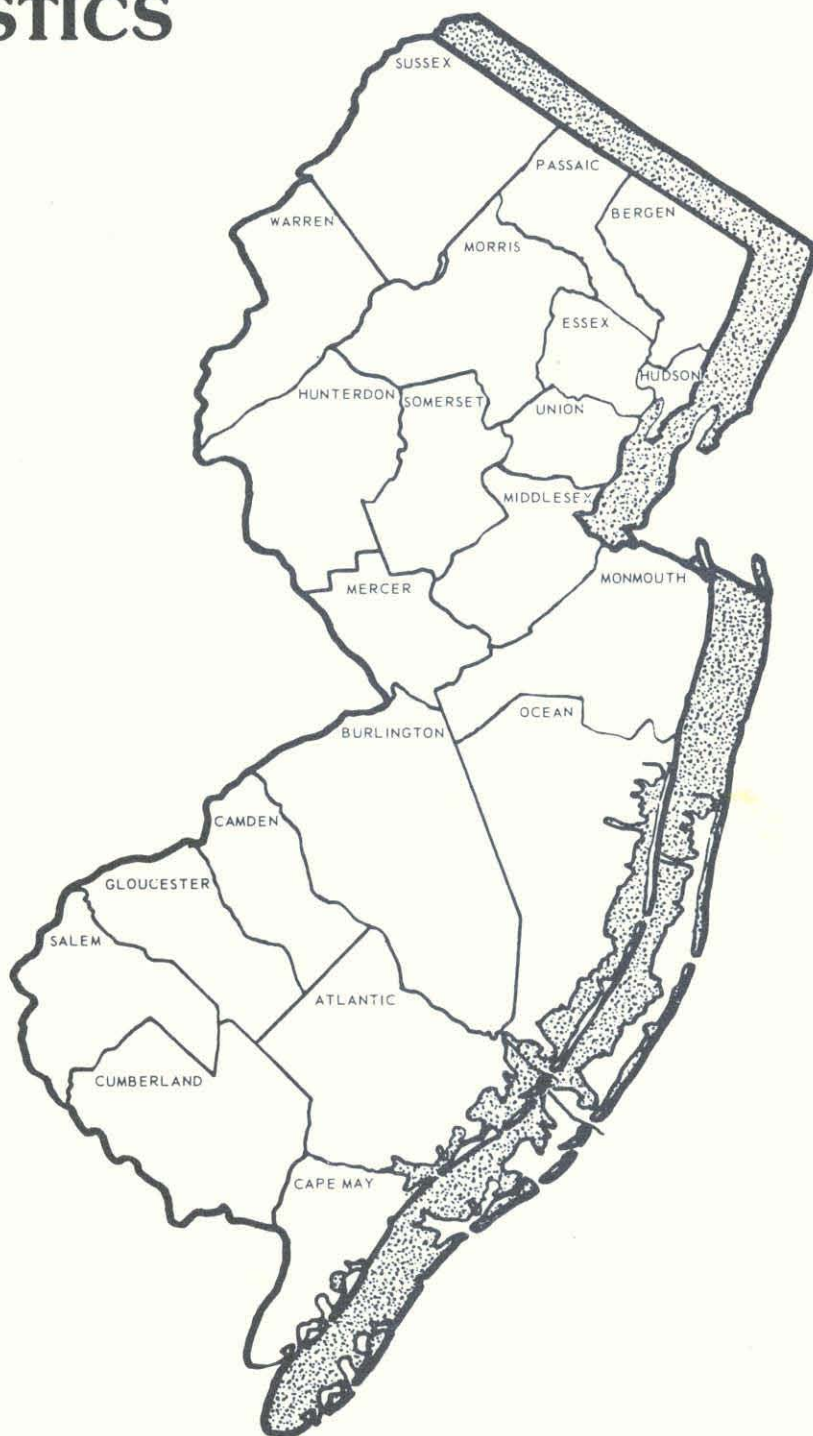


NEW JERSEY HEALTH STATISTICS

1993



A BETTER STATE OF HEALTH

Center for Health Statistics

Christine Todd Whitman
Governor

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Commissioner of Health

NEW JERSEY HEALTH STATISTICS

1993

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**NEW JERSEY
HEALTH STATISTICS
1993**

PREFACE

This report presents selected New Jersey vital and health statistics for the calendar year 1993. The report includes statistics on natality, mortality, marriages, divorces and morbidity, in addition to population estimates for the State, distributed by age, race and sex and total estimates for counties. 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 affected 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 are not reflected in the report.

Population estimates for the State by age and sex and for counties included in the report were prepared by the U.S. Bureau of the Census and were provided to the Center for Health Statistics by the New Jersey State Department of Labor. The distributions by race for the population tables were prepared by Center for Health Statistics staff using methodology provided by Dr. Sen-Yuan Wu of the Division of Labor Market and Demographic Research in the New Jersey 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 the data. Questions or requests should be addressed to the following:

New Jersey Department of Health and Senior Services
Center for Health Statistics
Room 405--CN 360
Trenton, New Jersey 08625
Telephone: (609) 984-6702

HIGHLIGHTS

NEW JERSEY HEALTH STATISTICS 1993

Natality

- In 1993, the number of resident live births in New Jersey declined for the third consecutive year.
- The total fertility rate decreased in 1993 from the 1992 figure, remaining below the replacement level. The total black fertility rate exceeded the population replacement rate, but the white rate was below it.
- Almost a fourth of resident births (23.4%) were delivered by cesarean section. The rate of vaginal births after a previous cesarean was one in five.
- About 60 percent of births were to women aged 25 through 34 years. Another 15 percent of births were to women 35 and over and 8 percent were to teenage mothers. The relative percentage of births to women 35 years and over continued to increase, while the percentage of births to teenagers continued to decline.
- There were 17,501 births to women of Hispanic origin (of any race). About half of these births were to residents of Hudson, Passaic or Essex Counties. Nearly half (46.8%) of Hispanic mothers reported Puerto Rico as their country of origin.
- The percentage of births to unmarried women has been generally increasing for the past two decades and in 1993 stood at 27.2 percent. Most teenaged mothers (87.5%) were not married.
- The percentage of women who began prenatal care in the first trimester was virtually unchanged from the 1992 level. Low levels of early prenatal care relative to the total population's experience were reported by black and Hispanic women (of any race), unmarried women and teenage mothers.
- Of women who delivered in 1993, about half (52.5%) of those with less than a high school education obtained prenatal care in the first trimester, while 91.2 percent of mothers with a college degree got early prenatal care.
- As in 1992, the most frequently reported medical risk factors for women who delivered in 1993 were pregnancy-associated hypertension, diabetes and anemia, in that order.
- In 1993, 78.3 percent of New Jersey resident mothers had electronic fetal monitoring and 53.1 percent had ultrasound.
- The percentage of low weight births (those weighing less than 2,500 grams or about 5 lbs. 8 oz.) rose in 1993 to 7.5 percent of live births, the highest percentage this decade. Very low weight births (those weighing less than 1,500 grams or about 3 lbs. 5 oz.) rose slightly over the 1992 figure. The percentage of babies in the low weight category born to black mothers was 2.3 times the percentage born to white mothers. One in eight unmarried mothers and one in nine teenage mothers had a low birth weight baby in 1993.
- Low birth weight was also found to be associated with delayed prenatal care and previous fetal deaths. Almost 30 percent of women who received no prenatal care delivered a low birth weight baby.

Mortality

- The number of deaths to residents of New Jersey and the crude death rate both increased in 1993 over 1992 levels.
- New Jersey's crude death rate is higher than in the nation as a whole. However, when the effect of age is removed through age adjustment, New Jersey's death rate is slightly lower than that of the nation.
- Death rates increased in every age group but the under five, 15 through 24 and 85 and over age groups.
- Black males had the highest age-adjusted death rate in 1993, while white females had the lowest. Mortality risks, other than those related to age, are two to three times as high among black males as among white females, regardless of the standard population used.
- Diseases of the heart, cancer and stroke continued to be the leading causes of death responsible for almost two-thirds of deaths (64.0%).
- On an average day in 1993, 66 New Jersey residents died from heart disease, 51 from cancer, 11 from stroke, seven each from COPD and pneumonia/influenza, six each from HIV infection, diabetes, and unintentional injury, three each from septicemia and cirrhosis, and 33 from all other causes.
- The number of deaths due to each of the ten leading causes of death was higher in 1993 than in 1992. The greatest percentage increases were in pneumonia/influenza (a 14.3% increase) COPD (an 11.8% increase) and HIV infection (an 11.5% increase).
- After adjustment for the age distribution of the population, the cancer death rate is virtually unchanged from ten years ago.
- The only cancer type with a major increase in death rate over the decade (17.6%) is prostate cancer.
- Substantial declines over the decade in site-specific cancer death rates occurred in cancer of the lip, oral cavity and pharynx, cancer of the cervix uteri, and cancer of the colon and rectum.
- Unintentional injury was the leading cause of death in New Jerseyans aged one through 24 years. More than two-thirds (68.1%) of the deaths of 15 through 24 year olds were due to unintentional injury, homicide or suicide.
- HIV infection continued to be the leading cause of death among 25 through 44 year olds and was responsible for more than twice as many deaths in this age group as the second leading cause, unintentional injury.
- Female breast cancer was the underlying cause in more cancer deaths than any other cancer site in the 25 through 44 age group and caused 105 deaths in this age group in 1993.
- Cancer was the leading cause of death in the 45 through 64 year age group. Together, cancer and heart disease account for almost two-thirds of the deaths in this age group.
- Lung and bronchus cancer was the leading cause of death from cancer in 45 through 64 year olds, in both males and females.
- Almost three-fourths of deaths in 1993 among New Jersey residents (73.4%) occurred in persons 65 and over.

- The death rate from heart disease, the leading cause of death in the elderly, has declined in persons 65 and over in recent years; at the same time, the death rate from the second leading cause, cancer, has increased.
- Among New Jerseyans 65 through 84 years of age, lung and bronchus cancer was the leading cause of cancer deaths, in both males and females. The death rate from lung and bronchus cancer was more than twice as high in males as in females.
- Among males 85 years and over, the death rate from cancer of the prostate was the leading cause of cancer death, while among females, the leading cause of death from cancer was cancer of the colon and rectum.
- When adjusted for differences in age distribution of the populations, male death rates for each of the ten leading causes of death were higher than the comparable female rates and black rates for each of the ten leading causes were higher than white rates.
- The total infant mortality rate remained at an all-time low of 8.4 per 1,000 births in 1993. However, the black infant mortality rate was 2.8 times the white rate.
- The leading cause of death in the first 27 days of life was disorders relating to short gestation and unspecified low birth weight. The leading cause of death among infants 28 days up to one year of life was sudden infant death syndrome.

Marriages and Divorces

- There were fewer marriages in the state in 1993 than in any year since 1978.
- The median age at first marriage continued to increase for both brides and grooms and stood at 26.4 for brides and 28.0 for grooms in 1993.

Morbidity

- New Jersey continued to rank fifth in the nation in number of reported AIDS cases.
- New Jersey's AIDS cases differ from those in the nation as a whole:
 - Over half of New Jersey's cases are heterosexual injecting-drug users, while the majority of the cases in the U.S. as a whole are homosexual or bisexual males who are not drug users.
 - The percentage of the state's cases attributed to heterosexual transmission is 1.8 times the percentage in the total U.S.
 - The proportion of New Jersey's AIDS cases who are female is almost twice that of the nation.
 - More than half of New Jersey's reported AIDS cases and fewer than one-third of the nation's cases are non-Hispanic blacks.
- Essex and Hudson Counties together accounted for almost half (48.4%) of all of New Jersey's AIDS cases reported through 1993.
- In 1993, the number of cases of verified tuberculosis fell for the first time since the change in definition in 1985.
- Reported cases of syphilis and gonorrhea continued to decline in 1993. The number of gonorrhea cases was less than one-third the incidence reported in 1984.

New Jersey Health Statistics/1993

- In 1993, the highest rate of gonorrhea was reported in 15 through 19 year olds, while the 25 through 34 age group had the highest reported primary/secondary syphilis rate.
- Major increases in communicable diseases over 1992 levels were reported for shigellosis (31.1% higher), Lyme disease (14.2% higher) and salmonellosis (an 11.6% increase).
- Reported cases of two reportable diseases were substantially lower in 1993 than in 1992: measles (a 73.8% decline) and hepatitis B (a 20.7% decrease).

Health Status

- If current trends continue, (using data available through 1993), it appears that 40 percent of New Jersey's Year 2000 health objectives which use vital statistics and communicable disease data for measurement are on track for achieving the Year 2000 targets, 38 percent are unlikely to be achieved and the remaining 22 percent are uncertain at this point.

NATALITY

1993

INTRODUCTION

This chapter on natality encompasses births to New Jersey residents during the calendar year 1993. 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 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

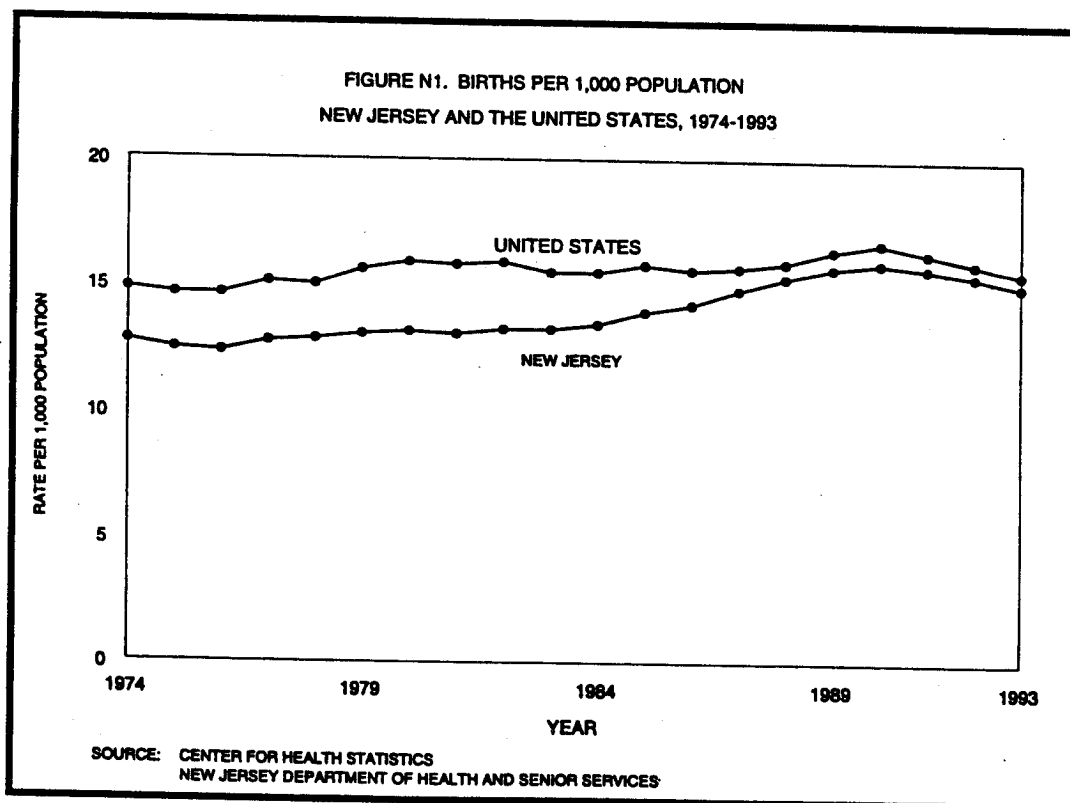
In 1993, the number of New Jersey resident births was 117,841, a decrease of 2,605 births, or 2.2 percent, from the number of births in 1992. This was the third consecutive year in which the number of births to New Jersey residents declined from the previous year's number, following a long trend of increasing numbers of births which began in the mid-1970s and continued through the 1980s.

Between 1992 and 1993, the number of births in the United States decreased 1.6 percent (Table N8). The trend in numbers of births in New Jersey has paralleled the trend in the nation as a whole which experienced a peak in the number of births in 1990 after steady increases beginning in the mid-1970s (Ventura, S.J., et al., 1995).

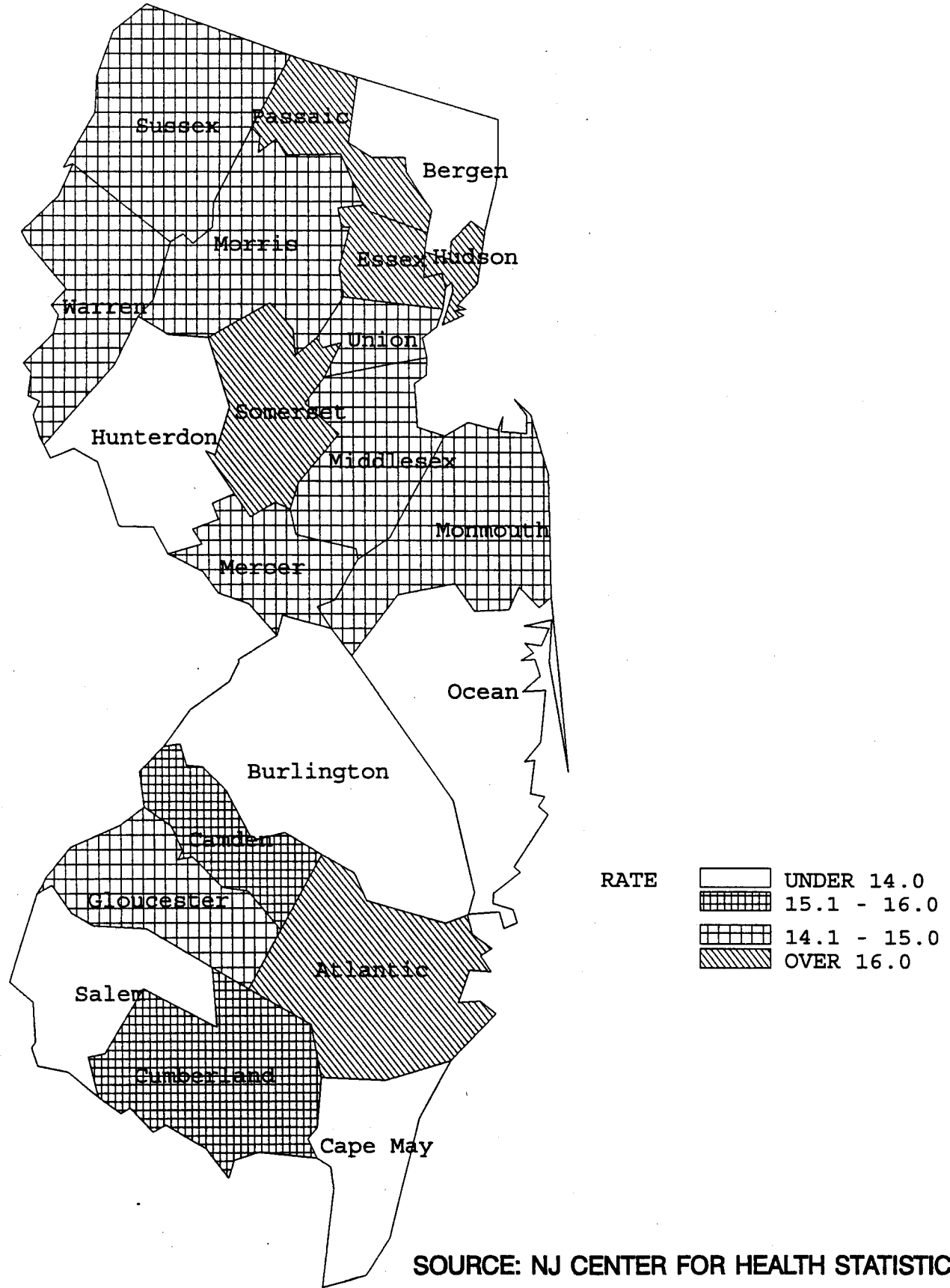
Birth Rate

The birth rate in New Jersey in 1993 was 15.0 per 1,000 population, a 2.6 percent decline from the 1992 rate. Like the number of births, the birth rates in New Jersey and the United States had been increasing for approximately fifteen years before peaking in 1990 and then decreasing (Ventura, S.J., et al., 1995). Birth rates for the United States have been higher than for New Jersey over the past twenty years, but the gap appears to be narrowing (Table N8 and Figure N1).

Birth rates in New Jersey vary considerably by county (Table N9 and Figure N2). In 1993, the county with the highest birth rate per 1,000 county-specific population was Passaic County (17.8) and the lowest birth rate was in Bergen County (12.6). In addition to Passaic County, the following six counties had birth rates higher than the statewide rate in 1993: Essex (17.1), Atlantic (16.8), Hudson (16.5), Somerset (16.3), Cumberland (16.0), and Camden (15.7).



**FIGURE N2. BIRTH RATES BY COUNTY
NEW JERSEY, 1993**



SOURCE: NJ CENTER FOR HEALTH STATISTICS

Fertility

The general fertility rate is derived by dividing the number of births by the population of females aged 15 through 44. In 1993 the general fertility rate for New Jersey was 65.9 births per 1,000 females aged 15 through 44 (Table N1). This is a 1.8 percent decrease from the 1992 rate and coincides with the three-year downward trend experienced in numbers of births and birth rates. The general fertility rate for the United States was 67.6 in 1993, which is slightly above the New Jersey rate (Ventura, S.J., et al., 1995).

Age-specific birth rates have experienced major shifts over the past two decades (Table N1). As in every year since 1990, three age groups had higher fertility rates in 1993 than in 1970: 10 through 14, 30 through 34, and 35 through 39. The age-specific birth rate for 45 through 49 year olds is the same as in 1970 after many years of being lower. All other age groups had lower birth rates in 1993 than in 1970 with the greatest decrease occurring in the 20 through 24 group (a 46.9% decline).

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. In New Jersey in 1993, the total fertility rate was 1955.0, a 0.8 percent decrease from the 1992 rate (Martin, R.M. and Baron, M.L., 1995). 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 the Census, 1989). In 1970, the total fertility rate of 2,414.0 was well above the population replacement rate, however in 1980 the rate of 1,609.5 was well below. While the rates during the 1990s have been higher than in 1980, the total fertility rate has remained below the population replacement rate.

**TABLE N1. GENERAL FERTILITY, TOTAL FERTILITY, AND AGE-SPECIFIC BIRTH RATES
NEW JERSEY, 1970, 1980, 1990, AND 1993**

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
1993	65.9	1955.0	1.1	38.4	82.2	117.0	100.5	43.8	7.6	0.4

**TABLE N1A. GENERAL FERTILITY, TOTAL FERTILITY, AND AGE-SPECIFIC BIRTH RATES
MOTHERS OF WHITE AND BLACK RACES
NEW JERSEY, 1993**

MOTHER'S RACE OR ETHNICITY	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	61.2	1796.5	0.5	25.4	67.6	112.8	101.9	43.5	7.2	0.4
BLACK	80.0	2381.5	3.9	97.8	142.6	116.0	74.9	33.8	6.9	0.4

Fertility rates differ for black and white females (Table N1A). In 1993, the general fertility rate for black females was 30.7 percent higher than for white females, although both rates declined from 1992 levels. Also, the fertility patterns differed among black and white women by age. Through age 24, black age-specific birth rates were considerably higher than white rates. In the age group 25 through 29, the rates were very similar and for women in all other age groups through 44 years, white age-specific birth rates exceeded black rates by a substantial margin. 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 32.6 percent. The total fertility rate for black women continued to exceed the population replacement rate (by 12.9 percent), while the total fertility rate for white females remained below the population replacement rate (by 14.9 percent).

Sex and Plurality

In New Jersey in 1993, as is the usual case, more males were born than females. There were 1,041 males born for every 1,000 females. By race, the male-female ratios were: 1.044 for whites, 1.023 for blacks, and 1.059 for races other than white or black (Table N2). For births to mothers of Hispanic origin, the ratio was 1.035. Resident births by sex and county are given in Table N10.

In 1993, 114,276 or 97.0 percent of births were single deliveries, 3,220 (2.7%) were part of a twin delivery, and 198 (0.2%) were part of a triplet or higher plurality delivery. Plurality was not stated on 147 birth certificates (0.1%) in 1993.

RACE	MALE	FEMALE	MALE/FEMALE RATIO
WHITE	43,916	42,052	1.044
BLACK	11,572	11,314	1.023
OTHER	2,908	2,745	1.059
NOT STATED	1,698	1,634	1.039
TOTAL	60,094	57,745	1.041

Attendant at Birth

The majority of New Jersey women had their babies delivered by a Doctor of Medicine (107,294 births or 91.0%), while the remainder used Doctors of Osteopathy (5,277 births or 4.5%), certified nurse midwives (3,581 births or 3.0%), or other midwives (22 births). The remaining births were delivered by another person or the attendant was not stated on the birth certificate.

Method of Delivery

The revised birth certificate implemented in January, 1989, in New Jersey included an item on method of delivery. This item consisted of a list of six types of delivery, with instructions to "check all that apply". Data tables on method of delivery are presented in this report series for the first time since the revision of the form (Tables N3A and N3B). It should be noted that there were deficiencies found in the quality and completeness of reporting of this item in the early years following implementation of the new certificate. These problems appear to have abated, with a decline in the number of records with no stated method of delivery and no records with an inconsistent configuration of delivery methods in 1993. These two types of reporting problems were particularly evident in 1989 and 1990.

In 1993, 71.9 percent of resident births were vaginal deliveries and 23.4 percent were cesarean sections. The remaining 4.6 percent of deliveries had no method stated (Table N3A). Of the 84,784 vaginal deliveries, 2,927 or 3.5 percent were vaginal deliveries of women who had had a previous cesarean section. Three of every five cesarean sections (61.1%) were first-time cesareans (primary cesareans) and the remaining 38.9 percent were repeat cesarean sections.

No clear trend can be seen in the total cesarean delivery rate; this rate has been generally stable over the past five years (Table N3B) and stood at 23.4 percent of total births in 1993. Also, the percent of first-time cesarean deliveries to women who have never had a cesarean (primary cesareans) has fluctuated over the past five years and was at 17.1 per 100 women who had not had a previous cesarean in 1993. More than one in five deliveries in 1993 to women who had had a previous cesarean were vaginal deliveries (21.4 per 100 live births to women with a previous cesarean). This rate has increased steadily since 1989 when it was 15.3 per 100 live births to women with a previous cesarean.

**TABLE N3A. RESIDENT LIVE BIRTHS BY METHOD OF DELIVERY
NEW JERSEY, 1993**

METHOD OF DELIVERY	NUMBER OF BIRTHS	PERCENT OF TOTAL
Total Births	117,841	100.0
Total Vaginal	84,784	71.9
Without Previous Cesarean Section, No Other Method	74,914	63.6
Without Previous Cesarean Section and with Forceps	3,157	2.7
Without Previous Cesarean Section and with Vacuum	3,599	3.1
Without Previous Cesarean Section and with Forceps and Vacuum	187	0.2
After Previous Cesarean Section, No Other Method	2,711	2.3
After Previous Cesarean Section and with Forceps	95	0.1
After Previous Cesarean Section and with Vacuum	111	0.1
After Previous Cesarean Section and with Forceps and Vacuum	10	0.0
Total Cesarean Sections	27,579	23.4
Primary Cesarean Section, No Other Method	16,785	14.2
Primary Cesarean Section with Forceps	10	0.0
Primary Cesarean Section with Vacuum	43	0.0
Primary Cesarean Section with Forceps and Vacuum	1	0.0
Repeat Cesarean Section, No Other Method	10,686	9.1
Repeat Cesarean Section with Forceps	7	0.0
Repeat Cesarean Section with Vacuum	45	0.0
Repeat Cesarean Section with Forceps and Vacuum	2	0.0
Not Stated	5,478	4.6

**TABLE N3B. LIVE BIRTHS BY METHOD OF DELIVERY AND RATES OF
CESAREAN DELIVERY AND VAGINAL BIRTH AFTER PREVIOUS CESAREAN DELIVERY
NEW JERSEY, 1989-1993**

YEAR	ALL BIRTHS	BIRTHS BY METHOD OF DELIVERY										CESAREAN DELIVERY RATE		RATE OF VAGINAL BIRTH AFTER PREVIOUS CESAREAN***
		VAGINAL					CESAREAN					TOTAL*	PRIMARY**	
		TOTAL	AFTER PREVIOUS CESAREAN	TOTAL	PRIMARY	REPEAT	NOT STATED	TOTAL	PRIMARY	REPEAT	NOT STATED			
1993	117,841	84,784	2,927	27,579	16,839	10,740	0	27,579	16,839	10,740	5,478	23.4	17.1	21.4
1992	120,498	86,660	2,815	27,512	16,603	10,908	1	27,512	16,603	10,908	6,326	22.8	16.5	20.5
1991	121,435	88,080	2,572	27,456	16,579	10,877	0	27,456	16,579	10,877	5,899	22.6	16.2	19.1
1990	123,054	87,904	2,343	28,713	17,435	11,249	29	28,713	17,435	11,249	6,437	23.3	16.9	17.2
1989	121,843	84,445	1,954	29,078	18,256	10,804	18	29,078	18,256	10,804	8,120	23.9	18.1	15.3

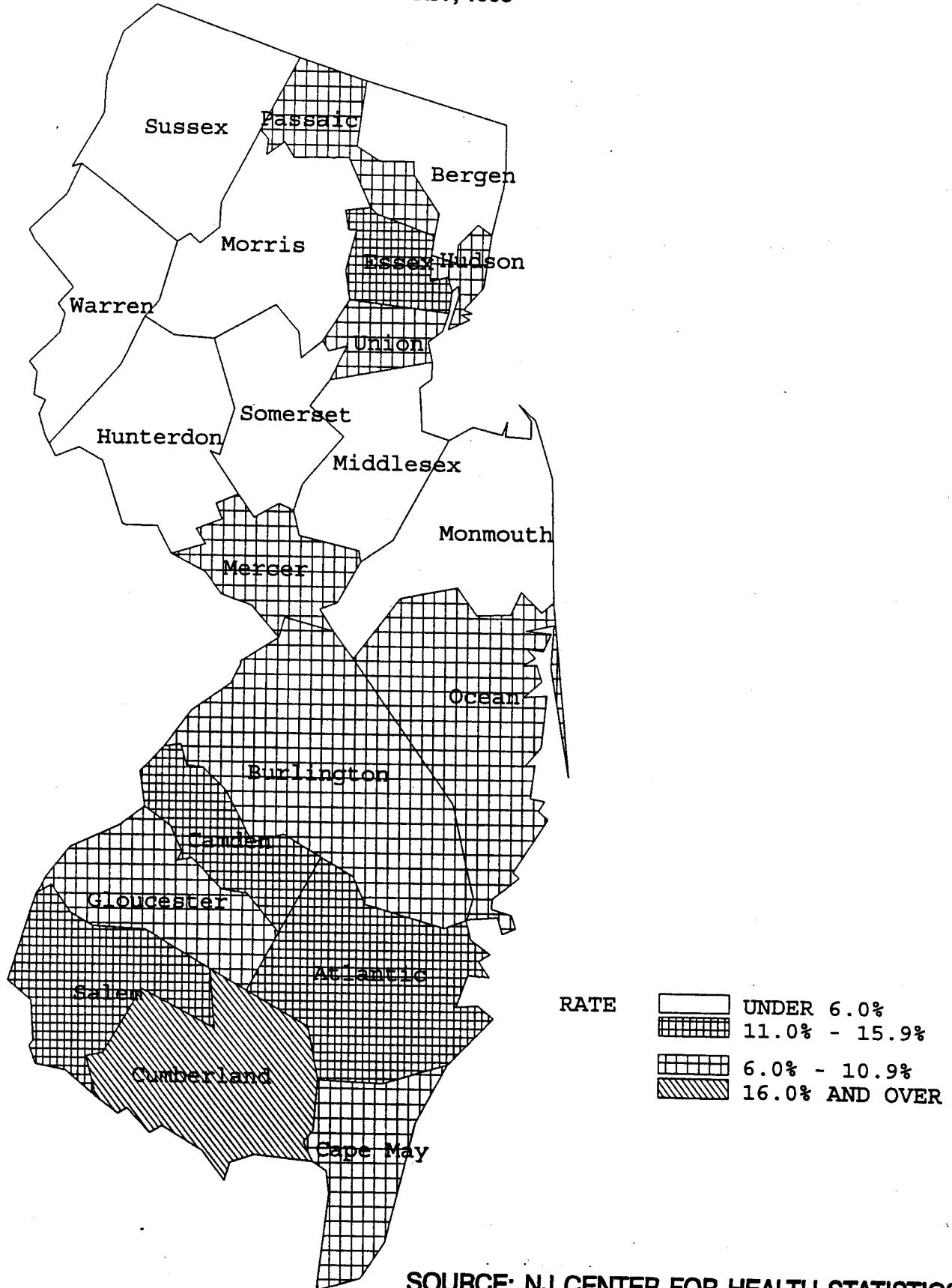
* PERCENT OF ALL LIVE BIRTHS BY CESAREAN DELIVERY.

** NUMBER OF PRIMARY CESAREANS PER 100 LIVE BIRTHS TO WOMEN WHO HAVE NOT HAD A PREVIOUS CESAREAN.

*** NUMBER OF VAGINAL BIRTHS AFTER PREVIOUS CESAREAN DELIVERY PER 100 LIVE BIRTHS TO WOMEN WITH A PREVIOUS CESAREAN DELIVERY.

(EXAMPLE: IN 1993, 13,667 DELIVERIES WERE TO WOMEN WHO WERE REPORTED TO HAVE HAD A PREVIOUS CESAREAN: 2,927 VAGINAL DELIVERIES AFTER AT LEAST ONE PREVIOUS CESAREAN AND 10,740 WHO HAD A REPEAT CESAREAN. WHEN THE BIRTHS DELIVERED VAGINALLY AFTER A PREVIOUS CESAREAN, 2,927, ARE DIVIDED BY THE TOTAL DELIVERIES TO WOMEN WHO HAD A PREVIOUS CESAREAN, 13,667, AND THE RESULT MULTIPLIED BY 100, THE RATE OF VAGINAL BIRTH AFTER A PREVIOUS CESAREAN BECOMES 21.4 PER 100 LIVE BIRTHS TO WOMEN WITH A PREVIOUS CESAREAN).

**FIGURE N3 PERCENT OF TOTAL LIVE BIRTHS TO TEENS BY COUNTY
NEW JERSEY, 1993**



SOURCE: NJ CENTER FOR HEALTH STATISTICS

MATERNAL CHARACTERISTICS

Age

The modal age group of New Jersey resident women giving birth in 1993 was 30 through 34. The modal group is that with the greatest number of births. The median age of mothers was 29.0 years, where the median age is that age where half of the mothers are older and half are younger. Nearly one-third of births were to women aged 30 through 34 (35,576 births or 30.2%) and slightly less than thirty percent were to women aged 25 through 29 (34,572 births or 29.3%) (Table N11). In 1993, 14.8 percent of births were to women 35 years and older (17,466 births). This is an 8.0 percent increase over the 1992 percentage. The 9,357 births to women under 20 years of age accounted for 7.9 percent of the total number of births in 1993, a 1.3 percent decrease from the previous year (Table N12).

Hispanic women giving birth in 1993 tended to be younger than New Jersey mothers overall. The modal age group for Hispanics was 25 through 29 (4,943 births or 28.2%) and the median age was 26.0 years. The age group with the second highest number of births was 20 through 24 (4,923 births or 28.1%) (Table N11A).

Births to resident women under the age of 20 vary considerably by county (Table N13 and Figure N3). The county with the highest percentage of births to teenage mothers was Cumberland County (22.7%). The overall state percentage of births to teenagers was 7.9 percent in 1993.

Race and Ethnicity

In 1993, there were 85,968 births to white women (73.0%), 22,887 to black women (19.4%), 1,138 to Asian Indian women (1.0%), 1,104 to Filipino women (0.9%), 917 to Chinese women (0.8%), 1,748 to other Asian/Pacific Islander women (1.5%), 375 to Native American women (0.3%), and 372 to women of other races (0.3%). Race of the mother was unknown or not stated on 3,332 birth certificates (2.8%). Mother's race by county of residence is presented in Table N14.

There were 17,501 births to women of Hispanic origin of any race in New Jersey in 1993. Of these women, 15,138 stated their race as white (86.5%), 1,363 stated their race as black (7.8%), and 442 stated their race as other than white or black (2.5%). Race was not stated on 558 birth certificates with mothers of Hispanic origin (3.2%) (Table 11A). There were 121 more births to Hispanic women in New Jersey in 1993 than there were in 1992 even though the total number of births in the state decreased. Approximately half (50.6%) of the births to Hispanic women were to residents of Hudson, Passaic, and Essex Counties (Table N15). In 1993, nearly half (46.8%) of New Jersey's Hispanic mothers reported Puerto Rico as their country of origin; 33.4 percent were of Central or South American origin, 8.9 percent of Mexican origin, 5.2 percent of Cuban origin, and the remaining 5.6 percent of other or unknown Hispanic origin (Table N16).

Marital Status

In 1993, over one-quarter (27.2%) of New Jersey mothers were unmarried at the time of giving birth, at conception, or any time between (Table N4). Other than slight declines in 1985 and 1986, the percentage of unmarried mothers has been increasing in New Jersey over the last two decades (Table N17). Table N19 presents mother's marital status by county of residence.

Marital status varied considerably by race and Hispanic ethnicity. While 67.3 percent of black mothers were unmarried, 17.8 percent of white mothers and 10.6 percent of other race mothers were not married (Table N18). Overall, 46.5 percent of Hispanic mothers were not married, however this also varied substantially by country of origin: 55.2 percent of Puerto Rican mothers, 49.3 percent of Mexican mothers, 39.7 percent of Central and South American mothers, and 16.6 percent of Cuban mothers were unmarried. Among mothers of other or unknown Hispanic origin, 38.4 percent were not married (Center for Health Statistics, 1996a).

Another variable related to marital status is age of the mother. Only 3.6 percent of mothers under the age of fifteen were married, while 86.1 percent of mothers aged 45 and over were married. Of all mothers under the age of 25, nearly two-thirds (64.2%) were not married (Table N4). Table N20 distributes marital status by age and race of the mother.

**TABLE N4. RESIDENT BIRTHS BY AGE AND MARITAL STATUS OF MOTHER
NEW JERSEY, 1993**

AGE OF MOTHER	TOTAL BIRTHS	MARITAL STATUS*					
		MARRIED		NOT MARRIED		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
UNDER 15	280	10	3.6	270	96.4	0	0.0
15-19	9,077	1,157	12.7	7,919	87.2	1	0.0
20-24	20,782	9,617	46.3	11,155	53.7	10	0.0
25-34	70,148	59,413	84.7	10,692	15.2	43	0.1
35-44	17,344	15,405	88.8	1,913	11.0	26	0.1
45 AND OVER	122	105	86.1	16	13.1	1	0.8
NOT STATED	88	56	63.6	31	35.2	1	1.1
TOTAL	117,841	85,763	72.8	31,996	27.2	82	0.1

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

Prenatal Care

A total of 1,191,649 prenatal visits were reported by New Jersey women who delivered in 1993. That is an average of 11.2 visits by women who received prenatal care. The average number of visits compares with 11.5, 11.4 and 11.2 average visits in 1990 through 1992, respectively. The number of prenatal care visits was not stated on 8.4 percent of certificates in 1993.

Of all New Jersey residents delivering in 1993, 73.7 percent began receiving prenatal care in the first trimester of pregnancy while 1.3 percent received no prenatal care. Onset of prenatal care was not stated on 9.2 percent of birth certificates (Table N5).

Onset of prenatal care varied considerably by race, Hispanic ethnicity, and marital status. While 80.3 percent of white mothers and 74.8 percent of mothers of races other than white or black received prenatal care in the first trimester of pregnancy, only 57.1 percent of black mothers received care in the first trimester (Table N5). Among mothers of Hispanic origin, 64.1 percent began prenatal care in the first trimester while 79.7 percent of non-Hispanic mothers sought early prenatal care (Table N5A and Center for Health Statistics, 1996a). Prenatal care started in the first trimester for 81.2 percent of married mothers and 53.8 percent of unmarried mothers (Table N5B and Center for Health Statistics, 1996a). Onset of prenatal care by county of residence is detailed in Table N21.

Percentages of mothers receiving no prenatal care also varied by race, Hispanic ethnicity, and marital status. While 4.6 percent of black mothers delivering in 1993 did not receive any prenatal care, only 0.5 percent of white mothers and 0.3 percent of other race mothers did not receive any care (Table N5). Of Hispanic women who delivered in 1993, 1.1 percent reported receiving no prenatal care and 1.4 percent of non-Hispanic women reported no prenatal care. The percentages of married and unmarried females who received no prenatal care also varied dramatically: 0.3 percent of married mothers did not receive any prenatal care and 3.9 percent of unmarried mothers obtained no care (Table N5B and Center for Health Statistics, 1996a).

TABLE N5. RESIDENT BIRTHS BY RACE AND AGE OF MOTHER AND ONSET OF PRENATAL CARE NEW JERSEY, 1993

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														
Under 20	4,687	2,513	53.6	1,482	31.6	358	7.6	86	1.8	248	5.3			
20-24	13,072	8,860	67.8	2,693	20.5	623	4.8	124	0.9	782	6.0			
25 & Over	68,164	57,671	84.6	4,797	7.0	848	1.2	193	0.3	4,655	6.8			
Not Stated	45	30	66.7	2	4.4	1	2.2	3	6.7	9	20.0			
Total	85,968	69,074	80.3	8,964	10.4	1,830	2.1	406	0.5	5,694	6.6			
Black														
Under 20	4,356	1,923	44.1	1,524	35.0	375	8.6	176	4.0	358	8.2			
20-24	6,601	3,509	53.2	1,736	26.3	428	6.5	335	5.1	593	9.0			
25 & Over	11,900	7,618	64.0	2,142	18.0	555	4.7	531	4.5	1,054	8.9			
Not Stated	30	13	43.3	3	10.0	0	0.0	8	26.7	6	20.0			
Total	22,887	13,063	57.1	5,405	23.6	1,358	5.9	1,050	4.6	2,011	8.8			
Other Races														
Under 20	111	47	42.3	36	32.4	10	9.0	2	1.8	16	14.4			
20-24	726	476	65.6	143	19.7	24	3.3	7	1.0	76	10.5			
25 & Over	4,809	3,703	77.0	587	12.2	129	2.7	10	0.2	380	7.9			
Not Stated	8	2	25.0	0	0.0	0	0.0	0	0.0	6	75.0			
Total	5,654	4,228	74.8	766	13.5	163	2.9	19	0.3	478	8.5			
Not Stated														
Under 20	203	73	36.0	66	32.5	14	6.9	2	1.0	48	23.6			
20-24	383	104	27.2	60	15.7	21	5.5	2	0.5	196	51.2			
25 & Over	2,741	267	9.7	79	2.9	16	0.6	4	0.1	2,375	86.6			
Not Stated	5	0	0.0	0	0.0	0	0.0	0	0.0	5	100.0			
Total	3,332	444	13.3	205	6.2	51	1.5	8	0.2	2,624	78.8			
All Races														
Under 20	9,357	4,556	48.7	3,108	33.2	757	8.1	266	2.8	670	7.2			
20-24	20,782	12,949	62.3	4,622	22.2	1,096	5.3	468	2.3	1,647	7.9			
25 & Over	87,614	69,259	79.1	7,605	8.7	1,548	1.8	738	0.8	8,464	9.7			
Not Stated	88	45	51.1	5	5.7	1	1.1	11	12.5	26	29.5			
Total	117,841	86,809	73.7	15,340	13.0	3,402	2.9	1,483	1.3	10,807	9.2			

**TABLE N5A. RESIDENT BIRTHS TO MOTHERS OF HISPANIC ORIGIN BY AGE OF MOTHER AND ONSET OF PRENATAL CARE
NEW JERSEY, 1993**

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	NUMBER	PERCENT	NUMBER	PERCENT
Under 20	2,651	1,341	50.6	916	34.6	199	7.5	55	2.1	140	5.3				
20-24	4,823	2,883	58.6	1,382	28.1	318	6.5	57	1.2	283	5.7				
25 & Over	9,919	6,993	70.5	1,889	19.0	393	4.0	79	0.8	565	5.7				
Not Stated	8	4	50.0	1	12.5	1	12.5	1	12.5	1	12.5				
Total	17,501	11,221	64.1	4,188	23.9	911	5.2	192	1.1	989	5.7				

**TABLE N5B. RESIDENT BIRTHS TO UNMARRIED MOTHERS BY AGE OF MOTHER AND ONSET OF PRENATAL CARE
NEW JERSEY, 1993**

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	NUMBER	PERCENT	NUMBER	PERCENT
Under 20	8,189	3,893	47.5	2,780	33.9	677	8.3	254	3.1	585	7.1				
20-24	11,155	6,023	54.0	3,002	26.9	774	6.9	420	3.8	936	8.4				
25 & Over	12,521	7,278	57.7	2,768	21.9	699	5.5	559	4.4	1,317	10.4				
Not Stated	31	10	32.3	5	16.1	0	0.0	9	29.0	7	22.6				
Total	31,996	17,204	53.8	8,555	26.7	2,150	6.7	1,242	3.9	2,845	8.9				

Teenage mothers of any race, ethnicity, or marital status received first trimester prenatal care less often than their older counterparts. Overall, fewer than half (48.7%) of mothers under the age of 20 obtained first trimester prenatal care. By race, first trimester care was obtained by 53.6 percent of white teens, 44.1 percent of black teens, and 42.3 percent of other race teenage mothers (Table N5). Additionally, 56.8 percent of married teenage mothers began prenatal care in the first trimester while 47.5 percent of unmarried teen mothers did (Table N5B and Center for Health Statistics, 1996a). Teenage mothers failed to obtain prenatal care more often than mothers aged 20 and over (2.8% vs. 1.1%). Four percent of black teenage mothers received no prenatal care while 1.8 percent of both white and other race teen mothers obtained no care (Table N5). While 2.1 percent of Hispanic teenage mothers received no prenatal care, 3.3 percent of non-Hispanic teen mothers had no prenatal care (Table N5A and Center for Health Statistics, 1996a). Of married teen mothers, 1.0 percent did not receive care while 3.1 percent of unmarried teenage mothers received no prenatal care (Table N5B and Center for Health Statistics, 1996a).

**TABLE N6. RESIDENT BIRTHS BY MOTHER'S EDUCATION AND ONSET OF PRENATAL CARE
NEW JERSEY, 1993**

ONSET OF PRENATAL CARE	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		
First Trimester	88,809	8,804	52.5	30,980	75.6	18,321	83.3	27,102	91.2	1,701	20.0		
Second Trimester	15,340	4,960	29.6	6,171	15.1	2,258	10.3	1,383	4.7	568	6.7		
Third Trimester	3,402	1,286	7.7	1,275	3.1	431	2.0	263	0.9	147	1.7		
No Care	1,483	643	3.8	615	1.5	104	0.5	33	0.1	88	1.0		
Not Stated	10,807	1,082	6.5	1,907	4.7	868	3.9	941	3.2	6,009	70.6		
Total	117,841	16,775	100.0	40,848	100.0	21,982	100.0	29,722	100.0	8,513	100.0		

Level of Education

Entry into prenatal care programs is also related to the mother's level of educational attainment. While only 52.5 percent of mothers with less than a high school education received first trimester prenatal care, 91.2 percent of mothers with a college degree received care in the first three months of pregnancy. Additionally, 3.8 percent of mothers without a high school diploma received no prenatal care. This compares with 0.1 percent of college-degreed mothers (Table N6).

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 birth weight, and birth defects is known to increase when certain risk factors exist during pregnancy (Ventura, S.J., et al., 1995).

