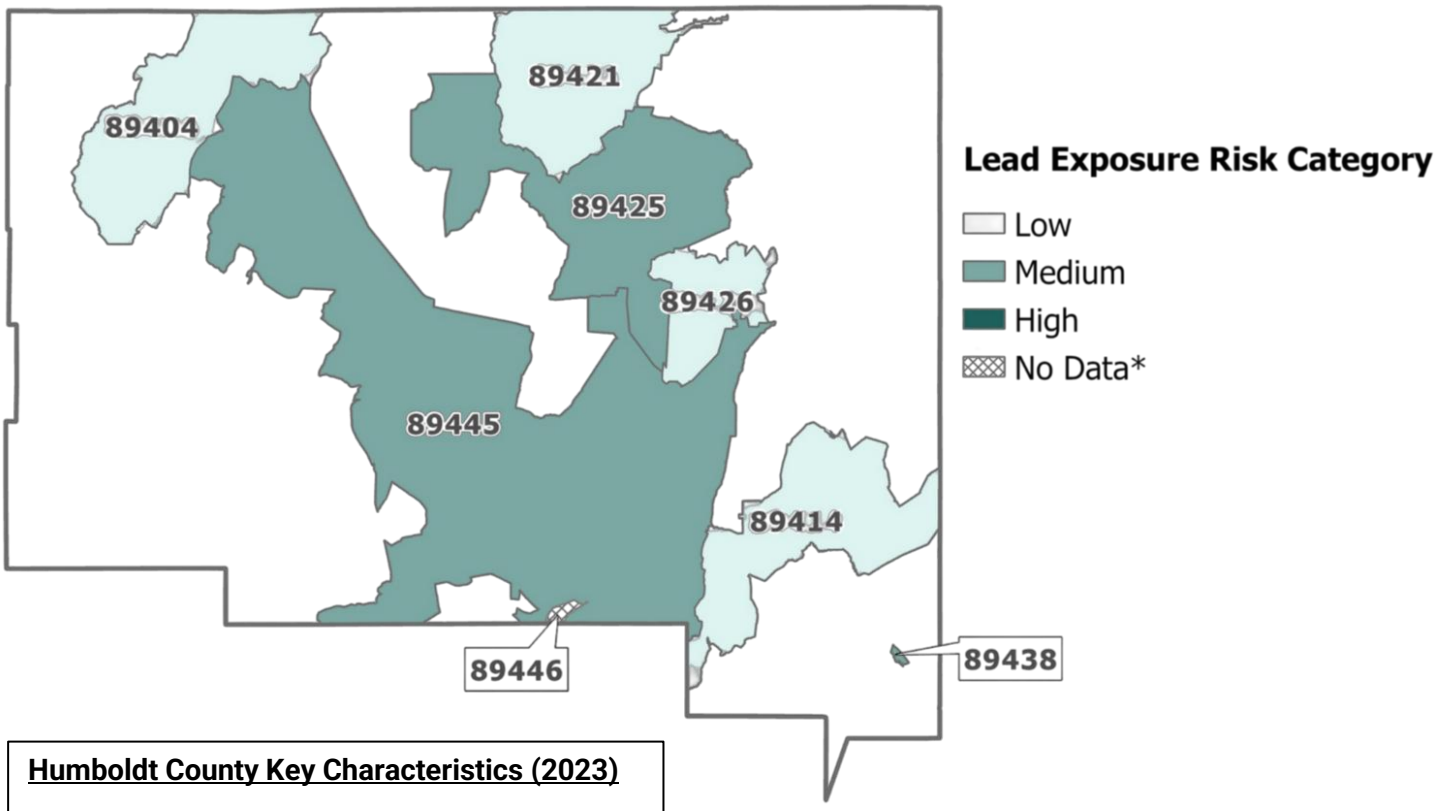
Older Homes: 44.5% of 1,020 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Humboldt County

The 2023 LERI did not identify any high-risk zip codes in Humboldt County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



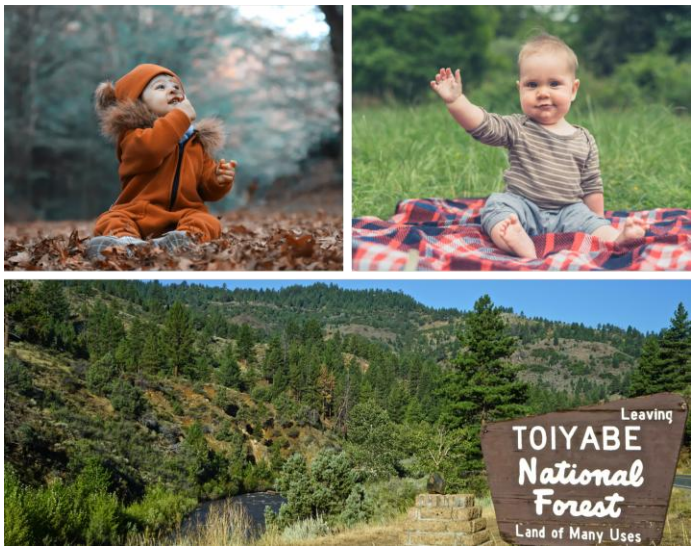
Humboldt County Key Characteristics (2023)

Number of Children under 6 years old: 1,444

Child Race/Ethnicity (0-4 years): 3.2% American Indian or Alaska Native, 0.3% Asian, 0.8% Black, 42.2% Latino (of any race), 4.2% Multiracial, 0.2% Native Hawaiian or Pacific Islander, 49.2% White

