

**Population Health Division  
Division Director Staff Report  
Board Meeting Date: April 23, 2026**

**DATE:** April 16, 2026  
**TO:** District Board of Health  
**FROM:** Nancy Diao, ScD, PHD Director  
 775-328-2443; [ndiao@nph.org](mailto:ndiao@nph.org)  
**SUBJECT:** **Population Health** – Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention

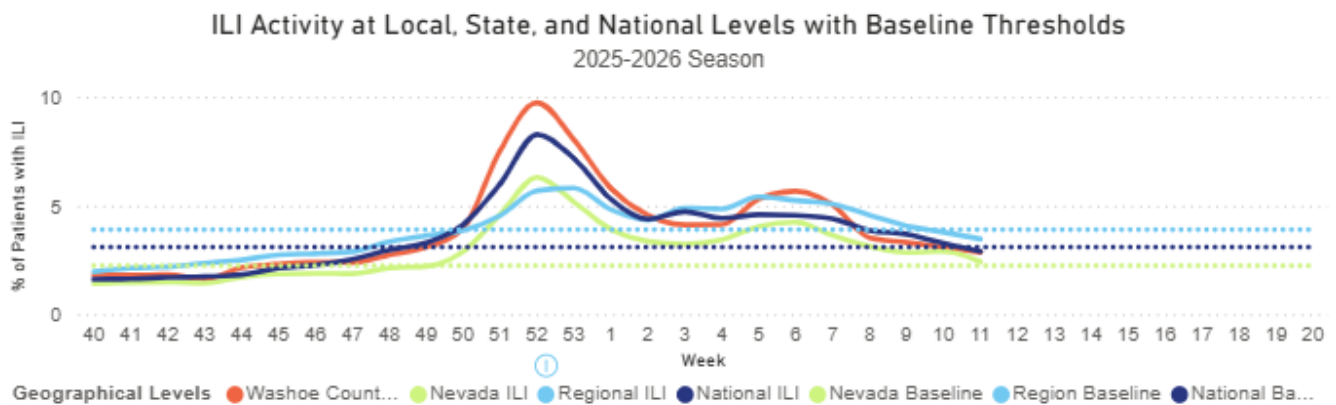
**Epidemiology Program**

Respiratory Virus Surveillance

The 2025-2026 Respiratory Season began in MMWR Week 40, September 28, 2025. Weekly respiratory updates are distributed and accessible through the 2025-2026 Respiratory Virus Surveillance Dashboard: Respiratory Virus Surveillance Program

Influenza-like Illness – Figure 1 provides a snapshot of the percentage of patients presenting to sentinel surveillance providers in Washoe County with influenza-like illness (ILI) defined as fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ]) and cough and/or sore throat for the 2021 through 2025 seasons. Although there was a noticeable decrease in ILI activity post-MMWR week 52, the downward trends plateaued briefly before continuing to decline, falling below Region and National baselines, respectively.

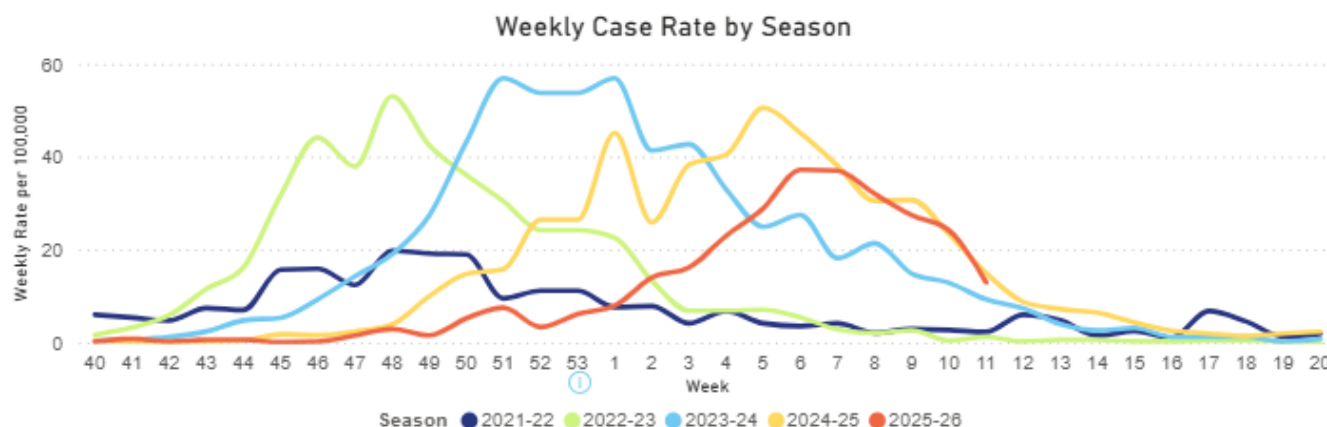
**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2025 Seasons†**



