



2023 Childhood Lead Surveillance Report



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Executive Summary

The Indiana Department of Health (IDOH) Lead and Healthy Homes Division is pleased to present the 2023 Childhood Lead Surveillance Report, highlighting lead poisoning and exposure prevention activities across Indiana. Information contained in this report was compiled in compliance with IC 16-41-39.4-5. This report provides a description of recent trends in blood lead testing, elevated blood lead levels (EBLLs) and case surveillance, as well as environmental surveillance related to lead exposure. It also highlights actions taken by IDOH to increase testing rates, support affected families around the state, provide education on lead sources and impacts, and improve Indiana's ability to manage lead exposure within the residential environment.

Recognizing that lead exposure can lead to negative health outcomes for any child, and that there are no safe levels of lead in a child's body, IDOH collaborated with public health partners and legislators to work toward expanding testing requirements in Indiana. House Enrolled Act 1313, which took effect Jan. 1, 2023, requires providers to offer lead testing to parents of all children at 1 and 2 years, or as soon as possible before the age of 7, if they haven't been previously tested.

The goal of this legislation was to significantly increase the number of Hoosier children tested. This was done to offer lead-affected families the local support they need, and to better identify the populations and areas of the state most impacted by lead. In its first year, the legislation resulted in 108,533 children under the age of 7 receiving a blood lead test, a 62% increase compared to 2022. It also helped the families of 1,580 Hoosier children get connected to nursing and environmental health professionals in their county who are helping find and eliminate lead in their homes.

Working to educate all families and support those affected by lead intensified throughout 2023. The IndianaLeadFree media [campaign](#) was launched in February, targeting parents and grandparents on TV, radio, and digital media with the message that no amount of lead is safe and testing is easy and accessible. In total, the campaign delivered more than 60.4 million impressions, and 48,000 clicks in its 11-month run. This campaign was supported in 10 of Indiana's highest-risk counties by hiring healthy child advocates who spent time talking with families at community events, hosting testing clinics, and even going door-to-door to talk about getting children tested. These hyper-local outreach efforts resulted in an average of 2,137 individual connections each month through partnerships with groups including libraries, churches, schools, daycares, women's' shelters, and Boys and Girls clubs.

Encouraged by the progress made in 2023, IDOH will continue to make strides in reducing the burden of lead exposure in Indiana, creating a safer place for families to live, learn, work, and play.



Background

Why Lead is a Health Concern

There is no safe level of lead in a child's body. Its widespread use has resulted in extensive environmental contamination, human exposure, and significant public health problems in many parts of the world, including in Indiana. Lead has been used as an additive in many products and usually enters the body through inhalation and ingestion. Sources of lead exposure can include residential paint that was manufactured before 1978, water from lead pipes, soil near busy roads, factories and outside of homes painted with lead-based paint, some imported candies, toys and jewelry, and certain jobs and hobbies. The most common source of exposure to lead for children in Indiana comes from lead-based paint and dust.

Lead poisoning can affect anyone, but babies and children under the age of 7 are most at risk because their bodies are still growing and developing and they more easily access leaded surfaces, such as floors or windowsills. Exposure to lead can damage many parts of a child's body, including their brain, nervous system, blood, digestive organs, and more. Lead poisoning can also lead to severe health, learning and behavioral problems, including brain damage, IQ loss, developmental delays, and long-term intellectual deficits. Most significantly, the impacts and damage that are caused by lead poisoning cannot be reversed. However, there are medical treatments and other interventions that can be used to reduce the amount of lead in the child's body if exposure has already occurred. Testing is key to ensuring this treatment is provided.

Protecting children from exposure to lead is important to lifelong good health. The most important step that parents, healthcare providers, and others can take to keep children safe is to prevent lead exposure before it occurs.

Recent History of the Division

The Lead and Healthy Homes Division exists to track the prevalence of lead exposure in children throughout Indiana, identify policy, program and funding changes which support lead elimination, and support local health departments (LHDs) in taking the necessary steps to minimize that exposure and the resulting health risks. This is done through proactive screening, treatment, case management, and remediation of lead hazards. The division is primarily funded by federal grants from the Centers for Disease Control and Prevention (CDC) and the U.S. Environmental Protection Agency (EPA).