Childhood Poverty: 15.3% of children under 5 live below the poverty level

Older Homes: 32.9% of 7,714 homes were built before 1980

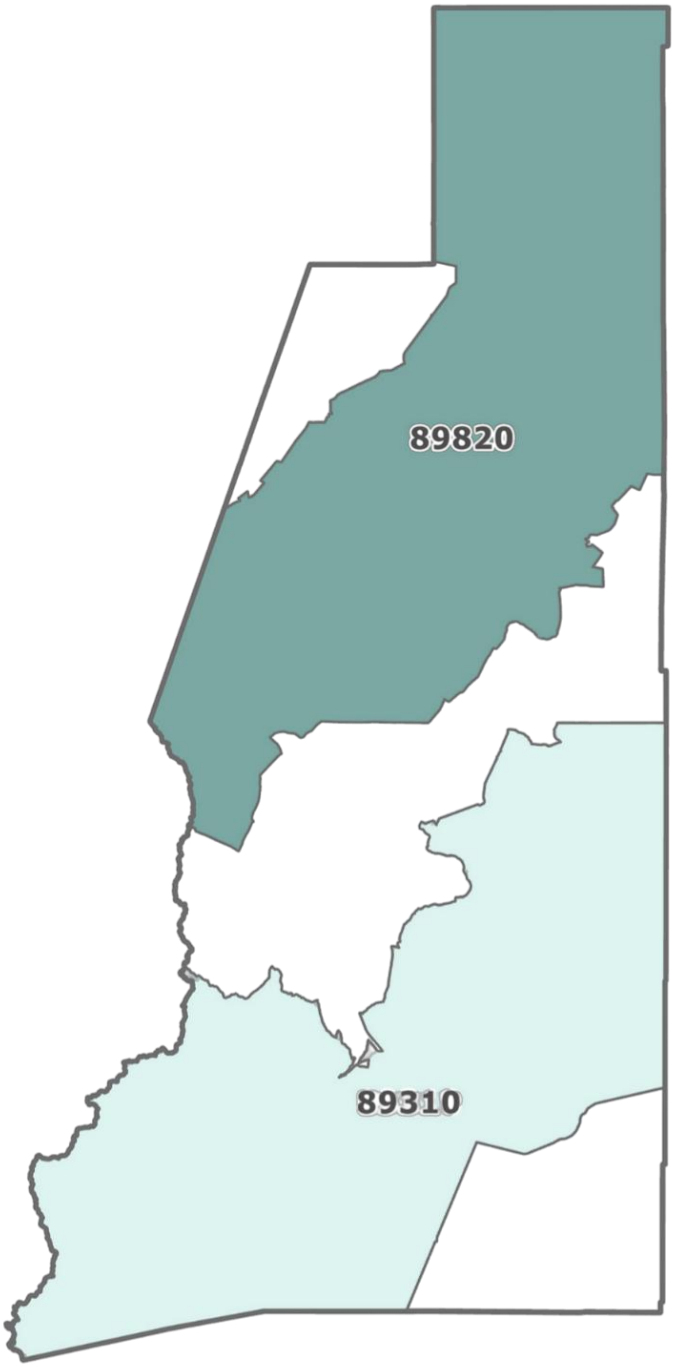


*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Lander County

The 2023 LERI did not identify any high-risk zip codes in Lander County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Lead Exposure Risk Category

- Low
- Medium
- High
- No Data*

Lander County Key Characteristics (2023)

Number of Children under 6 years old: 300

Child Race/Ethnicity (0-4 years): 2.8% American Indian or Alaska Native, 1.4% Asian, 0.3% Black, 26.9% Latino (of any race), 5.8% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 62.8% White

Childhood Poverty:
16.4% of children under 5 live below the poverty level

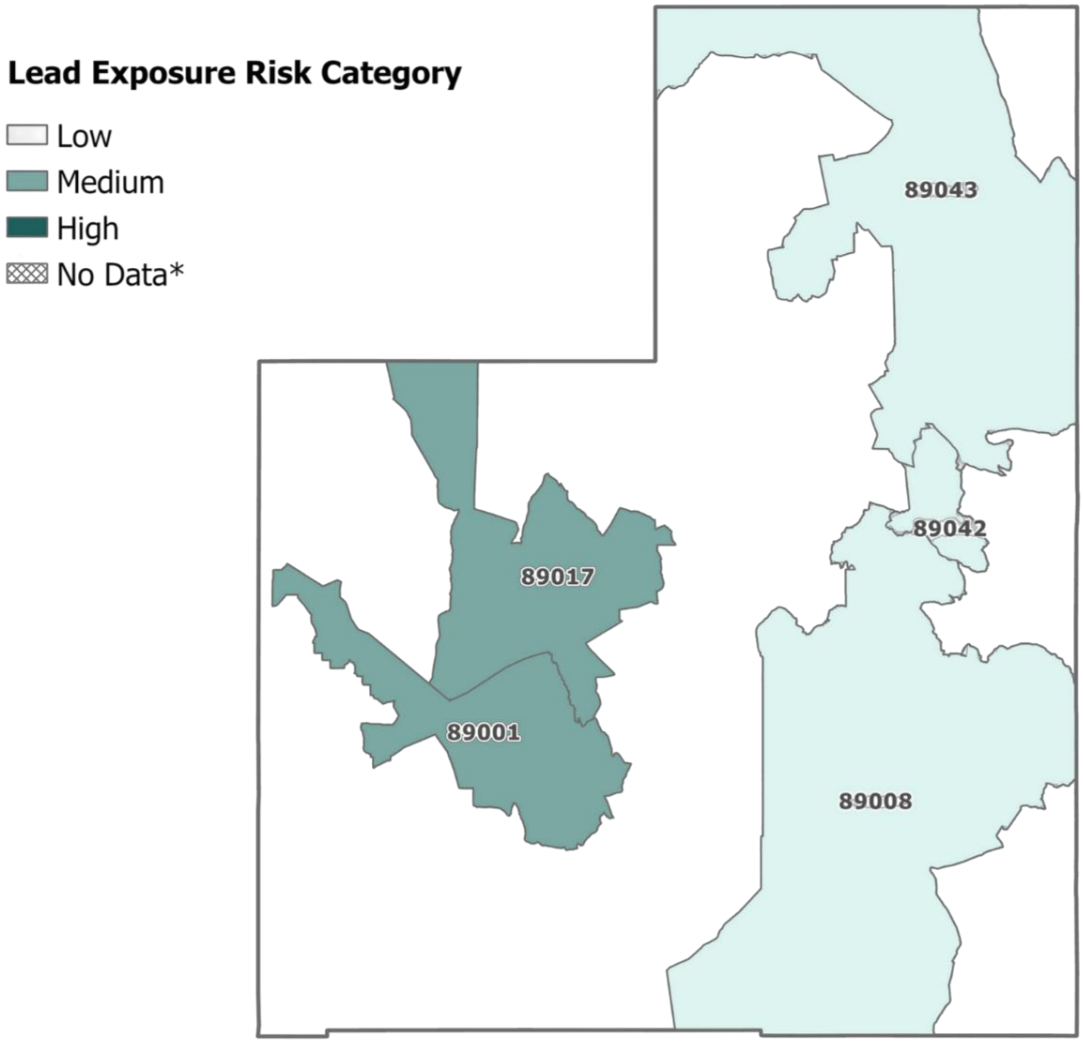
Older Homes: 30.4% of 2,797 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Lincoln County