The most frequently reported medical risk factor among New Jersey residents delivering in 1993 was pregnancy-associated hypertension with a rate of 25.0 per 1,000 live births. This is 15.8 percent lower than the rate for the nation as a whole (Ventura, S.J., et al., 1995). By race, the rates of pregnancy-associated hypertension were 30.2 for blacks, 24.6 for whites, and 21.2 for other races (Table N22). The rate for mothers of Hispanic origin was 21.9 per 1,000 live births (Table N22A).

Diabetes was the second most frequently reported medical risk factor in 1993. Among New Jersey resident mothers, the rate of diabetes was 23.8 per 1,000 live births which is 8.5 percent lower than the U.S. rate (Ventura, S.J., et al., 1995). Diabetes rates by race were 38.2 for mothers of races other than white or black, 23.7 for whites, and 23.6 for blacks (Table N22). Among Hispanic mothers, the rate of diabetes was 26.6 (Table N22A).

The third most frequently reported medical risk factor was anemia with a rate of 21.6 per 1,000 live births. This rate was 15.5 percent higher than the U.S. rate in 1993. Rates of anemia varied substantially by race: 50.4 for blacks, 15.2 for whites, and 11.9 for other races (Table N22). Anemia was reported for mothers of Hispanic origin at a rate of 30.6 per 1,000 live births (Table N22A).

The most frequently reported medical risks factors among blacks were somewhat different than for the population as a whole in New Jersey. Anemia was the most frequently reported risk factor among black mothers with a rate of 50.4 per 1,000 live births. Second was sexually transmitted diseases other than genital herpes (39.5 per 1,000 live births). Pregnancy-associated hypertension was the third most frequent risk factor at a rate of 30.2 per 1,000 live births. The rates for these three medical risk factors for the entire state were 21.6, 14.7, and 25.0, respectively (Table N22).

Medical risk factors for Hispanic mothers also differed from those of the state as a whole. The three most frequently reported risk factors among mothers of Hispanic origin were anemia (30.6), sexually-transmitted diseases other than genital herpes (27.9), and diabetes (26.6). The New Jersey total rates for these three factors were 21.6, 14.7, and 23.8 per 1,000 live births, respectively (Table N22A).

Complications of Labor and/or Delivery

There were 77,205 births (65.5%) in 1993 with no complications of labor and/or delivery. Of those reporting complications, the three most common (and their rates per 1,000 live births) were moderate or heavy meconium (43.7), premature rupture of membrane, greater than 12 hours (35.8), and breech or malpresentation (34.1) (Table N23). For the U.S. as a whole, the three complications reported at the highest rates were moderate or heavy meconium (57.8), fetal distress (41.7), and breech or malpresentation (37.8) (Ventura, S.J., et al., 1995). Rates of complications of labor and/or delivery varied substantially by race of New Jersey mothers. The rates of moderate or heavy meconium and of premature rupture of membrane were much higher for black mothers than for white mothers or mothers of races other than white or black: 66.9 vs. 39.6 and 30.2, respectively, for heavy or moderate meconium and 50.3 vs. 33.4 and 29.9, respectively, for premature rupture of membrane. Births to black mothers also had a considerably higher rate of fetal distress: 36.8 per 1,000 live births versus 26.2 for white mothers and 27.1 for mothers of races other than white or

black. Among mothers of races other than white or black, cephalopelvic disproportion was the most frequently reported complication of labor and /or delivery with a rate of 42.4 per 1,000 live births. The rates of cephalopelvic disproportion for whites and blacks were 33.1 and 28.1, respectively (Table N23).

Obstetric Procedures

In 1993, 92,250 New Jersey resident mothers (78.3%) had electronic fetal monitoring performed. This percentage is only slightly lower than the U.S. percentage of 79.0 (Ventura, S.J., et al., 1995). By race of New Jersey mothers, 81.5 percent of black, 80.0 percent of white, and 74.0 percent of other race mothers had this obstetric procedure performed. The second most frequently performed obstetric procedure was ultrasound: 62,515 births or 53.1 percent. In the U.S. as a whole, in 60.1 percent of births to women delivering in 1993 an ultrasound was performed. In New Jersey, this procedure was performed on 55.9 percent of white mothers, 49.8 percent of black mothers, and 47.1 percent of other race mothers (Table N24).

NEWBORN HEALTH

Birth Weight

The modal weight group for babies born to New Jersey resident women in 1993 was 3,000 to 3,499 grams, which is approximately 6 lbs. 10 oz. to 7 lbs. 11 oz.. Over one-third of births were in this weight category (35.3%) and an additional 28.4 percent were 3,500 to 3,999 grams (Center for Health Statistics, 1996a).

Low birth weight is defined as a weight at birth of less than 2,500 grams or approximately 5 lbs. 8 oz.. There were 8,802 live births in this category in 1993. This was 201 more low birth weight births to New Jersey residents than in 1992. Low birth weight newborns accounted for 7.5 percent of live births in 1993 - the highest percentage so far this decade. Black mothers had a substantially higher percentage of low birth weight babies than did white mothers or other race mothers: 13.8 percent versus 6.0 percent and 6.7 percent, respectively (Table N7). The percentage for Hispanic mothers was the same as for all New Jersey mothers: 7.5 percent. Unmarried mothers had low birth weight babies 11.9 percent of the time, while for married mothers this percentage was 5.8 (Center for Health Statistics, 1996a).

Very low birth weight is defined as a weight at birth of less than 1,500 grams which is approximately 3 lbs. 5 oz.. In 1993, there were 1,714 births to New Jersey resident women in this weight category, accounting for 1.5 percent of total live births. This was an increase of five very low birth weight births over the 1992 number. Black mothers had a higher percentage of very low birth weight babies than did white or other race mothers: 3.3 percent versus 1.0 percent and 0.7 percent, respectively (Table N25). The percentage for Hispanic mothers was similar to the state rate: 1.4 percent. There were 831 very low birth weight babies born to unmarried mothers in 1993, which is 2.6 percent of the total birth to unmarried women (Center for Health Statistics, 1996a).

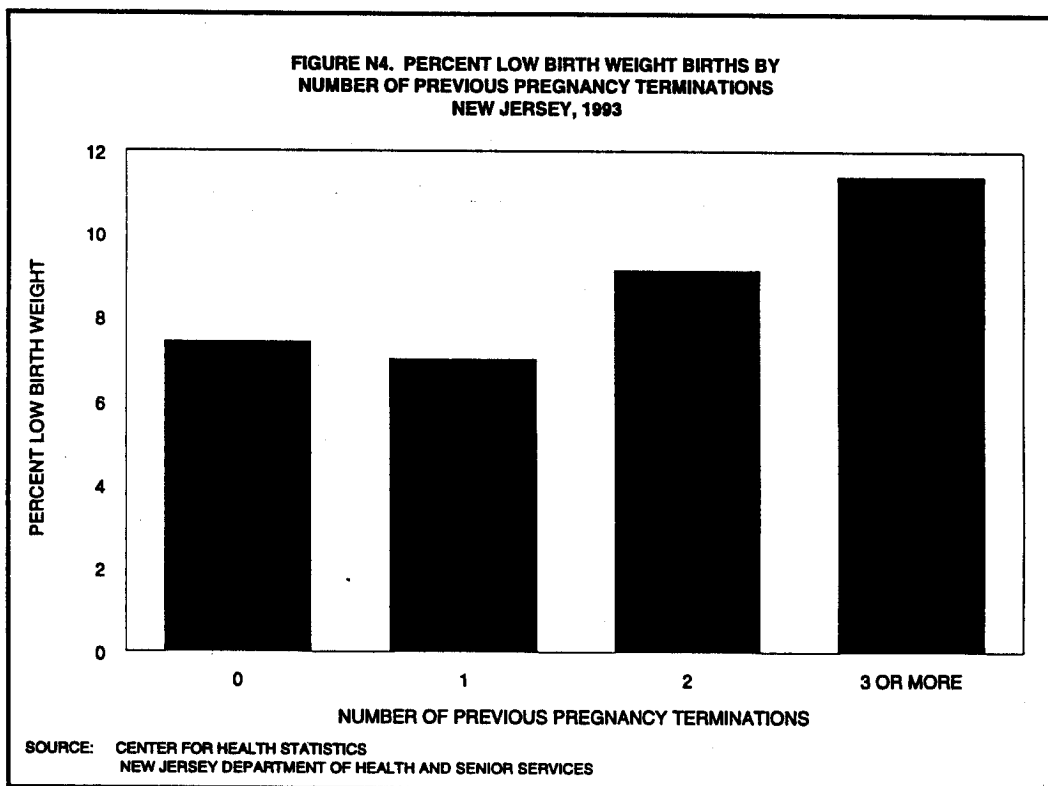
**TABLE N7. RESIDENT BIRTHS OF LOW BIRTH WEIGHT BY AGE AND RACE OF MOTHER
NEW JERSEY, 1993**

AGE OF MOTHER	BIRTH WEIGHT OF LESS THAN 2,500 GRAMS BY RACE									
	TOTAL		WHITE		BLACK		OTHER		NOT STATED	
	NO.	%*	NO.	%*	NO.	%*	NO.	%*	NO.	%*
Under 15	48	17.1	18	18.2	28	15.9	1	50.0	1	33.3
15-19	971	10.7	404	8.8	539	12.9	8	7.3	20	10.0
20-24	1,747	8.4	820	6.3	843	12.8	64	8.8	20	5.2
25-29	2,340	6.8	1,355	5.2	829	14.2	119	6.2	37	4.3
30-34	2,335	6.6	1,609	5.7	602	14.8	102	5.4	22	2.0
35-39	1,109	7.4	797	6.7	238	14.3	65	7.9	9	1.4
40 & Over	227	9.3	156	8.4	55	17.1	15	10.3	1	0.8
Not Stated	25	28.4	6	13.3	16	53.3	2	25.0	1	20.0
Total	8,802	7.5	5,165	6.0	3,150	13.8	376	6.7	111	3.3

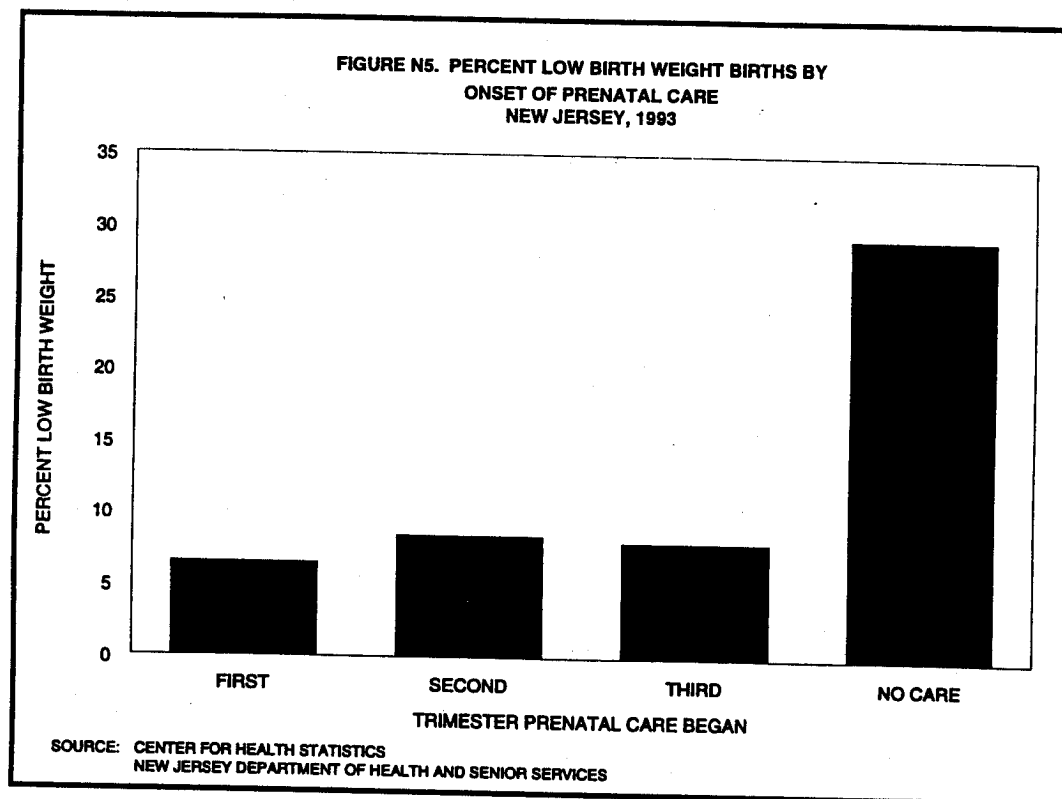
*Percent of all live births in the category.

Teenage mothers of all races had a substantially higher percentage (10.9%) of low birth weight births than older women in 1993. White teen mothers had babies of low birth weight 9.0 percent of the time, while 13.0 percent of black teen mothers had low birth weight babies. Hispanic teens had a lower percentage of low birth weight babies than non-Hispanic teens: 10.0 percent and 11.3 percent, respectively (Center for Health Statistics, 1996a). Unmarried teenage mothers had a considerably higher percentage of low birth weight births than married mothers of the same age: 11.5 percent versus 6.9 percent, respectively. Birth weight by age and race of the mother is detailed in Table N25. Birth weight by mother's county of residence is presented in Table N26.

In addition to age, race, and marital status, low birth weight is associated with the number of previous pregnancy terminations (fetal deaths, either spontaneous or induced) experienced by the mother. While mothers with zero or one prior pregnancy termination have low birth weight rates below that of the entire population (7.4% and 7.0%, respectively), mothers with two previous terminations had low birth weight babies 9.1 percent of the time and mothers with three or more prior terminations had a low birth weight rate of 11.4 percent (Figure N4 and Table N27).



Low birth weight is also associated with onset of prenatal care. Of mothers who began prenatal care in the first trimester of their pregnancy, 6.5 percent had low birth weight babies. For mothers who began prenatal care in the second or third trimester, low birth weight outcomes occurred in 8.4 percent and 8.0 percent of cases, respectively. Among mothers who sought no prenatal care, 29.3 percent had babies weighing less than 2,500 grams (Figure N5 and Table N28). Table N29 presents birth weight by onset of prenatal care by race of the mother.



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 zero, one, or two 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 ten results. An overall score of ten 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.

In this report, analysis of findings based on the Apgar score are limited to the five-minute results. A perfect score of ten was recorded on 14.2 percent of resident birth certificates in 1993. Scores of seven to nine were reported on 79.9 percent of certificates. Only 1.0 percent scored less than seven. On 4.9 percent of birth certificates, the five-minute Apgar score was not stated.

By race, the percentages of black, white, and other race births scoring zero to six on the five-minute Apgar score were 2.3, 0.7, and 0.6, respectively. For scores of seven to ten, the percentages were 95.8, 96.1, and 97.3 for blacks, whites, and other races, respectively. The five-minute Apgar score was not stated on 1.9 percent of black, 3.2 percent of white, and 2.1 percent of other race birth certificates in 1993 (Table N30).

Teenage mothers had a higher percentage of low five-minute Apgar scores (1.7%) than did mothers aged 20 through 44 years (0.9%) (Table N31). However, the percentage of unstated scores increases with age of the mother, so these findings are not conclusive. These missing data are most likely the result of this item not being provided in the information received on deliveries of New Jersey residents which occurred in other states, mainly New York and Pennsylvania.

While mothers who received prenatal care had five-minute Apgar scores of zero to six only 0.9 percent of the time, 6.3 percent of mothers who received no prenatal care had low scores (Table N32). It should be noted that 4.9 percent of birth certificates had no information recorded for Apgar score and 9.2 percent had no data on onset of prenatal care, therefore results are inconclusive.

Abnormal Conditions of Newborns

Since the revision of the New Jersey certificate of birth in 1989, information on abnormal conditions of newborns has been available. The most frequently reported abnormal condition of newborns in New Jersey in 1993 was hyaline membrane disease/respiratory distress syndrome (RDS) at a rate of 4.7 per 1,000 live births. The second most frequently reported was assisted ventilation of 30 minutes or more (4.2 per 1,000 live births). By race, the rates of hyaline membrane disease/RDS were 5.6 for blacks, 4.8 for whites, and 1.2 for other races. This was the leading abnormal condition among white newborns in New Jersey in 1993. For assisted ventilation greater than or equal to 30 minutes, the rates by race were 7.9 for blacks, 3.5 for whites, and 1.4 for other races. This was the leading abnormal condition of black and other race newborns (Table N33).

Reported rates in New Jersey resident births of each abnormal condition of newborns were equal to or lower than national rates. In the U.S. in 1993, assisted ventilation of less than 30 minutes was the most frequently reported abnormal condition of newborns (17.9 per 1,000 live births). It was followed by assisted ventilation of 30 minutes or more (7.9 per 1,000 live births) and hyaline membrane disease/RDS (6.6 per 1,000 live births) (Ventura, S.J., et al., 1995).

Congenital Anomalies

Congenital anomalies are the leading cause of infant death in New Jersey and in the U.S. Since 1989, information about congenital anomalies has been available on the birth certificate in the form of a checkbox item. This replaced the previous open-ended question in an effort to improve uniformity and completeness of reporting (Ventura, S.J., et al., 1995).

Among New Jersey residents in 1993, the congenital anomaly most frequently reported on the certificate of birth was musculoskeletal/integumental anomalies (3.0 per 1,000 live births). This includes cleft lip/palate, polydactyly/syndactyly/adactyly, club foot, and diaphragmatic hernia. The second most frequently reported was circulatory and respiratory anomalies (2.8 per 1,000 live births), which includes heart malformations. By race, the rates of musculoskeletal/integumental anomalies per 1,000 live births were 3.8 for blacks, 3.0 for whites, and 2.1 for other races. For circulatory/respiratory anomalies, the rates per 1,000 live births by race were 3.3 for blacks, 2.9 for whites, and 1.1 for other races (Table N34).

New Jersey maintains a separate, population-based Birth Defects Registry within DHSS. 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 N8. RESIDENT LIVE BIRTHS AND LIVE BIRTH RATES
NEW JERSEY AND THE UNITED STATES, 1974-1993**

YEAR	NEW JERSEY		UNITED STATES**	
	NUMBER	RATE*	NUMBER	RATE*
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
1993	117,841	15.0	4,000,240	15.5

* 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 1974 through 1984.

**TABLE N9. RESIDENT LIVE BIRTHS AND BIRTH RATES, BY COUNTY
NEW JERSEY, 1993**

COUNTY	TOTAL BIRTHS	BIRTH RATE*
ATLANTIC	3,883	16.8
BERGEN	10,577	12.6
BURLINGTON	5,430	13.8
CAMDEN	7,974	15.7
CAPE MAY	1,308	13.4
CUMBERLAND	2,225	16.0
ESSEX	13,197	17.1
GLOUCESTER	3,376	14.2
HUDSON	9,094	16.5
HUNTERDON	1,463	12.9
MERCER	4,725	14.4
MIDDLESEX	10,219	14.9
MONMOUTH	8,123	14.2
MORRIS	6,051	14.0
OCEAN	6,047	13.4
PASSAIC	8,196	17.8
SALEM	852	13.1
SOMERSET	4,163	16.3
SUSSEX	1,948	14.3
UNION	7,433	15.0
WARREN	1,363	14.4
MILITARY	181	N/A
NOT STATED	13	N/A
TOTAL	117,841	15.0

* Rates are computed per 1,000 population.

TABLE N10. BIRTHS BY SEX OF CHILD
AND COUNTY OF RESIDENCE OF MOTHER
NEW JERSEY, 1993

COUNTY	TOTAL	MALE	FEMALE	NOT STATED
ATLANTIC	3,883	2,018	1,865	0
BERGEN	10,577	5,385	5,192	0
BURLINGTON	5,430	2,809	2,621	0
CAMDEN	7,974	4,022	3,952	0
CAPE MAY	1,308	699	609	0
CUMBERLAND	2,225	1,163	1,062	0
ESSEX	13,197	6,695	6,500	2
GLOUCESTER	3,376	1,720	1,656	0
HUDSON	9,094	4,614	4,480	0
HUNTERDON	1,463	740	723	0
MERCER	4,725	2,352	2,373	0
MIDDLESEX	10,219	5,212	5,007	0
MONMOUTH	8,123	4,097	4,026	0
MORRIS	6,051	3,109	2,942	0
OCEAN	6,047	3,172	2,875	0
PASSAIC	8,196	4,144	4,052	0
SALEM	852	420	432	0
SOMERSET	4,163	2,140	2,023	0
SUSSEX	1,948	990	958	0
UNION	7,433	3,774	3,659	0
WARREN	1,363	720	643	0
MILITARY	181	92	89	0
NOT STATED	13	7	6	0
TOTAL	117,841	60,094	57,745	2

**TABLE N11. RESIDENT BIRTHS BY AGE AND RACE OF MOTHER
NEW JERSEY, 1993**

AGE OF MOTHER	TOTAL	RACE OF MOTHER			
		WHITE	BLACK	OTHER	NOT STATED
Under 15	280	99	176	2	3
15-19	9,077	4,588	4,180	109	200
20-24	20,782	13,072	6,601	726	383
25-29	34,572	25,929	5,845	1,933	865
30-34	35,576	28,472	4,075	1,903	1,126
35-39	15,019	11,907	1,659	827	626
40-44	2,325	1,768	300	141	116
45 & Over	122	88	21	5	8
Not Stated	88	45	30	8	5
Total	117,841	85,968	22,887	5,654	3,332

**TABLE N11A. RESIDENT BIRTHS BY AGE AND RACE
MOTHERS OF HISPANIC ORIGIN
NEW JERSEY, 1993**

AGE OF MOTHER	TOTAL	RACE OF MOTHER			
		WHITE	BLACK	OTHER	NOT STATED
Under 15	85	73	10	1	1
15-19	2,566	2,185	207	42	132
20-24	4,923	4,283	363	120	157
25-29	4,943	4,249	407	135	152
30-34	3,359	2,922	249	99	89
35-39	1,361	1,195	107	35	24
40-44	243	211	19	10	3
45 & Over	13	12	1	0	0
Not Stated	8	8	0	0	0
Total	17,501	15,138	1,363	442	558

**TABLE N12. NUMBER AND PERCENT OF RESIDENT BIRTHS TO WOMEN
UNDER 20 AND 35 YEARS AND OVER
NEW JERSEY, 1974-1993**

YEAR	TOTAL BIRTHS	BIRTHS TO WOMEN UNDER 20		BIRTHS TO WOMEN 35 AND OVER	
		NUMBER	PERCENT	NUMBER	PERCENT
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
1993	117,841	9,357	7.9	17,466	14.8

**TABLE N13. BIRTHS BY AGE AND COUNTY OF RESIDENCE OF MOTHER
NEW JERSEY, 1993**

COUNTY	TOTAL	AGE OF MOTHER								
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	NOT STATED
ATLANTIC	3,883	12	462	873	1,109	967	417	39	3	1
BERGEN	10,577	3	225	962	3,222	3,974	1,902	278	10	1
BURLINGTON	5,430	10	356	974	1,645	1,728	623	92	1	1
CAMDEN	7,974	33	915	1,694	2,271	2,072	861	117	8	3
CAPE MAY	1,308	2	112	299	424	332	122	14	3	0
CUMBERLAND	2,225	18	488	664	543	351	139	19	3	0
ESSEX	13,197	57	1,591	2,926	3,504	3,316	1,509	253	11	30
GLOUCESTER	3,376	1	257	650	1,048	986	386	42	6	0
HUDSON	9,094	27	968	2,087	2,735	2,158	913	191	11	4
HUNTERDON	1,463	0	32	102	381	584	318	42	2	2
MERCER	4,725	11	488	866	1,266	1,399	584	107	4	0
MIDDLESEX	10,219	11	530	1,513	3,271	3,433	1,261	185	6	9
MONMOUTH	8,123	19	431	1,122	2,306	2,765	1,256	208	11	5
MORRIS	6,051	2	129	551	1,783	2,349	1,034	181	13	9
OCEAN	6,047	8	371	1,253	1,936	1,732	645	94	5	3
PASSAIC	8,196	47	843	1,876	2,394	2,072	818	133	8	5
SALEM	852	4	120	249	223	172	72	12	0	0
SOMERSET	4,163	2	95	364	1,208	1,667	710	105	4	8
SUSSEX	1,948	0	54	224	626	728	282	31	2	1
UNION	7,433	11	544	1,248	2,170	2,298	998	152	9	3
WARREN	1,363	2	55	209	442	466	158	28	2	1
MILITARY	181	0	11	75	59	25	9	2	0	0
NOT STATED	13	0	0	1	6	2	2	0	0	2
TOTAL	117,841	280	9,077	20,782	34,572	35,576	15,019	2,325	122	88

**TABLE N14. BIRTHS BY RACE AND COUNTY OF RESIDENCE OF MOTHER
NEW JERSEY, 1993**

COUNTY	TOTAL	WHITE	BLACK	OTHER	NOT STATED
ATLANTIC	3,883	2,661	988	151	83
BERGEN	10,577	8,320	687	841	729
BURLINGTON	5,430	4,311	895	172	52
CAMDEN	7,974	5,658	1,884	277	155
CAPE MAY	1,308	1,185	101	15	7
CUMBERLAND	2,225	1,569	600	32	24
ESSEX	13,197	5,635	6,834	408	320
GLOUCESTER	3,376	2,916	361	42	57
HUDSON	9,094	5,307	2,231	867	689
HUNTERDON	1,463	1,417	16	16	14
MERCER	4,725	3,044	1,314	217	150
MIDDLESEX	10,219	7,673	1,234	1,070	242
MONMOUTH	8,123	6,515	1,070	307	231
MORRIS	6,051	5,424	215	339	73
OCEAN	6,047	5,574	264	91	118
PASSAIC	8,196	6,229	1,708	155	104
SALEM	852	609	229	3	11
SOMERSET	4,163	3,477	335	280	71
SUSSEX	1,948	1,896	19	16	17
UNION	7,433	5,114	1,843	323	153
WARREN	1,363	1,301	13	21	28
MILITARY	181	125	45	10	1
NOT STATED	13	8	1	1	3
TOTAL	117,841	85,968	22,887	5,654	3,332

**TABLE N15. BIRTHS TO MOTHERS OF HISPANIC ORIGIN BY COUNTY OF RESIDENCE
NEW JERSEY, 1993**

COUNTY	NUMBER	PERCENT*
ATLANTIC	523	13.5
BERGEN	1,040	9.8
BURLINGTON	163	3.0
CAMDEN	876	11.0
CAPE MAY	56	4.3
CUMBERLAND	468	21.0
ESSEX	2,168	16.4
GLOUCESTER	53	1.6
HUDSON	3,812	41.9
HUNTERDON	23	1.6
MERCER	488	10.3
MIDDLESEX	1,596	15.6
MONMOUTH	506	6.2
MORRIS	498	8.2
OCEAN	328	5.4
PASSAIC	2,880	35.1
SALEM	21	2.5
SOMERSET	314	7.5
SUSSEX	38	2.0
UNION	1,601	21.5
WARREN	41	3.0
MILITARY	8	N/A
TOTAL	17,501	14.9

*Mothers of Hispanic origin as a percentage of total live births to female residents of the county.

**TABLE N16. RESIDENT BIRTHS TO MOTHERS OF HISPANIC ORIGIN BY COUNTRY OF ORIGIN
NEW JERSEY, 1993**

COUNTRY OF ORIGIN	NUMBER OF BIRTHS	PERCENT OF HISPANIC BIRTHS
PUERTO RICO	8,199	46.8
CENTRAL/SOUTH AMERICA	5,851	33.4
MEXICO	1,563	8.9
CUBA	915	5.2
OTHER/UNKNOWN HISPANIC	973	5.6
TOTAL	17,501	100.0

TABLE N17. RESIDENT BIRTHS BY MARITAL STATUS OF MOTHER
NEW JERSEY, 1974-1993

YEAR	TOTAL BIRTHS	MARITAL STATUS*					
		MARRIED		NOT MARRIED		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
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
1993	117,841	85,763	72.8	31,996	27.2	82	0.1

* MARITAL STATUS WAS DETERMINED BY RESPONSE TO THE FOLLOWING ITEMS ON THE BIRTH CERTIFICATE:
 FOR YEARS 1974-1978 - 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 N18. RESIDENT BIRTHS BY RACE AND MARITAL STATUS OF MOTHER
NEW JERSEY, 1993**

RACE	TOTAL BIRTHS	MARITAL STATUS*					
		MARRIED		NOT MARRIED		NOT STATED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
WHITE	85,968	70,624	82.2	15,312	17.8	32	0.0
BLACK	22,887	7,478	32.7	15,401	67.3	8	0.0
OTHER	5,654	5,055	89.4	598	10.6	1	0.0
NOT STATED	3,332	2,606	78.2	685	20.6	41	1.2
TOTAL	117,841	85,763	72.8	31,996	27.2	82	0.1

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

**TABLE N19. BIRTHS BY MOTHER'S MARITAL STATUS AND COUNTY OF RESIDENCE
NEW JERSEY, 1993**

COUNTY	TOTAL	MARITAL STATUS*		
		MARRIED	NOT MARRIED	NOT STATED
ATLANTIC	3,883	2,381	1,501	1
BERGEN	10,577	9,476	1,090	11
BURLINGTON	5,430	4,284	1,143	3
CAMDEN	7,974	5,076	2,893	5
CAPE MAY	1,308	898	410	0
CUMBERLAND	2,225	1,089	1,136	0
ESSEX	13,197	6,847	6,341	9
GLOUCESTER	3,376	2,592	781	3
HUDSON	9,094	5,472	3,605	17
HUNTERDON	1,463	1,357	106	0
MERCER	4,725	3,194	1,528	3
MIDDLESEX	10,219	8,257	1,955	7
MONMOUTH	8,123	6,544	1,576	3
MORRIS	6,051	5,493	556	2
OCEAN	6,047	4,922	1,123	2
PASSAIC	8,196	5,314	2,879	3
SALEM	852	486	363	3
SOMERSET	4,163	3,722	441	0
SUSSEX	1,948	1,744	199	5
UNION	7,433	5,280	2,149	4
WARREN	1,363	1,151	211	1
MILITARY	181	174	7	0
NOT STATED	13	10	3	0
TOTAL	117,841	85,763	31,996	82

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

TABLE N20. RESIDENT BIRTHS BY AGE, RACE AND MARITAL STATUS OF MOTHER
NEW JERSEY, 1993

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.	%	NO.	%	NO.	%	NO.	%	
WHITE																							
Married	70,624	82.2	7	7.1	924	20.1	7,670	58.7	49,256	90.5	12,648	92.5	80	90.9	39	86.7							
Not Married	15,312	17.8	92	92.9	3,664	79.9	5,397	41.3	5,127	9.4	1,018	7.4	8	9.1	6	13.3							
Not Stated	32	0.0	0	0.0	0	0.0	5	0.0	18	0.0	9	0.1	0	0.0	0	0.0							
Total	85,968	100.0	99	100.0	4,588	100.0	13,072	100.0	54,401	100.0	13,675	100.0	88	100.0	45	100.0							
BLACK																							
Married	7,478	32.7	2	1.1	168	4.0	1,198	18.1	4,863	49.0	1,229	62.7	12	57.1	6	20.0							
Not Married	15,401	67.3	174	98.9	4,012	96.0	5,402	81.8	5,053	50.9	729	37.2	8	38.1	23	76.7							
Not Stated	8	0.0	0	0.0	0	0.0	1	0.0	4	0.0	1	0.1	1	4.8	1	3.3							
Total	22,887	100.0	176	100.0	4,180	100.0	6,601	100.0	9,920	100.0	1,959	100.0	21	100.0	30	100.0							
OTHER																							
Married	5,055	89.4	0	0.0	24	22.0	528	72.7	3,593	93.7	898	92.8	5	100.0	7	87.5							
Not Married	598	10.6	2	100.0	85	78.0	198	27.3	242	6.3	70	7.2	0	0.0	1	12.5							
Not Stated	1	0.0	0	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0							
Total	5,654	100.0	2	100.0	109	100.0	726	100.0	3,836	100.0	968	100.0	5	100.0	8	100.0							
NOT STATED																							
Married	2,606	78.2	1	33.3	41	20.5	221	57.7	1,701	85.4	630	84.9	8	100.0	4	80.0							
Not Married	685	20.6	2	66.7	158	79.0	158	41.3	270	13.6	96	12.9	0	0.0	1	20.0							
Not Stated	41	1.2	0	0.0	1	0.5	4	1.0	20	1.0	16	2.2	0	0.0	0	0.0							
Total	3,332	100.0	3	100.0	200	100.0	383	100.0	1,991	100.0	742	100.0	8	100.0	5	100.0							
TOTAL																							
Married	85,763	72.8	10	3.6	1,157	12.7	9,617	46.3	59,413	84.7	15,405	88.8	105	86.1	56	63.6							
Not Married	31,996	27.2	270	96.4	7,919	87.2	11,155	53.7	10,692	15.2	1,913	11.0	16	13.1	31	35.2							
Not Stated	82	0.1	0	0.0	1	0.0	10	0.0	43	0.1	26	0.1	1	0.8	1	1.1							
Total	117,841	100.0	280	100.0	9,077	100.0	20,782	100.0	70,148	100.0	17,344	100.0	122	100.0	88	100.0							

**TABLE N21. BIRTHS BY ONSET OF PRENATAL CARE AND MOTHER'S COUNTY OF RESIDENCE
NEW JERSEY, 1993**

COUNTY	TOTAL	ONSET OF PRENATAL CARE				
		FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	NO CARE	NOT STATED
ATLANTIC	3,883	2,218	847	245	39	534
BERGEN	10,577	8,139	871	234	33	1,300
BURLINGTON	5,430	4,073	554	85	36	682
CAMDEN	7,974	5,022	1,115	226	94	1,517
CAPE MAY	1,308	945	241	56	7	59
CUMBERLAND	2,225	1,366	602	137	25	95
ESSEX	13,197	9,279	2,271	468	659	520
GLOUCESTER	3,376	2,365	356	64	23	568
HUDSON	9,094	5,671	1,581	358	41	1,443
HUNTERDON	1,463	1,256	98	9	3	97
MERCER	4,725	3,382	624	123	45	551
MIDDLESEX	10,219	8,273	1,124	224	65	533
MONMOUTH	8,123	6,714	797	203	78	331
MORRIS	6,051	5,192	252	54	10	543
OCEAN	6,047	4,791	801	189	32	234
PASSAIC	8,196	5,626	1,646	412	157	355
SALEM	852	478	116	26	14	218
SOMERSET	4,163	3,538	255	53	8	309
SUSSEX	1,948	1,647	152	26	5	118
UNION	7,433	5,613	895	190	105	630
WARREN	1,363	1,078	112	17	4	152
MILITARY	181	142	29	3	0	7
NOT STATED	13	1	1	0	0	11
TOTAL	117,841	86,809	15,340	3,402	1,483	10,807

TABLE N22. MEDICAL RISK FACTORS OF THIS PREGNANCY REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1993

MEDICAL RISK	TOTAL			RACE OF MOTHER						NOT STATED NUMBER
	NUMBER	RATE*	WHITE		BLACK		OTHER		RATE*	
			NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*		
NONE	86,926	737.7	66,360	771.9	15,422	673.8	4,567	807.7	577	
ANEMIA (Hct.<30/Hgb.<10)	2,549	21.6	1,306	15.2	1,154	50.4	67	11.9	22	
CARDIAC DISEASE	569	4.8	446	5.2	102	4.5	15	2.7	6	
ACUTE OR CHRONIC LUNG DISEASE	580	4.9	380	4.4	179	7.8	10	1.8	11	
DIABETES	2,809	23.8	2,034	23.7	539	23.6	216	38.2	20	
GENITAL HERPES	453	3.8	351	4.1	92	4.0	5	0.9	5	
OTHER SEXUALLY TRANSMITTED DISEASES	1,734	14.7	780	9.1	904	39.5	25	4.4	25	
HYDRAMNIOS/OLIGOHYDRAMNIOS	1,003	8.5	633	7.4	312	13.6	44	7.8	14	
HEMOGLOBINOPATHY	45	0.4	22	0.3	22	1.0	1	0.2	0	
HYPERTENSION, CHRONIC	822	7.0	552	6.4	242	10.6	27	4.8	1	
HYPERTENSION, PREGNANCY-ASSOCIATED	2,946	25.0	2,116	24.6	691	30.2	120	21.2	19	
ECLAMPSIA	382	3.2	232	2.7	136	5.9	13	2.3	1	
INCOMPETENT CERVIX	336	2.9	255	3.0	73	3.2	8	1.4	0	
PREVIOUS INFANT <4000+ GRAMS	696	5.9	604	7.0	74	3.2	16	2.8	2	
PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL-AGE INFANT	982	8.3	642	7.5	300	13.1	29	5.1	11	
RENAL DISEASE	163	1.3	112	1.3	46	2.0	3	0.5	2	
Rh SENSITIZATION	597	5.1	501	5.8	88	3.8	6	1.1	2	
UTERINE BLEEDING	341	2.9	264	3.1	63	2.8	14	2.5	0	
OTHER RISK FACTOR	12,915	109.6	8,563	99.6	3,746	163.7	485	85.8	121	

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

**TABLE N22A. MEDICAL RISK FACTORS OF THIS PREGNANCY REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY MOTHERS OF HISPANIC ORIGIN
NEW JERSEY, 1993**

MEDICAL RISK	NUMBER	RATE*
NONE	13,203	754.4
ANEMIA (Hct.<30/Hgb.<10)	536	30.6
CARDIAC DISEASE	134	7.7
ACUTE OR CHRONIC LUNG DISEASE	128	7.3
DIABETES	466	26.6
GENITAL HERPES	34	1.9
OTHER SEXUALLY TRANSMITTED DISEASES	489	27.9
HYDRAMNIOS/OLIGOHYDRAMNIOS	199	11.4
HEMOGLOBINOPATHY	5	0.3
HYPERTENSION, CHRONIC	83	4.7
HYPERTENSION, PREGNANCY-ASSOCIATED	383	21.9
ECLAMPSIA	75	4.3
INCOMPETENT CERVIX	38	2.2
PREVIOUS INFANT 4000+ GRAMS	75	4.3
PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL-AGE INFANT	128	7.3
RENAL DISEASE	18	1.0
Rh SENSITIZATION	93	5.3
UTERINE BLEEDING	38	2.2
OTHER RISK FACTOR	2,123	121.3

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

**TABLE N23. COMPLICATIONS OF LABOR AND/OR DELIVERY
REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER
NEW JERSEY, 1993**

COMPLICATION	TOTAL		WHITE		BLACK		OTHER		NOT STATED NUMBER
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	
	NONE	77,205	655.2	58,372	679.0	14,326	625.9	3,936	
FEBRILE (>100F OR 38C)	1,094	9.3	767	8.9	246	10.7	66	11.7	15
MECONIUM, MODERATE/HEAVY	5,148	43.7	3,407	39.6	1,531	66.9	171	30.2	39
PREMATURE RUPTURE OF MEMBRANE (>12 HOURS)	4,215	35.8	2,869	33.4	1,152	50.3	169	29.9	25
ABRUPTIO PLACENTA	574	4.9	390	4.5	162	7.1	21	3.7	1
PLACENTA PREVIA	445	3.8	328	3.8	91	4.0	26	4.6	0
OTHER EXCESSIVE BLEEDING	340	2.9	241	2.8	77	3.4	18	3.2	4
SEIZURES DURING LABOR	41	0.3	19	0.2	15	0.7	5	0.9	2
PRECIPITOUS LABOR (<3 HOURS)	1,288	10.9	955	11.1	276	12.1	50	8.8	7
PROLONGED LABOR (>20 HOURS)	1,142	9.7	881	10.2	216	9.4	40	7.1	5
DYSFUNCTIONAL LABOR	2,077	17.6	1,640	19.1	316	13.8	110	19.5	11
BREECH/MALPRESENTATION	4,014	34.1	3,157	36.7	668	29.2	163	28.8	26
CEPHALOPELVIC DISPROPORTION	3,749	31.8	2,847	33.1	642	28.1	240	42.4	20
CORD PROLAPSE	340	2.9	260	3.0	53	2.3	24	4.2	3
ANAESTHETIC COMPLICATIONS	86	0.7	62	0.7	19	0.8	5	0.9	0
FETAL DISTRESS	3,256	27.6	2,250	26.2	842	36.8	153	27.1	11
OTHER	14,438	122.5	9,911	115.3	3,782	165.2	652	115.3	93

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

TABLE N24. OBSTETRIC PROCEDURES PERFORMED REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER NEW JERSEY, 1993										
PROCEDURE	TOTAL		WHITE		BLACK		OTHER		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
NONE	9,254	7.9	6,474	7.5	2,029	8.9	650	11.5	101	
AMNIOCENTESIS	6,773	5.7	5,820	6.8	638	2.8	295	5.2	20	
ELECTRONIC FETAL MONITORING	92,250	78.3	68,777	80.0	18,650	81.5	4,185	74.0	638	
INDUCTION OF LABOR	14,267	12.1	10,877	12.7	2,780	12.1	555	9.8	55	
STIMULATION OF LABOR	18,000	15.3	13,814	16.1	3,120	13.6	956	16.9	110	
TOCOLYSIS	1,732	1.5	1,161	1.4	496	2.2	68	1.2	7	
ULTRASOUND	62,515	53.1	48,088	55.9	11,401	49.8	2,662	47.1	364	
OTHER	2,992	2.5	2,428	2.8	399	1.7	148	2.6	17	

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

New Jersey Health Statistics/1993

**TABLE N25. RESIDENT BIRTHS BY BIRTH WEIGHT OF CHILD AND AGE AND RACE OF MOTHER
NEW JERSEY, 1993**

AGE & RACE OF MOTHER	TOTAL BIRTHS	WEIGHT AT BIRTH			
		LESS THAN <1,500 GRAMS	1,500-2,499 GRAMS	2,500 GRAMS & OVER	NOT STATED
UNDER 15					
White	99	8	10	81	0
Black	176	8	20	148	0
Other	2	1	0	1	0
Not Stated	3	0	1	2	0
Total	280	17	31	232	0
15-19					
White	4,588	78	326	4,180	4
Black	4,180	117	422	3,635	6
Other	109	2	6	100	1
Not Stated	200	4	16	160	20
Total	9,077	201	770	8,075	31
20-24					
White	13,072	136	684	12,241	11
Black	6,601	202	641	5,751	7
Other	726	12	52	662	0
Not Stated	383	2	18	225	138
Total	20,782	352	1,395	18,879	156
25-29					
White	25,929	247	1,108	24,528	46
Black	5,845	206	623	5,009	7
Other	1,933	10	109	1,812	2
Not Stated	865	9	28	280	548
Total	34,572	472	1,868	31,629	603
30-34					
White	28,472	240	1,369	26,803	60
Black	4,075	149	453	3,465	8
Other	1,903	11	91	1,799	2
Not Stated	1,126	5	17	222	882
Total	35,576	405	1,930	32,289	952
35-39					
White	11,907	144	653	11,075	35
Black	1,659	48	190	1,417	4
Other	827	6	59	760	2
Not Stated	626	4	5	88	529
Total	15,019	202	907	13,340	570
40-44					
White	1,768	28	113	1,627	0
Black	300	11	38	249	2
Other	141	0	14	127	0
Not Stated	116	0	0	15	101
Total	2,325	39	165	2,018	103
45 AND OVER					
White	88	5	10	73	0
Black	21	4	2	15	0
Other	5	0	1	4	0
Not Stated	8	0	1	2	5
Total	122	9	14	94	5
NOT STATED					
White	45	2	4	39	0
Black	30	15	1	14	0
Other	8	0	2	5	1
Not Stated	5	0	1	1	3
Total	88	17	8	59	4
TOTAL	117,841	1,714	7,088	106,615	2,424

**TABLE N26. BIRTHS BY BIRTH WEIGHT AND MOTHER'S COUNTY OF RESIDENCE
NEW JERSEY, 1993**

COUNTY	TOTAL	WEIGHT AT BIRTH			
		UNDER 1,500 GRAMS	1,500-2,499 GRAMS	2,500 GRAMS AND OVER	NOT STATED
ATLANTIC	3,883	72	223	3,582	6
BERGEN	10,577	93	453	9,309	722
BURLINGTON	5,430	68	284	5,064	14
CAMDEN	7,974	141	543	7,280	10
CAPE MAY	1,308	18	56	1,234	0
CUMBERLAND	2,225	37	145	2,040	3
ESSEX	13,197	335	1,189	11,418	255
GLOUCESTER	3,376	52	203	3,109	12
HUDSON	9,094	124	562	7,964	444
HUNTERDON	1,463	11	74	1,371	7
MERCER	4,725	102	294	4,307	22
MIDDLESEX	10,219	111	597	9,279	232
MONMOUTH	8,123	103	452	7,359	209
MORRIS	6,051	60	290	5,617	84
OCEAN	6,047	65	288	5,577	117
PASSAIC	8,196	114	555	7,431	96
SALEM	852	17	50	779	6
SOMERSET	4,163	38	211	3,857	57
SUSSEX	1,948	16	89	1,826	17
UNION	7,433	126	468	6,736	103
WARREN	1,363	8	55	1,297	3
MILITARY	181	2	6	172	1
NOT STATED	13	1	1	7	4
TOTAL	117,841	1,714	7,088	106,615	2,424

TABLE N27. RESIDENT BIRTHS BY BIRTH WEIGHT AND NUMBER OF PREVIOUS PREGNANCY TERMINATIONS NEW JERSEY, 1993

NUMBER OF PREVIOUS PREGNANCY TERMINATIONS*	TOTAL BIRTHS	WEIGHT AT BIRTH			
		UNDER 2,500 GRAMS	2,500 GRAMS AND OVER	NOT STATED	PERCENT LOW BIRTH WEIGHT**
ZERO	81,958	6,047	75,847	64	7.4
ONE	19,204	1,339	17,851	14	7.0
TWO	7,219	654	6,557	8	9.1
THREE OR MORE	3,835	437	3,397	1	11.4
NOT STATED	5,625	325	2,963	2,337	5.8
TOTAL	117,841	8,802	106,615	2,424	7.5

* NUMBER OF FETAL DEATHS, SPONTANEOUS OR INDUCED

** PERCENT OF LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS (5 LBS 8 OZ)

TABLE N28. RESIDENT BIRTHS BY BIRTH WEIGHT AND ONSET OF PRENATAL CARE NEW JERSEY, 1993

ONSET OF PRENATAL CARE	TOTAL BIRTHS	WEIGHT AT BIRTH			
		UNDER 2,500 GRAMS	2,500 GRAMS AND OVER	NOT STATED	PERCENT LOW BIRTH WEIGHT*
FIRST TRIMESTER	86,809	5,663	81,096	50	6.5
SECOND TRIMESTER	15,340	1,294	14,039	7	8.4
THIRD TRIMESTER	3,402	271	3,127	4	8.0
NO CARE	1,483	434	1,044	5	29.3
NOT STATED	10,807	1,140	7,309	2,358	10.5
TOTAL	117,841	8,802	106,615	2,424	7.5

* PERCENT OF LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS (5 LBS 8 OZ)

