

Table 1 - Census Data						
		Total Population Data		Medicaid Population Data*		
		Total	%	Total	%	
Age	Total Population	9,261,699	100.00%	1,737,598	100.00%	
	18-24 (19-25 - Med.)	789,299	8.52%	147,295	8.48%	
	25-34 (26-34 - Med.)	1,183,821	12.78%	165,657	9.53%	
	35-44	1,233,720	13.32%	166,793	9.60%	
	45-54	1,195,456	12.91%	151,436	8.72%	
	55-64	1,257,500	13.58%	173,248	9.97%	
	65-74	924,597	9.98%	115,063	6.62%	
	75+	687,129	7.42%	113,820	6.55%	
	Median Age	40.4	-	-	-	
Race	AI/AN	8,557	0.09%	2,366	0.14%	
	Asian	923,546	9.97%	95,192	5.48%	
	Black/AA	1,111,632	12.00%	342,517	19.71%	
	His./Lat.	2,028,470	21.90%	607,470	34.96%	
	NH/PI	934	0.01%	11,267	0.65%	
	Other	89,847	0.97%	24,247	1.40%	
	White	4,766,476	51.46%	587,063	33.79%	
	2+ Races	332,237	3.59%	67,476	3.88%	
Other Metrics						
		Total	%		Total	%
HS Graduate/Equiv.**		1,635,078	25.22%	Urban	8,683,420	93.76%
Bachelor's Degree**		1,679,895	25.92%	Rural	578,279	6.24%
Graduate/Prof. Degree**		1,141,713	17.61%	Total Households	3,516,978	-
English Only***		5,921,644	67.69%	Households w/Broadband	3,270,740	93.00%
Non-English Language***		2,826,722	32.31%	Pop. Per Square Mile	1,263.0	-
Persons in Poverty		-	9.70%			

AI/AN = American Indian/Alaska Native; AA = African American; His./Lat. = Hispanic/Latino; NH/PI = Native Hawaiian/Pacific Islander

*Medicaid population data and total population data are taken from different sources and may vary slightly from U.S. Census calculations.

**Education calculations are performed on the population 25 years and older, not the entire population, and indicate the highest level of education attained.

***Language calculations are performed on the population 5 years and older, not the entire population.

Table 2 - Immunization Rates: General Population							
	Age	%	National % (2022)		Age	%	National % (2022)
COVID-19 as of: 4/6/2024	18+	23.2%	22.2%	TD or Tdap as of: 2022	18+	56.5%	64.2%
					18-49	58.7%	65.5%
					50-64	57.3%	65.5%
65+	51.1%	59.8%					
RSV as of: 4/6/2024	60+	22.8%	23.5%	Tdap as of: 2022	18+	30.9%	39.1%
					18-64	33.2%	41.9%
65+	23.7%	29.9%					
Zoster as of: 2022	60+	42.2%	40.5%				
	60-64	32.8%	27.1%				
	65+	46.0%	45.7%				
Pneumococcal as of: 2022	18-64 (inc. risk)	24.2%	30.5%				
	65+	30.9%	70.0%				

Table 3 - Immunization Rates: Skilled Nursing Facilities							
	Age	%	National % (2020-21)		Age	%	National % (2020)
Influenza as of: 2020	18-24	73.0%	61.1%	Pneumococcal as of: 2020	18-24	46.4%	36.8%
	25-44	59.4%	57.6%		25-44	30.5%	37.1%
	45-54	64.5%	61.7%		45-54	38.9%	45.0%
	55-64	69.2%	65.3%		55-64	49.5%	51.7%
	65-74	73.5%	68.3%		65-74	64.8%	61.3%
	75-84	76.1%	72.1%		75-84	69.2%	66.1%
	85+	80.6%	77.1%		85+	72.2%	70.4%

Table 4 - Immunization Rates: Pregnant Persons							
	Age	%	National % (2021)		Age	%	National % (2021)
Influenza as of: 2021	18+	53.9%	56.6%	Tdap as of: -	18+	-	76.0%
	18-24	37.7%	43.8%		18-24	-	68.3%
	25-34	53.8%	58.0%		25-34	-	77.4%
	35+	59.9%	64.7%		35+	-	78.7%

Table 5 - Insurance, Medicare, and Medicaid*

	Total	%		Total	%
Total Population	9,153,756	100.0%	Tricare Military Insurance Alone or in Combination	90,346	1.0%
Total Uninsured Population	685,567	7.5%	VA Coverage Alone or in Combination	95,488	1.0%
Employer-based Insurance Alone or in Combination	5,647,969	61.7%	Medicare Alone or in Combination	1,579,284	17.3%
Direct Purchase Insurance Alone or in Combination	1,134,996	12.4%	Medicaid Alone or in Combination	1,602,712	17.5%
Medicaid Expansion State?	Yes				

*Data in Table 5 uses different sources than Table 1 - Census Data, resulting in a slight difference in total population values.

