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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. Eastern. 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. In February, presentations will be shared on Strategies for Improving Vital Records Issuance Processes and Quality of Vital Records Data, presented by Monique Wilson & Crystal Weaver of Maryland and Analyzing Hospital Discharge Data to Better Understand Severe Maternal Morbidity and Vital Records in Mississippi, presented by Ravi Tejaswini Chunduri of Mississippi. [Register Here](#) to join the webinar on February 11, 2026, at 2 p.m. Eastern.

NAPHSIS Annual Meeting - Call for Abstracts Open

NAPHSIS is now accepting abstracts for oral and poster presentations for the 2026 Annual Meeting. Have a project, idea, or success story to share? We invite you to submit an abstract that highlights advances in vital records operations, modernization efforts, registration and issuance systems, or innovative solutions to current public health challenges. The Annual Meeting is a key opportunity for leaders and practitioners to exchange ideas, showcase innovation, and share best practices across the field. Please submit your abstracts by March 2, 2026. [Submit your abstract](#)

NAPHSIS Special Interest Groups

NAPHSIS Special Interest Groups offer monthly and bi-monthly opportunities to connect with peers, share best practices, and tackle challenges across field services, systems, data quality, and

public health statistics. Topics include provider training, quality assurance, system modernization, interoperability, and improving birth, fetal death, and vital statistics data. Groups meet regularly throughout the month and provide a collaborative space to learn from jurisdictions and exchange practical solutions.

Groups and meeting schedules:

- Field Services Special Interest Group meets on the 4th Tuesday of each month at 3 p.m. Eastern
- Systems Special Interest Group meets the last Thursday of each month at 3 p.m. Eastern
- Statistics Interest Group meets the last Wednesday of each month at 2 p.m. Eastern

Getting involved is easy. Email hq@naphsis.org to sign up and join the conversation.

Accreditation Coordinator Workshop

Join us for the 2026 Accreditation Coordinator Workshop on March 10 - 11, 2026 at Caesars New Orleans. This two-day workshop is designed for Accreditation Coordinators, jurisdiction staff working toward VRHS accreditation, and team members involved in quality improvement. Participants will gain a clear understanding of VRHS standards, learn best practices for preparing documentation, and build connections with peers and experts. Registration is free. If you have any questions regarding this workshop, email hq@naphsis.org.

Vital Records 101

Vital Records 101 is a foundational learning opportunity for anyone new to the field or seeking a refresher course on core concepts. Taking place April 29 - May 1, 2026, in Portland, Oregon, this training provides an overview of vital records systems, key roles and responsibilities, and the processes that support accurate registration, certification, and data use. Participants will gain a better understanding of how vital records operate within the broader public health ecosystem and why this work matters to individuals, communities, and government partners. If you have any questions regarding the Vital Records 101 training, email hq@naphsis.org.

2025 Data Year Close-Out

The following table includes the 2025 contract closeout and draft 2025 file release dates. Note that to include a jurisdiction's most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in red, as are the contract closeout dates and the dates for final updates. The dates for final updates

are subject to change and may be earlier, depending on the quality of the national file. (Provisional birth data cuts are no longer provided as CDC Wonder will be used.)

2025 BIRTH FILE		Final timeline
Contract closeout for 2025 birth data (states)		March 2, 2026
Last day 2025 birth updates accepted (states)		May 11, 2026
Final release of 2025 birth data to Hyattsville (DACEB)		June 8, 2026
2025 DEATH FILE		
Contract closeout for 2025 death data (states)		May 1, 2026
Last day 2025 death updates accepted (states)		June 26, 2026
Pause medical processing for data quality review (DACEB)		July 24, 2026
Final release of 2025 death data to Hyattsville and resume medical processing (DACEB)		September 25, 2026
2025 FETAL DEATH FILE		
Contract closeout for 2025 fetal death data (states)		May 1, 2026
Last day 2025 fetal death updates accepted (states)		August 28, 2026
Final release of 2025 fetal death data to Hyattsville		October 26, 2026

Rare Cause Report update

Recently, DACEB Staff updated the Rare Cause report that is sent to jurisdictions. The goal of the change was to provide more information to jurisdictions about the identified rare causes. Currently, the Rare Cause Reports your jurisdictions receive include the certificate number and the corresponding ICD-10 code for the Rare Cause. Or in some cases your jurisdiction may just get the certificate number. The updated report will provide additional information about the identified records and the rare causes in general. This new report will remain in Excel format but will feature multiple tabs for improved clarity. Below is a summary of changes:

Tab 1: Rare Cause Report

This tab provides records that require confirmation.

