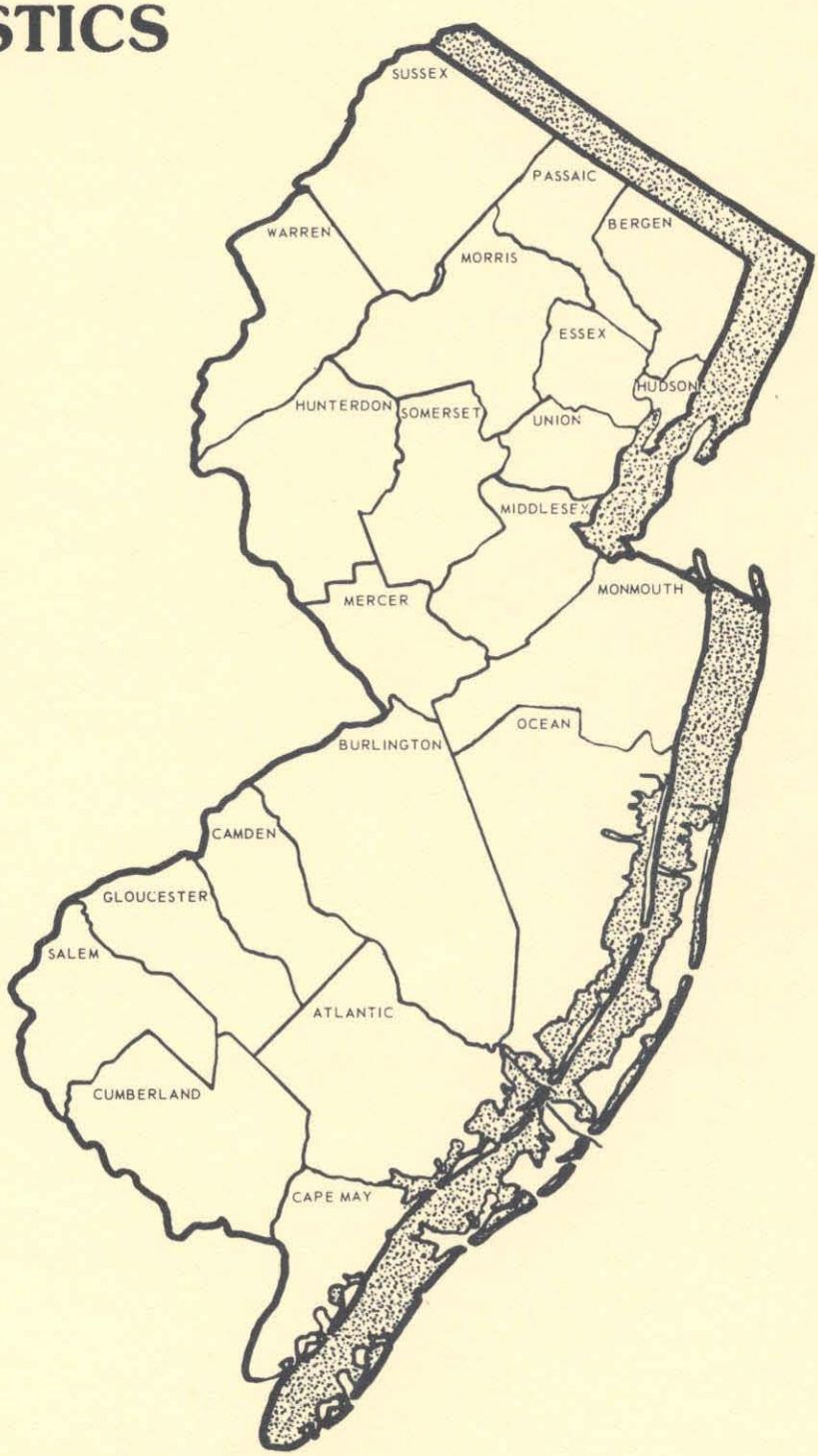
NEW JERSEY HEALTH STATISTICS 1992



NEW JERSEY DEPARTMENT OF HEALTH
A BETTER STATE OF HEALTH

Center for Health Statistics

Christine Todd Whitman
Governor

Len Fishman
Commissioner of Health

NEW JERSEY HEALTH STATISTICS

1992

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TABLE OF CONTENTS

TABLE OF CONTENTS (CONTINUED)

TABLE OF CONTENTS (CONTINUED)

LIST OF DATA TABLES AND ILLUSTRATIONS

NATALITY DATA TABLES

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

NATALITY DATA TABLES (Continued) **PAGE NO.**

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

NATALITY DATA TABLES (Continued)

MORTALITY DATA TABLES

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

MORTALITY DATA TABLES (Continued) **PAGE NO.**

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

MORTALITY DATA TABLES (Continued)

MARRIAGE AND DIVORCE DATA TABLES

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

MARRIAGE AND DIVORCE DATA TABLES (Continued)

MORBIDITY DATA TABLES

LIST OF DATA TABLES AND ILLUSTRATIONS (Continued)

MORBIDITY DATA TABLES (Continued)

PAGE NO.

POPULATION DATA TABLES

POPULATION ESTIMATES BY AGE, RACE AND SEX

LIST OF DATA ILLUSTRATIONS

NATALITY ILLUSTRATIONS

MORTALITY ILLUSTRATIONS

MARRIAGE AND DIVORCE ILLUSTRATIONS **PAGE NO.**

MORBIDITY ILLUSTRATIONS

HEALTH STATUS ILLUSTRATIONS

HEALTH STATUS ILLUSTRATIONS (Continued) **PAGE NO.**

HEALTH STATUS ILLUSTRATIONS (Continued) **PAGE NO.**

NEW JERSEY
HEALTH STATISTICS
1992

PREFACE

This report presents selected New Jersey vital and health statistics for the calendar year 1992. The report includes statistics on natality, mortality, marriages, divorces and morbidity, in addition to population estimates for the State and its counties, distributed by age, race and sex. Except when noted, data on births, deaths and fetal deaths include all reported resident events of these types, regardless of the state of occurrence. Transfer among the states of information on resident births, deaths and fetal deaths is effected through participation in the national Vital Statistics Cooperative Program. Marriage and divorce data encompass all of these events occurring in New Jersey, but do not include marriages and divorces of New Jersey residents that occurred outside the State. Data definitions and limitations are discussed in the Technical Notes section of the report.

Data tables in this report are presented in the most frequently requested formats. Where feasible, the data are distributed by demographic variables, such as age, race and sex and by county of residence.

The accuracy of the data contained in this report depends on the completeness and validity of the information recorded on the various vital records. Statistics on births, deaths, fetal deaths and marriages summarize the contents of the respective data files as of the time of preparation of the various chapters. Additions, deletions and corrections made after that date will not be reflected in the report.

Population estimates for the State and its counties included in the report were prepared by the U.S. Bureau of the Census for the National Cancer Institute and were provided to the Center for Health Statistics by the Office of Demographic and Economic Analysis in the New Jersey State Department of Labor. An explanation of the methodology used to develop the estimates is contained in the population chapter of the report.

The Center for Health Statistics (CHS) staff is available to answer questions regarding the content and use of the data in this report. Additional statistics not included in the report are available upon request to the Center, although there may be a charge to cover the cost of providing data. Questions or requests should be addressed to the following:

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HIGHLIGHTS

NEW JERSEY HEALTH STATISTICS 1992

Natality

- The number of births to New Jersey residents declined for the second consecutive year, although the decrease from the 1991 level was fewer than 1,000 births.

- Total fertility continued to increase in 1992, but still remains under the replacement level. The total black fertility rate exceeded the population replacement rate, but the white rate was below it.

- About 60 percent of births were to females 25 through 34 years of age. However, one in seven births was to a woman aged 35 and over and one in 12 was to a teenaged mother. In Cumberland County, one in five newborns was born to a female under the age of 20.

- There were 17,380 births to New Jersey Hispanic women, of any race. Three-fourths of these births occurred in six of the state's counties. Nearly half of Hispanic mothers reported Puerto Rico as their country of origin.

- More than one-fourth of live births (27%) were to unmarried women. Most teenaged mothers (84%) were not married.

- Fewer than three of four women (73%) giving birth in 1992 began prenatal care in the first trimester of pregnancy. Teenaged mothers had the lowest percentage of first trimester onset of prenatal care of any age group. Slightly more than half (54%) of white teenaged mothers received first trimester prenatal care, while 44 percent of teenaged mothers of other races received prenatal care in the first trimester.

- The most frequently reported medical risk factors of females delivering in 1992 were pregnancy-associated hypertension, diabetes, and anemia.

- More than seven percent of live births were considered to be of low birth weight, (less than 2,500 grams or approximately 5 lbs. 8 ozs.) and 1.4 percent were in the very low birth weight category (less than 1,500 grams or 3 lbs. 5 ozs). The percentage of births to black mothers in the low birth weight category was 2.4 times the percentage to white mothers. About one in eight unmarried women who gave birth in 1992 had a low birth weight baby, and approximately one in ten teenaged mothers had low birth weight babies in 1992. In addition to age, race, and marital status, low birth weight is associated with delayed prenatal care and previous fetal deaths.

- In 1992, almost 30 percent of women who received no prenatal care delivered a low birth weight baby.

Mortality

- While the number of deaths increased slightly over 1991 levels, the crude death rate decreased slightly. New Jersey's crude death rate is higher than that of the country as a whole; however, when the effect of age is eliminated through age-adjustment, New Jersey's death rate is very similar to that of the nation.

- Death rates declined or were stable in every age group but one over the past year. Death rates of 15 through 24 year olds increased between 1991 and 1992. The increase was due primarily to additional deaths from motor vehicle accidents and suicides.

- Diseases of the heart, malignant neoplasms (cancer) and cerebrovascular diseases (stroke) accounted for almost two of every three deaths of state residents in 1992.

- On an average day in 1992, 65 New Jerseyans died from diseases of the heart, 50 from cancer, 11 from stroke, and 6 each from chronic obstructive pulmonary diseases (COPD), pneumonia/influenza, unintentional injury, and HIV infection, 3 from septicemia, 2 from nephritis and nephrosis, and 33 from all other causes.

- Mortality risks other than those that are age-related vary by race and sex. Black males had the highest age-adjusted death rate of the major race-sex groups in the state, followed by white males, black females and, lastly, white females. Age-adjusted death rates are two to three times as high for black males as for white females, depending on the standard population used.

- Heart disease and stroke death rates have declined dramatically in every age group over age 15 during the past 10 years.

- After adjusting for age, the cancer death rate is essentially the same as 10 years ago; however, the cancer death rate in the population 85 and over was considerably higher in 1992 than in 1983.

- The only cancer type with a major increase in death rate over the decade is prostate cancer.

- Among cancer sites with major declines in death rates over the decade are colon and rectum; lip, oral cavity, and pharynx; and cervix uteri.

- For the fourth and fifth leading causes of death, COPD and pneumonia/influenza, the death rates among those aged 85 and over have both increased over the past 10 years by approximately 25 percent.

- There were 106 fewer motor vehicle fatalities in 1992 than in 1983. Death rates have declined in every age group except those 65 and over. The highest rate of motor vehicle-related deaths, among those age groups with substantial numbers of deaths, was in 15 through 24 year olds.

- The death rate from non-motor-vehicle-related unintentional injuries was highest among the elderly. These deaths were due primarily to falls and to choking on food and other objects. The highest number of deaths was among 25 through 44 year olds. These were due mostly to drug poisoning.

- HIV infection remained the leading cause of death in persons 25 through 44 years of age.

- Years of Potential Life Lost before age 65 (YPLL) is a measure of premature or early death. In 1992, the YPLL rate for blacks was almost three times the white rate and the male rate was almost twice the rate for females. The leading cause of premature death among New Jersey residents was cancer.

- HIV infection is the second-leading cause of early death among the total population and the leading cause of YPLL among blacks and among all males.

- The rate of premature deaths of blacks due to homicide was almost 10 times the white rate and the HIV rate of YPLL was more than six times as high in blacks as in whites.

- Among the leading causes of YPLL, black rates were higher than white rates for all causes except suicide.

- Among the leading causes of YPLL, male rates were higher than female rates for all causes except cancer.

- The infant mortality rate continued a gradual decline. The rate in 1992 was the lowest ever recorded for the state. However, the black infant mortality rate increased slightly over the 1991 level.

- The black infant mortality rate was 3.2 times the white rate in 1992.
- Congenital anomalies (birth defects) remained the leading cause of infant death.
- Disorders relating to short gestation and unspecified low birth weight accounted for the greatest number of deaths during the first 27 days of life.
- Sudden infant death syndrome was the leading cause of death in infants 28 days of age to one year.

Marriage and Divorces

- There were fewer marriages in the state in 1992 than in any year since 1980.
- After appearing to stabilize in 1991, the median ages at first marriage of brides and grooms resumed the trend toward later first marriage.

Morbidity

- New Jersey continued to rank fifth in the nation in reported AIDS cases.
- New Jersey's AIDS cases differ from those in most of the rest of the nation:
  - Over half of New Jersey's cases are heterosexual intravenous drug users, while the majority of the nation's cases are homosexual or bisexual males who are not IV drug users.
  - The proportion of the state's AIDS cases which are attributed to heterosexual transmission is much higher than in the nation as a whole.
  - The proportion of New Jersey's AIDS cases who are female is more than twice that of the nation.
  - More than half of New Jersey's reported AIDS cases are found among non-Hispanic black residents, while fewer than one-third of the nation's cases are non-Hispanic blacks.
- Essex and Hudson Counties together accounted for nearly half of all the AIDS cases reported in New Jersey through 1992.
- The annual incidence of verified tuberculosis cases appears to have stabilized within the past two years.
- Syphilis and gonorrhea incidence rates continued to decline dramatically in 1992. The number of gonorrhea cases was less than one-third the number reported 10 years earlier.
- There were no major increases in reportable communicable diseases over the past year.
- Reportable diseases showing major decreases over the prior year included measles, mumps, salmonellosis, shigellosis, and Lyme disease.

Health Status

- With a continuation of current trends, it appears likely that the state will meet Healthy New Jersey 2000 objectives related to infant mortality (total population), breast cancer deaths (female population aged 50 through 64), lung and bronchus cancer deaths, colorectal cancer deaths, coronary heart disease deaths (total population, total population aged 45 through 64, and minority population aged 45 through 64), stroke deaths, primary and secondary syphilis incidence (total population), gonorrhea incidence, motor vehicle fatalities (total population and population aged 15 through 24), deaths from falls (65 through 84 years of age), suicide (15 through 24 years of age), and cirrhosis deaths.

- In the absence of any improvements in current trends, however, it is likely that Healthy New Jersey 2000 objectives will not be met in the areas of infant mortality (black population), low birth weight, prenatal care, births to females under 15 and 15 through 19, breast cancer deaths (female population 65 and over), cervical cancer deaths, HIV infection deaths, measles incidence, active tuberculosis incidence, and deaths from falls (population aged 85 and over).

- It is not possible to predict whether Healthy New Jersey 2000 objectives will be met in the areas of breast cancer deaths (total female population), coronary heart disease deaths (minority population), stroke deaths (population aged 65 and over), primary and secondary syphilis incidence (minority population), Lyme disease incidence, motor vehicle fatalities (population aged 70 and over), homicides, suicides (white male population aged 65 and over), and drug-related deaths.

NATALITY

1992

INTRODUCTION

This chapter on natality encompasses births to New Jersey residents during calendar year 1992. The birth certificate is the source document for data included in the analysis. New Jersey law requires that the attending physician, midwife or person acting as midwife file a certificate of birth with the Local Registrar within five days of a birth within the state. Statistics on births to New Jersey residents which occurred in other states are also included in this report. The inclusion of these data is made possible through the auspices of the Vital Statistics Cooperative Program, which encourages the exchange of information on vital events between the states of occurrence and residence. To protect confidentiality, identifying information was removed from the data files prior to statistical analysis.

The format of the birth certificate was revised and expanded in 1989. One of the major changes was the addition of check-off items regarding a number of medical factors affecting the mother or the infant. Findings from several of these new items are included in this chapter. Another change in the birth certificate format was the inclusion of information on Hispanic origin of parents. This presented the opportunity to include detailed information in this report on the characteristics of mothers of Hispanic origin and on their birth outcomes.

STATISTICAL OVERVIEW

Number of Births

The number of resident New Jersey births in 1992 was 120,446, a decrease of 969 births, or 0.8 percent, from the number of births in 1991. The decline in births in 1992 marked the second consecutive year of decreasing births following a period of increases extending from the mid-1970s through 1990.

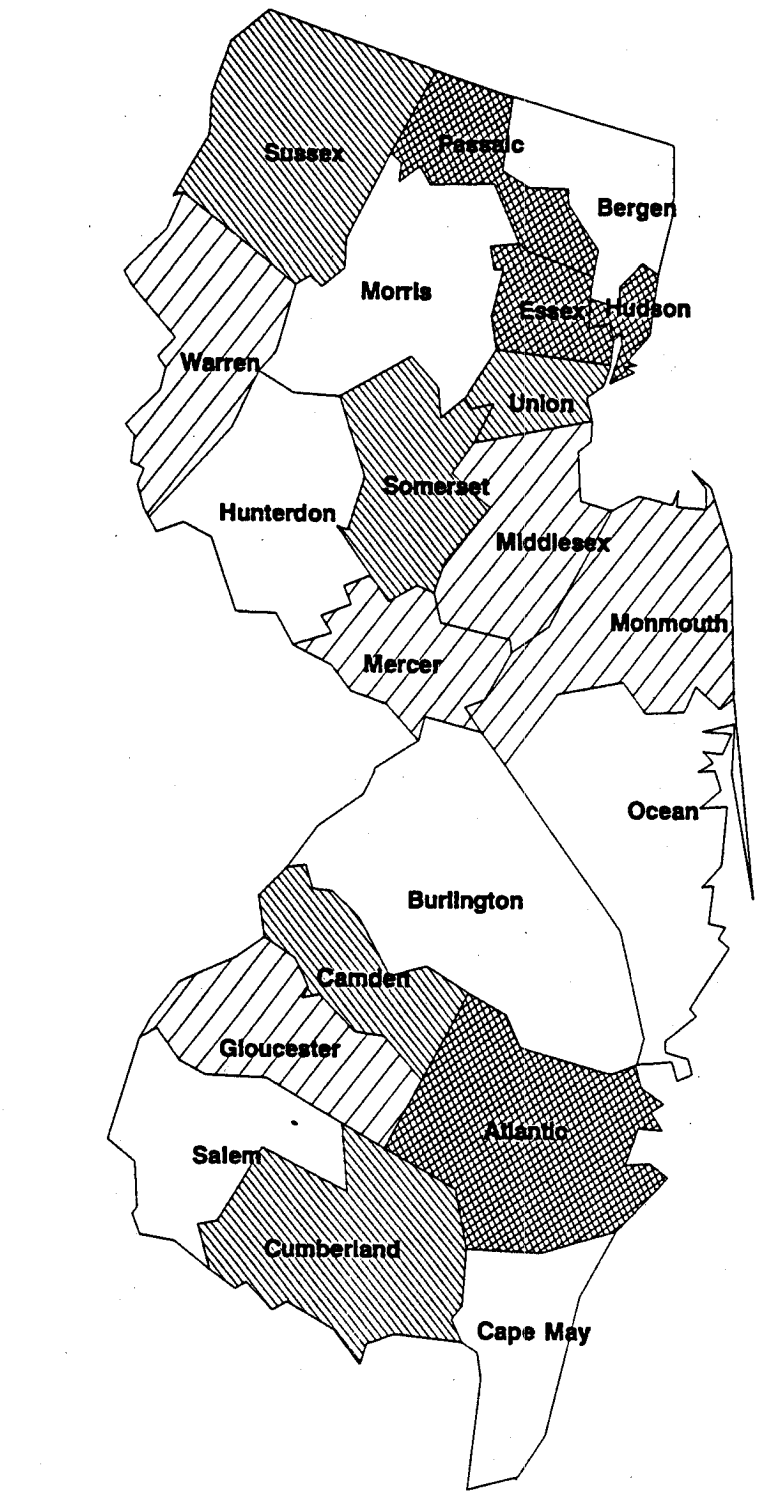
This trend has paralleled the national trend (Table N7). U.S. births increased steadily from the mid-1970s to 1990, with only one decline, in 1983. However, as in New Jersey, the number of births in the nation as a whole declined between 1991 and 1992 (by 1.1%) (NCHS, 1994).

Birth Rate

The resident birth rate in New Jersey declined to 15.4 per 1,000 population in 1992, a 1.9 percent decrease from 1991. The declines in the state's birth rate in 1991 and 1992 represent the first decreases since 1981. The U.S. birth rate fell from 16.3 per 1,000 population in 1991 to 15.9 per 1,000 population in 1992 (NCHS, 1994). Crude birth rates have been higher in the U.S. than in New Jersey over the past 20 years, but the gap between the two rates has narrowed in recent years (Table N7 and Figure N2).

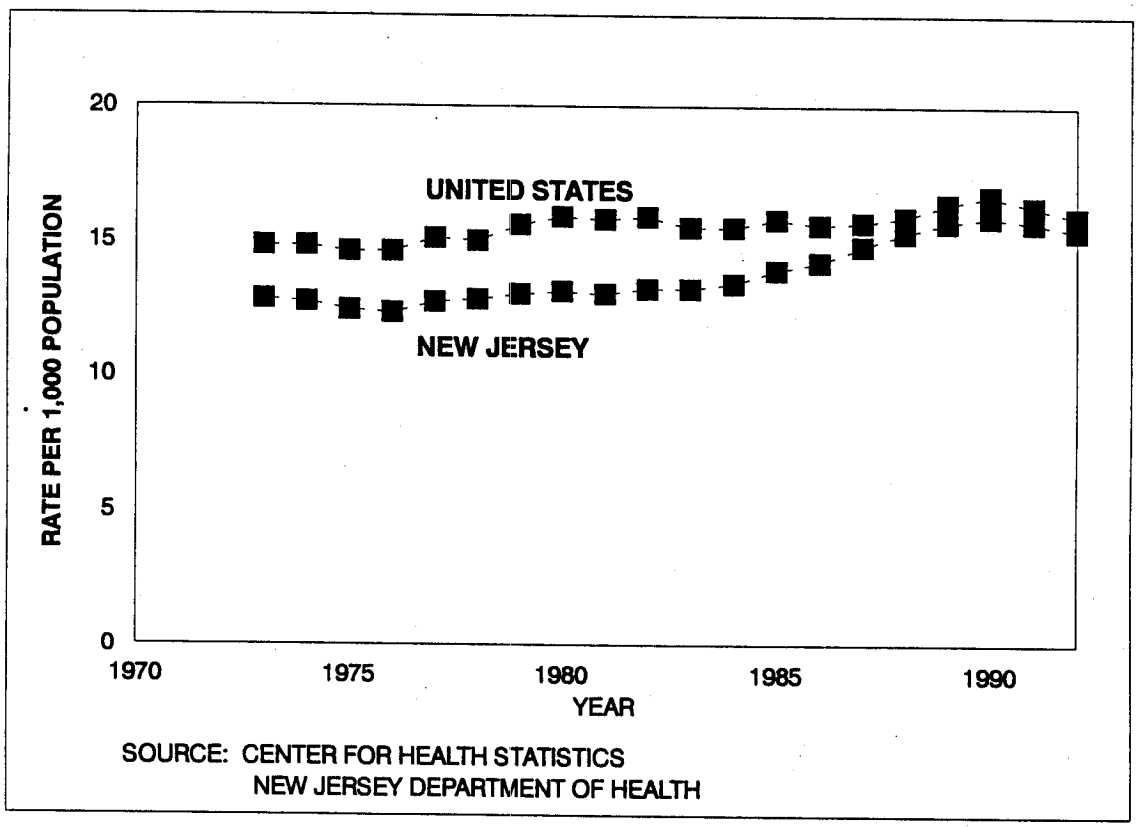
Birth rates varied considerably by county (Table N8 and Figure N1). The highest crude birth rates were in Atlantic and Passaic Counties which each had a rate of 17.8 births per 1,000 population. The lowest rate was in Bergen County with a rate of 13.0 births per 1,000 population. Six counties in addition to Atlantic and Passaic had crude birth rates higher than the state rate in 1992: Essex (17.6), Hudson (17.3), Somerset (16.5), Camden (16.4), Cumberland (16.2), and Union (15.6).

FIGURE N1. BIRTH RATES BY COUNTY NEW JERSEY, 1992



SOURCE: NJ CENTER FOR HEALTH STATISTICS

FIGURE N2. BIRTHS PER 1,000 POPULATION
NEW JERSEY AND THE UNITED STATES, 1973-1992



SOURCE: CENTER FOR HEALTH STATISTICS
NEW JERSEY DEPARTMENT OF HEALTH

Fertility

The general fertility rate is derived by dividing the number of births by the population of females aged 15 through 44. In 1992 the general fertility rate for New Jersey was 67.1 births per 1,000 females 15 through 44 years old. After steadily increasing between 1984 and 1990, the general fertility rate in New Jersey declined from 1990 to 1991 and remained stable between 1991 and 1992. General fertility rates for the U.S. have exceeded New Jersey's rates for a number of years. U.S. general fertility rates decreased during the 1991 through 1992 period, after an extended period of increasing rates.

There have been major shifts in age-specific fertility rates over the past two decades. Only three age groups had higher fertility rates in 1992 than in 1970: 10 through 14, 30 through 34 and 35 through 39 year olds (Table N1). Age-specific fertility at all other ages was lower in 1992 than in 1970. The greatest percentage decrease in fertility occurred in 20 through 24 year olds. The fertility in this group decreased by 45.1 percent from 1970 to 1992. This decline probably reflects the tendency in recent years for some women to delay childbearing.

Total fertility is an estimate of the number of children a group of women would have over their lifetimes at the age-specific rates in effect at the time total fertility is calculated. The total fertility rate is calculated by multiplying the age-specific birth rate for each five-year age group from ages 10 through 49 by five (the number of years in the age group), and adding the results for each of the groups. The total fertility rate for New Jersey females in 1992 was 1,971.5, a 0.2 percent increase over the 1991 rate (Table N1). A total fertility rate of 2,110 per 1,000 females aged 10 through 49 is estimated to be the minimum needed for population replacement under current mortality conditions. The minimum population replacement rate assumes no net migration (U.S. Bureau of Census, 1989). In 1970, the total fertility rate for New Jersey females was 2,414 per 1,000, a figure in excess of the minimum population replacement level. The total fertility rate fell well below the replacement rate to 1,609.5 per 1,000 in 1980, but has increased again in recent years. Despite these recent increases, the total fertility rate remained below the minimum population replacement rate in 1992.

TABLE N1. GENERAL FERTILITY, TOTAL FERTILITY AND AGE-SPECIFIC BIRTH RATES NEW JERSEY, 1970, 1980, 1990 AND 1992

YEAR	GENERAL FERTILITY RATE	TOTAL FERTILITY RATE	AGE-SPECIFIC BIRTH RATES BY AGE OF MOTHER							
			10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
1970	81.2	2414.0	0.8	49.8	154.8	155.5	80.3	33.4	7.8	0.4
1980	57.4	1609.5	1.0	35.2	87.0	108.8	66.3	20.0	3.4	0.2
1990	67.3	1941.5	1.1	40.9	84.6	116.8	99.0	39.6	6.0	0.3
1992	67.1	1971.5	1.1	39.5	85.0	119.0	99.6	42.8	7.0	0.3

TABLE N1A. GENERAL FERTILITY, TOTAL FERTILITY AND AGE-SPECIFIC BIRTH RATES MOTHERS OF WHITE AND BLACK RACES NEW JERSEY, 1992

MOTHER'S RACE	GENERAL FERTILITY RATE	TOTAL FERTILITY RATE	AGE-SPECIFIC BIRTH RATES BY AGE OF MOTHER							
			10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
WHITE	62.1	1803.0	0.4	25.5	69.6	115.6	100.3	42.2	6.7	0.3
BLACK	82.7	2443.5	4.4	104.9	148.2	116.7	75.2	33.1	5.8	0.4

Fertility rates were different for black and white females in 1992 (Table N1A). The general fertility rate for black females was 33.2 percent higher than for white females. In addition, age-specific fertility rates among black females were higher than those for white females in all age groups through age 24, and were virtually equal for ages 25 through 29. At ages 30 through 39, fertility rates among white women were higher than those for black women and at age 40 and above the rates were essentially equivalent. The numbers of births to women of racial groups other than white or black were too small to permit calculation of stable rates.

The total fertility rate for black females exceeded the rate for white females by 35.5 percent. The total fertility rate for black women continued to exceed the population replacement rate (by 15.8 percent), while the total fertility rate for white females remained below the population replacement rate (by 14.5 percent).

Sex and Plurality

Resident births by sex of the child and county of residence of the mother are shown in Table N9. As a rule, there are more males born than females. In 1992, there were 1,052 male births for every 1,000 female births to New Jersey resident mothers. The white male/female ratio was 1.053 and the black ratio was 1.039 (Table N2). The Hispanic (of any race) male/female ratio was 1.063.

In 1992, 116,922 or 97.1 percent of all newborns were single births. The remaining births were part of a twin delivery (3,177 newborns or 2.6 percent of all births), part of a triplet or higher plurality birth (178 newborns or 0.1 percent of births), or the plurality was not stated (169 newborns or 0.1 percent of births).

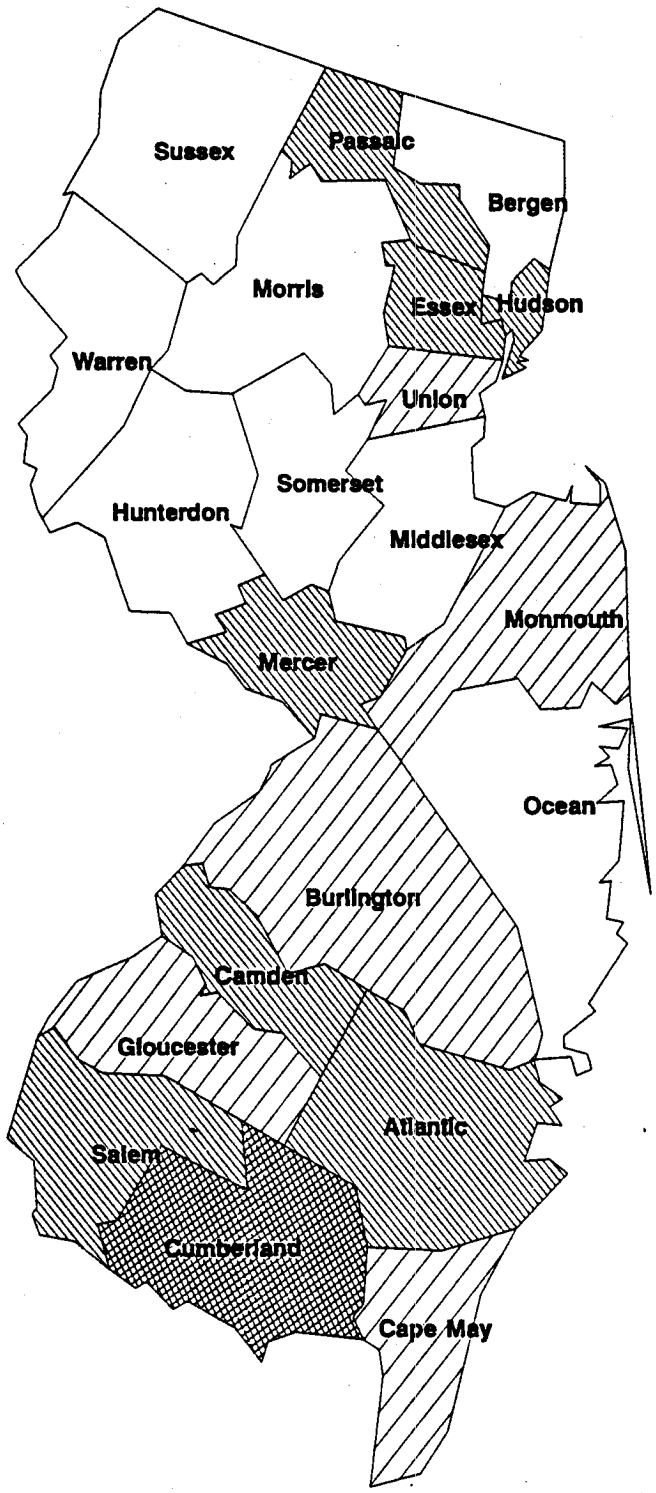
TABLE N2. RESIDENT BIRTHS BY RACE OF MOTHER AND SEX OF CHILD NEW JERSEY, 1992

RACE	MALE	FEMALE	MALE/FEMALE RATIO
WHITE	45,218	42,956	1.053
BLACK	11,921	11,469	1.039
OTHER	2,855	2,659	1.074
NOT STATED	1,756	1,611	1.090
TOTAL	61,750	58,695	1.052

Attendant at Birth

Most New Jersey babies are delivered by a physician. In 1992, 116,236, or 96.5 percent of the total, were attended by a Doctor of Medicine or a Doctor of Osteopathy. An additional 3,238 resident newborns were delivered by certified nurse midwives (2.7%) and 20 babies were delivered by other midwives. The number and percentage of babies delivered by midwives were slightly higher in 1992 than in 1991.

FIGURE N3. PERCENT OF BIRTHS TO TEENS BY COUNTY NEW JERSEY, 1992



SOURCE: NJ CENTER FOR HEALTH STATISTICS

MATERNAL CHARACTERISTICS

Age

The greatest frequency of births (the mode) occurred among females in the 25 through 29 age group (36,507), followed closely by the number of births among females aged 30 through 34 years (35,384). The median age of women who gave birth in 1992 was 29.0 years. The median is the age which exceeds half of the mothers' ages and is less than half of the mothers' ages. About 30 percent of births were to females who were 25 through 29 years old and 29.4 percent were to 30 through 34 year old females (Table N10). Births to females 35 years of age and over have been increasing since 1981 (Table N11). In 1992, one in seven births was to a woman 35 or older (16,549 births or 13.7% of the total). One in 12 births was to a teenage female in 1992 (9,611 or 8.0 percent of the total), which continues the decline in the proportion of births to teens which began in 1982.

Hispanic mothers (of any race) tended to be younger than the total population of women who delivered in 1992. The modal age group for Hispanic mothers was 25 through 29, as it was for all mothers in 1992, but the median age was younger: 26.1 years (Table N10A).

The percentage of total resident births to teenage mothers varied substantially by county in 1992 (Figure N3 and Table N12). Cumberland County had the highest percentage of births to teenagers with 441 births (19.7%) to females under the age of 20.

Race and Ethnicity

In 1992, there were 88,174 births to New Jersey white women, 23,390 births to black women, 5,248 births to Asian and Pacific Islander women and 266 births to women of other races (Table N10). By race, these births are 73.2 percent, 19.4 percent, 4.4 percent and 0.2 percent of total live births, respectively. In the remaining 2.8 percent of births, the race of the mother was not stated or was unclassifiable. Births by race and county of residence of the mother are presented in Table N13.

There were 17,380 resident births in 1992 in which the mother was of Hispanic origin. Almost 90 percent (89.8%) of these Hispanic women reported their race as white and 6.4 percent were recorded as black (Table N10A). Although total births declined over the past year, the number of births to Hispanic women in 1992 was 146 more than in 1991. Hispanic women who gave birth in 1992 were concentrated in six counties (Table N14). These counties - Camden, Essex, Hudson, Middlesex, Passaic and Union - were the residences of three-fourths (74.4%) of the Hispanic women who gave birth in 1992. Nearly half of the Hispanic mothers giving birth in 1992 (48.2%) reported Puerto Rico as their country of origin (Table N15). Another 32.9 percent stated a Central or South American country as their place of origin. Relatively small percentages of Hispanic mothers reported Mexico (8.1%) or Cuba (5.2%) as the country of origin.

Marital Status

More than one-fourth of resident births in 1992 (26.5%) were to females who reported that they were not married at the time of delivery, at conception, or any time between (Table N3). After a 20 year period of increasing numbers of births to unmarried females (Table N16), the number of live births to females who were not married may have stabilized in 1991 and 1992 (31,927 in 1991 and 31,924 in 1992). The distribution of births by marital status and county of residence of the mother is provided in Table N18.

The percentage of births to unmarried females varied by racial group (Table N17). Almost two-thirds of black females who delivered live babies in 1992 were unmarried (66.2%), while 17.4 percent of white females who gave birth were unmarried. Although the percentages of unmarried females who gave birth differed widely by race, the numbers of births to unmarried black and white females were essentially identical (15,302 white and 15,492 black).

TABLE N3. RESIDENT BIRTHS BY AGE AND MARITAL STATUS OF MOTHER NEW JERSEY, 1992

AGE OF MOTHER	TOTAL BIRTHS	MARITAL STATUS*					
		MARRIED		NOT MARRIED		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
UNDER 15	272	21	7.7	251	92.3	0	0.0
15-19	9,339	1,533	16.4	7,802	83.5	4	0.0
20-24	21,922	10,815	49.3	11,099	50.6	8	0.0
25-34	71,891	60,958	84.8	10,890	15.1	43	0.1
35-44	16,461	14,632	88.9	1,812	11.0	17	0.1
45 AND OVER	88	80	90.9	6	6.8	2	2.3
NOT STATED	473	396	83.7	64	13.5	13	2.7
TOTAL	120,446	88,435	73.4	31,924	26.5	87	0.1

* AS DETERMINED BY RESPONSE TO THE BIRTH CERTIFICATE ITEM, "MOTHER MARRIED (AT BIRTH, CONCEPTION OR ANY TIME BETWEEN)"

Marital status of the mother is directly related to age (Table N3). At the youngest ages (under 15) only 7.7 percent of females who delivered live babies in 1992 were married, while 90.9 percent of females 45 and over who delivered reported themselves as married. Of all females under the age of 25 who delivered a live baby in 1992, three-fifths (60.7%) were not married. A distribution of births for the year by age, race and marital status is presented in Table N19.

Prenatal Care

A total of 1,209,805 prenatal visits were made by women who delivered live babies in 1992 and received any prenatal care. This represents an average of 11.2 prenatal visits for any woman who received prenatal care for a baby delivered in 1992. The average number of visits compares with 11.4 and 11.5 average prenatal visits for women who delivered in 1991 and 1990, respectively, and received any prenatal care. Over nine percent of the birth certificates contained no data or unclassifiable information on the item related to number of prenatal care visits.

Of the women who delivered in 1992, fewer than three-fourths (72.9%) began receiving prenatal care in the first trimester of pregnancy. An additional 1,531 of these women (1.3%) reported receiving no prenatal care for babies they delivered in 1992.

Age, race, ethnicity and marital status are all related to the onset of prenatal care (Tables N4, N4A and N4B). It should be noted that slightly more than 10 percent of the resident birth certificates in 1992 had no response to the item regarding the onset of prenatal care or the response could not be classified. Almost 80 percent of white women who delivered in 1992 (79.5%) began prenatal care in the first trimester of pregnancy, as did 74.9 percent of American Indian and Asian/Pacific Islander women. Only 56.8 percent of black women who delivered in 1992, however, began prenatal care that early. Within each racial group, the teenage mothers had the lowest percentages of early prenatal care (54.1%, 44.5%, and 44.4%, respectively, among white, black and other race teenage mothers). Women of Hispanic origin (of any race) who delivered in 1992 began prenatal care in the first trimester in 64.4 percent of cases. Onset of prenatal care also differed by marital status. Only slightly more than half (53.6%) of the women who reported themselves as unmarried at the time of conception, delivery or any time between received prenatal care as early as the first trimester. The onset of prenatal care by county of residence of the mother is presented in Table N20.

By race, 0.5 percent, 4.6 percent and 0.4 percent of white, black and other race mothers, respectively, reported receiving no prenatal care. Of the 1,531 newborns whose mothers reported receiving no prenatal care in 1992, 1,079 (70.5%) were black. Lack of prenatal care is high among unmarried females; 3.9 percent of unmarried women who delivered in 1992 reported receiving no prenatal care. The percentage of Hispanic women who received no prenatal care was slightly lower than that of the overall population of women who delivered in 1992 - 1.1 percent compared to 1.3 percent.

Fewer than half of teen mothers (49.0%) began prenatal care in the first trimester in 1992 and another 8.0 percent did not obtain prenatal care until the third trimester. No prenatal care was reported by 3.3 percent of teen mothers. Black and other race teens were less likely to seek early prenatal care than white teenagers (44.5 percent and 44.4 percent, respectively, compared to 54.1 percent). Of unmarried teenage mothers in 1992, 48.0 percent received prenatal care in the first trimester. Teenage mothers of Hispanic origin began prenatal care in the first trimester in 51.7 percent of cases, a higher percentage of early prenatal care than in the population of teenage mothers as a whole.

TABLE N4. RESIDENT BIRTHS BY RACE AND AGE OF MOTHER AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

RACE AND AGE GROUP	TOTAL BIRTHS	TRIMESTER PRENATAL CARE BEGAN									
		FIRST		SECOND		THIRD		NO CARE		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
White											
<20	4,703	2,542	54.1	1,451	30.9	344	7.3	88	1.9	278	5.9
20-24	13,861	9,527	68.7	2,759	19.9	582	4.2	129	0.9	864	6.2
25 & Over	69,304	58,037	83.7	4,971	7.2	865	1.2	204	0.3	5,227	7.5
Not Stated	306	12	3.9	3	1.0	0	0.0	0	0.0	291	95.1
Total	88,174	70,118	79.5	9,184	10.4	1,791	2.0	421	0.5	6,660	7.6
Black											
<20	4,658	2,072	44.5	1,517	32.6	398	8.5	221	4.7	450	9.7
20-24	6,934	3,697	53.3	1,821	26.3	473	6.8	332	4.8	611	8.8
25 & Over	11,751	7,510	63.9	2,107	17.9	498	4.2	518	4.4	1,118	9.5
Not Stated	47	11	23.4	3	6.4	3	6.4	8	17.0	22	46.8
Total	23,390	13,290	56.8	5,448	23.3	1,372	5.9	1,079	4.6	2,201	9.4
Other Races											
<20	126	56	44.4	40	31.7	14	11.1	3	2.4	13	10.3
20-24	728	447	61.4	144	19.8	49	6.7	9	1.2	79	10.9
25 & Over	4,638	3,625	78.2	520	11.2	137	3.0	12	0.3	344	7.4
Not Stated	22	4	18.2	2	9.1	0	0.0	0	0.0	16	72.7
Total	5,514	4,132	74.9	706	12.8	200	3.6	24	0.4	452	8.2
Race Not Stated											
<20	124	35	28.2	28	22.6	11	8.9	2	1.6	48	38.7
20-24	399	67	16.8	36	9.0	20	5.0	2	0.5	274	68.7
25 & Over	2,747	199	7.2	56	2.0	9	0.3	3	0.1	2,480	90.3
Not Stated	98	0	0.0	0	0.0	0	0.0	0	0.0	98	100.0
Total	3,368	301	8.9	120	3.6	40	1.2	7	0.2	2,900	86.1
Total	120,446	87,841	72.9	15,458	12.8	3,403	2.8	1,531	1.3	12,213	10.1

TABLE N4A. RESIDENT BIRTHS TO MOTHERS OF HISPANIC ORIGIN BY AGE AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

AGE GROUP	TOTAL BIRTHS	TRIMESTER PRENATAL CARE BEGAN									
		FIRST		SECOND		THIRD		NO CARE		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
<20	2,498	1,292	51.7	828	33.1	180	7.2	47	1.9	151	6.0
20-24	5,110	3,043	59.5	1,354	26.5	313	6.1	73	1.4	327	6.4
25 & Over	9,766	6,851	70.2	1,875	19.2	374	3.8	74	0.8	592	6.1
Not Stated	6	3	50.0	2	33.3	0	0.0	0	0.0	1	16.7
Total	17,380	11,189	64.4	4,059	23.4	867	5.0	194	1.1	1,071	6.2

TABLE N4B. UNMARRIED RESIDENT BIRTHS BY AGE OF MOTHER AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

AGE GROUP	TOTAL BIRTHS	TRIMESTER PRENATAL CARE BEGAN									
		FIRST		SECOND		THIRD		NO CARE		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
<20	8,053	3,862	48.0	2,571	31.9	664	8.2	298	3.7	658	8.2
20-24	11,099	5,962	53.7	3,017	27.2	785	7.1	388	3.5	947	8.5
25 & Over	12,708	7,287	57.3	2,794	22.0	688	5.4	544	4.3	1,395	11.0
Not Stated	64	9	14.1	3	4.7	3	4.7	8	12.5	41	64.1
Total	31,924	17,120	53.6	8,385	26.3	2,140	6.7	1,238	3.9	3,041	9.5

Level of Education

Early entry into prenatal care has been found to be associated with the mother's education level. In 1992, 53.2 percent of females with less than a high school education began prenatal care in the first trimester, while nine out of ten females who had completed college received prenatal care during the first three months of pregnancy (Table N5). Females who had not completed high school comprised 14.1 percent of the women who delivered in 1992, but 41.4 percent of the women who received no prenatal care.

Medical Risk Factors of the Pregnancy

Birth outcomes are affected by the presence of medical risk factors during pregnancy. In particular, the probability of infant death, low birthweight and birth defects is known to increase when certain risk factors exist during pregnancy (NCHS, 1994).

Pregnancy-associated hypertension continues to be the most frequently reported medical risk factor among New Jersey's resident mothers, with a rate of 25.3 per 1,000 live births (Table N21A). New Jersey's reported rate of pregnancy-associated hypertension is lower than the comparable U.S. rate of 28.5 per 1,000 live births (NCHS, 1994). In New Jersey, the rate was 24.3 percent higher in black women than in white, while the rate was relatively low among women of races other than white or black (18.0 per 1,000 births) and Hispanic women of any race (23.0 per 1,000 births) (Table N21B).

The second most frequent medical risk factor reported for New Jersey resident women who delivered live babies in 1992 was diabetes, with a rate of 22.3 per 1,000 births. This rate is also lower than the reported rate in the nation as a whole, which was 25.9 per 1,000 births (NCHS, 1994). Among New Jersey women who delivered in 1992, diabetes rates were highest among women of races other than white or black (37.5 per 1,000 births) and women of Hispanic origin, regardless of race (26.6 per 1,000 births).

The third most frequently reported medical risk factor in New Jersey women who delivered live infants in 1992 was anemia, with a rate of 19.2 per 1,000 live births. New Jersey's reported rate of anemia was higher than the national rate of 18.3 per 1,000 births (NCHS, 1994). The higher rate of anemia among New Jersey women was due to the greater frequency of this condition among black women in the state (45.7 and 31.3 per 1,000 black women who gave birth in New Jersey and the U.S., respectively), while the rate among New Jersey resident white women was lower than that in the country as a whole (13.4 and 15.3 per 1,000 births, respectively).

Among black women who delivered in 1992, the highest rates of medical risk factors were reported for anemia (45.7 per 1,000 births), sexually transmitted diseases other than genital herpes (38.6 per 1,000), and pregnancy-associated hypertension (31.2 per 1,000). In the case of anemia and non-herpes sexually transmitted diseases, the rates were more than twice the overall state rates (Table N21A).

The most frequent medical risk factors among women of Hispanic origin, of any race, who delivered in 1992 were anemia (30.2 per 1,000 births), sexually transmitted diseases other than genital herpes (28.3 per 1,000) and diabetes (26.6 per 1,000). The rates of anemia and non-herpes sexually transmitted diseases were lower than the comparable rates among black women, but higher than the rates for all New Jersey women who delivered in 1992 (Tables N21A and N21B).

Complications of Labor and/or Delivery

In 1992, 79,528, or 66.0 percent, of births to New Jersey residents had no reported complications of labor and/or delivery (Table N22A). The most frequently reported complications were meconium, moderate or heavy (46.1 per 1,000 births); premature rupture of membrane, greater than 12 hours (42.4 per 1,000); and breech/malpresentation (35.8 per 1,000). The rates of the two most frequent complications - moderate or heavy meconium and premature rupture of membrane - were considerably higher in black women than in white women who delivered in 1992 (72.5 vs. 41.1 and 73.5 vs. 36.0, respectively). The rates of a number of complications were different in New Jersey than in the nation as a whole. In particular, rates of moderate or heavy meconium and fetal distress were substantially higher in the U.S. than among New Jersey women (NCHS, 1994). Premature rupture of a membrane, on the other hand, was reported more frequently in New Jersey than in the U.S. (42.4 and 32.0 per 1,000 births, respectively).

TABLE N5. RESIDENT BIRTHS BY MOTHER'S EDUCATION AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

TRIMESTER PRENATAL CARE BEGAN	TOTAL BIRTHS	HIGHEST GRADE OF EDUCATION COMPLETED									
		<HIGH SCHOOL		HIGH SCHOOL		SOME COLLEGE		COLLEGE DEGREE+		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1ST TRIMESTER	87,841	9,053	53.2	31,631	75.2	17,163	82.5	26,565	90.0	3,429	31.0
2ND TRIMESTER	15,458	4,818	28.3	6,377	15.2	2,124	10.2	1,439	4.9	700	6.3
3RD TRIMESTER	3,403	1,301	7.6	1,295	3.1	426	2.0	228	0.8	153	1.4
NONE	1,531	634	3.7	665	1.6	116	0.6	28	0.1	88	0.8
NOT STATED	12,213	1,207	7.1	2,094	5.0	981	4.7	1,247	4.2	6,684	60.5
TOTAL	120,446	17,013	100.0	42,062	100.0	20,810	100.0	29,507	100.0	11,054	100.0

Obstetric Procedures

About three-fourths of the women who delivered in 1992 (75.8%) had electronic fetal monitoring performed during pregnancy or around the time of labor (Table N22B). This procedure was performed at approximately equal rates on white and black pregnant women (77.7% and 78.6%, respectively), while women of other races reported a slightly lower rate of usage of this procedure (72.1%). The state electronic fetal monitoring rate (75.8%) was very similar to the rate at which electronic fetal monitoring was performed on pregnant women in the country as a whole in 1992 (77.3%) (NCHS, 1994). The second most frequent obstetric procedure performed on New Jersey mothers was ultrasound, which was received by almost half of the women who had live births in 1992 (48.9 percent). Rates of ultrasound procedures were slightly different by race: white women received one or more ultrasound procedures in 51.8 percent of births, while black and other race women had ultrasound procedures performed in 44.7 and 46.1 percent of births, respectively. In the U.S. in 1992, 57.9 percent of the women who delivered live babies had one or more ultrasound procedures (NCHS, 1994).

NEWBORN HEALTH

Birth Weight

The modal birth weight of all the babies born to New Jersey women in 1992 was the category 3,000 to 3,499 grams, which is approximately 6 lbs. 10 ozs. to 7 lbs. 11 ozs. More than a third of all newborns were in this weight group (35.6%) and almost two-thirds (64.1%) weighed between 3,000 and 3,999 grams or about 6 lbs. 10 ozs. to 8 lbs. 13 ozs. (CHS, 1995a).

Low birth weight is defined as a weight at birth of under 2,500 grams, or about 5 lbs. 8 ozs. A total of 8,601 live births to New Jersey women were in the low birth weight category in 1992. This was a decline of 228 low birth weight infants from those reported in 1991. Newborns weighing under 2,500 grams represented 7.1 percent of total births in 1992—lower than the percent of low birth weight newborns in 1991 (7.3%), but still higher than the 6.8 percent rate in 1990. The percentage of black babies born with low birth weights was 2.4 times the percent of low birth weight babies born to white mothers (Table N6). The low birth weight rate for babies of Hispanic mothers was very similar to the overall state rate: 7.0 percent of Hispanic women who gave birth had a newborn who weighed less than 2,500 grams. Unmarried women had a particularly high rate of low birth weight babies: 11.7 percent of all babies born to unmarried women weighed less than 2,500 grams at birth (CHS, 1995a).

Very low birth weight babies are those weighing less than 1,500 grams (approximately 3 lbs. 5 ozs.) at birth. In 1992, there were 1,709 very low birth weight babies born to New Jersey women (Table N23). The very low birth weight births represent 1.4 percent of total births in that year. Both the number and percentage of very low birth weight babies were lower in 1992 than in 1991 (1,709 and 1,761 and 1.4 and 1.5 percent, respectively). Of the very low birth weight babies, 888 were born to white mothers (1.0% of births to white women), 743 to black mothers (3.2% of births to black women) and 52 to mothers of races other than black or white (0.9% of births to women in this group). All of the percentages of very low birth weight babies by racial group of the mother were similar to those for 1991. There were 812 very low birth weight babies born to unmarried women in 1992, which is 2.5 percent of the total births to unmarried women (CHS, 1995a).

TABLE N6. RESIDENT BIRTHS OF LOW BIRTH WEIGHT BY AGE AND RACE OF MOTHER NEW JERSEY, 1992

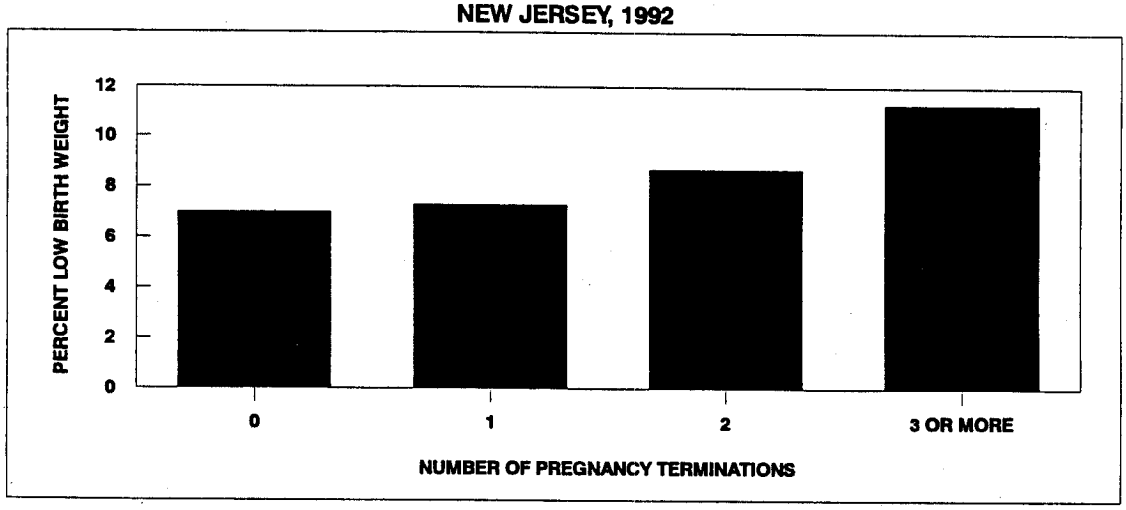
AGE OF MOTHER	BIRTH WEIGHT OF LESS THAN 2500 GRAMS BY RACE									
	TOTAL		WHITE		BLACK		OTHER		NOT STATED	
	NUMBER	PERCENT*	NUMBER	PERCENT*	NUMBER	PERCENT*	NUMBER	PERCENT*	NUMBER	PERCENT*
UNDER 15	36	13.2	10	13.0	25	13.0	0	0.0	1	33.3
15-19	972	10.4	377	8.1	578	12.9	8	6.3	9	7.4
20-24	1,875	8.6	883	6.4	922	13.3	56	7.7	14	3.5
25-29	2,371	6.5	1,408	5.1	828	13.9	114	6.1	21	2.5
30-34	2,132	6.0	1,418	5.0	567	14.2	129	6.9	18	1.6
35-39	988	6.9	712	6.3	222	14.2	44	5.8	10	1.5
40 & OVER	179	8.0	116	6.7	45	17.0	14	10.7	4	3.5
NOT STATED	48	10.1	20	6.5	23	48.9	3	13.6	2	2.0
TOTAL	8,601	7.1	4,944	5.6	3,210	13.7	368	6.7	79	2.3

*PERCENT OF ALL LIVE BIRTHS IN THE CATEGORY.

