



## 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 2:00 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 April, presentations will be shared on Enhancements to the Missouri Public Health Information Management System presented by Chelsea Fife, MO and Strategies for training and lessons learned presented by Jennifer Raymond, MA. [Register Here](#) to join the webinar on April 8, 2026, at 2:00 p.m. Eastern.

### **NAPHSIS Annual Meeting – Registration Now Open**

Registration is now open for the 2026 NAPHSIS Annual Meeting in Chicago, IL. Join colleagues June 29, 2026 – July 1, 2026, at the Sheraton Grand Chicago Riverwalk for three days of connection, collaboration, and conversations shaping the future of vital records and health statistics. This year's meeting brings together leaders and practitioners to share ideas, explore modernization efforts, strengthen partnerships, and offer practical solutions you can use in your jurisdiction. You will gain actionable insights across systems, operations, statistics, and policy while building lasting professional relationships. Enjoy summer in Chicago along the riverfront as you take part in dynamic sessions, networking events, and meaningful discussions with peers

who understand your work. Early bird rates are available for a limited time. To secure your spot, [Register Here](#).

### **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](mailto:hq@naphsis.org) to join these groups.

### **Special Interest Groups and Meeting Schedules**

The **Field Services Special Interest Group** meets on the 4th Tuesday of each month at 3:00 p.m. Eastern. The February meeting focused on how states manage disposition-date uncertainty, updates on very low birthweight (VLBW) follow-up practices, and challenges such as data entry errors and communication gaps between birth and fetal-death reporting. Members also discussed emerging fraud concerns, interest in forming a related subcommittee, and upcoming events including NAPHSIS annual meeting and August statistics workshop.

The **Systems Special Interest Group** meets on the last Thursday of each month at 3:00 p.m. Eastern. During the February 2026 call, Ryan Beal from California presented on his path to automating California's enumeration at birth process. He also shared a spreadsheet he designed to help track the capabilities/functionality of jurisdictional electronic death registration and electronic birth registration systems.

The **Birth Data Quality Workgroup** meets on the first Thursday of every other month at 2:00 p.m. Eastern. On February 5, 2026, the Birth Data Quality Workgroup reviewed prior discussion on the attendant at birth field and nitrous oxide use, shared highlights from the Change in Maternal Syphilis Rate report and discussed the pending renewal of the NCHS birth e Learning module, which is set to expire in June 2026. Jurisdictions were advised to plan for a potential lapse in the availability of continuing education units and completion certificates while awaiting CDC approval.

The **Statistics Special Interest Group** meets on the last Wednesday of each month at 2:00 p.m. Eastern. On the February 2026 call, Colorado and Alaska shared their efforts

to address misclassification of American Indian/Alaska Native identity in vital records, including outreach, data education, and improved reporting options. Wisconsin also highlighted a relevant recent webinar. States also discussed technical issues such as allowing multiple assisted-ventilation selections on birth records and the status of bridged-race data, with several jurisdictions noting changes or discontinuation after 2020.

**2025 Data Year Close-Out**

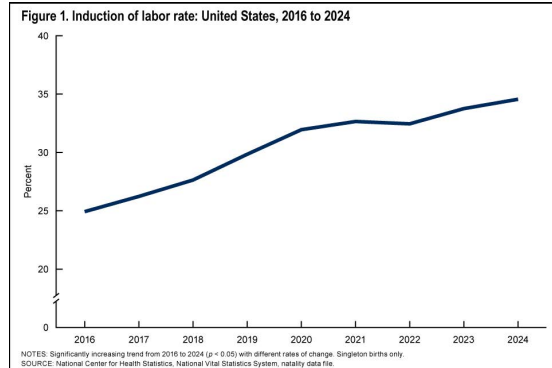
The following table includes the 2025 contract closeout and draft 2025 file release dates. Note that to include a jurisdiction’s most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in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