TABLE N29. RESIDENT BIRTHS BY BIRTH WEIGHT OF CHILD, ONSET OF PRENATAL CARE, AND RACE OF MOTHER
NEW JERSEY, 1993

RACE AND ONSET OF PRENATAL CARE	TOTAL BIRTHS	BIRTH WEIGHT												
		UNDER 1,500 GRAMS		1,500-2,499 GRAMS		2,500 GRAMS AND OVER		NOT STATED						
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT					
WHITE														
First Trimester	69,074	591	0.9	3,208	4.6	65,235	94.4	40	0.1					
Second Trimester	8,964	72	0.8	488	5.4	8,400	93.7	4	0.0					
Third Trimester	1,830	7	0.4	103	5.6	1,718	93.9	2	0.1					
No Care	406	30	7.4	55	13.5	320	78.8	1	0.2					
Not Stated	5,694	188	3.3	423	7.4	4,974	87.4	109	1.9					
Total	85,968	888	1.0	4,277	5.0	80,647	93.8	156	0.2					
BLACK														
First Trimester	13,063	379	2.9	1,189	9.1	11,488	87.9	7	0.1					
Second Trimester	5,405	107	2.0	552	10.2	4,743	87.8	3	0.1					
Third Trimester	1,358	11	0.8	142	10.5	1,204	88.7	1	0.1					
No Care	1,050	114	10.9	228	21.7	704	67.0	4	0.4					
Not Stated	2,011	149	7.4	279	13.9	1,564	77.8	19	0.9					
Total	22,887	760	3.3	2,390	10.4	19,703	86.1	34	0.1					
OTHER														
First Trimester	4,228	23	0.5	236	5.6	3,966	93.8	3	0.1					
Second Trimester	766	6	0.8	52	6.8	708	92.4	0	0.0					
Third Trimester	163	0	0.0	5	3.1	158	96.9	0	0.0					
No Care	19	2	10.5	2	10.5	15	78.9	0	0.0					
Not Stated	478	11	2.3	39	8.2	423	88.5	5	1.0					
Total	5,654	42	0.7	334	5.9	5,270	93.2	8	0.1					
NOT STATED														
First Trimester	444	6	1.4	31	7.0	407	91.7	0	0.0					
Second Trimester	205	1	0.5	16	7.8	188	91.7	0	0.0					
Third Trimester	51	0	0.0	3	5.9	47	92.2	1	2.0					
No Care	8	0	0.0	3	37.5	5	62.5	0	0.0					
Not Stated	2,624	17	0.6	34	1.3	348	13.3	2,225	84.8					
Total	3,332	24	0.7	87	2.6	995	29.9	2,226	66.8					
TOTAL														
First Trimester	86,809	999	1.2	4,664	5.4	81,096	93.4	50	0.1					
Second Trimester	15,340	186	1.2	1,108	7.2	14,039	91.5	7	0.0					
Third Trimester	3,402	18	0.5	253	7.4	3,127	91.9	4	0.1					
No Care	1,483	146	9.8	288	19.4	1,044	70.4	5	0.3					
Not Stated	10,807	365	3.4	775	7.2	7,309	67.6	2,358	21.8					
Total	117,841	1,714	1.5	7,088	6.0	106,615	90.5	2,424	2.1					

TABLE N30. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND RACE OF MOTHER
NEW JERSEY, 1993

APGAR SCORE	TOTAL						WHITE		BLACK		OTHER		NOT STATED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-6	1,205	1.0	639	0.7	515	2.3	35	0.6	16	0.5	16	0.5	16	0.5
7-10	110,818	94.0	82,601	96.1	21,928	95.8	5,503	97.3	786	23.6	786	23.6	786	23.6
NOT STATED	5,818	4.9	2,728	3.2	444	1.9	116	2.1	2,530	75.9	2,530	75.9	2,530	75.9
TOTAL	117,841	100.0	85,968	100.0	22,887	100.0	5,654	100.0	3,332	100.0	3,332	100.0	3,332	100.0

TABLE N31. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND AGE OF MOTHER
NEW JERSEY, 1993

APGAR SCORE	AGE OF MOTHER																					
	TOTAL	UNDER 15			15-19			20-24			25-34			35-44			45 AND OVER			NOT STATED		
		NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	
0-6	1,205	1.0	10	3.6	153	1.7	246	1.2	633	0.9	147	0.8	3	2.5	13	14.8	13	14.8	13	14.8	13	14.8
7-10	110,818	94.0	268	95.7	8,768	96.6	19,982	96.2	65,800	93.8	15,834	91.3	106	86.9	60	68.2	60	68.2	60	68.2	60	68.2
NOT STATED	5,818	4.9	2	0.7	156	1.7	554	2.7	3,715	5.3	1,363	7.9	13	10.7	15	17.0	15	17.0	15	17.0	15	17.0
TOTAL	117,841	100.0	280	100.0	9,077	100.0	20,782	100.0	70,148	100.0	17,344	100.0	122	100.0	88	100.0	88	100.0	88	100.0	88	100.0

TABLE N32. RESIDENT BIRTHS BY FIVE-MINUTE APGAR SCORE AND ONSET OF PRENATAL CARE
NEW JERSEY, 1993

APGAR SCORE	ONSET OF PRENATAL CARE											
	TOTAL	FIRST TRIMESTER		SECOND TRIMESTER		THIRD TRIMESTER		NO CARE		NOT STATED		
		NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	
0-6	1,205	1.0	768	0.9	155	1.0	32	0.9	94	6.3	156	1.4
7-10	110,818	94.0	85,653	98.7	15,082	98.3	3,347	98.4	1,313	88.5	5,423	50.2
NOT STATED	5,818	4.9	388	0.4	103	0.7	23	0.7	76	5.1	5,228	48.4
TOTAL	117,841	100.0	86,809	100.0	15,340	100.0	3,402	100.0	1,483	100.0	10,807	100.0

TABLE N33. ABNORMAL CONDITIONS OF NEWBORN REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER
NEW JERSEY, 1993

ABNORMAL CONDITION	TOTAL		WHITE		BLACK		OTHER		NOT STATED NUMBER
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	
NONE	106,670	905.2	79,669	926.7	20,888	912.7	5,373	950.3	740
ANEMIA (HCT. <39/Hgb<13)	108	0.9	80	0.9	24	1.0	4	0.7	0
BIRTH INJURY	131	1.1	104	1.2	24	1.0	2	0.4	1
FETAL ALCOHOL SYNDROME	11	0.1	6	0.1	5	0.2	0	0.0	0
HYALINE MEMBRANE DISEASE/RDS	549	4.7	410	4.8	129	5.6	7	1.2	3
MECONIUM ASPIRATION SYNDROME	188	1.6	116	1.3	62	2.7	6	1.1	4
ASSISTED VENTILATION <30 MIN.	218	1.8	141	1.6	70	3.1	5	0.9	2
ASSISTED VENTILATION >=30 MIN.	497	4.2	305	3.5	180	7.9	8	1.4	4
SEIZURES	23	0.2	16	0.2	6	0.3	0	0.0	1
OTHER	4,114	34.9	2,770	32.2	1,182	51.6	126	22.3	36

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

TABLE N34. CONGENITAL ANOMALIES OF NEWBORN REPORTED ON CERTIFICATES OF RESIDENT LIVE BIRTHS, BY RACE OF MOTHER
NEW JERSEY, 1993

CONGENITAL ANOMALY	TOTAL		WHITE		BLACK		OTHER		NOT STATED NUMBER
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*	
NONE	108,789	931.7	81,637	949.6	21,921	957.8	5,465	966.6	766
CENTRAL NERVOUS SYSTEM ANOMALY	164	1.4	108	1.3	48	2.1	6	1.1	2
HEART MALFORMATION	147	1.2	110	1.3	33	1.4	4	0.7	0
OTHER CIRCULATORY/RESPIRATORY ANOMALY	183	1.6	136	1.6	43	1.9	2	0.4	2
GASTROINTESTINAL ANOMALY	81	0.7	56	0.7	23	1.0	0	0.0	2
UROGENITAL ANOMALY	252	2.1	204	2.4	37	1.6	7	1.2	4
CLEFT LIP/PALATE	78	0.7	60	0.7	15	0.7	3	0.5	0
POLYDACTYLY/SYNDACTYLY/ADACTYLY	51	0.4	25	0.3	24	1.0	1	0.2	1
CLUB FOOT	51	0.4	39	0.5	9	0.4	3	0.5	0
OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALY	179	1.5	131	1.5	40	1.7	5	0.9	3
DOWN SYNDROME	54	0.5	48	0.6	4	0.2	1	0.2	1
OTHER CHROMOSOMAL ANOMALY	35	0.3	24	0.3	10	0.4	1	0.2	0
OTHER	901	7.6	668	7.8	197	8.6	32	5.7	4

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

MORTALITY

1993

INTRODUCTION

The mortality information contained in this report covers deaths of New Jersey residents during the 1993 calendar year. The report's source document is the death certificate. New Jersey law requires the prompt 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. Unless otherwise noted, the data presented in this report are for New Jersey residents.

All of the causes of deaths 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 72,630 deaths of New Jersey residents during the calendar year 1993, which was an increase of 1,784 deaths over the 1992 total. This increase is a 2.5 percent rise over the number of deaths in 1992. There were 61,860 white, 9,970 black, 378 Asian and Pacific Islander, 145 Asian Indian, 61 American Indian and 15 other race deaths. There were 201 death records on which the race was not stated. There were virtually equal numbers of male and female resident deaths, 36,298 and 36,327, respectively. On five records, the sex of the decedent was not stated.

MORTALITY RATE

The New Jersey crude death rate per 100,000 population was 924.1, an increase of 2.0 percent from the 1992 rate (Center for Health Statistics, 1995c). The U.S. crude death rate in 1993 was 880.0 deaths per 100,000 population, 3.2 percent higher than the rate of 852.9 for 1992. The number of deaths recorded in 1993 was the highest number of deaths ever reported in the United States (Gardner, P. and Hudson, B.L., 1996).

**TABLE M1. DEATH RATES BY AGE GROUP
NEW JERSEY, 1992 AND 1993**

AGE GROUP	1993		1992	
	NUMBER	RATE*	NUMBER	RATE*
UNDER 5	1,177	202.6	1,211	211.0
5-14	192	18.6	183	18.2
15-24	746	74.9	762	75.7
25-44	5,350	208.8	5,199	202.4
45-64	11,753	727.8	11,668	724.4
65-84	36,945	3,824.5	36,317	3,792.0
85 AND OVER	16,455	15,582.5	15,485	15,596.7
NOT STATED	12	N/A	21	N/A
TOTAL	72,630	510.2	70,846	505.7

* 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. They are better measures of mortality risk from factors other than age than crude rates. New Jersey's age-adjusted death rate was 510.2 in 1993, a 0.9 percent increase over the 1992 rate of 505.7. In 1993 the U.S. age-adjusted death rate increased 1.7 percent to 513.3 deaths per 100,000 U.S. standard million population over the 1992 rate of 504.5. Thus, while New Jersey's crude death rate was 5.0 percent higher than the U. S. rate, when the effect of age is removed, New Jersey's death rate is slightly lower than that of the nation. This means that mortality risks from factors other than age for New Jersey residents are approximately equal to those of U.S. residents overall.

Age-adjusted death rates vary widely for the major race-sex subgroups of the population. Age-adjusted death rates in New Jersey residents are highest for black males (1,101.7 per 100,000 standard million), black females (618.7), followed by white males (601.0), and white females (362.3). Studies have shown that mortality risks (other than those related to age) are two to three times as high among black males as among white females, regardless of the standard population used (Center for Health Statistics, 1995b).

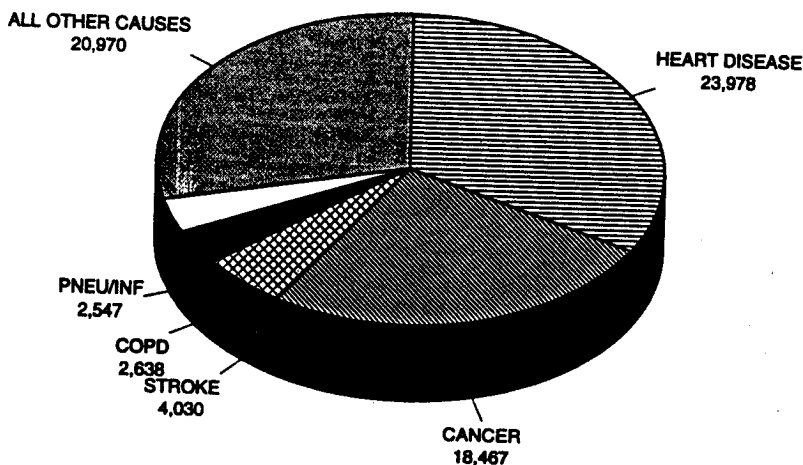
While total deaths and age-specific death rates had declined in recent years for every age group but the 25 through 44 year olds, in 1993, only the under five, 15 through 24 year and 85 and older age groups had lower death rates than in 1992.

LEADING CAUSES OF DEATH

TOTAL MORTALITY

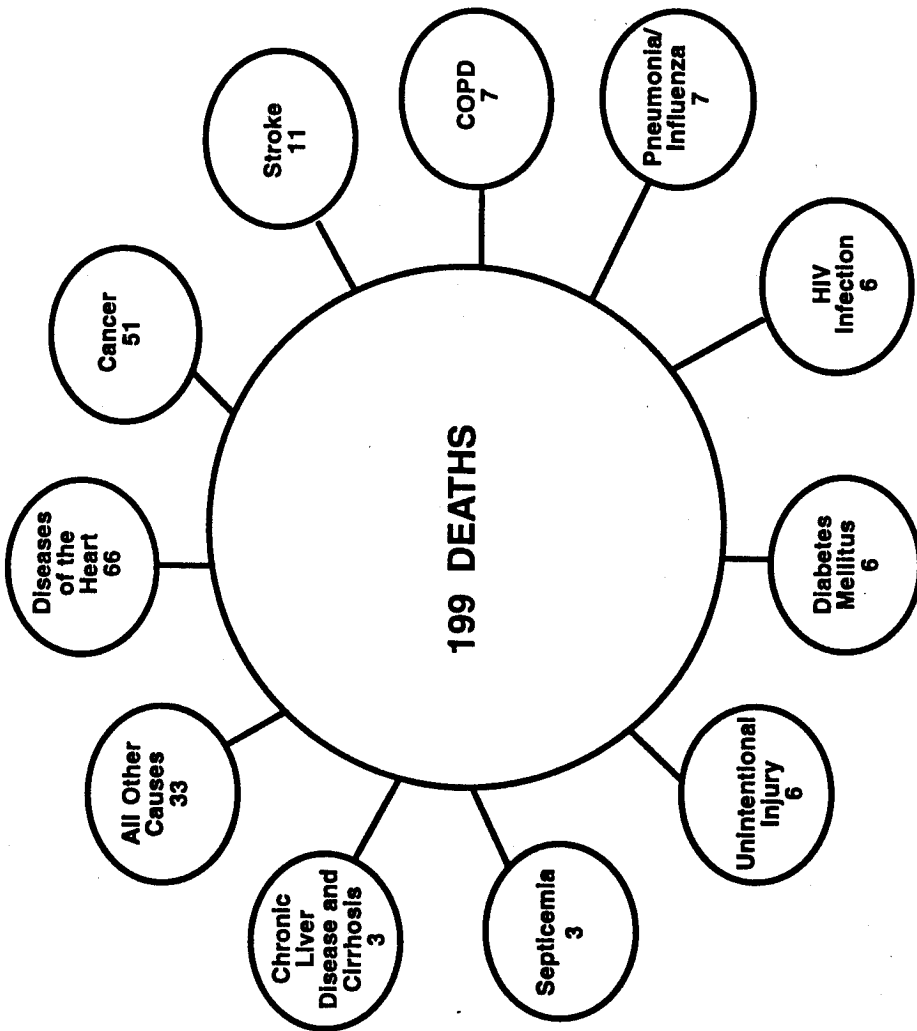
Diseases of the heart (heart disease), malignant neoplasms (cancer), and cerebrovascular diseases (stroke), in that order, continued to be the three leading causes of death of New Jerseyans (Figure M1 and Table M2). Together, these three underlying causes accounted for 64.0 percent of resident deaths in 1993. Chronic obstructive pulmonary diseases (COPD), a grouped cause which encompasses chronic bronchitis, emphysema, asthma and unspecified chronic airways obstruction, ranked fourth as a cause of death, followed by pneumonia/influenza in fifth place. Although the rank for each of the five leading causes of death in 1993 was identical to its rank in 1992, the sixth leading cause in 1993, HIV infection, was the eighth ranking cause in 1992. Diabetes mellitus became the seventh leading cause of death in 1993, followed by unintentional injury deaths, septicemia and chronic liver disease and cirrhosis in the eighth through tenth rank, respectively. Chart M1 presents the average daily toll of deaths by cause in 1993. Tables M17 and M17A through M17J provide the distribution of deaths by cause group, age and race/sex category, while Table M18 provides a more detailed distribution of cause of death by age group. Table M27 has the basic distribution of 39 causes of death of residents of each county in New Jersey.

**FIGURE M1. LEADING CAUSES OF DEATH
NEW JERSEY, 1993**



SOURCE: CENTER FOR HEALTH STATISTICS
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

**CHART M1. AVERAGE NUMBER OF DEATHS PER DAY BY CAUSE
NEW JERSEY, 1993**



NOTE: Averages are rounded to the nearest whole number.

CHART M2. LEADING CAUSES OF DEATH BY AGE GROUP
NEW JERSEY, 1993

RANK	AGE GROUP					TOTAL*
	1-14	15-24	25-44	45-64	65+	
1	UNINTENTIONAL INJURIES 91	UNINTENTIONAL INJURIES 272	HIV INFECTION 1,703	MALIGNANT NEOPLASMS 4,461	DISEASES OF THE HEART 20,366	DISEASES OF THE HEART 23,978
2	CONGENITAL ANOMALIES 58	HOMICIDE & LEGAL INTERVENTION 131	UNINTENTIONAL INJURIES 770	DISEASES OF THE HEART 3,093	MALIGNANT NEOPLASMS 13,286	MALIGNANT NEOPLASMS 18,467
3	MALIGNANT NEOPLASMS 38	SUICIDE 88	MALIGNANT NEOPLASMS 630	HIV INFECTION 502	CEREBROVASCULAR DISEASES 3,462	CEREBROVASCULAR DISEASES 4,030
4	HIV INFECTION 33	MALIGNANT NEOPLASMS 47	DISEASES OF THE HEART 454	DIABETES MELLITUS 444	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 2,297	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 2,638
5	HOMICIDE & LEGAL INTERVENTION 27	DISEASES OF THE HEART 28	SUICIDE 233	CEREBROVASCULAR DISEASES 422	PNEUMONIA/INFLUENZA 2,267	PNEUMONIA/INFLUENZA 2,547
6	DISEASES OF THE HEART 16	HIV INFECTION 27	HOMICIDE & LEGAL INTERVENTION 194	CHRONIC LIVER DISEASE & CIRRHOSIS 355	DIABETES MELLITUS 1,637	HIV INFECTION 2,294
7		CHRONIC OBSTRUCTIVE PULMONARY DISEASES 15	CHRONIC LIVER DISEASE & CIRRHOSIS 188	UNINTENTIONAL INJURIES 345	SEPTICEMIA 1,057	DIABETES MELLITUS 2,165
8			CEREBROVASCULAR DISEASES 133	CHRONIC OBSTRUCTIVE PULMONARY DISEASES 282	NEPHRITIS/NEPHROSIS 740	UNINTENTIONAL INJURY 2,109
9			PNEUMONIA/INFLUENZA 83	PNEUMONIA/INFLUENZA 165	ARTERY, ARTERIOLES & CAPILLARY DISEASES 704	SEPTICEMIA 1,228
10			DIABETES MELLITUS 75	SUICIDE 147	UNINTENTIONAL INJURIES 611	CHRONIC LIVER DISEASE & CIRRHOSIS 929
RESIDUAL**	117	140	887	1,537	6,973	12,245
TOTAL	380	748	5,350	11,753	53,400	72,630

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

The Centers for Disease Control and Prevention (CDC) attributed the increase in deaths in the nation in 1993 to higher mortality from several causes of death, many of which were believed to be associated with influenza epidemics in 1993 (Gardner, P. and Hudson, B.L., 1996). The highest percentage increase in deaths of New Jerseyans was from pneumonia/influenza (a 14.3% increase in the number of deaths over the 1992 number) (Table M2). The increase in pneumonia/influenza deaths of New Jerseyans was concentrated in persons 65 and over. There were 127 more deaths of 65 through 84 year olds and 202 more deaths of persons 85 and over from pneumonia/influenza in 1993 than in 1992.

**TABLE M2. THE TEN LEADING CAUSES OF DEATH RANKED BY FREQUENCY
NEW JERSEY, 1992 AND 1993**

CAUSE GROUP (ICD-9 CODES)	1993		1992		1992-1993	
	RANK	NUMBER OF DEATHS	RANK	NUMBER OF DEATHS	CHANGE IN DEATHS	
					NUMBER	PERCENT
DISEASES OF THE HEART (390-398, 402, 404-429)	1	23,978	1	23,884	94	0.4
MALIGNANT NEOPLASMS (140-208)	2	18,467	2	18,102	365	2.0
CEREBROVASCULAR DISEASES (430-438)	3	4,030	3	3,944	86	2.2
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	4	2,638	4	2,360	278	11.8
PNEUMONIA/INFLUENZA (480-487)	5	2,547	5	2,229	318	14.3
HIV INFECTION (042-044)	6	2,294	8	2,057	237	11.5
DIABETES MELLITUS (250)	7	2,165	6	2,136	29	1.4
UNINTENTIONAL INJURIES (E800-E949)	8	2,109	7	2,094	15	0.7
SEPTICEMIA (038)	9	1,228	9	1,205	23	1.9
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	10	929	11	860	69	8.0
NEPHRITIS AND NEPHROSIS (580-589)	11	906	10	895	11	1.2

However, several underlying causes of death in addition to pneumonia/influenza were responsible for the excess deaths of New Jersey residents in 1993 over 1992 numbers and each of the 10 leading causes of death accounted for more deaths. There were 278 more deaths from COPD in 1993 than in 1992, also concentrated in the elderly population: 173 more deaths of persons 65 through 84 and 75 more deaths in persons 85 and over. HIV infection deaths rose 237 or 11.5 percent over 1992 figures; this increase was primarily limited to 25 through 44 year olds (162 additional deaths) and 45 through 64 year olds (107 more deaths). Heart disease deaths, which had been declining nationally and in New Jersey for the past twenty years, rose slightly among the total population (94 additional deaths or a 0.4% rise). The major changes in deaths from heart disease were among 65 through 84 year olds (a decrease of 113 deaths) and among those 85 and over (an increase of 273 deaths).

Cancer deaths rose 2.0 percent over the prior year or 365 additional deaths, the greatest absolute increase of any of the 10 leading causes of death. These deaths declined by 84 among 25 through 44 year olds, but increased by 316 in 65 through 84 year olds and 171 in those 85 and over. Changes in cancer death rates have varied by site over the past ten years (Table M3). The three-year average age-adjusted death rates for several cancer types have decreased since 1981-1983, although some of these cancer sites are responsible for small numbers of deaths. Among sites with more than 100 deaths in 1993, substantial declines in the death rate were recorded for cancer of the lip, oral cavity and pharynx (a 22.6% decline); cancer of the cervix uteri (a 19.4% decline); cancer of the colon and rectum (an 18.9% decrease); cancer of the urinary organs (an 8.6% decline); and cancer of the digestive organs other than the colon and rectum (a 7.7% decrease). The greatest percentage increase in these rates over the ten years occurred in cancer of the prostate, which was 17.6 percent higher in 1991-1993 than it was 10 years earlier. Smaller rises were recorded for other hematopoietic tissue cancer, excluding leukemia (a 4.1% increase); cancer of the lung and bronchus (a 2.7% rise); and cancer of the bone, skin, and connective tissue (a 2.5% increase). Analysis of the changes in death rates by site is complicated by the rise in cancer deaths attributed to an unspecified site (a 30.6% rise over the decade). The total age-adjusted three-year average death rate from all cancer types declined 2.6 percent over the period.

**TABLE M3. RESIDENT DEATHS AND DEATH RATES FROM MALIGNANT NEOPLASMS BY SITE
NEW JERSEY, 1981-1983 AND 1991-1993**

SITE (ICD-9 CODES)	NUMBER OF DEATHS 1993	AGE- ADJUSTED DEATH RATE* 1991-1993	NUMBER OF DEATHS 1983	AGE- ADJUSTED DEATH RATE* 1981-1983	PERCENTAGE CHANGE IN AGE-ADJUSTED DEATH RATE
LIP, ORAL CAVITY AND PHARYNX (140-149)	288	2.4	313	3.1	-22.6
COLON AND RECTUM (153-154, 159.0)	2,206	15.4	2,425	19.0	-18.9
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	2,445	18.1	2,343	19.6	-7.7
LUNG INCLUDING BRONCHUS(162.2-162.9)	4,872	38.3	4,204	37.3	2.7
BONE, SKIN, CONNECTIVE TISSUE (170-173)	460	4.1	393	4.0	2.5
FEMALE BREAST (174)	1,604	25.2	1,514	26.5	-4.9
CERVIX UTERI (180)	137	2.5	178	3.1	-19.4
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	808	11.1	734	11.7	-5.1
PROSTATE (185)	1,201	17.4	846	14.8	17.6
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	12	0.4	23	0.6	-33.3
URINARY ORGANS (188-189)	782	5.3	743	5.8	-8.6
NERVOUS SYSTEM (191-192)	390	3.7	376	3.9	-5.1
LEUKEMIA (204-208)	680	5	517	5.2	-3.8
OTHER HEMATOPOIETIC TISSUE (200-203)	975	7.7	820	7.4	4.1
OTHER SITE (160.0-162.0 163- 165, 175, 190, 193-195)	454	3.4	366	3.6	-5.6
UNSPECIFIED SITE (196-199)	1,153	8.1	685	6.2	30.6
TOTAL (140-208)	18,467	140.2	16,480	144.0	-2.6

*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.

Although the total number of unintentional injury deaths rose by 15 over 1992 numbers, a positive note was the decrease in motor vehicle-related injury deaths, particularly among younger persons. Total motor vehicle-related deaths declined from 852 in 1992 to 844 in 1993. There were 10 fewer deaths of one through four year olds, 9 fewer deaths of five through 14 year olds, 23 fewer deaths of persons 15 through 24 and 29 fewer deaths of 25 through 44 year olds. These deaths were basically stable in persons aged 45 through 64, but increased by 49 in 65 through 84 year olds and 14 in persons 85 and over.

MORTALITY BY AGE GROUP

The distribution of the leading causes of death among the population over the age of one, by broad age group, can be found in Chart M2.

MORTALITY AMONG ONE THROUGH FOUR YEAR OLDS

There were 188 deaths of New Jersey children aged one through four years in 1993. The leading cause of death of children in this age group continued to be unintentional injuries which accounted for 38 deaths or 20.2 percent of the total (Table M19). Nine of the unintentional injury deaths were related to the use of motor vehicles and 29 were due to other unintentional injuries. The number of unintentional injury deaths in this age group was lower in 1993 than in any year in the previous decade. Both motor vehicle-related and other unintentional injury deaths hit a low for the decade. The number of deaths in any year from unintentional injuries is small, so no long-term trend can be assumed.

The second leading cause of death of one through four year olds in 1993 was congenital anomalies, which accounted for 36 deaths or 19.1 percent of the total. Deaths from this cause were higher in 1993 than in any other year of the decade, although the numbers are small and fluctuate from year to year.

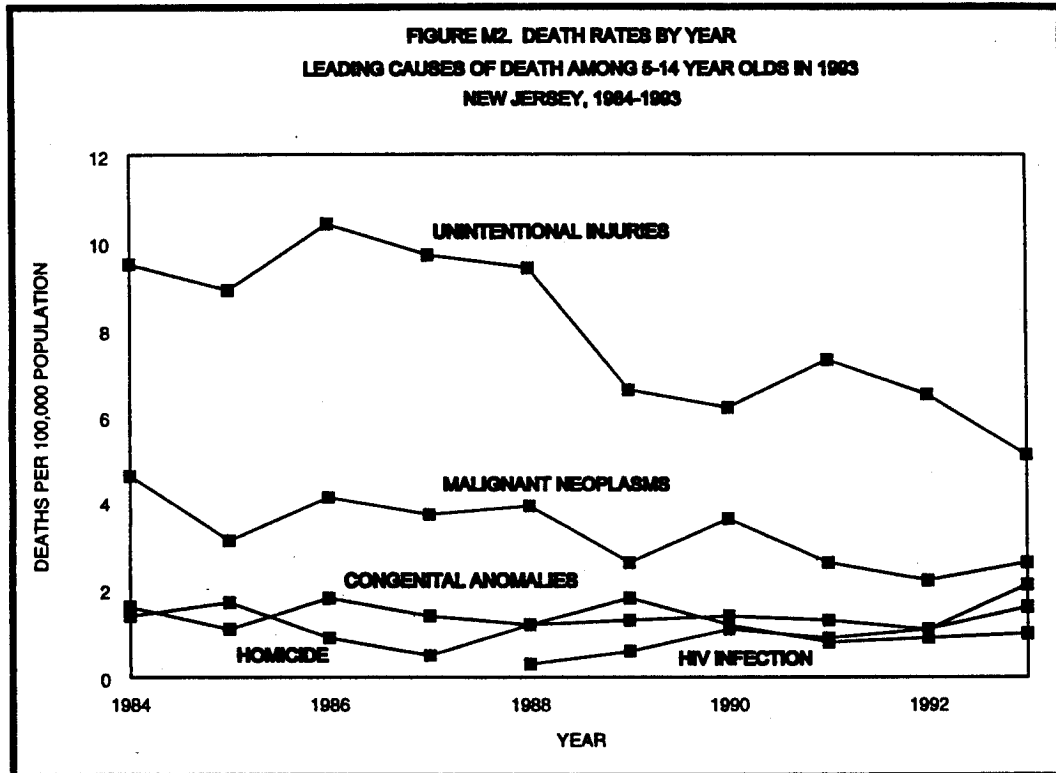
Deaths from homicide (17), HIV infection (16) and cancer (11) were the third through fifth leading causes of death among one through four year olds. There were six deaths of males and five of females from cancer in this age group (Table M4). Four of these deaths were due to cancer of the nervous system and three to leukemia.

**TABLE M4. MALIGNANT NEOPLASM DEATHS AMONG 1-4 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX		
	MALE	FEMALE	TOTAL
BONE, SKIN, CONNECTIVE TISSUE (170-173)	0	1	1
URINARY ORGANS (188-189)	1	0	1
NERVOUS SYSTEM (191-192)	2	2	4
LEUKEMIA (204-208)	2	1	3
OTHER SITES (160-162.0, 163-165, 175, 190, 193-195)	1	1	2
TOTAL (140-208)	6	5	11

MORTALITY AMONG FIVE THROUGH 14 YEAR OLDS

There were 192 deaths of New Jersey children aged five through 14 years in 1993. The leading cause of death in this age group was unintentional injuries (Table M20 and Figure M2), which accounted for 53 deaths or 27.6 percent of the total deaths. Of these deaths, 27 were related to the use of motor vehicles and 26 were due to other unintentional injuries. The general trend in unintentional injury deaths over the decade has been a decline, including decreases in both motor vehicle-related and other unintentional deaths. The rates for each of these in 1993 were at the lowest point of the past ten years.



The second leading cause of death in this age group over the decade was cancer, which caused 27 deaths. The cancer death rate has decreased over the past ten years and stood at 2.6 per 100,000 population in 1993. Of the deaths from cancer, ten were due to cancer of the nervous system and nine were due to leukemia (Table M5). The overall cancer death rates for males and females were identical and, because of the small numbers, no conclusions can be drawn about differences in death rates by site between males and females.

**TABLE M5. MALIGNANT NEOPLASM DEATHS AMONG 5-14 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

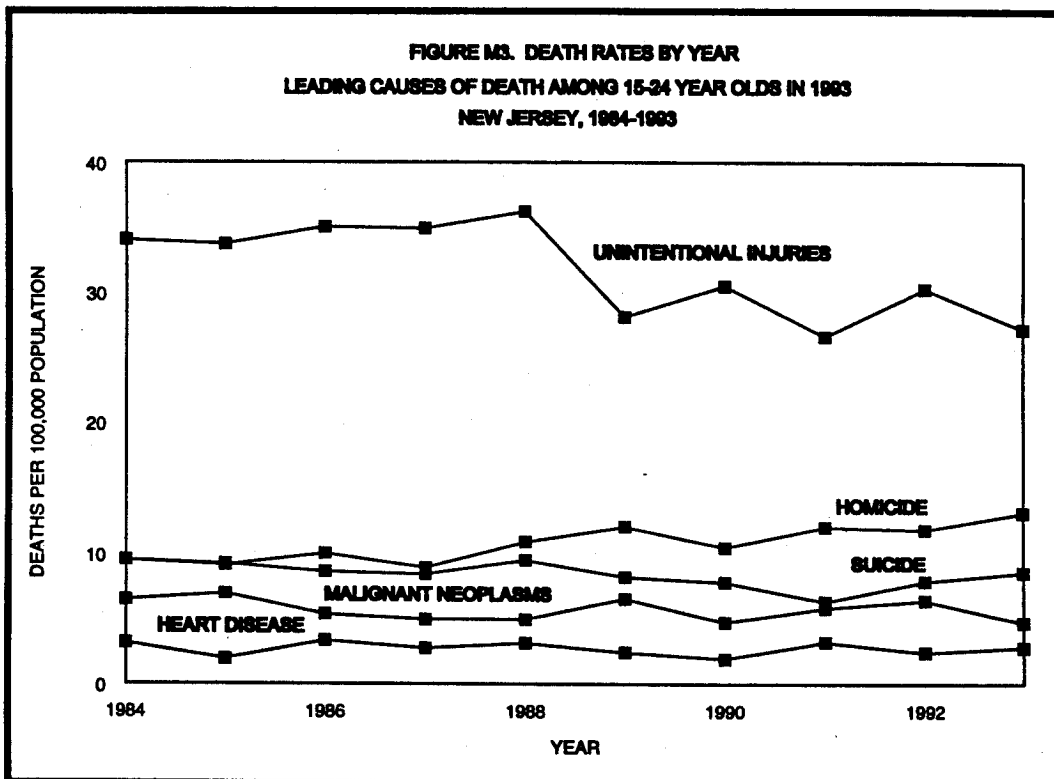
SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
LUNG AND BRONCHUS (162.2-162.9)	0	0.0	1	0.2	1	0.1
BONE, SKIN & CONNECTIVE TISSUE (170-173)	2	0.4	1	0.2	3	0.3
NERVOUS SYSTEM (191-192)	5	0.9	5	1.0	10	1.0
LEUKEMIA (204-208)	6	1.1	3	0.6	9	0.9
OTHER SITES (160.0-162.0, 163- 165, 175, 190, 193-195)	1	0.2	2	0.4	3	0.3
UNSPECIFIED SITE (196-199)	0	0.0	1	0.2	1	0.1
TOTAL (140-208)	14	2.6	13	2.6	27	2.6

*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION AGED 5-14 YEARS.

Congenital anomalies were the third leading cause of death of young people five through 14 in 1993, responsible for 22 deaths. Although this was double the number of deaths due to this cause in 1992, this large variation may be due to random fluctuation between years. HIV infection deaths numbered 17 in 1993 and were the fourth leading cause of death in this age group, followed by homicide and legal intervention, which was responsible for 10 deaths.

MORTALITY AMONG 15 THROUGH 24 YEAR OLDS

There were 746 deaths of New Jersey residents 15 through 24 years of age in 1993. Injuries continued to account for a large proportion of the deaths in this age group; there were 272 unintentional injury deaths, 131 homicides and 86 deaths from suicide (Table M21 and Figure M3). These causes, plus 20 injury deaths of undetermined intentionality were responsible for more than two-thirds of deaths of 15 through 24 year olds (68.2%). With the exception of the atypically low rates in 1991, the unintentional injury death rate and the motor vehicle death rate in this age group were the lowest of the decade. The death rate from homicide, the second ranking cause of death, was the highest this rate has been during the past ten years. The number of suicide deaths of 15 through 24 year olds was higher in 1993 than in any year since 1988.



Cancer deaths in the age group numbered 47 in 1993 (Table M6). The cancer death rate in males was 54.1 percent higher than the female death rate (5.7 and 3.7 per 100,000 sex-specific population, respectively). The cancer type with the highest rate in males was malignant neoplasm of the nervous system (7 deaths or 1.4 per 100,000 males 15 through 24), while leukemia caused the highest death rate in females (8 deaths or 1.6 per 100,000 females 15 through 24).

**TABLE M6. MALIGNANT NEOPLASM DEATHS AMONG 15-24 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
COLON AND RECTUM (153-154, 159.0)	2	0.4	0	0.0	2	0.2
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	3	0.6	3	0.6	6	0.6
BONE, SKIN, CONNECTIVE TISSUE (170-173)	5	1.0	1	0.2	6	0.6
FEMALE BREAST (174)	N/A	N/A	1	0.2	1	0.1
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	N/A	N/A	2	0.4	2	0.2
CERVIX UTERI (180)	N/A	N/A	1	0.2	1	0.1
MALE GENITAL ORGANS, EXC. PROSTATE (186-187)	1	0.2	N/A	N/A	1	0.1
NERVOUS SYSTEM (191-192)	7	1.4	0	0.0	7	0.7
LEUKEMIA (204-208)	4	0.8	8	1.6	12	1.2
OTHER HEMATOPOIETIC TISSUE (200-203)	5	1.0	0	0.0	5	0.5
UNSPECIFIED SITE (196-199)	2	0.4	2	0.4	4	0.4
TOTAL (140-208)	29	5.7	18	3.7	47	4.7

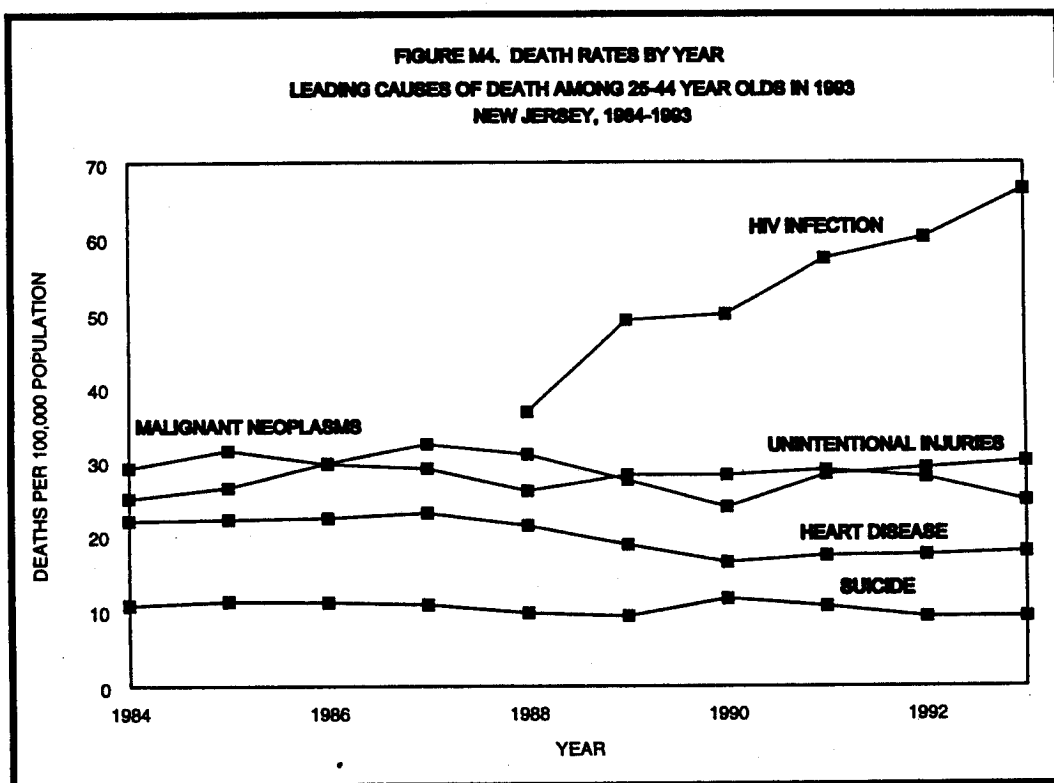
*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION AGED 15 THROUGH 24 YEARS

Heart disease was the fifth leading cause of death among 15 through 24 year olds. There were 28 deaths in this age group in 1993, for a rate of 2.8 deaths per 100,000 population aged 15 through 24.

MORTALITY AMONG 25 THROUGH 44 YEAR OLDS

There were 5,350 deaths of New Jersey residents aged 25 through 44 in 1993. This figure is an increase of 1,919 over the number of deaths 10 years earlier in 1984. The death rate per 1,000 population for this age group increased by 40 percent over the past 10 years, from 1.5 in 1984 to 2.1 in 1993 (Table M16). A major factor in this increase in the death rate is HIV infection deaths.

HIV infection has been the leading cause of death in this age group since 1988, the first year in which it could be identified as a separate, distinct cause of death (Table M22). In 1993, HIV infection was responsible for 1,703 deaths or 31.8 percent of the total deaths of 25 through 44 year olds. There were almost twice as many deaths from HIV infection in 1993 in this age group as in 1988. The age-specific death rate has risen from 36.7 to 66.5 per 100,000 population (Figure M4). Almost three-fourths of the HIV infection deaths in 1993 (74.2%) were in 25 through 44 year olds. In 1993, HIV infection was responsible for more than twice as many deaths in this age group as the second leading cause of death.



Unintentional injuries ranked second as a cause of death in this age group. The major reason for the increase in the death rate from this cause since 1990 is the rise in the number of drug poisoning deaths, which includes deaths from drug overdoses (Martin, R.M. and Baron, M.L., 1995).

Cancer was the third leading cause of death of New Jerseyans 25 through 44, causing 630 deaths in 1993. More cancer deaths in this age group were caused by female breast cancer (105 deaths) than any other type, followed by lung and bronchus cancer (89 deaths) (Table M7). Other high frequency types of cancer deaths in this age group were cancer of the bone, skin and connective tissue (53), leukemia (52) and other hematopoietic tissue (65), colon and rectum cancer (45) and cancer of the other digestive organs (51 deaths). This is the youngest age group in which there was a substantial number of deaths from cancer of the lung and bronchus.

Diseases of the heart, suicide, homicide and legal intervention, and chronic liver disease and cirrhosis were the fourth through seventh ranking causes of death. Injury deaths including unintentional injuries, suicide, homicide and legal intervention and other external cause deaths accounted for 22.4 percent of the deaths of persons in this age group.

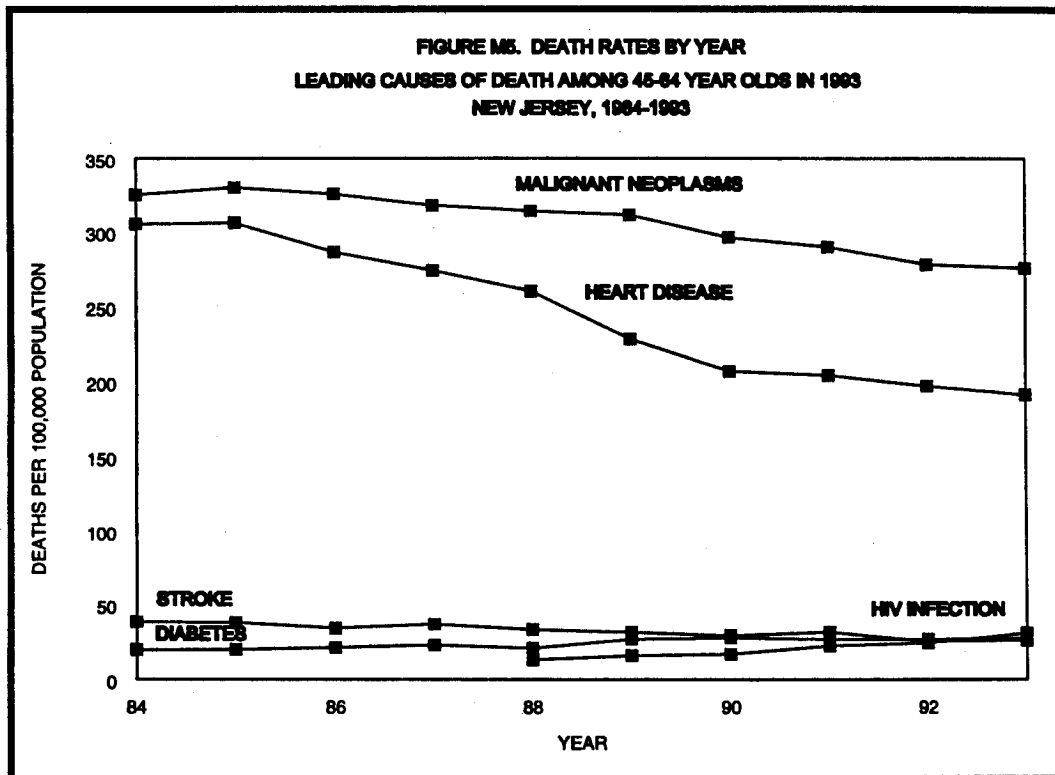
**TABLE M7. MALIGNANT NEOPLASM DEATHS AMONG 25-44 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
LIP, ORAL CAVITY & PHARYNX (140-149)	7	0.6	1	0.1	8	0.3
COLON & RECTUM (153-154, 159.0)	27	2.1	18	1.4	45	1.8
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	24	1.9	27	2.1	51	2.0
LUNG & BRONCHUS (162.2-162.9)	50	4.0	39	3.0	89	3.5
BONE, SKIN, CONNECTIVE TISSUE (170-173)	31	2.5	22	1.7	53	2.1
FEMALE BREAST (174)	N/A	N/A	105	8.1	105	4.1
CERVIX UTERI (180)	N/A	N/A	31	2.4	31	1.2
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	N/A	N/A	26	2.0	26	1.0
PROSTATE (185)	3	0.2	N/A	N/A	3	0.1
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	1	0.1	N/A	N/A	1	0.0
URINARY ORGANS (188-189)	12	0.9	5	0.4	17	0.7
NERVOUS SYSTEM (191-192)	20	1.6	17	1.3	37	1.4
LEUKEMIA (204-208)	24	1.9	28	2.2	52	2.0
OTHER HEMATOPOIETIC TISSUE (200-203)	47	3.7	18	1.4	65	2.5
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-195)	10	0.8	3	0.2	13	0.5
UNSPECIFIED SITE (196-199)	18	1.4	16	1.2	34	1.3
TOTAL (140-208)	274	21.7	356	27.4	630	24.6

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED SEX-SPECIFIC POPULATION AGED 25 THROUGH 44 YEARS

MORTALITY AMONG 45 THROUGH 64 YEAR OLDS

There were 11,753 deaths of New Jersey residents aged 45 through 64 years in 1993. For the past ten years, malignant neoplasm has been the leading cause of deaths in this age group and diseases of the heart has ranked second (Table M23 and Figure M5). Together, these two causes accounted for 7,554 deaths (64.3% of the total) in this age group in 1993. Deaths from both of these causes have been declining; however, deaths from heart disease have been declining at a faster rate than cancer deaths.



There were 4,461 deaths from cancer in this age group in 1993. Lung and bronchus cancer caused more deaths overall in this age group and in both males and females than any other cancer type, accounting for 1,366 deaths (Table M8). Although the death rate from lung and bronchus cancer was high in both males and females, the death rate in males was 78.7 percent higher than the female rate. Among males, the next most frequent causes of malignant neoplasm deaths were cancer of the digestive organs other than the colon and rectum (381 deaths), colon and rectum cancer (246 deaths), hematopoietic tissue cancer other than leukemia (108 deaths) and prostate cancer (105 deaths). Other than from lung and bronchus cancer, female cancer death rates were highest from breast cancer (494 deaths), cancer of female genital organs other than the cervix uteri and unspecified genital organs (228 deaths), cancer of the digestive organs other than the colon and rectum (212 deaths), and cancer of the colon and rectum (173 deaths). For each of the cancer sites with the exception of those that are sex-specific, the male death rates were higher than the comparable female rates.

HIV infection became the third leading cause of death of persons 45 through 64 in 1993. The number of deaths due to HIV infection was 502, two and one-half times the number of deaths from this cause in 1988. Diabetes mellitus was the fourth leading cause of death in 1993, responsible for 444 deaths. The death rate from diabetes mellitus increased sharply in 1989, which was the year of implementation of a revised death certificate which was designed to clarify the certification of the cause of death. Since 1989, the death rate has been higher than in previous years, but relatively stable. Stroke was the fifth leading cause of death in this age group in 1993, accounting for 422 deaths. Until 1992, stroke was the third highest cause of death in this age group; however, the number of deaths and the death rate have been declining for a decade or more. The sixth leading cause of death among 45 through 64 year olds was chronic liver disease and cirrhosis. This cause was responsible for 355 deaths in 1993. Chronic liver disease and cirrhosis deaths have been declining during the past decade, causing these deaths to fall from fourth rank ten years ago to sixth rank in 1991 as a cause of death among persons 45 through 64.