1. Certificate Number.
2. Rare Cause Code (ICD-10 Code).
3. ICD-10 Category (to assist in identifying the reporting on the record).
4. A designation indicating whether the condition is reportable to the National Center for Immunization and Respiratory Diseases (NCIRD).
5. A column indicating whether the condition is confirmed.
6. NCHS Notes (for our staff to provide relevant information).
7. A space for additional comments from your jurisdiction regarding the record.
8. A set of questions at the end of the listing that you can send to the medical certifier to facilitate the confirmation process.

Tab 2: A list of synonymous terms

This tab highlights rare cause terms that may not exactly match what is recorded. For example, "Giant Cell Pneumonia" may not initially appear to be a Rare Cause; however, it is coded as B05, which also indicates "Measles," a rare cause that requires confirmation.

Tab 3: Rare Cause list

This tab provides a comprehensive list of codes and terms identified as Infrequent or Rare Causes that require confirmation by the medical certifier.

Snapshot of report

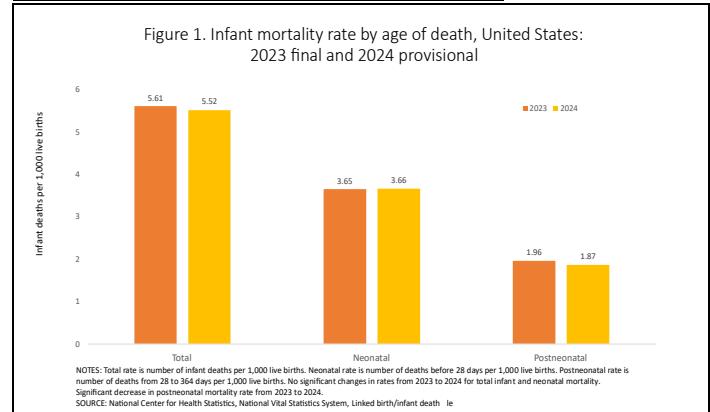
Certificate	Rare Cause Code*	ICD-10 Terms General Category**	Confirm (Y/N)***	NCHS Notes
	1 A810	Creutzfeldt-Jakob disease		
	2 A810	Creutzfeldt-Jakob disease		
Total Rare Cause Certificates Found: 2				
Questions for Confirmation for All Rare Causes				
1. Is the stated cause of death correctly reported? Yes _____ No _____				
2. If yes, please state how the rare cause disease was confirmed. (laboratory test, history, clinical evidence, and/or others. If applicable, please state name of laboratory test, and/or source of evidence)				
3. If no, please provide the correct cause of death and submit a amendment for the death certificate.				
4. Was this condition active or current? Yes _____ No _____				
5. Was the condition cured, old, or healed? Yes _____ No _____				
6. If Varicella Related: Do you believe this to be Varicella(Chicken pox) or the Herpes Zoster from the infection (Shingles)? _____Chickenpox _____Shingle				
(Signature) _____				
Title _____				
Date _____				

* For Reference see Rare Cause Code List on separate tab
** Note: Listed are general terms that may not match what is exactly on the death certificate. For reference see Synonymous Terms tab.
*** The asterisks within the ICD-10 Terms General Category column are identifying the Vaccine Preventable Rare Causes
**** Note: The certifier should be contacted to confirm the rare cause.

< > Rare Cause Report Synonymous Terms Rare Cause List +

Notable Publications/Data Briefs

Infant Mortality in the United States: Provisional Data From the 2024 Period Linked Birth/Infant Death Files