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Respiratory Syncytial Virus (RSV) – RSV is a common respiratory virus that can present with flu-like signs and symptoms (e.g., fever, coughing, runny nose). RSV, while usually presented with mild symptoms, can be serious, especially for infants and older adults. Figure 2 provides a snapshot of the RSV case rate per 100,000 by MMWR week in Washoe County for the 2021 through 2025 seasons. RSV experienced a late-season surge when compared to previous seasons, a pattern observed at the state and national levels as well, only recently decreasing post MMWR week 7.

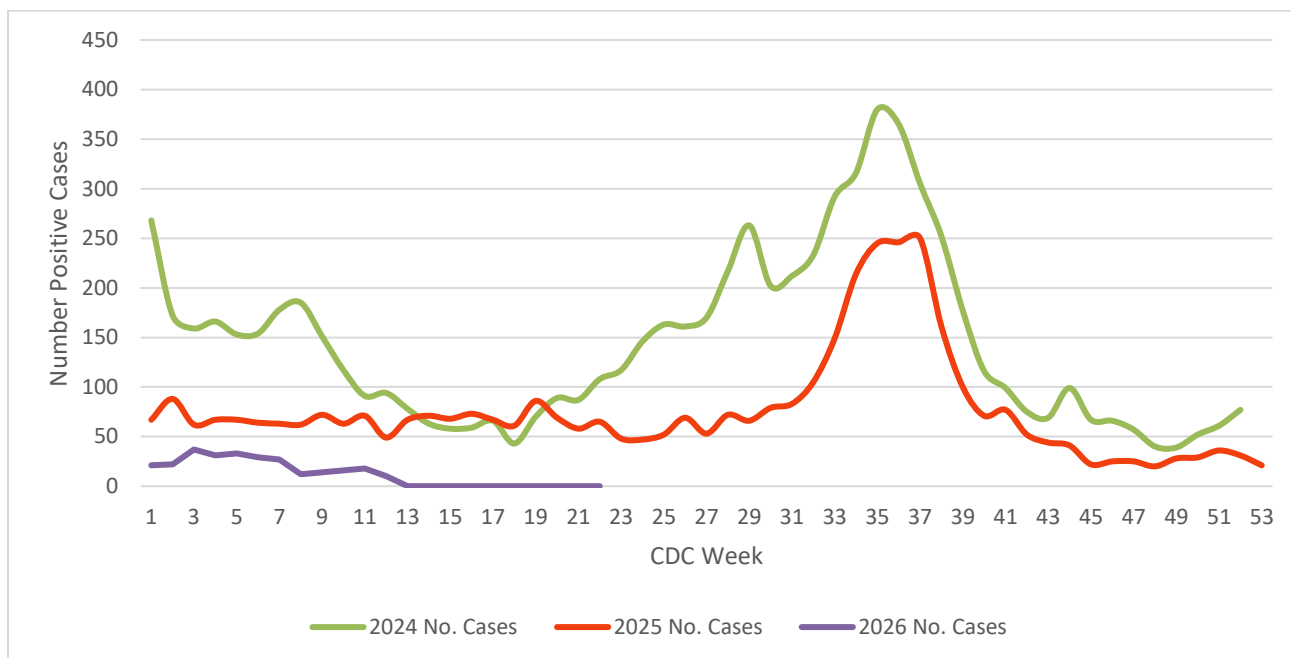
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†**



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

SARS-CoV-2 (COVID-19) – In March, 91 COVID-19 cases were reported (data as of 03/31/2026). Figure 3 provides an overview of the total number of confirmed COVID-19 cases in Washoe County by MMWR week following calendar years starting in 2024. Since the start of 2026, trendlines have been demonstrating lower counts compared to previous years. As of MMWR week 8, the average case rate was less than 10 cases per 100,000 residents.

**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2024 through 2026†**



† There is no MMWR week 53 in 2024. Note: Data are displayed by calendar year.

As of MMWR week 12, Washoe County reported 1.9 COVID-19 cases per 100,000 population, with the previous nine-week period experiencing case counts below 10 per 100,000 persons.