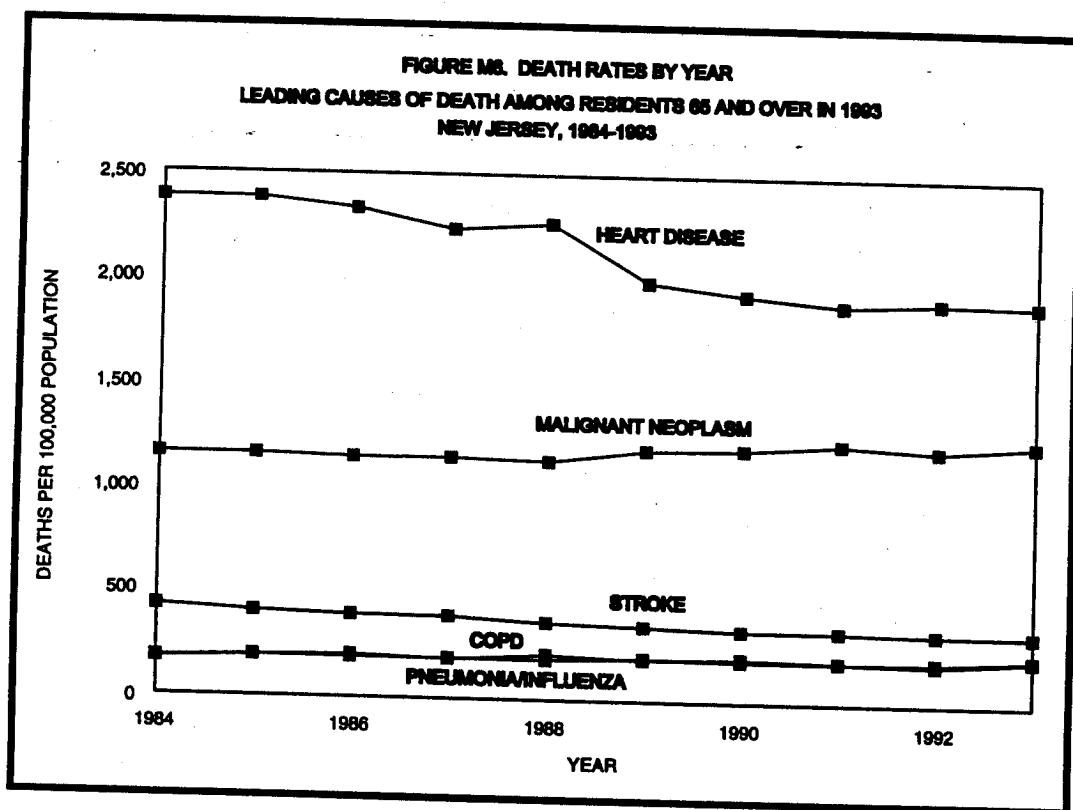
**TABLE M8. MALIGNANT NEOPLASM DEATHS AMONG 45-64 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
LIP, ORAL CAVITY, PHARYNX (140-149)	78	10.1	21	2.5	99	6.1
COLON AND RECTUM (153-154, 159.0)	246	31.7	173	20.6	419	25.9
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	381	49.1	212	25.3	593	36.7
LUNG AND BRONCHUS (162.2-162.9)	851	109.7	515	61.4	1,366	84.6
BONE, SKIN, CONNECTIVE TISSUE (170-173)	79	10.2	38	4.5	117	7.2
FEMALE BREAST (174)	N/A	N/A	494	58.9	494	30.6
CERVIX UTERI (180)	N/A	N/A	50	6.0	50	3.1
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	N/A	N/A	228	27.2	228	14.1
PROSTATE (185)	105	13.5	N/A	N/A	105	6.5
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	3	0.4	N/A	N/A	3	0.2
URINARY ORGANS (188-189)	88	11.3	42	5.0	130	8.1
NERVOUS SYSTEM (191-192)	57	7.3	42	5.0	99	6.1
LEUKEMIA (204-208)	83	10.7	68	8.1	151	9.4
OTHER HEMATOPOIETIC TISSUE (200-203)	108	13.9	92	11.0	200	12.4
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-195)	105	13.5	32	3.8	137	8.5
UNSPECIFIED SITE (196-199)	156	20.1	114	13.6	270	16.7
TOTAL (140-208)	2,340	301.6	2,121	252.8	4,461	276.3
*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION AGED 45 THROUGH 64 YEARS						

MORTALITY AMONG THE POPULATION AGED 65 AND OVER

There were 53,400 deaths of New Jersey residents aged 65 and older in 1993, an increase of 3.1 percent over the 1992 number. The age-specific death rate also increased, by 1.7 percent. Almost three-fourths of all deaths of New Jerseyans in 1993 (73.5%) occurred among the elderly. The number of deaths of elderly New Jerseyans has increased in recent years, but, because of growth in the population over 65, the age-specific death rate had been declining. The increase in the death rate among the elderly in 1993 may be primarily due to influenza epidemics and other related effects and, as such, may not represent a reversal in the downward trend of the death rate.

Heart disease and cancer continued to rank first and second as the leading causes of death of the elderly, together accounting for 63.0 percent of the deaths in this age group in 1993. While deaths from heart disease have declined during the past ten years, the number of cancer deaths and the cancer death rate have been increasing (Table M24 and Figure M6).



There were 13,286 deaths from cancer in New Jerseyans 65 and over in 1993, 11,045 of persons 65 through 84 and 2,241 of those 85 and over. Among the "younger elderly", those 65 through 84 years, cancer of the lung and bronchus was the leading cause of death from cancer, overall and in both males and females (Table M9). Lung and bronchus cancer was the underlying cause in 3,100 deaths of New Jerseyans 65 through 84 years of age. The death rate from lung and bronchus cancer in this age group was more than twice as high in males as in females. The second highest cancer death rate among males was from prostate cancer, while breast cancer was the second most frequent cause of death from cancer among females.

The overall cancer death rate among the "older elderly", persons 85 and over, was almost twice that of the 65 through 84 year olds (Tables M9 and M10). The death rates by site were higher among the "older elderly" in every case with the exception of lung and bronchus cancer, which was 6.7 percent lower in the "older elderly" than in the "younger elderly" and cancer of the cervix (9.6% lower). Among males 85 and over, the leading causes of death from malignant neoplasms were cancer of the prostate, followed by lung and bronchus cancer and cancer of the colon and rectum and other digestive organs (Table M10). Female death rates in the "older elderly" population were highest from cancer of the colon and rectum, other digestive organs and the breast.

**TABLE M9. MALIGNANT NEOPLASM DEATHS AMONG 65-84 YEAR OLDS
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
LIP, ORAL CAVITY AND PHARYNX (140-149)	86	21.6	65	11.5	151	15.6
COLON AND RECTUM (153-154, 159.0)	683	171.2	671	118.4	1,354	140.2
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	794	199.0	671	118.4	1,465	151.7
LUNG AND BRONCHUS (162.2-162.9)	1,902	476.6	1,198	211.3	3,100	320.9
BONE, SKIN, CONNECTIVE TISSUE (170-173)	140	35.1	88	15.5	228	23.6
FEMALE BREAST (174)	N/A	N/A	808	142.5	808	83.6
CERVIX UTERI (180)	N/A	N/A	50	8.8	50	5.2
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	N/A	N/A	470	82.9	470	48.7
PROSTATE (185)	842	211.0	N/A	N/A	842	87.2
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	5	1.3	N/A	N/A	5	0.5
URINARY ORGANS (188-189)	318	79.7	179	31.6	497	51.4
NERVOUS SYSTEM (191-192)	107	26.8	94	16.6	201	20.8
LEUKEMIA (204-208)	170	42.6	182	32.1	352	36.4
OTHER HEMATOPOIETIC TISSUE (200-203)	263	65.9	318	56.1	581	60.1
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-195)	151	37.8	99	17.5	250	25.9
UNSPECIFIED SITE (196-199)	349	87.5	342	60.3	691	71.5
TOTAL (140-208)	5,810	1,455.9	5,235	923.3	11,045	1,143.4

*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION AGED 65 THROUGH 84 YEARS

Stroke, the third leading cause of death among persons 65 and over, has decreased both in number of deaths and death rate over the past ten years. At the same time, COPD and pneumonia/influenza, the fourth and fifth leading causes of death in the elderly population, have steadily increased over the past decade. Diabetes mellitus was the sixth leading cause of death among the elderly in 1993. A revision in the death certificate in 1989 resulted in larger numbers of death assigned diabetes mellitus as an underlying cause. This effect was particularly pronounced in deaths of the elderly. Since 1989, the death rate from diabetes has been essentially stable in this age group.

**TABLE M10. MALIGNANT NEOPLASM DEATHS AMONG PERSONS 85 AND OVER
BY SEX AND SITE
NEW JERSEY, 1993**

SITE (ICD-9 CODES)	SEX					
	MALE		FEMALE		TOTAL	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
LIP, ORAL CAVITY AND PHARYNX (140-149)	12	42.2	18	23.3	30	28.4
COLON AND RECTUM (153-154, 159.0)	121	425.1	265	343.6	386	365.5
OTHER DIGESTIVE ORGANS (150-152, 155-158, 159.1-159.9)	108	379.4	221	286.5	329	311.6
LUNG AND BRONCHUS (162.2-162.9)	167	586.6	149	193.2	316	299.2
BONE, SKIN, CONNECTIVE TISSUE (170-173)	23	80.8	28	36.3	51	48.3
FEMALE BREAST (174)	N/A	N/A	196	254.1	196	185.6
CERVIX UTERI (180)	N/A	N/A	5	6.5	5	4.7
OTHER/UNSPECIFIED FEMALE GENITAL ORGANS (179, 181-184)	N/A	N/A	82	106.3	82	77.7
PROSTATE (185)	251	881.7	N/A	N/A	251	237.7
OTHER/UNSPECIFIED MALE GENITAL ORGANS (186-187)	2	7.0	N/A	N/A	2	1.9
URINARY ORGANS (188-189)	73	256.4	64	83.0	137	129.7
NERVOUS SYSTEM (191-192)	12	42.2	20	25.9	32	30.3
LEUKEMIA (204-208)	34	119.4	65	84.3	99	93.8
OTHER HEMATOPOIETIC TISSUE (200-203)	36	126.5	87	112.8	123	116.5
OTHER SITES (160.0-162.0, 163-165, 175, 190, 193-195)	20	70.3	29	37.6	49	46.4
UNSPECIFIED SITE (196-199)	45	158.1	108	140.0	153	144.9
TOTAL (140-208)	904	3,175.6	1,337	1,733.4	2,241	2,122.2

*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION AGED 85 AND OVER

The population 65 and over experiences rising cause-specific death rates with increasing age. For each of the 10 leading causes of death in the elderly, the death rate among the older elderly is greater than among the younger elderly (Table M11). However, the discrepancy in cause-specific death rates between the older and younger elderly varies by specific cause. The susceptibility to death from certain causes, especially those caused by or related to infectious organisms, rises at an accelerated rate with increasing age. The leading causes of death were similar in the older and younger elderly, but the rankings for pneumonia/influenza, septicemia, nephritis and nephrosis, and atherosclerosis were higher among the older elderly than among the younger elderly. The death rate from pneumonia/influenza was more than nine times as high in the older elderly as in the younger elderly, although the age-specific total death rate is only about four times as high. The death rate for atherosclerosis among the older segment of the population was 8.6 times the rate among the younger elderly; the death rate for septicemia was almost six times as high; the stroke rate was 5.7 times as high; and heart disease and nephritis/nephrosis death rates were about five times as high. However, the death rates from COPD and diabetes among those 85 and over were each exactly 2.3 times the comparable rates in the younger elderly and the cancer death rate was only 1.9 times the rate in the 65 through 84 year olds.

**TABLE M11. LEADING CAUSES OF DEATH AND DEATH RATES
RESIDENTS 65 THROUGH 84 AND 85 AND OVER
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	65-84 YEARS			85 AND OVER		
	DEATHS	RATE*	RANK	DEATHS	RATE*	RANK
DISEASES OF THE HEART (390-398, 402, 404-429)	12,970	1,342.6	1	7,396	7,003.9	1
MALIGNANT NEOPLASMS (140-208)	11,045	1,143.4	2	2,241	2,122.2	2
CEREBROVASCULAR DISEASES (430-438)	2,132	220.7	3	1,330	1,259.5	3
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	1,828	189.2	4	469	444.1	5
DIABETES MELLITUS (250)	1,310	135.6	5	327	309.7	7
PNEUMONIA/INFLUENZA (480-487)	1,128	116.8	6	1,139	1,078.6	4
SEPTICEMIA (038)	644	66.7	7	413	391.1	6
ARTERY, ARTERIOLES AND CAPILLARY DISEASE (444-448)	527	54.6	8	177	167.6	10
NEPHRITIS/NEPHROSIS (580-589)	480	49.7	9	260	246.2	8
UNINTENTIONAL INJURIES (E800-E949)	442	45.8	10	169	160.0	11
ATHEROSCLEROSIS (440)	204	21.1	12	191	180.9	9
RESIDUAL	4,235	438.4	N/A	2,343	2,218.8	N/A
TOTAL	36,945	3,824.5	N/A	16,455	15,582.5	N/A
*DEATH RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION						

MORTALITY BY SEX AND RACE

OVERVIEW

Crude, cause-specific death rates differ by sex, although the first and second leading causes were the same in males and females in 1993 (Table M12). Diseases of the heart and cancer ranked first and second, respectively, as leading causes of death in both males and females. HIV was the third leading cause of death in males, but ranked ninth as a cause of death in females. Other causes which had a relatively varying impact on males and females were unintentional injuries (a rank of five in males and eight in females); pneumonia/influenza (a rank of seven in males and four in females), chronic liver disease and cirrhosis (a rank of nine in males and 11 in females), septicemia (a rank of 10 in males and seven in females), and nephritis/nephrosis (a rank of 13 in males and 10 in females).

**TABLE M12. LEADING CAUSES OF DEATH BY SEX
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	MALES			FEMALES		
	DEATHS	RATE*	RANK	DEATHS	RATE*	RANK
DISEASES OF THE HEART (390-398, 402, 404-429)	11,490	302.3	1	12,486	307.7	1
MALIGNANT NEOPLASMS (140-208)	9,378	246.7	2	9,089	224.0	2
HIV INFECTION (042-044)	1,687	44.4	3	607	15	9
CEREBROVASCULAR DISEASES (430-438)	1,674	44.0	4	2,356	58.1	3
UNINTENTIONAL INJURIES (E800-E949)	1,458	38.4	5	651	16.0	8
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	1,351	35.5	6	1,287	31.7	5
PNEUMONIA/INFLUENZA (480-487)	1,092	28.7	7	1,455	35.9	4
DIABETES MELLITUS (250)	968	25.5	8	1,197	29.5	6
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	568	14.9	9	360	8.9	11
SEPTICEMIA (038)	528	13.9	10	700	17.2	7
NEPHRITIS/NEPHROSIS (580-589)	454	11.9	13	452	11.1	10
RESIDUAL	5,650	148.7	N/A	5,687	140.1	N/A
TOTAL	36,298	955	N/A	36,327	895.1	N/A

*DEATH RATES ARE COMPUTED PER 100,000 SEX-SPECIFIC POPULATION
NOTE: THERE WERE FIVE DEATH CERTIFICATES ON WHICH THE SEX OF THE DECEDENT WAS NOT STATED.

Crude death rates and rankings of various cause groups also differed between black and white races (Table M13). The two leading causes of death within each group were the same: heart disease and cancer, in that order. HIV infections was the third leading cause of death among blacks, but ranked ninth among whites. Other conditions with major differences in death rates and ranking between the races were COPD (fourth among whites and ninth among blacks), early infant mortality (10th among blacks and 15th among whites), and homicide and legal intervention (eighth among blacks and 18th among whites).

**TABLE M13. LEADING CAUSES OF DEATH BY RACE, IN BLACK AND WHITE RACES
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	WHITE			BLACK		
	DEATHS	RATE*	RANK	DEATHS	RATE*	RANK
DISEASES OF THE HEART (390-398, 402, 404-429)	21,564	337.7	1	2,220	198.4	1
MALIGNANT NEOPLASMS (140-208)	16,071	251.7	2	2,140	191.3	2
CEREBROVASCULAR DISEASES (430-438)	3,506	54.9	3	482	43.1	4
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	2,370	37.1	4	253	22.6	9
PNEUMONIA/INFLUENZA (480-487)	2,258	35.4	5	270	24.1	7
DIABETES MELLITUS (250)	1,787	28.0	6	361	32.3	6
UNINTENTIONAL INJURIES (E800-E949)	1,639	25.7	7	425	38.0	5
SEPTICEMIA (038)	1,007	15.8	8	208	18.6	11
HIV INFECTION (042-044)	995	15.6	9	1,273	113.8	3
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	777	12.2	10	147	13.1	13
NEPHRITIS/NEPHROSIS (580-589)	736	11.5	11	155	13.9	12
HOMICIDE & LEGAL INTERVENTION (E960-E978)	185	2.9	18	255	22.8	8
EARLY INFANT MORTALITY (760-779)	283	4.4	15	225	20.1	10
RESIDUAL	8,682	136.0	N/A	1,556	139.1	N/A
TOTAL	61,860	968.9	N/A	9,970	891.2	N/A

*DEATH RATES ARE COMPUTED PER 100,000 RACE-SPECIFIC POPULATION

NOTE: THERE WERE 599 DEATHS TO PERSONS OF RACES OTHER THAN WHITE OR BLACK AND 201 DEATH CERTIFICATES ON WHICH THE RACE OF THE DECEDENT WAS NOT STATED.

AGE-ADJUSTED DEATH RATES

Differences in the age distribution of populations affect crude, cause-specific death rates. Age-adjusted rates eliminate the effects of age upon death rates between different populations. Death rates for 1993 for the total population, for males and females, and for whites and blacks were age-adjusted (Table M14). When adjusted for the age distribution of the population, HIV infection becomes the third leading cause of death in the State's total population, behind heart disease and cancer. Cause-specific death rates among blacks were consistently higher than the respective rates for whites for each of the total population's ten leading causes of death. Cause groups with high ratios of black to white age-adjusted death rates were HIV infection (7.6), septicemia (2.5) and diabetes (2.2). Age-adjusted death rates for males were higher than comparable rates in females for each of the ten leading causes of death in the total population. Cause groups with high ratios of male to female age-adjusted death rates were unintentional injuries (3.0), HIV infection (2.8) and chronic liver disease and cirrhosis (2.1).

**TABLE M14. CRUDE AND AGE-ADJUSTED DEATH RATES
LEADING CAUSES OF DEATH IN THE TOTAL POPULATION, BY RACE AND SEX
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL POPULATION			AGE-ADJUSTED RACE- AND SEX- SPECIFIC DEATH RATES			
	CRUDE RATE	RANK	AGE- ADJUSTED RATE	RACE		SEX	
				WHITE	BLACK	MALE	FEMALE
DISEASES OF THE HEART (390-398, 402, 404-429)	305.1	1	141.9	138.8	177.5	189.5	104.4
MALIGNANT NEOPLASMS (140-208)	235.0	2	139.8	135.5	187.2	168.0	120.3
CEREBROVASCULAR DISEASES (430-438)	51.3	3	23.0	21.3	38.1	26.6	20.1
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	33.6	4	16.7	16.2	21.1	21.7	13.3
PNEUMONIA/INFLUENZA (480-487)	32.4	5	13.0	12.0	20.3	16.0	10.9
HIV INFECTION (042-044)	29.2	6	27.2	14.5	109.6	40.5	14.4
DIABETES MELLITUS (250)	27.5	7	15.6	14.0	31.1	17.8	13.6
UNINTENTIONAL INJURIES (E800-E949)	26.8	8	23.1	21.4	36.8	35.2	11.7
SEPTICEMIA (038)	15.6	9	7.1	6.2	15.7	8.4	6.1
CHRONIC LIVER DISEASE AND CIRRHOSIS (571)	11.8	10	8.9	8.6	13.6	12.3	5.9

INFANT MORTALITY

OVERVIEW

Infant mortality is defined as the number of deaths within the first year of life; the infant mortality rate is computed as the number of infant deaths in a calendar year per 1,000 live births recorded for the same period. In 1993, the number of resident infant deaths was 989, a 2.2 percent decrease from 1992. The infant mortality rate in the state has been declining for more than a decade; the 1993 rate was 8.4 infant deaths per 1,000 live births, unchanged from the 1992 rate (Table M25).

Infant mortality rates continue to differ by race. In assessing infant mortality rates by race, it should be noted that live newborns are assigned the racial classification of the mother for purposes of analysis, but death certificates may be assigned a racial classification by hospital staff, the respondent providing information for the death certificate, or others. In 1993, the numbers of infant deaths by race were as follows: 548 white, 405 black, 28 other races and eight 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 6.4, 17.7, and 5.0 per 1,000 race-specific live births, respectively.

The infant mortality rate increased over the 1992 level in white infants, but declined among black and other race infants. While the white infant mortality rate rose 8.5 percent over the year, the rate fell 4.8 percent among black infants and 20.6 percent among infants of other races. The black infant mortality rate was 2.8 times the white rate in 1993, a slight decline in this ratio from the prior year's figure.

NEONATAL DEATHS

More than two-thirds of infant deaths in 1993 (67.4%) occurred during the neonatal period, which encompasses the first 27 days of life. There were 667 neonatal deaths in 1993, which is a rate of 5.7 per 1,000 births. This was identical to the 1992 rate. Of the neonatal deaths, 380 were white, 265 were black and 17 were of other races. The neonatal rate varied by race: the rates for white, black and other race babies were 4.4, 11.6, and 3.0, per 1,000 race-specific live births, respectively. The black neonatal death rate was 2.6 times that for white neonates.

POSTNEONATAL DEATHS

In 1993, a total of 320 infant deaths (32.4% of the total infant deaths) occurred during the postneonatal period, from 28 days to one year of life. Of the post neonatal deaths, 167 were white, 140 were black and 11 were among other races. The respective mortality rates were 1.9, 6.1, and 1.9 per 1,000 race-specific live births. The black postneonatal death rate was 3.2 times that for whites.

LEADING CAUSES OF DEATH

The causes of deaths of infants are different in the neonatal and postneonatal periods. Congenital anomalies were the leading cause of death of infant deaths in 1993 (Table M15), although these were not the leading cause of death in either neonates or postneonates. Disorders relating to short gestation and unspecified low birth weight, the underlying cause in 148 deaths, was the second leading cause of infant deaths. All of these were neonatal deaths. Sudden infant death syndrome was responsible for 97 deaths, most of which (93) occurred in the postneonatal period and respiratory distress syndrome was the cause of 96 infant deaths, almost all of which (93) occurred in neonates. The fifth leading cause of infant mortality in 1993 was other respiratory conditions of fetus and newborn, also mostly occurring in neonates (60 of 75 deaths). Disorders relating to short gestation and unspecified low birth weight and congenital anomalies together accounted for 41.2 percent of deaths during the neonatal period. Almost half of postneonatal deaths (48.8%) were due to sudden infant death syndrome or congenital anomalies.

TABLE M15. FIVE LEADING CAUSES OF INFANT, NEONATAL AND POSTNEONATAL DEATHS
NEW JERSEY, 1993

CAUSE OF DEATH (ICD-9 CODES)	INFANT DEATHS		NEONATAL DEATHS		POSTNEONATAL DEATHS	
	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER
CONGENITAL ANOMALIES (740-759)	1	190	2	127	2	63
DISORDERS RELATING TO SHORT GESTATION & UNSPECIFIED LOW BIRTH WEIGHT (765)	2	148	1	148		0
SUDDEN INFANT DEATH SYNDROME (798.0)	3	97		4	1	93
RESPIRATORY DISTRESS SYNDROME (769)	4	96	3	93		3
OTHER RESPIRATORY CONDITIONS OF FETUS & NEWBORN (770)	5	75	4	60	5	15
NEWBORN AFFECTED BY MATERNAL COMPLICATIONS OF PREGNANCY (761)		37	5	37		0
PNEUMONIA/INFLUENZA (480-487)		21		2	3.5	19
DISEASES OF THE CENTRAL NERVOUS SYSTEM (320-349)		19		0	3.5	19

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 to be reported to the State Registrar, by New Jersey law. 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, include only spontaneous abortions beyond 19 weeks of gestation. (Fetal deaths of unknown or unstated gestational age are also included). Only fetal deaths occurring to females who were New Jersey residents are included.

There were 766 reported spontaneous, resident fetal deaths of over 20 weeks gestation in 1993 for a rate of 6.5 per 1,000 live births plus fetal deaths (Table M26). Of the total fetal deaths, 465 were to white women, 265 were to black women and 29 were to women of other races. Seven fetal death records had no stated race. Fetal death rates among white, black, and other race women were 5.4, 11.4, and 5.1, respectively. The 1992 fetal death rate was 6.8 per 1,000 live births plus fetal deaths. The prior year's race-specific death rates were 5.5, 12.5, and 5.6 among white, black, and other race women, respectively.

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 deaths within the first 27 days of life (neonatal deaths). The number of perinatal deaths in 1993 was 1,433, which represents a rate of 12.1 perinatal deaths per 1,000 live births plus fetal deaths.

MATERNAL DEATHS

There were 10 deaths from pregnancy complications (ICD-9 codes 630 through 676) in 1993. The maternal death rate was 8.5 per 100,000 live births (Table M25). Because of the small annual number of deaths due to maternal complications, this rate fluctuates widely from year to year. Of these deaths, five were white and five were black. Table M26 provides a distribution by county of the number of infant, neonatal, postneonatal, fetal and maternal deaths in 1993.

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 result, the number of maternal deaths derived from this process is higher than the figure presented in this report, which is based on the use of ICD-9 codes 630-676, alone, as the definition of maternal mortality (Mertz, K., and Halpin, G.J., 1992).

TABLE M16. RESIDENT DEATH RATES* BY RACE, SEX AND AGE
NEW JERSEY, 1984-1993

YEAR	RACE			SEX		AGE GROUP					
	TOTAL	WHITE	OTHER	MALE	FEMALE	5-14	15-24	25-44	45-64	65-84	85+
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
1993	9.2	9.7	7.2	9.6	9.0	0.2	0.7	2.1	7.3	38.2	155.8

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

**TABLE M17. TOTAL RESIDENT DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

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)	50	0	0	0	0	14	15	21	0
TUBERCULOSIS, OTHER FORMS (13-18)	7	0	0	0	0	2	2	3	0
MENINGOCOCCAL INFECTION (36)	3	1	0	0	0	2	0	0	0
SEPTICEMIA (38)	1,228	8	3	2	5	45	108	1,057	0
HIV INFECTION (42-44)	2,294	4	16	17	27	1,703	502	25	0
SYPHILIS & ITS SEQUELAE (90-97)	3	0	0	0	0	0	0	3	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	277	3	1	3	2	71	69	127	1
MALIGNANT NEOPLASMS (140-208)	18,467	4	11	27	47	630	4,461	13,286	1
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	195	2	2	2	4	11	26	148	0
DIABETES MELLITUS (250)	2,165	0	1	0	7	75	444	1,637	1
NUTRITIONAL DEFICIENCIES (260-269)	97	0	0	0	0	1	2	94	0
ANEMIAS (280-285)	170	1	0	4	6	17	17	125	0
MENINGITIS (320-322)	40	5	6	1	1	2	8	17	0
DISEASES OF THE HEART (390-398,402,404-429)	23,978	17	10	6	28	454	3,093	20,366	4
HYPERTENSION (401,403)	304	0	0	0	0	11	52	241	0
CEREBROVASCULAR DISEASES (430-438)	4,030	1	1	5	6	133	422	3,462	0
ATHEROSCLEROSIS (440)	446	0	0	0	0	2	49	395	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	814	0	0	0	2	18	90	704	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	19	4	0	0	0	0	4	11	0
PNEUMONIA & INFLUENZA (480-487)	2,547	21	4	2	5	83	165	2,267	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	2,638	4	1	1	15	36	282	2,297	0
ULCER OF STOMACH & DUODENUM (531-533)	160	0	0	0	0	4	30	126	0
APPENDICITIS (540-543)	10	0	0	0	0	1	1	8	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	181	1	2	3	0	4	12	159	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	929	0	1	0	0	188	355	385	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	58	0	0	0	0	1	2	55	0
NEPHRITIS & NEPHROSIS (580-589)	906	15	1	0	1	28	121	740	0
INFECTIONS OF KIDNEY (590)	19	0	0	0	1	2	2	14	0
HYPERPLASIA OF PROSTATE (600)	7	0	0	0	0	0	2	5	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	10	0	0	0	0	10	0	0	0
CONGENITAL ANOMALIES (740-759)	357	190	36	22	7	35	29	38	0
EARLY INFANT MORTALITY (760-779)	520	520	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	844	5	9	27	181	242	137	242	1
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	1,265	13	29	26	91	528	208	369	1
SUICIDE (E950-E959)	603	0	0	5	86	233	147	132	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	448	11	17	10	131	194	56	29	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	181	6	1	1	20	108	33	12	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	405	106	4	3	18	77	48	147	2
RESIDUAL	5,955	47	32	25	55	383	759	4,653	1
TOTAL	72,630	989	188	192	746	5,350	11,753	53,400	12

TABLE M17A. TOTAL RESIDENT WHITE MALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993

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)	17	0	0	0	0	3	6	8	0
MENINGOCOCCAL INFECTION (36)	2	1	0	0	0	1	0	0	0
SEPTICEMIA (38)	425	4	0	0	2	15	42	362	0
HIV INFECTION (42-44)	814	1	1	4	4	606	187	11	0
SYPHILIS & ITS SEQUELAE (90-97)	2	0	0	0	0	0	0	2	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	109	0	0	2	1	32	25	49	0
MALIGNANT NEOPLASMS (140-208)	8,106	1	6	10	24	215	1,853	5,997	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	83	0	1	0	3	5	11	63	0
DIABETES MELLITUS (250)	811	0	0	0	2	34	199	575	1
NUTRITIONAL DEFICIENCIES (260-289)	26	0	0	0	0	0	1	25	0
ANEMIAS (280-285)	49	0	0	2	1	2	6	38	0
MENINGITIS (320-322)	13	1	2	0	0	0	1	9	0
DISEASES OF THE HEART (390-398,402,404-429)	10,275	6	4	1	10	241	1,795	8,216	2
HYPERTENSION (401,403)	98	0	0	0	0	1	17	80	0
CEREBROVASCULAR DISEASES (430-438)	1,422	1	0	3	2	48	168	1,200	0
ATHEROSCLEROSIS (440)	190	0	0	0	0	0	35	155	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	411	0	0	0	0	7	47	357	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	7	3	0	0	0	0	1	3	0
PNEUMONIA & INFLUENZA (480-487)	948	5	0	1	1	30	73	838	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	1,180	1	0	0	5	7	127	1,040	0
ULCER OF STOMACH & DUODENUM (531-533)	66	0	0	0	0	2	17	47	0
APPENDICITIS (540-543)	3	0	0	0	0	0	1	2	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	52	0	1	1	0	1	6	43	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	483	0	1	0	0	116	194	172	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	25	0	0	0	0	1	0	24	0
NEPHRITIS & NEPHROSIS (580-589)	372	6	0	0	0	10	40	316	0
INFECTIONS OF KIDNEY (590)	5	0	0	0	0	1	0	4	0
HYPERPLASIA OF PROSTATE (600)	6	0	0	0	0	0	1	5	0
CONGENITAL ANOMALIES (740-759)	131	65	10	13	1	15	12	15	0
EARLY INFANT MORTALITY (760-779)	151	151	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	453	1	3	9	105	135	74	125	1
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	665	6	10	8	55	300	128	158	0
SUICIDE (E950-E959)	394	0	0	1	50	151	102	90	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	121	2	1	0	37	49	26	6	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	94	2	0	1	10	64	13	4	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	137	30	0	1	6	42	21	37	0
RESIDUAL	2,208	14	12	10	24	144	327	1,677	0
TOTAL	30,354	301	52	67	343	2,278	5,556	21,753	4

TABLE M17B. TOTAL RESIDENT WHITE FEMALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993

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)	6	0	0	0	0	2	0	4	0
TUBERCULOSIS, OTHER FORMS (13-18)	4	0	0	0	0	1	0	3	0
MENINGOCOCCAL INFECTION (36)	1	0	0	0	0	1	0	0	0
SEPTICEMIA (38)	582	2	1	0	1	9	30	539	0
HIV INFECTION (42-44)	181	0	3	1	3	139	32	3	0
SYPHILIS & ITS SEQUELAE (90-97)	1	0	0	0	0	0	0	1	0
OTHER INFECTION/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	90	0	1	1	0	8	17	63	0
MALIGNANT NEOPLASMS (140-208)	7,965	3	3	12	12	262	1,724	5,948	1
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	84	1	0	1	0	3	9	70	0
DIABETES MELLITUS (250)	976	0	1	0	2	17	122	834	0
NUTRITIONAL DEFICIENCIES (260-269)	64	0	0	0	0	0	0	64	0
ANEMIAS (280-285)	71	0	0	0	0	0	5	66	0
MENINGITIS (320-322)	13	0	2	0	0	1	5	5	0
DISEASES OF THE HEART (390-398,402,404-429)	11,287	2	2	1	10	75	683	10,513	1
HYPERTENSION (401,403)	128	0	0	0	0	2	8	118	0
CEREBROVASCULAR DISEASES (430-438)	2,084	0	1	1	3	31	125	1,923	0
ATHEROSCLEROSIS (440)	220	0	0	0	0	0	10	210	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	313	0	0	0	1	4	20	288	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	11	0	0	0	0	0	3	8	0
PNEUMONIA & INFLUENZA (480-487)	1,310	3	0	0	1	18	46	1,242	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	1,190	1	1	0	4	6	98	1,080	0
ULCER OF STOMACH & DUODENUM (531-533)	80	0	0	0	0	1	8	71	0
APPENDICITIS (540-543)	3	0	0	0	0	0	0	3	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	102	1	0	0	0	1	3	97	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	293	0	0	0	0	33	86	174	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	25	0	0	0	0	0	1	24	0
NEPHRITIS & NEPHROSIS (580-589)	364	1	1	0	0	2	35	325	0
INFECTIONS OF KIDNEY (590)	9	0	0	0	0	0	2	7	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	5	0	0	0	0	5	0	0	0
CONGENITAL ANOMALIES (740-759)	128	63	13	6	2	11	13	20	0
EARLY INFANT MORTALITY (760-779)	132	132	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	237	2	1	4	37	59	36	98	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	284	3	10	5	15	57	28	166	0
SUICIDE (E950-E959)	111	0	0	2	7	34	38	30	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	64	1	2	4	9	24	14	10	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	38	1	0	0	3	14	14	6	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	136	20	0	0	5	15	10	86	0
RESIDUAL	2,910	11	7	6	13	91	238	2,543	1
TOTAL	31,502	247	49	44	128	926	3,463	26,642	3

**TABLE M17C. TOTAL RESIDENT BLACK MALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER							NOT STATED
		1	1-4	5-14	15-24	25-44	45-64	65+	
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	18	0	0	0	0	6	6	6	0
TUBERCULOSIS, OTHER FORMS (13-18)	2	0	0	0	0	1	1	0	0
SEPTICEMIA (38)	93	1	1	0	0	11	18	62	0
HIV INFECTION (42-44)	850	1	4	1	11	620	204	9	0
OTHER INFEC/PARA DISEASE (1-3,5,20-35,37,39-41,45-88,98-139)	36	1	0	0	0	19	9	6	1
MALIGNANT NEOPLASMS (140-208)	1,137	0	0	3	5	43	443	643	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	11	0	1	1	1	1	2	5	0
DIABETES MELLITUS (250)	148	0	0	0	3	9	60	76	0
NUTRITIONAL DEFICIENCIES (260-269)	5	0	0	0	0	1	1	3	0
ANEMIAS (280-285)	21	0	0	1	3	8	3	6	0
MENINGITIS (320-322)	7	4	0	0	1	1	1	0	0
DISEASES OF THE HEART (390-398,402,404-429)	1,100	6	3	2	6	81	353	649	0
HYPERTENSION (401,403)	37	0	0	0	0	6	16	15	0
CEREBROVASCULAR DISEASES (430-438)	231	0	0	1	1	26	69	134	0
ATHEROSCLEROSIS (440)	18	0	0	0	0	0	2	16	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	44	0	0	0	0	4	12	28	0
PNEUMONIA & INFLUENZA (480-487)	137	8	3	1	1	20	27	77	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	160	2	0	1	5	10	38	104	0
ULCER OF STOMACH & DUODENUM (531-533)	9	0	0	0	0	1	5	3	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	8	0	1	1	0	0	0	6	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	82	0	0	0	0	21	44	17	0
CHOLELITHIASIS & GALLBLADDER DIS. (574-575)	1	0	0	0	0	0	0	1	0
NEPHRITIS & NEPHROSIS (580-589)	76	2	0	0	0	11	23	40	0
INFECTIONS OF KIDNEY (590)	1	0	0	0	0	0	0	1	0
HYPERPLASIA OF PROSTATE (600)	1	0	0	0	0	0	1	0	0
CONGENITAL ANOMALIES (740-759)	44	29	5	2	1	5	2	0	0
EARLY INFANT MORTALITY (760-779)	124	124	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	87	0	4	10	26	25	14	8	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	232	4	4	12	16	134	37	24	1
SUICIDE (E950-E959)	62	0	0	1	18	32	4	7	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	200	4	6	4	77	90	13	6	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	32	0	0	0	3	23	4	2	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	72	31	2	1	4	9	11	12	2
RESIDUAL	403	14	5	5	11	85	101	182	0
TOTAL	5,489	231	39	47	193	1,303	1,524	2,148	4

TABLE M17D. TOTAL RESIDENT BLACK FEMALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993

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)	8	0	0	0	0	3	3	2	0
SEPTICEMIA (38)	115	1	0	0	1	10	15	88	0
HIV INFECTION (42-44)	423	2	8	10	8	319	74	2	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	29	1	0	0	1	10	13	4	0
MALIGNANT NEOPLASMS (140-208)	1,003	0	0	1	3	78	351	570	0
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	15	0	0	0	0	2	3	10	0
DIABETES MELLITUS (250)	213	0	0	0	0	14	56	143	0
NUTRITIONAL DEFICIENCIES (260-269)	2	0	0	0	0	0	0	2	0
ANEMIAS (280-285)	27	1	0	1	2	5	3	15	0
MENINGITIS (320-322)	7	0	2	1	0	0	1	3	0
DISEASES OF THE HEART (390-398,402,404-429)	1,120	2	1	1	1	46	221	847	1
HYPERTENSION (401,403)	40	0	0	0	0	2	11	27	0
CEREBROVASCULAR DISEASES (430-438)	251	0	0	0	0	27	46	178	0
ATHEROSCLEROSIS (440)	15	0	0	0	0	2	2	11	0
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	40	0	0	0	1	2	10	27	0
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	1	1	0	0	0	0	0	0	0
PNEUMONIA & INFLUENZA (480-487)	133	4	1	0	2	15	19	92	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	93	0	0	0	1	12	19	61	0
ULCER OF STOMACH & DUODENUM (531-533)	4	0	0	0	0	0	0	4	0
APPENDICITIS (540-543)	4	0	0	0	0	1	0	3	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	19	0	0	1	0	2	3	13	0
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	65	0	0	0	0	16	28	21	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	5	0	0	0	0	0	1	4	0
NEPHRITIS & NEPHROSIS (580-589)	79	4	0	0	1	4	21	49	0
INFECTIONS OF KIDNEY (590)	4	0	0	0	1	1	0	2	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	5	0	0	0	0	5	0	0	0
CONGENITAL ANOMALIES (740-759)	32	22	6	0	0	2	0	2	0
EARLY INFANT MORTALITY (760-779)	100	100	0	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	38	1	1	3	3	16	7	7	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	68	0	4	1	4	28	13	18	0
SUICIDE (E950-E959)	18	0	0	1	6	8	1	2	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	55	3	8	2	7	27	2	6	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	13	2	0	0	2	7	2	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	49	21	1	1	3	9	4	10	0
RESIDUAL	387	8	5	4	6	56	81	227	0
TOTAL	4,480	173	37	27	53	729	1,010	2,450	1

**TABLE M17E. TOTAL RESIDENT OTHER RACE MALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	AGE GROUP						
		UNDER 1	1-4	5-14	15-24	25-44	45-64	65+
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	1	0	0	0	0	0	0	1
TUBERCULOSIS, OTHER FORMS (13-18)	1	0	0	0	0	0	1	0
SEPTICEMIA (38)	9	0	1	1	0	0	2	5
HIV INFECTION (42-44)	9	0	0	1	1	4	3	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	8	0	0	0	0	1	3	4
MALIGNANT NEOPLASMS (140-208)	84	0	0	1	0	10	29	44
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	1	0	0	0	0	0	0
DIABETES MELLITUS (250)	9	0	0	0	0	1	3	5
ANEMIAS (280-285)	1	0	0	0	0	1	0	0
DISEASES OF THE HEART (390-398,402,404-429)	89	1	0	0	1	5	24	58
HYPERTENSION (401,403)	1	0	0	0	0	0	0	1
CEREBROVASCULAR DISEASES (430-438)	19	0	0	0	0	0	9	10
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	2	0	0	0	0	0	1	1
PNEUMONIA & INFLUENZA (480-487)	5	0	0	0	0	0	0	5
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (490-496)	10	0	0	0	0	1	0	9
ULCER OF STOMACH & DUODENUM (531-533)	1	0	0	0	0	0	0	1
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	3	0	0	0	0	1	2	0
CHOLELITHIASIS & GALLBLADDER DISEASE (574-575)	2	0	0	0	0	0	0	2
NEPHRITIS & NEPHROSIS (580-589)	6	1	0	0	0	1	0	4
CONGENITAL ANOMALIES (740-759)	7	3	0	0	2	1	1	0
EARLY INFANT MORTALITY (760-779)	6	6	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	12	0	0	1	6	2	3	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	5	0	1	0	1	3	0	0
SUICIDE (E950-E959)	10	0	0	0	3	5	1	1
HOMICIDE & LEGAL INTERVENTION (E960-E978)	3	0	0	0	0	2	1	0
ALL OTHER EXTERNAL CAUSES (E980-E999)	1	0	0	0	1	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	5	2	1	0	0	1	1	0
RESIDUAL	20	0	2	0	0	1	6	11
TOTAL	330	14	5	4	15	40	90	162

TABLE M17F. TOTAL RESIDENT OTHER RACE FEMALE DEATHS BY CAUSE AND AGE GROUP
NEW JERSEY, 1993

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER						
		1	1-4	5-14	15-24	25-44	45-64	65+
SEPTICEMIA (38)	3	0	0	0	1	0	1	1
HIV INFECTION (42-44)	2	0	0	0	0	2	0	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	4	1	0	0	0	1	1	1
MALIGNANT NEOPLASMS (140-208)	74	0	1	0	1	7	32	33
DIABETES MELLITUS (250)	8	0	0	0	0	0	4	4
DISEASES OF THE HEART (390-398,402,404-429)	68	0	0	1	0	2	6	59
CEREBROVASCULAR DISEASES (430-438)	20	0	0	0	0	1	3	16
ATHEROSCLEROSIS (440)	2	0	0	0	0	0	0	2
ARTERY, ARTERIOLES & CAPILLARY DISEASE (441-448)	4	0	0	0	0	1	0	3
PNEUMONIA & INFLUENZA (480-487)	10	1	0	0	0	0	0	9
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	4	0	0	0	0	2	0	2
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	0	1	0
NEPHRITIS & NEPHROSIS (580-589)	7	1	0	0	0	0	2	4
CONGENITAL ANOMALIES (740-759)	4	2	1	0	1	0	0	0
EARLY INFANT MORTALITY (760-779)	5	5	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	16	1	0	0	4	5	2	4
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	7	0	0	0	0	2	2	3
SUICIDE (E950-E959)	7	0	0	0	1	3	1	2
HOMICIDE & LEGAL INTERVENTION (E960-E978)	4	0	0	0	1	2	0	1
ALL OTHER EXTERNAL CAUSES	3	1	1	0	1	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	2	2	0	0	0	0	0	0
RESIDUAL	14	0	1	0	0	2	2	9
TOTAL	269	14	4	1	10	30	57	183

**TABLE M17G. TOTAL RESIDENT MALE DEATHS, RACE NOT STATED, BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	AGE GROUP						
		UNDER 1	1-4	5-14	15-24	25-44	45-64	65+
SEPTICEMIA (38)	1	0	0	1	0	0	0	0
HIV INFECTION (42-44)	14	0	0	0	0	12	2	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	1	0	0	0	0	0	1	0
MALIGNANT NEOPLASMS (140-208)	51	0	0	0	0	6	15	30
ANEMIAS (280-285)	1	0	0	0	0	1	0	0
DISEASES OF THE HEART (390-398,402,404-429)	26	0	0	0	0	4	9	13
CEREBROVASCULAR DISEASES (430-438)	2	0	0	0	0	0	1	1
PNEUMONIA & INFLUENZA (480-487)	2	0	0	0	0	0	0	2
CHRONIC OBSTRUCTIVE PULMONARY DISEASES (490-496)	1	0	0	0	0	0	0	1
CONGENITAL ANOMALIES (740-759)	8	3	1	1	0	1	1	1
EARLY INFANT MORTALITY (760-779)	1	1	0	0	0	0	0	0
MOTOR VEHICLE FATALITIES (E810-E825)	1	0	0	0	0	0	1	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	3	0	0	0	0	3	0	0
SUICIDE (E950-E959)	1	0	0	0	1	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	2	0	0	0	0	1	0	1
RESIDUAL	10	0	0	0	1	3	4	2
TOTAL	125	4	1	2	2	31	34	51

**TABLE M17H. TOTAL RESIDENT FEMALE DEATHS, RACE NOT STATED, BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER						
		1	1-4	5-14	15-24	25-44	45-64	65+
HIV INFECTION (42-44)	1	0	0	0	0	1	0	0
MALIGNANT NEOPLASMS (140-208)	47	0	1	0	2	9	14	21
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	0	0	0	0	0	1	0
DISEASES OF THE HEART (390-398,402,404-429)	11	0	0	0	0	0	2	9
CEREBROVASCULAR DISEASES (430-438)	1	0	0	0	0	0	1	0
ATHEROSCLEROSIS (440)	1	0	0	0	0	0	0	1
PNEUMONIA & INFLUENZA (480-487)	2	0	0	0	0	0	0	2
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	0	0	1
NEPHRITIS & NEPHROSIS (580-589)	2	0	0	0	0	0	0	2
CONGENITAL ANOMALIES (740-759)	3	3	0	0	0	0	0	0
OTHER UNINTENTIONAL INJURIES (E800-E807,E826-E949)	1	0	0	0	0	1	0	0
HOMICIDE & LEGAL INTERVENTION (E960-E978)	1	1	0	0	0	0	0	0
SYMPTOMS, SIGNS, & ILL-DEFINED CONDITIONS (780-799)	2	0	0	0	0	0	1	1
RESIDUAL	2	0	0	0	0	1	0	1
TOTAL	76	4	1	0	2	12	19	38

**TABLE M17I. TOTAL RESIDENT WHITE DEATHS, SEX NOT STATED, BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER						
		1	1-4	5-14	15-24	25-44	45-64	65+
DISEASES OF THE HEART (390-398,402,404-429)	2	0	0	0	0	0	0	2
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	1	0	0	0	0	1	0	0
RESIDUAL	1	0	0	0	0	0	0	1
TOTAL	4	0	0	0	0	1	0	3

