

Lead Screening in Vermont's Refugee Population

November 2025

Refugees and immigrants arriving in Vermont typically receive a comprehensive [Domestic Health Assessment](#) within three months of arrival, which includes a venous blood lead test.

Examining differences in blood lead levels among refugees and immigrants arriving in Vermont is important for understanding health disparities and adjusting recommendations. We analyzed data from 2021 through early 2025 to assess differences in blood lead levels by age group and country of origin.

Our analysis found that refugee and immigrant populations in Vermont had significantly higher rates of elevated blood lead levels across all age groups when compared to the general Vermont population.

If you need help accessing or understanding this information, contact AHS.VDHHealthyHomes@vermont.gov.

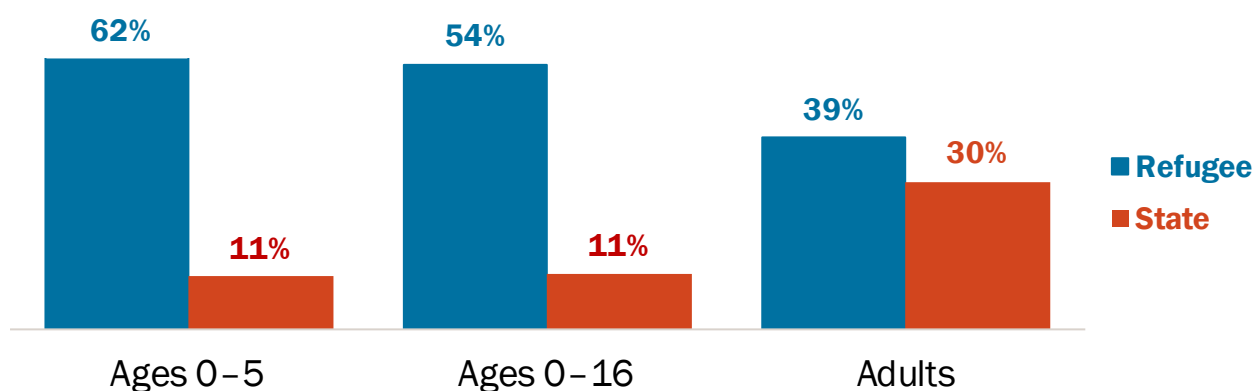
Key findings

- **Refugees and immigrants are at a significantly higher risk for lead poisoning.**
- **Overall, 50% of all individuals tested had a detectable blood lead level.**

Blood Lead Detection Across Age Groups

The graph below compares blood lead detection rates among the tested refugee population with the statewide averages observed in Vermont in 2024 among different age groups. A total of 430 lead test results were analyzed for the refugee population.

Refugees have a higher blood lead detection rate than state averages



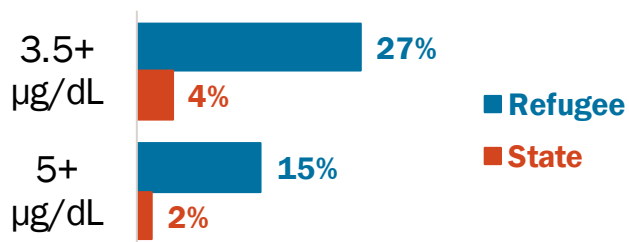
HealthVermont.gov/Lead/providers
802-863-7220



Blood Lead Levels in Children Under 6

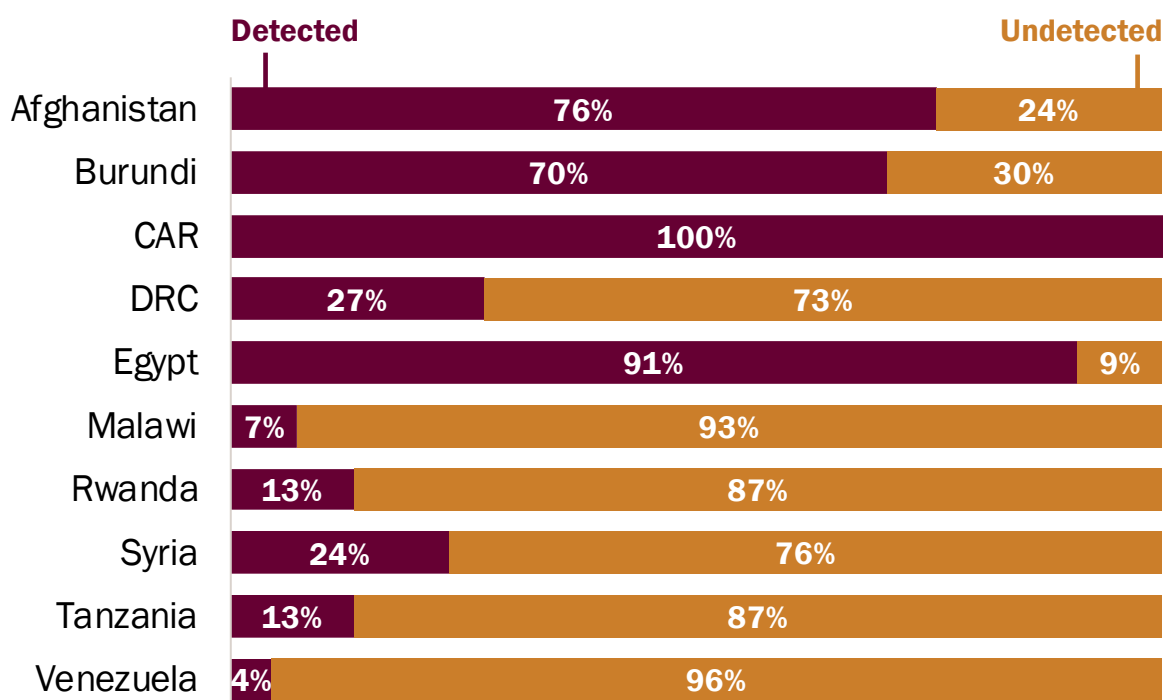
Refugees have a higher rate of elevated blood lead levels than state averages

This chart compares, among those tested, the proportion of refugee children under age 6 with blood lead levels above 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) and 5 $\mu\text{g}/\text{dL}$ to the statewide averages observed in Vermont in 2024.



Blood lead detection rates by country of origin for refugee populations

This chart shows blood lead detection rates among the refugee populations tested in Vermont between 2021 and 2025, by country of origin (which may differ from their country of last residence).



Note: Some percentages are based on small numbers and should be interpreted with caution. Not all individuals may have been tested.