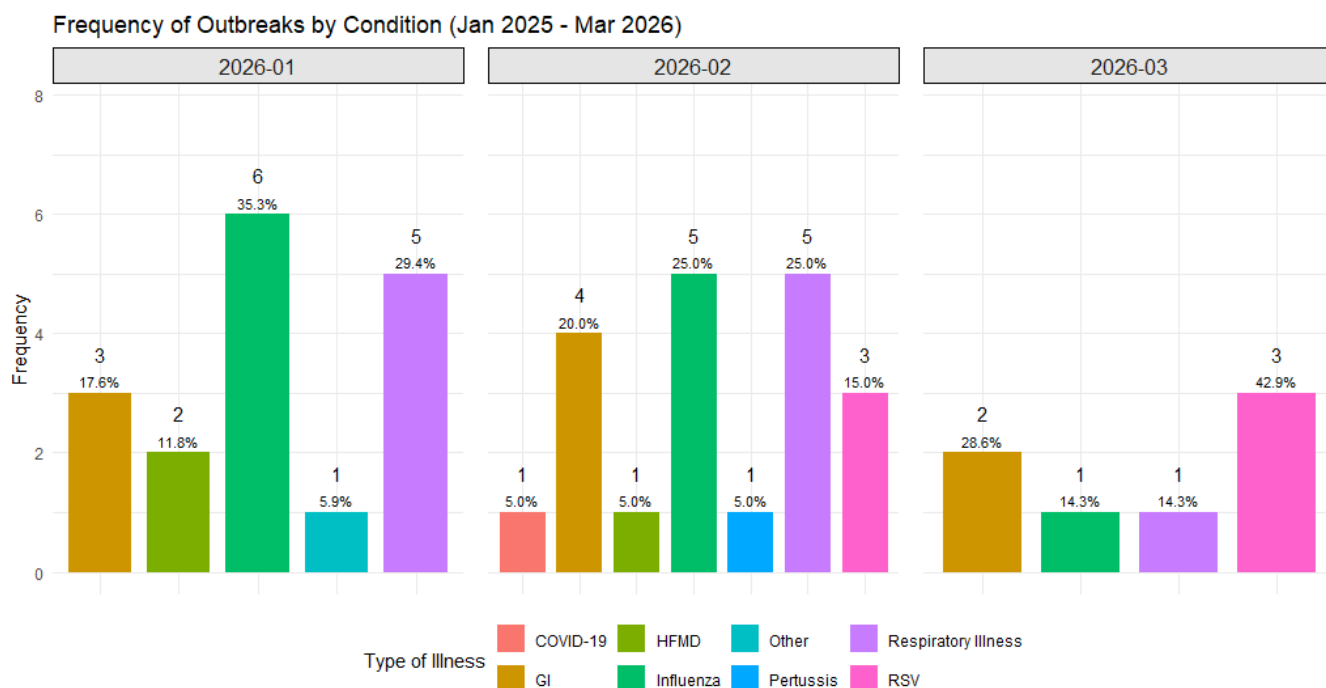
Pertussis - NNPH continues to experience a surge in pertussis cases, with Washoe County reporting over 60% of the total number of cases identified in 2025 in Q1 alone, with 2025 already noting a sixfold increase in reported cases compared to 2024. Although case investigation is ongoing, there have been 19 confirmed cases in 2026, with four distinct exposure events occurring. Over 60 close contacts were identified through contact tracing. Most of the cases in 2026 occurred in school-aged children, with over 25 notification documents distributed to address exposure incidents and general prevention recommendations. NNPH continues to work with community stakeholders to refine cross-sectional partnerships to best serve the needs of our population and healthcare systems.

Outbreaks –There have been seven newly declared outbreaks in March 2026; one (1) influenza confirmed, one (1) respiratory illness, zero (0) COVID-19, three (3) RSV, two (2) gastrointestinal.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	4	2									
Respiratory Illness	4	8	4									
Influenza Confirmed	6	5	1									
COVID-19 Confirmed	0	1	0									
Rash Illness	2	1	0									
Other	1	1	0									
<b>Total</b>	<b>17</b>	<b>20</b>	<b>7</b>									

Note1: Data obtained as of March 31, 2026, at the time of this report, and will be revised in the next report if there are updates. Note2: Respiratory illnesses include RSV outbreaks and Pertussis outbreak(s). Note3: ‘Other’ includes outbreaks with multiple etiologies.