The 2023 LERI did not identify any high-risk zip codes in Lincoln County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Lincoln County Key Characteristics (2023)

Number of Children under 6 years old: 165

Child Race/Ethnicity (0-4 years): 1.7% American Indian or Alaska Native, 0.4% Asian, 2.2% Black, 8.2% Latino (of any race), 5.2% Multiracial, 0.9% Native Hawaiian or Pacific Islander, 81.6% White

Childhood Poverty: 17.6% of children under 5 live below the poverty level

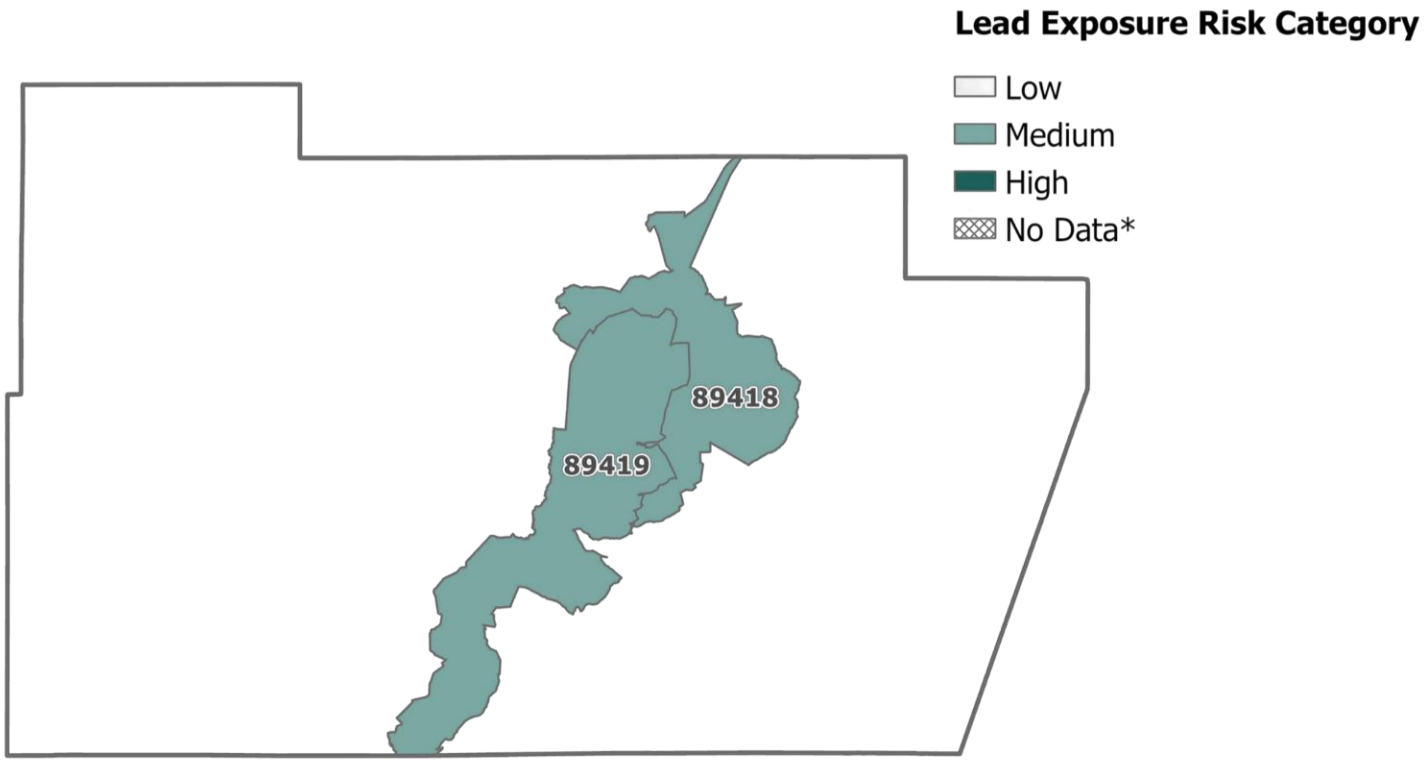
Older Homes: 47.8% of 2,322 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Pershing County

The 2023 LERI did not identify any high-risk zip codes in Pershing County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Pershing County Key Characteristics (2023)

Number of Children under 6 years old: 346

Child Race/Ethnicity (0-4 years): 5.7% American Indian or Alaska Native, 0.4% Asian, 0.0% Black, 37.4% Latino (of any race), 6.5% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 50.0% White