In 2022, Indiana took a significant step to improve care for children exposed to lead by lowering the elevated blood lead threshold from 10 µg/dL to 3.5 µg/dL, in alignment with the blood lead reference values set by the CDC in 2021. Families of children who have a blood lead level between 3.5 and 4.9 µg/dL receive education about the risks of lead exposure and recommendations for testing other children living in the same household. Children with a confirmed EBLL of 5.0 µg/dL or above will be enrolled in case management. Defining the EBLL and case management thresholds at different values ensures that more Indiana children receive protective services without overburdening the state and local support systems.



Indiana Statute and Recommendations

The Lead and Healthy Homes Division's work is guided by regulations in Indiana Code (IC 16-41-39.4) and Administrative Code (410 IAC 29, and 410 IAC 32). The passage of HEA 1313 and the Medicaid Early and Periodic, Screening, Diagnostics, and Treatments (EPDST) guidelines supplement these regulations by requiring providers to follow the steps below:

- Children should receive a blood lead test between the ages of 9 and 13 months, or as close as reasonably possible to the patient's appointment
- Children should have another blood lead test between the ages of 21 and 27 months, or as close as reasonable possible to the patient's appointment
- Any child between 28 and 72 months who does not have a record of any prior blood lead test must have a blood lead test performed as soon as possible
 - If a provider can verify via the Children's Health and Immunization registry Program (CHIRP) or the records from another provide that blood lead testing has occurred at the required interval(s), they are not obligated to repeat the procedure
 - If a parent or guardian refuses to allow their child to be tested, providers are encouraged to document the refusal in writing and have the parent or guardian sign an attestation of refusal

Additionally, Indiana statue 410 IAC 29-3-1 requires that all blood lead tests, regardless of result, are required to be reported to IDOH by the entity examining the specimen (i.e. laboratory, clinic, physician, etc.) no later than one week after completing the test.

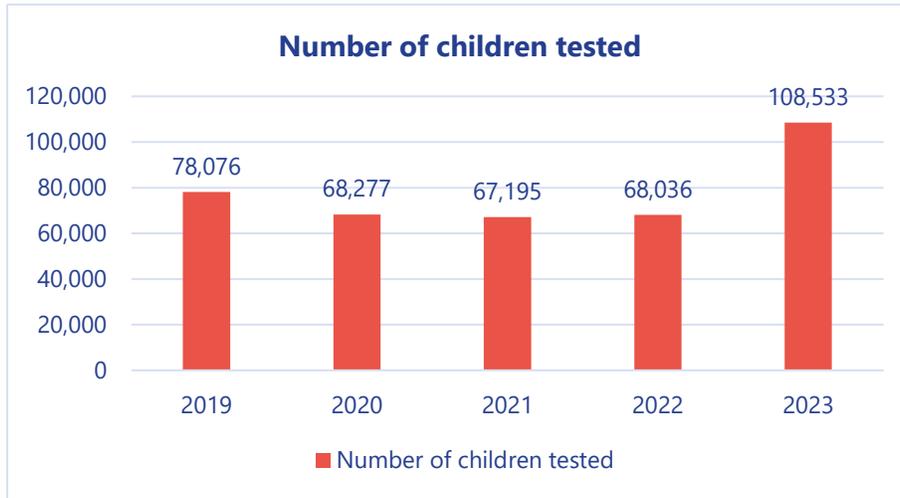
2023 Highlights

Testing

In 2023, IDOH received 123,305 lead test results for children younger than 7 years of age from medical providers, laboratories, and other public health partners. These results included tests from 108,533 unique children who were living in Indiana. This was a 60% increase in the number of children tested from 2022 to 2023, majorly attributed to the implementation of universal testing which started in 2023. This is particularly important for children under the age of 3, as lead can have more pronounced and long-lasting impacts when exposure occurs very early in life. To that end, in 2023, 35.4% of Indiana-residing children younger than 3 years of age received a blood lead test, compared to just 24% in 2022. While encouraged by this increase, the hope is continued partnership with Indiana's LHDs and healthcare providers to continue this upward trend in testing a larger percentage of the overall population of children under 3.