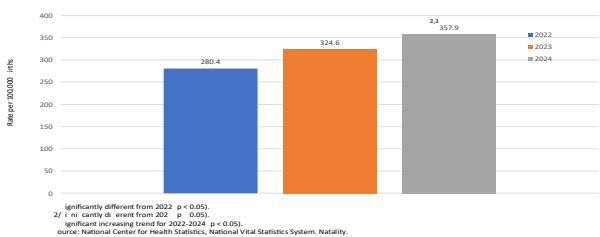


This report was published in January and can be found at this link <https://www.cdc.gov/nchs/data/vsrr/vsrr042.pdf>. Findings from this report show that the provisional infant mortality rate was 5.52 infant deaths per 1,000 live births in 2024, not significantly different from the rate in 2023 (5.61). From 2023 to 2024, the neonatal mortality rate (infant deaths at less than 28 days) was essentially unchanged (3.66 in 2024), while the postneonatal mortality rate (infant deaths from 28 days

through 364 days) declined 5% (to 1.87). No significant changes in infant mortality rates by maternal race and Hispanic origin groups were observed. The infant mortality rate declined 5% for infants of mothers ages 20–24 (to 6.89) in 2024 but did not significantly change for mothers in the other maternal age groups. The infant mortality rate declined 5% for infants born full-term (39–40 weeks of gestation) (to 1.55) but did not significantly change for infants in the other gestational age groups. In 2024, the infant mortality rate declined 3% for male infants (to 5.88) but did not change for female infants. The infant mortality rate increased in one state, decreased in another state, and did not significantly change in the remaining 48 states and the District of Columbia from 2023 to 2024. Lastly, the rate declined 8% for deaths due to sudden infant death syndrome (to 37.0 deaths per 100,000 live births); no significant changes were observed in the other nine leading causes of infant death.

Change in the Maternal Syphilis Rate: United States, 2022–2024

Figure 1. Maternal syphilis rate: United States, 2022–2024

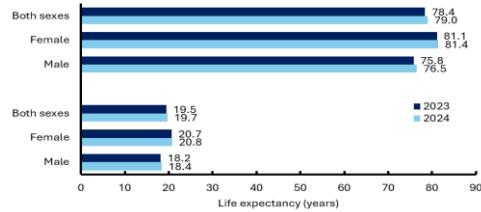


This report was published in January 2026 and can be found at this link

<https://www.cdc.gov/nchs/data/hestat/hestat110.htm>. Findings from this report show that the rate of maternal syphilis increased 16% from 2022 (280.4 per 100,000 births) to 2023 (324.6) and 10% from 2023 to 2024 (357.9), for a total increase of 28% from 2022 to 2024. The maternal syphilis rate rose for non-Hispanic American Indian and Alaska Native, non-Hispanic Black, non-Hispanic White, and Hispanic mothers from 2022 to 2024, with no significant change in the rate for non-Hispanic Asian and non-Hispanic Native Hawaiian or Other Pacific Islander mothers. From 2022 to 2024, the maternal syphilis rate increased for all maternal age groups.

Mortality in the United States, 2024

Figure 1. Life expectancy at birth and age 65, by sex: United States, 2023 and 2024



This report was published on January 2026 and can be found at this link

<https://www.cdc.gov/nchs/data/databriefs/db548.pdf>.

This report presents final 2024 U.S. mortality data on life expectancy, infant mortality, and deaths and death rates by demographic and medical characteristics. In 2024, a total of 3,072,666 resident deaths were registered in the United States—18,298 fewer deaths than in 2023. Life expectancy for the total population increased 0.6 years from 2023 to 2024 as shown in Figure 1.

Other findings included the following: the age-adjusted death rate for the total population decreased 3.8% in 2024 from 2023; age-specific death rates decreased in 2024 from 2023 for all age groups 1 year and older except for ages 5–14; nine of the 10 leading causes of death in 2024 remained the same as in 2023, while suicide became the 10th leading cause of death; heart disease, cancer, and unintentional injuries remained the top three leading causes of death.

A Reference Guide for Certification of Deaths in the Event of a Natural, Human-induced, or Chemical/Radiological Disaster

In light of the severe weather occurring across the nation, please be aware that DVS has prepared a guidance document on certifying deaths in the event of a weather-related or other type of disaster. The guide is entitled “A Reference Guide for Certification of Deaths in the Event of a Natural, Human-Induced, or Chemical/Radiological Disaster” and can be found at this link: <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg01.pdf>. The document provides guidance on determining whether a death is associated with a disaster event, including those that are directly or indirectly related. Please share this guidance document with your medical examiners and coroners and other data providers who may find it useful. If you have any questions regarding the information contained in this document, please contact any NCHS/DVS staff member.

Collaborating Office of Medical Examiners and Coroners (COMECE)



COMECE 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 COMECE’s monthly email updates, an invitation to the seminar series, or both, please email MDI@CDC.gov and let us know your preference.