Childhood Poverty: 5.9% of children under 5 live below the poverty level

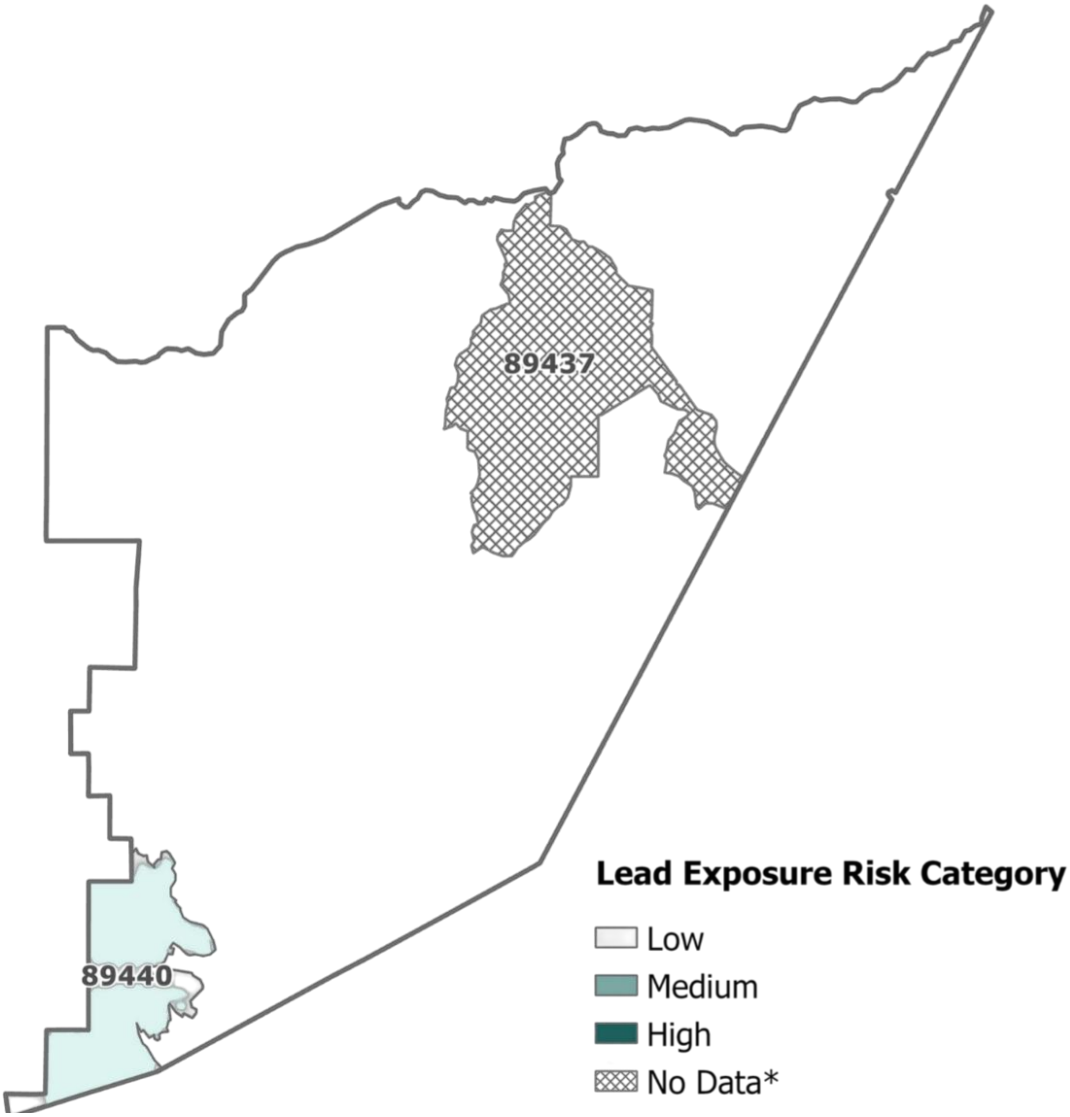
Older Homes: 35.8% of 2,293 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in Storey County

The 2023 LERI did not identify any high-risk zip codes in Storey County. However, this does not mean there is no risk of lead exposure. Children should still be tested according to Federal and State guidelines (See: Appendix C: Blood Lead Testing and Reporting).



Storey County Key Characteristics (2023)

Number of Children under 6 years old: 147

Child Race/Ethnicity (0-4 years): 0.0% American Indian or Alaska Native, 0.0% Asian, 1.0% Black, 20.2% Latino (of any race), 8.1% Multiracial, 0.0% Native Hawaiian or Pacific Islander, 70.7% White

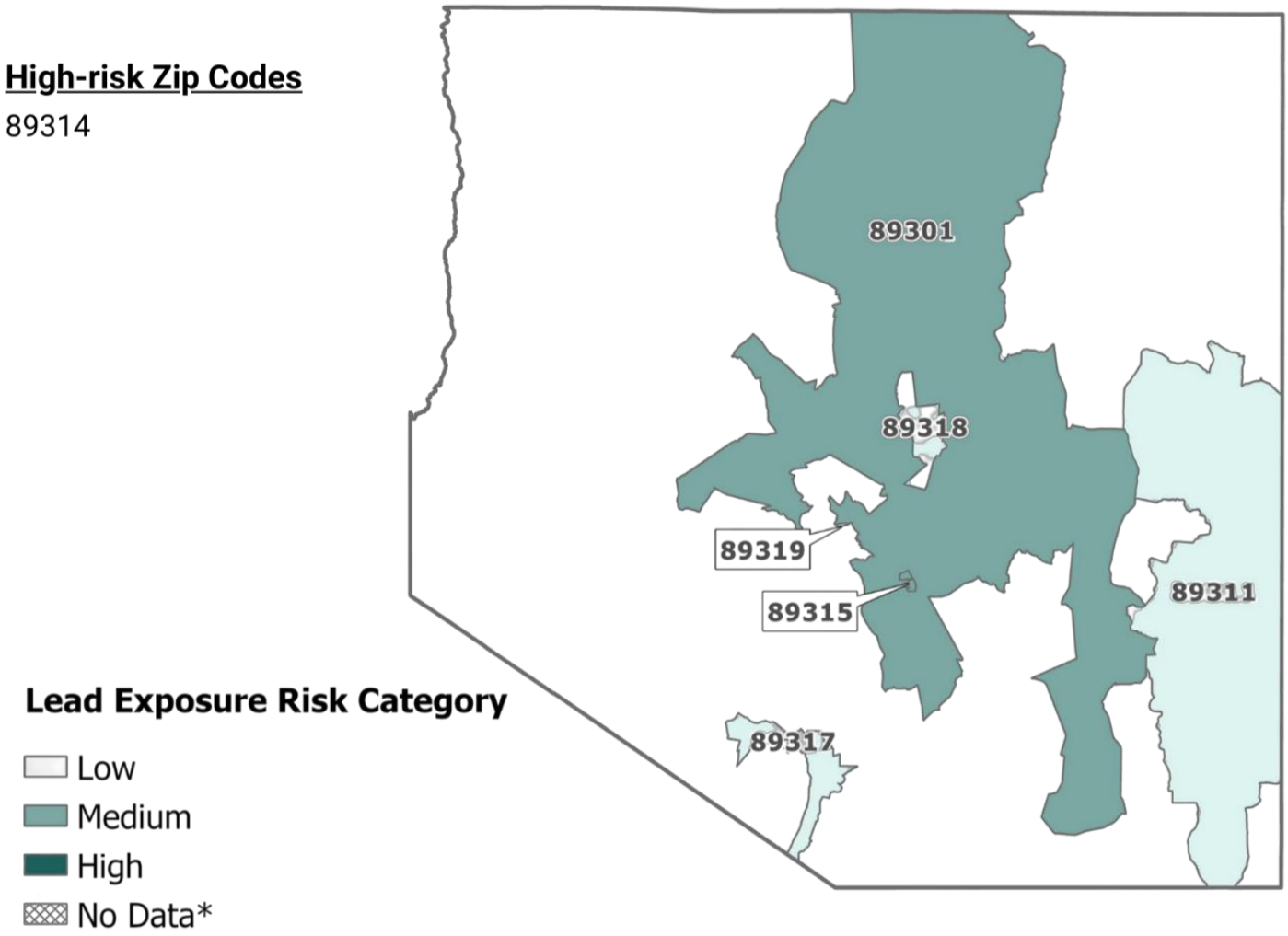
Childhood Poverty: 0.0% of children under 5 live below the poverty level