Figure 1



Of the 108,533 children tested for lead in 2023, 1,862 (1.7%) received a confirmed elevated result (figure 2). Of the 1,862 children to receive a confirmed EBLL, 817 (43.9%) received a result between 3.5 and 4.9 $\mu\text{g}/\text{dL}$, and 1,045 (56.1%) received a result of 5 $\mu\text{g}/\text{dL}$ or greater, meeting the eligibility requirements for case management services (figure 3). In July 2022, Indiana lowered its elevated blood lead threshold from 10 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$ in alignment with the blood lead reference values set by CDC. While the reduction in the blood lead threshold influenced an increase of confirmed EBLLs in 2022, it also led to an even greater rise in the number of confirmed EBLLs in 2023, as noted in figure 2. This increase was expected, recognizing that the threshold change affected lead testing during not only the second half of 2022 but the entirety of 2023.

Figure 2

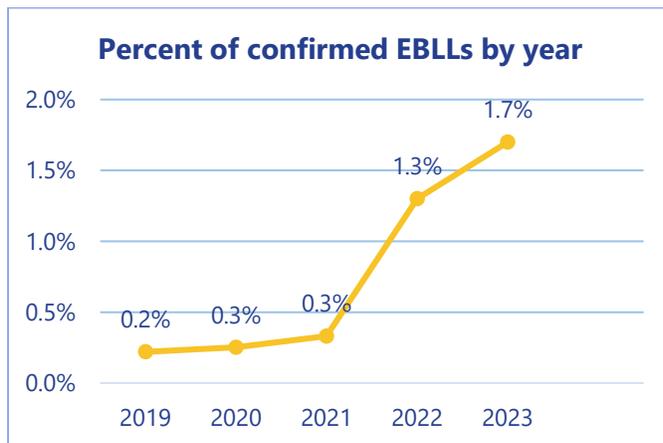
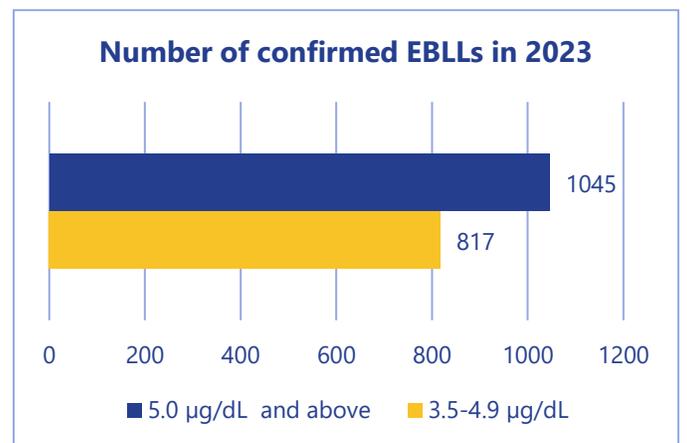


Figure 3



Throughout 2023, IDOH used test data to help determine the efficacy of previous screening methods compared to universal testing. Prior to 2023, Indiana used a screening method to recommend testing for higher-risk children younger than 7 who identified with one or more risk factors associated with high lead exposure. In 2023, when universal testing recommended that all children younger than 7 receive a blood lead test, it was expected that with more children tested, a lower percentage overall would be exposed to high levels of lead.

Surprisingly, while the percentage of kids with the highest blood lead levels (10+ µg/dL) decreased (moving from 0.33% in 2022 to 0.25% in 2023), those with a test showing any elevated lead level (3.5+ µg/dL) increased (moving from 5.1% in 2022 to 6.2% in 2023). This demonstrated that while targeted screening methods were comparatively effective at identifying children exposed at the highest levels, they were less effective at identifying lower levels of lead exposure in general.

IDOH also collects demographic information on gender, age, race, and ethnicity with blood lead test results. In previous years, the large number of children with reported unknown race and/or ethnicity led to uncertainty in racial and ethnic disparities associated with lead testing and exposure that may have existed or continues to exist in Indiana. In 2023, with support from the Vital Records Division to help provide unreported race and ethnicity info on blood lead tests, Indiana was able to reduce the rate of “unknown” races from 27.4% in 2022 to 17.4% in 2023. Similarly, unknown ethnicity dropped from 39.2% in 2022 to 23.9% in 2023. Improving data accuracy allows the division to identify which population groups are receiving testing, and which, if any, are experiencing higher rates of lead exposure.