<b>2025 BIRTH FILE</b>	<b>Final timeline</b>
Contract closeout for 2025 birth data (states)	<b>March 2, 2026</b>
Last day 2025 birth updates accepted (states)	<b>May 11, 2026</b>
Final release of 2025 birth data to Hyattsville (DACEB)	June 8, 2026
<b>2025 DEATH FILE</b>	
Contract closeout for 2025 death data (states)	<b>May 1, 2026</b>
Last day 2025 death updates accepted (states)	<b>June 26, 2026</b>
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
<b>2025 FETAL DEATH FILE</b>	
Contract closeout for 2025 fetal death data (states)	<b>May 1, 2026</b>
Last day 2025 fetal death updates accepted (states)	<b>August 28, 2026</b>
Final release of 2025 fetal death data to Hyattsville	October 26, 2026

**Notable Publications/Data Briefs**

**Increases in Labor Induction in the United States: 2016 to 2024**

This report was released on March 25, 2026, and can be found at <https://www.cdc.gov/nchs/products/databriefs/db554.htm>.

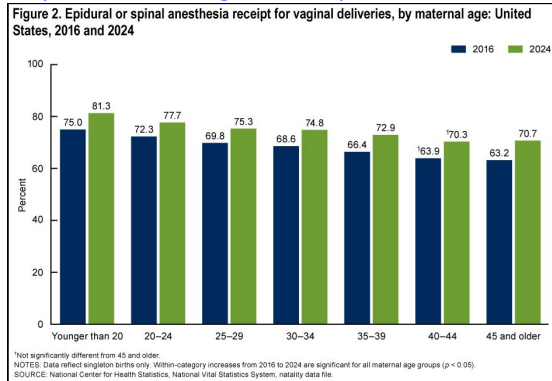


**Figure 1. Rates of induction of labor: United States, 2016-2024**

Findings from this report show that the rate of labor induction increased from 24.9% to 34.5% between 2016 and 2024, with the rate increasing across all maternal age groups, all race and Hispanic origin groups, and each gestational age category. Additionally, the rate of induction of labor increased in 49 states and the District of Columbia from 2016 to 2024.

**Epidural or Spinal Anesthesia Use for Singleton Vaginal Deliveries, United States, 2016–2024**

This report was released on March 25, 2026, and can be found at <https://www.cdc.gov/nchs/products/databriefs/db553.htm>.



**Figure 2. Epidural or spinal anesthesia receipt for vaginal deliveries, United States, 2016 -2024**

Findings from this report show that the use of epidural or spinal anesthesia by mothers with singleton vaginal births increased by 8% from 2016 to 2024, to a level of 75.4%. Use

increased for all maternal age groups and across all race and Hispanic origin groups. Use also increased for mothers covered by Medicaid, private insurance, and other sources of payment, but decreased for mothers who self-paid for their deliveries. Additionally, the use of epidural or spinal anesthesia increased in 44 states and the District of Columbia decreased in two states and was essentially unchanged in four states from 2016 to 2024.

### 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](mailto:MDI@CDC.gov).

### **Opioid Settlement Funds for MDI**

Sustaining MDI data modernization initiatives requires dedicated funding to spark collaboration among data partners and vendors. State and local governments are receiving opioid settlement dollars due to litigation associated with the harm of the opioid epidemic. For MEC offices, settlement dollars present a unique opportunity. MEC offices are critical partners in helping public health and other sectors understand the scope of the overdose crisis by collecting mortality data and supporting loved ones impacted by loss. MEC offices can propose initiatives that align with the intent of the settlements, and support those most profoundly impacted by the crisis, while also strengthening infrastructure and community partnerships. Access the full guidance document [here](#). *If your MEC office has applied for or received opioid settlement funding, CDC Foundation (a nonprofit organization authorized by Congress to unite philanthropic partners and private-sector resources in support of the Centers for Disease Control and Prevention's vital health protection mission) asks that you click [here](#) and provide some additional information.*

### 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 American Board of Medicolegal Death Investigators education credits available.