Older Homes: 38.3% of 2,112 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

LERI High-Risk Zip Codes in White Pine County



White Pine County Key Characteristics (2023)

Number of Children under 6 years old: 371

Child Race/Ethnicity (0-4 years): 2.8% American Indian or Alaska Native, 0.5% Asian, 0.5% Black, 31.1% Latino (of any race), 5.9% Multiracial, 0.3% Native Hawaiian or Pacific Islander, 58.9% White

Childhood Poverty: 1.8% of children under 5 live below the poverty level

Older Homes: 62.5% 4,157 homes were built before 1980

*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.

NOTE: The NV LERI is a broad planning tool based solely on census data; therefore, it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

References

Brown, R. W., & Longoria, T. (2010). Multiple risk factors for lead poisoning in Hispanic sub-populations: A review. *Journal of Immigrant and Minority Health*, *12*(5), 715–725. https://doi.org/10.1007/s10903-009-9245-8

Centers for Disease Control and Prevention (CDC). (2013, April 5). Blood lead levels in children aged 1–5 years—United States, 1999–2010. *Morbidity and Mortality Weekly Report, 62*(13), 245–248. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a3.htm

Centers for Disease Control and Prevention. (2024, April 10). *People at increased risk for childhood lead poisoning*. U.S. Department of Health and Human Services. https://www.cdc.gov/lead-prevention/risk-factors/index.html

Centers for Disease Control and Prevention. (2025, March 13). *Testing for lead poisoning in children*. U.S. Department of Health and Human Services. https://www.cdc.gov/lead-prevention/testing/index.html

Heidari, S., Mostafaei, S., Razazian, N., Rajati, M., Saeedi, A., & Rajati, F. (2022). The effect of lead exposure on IQ test scores in children under 12 years: A systematic review and meta-analysis of case-control studies. *Systematic Reviews, 11*(1), 1–8. https://doi.org/10.1186/s13643-022-01963-y

Khanna, M. M. (2015). Boys, not girls, are negatively affected on cognitive tasks by lead exposure: A pilot study. Journal of Environmental Health, 77(6), 72–77.

Lead Screening | Medicaid. (n.d.). https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/lead-screening

Lupone, C. D., Daniels, D., Lammert, D., Borsuk, R., Hobart, T., Lane, S., & Shaw, A. (2020). Lead exposure in newly resettled pediatric refugees in Syracuse, NY. Journal of Immigrant and Minority Health, 22(1), 34–43. https://doi.org/10.1007/s10903-019-00880-y

Marquez, E., Haboush-Deloye, A., Cadenas-Santos, J. A., & Chien, L.C. (2025). 2025 Blood Lead Testing and Response Plan. Nevada Childhood Lead Poisoning Prevention Program. University of Nevada, Las Vegas. https://www.nvclppp.org/wp-content/uploads/2025/05/NvCLPPP_BLTP_2025_FINAL.pdf

Marquez, E., López, E., Osterholt, A., Campos-Garcia, B. (2020). Lead in Our Homes Factsheet: A Look at Housing Equity and Lead-Based Paint Hazards in Nevada. Nevada Childhood Lead Poisoning Prevention Program: Las Vegas, NV.

Noralina, N., Nurjannah, N., Oktari, R. S., Wang, S.J., Sofia, S., & Usman, S. (2024). Prevalence of elevated blood lead levels and gender differences among school children in Banda Aceh Municipality, Indonesia. International Journal of Medical Science and Dental Health, [volume]([issue]), 54–60. https://doi.org/10.55640/ijmsdh-10-05-04

NRS: CHAPTER 442—MATERNAL AND CHILD HEALTH; ABORTION. (n.d.). https://www.leg.state.nv.us/nrs/nrs-442.html#NRS442Sec700

Roberts, D. J., Bradberry, S., Butcher, F., & Busby, A. (2022). Lead exposure in children. *BMJ, 377*, e063950. https://doi.org/10.1136/bmj-2020-063950

Sampson, R. J., & Winter, A. (2016). The racial ecology of lead poisoning: Toxic inequality in Chicago neighborhoods, 1995-2013. Du Bois Review: Social Science Research on Race, 12(2). https://doi.org/10.1017/S1742058X16000151

Shakya, S., & Bhatta, M. P. (2019). Elevated blood lead levels among resettled refugee children in Ohio, 2009-2016. American Journal of Public Health, 109(6), 912–920. https://doi.org/10.2105/AJPH.2019.305022

U.S. Census Bureau. (2022). *S1701: Poverty status in the past 12 months (5-year estimates, 2022)* [Data table]. https://data.census.gov/table/ACSST5Y2022.S1701?q=S1701:POVERTY%20STATUS%20IN%20THE%20PAST%2012%20MONTHS&g=040XX00US32,32$0500000&moe=false

Wong, A., Dargan, P., Koutsogiannis, Z., Sokol, J., Ramkrishna, J., & Greene, S. (2015). Chronic Ayurvedic medicine use associated with major and fatal congenital abnormalities. *Medical Journal of Australia, 203*(11), 443–444. https://doi.org/10.5694/mja15.00636

Appendices

Appendix A: Methods

Data Sources

BLL Data

All data in this report reflect blood lead testing for Nevada children under six years of age collected between October 1, 2022 and September 30, 2023.