Indiana’s reported lead tests did not indicate any significant differences in BLL results between demographic groups but did indicate a shift in which race population received the largest number of tests, shifting from White in years prior to Black in 2023. Additional details can be found below (*Tables 1 – 4*).

Summary of Reported Demographics for Children Aged <7 Years

Table 1: Gender

Gender	Children tested (percentage of tested children)	Children who received a confirmed EBLL	Percentage of tested children who received a confirmed EBLL
Female	52,365 (48.2%)	826	1.58%
Male	55,950 (51.6%)	1,026	1.83%
Unknown	218 (0.20%)	10	4.59%
Total	108,533	1,862	1.72%



Table 2: Age

Age in Years	Children tested (% of tested children)	Children who received a confirmed EBLL	Percent of tested children who received a confirmed EBLL
<1	9,729 (8.96%)	87	0.89%
1 - <2	41,223 (37.98%)	694	1.68%
2 - <3	32,050 (29.53%)	547	1.71%
3 - <4	8,691 (8.01%)	206	2.37%
4 - <5	8,065 (7.43%)	155	1.92%
5 - <6	6,367 (5.87%)	116	1.82%
6- <7	2,408 (2.22%)	57	2.37%
Total	108,533	1,862	1.72%

Table 3: Race

Race	Children tested (% of total tested children)	Children who received a confirmed EBLL	Percent of tested children who received a confirmed EBLL
American Indian	21,589 (19.89%)	190	0.88%
Asian/ Pacific Islander	3,289 (3.03%)	27	0.82%
Black	31,926 (29.42%)	527	1.65%
White	29,116 (26.83%)	681	2.34%
Multiracial	773 (0.71%)	2	0.26%
Other	2,909 (2.68%)	128	4.40%
Unknown	18,931 (17.44%)	307	1.62%
Grand Total	108,533 (100%)	1,862	1.72%



Table 4: Ethnicity

Ethnicity	Children tested (percentage of total tested children)	Children who received a confirmed EBLL	Percentage of tested children who received a confirmed EBLL
Hispanic	11,122 (10.25%)	300	2.70%
Non-Hispanic	71,432 (65.82%)	1,089	1.52%
Unknown	25,976 (23.93%)	473	1.82%
Total	108,533 (100%)	1,862	1.72%

Education

Childhood lead poisoning can be prevented by identifying and eliminating lead hazards in the environment before children are exposed. Commonly known as primary prevention, this approach includes a range of activities, including education.

IDOH health education staff continued to focus efforts on providing quality comprehensive training on the procedures and practices of lead case management. Training was provided to LHD staff throughout the state who were assigned to provide those services to the children in their counties who were found to have an EBLL. In 2023, IDOH trained LHD staff from 38 of Indiana’s 95 local health departments. This represents an impact in the capacity to provide quality lead case management services in 40% of the LHDs in Indiana. To best prepare LHD staff, case management training materials were also updated and revised to better reflect the current policies and procedures, and in December 2023, the newly developed “Lead Case Management Training – Indiana” online training module was successfully launched and made available on INTrain to all LHD staff.

Improving the lead knowledge of the public, partners, and public health professionals through digital media was also a focus of 2023, as IDOH redesigned the [Lead and Healthy Homes Division webpage](#) and provided key lead-related information on IDOH platforms: Facebook, X (formerly known as Twitter), and Instagram. Information spanned a variety of topics, including product recalls, lead source identification, and parent tips.

Lead Cases and Testing

Lowering the EBLL threshold in July 2022 and the start of universal testing in 2023 resulted in an increase in the number of children tested in 2023, and consequently, a rise in the number of lead case investigations due to EBLLs. In January 2023, there were 1,649 open case investigations. By the end of December, that number had grown to 3,269. IDOH staff actively work with LHDs to ensure that the family of every lead-poisoned child is provided the services they’re entitled to, and that they receive the care needed to help reduce their child’s lead level.