Teenage mothers had higher rates of low birth weight babies than any other age group (Table N6). More than one in 10 babies (10.5%) born to teenage mothers weighed less than 2,500 grams. The percentage of low birth weight newborns declined with age of the mother until reaching its lowest point of 6.0 percent in the 30 through 34 year age group, then began to rise again with increasing age. This U-shaped distribution held true for white mothers; however, the association of low birth weight with age was different in black women and, for races other than black or white. Almost 13 percent of babies of black teenage mothers (12.9%) weighed less than 2,500 grams at birth and the percentage of low birth weight babies rose with increasing age. For black women 30 through 39 years of age, the percentage of births of low birth weight, 14.2, was 2.6 times the white rate of low birth weight babies in that age group (5.4%). At every age above 15, black rates of low birth weight babies were considerably higher than white rates. The low birth weight percentages below the age of 15 are based on small numbers of low birth weight babies; therefore, comparisons cannot be accurately made. The low birth weight rates among newborns of women of races other than white or black evidenced no clear association with age; however these percentages were based on small numbers. The percentage of newborns of low birth weight born to Hispanic mothers (of any race) was similar to the overall state rate (7.0%) (CHS, 1995a). In every age group other than 35 through 39 years, the percentage of low birth weight babies of Hispanic mothers was lower than equivalent rates for total births. Although the highest percentage of low birth weight babies of Hispanic women was among teenagers, as was true in the total population, the percentage of low birth weight births to Hispanic teenagers (9.4%) was lower than the comparable overall percentage (10.4%). Unmarried teenage mothers delivered low birth weight babies in 10.9 percent of the births to this group (CHS, 1995a). A detailed distribution of birth weight by age and race of the mother is given in Table N23, and Table N23A contains the distribution of low birth weight babies by county of residence of the mother.

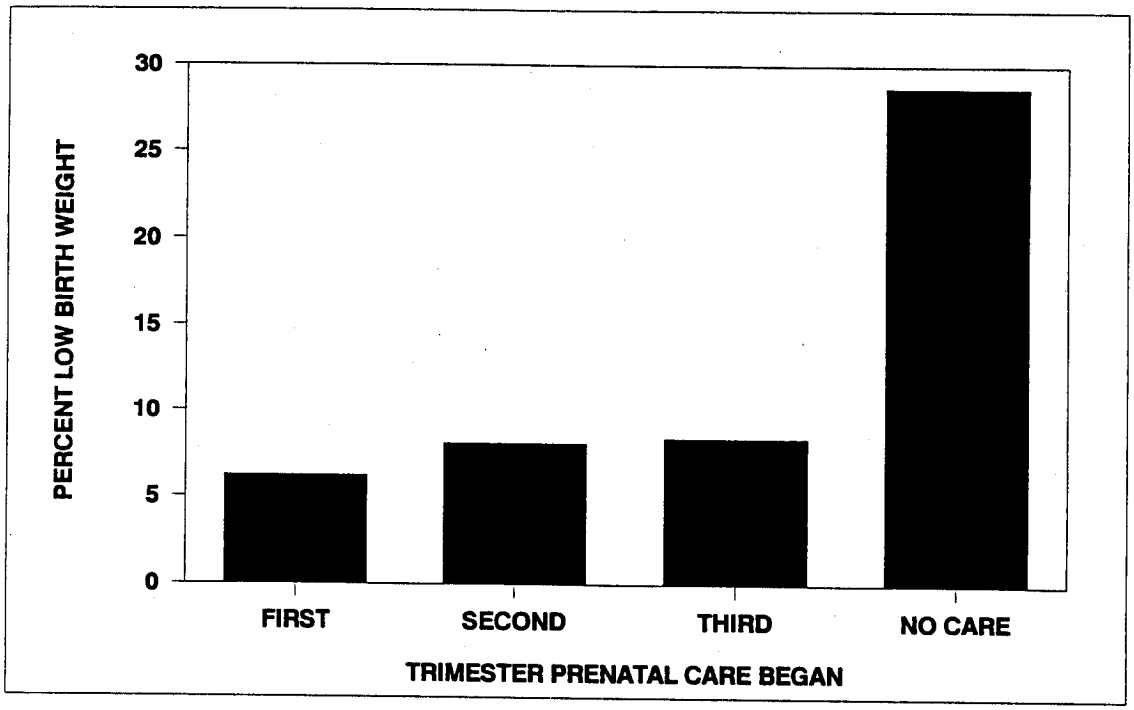
In addition to age, race and marital status of the mother, low birth weight is associated with the number of prior pregnancy terminations (fetal deaths, either spontaneous or induced) experienced by the mother (Figure N4 and Table N24). The percentage of low birth weight babies among those mothers who had no prior pregnancy terminations was lower than the overall state rate (7.0 compared to 7.1 percent). However, the percentage of babies with low birth weight increased with the number of previous pregnancy terminations, to a high of 11.3 percent among those women who had experienced three or more prior fetal deaths.

FIGURE N4. PERCENT LOW BIRTH WEIGHT BY NUMBER OF PREVIOUS PREGNANCY TERMINATIONS NEW JERSEY, 1992



Low birth weight is also related to the onset of prenatal care. The lowest percentage of low birth weight outcomes occurred in women who began prenatal care in the first trimester (Figure N5 and Table N25). The findings for women who began prenatal care in the second or third trimester are intermediate. However, the percentage of low birth weight outcomes for mothers who received no prenatal care reached almost 30 percent (28.7%). Detailed information regarding the race of the mother, onset of prenatal care and birth weight outcomes is provided in Table N26.

FIGURE N5. PERCENT LOW BIRTH WEIGHT BY ONSET OF PRENATAL CARE
NEW JERSEY, 1992



Apgar Score

The Apgar score is a composite measure used for the clinical evaluation of an infant one minute and five minutes after birth. A score of 0, 1 or 2 is assigned in each of the following areas: heart rate, respiratory effort, color, muscle tone and reflex irritability. Assigned values for the five areas are summed and a score of zero to 10 results. An overall score of 10 is optimal. An Apgar score under seven is considered indicative of potential health problems. Newborns with scores under seven are observed more closely during the first few days of life.

Analysis of findings based on the Apgar score are limited to the five-minute results in this report. In 1992, 14.3 percent of babies scored exactly 10 on the five-minute Apgar score and an additional 79.4 percent scored from seven through nine. One in 100 babies scored in the zero through six range on the five-minute measurement (1,194 babies or 1.0% of total). On the remaining 5.4 percent of birth certificates, the five-minute Apgar scores were unstated.

Five-minute Apgar scores varied by race of the mother (Table N27). Although babies of black mothers had higher percentages of Apgar scores in the high-risk area of zero through six than babies born to mothers of other races (2.1%, 0.7%, 0.6%, respectively, for black, white and races other than black or white), the percentage of unstated scores was high for white mothers relative to black mothers and mothers of other races (3.4%, 2.7% and 2.2%, respectively). Percentages of babies with five-minute scores in the seven through 10 range were similar for each of the racial groups: 95.9, 95.2 and 97.2 for babies of white, black and other race mothers, respectively.

Teenage mothers had the highest percentage of babies in the zero through six category of five-minute Apgar scores (Table N28). Among all mothers under the age of 20, the percent of babies with scores under seven was 1.5. However, conclusions cannot be drawn from this because of the high percentage of cases in which the five-minute Apgar scores were not stated. In general, the percentage of births with unstated Apgar scores increased with the age group. These missing data are probably the result of this item not being provided in the information received on deliveries to New Jersey residents which occur in hospitals in other states, especially in New York and Pennsylvania.

Preliminary findings suggest that women who received no prenatal care had a high percentage of babies in the zero through six range (6.1%) on the five-minute Apgar score (Table N29). However, a definitive conclusion would require additional research, since 10.1 percent of the birth certificates had no information on the onset of prenatal care and 5.4 percent of records had no five-minute Apgar score.

Abnormal Conditions of Newborns

Information on abnormal conditions of newborns has been collected since 1989 as part of the expanded, revised birth certificate. Frequency distributions of abnormal conditions reported for newborns in 1992, by race of the mother, are shown in Table N30. The abnormal conditions with the highest rates in 1992 were hyaline membrane disease/respiratory distress syndrome (5.3 per 1,000 births) and assisted ventilation for 30 minutes or more (4.8 per 1,000 births). Rates of both of these conditions were higher in babies of black mothers than of white mothers and lower in babies of mothers of races other than white or black than of white mothers: hyaline membrane disease/respiratory distress syndrome rates of 4.9, 7.7 and 4.0 per 1,000 births in babies of white, black and other race mothers, respectively; and rates of ventilation assistance for 30 minutes or more of 4.2, 8.0 and 3.8 per 1,000 births in babies in white, black and other race mothers, respectively.

The reported rates of abnormal conditions of newborns were, with one exception, higher in the nation than in New Jersey. That exception is fetal alcohol syndrome (FAS), which was reported at a rate of 0.2 per 1,000 births in New Jersey and 0.1 per 1,000 births in the U.S. The National Center for Health Statistics (1994) has compared data from different sources that suggest that FAS is greatly underestimated in reporting on birth certificates. The Centers for Disease Control and Prevention's Birth Defects Monitoring Program estimated that the true rate of FAS. is more than twice the 0.14 cases per 1,000 births reported in the U.S. during 1989 through 1991. Although New Jersey's reported rate is higher than the rate for the nation as a whole, FAS may still be underreported in New Jersey because of the inherent difficulties in making this diagnosis (NCHS, 1994).

Congenital Anomalies

Congenital anomalies reported on birth certificates in 1992 are shown in Table N31 by race of the mother. They are the leading cause of infant mortality in New Jersey and the United States. According to the National Center for Health Statistics they are also "a major contributor to childhood morbidity, long-term disability and years of potential life lost" (NCHS, 1994). Since the revised birth certificate was implemented in 1989, distinct information on a number of congenital anomalies has been available from separate items, replacing an open-ended item on the former standard live birth certificate. This change was made to improve completeness and uniformity of reporting. However, a recent study on the quality of reporting of congenital anomalies on the revised birth certificate found that there continues to be substantial underreporting of some of these anomalies (NCHS, 1994).

The most frequently reported anomalies on New Jersey resident birth certificates were musculoskeletal and integumental anomalies (2.9 per 1,000 births) and urogenital anomalies (2.2 per 1,000 births). Included in the category of musculoskeletal and integumental anomalies are cleft lip and palate, polydactyly/syndactyly/adactyly, club foot, diaphragmatic hernia and other musculoskeletal and integumental anomalies. Urogenital anomalies include malformed genitalia, renal agenesis and other urogenital anomalies. The reported rate of musculoskeletal/integumental anomalies was identical among babies of white mothers and those of races other than white or black, and higher among newborns of black mothers. In contrast, the reported rate of urogenital anomalies among babies of white mothers (2.5 per 1,000 births) was higher than among both babies of black mothers (1.4 per 1,000 births) and babies of mothers of other races (2.0 per 1,000 births).

New Jersey maintains a separate, population-based Birth Defects Registry within NJDOH. Children diagnosed with a congenital defect by age one are required to be reported to the State. A wide range of medical practitioners must complete the confidential registration forms which are submitted to Special Child Health Services. Up to eight diagnoses are reported for each child, which provides a detailed medical description of the child. As new information on a child becomes available, the Registry updates its database to reflect the new diagnoses. As such, the data in the Registry may reflect more accurately than the birth data the population of newborns and children with congenital anomalies in New Jersey. (P. Costa, personal communication, July 27, 1995).

TABLE N7. RESIDENT LIVE BIRTHS AND LIVE BIRTH RATES NEW JERSEY AND THE UNITED STATES, 1973-1992

YEAR	NEW JERSEY		UNITED STATES**	
	NUMBER	RATE*	NUMBER	RATE*
1973	94,024	12.8	3,136,965	14.8
1974	94,242	12.7	3,159,958	14.8
1975	91,457	12.4	3,144,198	14.6
1976	90,549	12.3	3,167,788	14.6
1977	93,786	12.7	3,326,632	15.1
1978	93,356	12.8	3,333,279	15.0
1979	95,672	13.0	3,494,398	15.6
1980	96,438	13.1	3,612,258	15.9
1981	96,205	13.0	3,629,238	15.8
1982	98,225	13.2	3,680,537	15.9
1983	98,746	13.2	3,638,933	15.5
1984	100,950	13.4	3,669,141	15.5
1985	105,295	13.9	3,760,561	15.8
1986	108,554	14.2	3,756,547	15.6
1987	113,271	14.8	3,809,394	15.7
1988	117,684	15.3	3,905,510	15.9
1989	121,629	15.7	4,040,958	16.4
1990	122,979	15.9	4,158,212	16.7
1991	121,415	15.7	4,111,907	16.3
1992	120,446	15.4	4,065,014	15.9

* Birth rates are computed per 1,000 population

** Based on 100 percent of births in selected states and on a 50 percent sample of births in all other states in 1973 through 1984.

TABLE N8. RESIDENT LIVE BIRTHS AND BIRTH RATES, BY COUNTY NEW JERSEY, 1992

COUNTY	TOTAL BIRTHS	1992 POPULATION	RATE*
ATLANTIC	4,074	229,430	17.8
BERGEN	10,834	834,983	13.0
BURLINGTON	5,463	397,631	13.7
CAMDEN	8,327	507,735	16.4
CAPE MAY	1,360	96,849	14.0
CUMBERLAND	2,243	138,494	16.2
ESSEX	13,632	773,420	17.6
GLOUCESTER	3,356	236,867	14.2
HUDSON	9,577	554,950	17.3
HUNTERDON	1,512	111,913	13.5
MERCER	4,933	327,694	15.1
MIDDLESEX	10,358	684,456	15.1
MONMOUTH	8,177	565,928	14.4
MORRIS	5,990	428,156	14.0
OCEAN	6,083	438,315	13.9
PASSAIC	8,112	456,172	17.8
SALEM	915	65,127	14.0
SOMERSET	4,139	250,416	16.5
SUSSEX	2,079	134,773	15.4
UNION	7,708	493,340	15.6
WARREN	1,375	93,611	14.7
INSTITUTIONS	1	N/A	N/A
MILITARY	193	N/A	N/A
UNKNOWN	5	N/A	N/A
TOTAL	120,446	7,820,260	15.4

* RATES ARE COMPUTED PER 1,000 POPULATION

TABLE N9. RESIDENT BIRTHS BY SEX OF CHILD AND COUNTY OF RESIDENCE OF MOTHER NEW JERSEY, 1992

COUNTY	TOTAL	MALE	FEMALE	NOT STATED
ATLANTIC	4,074	2,056	2,018	0
BERGEN	10,834	5,612	5,222	0
BURLINGTON	5,463	2,759	2,704	0
CAMDEN	8,327	4,322	4,005	0
CAPE MAY	1,360	715	645	0
CUMBERLAND	2,243	1,165	1,078	0
ESSEX	13,632	7,062	6,570	0
GLOUCESTER	3,356	1,668	1,688	0
HUDSON	9,577	4,913	4,664	0
HUNTERDON	1,512	803	709	0
MERCER	4,933	2,482	2,450	1
MIDDLESEX	10,358	5,244	5,114	0
MONMOUTH	8,177	4,163	4,014	0
MORRIS	5,990	3,097	2,893	0
OCEAN	6,083	3,147	2,936	0
PASSAIC	8,112	4,109	4,003	0
SALEM	915	459	456	0
SOMERSET	4,139	2,099	2,040	0
SUSSEX	2,079	1,071	1,008	0
UNION	7,708	3,978	3,730	0
WARREN	1,375	726	649	0
INSTITUTIONS	1	1	0	0
MILITARY	193	95	98	0
UNKNOWN	5	4	1	0
TOTAL	120,446	61,750	58,695	1

TABLE N10. RESIDENT BIRTHS BY AGE AND RACE OF MOTHER NEW JERSEY, 1992

AGE OF MOTHER	TOTAL	RACE OF MOTHER			
		WHITE	BLACK	OTHER RACES	NOT STATED
UNDER 15	272	77	192	0	3
15-19	9,339	4,626	4,466	126	121
20-24	21,922	13,861	6,934	728	399
25-29	36,507	27,832	5,945	1,876	854
30-34	35,384	28,402	3,983	1,878	1,121
35-39	14,315	11,345	1,559	753	658
40-44	2,146	1,661	247	126	112
45+	88	64	17	5	2
NOT STATED	473	306	47	22	98
TOTAL	120,446	88,174	23,390	5,514	3,368

TABLE N10A. RESIDENT BIRTHS BY AGE AND RACE MOTHERS OF HISPANIC ORIGIN NEW JERSEY, 1992

AGE OF MOTHER	TOTAL	RACE OF MOTHER			
		WHITE	BLACK	OTHER RACES	NOT STATED
UNDER 15	68	61	5	0	2
15-19	2,430	2,164	172	31	63
20-24	5,110	4,574	337	95	104
25-29	5,133	4,658	302	97	76
30-34	3,141	2,794	212	85	50
35-39	1,267	1,149	77	24	17
40-44	213	190	15	5	3
45+	12	12	0	0	0
NOT STATED	6	6	0	0	0
TOTAL	17,380	15,608	1,120	337	315

TABLE N11. NUMBER AND PERCENT OF RESIDENT BIRTHS TO WOMEN UNDER 20 AND 35 YEARS AND OVER NEW JERSEY, 1973-1992

YEAR	TOTAL BIRTHS	BIRTHS TO WOMEN UNDER 20		BIRTHS TO WOMEN 35 AND OVER	
		NUMBER	PERCENT	NUMBER	PERCENT
1973	94,024	13,247	14.1	5,891	6.3
1974	94,242	13,139	13.9	5,430	5.8
1975	91,457	12,566	13.7	5,348	5.8
1976	90,549	12,167	13.4	5,186	5.7
1977	93,786	12,131	12.9	5,370	5.7
1978	93,356	12,020	12.9	5,499	5.9
1979	95,672	12,097	12.6	5,742	6.0
1980	96,438	11,133	11.5	5,861	6.1
1981	96,205	11,887	12.4	5,732	6.0
1982	98,225	11,309	11.5	6,845	7.0
1983	98,746	10,869	11.0	7,427	7.5
1984	100,950	10,294	10.2	8,099	8.0
1985	105,295	10,159	9.6	8,973	8.5
1986	108,554	10,136	9.3	9,848	9.1
1987	113,271	10,322	9.1	10,628	9.4
1988	117,684	10,400	8.8	12,055	10.2
1989	121,629	10,764	8.8	13,106	10.8
1990	122,979	10,377	8.4	14,388	11.7
1991	121,415	10,149	8.4	15,150	12.5
1992	120,446	9,611	8.0	16,549	13.7

TABLE N12. RESIDENT BIRTHS BY AGE AND COUNTY OF RESIDENCE OF MOTHER NEW JERSEY, 1992

COUNTY	TOTAL	AGE OF MOTHER								
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	NOT STATED
ATLANTIC	4,074	23	477	987	1,147	992	373	67	4	4
BERGEN	10,834	8	206	1,073	3,351	4,018	1,744	279	10	145
BURLINGTON	5,463	6	372	964	1,729	1,688	604	96	1	3
CAMDEN	8,327	28	992	1,827	2,531	2,066	752	115	8	8
CAPE MAY	1,360	1	130	324	422	342	127	10	3	1
CUMBERLAND	2,243	21	420	672	589	386	133	21	0	1
ESSEX	13,632	65	1,698	3,092	3,754	3,305	1,419	248	9	42
GLOUCESTER	3,356	1	209	600	1,124	1,036	335	49	1	1
HUDSON	9,577	33	987	2,333	2,918	2,169	943	164	4	26
HUNTERDON	1,512	0	21	114	451	589	299	37	1	0
MERCER	4,933	18	530	953	1,352	1,397	586	86	5	6
MIDDLESEX	10,358	9	534	1,614	3,354	3,367	1,282	171	7	20
MONMOUTH	8,177	9	471	1,129	2,409	2,795	1,180	165	8	11
MORRIS	5,990	2	140	586	1,851	2,278	984	124	10	15
OCEAN	6,083	2	335	1,308	2,005	1,693	641	93	2	4
PASSAIC	8,112	26	854	1,867	2,459	1,978	759	120	6	43
SALEM	915	4	132	241	254	212	62	9	0	1
SOMERSET	4,139	0	119	384	1,331	1,559	660	78	3	5
SUSSEX	2,079	0	65	219	674	713	249	32	0	127
UNION	7,708	16	567	1,330	2,272	2,310	1,037	162	6	8
WARREN	1,375	0	68	224	456	467	139	19	0	2
INSTITUTIONS	1	0	0	0	1	0	0	0	0	0
MILITARY	193	0	11	81	72	22	6	1	0	0
NOT STATED	5	0	1	0	1	2	1	0	0	0
TOTAL	120,446	272	9,339	21,922	36,507	35,384	14,315	2,146	88	473

TABLE N13. BIRTHS BY RACE AND COUNTY OF RESIDENCE OF MOTHER NEW JERSEY, 1992

COUNTY	TOTAL	WHITE	BLACK	OTHER	RACE NOT STATED
ATLANTIC	4,074	2,772	1,107	148	47
BERGEN	10,834	8,435	628	881	890
BURLINGTON	5,463	4,373	910	158	22
CAMDEN	8,327	6,040	1,970	238	79
CAPE MAY	1,360	1,228	119	9	4
CUMBERLAND	2,243	1,614	593	26	10
ESSEX	13,632	5,938	7,016	418	260
GLOUCESTER	3,356	2,964	328	50	14
HUDSON	9,577	5,898	2,162	822	695
HUNTERDON	1,512	1,455	14	26	17
MERCER	4,933	3,151	1,461	235	86
MIDDLESEX	10,358	7,895	1,148	1,014	301
MONMOUTH	8,177	6,561	1,027	294	295
MORRIS	5,990	5,387	206	312	85
OCEAN	6,083	5,553	275	92	163
PASSAIC	8,112	5,997	1,807	163	145
SALEM	915	684	214	4	13
SOMERSET	4,139	3,488	329	273	49
SUSSEX	2,079	1,987	22	30	40
UNION	7,708	5,283	1,993	291	141
WARREN	1,375	1,327	16	20	12
INSTITUTIONS	1	0	1	0	0
MILITARY	193	140	43	10	0
UNKNOWN	5	4	1	0	0
TOTAL	120,446	88,174	23,390	5,514	3,368

TABLE N14. BIRTHS TO MOTHERS OF HISPANIC ORIGIN BY COUNTY OF RESIDENCE NEW JERSEY, 1992		
COUNTY	BIRTHS TO HISPANIC MOTHERS	BIRTHS TO HISPANIC MOTHERS AS A PERCENT OF TOTAL LIVE BIRTHS
ATLANTIC	569	14.0
BERGEN	986	9.1
BURLINGTON	149	2.7
CAMDEN	1,004	12.1
CAPE MAY	64	4.7
CUMBERLAND	481	21.4
ESSEX	2,190	16.1
GLOUCESTER	60	1.8
HUDSON	3,897	40.7
HUNTERDON	22	1.5
MERCER	464	9.4
MIDDLESEX	1,549	15.0
MONMOUTH	470	5.7
MORRIS	452	7.5
OCEAN	312	5.1
PASSAIC	2,698	33.3
SALEM	24	2.6
SOMERSET	302	7.3
SUSSEX	46	2.2
UNION	1,597	20.7
WARREN	29	2.1
MILITARY	15	7.8
TOTAL	17,380	14.4

TABLE N15. NUMBER OF RESIDENT BIRTHS WITH MOTHER OF HISPANIC ORIGIN BY COUNTRY OF ORIGIN NEW JERSEY, 1992		
COUNTRY OF ORIGIN	NUMBER OF BIRTHS	PERCENT OF HISPANIC BIRTHS
MEXICO	1,409	8.1
PUERTO RICO	8,371	48.2
CUBA	904	5.2
CENTRAL/SOUTH AMERICA	5,720	32.9
OTHER & UNKNOWN HISPANIC ORIGIN	976	5.6
TOTAL HISPANIC ORIGIN	17,380	100.0

TABLE N16. RESIDENT BIRTHS BY MARITAL STATUS OF MOTHER NEW JERSEY, 1973-1992

YEAR	TOTAL BIRTHS	MARITAL STATUS*					
		MARRIED		NOT MARRIED		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1973	94,024	80,493	85.6	13,526	14.4	5	0.0
1974	94,242	80,409	85.3	13,825	14.7	8	0.0
1975	91,457	77,119	84.3	14,333	15.7	5	0.0
1976	90,549	75,428	83.3	15,115	16.7	6	0.0
1977	93,786	77,258	82.4	16,524	17.6	4	0.0
1978	93,356	75,048	80.4	18,273	19.6	35	0.0
1979	95,672	76,226	79.7	19,411	20.3	35	0.0
1980	96,438	76,033	78.8	20,371	21.1	34	0.0
1981	96,205	75,872	78.9	20,297	21.1	36	0.0
1982	98,225	76,847	78.2	21,354	21.7	24	0.0
1983	98,746	77,060	78.0	21,663	21.9	23	0.0
1984	100,950	78,445	77.7	22,437	22.2	68	0.1
1985	105,295	82,035	77.9	22,178	21.1	1,082	1.0
1986	108,554	84,801	78.1	23,605	21.7	148	0.1
1987	113,271	87,613	77.3	25,387	22.4	271	0.2
1988	117,684	89,029	75.7	27,528	23.4	1,127	1.0
1989	121,629	92,133	75.7	28,917	23.8	579	0.5
1990	122,979	92,807	75.5	29,967	24.4	205	0.2
1991	121,415	89,394	73.6	31,927	26.3	94	0.1
1992	120,446	88,435	73.4	31,924	26.5	87	0.1

*MARITAL STATUS WAS DETERMINED BY RESPONSE TO THE FOLLOWING ITEMS ON THE BIRTH CERTIFICATE:

FOR YEARS 1973-1978 - ITEM #20 - LEGITIMATE?

FOR YEARS 1979-1988 - ITEM #18 - IS MOTHER MARRIED?

FOR YEARS AFTER 1988 - ITEM #22 - MOTHER MARRIED? (AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN)

TABLE N17. RESIDENT BIRTHS BY RACE AND MARITAL STATUS OF MOTHER NEW JERSEY, 1992

RACE	TOTAL		MARITAL STATUS*					
			MARRIED		NOT MARRIED		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
WHITE	88,174	100.0	72,849	82.6	15,302	17.4	23	0.0
BLACK	23,390	100.0	7,887	33.7	15,492	66.2	11	0.0
OTHER	5,514	100.0	5,013	90.9	501	9.1	0	0.0
NOT STATED	3,368	100.0	2,686	79.8	629	18.7	53	1.6
TOTAL	120,446	100.0	88,435	73.4	31,924	26.5	87	0.1

* AS DETERMINED BY RESPONSE TO THE BIRTH CERTIFICATE ITEM, "MOTHER MARRIED (AT BIRTH, CONCEPTION OR ANY TIME BETWEEN)"

TABLE N18. BIRTHS BY MOTHER'S MARITAL STATUS AND COUNTY OF RESIDENCE NEW JERSEY, 1992

COUNTY	TOTAL	MARITAL STATUS*		
		MARRIED	UNMARRIED	NOT STATED
ATLANTIC	4,074	2,487	1,584	3
BERGEN	10,834	9,740	1,080	14
BURLINGTON	5,463	4,398	1,063	2
CAMDEN	8,327	5,405	2,916	6
CAPE MAY	1,360	999	361	0
CUMBERLAND	2,243	1,199	1,044	0
ESSEX	13,632	7,155	6,469	8
GLOUCESTER	3,356	2,642	713	1
HUDSON	9,577	5,864	3,702	11
HUNTERDON	1,512	1,418	94	0
MERCER	4,933	3,341	1,589	3
MIDDLESEX	10,358	8,451	1,904	3
MONMOUTH	8,177	6,690	1,478	9
MORRIS	5,990	5,404	584	2
OCEAN	6,083	4,979	1,095	9
PASSAIC	8,112	5,261	2,846	5
SALEM	915	572	339	4
SOMERSET	4,139	3,702	434	3
SUSSEX	2,079	1,866	211	2
UNION	7,708	5,527	2,179	2
WARREN	1,375	1,150	225	0
INSTITUTIONS	1	0	1	0
MILITARY	193	181	12	0
COUNTY UNKNOWN	5	4	1	0
TOTAL	120,446	88,435	31,924	87

* AS DETERMINED BY RESPONSE TO THE BIRTH CERTIFICATE ITEM, "MOTHER MARRIED (AT BIRTH, CONCEPTION OR ANY TIME BETWEEN)"

TABLE N19. RESIDENT BIRTHS BY AGE, RACE AND MARITAL STATUS OF MOTHER
NEW JERSEY, 1992

RACE AND MARITAL STATUS OF MOTHER	AGE GROUP														TOTAL	
	UNDER 15		15-19		20-24		25-34		35-44		45 & OVER		NOT STATED			
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
WHITE BIRTHS	77	100.0	4,626	100.0	13,861	100.0	56,234	100.0	13,006	100.0	64	100.0	306	100.0	88,174	100.0
Mother Married	6	7.8	1,158	25.0	8,476	61.1	50,836	90.4	12,035	92.5	60	93.8	278	90.8	72,849	82.6
Mother Not Married	71	92.2	3,467	74.9	5,383	38.8	5,386	9.6	970	7.5	4	6.3	21	6.9	15,302	17.4
Not Stated	0	0.0	1	0.0	2	0.0	12	0.0	1	0.0	0	0.0	7	2.3	23	0.0
BLACK BIRTHS	192	100.0	4,466	100.0	6,934	100.0	9,928	100.0	1,806	100.0	17	100.0	47	100.0	23,390	100.0
Mother Married	14	7.3	296	6.6	1,549	22.3	4,875	49.1	1,127	62.4	14	82.4	12	25.5	7,887	33.7
Mother Not Married	178	92.7	4,169	93.3	5,385	77.7	5,049	50.9	677	37.5	1	5.9	33	70.2	15,492	66.2
Not Stated	0	0.0	1	0.0	0	0.0	4	0.0	2	0.1	2	11.8	2	4.3	11	0.0
OTHER BIRTHS	0	N/A	126	100.0	728	100.0	3,754	100.0	879	100.0	5	100.0	22	100.0	5,514	100.0
Mother Married	0	N/A	45	35.7	557	76.5	3,560	94.8	825	93.9	4	80.0	22	100.0	5,013	90.9
Mother Not Married	0	N/A	81	64.3	171	23.5	194	5.2	54	6.1	1	20.0	0	0.0	501	9.1
Not Stated	0	N/A	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
RACE NOT STATED	3	100.0	121	100.0	399	100.0	1,975	100.0	770	100.0	2	100.0	98	100.0	3,368	100.0
Mother Married	1	33.3	34	28.1	233	58.4	1,687	85.4	645	83.8	2	100.0	84	85.7	2,686	79.8
Mother Not Married	2	66.7	85	70.2	160	40.1	261	13.2	111	14.4	0	0.0	10	10.2	629	18.7
Not Stated	0	0.0	2	1.7	6	1.5	27	1.4	14	1.8	0	0.0	4	4.1	53	1.6
TOTAL BIRTHS	272	100.0	9,339	100.0	21,922	100.0	71,891	100.0	16,461	100.0	88	100.0	473	100.0	120,446	100.0
Mother Married	21	7.7	1,533	16.4	10,815	49.3	60,958	84.8	14,632	88.9	80	90.9	396	83.7	88,435	73.4
Mother Not Married	251	92.3	7,802	83.5	11,099	50.6	10,890	15.1	1,812	11.0	6	6.8	64	13.5	31,924	26.5
Not Stated	0	0.0	4	0.0	8	0.0	43	0.1	17	0.1	2	2.3	13	2.7	87	0.1

TABLE N20. BIRTHS BY ONSET OF PRENATAL CARE AND MOTHER'S COUNTY OF RESIDENCE NEW JERSEY, 1992

COUNTY	TOTAL BIRTHS	ONSET OF PRENATAL CARE				
		1ST TRIMESTER	2ND TRIMESTER	3RD TRIMESTER	NO CARE	NOT STATED
ATLANTIC	4,074	2,224	721	191	10	928
BERGEN	10,834	8,030	856	183	46	1,719
BURLINGTON	5,463	4,164	580	104	43	572
CAMDEN	8,327	5,417	1,010	259	143	1,498
CAPE MAY	1,360	974	237	61	13	75
CUMBERLAND	2,243	1,336	607	150	45	105
ESSEX	13,632	10,118	1,995	396	638	485
GLOUCESTER	3,356	2,424	357	64	37	474
HUDSON	9,577	5,836	1,810	412	54	1,465
HUNTERDON	1,512	1,279	78	13	1	141
MERCER	4,933	3,543	658	141	38	553
MIDDLESEX	10,358	8,264	1,126	271	51	646
MONMOUTH	8,177	6,727	813	194	70	373
MORRIS	5,990	4,895	260	54	9	772
OCEAN	6,083	4,677	926	168	30	282
PASSAIC	8,112	5,402	1,660	433	159	458
SALEM	915	512	132	38	13	220
SOMERSET	4,139	3,385	278	31	9	436
SUSSEX	2,079	1,667	148	36	3	225
UNION	7,708	5,774	1,057	181	115	581
WARREN	1,375	1,038	127	20	3	187
INSTITUTIONS	1	0	0	0	0	1
MILITARY	193	155	22	3	1	12
NOT STATED	5	0	0	0	0	5
TOTAL	120,446	87,841	15,458	3,403	1,531	12,213

TABLE N21A. MEDICAL RISK FACTORS OF THIS PREGNANCY REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1992

MEDICAL RISK	TOTAL		MOTHER'S RACE						
			WHITE		BLACK		OTHER RACE		NOT STATED
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER
ANEMIA (Hct.<30/Hgb.<10)	2,318	19.2	1,184	13.4	1,068	45.7	54	9.8	12
CARDIAC DISEASE	458	3.8	366	4.2	84	3.6	6	1.1	2
ACUTE OR CHRONIC LUNG DISEASE	456	3.8	299	3.4	138	5.9	14	2.5	5
DIABETES	2,682	22.3	1,951	22.1	503	21.5	207	37.5	21
GENITAL HERPES	452	3.8	361	4.1	82	3.5	8	1.5	1
OTHER SEXUALLY TRANSMITTED DISEASES	1,745	14.5	795	9.0	904	38.6	33	6.0	13
HYDRAMNIOS/OLIGOHYDRAMNIOS	739	6.1	479	5.4	234	10.0	19	3.4	7
HEMOGLOBINOPATHY	45	0.4	15	0.2	26	1.1	4	0.7	0
HYPERTENSION, CHRONIC	767	6.4	521	5.9	228	9.7	17	3.1	1
HYPERTENSION, PREGNANCY-ASSOCIATED	3,050	25.3	2,211	25.1	730	31.2	99	18.0	10
ECLAMPSIA	374	3.1	240	2.7	124	5.3	9	1.6	1
INCOMPETENT CERVIX	332	2.8	229	2.6	90	3.8	12	2.2	1
PREVIOUS INFANT 4000+ GRAMS	708	5.9	608	6.9	74	3.2	20	3.6	6
PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL AGE INFANT	1,004	8.3	688	7.8	266	11.4	43	7.8	7
RENAL DISEASE	164	1.4	118	1.3	41	1.8	3	0.5	2
Rh SENSITIZATION	623	5.2	525	6.0	89	3.8	7	1.3	2
UTERINE BLEEDING	307	2.5	235	2.7	60	2.6	11	2.0	1
OTHER RISK FACTOR	11,931	99.1	7,684	87.1	3,739	159.9	436	79.1	72

* RATES ARE COMPUTED PER 1,000 BIRTHS IN THE SPECIFIC RACIAL CATEGORY

TABLE N21B. MEDICAL RISK FACTORS OF THIS PREGNANCY REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS BY MOTHERS OF HISPANIC ORIGIN NEW JERSEY, 1992

MEDICAL RISK	NUMBER	RATE*
ANEMIA (Hct<30/Hgb<10)	525	30.2
CARDIAC DISEASE	92	5.3
ACUTE OR CHRONIC LUNG DISEASE	87	5.0
DIABETES	463	26.6
GENITAL HERPES	34	2.0
OTHER SEXUALLY TRANSMITTED DISEASES	492	28.3
HYDRAMNIOS/OLIGOHYDRAMNIOS	136	7.8
HEMOGLOBINOPATHY	4	0.2
HYPERTENSION, CHRONIC	95	5.5
HYPERTENSION, PREGNANCY-ASSOCIATED	400	23.0
ECLAMPSIA	88	5.1
INCOMPETENT CERVIX	25	1.4
PREVIOUS INFANT 4000+GRAMS	75	4.3
PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL AGE INFANT	117	6.7
RENAL DISEASE	19	1.1
Rh SENSITIZATION	91	5.2
UTERINE BLEEDING	39	2.2
OTHER RISK FACTOR	1,955	112.5

*RATES ARE COMPUTED PER 1,000 BIRTHS TO MOTHERS OF HISPANIC ORIGIN

TABLE N22A. COMPLICATIONS OF LABOR
REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER
NEW JERSEY, 1992

COMPLICATION	TOTAL		WHITE		BLACK		OTHER RACE		NOT STATED
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER
NONE	79,528	660.3	60,370	684.7	14,852	635.0	2,395	434.3	1,911
FEBRILE (>100F. OR 38C.)	1,066	8.9	782	8.9	229	9.8	34	6.2	21
MECONIUM, MODERATE/HEAVY	5,550	46.1	3,627	41.1	1,696	72.5	115	20.9	112
PREMATURE RUPTURE OF MEMBRANE (>12 HOURS)	5,110	42.4	3,175	36.0	1,720	73.5	112	20.3	103
ABRUPTIO PLACENTA	618	5.1	400	4.5	187	8.0	15	2.7	16
PLACENTA PREVIA	425	3.5	298	3.4	101	4.3	20	3.6	6
OTHER EXCESSIVE BLEEDING	317	2.6	250	2.8	56	2.4	9	1.6	2
SEIZURES DURING LABOR	39	0.3	27	0.3	12	0.5	0	0.0	0
PRECIPITOUS LABOR (<3 HOURS)	1,440	12.0	1,091	12.4	286	12.2	38	6.9	25
PROLONGED LABOR (>20 HOURS)	1,236	10.3	941	10.7	244	10.4	32	5.8	19
DYSFUNCTIONAL LABOR	2,359	19.6	1,913	21.7	330	14.1	65	11.8	51
BREECH/MALPRESENTATION	4,315	35.8	3,340	37.9	775	33.1	116	21.0	84
CEPHALOPELVIC DISPROPORTION	4,042	33.6	3,093	35.1	679	29.0	158	28.7	112
CORD PROLAPSE	687	5.7	516	5.9	117	5.0	23	4.2	31
ANAESTHETIC COMPLICATIONS	74	0.6	60	0.7	11	0.5	1	0.2	2
FETAL DISTRESS	3,187	26.5	2,205	25.0	820	35.1	79	14.3	83
OTHER	12,684	105.3	8,750	99.2	3,412	145.9	301	54.6	221

* RATES ARE COMPUTED PER 1,000 BIRTHS IN THE SPECIFIC RACIAL CATEGORY

TABLE N22B. OBSTETRIC PROCEDURES PERFORMED REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1992

PROCEDURE	TOTAL		WHITE		BLACK		OTHER RACE		NOT STATED
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
AMNIOCENTESIS	6,744	5.6	5,718	6.5	674	2.9	326	5.9	26
ELECTRONIC FETAL MONITORING	91,304	75.8	68,495	77.7	18,394	78.6	3,978	72.1	437
INDUCTION OF LABOR	12,407	10.3	9,155	10.4	2,785	11.9	426	7.7	41
STIMULATION OF LABOR	18,222	15.1	13,712	15.6	3,492	14.9	937	17.0	81
TOCOLYSIS	1,643	1.4	1,114	1.3	444	1.9	74	1.3	11
ULTRASOUND	58,952	48.9	45,694	51.8	10,449	44.7	2,542	46.1	267
OTHER	3,864	3.2	3,104	3.5	572	2.4	178	3.2	10

NOTE: THE PERCENT IS THE NUMBER OF PROCEDURES PERFORMED PER 100 WOMEN WHO GAVE BIRTH IN THE RACIAL GROUP

TABLE N23. RESIDENT BIRTHS BY BIRTH WEIGHT OF CHILD AND AGE AND RACE OF MOTHER NEW JERSEY, 1992

AGE & RACE OF MOTHER	TOTAL BIRTHS	WEIGHT AT BIRTH			
		<1500 GRAMS	1500-2499 GRAMS	2500 GRAMS & OVER	NOT STATED
UNDER 15					
TOTAL	272	6	30	234	2
WHITE	77	3	7	67	0
BLACK	192	3	22	165	2
OTHER	0	0	0	0	0
NOT STATED	3	0	1	2	0
15-19					
TOTAL	9,339	197	775	8,333	34
WHITE	4,626	71	306	4,245	4
BLACK	4,466	124	454	3,884	4
OTHER	126	0	8	118	0
NOT STATED	121	2	7	86	26
20-24					
TOTAL	21,922	389	1,486	19,811	236
WHITE	13,861	159	724	12,970	8
BLACK	6,934	224	698	6,008	4
OTHER	728	5	51	671	1
NOT STATED	399	1	13	162	223
25-29					
TOTAL	36,507	454	1,917	33,399	737
WHITE	27,832	237	1,171	26,392	32
BLACK	5,945	190	638	5,105	12
OTHER	1,876	18	96	1,761	1
NOT STATED	854	9	12	141	692
30-34					
TOTAL	35,384	408	1,724	32,230	1,022
WHITE	28,402	258	1,160	26,960	24
BLACK	3,983	128	439	3,411	5
OTHER	1,878	14	115	1,747	2
NOT STATED	1,121	8	10	112	991
35-39					
TOTAL	14,315	184	804	12,717	610
WHITE	11,345	124	588	10,617	16
BLACK	1,559	44	178	1,335	2
OTHER	753	11	33	707	2
NOT STATED	658	5	5	58	590
40-44					
TOTAL	2,146	38	126	1,882	100
WHITE	1,661	23	83	1,551	4
BLACK	247	11	30	205	1
OTHER	126	3	11	112	0
NOT STATED	112	1	2	14	95
45 AND OVER					
TOTAL	88	8	7	71	2
WHITE	64	7	3	54	0
BLACK	17	1	3	12	1
OTHER	5	0	0	5	0
NOT STATED	2	0	1	0	1
NOT STATED					
TOTAL	473	25	23	393	32
WHITE	306	6	14	280	6
BLACK	47	18	5	24	0
OTHER	22	1	2	19	0
NOT STATED	98	0	2	70	26
TOTAL	120,446	1,709	6,892	109,070	2,775

TABLE N23A. BIRTHS BY BIRTH WEIGHT GROUP AND MOTHER'S COUNTY OF RESIDENCE NEW JERSEY, 1992

COUNTY	TOTAL	BIRTH WEIGHT		
		2,500 GRAMS +	UNDER 2,500 GRAMS	NOT STATED
ATLANTIC	4,074	3,724	321	29
BERGEN	10,834	9,447	563	824
BURLINGTON	5,463	5,088	361	14
CAMDEN	8,327	7,625	686	16
CAPE MAY	1,360	1,264	95	1
CUMBERLAND	2,243	2,060	179	4
ESSEX	13,632	11,957	1,433	242
GLOUCESTER	3,356	3,153	196	7
HUDSON	9,577	8,304	753	520
HUNTERDON	1,512	1,420	78	14
MERCER	4,933	4,513	384	36
MIDDLESEX	10,358	9,434	653	271
MONMOUTH	8,177	7,446	464	267
MORRIS	5,990	5,586	326	78
OCEAN	6,083	5,591	326	166
PASSAIC	8,112	7,343	666	103
SALEM	915	837	77	1
SOMERSET	4,139	3,887	216	36
SUSSEX	2,079	1,943	116	20
UNION	7,708	6,983	610	115
WARREN	1,375	1,280	85	10
INSTITUTIONS	1	1	0	0
MILITARY	193	181	12	0
NOT STATED	5	3	1	1
TOTAL	120,446	109,070	8,601	2,775

TABLE N24. RESIDENT BIRTHS BY BIRTH WEIGHT AND NUMBER OF PREVIOUS PREGNANCY TERMINATIONS NEW JERSEY, 1992

NUMBER OF PREVIOUS PREGNANCY TERMINATIONS**	TOTAL BIRTHS	WEIGHT AT BIRTH			
		LESS THAN 2500 GRAMS	2500 GRAMS OR MORE	NOT STATED	PERCENT LOW BIRTH WEIGHT*
0	83,452	5,811	77,598	43	7.0
1	18,780	1,373	17,400	7	7.3
2	7,026	609	6,410	7	8.7
3 OR MORE	3,566	404	3,158	4	11.3
NOT STATED	7,622	404	4,504	2,714	5.3
TOTAL	120,446	8,601	109,070	2,775	7.1

*PERCENT OF LIVE BIRTHS WEIGHING LESS THAN 2500 GRAMS (5 LBS 8 OZS)
**NUMBER OF PREVIOUS FETAL DEATHS, SPONTANEOUS OR INDUCED

TABLE N25. RESIDENT BIRTHS BY BIRTH WEIGHT AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

TRIMESTER PRENATAL CARE BEGAN	TOTAL	WEIGHT AT BIRTH			
		LESS THAN 2500 GRAMS	2500 GRAMS OR MORE	NOT STATED	PERCENT LOW BIRTH WEIGHT*
FIRST	87,841	5,476	82,330	35	6.2
SECOND	15,458	1,259	14,190	9	8.1
THIRD	3,403	287	3,113	3	8.4
NO CARE	1,531	439	1,088	4	28.7
NOT STATED	12,213	1,140	8,349	2,724	9.3
TOTAL	120,446	8,601	109,070	2,775	7.1

*PERCENT OF LIVE BIRTHS WEIGHING LESS THAN 2500 GRAMS (5 LBS 8 OZS)

TABLE N26. RESIDENT BIRTHS BY BIRTH WEIGHT OF CHILD, ONSET OF PRENATAL CARE AND RACE OF MOTHER NEW JERSEY, 1992

RACE & TRIMESTER PRENATAL CARE BEGAN	TOTAL		BIRTH WEIGHT							
			<1500 GRAMS		1500-2499 GRAMS		2500+ GRAMS		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
WHITE LIVE BIRTHS										
FIRST TRIMESTER	70,118	100.0	608	0.9	3,013	4.3	66,472	94.8	25	0.0
SECOND TRIMESTER	9,184	100.0	78	0.8	460	5.0	8,643	94.1	3	0.0
THIRD TRIMESTER	1,791	100.0	10	0.6	103	5.8	1,677	93.6	1	0.1
NO CARE	421	100.0	30	7.1	56	13.3	332	78.9	3	0.7
NOT STATED	6,660	100.0	162	2.4	424	6.4	6,012	90.3	62	0.9
TOTAL	88,174	100.0	888	1.0	4,056	4.6	83,136	94.3	94	0.1
BLACK LIVE BIRTHS										
FIRST TRIMESTER	13,290	100.0	369	2.8	1,207	9.1	11,705	88.1	9	0.1
SECOND TRIMESTER	5,448	100.0	110	2.0	554	10.2	4,778	87.7	6	0.1
THIRD TRIMESTER	1,372	100.0	9	0.7	147	10.7	1,215	88.6	1	0.1
NO CARE	1,079	100.0	111	10.3	236	21.9	732	67.8	0	0.0
NOT STATED	2,201	100.0	144	6.5	323	14.7	1,719	78.1	15	0.7
TOTAL	23,390	100.0	743	3.2	2,467	10.5	20,149	86.1	31	0.1
OTHER RACE LIVE BIRTHS										
FIRST TRIMESTER	4,132	100.0	32	0.8	222	5.4	3,877	93.8	1	0.0
SECOND TRIMESTER	706	100.0	3	0.4	46	6.5	657	93.1	0	0.0
THIRD TRIMESTER	200	100.0	1	0.5	13	6.5	186	93.0	0	0.0
NO CARE	24	100.0	0	0.0	3	12.5	20	83.3	1	4.2
NOT STATED	452	100.0	16	3.5	32	7.1	400	88.5	4	0.9
TOTAL	5,514	100.0	52	0.9	316	5.7	5,140	93.2	6	0.1
RACE NOT STATED LIVE BIRTHS										
FIRST TRIMESTER	301	100.0	8	2.7	17	5.6	276	91.7	0	0.0
SECOND TRIMESTER	120	100.0	3	2.5	5	4.2	112	93.3	0	0.0
THIRD TRIMESTER	40	100.0	0	0.0	4	10.0	35	87.5	1	2.5
NO CARE	7	100.0	2	28.6	1	14.3	4	57.1	0	0.0
NOT STATED	2,900	100.0	13	0.4	26	0.9	218	7.5	2,643	91.1
TOTAL	3,368	100.0	26	0.8	53	1.6	645	19.2	2,644	78.5
TOTAL LIVE BIRTHS										
FIRST TRIMESTER	87,841	100.0	1,017	1.2	4,459	5.1	82,330	93.7	35	0.0
SECOND TRIMESTER	15,458	100.0	194	1.3	1,065	6.9	14,190	91.8	9	0.1
THIRD TRIMESTER	3,403	100.0	20	0.6	267	7.8	3,113	91.5	3	0.1
NO CARE	1,531	100.0	143	9.3	296	19.3	1,088	71.1	4	0.3
NOT STATED	12,213	100.0	335	2.7	805	6.6	8,349	68.4	2,724	22.3
TOTAL	120,446	100.0	1,709	1.4	6,892	5.7	109,070	90.6	2,775	2.3

TABLE N27. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND RACE OF MOTHER NEW JERSEY, 1992

APGAR SCORE	TOTAL		WHITE		BLACK		OTHER RACES		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-6	1,194	1.0	647	0.7	502	2.1	32	0.6	13	0.4
7-10	112,754	93.6	84,559	95.9	22,267	95.2	5,362	97.2	566	16.8
NOT STATED	6,498	5.4	2,968	3.4	621	2.7	120	2.2	2,789	82.8
TOTAL	120,446	100.0	88,174	100.0	23,390	100.0	5,514	100.0	3,368	100.0

TABLE N28. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND AGE OF MOTHER NEW JERSEY, 1992

APGAR SCORE	TOTAL		AGE OF MOTHER													
			UNDER 15		15-19		20-24		25-34		35-44		45 AND OVER		NOT STATED	
	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT	NUMBER	PER-CENT
0-6	1,194	1.0	6	2.2	142	1.5	270	1.2	614	0.9	143	0.9	1	1.1	18	3.8
7-10	112,754	93.6	258	94.9	8,974	96.1	20,941	95.5	67,431	93.8	15,024	91.3	82	93.2	44	9.3
NOT STATED	6,498	5.4	8	2.9	223	2.4	711	3.2	3,846	5.3	1,294	7.9	5	5.7	411	86.9
TOTAL	120,446	100.0	272	100.0	9,339	100.0	21,922	100.0	71,891	100.0	16,461	100.0	88	100.0	473	100.0

TABLE N29. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND ONSET OF PRENATAL CARE NEW JERSEY, 1992

APGAR SCORE	TOTAL		TRIMESTER PRENATAL CARE BEGAN									
			FIRST TRIMESTER		SECOND TRIMESTER		THIRD TRIMESTER		NO CARE		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-6	1,194	1.0	763	0.9	178	1.2	22	0.6	94	6.1	137	1.1
7-10	112,754	93.6	86,641	98.6	15,165	98.1	3,346	98.3	1,355	88.5	6,247	51.2
NOT STATED	6,498	5.4	437	0.5	115	0.7	35	1.0	82	5.4	5,829	47.7
TOTAL	120,446	100.0	87,841	100.0	15,458	100.0	3,403	100.0	1,531	100.0	12,213	100.0

TABLE N30. ABNORMAL CONDITIONS OF NEWBORN REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1992

ABNORMAL CONDITION	TOTAL		WHITE		BLACK		OTHER RACE		NOT STATED
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER
ANEMIA (HCT. <39/HGB.<13)	126	1.0	84	1.0	35	1.5	7	1.3	0
BIRTH INJURY	115	1.0	91	1.0	22	0.9	2	0.4	0
FETAL ALCOHOL SYNDROME	19	0.2	12	0.1	7	0.3	0	0.0	0
HYALINE MEMBRANE DISEASE/RDS	638	5.3	433	4.9	181	7.7	22	4.0	2
MECONIUM ASPIRATION SYNDROME	200	1.7	135	1.5	56	2.4	8	1.5	1
ASSISTED VENTILATION <30 MIN.	316	2.6	208	2.4	99	4.2	8	1.5	1
ASSISTED VENTILATION >=30 MIN.	581	4.8	370	4.2	187	8.0	21	3.8	3
SEIZURES	36	0.3	30	0.3	5	0.2	1	0.2	0
OTHER	4,229	35.1	2,843	32.2	1,243	53.1	126	22.9	17

* RATES ARE COMPUTED PER 1,000 BIRTHS IN THE SPECIFIC RACIAL CATEGORY

TABLE N31. CONGENITAL ANOMALIES OF CHILD REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1992

CONGENITAL ANOMALY	TOTAL		WHITE		BLACK		OTHER RACE		NOT STATED
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER
CENTRAL NERVOUS SYSTEM ANOMALY	146	1.2	94	1.1	46	2.0	5	0.9	1
HEART MALFORMATION	154	1.3	122	1.4	23	1.0	8	1.5	1
OTHER CIRCULATORY/RESPIRATORY ANOMALY	138	1.1	115	1.3	19	0.8	4	0.7	0
GASTROINTESTINAL ANOMALY	73	0.6	50	0.6	16	0.7	6	1.1	1
UROGENITAL ANOMALY	264	2.2	221	2.5	32	1.4	11	2.0	0
MUSCULOSKELETAL/INTEGUMENTAL ANOMALY	355	2.9	253	2.9	83	3.5	16	2.9	3
DOWN SYNDROME	56	0.5	43	0.5	12	0.5	1	0.2	0
OTHER CHROMOSOMAL ANOMALY	37	0.3	31	0.4	4	0.2	2	0.4	0
OTHER	922	7.7	667	7.6	221	9.4	29	5.3	5

* RATES ARE COMPUTED PER 1,000 BIRTHS IN THE SPECIFIC RACIAL CATEGORY

MORTALITY

1992

INTRODUCTION

The mortality information contained in this report covers deaths of New Jersey residents during the 1992 calendar year. The report's source document is the death certificate. New Jersey law requires the filing of a death certificate by the proper authority in the event of a death occurring in the state. These certificates are submitted to the office of the State Registrar, where they are recorded and filed permanently. Statistics on deaths of New Jersey residents which occurred in other states are obtained through participation in the national Vital Statistics Cooperative Program.