**TABLE M17J. TOTAL RESIDENT BLACK DEATHS, SEX NOT STATED, BY CAUSE AND AGE GROUP
NEW JERSEY, 1993**

CAUSE GROUP (ICD-9 CODES)	TOTAL	UNDER						
		1	1-4	5-14	15-24	25-44	45-64	65+
EARLY INFANT MORTALITY (780-779)	1	1	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0	0	0

TABLE M18. TOTAL RESIDENT DEATHS BY DETAILED CAUSE AND AGE GROUP
NEW JERSEY, 1993

Cause Group (ICD-9 Codes)	Total	<1	1-14	15-24	25-44	45-64	65+	NOT STATED
Infectious & Parasitic Diseases (1-139)	3,862	16	42	34	1,837	696	1,236	1
Tuberculosis, Respiratory System (10-12)	50	0	0	0	14	15	21	0
Tuberculosis, Other Forms (13-18)	7	0	0	0	2	2	3	0
Septicemia (38)	1,228	8	5	5	45	108	1,057	0
HIV Infection (42-44)	2,294	4	33	27	1,703	502	25	0
Other Infectious & Parasitic Diseases	283	4	4	2	73	69	130	1
Malignant Neoplasms (140-208)	18,467	4	38	47	630	4,461	13,286	1
Benign & Unspecified Neoplasms (210-239)	195	2	4	4	11	26	148	0
Endocrine, Nutritional, & Metabolic Diseases & Immunity Disorders (240-279)	2,854	6	7	12	120	525	2,183	1
Diabetes Mellitus (250)	2,165	0	1	7	75	444	1,637	1
Nutritional Deficiencies (260-269)	97	0	0	0	1	2	94	0
Disorders of Fluid, Electrolyte, & Acid-Base Balance (276)	322	3	0	0	6	16	297	0
Other Endocrine, Nutritional, & Metabolic Diseases & Immunity Disorders	270	3	6	5	38	63	155	0
Diseases of Blood & Blood-Forming Organs (280-289)	341	3	5	11	25	41	256	0
Anemias (280-285)	170	1	4	6	17	17	125	0
Other Diseases of Blood & Blood-Forming Organs	171	2	1	5	8	24	131	0
Mental Disorders (290-319)	682	0	3	6	77	82	514	0
Presenile Dementia (290.1)	122	0	0	0	0	0	122	0
Other Mental Disorders (290.0, 290.2-319)	560	0	3	6	77	82	392	0
Diseases of the Nervous System and Sense Organs (320-389)	1,261	21	32	23	74	164	967	0
Meningitis (320-322)	40	5	7	1	2	8	17	0
Alzheimer's Disease (331.0)	408	0	0	0	0	8	400	0
Parkinson's Disease (332)	259	0	0	0	0	5	254	0
Other Nervous System & Sense Organ Diseases	574	16	25	22	72	143	296	0
Diseases of the Heart (390-398, 402, 404-429)	23,978	17	16	28	454	3,093	20,366	4
Chronic Rheumatic Heart Disease (393-398)	201	0	0	0	8	36	157	0
Hypertensive Heart Disease (402)	807	0	0	0	29	161	616	1
Acute Myocardial Infarction (410)	7,764	1	2	1	105	1,196	6,459	0
Other Ischemic Heart Disease (411-414)	8,980	0	0	3	104	820	8,052	1
Pulmonary Circulation Diseases (415-417)	397	7	0	7	28	73	282	0
Aortic Valve Disorders (424.1)	386	2	0	1	3	27	353	0
Endocarditis, Valve Unspecified (424.9)	115	0	0	0	12	12	91	0
Cardiomyopathy (425)	891	1	6	4	71	226	583	0
Cardiac Dysrhythmias (427)	1,012	4	7	2	29	143	827	0
Atrial Fibrillation (427.3)	143	0	0	0	0	7	136	0
Cardiac Arrest (427.5)	564	4	6	1	19	89	445	0
Other Cardiac Dysrhythmias	305	0	1	1	10	47	246	0
Heart Failure (428)	1,051	0	0	1	5	43	1,002	0
Congestive Heart Failure (428.0)	963	0	0	1	5	37	920	0
Other Heart Failure	88	0	0	0	0	6	82	0
III-Defined Descriptions & Complications of Heart Disease (429)	2,140	2	0	6	40	325	1,765	2
Cardiovascular Disease, Unspecified (429.2)	2,007	0	0	1	22	297	1,685	2
Other III-Defined Heart Disease	133	2	0	5	18	28	80	0
Other Heart Disease	234	0	1	3	20	31	179	0

**TABLE M18. TOTAL RESIDENT DEATHS BY DETAILED CAUSE AND AGE GROUP (CONTINUED)
NEW JERSEY, 1993**

Cause Group (ICD-9 Codes)	Total	<1	1-14	15-24	25-44	45-64	65+	NOT STATED
Hypertension (401, 403)	304	0	0	0	11	52	241	0
Cerebrovascular Diseases (430-438)	4,030	1	6	6	133	422	3,462	0
Atherosclerosis (440)	446	0	0	0	2	49	395	0
Artery, Arterioles, & Capillary Disease (441-448)	814	0	0	2	18	90	704	0
Diseases of Veins & Lymphatics, & Other Dis. of Circulatory System (451-459)	126	3	0	1	11	21	90	0
Diseases of the Respiratory System (460-519)	6,044	37	22	26	148	543	5,267	1
Pneumonia (480-486)	2,532	21	6	5	83	165	2,252	0
Influenza (487)	15	0	0	0	0	0	15	0
Chronic Obstructive Pulmonary Disease (490-496)	2,838	4	2	15	38	282	2,297	0
Chronic Bronchitis (491)	73	2	0	0	0	9	62	0
Emphysema (492)	557	0	0	0	4	63	490	0
Asthma (493)	137	0	2	13	27	37	58	0
Other Chronic Obstructive Pulmonary Disease	1,871	2	0	2	7	173	1,687	0
Other Respiratory System Diseases (460-478, 500-519)	859	12	14	6	27	96	703	1
Pneumonitis due to Solids or Liquids (507)	318	0	1	1	7	17	291	1
Postinflammatory Pulmonary Fibrosis (515)	144	0	1	1	0	31	111	0
Other Respiratory System Disease	397	12	12	4	20	48	301	0
Diseases of the Digestive System (520-579)	2,578	9	11	4	289	599	1,866	0
Ulcer of Stomach & Duodenum (531-533)	160	0	0	0	4	30	126	0
Hernia & Intestinal Obstruction (550-553, 560)	181	1	5	0	4	12	159	0
Vascular Insufficiency of Intestine (557)	175	1	0	0	5	19	150	0
Diverticula of Intestine (562)	96	0	0	0	0	10	86	0
Peritonitis (567)	64	2	0	0	5	14	43	0
Chronic Liver Disease & Cirrhosis (571)	929	0	1	0	188	355	385	0
Liver Abscess & Sequelae of Chronic Liver Disease (572)	153	2	1	1	17	44	88	0
Cholelithiasis & Gallbladder Disease (574-576)	58	0	0	0	1	2	55	0
Pancreas Disease (577)	97	0	0	1	20	23	53	0
Gastrointestinal Hemorrhage (578)	275	0	0	1	10	25	239	0
Other Digestive System Disease	390	3	4	1	35	65	282	0
Nephritis & Nephrosis (580-589)	906	15	1	1	28	121	740	0
Other Genitourinary System Disease (590-629)	659	1	0	2	22	50	584	0
Complications of Pregnancy, Birth, & Puerperium (630-678)	10	0	0	0	10	0	0	0
Diseases of the Skin & Subcutaneous Tissue (680-709)	133	0	1	1	4	13	114	0
Diseases of the Musculoskeletal System & Connective Tissue (710-739)	297	3	2	4	29	47	212	0
Congenital Anomalies (740-759)	357	190	58	7	35	29	38	0
Early Infant Mortality (760-779)	520	520	0	0	0	0	0	0
Symptoms, Signs, & Ill-Defined Conditions (789-799)	405	106	7	18	77	48	147	2

TABLE M18. TOTAL RESIDENT DEATHS BY DETAILED CAUSE AND AGE GROUP (CONTINUED)
NEW JERSEY, 1993

Cause Group (ICD-9 Codes)	Total	<1	1-14	15-24	25-44	45-64	65+	NOT STATED
Unintentional Injuries (E800-E949)	2,109	18	91	272	770	345	611	2
Motor Vehicle (E810-E825)	844	5	36	181	242	137	242	1
Poisoning by Drugs, Medicaments, & Biologicals (E850-E858)	504	0	2	48	381	60	12	1
Falls (E880-E888)	281	0	2	6	30	46	197	0
Caused by Fire & Flames (E890-E899)	94	3	19	3	16	19	34	0
Due to Natural & Environmental Factors (E900-E909)	53	1	0	1	11	11	29	0
Caused by Excessive Heat due to Weather Conditions (E900.0)	26	0	0	0	5	5	16	0
Other Due to Natural & Environmental Factors	27	1	0	1	6	6	13	0
Caused by Submersion, Suffocation, & Foreign Bodies (E910-E915)	152	9	26	9	29	21	58	0
Drowning & Submersion (E910)	61	0	18	8	17	11	7	0
Inhalation/Ingestion of Food Causing Obstruction of Respiratory Tract (E911)	27	0	0	1	5	6	15	0
Inhalation/Ingestion of Other Object Causing Obstruction of Respiratory Tract or Suffocation (E912)	42	1	1	0	2	3	35	0
Other Caused by Suffocation & Foreign Bodies	22	8	7	0	5	1	1	0
Other Unintentional Injuries	181	0	6	24	61	51	39	0
Suicide (E950-E959)	603	0	5	86	233	147	132	0
By Poisoning by Solid or Liquid Substance (E950)	74	0	1	9	30	24	10	0
By Motor Vehicle Exhaust Gas (E952.0)	39	0	0	1	15	11	12	0
By Hanging (E953.0)	139	0	3	25	63	27	21	0
By Firearms (E955.0-E955.4)	217	0	0	36	63	52	46	0
By Cutting & Piercing Instruments (E956)	25	0	0	2	7	6	10	0
By Jumping from High Place (E957)	26	0	1	3	11	6	5	0
By Other Means	63	0	0	10	24	21	28	0
Homicide & Legal Intervention (E960-E978)	448	11	27	131	194	56	29	0
By Firearms (E965.0-E965.4)	234	0	2	97	101	29	5	0
By Cutting & Piercing Instrument (E966)	90	1	2	20	44	14	9	0
Legal Intervention (E970-E978)	4	0	0	1	2	0	1	0
By Other Means	120	10	23	13	47	13	14	0
Injury Undetermined Whether Accidentality or Purposely Inflicted (E980-E989)	181	6	2	20	108	33	12	0
Poisoning by Solid or Liquid Substance (E980)	119	1	0	14	62	20	2	0
Other Injury of Undetermined Intentionality	62	5	2	6	26	13	10	0
Total (All Causes)	72,630	989	380	746	5,350	11,753	53,400	12

TABLE M19. DEATHS AND PERCENT OF TOTAL DEATHS IN AGE GROUP LEADING CAUSES OF DEATH IN 1993 AMONG ONE THROUGH FOUR YEAR OLDS NEW JERSEY, 1984-1993																		
YEAR	UNINTENTIONAL INJURIES												HOMICIDE		HIV INFECTION		MALIGNANT NEOPLASMS	
	TOTAL		MOTOR VEHICLE		OTHER		CONGENITAL ANOMALIES		HOMICIDE		HIV INFECTION		MALIGNANT NEOPLASMS					
	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT	NO.	PERCENT				
1984	59	34.7	12	7.1	47	27.6	25	14.7	6	3.5	NOT AVAILABLE	15	8.8					
1985	53	29.8	14	7.9	39	21.9	22	12.4	7	3.9	NOT AVAILABLE	16	9.0					
1986	54	29.7	13	7.1	41	22.5	30	16.5	4	2.2	NOT AVAILABLE	18	9.9					
1987	61	29.8	17	8.3	44	21.5	27	13.2	9	4.4	NOT AVAILABLE	21	10.2					
1988	62	29.7	12	5.7	50	23.9	33	15.8	13	6.2	13	6.2	21	10.0				
1989	41	21.8	10	5.3	31	16.5	27	14.4	9	4.8	11	5.9	14	7.4				
1990	50	27.9	12	6.7	38	21.3	32	18.0	17	9.6	20	11.2	5	2.8				
1991	49	29.7	15	9.1	34	20.6	26	15.8	9	5.5	13	7.9	16	9.7				
1992	66	33.0	19	9.5	47	23.5	29	14.5	8	4.0	16	8.0	14	7.0				
1993	38	20.2	9	4.8	29	15.4	36	19.1	17	9.0	16	8.5	11	5.9				

**TABLE M20. DEATHS AND DEATH RATES BY YEAR
LEADING CAUSES OF DEATH IN 1993 AMONG 5-14 YEAR OLDS
NEW JERSEY, 1984-1993**

YEAR	UNINTENTIONAL INJURIES												CONGENITAL ANOMALIES		HIV INFECTION		HOMICIDE	
	TOTAL			MOTOR VEHICLE			OTHER			MALIGNANT NEOPLASMS		CONGENITAL ANOMALIES		HIV INFECTION		HOMICIDE		
	NO.	RATE*		NO.	RATE*		NO.	RATE*		NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	
1984	97	9.5		49	4.8		48	4.7		47	4.6	16	1.6		NOT AVAILABLE	14	1.4	
1985	89	8.9		43	4.3		46	4.6		31	3.1	11	1.1		NOT AVAILABLE	17	1.7	
1986	103	10.4		66	6.7		37	3.8		40	4.1	18	1.8		NOT AVAILABLE	9	0.9	
1987	95	9.7		50	5.1		45	4.6		36	3.7	14	1.4		NOT AVAILABLE	5	0.5	
1988	92	9.4		42	4.3		50	5.1		38	3.9	12	1.2		3	0.3	12	1.2
1989	64	6.6		39	4.0		25	2.6		25	2.6	13	1.3		6	0.6	18	1.8
1990	60	6.2		36	3.7		24	2.5		35	3.6	14	1.4		11	1.1	12	1.2
1991	72	7.3		36	3.6		36	3.6		26	2.6	13	1.3		9	0.9	8	0.8
1992	65	6.5		36	3.6		29	2.9		22	2.2	11	1.1		11	1.1	9	0.9
1993	53	5.1		27	2.6		26	2.5		27	2.6	22	2.1		17	1.6	10	1.0

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED POPULATION AGED 5 THROUGH 14 YEARS

TABLE M21. DEATHS AND DEATHS RATES LEADING CAUSES OF DEATH IN 1993 AMONG 15-24 YEAR OLDS NEW JERSEY, 1984-1993																				
YEAR	UNINTENTIONAL INJURIES												HOMICIDE		SUICIDE		MALIGNANT NEOPLASMS		DISEASES OF THE HEART	
	TOTAL			MOTOR VEHICLE			OTHER			HOMICIDE		SUICIDE		MALIGNANT NEOPLASMS		DISEASES OF THE HEART				
	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*		
1984	411	34.0	279	23.1	132	10.9	115	9.5	115	9.5	115	9.5	78	6.4	38	3.1				
1985	403	33.7	277	23.2	126	10.5	109	9.1	110	9.2	110	9.2	83	6.9	23	1.9				
1986	413	35.0	288	24.4	125	10.6	118	10.0	102	8.6	102	8.6	63	5.3	39	3.3				
1987	405	34.9	281	24.2	124	10.7	103	8.9	97	8.4	97	8.4	57	4.9	31	2.7				
1988	410	36.2	299	26.4	111	9.8	124	10.9	108	9.5	108	9.5	55	4.9	35	3.1				
1989	310	28.1	205	18.6	105	9.5	133	12.1	90	8.2	90	8.2	72	6.5	26	2.4				
1990	330	30.5	238	22.0	92	8.5	114	10.5	84	7.8	84	7.8	51	4.7	21	1.9				
1991	274	26.6	172	16.7	102	9.9	125	12.1	65	6.3	65	6.3	60	5.8	33	3.2				
1992	305	30.3	204	20.3	101	10.0	120	11.9	80	7.9	80	7.9	64	6.4	24	2.4				
1993	272	27.3	181	18.2	91	9.1	131	13.2	86	8.6	86	8.6	47	4.7	28	2.8				

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED POPULATION AGED 15 THROUGH 24 YEARS

**TABLE M22. DEATHS AND DEATH RATES
LEADING CAUSES OF DEATH IN 1993 AMONG 25-44 YEAR OLDS
NEW JERSEY, 1984-1993**

YEAR	HIV INFECTION		UNINTENTIONAL INJURIES		MALIGNANT NEOPLASMS		DISEASES OF THE HEART		SUICIDE		HOMICIDE		CHRONIC LIVER DISEASE/ CIRRHOSIS	
	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*
1984	NOT AVAILABLE		566	24.8	661	29.0	496	21.8	242	10.6	169	7.4	176	7.7
1985	NOT AVAILABLE		616	26.3	736	31.4	516	22.0	260	11.1	192	8.2	227	9.7
1986	NOT AVAILABLE		715	29.7	712	29.6	534	22.2	264	11.0	214	8.9	179	7.4
1987	NOT AVAILABLE		796	32.3	715	29.0	564	22.9	263	10.7	191	7.8	232	9.4
1988	919	36.7	774	30.9	648	25.9	530	21.2	239	9.6	222	8.9	211	8.4
1989	1,245	49.1	694	27.4	713	28.1	470	18.6	234	9.2	219	8.6	180	7.1
1990	1,274	49.9	606	23.7	717	28.1	416	16.3	293	11.5	229	9.0	165	6.5
1991	1,471	57.2	724	28.2	741	28.8	442	17.2	270	10.5	196	7.6	184	7.2
1992	1,541	60.0	747	29.1	714	27.8	445	17.3	234	9.1	194	7.6	169	6.6
1993	1,703	66.5	770	30.1	630	24.6	454	17.7	233	9.1	194	7.6	188	7.3

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED POPULATION AGED 25 THROUGH 44 YEARS

**TABLE M23. DEATHS AND DEATH RATES
LEADING CAUSES OF DEATH IN 1993 AMONG 45-64 YEAR OLDS
NEW JERSEY, 1984-1993**

YEAR	MALIGNANT NEOPLASMS		DISEASES OF THE HEART		HIV INFECTION		DIABETES MELLITUS		CEREBROVASCULAR DISEASES		CHRONIC LIVER DISEASE/ CIRRHOSIS	
	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*
1984	5,116	325.2	4,803	305.3	NOT AVAILABLE		308	19.6	601	38.2	489	31.1
1985	5,169	330.1	4,794	306.2	NOT AVAILABLE		310	19.8	593	37.9	500	31.9
1986	5,077	325.7	4,464	286.4	NOT AVAILABLE		331	21.2	531	34.1	437	28.0
1987	4,942	318.0	4,260	274.1	NOT AVAILABLE		356	22.9	573	36.9	434	27.9
1988	4,911	314.2	4,070	260.4	204	13.1	327	20.9	522	33.4	420	26.9
1989	4,858	311.6	3,564	228.6	250	16.0	421	27.0	492	31.6	437	28.0
1990	4,608	296.5	3,217	207.0	262	16.9	434	27.9	458	29.5	390	25.1
1991	4,523	290.3	3,186	204.5	351	22.5	420	27.0	495	31.8	328	21.1
1992	4,486	278.5	3,178	197.3	395	24.5	435	27.0	414	25.7	332	20.6
1993	4,461	276.3	3,093	191.5	502	31.1	444	27.5	422	26.1	355	22.0

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED POPULATION AGED 45 THROUGH 64 YEARS

**TABLE M24. DEATHS AND DEATH RATES
LEADING CAUSES OF DEATH IN 1993 AMONG RESIDENTS 65 AND OVER
NEW JERSEY, 1984-1993**

YEAR	DISEASES OF THE HEART		MALIGNANT NEOPLASMS		CEREBRO-VASCULAR DISEASES		CHRONIC OBSTRUCTIVE PULMONARY DISEASES		PNEUMONIA/ INFLUENZA		DIABETES MELLITUS	
	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*	NO.	RATE*
1984	22,081	2,379.0	10,738	1,156.9	3,870	416.9	1,599	172.3	1,629	175.5	1,057	113.9
1985	22,513	2,378.1	10,955	1,157.2	3,741	395.2	1,799	190.0	1,780	188.0	1,024	108.2
1986	22,522	2,327.5	11,098	1,146.9	3,705	382.9	1,798	185.8	1,907	197.1	1,056	109.1
1987	22,038	2,230.4	11,351	1,148.8	3,768	381.3	1,842	186.4	1,809	183.1	1,124	113.8
1988	22,687	2,261.6	11,404	1,136.8	3,583	357.2	1,848	184.2	2,100	209.3	1,108	110.5
1989	20,226	1,990.0	12,152	1,195.6	3,510	345.3	2,023	199.0	1,964	193.2	1,575	155.0
1990	19,849	1,936.4	12,332	1,203.1	3,396	331.3	1,953	190.5	2,086	203.5	1,564	152.6
1991	19,750	1,893.1	12,882	1,234.8	3,458	331.5	1,955	191.2	2,009	192.6	1,491	142.9
1992	20,206	1,911.6	12,779	1,209.0	3,425	324.0	2,049	193.8	1,938	183.3	1,618	153.1
1993	20,366	1,900.5	13,286	1,239.8	3,462	323.1	2,297	214.3	2,267	211.5	1,637	152.8

*DEATH RATES ARE COMPUTED PER 100,000 ESTIMATED POPULATION AGED 65 AND OVER

TABLE M25. RESIDENT INFANT, NEONATAL AND MATERNAL DEATHS AND DEATH RATES NEW JERSEY, 1984-1993						
YEAR	INFANT DEATHS		NEONATAL DEATHS		MATERNAL DEATHS	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
1984	1,090	10.8	744	7.4	11	10.9
1985	1,112	10.6	759	7.2	4	3.8
1986	1,058	9.7	711	6.5	10	9.2
1987	1,058	9.3	720	6.4	14	12.4
1988	1,163	9.9	792	6.7	6	5.1
1989	1,133	9.3	748	6.1	7	5.8
1990	1,086	8.8	739	6.0	11	9.0
1991	1,064	8.8	711	5.9	12	9.9
1992	1,011	8.4	687	5.7	13	10.8
1993	989	8.4	667	5.7	10	8.5

*INFANT AND NEONATAL DEATH RATES ARE COMPUTED PER 1,000 LIVE BIRTHS.
MATERNAL DEATH RATES ARE COMPUTED PER 100,000 LIVE BIRTHS.

**TABLE M26. RESIDENT INFANT, NEONATAL, POSTNEONATAL,
FETAL AND MATERNAL DEATHS BY COUNTY
NEW JERSEY, 1993**

COUNTY OF RESIDENCE	NUMBER OF DEATHS				
	INFANT*	NEONATAL	POST NEONATAL	FETAL	MATERNAL
ATLANTIC	37	28	9	26	0
BERGEN	51	34	17	49	0
BURLINGTON	40	30	10	22	0
CAMDEN	84	60	24	54	0
CAPE MAY	14	11	3	5	0
CUMBERLAND	25	19	6	21	0
ESSEX	166	115	51	138	3
GLOUCESTER	26	17	9	15	0
HUDSON	76	47	29	66	2
HUNTERDON	4	4	0	3	0
MERCER	45	33	12	30	0
MIDDLESEX	71	52	19	67	1
MONMOUTH	61	42	19	45	0
MORRIS	35	26	9	37	1
OCEAN	36	22	14	30	0
PASSAIC	85	49	36	65	2
SALEM	14	7	7	5	0
SOMERSET	29	18	11	25	0
SUSSEX	13	8	5	12	0
UNION	68	39	29	39	1
WARREN	3	3	0	9	0
MILITARY	1	0	1	3	0
NOT STATED	5	3	0	0	0
TOTAL	989	667	320	766	10
*INCLUDES TWO DEATHS WHICH COULD NOT BE CLASSIFIED AS NEONATAL OR POSTNEONATAL DEATHS					

TABLE M27. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE
NEW JERSEY, 1993

CAUSE GROUP (ICD-9 CODES)	TOTAL	ATLANTIC	BERGEN	BURLING- TON	CAMDEN	CAPE MAY	CUMBER- LAND	ESSEX
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	50	0	3	1	3	2	0	13
TUBERCULOSIS, OTHER FORMS (13-18)	7	0	0	0	1	0	0	0
MENINGOCOCCAL INFECTION (36)	3	0	0	0	0	0	0	0
SEPTICEMIA (38)	1,228	41	84	54	85	24	32	144
HIV INFECTION (42-44)	2,284	71	113	37	80	8	27	705
SYPHILIS & ITS SEQUELAE (90-97)	3	0	0	0	0	0	0	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41, 45-88,98-139)	277	11	30	10	19	7	6	41
MALIGNANT NEOPLASMS (140-208)	18,467	608	2,095	818	1,157	337	323	1,873
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	195	5	28	5	15	3	4	29
DIABETES MELLITUS (250)	2,165	82	209	68	147	29	32	256
NUTRITIONAL DEFICIENCIES (260-269)	97	2	7	6	10	6	3	7
ANEMIAS (280-285)	170	3	17	5	8	2	2	29
MENINGITIS (320-322)	40	1	3	4	3	0	0	6
DISEASES OF THE HEART (390-398, 402, 404-429)	23,978	783	2,764	1,020	1,373	437	529	2,288
HYPERTENSION (401, 403)	304	10	25	12	13	5	4	60
CEREBROVASCULAR DISEASES (430-438)	4,030	143	435	181	263	83	59	423
ATHEROSCLEROSIS (440)	446	19	55	8	37	6	4	29
ARTERY, ARTERIOLES & CAPILLARY DIS.(441-448)	814	32	66	36	61	14	15	61
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	19	0	1	1	1	1	0	0
PNEUMONIA & INFLUENZA (480-487)	2,547	87	239	133	149	55	44	235
CHRONIC OBSTRUCTIVE PULMONARY DIS.(490-496)	2,638	91	257	121	177	62	57	257
ULCER OF STOMACH & DUODENUM (531-533)	160	3	16	7	13	2	7	12
APPENDICITIS (540-543)	10	1	2	0	1	0	1	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	181	7	16	7	9	6	5	23
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	929	43	80	39	57	14	9	126
CHOLELITHIASIS & GALLBLADDER DIS. (574-575)	58	2	8	3	3	3	2	2
NEPHRITIS & NEPHROSIS (580-589)	906	34	80	29	57	24	17	129
INFECTIONS OF KIDNEY (590)	19	1	4	0	0	0	1	3
HYPERPLASIA OF PROSTATE (600)	7	0	1	1	0	0	1	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	10	0	0	0	0	0	0	3
CONGENITAL ANOMALIES (740-759)	357	9	32	15	24	4	10	46
EARLY INFANT MORTALITY (760-779)	520	23	28	26	50	7	15	83
MOTOR VEHICLE FATALITIES (E810-E825)	844	33	68	43	73	10	26	66
OTHER UNINTENTIONAL INJURIES (E800-E807, E826-E949)	1,285	75	96	62	92	16	17	189
SUICIDE (E950-E959)	603	33	66	37	39	11	16	54
HOMICIDE & LEGAL INTERVENTION (E960-E978)	448	21	16	10	55	1	21	137
ALL OTHER EXTERNAL CAUSES (E980-E999)	181	4	20	0	22	0	0	34
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS (780-799)	405	17	34	10	15	6	8	51
RESIDUAL	5,955	159	584	262	440	110	106	729
TOTAL	72,630	2,454	7,582	3,071	4,552	1,295	1,403	8,163

TABLE M27. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE (CONTINUED)
NEW JERSEY, 1993

CAUSE GROUP (ICD-9 CODES)	GLOU- CESTER	HUDSON	HUNTERDON	MERCER	MIDDLE- SEX	MON- MOUTH	MORRIS	OCEAN	PASSAIC
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	1	6	0	2	4	2	0	0	6
TUBERCULOSIS, OTHER FORMS (13-18)	0	2	0	0	1	0	0	0	2
MENINGOCOCCAL INFECTION (36)	0	0	0	1	1	0	0	0	0
SEPTICEMIA (38)	39	111	7	65	72	83	45	131	70
HIV INFECTION (42-44)	16	370	11	64	132	131	36	54	212
SYPHILIS & ITS SEQUELAE (90-97)	0	0	0	0	1	1	0	0	0
OTHER INFEC/PARA DISEASE (1-9, 20-35, 37, 39-41, 45-88, 98-139)	8	22	2	14	26	13	14	11	22
MALIGNANT NEOPLASMS (140-208)	456	1,303	179	769	1,449	1,353	764	1,581	1,022
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	7	7	2	6	11	16	8	13	12
DIABETES MELLITUS (250)	45	187	13	95	181	151	98	155	131
NUTRITIONAL DEFICIENCIES (260-269)	1	3	2	2	9	5	3	13	9
ANEMIAS (280-285)	4	13	0	4	12	10	6	11	7
MENINGITIS (320-322)	1	2	0	0	7	5	2	3	2
DISEASES OF THE HEART (390-398, 402, 404-429)	629	1,683	215	1,005	1,746	1,745	911	2,354	1,428
HYPERTENSION (401, 403)	5	26	4	15	24	11	15	17	23
CEREBROVASCULAR DISEASES (430-438)	102	272	38	140	258	312	179	349	255
ATHEROSCLEROSIS (440)	38	21	1	8	101	25	13	28	18
ARTERY, ARTERIOLES & CAPILLARY DIS.(441-448)	20	50	9	46	70	67	31	70	49
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	1	1	1	3	2	1	1	1	1
PNEUMONIA & INFLUENZA (480-487)	35	153	38	114	180	206	143	202	138
CHRONIC OBSTRUCTIVE PULMONARY DIS.(490-496)	81	178	29	108	188	199	117	224	158
ULCER OF STOMACH & DUODENUM (531-533)	4	7	3	7	7	17	6	10	13
APPENDICITIS (540-543)	0	1	0	0	1	0	1	0	1
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	4	29	1	8	13	16	5	9	8
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	18	92	7	33	91	70	29	53	70
CHOLELITHIASIS & GALLBLADDER DIS. (574-575)	2	7	0	4	6	6	0	0	2
NEPHRITIS & NEPHROSIS (580-589)	24	89	4	26	58	58	33	80	52
INFECTIONS OF KIDNEY (590)	0	1	0	2	4	1	0	0	0
HYPERPLASIA OF PROSTATE (600)	0	2	0	0	0	0	0	0	1
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	0	2	0	0	1	0	1	0	2
CONGENITAL ANOMALIES (740-759)	11	28	2	10	28	21	22	18	25
EARLY INFANT MORTALITY (760-779)	16	34	2	27	37	31	20	12	43
MOTOR VEHICLE FATALITIES (E810-E825)	41	34	11	35	76	62	36	63	39
OTHER UNINTENTIONAL INJURIES (E800-E807, E826-E949)	37	82	15	66	105	82	39	70	71
SUICIDE (E950-E959)	19	47	8	29	39	38	25	41	35
HOMICIDE & LEGAL INTERVENTION (E960-E976)	8	33	0	20	18	11	7	11	31
ALL OTHER EXTERNAL CAUSES (E980-E999)	2	19	2	3	2	18	8	5	15
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS (780-799)	11	28	5	15	30	23	19	26	36
RESIDUAL	146	439	71	254	429	451	270	437	317
TOTAL	1,832	5,384	682	3,000	5,420	5,221	2,907	6,052	4,326

TABLE M27. TOTAL DEATHS BY CAUSE GROUP AND COUNTY OF RESIDENCE (CONTINUED)
NEW JERSEY, 1993

CAUSE GROUP (ICD-9 CODES)	SALEM	SOMERSET	SUSSEX	UNION	WARREN	INSTI- TUTION	MILI- TARY	NOT STATED
TUBERCULOSIS, RESPIRATORY SYSTEM (10-12)	0	1	0	5	1	0	0	0
TUBERCULOSIS, OTHER FORMS (13-18)	0	1	0	0	0	0	0	0
MENINGOCOCCAL INFECTION (36)	1	0	0	0	0	0	0	0
SEPTICEMIA (38)	13	24	7	74	22	0	1	0
HIV INFECTION (42-44)	7	24	9	179	5	0	0	3
SYPHILIS & ITS SEQUELAE (90-97)	0	1	0	0	0	0	0	0
OTHER INFEC/PARA DISEASE (1-9,20-35,37,39-41,45-88,98-139)	4	4	2	10	1	0	0	0
MALIGNANT NEOPLASMS (140-208)	183	505	252	1,202	203	1	8	26
BENIGN & UNSPECIFIED NEOPLASMS (210-239)	1	5	4	10	3	0	0	1
DIABETES MELLITUS (250)	16	63	38	144	25	0	0	0
NUTRITIONAL DEFICIENCIES (260-269)	2	4	1	2	0	0	0	0
ANEMIAS (280-285)	6	3	5	20	3	0	0	0
MENINGITIS (320-322)	0	1	0	0	0	0	0	0
DISEASES OF THE HEART (390-398, 402, 404-429)	223	551	284	1,631	340	0	6	23
HYPERTENSION (401, 403)	2	11	5	16	1	0	0	0
CEREBROVASCULAR DISEASES (430-438)	42	127	52	254	55	0	0	8
ATHEROSCLEROSIS (440)	2	7	6	17	3	0	0	0
ARTERY, ARTERIOLES & CAPILLARY DIS.(441-448)	10	14	11	63	17	0	0	2
ACUTE BRONCHITIS & BRONCHIOLITIS (466)	0	0	0	3	0	0	0	0
PNEUMONIA & INFLUENZA (480-487)	27	88	45	179	51	0	1	5
CHRONIC OBSTRUCTIVE PULMONARY DIS.(490-496)	25	63	34	172	37	0	2	1
ULCER OF STOMACH & DUODENUM (531-533)	2	7	4	12	1	0	0	0
APPENDICITIS (540-543)	0	0	1	0	0	0	0	0
HERNIA & INTESTINAL OBSTRUCTION (550-553,560)	1	4	3	4	2	0	0	1
CHRONIC LIVER DISEASE & CIRRHOSIS (571)	7	23	10	51	7	0	0	0
CHOLELITHIASIS & GALLBLADDER DIS. (574-575)	1	3	1	2	1	0	0	0
NEPHRITIS & NEPHROSIS (580-589)	7	14	9	68	13	0	0	1
INFECTIONS OF KIDNEY (590)	1	0	0	1	0	0	0	0
HYPERPLASIA OF PROSTATE (600)	0	0	0	1	0	0	0	0
COMP OF PREGNANCY, BIRTH & PUERPERIUM (630-676)	0	0	0	1	0	0	0	0
CONGENITAL ANOMALIES (740-759)	2	16	3	28	3	0	0	0
EARLY INFANT MORTALITY (760-778)	5	13	5	27	3	0	0	3
MOTOR VEHICLE FATALITIES (E810-E825)	16	18	18	64	7	0	2	3
OTHER UNINTENTIONAL INJURIES (E800-E807, E826-E849)	10	39	13	96	8	1	0	4
SUICIDE (E950-E959)	4	15	9	28	8	0	1	1
HOMICIDE & LEGAL INTERVENTION (E960-E978)	3	2	2	32	5	0	1	3
ALL OTHER EXTERNAL CAUSES (E980-E999)	0	5	6	15	0	0	0	1
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS (780-799)	12	12	6	33	4	0	0	4
RESIDUAL	54	157	98	372	61	0	4	5
TOTAL	689	1,825	943	4,816	890	2	26	95

MARRIAGES AND DIVORCES

1993

INTRODUCTION

Information on marriages 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 1993. 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

The state has experienced a decline in both number of marriages and in the marriage rate over the past decade. The number of marriages in New Jersey in 1993 totaled 53,505, a decline of 3.3 percent from the 55,321 marriages which occurred in the state in 1992 (Table MD1). The marriage rate in 1993 was 6.8 per 1,000 population. This represents a 4.2 percent decline from the 1992 rate of 7.1 per 1,000 population.

The number of marriages varied widely by county of occurrence. Essex County had the highest number of marriages in 1993 (5,625) and Salem County recorded the lowest number (381) (Table MD7). Six counties together recorded 51.2 percent of the marriages in 1993: Essex (5,625), Bergen (5,452), Middlesex (4,563), Monmouth (4,057), Hudson (3,957) and Passaic (3,722).

TABLE MD1. NUMBER OF MARRIAGES, MARRIAGE RATES AND MEDIAN AGE AT MARRIAGE FOR BRIDES AND GROOMS MARRIAGE CERTIFICATES ISSUED IN NEW JERSEY, 1984-1993				
YEAR	MARRIAGES		MEDIAN AGE	
	NUMBER	RATE*	BRIDES	GROOMS
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
1993	53,505	6.8	28.1	29.9

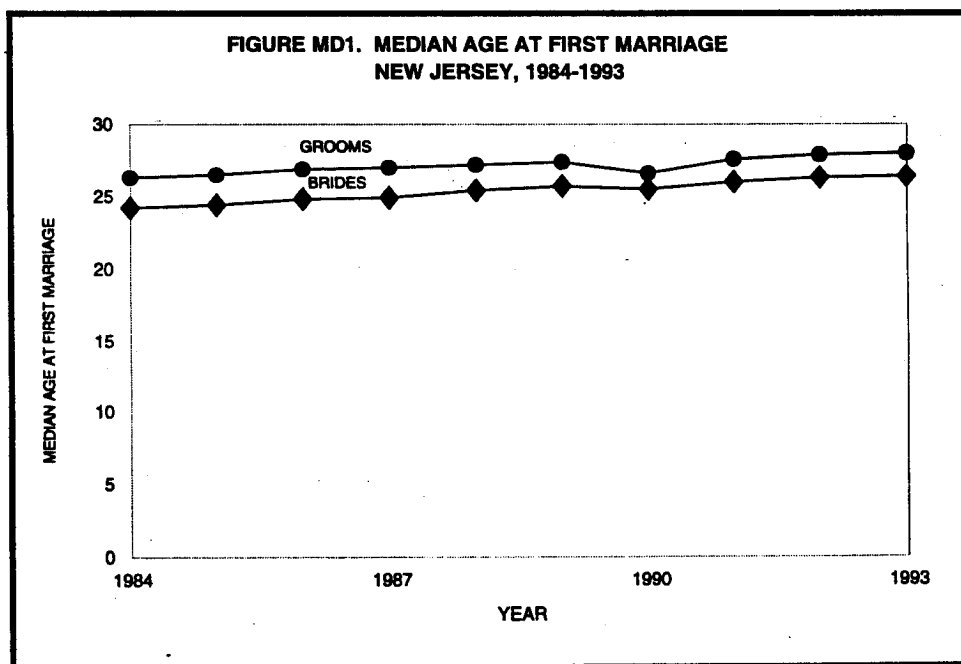
*RATES ARE COMPUTED PER 1,000 POPULATION

Age

The median ages at which both brides and grooms were married in 1993 rose over the preceding year (Table MD1), continuing a trend which has been in effect for more than a decade. In 1993, the mid-point for brides' ages was just over 28 years (28.1) and that for males who married in 1993 was almost 30 years (29.9).

The median age of those marrying for the first time is, of course, younger than the median age for all brides and grooms, but these median ages have also been increasing over the past few decades (Figure MD1 and Table MD2).

TABLE MD2. MEDIAN AGE AT FIRST MARRIAGE NEW JERSEY, 1984-1993		
YEAR	MEDIAN AGE	
	BRIDES	GROOMS
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
1993	26.4	28.0



In the nation as a whole, the median age at first marriage was at its highest level of this century in 1993 (*Family Planning Perspectives*, 1993). With the exception of a minor reversal of the trend in 1990, the median ages of first time brides and grooms in New Jersey have steadily increased over the decade and in 1993 stood at 26.4 years for brides and 28.0 years for grooms.

In 1993, just over one-third of women marrying for the first time were under 25 years of age (36.5%). This is a sharp contrast to the 57.3 percent of first-time brides in 1984 who were less than 25 years old (Table MD3). Only 22.7 percent of first-time grooms in 1993 were under 25 years, compared to 40.2 percent in 1984. The percentages of brides and grooms marrying for the first time under the age of 25 have decreased steadily over the past decade, as have the percentages of first-time marriages of both brides and grooms under the age of 20 (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, 1984-1993				
	BRIDES		GROOMS	
YEAR	PERCENT UNDER 25	PERCENT UNDER 20	PERCENT UNDER 25	PERCENT UNDER 20
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
1993	36.5	4.7	22.7	1.5

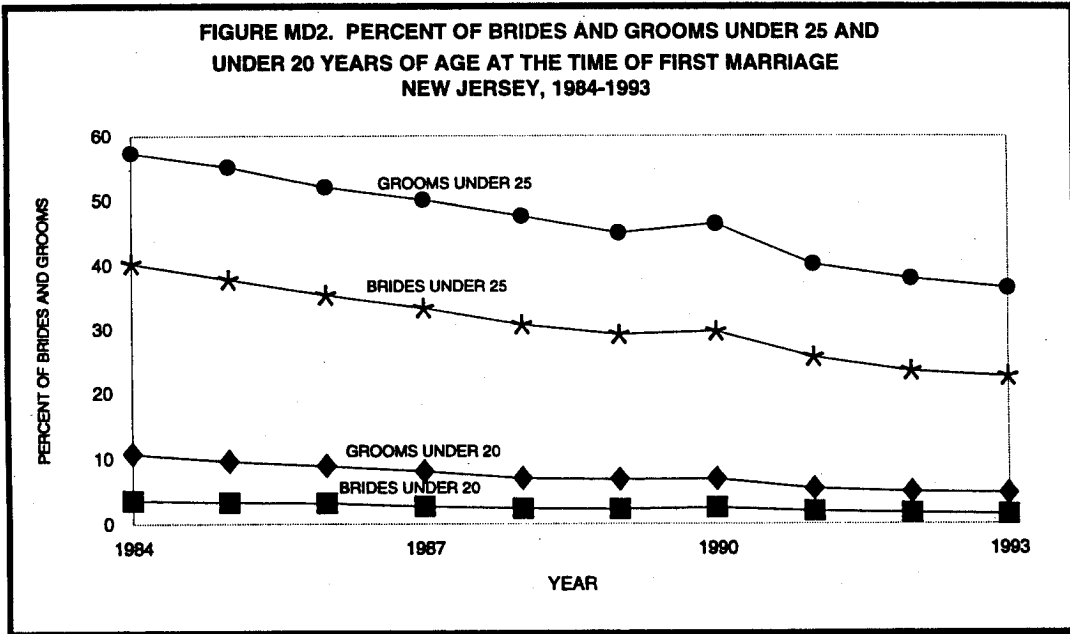


Table MD4 is a distribution of brides' ages by grooms' ages for 1993 marriages, in detailed age categories.

TABLE MD4. MARRIAGES BY AGE OF BRIDE AND AGE OF GROOM NEW JERSEY, 1993													
AGE OF BRIDE	TOTAL	AGE OF GROOM											
		15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
UNDER 15	9	5	3	0	0	1	0	0	0	0	0	0	0
15-19	1,858	357	1,016	363	88	20	8	3	0	0	0	0	1
20-24	12,942	179	5,402	5,517	1,364	321	102	35	12	8	1	1	1
25-29	17,496	36	1,550	9,472	4,536	1,300	401	131	47	14	6	3	3
30-34	9,223	9	322	1,923	3,680	1,926	839	374	97	34	13	6	6
35-39	5,075	2	92	508	1,127	1,552	953	517	205	71	30	18	18
40-44	2,871	1	25	145	312	521	738	576	341	134	49	29	29
45-49	1,892	1	10	37	91	187	314	498	372	215	105	62	62
50-54	988	1	4	10	28	42	87	140	251	202	114	109	109
55-59	465	0	0	1	6	8	8	37	52	119	127	107	107
60-64	313	0	0	2	4	1	3	8	14	42	94	145	145
65+	373	0	0	0	0	0	0	5	10	9	25	324	324
TOTAL	53,505	591	8,424	17,978	11,236	5,879	3,453	2,324	1,401	850	564	805	805

Previous Marital Status

Nearly three-fourths of brides (74.0%) and a slightly lower proportion of grooms (73.2%) who married in 1993 were marrying for the first time (Table MD5). Almost one-fourth of both brides and grooms were divorced at the time of marriage in 1993 (23.6% and 24.4% of brides and grooms, respectively). The remaining 2.4 percent of both brides and grooms were widowed at the time of marriage. Table MD6 presents the marital status of the bride at the time of marriage in 1993 distributed by similar data for grooms.

**TABLE MD5. NUMBER OF MARRIAGES BY PREVIOUS MARITAL STATUS
NEW JERSEY, 1984-1993**

YEAR	NUMBER OF MARRIAGES	BRIDES			GROOMS		
		PERCENT NEVER MARRIED	PERCENT WIDOWED	PERCENT DIVORCED	PERCENT NEVER MARRIED	PERCENT WIDOWED	PERCENT DIVORCED
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
1993	53,505	74.0	2.4	23.6	73.2	2.4	24.4

**TABLE MD6. MARRIAGES BY PREVIOUS MARITAL STATUS OF BRIDE AND GROOM
NEW JERSEY, 1993**

PREVIOUS MARITAL STATUS OF BRIDE	TOTAL	PREVIOUS MARITAL STATUS OF GROOM		
		NEVER MARRIED	WIDOWED	DIVORCED
NEVER MARRIED	39,594	33,399	248	5,947
WIDOWED	1,307	309	479	519
DIVORCED	12,604	5,435	557	6,612
TOTAL	53,505	39,143	1,284	13,078

Race

Table MD7 presents 1993 marriages by race of bride and groom by the county of occurrence of the marriage. The data are provided by the racial categories available from the certificate: white, black, other, and not stated.

County and Month

Marriages by month and county of occurrence are contained in Table MD8. In 1993, October was the most frequent month for marriages (6,731), followed by September (6,168) and May (6,099). These three months together (approximately 25 percent of the year) accounted for 35.5 percent of the total annual marriages.

DIVORCES, ANNULMENTS, AND SEPARATE MAINTENANCE ACTIONS

The figures identified as divorces in this report are reported by the New Jersey Superior Court and include divorces, annulments and separate maintenance actions. These data are presented, along with marriages, by county of occurrence in Table MD9. There were 24,784 divorces, annulments and separate maintenance actions in 1993, a decrease of 621 from the 25,405 similar actions reported in 1992. The divorce rate per 1,000 population in 1993 was 3.2, identical to the 1992 rate.

