



Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. ET. You can forward this invitation to others in your office who might be interested, however, you cannot forward your approved registration, as each attendee must register separately. [Register Here](#) to join the webinar on September 9, 2026, at 2 p.m. ET.

NAPHSIS Special Interest Groups

NAPHSIS Special Interest Groups offer regular opportunities for members to connect with peers, share best practices, and collaborate on topics related to field services, systems, data quality, and public health statistics. Getting involved is easy. Email hq@naphsis.org to join these groups.

Groups and Meeting Schedules

Field Services Special Interest Group convenes on the fourth Tuesday of each month at 3:00 pm ET. At the July 28, 2026, FSIG meeting, members addressed challenges associated with obtaining and documenting prenatal care records when providers are unaffiliated with the delivery hospital; representatives from multiple jurisdictions shared their strategies for managing unknown prenatal care information and record collection practices. The group also reviewed the proposed transition of FSIG meetings to the Growth Zone Community platform, confirmed that the next meeting would be rescheduled to August 18, and engaged in a comprehensive discussion regarding home birth registration requirements. States outlined their procedures for verifying pregnancy, residency, and birth facts prior to filing official records.

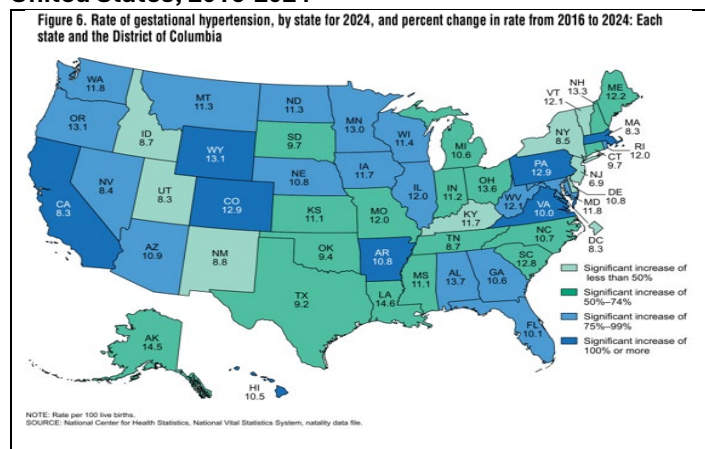
Systems Special Interest Group convenes on the last Thursday of each month at 3:00 pm ET. The July session addressed the transition from Microsoft Teams to the Growth Zone Community platform. Following this, a presentation on California's address auto-suggest feature covered relevant

statistics, operational methodology, impact assessment, proposed next steps, and key lessons learned. The meeting concluded with a discussion regarding FHIR Workflow, focusing on challenges related to ICD-10 codes and YTD files.

Statistics Special Interest Group – convenes on the last Wednesday of each month at 2:00 pm ET. At the July 29, 2026, STIG meeting, participants reviewed key highlights from the NAPHSIS Annual Meeting, including discussions regarding transitions, training opportunities, geocoding, and the completion of death data from ICD coding. The importance of interjurisdictional collaboration was emphasized throughout. The group also addressed data request fee policies across various states and counties, exchanged methodologies for geocoding vital records data, and decided to cancel the August meeting, with plans to reconvene on September 30 after the Statistics and Data Innovation Workshop.

Notable Publications/Data Briefs/Presentations

Trends and Characteristics in Gestational Hypertension: United States, 2016-2024

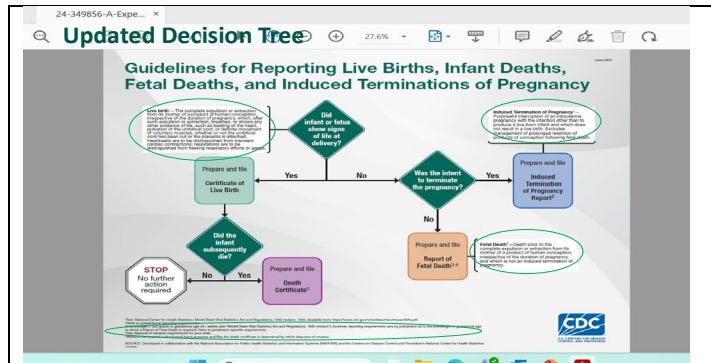


This report was released on July 29 and can be found at <https://www.cdc.gov/nchs/data/nvsr/nvsr75/nvsr75-04.pdf>.