BLL data summaries were provided to the NvCLPPP by the Southern Nevada Health District (SNHD) and the Nevada Department of Health and Human Services (DHHS). These datasets contained both venous and capillary test results and were compiled on a person-based level, meaning each child was counted only once. When multiple tests were reported for the same child, the highest venous result was used; and if no venous result was available, their lowest capillary test was used.

Limitations

The BLL data used for this report include only results that were reported to the appropriate health authorities by healthcare providers and laboratories. Some providers may conduct BLL testing without submitting all results to their local health authority, meaning these data likely underrepresent the true number of children tested statewide.

Many records are also missing key demographic information, particularly race and ethnicity, resulting in a large proportion of children categorized as “Unknown” for race. This gap limits the ability to identify disparities and may lead to the underrepresentation of groups such as Black or African American, Hispanic/Latino and Native Hawaiian or Other Pacific Islander children.

Population Data

County-level population data were obtained from the U.S. Census Bureau and used to calculate testing and case rates by age, sex, and race/ethnicity. Additional population data on poverty and housing age were obtained to describe contextual factors associated with lead exposure risk.

The following datasets were downloaded and used for this report:

Source	Dataset	Variable(s)
US Census Bureau 2023 American Community Survey (ACS) 5-Year Estimates	Table B09001: Population Under 18 Years by Age	Children 0-2 years old, 3-5 years old, and total <6 years old
	Table S1701: Poverty Status in the Past 12 Months	Children <5 years old living in poverty
	Table B25034: Year Structure Built	Homes built pre-1980
US Census Bureau 2020-2023 Population Estimates Program (PEP)	CC-EST2023-SYASEX-32: Population Estimates by Single Year of Age and Sex	Sex of children <6 years old
	CC-EST2019-ALLDATA-32: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin	Race and ethnicity (combined) for children <5 years old

Limitations

There were some limitations associated with the population data, particularly for children under age 6 (the primary age group of interest). Poverty rates specific to children under six were not available, so estimates for children under five were used instead. Similarly, combined race and ethnicity data were not available for this age group. Thus, data for children ages 0-4 were used. Race and ethnicity were combined in this report to more

accurately illustrate disparities in lead exposure risk. When reported separately, these variables can obscure risk among Hispanic/Latino children, who are often categorized under other racial groups.

Calculations

Testing and case rates were calculated using the numerators and denominators outlined below. Rates were generated at both the **statewide** and **county** levels, depending on data availability.

Measure	Numerator	Denominator	Level(s)
Testing rate	Children under 6 tested [a]	Total children under 6	Statewide, County
Case rate	Children under 6 with BLL ≥3.5 µg/dL [b]	Children under 6 tested for lead	Statewide, County
High-risk zip code case rate	Children under 6 with BLL ≥3.5 µg/dL residing in LERI high-risk zip codes	Children under 6 with BLL ≥3.5 µg/dL	Statewide, County
Age-group testing rates	Children in each age group tested	Total population in the same age group	Statewide, County
Age-group case rates	Children in each age group with BLL ≥3.5 µg/dL	Children tested in the same age group	Statewide
Race/ethnicity testing rate	Children in each race/ethnicity group tested	Total children tested	Statewide, County
Race/ethnicity case rate	Children in each race/ethnicity group with BLL ≥3.5 µg/dL	Total children with BLL ≥3.5 µg/dL	Statewide
Sex testing rate	Children in each sex group tested	Total children tested	Statewide, County
Sex case rate	Children in each sex group with BLL ≥3.5 µg/dL	Total children with BLL ≥3.5 µg/dL	Statewide

[a]Children <72 months that had at least one blood lead test during the report period, either capillary or venous.
[b]Children <72 months that had a BLL ≥3.5 µg/dL during the report period, either capillary or venous.

Data Suppression

This report follows the data suppression rules established by DHHS to protect the privacy of children and their families. The rules state the following:

- If the value of a cell is zero, that cell does *not* require suppression.
- When a cell count is less than 5 *and* the risk for re-identification exceeds 5%, suppression is required.
- If a single suppressed value can be back-calculated from row or column totals, additional cells in that row or column are also suppressed.

Suppressed values are represented by "-" and "<5" in this report. These procedures ensure confidentiality while maintaining the integrity of the data presented.

Rural County Combination

Several rural counties did not meet DHHS data suppression guidelines due to small populations and limited testing counts. To ensure these areas were still represented, data from the following eight counties were

aggregated into a single “Rural Counties” category: **Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, Storey, and White Pine**.