TABLE MD7. MARRIAGES BY COUNTY OF OCCURRENCE AND BY RACE OF BRIDE AND GROOM
NEW JERSEY, 1993

COUNTY	TOTAL	WHITE		BLACK		OTHER		NOT STATED	
		BRIDE	GROOM	BRIDE	GROOM	BRIDE	GROOM	BRIDE	GROOM
ATLANTIC	1,885	1,487	1,484	266	268	132	133	0	0
BERGEN	5,452	4,903	4,917	291	300	253	231	5	4
BURLINGTON	2,563	2,187	2,168	322	342	54	53	0	0
CAMDEN	2,965	2,469	2,459	425	450	69	54	2	2
CAPE MAY	829	792	784	29	43	8	2	0	0
CUMBERLAND	978	823	814	130	133	25	31	0	0
ESSEX	5,625	3,659	3,665	1,805	1,812	160	146	1	2
GLOUCESTER	1,535	1,413	1,407	105	113	17	15	0	0
HUDSON	3,957	2,649	2,883	430	458	674	614	4	2
HUNTERDON	757	740	741	4	7	13	9	0	0
MERCER	2,187	1,770	1,757	356	371	56	54	5	5
MIDDLESEX	4,563	3,960	3,957	405	421	198	183	0	2
MONMOUTH	4,057	3,706	3,696	283	290	65	71	3	0
MORRIS	3,225	3,059	3,075	73	78	92	70	1	2
OCEAN	2,337	2,231	2,232	64	73	41	30	1	2
PASSAIC	3,722	2,956	2,903	446	499	318	319	2	1
SALEM	381	330	327	44	51	7	3	0	0
SOMERSET	1,622	1,460	1,463	82	90	77	66	3	3
SUSSEX	799	778	787	5	7	16	5	0	0
UNION	3,466	2,816	2,806	533	555	116	105	1	0
WARREN	573	557	558	11	9	5	6	0	0
MILITARY	27	16	15	11	12	0	0	0	0
TOTAL	53,505	44,961	44,898	6,120	6,382	2,396	2,200	28	25

TABLE MD8. NUMBER OF MARRIAGES BY COUNTY AND MONTH OF OCCURRENCE
NEW JERSEY, 1993

COUNTY	TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
ATLANTIC	1,885	84	118	99	119	206	211	155	178	221	235	135	124
BERGEN	5,452	232	331	289	400	571	563	460	524	606	739	467	270
BURLINGTON	2,563	105	158	128	175	298	262	238	231	301	324	201	142
CAMDEN	2,965	135	195	140	212	350	326	232	285	328	355	247	160
CAPE MAY	829	34	49	29	56	108	97	58	61	124	129	44	40
CUMBERLAND	978	47	66	71	66	106	99	93	74	103	112	75	66
ESSEX	5,625	260	358	346	391	604	594	512	581	616	630	406	327
GLOUCESTER	1,535	59	88	76	117	194	156	129	137	155	225	121	78
HUDSON	3,957	189	275	291	328	371	401	318	363	436	406	315	264
HUNTERDON	757	29	33	29	38	113	106	51	79	90	105	50	34
MERCER	2,187	86	114	95	131	279	221	196	205	258	300	179	123
MIDDLESEX	4,563	194	271	245	291	536	441	403	468	514	594	340	266
MONMOUTH	4,057	145	198	172	268	494	485	357	395	496	519	311	217
MORRIS	3,225	104	177	173	192	401	339	292	328	414	451	207	147
OCEAN	2,337	85	130	127	157	257	238	203	215	290	327	183	125
PASSAIC	3,722	169	221	226	253	397	352	347	382	413	435	306	221
SALEM	381	19	21	19	16	54	48	39	43	43	35	27	17
SOMERSET	1,622	68	89	65	107	213	196	157	157	196	200	105	69
SUSSEX	799	20	40	31	43	97	86	70	91	107	113	55	46
UNION	3,466	168	220	204	241	380	342	281	379	380	408	252	211
WARREN	573	13	30	32	31	69	72	44	54	77	88	23	40
MILITARY	27	0	3	7	3	1	2	4	6	0	1	0	0
TOTAL	53,505	2,245	3,185	2,894	3,635	6,099	5,637	4,639	5,236	6,168	6,731	4,049	2,987

**TABLE MD9. MARRIAGES AND DIVORCES BY COUNTY OF OCCURRENCE
NEW JERSEY, 1993**

COUNTY	NUMBER OF MARRIAGES	RATE*	NUMBER OF DIVORCES**	RATE*
ATLANTIC	1,885	8.2	982	4.3
BERGEN	5,452	6.5	2,145	2.6
BURLINGTON	2,563	6.5	1,411	3.6
CAMDEN	2,965	5.9	1,672	3.3
CAPE MAY	829	8.5	372	3.8
CUMBERLAND	978	7.0	630	4.5
ESSEX	5,625	7.3	2,190	2.8
GLOUCESTER	1,535	6.4	735	3.1
HUDSON	3,957	7.2	1,681	3.0
HUNTERDON	757	6.7	386	3.4
MERCER	2,187	6.7	1,027	3.1
MIDDLESEX	4,563	6.6	2,135	3.1
MONMOUTH	4,057	7.1	1,879	3.3
MORRIS	3,225	7.5	1,356	3.1
OCEAN	2,337	5.2	1,355	3.0
PASSAIC	3,722	8.1	1,315	2.9
SALEM	381	5.9	230	3.5
SOMERSET	1,622	6.3	918	3.6
SUSSEX	799	5.9	437	3.2
UNION	3,466	7.0	1,614	3.3
WARREN	573	6.1	314	3.3
MILITARY	27	N/A	0	N/A
TOTAL	53,505	6.8	24,784	3.2

*RATES ARE COMPUTED PER 1,000 POPULATION

**FIGURES INCLUDE DIVORCES, ANNULMENTS, AND SEPARATE MAINTENANCE ACTIONS

MORBIDITY

1993

INTRODUCTION

This chapter is derived from data on cases of reportable diseases submitted to designated programs of the New Jersey Department of Health and Senior Services responsible for their collection and maintenance. The New Jersey Sanitary Code and the New Jersey Administrative Code 8:57 require providing notification to the Department of Health and Senior Services of cases of selected 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, State Regulation 8:57-2.1 was amended to omit ARC as a reportable condition, and to mandate anonymous reporting of individuals with HIV infections. In October, 1991, the regulations were again amended to mandate named reporting of HIV infections by providers and in April, 1992 revised to mandate laboratory reporting of HIV infections with identifiers.

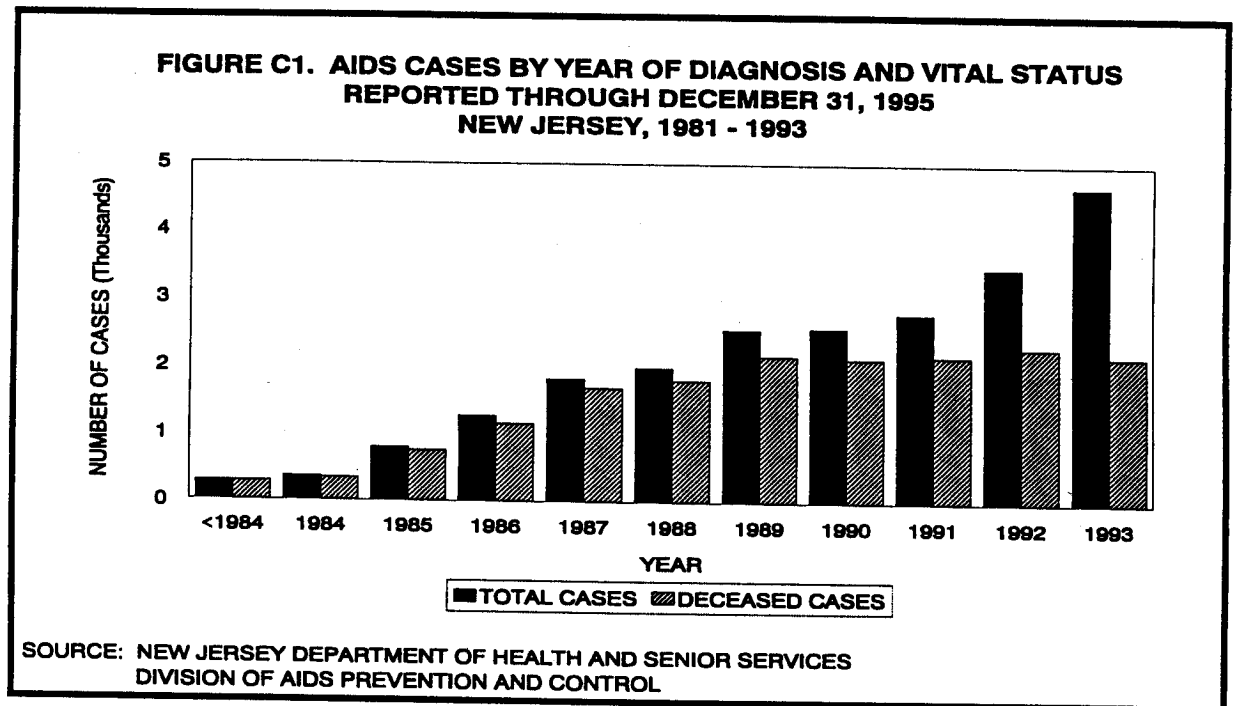
AIDS and cases of HIV infection are reported to the HIV/AIDS Surveillance Program in the AIDS Epidemiological Services Unit within the Division of AIDS Prevention and Control. The Tuberculosis Program collects information on tuberculosis cases occurring in New Jersey through its monitoring and surveillance activities. Cases of syphilis and gonorrhea are reported to the Sexually Transmitted Disease Program. Data on vaccine-preventable childhood diseases are reported to the Immunization Disease 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

Effective in January, 1993, the Centers for Disease Control and Prevention (CDC) expanded the definition of AIDS to more accurately reflect the clinical syndromes that are associated with the condition. The expanded definition includes HIV-infected individuals with a CD4+ T-lymphocyte count of fewer than 200 cells per microliter or a CD4+ percent under 14, or persons with pulmonary tuberculosis, recurrent pneumonia (within a 12 month period), or invasive cervical cancer (Office of the Commissioner, 1993).

By December, 1993, the cumulative number of AIDS cases reported in New Jersey was 19,899 (Division of AIDS Prevention and Control, 1994). This represented approximately 5.6 percent of the national total and ranked New Jersey fifth in the nation in reported AIDS cases (CDC, 1994). Analysis of the characteristics of New Jersey's AIDS cases contained in this chapter is based on the population of all cases identified through the end of 1993 (the 19,899 cases noted above). The number of newly diagnosed AIDS cases recorded for 1993 (as of December 31, 1995) was 4,663¹ (Figure C1). These cases include 2,428 reported under the pre-1993 definition and 2,235 due to the expanded definition of 1993. (Table C1) (Division of AIDS Prevention and Control, 1996a).



¹Due 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 1993, including all cases for that year reported through December 31, 1995, were used to compare with the similar figure for 1992, to measure change over the year. The remainder of this report analyzes cumulative data on AIDS cases reported through December 31, 1993, unless otherwise specified.

Almost all of the cases (91.6%) identified as new cases in 1993 through implementation of the expanded AIDS definition were classified as having a CD4+ T-lymphocyte count of fewer than 200 cells per microliter or a CD4 percent less than 14 (Table C2). An additional 4.4 percent of the cases reported under the new definition were due to pulmonary tuberculosis, while the remainder were due to recurrent pneumonia (3.4%) or cervical cancer (0.5%).

**TABLE C1. AIDS INCIDENCE BY YEAR AND CUMULATIVE CASES
REPORTED THROUGH DECEMBER, 1995
BY APPLICABLE DEFINITION
NEW JERSEY, 1980-1993**

YEAR	NUMBER OF CASES PRE-1993 DEFINITION	NUMBER OF CASES 1993 DEFINITION	CUMULATIVE CASES
PRIOR TO 1983	100	1	101
1983	188	1	290
1984	355	3	648
1985	793	5	1,446
1986	1,266	3	2,715
1987	1,806	15	4,536
1988	1,947	44	6,527
1989	2,427	126	9,080
1990	2,361	214	11,655
1991	2,435	357	14,447
1992	2,506	955	17,908
1993	2,428	2,235	22,571

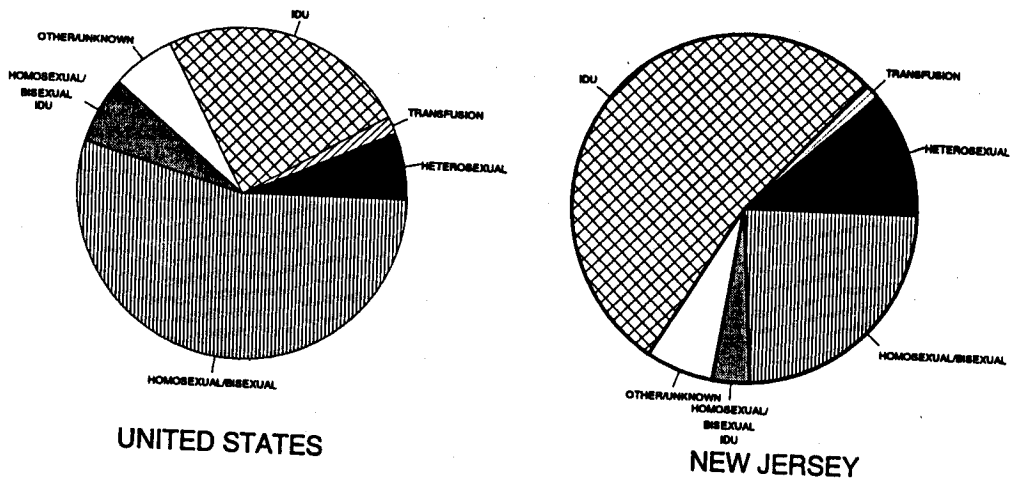
**SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AIDS PREVENTION AND CONTROL**

TABLE C2. DISTRIBUTION OF CLASSIFICATION OF AIDS CASES IDENTIFIED THROUGH EXPANDED 1993 DEFINITION REPORTED THROUGH DECEMBER, 1995 NEW JERSEY, 1993

CLASSIFICATION	NUMBER	PERCENT
PULMONARY TUBERCULOSIS*	99	4.4
RECURRENT PNEUMONIA *	76	3.4
CERVICAL CANCER	12	0.5
CD4+ T-LYMPHOCYTE COUNT	2,048	91.6
TOTAL	2,235	100.0

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF AIDS PREVENTION AND CONTROL
 *TWO CASES OF AIDS IDENTIFIED UNDER THE 1993 DEFINITION HAD BOTH PULMONARY TUBERCULOSIS AND RECURRENT PNEUMONIA AND ARE SHOWN IN THIS TABLE ONLY UNDER PULMONARY TUBERCULOSIS.

FIGURE C2. MODE OF TRANSMISSION OF AIDS IN ADULTS/ADOLESCENTS UNITED STATES AND NEW JERSEY, 1993



SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF AIDS PREVENTION AND CONTROL
 NOTE: THESE DATA ARE CUMULATIVE, FOR ALL CASES DIAGNOSED THROUGH DECEMBER 31, 1993

The distribution of means of transmission of New Jersey's AIDS cases differs considerably from the risk factors associated with the transmission of AIDS among all cases in the nation as a whole (Figure C2 and Table C3). Nationally, of all cases reported through December 31, 1993, 24.5 percent of adult and adolescent AIDS cases were injecting-drug users, while 53.0 percent of New Jersey's cases reported they were injecting-drug users. In the country as a whole, 54.4 percent of AIDS cases were homosexual or bisexual males while in New Jersey only 23.9 percent of AIDS cases reported this means of transmission. The proportion of New Jersey's AIDS cases attributed to heterosexual transmission is much higher than in the nation as a whole (11.8% and 6.5%, respectively) (Division of AIDS Prevention and Control, 1994; Centers for Disease Control and Prevention, 1994).

TABLE C3. AIDS TRANSMISSION CATEGORIES IN ADOLESCENTS* AND ADULTS IN THE UNITED STATES AND NEW JERSEY CASES REPORTED THROUGH DECEMBER 31, 1993

CATEGORIES	NEW JERSEY	UNITED STATES
Homosexual/Bisexual	23.9%	54.4%
Intravenous Drug Users	53.0%	24.5%
Homosexual/Bisexual/ Intravenous Drug Users	3.4%	6.6%
Hemophiliac	0.6%	0.9%
Heterosexual	11.8%	6.5%
Blood Transfusion	1.5%	1.7%
Other/Unreported/Not Identified	5.7%	5.4%
Total	100.0%	100.0%

*ALL PATIENTS 13 YEARS OF AGE OR OLDER AT THE TIME OF DIAGNOSIS
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AIDS PREVENTION AND CONTROL

New Jersey continued to have a higher percentage of its AIDS cases diagnosed in children under five years of age than did the nation as a whole, although the gap may be narrowing (Martin, R.M., and Baron, M.L., 1995). Through the end of 1993, children under five accounted for 1.8 percent and 1.2 percent of total cases in New Jersey and the U.S., respectively (Division of AIDS Prevention and Control, 1994; CDC, 1994) (Table C4).

In both New Jersey and the nation as a whole, 30 through 39 year olds continue to be the most frequently diagnosed age group in cumulative cases diagnosed through the end of 1993. Almost half of all New Jersey's ever-diagnosed cases (49.5%) were in this age group when diagnosed. 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 years of age (Table C4).

TABLE C4. AIDS CASES BY AGE AT DIAGNOSIS NEW JERSEY AND THE UNITED STATES CUMULATIVE CASES REPORTED THROUGH DECEMBER 31, 1993				
AGE GROUP	NEW JERSEY		UNITED STATES	
	NUMBER	PERCENT	NUMBER	PERCENT
UNDER 5	351	1.8	4,221	1.2
5-12	102	0.5	1,007	0.3
13-19	75	0.4	1,554	0.4
20-29	3,252	16.3	68,483	19.0
30-39	9,842	49.5	164,487	45.5
40-49	4,542	22.8	85,150	23.6
50 & OVER	1,728	8.7	36,260	10.0
UNKNOWN	7	0.0	2	0.0
TOTAL	19,899	100.0	361,164	100.0
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF AIDS PREVENTION AND CONTROL				

New Jersey continues to have a higher percentage of female AIDS cases than in the nation as a whole. The cumulative cases diagnosed in New Jersey through the end of 1993 include 24.8 percent who were females, compared to 13.0 percent of female cases in the U.S (Division of AIDS Prevention and Control, 1994; Centers for Disease Control and Prevention, 1994).

New Jersey also differs from the rest of the nation in the racial and ethnic composition of its AIDS cases (Table C5). More than half of New Jersey's adult and adolescent cases (53.9%) have been diagnosed among non-Hispanic blacks, while about half of the nation's non-pediatric cases (50.6%) were diagnosed in non-Hispanic whites. By the end of 1993, more than two-thirds of New Jersey's AIDS cases (68.6%) were Hispanic or non-Hispanic blacks, while for the same time period, fewer than half (48.4%) of the nation's cases were either Hispanic or non-Hispanic blacks.

Each of New Jersey's counties had cases of AIDS reported in 1993 (Table C10). However, two counties, Essex and Hudson account for nearly half (48.4%) of the cases diagnosed in 1993, and reported through the end of 1995 (Division of AIDS Prevention and Control, 1996b).

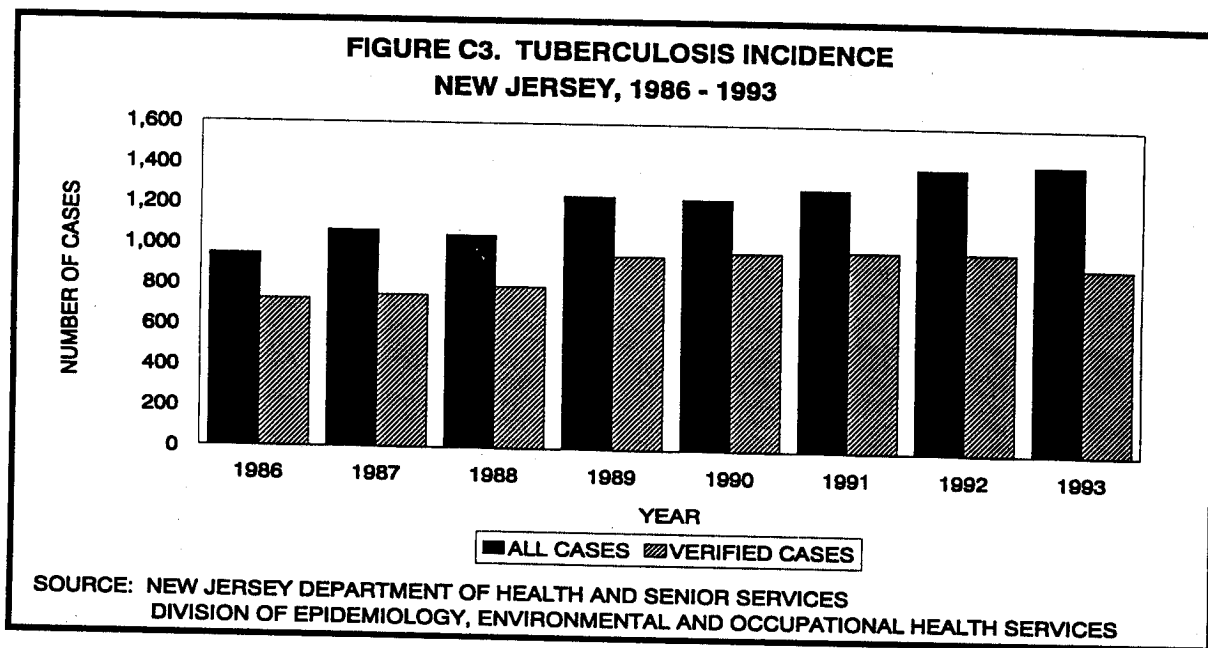
**TABLE C5. AIDS CASES IN ADOLESCENTS AND ADULTS* BY SEX AND RACE/ETHNICITY
NEW JERSEY AND THE UNITED STATES
CUMULATIVE CASES REPORTED THROUGH DECEMBER 31, 1993**

RACIAL/ETHNIC CLASSIFICATION	NEW JERSEY						UNITED STATES					
	MALES		FEMALES		TOTAL		MALES		FEMALES		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
WHITE NON-HISPANIC	5,020	34.0	980	20.9	6,000	30.9	169,080	54.3	11,050	24.9	180,130	50.6
BLACK NON-HISPANIC	7,378	50.0	3,112	66.2	10,490	53.9	88,192	28.3	23,810	53.7	112,002	31.5
HISPANIC	2,274	15.4	587	12.5	2,861	14.7	50,942	16.3	9,066	20.4	60,008	16.9
OTHER/UNKNOWN	75	0.5	20	0.4	95	0.5	3,364	1.1	431	1.0	3,795	1.1
TOTAL	14,747	100.0	4,699	100.0	19,446	100.0	311,578	100.0	44,357	100.0	355,935	100.0

*ALL PATIENTS 13 YEARS OF AGE OR OLDER AT THE TIME OF DIAGNOSIS
SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AIDS PREVENTION AND CONTROL

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. In 1991 and 1992, the number of cases stabilized and in 1993 fell 7.3 percent to 912 (Table C6 and Figure C3.) It should be noted that some individuals reported here as having tuberculosis are also diagnosed as having AIDS, under the revised 1993 definition.



Total cases of tuberculosis include verified cases plus any additional cases which do not meet the revised stricter CDC definition. In 1993, there were a total of 1,422 new cases, an increase of 23 cases over the 1992 incidence. There were 57 deaths from tuberculosis in 1993, virtually unchanged from the 55 from this cause in 1992. The death rate remained unchanged at 0.7 deaths per 100,000 population (Table C6).

Children under 15 accounted for approximately 7.3 percent of active cases of tuberculosis in 1993. Of the cases under 15, 51 percent were male. Cases in this age group represent recent transmission. Persons aged 25 through 44 continued to account for almost half (48.1%) of all verified cases of tuberculosis in 1993 (Table C11). About three of every five verified cases were male (60.7%) and almost half were black (45.3%). The modal age group for black males with verified tuberculosis diagnosed in 1993 was 35 through 44 years; for black females the mode was 25 through 34 years. For white males, the distribution of cases by age was bimodal: 35 through 44 and 65 and over. In white females, the most frequent age group at diagnosis was 65 and over. These distributions of frequency by age remain the same in blacks as in the previous year however, the modal age group in both male and female whites in 1992 was 25 through 34 of active cases.

**TABLE C6. TUBERCULOSIS INCIDENCE AND MORTALITY
NEW JERSEY, 1986 - 1993**

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
1993	1,422	18.1	912	11.6	57	0.7

*RATES ARE COMPUTED PER 100,000 POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

Every county reported verified cases of tuberculosis in 1993 (Table C12), although five counties reported five or fewer cases. Three counties (Essex, Hudson and Passaic) together accounted for more than half of the verified cases (53.2%). There were 25 verified cases of tuberculosis among transients and 34 in residents of institutions. Of the 34 in institutions, 18 were in correctional facilities, 2 were in mental health facilities and the remaining 14 were in other institutions (Communicable Disease Control Services, 1995).

Sexually Transmitted Diseases

The total number of reported cases of syphilis reported in New Jersey, which had been declining since 1991, continued to decline in 1993 but at a slower pace. The reported incidence decreased by 40 cases from 2,682 cases in 1992 to 2,642 in 1993 (Table C7). While reported cases of primary and secondary and early latent stage syphilis declined over 1992 figures, late syphilis and congenital syphilis both rose (31.2% and 52.7%, respectively). Table C13 provides a distribution of reported cases of gonorrhea and syphilis by type by broad age groups. Table C8 presents greater age detail for primary and secondary syphilis and gonorrhea cases. In 1993, the age groups most frequently reported with primary and secondary syphilis were persons 25 through 29 and 30 through 34 years. The case rate was highest among 25 through 29 year olds. The gonorrhea incidence rate was highest among 15 through 19 year olds.

**TABLE C7. INCIDENCE OF SYPHILIS BY STAGE AND GONORRHEA
NEW JERSEY, 1984-1993**

YEAR	SYPHILIS						GONORRHEA	
	TOTAL CASES*		PRIMARY & SECONDARY		EARLY LATENT			
	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE**	NUMBER	RATE**
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	4394	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
1993	2,642	33.6	328	4.2	582	7.4	6,456	82.1

*INCLUDES EVERY STAGE OF DISEASE

**RATES ARE COMPUTED PER 100,000 POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

**TABLE C8. NUMBER AND RATE OF PRIMARY/SECONDARY SYPHILIS
AND GONORRHEA CASES BY DETAILED AGE GROUP
NEW JERSEY, 1993**

AGE GROUP	PRIMARY/SECONDARY SYPHILIS		GONORRHEA	
	CASES	RATE*	CASES	RATE*
UNDER 5	0	0.0	20	3.4
5-9	0	0.0	8	1.5
10-14	2	0.4	133	26.2
15-19	25	5.2	1,908	393.5
20-24	51	10.0	1,855	363.1
25-29	75	12.7	981	165.7
30-34	71	10.1	623	89.0
35-39	49	7.3	336	49.8
40-44	22	3.7	156	26.2
45-54	20	2.1	101	10.8
55-64	9	1.3	26	3.8
65+	4	0.4	22	2.1
NOT STATED	0	N/A	287	N/A
TOTAL	328	4.2	6,456	82.1

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

Every county reported cases of syphilis in 1993 (Table C14). Crude syphilis incidence rates higher than the state rate were found in Essex, Camden, Passaic, Hudson, Mercer, Salem, Cumberland and Union Counties, in order of decreasing rate. These eight counties accounted for 2,213 cases or 83.8 percent of the total reported cases. Essex County alone accounted for 30.6 percent of all cases. As in 1992, individuals in institutions or the military at the time of diagnosis of a sexually transmitted disease were assigned to their last known addresses.

There were 6,456 cases of gonorrhea reported in 1993, a decline of 504 cases from the 1992 incidence figure. The annual incidence of gonorrhea has decreased steadily over the past ten years; the reported incidence in 1993 (6,456) is about one-third the number of cases reported ten years earlier, in 1984 (20,351).

By county, the highest crude gonorrhea rates were found in Essex, Mercer, Camden, Cumberland, Salem and Atlantic Counties, in descending order by rate. These six counties were responsible for 65.5 percent of the total cases statewide. Essex County alone reported 2,018 or 31.3 percent of the total.

There were slight increases in the age-specific gonorrhea rates among age groups under 15 years. The rates for age groups 15 years and over were each lower in 1993 than in 1992. The rate for 15 through 19 year olds continued to be higher than that for any other age group in 1993 (393.5 per 100,000), even though it was 6.1 percent lower than the comparable 1992 rate.

Other Reportable Diseases

Under New Jersey laws that require reporting of cases of a number of communicable diseases to the Department of Health and Senior Services, one or more cases of 33 different communicable diseases were reported in 1993. A small number of reportable diseases had major increases in reported incidence in 1993 compared to 1992 levels. Among these were shigellosis (an increase of 82 cases or 31.1%), Lyme disease (98 additional cases or 14.2% higher), and salmonellosis (126 more cases or an 11.6% increase) (Table C9). There were 30 fewer measles cases in 1993 than in 1992; this represented a 71.4 percent reduction in the 42 cases reported in 1992. Also, there were 106 fewer cases of hepatitis B in 1992 for a reduction of 20.7 percent over the previous year's level (Table C15). In 1993, there were 47 New Jersey resident deaths from hepatitis B, an increase of 23 over the 1992 figure. There were also 2 deaths in 1993 from hepatitis A and 20 deaths from non A, non B hepatitis, as well as 14 deaths from unspecified viral hepatitis (Center for Health Statistics, 1995c).

TABLE C9. REPORTED CASES OF SELECTED VACCINE-PREVENTABLE AND OTHER COMMUNICABLE DISEASES NEW JERSEY, 1988 - 1993						
DISEASE	1988	1989	1990	1991	1992	1993
Ambiasis	115	39	21	32	23	16
Campylobacterosis	571	422	612	582	573	595
Giardiasis	639	465	440	447	577	615
Hepatitis A	320	469	437	307	311	295
Hepatitis B	497	597	525	442	513	407
Hepatitis, Non A or B	21	37	45	104	97	98
Legionellosis	40	40	52	36	32	33
Lyme disease	550	680	1,066	915	688	786
Measles(Rubeola)	405	462	473	1,138	42	12
Mumps	57	214	143	43	14	18
Salmonellosis	2,391	1,854	1,870	2,016	1,083	1,209
Shigellosis	332	182	331	380	264	346
Typhoid Fever	16	33	25	19	25	18
Yersiniosis	76	49	31	43	62	43

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

Distribution of reported cases of communicable diseases is presented by county of residence, age, month of onset and race/ethnicity in Tables C16 through C19.

**TABLE C10. AIDS INCIDENCE BY COUNTY OF RESIDENCE
NEW JERSEY, 1993
CASES REPORTED THROUGH DECEMBER 31, 1995**

COUNTY	NUMBER OF CASES	RATE*
ATLANTIC	150	64.9
BERGEN	187	22.3
BURLINGTON	62	15.7
CAMDEN	148	29.2
CAPE MAY	18	18.5
CUMBERLAND	45	32.4
ESSEX	1,539	199.8
GLOUCESTER	22	9.2
HUDSON	718	130.0
HUNTERDON	24	21.1
MERCER	144	43.8
MIDDLESEX	256	37.2
MONMOUTH	227	39.7
MORRIS	102	23.6
OCEAN	85	18.9
PASSAIC	334	72.7
SALEM	12	18.4
SOMERSET	61	23.8
SUSSEX	13	9.5
UNION	347	70.1
WARREN	12	12.7
INCARCERATED	155	N/A
UNKNOWN	2	N/A
TOTAL	4,663	59.3
<p>*RATES ARE COMPUTED PER 100,000 POPULATION SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF AIDS PREVENTION AND CONTROL</p>		

TABLE C11. VERIFIED TUBERCULOSIS CASES BY AGE, SEX AND RACE
NEW JERSEY, 1993

AGE	TOTAL						WHITE						BLACK						OTHER										
	TOTAL			MALE			FEMALE			MALE			FEMALE			MALE			FEMALE			MALE			FEMALE				
	NO.	%		NO.	%		NO.	%		NO.	%		NO.	%		NO.	%		NO.	%		NO.	%		NO.	%			
0-4	30	3.3		13	2.3		17	4.7		5	2.1		8	5.8		7	2.7		8	5.1		1	1.6		1	1.6		1	1.6
5-9	24	2.6		13	2.3		11	3.1		4	1.7		4	2.9		9	3.5		6	3.8		0	0.0		1	1.6		1	1.6
10-14	13	1.4		8	1.4		5	1.4		2	0.9		0	0.0		4	1.6		4	2.5		2	3.1		1	1.6		1	1.6
15-19	20	2.2		11	2.0		9	2.5		4	1.7		4	2.9		6	2.3		2	1.3		1	1.6		3	4.7		3	4.7
20-24	63	6.9		32	5.8		31	8.7		17	7.3		10	7.3		10	3.9		11	7.0		5	7.8		10	15.6		10	15.6
25-34	210	23.0		113	20.4		97	27.1		50	21.4		25	18.2		48	18.8		49	31.2		15	23.4		23	35.9		23	35.9
35-44	229	25.1		154	27.8		75	20.9		52	22.2		23	16.8		91	35.5		39	24.8		11	17.2		13	20.3		13	20.3
45-54	112	12.3		77	13.9		35	9.8		30	12.8		15	10.9		41	16.0		16	10.2		6	9.4		4	6.3		4	6.3
55-64	72	7.9		47	8.5		25	7.0		18	7.7		12	8.8		20	7.8		8	5.1		9	14.1		5	7.8		5	7.8
65+	139	15.2		86	15.5		53	14.8		52	22.2		36	26.3		20	7.8		14	8.9		14	21.9		3	4.7		3	4.7
TOTAL	912	100.0		554	100.0		358	100.0		234	100.0		137	100.0		256	100.0		157	100.0		64	100.0		64	100.0		64	100.0

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

**TABLE C12. TUBERCULOSIS INCIDENCE BY COUNTY
NEW JERSEY, 1993**

COUNTY	VERIFIED CASES		TOTAL CASES	
	NUMBER	RATE*	NUMBER	RATE*
ATLANTIC	25	10.8	32	13.9
BERGEN	56	6.7	73	8.7
BURLINGTON	14	3.5	14	3.5
CAMDEN	31	6.1	39	7.7
CAPE MAY	5	5.1	9	9.3
CUMBERLAND	5	3.6	8	5.8
ESSEX	236	30.6	360	46.7
GLOUCESTER	11	4.6	15	6.3
HUDSON	137	24.8	318	57.6
HUNTERDON	1	0.9	1	0.9
MERCER	27	8.2	32	9.7
MIDDLESEX	63	9.2	88	12.8
MONMOUTH	34	5.9	43	7.5
MORRIS	15	3.5	37	8.6
OCEAN	12	2.7	20	4.4
PASSAIC	112	24.4	168	36.6
SALEM	4	6.1	4	6.1
SOMERSET	10	3.9	11	4.3
SUSSEX	10	7.3	17	12.5
UNION	43	8.7	52	10.5
WARREN	2	2.1	2	2.1
MILITARY INSTITUTION	0	N/A	0	N/A
TRANSIENT	34	N/A	53	N/A
TOTAL	25	N/A	26	N/A
TOTAL	912	11.6	1,422	18.1

*RATES ARE COMPUTED PER 100,000 POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C13. NUMBER AND RATE OF GONORRHEA AND SYPHILIS CASES BY TYPE AND AGE GROUP NEW JERSEY, 1993													
AGE GROUP	TOTAL SYPHILIS		PRIMARY & SECONDARY		EARLY LATENT		LATE & LATE LATENT		CONGENITAL		GONORRHEA		
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	
UNDER 5	171	29.4	0	0.0	2	0.3	1	0.2	168	28.9	20	3.4	
5-9	1	0.2	0	0.0	1	0.2	0	0.0	0	0.0	8	1.5	
10-14	10	2.0	2	0.4	3	0.6	5	1.0	0	0.0	133	26.2	
15-19	125	25.8	25	5.2	46	9.5	54	11.1	0	0.0	1,908	393.5	
20-24	388	75.9	51	10.0	138	27.0	199	39.0	0	0.0	1,855	363.5	
25-44	1,437	56.1	217	8.5	331	12.9	889	34.7	0	0.0	2,096	81.8	
45-64	339	21.0	29	1.8	55	3.4	255	15.8	0	0.0	127	7.9	
65 & OVER	146	13.6	4	0.4	4	0.4	138	12.9	0	0.0	22	2.1	
NOT STATED	25	N/A	0	N/A	2	N/A	23	N/A	0	N/A	287	N/A	
TOTAL	2,642	33.6	328	4.2	582	7.4	1,564	19.9	168	2.1	6,456	82.1	

RATES ARE COMPUTED PER 100,000 AGE-SPECIFIC POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C14. INCIDENCE OF SYPHILIS AND GONORRHEA BY COUNTY NEW JERSEY, 1993									
COUNTY	SYPHILIS					GONORRHEA			
	TOTAL CASES		CONGENITAL	PRIMARY & SECONDARY	EARLY LATENT	LATE & LATE LATENT	NUMBER	RATE	
	NUMBER	RATE							
ATLANTIC	54	23.4	0	4	14	36	237	102.6	
BERGEN	96	11.5	3	12	8	73	163	19.5	
BURLINGTON	71	18.0	2	6	12	51	219	55.5	
CAMDEN	398	78.5	5	21	16	356	892	176.0	
CAPE MAY	6	6.2	0	1	1	4	29	29.8	
CUMBERLAND	53	38.1	0	18	24	11	242	174.1	
ESSEX	809	105.0	97	137	233	342	2,018	261.9	
GLOUCESTER	17	7.1	1	2	1	13	70	29.4	
HUDSON	296	53.6	9	28	72	187	373	67.5	
HUNTERDON	11	9.7	0	0	1	10	13	11.4	
MERCER	154	46.9	5	27	45	77	748	227.7	
MIDDLESEX	84	12.2	11	8	11	54	204	29.7	
MONMOUTH	37	6.5	0	7	10	20	254	44.4	
MORRIS	10	2.3	0	1	0	9	53	12.2	
OCEAN	24	5.3	4	1	6	13	55	12.2	
PASSAIC	306	66.6	23	30	60	193	330	71.8	
SALEM	28	43.0	0	1	17	10	90	138.2	
SOMERSET	14	5.5	3	0	2	9	44	17.2	
SUSSEX	2	1.5	0	0	1	1	4	2.9	
UNION	169	34.2	5	24	48	92	402	81.3	
WARREN	3	3.2	0	0	0	3	16	16.9	
TOTAL	2,642	33.6	168	328	582	1,564	6,456	82.1	

*RATES ARE COMPUTED PER 100,000 POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

**TABLE C15. NUMBER AND RATE OF VIRAL HEPATITIS CASES BY TYPE
NEW JERSEY, 1984-1993**

YEAR	TYPE A/INFECTIOUS		TYPE B/SERUM		TYPE NON-A/NON-B	
	NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE*
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	259	3.4	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
1993	295	3.8	407	5.2	98	1.2

*RATES ARE COMPUTED PER 100,000 POPULATION

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

TABLE C16. REPORTABLE COMMUNICABLE DISEASES BY COUNTY
NEW JERSEY, 1993

DISEASE	ATLANTIC	BERGEN	BURLING- TON	CAMDEN	CAPE MAY	CUMBER- LAND	ESSEX	GLOU- CESTER	HUDSON	HUN- TERDON	MERCER	MIDDLE- SEX
AMEBIASIS	0	1	0	0	0	1	0	0	4	0	1	0
BOTULISM, INFANT	0	0	0	1	0	0	0	0	0	0	0	0
BRUCELLOSIS	0	0	0	0	0	0	1	0	0	0	0	0
CAMPYLOBACTERIOSIS	22	68	26	43	5	10	39	7	20	15	24	58
CHOLERA, NON-O1	0	0	0	1	0	0	0	0	0	0	0	0
CRUTZFELDT-JAKOB DISEASE	1	1	0	1	1	0	0	0	0	0	0	0
GIARDIASIS	16	35	51	52	3	12	31	23	9	22	35	49
HEMOLYTIC UREMIC SYN	0	5	0	0	0	0	1	0	0	0	1	0
H. INFLUENZAE	0	1	0	3	0	0	2	1	3	0	0	0
HEMORRHAGIC COLITIS	0	2	0	0	0	0	2	0	0	0	0	0
HEPATITIS A	5	54	5	14	2	15	32	3	30	3	19	22
HEPATITIS B	10	25	15	41	4	5	120	8	14	3	17	27
HEPATITIS NONA/NONB	4	3	17	29	0	0	8	2	0	1	4	8
KAWASAKI DISEASE	0	3	3	0	0	0	6	0	0	0	0	2
LEGIONELLOSIS	0	5	0	1	0	0	2	0	0	0	1	11
LEPROSY	0	1	0	0	0	0	2	0	0	0	0	0
LEPTOSPIROSIS	0	0	0	0	0	0	0	0	0	1	0	0
LISTERIOSIS	0	5	1	1	2	1	0	1	0	0	3	5
LYME DISEASE	28	11	49	12	1	18	11	6	0	204	33	24
MALARIA	1	4	1	2	0	0	11	0	6	4	3	7
MEASLES, IMPORTED	0	0	0	0	0	0	1	0	0	0	0	1
MEASLES, INDIGENOUS	0	0	0	2	0	0	0	0	3	0	0	1
MENINGOCOCCAL INFECTION	3	3	2	2	2	2	2	1	4	3	1	5
MUMPS	0	1	2	3	0	0	0	0	1	0	1	0
PERTUSSIS	7	10	3	3	0	1	4	9	0	5	2	0
PSITTACOSIS	0	1	0	0	0	0	0	0	0	0	0	0
ROCKY MT SPTD FEVER	3	0	1	3	1	0	0	0	0	0	0	0
RUBELLA	1	1	0	1	0	17	147	23	54	8	64	113
SALMONELLOSIS	61	99	60	78	13	17	0	0	2	2	0	0
SCOMBROID POISONING	0	0	0	0	0	0	0	0	0	2	0	0
SHIGELLOSIS	22	10	37	13	13	38	42	6	13	0	10	39
STREPTOCOCCUS, GROUP B	0	6	2	1	2	1	15	0	5	0	9	0
TYPHOID FEVER	0	1	0	2	0	0	4	0	4	0	0	2
YERSINIOSIS	3	0	3	5	0	1	2	1	2	0	5	4
TOTAL	188	354	276	314	49	122	485	91	174	271	234	381

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

TABLE C16. REPORTABLE COMMUNICABLE DISEASES BY COUNTY (CONT'D)
NEW JERSEY, 1993

DISEASE	MONMOUTH	MORRIS	OCEAN	PASSAIC	SALEM	SOMERSET	SUSSEX	UNION	WARREN	UNKNOWN	TOTAL
AMEBIASIS	0	4	0	3	0	1	0	0	1	0	16
BOTULISM, INFANT	0	0	0	1	0	0	0	1	0	0	3
BRUCELLA	0	0	0	0	0	0	0	0	0	0	1
CAMPYLOBACTERIOSIS	49	26	41	28	7	26	33	23	23	4	595
CHOLERA, NON-O1	0	0	0	0	0	0	1	0	0	0	2
CRUTZFELDT-JAKOB DISEASE	0	0	0	0	0	0	0	0	0	0	4
GIARDIASIS	64	62	38	23	5	21	33	20	7	4	615
HEMOLYTIC UREMIC SYN	0	1	1	0	0	2	2	1	0	0	14
H. INFLUENZAE	0	2	9	3	0	3	0	0	0	0	27
HEMORRHAGIC COLITIS	1	2	4	0	0	0	0	0	0	0	11
HEPATITIS A	28	10	21	13	0	9	0	0	0	0	295
HEPATITIS B	29	12	16	43	5	2	2	5	4	0	407
HEPATITIS NON-A/NO-N-B	4	2	6	4	2	1	1	2	0	0	98
KAWASAKI DIS	1	3	2	2	0	4	1	1	1	0	29
LEGIONELLOSIS	2	0	3	2	0	3	1	0	2	0	33
LEPROSY	0	0	0	0	0	0	0	0	0	0	3
LEPTOSPIROSIS	0	0	0	0	0	0	0	0	0	0	3
LISTERIOSIS	4	1	6	1	0	0	0	0	0	0	11
LYME DISEASE	76	104	107	3	7	51	19	12	8	0	31
MALARIA	0	2	1	5	0	3	0	1	0	1	786
MEASLES, IMPORTED	1	0	0	0	0	0	0	1	0	0	51
MEASLES, INDIGENOUS	0	0	1	1	0	0	0	1	0	0	4
MENINGOCOCCAL INFECTION	6	3	3	3	2	0	0	0	0	0	8
MUMPS	1	2	2	2	0	1	1	1	0	0	49
PERTUSSIS	12	2	7	7	2	2	5	4	1	0	86
PSITTACOSIS	0	0	0	1	0	0	0	0	0	0	2
ROCKY MT SPTD FEVER	0	0	1	1	0	0	1	0	0	0	10
RUBELLA	2	1	3	0	0	0	1	0	0	0	15
SALMONELLOSIS	102	80	78	75	6	23	48	50	7	3	1,209
SCOMBROID POISONING	0	0	0	0	0	0	0	0	0	0	2
SHIGELLOSIS	21	9	8	29	1	2	0	5	0	0	346
STREPTOCOCCUS, GROUP B	3	4	23	5	0	2	1	4	0	0	83
TYPHOID FEVER	2	0	0	3	0	0	0	0	0	0	18
YERSINIOSIS	0	5	4	3	2	0	1	1	1	0	43
TOTAL	408	337	385	260	39	158	150	143	56	40	4,915

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

TABLE C17. REPORTABLE COMMUNICABLE DISEASES BY AGE
NEW JERSEY, 1993

DISEASE	0-2	3-5	6-10	11-20	21-30	31-40	41-50	51-60	61-70	OVER 70	NOT STATED	TOTAL
AMEBIASIS	0	1	1	0	3	5	2	1	0	2	1	16
BOTULISM, INFANT	3	0	0	0	0	0	0	0	0	0	0	3
BRUCELLOSIS	0	0	0	0	0	0	0	1	0	0	0	1
CAMPYLOBACTERIOSIS	42	31	17	50	141	110	80	39	36	31	18	595
CHOLERA, NON-O1	0	0	0	0	1	0	0	0	0	1	0	2
CRUTZFELDT-JAKOB DISEASE	0	0	0	0	0	0	1	0	0	2	0	4
GIARDIASIS	43	78	52	25	83	151	54	39	26	13	51	615
HEMOLYTIC UREMIC SYN	3	3	4	0	0	2	0	0	0	0	2	14
H. INFLUENZAE	4	0	0	0	1	0	2	2	3	12	3	27
H. INFLUENZAE	3	3	1	2	0	0	1	0	0	1	0	11
HEMORRHAGIC COLITIS	3	3	1	2	0	0	26	24	18	22	5	295
HEPATITIS A	2	2	22	45	63	60	26	24	18	22	5	295
HEPATITIS B	2	2	1	38	120	117	60	27	17	20	3	407
HEPATITIS NONA/NONB	0	0	0	3	19	41	16	4	0	5	2	98
KAWASAKI DISEASE	5	15	4	1	0	0	0	0	0	0	4	29
LEGIONELLOSIS	0	0	0	0	2	3	4	4	7	12	1	33
LEPROSY	0	0	0	0	1	0	0	0	1	0	0	3
LEPTOSPIROSIS	0	1	0	0	0	0	0	0	0	0	0	1
LISTERIOSIS	1	1	0	0	1	0	1	3	3	13	6	31
LYME DISEASE	11	40	92	95	66	121	126	86	71	67	11	786
MALARIA	2	0	4	7	8	14	4	7	3	1	1	51
MEASLES, IMPORTED	1	0	1	0	1	1	0	0	0	0	0	4
MEASLES, INDIGENOUS	6	1	0	0	1	0	0	0	0	0	0	8
MEASLES, INDIGENOUS	9	3	5	10	5	0	3	4	2	7	1	49
MENINGOCOCCAL INFECTION	1	2	9	2	3	1	0	0	0	0	0	18
MUMPS	63	5	7	3	4	2	1	0	1	0	0	86
PERTUSSIS	0	0	0	1	0	0	0	0	0	1	0	2
PSITTACOSIS	0	0	0	1	0	0	0	0	0	0	0	1
ROCKY MT SPTD FEVER	0	0	1	1	2	0	2	1	0	0	1	10
RUBELLA	0	0	0	0	9	2	4	0	0	0	0	15
SALMONELLOSIS	179	118	78	132	171	132	109	66	50	101	73	1,209
SCOMBROID POISONING	0	0	0	0	0	0	1	0	0	1	0	2
SHIGELLOSIS	29	72	54	22	54	42	28	5	8	8	24	346
STREPTOCOCCUS, GROUP B	8	0	0	4	16	12	1	0	0	0	42	83
TYPHOID FEVER	1	1	1	4	2	6	1	0	0	0	2	18
YERSINIOSIS	12	0	6	3	5	3	0	2	3	6	3	43
TOTAL	430	387	360	450	782	825	527	316	258	326	254	4,915

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

TABLE C18. REPORTABLE COMMUNICABLE DISEASES BY MONTH OF ONSET
NEW JERSEY, 1993

DISEASE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
AMEBIASIS	1	1	0	2	0	0	1	3	1	0	4	3	16
BOTULISM, INFANT	1	0	0	0	1	0	0	1	0	0	0	0	3
BRUCELLOSIS	1	0	0	0	0	0	0	0	0	0	0	0	1
CAMPYLOBACTERIOSIS	22	32	29	23	46	48	78	107	52	57	53	48	595
CHOLERA, NON-O1	0	0	0	0	0	0	0	2	0	0	0	0	2
CRUTZFELDT-JAKOB DISEASE	0	0	1	0	0	1	0	0	0	0	1	1	4
GIARDIASIS	25	29	54	24	43	29	28	70	69	100	70	74	615
HEMOLYTIC UREMIC SYN	0	0	0	0	1	2	1	1	1	2	2	4	14
H. INFLUENZAE	0	2	2	3	3	3	6	3	3	0	1	1	27
HEMORRHAGIC COLITIS	0	0	0	2	0	1	0	0	2	1	1	4	11
HEPATITIS A	32	33	30	14	30	22	19	29	11	19	23	33	295
HEPATITIS B	39	24	43	26	49	37	40	34	30	26	19	40	407
HEPATITIS NONA/NONB	9	7	13	6	6	9	6	8	6	13	6	11	98
KAWASAKI DISEASE	0	1	1	2	7	1	1	5	5	1	1	4	29
LEGIONELLOSIS	4	3	2	2	3	2	3	9	1	0	4	0	33
LEPROSY	0	0	0	0	0	1	0	1	0	0	1	0	3
LEPTOSPIROSIS	0	0	0	0	0	0	0	0	1	0	0	0	1
LISTERIOSIS	0	3	2	3	1	3	2	3	5	2	5	2	31
LYME DISEASE	11	11	16	13	31	95	207	157	63	75	60	47	786
MALARIA	1	2	4	3	6	9	2	4	8	2	4	6	51
MEASLES, IMPORTED	1	0	0	0	1	0	0	0	0	0	1	1	4
MEASLES, INDIGENOUS	1	0	2	3	1	0	0	0	1	0	0	0	8
MENINGOCOCCAL INFECTION	7	2	5	1	5	4	7	3	3	2	5	6	49
MUMPS	2	3	2	0	0	1	0	3	3	2	0	4	18
PERTUSSIS	8	4	2	7	5	6	6	18	11	10	8	3	86
PSITTACOSIS	1	0	0	0	0	0	1	0	0	0	0	0	2
ROCKY MT SPTD FEVER	1	1	0	0	0	5	3	0	0	0	0	0	10
RUBELLA	1	2	1	1	2	0	8	0	0	0	0	0	15
SALMONELLOSIS	75	65	104	52	113	72	117	183	120	112	97	99	1,209
SCOMBROID POISONING	0	0	2	0	0	0	0	0	0	0	0	0	2
SHIGELLOSIS	24	25	24	14	24	21	23	61	26	31	32	41	346
STREPTOCOCCUS GROUP B	1	4	6	3	6	3	8	11	7	10	8	16	83
TYPHOID FEVER	0	1	1	1	3	0	0	4	4	0	2	2	18
YERSINIOSIS	4	3	7	4	1	3	3	5	1	5	0	7	43
TOTAL	272	258	353	208	387	378	570	722	431	470	408	457	4,915

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

**TABLE C19. REPORTABLE COMMUNICABLE DISEASES BY RACE/ETHNICITY
NEW JERSEY, 1993**

DISEASE	NON-HISPANIC			HISPANIC	NOT STATED	TOTAL
	WHITE	BLACK	OTHER			
AMEBIASIS	9	0	1	6	0	16
BOTULISM, INFANT	0	2	0	1	0	3
BRUCELLOSIS	0	0	0	1	0	1
CAMPLOBACTERIOSIS	440	32	9	39	75	595
CHOLERA, NON-01	2	0	0	0	0	2
CRUTZFELDT-JAKOB DISEASE	4	0	0	0	0	4
GIARDIASIS	458	17	6	72	62	615
HEMOLYTIC UREMIC SYN	12	0	1	0	1	14
H.INFLUENZA	12	7	0	2	6	27
HEMORRHAGIC COLITIS	9	1	0	0	1	11
HEPATITIS A	163	32	35	34	31	295
HEPATITIS B	150	167	11	44	35	407
HEPATITIS NONA/NONB	52	35	1	5	5	98
KAWASAKI DISEASE	20	2	3	3	1	29
LEGIONELLOSIS	25	3	1	3	1	33
LEPROSY	0	1	1	0	1	3
LEPTOSPIROSIS	1	0	0	0	0	1
LISTERIOSIS	21	5	0	2	3	31
LYME DISEASE	686	16	4	10	70	786
MALARIA	8	19	12	1	11	51
MEASLES, IMPORTED	0	0	0	1	3	4
MEASLES, INDIGENOUS	1	0	1	5	1	8
MENINGOCOCCAL INFECTION	31	11	2	2	3	49
MUMPS	8	2	1	1	6	18
PERTUSSIS	59	11	0	13	3	86
PSITTACOSIS	2	0	0	0	0	2
ROCKY MT SPT'D FEVER	8	0	0	1	1	10
RUBELLA	9	0	0	0	6	15
SALMONELLOSIS	726	190	34	124	135	1,209
SCOMBROID POISONING	2	0	0	0	0	2
SHIGELLOSIS	147	98	7	65	29	346
STREPTOCOCCUS, GROUP B	37	29	1	2	14	83
TYPHOID FEVER	2	2	3	3	8	18
YERSINIOSIS	20	9	3	6	5	43
TOTAL	3,124	691	137	446	517	4,915

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

HEALTH STATUS

1993

INTRODUCTION

In October, 1993, the United States Public Health Service published Healthy People 2000: National Health Promotion and Disease Prevention Objectives, which contained the details of where health professionals and other interested individuals wanted the country's population to be in terms of health outcomes and related behavior by the Year 2000. The Year 2000 targets 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 1993 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 11 priority areas of public health. In early 1996, an assessment of progress toward meeting New Jersey's Year 2000 health objectives, entitled Update Healthy New Jersey 2000: A Public Health Agenda for the 1990s was published. This report was the culmination of a review process which entailed some limited revision of objectives and Year 2000 targets. A few objectives were added, some, primarily those without a current or projected data source, were deleted and a number were revised. The result was an unduplicated total of 121 health objectives for New Jersey: 68 primary objectives and 53 sub-objectives targeting high-risk sub-groups of the population.

