HEALTH ADVISORY

JB Pritzker, Governor | Sameer Vohra, MD, JD, MA, Director

Lead Azide Detonation: Interim Exposure and Testing Guidance
November 25, 2026

Summary and Action Items

- Preliminary data suggest no meaningful detection of airborne lead following the detonation.
- At this time, there is no indication of lead exposure in Illinois that should result in prioritized lead testing as a result of this event.
- IDPH, IEPA, and partner Illinois agencies will continue monitoring and providing updates as appropriate.
- Testing guidance will be updated if there is evidence of risk for significant settled dust resulting in continued, chronic exposures.

Background

The U.S. Army conducted a controlled detonation of degrading lead azide at the Iowa Army Ammunition Plant (IAAAP) in Middletown on Wednesday, November 25, 2026, at 9 a.m. CST. The primary health concern is exposure to lead through breathing airborne particles or swallowing particles that settle on hands, toys, food, or other surfaces. Children younger than 6 years and women who are pregnant or breastfeeding are at greater risk of harm from lead exposure.

The Army's November 24th advisory recommended temporary evacuation for all Middletown residents and those in a five-mile cone extending southwest of the ammunition plant (i.e., evacuation zone). Out of an abundance of precaution, residents in a five-to-20-mile radius of IAAAP were directed by FEMA to stay indoors with windows closed to avoid airborne lead dust, noise, and vibration. The Army also modeled where lead particles could travel in the air and where they could settle on surfaces.

Post-detonation environmental sampling will help determine where lead exposure might have occurred (i.e., other affected areas) and where ongoing risk, if any, is highest. **Initial post-detonation environmental sampling indicates no meaningful detection of airborne lead following the detonation.** IDPH continues to monitor post-detonation environmental sampling results and will provide updates if this preliminary assessment changes. Refer to the Illinois EPA Iowa Army Ammunition Plant page for updated details of areas confirmed to be affected following the detonation: https://epa.illinois.gov/iowa-plant-updates.html#impacts.

What clinicians should do

- Clinicians should be aware of potential symptoms of lead exposure. See CDC Symptoms of Lead Exposure for symptoms due to acute and occupational exposures and Lead Exposure Symptoms and Complications for symptoms of prolonged exposure in children.
- A patient may have exposure without immediate symptoms. Asymptomatic patients concerned about possible exposure can be assessed as an outpatient.
- **Currently, there is no indication of significant airborne lead exposure and there is no current indication for lead testing beyond usual practice based on this event.** Monitoring is ongoing for

the amount, if any, and location of settled lead-contaminated dust. Guidance will be updated on patient populations who may be recommended for delayed blood lead level testing.
- If evaluating a patient concerned about exposure after detonation, ask where the patient was. Record the location and time, including work, school, childcare, or travel. Ask whether the patient was outdoors during the airborne exposure period, working in the area, or later handled dusty items or played in potentially affected soil. For a child, ask about dust tracked indoors on shoes and if dusty hands/objects went into their mouth (from either outdoor dust or dust tracked indoors).
- For help interpreting a blood lead result and for consultation on the medical management of elevated blood lead levels, call the Illinois Poison Control Center at 1-800-222-1222 (https://illinoispoisoncenter.org)

Individuals who were not in areas with confirmed exposure should be evaluated per routine recommendations for their age or based on other environmental exposures they may have routinely (i.e., due to risk from known occupational or domestic exposures), and more acutely if they present with symptoms consistent with lead exposure or toxicity.

A confirmed elevation may reflect exposure to lead dust from other sources and not necessarily the detonation. Review possible sources with the patient and reinforce handwashing and wet-cleaning guidance. If a result is elevated, specific actions should be taken (see CDC Recommended Actions Based on Blood Lead Level | Childhood Lead Poisoning Prevention). Public health case management will be provided for children through age 15 years and pregnant individuals with confirmed elevated blood lead level.

Follow IDPH guidance for venous confirmation of an elevated capillary blood lead level (https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention.html).

Report Blood Lead Tests

All blood lead test results, whether elevated or not, are required to be reported to IDPH (see Administrative Code, Title 77, Part 845.60). For any results that are not confirmed to be reported to IDPH electronically, including point-of-care tests, clinicians may use the IDPH Report of Blood Lead Test Result form. In addition, any clinicians, clinics, or health care facilities that have never reported before to IDPH or that would like to discuss bulk result reporting options should email dph.hhlpss@illinois.gov to get established for reporting.

Contact

Questions about this guidance can be directed to: dph.leadazide@illinois.gov
Call the Illinois Poison Control Hotline for 1-800-222-1222 for assistance with clinical management.

Target Audience

Physicians, Nurses, Local Health Departments, WIC Staff, Hospital / Clinic Administrators, ED Personnel, EMS Staff, ERCs, FQHC Administrators, Medical Staff, Women's Health

Date Issued

November 25, 2026