All the causes of death included in this report are underlying causes, and were coded by Bureau of Vital Statistics staff in accordance with the International Classification of Diseases, Ninth Revision, adapted for use in the United States. Additional causes of death listed on the certificates, including the immediate and intermediate causes, are not considered in the analysis. The inclusion of all listed causes of death (multiple causes of death) could lead to somewhat different results. The death data are maintained on computer files, from which identifying information has been removed in order to protect confidentiality.

STATISTICAL OVERVIEW

Number of Deaths

There were 70,846 deaths of New Jersey residents during the 1992 calendar year, an increase of 571 over the 1991 figure. The increase represents a net increase of 0.8 percent over the number of deaths in 1991.

There were 60,706 white, 9,318 black, 360 Asian and Pacific Islander, 114 Asian Indian and 348 resident deaths of other and unknown races. Deaths of males outnumbered female deaths by 35,845 to 34,995.

Mortality Rate

The New Jersey crude death rate per 100,000 population in 1992 was 905.9, a decrease of 0.1 percent from the 1991 rate (CHS, 1995b). The U.S. crude death rate in 1992 was 852.9 per 100,000 population, a reduction of 0.9 percent from the 1991 crude rate of 860.3 per 100,000 (NCHS, 1995).

TABLE M1. DEATH RATES BY AGE GROUP NEW JERSEY, 1991 AND 1992

AGE GROUP	1992		1991	
	NUMBER	RATE*	NUMBER	RATE*
UNDER 5	1,211	211.0	1,229	218.0
5-14	183	18.2	188	19.0
15-24	762	75.7	726	70.5
25-44	5,199	202.4	5,187	201.8
45-64	11,668	724.4	11,774	755.8
65-84	36,317	3,792.0	36,028	3,806.0
85 AND OVER	15,485	15,596.7	15,121	15,642.4
NOT STATED	21	N/A	22	N/A
TOTAL	70,846	505.7	70,275	510.9

*RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

The age distribution of the population is a major factor affecting the crude death rate. Age-adjusted death rates eliminate age as a factor in the differences found when comparing crude death rates among areas or over time; therefore, they are better measures of mortality risk from factors other than age. The U.S. age-adjusted death rate was at a record low of 504.5 per 100,000 U.S. standard million population in 1992, 1.8 percent below the 1991 rate of 513.7 (NCHS, 1995). New Jersey's age-adjusted death rate in 1992 was 505.7 (Table M1), very similar to the rate for the nation as a whole. While the crude death rate in New Jersey is higher than the national rate, removal of the effect of the age distribution of the population reveals a virtually identical mortality risk in New Jersey from factors other than age.

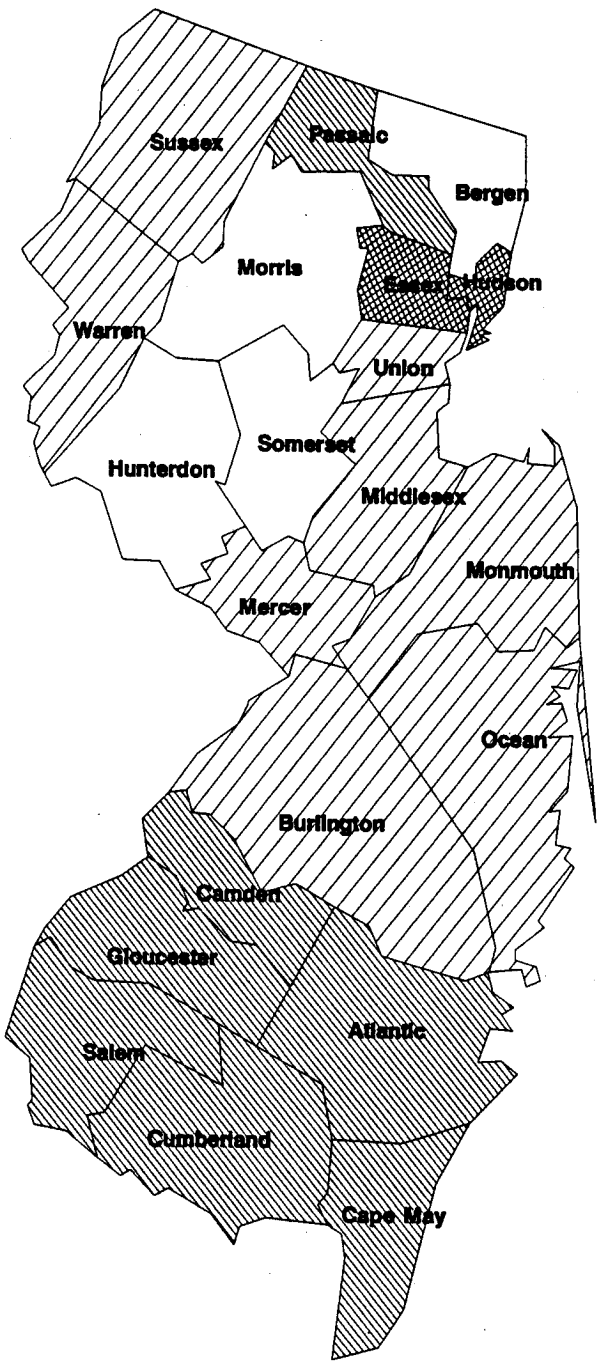
There are substantial differences in the mortality risks (aside from age) of the major race-sex subgroups of the population. Black males had the highest age-adjusted death rate of the major race-sex groups in the state (1,067.5 per 100,000 standard million population), followed by white males (604.9), black females (590.7) and white females (358.2). Mortality risks other than those that are age-related are two to three times as high for black males as for white females, regardless of the standard population used (CHS, 1995c).

Age-specific death rates declined or were stable in all age groups except among 15 through 24 year olds from 1991 to 1992 (Table M1). The number of deaths in this group increased by 36, increasing the death rate by 7.4 percent, from 70.5 to 75.7 per 100,000 population. Most of the increase in deaths in this age group was due to injuries: there were 32 additional motor vehicle fatalities and 15 more suicides than in 1991, although there were five fewer homicide and legal intervention deaths.

The death rate among 25 through 44 year olds was basically stable over the year, although the death rate in this age group had increased dramatically throughout the past decade (Table M23). The rise in the number of deaths in this age group has been due primarily to increasing deaths from HIV infection and poisoning by drugs. In 1992 there were 70 additional deaths over the prior year from HIV infection, 34 from unintentional injuries other than from motor vehicle accidents and 31 from injuries of undetermined intentionality. These increases were offset by a decline of 36 suicides, 31 stroke deaths, 27 malignant neoplasm deaths, 25 deaths from pneumonia and influenza and 15 from chronic liver disease and cirrhosis, leaving the number of deaths virtually unchanged from the prior year. The most dramatic increase by cause of death in this age group occurred in deaths due to poisoning by drugs, either accidental or undetermined whether accidentally or purposely inflicted. This increase amounted to 88 more deaths in 1992 than in 1991 and an increase of 27.0 percent. Deaths in this age group (both accidental and from undetermined intentionality) from drugs, medicaments or biologicals totalled 414.

Mortality rates vary among New Jersey's counties (Table M24). To eliminate the effect of differing age distributions on the county death rates, these rates were age adjusted. The resulting age-adjusted rates per 100,000 population ranged from 402.9 in Hunterdon County to 644.8 in Essex County. Other counties with high age-adjusted death rates were Hudson (601.6), Cumberland (573.2), Atlantic (553.0) and Camden (549.5) (Figure M1).

FIGURE M1. AGE-ADJUSTED DEATH RATES BY COUNTY NEW JERSEY, 1992



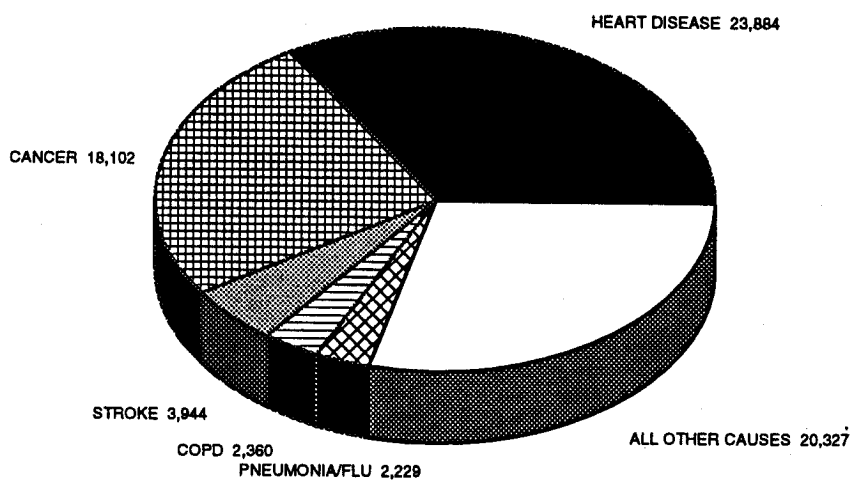
SOURCE: NJ CENTER FOR HEALTH STATISTICS

LEADING CAUSES OF DEATH

Total Mortality

Diseases of the heart (heart disease), malignant neoplasms (cancer) and cerebrovascular diseases (stroke) continued to rank first, second and third, respectively, as the leading causes of death among New Jersey residents in 1992. Together, these three underlying causes of death accounted for almost two of every three deaths (64.8%) (Figure M2 and Table M2). Chronic obstructive pulmonary diseases (COPD) ranked fourth, followed closely by pneumonia and influenza. Diabetes mellitus became the sixth most frequent cause of death in 1992, displacing unintentional injury deaths, which fell to seventh. HIV infection remained the eighth most frequent cause of death, while septicemia continued to be ninth. Nephritis and nephrosis became the tenth leading cause of death of New Jersey residents in 1992, displacing chronic liver disease and cirrhosis. Tables M25 and M25A through M25J provide a distribution of deaths by cause group, age group and race/sex group. Table M26 presents a distribution of cause of death by county of residence of the decedent. Chart M1 lists the leading causes of deaths within major age groups and Chart M2 provides the average daily toll of deaths from leading causes in 1992.

FIGURE M2. LEADING CAUSES OF DEATH
NEW JERSEY, 1992



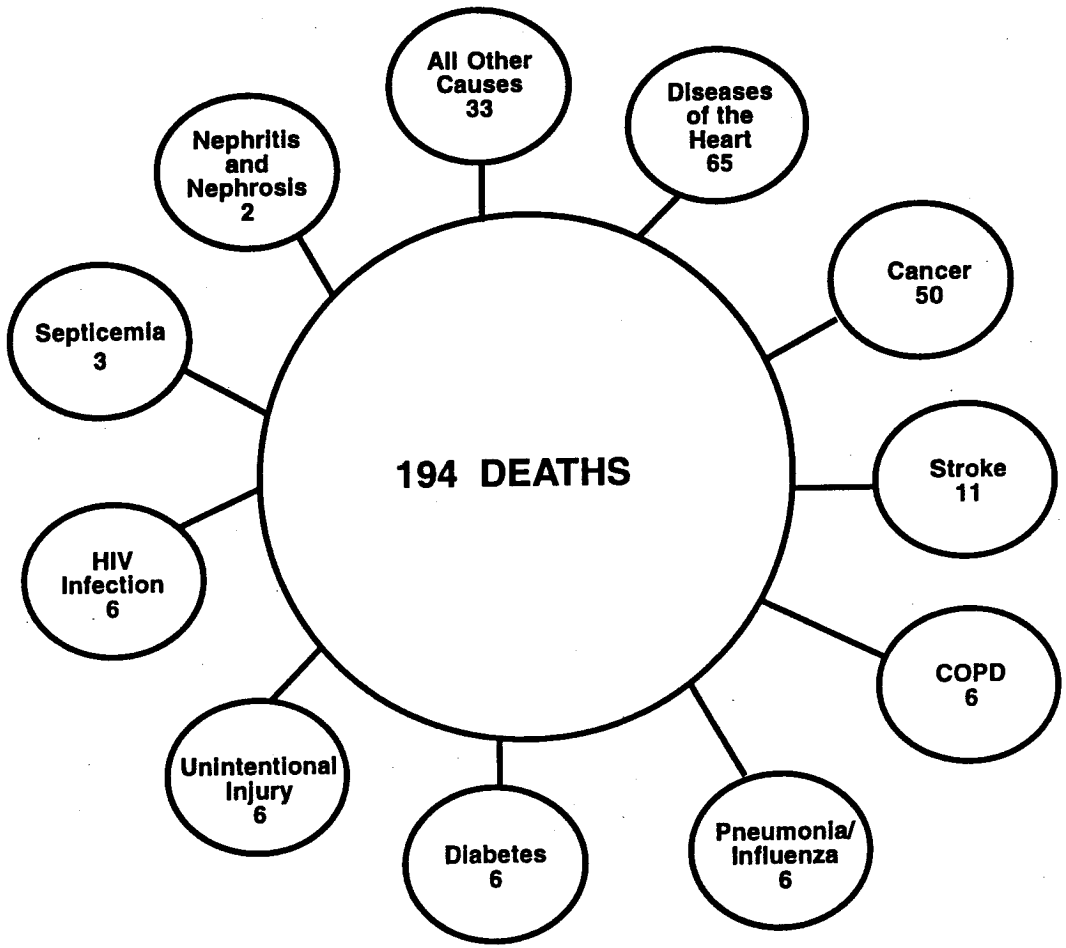
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

CHART M1. LEADING CAUSES OF DEATH BY AGE GROUP
NEW JERSEY, 1992

RANK	AGE GROUP					TOTAL*
	1-14	15-24	25-44	45-64	65+	
1	UNINTENTIONAL INJURIES 131	UNINTENTIONAL INJURIES 305	HIV INFECTION 1,541	MALIGNANT NEOPLASMS 4,486	DISEASES OF THE HEART 20,206	DISEASES OF THE HEART 23,884
2	CONGENITAL ANOMALIES 40	HOMICIDE & LEGAL INTERVENTION 120	UNINTENTIONAL INJURIES 747	DISEASES OF THE HEART 3,178	MALIGNANT NEOPLASMS 12,799	MALIGNANT NEOPLASMS 18,102
3	MALIGNANT NEOPLASMS 36	SUICIDE 80	MALIGNANT NEOPLASMS 714	DIABETES MELLITUS 435	CEREBROVASCULAR DISEASES 3,425	CEREBROVASCULAR DISEASES 3,944
4	HIV INFECTION 27	MALIGNANT NEOPLASMS 64	DISEASES OF THE HEART 445	CEREBROVASCULAR DISEASES 414	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 2,049	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 2,360
5	HOMICIDE & LEGAL INTERVENTION 17	HIV INFECTION 35	SUICIDE 234	HIV INFECTION 395	PNEUMONIA/ INFLUENZA 1,938	PNEUMONIA/ INFLUENZA 2,229
	▲ Tie ▼					
6	DISEASES OF THE HEART 17	DISEASES OF THE HEART 24	HOMICIDE & LEGAL INTERVENTION 194	UNINTENTIONAL INJURIES 336	DIABETES MELLITUS 1,618	DIABETES MELLITUS 2,136
7	PNEUMONIA/ INFLUENZA 10	CONGENITAL ANOMALIES 10	CHRONIC LIVER DISEASE & CIRRHOSIS 169	CHRONIC LIVER DISEASE & CIRRHOSIS 332	SEPTICEMIA 1,024	UNINTENTIONAL INJURIES 2,094
8	SUICIDE 7	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 8	CEREBROVASCULAR DISEASES 88	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 266	NEPHRITIS/ NEPHROSIS 744	HIV INFECTION 2,057
9		CEREBROVASCULAR DISEASES 7	PNEUMONIA/ INFLUENZA 82	PNEUMONIA/ INFLUENZA 168	ARTERY, ARTERIOLES & CAPILLARY DISEASES 726	SEPTICEMIA 1,205
10			DIABETES MELLITUS 80	SUICIDE 154	UNINTENTIONAL INJURIES 561	NEPHRITIS/ NEPHROSIS 895
RESIDUAL**	98	109	905	1,504	6,712	11,940
TOTAL	383	762	5,199	11,668	51,802	70,846

* INCLUDES DEATHS OF PERSONS UNDER 1 YEAR OF AGE AND PERSONS OF UNKNOWN AGE.
** INCLUDES DEATHS FROM ALL OTHER CAUSES IN THE SPECIFIC AGE GROUP.

CHART M2. AVERAGE NUMBER OF DEATHS PER DAY BY CAUSE NEW JERSEY, 1992



NOTE: Averages are rounded to the nearest whole number.

TABLE M2. THE TEN LEADING CAUSES OF DEATH RANKED BY FREQUENCY NEW JERSEY, 1991 AND 1992

CAUSE GROUP (ICD-9 CODES)	1992		1991		1991-1992	
	RANK	NUMBER OF DEATHS	RANK	NUMBER OF DEATHS	CHANGE IN DEATHS NUMBER	CHANGE IN DEATHS PERCENT
DISEASES OF THE HEART (390-398, 402, 404-429)	1	23,884	1	23,442	442	1.9
MALIGNANT NEOPLASMS (140-208)	2	18,102	2	18,253	-151	-0.8
CEREBROVASCULAR DISEASES (430-438)	3	3,944	3	4,086	-142	-3.5
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	4	2,360	4	2,354	6	0.3
PNEUMONIA/INFLUENZA (480-487)	5	2,229	5	2,311	-82	-3.5
DIABETES MELLITUS (250)	6	2,136	7	1,979	157	7.9
UNINTENTIONAL INJURIES (E800-E949)	7	2,094	6	2,016	78	3.9
HIV INFECTION (42-44)	8	2,057	8	1,925	132	6.9
SEPTICEMIA (38)	9	1,205	9	1,126	79	7.0
NEPHRITIS AND NEPHROSIS (580-589)	10	895	11	859	36	4.2
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	11	860	10	891	-31	-3.5

TRENDS AND PATTERNS IN LEADING CAUSES

Diseases of the Heart

Although heart disease remains the leading cause of deaths of New Jersey residents, accounting for 23,884 deaths in 1992, the numbers and rates of death from this cause have been declining for more than 20 years. Deaths from heart disease have fallen by 15 percent (or 4,220 deaths) in the last decade (Table M3). The percentage of all resident deaths attributed to heart disease fell from 41.0 in 1983 to 33.7 in 1992. The decrease in heart disease death rates has affected virtually every age group during the past 10 years. The only exception to this pattern is in the five through 14 year old age group. It should be noted that the numbers of deaths in this age group are very small (five in 1983 and 10 in 1992). The greatest percentage decrease in the death rate from diseases of the heart over the decade occurred in children under five years of age. Again, the numbers of deaths were low in this age group and therefore may fluctuate from year to year. Age groups above 25 years, with larger numbers of deaths, all experienced substantial decreases in the death rate from diseases of the heart. The death rate in the 45 through 64 year-olds fell 38.4 percent over the 10 year span while the death rates among 25 through 44 and 65 through 84 year-old persons each declined about one-fourth (23.5% and 26.9%, respectively). Even among the oldest population group, those aged 85 and over, the death rate was 17.5 percent lower in 1992 than a decade ago.

TABLE M3. RESIDENT DEATHS AND DEATH RATES FROM DISEASES OF THE HEART BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	15	2.6	26	5.2	-49.6
5-14	10	1.0	5	0.5	106.0
15-24	24	2.4	38	3.1	-23.0
25-44	445	17.3	502	22.7	-23.5
45-64	3,178	197.3	5,060	320.3	-38.4
65-84	13,083	1,366.1	15,551	1,869.9	-26.9
85 AND OVER	7,123	7,174.4	6,912	8,698.8	-17.5
NOT STATED	6	N/A	10	N/A	N/A
TOTAL	23,884	144.7	28,104	204.0	-29.1

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Malignant Neoplasms

Malignant neoplasms were the second-leading cause of death in 1992, accounting for 18,102 deaths (Table M4). Age-adjusted cancer death rates by site differ in magnitude and trend over time. Cancer of the lung and bronchus remained the most frequent type of fatal cancer in 1992, responsible for 4,682 deaths and an age-adjusted rate of 38.8 per 100,000 population. The second-highest age-adjusted death rate by site was from female breast cancer. In 1992, 1,680 New Jersey women died of breast cancer, for an age-adjusted rate of 26.1 deaths per 100,000 females. Cancer of the digestive organs, excluding the colon and rectum, was responsible for 2,372 deaths, while another 2,243 deaths were attributed to cancer of the colon and rectum. Together, cancer of the digestive system accounted for an adjusted rate of 33.8 deaths per 100,000 population. Cancer of the prostate was the underlying cause of death for 1,131 New Jersey men in 1992 for an age-adjusted rate of 17.5 deaths per 100,000 male residents.

Over the past 10 years, there have been major changes in the death rates of certain types of cancer. The percentage of change in each of the rates by site over the ten-year period is presented in Table M4. When the effect of age has been eliminated from the rates, prostate cancer is the only specific cancer type exhibiting a major increase over the ten-year period. The age-adjusted death rate for cancer of the prostate was 18.2 percent higher in 1990-1992 than in 1981-1983. Other more modest increases in age-adjusted death rates were found in cancer of hematopoietic tissue other than leukemia (an 8.1% increase), bone, skin and connective tissue cancer (5.0% higher), and in cancer of the lung and bronchus (a 4.0% increase). The age-adjusted death rates of several types of cancer were considerably lower during the more recent period than they were 10 years earlier: cancer of the colon and rectum (a 17.4% decrease), lip, oral cavity and pharynx cancer (down 16.1%), cancer of the cervix uteri (a 12.9% decrease) and leukemia (9.6% lower). Cancer of male genital organs other than the prostate and of unspecified male genital organs also was lower, a 16.7 percent decrease in the age-adjusted rate, but the number of deaths was relatively small (25, in 1992). When the effect of age is removed from the overall cancer death rate, the rate was virtually unchanged over the decade.

TABLE M4. RESIDENT DEATHS AND DEATH RATES FROM MALIGNANT NEOPLASMS BY SITE NEW JERSEY, 1981-1983 AND 1990-1992

SITE (ICD-9 CODES)	NUMBER OF DEATHS 1992	AGE-ADJUSTED DEATH RATE* 1990-1992	NUMBER OF DEATHS 1983	AGE-ADJUSTED DEATH RATE* 1981-1983	PERCENTAGE CHANGE IN AGE-ADJUSTED DEATH RATE
LIP, ORAL CAVITY AND PHARYNX (140-149)	283	2.6	313	3.1	-16.1
COLON AND RECTUM (153-154, 159.0)	2,243	15.7	2,425	19.0	-17.4
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	2,372	18.1	2,343	19.6	-7.7
LUNG INCLUDING BRONCHUS (162.2-162.9)	4,682	38.8	4,204	37.3	4.0
BONE, SKIN, CONNECTIVE TISSUE (170-173)	472	4.2	393	4.0	5.0
FEMALE BREAST (174)	1,680	26.1	1,514	26.5	-1.5
CERVIX UTERI (180)	140	2.7	178	3.1	-12.9
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	817	11.2	734	11.7	-4.3
PROSTATE (185)	1,131	17.5	846	14.8	18.2
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	25	0.5	23	0.6	-16.7
URINARY ORGANS (188-189)	755	5.4	743	5.8	-6.9
NERVOUS SYSTEM (191-192)	413	3.7	376	3.9	-5.1
LEUKEMIA (204-208)	630	4.7	517	5.2	-9.6
OTHER HEMATOPOIETIC TISSUE (200-203)	983	8.0	820	7.4	8.1
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-198)	402	3.3	366	3.6	-8.3
UNSPECIFIED SITES (199)	1,074	8.0	685	6.2	29.0
TOTAL	18,102	141.5	16,480	144.0	-1.7

* AGE-ADJUSTED DEATH RATES ARE COMPUTED BASED ON THE TOTAL POPULATION, EXCEPT FOR CANCER OF THE PROSTATE AND OTHER MALE GENITAL ORGANS, FOR WHICH THE RATE IS BASED ON THE MALE POPULATION AND CANCER OF THE FEMALE BREAST, CERVIX UTERI, AND OTHER FEMALE GENITAL ORGANS, FOR WHICH THE RATE IS BASED ON THE FEMALE POPULATION.

More than 70 percent of cancer deaths in 1992 (70.7%) occurred in persons 65 years of age and over (Table M5). Another one-fourth of the cancer deaths (24.8%) were in persons 45 through 64 years of age. Malignant neoplasms were the leading cause of death among 45 through 64 year olds in New Jersey in 1992 (Chart M1). Cancer death rates were lower in 1992 than in 1983 in every age group but the 15 through 24 year olds and persons aged 65 years and over. Although the number of cancer deaths declined over the decade in 15 through 24 year olds, from 72 in 1983 to 64 in 1992, because of the smaller population in this age group in 1992, the death rate was higher by 8.4 percent. The increase in death rate among persons 65 through 84 and 85 and over represented 2.9 and 16.8 percentage rises, respectively, over the decade.

TABLE M5. RESIDENT DEATHS AND DEATH RATES FROM MALIGNANT NEOPLASMS BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	16	2.8	20	4.0	-30.2
5-14	22	2.2	47	4.5	-51.8
15-24	64	6.4	72	5.9	8.4
25-44	714	27.8	623	28.1	-1.1
45-64	4,486	278.5	5,241	331.7	-16.0
65-84	10,729	1,120.3	9,057	1,089.0	2.9
85 AND OVER	2,070	2,084.9	1,418	1,784.6	16.8
NOT STATED	1	N/A	2	N/A	N/A
TOTAL	18,102	139.5	16,480	145.1	-3.9

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Cerebrovascular Diseases

There were 3,944 resident deaths from cerebrovascular diseases (stroke) in 1992 (Table M6). The state total age-adjusted death rate from stroke was 30.5 percent lower than it was 10 years previously. The death rates were lower in 1992 than in 1983 in all age groups 5 years and over. In the youngest age group the death rates were slightly higher in 1992, but the number of deaths remained at low numbers (8 deaths of persons aged 4 and under in 1992).

TABLE M6. RESIDENT DEATHS AND DEATH RATES FROM CEREBROVASCULAR DISEASES BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	8	1.4	6	1.2	16.4
5-14	2	0.2	3	0.3	-31.3
15-24	7	0.7	10	0.8	-14.7
25-44	88	3.4	112	5.1	-32.2
45-64	414	25.7	625	39.6	-35.0
65-84	2,119	221.3	2,627	315.9	-30.0
85 AND OVER	1,306	1,315.4	1,353	1,702.8	-22.7
NOT STATED	0	N/A	1	N/A	N/A
TOTAL	3,944	22.6	4,737	32.5	-30.5

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Chronic Obstructive Pulmonary Diseases and Allied Conditions

The fourth leading cause of death of New Jersey residents in 1992 was the grouped cause, chronic obstructive pulmonary diseases and allied conditions (COPD), accounting for 2,360 deaths (Table M7). This cause group includes chronic bronchitis, emphysema, asthma and unspecified chronic airways obstruction. In both the age group under 25 years (where the number of deaths is small) and those aged 45 through 64 years, the death rate from COPD was substantially lower in 1992 than in 1983. In the remaining age groups, those aged 25 through 44, 65 through 84 and 85 years and over, the death rate from COPD was higher in 1992 than ten years earlier. COPD deaths occur primarily in the elderly - 86.8 percent of deaths from COPD in 1992 were in persons 65 and over.

TABLE M7. RESIDENT DEATHS AND DEATH RATES FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASES BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 25	9	0.3	12	0.4	-19.8
25-44	35	1.4	19	0.9	58.9
45-64	266	16.5	324	20.5	-19.5
65-84	1,655	172.8	1,276	153.4	12.6
85 AND OVER	394	396.8	255	320.9	23.7
NOT STATED	1	N/A	1	N/A	N/A
TOTAL	2,360	15.2	1,887	14.5	4.8

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Pneumonia and Influenza

The cause group, pneumonia and influenza, was the fifth leading cause of death of New Jersey residents in 1992, accounting for 2,229 deaths (Table M8). Deaths from this cause group are concentrated in the population aged 65 and over, with 86.9 percent of the deaths in 1992. The largest increase in the death rate occurred in the 85 and over age group (a 25.8% increase). The death rate in the 65 through 84 year age group also was higher in 1992 than in 1983 (by 8.1%). These increases in the death rates from pneumonia and influenza in the elderly population occurred in spite of the existence of effective influenza and pneumococcal pneumonia vaccines for use in older adults. The death rate for pneumonia and influenza among persons aged 25 through 44 years also increased, by 12.3 percent, over the 10-year period. This increase may be related to the prevalence of HIV infection among persons in this age group. It should be noted that death rates from influenza fluctuate from year to year because of the epidemic nature of the disease. Deaths from influenza, in general, constitute a small proportion of the overall deaths in this cause group, however, accounting for only 26 of the 2,229 pneumonia and influenza deaths in 1992.

TABLE M8. RESIDENT DEATHS AND DEATH RATES FROM PNEUMONIA/INFLUENZA BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	33	5.8	25	5.0	15.2
5-14	3	0.3	4	0.4	-22.7
15-24	5	0.5	9	0.7	-32.3
25-44	82	3.2	63	2.8	12.3
45-64	168	10.4	190	12.0	-13.3
65-84	1,001	104.5	804	96.7	8.1
85 AND OVER	937	943.8	596	750.1	25.8
NOT STATED	0	N/A	1	N/A	N/A
TOTAL	2,229	12.1	1,692	11.5	5.2

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Diabetes Mellitus

Diabetes mellitus was recorded as the underlying cause of death in 2,136 deaths of state residents in 1992, an increase of 51.4 percent over the comparable 1983 figure (Table M9). The change in deaths due to diabetes must be viewed with caution, as the revision in the death certificate format implemented in 1989 may be at least partially responsible for the recent higher number of deaths assigned an underlying cause of diabetes. Three-fourths of the diabetes deaths in 1992 occurred in persons 65 and over and another 20.4 percent in residents aged 45 through 64 years. Each of the death rates in age groups from 25 through 84 years increased more than 35 percent over the rates in 1983. The only age group whose death rate decreased was the under 25 year olds; however, the numbers of deaths were small (3 in 1992) and the rate may therefore be expected to fluctuate.

TABLE M9. RESIDENT DEATHS AND DEATH RATES FROM DIABETES MELLITUS BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 25	3	0.1	7	0.3	-54.2
25-44	80	3.1	47	2.1	46.8
45-64	435	27.0	309	19.6	38.1
65-84	1,292	134.9	821	98.7	36.7
85 AND OVER	326	328.4	227	285.7	14.9
TOTAL	2,136	15.4	1,411	11.2	37.5

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Unintentional Injury Due to Motor Vehicles

There were 106 fewer deaths from motor vehicle injuries in 1992 than in 1983 and the total age-adjusted death rate was 15.2 percent lower (Table M10). The motor-vehicle-related death rate was stable or lower than in 1983 in every age group except the population 65 years and older, in which the rates increased. In addition, the highest rate of motor vehicle injury deaths occurred in persons 85 and over, although the number of deaths was small. The second highest death rate was among 15 through 24 year olds.

The decline in mortality from unintentional injury involving the use of motor vehicles by New Jersey residents may be related to enforcement of speeding and drunk driving laws, enactment of seat belt laws and availability of emergency medical services, as well as the establishment of regional trauma centers.

TABLE M10. RESIDENT DEATHS AND DEATH RATES FROM MOTOR VEHICLE INJURIES BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	23	4.0	20	4.0	0.4
5-14	36	3.6	51	4.9	-27.3
15-24	204	20.3	323	26.3	-23.0
25-44	271	10.6	258	11.6	-9.4
45-64	139	8.6	165	10.4	-17.4
65-84	156	16.3	126	15.2	7.5
85 AND OVER	23	23.2	14	17.6	31.5
NOT STATED	0	N/A	1	N/A	N/A
TOTAL	852	10.6	958	12.5	-15.2

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Unintentional Injury Not Related to Motor Vehicles

The highest rate of death due to unintentional injuries not related to motor vehicles occurs among the elderly (Table M11). Although the death rates were highest in the elderly population, the largest number of deaths occurred in the 25 through 44 year age group. The major cause of non-motor-vehicle-related unintentional injury deaths among young adults, those aged 25 through 44 years, is poisoning by drugs, medicaments and biologicals. This category includes accidental overdose of drugs. In 1992, there were 325 deaths of persons aged 25 through 44 from unintentional drug poisonings. This represents 68.3 percent of the unintentional injury deaths not related to motor vehicles in this age group.

Among the elderly, the major cause of unintentional injury deaths (other than those related to motor vehicles) was falls. There were 44 deaths from falls of persons 65 through 74, 86 of individuals 75 through 84 and 85 deaths from falls in persons 85 and over. The next ranking cause of other unintentional injury deaths among the elderly was inhalation and ingestion of food or other object causing obstruction of the respiratory tract or suffocation. Twenty-four persons in the 65 through 74 year age group died from this cause, plus twenty-three 75 through 84 year olds and twenty persons 85 and over.

The number of deaths and the death rate from non-motor-vehicle-related unintentional injuries remain higher than those related to motor vehicles. Motor vehicle-related injuries accounted for 40.7 percent of the total unintentional injury deaths in 1992, while injuries not related to motor vehicles were responsible for the remaining 59.3 percent.

TABLE M11. RESIDENT DEATHS AND DEATH RATES FROM UNINTENTIONAL NON-MOTOR VEHICLE INJURIES BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	55	9.6	55	11.0	-12.7
5-14	29	2.9	50	4.8	-40.3
15-24	101	10.0	142	11.6	-13.3
25-44	476	18.5	297	13.4	38.2
45-64	197	12.2	208	13.2	-7.1
65-84	259	27.0	269	32.3	-16.4
85 AND OVER	123	123.9	144	181.2	-31.6
NOT STATED	2	N/A	4	N/A	N/A
TOTAL	1,242	13.1	1,169	12.8	2.3

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

HIV Infection

HIV infection was the underlying cause of death of 2,057 New Jerseyans in 1992 (Table M12). The total age-adjusted death rate from HIV infection has increased 63.8 percent since 1988, the first year data were available from the death records for HIV infection as a separate, identifiable cause group. Almost three-fourths (74.9%) of the HIV infection deaths in 1992 occurred in persons 25 through 44 years of age. The death rate in this group has increased 63.4 percent over 1988 levels. HIV infection was the leading cause of death for residents 25 through 44 in 1992, as it has been every year since 1988. The age group with the second highest death rate from HIV infection is persons aged 45 through 64. The death rate for this age group in 1992 was 87.9 percent higher than in 1988. Other than the 85 and over age group, in which there were only two HIV infection deaths in 1988 and in 1992, the only age group whose death rate in 1992 was not higher than in 1988 was children under five. In this age group, there were 24 deaths both in 1988 and 1992 and the death rate was basically stable.

TABLE M12. RESIDENT DEATHS AND DEATH RATES FROM HIV INFECTION BY AGE GROUP NEW JERSEY, 1988 AND 1992

AGE GROUP	1992		1988		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	24	4.2	24	4.5	-7.4
5-14	11	1.1	3	0.3	258.2
15-24	35	3.5	28	2.5	40.7
25-44	1,541	60.0	919	36.7	63.4
45-64	395	24.5	204	13.1	87.9
65-84	47	4.9	30	3.3	49.4
85 AND OVER	2	2.0	2	2.2	-9.4
NOT STATED	2	N/A	2	N/A	N/A
TOTAL	2,057	24.4	1,212	14.9	63.8

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Septicemia

The vast majority of deaths from septicemia occur in the elderly population; in 1992, 85.0 percent of the 1,205 septicemia deaths were of persons 65 and older (Table M13). In addition, the age-specific death rates for the population aged 65 years and over and for the total population were considerably higher in 1992 than in 1983. In particular, the numbers of deaths have increased most dramatically in the 65 and over population (499 more deaths due to septicemia in 1992 than in 1983). The increased life span and attendant greater exposure to invasive medical procedures may be related to the rapid increase in these deaths among the older population. The number of deaths and the death rate each more than doubled between 1983 and 1992 in the population aged 25 through 44, although the number of deaths remains relatively low. The increase in deaths in this age group may be related to medical procedures necessitated by the prevalence of HIV infection, as well as high rates of unintentional and intentional injuries, in young adults.

TABLE M13. RESIDENT DEATHS AND DEATH RATES FROM SEPTICEMIA BY AGE GROUP NEW JERSEY, 1983 AND 1992

AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 5	16	2.8	19	3.8	-26.5
5-14	1	0.1	2	0.2	-48.5
15-24	5	0.5	3	0.2	103.2
25-44	49	1.9	20	0.9	111.3
45-64	109	6.8	95	6.0	12.5
65-84	642	67.0	358	43.0	55.7
85 AND OVER	382	384.8	167	210.2	83.1
NOT STATED	1	N/A	1	N/A	N/A
TOTAL	1,205	7.2	665	4.9	46.9

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

Nephritis and Nephrosis

Nephritis and nephrosis became the tenth leading cause of death of New Jersey residents in 1992, accounting for 895 resident deaths and displacing chronic liver disease and cirrhosis as one of the 10 leading causes. The vast majority of deaths from this cause group are among the elderly; 83.1 percent of the deaths in 1992 were of residents 65 and over. Each of the age groups under 85 years had lower death rates in 1992 than in 1983, although note should be taken of the small numbers of death from this cause group for those under 45.

TABLE M14. RESIDENT DEATHS AND DEATH RATES FROM NEPHRITIS AND NEPHROSIS BY AGE GROUP NEW JERSEY, 1983 AND 1992

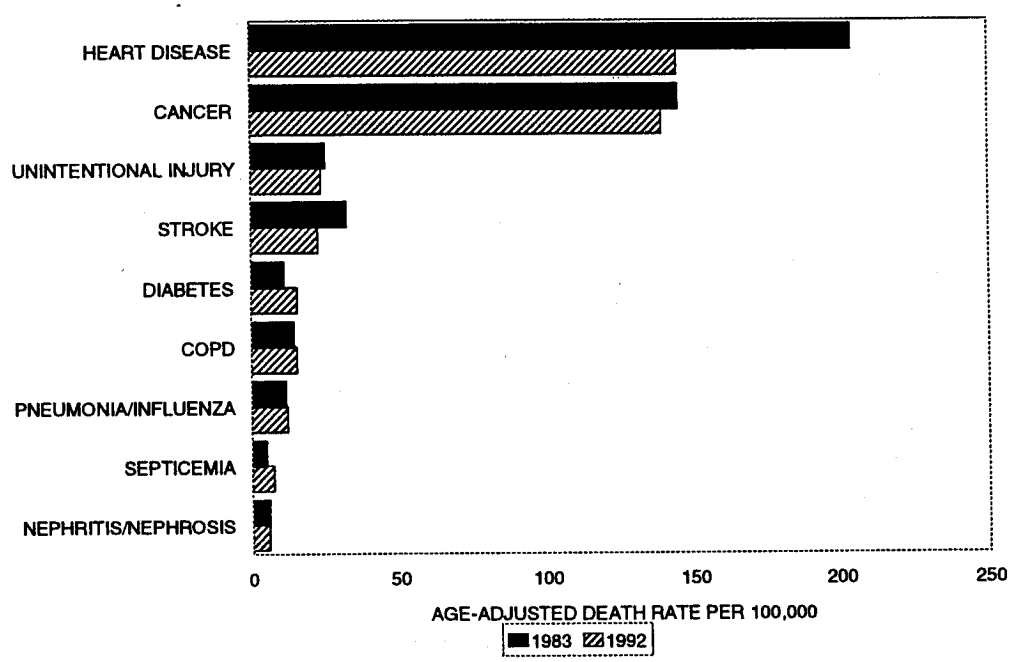
AGE GROUP	1992		1983		PERCENT CHANGE IN DEATH RATE 1983-1992
	NUMBER OF DEATHS	DEATH RATE*	NUMBER OF DEATHS	DEATH RATE*	
UNDER 25	4	0.2	8	0.3	-46.6
25-44	33	1.3	40	1.8	-28.8
45-64	114	7.1	116	7.3	-3.6
65-84	489	51.1	437	52.5	-2.8
85 AND OVER	255	256.8	170	213.9	20.0
TOTAL	895	5.5	771	5.7	-3.5

*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
RATES PRESENTED FOR THE TOTAL POPULATION ARE AGE-ADJUSTED

CHANGES IN DEATH RATES FOR THE TEN LEADING CAUSES OF DEATH

Four of the 10 leading causes of death (excluding HIV infection) had lower age-adjusted death rates in 1992 than in 1983, while the rates for the remaining leading causes were higher in 1992 (four causes) or remained virtually unchanged (one cause) (Figure M3). The causes of death which have declined over the decade are diseases of the heart, cancer, stroke and unintentional injury deaths. Over the same 10-year period, the age-adjusted death rates for COPD, pneumonia/influenza, diabetes mellitus and septicemia increased. Age-adjusted death rates for nephritis and nephrosis showed no clear directional trend over the 10-year period. HIV infection deaths were omitted from the analysis since the ICD-9 cause-of-death codes for HIV infection were not fully implemented until 1988.

FIGURE M3. CHANGES IN AGE-ADJUSTED DEATH RATES LEADING CAUSES OF DEATH NEW JERSEY, 1983 AND 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

YEARS OF POTENTIAL LIFE LOST TO AGE 65

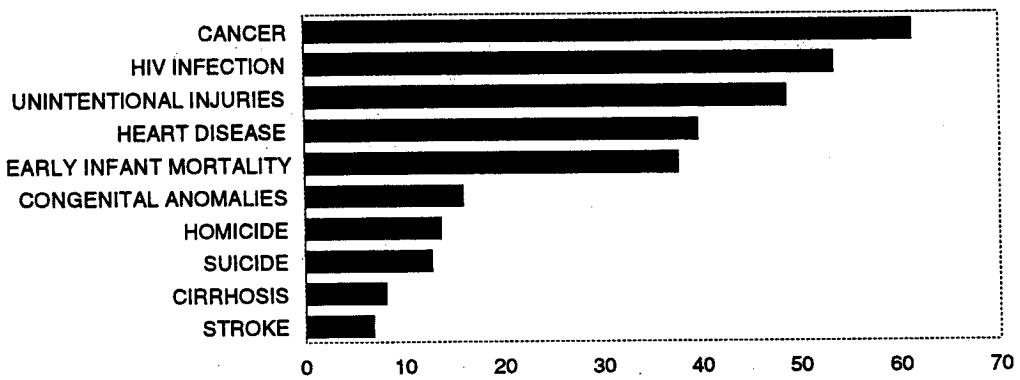
Years of Potential Life Lost by Cause

Analyses of patterns of cause-specific death rates, both crude and age-adjusted, have traditionally been used to examine the relative importance of the various causes of death acting upon a population. Since most deaths occur in the older age groups, these measures are heavily weighted toward the mortality experience of the elderly. From a public health perspective, serious attention must also be directed toward the prevention of premature deaths, i.e., deaths that occur earlier than the average life expectancy or prior to some selected age, such as 65. The New Jersey Department of Health has recognized the importance of this concept by designating the prevention of premature death as one of two overall goals in Healthy New Jersey 2000, New Jersey's health agenda for this decade (New Jersey Department of Health, 1991).

A measure used to reflect the trends in premature mortality is years of potential life lost (YPLL). YPLL represents the summation of all of the years of life not lived to a defined upper limit (for these purposes set at age 65) by those who died before achieving the specified age (NCHS, 1994). Deaths at younger ages receive a greater weight in computing YPLL than do deaths at older ages, e.g., one death at age 20 adds 45 years to YPLL, while a death at age 64 adds only one year to YPLL. Thus the death of one 20 year old is equivalent to the deaths of 45 persons aged 64 years in the computation of years of potential life lost.

There were 370,865 years of potential life lost to age 65 by New Jersey residents who died in 1992 before reaching their 65th birthdays. The major contributors to YPLL in New Jersey were cancer, followed by HIV infection and unintentional injury (Table M15 and Figure M4A). In the U.S. as a whole, the major causes of YPLL were unintentional injury, cancer and diseases of the heart (NCHS, 1995c). HIV infection ranked fifth nationally as a cause of YPLL, while this cause group was responsible for the second largest volume of YPLL among New Jersey residents. The cause-specific rates of years of potential life lost per 100,000 population under the age of 65 also differed in New Jersey and the nation (Figure M4B). New Jersey's rate of YPLL per 100,000 persons under 65 for HIV infection was more than twice the national rate. YPLL rates were also higher in New Jersey for cancer, early infant mortality, and chronic liver disease and cirrhosis. New Jersey's YPLL rates were lower than the national rates for unintentional injury, diseases of the heart, congenital anomalies, homicide, suicide, and stroke.

FIGURE M4A. LEADING CAUSES OF YPLL
NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

TABLE M15. LEADING CAUSES OF YEARS OF POTENTIAL LIFE LOST BEFORE AGE 65 NEW JERSEY AND THE UNITED STATES, 1992

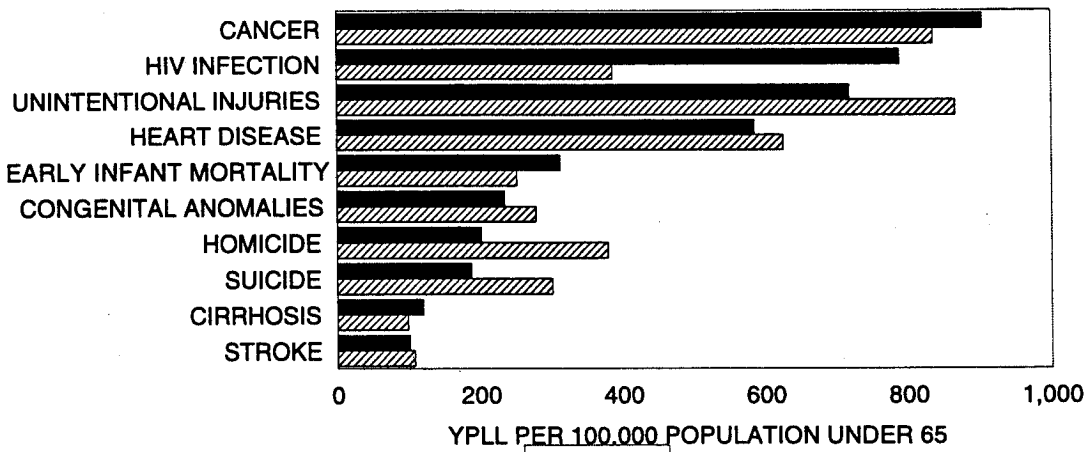
CAUSE OF DEATH (ICD-9 CODES)	NEW JERSEY			UNITED STATES		
	RANK*	YPLL	RATE**	RANK*	YPLL	RATE**
MALIGNANT NEOPLASMS (140-208)	1	61,195	904.8	2	1,861,611	835.5
HIV INFECTION (42-44)	2	53,350	788.8	5	860,100	386.0
UNINTENTIONAL INJURIES (E800-E949)	3	48,620	718.9	1	1,928,791	865.7
DISEASES OF THE HEART (390-398, 402, 404-429)	4	39,583	585.3	3	1,393,262	625.3
EARLY INFANT MORTALITY (760-779)	5	37,620	312.3	4	1,020,768	251.1
CONGENITAL ANOMALIES (740-759)	6	15,838	234.2	8	619,010	277.8
HOMICIDE (E960-E978)	7	13,595	201.0	6	844,006	378.8
SUICIDE (E950-E959)	8	12,695	187.7	7	671,123	301.2
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	9	8,078	119.4	10	218,082	97.9
CEREBROVASCULAR DISEASE (430-438)	10	6,788	100.4	9	239,115	107.3
ALL OTHER CAUSES	-	73,503	1,086.8	-	2,394,337	1,074.7
TOTAL YPLL, ALL CAUSES		370,865	5,483.5		12,050,205	5,408.5

* RANK IS ASSIGNED ON THE BASIS OF YEARS OF POTENTIAL LIFE LOST TO AGE 65 ATTRIBUTED TO THE RESPECTIVE CAUSE GROUP.

** RATES ARE COMPUTED PER 100,000 POPULATION UNDER THE AGE OF 65, WITH THE EXCEPTION OF EARLY INFANT MORTALITY WHICH IS COMPUTED PER 1,000 LIVE BIRTHS.

SOURCES: NEW JERSEY CENTER FOR HEALTH STATISTICS
AND THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

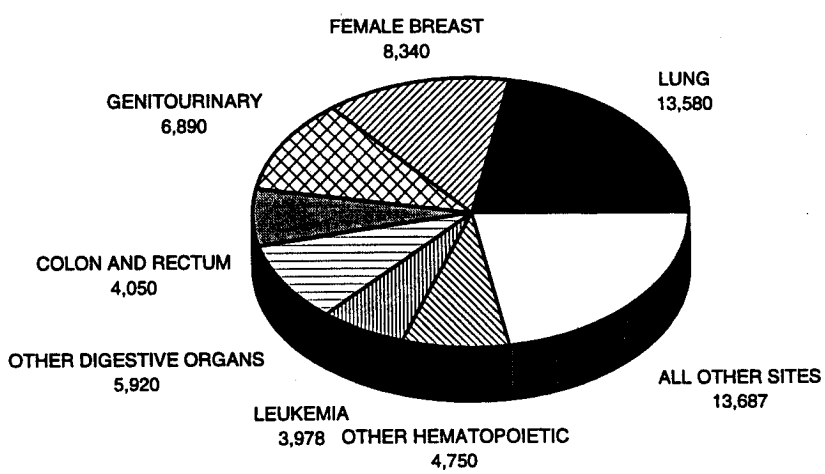
FIGURE M4B. LEADING CAUSES OF YPLL
NEW JERSEY AND UNITED STATES, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS
AND NATIONAL CENTER FOR HEALTH STATISTICS

Cancer of all types was the leading cause of YPLL in 1992 in New Jersey, responsible for 61,195 years of potential life lost from deaths in 1992. Among deaths due to cancer, the major contributor to YPLL was cancer of the lung and bronchus, which accounted for 13,580 YPLL (Figure M5). This represents 22.2 percent of the total YPLL due to cancer. The second largest contributor to the YPLL from cancer was female breast cancer with 8,340 years of potential life lost. Cancer of the genitourinary system caused 6,890 years of potential life to be lost in 1992. Of the latter total, cervical cancer was responsible for 1,535 YPLL and prostate cancer for 680 YPLL. Cancer of the colon and rectum caused 4,050 YPLL, while other digestive cancers accounted for 5,920 years of potential life lost. Leukemia accounted for 3,978 and other hematopoietic cancer for 4,750 YPLL. These seven cancer types were responsible for 77.6 percent of the YPLL due to cancer deaths in 1992.

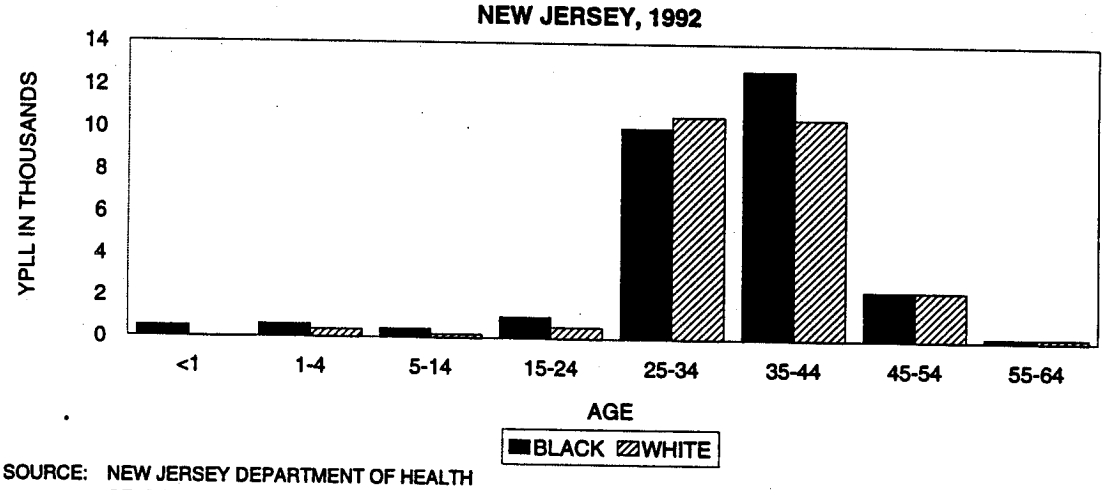
FIGURE M5. YPLL DUE TO CANCER BY SITE
NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

The second leading cause of YPLL among New Jersey residents in 1992 was HIV infection, responsible for 53,350 years of potential life lost. Of the total years lost to HIV infection, 52.5 percent were due to premature deaths of black residents. The rate of YPLL due to HIV infection among blacks (2,759.9 per 100,000 black population under the age of 65) was 6.1 times the rate among whites (455.1 per 100,000). Years of potential life lost to HIV infection among blacks exceeded that in whites at most younger ages: under 25 and 35 through 44. In 25 through 34 year olds and persons 45 and older, the burden of YPLL was essentially the same in the black and white populations (Figure M6A).