It shows that among mothers giving birth in 2024, the overall rate of gestational hypertension was 10.4%, an increase of 73% from 2016 (6.0%). In 2024, the rate of gestational hypertension varied by maternal race and Hispanic origin, ranging from a low of 7.1% for Asian non-Hispanic mothers to a high of 13.2% for American Indian and Alaska Native non-Hispanic mothers. By age, the rate was lowest for mothers younger than age 20 and 30–34 and highest for mothers 40 and older. The rate of gestational hypertension rose with increasing prepregnancy body mass index. By plurality, the rate of gestational hypertension was nearly 2 times higher for mothers with a twin or higher-order multiple birth than mothers with a singleton birth. By state, the rate of gestational hypertension was lower than 9.0% in nine states (New Jersey, California, Massachusetts, Utah, Nevada, New York, Idaho, Tennessee,

and New Mexico) and the District of Columbia and was 13.0% or more in eight states (Minnesota, Oregon, Wyoming, New Hampshire, Ohio, Alabama, Alaska, and Louisiana).

Recent Efforts to Improve Fetal Death Data Quality and Usefulness



During the NAPHSIS webinar on Data Quality held on August 6, Claudia Valenzuela and Elizabeth Gregory discussed ongoing initiatives to enhance the accuracy of fetal death data. They also addressed improvements in the utility of this information by introducing a new primary measure of perinatal mortality. This measure provides a more comprehensive view of perinatal events that may be influenced by similar factors, as it encompasses all fetal deaths at 20 weeks gestation or later, rather than only those occurring at 28 weeks or beyond.

Collaborating Office of Medical Examiners and Coroners (COMEC)



COMEC works to strengthen ties between medical examiners and coroners (MEC) and public health, serve as a resource for medicolegal death investigation (MDI) offices, and assist public health researchers and practitioners in engaging with MECs.

If you would like to receive COMEC's monthly email updates and an invitation to the seminar series, please email MDI@CDC.gov.

Resources:

Forensic Pathology Podcast from the College of American Pathologists (CAP) Foundation. [Season 2 | Episode #5: Start Before You're Ready: Sparking an Interest in Forensic Pathology](#)

In this episode, host Joanna sits down with Dr. Jenna Aungst, a 2025 CAP Foundation Sparking Interest in Pathology Award recipient, to discuss her journey into forensic pathology and her work creating free educational resources for aspiring

pathologists. They explore the importance of accessible pathology education, the value of mentorship and early exposure, and how her learning platform is helping students discover the field. Whether you're curious about forensic pathology or considering a career in the specialty, this episode is a great place to start.

The US Drug Enforcement Administration (DEA) [Fentanyl Free America](#) is a national call to action. On their webpage you can find ready-to-use materials that help every agency, school, community, and partner spread the message. Use them, share them, put them to work—because every voice raised against fentanyl brings us one step closer to saving lives and to ending this crisis.

Modernizing Medicolegal Death Investigation (MDI) Data Systems

COMEC and partners work together to support MDI offices in modernizing their case management systems (CMS) to make them interoperable, sustainable and adaptable. Modernization is not just about technology, but also about putting the right people, processes, and policies in place. These improvements can help solve problems before they happen and reduce problems that may occur. [Learn more and read experiences from the field.](#)

A Reference Guide for Completing the Death Certificate for Drug Toxicity Deaths

The 2019 reference is the best reference for completing death certificates. By following the instructions provided in the [Reference Guide](#), certifiers will help ensure that their findings reported on death certificates are appropriately conveyed to others who use death certificate information for standardized statistical reporting and public health promotion.

Upcoming COMEC Virtual Seminars

The Seminar Series is designed for MEC, MDIs, medical certifiers, and related partners. In 2026 COMEC will have 6 seminars on the second Tuesday every other month and have ABMDI education credits available.