In addition to serving the families of children with elevated lead levels, Indiana is pushing for increased access to lead testing across the state. To that end, IDOH is partnering with local health departments to track where blood lead testing in their cities and counties is provided. To date, 68 local health departments are currently providing lead testing, a 55% increase over 2022. By offering this service, LHDs are providing easier access to free, local blood lead tests in the communities they serve. Information on testing locations can be found on the interactive map available at [Health: Lead & Healthy Homes Division: Home \(in.gov\)](https://www.in.gov/health/lead-and-healthy-homes-division/home).

Environmental Surveillance

Licensed lead risk assessors from IDOH, city and county health departments, and private firms completed 961 lead risk assessments in Indiana in 2023, a 28% increase from 2022. At least one lead hazard was identified in 629 of the assessed buildings. In total, 7,186 hazards were identified in 2023. In buildings where lead hazards were identified, an average of 11 hazards were found. *Table 5* represents the number of buildings with each type of hazard as well as the total number of each hazard that was identified. The number of hazards identified is larger than the number of risk assessments conducted due to buildings having multiple hazards and hazard types.

Types of lead hazards	Number of buildings with lead hazards identified	Total number of hazards identified
Dust	512	2,115
Exterior paint	399	1,755
Interior paint	378	3,052
Soil	134	166
Other	60	98

Table 5: Lead Hazards

Indiana law requires that any person who engages in lead-based paint activities must first obtain a license from IDOH for each activity. Indiana also requires that any lead abatement work be done by a certified lead contractor. Contractors must employ licensed staff and stand responsible for ensuring that abatement work meets the state standards for workmanship, safety, and cleanliness. Indiana saw an 8.4% decrease in the number of individuals licensed in 2023 (589) when compared to 2022 (643). This reduction in the number of licensed individuals may be partially attributed to a reduction in the number of training courses provided in 2023. At the end of 2023, Indiana licensed one new contractor ending the year with 43 active lead abatement contractors.

Partnerships

IDOH works with an array of partners in efforts to increase the rates of blood lead testing, manage those with EBLLs, and address lead hazards in all forms. Some of the organizations we've been able to collaborate with include: the IDOH Refugee Health Program, Housing and



Urban Development (HUD), Indiana Occupational Safety and Health Administration (IOSHA), IDOH Health Innovation Partnerships and Programs Division (HIPP), Children and Hoosier Immunization Registry Program (CHIRP), Indiana Professional Licensing Agency (PLA), Medicaid Managed Care Entities, the Hoosier Environmental Council, and universities such as Notre Dame, IUPUI, Indiana University School of Medicine, Indiana State, and IU McKinney School of Law.

Below are some examples of new partners in 2023 that worked to support the division's efforts:

IDOH Food Protection Division: In November 2023, FDA and CDC notified states of elevated blood lead levels associated with the consumption of Apple Cinnamon Fruit Puree pouches that were manufactured in Ecuador. IDOH's Food Protection Division began an immediate investigation into retailers selling the identified products and were able to get remaining product off the shelves. At the same time, the Lead and Healthy Homes Division reached out to local health departments to identify cases of lead poisoning that had possible or confirmed linkages to the products. In all, Indiana was able to identify four confirmed cases with direct ties to the affected products.

Indiana Finance Authority: IDOH partnered with the Indiana Finance Authority to help link daycares with staff from local health departments to test water in their facilities. Through this program daycares across the state were able to test their water for free and identify fixtures producing water with an elevated lead level.

Target Population Identification and Intervention

One of the key components to delivering effective lead education and intervention is knowing which populations are at the highest risk and providing those families resources to help mitigate those risks. In 2023, Indiana worked to provide resources on lead risk, identification and mitigation to both parents and providers through the Lead Protection Program, Lead Risk Map, and reports on testing for children insured through Medicaid.