**Fig 4. Monthly Outbreaks by Condition from January, 2026, to March, 2026, in Washoe County**



Note 1: Data extracted as of 03/31/26.

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers, are topic dependent, and are available at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In March, there was one (1) Epi News newsletter published:

- **2024 Washoe County Community-Wide Antibigram:** Antibigrams provide information about clinically-important bacteria and their respective susceptibility trends. The community-wide antibiogram can be used by a variety of professionals involved in testing organisms and promoting responsible antibiotic use. This Epi News presents major findings in the 2024 data, including significant changes (increase or decrease) in recent years for antibiotic susceptibility by organism.

General Communicable Diseases – During March 2026, there were 392 positive labs reported, with 83% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects –

Extensively Drug-Resistant Organisms (XDRO) database – The Epidemiology Program, in collaboration with Tech Services (TS), developed the XDRO database to store and track cases of carbapenemase-producing organisms (CPO) and Candida auris (C. auris) reported in Washoe County, two pathogens of concern for healthcare-associated infections. The database is also designed to alert participating hospitals when an admitted patient has a history of CPO or C. auris. Three area hospitals completed onboarding and are receiving alerts, with one hospital opting out. NNPH launched the Carbapenem Resistant Organism

(CRO) and CPO dashboard, [CPO and CRO Surveillance](#). This dashboard replaces stagnant, quarterly reports, allowing for interactive graphics and detailed descriptions of local data for public consumption.

Animal Bite Reporting – Bites from rabies-susceptible animals are a reportable condition under NAC 441A. The Epidemiology Program is responsible for tracking potential exposures to rabies for humans, which requires intricate coordination within and between Washoe County agencies to (A) increase accessibility of reporting by stakeholders, (B) streamline communication channels between interdepartmental partners, and (C) improve system capacity through electronic data capture. The Epidemiology Program designed data collection tools, established several rounds of testing and integrated feedback loops, and created communication materials, Standard Operating Procedures (SOPs), and automated data flows for Power BI indicators and cross-divisional alerts. The anticipated go-live date is set for April 3<sup>rd</sup>, 2026.

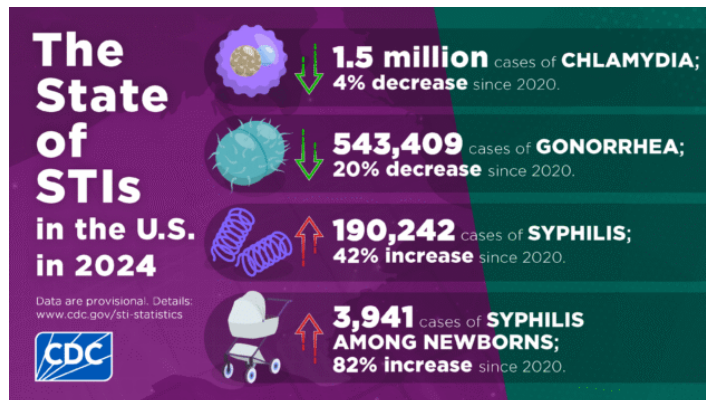
### **Sexual Health Investigations and Outreach**

During the second week of April, Sexually Transmitted Infections (STI) Awareness Week is observed by the Sexual Health community nationally. STIs have a tremendous impact on individuals, communities, and healthcare systems. The Centers for Disease Control and Prevention (CDC) estimates that approximately 20% of the U.S. population, about one in five people, had an STI on any given day in 2018. Direct costs of new STIs are estimated at \$16 billion per year. This does not include costs of transportation, time away from work, childcare, or other costs associated with medical appointments, testing, and treatment. The CDC has developed marketing materials to promote STI Awareness and action.