**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 Eastern.

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**Title:** Stronger Together: OSHA and Medical Examiners and Coroners Collaborating to Safeguard Worker Health

**Presenter:** Dawn L. Cannon, MD, MS, U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)

**When:** 6/9/2026 at 3:00-4:00 pm Eastern.

### The Vital Statistics Modernization Community of Practice



### **March Updates from the NVSS Modernization Community of Practice**

Jurisdictions across the country continue to make progress along the NVSS modernization pathway by strengthening systems, participating in testing, completing pre-certification, and preparing for certification and production use of FHIR-based vital records exchange.

The NVSS Modernization Community of Practice (CoP) remains an important forum for jurisdictions, vendors, and federal partners to share knowledge, discuss technical challenges, and support implementation of FHIR-based interoperability.

### **March CoP Main Meeting: Understanding STEVE and the FHIR Workflow**

The March NVSS Modernization CoP main meeting focused on STEVE and its role in the NVSS FHIR-based data exchange workflow. The session reviewed how STEVE supports the flow of data between jurisdictions, NCHS, and partners using both FHIR and legacy file formats. It also clarified how the different system components interact and the routes available for submitting data as jurisdictions progress toward certification and production. Jurisdictions that were unable to attend can review the meeting recording and

presentation materials on the NVSS Modernization SharePoint site.

### **New Resource: Mortality FHIR Certification Instructions**

A new written instruction guide for the mortality FHIR certification process is now available on the NVSS Modernization SharePoint site. This document provides step-by-step guidance to help jurisdictions understand the certification workflow and prepare for certification. Jurisdictions may find it helpful to review this resource alongside the presentation and recording from the February CoP main meeting, which included a walkthrough of the certification process. The document is available on the CoP SharePoint site in: All Things Connectathon → NCHS Precertification and Certification

### **Upcoming 2026 Testing Events**

NCHS will continue hosting quarterly testing events throughout 2026:

- June 1–2
- September 14–15
- December 7–8

These events allow jurisdictions to test mortality, natality, and fetal death workflows, validate system functionality, and prepare for pre-certification and certification. The invitation for the June testing event will be distributed in mid-April, approximately six weeks before the event.

### **Office Hours Q&A: Year-to-Date ICD-10 Files After Transitioning to FHIR**

During a recent office hours session, a jurisdiction asked whether they would continue receiving year-to-date (YTD) ICD-10 coded files after transitioning to FHIR in production.

Yes. Jurisdictions will continue to receive YTD ICD-10 coded files after transitioning to FHIR. These files remain available as a reference and validation resource.

The YTD files will:

- Continue to be grouped by death year
- Be posted monthly on the first day of each month
- Remain in the legacy fixed-width TRX format

Jurisdictions may use these files to verify ICD-10 coded data or as a safety net for internal reconciliation processes.

However, YTD coded cause-of-death messages will not be transmitted through FHIR.

### **Accessing CoP Resources and Support**

Jurisdictions can access implementation resources and technical assistance through several CoP channels.

### **Monthly CoP Main Meeting**

The Community of Practice (CoP) Main Meeting is held once a month and serves as a central forum for sharing updates on NVSS modernization efforts. It also provides an opportunity for the community to engage in discussions and participate in presentations that are relevant to both program and technical staff working in vital records offices.

### **Weekly Office Hours**

Weekly Office Hours are designed as an open forum where participants can ask technical questions and engage in discussions about implementation. These sessions support ongoing communication and problem-solving within the community.

### **Zulip Technical Channels**

Jurisdictions are encouraged to use the Zulip channels to report technical issues, ask questions, and review previously resolved topics:

- Death FHIR discussions: <https://chat.fhir.org/#narrow/channel/179301-Death-on-FHIR>
- Birth and Fetal Death discussions: <https://chat.fhir.org/#narrow/channel/263336-Birth-and-Fetal-Death-on-FHIR>

For additional assistance or to schedule a discussion, jurisdictions may contact the CoP team at [NVSSModernization@cdc.gov](mailto: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](mailto:gct1@cdc.gov).

[Click here for previous newsletter issues](#)