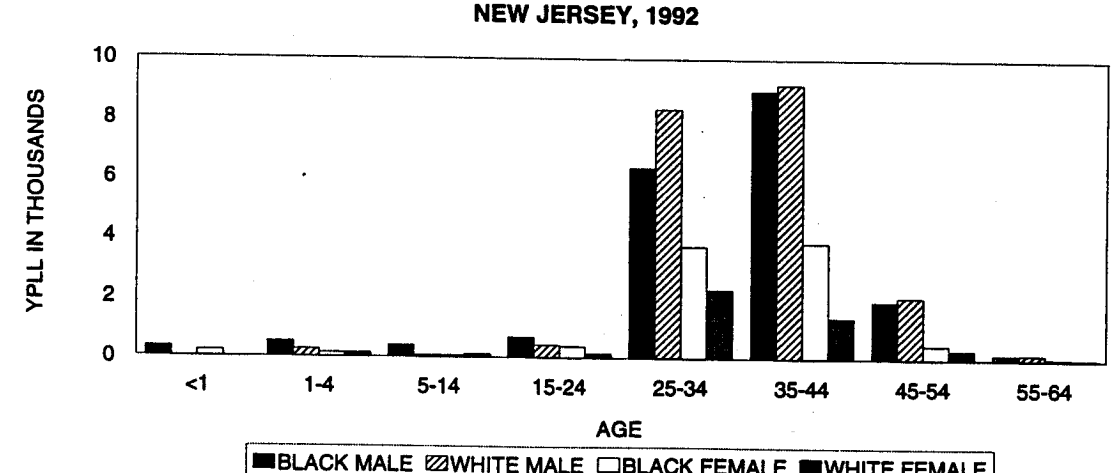
FIGURE M6A. YPLL DUE TO HIV INFECTION BY RACE AND AGE GROUP NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

The overwhelming majority of the YPLL due to HIV infection occurred through deaths of persons aged 25 through 44, a total of 43,925 years (82.3% of the YPLL due to HIV infection). Black and white males aged 25 through 44 as a group accounted for 61.4 percent of the total YPLL due to HIV infection, while deaths of black and white females in this age group were responsible for another 20.9 percent (Figure M6B). Deaths of children under 15 accounted for 2,125 YPLL, 1,585 of which were among black and 540 of which were among white children.

FIGURE M6B. YPLL DUE TO HIV INFECTION BY RACE, SEX, AND AGE GROUP NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Unintentional injury was the third leading cause of weighted premature death in New Jersey in 1992. There were 1,531 unintentional injury deaths of New Jersey residents under the age of 65 in 1992, 673 from injuries related to motor vehicles and 858 from other unintentional injuries. The major cause of YPLL from unintentional injury was death from motor vehicle-related injuries. Under the age of 65, the greatest frequency of deaths occurred in the 15 through 24 year age group (204 deaths), with substantial numbers of deaths also in the 25 through 34 year age group (155) and among 35 through 44 year olds (116). Motor vehicle related injury deaths accounted for 46.0 percent of YPLL due to unintentional injuries in 1992.

The next most frequent cause of YPLL due to unintentional injuries was accidental poisoning by drugs. This category includes accidental overdose of a drug, wrong drug given or taken in error and drug taken accidentally, but excludes a correct drug properly administered in therapeutic dosage and administration of a drug with suicidal or homicidal intent. More than one-fourth of the YPLL attributed to unintentional injury deaths (26.4%) was due to accidental drug poisoning. Of the unintentional drug poisoning deaths, nearly three-fourths (74.9%) were of individuals aged 25 through 44 years. Two other categories of unintentional injuries which made substantial contributions to YPLL in 1992 were drownings and suffocations (8.3% of unintentional injury YPLL) and deaths due to fire and flames (5.6% of unintentional injury YPLL).

Years of Potential Life Lost by Race

In 1992, 122,468 years of potential life were lost among New Jersey residents through deaths of black residents who died before reaching the age of 65 (Table M16). White residents under the age of 65 accounted for 238,065 YPLL through deaths that occurred in 1992. While blacks account for 15.0 percent of New Jersey's population under the age of 65, premature deaths of black residents represent one-third (33.0%) of total YPLL. At the same time, white residents are 80.3 percent of the state's population under the age of 65, but accounted for only 64.2 percent of the total YPLL. The YPLL rates differed dramatically by race: the rate of YPLL among blacks (12,075.6 per 100,000 black population under 65) was 2.75 times the white rate (4,383.6 per 100,000 white population under 65).

The rates of YPLL for each of the 10 leading causes of YPLL among black residents were higher for blacks than the corresponding rates for whites (Table M16). Some of the discrepancies in rates were quite dramatic. The black rate of YPLL due to homicide was 9.5 times the white rate; the black/white ratio of YPLL due to HIV infection was 6.1, the pneumonia/influenza ratio was 5.0, the ratio for early infant mortality was 3.4 and the ratio for stroke was 2.9. Other leading causes of YPLL with relatively high black/white ratios included congenital anomalies, chronic liver disease and cirrhosis and diabetes mellitus.

Of the 10 leading causes of YPLL among either black or white residents, only suicide had a higher rate in whites than in blacks (196.1 and 164.7, respectively). Suicide was the seventh leading cause of YPLL among white residents under 65 and twelfth among blacks.

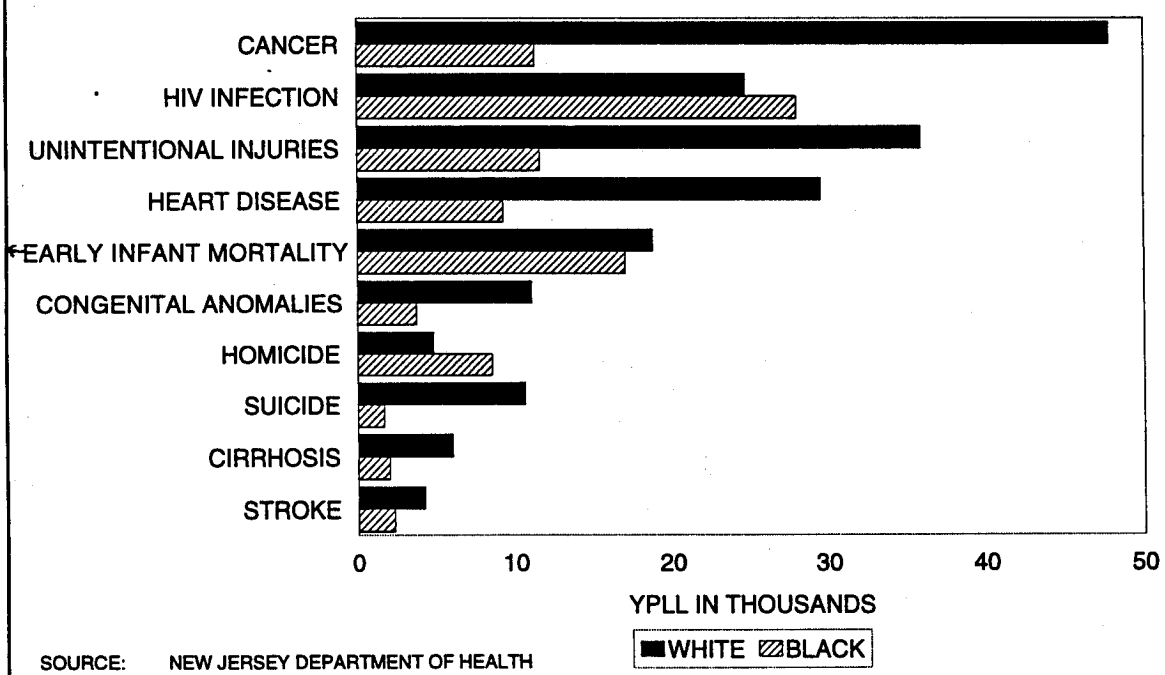
TABLE M16. LEADING CAUSES OF YEARS OF POTENTIAL LIFE LOST BEFORE AGE 65
WHITE AND BLACK POPULATIONS
NEW JERSEY, 1992

CAUSE OF DEATH (ICD-9 CODES)	WHITE			BLACK		
	RANK	YPLL	RATE*	RANK	YPLL	RATE*
MALIGNANT NEOPLASMS (140-208)	1	47,803	880.2	4	11,318	1,115.9
UNINTENTIONAL INJURIES (E800-E949)	2	35,908	661.2	3	11,630	1,146.7
DISEASES OF THE HEART (390-398, 402, 404-429)	3	29,530	543.8	5	9,303	917.2
HIV INFECTION (42-44)	4	24,715	455.1	1	27,990	2,759.9
EARLY INFANT MORTALITY (760-779)	5	18,775	212.9	2	17,025	727.9
CONGENITAL ANOMALIES (740-759)	6	11,083	204.1	7	3,743	369.0
SUICIDE (E950-E959)	7	10,650	196.1	12	1,670	164.7
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	8	6,038	111.2	10	2,000	197.2
HOMICIDE & LEGAL INTERVENTION (E960-E978)	9	4,823	88.8	6	8,558	843.8
DIABETES MELLITUS (250)	10	4,323	79.6	13	1,450	143.0
CEREBROVASCULAR DISEASE (430-438)	11	4,235	78.0	9	2,313	228.0
PNEUMONIA/INFLUENZA (480-487)	12	3,160	58.2	8	2,930	288.9
ALL OTHER CAUSES	-	37,022	681.7	-	22,538	2,222.3
TOTAL YPLL, ALL CAUSES		238,065	4,383.6		122,468	12,075.6

* RATES ARE COMPUTED PER 100,000 RACE-SPECIFIC POPULATION UNDER THE AGE OF 65 WITH THE EXCEPTION OF EARLY INFANT MORTALITY WHICH IS COMPUTED PER 1,000 RACE-SPECIFIC LIVE BIRTHS.

HIV infection was the leading cause of premature death in 1992 among New Jersey's black population, accounting for 27,990 years of potential life lost before age 65 or 22.9 percent of the total YPLL for blacks. HIV infection was the fourth leading cause of YPLL among white residents. Not only was the YPLL rate more than six times the white rate, the years of life lost to age 65 by blacks to HIV infection actually exceeded the white YPLL for this cause group (Figure M7). The two age groups accounting for most of the black premature deaths due to HIV infection were 25 through 34 and 35 through 44 years. YPLL for ages 25 through 34 represented 35.9 percent of the total black YPLL for HIV infection or 10,045 YPLL, while years lost for ages 35 through 44 were 45.6 percent of the total black YPLL due to HIV infection and accounted for 12,775 years lost before age 65 (CHS, 1995b).

FIGURE M7. LEADING CAUSES OF YPLL AMONG WHITES AND BLACKS NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Early infant mortality ranked second as a cause of YPLL among black residents and fifth among whites. This cause group (ICD-9 codes 760-779) includes disorders relating to short gestation and unspecified low birth weight, respiratory distress syndrome and other causes. This group of causes was responsible for 13.9 percent of the total black YPLL in 1992.

Unintentional injuries ranked third as a cause of YPLL among blacks and second among whites in 1992, accounting for 11,630 and 35,908 YPLL, respectively. Motor vehicle related fatalities were the leading cause of unintentional injury YPLL among both whites and blacks, accounting for 50.3 percent of white unintentional injury YPLL and 33.3 percent of black unintentional injury YPLL. Unintentional drug poisonings were the second leading cause of unintentional injury YPLL in both white and black races, however, the YPLL rate among blacks was 2.2 times the rate among whites. Other major causes of unintentional injury deaths among persons under 65 were deaths from fire and flames and deaths from drowning. For each of the latter two causes, the YPLL rate among blacks was more than three times the YPLL rate in whites (Table M17).

TABLE M17. YPLL DUE TO UNINTENTIONAL INJURY BY TYPE OF INJURY AND RACE NEW JERSEY, 1992

CAUSE OF DEATH (ICD-9 CODES)	WHITE		BLACK	
	YPLL	RATE*	YPLL	RATE*
MOTOR VEHICLE RELATED (E810-E825)	18,075	332.8	3,868	381.3
DRUG POISONING (E850-E858)	8,890	163.7	3,665	361.4
FIRE AND FLAMES (E890-E899)	1,663	30.6	1,045	103.0
DROWNINGS (E910)	1,398	25.7	960	94.7
OTHER INJURIES	5,883	108.3	2,093	206.3
TOTAL YPLL (E800-E949)	35,908	661.2	11,630	1,146.7

* RATES ARE COMPUTED PER 100,000 RACE-SPECIFIC POPULATION UNDER THE AGE OF 65.
NOTE: YPLL MAY NOT ADD TO TOTAL YPLL DUE TO ROUNDING.

Cancer ranked first as a cause of YPLL among New Jersey's white population, accounting for 47,803 years of life lost to age 65, while all types of cancer ranked fourth among the black population as a cause of YPLL, responsible for 11,318 YPLL. The overall YPLL rate among blacks was 1.3 times the white rate, 1,115.9 and 880.2, respectively (Table M18). Among both black and white populations, cancer of the female breast had the highest rate of YPLL, followed by cancer of the lung and bronchus. Rates of YPLL were higher among blacks than whites for most types of cancer. The ratios of black/white rates were particularly high for lip, oral cavity and pharynx cancer (4.2), cancer of the cervix (2.1), prostate cancer and cancer of the digestive system, excluding the colon and rectum (1.8, each) and cancer of the urinary organs (1.6). YPLL rates were also higher in blacks than in whites for cancer of the female breast, lung and bronchus, and colon and rectum. White YPLL rates exceeded black rates for cancer of the nervous system; bone, skin and connective tissue; other and unspecified female genital organs; and hematopoietic tissue other than leukemia.

TABLE M18. YPLL DUE TO MALIGNANT NEOPLASMS BY SITE AND RACE NEW JERSEY, 1992

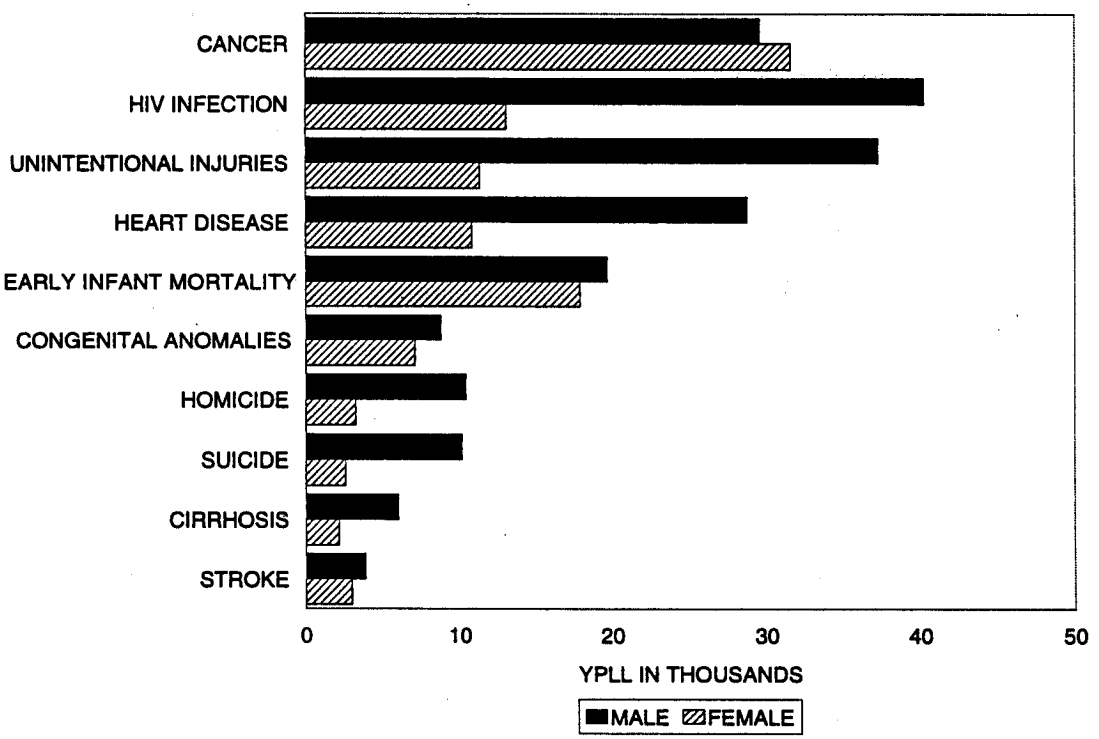
CAUSE OF DEATH (ICD-9 CODES)	WHITE		BLACK	
	YPLL	RATE*	YPLL	RATE*
LUNG AND BRONCHUS (162.2-162.9)	10,845	199.7	2,505	247.0
COLON AND RECTUM (153-154, 159.0)	3,190	58.7	730	72.0
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	4,250	78.3	1,440	142.0
LEUKEMIA (204-208)	3,058	56.3	565	55.7
OTHER HEMATOPOIETIC TISSUE (200-203)	3,980	73.3	560	55.2
FEMALE BREAST (174)	6,400	235.7	1,625	309.1
CERVIX UTERI (180)	1,075	39.6	435	82.8
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	2,265	83.4	280	53.3
NERVOUS SYSTEM (191-192)	3,045	56.1	333	32.8
BONE, SKIN, CONNECTIVE TISSUE (170-173)	2,930	54.0	345	34.0
URINARY ORGANS (188-189)	1,190	21.9	365	36.0
PROSTATE (185)	505	18.6	160	32.8
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	380	14.0	70	14.3
LIP, ORAL CAVITY, PHARYNX (140-149)	660	12.2	525	51.8
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-198)	1,455	26.8	570	56.2
UNSPECIFIED SITES (199)	2,575	47.4	810	80.0
TOTAL YPLL (140-208)	47,803	880.2	11,318	1,115.9

* RATES ARE COMPUTED PER 100,000 RACE-SPECIFIC POPULATION UNDER THE AGE OF 65, EXCEPT THE RATES FOR FEMALE BREAST, CERVIX UTERI, AND OTHER FEMALE GENITAL ORGANS WHICH ARE COMPUTED PER 100,000 RACE-SPECIFIC FEMALES UNDER THE AGE OF 65 AND THE RATES FOR PROSTATE AND OTHER MALE GENITAL ORGANS WHICH ARE CALCULATED PER 100,000 RACE-SPECIFIC MALES UNDER THE AGE OF 65.

Years of Potential Life Lost by Sex

Years of potential life lost differ by sex, both in terms of volume of years lost and in the relative ranking of causes responsible for premature death (Figure M8 and Table M19). In 1992, early deaths led to 240,425 YPLL among males and 130,440 YPLL among females. The rates per 100,000 sex-specific population under 65 were 7,154.0 and 3,833.6, respectively (a male/female ratio of 1.9).

FIGURE M8. LEADING CAUSES OF YPLL BY SEX
NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

TABLE M19. LEADING CAUSES OF YEARS OF POTENTIAL LIFE LOST BEFORE AGE 65 BY SEX NEW JERSEY, 1992

CAUSE OF DEATH (ICD-9 CODES)	MALE			FEMALE		
	RANK	YPLL	RATE*	RANK	YPLL	RATE*
HIV INFECTION (42-44)	1	40,240	1,197.4	3	13,110	385.3
UNINTENTIONAL INJURIES (E800-E949)	2	37,268	1,108.9	4	11,353	333.6
MALIGNANT NEOPLASMS (140-208)	3	29,595	880.6	1	31,600	928.7
DISEASES OF THE HEART (390-398, 402, 404-429)	4	28,755	855.6	5	10,828	318.2
EARLY INFANT MORTALITY (760-779)	5	19,688	318.8	2	17,933	305.5
HOMICIDE AND LEGAL INTERVENTION (E960-E978)	6	10,398	309.4	7	3,198	94.0
SUICIDE (E950-E959)	7	10,145	301.9	9	2,550	74.9
CONGENITAL ANOMALIES (740-759)	8	8,765	260.8	6	7,073	207.9
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	9	5,965	177.5	12	2,113	62.1
PNEUMONIA/INFLUENZA (480-487)	10	3,983	118.5	10	2,255	66.3
CEREBROVASCULAR DISEASE (430-438)	11	3,840	114.3	8	2,948	86.6
ALL OTHER CAUSES	-	41,783	1,243.3	-	25,479	748.8
TOTAL YPLL, ALL CAUSES		240,425	7,154.0		130,440	3,833.6

*RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION UNDER THE AGE OF 65 WITH THE EXCEPTION OF EARLY INFANT MORTALITY WHICH IS COMPUTER PER 1,000 SEX-SPECIFIC LIVE BIRTHS.

The leading cause of YPLL among males in 1992 was HIV infection, which ranked third among females (Table M19). The rate per 100,000 males under the age of 65 was 3.1 times the comparable rate for females. The YPLL rate due to HIV infection increased 24.7 percent among males between 1990 and 1992, while among females the rate increased only 4.4 percent (Martin, et al., 1992). The median age at death from HIV infection was 1.9 years higher for males than females in 1992 - 38.9 for males and 37.0 for females.

The leading cause of YPLL among females was cancer, responsible for 31,600 YPLL. Cancer ranked third as a cause of premature death among males, with a YPLL rate 5.5 percent lower than the rate in females. The types of cancer which led to YPLL differed by sex (Table M20). In every cancer site not specific to sex, male YPLL rates were higher than female rates, however, the total YPLL rate for females was higher than the rate for males. This is due primarily to the YPLL for female breast cancer, which exceeded all other sex- and site-specific cancer YPLL. For those cancer sites for which the rates for males were higher than the female rates, some had ratios of male to female YPLL rates which were quite substantial: the lip, oral cavity and pharynx cancer rate in males was 4.1 times the female rate, while the rate of cancer of the urinary organs was 2.2 as high in males as in females and cancer of the bone, skin and connective tissue was 1.8 times as high in males as in females. YPLL rates for cancer of hematopoietic tissue excluding leukemia, the lung and bronchus and the digestive system excluding the colon and rectum were also higher in males.

TABLE M20. YPLL DUE TO MALIGNANT NEOPLASMS BY SITE AND SEX NEW JERSEY, 1992

CAUSE OF DEATH (ICD-9 CODES)	MALE		FEMALE	
	YPLL	RATE*	YPLL	RATE*
LUNG AND BRONCHUS (162.2-162.9)	8,035	239.1	5,545	163.0
COLON AND RECTUM (153-154, 159.0)	2,415	71.9	1,635	48.1
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	3,840	114.3	2,080	61.1
LEUKEMIA (204-208)	2,210	65.8	1,768	51.9
OTHER HEMATOPOIETIC TISSUE (200-203)	2,918	86.8	1,833	53.9
FEMALE BREAST (174)	-	-	8,340	245.1
CERVIX UTERI (180)	-	-	1,535	45.1
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	-	-	2,640	77.6
NERVOUS SYSTEM (191-192)	1,850	55.0	1,633	48.0
BONE, SKIN, CONNECTIVE TISSUE (170-173)	2,155	64.1	1,220	35.9
URINARY ORGANS (188-189)	1,080	32.1	505	14.8
PROSTATE (185)	680	20.2	-	-
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	450	13.4	-	-
LIP, ORAL CAVITY, PHARYNX (140-149)	1,070	31.8	265	7.8
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-198)	1,163	34.6	913	26.8
UNSPECIFIED SITES (199)	1,730	51.5	1,690	50.0
TOTAL YPLL (140-208)	29,595	880.6	31,600	928.7

*RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION UNDER THE AGE OF 65.

Among other leading causes of YPLL, major discrepancies in male/female rates occurred in suicide (a male/female ratio of 4.0), homicide and legal intervention and unintentional injury (each with a male/female ratio of 3.3), chronic liver disease and cirrhosis (a male/female ratio of 2.9) and diseases of the heart (a male/female ratio of 2.7). With the exception of cancer, the male rates for each of the 10 leading causes of YPLL were higher than the corresponding female rates.

INFANT MORTALITY

Overview

Infant mortality encompasses deaths within the first year of life; the infant mortality rate is defined as the number of infant deaths in a calendar year per 1,000 live births registered for the same period. In 1992, resident infant deaths numbered 1,011, a 5.0 percent decrease from 1991. The infant mortality rate in the state has shown a declining trend since 1982; the 1992 rate, 8.4 infant deaths per 1,000 live births, is the lowest ever recorded in the state (Table M22).

Infant mortality rates continue to differ by race. It should be noted that live births, but not necessarily infant deaths, are assigned the racial classification of the mother. In 1992, the numbers of infant deaths by race were as follows: 523 white, 436 black, 35 other and 17 deaths in which the race was unknown or could not be classified. Infant mortality rates for infants classified as white, black and other races were 5.9, 18.6 and 6.3 per 1,000 race-specific live births, respectively.

Infant mortality rates declined from 1991 levels among white infants, but increased for black infants. The relative decline in the mortality rate for white infants was 7.8 percent, while the percentage increase for black infants was 1.1. In 1992, the black infant mortality rate was 3.2 times the rate for white infants.

Neonatal Deaths

More than two-thirds of infant deaths in 1992 (68.0%) occurred during the neonatal period, which spans the first 27 days of life. There were 687 neonatal deaths in 1992 for a rate of 5.7 per 1,000 births, a decrease of 3.4 percent from the 1991 rate. Of the neonatal deaths, 371 were white, 280 were black and 22 were among other races. The neonatal mortality rate varied by race: the rate for white babies was 4.2, while that for black babies was 12.0 per 1,000 race-specific live births. In babies of races other than white or black, the neonatal mortality rate was 4.0 per 1,000 births of races other than white or black. The black neonatal death rate was 2.9 times that for white neonates.

Postneonatal Deaths

In 1992, a total of 324 infant deaths (32.0% of the total) occurred during the postneonatal period, from 28 days to one year of life. Of the postneonatal deaths, 152 were white, 156 were black and 13 were of other races. The respective mortality rates were 1.7, 6.7 and 2.4 per 1,000 race-specific live births. The black postneonatal death rate was 3.9 times that for whites.

Leading Causes of Death

Congenital anomalies were the leading cause of infant deaths in 1992 (Table M21). Deaths of infants from congenital anomalies decreased from 205 in 1991 to 182 in 1992, an 11.2 percent decline. Neonatal deaths from this cause fell by 8.5 percent, from 129 in 1991 to 118 in 1992, and postneonatal deaths from congenital anomalies declined by 14.7 percent, from 75 in 1991 to 64 in 1992. During the same period, infant deaths from disorders relating to short gestation and unspecified low birth weight decreased by 4.4 percent, while sudden infant death syndrome deaths declined by 9.6 percent. The distribution of causes of death during the neonatal and postneonatal periods reveals differences among the leading causes of death. As in 1991, the most frequent causes of death among neonates, in rank order, were: (1) disorders relating to short gestation and unspecified low birth weight; (2) congenital anomalies; and (3) respiratory distress syndrome. These three causes of death together accounted for 55.2 percent of all neonatal deaths. Postneonatal deaths were most often attributed to (1) sudden infant death syndrome and (2) congenital anomalies. These two causes of death accounted for 46.9 percent of all postneonatal deaths.

TABLE M21. FIVE LEADING CAUSES OF INFANT, NEONATAL, AND POSTNEONATAL DEATHS, NEW JERSEY, 1992

CAUSE OF DEATH (ICD-9 CODES)	INFANT DEATHS		NEONATAL DEATHS		POSTNEONATAL DEATHS	
	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER
CONGENITAL ANOMALIES (740-759)	1	182	2	118	2	64
DISORDERS RELATING TO SHORT GESTATION & UNSPECIFIED LOW BIRTH WEIGHT (765)	2	151	1	150		1
RESPIRATORY DISTRESS SYNDROME (769)	3	114	3	111		3
OTHER RESPIRATORY CONDITIONS OF FETUS & NEWBORN (770)	4	96	4	80	5	16
SUDDEN INFANT DEATH SYNDROME (789.0)	5	94		6	1	88
INFECTIONS SPECIFIC TO THE PERINATAL PERIOD (771)		42	5	38		4
PNEUMONIA/INFLUENZA (480-487)		26		2	3	24
DISEASES OF THE CENTRAL NERVOUS SYSTEM (320-349)		22		1	4	21

FETAL DEATHS

A fetal death is defined as a death occurring before the complete expulsion or extraction from its mother of a product of conception. Fetal deaths are also referred to as stillbirths, miscarriages or abortions. Fetal deaths occurring after the completion of 20 or more weeks of gestation are required by New Jersey law to be reported to the State Registrar. Induced abortions of 20 weeks or more gestation are encompassed by this requirement, but are not included in the fetal death count. Fetal death figures presented in this report, therefore, contain only spontaneous abortion beyond 19 weeks of gestation. Also, only fetal deaths occurring to females who were New Jersey residents are included.

There were 829 reported spontaneous, resident fetal deaths in 1992 for a rate of 6.8 per 1,000 live births plus fetal deaths (Table M22). Of the total fetal deaths, 490 were to white women, 296 were to black women and 31 were to women of other races. Fetal death rates among white, black, and other race women were 5.5, 12.5, and 5.6, respectively, per 1,000 fetal deaths plus live births. Comparable figures for 1991 were 910 fetal deaths, which included 539 among whites and 341 among blacks. The respective fetal death rates for white and black race groups were 5.9 and 14.3 per 1,000 live births plus fetal deaths, while the overall fetal death rate for 1991 was 7.4.

PERINATAL DEATHS

Perinatal mortality is a measure of deaths in the period before and shortly after birth. Perinatal mortality combines the number of spontaneous fetal deaths of 20 or more weeks of gestation with infant deaths within the first 27 days of life (neonatal deaths). The number of perinatal deaths in 1992 was 1,516, for a rate of 12.5 per 1,000 live births plus fetal deaths.

MATERNAL DEATHS

The annual number of resident maternal deaths (ICD-9 codes 630 through 676) during the past decade has varied from 4 to 14. In 1992, there were 13 deaths attributable to maternal causes, a rate of 10.8 per 100,000 live births (Table M22). This rate fluctuates widely from year to year because of the small number of maternal deaths. Of the 13 maternal deaths in 1992, six were white and seven were black. Table M22 presents a listing by county of the number of infant, neonatal, postneonatal, fetal and maternal deaths in 1992.

The Office of Maternal and Child Health Planning and Regional Services of the New Jersey Department of Health reviews all pertinent death certificates as part of its survey of maternal mortality. This process involves assessing diagnostic and other information beyond that included in the underlying cause group. As a consequence, the number of maternal deaths resulting from this process is higher than the figure presented in this report, which is derived from the use of ICD-9 codes 630-676, alone, to define maternal mortality (Mertz, K., et.al, 1992).

TABLE M22. RESIDENT FETAL, NEONATAL, POSTNEONATAL, INFANT, AND MATERNAL DEATHS AND DEATH RATES BY COUNTY NEW JERSEY, 1992

COUNTY	FETAL DEATHS		NEONATAL DEATHS		POSTNEONATAL DEATHS		INFANT DEATHS		MATERNAL DEATHS	
	NUMBER	RATE*	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE***
ATLANTIC	26	6.3	21	5.2	13	3.2	34	8.3	1	24.5
BERGEN	64	5.9	48	4.4	20	1.8	68	6.3	3	27.7
BURLINGTON	32	5.8	24	4.4	14	2.6	38	7.0	0	0.0
CAMDEN	55	6.6	70	8.4	30	3.6	100	12.0	0	0.0
CAPE MAY	4	2.9	4	2.9	3	2.2	7	5.1	0	0.0
CUMBERLAND	17	7.5	16	7.1	5	2.2	21	9.4	1	44.6
ESSEX	176	12.7	103	7.6	62	4.5	165	12.1	2	14.7
GLOUCESTER	27	8.0	18	5.4	8	2.4	26	7.7	0	0.0
HUDSON	66	6.8	53	5.5	33	3.4	86	9.0	1	10.4
HUNTERDON	5	3.3	5	3.3	1	0.7	6	4.0	0	0.0
MERCER	23	4.6	33	6.7	14	2.8	47	9.5	0	0.0
MIDDLESEX	59	5.7	63	6.1	17	1.6	80	7.7	1	9.7
MONMOUTH	52	6.3	36	4.4	23	2.8	59	7.2	2	24.5
MORRIS	28	4.7	30	5.0	9	1.5	39	6.5	0	0.0
OCEAN	39	6.4	25	4.1	9	1.5	34	5.6	0	0.0
PASSAIC	57	7.0	43	5.3	25	3.1	68	8.4	2	24.7
SALEM	5	5.4	10	10.9	4	4.4	14	15.3	0	0.0
SOMERSET	20	4.8	15	3.6	1	0.2	16	3.9	0	0.0
SUSSEX	13	6.2	11	5.3	4	1.9	15	7.2	0	0.0
UNION	52	6.7	45	5.8	25	3.2	70	9.1	0	0.0
WARREN	7	5.1	4	2.9	3	2.2	7	5.1	0	0.0
MILITARY	2	10.3	4	20.7	1	5.2	5	25.9	0	0.0
NOT STATED	0	N/A	6	N/A	0	N/A	6	N/A	0	N/A
TOTAL	829	6.8	687	5.7	324	2.7	1,011	8.4	13	10.8

*FETAL DEATH RATES ARE COMPUTED PER 1,000 COUNTY-SPECIFIC LIVE BIRTHS PLUS FETAL DEATHS
**NEONATAL, POSTNEONATAL, AND INFANT DEATH RATES ARE COMPUTED PER 1,000 COUNTY-SPECIFIC LIVE BIRTHS
***MATERNAL DEATH RATES ARE COMPUTED PER 100,000 COUNTY-SPECIFIC LIVE BIRTHS

TABLE M23. RESIDENT DEATH RATES* BY RACE, SEX AND AGE NEW JERSEY, 1983-1992

YEAR	RACE			SEX		AGE-GROUP					
	TOTAL	WHITE	OTHER RACES	MALE	FEMALE	5-14	15-24	25-44	45-64	65-84	85+
1983	9.2	9.6	6.7	9.8	8.6	0.2	0.8	1.4	9.1	42.7	159.8
1984	9.2	9.6	6.7	9.8	8.6	0.2	0.8	1.5	8.9	42.0	165.0
1985	9.3	9.8	7.0	10.0	8.7	0.2	0.8	1.7	9.1	41.9	165.5
1986	9.4	9.8	7.0	9.9	8.9	0.2	0.8	1.8	8.8	41.3	167.5
1987	9.4	9.8	7.2	9.9	8.8	0.2	0.8	1.9	8.7	40.5	165.5
1988	9.4	9.9	7.1	9.9	9.0	0.2	0.8	1.9	8.5	40.7	165.1
1989	9.2	9.6	7.0	9.5	8.8	0.2	0.7	1.9	8.1	39.1	160.1
1990	9.0	9.4	6.9	9.4	8.7	0.2	0.7	1.9	7.7	38.4	158.5
1991	9.1	9.5	7.1	9.5	8.7	0.2	0.7	2.0	7.6	38.1	156.4
1992	9.1	9.5	6.9	9.5	8.7	0.2	0.8	2.0	7.2	37.9	156.0

*DEATH RATES ARE COMPUTED PER 1,000 ESTIMATED POPULATION IN SPECIFIC RACE, SEX, OR AGE GROUP

TABLE M24. NUMBER OF DEATHS AND DEATH RATES, CRUDE AND ADJUSTED BY COUNTY NEW JERSEY, 1992

COUNTY	NUMBER OF DEATHS	CRUDE DEATH RATE*	AGE-ADJUSTED DEATH RATE**
ATLANTIC	2,396	10.4	553.0
BERGEN	7,513	9.0	415.4
BURLINGTON	2,944	7.4	480.4
CAMDEN	4,476	8.8	549.5
CAPE MAY	1,292	13.3	540.8
CUMBERLAND	1,365	9.9	573.2
ESSEX	7,819	10.1	644.8
GLOUCESTER	1,854	7.8	525.6
HUDSON	5,364	9.7	601.6
HUNTERDON	684	6.1	402.9
MERCER	2,850	8.7	498.1
MIDDLESEX	5,238	7.7	485.8
MONMOUTH	5,007	8.8	483.7
MORRIS	2,944	6.9	409.3
OCEAN	5,865	13.4	480.4
PASSAIC	4,149	9.1	529.3
SALEM	662	10.2	532.4
SOMERSET	1,693	6.8	404.0
SUSSEX	948	7.0	485.5
UNION	4,858	9.8	506.9
WARREN	840	9.0	471.1
INSTITUTIONS	2	N/A	N/A
MILITARY	20	N/A	N/A
NOT STATED	63	N/A	N/A
TOTAL	70,846	9.1	505.7

*CRUDE DEATH RATES ARE COMPUTED PER 1,000 POPULATION
**AGE-ADJUSTED DEATH RATES ARE COMPUTED PER 100,000 STANDARD POPULATION

TABLE M25. TOTAL RESIDENT DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	39	0	0	0	0	10	9	20	0
TUBERCULOSIS, OTHER FORMS (13-18)	16	0	0	0	1	7	2	6	0
MENINGOCOCCAL INFECTION (36)	6	2	1	0	1	1	1	0	0
SEPTICEMIA (38)	1,205	11	5	1	5	49	109	1,024	1
HIV INFECTION (42-44)	2,057	8	16	11	35	1,541	395	49	2
SYPHILIS & ITS SEQUELAE (90-97)	1	0	0	0	0	0	1	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	224	5	0	3	2	52	55	107	0
MALIGNANT NEOPLASMS (140-208)	18,102	2	14	22	64	714	4,486	12,799	1
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	176	0	1	3	2	16	23	131	0
DIABETES MELLITUS (250)	2,136	0	1	0	2	80	435	1,618	0
NUTRITIONAL DEFICIENCIES (260-269)	90	0	0	0	0	2	3	85	0
ANEMIAS (280-285)	163	1	4	1	1	16	16	124	0
MENINGITIS (320-322)	21	2	0	0	0	6	8	5	0
DISEASES OF THE HEART (390-398,402,404-429)	23,884	8	7	10	24	445	3,178	20,206	6
HYPERTENSION (401,403)	273	0	0	0	0	14	47	212	0
CEREBROVASCULAR DISEASES (430-438)	3,944	5	3	2	7	88	414	3,425	0
ATHEROSCLEROSIS (440)	447	0	0	0	0	3	33	411	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	838	0	0	0	0	23	89	726	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	16	2	0	0	0	1	3	10	0
PNEUMONIA & INFLUENZA (480-487)	2,229	26	7	3	5	82	168	1,938	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	2,360	0	0	1	8	35	266	2,049	1
ULCER OF STOMACH & DUODENUM (531-533)	172	0	0	0	0	7	22	142	1
APPENDICITIS (540-543)	14	0	0	0	0	0	7	7	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	206	3	1	1	0	2	21	178	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	860	0	1	0	4	169	332	353	1
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	85	0	0	0	0	1	6	78	0
NEPHRITIS & NEPHROSIS (580-589)	895	2	1	0	1	33	114	744	0
INFECTIONS OF KIDNEY (590)	25	0	0	0	1	1	2	21	0
HYPERPLASIA OF PROSTATE (600)	9	0	0	0	0	0	0	9	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	13	0	0	0	2	11	0	0	0
CONGENITAL ANOMALIES (740-759)	340	182	29	11	10	27	29	52	0
EARLY INFANT MORTALITY (760-779)	579	573	6	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	852	4	19	36	204	271	139	179	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	1,242	8	47	29	101	476	197	382	2
SUICIDE (E950-E959)	606	0	0	7	80	234	154	130	1
HOMICIDE & LEGAL INTERVENTION (E960-E978)	433	7	8	9	120	194	63	30	2
ALL OTHER EXTERNAL CAUSES (E980-E999)	175	2	5	0	19	108	29	11	1
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	364	102	4	2	17	80	40	119	0
RESIDUAL	5,749	56	20	31	46	400	772	4,422	2
TOTAL	70,846	1,011	200	183	762	5,199	11,668	51,802	21

TABLE M25A. TOTAL RESIDENT WHITE MALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	15	0	0	0	0	2	3	10	0
TUBERCULOSIS, OTHER FORMS (13-18)	3	0	0	0	0	1	0	2	0
MENINGOCOCCAL INFECTION (36)	2	0	1	0	1	0	0	0	0
SEPTICEMIA (38)	416	4	1	0	3	13	36	359	0
HIV INFECTION (42-44)	809	0	4	1	9	604	170	20	1
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	85	2	0	2	0	23	16	42	0
MALIGNANT NEOPLASMS (140-208)	7,944	0	6	10	31	230	1,874	5,792	1
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	76	0	1	1	1	9	12	52	0
DIABETES MELLITUS (250)	831	0	0	0	2	41	192	596	0
NUTRITIONAL DEFICIENCIES (260-269)	23	0	0	0	0	0	1	22	0
ANEMIAS (280-285)	47	0	1	0	0	3	4	39	0
MENINGITIS (320-322)	4	1	0	0	0	0	1	2	0
DISEASES OF THE HEART (390-398,402,404-429)	10,500	2	3	3	10	245	1,867	8,367	3
HYPERTENSION (401,403)	98	0	0	0	0	4	10	84	0
CEREBROVASCULAR DISEASES (430-438)	1,345	4	1	0	2	32	156	1,150	0
ATHEROSCLEROSIS (440)	177	0	0	0	0	3	20	154	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	422	0	0	0	0	14	43	365	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	4	0	0	0	0	0	1	3	0
PNEUMONIA & INFLUENZA (480-487)	933	6	2	2	2	25	70	826	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	1,089	0	0	1	2	13	112	961	0
ULCER OF STOMACH & DUODENUM (531-533)	66	0	0	0	0	4	9	53	0
APPENDICITIS (540-543)	5	0	0	0	0	0	3	2	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	50	0	0	0	0	1	6	43	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	463	0	0	0	2	92	183	186	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	28	0	0	0	0	0	3	25	0
NEPHRITIS & NEPHROSIS (580-589)	369	1	0	0	1	12	40	315	0
INFECTIONS OF KIDNEY (590)	10	0	0	0	0	0	0	10	0
HYPERPLASIA OF PROSTATE (600)	9	0	0	0	0	0	0	9	0
CONGENITAL ANOMALIES (740-759)	136	84	10	6	2	5	10	19	0
EARLY INFANT MORTALITY (760-779)	156	155	1	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	466	1	8	16	127	165	68	81	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	679	1	16	12	63	306	113	168	0
SUICIDE (E950-E959)	421	0	0	6	44	162	108	101	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	124	0	2	2	33	48	27	11	1
ALL OTHER EXTERNAL CAUSES (E980-E999)	93	0	0	0	10	61	14	7	1
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	128	31	2	1	8	31	15	40	0
RESIDUAL	2,200	13	5	9	23	172	336	1,641	1
TOTAL	30,226	305	64	72	376	2,321	5,523	21,557	8

TABLE M25B. TOTAL RESIDENT WHITE FEMALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	9	0	0	0	0	4	1	4	0
TUBERCULOSIS, OTHER FORMS (13-18)	5	0	0	0	1	2	1	1	0
MENINGOCOCCAL INFECTION (36)	3	1	0	0	0	1	1	0	0
SEPTICEMIA (38)	592	2	1	1	1	4	39	543	1
HIV INFECTION (42-44)	162	0	2	2	3	119	24	12	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	75	0	0	1	0	8	11	55	0
MALIGNANT NEOPLASMS (140-208)	7,902	1	7	7	21	311	1,745	5,810	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	75	0	0	1	0	5	8	61	0
DIABETES MELLITUS (250)	924	0	1	0	0	18	135	770	0
NUTRITIONAL DEFICIENCIES (260-269)	56	0	0	0	0	2	1	53	0
ANEMIAS (280-285)	71	0	2	0	0	1	4	64	0
MENINGITIS (320-322)	8	1	0	0	0	2	3	2	0
DISEASES OF THE HEART (390-398,402,404-429)	11,015	0	1	4	7	74	644	10,282	3
HYPERTENSION (401,403)	110	0	0	0	0	1	14	95	0
CEREBROVASCULAR DISEASES (430-438)	2,074	0	1	0	1	21	134	1,917	0
ATHEROSCLEROSIS (440)	237	0	0	0	0	0	5	232	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	342	0	0	0	0	6	25	311	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	9	0	0	0	0	1	2	6	0
PNEUMONIA & INFLUENZA (480-487)	1,055	1	2	0	2	18	50	982	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	1,052	0	0	0	2	7	113	930	0
ULCER OF STOMACH & DUODENUM (531-533)	94	0	0	0	0	3	10	80	1
APPENDICITIS (540-543)	7	0	0	0	0	0	2	5	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	122	0	0	1	0	0	6	115	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	258	0	1	0	1	30	85	141	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	49	0	0	0	0	0	2	47	0
NEPHRITIS & NEPHROSIS (580-589)	357	1	0	0	0	1	21	334	0
INFECTIONS OF KIDNEY (590)	12	0	0	0	1	0	1	10	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	6	0	0	0	1	5	0	0	0
CONGENITAL ANOMALIES (740-759)	116	42	11	2	5	14	14	28	0
EARLY INFANT MORTALITY (760-779)	133	130	3	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	240	1	4	9	49	61	32	84	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	267	0	9	3	11	40	29	175	0
SUICIDE (E950-E959)	116	0	0	1	17	36	38	24	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	55	1	1	2	7	21	12	11	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	20	0	0	0	0	13	6	1	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	120	21	2	1	2	15	9	70	0
RESIDUAL	2,727	16	10	9	10	78	226	2,377	1
TOTAL	30,475	218	58	44	142	922	3,453	25,632	6

TABLE M25C. TOTAL RESIDENT BLACK MALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	7	0	0	0	0	2	3	2	0
TUBERCULOSIS, OTHER FORMS (13-18)	7	0	0	0	0	4	1	2	0
SEPTICEMIA (38)	97	3	2	0	0	19	21	52	0
HIV INFECTION (42-44)	744	5	8	7	15	539	158	12	0
SYPHILIS & ITS SEQUELAE (90-97)	1	0	0	0	0	0	1	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	28	3	0	0	1	12	9	3	0
MALIGNANT NEOPLASMS (140-208)	1,068	0	0	3	6	60	429	570	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	7	0	0	1	1	0	2	3	0
DIABETES MELLITUS (250)	162	0	0	0	0	13	54	95	0
NUTRITIONAL DEFICIENCIES (260-269)	5	0	0	0	0	0	0	5	0
ANEMIAS (280-285)	20	0	0	0	0	5	4	11	0
MENINGITIS (320-322)	5	0	0	0	0	1	4	0	0
DISEASES OF THE HEART (390-398,402,404-429)	1,087	1	1	0	2	82	378	623	0
HYPERTENSION (401,403)	23	0	0	0	0	3	10	10	0
CEREBROVASCULAR DISEASES (430-438)	212	1	1	1	2	18	62	127	0
ATHEROSCLEROSIS (440)	11	0	0	0	0	0	5	6	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	33	0	0	0	0	0	10	23	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	2	2	0	0	0	0	0	0	0
PNEUMONIA & INFLUENZA (480-487)	135	11	2	0	1	24	29	68	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	110	0	0	0	2	6	15	87	0
ULCER OF STOMACH & DUODENUM (531-533)	6	0	0	0	0	0	1	5	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	11	0	1	0	0	1	3	6	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	99	0	0	0	0	37	51	10	1
NEPHRITIS & NEPHROSIS (580-589)	88	0	0	0	0	17	28	43	0
INFECTIONS OF KIDNEY (590)	1	0	0	0	0	1	0	0	0
CONGENITAL ANOMALIES (740-759)	28	19	3	1	0	0	3	2	0
EARLY INFANT MORTALITY (760-779)	133	131	2	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	83	0	3	9	17	24	26	4	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	203	6	13	10	18	100	36	19	1
SUICIDE (E950-E959)	45	0	0	0	17	21	5	2	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	193	4	1	1	69	96	18	4	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	41	1	2	0	7	21	8	2	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	68	30	0	0	6	19	10	3	0
RESIDUAL	400	12	4	6	7	98	107	166	0
TOTAL	5,163	229	43	39	171	1,223	1,491	1,965	2

TABLE M25D. TOTAL RESIDENT BLACK FEMALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	4	0	0	0	0	2	0	2	0
TUBERCULOSIS, OTHER FORMS (13-18)	1	0	0	0	0	0	0	1	0
MENINGOCOCCAL INFECTION (36)	1	1	0	0	0	0	0	0	0
SEPTICEMIA (38)	92	2	1	0	1	12	13	63	0
HIV INFECTION (42-44)	317	3	2	1	8	259	38	5	1
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	30	0	0	0	1	8	16	5	0
MALIGNANT NEOPLASMS (140-208)	928	1	1	2	1	86	327	510	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	15	0	0	0	0	2	1	12	0
DIABETES MELLITUS (250)	207	0	0	0	0	8	49	150	0
NUTRITIONAL DEFICIENCIES (260-269)	6	0	0	0	0	0	1	5	0
ANEMIAS (280-285)	21	1	1	1	0	6	3	9	0
MENINGITIS (320-322)	3	0	0	0	0	2	0	1	0
DISEASES OF THE HEART (390-398,402,404-429)	1,081	3	2	2	4	38	245	787	0
HYPERTENSION (401,403)	38	0	0	0	0	6	11	21	0
CEREBROVASCULAR DISEASES (430-438)	268	0	0	1	2	13	50	202	0
ATHEROSCLEROSIS (440)	16	0	0	0	0	0	2	14	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	36	0	0	0	0	3	8	25	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	1	0	0	0	0	0	0	1	0
PNEUMONIA & INFLUENZA (480-487)	91	8	0	0	0	15	15	53	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	87	0	0	0	2	8	19	57	1
ULCER OF STOMACH & DUODENUM (531-533)	4	0	0	0	0	0	2	2	0
APPENDICITIS (540-543)	2	0	0	0	0	0	2	0	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	19	1	0	0	0	0	6	12	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	36	0	0	0	1	9	12	14	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	5	0	0	0	0	1	0	4	0
NEPHRITIS & NEPHROSIS (580-589)	77	0	1	0	0	3	23	50	0
INFECTIONS OF KIDNEY (590)	2	0	0	0	0	0	1	1	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	7	0	0	0	1	6	0	0	0
CONGENITAL ANOMALIES (740-759)	40	25	4	1	3	5	0	2	0
EARLY INFANT MORTALITY (760-779)	129	129	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	44	2	4	2	7	15	8	6	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	70	1	8	4	4	20	15	18	0
SUICIDE (E950-E959)	9	0	0	0	0	5	2	1	1
HOMICIDE & LEGAL INTERVENTION (E960-E978)	50	2	4	3	11	25	2	3	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	19	1	3	0	0	13	1	1	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	31	15	0	0	0	9	4	3	0
RESIDUAL	367	12	1	5	4	46	89	210	0
TOTAL	4,154	207	32	22	50	625	965	2,250	3

TABLE M25E. TOTAL RESIDENT OTHER RACE MALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	2	0	0	0	0	0	2	0	0
SEPTICEMIA (38)	2	0	0	0	0	0	0	2	0
HIV INFECTION (42-44)	9	0	0	0	0	8	1	0	0
MALIGNANT NEOPLASMS (140-208)	77	0	0	0	0	4	25	48	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	0	0	0	0	0	0	1	0
DIABETES MELLITUS (250)	5	0	0	0	0	0	2	3	0
ANEMIAS (280-285)	2	0	0	0	1	0	0	1	0
MENINGITIS (320-322)	1	0	0	0	0	1	0	0	0
DISEASES OF THE HEART (390-398,402,404-429)	80	0	0	0	1	4	25	50	0
HYPERTENSION (401,403)	2	0	0	0	0	0	2	0	0
CEREBROVASCULAR DISEASES (430-438)	20	0	0	0	0	1	8	11	0
ATHEROSCLEROSIS (440)	1	0	0	0	0	0	0	1	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	3	0	0	0	0	0	2	1	0
PNEUMONIA & INFLUENZA (480-487)	5	0	1	0	0	0	2	2	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	3	0	0	0	0	0	0	3	0
ULCER OF STOMACH & DUODENUM (531-533)	1	0	0	0	0	0	0	1	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	3	1	0	0	0	0	0	2	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	0	1	0	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	1	0	0	0	0	0	0	1	0
NEPHRITIS & NEPHROSIS (580-589)	4	0	0	0	0	0	2	2	0
CONGENITAL ANOMALIES (740-759)	2	2	0	0	0	0	0	0	0
EARLY INFANT MORTALITY (760-779)	11	11	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	10	0	0	0	3	3	4	0	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	7	0	1	0	2	2	2	0	0
SUICIDE (E950-E959)	6	0	0	0	2	3	0	1	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	7	0	0	1	0	4	2	0	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	1	0	0	0	1	0	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	6	3	0	0	0	3	0	0	0
RESIDUAL	18	1	0	1	0	2	6	8	0
TOTAL	291	18	2	2	10	35	86	138	0

TABLE M25F. TOTAL RESIDENT OTHER RACE FEMALE DEATHS BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	2	0	0	0	0	0	0	2	0
SEPTICEMIA (38)	5	0	0	0	0	0	0	5	0
HIV INFECTION (42-44)	1	0	0	0	0	1	0	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	4	0	0	0	0	1	2	1	0
MALIGNANT NEOPLASMS (140-208)	68	0	0	0	0	6	38	24	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	0	0	0	0	0	0	1	0
DIABETES MELLITUS (250)	7	0	0	0	0	0	3	4	0
DISEASES OF THE HEART (390-398,402,404-429)	77	1	0	0	0	0	7	69	0
HYPERTENSION (401,403)	1	0	0	0	0	0	0	1	0
CEREBROVASCULAR DISEASES (430-438)	21	0	0	0	0	3	4	14	0
ATHEROSCLEROSIS (440)	3	0	0	0	0	0	0	3	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	1	0	0	0	0	0	1	0	0
PNEUMONIA & INFLUENZA (480-487)	8	0	0	0	0	0	1	7	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	11	0	0	0	0	1	3	7	0
ULCER OF STOMACH & DUODENUM (531-533)	1	0	0	0	0	0	0	1	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	1	1	0	0	0	0	0	0	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	0	0	1	0
CONGENITAL ANOMALIES (740-759)	7	3	0	1	0	1	1	1	0
EARLY INFANT MORTALITY (760-779)	9	9	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	2	0	0	0	1	1	0	0	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	6	0	0	0	1	2	2	1	0
SUICIDE (E950-E959)	6	0	0	0	0	4	1	1	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	2	0	0	0	0	0	1	1	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	5	2	0	0	0	1	1	1	0
RESIDUAL	18	1	0	1	0	0	4	12	0
TOTAL	268	17	0	2	2	21	69	157	0