An assessment of the current status of a selected subset of the New Jersey Year 2000 health objectives is presented in this section, limited to those objectives whose measurement is based on data included in this report. Five 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. The objectives presented in this report are revised in keeping with Update Healthy New Jersey 2000 and are organized in the priority areas used in this latter report.

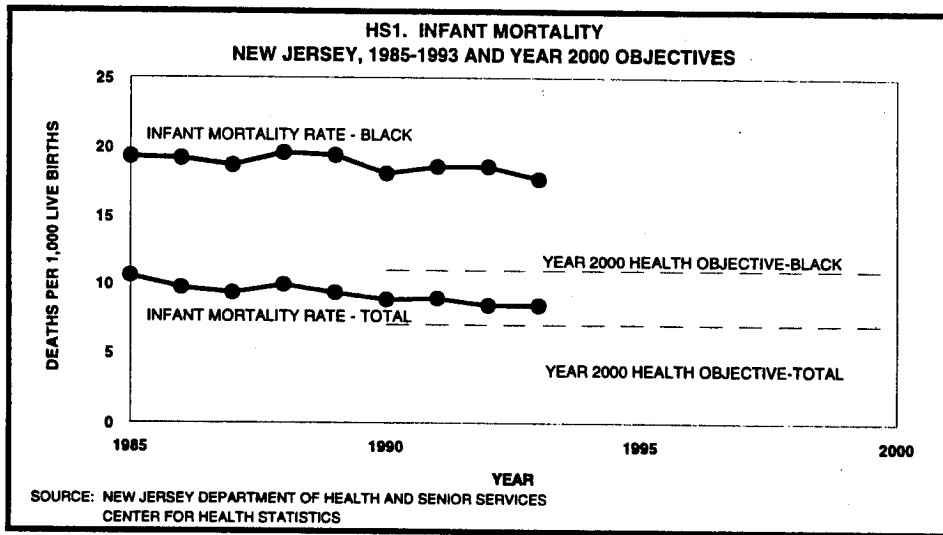
The following list categorizes the selected objectives into those which, given current trends, appear achievable by the Year 2000, those whose achievement seems unlikely, and another group of objectives whose trend lines are such that status in the Year 2000 is not possible to predict. These categorizations are based on a few data points. 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 an 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 RATE - TOTAL	X		
INFANT MORTALITY RATE - BLACK		X	
LOW BIRTH WEIGHT - TOTAL		X	
LOW BIRTH WEIGHT - BLACK		X	
VERY LOW BIRTH WEIGHT - TOTAL			X
VERY LOW BIRTH WEIGHT - BLACK		X	
NO PRENATAL CARE - TOTAL			X
NO PRENATAL CARE - BLACK		X	
EARLY PRENATAL CARE - TOTAL		X	
EARLY PRENATAL CARE - BLACK		X	
EARLY PRENATAL CARE - HISPANIC		X	

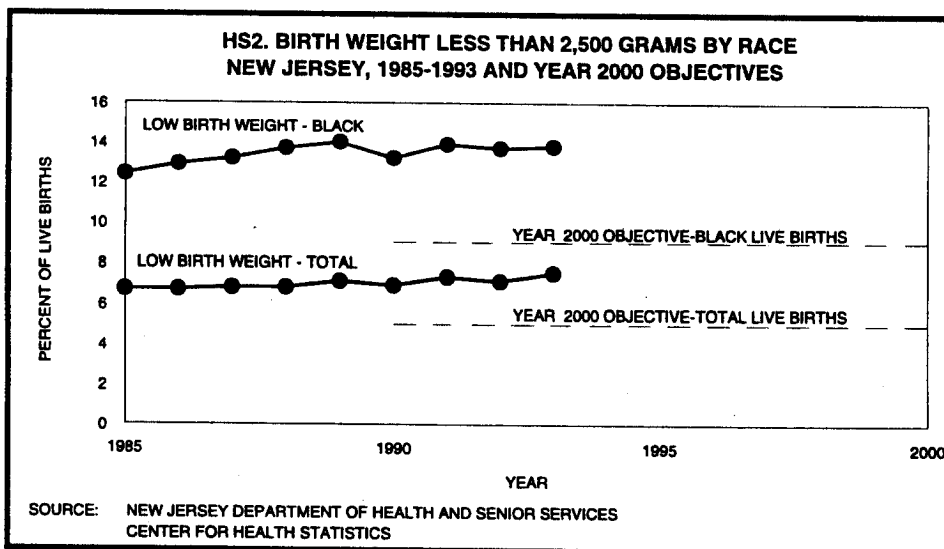
OBJECTIVE	LIKELY TO BE ACHIEVED	NOT LIKELY TO BE ACHIEVED	UNCERTAIN
BIRTHS TO FEMALES 10-14 - TOTAL		X	
BIRTHS TO FEMALES 10-14 - MINORITY		X	
BIRTHS TO FEMALES 15-19 - TOTAL		X	
BIRTHS TO FEMALES 15-19 - MINORITY		X	
MOTOR VEHICLE FATALITIES - 15-19			X
SUICIDES - 15-19			X
HOMICIDES - 15-19			X
BREAST CANCER DEATHS - TOTAL, AGE-ADJUSTED	X		
BREAST CANCER DEATHS - WOMEN 50-64	X		
BREAST CANCER DEATHS - WOMEN 65 AND OVER		X	
LUNG CANCER DEATHS - TOTAL, AGE-ADJUSTED	X		
LUNG CANCER DEATHS - MINORITY MALES, AGE-ADJUSTED	X		
COLORECTAL CANCER DEATHS - TOTAL, AGE-ADJUSTED	X		
CERVICAL CANCER DEATHS - TOTAL, AGE-ADJUSTED		X	
CERVICAL CANCER DEATHS - MINORITY, AGE-ADJUSTED		X	
CERVICAL CANCER DEATHS - WOMEN 65 AND OVER		X	
CORONARY HEART DISEASE DEATHS-TOTAL, AGE-ADJUSTED	X		
CORONARY HEART DISEASE DEATHS-MINORITY, AGE-ADJ.			X
CORONARY HEART DISEASE DEATHS - TOTAL 45-64	X		
CORONARY HEART DISEASE DEATHS - MINORITY 45-64	X		
STROKE DEATHS - TOTAL, AGE-ADJUSTED	X		
STROKE DEATHS - MINORITY, AGE-ADJUSTED	X		
STROKE DEATHS - TOTAL 45-64	X		
STROKE DEATHS - MINORITY 45-64	X		
STROKE DEATHS - TOTAL 65 AND OVER	X		
AIDS DEATHS - TOTAL, AGE-ADJUSTED		X	
AIDS DEATHS - ALL RACES, 25-44		X	
PRIMARY & SECONDARY SYPHILIS INCIDENCE - TOTAL	X		
PRIMARY & SECONDARY SYPHILIS INCIDENCE - MINORITY			X
GONORRHEA INCIDENCE - TOTAL	X		
MEASLES INCIDENCE - TOTAL			X

OBJECTIVE	LIKELY TO BE ACHIEVED	NOT LIKELY TO BE ACHIEVED	UNCERTAIN
VERIFIED TUBERCULOSIS INCIDENCE - TOTAL			X
VERIFIED TUBERCULOSIS INCIDENCE - MINORITY			X
LYME DISEASE INCIDENCE - TOTAL		X	
MOTOR VEHICLE FATALITIES - TOTAL, AGE-ADJUSTED	X		
MOTOR VEHICLE FATALITIES - ALL RACES, 15-24	X		
MOTOR VEHICLE FATALITIES - ALL RACES , 70 AND OVER		X	
HOMICIDE DEATHS - MINORITY MALES, 15-44			X
HOMICIDE DEATHS - MINORITY FEMALES, 15-44	X		
SUICIDES - ALL RACES, 15-24	X		
SUICIDES - WHITE MALES, 65 AND OVER			X
CIRRHOSIS DEATHS - TOTAL, AGE-ADJUSTED	X		
CIRRHOSIS DEATHS - MINORITY MALES, AGE-ADJUSTED	X		
DRUG-RELATED DEATHS - TOTAL		X	

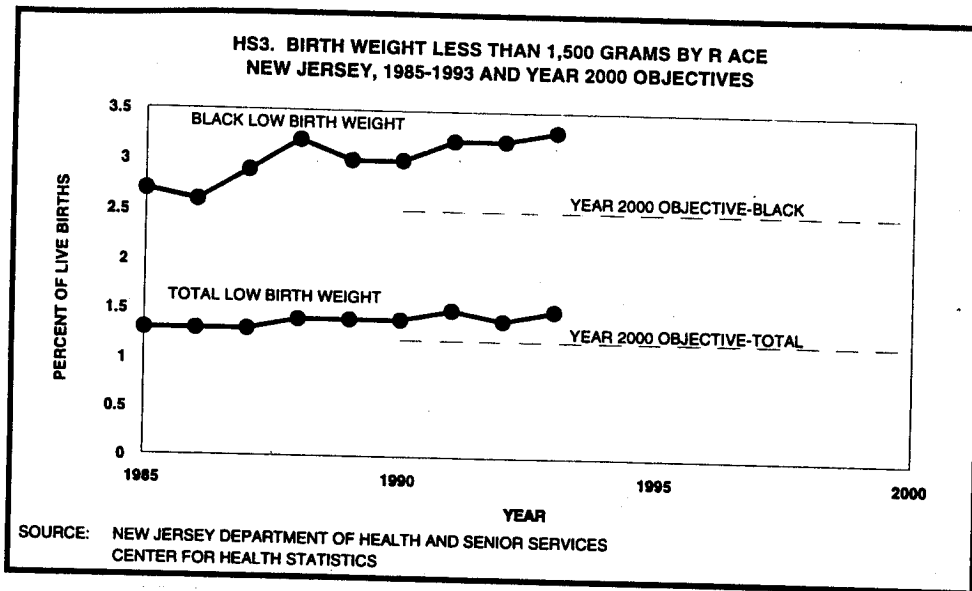
**PRIORITY AREA
IMPROVE INFANT, CHILD HEALTH AND MATERNAL OUTCOMES**



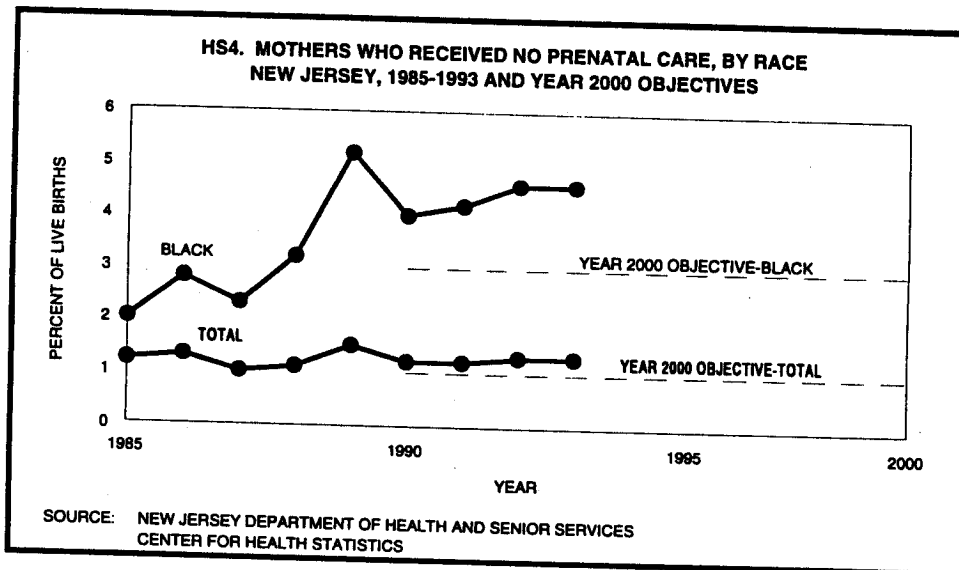
The total infant mortality rate was basically stable in 1992 and 1993, after declining steadily since 1982. Despite the slowing rate of decline, it still appears likely that the total infant mortality rate will meet the Year 2000 objective. The black infant mortality rate, which had increased during the 1990 through 1992 period, declined in 1993. However, the black infant mortality rate remains 2.8 times the white rate and, in the absence of major improvements, will not meet the Year 2000 target.



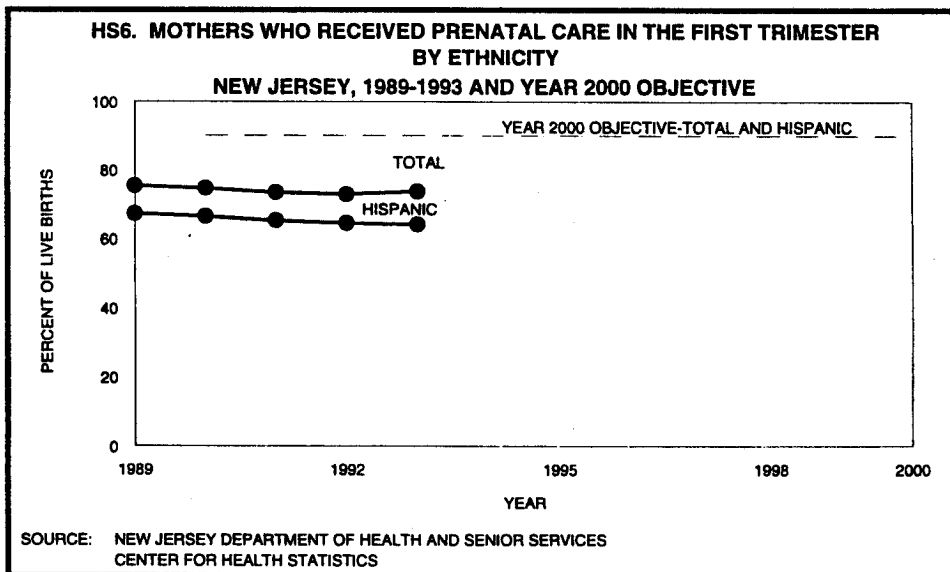
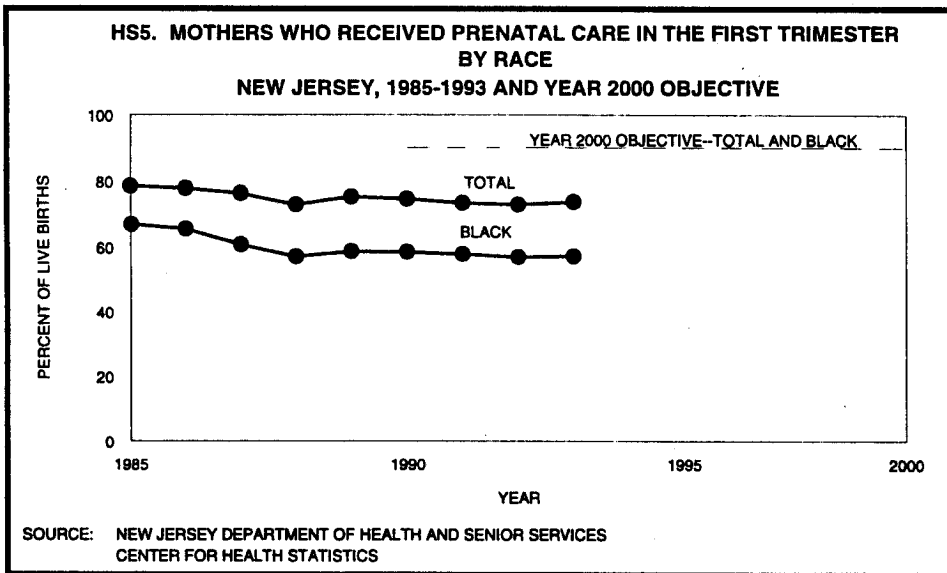
Percentages of both total and black low birth weight babies have been increasing over the time period 1985 through 1993. This trend has occurred in spite of the decline in total infant mortality over the same period. This is unexpected, as infant mortality is usually correlated with low birth weight. These findings are thought to be a result of technological advancements in caring for underweight infants in neonatal intensive care units. Decreasing the percentage of low birth weight babies is related to the degree to which women obtain early, adequate prenatal care. If present trends in the pattern of late or no entry into the prenatal care system continue, these objectives related to low birth weight will probably not be met.



The percentages of black babies and babies of all races born at very low birth weights (less than 1,500 grams) were each higher in 1993 than in 1985. The likelihood of meeting the objective for babies of all races is not certain, however the percentage of very low birth weight black babies is not likely to decline to the target level by the Year 2000, given the current trend.

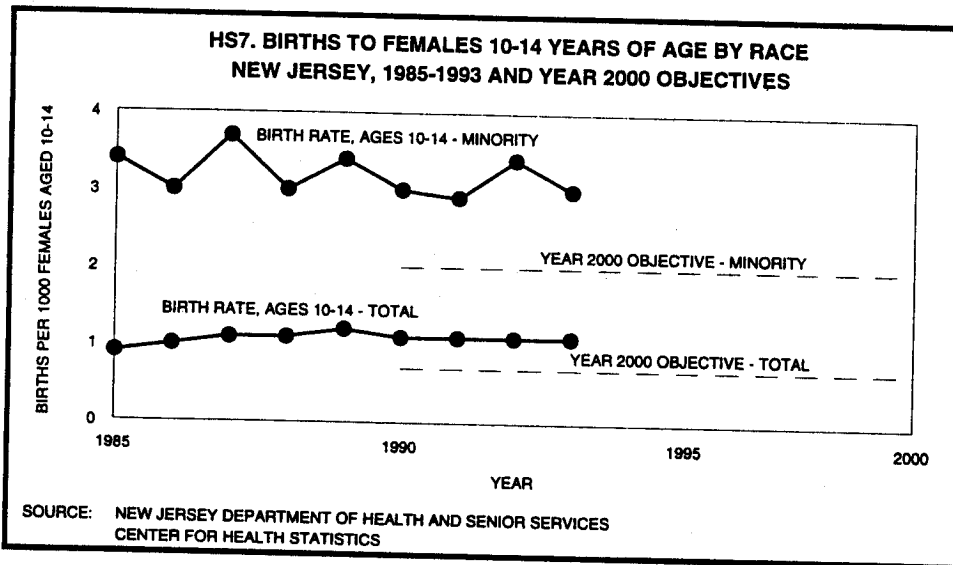


The percent of mothers of all races who received no prenatal care remained virtually unchanged over the past nine years, while the percent of black mothers for whom no prenatal care was reported has more than doubled. At current trends, it appears unlikely that the Year 2000 objective for black mothers will be met and uncertain that the objective for mothers of all races can be achieved.

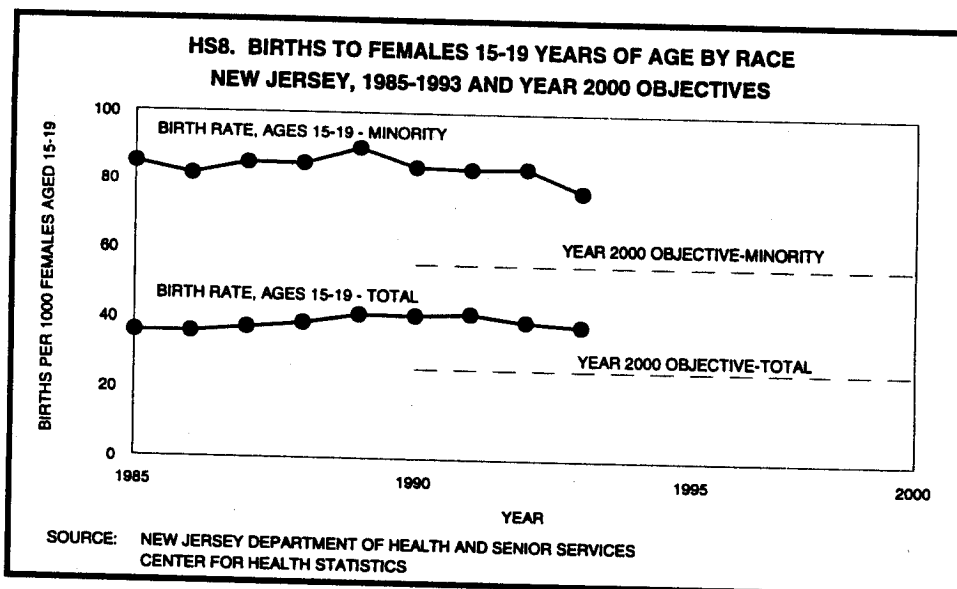


The percentages of all race and black mothers who received early prenatal care have exhibited similar downward trends since 1985 (Figure HS5). The same declining trend can be seen in early prenatal care levels reported by Hispanic mothers of any race (Figure HS6). Analysis of data on entry into prenatal care is complicated by the relatively large amount of missing data, however, it appears unlikely that the objectives for early prenatal care will be met for any race or ethnic group or by the total population by the Year 2000.

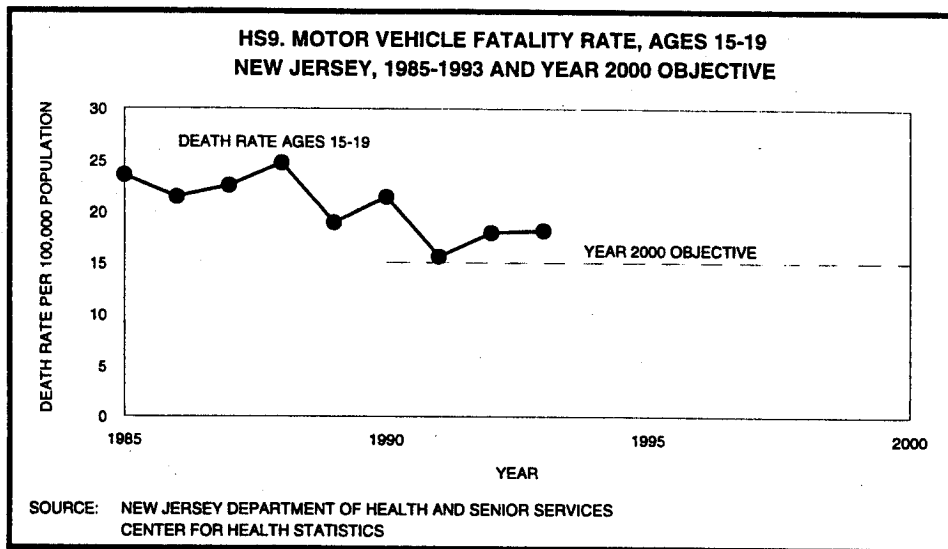
**PRIORITY AREA
IMPROVE THE HEALTH OF ADOLESCENTS**



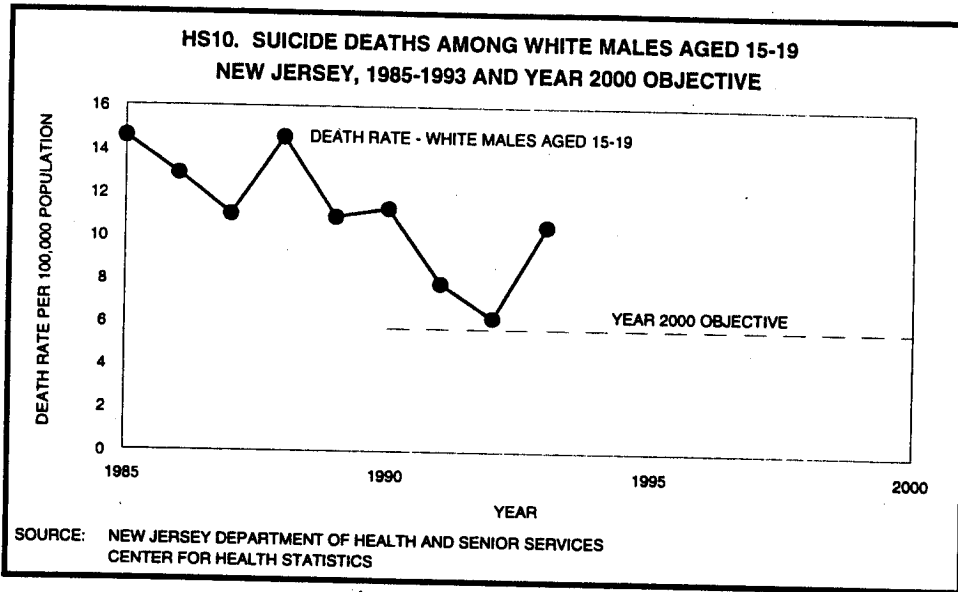
Teenage mothers have higher rates of low birth weight babies than mothers in other age groups. No progress has been made in lowering the fertility rates of either minority or total females in the 10 through 14 age groups. These trends appear to be stable, and if they continue in the same patterns for the remainder of the decade, the objectives will not be met.



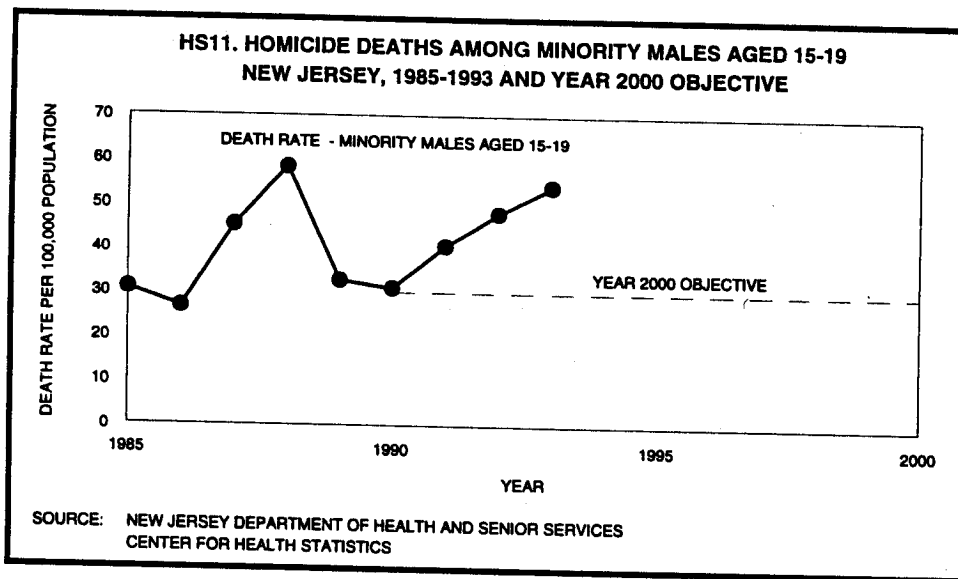
Fertility rates among 15 through 19 year old females are considerably higher than in 10 through 14 year olds, but also show little progress toward meeting the target level. The rates among both minority and total females 15 through 19 have declined slightly during the most recent years of the nine-year period since 1985. However, the minimal rate of decline in both rates makes it unlikely that these objectives will be reached by the Year 2000.



Although there has been substantial fluctuation in the death rate from motor vehicle injuries in 15 through 19 year olds over the period, the general trend has been a declining one over the past nine years. The objective was essentially achieved in 1991, however the rate has increased in the two years since. Because of the degree of fluctuation in this rate, it is uncertain at this point whether the Year 2000 objective will be met.

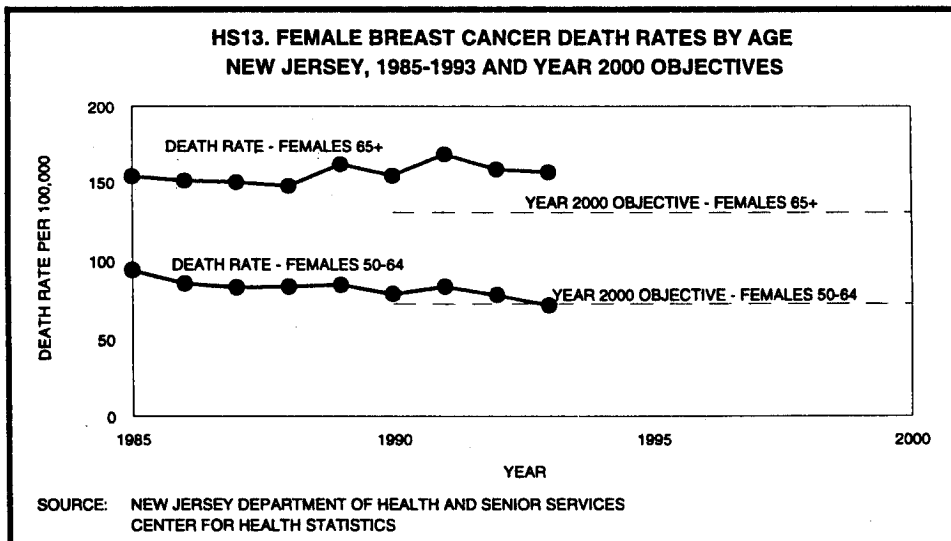
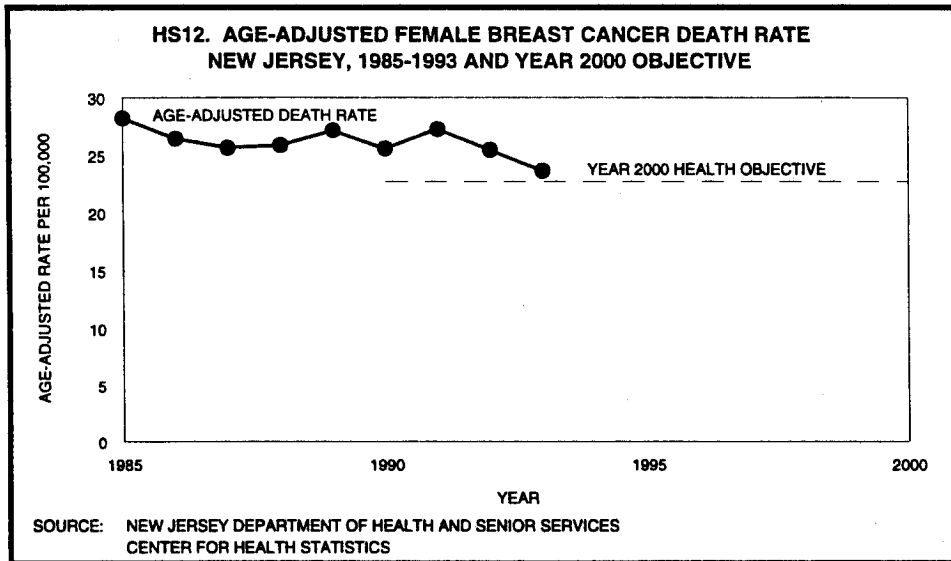


The suicide death rate among white males has declined dramatically in recent years and essentially met the Year 2000 target in 1992. Because the annual number of deaths is small, the death rate tends to fluctuate, thus the current level may not be maintained for the rest of the decade. At this point, it is uncertain that the Year 2000 objective will be met.

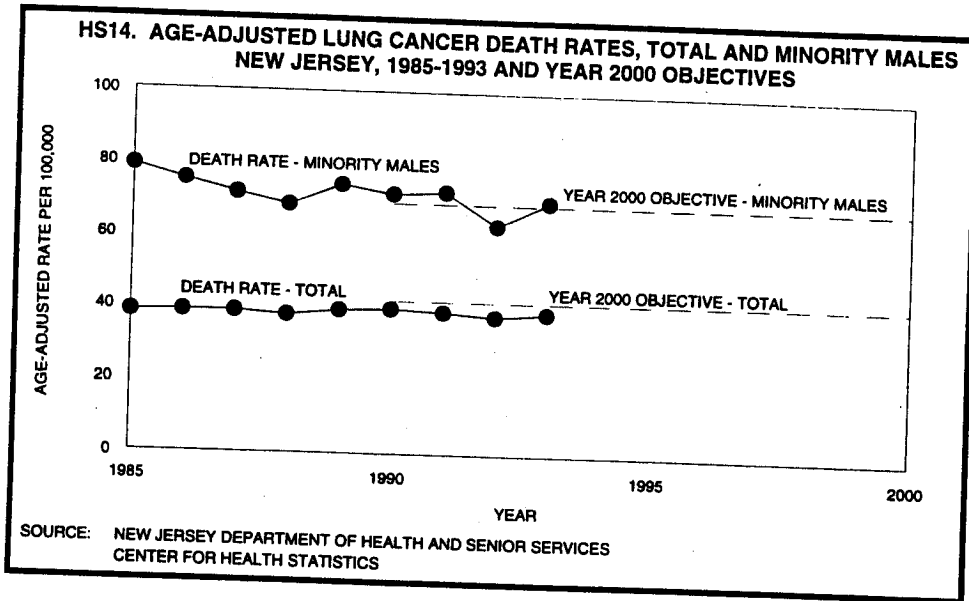


The homicide death rate among 15 through 19 year old minority males varies widely from year to year in New Jersey, because of relatively small numbers of deaths. The death rate essentially met the Year 2000 objective in 1990, but has since increased to a level well above the target. Due to the fluctuation in this rate, it is not certain that the objective will be met by the Year 2000.

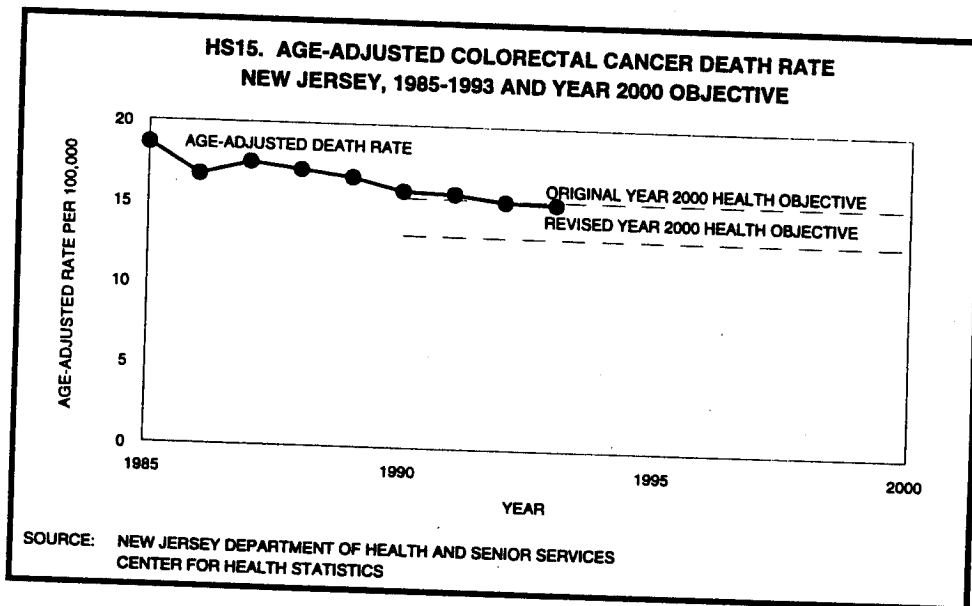
**PRIORITY AREA
PREVENT, DETECT AND CONTROL CANCER**



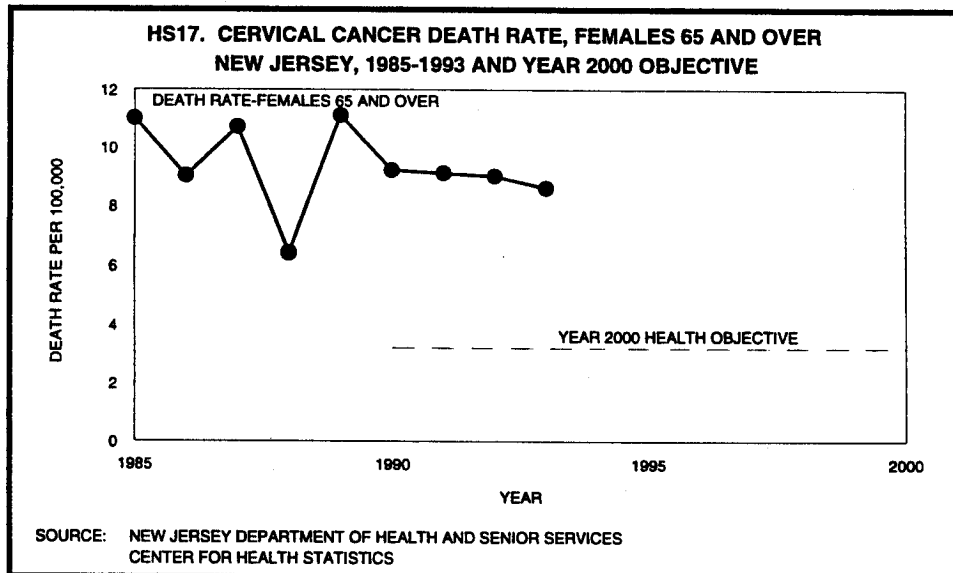
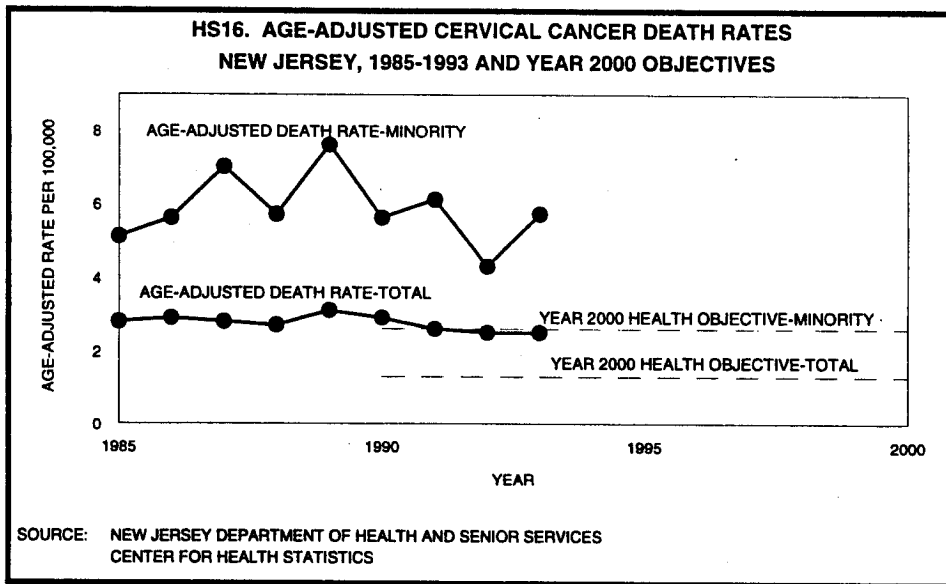
The total female breast cancer death rate has declined since 1985 and in 1993 approached the Year 2000 target. If current trends continue, it is likely that the Year 2000 objective will be met. The likelihood of achievement differs by age group, however. The death rate for females 50 through 64 years old met the Year 2000 target in 1993, but the breast cancer death rate for females 65 and over was higher in 1993 than it was in 1985.



Because the average time span for development of lung cancer is lengthy (more than a decade), health objectives for this condition for the Year 2000 were directed toward slowing the rate of increase in the death rate. Although the lung cancer death rate for minority males continues to be substantially higher than the total rate, the trend in the minority male rate has been dramatically downward and the gap has narrowed. The Year 2000 objective has essentially been met for this subgroup. The total lung cancer death rate has remained basically unchanged during recent years, but still has met the Year 2000 objective for the entire period by not increasing.

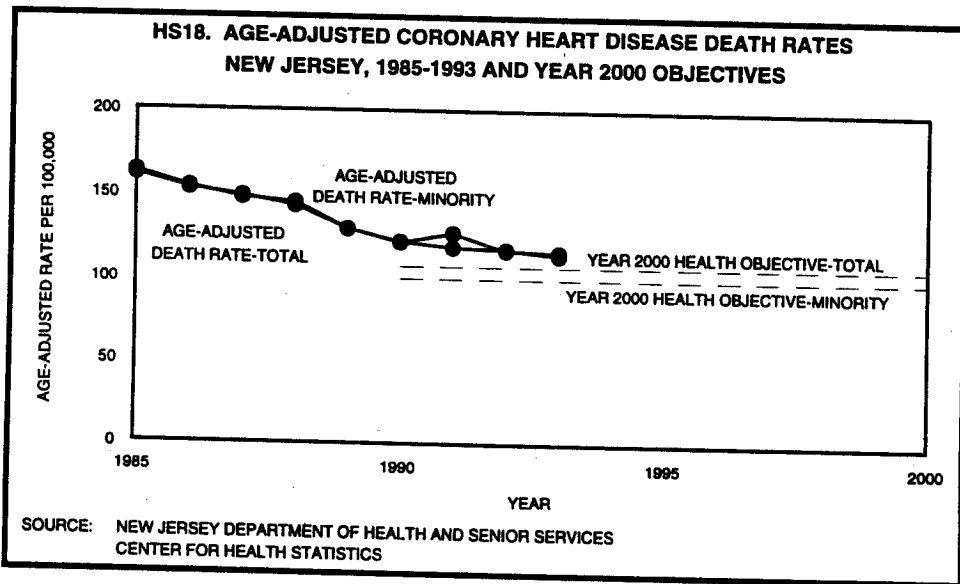


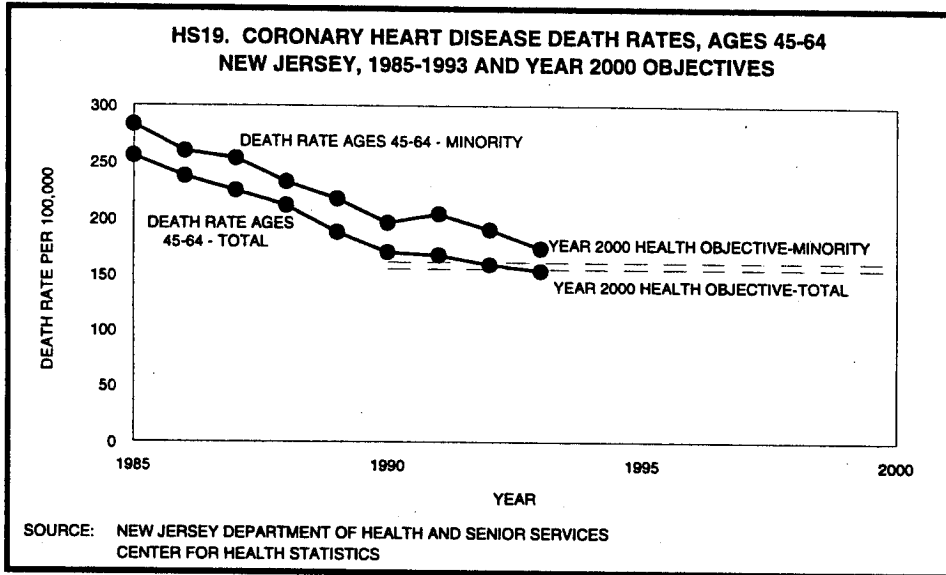
Age-adjusted death rates from colorectal cancer have steadily declined in recent years. The original Year 2000 objective for this condition was met very early in the decade. This led to a downward revision in the target in order to promote further decrease in the death rate. The trend in death rate appears to be on target for achieving the revised objective by the Year 2000.