In 2023, a statewide Indiana Lead-Free Mass Media Campaign ran on various media platforms from July to December. The goal of this campaign was to encourage parents and guardians to have their children tested for lead as well as understand the obligation of healthcare providers through HEA 1313 to offer lead testing at 12- and 24-month well-child visits. The campaign created a variety of creative assets for media, community outreach events, and LHDs. Digital and print materials focused on sources of lead and when parents should be talking to their child's healthcare provider about testing. The campaign was delivered via broadcast and cable television, YouTube, paid social media, Google display ads, radio, and streaming audio.

To further increase the number of parents and guardians having their children tested for lead, a localized lead messaging campaign has been active in 16 high-risk counties in the state through the HIC grant funding. This campaign is led by Hoosier Environmental Council (HEC), which partnered with local organizations in the counties, such as NAACP chapters, minority health coalitions, and more. A member of these local organizations, referred to within the project as a Healthy Child Advocate (HCA), then provides the delivery of this messaging campaign in their



community. To deliver the information, the HCAs meet and talk with parents in a variety of different settings, such as grocery stores, barber shops, back-to-school events, health fairs, webinars, phone calls, email, social media, and more. Depending on the county, HCAs have also partnered with the LHD or the IDOH mobile team to provide mobile lead testing directly to children at local community events. As feedback is received from parents and communities and further needs are discovered, more partnerships and outreach avenues continue to be developed and fine-tuned by the campaign to deliver the messaging most effectively. Excluding mass group emails and social media posts, more than 15,000 people have been reached by the campaign through February 2024.

An updated Lead Risk Map was completed in 2023, and later published to the webpage in early 2024. This interactive map provides an illustration of estimated risk of lead exposure for children younger than 7 years of age in each census tract. Risk is determined by comparing historic EBLL levels with social, economic, and geographic datasets to identify which risk factors are most correlated with elevated blood lead levels. Individuals can view the risk level for their census tract by using the following link : [Health: Lead & Healthy Homes Division: Reports, Maps & Data \(in.gov\)](https://www.in.gov/health/lead-healthy-homes-division/reports-maps-data).

Children who are insured by Medicaid are one of the population groups considered to be at-risk for lead exposure in Indiana. A review of data provided in December 2023 showed that 41.77% of children under the age of 7 who were insured by Medicaid had a blood lead test billed to Medicaid. This is a 3.7% increase from 2022, indicating that a greater number of children in this higher-risk population were tested for lead. In addition, collaborations with over 50 LHDs started in 2023. This collaboration has enabled IDOH to share specific Medicaid eligibility and testing data to each physician in those corresponding counties, ensuring that each provider can track which Medicaid members have been tested, and which members have yet to receive a blood lead test. Outreach efforts continuing into 2024 are aimed at establishing relationships with providers through the remaining 44 LHDs and maintaining relationships with providers seeking to improve their testing rates.

2024 Goals

Looking forward to 2024:

- In support of Health First Indiana, grow the number of LHDs offering weekly lead testing and support the development of local lead risk assessors
- Simplify the license renewal process by giving training providers the flexibility to offer courses online
- Support lead-awareness among paint retailers and DIY residents across the state through the expansion of our retailer lead training program
- Launch IDOH mobile teams as a resource to daycares seeking to bring lead testing to their sites



- Assist Head Start and Early Head Start daycare programs with understanding and implementing lead testing requirements
- Expand healthcare provider awareness of lead testing obligations and importance through partnerships with physician and nurse professional organizations
- Aid LHDs in implementing effective lead hazard enforcement policies
- Continue Indiana Lead Free campaign and targeted community outreach launched in 2023

2023 County Data

Data listed in the table below is broken down by county, with the following limitations:

- County results only include children whose test results identified a county
- Children with and without a county listing are included in the state of Indiana totals
- A test result is elevated in Indiana at or above 3.5 µg/dL
- A child becomes a confirmed case when he or she receives either a single venous blood test or two consecutive capillary blood tests with an EBLL
- The number of risk assessments and identified hazards is included by county; however, risk assessments can be conducted for children who do not have an EBLL, and the number of hazards identified may be larger than the number of risk assessments done due to homes having multiple lead hazards
- Clearance exams are only conducted if lead hazards are identified during the risk assessment and if efforts have been made by the property owner to mitigate the issues. If no hazards are reported, Indiana law does not require a clearance exam.
- If fewer than five results for any given county data point were identified, the values were suppressed to maintain confidentiality. Suppressed values are identified with an asterisk (*)