TABLE M25G. TOTAL RESIDENT MALE DEATHS, RACE NOT STATED, BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
HIV INFECTION (42-44)	15	0	0	0	0	11	4	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	2	0	0	0	0	0	1	1	0
MALIGNANT NEOPLASMS (140-208)	66	0	0	0	3	8	29	26	0
DISEASES OF THE HEART (390-398,402,404-429)	26	1	0	0	0	2	10	13	0
HYPERTENSION (401,403)	1	0	0	0	0	0	0	1	0
CEREBROVASCULAR DISEASES (430-438)	2	0	0	0	0	0	0	2	0
ATHEROSCLEROSIS (440)	1	0	0	0	0	0	1	0	0
PNEUMONIA & INFLUENZA (480-487)	2	0	0	1	0	0	1	0	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	3	0	0	0	0	0	1	2	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	1	0	0	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	1	0	0	0	0	0	1	0	0
CONGENITAL ANOMALIES (740-759)	7	4	1	0	0	1	1	0	0
EARLY INFANT MORTALITY (760-779)	3	3	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	6	0	0	0	0	2	1	3	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	10	0	0	0	2	6	0	1	1
SUICIDE (E950-E959)	3	0	0	0	0	3	0	0	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	1	0	0	0	0	0	1	0	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	1	0	0	0	1	0	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	3	0	0	0	1	2	0	0	0
RESIDUAL	11	1	0	0	2	3	2	3	0
TOTAL	165	9	1	1	9	39	53	52	1

TABLE M25H. TOTAL RESIDENT FEMALE DEATHS, RACE NOT STATED, BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
SEPTICEMIA (38)	1	0	0	0	0	1	0	0	0
MALIGNANT NEOPLASMS (140-208)	49	0	0	0	2	9	19	19	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	0	0	0	0	0	0	1	0
ANEMIAS (280-285)	2	0	0	0	0	1	1	0	0
DISEASES OF THE HEART (390-398,402,404-429)	14	0	0	1	0	0	2	11	0
CEREBROVASCULAR DISEASES (430-438)	2	0	0	0	0	0	0	2	0
ATHEROSCLEROSIS (440)	1	0	0	0	0	0	0	1	0
ARTERY, ARTERIOLES, AND CAPILLARY DISEASE (441-448)	1	0	0	0	0	0	0	1	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	4	0	0	0	0	0	3	1	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	0	0	1	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	1	0	0	0	0	0	0	1	0
CONGENITAL ANOMALIES (740-759)	4	3	0	0	0	1	0	0	0
EARLY INFANT MORTALITY (760-779)	5	5	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	1	0	0	0	0	0	0	1	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	1	0	0	0	0	0	0	0	1
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	3	0	0	0	0	0	1	2	0
RESIDUAL	7	0	0	0	0	1	2	4	0
TOTAL	98	8	0	1	2	13	28	45	1

TABLE M25I. TOTAL RESIDENT WHITE DEATHS, SEX NOT STATED, BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
DISEASES OF THE HEART (390-398,402,404-429)	4	0	0	0	0	0	0	4	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	1	0	0	0	0	0	0	1	0
TOTAL	5	0	0	0	0	0	0	5	0

TABLE M25J. TOTAL RESIDENT BLACK DEATHS, SEX NOT STATED, BY CAUSE AND AGE GROUP NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65+	NOT STATED
RESIDUAL	1	0	0	0	0	0	0	1	0
TOTAL	1	0	0	0	0	0	0	1	0

TABLE M26. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE
NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	TOTAL	ATLANTIC	BERGEN	BURLING-TON	CAMDEN	CAPE MAY	CUMBER-LAND	ESSEX
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	39	2	2	1	1	1	2	9
TUBERCULOSIS, OTHER FORMS (13-18)	16	0	1	0	1	1	0	5
MENINGOCOCCAL INFECTION (36)	6	0	0	0	1	1	1	0
SEPTICEMIA (38)	1,205	62	109	50	75	32	17	156
HIV INFECTION (42-44)	2,057	64	108	30	62	12	21	595
SYPHILIS & ITS SEQUELAE (90-97)	1	0	0	0	0	0	0	1
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	224	6	18	11	14	0	6	35
MALIGNANT NEOPLASMS (140-208)	18,102	587	2,026	806	1,148	349	312	1,777
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	176	1	22	4	8	2	3	28
DIABETES MELLITUS (250)	2,136	59	228	71	127	23	47	263
NUTRITIONAL DEFICIENCIES (260-269)	90	2	9	3	6	3	3	7
ANEMIAS (280-285)	163	4	17	4	7	3	0	30
MENINGITIS (320-322)	21	2	3	0	2	0	1	4
DISEASES OF THE HEART (390-398,402,404-429)	23,884	807	2,715	976	1,432	460	492	2,308
HYPERTENSION (401,403)	273	8	19	10	15	8	2	41
CEREBROVASCULAR DISEASES (430-438)	3,944	150	481	170	238	67	63	405
ATHEROSCLEROSIS (440)	447	13	38	10	25	3	8	25
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	838	24	98	30	63	12	5	70
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	16	0	1	0	0	1	1	4
PNEUMONIA & INFLUENZA (480-487)	2,229	67	230	83	148	39	47	232
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	2,360	84	207	125	146	49	63	213
ULCER OF STOMACH & DUODENUM (531-533)	172	3	22	5	13	2	3	22
APPENDICITIS (540-543)	14	0	0	2	2	0	1	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	206	8	19	9	12	5	6	29
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	860	34	78	41	47	14	10	113
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	85	2	10	1	7	1	4	11
NEPHRITIS & NEPHROSIS (580-589)	895	53	78	43	55	30	28	110
INFECTIONS OF KIDNEY (590)	25	1	5	0	2	0	0	5
HYPERPLASIA OF PROSTATE (600)	9	0	0	0	0	0	1	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	13	1	3	0	0	0	1	2
CONGENITAL ANOMALIES (740-759)	340	12	21	19	29	5	5	44
EARLY INFANT MORTALITY (760-779)	579	18	43	17	60	3	12	85
MOTOR VEHICLE FATALITIES (E810-E825)	852	40	59	59	57	12	28	91
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	1,242	53	107	45	117	27	39	165
SUICIDE (E950-E959)	606	18	68	39	43	5	12	55
HOMICIDE & LEGAL INTERVENTION (E960-E978)	433	10	30	19	57	4	5	126
ALL OTHER EXTERNAL CAUSES (E980-E999)	175	9	16	2	25	0	0	33
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	364	16	35	8	29	8	7	51
RESIDUAL	5,749	176	587	251	402	110	109	669
TOTAL	70,846	2,396	7,513	2,944	4,476	1,292	1,365	7,819

TABLE M26. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE (CONTINUED)
NEW JERSEY, 1992

CAUSE GROUP (ICD-9)	GLOU-CESTER	HUDSON	HUNTERDON	MERCER	MIDDLE-SEX	MON-MOUTH	MORRIS	OCEAN
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	0	5	0	1	3	4	1	2
TUBERCULOSIS, OTHER FORMS (13-18)	1	1	0	0	1	0	1	0
MENINGOCOCCAL INFECTION (36)	1	0	0	0	0	0	1	0
SEPTICEMIA (38)	35	98	7	57	70	77	36	120
HIV INFECTION (42-44)	21	322	12	60	142	129	37	54
SYPHILIS & ITS SEQUELAE (90-97)	0	0	0	0	0	0	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	4	20	2	5	16	18	12	15
MALIGNANT NEOPLASMS (140-208)	500	1,263	184	712	1,464	1,298	798	1,558
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	17	4	5	16	15	3	20
DIABETES MELLITUS (250)	59	158	12	99	177	153	76	146
NUTRITIONAL DEFICIENCIES (260-269)	4	6	1	5	7	5	4	6
ANEMIAS (280-285)	5	16	2	7	13	12	8	5
MENINGITIS (320-322)	2	1	0	1	1	0	0	1
DISEASES OF THE HEART (390-398,402,404-429)	536	1,725	217	912	1,686	1,727	1,008	2,327
HYPERTENSION (401,403)	15	21	2	19	18	10	8	18
CEREBROVASCULAR DISEASES (430-438)	105	242	46	164	247	318	173	327
ATHEROSCLEROSIS (440)	43	27	1	12	103	55	12	28
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	36	53	11	26	77	75	35	71
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	0	2	0	2	0	2	0	0
PNEUMONIA & INFLUENZA (480-487)	53	139	30	111	131	159	111	196
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	73	190	32	105	151	161	109	226
ULCER OF STOMACH & DUODENUM (531-533)	5	14	3	8	15	10	3	9
APPENDICITIS (540-543)	0	2	0	0	1	0	1	1
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	5	17	2	7	18	12	11	15
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	15	82	3	36	76	72	29	48
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	2	4	0	5	7	6	2	5
NEPHRITIS & NEPHROSIS (580-589)	29	89	3	24	48	57	28	80
INFECTIONS OF KIDNEY (590)	0	1	1	2	3	1	1	0
HYPERPLASIA OF PROSTATE (600)	0	0	0	0	4	1	1	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	0	1	0	0	1	2	0	0
CONGENITAL ANOMALIES (740-759)	4	31	7	13	26	26	18	24
EARLY INFANT MORTALITY (760-779)	17	48	4	28	58	27	24	18
MOTOR VEHICLE FATALITIES (E810-E825)	43	49	14	35	58	50	38	50
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	29	100	15	76	84	70	40	59
SUICIDE (E950-E959)	14	50	13	26	51	36	31	35
HOMICIDE & LEGAL INTERVENTION (E960-E978)	6	43	0	18	18	6	8	12
ALL OTHER EXTERNAL CAUSES (E980-E999)	0	25	0	3	9	4	10	4
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	12	36	1	15	30	24	11	13
RESIDUAL	179	466	55	251	408	385	255	372
TOTAL	1,854	5,364	684	2,850	5,238	5,007	2,944	5,865

TABLE M26. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE (CONTINUED)
NEW JERSEY, 1992

CAUSE GROUP (ICD-9 CODES)	PASSAIC	SALEM	SOMERSET	SUSSEX	UNION	WARREN	INSTIT-UTIONS	MILI-TARY	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	0	0	0	1	4	0	0	0	0
TUBERCULOSIS, OTHER FORMS (13-18)	4	0	0	0	0	0	0	0	0
MENINGOCOCCAL INFECTION (36)	0	0	1	0	0	0	0	0	0
SEPTICEMIA (38)	56	8	28	10	91	11	0	0	0
HIV INFECTION (42-44)	179	10	28	6	158	4	0	0	3
SYPHILIS & ITS SEQUELAE (90-97)	0	0	0	0	0	0	0	0	0
INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	12	4	5	2	16	3	0	0	0
MALIGNANT NEOPLASMS (140-208)	984	169	511	249	1,185	209	0	3	10
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	6	4	1	2	11	2	0	0	1
DIABETES MELLITUS (250)	148	16	54	29	156	34	0	0	1
NUTRITIONAL DEFICIENCIES (260-269)	10	0	2	1	3	3	0	0	0
ANEMIAS (280-285)	6	4	5	2	13	0	0	0	0
MENINGITIS (320-322)	1	0	1	0	0	0	0	0	1
DISEASES OF THE HEART (390-398,402,404-429)	1,435	228	520	325	1,708	319	1	5	15
HYPERTENSION (401,403)	26	2	2	3	23	2	0	0	1
CEREBROVASCULAR DISEASES (430-438)	239	37	104	52	275	38	0	0	3
ATHEROSCLEROSIS (440)	23	3	5	1	9	3	0	0	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	37	7	22	13	63	9	0	0	1
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	1	2	0	0	0	0	0	0	0
PNEUMONIA & INFLUENZA (480-487)	140	21	68	46	133	41	0	0	4
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	110	35	54	44	141	37	0	2	3
ULCER OF STOMACH & DUODENUM (531-533)	11	4	2	3	11	3	0	0	1
APPENDICITIS (540-543)	1	0	0	0	3	0	0	0	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	8	2	3	0	14	4	0	0	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	63	3	15	10	61	7	0	0	3
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	5	0	2	0	8	3	0	0	0
NEPHRITIS & NEPHROSIS (580-589)	48	9	13	9	55	6	0	0	0
INFECTIONS OF KIDNEY (590)	1	0	0	1	1	0	0	0	0
HYPERPLASIA OF PROSTATE (600)	0	0	0	0	2	0	0	0	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	2	0	0	0	0	0	0	0	0
CONGENITAL ANOMALIES (740-759)	17	4	4	6	19	3	0	3	0
EARLY INFANT MORTALITY (760-779)	39	8	14	7	40	4	0	1	4
MOTOR VEHICLE FATALITIES (E810-E825)	41	12	20	20	60	16	0	0	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	70	5	25	14	88	12	0	0	2
SUICIDE (E950-E959)	34	5	16	8	37	8	0	1	1
HOMICIDE & LEGAL INTERVENTION (E960-E978)	26	4	3	1	30	1	0	2	4
ALL OTHER EXTERNAL CAUSES (E980-E999)	26	0	1	0	7	1	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	21	6	3	5	27	5	0	1	0
RESIDUAL	319	50	161	78	406	52	1	2	5
TOTAL	4,149	662	1,693	948	4,858	840	2	20	63

MARRIAGES AND DIVORCES

1992

INTRODUCTION

Marriage information presented in this report was tabulated from items reported on marriage certificates filed with the New Jersey State Registrar for marriages which occurred in the calendar year 1992. Divorce information was obtained from the Chancery Division of the New Jersey Superior Court. Marriages and divorces are recorded by place of occurrence or judgement; therefore, all marriage and divorce data presented in this report encompass events that occurred in New Jersey, regardless of the place of residence of the participants. Since no mechanism for interstate exchange of resident marriage and divorce data exists, out-of-state events involving New Jersey residents are not included.

MARRIAGES

Number of Marriages

There were 55,321 marriages in New Jersey in 1992. Although this was the lowest number of marriages in the last decade, it was only a 0.9 percent decrease from the 1991 level (Table MD1). The 1992 marriage rate per 1,000 population decreased 1.4 percent from the 1991 rate to 7.1, the lowest rate in the last decade. The state has experienced a general decline in both number of marriages and in the marriage rate over the past decade.

Among New Jersey counties, the highest number of marriages occurred in Essex County (6,053), while the lowest number was recorded in Salem County (429) (Table MD7). Along with Essex County, the following five counties, with numbers in parentheses, accounted for more than half of the marriages in the state: Bergen (5,831), Middlesex (4,585), Monmouth (4,225), Hudson (4,071), and Passaic (3,560).

TABLE MD1. NUMBER OF MARRIAGES, MARRIAGE RATES AND MEDIAN AGE AT MARRIAGE FOR BRIDES AND GROOMS MARRIAGE CERTIFICATES ISSUED IN NEW JERSEY, 1983-1992

	MARRIAGES		MEDIAN AGE	
YEAR	NUMBER	RATE*	BRIDES	GROOMS
1983	61,798	8.3	25.7	28.0
1984	62,654	8.3	26.1	28.3
1985	61,189	8.1	26.4	28.5
1986	61,362	8.1	26.7	28.6
1987	60,550	7.9	26.9	28.8
1988	61,063	7.9	27.2	29.0
1989	60,076	7.8	27.4	29.1
1990	58,747	7.6	27.7	29.3
1991	55,832	7.2	27.6	29.4
1992	55,321	7.1	27.9	29.8

*RATES ARE COMPUTED PER 1,000 POPULATION

Age

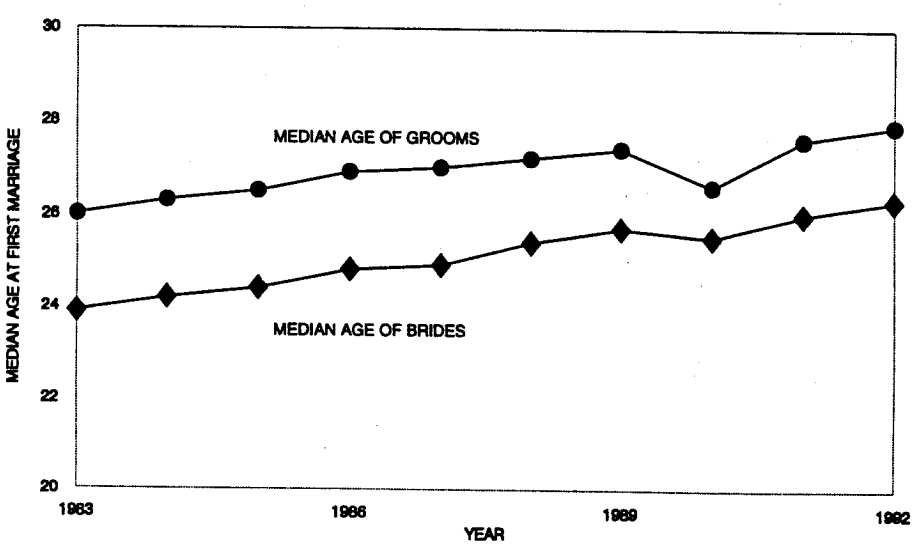
In 1992, the median age of brides was 27.9 years and of grooms, 29.8 years (Table MD1). The median age of both brides and grooms increased slightly over 1991 levels. The trend in age at marriage had been consistently upward over the past decade until 1991 when it appeared to stabilize. The median ages of brides and grooms in 1992 resumed their upward trend.

In the nation as a whole, the median age at first marriage has been increasing over the past few decades to the extent that it is now at its highest level of this century (Family Planning Perspectives, 1993). A trend toward increasing median age at first marriage for both brides and grooms was reversed in New Jersey in 1990. First marriages in 1991 resumed the upward trend and in 1992 the median age of brides marrying for the first time increased by 1.2 percent over the prior year to 26.3 years. The median age of first-time grooms increased 1.1 percent to 27.9 years (Table MD2 and Figure MD1).

TABLE MD2. MEDIAN AGE AT FIRST MARRIAGE NEW JERSEY, 1983-1992

	MEDIAN AGE	
YEAR	BRIDES	GROOMS
1983	23.9	26.0
1984	24.2	26.3
1985	24.4	26.5
1986	24.8	26.9
1987	24.9	27.0
1988	25.4	27.2
1989	25.7	27.4
1990	25.5	26.6
1991	26.0	27.6
1992	26.3	27.9

FIGURE MD1. MEDIAN AGE AT FIRST MARRIAGE NEW JERSEY, 1983-1992



In 1983, 60.2 percent of all brides marrying for the first time were under 25 years old, while in 1992, only 37.9 percent of these brides were under 25. The corresponding percentages for grooms were 42.6 percent in 1983 and 23.6 percent in 1992 (Table MD3 and Figure MD2).

TABLE MD3. PERCENT OF BRIDES AND GROOMS UNDER 25 AND UNDER 20 YEARS OF AGE AT THE TIME OF FIRST MARRIAGE NEW JERSEY, 1983-1992

	BRIDES		GROOMS	
YEAR	PERCENT UNDER 25	PERCENT UNDER 20	PERCENT UNDER 25	PERCENT UNDER 20
1983	60.2	11.9	42.6	4.2
1984	57.3	10.7	40.2	3.6
1985	55.1	9.6	37.8	3.3
1986	52.0	8.9	35.4	3.2
1987	50.0	8.1	33.4	2.7
1988	47.5	7.0	30.8	2.4
1989	44.9	6.8	29.2	2.3
1990	46.3	6.9	29.7	2.5
1991	40.1	5.4	25.7	2.0
1992	37.9	4.9	23.6	1.7

FIGURE MD2. PERCENT OF BRIDES AND GROOMS UNDER 25 AND UNDER 20 YEARS OF AGE AT THE TIME OF FIRST MARRIAGE NEW JERSEY, 1983-1992

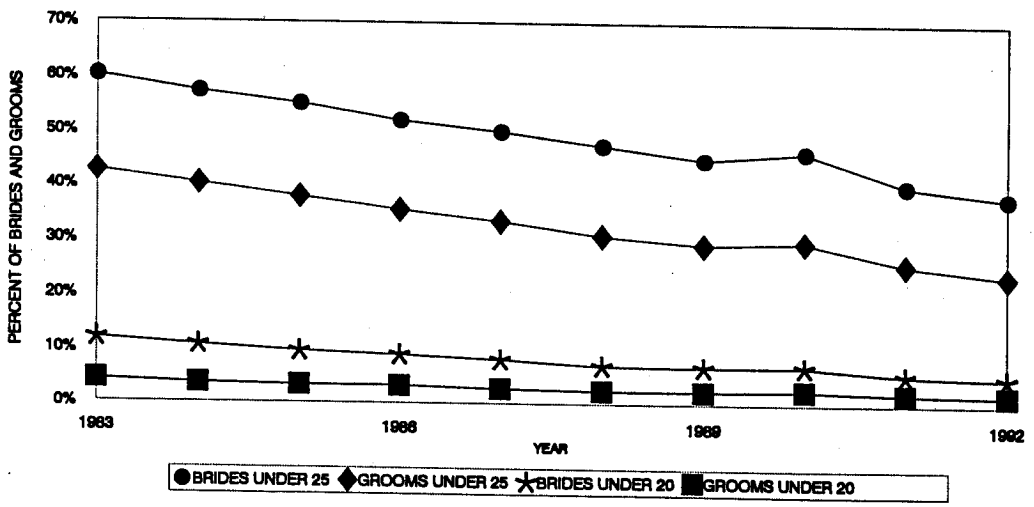


Table MD4 presents a detailed tabulation of bride's age by groom's age at time of marriage for 1992 occurrences.

TABLE MD4. MARRIAGES BY AGE OF BRIDE AND AGE OF GROOM
NEW JERSEY, 1992

AGE OF BRIDE	TOTAL	AGE OF GROOM											
		UNDER 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
UNDER 15	8	0	4	3	1	0	0	0	0	0	0	0	0
15-19	2,021	0	412	1,154	334	94	21	2	3	1	0	0	0
20-24	13,989	0	212	5,798	6,041	1,397	383	106	32	11	4	1	4
25-29	17,986	0	36	1,660	9,636	4,685	1,362	398	126	62	13	6	2
30-34	9,348	1	13	303	2,004	3,621	2,041	853	322	120	46	18	6
35-39	5,133	0	6	93	527	1,142	1,528	960	509	234	83	35	16
40-44	2,949	0	1	29	142	304	535	782	589	326	134	72	35
45-49	1,800	0	1	9	34	96	161	296	465	349	214	112	63
50-54	953	0	1	2	6	23	33	78	149	222	204	137	98
55-59	457	0	0	0	2	4	15	11	31	59	108	106	121
60-64	309	0	0	1	1	1	2	6	9	13	45	85	146
65+	368	0	0	1	0	0	1	4	1	6	9	45	301
TOTAL	55,321	1	686	9,053	18,728	11,367	6,082	3,496	2,236	1,403	860	617	792

Previous Marital Status

As has been the case for 10 years, nearly three-fourths of brides and a slightly lower proportion of grooms were marrying for the first time (Table MD5). The percentage of brides and grooms who were widowed at the time of remarriage remained near 1991 levels, while that of brides and grooms remarrying after divorce increased slightly. Table MD6 presents a comparison of previous marital status of both brides and grooms in 1992.

TABLE MD5. NUMBER OF MARRIAGES BY PREVIOUS MARITAL STATUS NEW JERSEY, 1983-1992

YEAR	NUMBER OF MARRIAGES	BRIDES			GROOMS		
		PERCENT NEVER MARRIED	PERCENT WIDOWED	PERCENT DIVORCED	PERCENT NEVER MARRIED	PERCENT WIDOWED	PERCENT DIVORCED
1983	61,798	74.0	3.0	22.7	71.5	3.2	25.1
1984	62,654	73.9	3.0	22.8	71.8	3.1	24.8
1985	61,189	74.2	2.7	23.0	72.0	2.8	25.1
1986	61,362	74.4	2.5	23.0	72.4	2.6	25.0
1987	60,550	74.6	2.6	22.8	72.9	2.6	24.5
1988	61,063	74.6	2.5	22.9	73.0	2.6	24.4
1989	60,076	74.9	4.9	20.2	73.6	5.0	21.3
1990	58,747	74.9	2.4	22.8	73.7	2.4	23.9
1991	55,832	75.3	2.5	22.3	74.2	2.6	23.2
1992	55,321	74.3	2.5	23.3	73.5	2.5	24.0

TABLE MD6. MARRIAGES BY PREVIOUS MARITAL STATUS OF BRIDE AND GROOM NEW JERSEY, 1992

PREVIOUS MARITAL STATUS OF BRIDE	TOTAL		PREVIOUS MARITAL STATUS OF GROOM					
			NEVER MARRIED		WIDOWED		DIVORCED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
NEVER MARRIED	41,095	74.3	34,769	85.5	289	21.1	6,037	45.4
WIDOWED	1,357	2.5	336	0.8	476	34.7	545	4.1
DIVORCED	12,868	23.3	5,541	13.6	606	44.2	6,721	50.5
NOT STATED	1	0.0	1	0.0	0	0.0	0	0.0
TOTAL	55,321	100.0	40,647	100.0	1,371	100.0	13,303	100.0

Race

Marriage statistics by race of bride and groom and by county of occurrence are contained in Table MD7. For race, only the designations "White," "Black," "Other," and "Unknown" appear on the marriage certificate.

County and Month

The number of marriages by month and county of occurrence are found in Table MD8. In 1992, 24 percent of marriages occurred in the two months of May and October.

DIVORCES, ANNULMENTS, AND SEPARATE MAINTENANCE ACTIONS

Divorce figures for 1992 include divorces, annulments, and separate maintenance actions by county of judgment. Reports in the series prior to 1991 did not include separate maintenance actions with divorces. The ratio of marriage to divorces, annulments, and separate maintenance actions in 1992 was 2.2, which was the same as in 1991. There were 25,405 divorces, annulments, and separate maintenance actions in 1992, down from 25,686 in 1991 and the rate per 1,000 population of divorces, annulments, and separate maintenance actions was 3.2 in 1992, as compared to a rate of 3.3 in 1991. The number and rate of marriages and of divorces, annulments, and separate maintenance actions by county for 1992 are presented in Table MD9.

TABLE MD7. MARRIAGES BY COUNTY OF OCCURRENCE AND BY RACE OF BRIDE AND GROOM NEW JERSEY, 1992

COUNTY	TOTAL	WHITE		BLACK		OTHER		NOT STATED	
		BRIDE	GROOM	BRIDE	GROOM	BRIDE	GROOM	BRIDE	GROOM
ATLANTIC	1,907	1,549	1,537	272	289	85	80	1	1
BERGEN	5,831	5,256	5,288	286	286	283	249	6	8
BURLINGTON	2,558	2,200	2,179	297	341	58	35	3	3
CAMDEN	3,285	2,799	2,792	438	452	46	40	2	1
CAPE MAY	835	795	795	36	39	4	1	0	0
CUMBERLAND	977	839	827	130	139	8	10	0	1
ESSEX	6,053	3,908	3,938	2,020	2,012	123	101	2	2
GLOUCESTER	1,468	1,363	1,344	93	114	12	10	0	0
HUDSON	4,071	3,388	3,395	477	490	197	174	9	12
HUNTERDON	775	760	759	4	8	11	8	0	0
MERCER	2,326	1,881	1,866	391	418	54	42	0	0
MIDDLESEX	4,585	4,016	4,010	367	401	198	171	4	3
MONMOUTH	4,225	3,858	3,864	273	287	89	68	5	6
MORRIS	3,274	3,074	3,071	96	106	102	94	2	3
OCEAN	2,541	2,436	2,435	68	79	37	27	0	0
PASSAIC	3,560	2,979	2,906	441	485	139	168	1	1
SALEM	429	391	383	36	42	2	4	0	0
SOMERSET	1,771	1,612	1,614	69	73	89	82	1	2
SUSSEX	828	818	819	4	4	6	5	0	0
UNION	3,395	2,759	2,775	554	557	78	60	4	3
WARREN	603	593	591	9	11	1	1	0	0
MILITARY	22	17	13	5	9	0	0	0	0
STATE INSTITUTIONS	2	0	0	2	2	0	0	0	0
TOTAL	55,321	47,291	47,201	6,368	6,644	1,622	1,430	40	46

TABLE MD8. NUMBER OF MARRIAGES BY COUNTY AND MONTH OF OCCURRENCE
NEW JERSEY, 1992

COUNTY	MONTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	
ATLANTIC	84	129	97	134	220	223	144	150	238	217	159	112	1,907
BERGEN	219	351	319	395	728	624	420	586	671	787	468	263	5,831
BURLINGTON	100	160	145	155	299	279	181	249	296	324	220	150	2,558
CAMDEN	102	237	168	234	408	382	224	325	339	420	249	197	3,285
CAPE MAY	22	55	39	51	97	94	51	70	112	129	60	55	835
CUMBERLAND	41	84	46	64	113	116	66	103	113	97	79	55	977
ESSEX	261	396	390	427	639	632	499	658	649	656	499	347	6,053
GLOUCESTER	45	100	71	106	180	169	99	147	166	201	109	75	1,468
HUDSON	191	317	277	319	397	391	343	416	410	423	284	303	4,071
HUNTERDON	18	40	26	47	117	96	70	92	96	92	55	26	775
MERCER	88	139	121	152	299	266	148	254	269	283	184	123	2,326
MIDDLESEX	182	273	292	328	525	473	357	446	511	551	395	252	4,585
MONMOUTH	135	253	201	250	534	443	292	454	559	546	324	234	4,225
MORRIS	111	179	171	211	408	372	229	324	402	441	250	176	3,274
OCEAN	94	152	118	166	305	271	167	264	313	314	230	147	2,541
PASSAIC	161	233	235	249	422	348	303	346	396	410	269	188	3,560
SALEM	14	23	23	27	55	47	35	46	51	50	29	29	429
SOMERSET	41	79	109	110	225	229	128	191	219	230	124	86	1,771
SUSSEX	24	36	26	46	116	93	71	89	103	117	62	45	828
UNION	137	263	206	233	364	337	259	350	373	380	270	223	3,395
WARREN	17	36	24	36	76	64	51	72	68	91	35	33	603
MILITARY	0	4	0	1	2	6	2	0	0	4	2	1	22
STATE INSTITUTIONS	0	0	0	1	0	0	0	0	1	0	0	0	2
TOTAL	2,087	3,539	3,104	3,742	6,529	5,955	4,139	5,632	6,355	6,763	4,356	3,120	55,321

TABLE MD9. MARRIAGES AND DIVORCES BY COUNTY OF OCCURRENCE NEW JERSEY, 1992

COUNTY	NUMBER OF MARRIAGES	RATE*	NUMBER OF DIVORCES**	RATE*
ATLANTIC	1,907	8.3	1,123	4.9
BERGEN	5,831	7.0	2,600	3.1
BURLINGTON	2,558	6.4	1,340	3.4
CAMDEN	3,285	6.5	1,617	3.2
CAPE MAY	835	8.6	389	4.0
CUMBERLAND	977	7.1	486	3.5
ESSEX	6,053	7.8	2,587	3.3
GLOUCESTER	1,468	6.2	734	3.1
HUDSON	4,071	7.3	1,870	3.4
HUNTERDON	775	6.9	368	3.3
MERCER	2,326	7.1	926	2.8
MIDDLESEX	4,585	6.7	2,207	3.2
MONMOUTH	4,225	7.5	1,978	3.5
MORRIS	3,274	7.6	1,468	3.4
OCEAN	2,541	5.8	1,354	3.1
PASSAIC	3,560	7.8	1,176	2.6
SALEM	429	6.6	225	3.5
SOMERSET	1,771	7.1	651	2.6
SUSSEX	828	6.1	450	3.3
UNION	3,395	6.9	1,573	3.2
WARREN	603	6.4	283	3.0
MILITARY	22	N/A	0	N/A
STATE INSTITUTIONS	2	N/A	0	N/A
TOTAL	55,321	7.1	25,405	3.2

*RATES ARE COMPUTED PER 1,000 POPULATION
**FIGURES INCLUDE DIVORCES, ANNULMENTS, AND SEPARATE MAINTENANCE ACTIONS

MORBIDITY

1992

INTRODUCTION

This chapter is derived from data on cases of reportable diseases submitted to the specific program units of the New Jersey Department of Health charged with responsibility for their collection and maintenance. The New Jersey Sanitary Code and the New Jersey Administrative Code 8:57 require that the Department of Health be notified of cases of communicable diseases. AIDS and AIDS-Related Complex (ARC) were added to the list of legally reportable diseases on October 6, 1986, under State Regulation 8:57-1.14. Effective May 21, 1990, under State Regulation 8:57-2.1, the regulations were amended to drop ARC as a reportable condition, and to mandate anonymous reporting of HIV infections. In October, 1991, the regulations were again amended to mandate named reporting of HIV infections by providers and in April, 1992 amended to mandate laboratory reporting of HIV infections with identifiers.

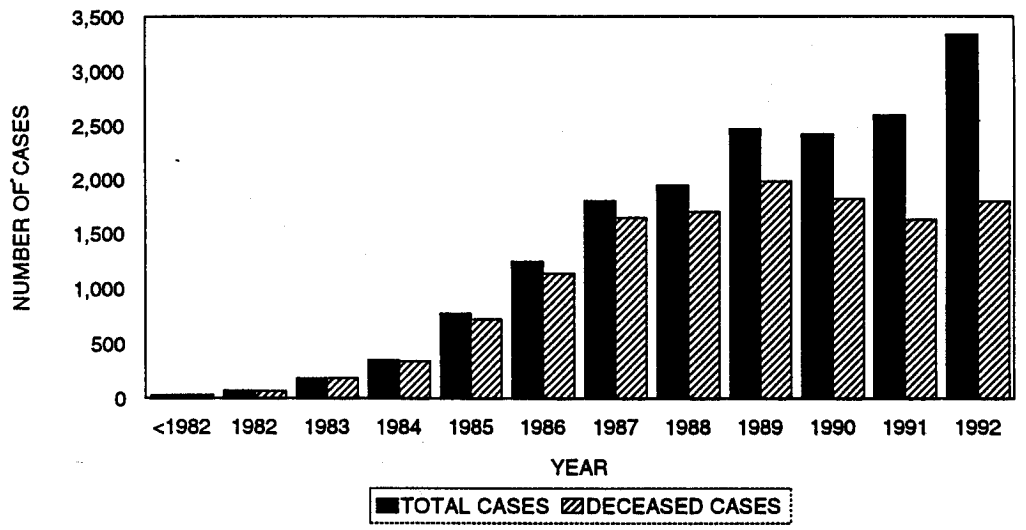
AIDS and cases of HIV infection are reported to the HIV/AIDS Surveillance Program in the AIDS Epidemiological Services Unit within the Division of AIDS Prevention and Control. The Tuberculosis Program collects information on tuberculosis cases occurring in New Jersey through its monitoring and surveillance activities. Incidence data on syphilis and gonorrhea are collected by the Sexually Transmitted Disease Program. Data on vaccine-preventable childhood diseases are reported to the Immunization Program and data on all other communicable diseases are reported to the Infectious Disease Program. These programs are coordinated by the Communicable Disease Control Service within the Division of Epidemiology, Environmental, and Occupational Health Services.

COMMUNICABLE DISEASES

Acquired Immunodeficiency Syndrome

As of December 31, 1992, the cumulative number of AIDS cases reported in New Jersey was 14,439. This represents approximately 5.7 percent of the national total and ranks New Jersey fifth in the nation in reported AIDS cases. The number of newly diagnosed AIDS cases recorded for 1992 (as of December 31, 1994) was 3,329 (Division of AIDS Prevention and Control, 1995a).[1] This represents a 28.5 percent increase over the number of cases diagnosed in 1991 (Figure C1).

FIGURE C1. AIDS CASES BY YEAR OF DIAGNOSIS AND VITAL STATUS*
NEW JERSEY, 1981 - 1992



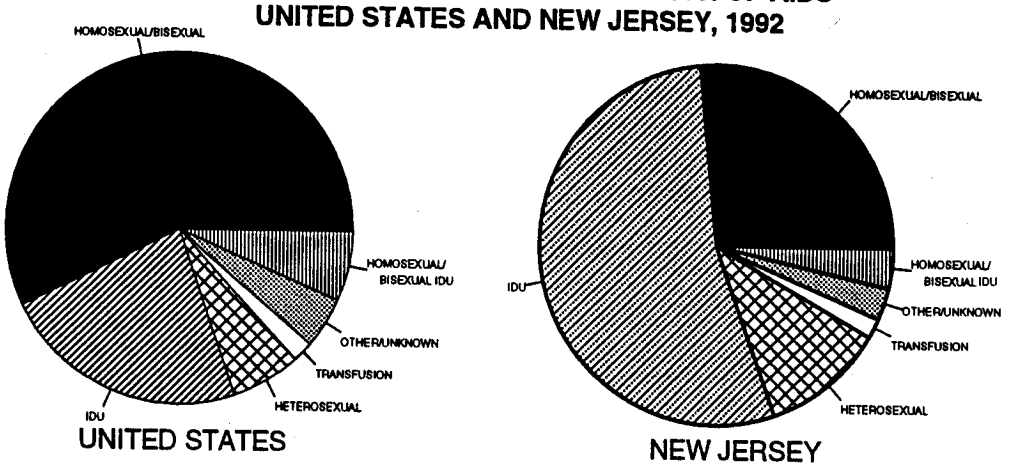
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF AIDS PREVENTION AND CONTROL
*CASES AND VITAL STATUS REPORTED THROUGH DECEMBER 31, 1994

Comparison with the rest of the nation reveals striking differences in the distribution of risk factors associated with the transmission of AIDS among adolescents and adults in New Jersey. Nationally, of all cases reported through December 31, 1992, only 23.0 percent of adult and adolescent AIDS cases were intravenous drug users, while 53.8 percent of New Jersey AIDS cases reported this as the means of transmission. In the United States as a whole, 57.2 percent of all AIDS cases have been homosexual or bisexual males, while in New Jersey only 26.5 percent of AIDS cases fall into this category. Moreover, the proportion of AIDS cases attributed to heterosexual transmission in New Jersey is much higher than in the nation as a whole (10.2% percent and 6.5%, respectively) (Division of AIDS Prevention and Control, 1995b; Centers for Disease Control and Prevention, 1993) (Table C7 and Figure C2).

[1]Due to the time lag in reporting newly diagnosed cases of AIDS, the number of cases for any year continues to increase for at least two years past the end of the calendar year. Data available for 1992 incidence including all cases for that year reported through December 31, 1994 were used to compare with the similar figure for 1991, to measure change over the year. The remainder of this report analyzes cumulative data on AIDS cases reported through December 31, 1992 unless otherwise specified.

New Jersey has a higher percentage of AIDS cases diagnosed in children under five years of age than is true nationally. Throughout the United States, only 1.4 percent of all diagnosed cases fall into this age group, while children under five account for 2.2 percent of all cases reported in New Jersey (Division of AIDS Prevention and Control, 1993; CDC, 1993) (Table C1).

FIGURE C2. MODE OF TRANSMISSION OF AIDS UNITED STATES AND NEW JERSEY, 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF AIDS PREVENTION AND CONTROL
NOTE: THESE DATA ARE CUMULATIVE, FOR ALL CASES DIAGNOSED THROUGH DECEMBER 31, 1992

As is true nationally, the modal age group of AIDS cases in New Jersey is 30 through 39 years; nearly half (49.9%) of all cases have been diagnosed among people in this age group. In both the state and the United States as a whole, about 88 percent of AIDS cases have been diagnosed in persons between 20 and 49 (Table C1).

TABLE C1. AIDS CASES BY AGE AT DIAGNOSIS NEW JERSEY AND THE UNITED STATES CASES REPORTED THROUGH DECEMBER 31, 1992

	NEW JERSEY		UNITED STATES	
AGE GROUP	NUMBER	PERCENT	NUMBER	PERCENT
UNDER 5	311	2.2	3,432	1.4
5 - 12	88	0.6	817	0.3
13 - 19	52	0.4	946	0.4
20 - 29	2,488	17.2	48,295	19.1
30 - 39	7,200	49.9	115,918	45.7
40 - 49	3,047	21.1	57,987	22.9
50 & OVER	1,253	8.7	26,053	10.3
TOTAL	14,439	100.0	253,448	100.0

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF AIDS PREVENTION AND CONTROL

Most striking is the relative proportion of AIDS cases in New Jersey among females: 23.1 percent. This is in contrast to the 11.6 percent of female cases nationwide (Table C2).

New Jersey also differs from the rest of the United States in the racial and ethnic composition of AIDS cases. More than half of the reported cases in New Jersey (53.7%) have been found among non-Hispanic black residents, while fewer than one-third of the nation's cases (30.0%) were non-Hispanic blacks. As of the end of 1992, 67.9 percent of New Jersey's reported AIDS cases were black and/or Hispanic, while nationally, these demographic groups accounted for only 46.6 percent of reported cases (Table C2).

TABLE C2. AIDS CASES BY SEX AND RACE/ETHNICITY NEW JERSEY AND THE UNITED STATES, CASES REPORTED THROUGH DECEMBER 31, 1992

RACIAL/ETHNIC CLASSIFICATION	NEW JERSEY				UNITED STATES			
	MALES		FEMALES		MALES		FEMALES	
	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT
WHITE (NON-HISPANIC)	3,875	34.9	697	20.9	125,346	56.0	7,279	24.7
BLACK (NON-HISPANIC)	5,522	49.7	2,238	67.1	60,302	26.9	15,695	53.2
HISPANIC	1,656	14.9	386	11.6	35,974	16.1	6,225	21.1
OTHER/UNKNOWN	50	0.5	15	0.4	2,349	1.0	278	0.9
TOTAL	11,103	100.0	3,336	100.0	223,971	100.0	29,477	100.0

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF AIDS PREVENTION AND CONTROL

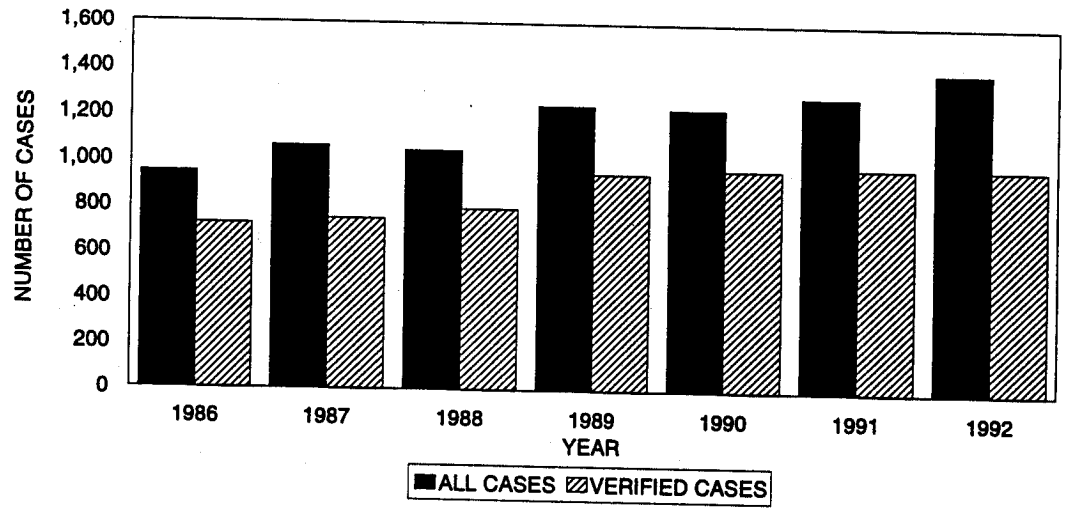
Each of New Jersey's 21 counties has reported cases of AIDS (Table C8). However, just two counties (Essex and Hudson) account for nearly half (47.9%) of the cumulative number of cases reported through December 31, 1992 and 41.4 percent of the cases diagnosed in 1992 and reported through December 31, 1994 (Division of AIDS Prevention and Control, 1993; Division of AIDS Prevention and Control, 1995a).

In 1992, there were 2,057 resident deaths attributed to HIV infection and it was the primary diagnosis in 9,078 hospital discharges of New Jersey residents. This was an increase of 11.4 percent over the number of discharges with a primary diagnosis of HIV infection in 1991. Total charges for these hospital stays in 1992 were $158,406,000, resulting in an average cost of $17,400 per admission (The Codman Research Group, Inc., 1994). Charges for admissions in which HIV infection was the primary diagnosis greatly underestimate the total expenditures for hospitalizations of patients with HIV infection, as many of these individuals are given a primary diagnosis reflecting the condition or disease which was the immediate cause of the hospitalization, rather than HIV infection.

Tuberculosis

Between 1986 and 1990, the number of new verified tuberculosis cases increased at an average rate of 7.8 percent per year, after implementation of a new, stricter case definition in 1985 by the Centers for Disease Control and Prevention (CDC). In 1992, there were 984 new verified cases of tuberculosis, an increase of one case over the previous year's incidence. This represents a 0.1 percent relative increase, the lowest percentage increase since the implementation of the new case definition (Figure C3 and Table C3).

FIGURE C3. TUBERCULOSIS INCIDENCE NEW JERSEY, 1986 - 1992



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

In 1992, there were 1,399 total new cases of tuberculosis, 111 more than were reported in 1991. Total cases include verified cases plus any additional cases which do not meet the new CDC definition. In addition there were 55 deaths from tuberculosis, 16 fewer than in 1991 (Table C3).

TABLE C3. TUBERCULOSIS INCIDENCE AND MORTALITY NEW JERSEY, 1986-1992

YEAR	ALL CASES		VERIFIED CASES		DEATHS	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
1986	948	12.4	724	9.5	78	1.0
1987	1,063	13.9	748	9.7	74	1.0
1988	1,045	13.5	793	10.3	77	1.0
1989	1,243	16.1	949	12.3	83	1.1
1990	1,232	15.9	970	12.5	70	0.9
1991	1,288	16.6	983	12.7	71	0.9
1992	1,399	17.9	984	12.6	55	0.7

*RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

In 1992, as in 1991, persons aged 25 through 44 comprised almost half (48.8%) of all the verified cases of tuberculosis (Table C9). Males accounted for nearly two-thirds of all verified cases (607 cases or 61.7 percent of the total). Almost half of all verified cases (489 cases or 49.7 percent of the total) occurred among persons identified as black. The modal age group for black males with verified tuberculosis diagnosed in 1992 was 35 to 44 years; for black females the mode was 25 to 34 years. For both white males and white females, the modal age group was 25 to 34 years. In 1992, there were 173 verified cases of tuberculosis diagnosed in individuals identified as Hispanic (of any racial background). Of these, 94 were male and 79 were female. The age group 25 to 44 years accounted for 93 cases or 53.8 percent of the verified cases of tuberculosis in Hispanics.

Every county reported verified cases of tuberculosis in 1992 (Table C10). However, just three counties (Essex, Hudson and Passaic) accounted for over half of the verified (57.0%) and total (60.7%) cases of tuberculosis reported in 1992. There were 26 cases of tuberculosis, verified and unverified, reported in the transient population, while 67 cases were recorded in institutionalized individuals. Fifty-six of the tuberculosis cases reported by institutions were in correctional facilities and 37 of these were verified cases.

In 1992, tuberculosis was the primary diagnosis in 1,042 hospital discharges of New Jersey residents. These hospital stays had average charges of $18,200 per admission, for a total cost of $18,958,000 (The Codman Research Group, Inc., 1994). These discharges, which include only cases in which tuberculosis was the primary diagnosis, seriously underestimate the total hospitalizations of individuals with this disease, as many admissions of individuals with tuberculosis may be given a primary diagnosis of the immediate condition or disease that led to the admission.

Sexually Transmitted Diseases

The total number of syphilis cases reported in New Jersey decreased from 3,765 in 1991 to 2,682 in 1992 (a 28.8 percent decrease), and the incidence rate decreased by 29.4 percent, from 48.6 to 34.3 per 100,000 population (Table C4). This shows a continuation of the downward trend exhibited from 1990 to 1991. Syphilis incidence decreased for every stage of the disease except those diagnosed as congenital cases. Table C11 distributes the cases of gonorrhea and syphilis by type into broad age groups. Table C5 provides greater age detail for primary and secondary syphilis and gonorrhea cases. The greatest number and highest rates of primary and secondary syphilis cases occurred among those aged 20 through 24 and 25 through 29 years.

TABLE C4. INCIDENCE OF SYPHILIS BY STAGE AND GONORRHEA NEW JERSEY, 1983-1992

	SYPHILIS						GONORRHEA	
	TOTAL CASES*		PRIMARY & SECONDARY		EARLY LATENT			
YEAR	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE**
1983	2,088	28.0	823	11.0	578	7.7	22,075	295.6
1984	2,006	26.7	678	9.0	572	7.6	20,351	270.7
1985	2,284	30.2	760	10.0	548	7.2	19,751	261.0
1986	1,993	26.1	672	8.8	551	7.2	19,612	257.2
1987	2,209	28.8	753	9.8	579	7.5	17,150	223.5
1988	2,878	37.3	1,100	14.2	632	8.2	16,423	212.7
1989	3,361	43.5	1,516	19.6	810	10.5	14,174	183.5
1990	4,394	56.8	1,697	22.0	1,223	15.8	14,724	190.5
1991	3,765	48.6	1,093	14.1	913	11.8	10,489	135.3
1992	2,682	34.3	601	7.7	779	10.0	6,960	89.0

*INCLUDES EVERY STAGE OF DISEASE
**RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C5. NUMBER AND RATE OF PRIMARY/SECONDARY SYPHILIS AND GONORRHEA CASES BY DETAILED AGE GROUP NEW JERSEY, 1992

AGE GROUP	PRIMARY/SECONDARY SYPHILIS		GONORRHEA	
	CASES	RATE	CASES	RATE
0-4	3	0.5	15	2.6
5-9	0	0.0	5	1.0
10-14	4	0.8	129	26.1
15-19	54	11.1	2,034	419.1
20-24	136	26.1	1,969	377.7
25-29	136	22.2	1,088	177.2
30-34	99	14.1	682	97.0
35-39	76	11.5	362	54.9
40-44	38	6.4	194	32.7
45-54	33	3.6	145	15.9
55-64	13	1.9	47	6.7
65+	7	0.7	24	2.3
NOT STATED	2	N/A	266	N/A
TOTAL	601	7.7	6,960	89.0

*RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

Every county reported cases of syphilis in 1992 (Table C12). Counties with crude incidence rates above the statewide rate were Essex, Cumberland, Passaic, Hudson, Camden, Mercer, Union, and Atlantic, in order of decreasing rate. These eight counties accounted for 2,229 (83.1%) of the total cases, with Essex County alone accounting for 777 (29.0%) of the total. In 1992, individuals in institutions or the military at the time of diagnosis of a sexually transmitted disease were allocated to the county of last known address for each individual.

In 1992, there were 6,960 reported cases of gonorrhea. This represents a reduction of 33.6 percent (3,529 cases) over the previous year and is less than one-third the number reported ten years previously (Table C4).

Only Morris and Sussex Counties had more reported cases of gonorrhea in 1992 than in 1991 (20 and 10 more cases, respectively). Counties with crude incidence rates above the statewide rate were Essex, Cumberland, Mercer, Salem, Atlantic, Camden, and Hudson, in order of decreasing rate. These seven counties accounted for 4,914 (70.6%) of the total cases with Essex County alone accounting for 2,209 (31.7%) of the total (Table C12).

No age group had a higher incidence rate for gonorrhea in 1992 than the previous year. As in 1991, 15 through 19 year olds had the highest rate (419.1 per 100,000 population), but this rate was 30.4 percent lower than the 1991 rate of 601.8 (Table C5). In 20 through 24 year olds, the incidence rate declined by 30.0 percent to 377.7 per 100,000 population.

Other Reportable Diseases

New Jersey law requires the reporting of a number of communicable diseases. In 1992, cases of 35 different communicable diseases were reported to the New Jersey Department of Health.

Diseases showing increases from 1991 incidence levels included yersiniosis (44.2%) and typhoid fever (31.6%) (Table C6). There were no deaths attributed to yersiniosis or typhoid fever in 1992. The number of reported cases of hepatitis Types A and B rose from 1991 figures: Type A incidence increased 1.3 percent over the 1991 level, while Type B cases rose 16.1 percent over the prior year (Table C13). There were 55 deaths from viral hepatitis in 1992, 24 of which were due to hepatitis B and 27 due to hepatitis non-A, non-B. Hepatitis cases are known to be under-reported in this state, as funds for surveillance and follow-up studies have declined during the recent past. For this reason, caution should be exercised in interpreting trends in hepatitis incidence. Diseases showing major decreases from 1991 incidence levels include measles (96.3%), mumps (67.4%), salmonellosis (46.3%), shigellosis (30.5%), and Lyme disease (24.8%).

TABLE C6. REPORTED CASES OF SELECTED VACCINE-PREVENTABLE AND OTHER COMMUNICABLE DISEASES NEW JERSEY, 1988-1992

DISEASE	1988	1989	1990	1991	1992
AMEBIASIS	115	39	21	32	23
CAMPYLOBACTERIOSIS	571	422	612	582	573
GIARDIASIS	639	465	440	447	577
HEPATITIS A	320	469	437	307	311
HEPATITIS B	497	597	525	442	513
HEPATITIS NON A OR B	21	37	45	104	97
LEGIONELLOSIS	40	40	52	36	32
LYME DISEASE	550	680	1,066	915	688
MEASLES (RUBEOLA)	405	462	473	1,138	42
MUMPS	57	214	143	43	14
SALMONELLOSIS	2,391	1,854	1,870	2,016	1,083
SHIGELLOSIS	332	182	331	380	264
TYPHOID FEVER	16	33	25	19	25
YERSINIOSIS	76	49	31	43	62

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

Distribution of reported cases of communicable diseases is presented by county of residence, month of onset, age, and race/ethnicity in Tables C14 through C17.