Table 6 - Immunization Information System (IIS) and Data Considerations

	Consideration		Consideration
IIS Platform/Hosting Solution	Awardee Developed	Data Exchange through IZ Gateway?	Yes
	Considerations		
IIS Provider Participation (%)	90% of all provider sites in the jurisdiction are reporting to the IIS.		
Reporting Requirements	Mandatory reporting of COVID-19 vaccine for all ages.		
Adult Consent Policies	Adults born before January 1, 1998 must give explicit consent, or opt in, to participate in the IIS.		

Table 7 - Policy Considerations

2024 Legislative Session Dates

01/09/24 - 01/09/25

Introduced Legislation

Enacted Legislation

NJ A 1852 & NJ S 1956 - Would automatically enroll anyone not currently in the IIS into the IIS after they receive an immunization (unless they opt out).

NJ A 1523 - Would prohibit automatic IIS enrollment (and require people to opt-in).

NJ A 1507 & NJ S 1693 - Would prohibit COVID-19 vaccine mandates (outside of healthcare and LTC facilities-ensuring no-cost vaccination for employees to receive the COVID-19 vaccine in this sector).

NJ A 1899 & NJ S 1981 - Would allow pharmacy technicians to vaccinate, and authorize pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5.

NJ A 4109 - Would allow paramedics to administer vaccines during disease outbreaks.

NJ A 605 - Would allow EMTs to administer vaccines during disease outbreaks.

NJ A 742 - Would eliminate the use of vaccines containing mercury over three years.

NJ S 454 & NJ A 3835 - Would prohibit discrimination against those who do not receive a COVID-19 vaccine.

NJ A 3375 - Would prohibit discrimination specifically against pregnant women who have not received a COVID-19 vaccine.

NJ ACR 45 & NJ SCR 23 - Would urge U.S. congress to reinstate military members dismissed for refusing a COVID-19 vaccine.

NJ S 384 - Would make the state financially liable for injuries caused by state-mandated vaccines.

NJ S-377 & NJ A 1307 - Would require that opt-out and VAERS reporting information be provided before any vaccine administration, and that providers can't refuse care based on vaccination status.

NJ A 1864 - Would establish COVID-19 vaccine requirements for staff and students at colleges/universities.

None Identified

NJ S 1359 & NJ A 3827 - Would prohibit COVID-19 vaccine requirements for staff and students at colleges/universities.

NJ S 2114 - Would state healthcare workers dismissed for COVID-19 vaccine refusal be entitled to unemployment benefits.

NJ A 710 - Would prohibit the state from requiring private businesses enforce COVID-19 vaccine mandates.

NJ A 368 - Would required on-site COVID-19 vaccine availability at "qualified facilities" serving individuals 65+.

NJ A 2246 - Would establish criminal penalties for fake COVID-19 vaccine cards.

NJ A 780 & NJ S 380 - Would require that entities requiring proof of COVID-19 vaccine receipt accept confirmation of a prior COVID-19 infection as an acceptable alternative.

NJ S 354 - Would allow optometrists to administer varicella vaccines (currently just COVID-19 and influenza).

NJ A 4286 & NJ S 2449 - Would implement a taskforce to investigate the long-term safety of COVID-19 vaccines.

NJ AR 20 - Would urge U.S. President to withdraw from the WHO.

NJ S 678 - Would prohibit LTC facilities from implementing vaccine requirements for visitors.

Other Considerations

2024 Section 317 Allocation (Total)	\$8,550,315	State/Local Funds to Purchase Adult Vaccines?	No
HepB Requirement for College/University:	Yes	MenACWY Requirement for College/University:	Yes

Sources:

Table 1 - Census Data:

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U.S. Census Bureau. ACS DP05 | *ACS Demographic and Housing Estimates*. 2022: ACS 1-Year Estimates Data Profiles.

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Table 2-4 - Immunization Rates:

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Table 5 - Insurance, Medicare, and Medicaid:

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U.S. Census Bureau. ACS S2703 | *Private Health Insurance Coverage by Type and Selected Characteristics*. 2022: ACS 5-Year Estimates Subject Tables. <https://data.census.gov/table/ACSST5Y2022.S2703?q=S2703>

U.S. Census Bureau. ACS S2704 | *Public Health Insurance Coverage by Type and Selected Characteristics*. 2022: ACS 5-Year Estimates Subject Tables. <https://data.census.gov/table/ACSST5Y2022.S2704?q=S2704>

Table 6 - Immunization Information System (IIS) and Data Considerations:

Centers for Disease Control and Prevention. *Quick Links to Data Quality Reports*. Immunization Information Systems (IIS) Dashboard. <https://wwwn.cdc.gov/IISDashboard/Query.aspx>

Table 7 - Policy Considerations:

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FiscalNote [Computer Software]. (2013). <https://fiscalnote.com/>

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KFF. (2024). *Status of State Medicaid Expansion Decisions Interactive Map*.

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