County	Total tests	Total number of children tested	Number of children who received a confirmed EBLL (≥3.5 µg/dL)	Children who received a confirmed EBLL at ≥5 µg/dL	Number of risk assessments completed
Adams	355	328	*	*	*
Allen	6,868	6,291	141	84	61
Bartholomew	2,188	1,902	33	21	18
Benton	191	176	*	*	*
Blackford	133	120	*	*	*
Boone	1,250	1,137	18	9	8
Brown	172	160	*	*	*



Carroll	398	367	*	*	*
Cass	728	635	46	29	17
Clark	1,662	1,485	10	8	6
Clay	425	362	7	5	5
Clinton	682	621	16	10	5
Crawford	122	106	*	*	*
Daviess	366	312	16	10	*
Dearborn	499	446	8	6	*
Decatur	484	430	6	*	*
DeKalb	800	714	13	7	7
Delaware	1,375	1,210	37	25	14
Dubois	358	278	*	*	*
Elkhart	5,262	4,632	69	45	38
Fayette	529	432	12	7	*
Floyd	1,252	1,011	20	14	14
Fountain	318	288	6	*	*
Franklin	257	237	*	*	*
Fulton	209	177	6	5	*
Gibson	829	580	6	*	*
Grant	974	902	21	14	7
Greene	529	472	10	*	6
Hamilton	5,556	5,195	32	17	20
Hancock	1,888	1,719	5	*	*
Harrison	484	427	7	*	*
Hendricks	3,168	2,904	10	5	6
Henry	884	744	29	14	7
Howard	1,427	1,346	11	5	10
Huntington	777	672	20	10	5
Jackson	1034	944	8	*	*



Jasper	445	375	*	*	*
Jay	180	170	5	*	*
Jefferson	261	246	*	*	*
Jennings	626	567	5	*	*
Johnson	3,890	3,601	16	9	7
Knox	486	424	19	9	*
Kosciusko	1,069	929	12	*	*
LaGrange	285	262	5	*	*
Lake	4,755	4,380	119	68	68
LaPorte	491	455	22	10	7
Lawrence	912	838	14	7	5
Madison	2,599	2,323	42	20	15
Marion	26,452	22,412	330	164	222
Marshall	452	404	9	5	*
Martin	117	104	*	*	*
Miami	363	336	11	7	*
Monroe	1,998	1,915	13	*	10
Montgomery	633	555	15	6	*
Morgan	1,485	1,382	8	*	*
Newton	147	126	8	*	*
Noble	700	624	8	*	5
Ohio	65	57	*	*	*
Orange	263	242	*	*	*
Owen	333	313	*	*	*
Parke	228	184	7	6	*
Perry	227	196	*	*	6
Pike	198	153	*	*	*
Porter	1,720	1,647	9	8	8
Posey	405	340	7	*	*



Pulaski	139	123	*	*	*
Putnam	603	548	6	*	5
Randolph	370	307	14	7	8
Ripley	370	342	5	*	*
Rush	380	300	15	8	5
Scott	313	293	*	*	*
Shelby	1,151	943	19	11	9
Spencer	357	323	*	*	*
St. Joseph	4,177	3,612	127	80	128
Starke	142	127	*	*	*
Steuben	793	692	*	*	*
Sullivan	306	289	*	*	*
Switzerland	77	64	*	*	*
Tippecanoe	3,623	3,376	38	24	21
Tipton	224	202	*	*	*
Union	91	64	*	*	*
Vanderburgh	4,156	3,413	64	35	23
Vermillion	347	284	10	5	*
Vigo	1,927	1,729	61	36	29
Wabash	597	511	13	6	*
Warren	112	99	*	*	*
Warrick	1,038	898	5	*	*
Washington	452	395	8	6	*
Wayne	1,913	1,138	57	40	22
Wells	360	336	*	*	*
White	558	513	9	6	*
Whitley	516	458	9	5	*
Unknown	1,995	1,832	21	8	*
State total	123,305	108,533	1,862	1,045	961