TABLE C7. AIDS TRANSMISSION CATEGORIES IN ADOLESCENTS AND ADULTS BY SEX THE UNITED STATES AND NEW JERSEY, CASES REPORTED THROUGH DECEMBER 31, 1992

	UNITED STATES						NEW JERSEY					
	MALES		FEMALES		TOTAL		MALES		FEMALES		TOTAL	
CATEGORIES	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
HOMOSEXUAL/ BISEXUAL	142,626	64.3	0	0.0	142,626	57.2	3,719	34.1	0	0.0	3,719	26.5
INTRAVENOUS DRUG USERS	43,786	19.7	13,626	49.6	57,412	23.0	5,686	52.2	1,870	59.6	7,556	53.8
HOMOSEXUAL/ BISEXUAL/ INTRAVENOUS DRUG USERS	15,899	7.2	0	0.0	15,899	6.4	492	4.5	0	0.0	492	3.5
HEMOPHILIAC	1,983	0.9	43	0.2	2,026	0.8	92	0.8	0	0.0	92	0.7
HETEROSEXUAL	6,419	2.9	9,835	35.8	16,254	6.5	432	4.0	995	31.7	1,427	10.2
TRANSFUSION	3,036	1.4	1,944	7.1	4,980	2.0	130	1.2	125	4.0	255	1.8
OTHER/UNKNOWN	7,965	3.6	2,037	7.4	10,002	4.0	350	3.2	149	4.7	499	3.6
TOTAL	221,714	100.0	27,485	100.0	249,199	100.0	10,901	100.0	3,139	100.0	14,040	100.0

NOTE: THESE STATISTICS EXCLUDE CHILDREN UNDER 13 YEARS OF AGE
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF AIDS PREVENTION AND CONTROL

TABLE C8. AIDS INCIDENCE BY COUNTY OF RESIDENCE
NEW JERSEY, 1992
CASES REPORTED THROUGH DECEMBER 31, 1994

COUNTY	NUMBER OF CASES	INCIDENCE RATE*
ATLANTIC	143	62.3
BERGEN	128	15.3
BURLINGTON	67	16.8
CAMDEN	135	26.6
CAPE MAY	20	20.7
CUMBERLAND	34	24.5
ESSEX	908	117.4
GLOUCESTER	18	7.6
HUDSON	470	84.7
HUNTERDON	9	8.0
MERCER	97	29.6
MIDDLESEX	219	32.0
MONMOUTH	185	32.7
MORRIS	56	13.1
OCEAN	65	14.8
PASSAIC	314	68.8
SALEM	13	20.0
SOMERSET	41	16.4
SUSSEX	6	4.5
UNION	268	54.3
WARREN	8	8.5
INCARCERATED	123	N/A
UNKNOWN	2	N/A
TOTAL	3,329	42.6

*RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF AIDS PREVENTION AND CONTROL

TABLE C9. VERIFIED TUBERCULOSIS CASES BY AGE, SEX AND RACE NEW JERSEY, 1992

AGE	TOTAL	TOTAL				WHITE				BLACK				OTHER			
		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE	
		NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
0 - 4	46	25	4.1	21	5.6	5	2.2	5	3.5	18	6.0	16	8.5	2	2.7	0	0.0
5 - 9	19	9	1.5	10	2.7	2	0.9	6	4.2	7	2.3	4	2.1	0	0.0	0	0.0
10 - 14	8	5	0.8	3	0.8	2	0.9	2	1.4	3	1.0	0	0.0	0	0.0	1	2.2
15 - 19	25	9	1.5	16	4.2	5	2.2	6	4.2	3	1.0	6	3.2	1	1.4	4	8.9
20 - 24	53	28	4.6	25	6.6	6	2.6	10	6.9	15	5.0	11	5.9	7	9.5	4	8.9
25 - 34	253	150	24.7	103	27.3	61	26.3	34	23.6	72	23.9	53	28.2	17	23.0	16	35.6
35 - 44	227	147	24.2	80	21.2	48	20.7	28	19.4	86	28.6	45	23.9	13	17.6	7	15.6
45 - 54	120	87	14.3	33	8.8	32	13.8	9	6.3	42	14.0	21	11.2	13	17.6	3	6.7
55 - 64	81	56	9.2	25	6.6	23	9.9	12	8.3	27	9.0	11	5.9	6	8.1	2	4.4
65+	152	91	15.0	61	16.2	48	20.7	32	22.2	28	9.3	21	11.2	15	20.3	8	17.8
TOTAL	984	607	100.0	377	100.0	232	100.0	144	100.0	301	100.0	188	100.0	74	100.0	45	100.0

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C10. TUBERCULOSIS INCIDENCE BY COUNTY NEW JERSEY, 1992

COUNTY	VERIFIED CASES		TOTAL CASES	
	NUMBER	RATE*	NUMBER	RATE*
ATLANTIC	25	10.9	31	13.5
BERGEN	58	6.9	65	7.8
BURLINGTON	13	3.3	17	4.3
CAMDEN	35	6.9	41	8.1
CAPE MAY	9	9.3	10	10.3
CUMBERLAND	8	5.8	11	7.9
ESSEX	268	34.7	337	43.6
GLOUCESTER	8	3.4	11	4.6
HUDSON	156	28.1	309	55.7
HUNTERDON	1	0.9	1	0.9
MERCER	13	4.0	19	5.8
MIDDLESEX	50	7.3	76	11.1
MONMOUTH	28	4.9	33	5.8
MORRIS	24	5.6	33	7.7
OCEAN	13	3.0	17	3.9
PASSAIC	137	30.0	203	44.5
SALEM	2	3.1	2	3.1
SOMERSET	11	4.4	11	4.4
SUSSEX	2	1.5	8	5.9
UNION	51	10.3	64	13.0
WARREN	5	5.3	6	6.4
MILITARY	1	N/A	1	N/A
INSTITUTION	45	N/A	67	N/A
TRANSIENT	21	N/A	26	N/A
TOTAL	984	12.6	1,399	17.9

*RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C11. NUMBER AND RATE OF SYPHILIS CASES BY TYPE AND GONORRHEA CASES BY AGE GROUP, NEW JERSEY, 1992

	TOTAL SYPHILIS		PRIMARY & SECONDARY		EARLY LATENT		LATE & LATE LATENT		CONGENITAL		GONORRHEA	
AGE GROUP	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
UNDER 5	114	19.9	3	0.5	1	0.2	4	0.7	106	18.5	15	2.6
5 - 9	6	1.2	0	0.0	4	0.8	2	0.4	0	0.0	5	1.0
10-14	90	18.2	4	0.8	84	17.0	2	0.4	0	0.0	129	26.1
15-19	313	64.5	54	11.1	197	40.6	62	12.8	0	0.0	2,034	419.1
20-24	759	145.6	136	26.1	426	81.7	197	37.8	0	0.0	1,969	377.7
25-44	1,072	41.7	349	13.6	56	2.2	667	26.0	0	0.0	2,326	90.6
45-64	198	12.3	46	2.9	6	0.4	146	9.1	0	0.0	192	11.9
65 & OVER	92	8.7	7	0.7	5	0.5	80	7.6	0	0.0	24	2.3
NOT STATED	38	N/A	2	N/A	0	N/A	32	N/A	4	N/A	266	N/A
TOTAL	2,682	34.3	601	7.7	779	10.0	1,192	15.2	110	1.4	6,960	89.0

*RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION
NOTE: ALL REPORTED CASES OF CONGENITAL SYPHILIS WERE IN CHILDREN UNDER ONE YEAR OF AGE
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

TABLE C12. INCIDENCE OF SYPHILIS AND GONORRHEA BY COUNTY NEW JERSEY, 1992

COUNTY	SYPHILIS						GONORRHEA	
	TOTAL CASES		CONGENITAL	PRIMARY & SECONDARY	EARLY LATENT	LATE AND LATE LATENT	NUMBER	RATE*
	NUMBER	RATE*						
ATLANTIC	80	34.9	0	21	6	53	358	156.0
BERGEN	78	9.3	1	7	13	57	141	16.9
BURLINGTON	79	19.9	2	14	12	51	244	61.4
CAMDEN	292	57.5	17	44	77	154	599	118.0
CAPE MAY	3	3.1	0	2	0	1	24	24.8
CUMBERLAND	88	63.5	1	25	10	52	324	233.9
ESSEX	777	100.5	23	247	311	196	2,209	285.6
GLOUCESTER	22	9.3	0	4	1	17	77	32.5
HUDSON	331	59.6	19	43	104	165	552	99.5
HUNTERDON	11	9.8	0	3	4	4	7	6.3
MERCER	184	56.1	9	53	62	60	752	229.5
MIDDLESEX	105	15.3	8	13	14	70	212	31.0
MONMOUTH	65	11.5	4	14	24	23	266	47.0
MORRIS	22	5.1	1	0	3	18	119	27.8
OCEAN	28	6.4	0	6	10	12	88	20.1
PASSAIC	283	62.0	16	36	68	163	385	84.4
SALEM	9	13.8	1	0	1	7	120	184.3
SOMERSET	16	6.4	2	0	2	12	51	20.4
SUSSEX	10	7.4	1	2	0	7	20	14.8
UNION	194	39.3	5	67	57	65	408	82.7
WARREN	5	5.3	0	0	0	5	4	4.3
TOTAL	2,682	34.3	110	601	779	1,192	6,960	89.0

*RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C13. NUMBER AND RATE OF VIRAL HEPATITIS CASES BY TYPE NEW JERSEY, 1983-1992

YEAR	TYPE A (INFECTIOUS)		TYPE B (SERUM)		TYPE NON-A, NON-B	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
1983	546	7.3	1,174	15.8	101	1.4
1984	656	8.7	1,052	14.0	105	1.4
1985	397	5.2	814	10.8	101	1.3
1986	383	5.0	630	8.3	63	0.8
1987	286	3.7	565	7.4	67	0.9
1988	320	4.1	497	6.4	21	0.3
1989	469	6.1	597	7.7	37	0.5
1990	437	5.7	525	6.8	45	0.6
1991	307	4.0	442	5.7	104	1.3
1992	311	4.0	513	6.6	97	1.2

*RATES ARE COMPUTED PER 100,000 POPULATION
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C14. REPORTABLE COMMUNICABLE DISEASES, BY COUNTY
NEW JERSEY, 1992

DISEASE	ATLANTIC	BERGEN	BURLING-TON	CAMDEN	CAPE MAY	CUMBER-LAND	ESSEX	GLOU-CESTER	HUDSON	HUN-TERDON	MERCER	MIDDLE-SEX
AMEBIASIS	1	3	0	0	0	0	0	2	1	1	1	6
BOTULISM, FOODBORNE	0	3	0	0	0	0	0	0	0	0	0	0
BOTULISM, INFANT	0	0	0	0	0	0	0	0	0	0	1	0
CAMPYLOBACTERIOSIS	24	49	29	44	4	6	34	13	20	16	29	56
CHOLERA, O1+	0	0	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	25	24	40	66	2	20	25	18	12	14	47	51
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0	0	0	0	0	0	0	0
H.INFLUENZAE	3	0	0	1	1	0	3	3	1	0	0	0
HEMORRHAGIC COLITIS	0	0	0	0	0	0	4	0	0	0	0	1
HEPATITIS A	18	22	6	37	5	18	20	3	11	4	11	25
HEPATITIS B	32	20	19	41	5	19	141	2	20	3	36	20
HEPATITIS, NON A OR B	8	2	1	18	0	2	9	1	1	1	6	0
KAWASAKI DISEASE	0	1	0	0	0	0	1	1	0	0	0	2
LEGIONELLOSIS	0	2	0	1	0	0	3	1	0	0	0	12
LEPROSY	0	0	0	0	0	0	0	0	0	0	0	0
LISTORIOSIS	1	0	0	4	0	0	1	0	0	0	1	1
LYME DISEASE	29	23	40	11	6	13	8	13	2	72	37	23
MALARIA	1	1	2	3	0	0	14	0	9	1	3	8
MEASLES, IMPORTED	1	0	0	0	0	0	0	0	0	0	0	0
MEASLES,INDIGENOUS	13	0	2	2	1	3	1	1	11	0	1	2
MENINGOCOCCAL INFECTIONS	1	0	1	6	2	2	6	2	3	0	2	6
MUMPS	0	1	0	2	1	1	0	0	1	1	0	1
PERTUSSIS	14	6	3	4	2	0	0	4	2	0	0	0
PSITTACOSIS	0	0	0	0	0	0	0	0	0	0	0	0
RHEUMATIC FEVER	0	0	0	0	0	0	0	0	0	0	0	1
RICKETTSIAL DISEASE, UNSPEC	0	0	0	0	0	0	0	0	0	0	1	0
ROCKY MT SPOTTED FEVER	1	0	1	2	1	0	0	1	2	1	0	2
RUBELLA	0	0	0	0	0	0	0	0	1	0	1	1
SALMONELLOSIS	26	78	40	84	21	28	127	27	55	9	45	147
SHIGELLOSIS	7	6	5	41	2	6	33	4	14	14	18	38
STREPTOCOCCUS, GROUP B	1	0	0	1	0	0	14	3	1	0	4	3
TETANUS	0	1	0	0	0	0	0	0	0	0	0	1
TULAREMIA	0	0	1	0	0	0	0	0	0	0	0	0
TYPHOID FEVER	0	7	0	1	0	0	2	0	0	1	0	7
YERSINIOSIS	1	1	0	4	0	0	3	1	1	1	3	20
TOTAL	207	250	190	373	53	118	449	100	168	139	247	434

NOTE: THESE DATA WERE REPORTED IN 1992; THE YEAR OF ONSET MAY HAVE BEEN PRIOR TO 1992.
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

TABLE C14. REPORTABLE COMMUNICABLE DISEASES, BY COUNTY (CONT'D)
NEW JERSEY, 1992

DISEASE	MONMOUTH	MORRIS	OCEAN	PASSAIC	SALEM	SOMERSET	SUSSEX	UNION	WARREN	UNKNOWN	TOTAL
AMEBIASIS	1	3	1	3	0	0	0	0	0	0	23
BOTULISM, FOODBORNE	0	0	0	0	0	0	0	0	0	0	3
BOTULISM, INFANT	0	0	0	0	0	1	0	0	0	0	2
CAMPYLOBACTERIOSIS	61	21	36	29	23	25	19	21	14	0	573
CHOLERA, O1+	0	0	0	0	0	0	0	1	0	0	1
GIARDIASIS	39	22	44	32	5	34	25	20	12	0	577
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0	0	1	0	0	0	1
H.INFLUENZAE	2	0	6	0	0	0	1	0	1	0	22
HEMORRHAGIC COLITIS	0	3	0	0	0	0	0	3	0	0	11
HEPATITIS A	54	11	15	24	4	6	4	7	6	0	311
HEPATITIS B	31	6	15	52	5	9	1	33	1	2	513
HEPATITIS, NON A OR B	12	6	9	15	1	1	0	3	0	1	97
KAWASAKI DISEASE	0	1	2	2	0	0	0	0	0	0	10
LEGIONELLOSIS	2	2	1	1	0	6	0	1	0	0	32
LEPROSY	1	1	0	0	0	0	0	0	0	0	2
LISTORIOSIS	1	1	2	3	0	1	0	0	0	0	16
LYME DISEASE	80	119	94	6	12	72	7	15	4	2	688
MALARIA	1	1	0	5	0	2	0	3	0	0	54
MEASLES, IMPORTED	0	1	0	0	0	0	0	0	0	0	2
MEASLES,INDIGENOUS	0	0	1	2	0	0	0	0	0	0	40
MENINGOCOCCAL INFECTIONS	4	3	3	4	0	2	1	1	2	0	51
MUMPS	0	0	2	1	1	1	0	1	0	0	14
PERTUSSIS	11	2	4	0	1	1	1	3	0	0	58
PSITTACOSIS	0	1	0	0	0	0	0	0	0	0	1
RHEUMATIC FEVER	0	0	0	0	0	0	0	0	0	0	1
RICKETTSIAL DISEASE, UNSPEC	0	0	0	0	0	0	0	0	0	0	1
ROCKY MT SPOTTED FEVER	0	1	1	0	0	0	0	0	0	0	13
RUBELLA	1	0	0	0	0	0	0	1	0	0	5
SALMONELLOSIS	80	38	76	68	12	20	12	44	5	41	1,083
SHIGELLOSIS	21	9	9	15	2	5	3	12	0	0	264
STREPTOCOCCUS, GROUP B	9	3	33	8	0	1	0	0	0	0	81
TETANUS	0	0	0	0	0	0	0	0	0	0	2
TULAREMIA	0	0	0	0	0	0	0	0	0	0	1
TYPHOID FEVER	1	2	1	2	0	1	0	0	0	0	25
YERSINIOSIS	13	3	1	0	3	4	0	1	1	1	62
TOTAL	425	260	356	272	69	192	75	170	46	47	4,640

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

TABLE C15. REPORTABLE COMMUNICABLE DISEASES, BY MONTH OF ONSET
NEW JERSEY, 1992

DISEASE	MONTH OF ONSET												ONSET UNKNOWN	TOTAL
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.		
AMEBIASIS	1	0	0	3	1	2	2	3	3	1	2	2	3	23
BOTULISM, FOODBORNE	0	0	0	0	3	0	0	0	0	0	0	0	0	3
BOTULISM, INFANT	1	0	0	0	0	0	1	0	0	0	0	0	0	2
CAMPYLOBACTERIOSIS	26	17	21	33	48	85	99	67	43	48	39	13	34	573
CHOLERA, O1+	0	1	0	0	0	0	0	0	0	0	0	0	0	1
GIARDIASIS	37	27	24	23	32	41	65	81	81	60	32	34	40	577
HEMOLYTIC UREMIC SYNDROME	0	0	0	0	0	0	1	0	0	0	0	0	0	1
H. INFLUENZAE	2	2	1	0	3	1	0	3	0	1	2	5	2	22
HEMORRHAGIC COLITIS	0	0	0	1	1	1	0	3	3	0	1	1	0	11
HEPATITIS A	14	15	12	20	15	17	23	23	34	22	59	25	32	311
HEPATITIS B	49	36	29	27	42	28	43	32	35	33	23	48	88	513
HEPATITIS, NON A OR B	10	5	7	6	1	7	9	4	9	8	7	3	21	97
KAWASAKI DISEASE	2	2	0	2	1	0	0	0	0	0	0	3	0	10
LEGIONELLOSIS	3	5	2	2	1	2	2	2	2	3	3	4	1	32
LEPROSY	1	0	0	0	0	0	0	0	1	0	0	0	0	2
LISTORIOSIS	1	3	1	1	2	0	3	0	1	1	1	0	2	16
LYME DISEASE	19	10	15	9	45	193	183	69	20	20	13	18	74	688
MALARIA	7	0	3	1	3	3	6	8	7	4	5	3	4	54
MEASLES, IMPORTED	1	0	0	0	0	0	0	0	1	0	0	0	0	2
MEASLES,INDIGENOUS	1	12	7	11	1	2	0	2	1	1	1	0	1	40
MENINGOCOCCAL INFECTIONS	5	3	5	3	5	3	4	3	5	3	5	7	0	51
MUMPS	0	3	1	0	1	0	1	0	3	0	4	1	0	14
PERTUSSIS	1	0	1	3	1	3	10	8	11	10	4	5	1	58
PSITTACOSIS	0	0	0	0	0	0	0	1	0	0	0	0	0	1
RHEUMATIC FEVER	0	0	0	0	0	0	1	0	0	0	0	0	0	1
RICKETTSIAL DISEASE, UNSPEC	0	0	0	0	0	1	0	0	0	0	0	0	0	1
ROCKY MT SPOTTED FEVER	0	0	0	2	2	2	3	2	1	0	0	0	1	13
RUBELLA	0	0	0	1	1	3	0	0	0	0	0	0	0	5
SALMONELLOSIS	59	55	57	92	75	85	118	130	114	101	71	59	67	1,083
SHIGELLOSIS	11	20	23	10	14	16	20	36	35	26	30	10	13	264
STREPTOCOCCUS, GROUP B	5	5	5	4	5	9	4	5	3	8	12	8	8	81
TETANUS	0	0	1	0	0	0	0	1	0	0	0	0	0	2
TULAREMIA	0	0	0	1	0	0	0	0	0	0	0	0	0	1
TYPHOID FEVER	1	7	1	3	1	0	3	3	1	0	0	4	1	25
YERSINIOSIS	10	9	5	3	6	2	4	7	2	4	2	6	2	62
TOTAL	267	237	221	261	310	506	605	493	416	354	316	259	395	4,640

NOTE: THESE DATA WERE REPORTED IN 1992; THE YEAR OF ONSET MAY HAVE BEEN PRIOR TO 1992.
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

TABLE C16. REPORTABLE COMMUNICABLE DISEASES, BY AGE
NEW JERSEY, 1992

DISEASE	AGE GROUP										NOT STATED	TOTAL
	0-2	3-5	6-10	11-20	21-30	31-40	41-50	51-60	61-70	71 & OVER		
AMEBIASIS	0	0	1	2	4	6	4	3	2	1	0	23
BOTULISM, FOODBORNE	0	0	0	0	1	1	0	1	0	0	0	3
BOTULISM, INFANT	2	0	0	0	0	0	0	0	0	0	0	2
CAMPYLOBACTERIOSIS	62	25	33	60	134	108	52	42	32	24	1	573
CHOLERA, O1+	0	0	0	0	0	0	0	0	0	1	0	1
GIARDIASIS	97	64	56	21	72	161	47	26	20	11	2	577
HEMOLYTIC UREMIC SYNDROME	1	0	0	0	0	0	0	0	0	0	0	1
H. INFLUENZAE	10	0	0	0	0	2	0	1	3	6	0	22
HEMORRHAGIC COLITIS	2	3	2	2	0	0	1	0	0	1	0	11
HEPATITIS A	3	9	17	39	72	75	34	17	21	22	2	311
HEPATITIS B	4	1	2	48	179	125	67	40	32	14	1	513
HEPATITIS, NON A OR B	3	0	1	1	12	41	20	5	8	6	0	97
KAWASAKI DISEASE	6	3	1	0	0	0	0	0	0	0	0	10
LEGIONELLOSIS	0	0	0	0	1	4	6	4	6	11	0	32
LEPROSY	0	0	0	0	1	1	0	0	0	0	0	2
LISTORIOSIS	1	0	0	0	2	1	1	1	4	6	0	16
LYME DISEASE	26	49	65	72	68	111	91	75	78	47	6	688
MALARIA	3	3	9	7	12	9	7	1	1	2	0	54
MEASLES, IMPORTED	2	0	0	0	0	0	0	0	0	0	0	2
MEASLES,INDIGENOUS	19	4	3	7	4	2	0	0	0	0	1	40
MENINGOCOCCAL INFECTIONS	14	2	1	14	5	2	3	6	2	2	0	51
MUMPS	1	2	4	6	1	0	0	0	0	0	0	14
PERTUSSIS	40	3	1	6	1	2	4	0	1	0	0	58
PSITTACOSIS	0	0	0	0	0	0	1	0	0	0	0	1
RHEUMATIC FEVER	0	0	1	0	0	0	0	0	0	0	0	1
RICKETTSIAL DISEASE, UNSPEC	0	0	0	0	0	0	0	0	1	0	0	1
ROCKY MT SPOTTED FEVER	1	0	1	0	3	3	1	0	3	1	0	13
RUBELLA	0	0	0	1	1	3	0	0	0	0	0	5
SALMONELLOSIS	263	81	56	117	161	116	71	57	53	102	6	1,083
SHIGELLOSIS	48	51	43	26	35	29	17	4	4	6	1	264
STREPTOCOCCUS, GROUP B	34	0	0	4	33	10	0	0	0	0	0	81
TETANUS	0	0	0	0	0	0	0	0	0	2	0	2
TULAREMIA	0	0	0	0	0	0	1	0	0	0	0	1
TYPHOID FEVER	2	1	0	5	7	2	4	3	0	1	0	25
YERSINIOSIS	30	4	4	1	4	6	2	2	3	6	0	62
TOTAL	674	305	301	439	813	820	434	288	274	272	20	4,640

NOTE: THESE DATA WERE REPORTED IN 1992; ONSET MAY HAVE BEEN PRIOR TO 1992.
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

TABLE C17. REPORTABLE COMMUNICABLE DISEASES, BY RACE/ETHNICITY NEW JERSEY, 1992

DISEASE	NON-HISPANIC		HISPANIC	OTHER	NOT STATED	TOTAL
	WHITE	BLACK				
AMEBIASIS	10	0	5	4	4	23
BOTULISM, FOODBORNE	0	0	0	0	3	3
BOTULISM, INFANT	2	0	0	0	0	2
CAMPYLOBACTERIOSIS	426	45	34	8	60	573
CHOLERA, O1+	0	0	1	0	0	1
GIARDIASIS	399	18	90	7	63	577
HEMOLYTIC UREMIC SYNDROME	1	0	0	0	0	1
H.INFLUENZAE	16	4	2	0	0	22
HEMORRHAGIC COLITIS	11	0	0	0	0	11
HEPATITIS A	187	29	41	20	34	311
HEPATITIS B	190	218	53	9	43	513
HEPATITIS, NON A OR B	48	32	7	2	8	97
KAWASAKI DISEASE	5	3	1	0	1	10
LEGIONELLOSIS	25	3	2	1	1	32
LEPROSY	0	0	0	2	0	2
LISTERIOSIS	10	2	2	0	2	16
LYME DISEASE	611	12	8	1	56	688
MALARIA	2	32	3	11	6	54
MEASLES, IMPORTED	0	0	1	0	1	2
MEASLES,INDIGENOUS	16	2	8	3	11	40
MENINGOCOCCAL INFECTIONS	27	18	3	1	2	51
MUMPS	6	1	1	1	5	14
PERTUSSIS	41	5	7	0	5	58
PSITTACOSIS	0	0	0	0	1	1
RHEUMATIC FEVER	0	1	0	0	0	1
RICKETTSIAL DISEASE, UNSPEC	1	0	0	0	0	1
ROCKY MT SPOTTED FEVER	10	2	1	0	0	13
RUBELLA	4	0	0	0	1	5
SALMONELLOSIS	624	212	116	27	104	1,083
SHIGELLOSIS	112	73	53	7	19	264
STREPTOCOCCUS B	42	18	2	1	18	81
TETANUS	2	0	0	0	0	2
TULAREMIA	1	0	0	0	0	1
TYPHOID FEVER	2	1	4	10	8	25
YERSINIOSIS	37	10	7	1	7	62
TOTAL	2,868	741	452	116	463	4,640

NOTE: THESE DATA WERE REPORTED IN 1992; ONSET MAY HAVE BEEN PRIOR TO 1992.

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH, COMMUNICABLE DISEASE CONTROL SERVICE, DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL, AND OCCUPATIONAL HEALTH SERVICES

HEALTH STATUS

1992

INTRODUCTION

In October, 1990, the United States Public Health Service published Healthy People 2000: National Health Promotion and Disease Prevention Objectives, which spelled out where health professionals and other interested individuals wanted the country's population to be in terms of health outcomes and health-related behavior by the Year 2000. These goals were expressed in a comprehensive series of measurable objectives. In June, 1991, the New Jersey Department of Health, in collaboration with many other agencies and individuals, both public and private, issued its response to the national objectives in Healthy New Jersey 2000: A Public Health Agenda for the 1990s. An assessment of New Jersey's current status on a subset of the objectives contained in that document is included in this chapter.

The sources of the data used to assess the status in 1992 of the selected New Jersey Year 2000 objectives presented in this chapter are the vital statistics files and communicable disease reports cited in the chapters in this publication specific to each type of data.

New Jersey Year 2000 Health Objectives

In October, 1990, the Public Health Service of the U.S. Department of Health and Human Services issued Healthy People 2000: National Health Promotion and Disease Prevention Objectives. This publication contained strategies for improving the health of the nation over the decade of the 1990s. The document served as the foundation for the development of the New Jersey response to the national health objectives which was published in mid-1991 as Healthy New Jersey 2000: A Public Health Agenda for the 1990s. Through a collaborative process involving programmatic and policy staff of the Department, other public health professionals, and the public, 67 health objectives for New Jersey were formulated encompassing goals in eleven priority areas of public health.

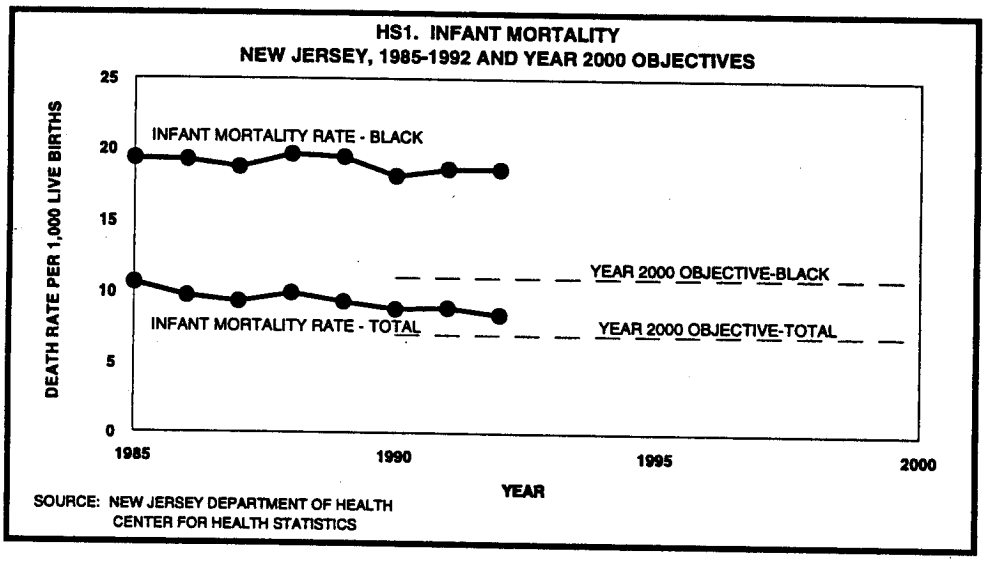
Four years of data beyond the baseline year of 1988 are available for many of the objectives involving outcomes and behaviors recorded on the birth and death certificates and on the reports of cases of communicable diseases. An assessment of the current status of a selected subset of the New Jersey Year 2000 health objectives is presented in this section, encompassing those objectives whose measurement is based on data included in this report. The objectives are organized in the priority areas used to develop Healthy New Jersey 2000.

The following list categorizes the selected objectives into those which, given current trends, appear achievable by the Year 2000, those whose achievement seems unlikely, and another group of objectives whose trend lines are such that status in the Year 2000 is not possible to predict. These categorizations are based on a few data points and it is very likely that various unforeseen factors will have an impact on the outcomes and that program efforts developed and implemented in the early years of the decade will have some effect as the decade unfolds. It should be noted that classification of these objectives into one of the three categories is not meant to imply that statistical probabilities can be attached to the outcomes.

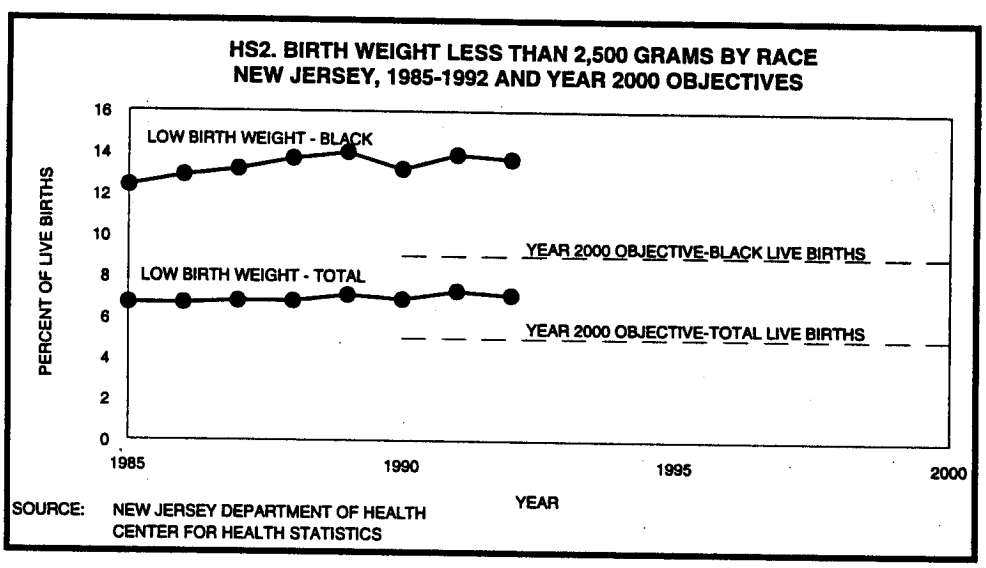
OBJECTIVE	LIKELY TO BE ACHIEVED	NOT LIKELY TO BE ACHIEVED	UNCERTAIN
Infant Mortality - Total	X		
Infant Mortality - Black		X	
Low Birth Weight - Total		X	
Low Birth Weight - Black		X	
Prenatal Care - Total		X	
Prenatal Care - Black		X	
Births to Females 10-14 - Total		X	
Births to Females 10-14 - Minority		X	
Births to Females 15-19 - Total		X	
Births to Females 15-19 - Minority		X	
Female Breast Cancer Deaths - Total			X
Female Breast Cancer Deaths - 50-64	X		
Female Breast Cancer Deaths - 65+		X	
Lung & Bronchus Cancer Deaths - Total	X		
Lung & Bronchus Cancer Deaths - Minority Males	X		
Colorectal Cancer Deaths	X		
Cervical Cancer Deaths - Total		X	

OBJECTIVE	LIKELY TO BE ACHIEVED	NOT LIKELY TO BE ACHIEVED	UNCERTAIN
Cervical Cancer Deaths - Minority		X	
Cervical Cancer Deaths - 65+		X	
Coronary Heart Disease Deaths - Total	X		
Coronary Heart Disease Deaths - Minority			X
Coronary Heart Disease Deaths - Total 45-64	X		
Coronary Heart Disease Deaths - Minority 45-64	X		
Stroke Deaths - Total	X		
Stroke Deaths - Minority	X		
Stroke Deaths - Total 45-64	X		
Stroke Deaths - Minority 45-64	X		
Stroke Deaths - 65+			X
HIV Infection Deaths - Total		X	
HIV Infection Deaths - 25-44		X	
Primary & Secondary Syphilis Incidence - Total	X		
Primary & Secondary Syphilis Incidence - Minority			X
Gonorrhea Incidence	X		
Measles Incidence		X	
Active Tuberculosis Incidence - Total		X	
Active Tuberculosis Incidence - Minority		X	
Lyme Disease Incidence			X
Motor Vehicle Fatalities - Total	X		
Motor Vehicle Fatalities - 15-24	X		
Motor Vehicle Fatalities - 70+			X
Deaths from Falls - 65-84	X		
Deaths from Falls - 85+		X	
Homicide - Minority Males 15-44			X
Homicide - Minority Females 15-44			X
Suicide - Total 15-24	X		
Suicide - White Males 65+			X
Chronic Liver Disease/Cirrhosis Deaths - Total	X		
Chronic Liver Disease/Cirrhosis Deaths - Minority Males	X		
Drug-Related Deaths			X

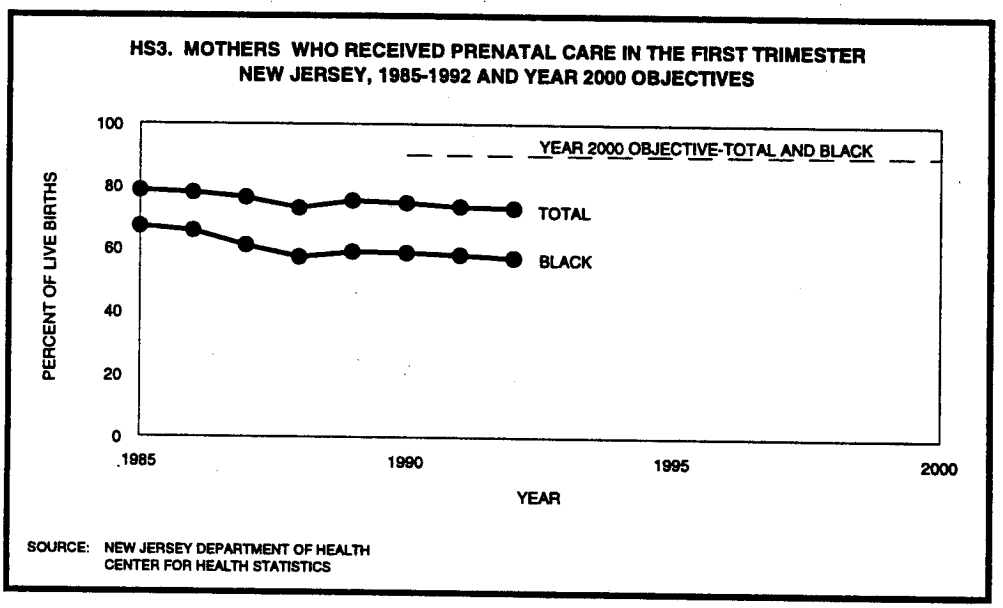
PRIORITY AREA
IMPROVE INFANT, CHILD HEALTH AND MATERNAL OUTCOMES



From 1985 through 1992, the infant mortality rate for all races has experienced a gradual decline. However, since 1990, the black infant mortality rate has increased 2.8 percent and must decline substantially to achieve the Year 2000 objective. As of 1992, the rate for blacks is 69.1 percent above its objective of 11 infant deaths per 1,000 live births. Major improvements will be required for black infants to achieve Year 2000 objectives for infant mortality.

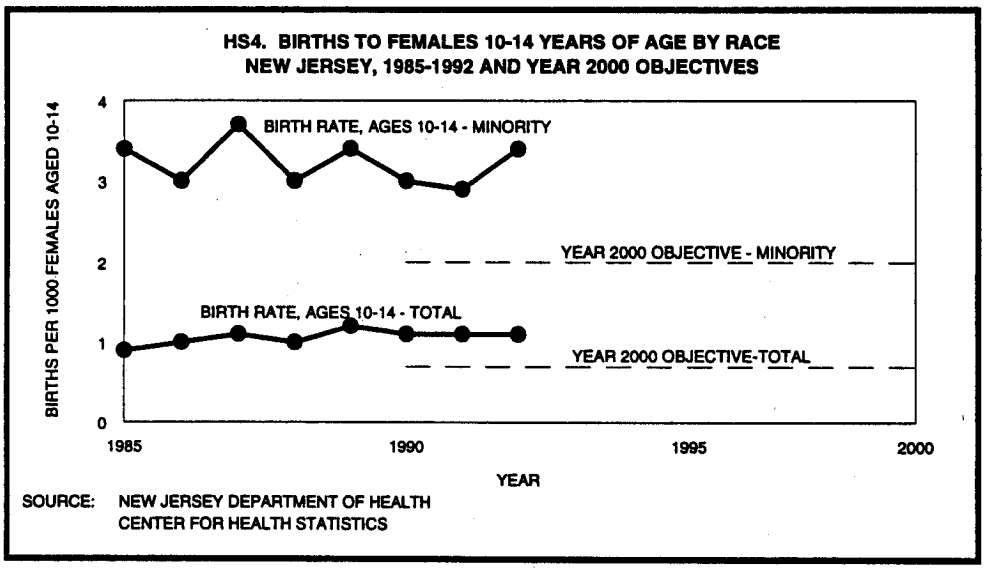


The percentage of babies, both total and black alone, born weighing less than 2,500 grams has increased since 1985. In 1992, the percentage of black babies born at less than 2,500 grams was 52.2 percent above the Year 2000 objective for that population, while the percentage of all babies born in this weight category was 42.0 percent above the Year 2000 objective for the total population. Year 2000 objectives will not be met if present trends continue.

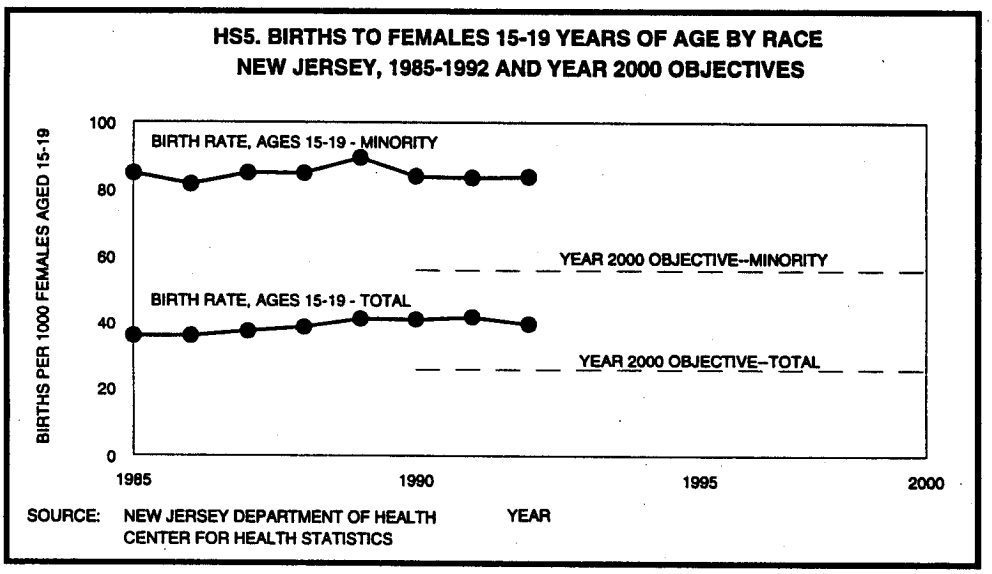


In 1992, 72.9 percent of all mothers received prenatal care in the first trimester of pregnancy, while only 56.8 percent of black mothers received such care. Since 1985, both groups have regressed from, rather than progressing toward, meeting the Year 2000 objective of having 90 percent of mothers receive prenatal care in the first trimester. If current trends continue, New Jersey will not meet the Year 2000 objective for either group of mothers.

PRIORITY AREA
REDUCE THE INCIDENCE OF ADOLESCENT PREGNANCY

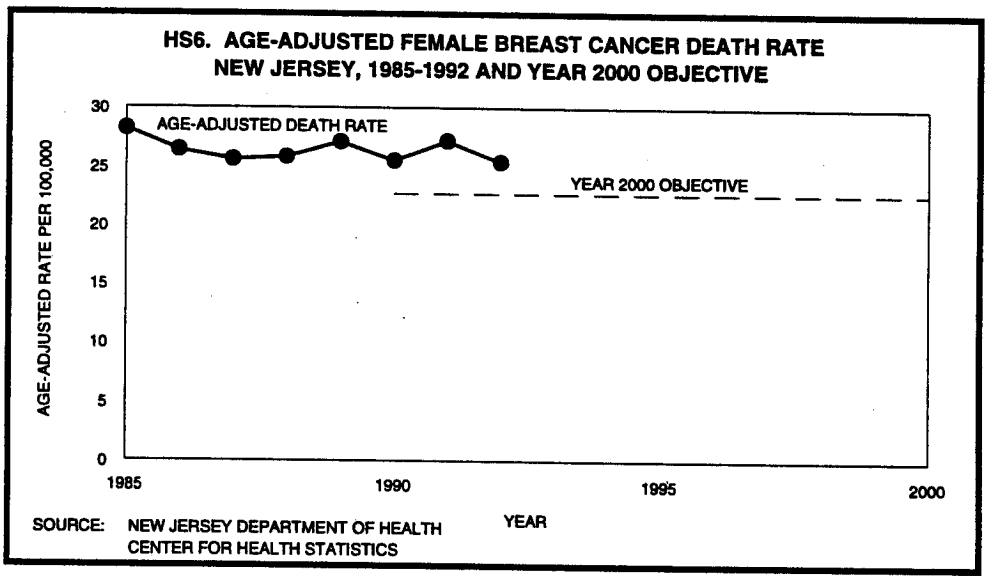


From 1985 through 1992, the birth rate for all females under the age of 15 was stable at approximately one birth per 1,000 females aged 10 through 14; during this period, the minority birth rate for this age group fluctuated around three births per 1,000 females. Currently, the rate for all races is 57.1 percent above the Year 2000 objective and for minorities it is 70.0 percent above the objective. Lacking future improvements, the Year 2000 objectives for this age group are not likely to be met.

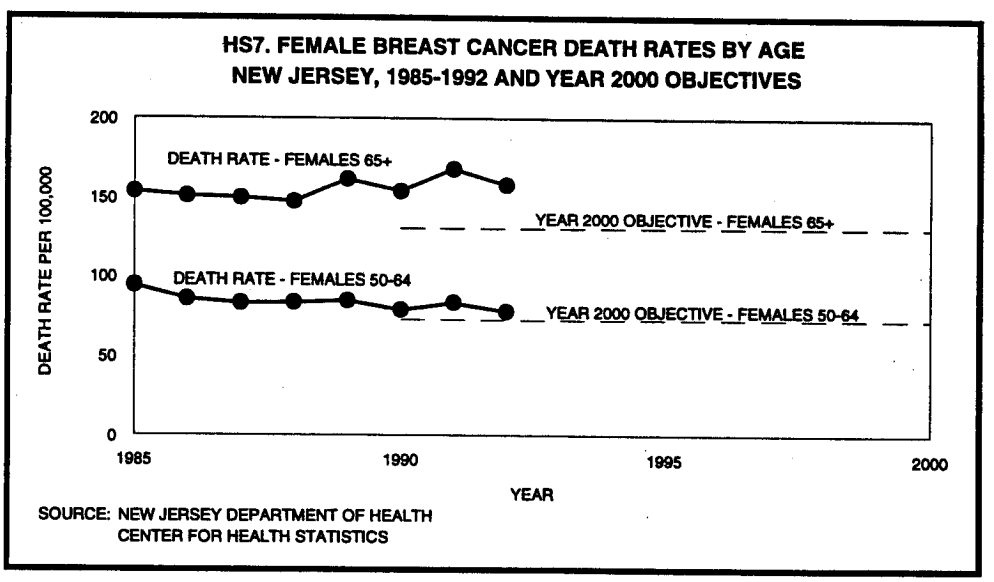


Age-specific birth rates among 15 through 19 year old females are substantially higher (about 36 times higher) than those for females under age 15. Rates among females aged 15 to 19, for all females and for minority females, have shown no sign of a decrease from 1985 through 1992. As with mothers under 15 years old, future improvements will be needed for the Year 2000 objectives to be met.

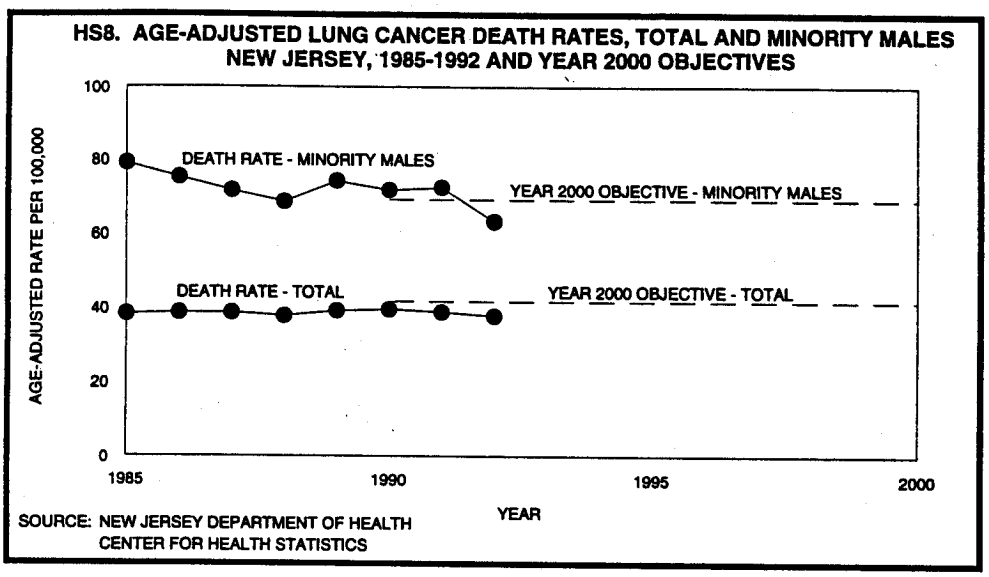
PRIORITY AREA
PREVENT, DETECT AND CONTROL CANCER



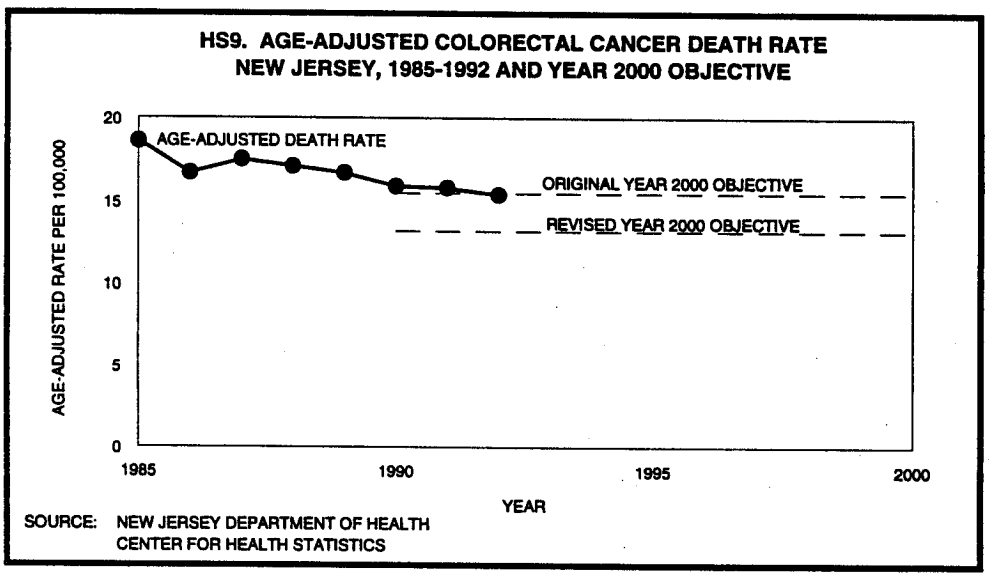
Between 1985 and 1992, the age-adjusted death rate for breast cancer among all women fluctuated between approximately 25 and 30 deaths per 100,000 females. No clear trend emerged over this period to indicate that the Year 2000 objective will be met.



The death rate from breast cancer for females 50 to 64 has been declining since 1985 and in 1992 stood at 77.9 deaths per 100,000 age-specific female population. The rate is 7.4 percent above the Year 2000 objective for the age group and, if the current trend continues, the objective could be met before the Year 2000. The rate for females aged 65 and over, on the other hand, has risen since 1988 and was at 158.2 deaths per 100,000 age-specific female population in 1992. If current trends continue, it appears unlikely that the Year 2000 objective will be met for females 65 years and older.

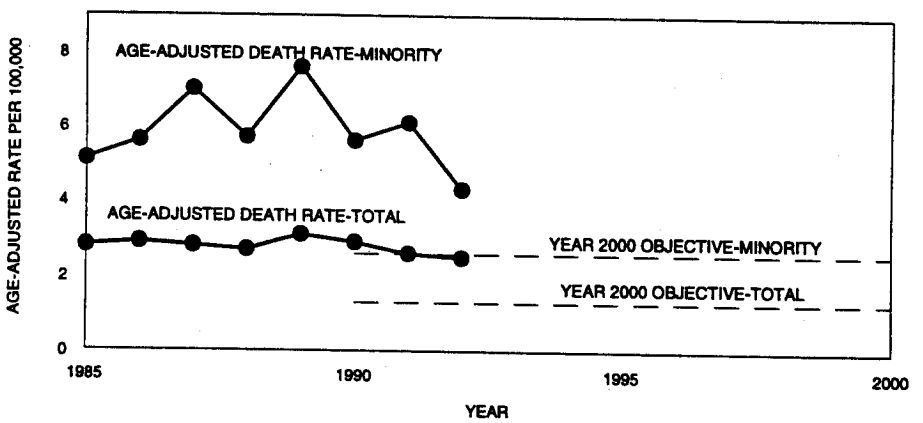


Cancer of the lung and bronchus is the leading cause of death from malignant neoplasms in New Jersey. In 1992, the age-adjusted death rate for minority males fell below the Year 2000 objective, although this rate is still substantially above that for the total population. Due to the lag in development of lung cancer, the Year 2000 objective for the total population was set at a level requiring a decrease in the rate of increase of the death rate, instead of an actual decrease in the death rate. It appears that the age-adjusted death rate from lung cancer is declining and that the Year 2000 objectives in this area may be met.



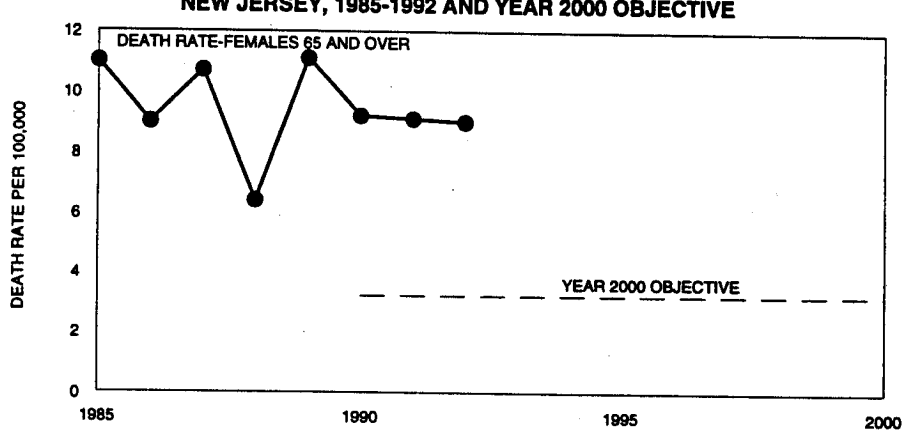
From 1985 to 1992, the age-adjusted death rate from colorectal cancer declined to a level of 15.4 deaths per 100,000 population, which met the original Year 2000 objective. In view of the trend in deaths from colorectal cancer, the objective was revised downward to 13.2 deaths per 100,000 (age-adjusted). If the current trend in death rate from this cause continues, the revised Year 2000 objective may be met.

