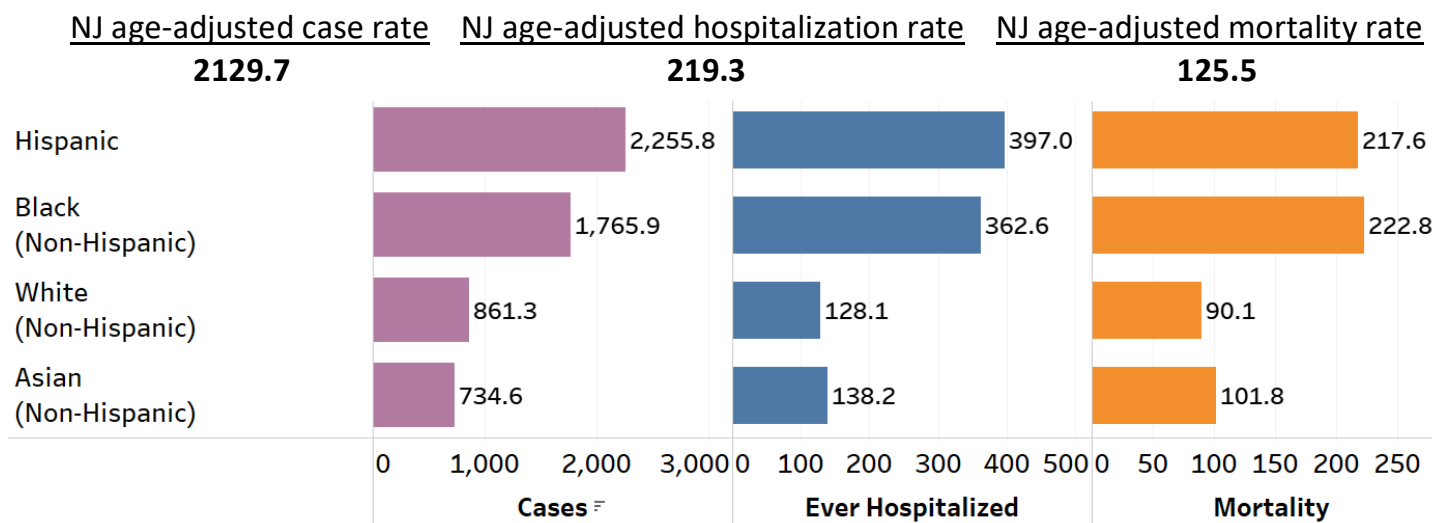


Age-adjusted laboratory confirmed case, hospitalization and mortality rates by race/ethnicity as of September 24, 2020, New Jersey



Age-adjusted laboratory confirmed case, hospitalization and mortality rates by race/ethnicity per 100,000:

	Race/Ethnicity	Cases	Ever Hospitalized	Mortality
Age-adjusted rate per 100,000	White	861.3	128.1	90.1
	Black	1765.9	362.6	222.8
	Hispanic	2255.8	397.0	217.6
	Asian	734.6	138.2	101.8
Crude rate per 100,000	White	1001.2	190.7	155.4
	Black	1834.7	379.3	223.2
	Hispanic	2104.6	333.4	154.9
	Asian	758.5	135.4	88.1
Case counts	White	46216	9175	7556
	Black	20574	4299	2563
	Hispanic	37680	6015	2834
	Asian	6357	1166	770
Case counts (%)	White	48989	9333	7606
	Black	21102	4362	2567
	Hispanic	38711	6132	2849
	Asian	6623	1182	769
	Total cases (N)		130606	21870
Total laboratory-confirmed cases: 201,552 Total hospitalized cases: 23,252 Total deaths: 14,300	Percent of total records with age and race/ethnicity data	64.8%	94.1%	98.3%

Notes

- This report includes PCR positive records (cases, hospitalized and mortality) with known race/ethnicity and age information.
- Data are obtained from Communicable Disease Reporting and Surveillance System (CDRSS).
- COVID-19 associated deaths are identified through public health investigations (i.e., Disease Surveillance) and NJDOH's vital statistics system.
- Hospitalization data have been collected through public health investigations.
- Age-adjusted rates on cases who identify as American Indian/Alaska Native and Native Hawaiian/Pacific Islander, or Other race categories were excluded. Hispanic/Latino includes people of any race; White, Black, Asian and Other exclude Hispanic ethnicity.
- Confirmed case rates include cases who died, case and mortality data are not *mutually exclusive*.
- Age is standardized using U.S. 2000 standard population, source: <https://www-doh.state.nj.us/doh-shad/home/AARate.html>
- Crude rates are calculated using 2018 NJ population estimates obtained from NJ Department of Labor.

What is age-adjusted rate?

One way of examining the pattern of diseases in communities of different age groups is to calculate crude rates, which are the number of cases or deaths divided by the size of the population. Age-adjusting is a way to make fairer comparisons between groups with different age distributions. For example, a county with a higher percentage of elderly people is expected to have a higher crude (unadjusted) death rate than a county with a younger population. Therefore, it is often important to control for differences among the age distributions of populations when making comparisons among rates to assess the risk. Age-adjustment is a statistical method to remove differences caused by different age distributions, so that the rates are based on the same age structure.

What are the findings from this report?

In New Jersey, based on 2018 population estimates, Black and Hispanic racial and ethnic groups have younger populations than the White racial group. After age-adjusting using a standard population, the case and mortality rates for the White racial group decreased while rates increased for the Hispanic ethnic group. The age-adjusted case rate among the Black racial group decreased slightly and the mortality rate was unchanged. The age-adjusted hospitalization rate increased among the Hispanic ethnic group and decreased for the White and Black racial groups.

Resources

1. Age-adjusted Death Rate. New Jersey Department of Health, New Jersey State Health Assessment Data website: <https://www-doh.state.nj.us/doh-shad/home/AARate.html#:~:text=An%20age%2Dadjusted%20rate%20is,have%20on%20health%20event%20rates>.
2. Age-adjustment. National Institutes of Health: https://www.nlm.nih.gov/nichsr/stats_tutorial/section2/mod5_age.html