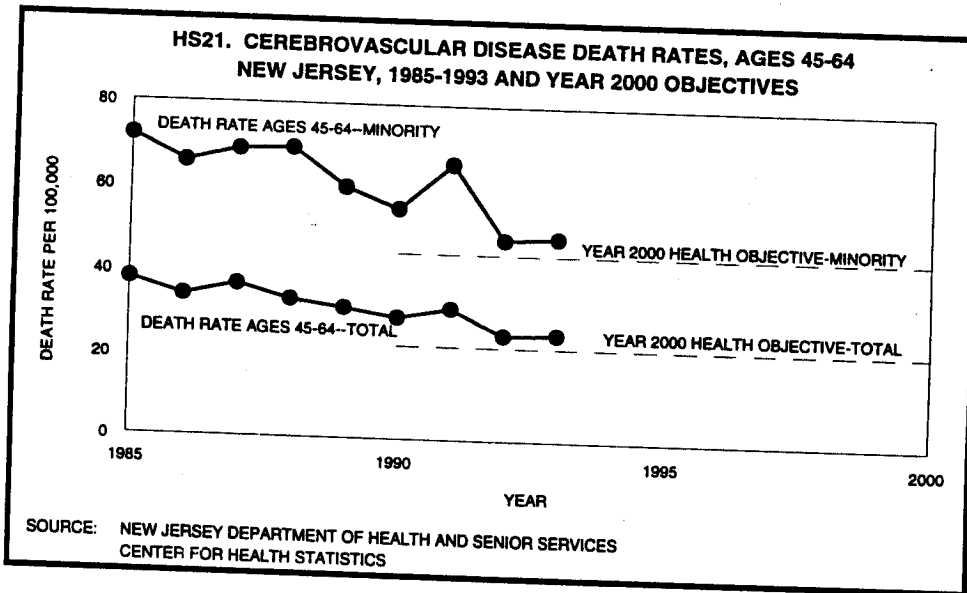
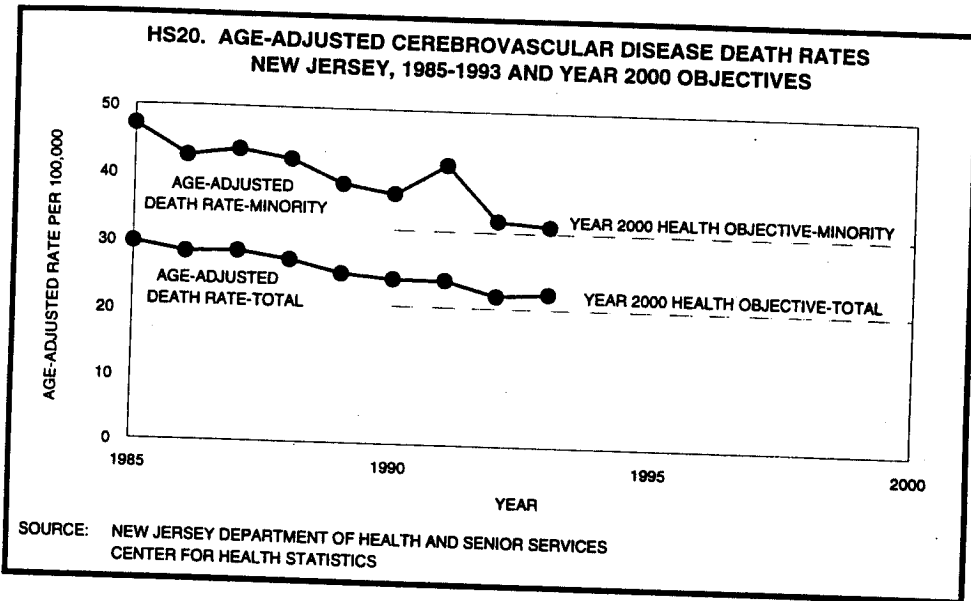
In the country as a whole, cervical cancer deaths declined dramatically throughout the 1970s and 1980s. This decline is thought to be due primarily to the widespread use of the Pap test for early detection of cervical cancer (National Center for Health Statistics, 1994). Although the state has also experienced a decline in cervical cancer mortality since the early 1970s, the death rate appears to have basically stabilized since 1985 in the total, minority and over 65 populations. Death rates from this cause remain generally twice as high in minority women as in the total population and are considerably higher in the elderly population than in either total or minority women. It appears unlikely that the Year 2000 objective will be met by any of these populations.

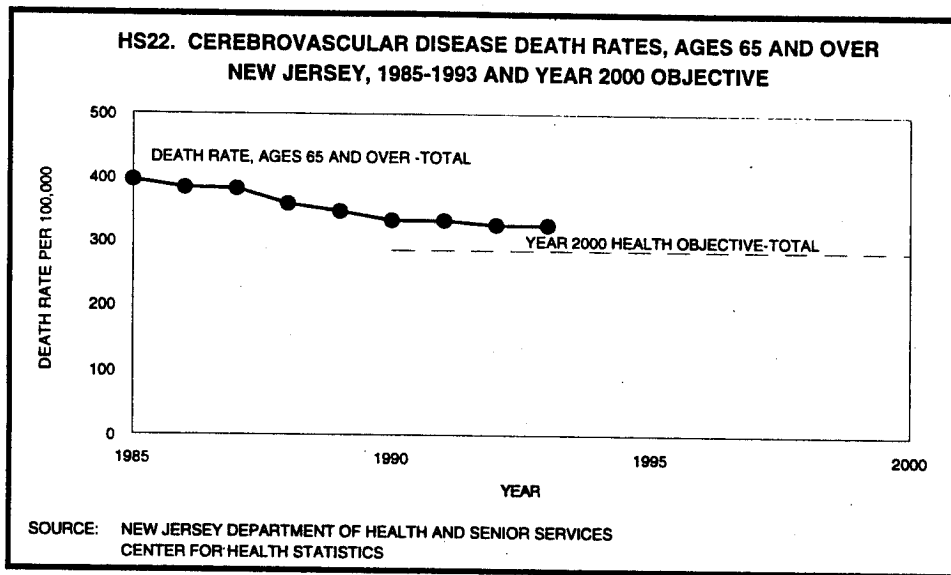
**PRIORITY AREA
PREVENT, DETECT AND CONTROL CARDIOVASCULAR
AND OTHER VASCULAR DISEASES**





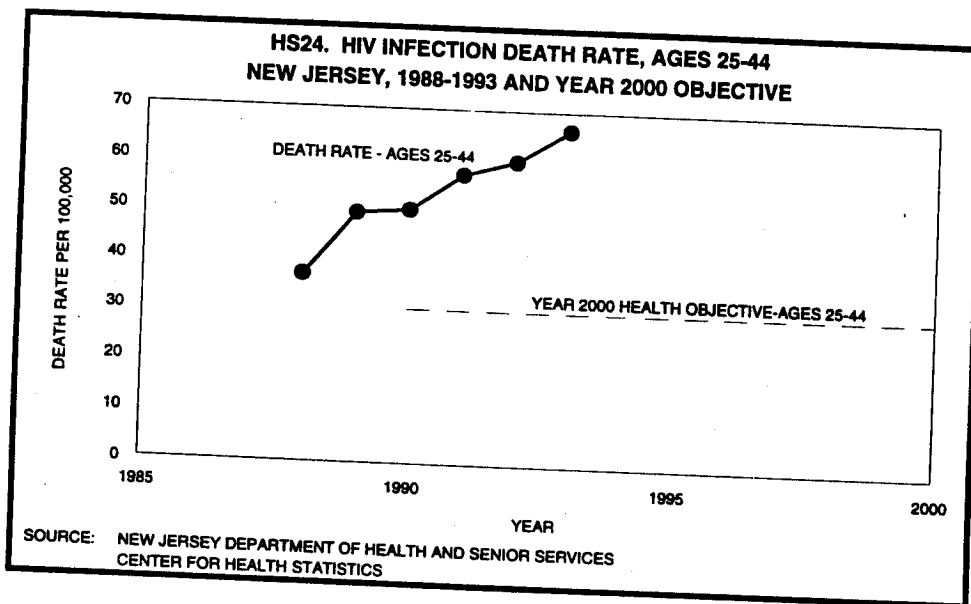
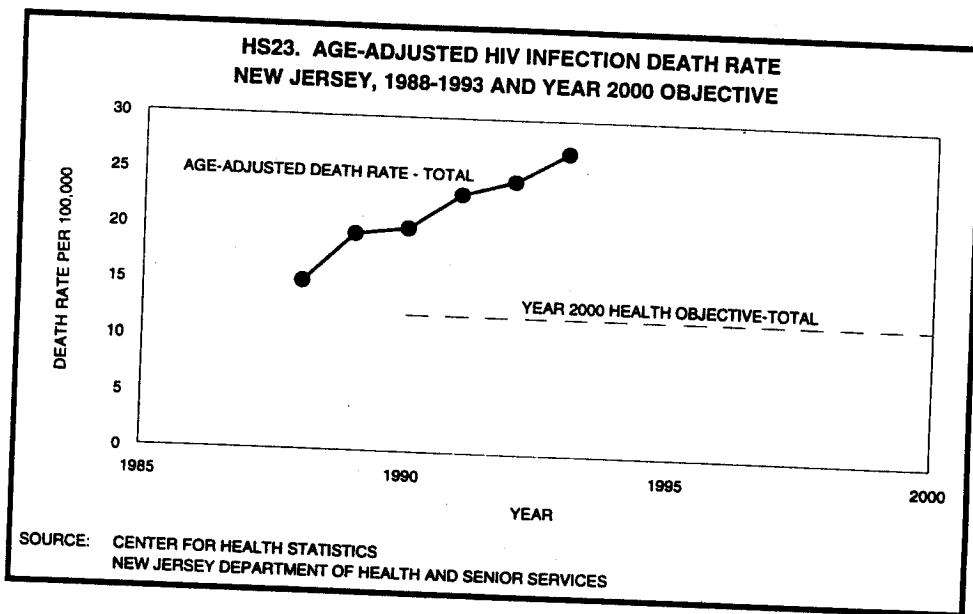
The death rate from coronary heart disease (CHD) has been decreasing in New Jersey and in the nation for more than 20 years. However, CHD remains the leading cause of death both in the state and in the country. The age-adjusted death rates for coronary heart disease for minorities and the total population are similar and are decreasing at about the same rate. Despite the decline in both total and minority age-adjusted death rates from CHD, it is uncertain that the objective for the minority population will be reached, since it was set at a lower level. Death rates from CHD among 45 through 64 year olds differ for minority and total populations. Although minority death rates from this cause are higher than in the total population, the pattern of decline in the rate is similar in both groups and it appears that the Year 2000 targets will be achieved for both populations.





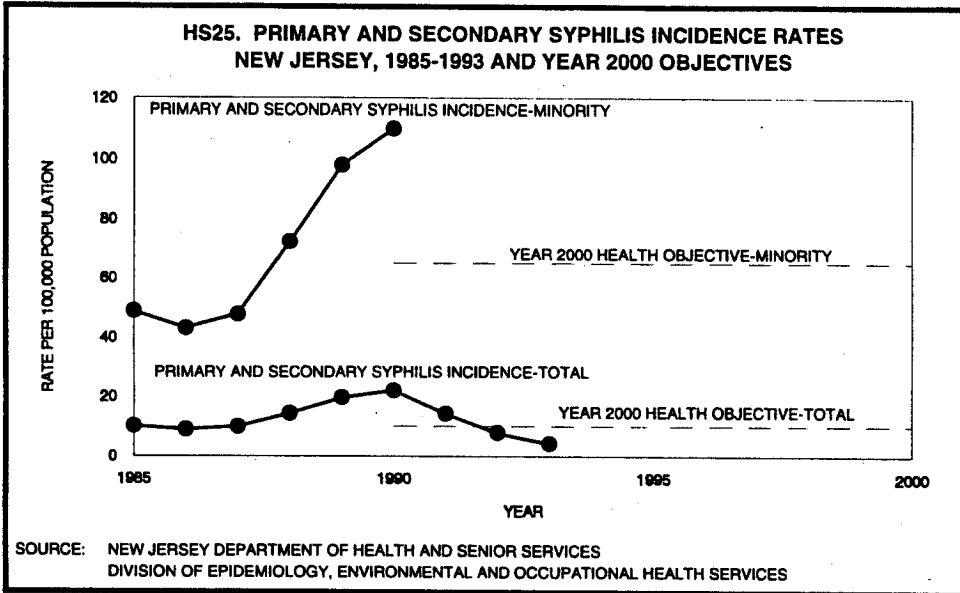
The long-term trend in cerebrovascular disease death rates has been a pattern of decrease, but these rates differ dramatically by race and age. When adjusted for age, total minority death rates are considerably higher than total age-adjusted rates for all races. In the age group 45 through 64, minority rates are about twice the rate in the total population. Stroke mortality rates among persons 65 and over are more than ten times as high as in the total population 45 through 64 years of age. Despite the long-term decline in the stroke death rate in all of the high-risk groups, the rate of decrease appears to have slowed in recent years. Achievement of the Year 2000 objectives is attainable if the death rates from stroke continue to exhibit the same rate of decline as in the 1985-1990 period.

**PRIORITY AREA
PREVENT AND CONTROL AIDS AND HIV INFECTION**

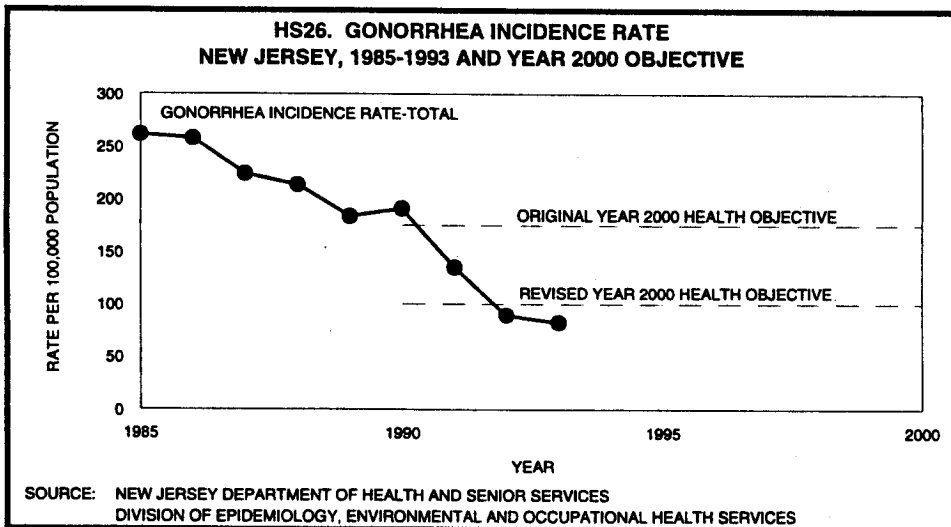


Because of the long lag time (from two years to several decades) for development of AIDS after infection with HIV, it is difficult to set objectives for the mortality rate that can be achieved within a decade. Many individuals who will die of AIDS during this decade were infected in the prior decade. The sharply rising death rates in the target populations (all ages and 25 through 44 years) reflect infection rates in the 1980s, for the most part. The success of current efforts to prevent the transmission of AIDS will be measured in the Year 2000 and beyond. The development of improved treatment methods which extend the life span of persons infected with HIV will be necessary to change the mortality rate trend to a declining one. In the absence of any such development, the objectives most likely will not be met.

**PRIORITY AREA
PREVENT AND CONTROL SEXUALLY TRANSMITTED DISEASES**

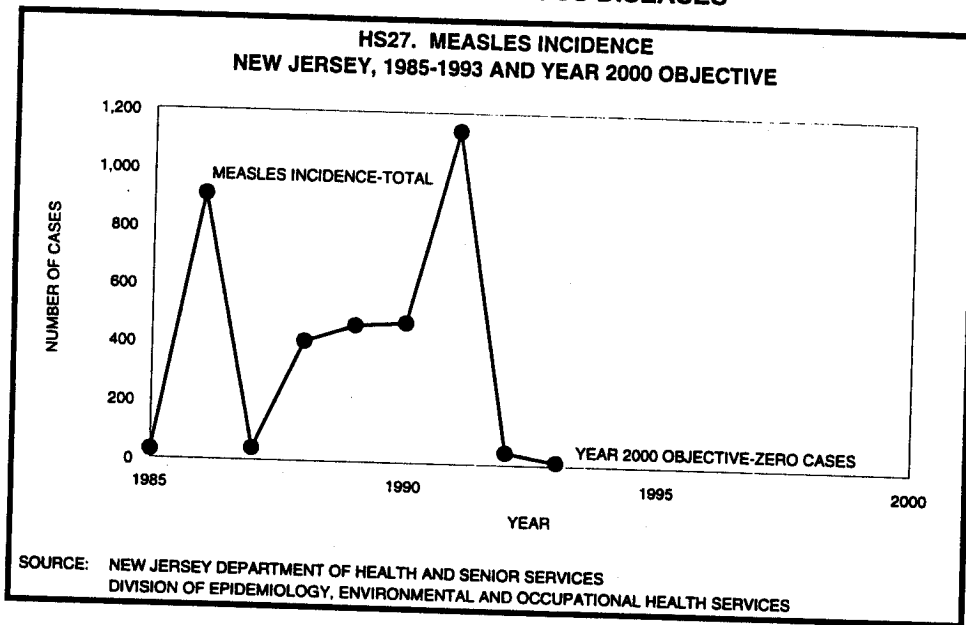


The incidence of primary and secondary syphilis in New Jersey increased sharply between 1985 and 1990, especially in the minority population which, in 1990, had a rate approximately five times that in the total population. In 1991, CDC changed its reporting requirements regarding race and Hispanic ethnicity, making the definition of "minority" no longer consistent with the definition in use prior to 1991. Because of this change, incidence of syphilis in the minority population is no longer reported here. The incidence rate in the total population has declined since 1990 and has now met the Year 2000 objective.

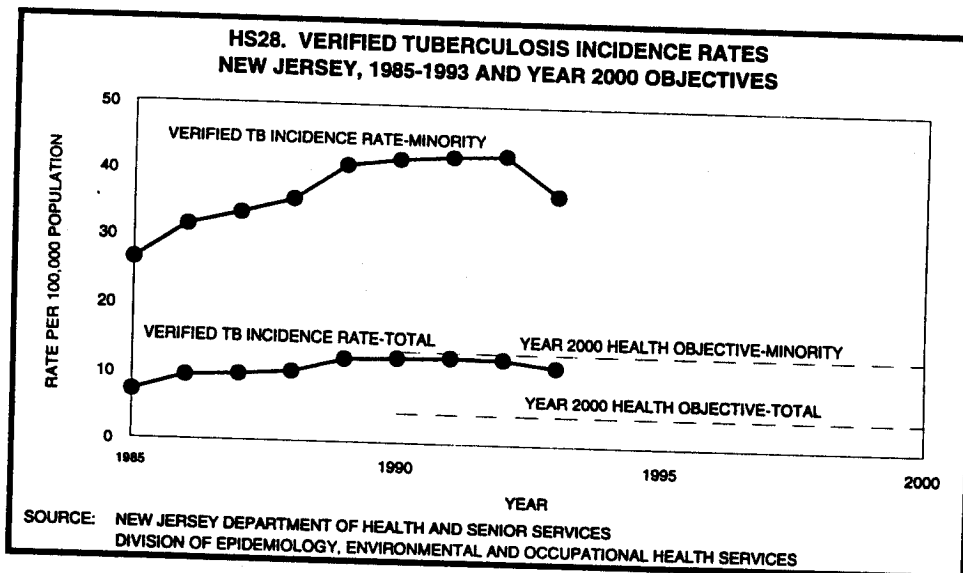


A decline in the number of reported cases of gonorrhea has continued for more than a decade and the number of cases reported in 1993 was less than one-third the number reported ten years earlier. Reported cases of gonorrhea are declining nationwide, however, the decrease in New Jersey exceeds the rate of decrease in the country as a whole. The state met and exceeded the original Year 2000 objective in 1991, leading to the setting of a more ambitious target, which was itself met in 1992 and 1993.

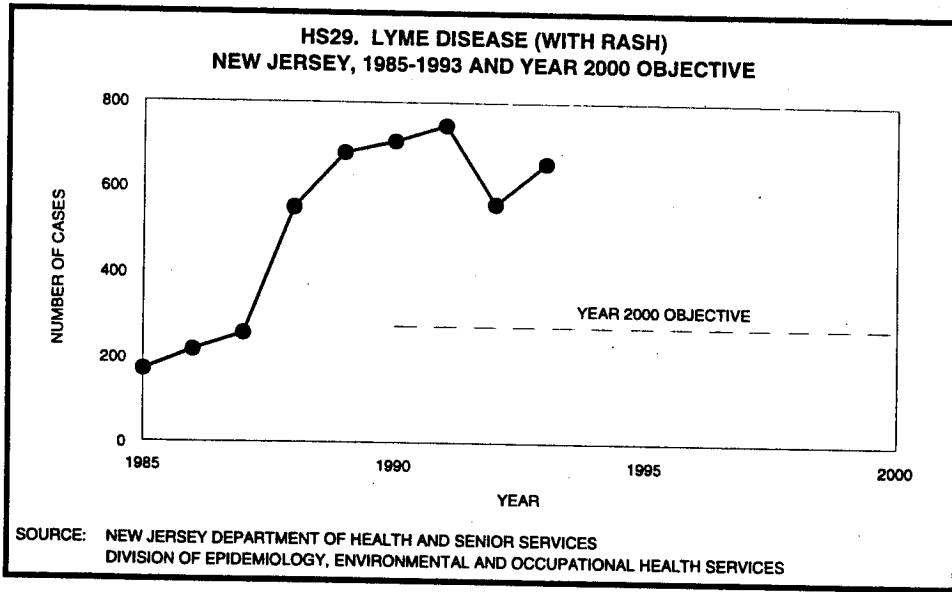
**PRIORITY AREA
PREVENT AND CONTROL VACCINE-PREVENTABLE
AND OTHER INFECTIOUS DISEASES**



The incidence of measles (rubeola) has reached epidemic proportions twice within the past nine years, in 1986 and 1991. It will be possible to reach the Year 2000 objective only if the level of immunization reaches the Year 2000 target. Although reported cases were at a low level in 1992 and 1993, the likelihood of reaching the Year 2000 objective of zero cases of measles is uncertain.

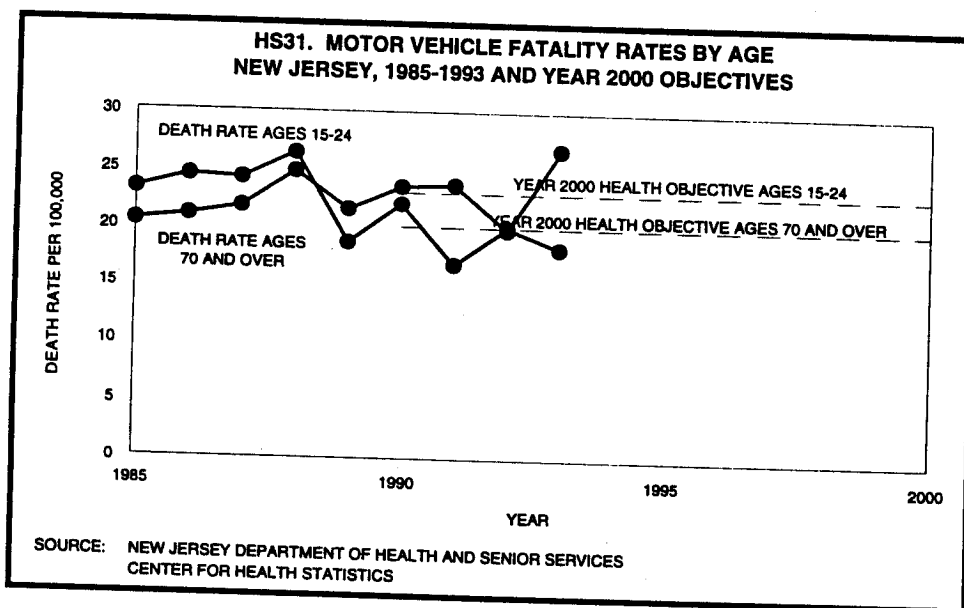
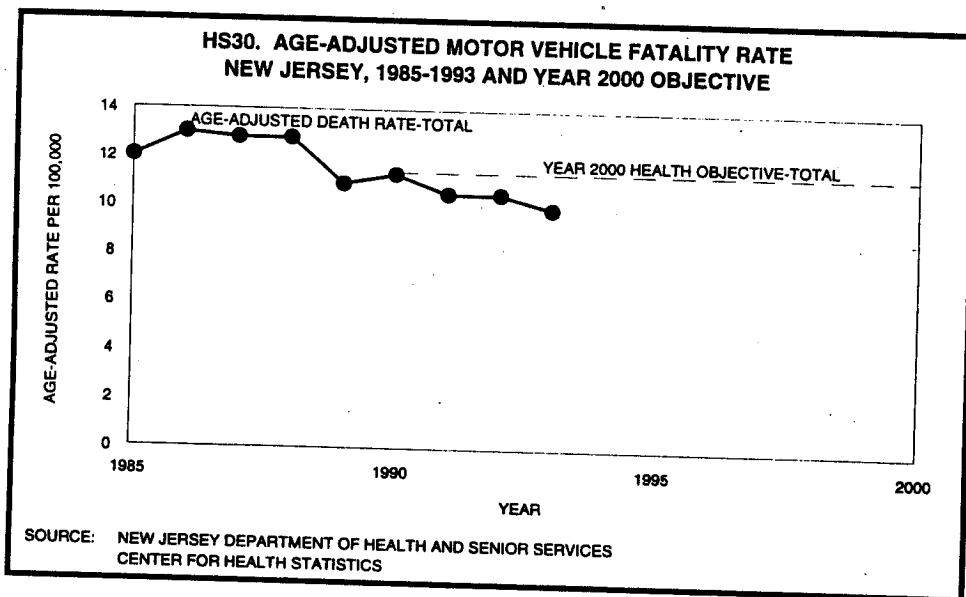


Both the total and minority tuberculosis incidence rates rose steadily from 1985 until the early 1990s. However, both rates declined in 1993. More years of data are needed to confirm whether this is a change in the trend of the rate. The rate of tuberculosis in the minority population remains more than three times the rate in the total population and it is uncertain at this point whether either of the objectives will be met by the Year 2000.

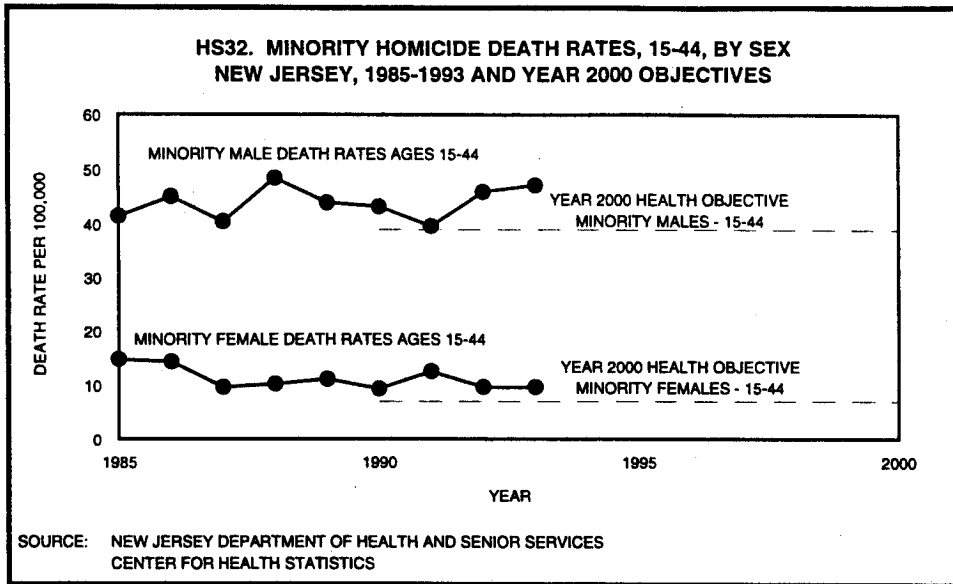


As with other infectious diseases, the incidence of Lyme disease has fluctuated. However, the reported incidence remains well above the target level, and, in the absence of major education and control programs, it is unlikely that the Year 2000 objective will be met.

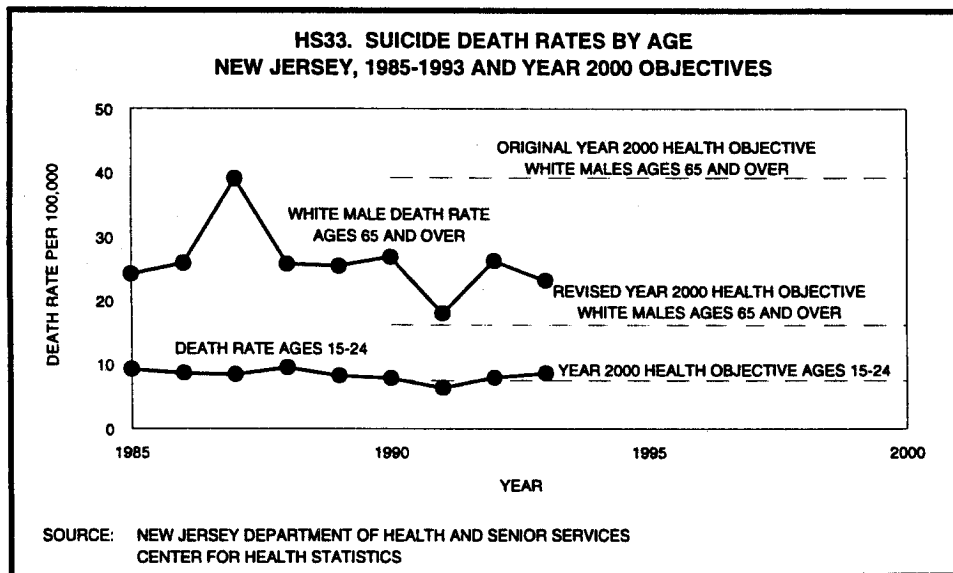
**PRIORITY AREA
PREVENT AND CONTROL INJURIES**



The age-adjusted motor vehicle-related fatality rate for the total population has declined in recent years and has met and exceeded the Year 2000 objective. Higher death rates are found in the young (15 through 24 years) and elderly (70 years and older) age groups. Positive findings are that the fatality rates among 15 through 24 year olds have decreased over the period and have now met and exceeded the Year 2000 targets. The fatality rate in the elderly population has been higher than in 15 through 24 year olds since 1989 and, if current trends continue, is not expected to reach the Year 2000 objective.

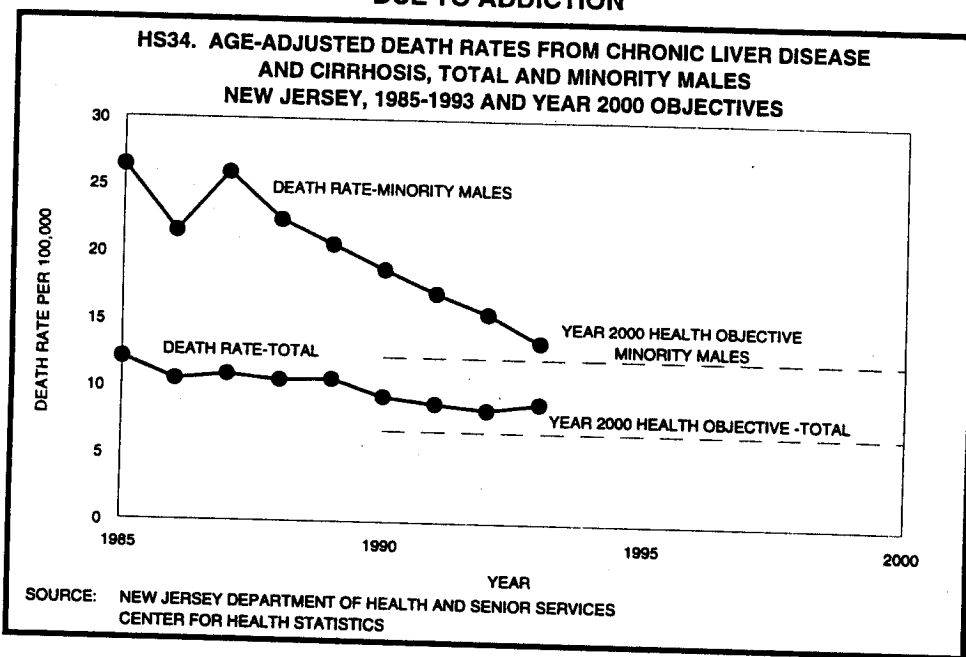


The homicide death rate among minority males aged 15 through 44 has fluctuated widely and increased in 1992 and 1993 after essentially meeting the Year 2000 target in 1991. With no clear downward trend, it is uncertain that the objective will be met by the Year 2000. The homicide death rate among minority females in this age group has shown a decreasing pattern during the past nine years and may achieve the Year 2000 objective.

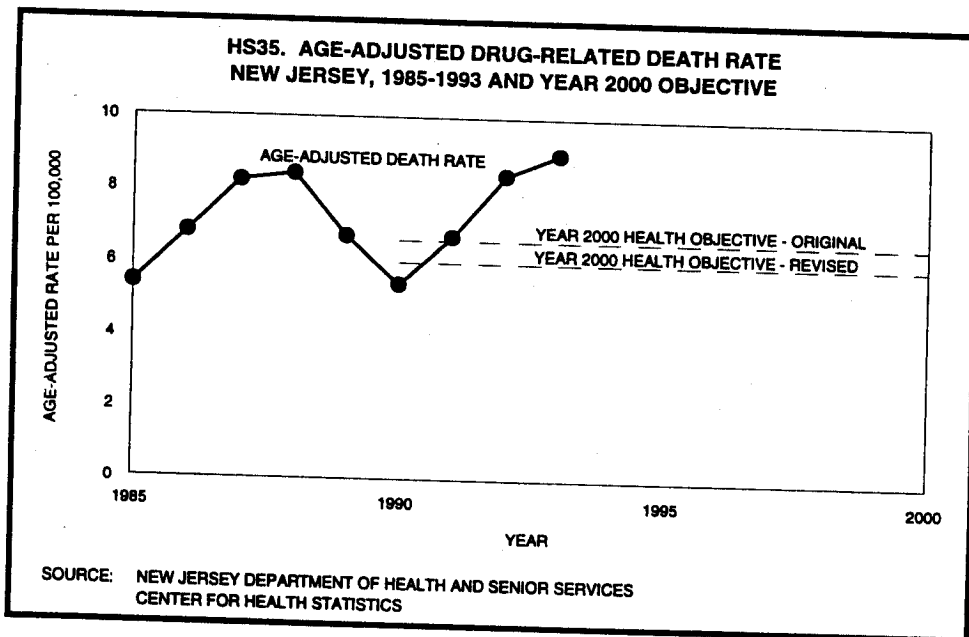


The death rate from suicide among white males 65 years and over was so far below the original Year 2000 objective set in 1991, that a more ambitious target was set. Because of the major year-to-year variations in this rate, it is uncertain that the revised target will be met. Although the suicide death rate in 15 through 24 year olds increased in 1992 and 1993 after meeting the Year 2000 target, the overall trend in recent years has been downward and it appears that the Year 2000 target can be met.

REDUCE THE RATES OF MORBIDITY AND MORTALITY DUE TO ADDICTION



The age-adjusted death rate for chronic liver disease and cirrhosis declined in both the total and minority male populations over the period 1985 through 1993, but decreased more dramatically among minority males than in the population as a whole. If current trends continue, it appears likely that both of these objectives can be met by the Year 2000.



The age-adjusted rate from deaths related to drugs fell below the revised Year 2000 objective in 1990, but has increased in each of the three years since to a level greatly exceeding the Year 2000 target. The drug-related death rate may be expected to fluctuate from year to year, as it is related to the availability and purity of drugs on the street. At this point in the decade, however, it appears unlikely that the Year 2000 objective for drug-related deaths will be met.

POPULATION

1993

ESTIMATES

The estimates for July 1, 1993, presented in this report for New Jersey's population by age and sex and for the total population of each of the state's counties were prepared by the Population Division of the U.S. Bureau of the Census. The state estimates were provided by age group (under 1, 1-4, 5-9,.....,80-84 and 85 and over) and sex (male and female), while the county estimates were provided only for the total population. Data users can purchase New Jersey population estimates for 1990 through 1995 by single year of age and sex from the Census Bureau by referring to these product numbers: PPL-44 (for paper listing) or PE-38 (for diskettes).

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. The equation expressing the relationship between these components and the population estimate at the end of the period, P_1 , is:

$$\begin{aligned}
 P_1 &= P_0 + B - D + \text{NDM} + \text{NMA}, \text{ where} \\
 P_0 &= \text{population at the beginning of the period} \\
 B &= \text{births during the period} \\
 D &= \text{deaths during the period} \\
 \text{NDM} &= \text{net domestic migration during the period} \\
 \text{NMA} &= \text{net migration from abroad during the period}
 \end{aligned}$$

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 and sex and consistent with the July 1, 1990 state population estimates. The ratio method is a technique for adjusting data to a predetermined total. It consists of multiplying each element of the data by the ratio formed by dividing the predetermined total by the sum of the estimates. The process was repeated for the estimates for 1991, 1992 and 1993.

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. The New Jersey member of this program is the Division of Labor Market and Demographic Research in the New Jersey Department of Labor (NJDOL). 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 state estimates by race (white, black and other races) were developed by Center for Health Statistics staff using a methodology provided by the Division of Labor Market and Demographic Research in NJDOL. This methodology involved adding births and subtracting deaths that occurred during the period July 1, 1990 through June 30, 1991, to the population estimates by age, race and sex for July 1, 1990, then adjusting the population by one year to arrive at a survival population. When the resulting figures were compared to the previously-developed population estimates for July 1, 1991, the difference yielded an estimate of net migration for the period. This procedure was repeated for July 1, 1991 through June 30, 1992 to produce an estimate of migration for that year. The average of the net migration rates for the two periods was used to estimate the net migration for July 1, 1992 through June 30, 1993. When the births and deaths for July 1, 1992 through June 30, 1993 and the estimates of migration were applied to the existing estimates for July 1, 1992 (adjusted to age the population one year), the resulting figures served as preliminary estimates of the July 1, 1993 population by age, race and sex. These estimates were controlled to the July 1, 1993 estimates by age and sex developed by the U.S. Census Bureau. The resulting estimates are displayed in Table P1. Total population estimates for each of the state's counties on July 1, 1993 are shown in Table P2.

The estimates given in Table P1 are not official state estimates. Official population estimates of age, race and sex for New Jersey and each of the counties are expected to be released by the U.S. Bureau of the Census later in calendar year 1996. Upon their release, copies of these estimates can be obtained by New Jersey Department of Health and Senior Services, Local Advisory Board and local health department staff by contacting the Center for Health Statistics. Other users may obtain these estimates by contacting the Division of Labor Market and Demographic Research, NJDOL.

The estimates presented in this report are unrounded, however these estimates are not considered accurate to the last digit.

TABLE P1. POPULATION ESTIMATES BY AGE, RACE AND SEX
NEW JERSEY, JULY 1, 1993

AGE GROUP	WHITE			BLACK			OTHER			TOTAL	
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
UNDER 1	44,216	42,459	86,675	10,727	10,490	21,217	3,004	2,843	5,847	57,947	55,792
1-4	184,758	175,545	360,303	43,190	41,874	85,064	11,232	10,587	21,819	239,180	228,006
5-9	208,617	198,673	407,290	46,788	44,990	91,778	14,261	13,480	27,741	269,666	257,143
10-14	198,565	187,588	386,153	46,590	44,875	91,465	14,792	14,608	29,400	259,947	247,071
15-19	191,168	180,638	371,806	44,144	42,716	86,860	13,222	12,954	26,176	248,534	236,308
20-24	200,246	193,490	393,736	45,372	46,318	91,690	12,281	13,168	25,449	257,899	252,976
25-29	234,684	229,954	464,638	47,593	50,419	98,012	13,910	15,385	29,295	296,187	295,758
30-34	279,485	279,306	558,791	49,305	54,331	103,636	17,872	20,020	37,892	346,662	353,657
35-39	271,090	273,736	544,826	43,718	49,047	92,765	17,875	19,433	37,308	332,683	342,216
40-44	237,489	246,099	483,588	35,590	43,362	78,952	15,639	16,970	32,609	288,718	306,431
45-49	210,517	219,201	429,718	27,234	34,153	61,387	12,949	12,862	25,811	250,700	266,216
50-54	169,441	177,095	346,536	23,356	29,265	52,621	9,247	8,622	17,869	202,044	214,982
55-59	138,756	149,404	288,160	18,922	23,715	42,637	6,411	6,011	12,422	164,089	179,130
60-64	138,561	153,167	291,728	16,342	20,721	37,063	4,120	4,765	8,885	159,023	178,653
65-69	130,902	161,694	292,596	13,184	17,454	30,638	2,800	3,944	6,744	146,886	183,092
70-74	110,084	148,173	258,257	8,946	13,544	22,490	2,108	2,831	4,939	121,138	164,548
75-79	77,033	119,022	196,055	5,541	9,581	15,122	1,306	1,781	3,087	83,880	130,384
80-84	43,714	82,031	125,745	2,777	6,041	8,818	665	864	1,529	47,156	88,936
85+	26,297	71,802	98,099	1,823	4,737	6,560	347	593	940	28,467	77,132
TOTAL	3,095,623	3,289,077	6,384,700	531,142	587,633	1,118,775	174,041	181,721	355,762	3,800,806	4,058,431

SOURCE: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES, CENTER FOR HEALTH STATISTICS

**TABLE P2. POPULATION ESTIMATES BY COUNTY
NEW JERSEY, JULY 1, 1993**

COUNTY	POPULATION ESTIMATE
ATLANTIC	231,034
BERGEN	837,806
BURLINGTON	394,717
CAMDEN	506,699
CAPE MAY	97,264
CUMBERLAND	139,019
ESSEX	770,387
GLOUCESTER	238,388
HUDSON	552,462
HUNTERDON	113,774
MERCER	328,506
MIDDLESEX	687,501
MONMOUTH	572,383
MORRIS	432,722
OCEAN	450,392
PASSAIC	459,500
SALEM	65,117
SOMERSET	255,871
SUSSEX	136,514
UNION	494,748
WARREN	94,433
TOTAL	7,859,237
SOURCE: U.S. DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS	

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 is 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 time or relating to corrections or revisions made since the data were processed for this report are not included. Birth and death computer files are periodically updated by Bureau of Vital Statistics and Center for Health Statistics staff based on correction reports received from local registrars and from quarterly data quality control analyses conducted by the Center for Health Statistics. This report incorporates data from the most recently updated files and, thus, data for the current year presented in future reports of vital events may differ slightly from numbers presented in this report.

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 which occur outside 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 for 1993 which are presented in this report and used to calculate health rates are provisional estimates developed by Center for Health Statistics staff using a methodology provided by the Division of Labor Market and Demographic Research of the New Jersey Department of Labor (NJDL). Estimates were developed only for the state by age, race and sex categories. Official 1993 population estimates for New Jersey and its counties distributed by age, race and sex will be developed by the U.S. Census Bureau at a later date and will be available through the Center for Health Statistics and through the Division of Labor Market and Demographic Research of NJDL. These official state estimates for 1993 will be revised in future years by the Census Bureau, as a series of estimates for the decade is developed. The

current set of estimates developed by the Center for Health Statistics and presented in this report is not considered accurate to the last digit.

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 New Jersey residents in other states 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, 1994). The completeness of reporting by residence is dependent on the effective functioning of the interstate data 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. This process is augmented by the data quality control analyses performed by the Center for Health Statistics using all of the NCHS edit criteria.

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.

Racial and Ethnic Classification

Racial designations used in this report are white, black and other races, which includes all racial groups other than white or black. The reporting of ethnicity is limited to Hispanic and non-Hispanic categories. These classifications are based on self-reports, or in the case of death records, on reports from respondents, usually family members, or from persons responsible for preparing the death certificates. The race and ethnicity of an infant are not reported on the birth certificate and are classified for statistical purposes as the race and ethnicity of the mother.

A racial group (white, black or a detailed list of eight other races and an unknown race category) and an ethnicity (Hispanic or non-Hispanic) are reported for each individual for whom a vital record is filed. Thus persons who are identified as Hispanic have also been included in any analysis of data by race, in one of the racial groups or in the race not stated category, if a racial group is not reported.

In the Health Status chapter of this report, the minority population includes all races other than white. Persons of Hispanic ethnicity are allocated to the racial groups reported for the individuals.

Natality

Definitions

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 7) 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 (Ventura, S.J. et al., 1995):

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

Genital herpes - 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 (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 30mm 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 pounds, 14 ounces).

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 tenth 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 12 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 42 days of termination of pregnancy, irrespective of the duration and 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 Mortality -- 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, usually 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 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 2 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 extra pulmonary 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 the 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 population in which the denominator population is not at risk of the events included in the numerator. An example of a ratio 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 100,000 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 20 or more weeks gestation per 1,000 resident live births plus fetal deaths of 20 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 20 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 residents 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, Unintentional Injuries, for purposes of ranking leading causes of death. As of the publication of New Jersey Health Statistics, 1992, a minor change was 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 ranking of infant deaths are based on the NCHS List of 61 Selected Causes of Infant Death (NCHS, 1995).

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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:

<u>Information</u>	<u>Agency and Telephone Number</u>
Vital Statistics Data	Center for Health Statistics New Jersey Department of Health and Senior Services (609) 984-6702
Copies of Vital Records	Bureau of Vital Statistics New Jersey Department of Health and Senior Services (609) 292-4087
Reportable Communicable Diseases	Communicable Disease Control Service New Jersey Department of Health and Senior Services (609) 588-7500
Tuberculosis Morbidity	Communicable Disease Control Service New Jersey Department of Health and Senior Services (609) 588-7522
Sexually Transmitted Diseases	Communicable Disease Control Service New Jersey Department of Health and Senior Services (609) 588-7526
AIDS Morbidity	Division of Aids, Prevention and Control New Jersey Department of Health and Senior Services (609) 984-5940
Population Estimates	Center for Health Statistics New Jersey Department of Health and Senior Services (609) 984-6702
Census Data - Department of Health and Senior Services Staff	Center for Health Statistics New Jersey Department of Health and Senior Services (609) 984-6702
Individuals outside the Department of Health and Senior Services	State Data Center New Jersey Department of Labor (609) 292-0076