HS10. AGE-ADJUSTED CERVICAL CANCER DEATH RATES NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

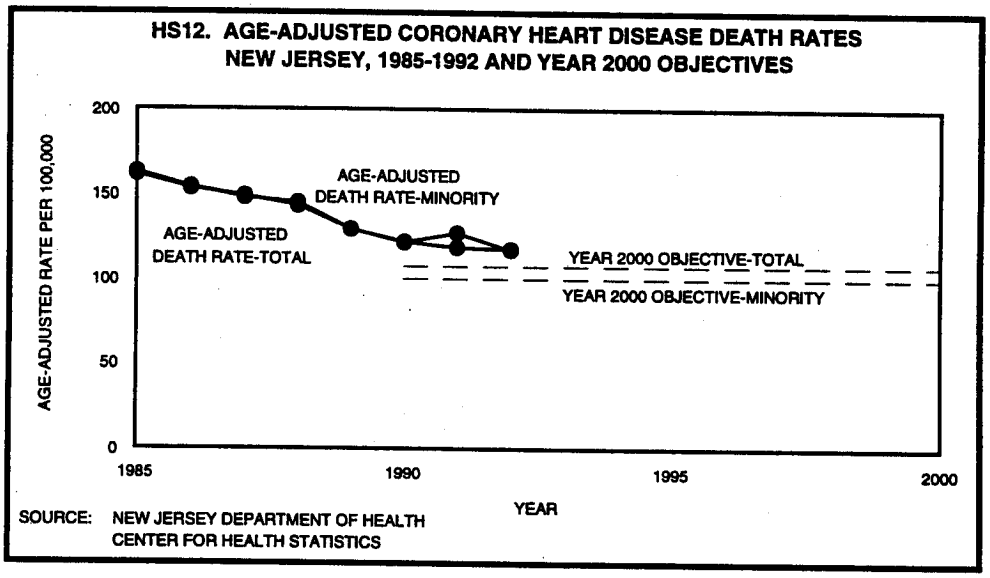
HS11. CERVICAL CANCER DEATH RATE, FEMALES 65 AND OVER NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVE



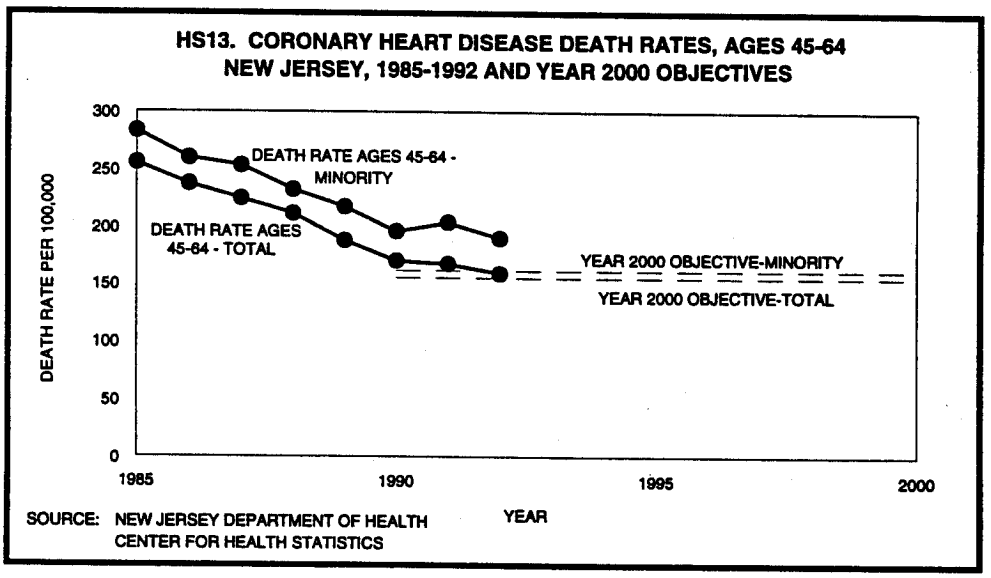
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Death rates from cervical cancer are lower than those from some other types of cancer. The Pap test, however, provides a relatively inexpensive means of detecting cervical cancer and early treatment can substantially reduce mortality from this disease. Because of this, an objective of essentially a 50 percent reduction in death rates from cervical cancer was set for each of the target groups. As yet, there is no indication of a consistent decline in the death rate in any of the three target groups: total female population, minority females, or females over 65 years of age. Given the current trend, it is unlikely that the Year 2000 objectives will be met without additional initiatives to promote regular Pap testing.

PRIORITY AREA
PREVENT, DETECT AND CONTROL CARDIOVASCULAR AND OTHER VASCULAR DISEASES

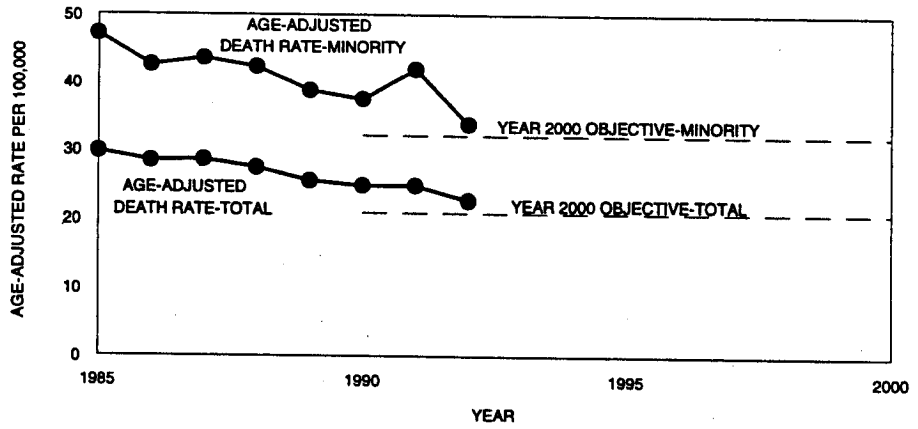


Since 1985, the age-adjusted death rate from coronary heart disease has declined for all ages in both the total and minority populations. In 1991, there was a slowing of the decrease in this death rate among the minority population; however, in 1992, the rate returned to its previous trend. While it appears likely that the Year 2000 objective for the total population will be met, further efforts may be needed to ensure that the objective is met in the minority population.



Since 1985, the death rate from coronary heart disease among those aged 45 to 64 has decreased more rapidly than the rate among all ages, both in the minority population and in the total population. If this downward trend in both populations continues, the Year 2000 objectives will be met by both groups.

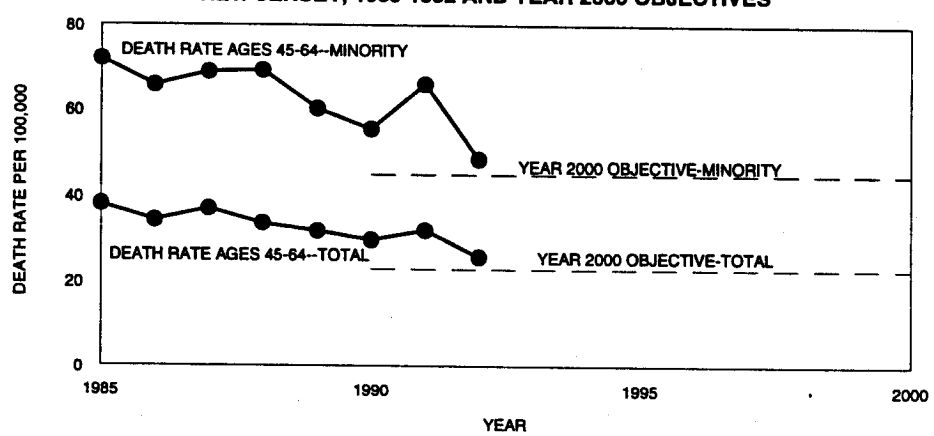
HS14. AGE-ADJUSTED CEREBROVASCULAR DISEASE DEATH RATES NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Since 1985, the age-adjusted rate from cerebrovascular disease (stroke) has declined in the total population and in the minority population. If the current trends in both the total and minority populations continue, the Year 2000 objectives for both groups should be met.

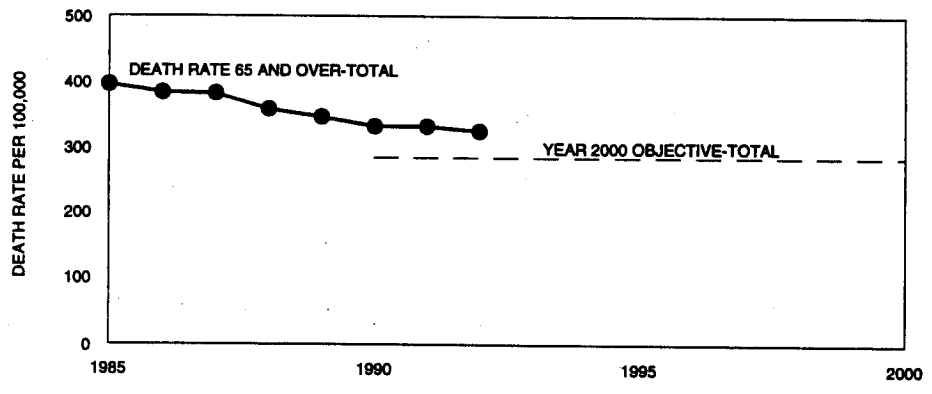
HS15. CEREBROVASCULAR DISEASE DEATH RATES, AGES 45-64 NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Although minority rates remain almost twice the total rates, the overall trend in stroke death rates among those aged 45 through 64 in both the total and minority populations has been downward during the 1985 through 1992 period. If current trends continue, it appears that the Year 2000 objectives may be met in both populations.

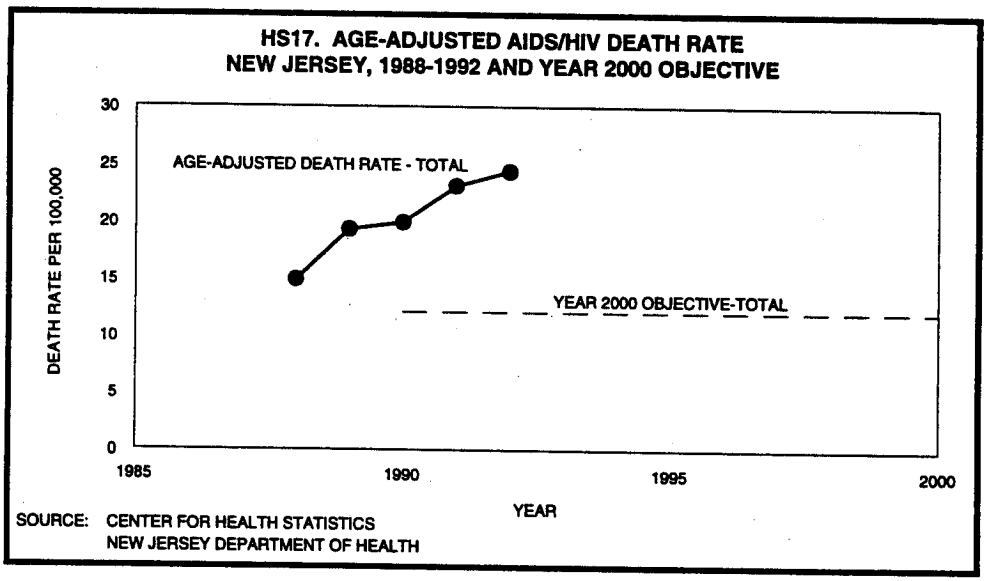
HS16. CEREBROVASCULAR DISEASE DEATH RATES, AGES 65 AND OVER
NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVE



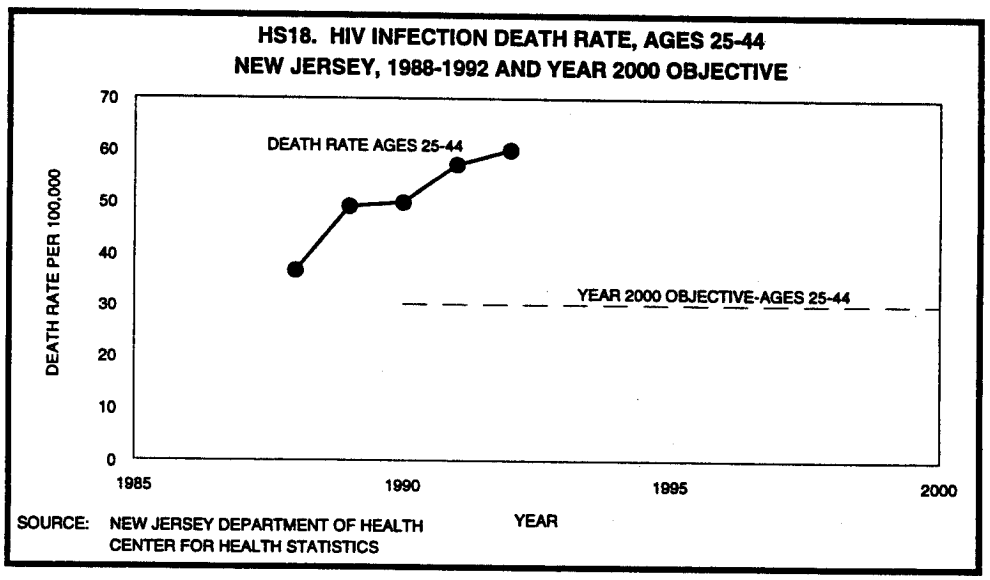
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

As might be expected, the highest rate of death from stroke is found among those aged 65 and over. Although the death rate from stroke in this age group declined more than 18 percent between 1985 and 1992, the rate is decreasing too slowly to ensure that the Year 2000 objective will be met.

PRIORITY AREA
PREVENT AND CONTROL AIDS AND HIV INFECTION



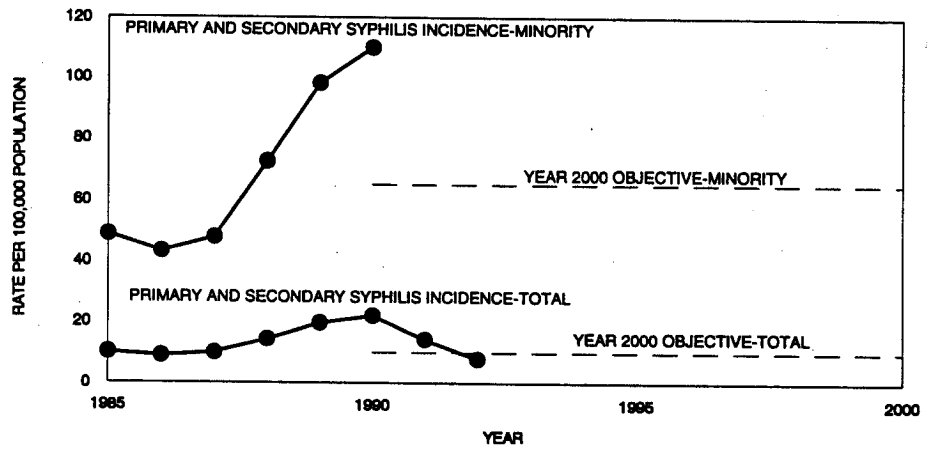
The age-adjusted death rate from HIV infection has been increasing since ICD-9 codes were first available in 1988 enabling identification of HIV infection as a distinct cause of death. The New Jersey Department of Health has adopted strategies of prevention, early detection, and initiation of treatment to extend the life expectancy of HIV positive individuals. Because of the time lag between infection with the HIV virus and the development of AIDS, it is doubtful that these efforts will produce the targeted reduction in the death rate by the Year 2000.



Deaths among those aged 25 through 44 accounted for three-fourths of the HIV infection deaths in the total population in 1992. Furthermore, this cause group has been the leading cause of death among New Jersey residents in this age group since these codes were first available in 1988. Future years will determine whether the increasing trend in the AIDS death rate can be slowed or reversed, however, at present it appears unlikely that the Year 2000 objective will be met.

PRIORITY AREA
PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES

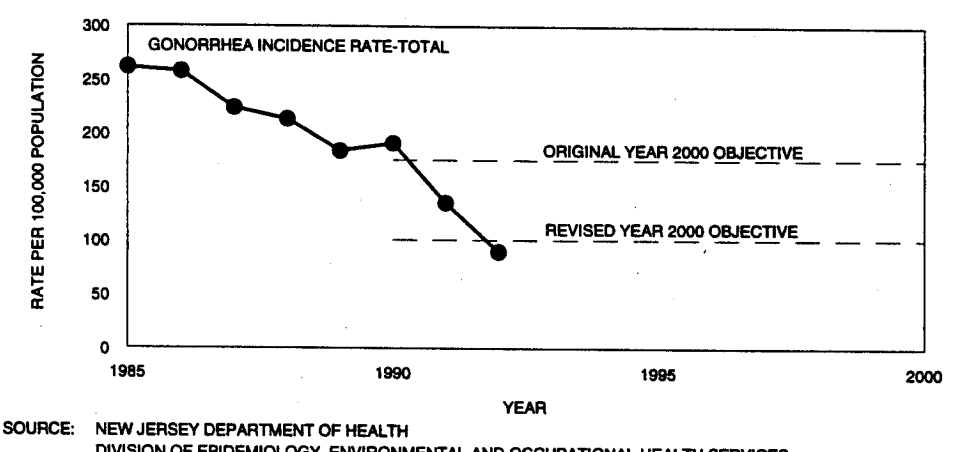
HS19. PRIMARY AND SECONDARY SYPHILIS INCIDENCE RATES NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

The incidence of primary and secondary syphilis in New Jersey increased rapidly from 1985 to 1990, especially in the minority population which, in 1990, had a rate approximately five times that of the total population. In 1991, CDC changed its reporting requirements regarding race and Hispanic ethnicity, therefore the definition of "minority" is no longer the same as prior to 1991. Because of this change and lack of comparability, incidence in the minority population is no longer reported here. Current strategies against primary and secondary syphilis include expansion of prevention and educational programs, particularly those aimed at youth, and provision of treatment or referral services at all points of entry into the public health clinic system. If the downward trend exhibited since 1990 continues in the total population, the Year 2000 objective will be met.

HS20. GONORRHEA INCIDENCE RATE NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVE

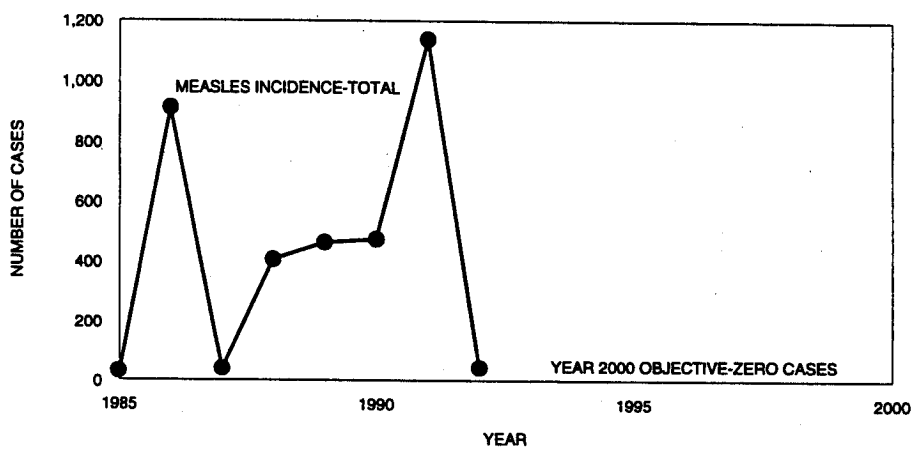


SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

The reported incidence of gonorrhea in the total population has exhibited a downward trend for more than 10 years and continued this decline in 1992. The rate in 1992 met the revised Year 2000 objective. If current trends continue for the remainder of the decade, the reported incidence of gonorrhea will be well below the target level by the Year 2000.

PRIORITY AREA
PREVENT AND CONTROL VACCINE-PREVENTABLE AND OTHER INFECTIOUS DISEASES

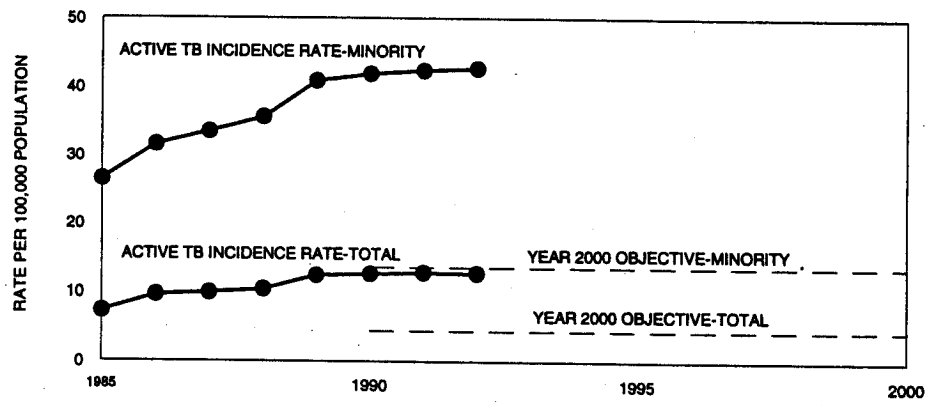
HS21. MEASLES INCIDENCE
NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVE



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

The number of cases of measles (rubeola) reported in New Jersey has fluctuated widely during the period 1985 through 1992, reaching a high incidence of 1,138 cases in 1991 and then falling to 42 cases in 1992. It is important to minimize rubeola cases because of the complications that may result from this disease. The current strategy to combat rubeola involves revamping the immunization system to monitor immunization status of all newborns in the state. This is of particular importance in the inner cities, which have higher levels of children who have not been immunized. New Jersey must improve the level of immunization of its children to attain the Year 2000 objective of no rubeola cases.

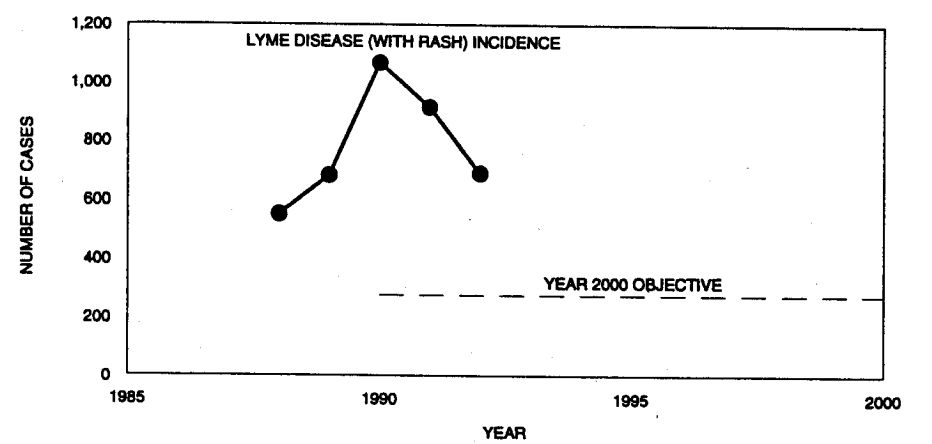
HS22. ACTIVE TUBERCULOSIS INCIDENCE RATES
NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

The total incidence rate of tuberculosis rose steadily in the state between 1985 and 1990 and has stabilized at a rate well above the target level in recent years. Both the incidence rate and the increase in this rate have been greater in the minority population than in the total population. Increased homelessness and prevalence of AIDS have no doubt been factors in the increasing rate of tuberculosis incidence and promise to fuel this increase in the future. Under these conditions, Year 2000 objectives are not expected to be met.

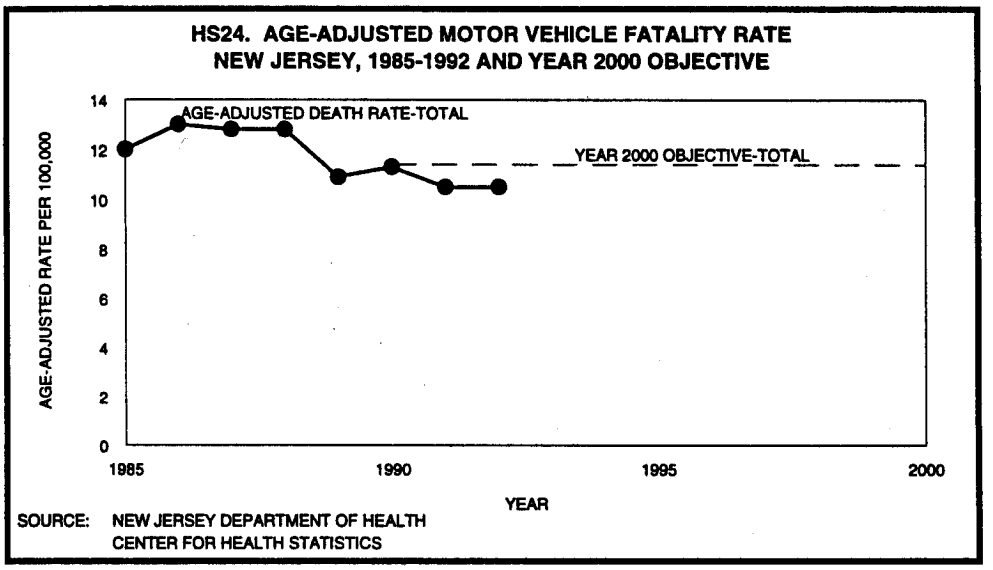
HS23. LYME DISEASE (WITH RASH)
NEW JERSEY, 1988-1992 AND YEAR 2000 OBJECTIVE



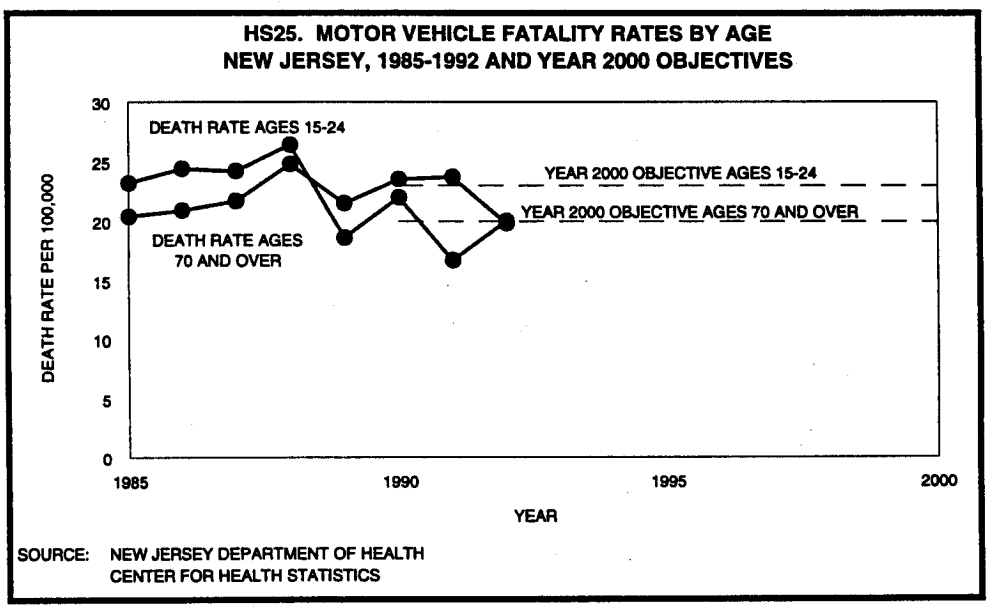
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

Since reaching a peak in 1990, reported cases of Lyme disease have decreased to their current 1992 level of 688. Educational programs and tick control efforts may have contributed to this decline. However, the decline in the last two years must continue at the same rate throughout the rest of the decade if the Year 2000 objective of 275 cases per year is to be reached.

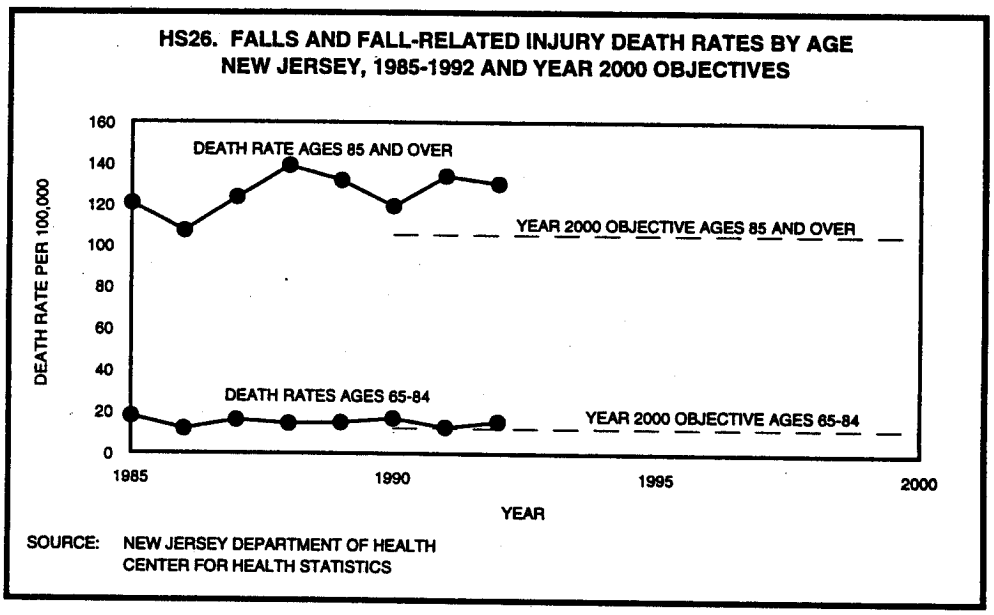
PRIORITY AREA
PREVENT AND CONTROL INJURIES



The age-adjusted death rate for motor vehicle fatalities in the total population has met the Year 2000 objective in each of the four years from 1989 through 1992. It appears likely that the Year 2000 objective will be fulfilled if this trend continues.

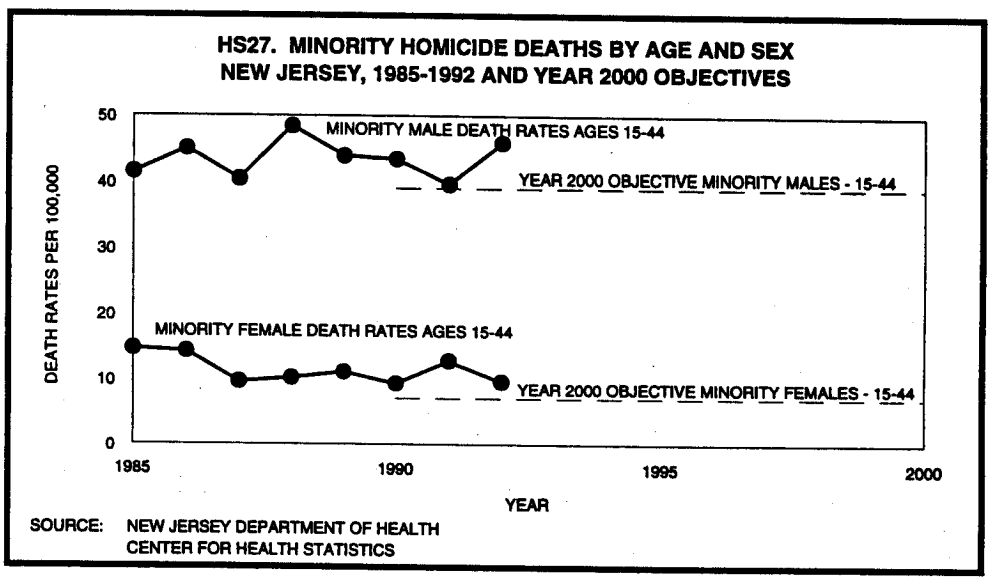


The death rate for motor vehicle fatalities among 15 through 24 year olds has been declining for more than 10 years. In each of the four years from 1989 through 1992, the motor vehicle fatality rate for this age group fell below the Year 2000 objective. Without any relaxation of current laws related to driving or reduction of law enforcement efforts, the Year 2000 objective should be attained for those aged 15 through 24. During recent years, the death rate for motor vehicle fatalities has been increasing among the population aged 70 and over, exceeding the rate for 15 through 24 year olds in 1989 through 1991. In 1992, the rate for those aged 70 and above decreased to the target level. Additional years of data are needed to determine if the current level will be sustained through the remainder of the decade.

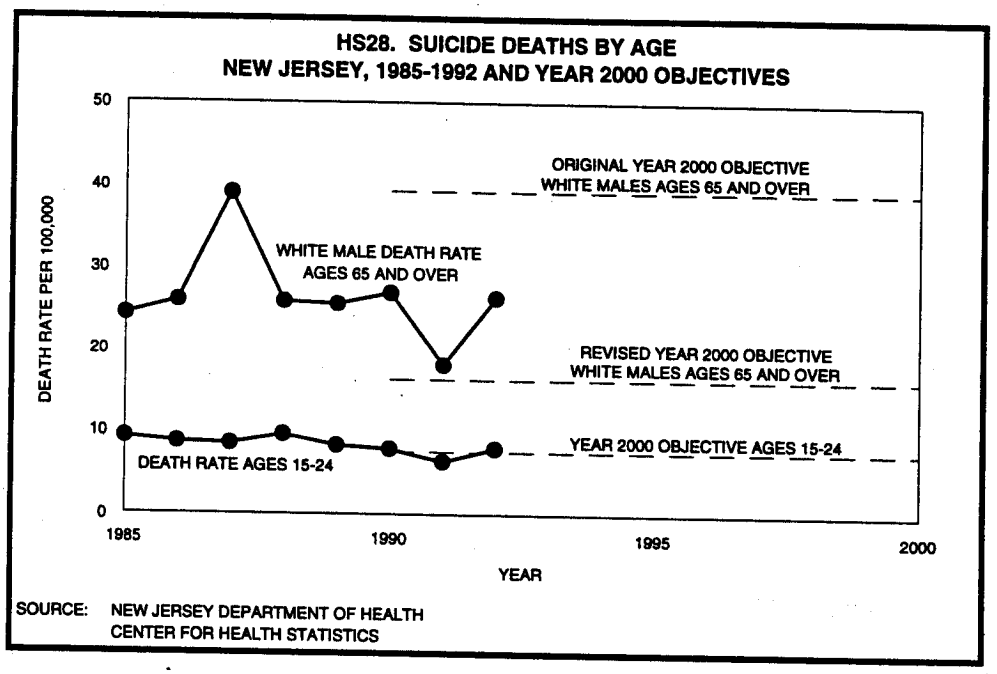


Among those aged 65 through 84, the death rate from falls and fall-related injuries has shown a slight decrease since 1985 and stood just above the Year 2000 objective of 12 deaths per 100,000 age-specific population in 1992. Among those aged 85 and over, the rate of death from falls and fall-related injuries is much higher than the rate among those aged 65 through 84. For the population 85 and over, the rate has generally increased over the period 1985 through 1992. Because the number of deaths from falls among this age group is low in any year, the rate can be expected to fluctuate, however, it appears unlikely that the Year 2000 objective will be met if current trends continue.

Note: Underlying cause of deaths from falls has been obtained from the multiple cause-of-death file.



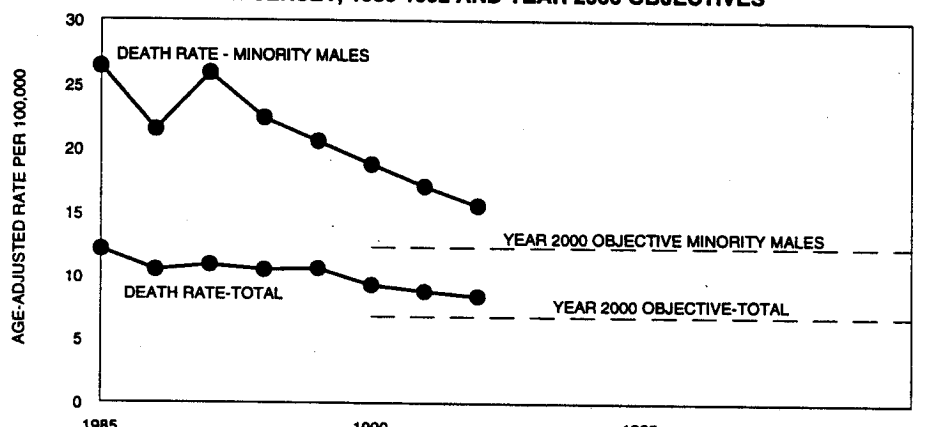
The death rate from homicides among young minority males was nearly five times the rate for young minority females in 1992. The death rate from homicides of minority males had been declining from 1988 through 1991, but increased again in 1992. In the absence of definitive trends, it is uncertain whether the Year 2000 objectives will be met.



Among those aged 15 through 24, there has been a slight decline in the suicide death rate between 1988 and 1992 to a level just above the Year 2000 objective. It appears that this objective may be met by the Year 2000. Among white males aged 65 and over, the suicide death rate continued well below the original Year 2000 objective of 39.2 suicides per 100,000 age-specific white male population. For 1992, the objective was revised down to 16.2 suicides per 100,000 population. At current levels, it is uncertain whether the revised Year 2000 objective will be met in the 65 and over population.

PRIORITY AREA
REDUCE THE RATES OF MORBIDITY AND MORTALITY DUE TO USE AND ABUSE OF TOBACCO, ALCOHOL, AND OTHER DRUGS

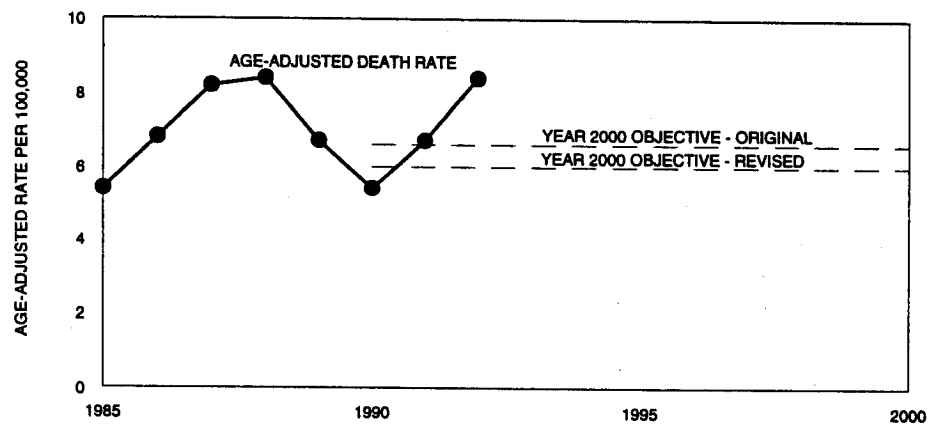
HS29. DEATHS FROM CHRONIC LIVER DISEASE AND CIRRHOSIS TOTAL AND MINORITY MALES NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVES



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

The age-adjusted death rate for chronic liver disease and cirrhosis declined in both the total population and the minority male population over the period 1985 to 1992, but decreased more dramatically among minority males than in the population as a whole. However, the death rate among minority males continued to exceed the rates in the total population throughout the period. The downward trends must continue if Year 2000 objectives are to be met .

HS30. AGE-ADJUSTED DRUG-RELATED DEATH RATES NEW JERSEY, 1985-1992 AND YEAR 2000 OBJECTIVE



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS HEALTH

The age-adjusted rate for drug-related deaths was below the revised Year 2000 objective in 1990, but rose again in 1991 and 1992 to levels exceeding the objective. The drug-related death rate may be expected to vary from year to year according to the availability and purity of drugs on the street. Because of fluctuations in the number of drug-related deaths due to these factors, it is uncertain whether the revised objective will be met by the Year 2000.

1992 POPULATION

ESTIMATES

The estimates presented in this report were prepared by the Population Division of the U.S. Bureau of the Census as a part of the process of providing revised population estimates for July 1, 1990 and July 1, 1991 and initial detailed estimates for July 1, 1992. The state estimates were developed for single years of age (ages 0, 1, 2,..., 85 and over), sex (male, female), modified race (white; black; American Indian, Eskimo, and Aleut; Asian and Pacific Islander) and Hispanic origin (Hispanic origin and non-Hispanic origin). These estimates are consistent with: 1) the postcensal estimates for the nation by age, sex, race and Hispanic origin for July 1, 1992 released in September, 1993 (unpublished data, U.S. Population Estimates by Age, Sex, Race and Hispanic origin, 1990 to 1992) and 2) the postcensal estimates for states by age and sex for July 1, 1992 published in Current Population Reports, Series P-25, No. 1106.

The state estimates were developed using a cohort-component method in which each component of population change - births, deaths, domestic migration, and international migration - is estimated separately for each birth cohort by sex and race. The equation expressing the relationship between these components and the population estimate at the end of the period, P_1, is:

$P_1 = P_0 + B - D + NDM + NMA$, where

P_0 = population at the beginning of the period
B = births during the period
D = deaths during the period
NDM = net domestic migration during the period
NMA = net migration from abroad during the period

The population at the beginning of the period was developed by use of the ratio method to make the April 1, 1990 census data consistent with July 1, 1990 national estimates by age, race, sex, and Hispanic origin and consistent with the July 1, 1990 state population estimates by age and sex. The ratio method is a technique for adjusting data to a pre-determined total. It consists of multiplying each element of the data by the ratio formed by dividing the desired total by the sum of the data. The process was repeated for the estimates for 1991 and 1992.

The birth and death data used in developing these estimates were based on information supplied by the National Center for Health Statistics and estimates of births and deaths for counties developed by member agencies of the Federal State Cooperative Program for Population Estimates. Estimates of detailed demographic characteristics from the birth and death files were prepared by the Population Division of the U.S. Census Bureau.

Internal migration values were developed using a variant of the administrative records method. Two basic files were used in the application of this method: an annual extract of tax returns provided by the Internal Revenue Service and a 20 percent sample of information on the Social Security Administration Application File.

International migration is an aggregation of four separate components: 1) alien immigration, refugees, and net undocumented migration; 2) legal emigrants; 3) net movement between Puerto Rico and the mainland; and 4) net movement of federal civilian citizens. Files of the Immigration and Naturalization Service, unpublished reports of the Office of Refugee Resettlement, and net undocumented immigration files developed as part of the national estimates program were used to develop estimates of international migration.

After the preliminary estimates were developed using the cohort-component method, the ratio method was used to make these estimates consistent with previously published state and national estimates. A special rounding routine was applied which rounded individual estimates to integers, while maintaining their consistency with state and national controls.

The U.S. Census Bureau's Population Division estimated the population of all of the 3,141 counties in the nation, as defined in 1990. These estimates were developed by five-year age groups (0-4, 5-9,...., 85 and over), sex (male, female), and race/Hispanic origin (white non-Hispanic; white Hispanic; black; American Indian, Eskimo and Aleut; Asian and Pacific Islander) for July 1, 1992. These estimates are consistent with 1) the estimates of the population of states by age, sex, race, and Hispanic origin; and 2) the 1991 and 1992 postcensal estimates of the total population in counties released as the Department of Commerce Press Release, CB94-15.

The estimates of the population of counties by age, sex, and modified race/Hispanic origin were prepared using a ratio method. The detailed state estimates by age, sex, race and Hispanic origin were aggregated to five year age groups, sex and race/Hispanic categories. These aggregated state estimates, along with the estimates of the total population of counties, served as the control totals for developing the estimates of the population of counties by age, sex, and race/Hispanic origin.

Additional information on the population methodology can be obtained from the Center for Health Statistics or, for those users not part of the state or local health departments, from the State Data Center in the New Jersey Department of Labor.

Estimates of the Hispanic population of the state can also be obtained from the Center for Health Statistics. Estimates of the Hispanic population of counties are not available.

Estimates provided in this report have been rounded to the nearest one hundred persons, as the Census Bureau staff do not consider the unrounded estimates to be accurate to the last digit. Totals presented in the tables in this report may not equal the sum of rows and columns due to the effects of rounding.

TABLE P1. POPULATION ESTIMATES BY AGE, RACE AND SEX
NEW JERSEY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	573,900	227,500	216,800	444,300	52,200	50,800	102,900	13,700	13,000	26,700	293,400	280,500
5-9	509,200	202,700	192,700	395,400	44,500	42,900	87,400	13,500	12,900	26,400	260,600	248,500
10-14	494,200	194,600	183,800	378,300	45,200	43,600	88,800	13,700	13,400	27,100	253,400	240,800
15-19	485,400	192,600	181,600	374,200	43,900	42,600	86,500	12,500	12,200	24,700	249,000	236,400
20-24	521,300	206,000	199,100	405,100	45,900	46,800	92,700	11,500	12,000	23,600	263,400	257,900
25-29	613,800	245,600	240,900	486,500	48,000	50,900	98,900	13,500	14,900	28,500	307,100	306,700
30-34	703,000	282,900	283,100	566,000	47,900	53,000	100,900	17,100	19,100	36,200	347,800	355,200
35-39	658,800	266,200	269,100	535,300	41,500	47,200	88,700	16,800	18,100	34,900	324,500	334,300
40-44	592,800	238,000	246,600	484,600	34,800	42,400	77,100	14,900	16,100	31,000	287,700	305,100
45-49	511,800	209,900	218,500	428,300	26,600	33,200	59,800	12,000	11,700	23,700	248,500	263,400
50-54	399,200	161,800	169,400	331,100	23,000	28,600	51,600	8,700	7,800	16,500	193,500	205,800
55-59	345,400	140,700	151,700	292,400	18,600	23,200	41,800	5,700	5,500	11,100	165,100	180,300
60-64	354,300	146,600	162,600	309,200	16,500	20,600	37,100	3,600	4,400	8,100	166,600	187,700
65-69	329,700	130,900	163,100	294,000	12,700	16,900	29,600	2,600	3,600	6,100	146,200	183,500
70-74	285,200	109,900	149,000	258,800	8,700	13,300	21,900	1,900	2,500	4,400	120,400	164,800
75-79	209,800	75,300	117,000	192,300	5,300	9,500	14,800	1,200	1,600	2,800	81,700	128,100
80-84	133,000	42,300	81,000	123,300	2,700	5,700	8,400	600	700	1,300	45,600	87,400
85+	99,300	25,000	67,300	92,200	1,800	4,500	6,300	300	500	800	27,000	72,300
TOTAL	7,820,300	3,098,300	3,293,100	6,391,400	519,600	575,500	1,095,100	163,700	170,100	333,700	3,781,600	4,038,600

TABLE P2. POPULATION ESTIMATES BY AGE, RACE AND SEX
ATLANTIC COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	17,700	6,500	6,400	12,900	2,200	2,000	4,200	300	300	600	9,000	8,700
5-9	14,600	5,500	5,200	10,800	1,700	1,600	3,300	300	200	500	7,500	7,100
10-14	13,800	5,200	4,900	10,000	1,600	1,700	3,300	200	200	500	7,000	6,700
15-19	14,300	5,500	5,300	10,800	1,600	1,600	3,100	200	200	400	7,200	7,100
20-24	15,700	6,000	5,900	11,800	1,600	1,800	3,400	200	200	500	7,900	7,900
25-29	19,200	7,300	7,300	14,600	1,900	2,000	3,900	400	300	700	9,600	9,500
30-34	21,400	8,600	8,500	17,100	1,600	1,900	3,600	400	400	800	10,600	10,800
35-39	18,700	7,600	7,400	14,900	1,500	1,600	3,100	300	400	700	9,400	9,400
40-44	15,900	6,300	6,400	12,700	1,200	1,400	2,700	300	300	500	7,800	8,000
45-49	13,100	5,300	5,400	10,700	900	1,200	2,100	200	200	400	6,400	6,800
50-54	10,900	4,200	4,600	8,800	800	1,100	1,900	200	200	300	5,200	5,800
55-59	9,600	3,700	4,100	7,800	700	900	1,600	100	100	200	4,500	5,000
60-64	10,700	4,100	4,700	8,800	700	900	1,700	100	100	200	4,900	5,800
65-69	10,200	3,800	4,800	8,600	600	800	1,500	100	100	100	4,500	5,700
70-74	8,800	3,200	4,300	7,500	500	800	1,200	-	-	100	3,700	5,100
75-79	6,700	2,300	3,500	5,800	300	600	900	-	-	-	2,600	4,100
80-84	4,600	1,400	2,700	4,000	200	400	600	-	-	-	1,600	3,100
85+	3,500	900	2,100	3,000	100	400	500	-	-	-	1,000	2,500
TOTAL	229,400	87,400	93,300	180,700	19,800	22,500	42,300	3,200	3,200	6,400	110,400	119,000

- Indicates the number of persons is too small to estimate.

TABLE P3. POPULATION ESTIMATES BY AGE, RACE AND SEX
BERGEN COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	51,800	22,400	21,000	43,500	1,600	1,500	3,100	2,700	2,500	5,200	26,800	25,000
5-9	46,700	19,700	18,800	38,500	1,300	1,300	2,600	2,800	2,700	5,600	23,800	22,900
10-14	47,100	19,900	18,800	38,700	1,400	1,400	2,800	2,900	2,800	5,700	24,200	22,900
15-19	45,900	19,900	18,600	38,400	1,500	1,500	3,000	2,300	2,200	4,600	23,600	22,300
20-24	50,500	22,200	21,400	43,600	1,700	1,800	3,500	1,600	1,800	3,400	25,500	25,000
25-29	60,600	26,400	25,700	52,100	1,800	2,000	3,800	2,100	2,700	4,800	30,300	30,400
30-34	70,500	29,500	30,100	59,600	1,800	2,000	3,800	3,300	3,800	7,100	34,600	35,900
35-39	69,400	28,900	29,800	58,700	1,600	1,900	3,500	3,600	3,600	7,200	34,000	35,300
40-44	66,000	27,000	29,100	56,000	1,500	1,900	3,400	3,300	3,300	6,600	31,700	34,300
45-49	59,800	24,700	27,300	52,000	1,300	1,700	3,000	2,500	2,400	4,900	28,500	31,300
50-54	48,500	20,400	22,300	42,600	1,100	1,400	2,600	1,800	1,500	3,300	23,200	25,300
55-59	43,500	18,900	20,700	39,600	800	1,100	1,900	1,100	1,000	2,100	20,800	22,700
60-64	45,100	20,100	21,900	42,000	700	900	1,600	700	700	1,400	21,500	23,600
65-69	40,700	17,400	20,900	38,300	600	800	1,400	400	600	1,000	18,500	22,300
70-74	34,600	14,100	18,700	32,800	400	600	1,000	300	500	800	14,900	19,800
75-79	25,600	9,700	14,600	24,300	200	500	700	200	300	500	10,200	15,400
80-84	16,300	5,300	10,300	15,600	100	300	400	100	100	200	5,600	10,700
85+	12,300	3,100	8,700	11,900	100	200	300	100	100	100	3,300	9,000
TOTAL	835,000	349,600	378,600	728,200	19,600	22,700	42,400	31,700	32,700	64,400	401,000	434,000

TABLE P4. POPULATION ESTIMATES BY AGE, RACE AND SEX
BURLINGTON COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	30,100	12,300	11,700	24,000	2,700	2,700	5,400	400	300	800	15,400	14,700
5-9	28,900	11,900	11,300	23,200	2,500	2,300	4,800	400	400	800	14,700	14,100
10-14	26,800	10,900	10,300	21,200	2,500	2,300	4,800	400	400	800	13,800	13,000
15-19	26,800	11,000	9,800	20,800	2,700	2,400	5,100	400	400	800	14,200	12,600
20-24	27,400	11,100	9,900	20,900	3,300	2,300	5,600	400	400	800	14,800	12,600
25-29	32,000	12,900	12,700	25,600	2,900	2,600	5,500	400	500	900	16,200	15,700
30-34	36,600	15,000	15,100	30,100	2,800	2,700	5,500	500	600	1,000	18,200	18,400
35-39	33,800	14,000	14,000	28,100	2,300	2,500	4,700	400	600	1,000	16,700	17,100
40-44	31,200	12,800	13,200	26,000	2,000	2,200	4,200	400	600	900	15,200	16,000
45-49	26,300	11,100	11,300	22,300	1,500	1,800	3,300	300	400	700	12,900	13,500
50-54	20,100	8,200	8,500	16,700	1,400	1,500	2,900	300	300	600	9,900	10,300
55-59	17,500	7,100	7,400	14,400	1,300	1,200	2,500	200	300	500	8,600	8,900
60-64	17,000	7,000	7,700	14,700	1,000	900	1,900	100	300	400	8,100	8,900
65-69	14,800	6,000	7,300	13,300	600	700	1,300	100	100	200	6,800	8,100
70-74	11,900	4,800	6,100	10,900	400	500	800	100	100	100	5,200	6,700
75-79	7,800	3,000	4,300	7,300	200	300	500	-	-	100	3,200	4,600
80-84	4,800	1,500	2,900	4,400	100	200	300	-	-	-	1,600	3,100
85+	3,900	900	2,700	3,700	-	200	200	-	-	-	1,000	2,900
TOTAL	397,600	161,600	166,200	327,700	30,300	29,100	59,300	4,700	5,900	10,600	196,500	201,100

- Indicates the number of persons is too small to estimate.

TABLE P5. POPULATION ESTIMATES BY AGE, RACE AND SEX
CAMDEN COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	42,700	16,300	15,500	31,800	5,000	4,800	9,800	600	500	1,200	21,900	20,800
5-9	38,900	15,100	14,000	29,100	4,300	4,200	8,500	700	700	1,300	20,000	18,900
10-14	36,300	13,700	12,800	26,600	4,200	4,000	8,200	800	700	1,600	18,700	17,600
15-19	32,300	12,400	11,800	24,100	3,500	3,400	6,800	700	600	1,300	16,500	15,800
20-24	32,700	12,300	12,800	25,100	3,200	3,400	6,600	500	500	1,000	16,100	16,700
25-29	40,100	15,800	15,900	31,700	3,400	3,900	7,300	500	600	1,100	19,700	20,400
30-34	46,100	18,100	18,700	36,900	3,600	4,300	7,900	600	700	1,300	22,300	23,700
35-39	42,300	16,700	17,200	33,900	3,200	3,800	7,000	600	800	1,400	20,600	21,700
40-44	36,900	14,400	15,100	29,500	2,700	3,300	6,000	700	800	1,500	17,700	19,200
45-49	31,000	12,400	13,000	25,400	1,900	2,400	4,400	600	600	1,200	15,000	16,000
50-54	23,600	9,100	10,000	19,100	1,700	2,000	3,700	500	400	800	11,300	12,400
55-59	20,600	8,200	8,700	16,900	1,500	1,700	3,200	300	200	500	9,900	10,700
60-64	21,500	8,500	9,900	18,300	1,300	1,500	2,800	200	200	300	9,900	11,600
65-69	20,200	7,900	9,700	17,700	1,000	1,300	2,300	100	200	300	9,000	11,200
70-74	17,200	6,400	8,700	15,200	700	1,000	1,800	100	100	200	7,300	9,900
75-79	12,300	4,200	6,700	10,900	400	700	1,200	100	100	100	4,800	7,500
80-84	7,500	2,200	4,600	6,700	200	400	700	-	-	100	2,400	5,000
85+	5,500	1,300	3,700	5,000	100	300	500	-	-	-	1,400	4,100
TOTAL	507,700	195,000	208,800	403,900	41,800	46,800	88,600	7,600	7,700	15,300	244,400	263,400

- Indicates the number of persons is too small to estimate.