Title: Medicolegal Support for Human Spaceflight Contingency Planning and Mishap Recovery Operations

Presenter: Katherine A Grosso, MA, D-ABDMI, Armed Forces Medical Examiner System

When: 10/13/2026 at 3:00-4:00 pm ET.

Title: Census of Medical Examiner and Coroner Offices

Presenter: Charlotte Lopez-Jauffret, PhD and Alexia Cooper, PhD, U.S. Department of Justice

When: 12/8/2026 at 3:00-4:00 pm ET.

The Vital Statistics Modernization Community of Practice



August Updates from the NVSS Modernization Community of Practice

Jurisdictions continue to make progress toward production use of FHIR-based mortality exchange. This month, the NVSS Modernization Community of Practice (CoP) highlights several new certification and production milestones, improvements to the NCHS certification process, and upcoming opportunities for testing and engagement.

Four Jurisdictions Complete FHIR Certification

Congratulations to **California, Louisiana, Nevada, and North Carolina**, which recently completed NVSS mortality FHIR certification. Some have already transitioned to FHIR in production, and others are working toward production go-live soon.

Certification is a key step in ensuring that a jurisdiction's FHIR data are equivalent to the data NCHS receives through the legacy process. Following certification, jurisdictions coordinate with NCHS to prepare for their transition to production as soon as they can.

NCHS Expands Capacity for FHIR Certification

NCHS Division of Vital Statistics staff have made process improvements that allow the team to work with more jurisdictions simultaneously during certification. Previously, NCHS was able to work with about three jurisdictions simultaneously. Using a more flexible approach to the certification queue, NCHS is now able to work with about twice as many jurisdictions at a time. This means jurisdictions that have been waiting for their opportunity to begin certification should not have to wait as long.

Jurisdictions approaching their turn to get certified are encouraged to prepare in advance by reviewing the Mortality FHIR Certification Instructions. The instructions are available on the [NVSS Modernization CoP SharePoint](#) site by clicking All Things Connectathon → NCHS Precertification and Certification.

The certification instructions provide step-by-step information about the process and can help jurisdictions ensure that vital records staff, technical teams, and vendors are prepared when NCHS invites them to begin. The certification resource was introduced earlier this year as part of NCHS efforts to help jurisdictions prepare for certification.

September FHIR Testing Event

The next NCHS-hosted FHIR testing event will take place **September 14-15, 2026**. We look forward to working with the jurisdictions that registered to participate.

NCHS testing events provide structured opportunities for jurisdictions to test FHIR exchange, identify and resolve implementation issues, and gain experience with NVSS workflows. Previous events have supported mortality, natality, and fetal death testing, and have helped jurisdictions prepare for subsequent modernization milestones.

There will be **one additional NCHS-hosted testing opportunity in 2026, on December 7-8**. Jurisdictions that were unable to participate in September can begin planning now for the December event.

Stay Connected: CoP Recurring Meetings and Support

The NVSS Modernization CoP offers several recurring opportunities to hear updates, ask questions, share experiences, and collaborate with other jurisdictions and partners:

- **CoP Main Meeting** – Third Wednesday of each month, 3:00–4:30 PM ET.
- **Technical Subgroup Meeting** – Fourth Wednesday of each month, 1:00–2:30 PM ET.
- **Optional Weekly Office Hours** – Tuesdays, 4:00–5:00 PM ET.

For technical questions and implementation discussions, jurisdictions and partners are encouraged to use the NVSS Modernization Zulip channels:

- **Death on FHIR:**
<https://chat.fhir.org/#narrow/channel/179301-Death-on-FHIR>
- **Birth and Fetal Death on FHIR:**
<https://chat.fhir.org/#narrow/channel/434619-Birth-and-Fetal-Death-on-FHIR>

These channels provide a forum for asking questions, reporting technical issues, reviewing past discussions, and collaborating with NCHS staff and other members of the vital records community.

For general questions, SharePoint access, or other assistance, contact NVSSModernization@cdc.gov.

Vital Staff Spotlights

Jurisdictions may add as many names as they would like to our NCHS Newsletter mailing list! Just send a note to George Tolson at gct1@cdc.gov.

[Click here for previous newsletter issues](#)