Child Fatality Review Data Dashboard

The HRSA-funded [National Center for Fatality Review and Prevention](#) has released Child DASH (Child Dynamic Analysis and Statistics Hub), a public data visualization tool. These interactive dashboards present insights from over 175,000 child death reviews submitted by 40 states to the Pediatric National Fatality Review–Case Reporting System. To explore the dashboards, visit <https://fatalityreviewdata.org> and click on the “Child DASH” button. Child DASH features eight dynamic dashboards that highlight national patterns in child deaths—presented as

proportions to protect confidentiality. While these dashboards offer a powerful lens into the circumstances surrounding child deaths, data in Child DASH are not intended for official reporting and should not be cited. Instead, Child DASH is designed to support prevention efforts, inform policy, guide programs, and inspire research through the National Center's Data Dissemination process. Be sure to check out the Child DASH User Guide to understand what's included and how to interpret the data: <https://ncfrp.org/wp-content/uploads/Public-Child-DASH-User-Guide.pdf>.

Upcoming COMEC Virtual Seminars

The Seminar Series is designed for MEC, MDIs, medical certifiers, and related partners. In 2026 COMEC will hold seminars on the second Tuesday every other month and is working on continuing education credits for the 2026 series.

Title: From Gaps to Guidance: Homeless Mortality Surveillance in Utah

Presenters: Megan Broekemeier, MPH and Tyler Riedesel, MPH, Utah Department of Public Health and Human Services

When: 2/9/2026 at 3:00-4:00 pm ET

Title: Hidden Homicides: Overcoming the Challenges of Staged Crime Scenes

Presenters: Casey Gwinn, Esq, and Bill Smock, MD, Louisville, KY Police Dept

When: 4/14/2026 at 3:00-4:00 pm ET

Vital Statistics Modernization Community of Practice



The Vital Statistics Modernization Community of Practice (NVSS CoP)

is a collaborative space for learning and innovation. It provides a setting for jurisdictions and their partners to collaborate in the modernization space.

As we begin 2026, the NVSS Modernization Team would like to welcome both new and returning members of the NVSS Community of Practice (CoP). The CoP continues to serve as a space for shared learning, peer exchange, and practical progress toward FHIR-based vital records reporting, supporting jurisdictions at all stages of implementation for birth, death, and fetal death.

We encourage continued participation in our recurring CoP meetings and support opportunities.

- The **Monthly Main Community of Practice Meeting** is held on the **third Wednesday of each month from 3:00–4:30 PM ET**, providing updates, demonstrations, and discussion across the community.

- The **Technical Subgroup Meeting** is held on the **fourth Wednesday of each month from 1:00–2:30 PM ET**, with a focus on implementation details, testing experiences, and FHIR artifacts, including vital records FHIR implementation guides and related testing tools, reference libraries, and other software supporting NVSS modernization.
- **Weekly Office Hours** are held every **Tuesday from 4:00–5:00 PM ET**, offering an informal forum for questions, troubleshooting, and shared problem-solving.

Please note that **Office Hours on February 3, February 10, and February 17** will be used to support preparation for the upcoming **NVSS FHIR Testing Event**, taking place **February 23–24 from 1:00–5:00 PM ET each day**. Registration for the February event has closed; however, jurisdictions that are unable to participate will have additional opportunities during future testing events scheduled for **June 1–2, September 14–15, and December 7–8**.

Throughout the year, the CoP will continue to emphasize steady progress toward testing and implementation milestones, including testing for birth, death, and fetal death, as well as pre-certification, certification, and transition to production for mortality reporting. We encourage posting technical questions to the Zulip channels ([Death on FHIR](#) and [Birth and Fetal Death on FHIR](#)), where community members and NVSS staff actively engage. General questions and feedback can be sent to nvssmodernization@cdc.gov.

Are you interested in helping guide the topics and structure of the NVSS CoP in 2026? If so, please consider joining the NVSS Modernization CoP steering committee. We are actively seeking participants from jurisdictions at all levels of experience with FHIR and NVSS modernization. If you are interested, please email nvssmodernization@cdc.gov.

We look forward to another year of collaboration, learning, and shared momentum across the NVSS Community of Practice.

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.

Crystal Holmes departed her position as State Registrar and VSCP Project Director in Georgia.

Daphanie Scandrick was appointed State Registrar and VSCP Project Director in Georgia.

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