TABLE P6. POPULATION ESTIMATES BY AGE, RACE AND SEX
CAPE MAY COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	6,900	3,100	3,000	6,200	300	300	600	-	-	100	3,500	3,400
5-9	6,300	2,900	2,800	5,700	300	300	500	-	-	100	3,200	3,100
10-14	5,700	2,600	2,500	5,100	200	300	500	-	-	100	2,900	2,800
15-19	5,200	2,600	2,200	4,700	200	200	400	-	-	100	2,800	2,400
20-24	5,300	2,500	2,300	4,800	200	200	400	-	-	100	2,800	2,600
25-29	6,700	3,000	3,100	6,100	300	200	500	-	-	100	3,300	3,400
30-34	7,500	3,500	3,500	7,000	200	200	400	-	100	100	3,700	3,800
35-39	7,200	3,400	3,300	6,700	200	200	400	-	100	100	3,600	3,600
40-44	6,300	3,000	2,900	5,900	200	200	300	-	100	100	3,200	3,100
45-49	5,400	2,500	2,600	5,100	100	100	200	-	-	100	2,700	2,800
50-54	4,500	2,000	2,300	4,200	100	100	200	-	-	-	2,100	2,400
55-59	4,400	2,000	2,200	4,200	100	100	200	-	-	-	2,100	2,300
60-64	5,500	2,400	2,800	5,200	100	200	300	-	-	-	2,500	3,000
65-69	5,800	2,600	3,000	5,600	100	100	200	-	-	-	2,700	3,200
70-74	5,400	2,300	3,000	5,200	100	100	200	-	-	-	2,300	3,100
75-79	4,100	1,700	2,300	3,900	-	100	100	-	-	-	1,700	2,300
80-84	2,600	900	1,700	2,500	-	100	100	-	-	-	900	1,700
85+	1,900	500	1,300	1,900	-	-	100	-	-	-	500	1,400
TOTAL	96,800	43,300	46,800	90,100	2,700	3,000	5,700	400	500	1,000	46,500	50,300

- Indicates the number of persons is too small to estimate.

TABLE P7. POPULATION ESTIMATES BY AGE, RACE AND SEX
CUMBERLAND COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	11,000	4,200	3,900	8,000	1,400	1,400	2,700	100	100	200	5,700	5,300
5-9	10,200	4,000	3,700	7,700	1,100	1,100	2,300	100	100	200	5,300	5,000
10-14	10,000	3,900	3,600	7,400	1,300	1,100	2,300	100	100	200	5,200	4,800
15-19	9,500	3,700	3,600	7,300	1,000	1,000	2,000	100	100	200	4,800	4,700
20-24	9,100	3,500	3,400	6,900	1,000	1,000	2,000	100	100	200	4,600	4,500
25-29	10,400	4,000	3,900	7,900	1,400	1,000	2,400	100	100	200	5,400	4,900
30-34	11,600	4,400	4,500	8,900	1,400	1,000	2,400	100	100	200	6,000	5,600
35-39	11,100	4,400	4,500	8,800	1,100	900	2,100	100	100	300	5,600	5,500
40-44	9,600	3,900	4,100	7,900	700	700	1,500	100	100	200	4,700	4,900
45-49	8,400	3,500	3,600	7,100	600	600	1,100	100	100	200	4,100	4,300
50-54	6,700	2,700	2,900	5,600	500	500	1,000	100	100	100	3,200	3,500
55-59	5,800	2,300	2,600	4,800	400	400	800	100	100	100	2,700	3,100
60-64	6,100	2,400	2,800	5,200	300	500	800	100	100	200	2,800	3,400
65-69	5,900	2,200	2,900	5,100	300	400	600	100	100	200	2,500	3,300
70-74	5,100	1,900	2,600	4,500	200	300	500	-	-	100	2,200	2,900
75-79	3,900	1,400	2,100	3,500	100	200	300	-	-	-	1,600	2,300
80-84	2,400	800	1,400	2,200	100	100	200	-	-	-	800	1,600
85+	1,700	500	1,100	1,600	-	100	100	-	-	-	500	1,200
TOTAL	138,500	53,500	57,000	110,500	12,800	12,300	25,100	1,400	1,500	2,900	67,700	

- Indicates the number of persons is too small to estimate.

TABLE P8. POPULATION ESTIMATES BY AGE, RACE AND SEX
ESSEX COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	59,100	14,300	13,500	27,800	14,700	14,700	29,400	1,000	900	1,900	30,000	29,100
5-9	51,200	12,300	11,900	24,200	12,800	12,200	25,100	1,000	1,000	2,000	26,100	25,100
10-14	51,500	12,100	11,600	23,700	13,200	12,700	25,900	1,000	1,000	2,000	26,200	25,300
15-19	51,400	12,700	11,900	24,600	12,700	12,200	24,800	1,000	900	1,900	26,400	25,000
20-24	56,800	14,300	13,600	27,900	12,900	14,000	26,900	1,000	1,000	2,000	28,200	28,600
25-29	63,300	16,300	15,600	31,900	13,600	15,600	29,200	1,100	1,200	2,200	31,000	32,400
30-34	68,400	17,800	17,600	35,300	14,100	16,300	30,400	1,200	1,500	2,700	33,000	35,300
35-39	63,700	16,900	17,200	34,000	12,300	14,700	27,000	1,200	1,400	2,700	30,400	33,300
40-44	56,500	15,200	16,100	31,200	10,100	12,800	22,900	1,100	1,300	2,400	26,300	30,200
45-49	47,000	13,400	14,300	27,700	7,500	9,900	17,500	900	1,000	1,800	21,900	25,200
50-54	38,900	10,800	11,500	22,300	6,600	8,600	15,300	700	600	1,300	18,100	20,800
55-59	33,900	9,700	10,600	20,300	5,300	7,400	12,600	500	500	900	15,500	18,400
60-64	33,500	10,300	11,400	21,600	4,700	6,500	11,100	300	400	700	15,300	18,200
65-69	30,400	9,100	11,700	20,700	3,700	5,400	9,100	200	300	500	13,000	17,400
70-74	25,600	7,600	10,800	18,400	2,600	4,200	6,800	200	200	400	10,300	15,200
75-79	19,700	5,500	9,200	14,700	1,600	3,200	4,800	100	200	300	7,200	12,600
80-84	12,600	3,200	6,600	9,800	800	1,800	2,700	100	100	100	4,100	8,500
85+	10,000	2,100	5,800	8,000	500	1,400	1,900	-	-	100	2,700	7,300
TOTAL	773,400	203,600	220,700	424,300	149,700	173,600	323,200	12,500	13,400	25,900	365,700	407,700

- Indicates the number of persons is too small to estimate.

TABLE P9. POPULATION ESTIMATES BY AGE, RACE AND SEX
GLOUCESTER COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	18,900	8,700	8,100	16,800	1,000	900	1,900	200	200	300	9,800	9,100
5-9	18,700	8,400	8,100	16,500	900	900	1,800	200	200	400	9,600	9,200
10-14	17,800	7,900	7,600	15,500	1,000	900	1,900	200	200	400	9,100	8,700
15-19	15,900	7,000	6,900	13,900	800	900	1,700	100	200	300	8,000	7,900
20-24	15,400	6,700	7,000	13,700	700	800	1,500	100	100	200	7,600	7,900
25-29	17,700	7,800	8,100	15,800	700	800	1,600	100	100	200	8,600	9,100
30-34	22,200	9,900	10,200	20,200	800	900	1,700	200	200	300	10,900	11,300
35-39	21,000	9,400	9,600	18,900	700	900	1,600	200	200	400	10,300	10,700
40-44	18,200	8,200	8,100	16,300	700	900	1,500	200	200	400	9,000	9,200
45-49	14,900	6,800	6,700	13,500	500	600	1,200	100	100	300	7,400	7,500
50-54	11,100	4,900	5,000	9,800	500	500	1,000	100	100	200	5,500	5,600
55-59	9,400	4,100	4,300	8,400	400	500	800	100	100	200	4,600	4,900
60-64	9,600	4,100	4,500	8,600	400	500	900	100	100	100	4,600	5,100
65-69	8,800	3,600	4,400	8,000	400	400	800	-	-	100	4,000	4,800
70-74	7,400	2,900	3,700	6,600	300	400	700	-	-	100	3,200	4,200
75-79	4,800	1,700	2,600	4,400	200	200	400	-	-	-	2,000	2,900
80-84	2,800	900	1,700	2,600	100	200	200	-	-	-	1,000	1,900
85+	2,100	500	1,500	1,900	100	100	200	-	-	-	500	1,600
TOTAL	236,900	103,500	108,000	211,500	10,100	11,400	21,500	1,900	2,100	3,900	115,400	121,500

- Indicates the number of persons is too small to estimate.

TABLE P10. POPULATION ESTIMATES BY AGE, RACE AND SEX
HUDSON COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	40,300	14,600	14,000	28,600	4,200	4,100	8,300	1,700	1,600	3,400	20,600	19,700
5-9	33,000	11,800	11,400	23,200	3,500	3,500	7,000	1,400	1,300	2,700	16,800	16,200
10-14	33,100	11,900	11,200	23,100	3,600	3,500	7,100	1,500	1,400	2,900	16,900	16,100
15-19	34,000	12,500	11,700	24,200	3,400	3,400	6,800	1,500	1,500	3,000	17,400	16,600
20-24	43,300	16,100	15,500	31,700	3,800	3,900	7,800	1,900	1,900	3,800	21,900	21,400
25-29	55,300	21,600	20,000	41,700	4,300	4,400	8,700	2,500	2,400	4,900	28,400	26,800
30-34	53,600	21,000	19,300	40,400	4,000	4,300	8,200	2,600	2,400	5,000	27,500	26,100
35-39	45,400	17,600	16,800	34,400	3,200	3,600	6,800	2,200	2,000	4,200	23,000	22,400
40-44	37,300	13,900	14,200	28,000	2,600	3,200	5,700	1,700	1,800	3,500	18,200	19,100
45-49	31,700	11,800	12,700	24,600	1,900	2,400	4,300	1,400	1,500	2,800	15,100	16,600
50-54	27,600	10,300	11,200	21,600	1,600	2,200	3,900	1,100	1,100	2,200	13,100	14,600
55-59	24,600	9,400	10,800	20,200	1,200	1,600	2,800	800	800	1,600	11,400	13,200
60-64	25,000	9,900	11,400	21,300	1,100	1,400	2,600	500	600	1,200	11,600	13,500
65-69	22,200	8,300	11,100	19,400	800	1,100	1,900	400	500	900	9,500	12,700
70-74	19,100	6,800	10,300	17,100	500	900	1,400	300	400	600	7,600	11,500
75-79	14,400	4,800	8,300	13,100	300	600	900	200	200	400	5,300	9,100
80-84	8,800	2,700	5,500	8,100	100	300	500	100	100	200	2,900	5,900
85+	6,200	1,600	4,300	5,800	100	200	300	-	100	100	1,700	4,500
TOTAL	555,000	206,800	219,700	426,400	40,500	44,600	85,100	21,800	21,600	43,400	269,000	285,900

- Indicates the number of persons is too small to estimate.

TABLE P11. POPULATION ESTIMATES BY AGE, RACE AND SEX
HUNTERDON COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	8,300	4,100	4,000	8,000	-	-	100	100	100	100	4,200	4,100
5-9	7,700	3,800	3,600	7,400	-	-	100	100	100	200	4,000	3,700
10-14	7,300	3,600	3,500	7,100	-	-	100	100	100	200	3,700	3,600
15-19	6,500	3,300	2,900	6,200	100	-	100	100	100	200	3,400	3,000
20-24	6,300	2,900	2,700	5,600	500	100	600	-	100	100	3,500	2,800
25-29	7,800	3,600	3,600	7,200	300	200	500	100	-	100	3,900	3,900
30-34	10,400	4,800	5,100	9,900	100	200	300	100	100	200	5,000	5,400
35-39	11,200	5,300	5,500	10,800	100	100	200	100	100	200	5,500	5,700
40-44	10,800	5,200	5,300	10,400	100	100	200	100	100	200	5,300	5,500
45-49	9,700	4,800	4,600	9,500	-	100	100	100	100	100	4,900	4,800
50-54	6,400	3,300	2,900	6,200	-	-	100	100	100	100	3,400	3,000
55-59	4,700	2,400	2,200	4,600	-	-	-	-	-	100	2,400	2,300
60-64	4,200	2,100	2,000	4,200	-	-	-	-	-	-	2,200	2,100
65-69	3,400	1,600	1,800	3,400	-	-	-	-	-	-	1,600	1,800
70-74	2,800	1,200	1,600	2,800	-	-	-	-	-	-	1,200	1,600
75-79	2,100	900	1,200	2,100	-	-	-	-	-	-	900	1,200
80-84	1,300	500	900	1,300	-	-	-	-	-	-	500	900
85+	1,100	300	800	1,100	-	-	-	-	-	-	300	800
TOTAL	111,900	53,600	54,200	107,800	1,300	1,000	2,300	800	900	1,800	55,800	56,100

- Indicates the number of persons is too small to estimate.

TABLE P12. POPULATION ESTIMATES BY AGE, RACE AND SEX
MERCER COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	23,400	8,400	7,900	16,300	3,100	3,000	6,200	500	400	900	12,000	11,400
5-9	21,000	7,700	7,100	14,700	2,700	2,600	5,300	500	500	1,000	10,900	10,100
10-14	19,800	6,900	6,600	13,500	2,600	2,500	5,200	500	600	1,100	10,100	9,700
15-19	22,300	8,000	8,000	16,000	2,600	2,600	5,200	500	500	1,000	11,200	11,200
20-24	24,700	9,400	9,000	18,400	2,600	2,600	5,300	600	500	1,100	12,600	12,000
25-29	25,000	9,400	9,100	18,500	2,700	2,800	5,500	500	500	1,000	12,600	12,400
30-34	29,400	11,200	11,000	22,100	3,000	3,100	6,000	600	600	1,200	14,700	14,700
35-39	28,200	10,800	10,900	21,600	2,700	2,800	5,400	600	600	1,200	14,000	14,200
40-44	24,900	9,700	10,000	19,600	1,900	2,200	4,200	500	600	1,100	12,100	12,800
45-49	21,200	8,300	8,700	17,100	1,500	1,800	3,200	500	400	900	10,300	10,900
50-54	16,300	6,300	6,500	12,800	1,300	1,600	2,800	300	300	600	7,900	8,400
55-59	13,900	5,300	5,700	11,000	1,100	1,400	2,500	200	200	400	6,600	7,300
60-64	14,500	5,600	6,200	11,900	1,100	1,300	2,400	100	100	200	6,800	7,700
65-69	13,700	5,100	6,500	11,500	900	1,100	2,000	100	100	200	6,000	7,700
70-74	11,700	4,200	5,900	10,100	600	900	1,500	100	100	100	4,900	6,800
75-79	8,400	2,800	4,700	7,500	300	600	900	-	100	100	3,200	5,300
80-84	5,200	1,500	3,100	4,700	200	300	500	-	-	-	1,700	3,500
85+	4,000	1,000	2,600	3,600	100	300	400	-	-	-	1,100	2,900
TOTAL	327,700	121,500	129,400	251,000	31,000	33,500	64,500	6,100	6,100	12,300	158,700	169,000

- Indicates the number of persons is too small to estimate.

TABLE P13. POPULATION ESTIMATES BY AGE, RACE AND SEX
MIDDLESEX COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	48,700	20,000	19,100	39,100	2,600	2,600	5,200	2,300	2,100	4,400	24,800	23,800
5-9	40,800	16,800	15,700	32,500	2,100	2,000	4,200	2,200	2,000	4,100	21,100	19,700
10-14	38,900	16,000	14,600	30,700	2,100	2,000	4,100	2,000	2,000	4,100	20,200	18,700
15-19	44,500	18,100	17,200	35,200	2,600	2,500	5,100	2,100	2,100	4,200	22,800	21,700
20-24	54,700	22,500	21,700	44,200	2,900	3,000	6,000	2,100	2,400	4,500	27,600	27,200
25-29	60,600	25,100	24,200	49,200	3,200	3,000	6,300	2,400	2,700	5,100	30,700	29,900
30-34	67,700	28,100	27,200	55,300	3,200	3,100	6,200	3,000	3,200	6,200	34,300	33,400
35-39	59,300	24,500	24,000	48,400	2,700	2,500	5,200	2,900	2,800	5,700	30,000	29,300
40-44	50,800	20,700	21,000	41,700	2,100	2,300	4,500	2,400	2,300	4,600	25,200	25,600
45-49	43,400	18,000	18,700	36,700	1,600	1,600	3,200	1,800	1,700	3,500	21,400	22,000
50-54	34,000	14,200	14,900	29,100	1,200	1,300	2,400	1,300	1,100	2,400	16,700	17,200
55-59	29,600	12,600	13,700	26,300	800	900	1,800	800	700	1,500	14,200	15,300
60-64	30,500	13,400	14,500	27,800	700	800	1,600	500	600	1,100	14,600	15,900
65-69	28,200	11,600	14,500	26,100	500	600	1,100	400	500	900	12,500	15,700
70-74	23,400	9,700	12,400	22,000	400	400	800	300	400	600	10,300	13,200
75-79	15,200	5,700	8,700	14,300	200	300	500	200	200	400	6,000	9,200
80-84	8,700	2,900	5,400	8,200	100	200	300	100	100	200	3,000	5,600
85+	5,700	1,500	4,000	5,400	100	100	200	-	-	100	1,500	4,200
TOTAL	684,500	281,100	291,200	572,400	29,100	29,400	58,500	26,700	26,800	53,600	336,900	347,500

- Indicates the number of persons is too small to estimate.

TABLE P14. POPULATION ESTIMATES BY AGE, RACE AND SEX
MONMOUTH COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	41,800	18,200	17,300	35,500	2,400	2,400	4,700	800	800	1,600	21,400	20,400
5-9	38,900	17,100	16,300	33,300	2,000	2,000	4,000	800	700	1,600	19,900	19,000
10-14	38,100	16,600	15,800	32,400	2,000	2,000	4,100	800	800	1,600	19,400	18,700
15-19	35,000	15,600	14,300	29,900	1,900	1,900	3,800	700	600	1,300	18,200	16,800
20-24	33,200	14,600	13,600	28,200	1,900	2,000	3,900	500	500	1,000	17,000	16,100
25-29	39,000	16,700	16,700	33,500	2,100	2,100	4,200	600	700	1,400	19,400	19,600
30-34	50,000	21,200	22,200	43,500	2,100	2,300	4,500	900	1,100	2,100	24,300	25,700
35-39	50,400	21,900	22,600	44,500	1,800	1,900	3,800	1,000	1,100	2,100	24,700	25,700
40-44	47,100	20,700	21,300	42,000	1,500	1,800	3,300	900	1,000	1,900	23,100	24,000
45-49	40,600	18,200	18,300	36,500	1,200	1,600	2,800	700	600	1,300	20,200	20,500
50-54	29,300	13,100	12,800	25,900	1,100	1,500	2,600	400	400	800	14,600	14,700
55-59	24,600	10,500	11,300	21,800	1,000	1,200	2,200	300	300	600	11,800	12,800
60-64	24,600	10,600	11,500	22,100	900	1,100	2,000	200	300	500	11,700	12,900
65-69	22,000	8,900	11,200	20,000	700	900	1,600	100	200	400	9,700	12,300
70-74	19,400	7,500	10,300	17,700	500	800	1,400	100	200	300	8,100	11,200
75-79	14,700	5,200	8,400	13,600	300	600	900	100	100	200	5,600	9,000
80-84	9,700	3,100	6,000	9,100	200	400	600	-	100	100	3,300	6,400
85+	7,600	1,900	5,200	7,100	100	300	400	-	-	100	2,000	5,500
TOTAL	565,900	241,600	255,100	496,600	23,800	26,800	50,600	9,100	9,600	18,700	274,500	291,400

- Indicates the number of persons is too small to estimate.

TABLE P15. POPULATION ESTIMATES BY AGE, RACE AND SEX
MORRIS COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	29,300	13,700	13,100	26,800	500	500	1,000	800	700	1,500	15,000	14,300
5-9	26,900	12,400	12,000	24,400	400	400	800	900	800	1,700	13,700	13,200
10-14	27,000	12,400	11,800	24,200	500	400	900	900	900	1,900	13,800	13,200
15-19	26,700	12,400	11,800	24,200	500	500	1,000	800	800	1,600	13,700	13,100
20-24	27,500	12,900	12,500	25,300	500	600	1,100	500	600	1,100	13,900	13,600
25-29	31,700	14,700	14,300	29,000	600	600	1,300	700	800	1,400	16,000	15,700
30-34	37,300	16,900	17,100	34,000	700	700	1,300	900	1,100	2,000	18,500	18,800
35-39	38,100	16,900	17,800	34,800	600	600	1,200	1,000	1,100	2,100	18,500	19,600
40-44	37,700	16,500	17,800	34,400	600	600	1,200	1,000	1,100	2,200	18,200	19,600
45-49	35,500	16,200	16,800	32,900	400	500	900	900	800	1,600	17,500	18,000
50-54	25,700	11,800	12,100	23,900	400	400	800	600	400	1,000	12,800	12,900
55-59	20,300	9,700	9,500	19,200	200	300	500	300	300	600	10,300	10,000
60-64	18,400	8,800	8,800	17,500	200	200	400	200	200	400	9,100	9,200
65-69	14,600	6,500	7,500	13,900	100	200	300	200	200	400	6,800	7,900
70-74	11,800	4,800	6,500	11,300	100	100	200	100	100	300	5,000	6,800
75-79	8,600	3,200	5,100	8,300	100	100	100	100	100	200	3,300	5,300
80-84	6,100	1,900	4,000	5,900	-	100	100	-	-	100	2,000	4,100
85+	4,900	1,200	3,600	4,800	-	100	100	-	-	-	1,200	3,700
TOTAL	428,200	192,900	201,900	394,900	6,400	6,800	13,300	9,800	10,200	20,000	209,200	219,000

- Indicates the number of persons is too small to estimate.

TABLE P16. POPULATION ESTIMATES BY AGE, RACE AND SEX
OCEAN COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	30,600	14,500	14,200	28,800	700	700	1,400	200	200	500	15,400	15,200
5-9	28,400	13,600	13,100	26,700	700	600	1,200	200	300	500	14,400	14,000
10-14	27,000	13,100	12,300	25,400	600	600	1,300	200	200	400	13,900	13,100
15-19	24,400	11,500	11,300	22,800	600	600	1,200	200	200	400	12,300	12,100
20-24	21,900	10,300	10,300	20,600	500	500	1,000	100	200	300	10,900	11,000
25-29	27,100	12,800	12,900	25,700	500	500	1,100	200	200	400	13,500	13,600
30-34	33,000	15,500	15,900	31,400	500	600	1,100	200	300	600	16,200	16,800
35-39	32,000	15,000	15,600	30,600	400	500	900	200	300	500	15,700	16,400
40-44	29,400	13,800	14,300	28,100	400	500	900	200	300	500	14,400	15,000
45-49	24,600	11,600	11,900	23,500	300	400	700	200	200	400	12,100	12,400
50-54	18,100	8,400	8,900	17,200	300	300	500	100	100	300	8,800	9,300
55-59	16,500	7,200	8,500	15,800	200	300	500	100	100	200	7,600	8,900
60-64	21,400	9,100	11,800	20,900	200	200	400	100	100	100	9,300	12,100
65-69	27,700	11,700	15,600	27,300	100	100	300	-	100	100	11,900	15,800
70-74	28,900	12,100	16,500	28,600	100	100	200	-	-	100	12,200	16,600
75-79	22,900	9,300	13,400	22,700	-	100	100	-	-	100	9,300	13,500
80-84	15,100	5,800	9,200	15,000	-	100	100	-	-	-	5,800	9,300
85+	9,300	3,000	6,300	9,200	-	-	100	-	-	-	3,000	6,300
TOTAL	438,300	198,300	221,900	420,200	6,300	6,600	12,900	2,400	2,900	5,200	206,900	231,400

- Indicates the number of persons is too small to estimate.

TABLE P17. POPULATION ESTIMATES BY AGE, RACE AND SEX
PASSAIC COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	36,400	13,800	13,300	27,100	4,000	3,900	7,900	700	700	1,300	18,400	17,900
5-9	29,900	11,700	10,800	22,400	3,200	3,000	6,300	600	600	1,200	15,500	14,400
10-14	29,400	11,100	10,600	21,700	3,200	3,300	6,500	600	600	1,200	14,900	14,400
15-19	30,400	11,500	11,000	22,500	3,300	3,400	6,700	600	600	1,200	15,400	15,000
20-24	33,900	13,100	12,500	25,600	3,400	3,600	7,100	600	700	1,200	17,100	16,800
25-29	37,100	14,800	14,200	29,000	3,200	3,500	6,800	600	700	1,400	18,600	18,500
30-34	40,600	16,400	16,000	32,400	3,000	3,500	6,500	800	900	1,700	20,200	20,400
35-39	36,700	14,800	14,600	29,400	2,600	3,200	5,700	800	800	1,600	18,100	18,600
40-44	32,800	12,900	13,300	26,200	2,300	2,900	5,200	600	700	1,400	15,900	17,000
45-49	28,100	11,000	11,800	22,800	1,900	2,400	4,300	500	500	1,100	13,400	14,700
50-54	22,700	8,900	9,600	18,400	1,500	2,000	3,500	400	400	800	10,800	11,900
55-59	19,600	7,900	8,500	16,400	1,100	1,500	2,600	300	200	600	9,300	10,300
60-64	19,700	8,000	9,100	17,100	1,000	1,200	2,200	200	200	400	9,200	10,500
65-69	18,000	7,200	9,000	16,200	700	900	1,600	100	200	300	7,900	10,100
70-74	15,300	5,800	8,200	14,100	400	700	1,100	100	100	200	6,300	9,000
75-79	11,900	4,200	6,900	11,100	200	400	700	-	100	100	4,500	7,400
80-84	7,700	2,500	4,800	7,300	100	300	400	-	-	-	2,700	5,100
85+	6,000	1,500	4,300	5,800	100	200	200	-	-	-	1,600	4,500
TOTAL	456,200	177,100	188,400	365,500	35,200	39,900	75,100	7,500	8,100	15,600	219,800	236,400

- Indicates the number of persons is too small to estimate.

TABLE P18. POPULATION ESTIMATES BY AGE, RACE AND SEX
SALEM COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	4,600	1,800	1,800	3,600	400	500	900	-	-	100	2,300	2,300
5-9	4,800	2,000	1,900	3,900	500	400	900	-	-	100	2,500	2,300
10-14	4,900	2,100	1,900	4,000	400	400	900	-	-	100	2,500	2,400
15-19	4,300	1,800	1,700	3,500	400	400	800	-	-	100	2,300	2,100
20-24	3,600	1,500	1,400	2,900	300	400	700	-	-	100	1,800	1,800
25-29	4,200	1,700	1,800	3,500	300	400	700	-	-	-	2,000	2,200
30-34	5,200	2,100	2,300	4,400	300	400	800	-	-	-	2,500	2,700
35-39	5,300	2,200	2,300	4,500	300	400	700	-	-	100	2,500	2,700
40-44	4,900	2,100	2,100	4,200	300	400	600	-	-	100	2,400	2,500
45-49	4,300	1,900	1,900	3,700	200	300	500	-	-	-	2,100	2,100
50-54	3,400	1,500	1,400	2,900	200	200	400	-	-	-	1,700	1,700
55-59	2,900	1,200	1,300	2,500	200	200	400	-	-	-	1,400	1,500
60-64	2,900	1,200	1,300	2,500	200	200	400	-	-	-	1,400	1,500
65-69	3,000	1,100	1,400	2,500	200	300	400	-	-	-	1,300	1,700
70-74	2,700	1,000	1,400	2,400	100	200	300	-	-	-	1,100	1,600
75-79	1,900	700	1,000	1,700	100	100	200	-	-	-	800	1,100
80-84	1,200	400	700	1,100	100	100	100	-	-	-	500	700
85+	1,000	200	600	800	-	100	100	-	-	-	300	700
TOTAL	65,100	26,500	28,000	54,500	4,600	5,400	10,000	300	400	700	31,400	33,700

- Indicates the number of persons is too small to estimate.

TABLE P19. POPULATION ESTIMATES BY AGE, RACE AND SEX
SOMERSET COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	18,400	8,200	7,700	15,900	700	600	1,300	600	600	1,100	9,500	8,900
5-9	15,000	6,600	6,200	12,800	600	600	1,200	500	500	1,000	7,700	7,300
10-14	14,500	6,200	5,900	12,100	700	600	1,400	500	500	1,000	7,500	7,000
15-19	13,400	5,900	5,400	11,300	700	600	1,300	400	400	800	7,000	6,400
20-24	14,600	6,500	6,200	12,700	600	600	1,200	300	400	700	7,400	7,200
25-29	21,600	9,600	9,600	19,200	700	700	1,400	400	600	1,000	10,700	10,900
30-34	25,900	11,400	11,400	22,800	700	800	1,600	800	800	1,600	12,900	13,000
35-39	23,400	10,100	10,300	20,400	800	900	1,600	700	700	1,400	11,600	11,800
40-44	20,700	8,800	9,100	17,900	700	800	1,500	600	700	1,300	10,200	10,500
45-49	18,200	7,900	8,200	16,100	500	600	1,100	500	500	1,000	9,000	9,200
50-54	14,000	6,300	6,500	12,700	400	400	700	300	200	600	7,000	7,100
55-59	12,000	5,400	5,600	11,000	300	300	600	200	200	400	5,900	6,100
60-64	11,200	5,200	5,200	10,400	200	200	500	100	200	300	5,600	5,600
65-69	9,100	4,000	4,400	8,400	200	200	400	100	100	200	4,300	4,800
70-74	7,400	3,100	3,900	7,000	100	100	200	100	100	200	3,300	4,100
75-79	4,900	1,900	2,800	4,700	100	100	100	-	100	100	2,000	2,900
80-84	3,200	1,000	2,100	3,100	-	-	100	-	-	-	1,000	2,200
85+	2,900	700	2,200	2,800	-	100	100	-	-	-	700	2,300
TOTAL	250,400	108,800	112,600	221,400	8,000	8,200	16,200	6,400	6,500	12,900	123,100	127,300

- Indicates the number of persons is too small to estimate.

TABLE P20. POPULATION ESTIMATES BY AGE, RACE AND SEX
SUSSEX COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	11,700	5,900	5,500	11,500	100	-	100	100	100	200	6,100	5,700
5-9	10,800	5,400	5,200	10,600	-	-	100	100	100	200	5,500	5,300
10-14	10,100	5,100	4,800	9,900	-	-	100	100	100	200	5,200	4,900
15-19	8,600	4,300	4,000	8,300	100	-	100	100	100	100	4,400	4,100
20-24	7,100	3,400	3,300	6,800	200	-	200	-	-	100	3,700	3,400
25-29	9,600	4,500	4,800	9,300	100	-	200	-	100	100	4,700	4,900
30-34	13,400	6,400	6,700	13,100	-	-	100	100	100	200	6,500	6,900
35-39	13,400	6,500	6,600	13,100	100	-	100	100	100	200	6,600	6,800
40-44	12,400	6,100	6,000	12,100	100	100	100	100	100	200	6,200	6,200
45-49	10,300	5,200	4,900	10,200	-	-	100	100	100	100	5,300	5,000
50-54	6,500	3,400	2,900	6,400	-	-	100	-	-	100	3,500	3,000
55-59	4,400	2,200	2,200	4,300	-	-	-	-	-	-	2,200	2,200
60-64	4,200	2,100	2,100	4,200	-	-	-	-	-	-	2,100	2,100
65-69	3,600	1,600	2,000	3,600	-	-	-	-	-	-	1,600	2,000
70-74	3,200	1,300	1,800	3,100	-	-	-	-	-	-	1,300	1,900
75-79	2,400	1,000	1,400	2,400	-	-	-	-	-	-	1,000	1,400
80-84	1,700	500	1,100	1,600	-	-	-	-	-	-	600	1,100
85+	1,400	400	1,000	1,400	-	-	-	-	-	-	400	1,100
TOTAL	134,800	65,300	66,500	131,800	800	500	1,300	800	900	1,600	66,900	67,900

- Indicates the number of persons is too small to estimate.

TABLE P21. POPULATION ESTIMATES BY AGE, RACE AND SEX
UNION COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	34,800	12,800	12,100	24,900	4,400	4,200	8,600	600	700	1,300	17,800	17,000
5-9	29,900	10,800	10,400	21,300	3,800	3,600	7,400	600	600	1,300	15,200	14,700
10-14	29,100	10,400	9,800	20,200	3,900	3,700	7,600	600	600	1,200	14,900	14,200
15-19	28,200	10,200	9,600	19,800	3,700	3,600	7,300	600	500	1,100	14,500	13,800
20-24	32,200	11,700	11,500	23,200	3,700	4,100	7,900	600	600	1,200	16,000	16,200
25-29	38,200	14,400	14,200	28,600	3,900	4,300	8,200	700	700	1,400	19,000	19,200
30-34	43,600	16,800	16,400	33,200	3,900	4,600	8,500	900	1,000	1,900	21,600	22,000
35-39	40,000	15,500	15,200	30,700	3,400	4,100	7,500	900	900	1,800	19,700	20,200
40-44	36,100	13,300	14,000	27,300	3,300	4,000	7,200	700	800	1,500	17,300	18,700
45-49	31,700	12,000	12,700	24,700	2,600	3,300	5,900	600	600	1,100	15,200	16,500
50-54	26,400	9,800	10,500	20,300	2,400	2,900	5,200	400	400	900	12,600	13,700
55-59	23,700	9,000	9,900	18,900	1,900	2,200	4,100	300	300	600	11,300	12,400
60-64	24,800	9,900	11,100	20,900	1,600	1,900	3,400	200	200	400	11,600	13,200
65-69	23,600	9,000	11,500	20,600	1,200	1,500	2,700	100	200	300	10,400	13,200
70-74	20,200	7,700	10,300	18,100	800	1,100	1,800	100	100	300	8,600	11,600
75-79	14,800	5,200	8,200	13,400	500	800	1,200	100	100	200	5,700	9,100
80-84	9,200	2,900	5,600	8,500	200	500	700	-	-	100	3,200	6,100
85+	6,900	1,700	4,600	6,300	100	400	500	-	-	-	1,800	5,000
TOTAL	493,300	183,200	197,700	380,900	45,200	50,600	95,800	8,100	8,600	16,600	236,500	256,800

- Indicates the number of persons is too small to estimate.

TABLE P22. POPULATION ESTIMATES BY AGE, RACE AND SEX
WARREN COUNTY, 1992

AGE	TOTAL	WHITE			BLACK			OTHER			TOTAL	
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 5	7,400	3,600	3,600	7,200	100	100	100	100	-	100	3,700	3,700
5-9	6,700	3,300	3,200	6,500	100	100	100	100	-	100	3,400	3,300
10-14	6,100	3,000	2,900	5,900	100	100	100	-	-	100	3,100	3,000
15-19	5,600	2,700	2,600	5,400	100	100	100	-	-	100	2,800	2,700
20-24	5,400	2,500	2,700	5,200	100	100	100	-	100	100	2,600	2,800
25-29	6,800	3,200	3,400	6,600	100	-	100	-	-	100	3,300	3,400
30-34	8,700	4,200	4,300	8,400	100	100	100	100	100	100	4,300	4,400
35-39	8,300	4,000	4,100	8,100	100	100	100	-	-	100	4,100	4,200
40-44	7,200	3,500	3,500	7,000	100	100	100	-	100	100	3,600	3,600
45-49	6,500	3,200	3,100	6,300	-	-	100	-	-	100	3,300	3,200
50-54	4,500	2,200	2,200	4,400	-	-	100	-	-	-	2,300	2,200
55-59	3,900	1,800	2,000	3,800	-	-	100	-	-	-	1,900	2,000
60-64	3,900	1,900	2,000	3,900	-	-	-	-	-	-	1,900	2,000
65-69	3,800	1,700	2,000	3,700	-	-	-	-	-	-	1,700	2,100
70-74	3,400	1,400	2,000	3,400	-	-	-	-	-	-	1,400	2,000
75-79	2,600	1,000	1,600	2,600	-	-	-	-	-	-	1,000	1,600
80-84	1,600	500	1,000	1,600	-	-	-	-	-	-	500	1,100
85+	1,300	300	900	1,200	-	-	-	-	-	-	300	900
TOTAL	93,600	44,100	47,100	91,200	700	700	1,400	500	500	1,000	45,300	48,400

- Indicates the number of persons is too small to estimate.

TECHNICAL NOTES

Sources of Data

Births, Deaths and Fetal Deaths

Birth, death and fetal death certificates are the source documents for data on these events. Birth certificates are usually completed by hospital personnel, while death and fetal death certificates are prepared by hospital personnel, physicians, medical examiners and funeral directors. Certificates of births, deaths and fetal deaths which occur in New Jersey are transmitted through local registrars to the State Registrar for processing and filing. Through agreements sponsored by the national Vital Statistics Cooperative Program, information from birth, death and fetal death certificates for New Jersey residents are sent to the State Registrar when these events occur in other states. Information from certificates on out-of-state vital events are provided under the program for statistical purposes only.

The birth, death and fetal death data presented in this report were generated from data files available at the time of preparation of the respective chapters. Any data pertaining to a vital event for which a certificate was filed after that date or relating to corrections or revisions made since the data were processed for this report are not included. As a result, numbers presented in future reports of vital events may differ slightly from numbers presented in this report.

Birth and death computer files are frequently updated by Bureau of Vital Statistics and Center for Health Statistics staff. This report incorporates data from the updated files, thus the data presented may differ slightly from numbers presented in previously published reports.

Marriages and Divorces

Information on marriages in this report was obtained from marriage certificates issued in New Jersey. Marriage certificates are filed with the State Registrar. Divorce and annulment statistics were provided by the New Jersey Superior Court, Chancery Division. Marriages are recorded by the place of issuance of the certificate and divorces and annulments are recorded by place of judgment. Marriages, divorces and annulments of New Jersey residents that occur outside of the State are not included in this report, while marriages and divorces of out-of-state residents occurring in New Jersey are included.

Morbidity

Reporting of cases of selected communicable diseases to the State Department of Health is required under the New Jersey Sanitary Code, Chapter II, and the N.J.A.C. 8:57. Cases of AIDS are reportable to the HIV/AIDS Surveillance Program in the AIDS Epidemiological Services Unit of the Division of AIDS Prevention and Control, while reports of other communicable diseases are filed with appropriate units within the Division of Epidemiology, Environmental and Occupational Health Services. Summary reports of cases of communicable diseases by county of residence and selected demographic characteristics are provided by these units.

Population

Population figures presented in this report for 1992, and used to calculate health rates, are estimates developed by the U.S. Bureau of the Census for the National Cancer Institute. Estimates were developed for the state and for each county by age, race and sex categories. The estimates for 1992 will be revised by the Census Bureau, as a series of estimates for the decade is developed. The current set of estimates is not considered accurate to the last digit, thus the figures presented have been rounded to the nearest one hundred persons.

Allocation of Data by Residence or Occurrence

For public health planning and policy determination, the most useful population to study is usually the resident population of an area. In the case of births, deaths and fetal deaths, the existence of resident certificate exchange agreements among the registration areas in the country permits analysis of resident birth and death statistics. Unless otherwise noted, the data presented for births, deaths and fetal deaths represent vital events of the resident population. Morbidity data relate to New Jersey residents; reports of cases of communicable diseases diagnosed in other states in New Jersey residents are transmitted to the New Jersey Department of Health. Marriage and divorce statistics in this report represent vital events which occurred in New Jersey, regardless of the state of residence of the individuals involved.

Allocation of vital events by place of residence within the State is sometimes difficult because classification depends on the statement of the usual place of residence provided by the informant at the time the certificate is completed. For a variety of reasons the information given may be incorrectly recorded. A common source of error is the confusion of mailing address with residence address. The degree to which incorrect information on residence has been recorded on the certificates is not precisely known, but this issue is generally a problem only for certain minor civil divisions. For this reason, municipality data are not presented in this report.

Quality of Data

The reporting of births and deaths is considered to be essentially complete. According to the National Center for Health Statistics (NCHS), more than 99 percent of births and deaths are registered. Reporting of fetal deaths is believed to be somewhat less complete. For periods of gestation of 28 weeks or more, however, fetal death reporting is thought to be relatively complete (NCHS, 1991). The completeness of reporting by residence is dependent on the effective functioning of the interstate exchange program for certificates fostered and encouraged by NCHS. Study has shown that there is some degree of slippage in receiving information on all births and deaths of New Jersey residents occurring in other states, however, the number of missing events is thought to be small, relative to the overall number of events.

The quality of the birth, death and fetal death data included in this report is a function of the accuracy and completeness of the information recorded on the respective certificates and of the quality control procedures employed in the coding and keying processes. A query program in which the individual(s) responsible for completing the certificate is questioned about missing or conflicting information is carried out by staff of the Bureau of Vital Statistics of the New Jersey Department of Health.

In order to participate in the national Vital Statistics Cooperative Program, states had to achieve an error rate of two percent or less on each certificate item for three consecutive months. The error rates relate to both coding and data entry errors. New Jersey has met the error tolerance requirements for the cooperative program. After satisfying initial requirements, a monthly sample of records is used to determine that the error rate on each birth certificate item is approximately four percent or less, and is no more than two percent of each death certificate other than the medical cause-of-death information. Due to the complexity of the coding system, cause-of-death coding has a five percent error tolerance level set by NCHS. Multiple cause-of-death coding of New Jersey death records is performed by NCHS staff.

Definitions

Natality

Apgar Score - - a summary measure of an infant's clinical condition based on heart rate, respiratory effort, muscle tone, reflex irritability, and color taken at one and five minutes after delivery. Each of the factors is given a score of 0, 1, or 2; the sum of these five values is the Apgar score, which can range from 0 to 10. A score of 10 is optimal and a low score (usually considered to be less than seven) is considered an indication of potential health problems and raises concerns about the subsequent health and survival of the infant.

Birth Weight – the first weight of the fetus or newborn obtained after delivery. Birth weight is recorded in grams.

Live Birth – the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Low Birth Weight – birth weight of less than 2,500 grams or approximately 5 pounds, 8 ounces. Prior to 1989, New Jersey defined low birth weight as 2,500 grams or less.

Marital Status – the marital status of the mother for statistical purposes is determined for data years after 1988 by the response to the birth certificate item, "Mother married? (At birth, conception or any time between)".

Medical Risk Factors for This Pregnancy (NCHS, 1994):

Anemia – A hemoglobin level of less than 10.0 g/dL during pregnancy, or a hematocrit of less than 30 percent during pregnancy.

Cardiac Disease – Disease of the heart.

Acute or chronic lung disease – Disease of the lungs during pregnancy.

Diabetes - A metabolic disorder characterized by excessive discharge of urine and persistent thirst; includes juvenile onset, adult onset and gestational diabetes during pregnancy.

Genital herpes – An infection of the skin of the genital area by herpes simplex virus.

Hydramnios/Oligohydramnios - Any noticeable excess (hydramnios) or lack (oligohydramnios) of amniotic fluid.

Hemoglobinopathy – A blood disorder caused by alteration in the genetically determined molecular structure of hemoglobin (for example, sickle cell anemia).

Hypertension, chronic – Blood pressure persistently greater than 140/90, diagnosed prior to onset of pregnancy or before the 20th week of gestation.

Hypertension, pregnancy-associated – An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation.

Eclampsia – The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of pre-eclampsia.

Incompetent cervix – Characterized by painless dilation of the cervix in the second trimester or early in the third trimester of pregnancy, with premature expulsion of membranes through the cervix and ballooning of the membranes into the vagina, followed by rupture of the membranes and subsequent expulsion of the fetus.

Previous infant 4,000 + grams – The birth weight of a previous live-born child was over 4,000 grams (8 lbs. 14 ozs.).

Previous preterm or small-for-gestational age infant – Previous birth of an infant prior to term (before 37 completed weeks of gestation) or of an infant weighing less than the 10th percentile for gestational age, using a standard weight for age chart.

Renal disease – Kidney disease.

Rh sensitization – The process or state of becoming sensitized to the Rh factor as when an Rh-negative woman is pregnant with an Rh-positive fetus.

Uterine bleeding – Any clinically significant bleeding during the pregnancy, taking into consideration the stage of pregnancy; any second or third trimester bleeding of the uterus prior to the onset of labor.

Previous Pregnancy Termination – from the mother's pregnancy history on the certificate of live birth, a previous spontaneous or induced termination of pregnancy at any time after conception that did not result in a live birth.

Trimester of Pregnancy – the first trimester includes the first twelve weeks of pregnancy, the second trimester encompasses the thirteenth through twenty-fourth weeks, and the third trimester is the period after the twenty-fourth week through delivery.

Very Low Birth Weight – birth weight of less than 1,500 grams or approximately 3 pounds, 5 ounces.

Mortality

Cause of Death Classification – a system of specification of the diseases and/or injuries which led to death and the sequential order of their occurrence. The version of the system currently in use is the International Classification of Diseases, Ninth Revision (1977), sponsored by the World Health Organization.

Fetal Death – death prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as breathing or beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. In New Jersey, the law requires reporting of fetal deaths of 20 or more weeks of gestation.

Infant Death – death within the first year of life.

Maternal Death – a death in which the certifying physician has designated a maternal condition as the underlying cause of death. In the Ninth Revision of the International Classification of Diseases, (1977), the World Health Organization defined a maternal death as "the death of a woman while pregnant or within forty-two days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."

Neonatal Death – death of an infant within the first 27 days of life.

Perinatal Mortality – for purposes of this report, includes fetal deaths of 20 or more weeks of gestation and neonatal deaths.

Postneonatal Death – death of an infant from 28 days to one year of life.

Underlying Cause of Death – the disease or injury which initiated the train of events leading directly to death or the circumstances of the unintentional injury or violence which produced the fatal injury. All cause-of-death data in this report relate to the underlying cause of death coded from the death certificate.

Years of Potential Life Lost (YPLL) – a measure of the number of years of life not lived by each individual who died before reaching a predetermined age. For purposes of this report, the predetermined age is 65. This measure weights deaths at younger ages more heavily than deaths at older ages: the younger the age at death, the greater the number of years of potential life lost. The YPLL for a population is computed as the sum of all the individual YPLL for individuals who died during a specific time period.

Communicable Diseases

Stages of Syphilis (Larsen and Kraus, 1990):

Primary Syphilis – begins within approximately 30 hours after infection; a primary chancre usually forms within two through six weeks of infection. Both treponemal and nontreponemal antibodies appear one through four weeks after the lesion has formed. Even without treatment, the lesion usually resolves within two months.

Secondary Syphilis – occurs within six weeks of the healing of the primary lesion. Disseminated lesions appear that are attributable to systemic infection. Virtually every organ and tissue of the body are affected. Whether treated or untreated, the lesions of secondary syphilis usually resolve within two through 10 weeks.

Latent Syphilis – this stage represents a conversion from an acute to a chronic infection. After the first year, the host's immune response suppresses the infection to the point where lesions are not clinically apparent. A patient with reactive nontreponemal or treponemal tests in the absence of clinical symptoms is said to have latent syphilis. A patient is categorized as having early latent syphilis if the serologic tests of that patient have been nonreactive within the preceding year or if symptoms suggestive of primary or secondary syphilis were present during that time. Other patients are considered to have late latent syphilis and should be evaluated for potential asymptomatic neurosyphilis.

Verified Case of Tuberculosis – is also referred to as a new active case of tuberculosis. These cases are characterized by (1) any bacteriological confirmation of the presence of Mycobacterium tuberculosis or (2) in the absence of bacteriological confirmation, for a diagnosis of active pulmonary tuberculosis the patient must present a positive PPD, or must exhibit a positive chest x-ray, or in the case of children, must be epidemiologically linked to another active case of tuberculosis. In the case of extrapulmonary tuberculosis, the patient must show signs of clinical improvement while taking tuberculosis medication (K. Shilkret, personal communication, 1992).

All Tables in the Report

Not Stated – an inclusive term used to represent data which are missing, unknown, not available, or not classifiable.

Rates and Ratios

The presentation of vital statistics in the form of rates and ratios facilitates comparisons between political subdivisions with populations of different sizes or between subgroups of a population. Crude rates are calculated by dividing the number of events of a type that occur to the residents of an area, e.g. births, deaths, fetal deaths, by the resident population of an area or subgroup. The events are limited to those that occur within a specific time period, usually a year, and the population is, in general, the mid-year estimate of the resident population of the area, although census counts as of April 1 may be used in decennial census years. Crude rates are expressed in terms of occurrences within a standard, rounded population, usually 1,000 or 100,000.

While the denominators for rates consist of the population at risk of the events included in the numerator (e.g., births, deaths, fetal deaths), ratios are designed to indicate the relationship between two counts of events of populations in which the denominator population is not at risk of the events included in the numerator. An example of a ratio contained in this report is the maternal mortality ratio in which the number of deaths due to maternal causes forms the numerator and the number of live births provides the denominator.

In order to compare natality and mortality experience among various ages and races or between the sexes, rates may be computed for subgroups of the population. These are referred to as age-, race-, or sex-specific rates and are calculated by dividing the relevant events within a subgroup by the population in the subgroup. Death rates from specific causes may also be calculated, with the numerator consisting of the deaths from the particular cause in an area and the denominator comprised of the population at risk of the disease or condition.

The numbers of births and deaths in an area are directly related to the demographic characteristics of the area's population. In comparing rates over time or among geographic areas, it is helpful to eliminate the effects of the differences in the populations' demographic characteristics on the comparison. This can be accomplished through adjustments of the rates for the particular characteristics of interest. Since age is the variable that has the greatest effect on the magnitude of rates (Shryock, Siegel and Associates, 1976), the most common type of adjustment of rates is for age. Direct adjustment of vital statistics rates involves application of existing rates (age-, race-, or sex-specific) to a standard population to arrive at the theoretical number of events that would occur in the standard population, at the rates prevailing in the actual population. These events are then divided by the total number of persons in the standard population to arrive at an adjusted rate. Adjusted rates are index numbers and cannot be compared to crude or other actual rates. The use of adjusted rates is limited to comparison with other adjusted rates, based on the same standard population. The standard population used in this report is the United States 1940 standard million, derived from the counts of the 1940 decennial census.

The definition of rates and ratios used in this report follows. It should be noted that alternative forms exist for some of these statistics. Some other states and the federal government may employ different formulae for the computation of selected rates, in particular, the perinatal and fetal death rates.

Age-Adjusted Death Rate – Direct Method-the elimination of the effect of age on the crude death rates for purposes of comparison with other rates by applying actual age-specific rates to a standard population. The resulting death rate in the standard population is age-adjusted and can be compared to other death rates age-adjusted to the same standard population.

Age-Specific Birth Rate – the number of resident live births to females in a specific age group per 1,000 females in the age group.

Cause-Specific Death Rate – the number of resident deaths from a specific cause per 100,000 population.

Crude Birth Rate – the number of resident live births per 1,000 population.

Crude Death Rate – the number of resident deaths per 1,000 population.

Divorce Rate – the number of divorces occurring in an area per 1,000 population.

Fetal Death Rate – the number of resident fetal deaths of twenty or more weeks gestation per 1,000 resident live births plus fetal deaths of twenty or more weeks of gestation.

General Fertility Rate – the number of resident live births per 1,000 females aged 15 through 44 years.

Infant Death Rate – the number of resident deaths under one year of age per 1,000 population.

Infant Mortality Rate – the ratio of the number of deaths to children less than one year of age in a given year per 1,000 births in the same year.

Marriage Rate – the number of marriage certificates issued in an area per 1,000 population.

Maternal Mortality Ratio – the number of resident deaths from complications of pregnancy, childbirth and the puerperium per 100,000 resident live births.

Neonatal Death Rate – the number of resident infant deaths within the first 27 days of life per 1,000 live births.

Perinatal Death Rate – the number of resident neonatal deaths plus resident fetal deaths of twenty or more weeks gestation per 1,000 resident live births plus fetal deaths of 20 or more weeks gestation.

Postneonatal Death Rate – the number of resident infant deaths from 28 days to one year of life per 1,000 live births.

Total Fertility Rate – the sum of the age-specific birth rates of women in five-year age groups, multiplied by five. This rate yields the number of children a cohort of 1,000 women would bear if they experienced the existing age-specific birth rates throughout their childbearing years.

Caution should be exercised in the interpretation of rates and ratios based on small numbers. Chance variations in the number of vital events occurring in sparsely populated areas can cause rates to fluctuate widely over time. For purposes of analyzing vital statistics rates for small areas, calculation of three- or five-year average rates and other statistical methodologies for analyzing small numbers may provide more meaningful measures.

Cause-of-Death Rankings

The cause-of-death rankings found in this report are based on the list of 38 cause groups and a residual category employed in the cause-of-death distributions by race-sex groups and age and by county in the report. The one exception is that the cause groups Motor Vehicle Fatalities and Other Unintentional Injuries are combined into a single category for purposes of ranking leading causes of death. In the current

report, a minor change has been made in the grouping of certain infectious and parasitic diseases which removed a few ICD-9 codes that had previously been included in the "Residual" category and placed them in the "Other Infectious and Parasitic Disease" grouping. This was done to make the groupings more consistent with NCHS' presentation of mortality data.

The cause-of-death rankings for infant deaths are based on the NCHS List of 61 Selected Causes of Infant Death (NCHS, 1995).

Percentage Change in Rates

The percentages of change in rates presented in this report were calculated from unrounded numerators and denominators, rather than from the rates rounded to one decimal place presented in the report.

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Sources for Additional Data

Some additional information and more detailed explanations of topics covered in this report are available from the following sources:

Information	Agency and Telephone Number
Vital statistics data	Center for Health Statistics New Jersey Department of Health (609) 984-6702
Copies of vital records	Bureau of Vital Statistics New Jersey Department of Health (609) 292-4087
Reportable Communicable Diseases	Communicable Disease Control Service New Jersey Department of Health (609) 588-7500
Tuberculosis Morbidity	Communicable Disease Control Service New Jersey Department of Health (609) 588-7522
Sexually Transmitted Diseases	Communicable Disease Control Service New Jersey Department of Health (609) 588-7526
AIDS Morbidity	Division of AIDS, Prevention and Control New Jersey Department of Health (609) 984-5940
Population Estimates	Center for Health Statistics New Jersey Department of Health (609) 984-6702
Census Data Department of Health staff	Center for Health Statistics New Jersey Department of Health (609) 984-6702
Individuals outside the Department of Health	State Data Center New Jersey Department of Labor (609) 292-0076