Appendix B: Sources of Exposure

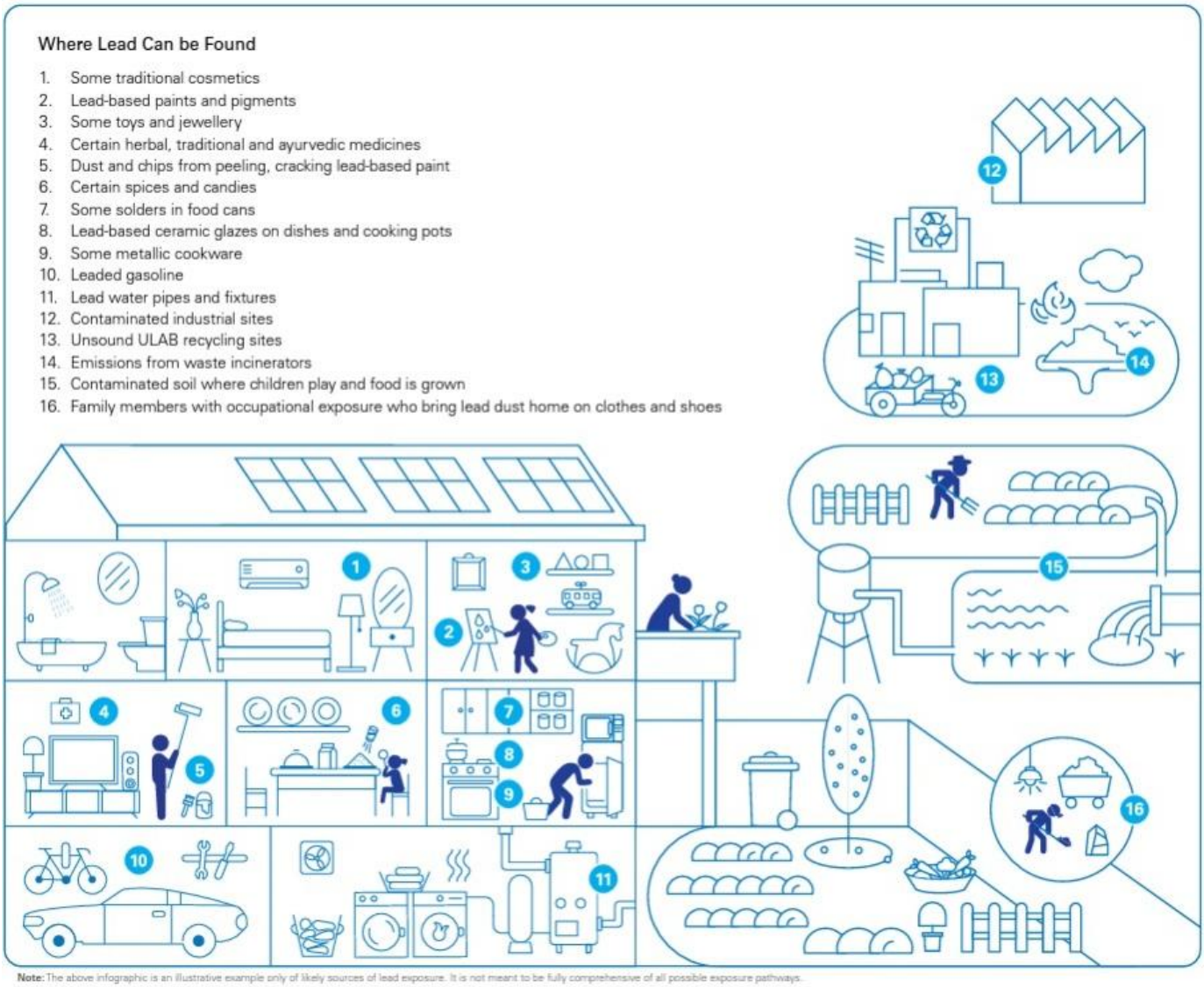
Lead Exposure

Lead is a heavy metal that is poisonous when inhaled or ingested. Young children are especially vulnerable because their frequent hand-to-mouth behaviors increase the risk of exposure, and their developing bodies are more susceptible to its toxic effects (Roberts et al., 2022). In fetuses and newborns, lead exposure can cause significant congenital abnormalities, low birth weight, and preterm birth or miscarriage (Wong et al., 2015). In young children, chronic lead exposure can lead to permanent learning and behavior problems including attention disorders and hyperactivity (Heidari et al., 2022). The type and severity of health effects are highly dependent on the duration and intensity of exposure, however, **there is no safe level of lead in the body**.

Sources of Exposure

Historically, the most common source of lead exposure for children living in the U.S. has been deteriorated lead-based paint (LBP). Homes built before the 1978 ban on LBP are more likely to contain LBP, which can chip, flake, and contaminate household dust and soil. Children can then be exposed by ingesting or inhaling lead-contaminated dust or through typical hand-to-mouth activity. Although federal regulations banned the use of LBP long ago, lead exposure remains a concern today because children can also be exposed to lead by non-paint sources, including certain toys, jewelry, dishware, and traditional medicines (*Figure 1*).

Figure 1 Where Lead Can be Found (Pure Earth, 2020)



Appendix C: Blood Lead Testing and Reporting

Blood Lead Testing Overview

A blood lead test is the only way to know for certain if a child has been exposed. Two types of tests are used:

- **Capillary (finger or heel prick):** Commonly used for initial screening, but less accurate.
- **Venous (drawn from a vein):** Most accurate and used to confirm elevated capillary results.

The CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter (µg/dL) to identify children with higher blood lead levels (BLLs) compared to most U.S. children.

Testing and Reporting Requirements

Federal Medicaid Policy

Under the Federal Medicaid policy, all children enrolled in Medicaid are required to receive blood lead tests at 12 months and 24 months of age. Children between 24 and 72 months of age who have not previously received a blood lead test must also get one. Completion of a risk assessment questionnaire does not meet this requirement. The policy is met only when both required blood lead tests, or a catch-up test, have been completed. Testing may be performed using either a capillary or venous specimen.

Nevada State Law

Under Nevada Revised Statutes (NRS) 442.700, health care providers are encouraged to perform blood lead testing when a child reaches 12 and 24 months of age, or at least once before the child turns six. Any capillary test result above the CDC BLRV must be confirmed with a venous test. All blood lead test results, regardless of result, must be reported to the appropriate health authority and include key identifying and demographic information, such as the child's name, sex, race, and ethnicity. These reporting requirements support statewide surveillance and help ensure cases receive timely follow-up and intervention.

Appendix D: Known Lead Exposure Risk Factors

No child is immune to lead poisoning, but certain groups face a higher risk of exposure. Young children, children living in poverty, and children who are from racial/ethnic minority backgrounds remain at higher risk for lead poisoning despite overall declines in national BLLs (Sampson & Winter, 2016).

Key risk factors include:

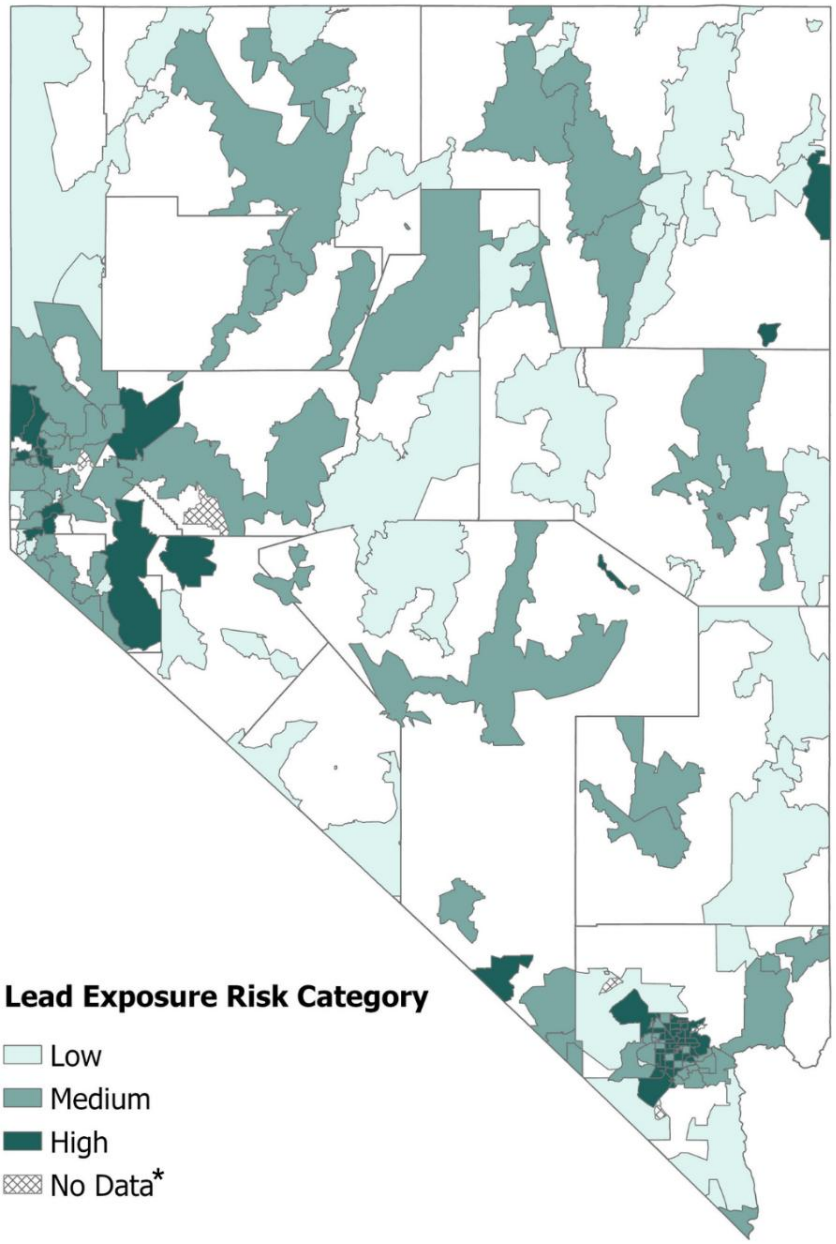
- **Age:** Children under six are at a higher risk of lead exposure because their developing bodies absorb lead more easily and they frequently engage in hand-to-mouth behaviors (CDC, 2024).
- **Housing:** Children living in older or deteriorating homes face a higher risk of lead exposure from chipping paint, contaminated dust, and soil. As homes age, routine wear or renovation can release lead particles that children may ingest or inhale. Nearly 300,000 homes in Nevada were built before 1980, when lead-based paint was still commonly used (Marquez et al., 2020).
- **Race and Ethnicity:** Racial and ethnic minority children face a greater risk of lead exposure because of systemic inequities that influence where families live and the conditions of their housing. National data show that blood lead levels are highest among non-Latino Black and Hispanic/Latino children (CDC, 2013; Sampson & Winter, 2016; Brown & Longoria, 2010).
- **Refugee and foreign-born children** are five times more likely than U.S.-born children to have elevated BLLs. Elevated risk stems from both pre-migration and post-resettlement exposures, including leaded products abroad and hazards in older U.S. housing, imported goods, and environmental inequities (Shakya & Bhatta, 2019; Lupone et al., 2020).
- **Poverty:** Families with lower incomes are more likely to live in older or poorly maintained housing and may have fewer resources for testing or remediation. Additionally, families that are low-income may have limited access to nutritious foods that can limit the absorption of lead in children (BLTP, 2025). In Nevada, about 18.5% of children under five years old live in poverty (U.S. Census Bureau, 2022).

Appendix E: Lead Exposure Risk Index

To better identify and prioritize areas with lead exposure risks, the NvCLPPP developed a Lead Exposure Risk Index (LERI) using data from the American Community Survey (ACS). The LERI is a spatial analysis tool that estimates lead exposure risk based on known risk factors such as age of housing, household income, poverty rate, race and ethnicity, and population of children under age 6.

In this report, LERI data are used to contextualize and highlight where testing and prevention efforts are most needed.

The full methodology of the LERI can be found in NvCLPPP's 2025 Blood Lead Testing and Response Plan (BLTP).



*No Data indicates ZIP codes that were excluded from the analysis due to the absence of housing data.
NOTE: The NV LERI is a broad planning tool based on census data, therefore it is important to stay up-to-date on the latest lead-related product recalls, local lead sources, and trends among high-risk groups.

County	High-risk	Medium-risk	Low-risk
Carson City	89701, 89706	89703	
Churchill		89406	
Clark	89014, 89030, 89031, 89032, 89054, 89081, 89084, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89109*, 89110, 89113, 89115, 89119, 89120, 89122, 89128, 89129, 89130, 89139, 89141, 89142, 89143, 89146, 89147, 89148, 89156, 89166, 89178, 89179, 89183	89002, 89005, 89007, 89011, 89012, 89015, 89021, 89027, 89029, 89040, 89044, 89052, 89074, 89085, 89117, 89118, 89121, 89123, 89131, 89134, 89135, 89138, 89144, 89145, 89149, 89161, 89169	89004, 89018, 89019, 89025, 89034, 89039, 89046, 89124, 89158
Douglas	89705	89410, 89423, 89460	89411, 89413, 89448, 89449
Elko	89883	89801, 89815, 89822, 89832, 89834	89823, 89825, 89826, 89828, 89830, 89831, 89833, 89835
Esmeralda			89010, 89013, 89047
Eureka			89316, 89821
Humboldt		89425, 89438, 89445	89404, 89414, 89421, 89426
Lander		89820	89310
Lincoln		89001, 89017	89008, 89042, 89043
Lyon	89408, 89447	89403, 89428, 89429, 89444	89430
Mineral	89427		89415, 89420, 89422
Nye	89020	89003, 89048, 89049, 89060, 89061, 89409	89022, 89045
Pershing		89418, 89419	
Storey			89440
Washoe	89431, 89433, 89502, 89506, 89508, 89512, 89523	89424, 89434, 89436, 89439, 89441, 89442, 89501, 89503, 89509, 89510, 89511, 89519, 89521, 89704	89402, 89405, 89412, 89450, 89451
White Pine	89314	89301, 89315	84034, 89311, 89317, 89318, 89319

*89109 was manually included in the list of high-risk zip codes based on guidance from the NvCLPPP Advisory Board.