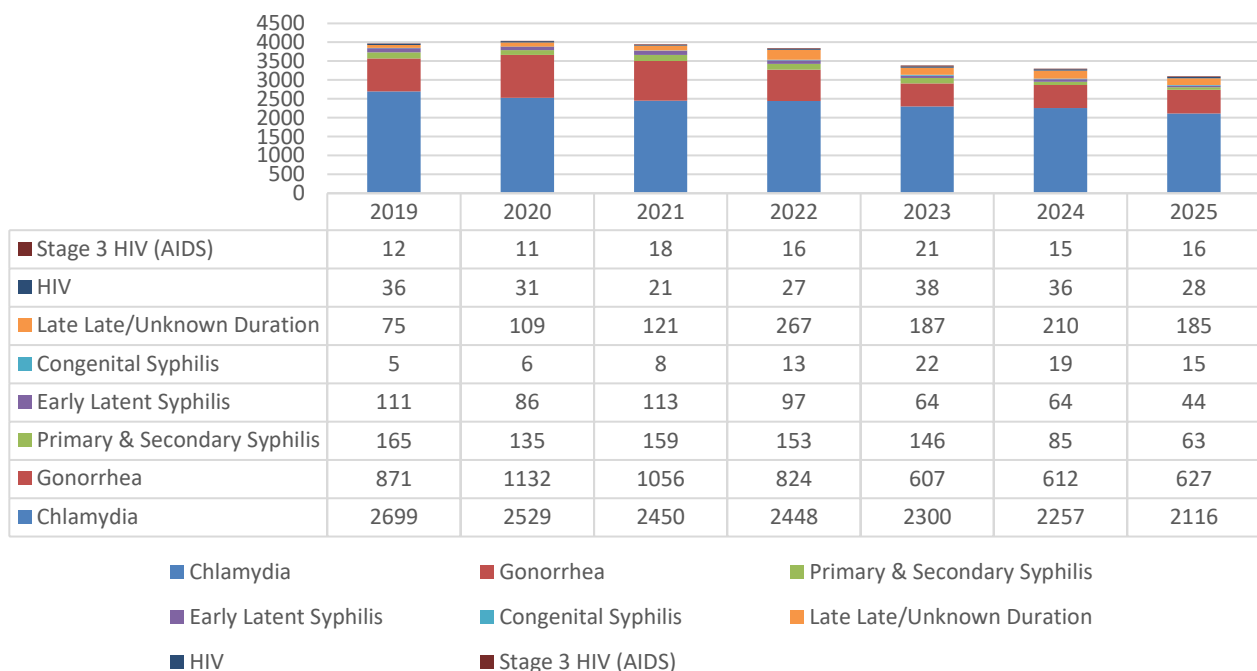
Our Sexual Health Investigations & Outreach staff help navigate people following a diagnosis of Chlamydia, Gonorrhea, Hepatitis, Syphilis, and HIV. After a positive test for one of those infections is reported to us by the provider and/or laboratory, a case investigation begins. Before a person is contacted, the investigator prepares information on the case through review of applicable medical records, locating information and possible sexual and needle sharing contacts. With this information, the investigator makes contact with the case, explains the reason for contact and the process, and interviews the person who has tested positive, while ensuring confidentiality. If additional testing is needed or the person needs treatment, they are brought into NNPH's Sexual Health and Family Planning Clinic or referred back to their primary care provider. The investigator may also contact the reporting provider for additional information and to coordinate continuity of care. Interviews are an opportunity to discover the behavior that contributed to the infection, sexual and needle sharing contacts and their locating information, and develop a plan to prevent acquiring an infection in the future. Prevention strategies include post exposure prophylaxis (PEP) following exposure to HIV and chlamydia, gonorrhea, and syphilis, condom use, pre-exposure prophylaxis for HIV prevention (PrEP), harm reduction for sexual and substance use risk, along with the need for future testing. Community referrals are made if the individual notes a need. In addition, the person is asked who in their social network may need testing, with information provided on testing opportunities. Syphilis cases are ideally interviewed twice, to confirm that treatment was completed and to review any items that need to be addressed from the first interview. Often, people provide more information on contacts as they build a rapport with the investigator. Disease clusters may be identified from this process, as the investigator and team review cases that are closely linked or group of people that are known to engage in activities that put them at higher risk for disease acquisition. The effort and time taken to investigate sexual health cases is extensive. Staff utilize lived experience, enhanced communication skills, and critical thinking to address each case.

Staff are preparing for a national certification exam for disease investigation, the Certification in Disease Intervention (CDI). The three-hour exam covers knowledge and skills in the domains of: Planning and Case Analysis, Interviewing and Case Management, Field Services and Outreach, Surveillance and Data Collection, Collaboration, and Outbreak Response and Emergency Preparedness. The exam is being offered free of charge through September 2026. Staff are voluntarily taking the exam and are highly encouraged to participate. We are also very excited that the Sexual Health Epidemiologist contributed to the development and implementation of the national exam.

Case counts of STIs, including HIV, have been decreasing since 2021 in Washoe County. There is a concern that people are not testing as they did prior to the COVID pandemic. Cases of congenital syphilis and late latent/unknown duration have increased. The team is addressing these cases through rigorous review of late latent/unknown duration cases to ensure that they are not another stage of syphilis infection.

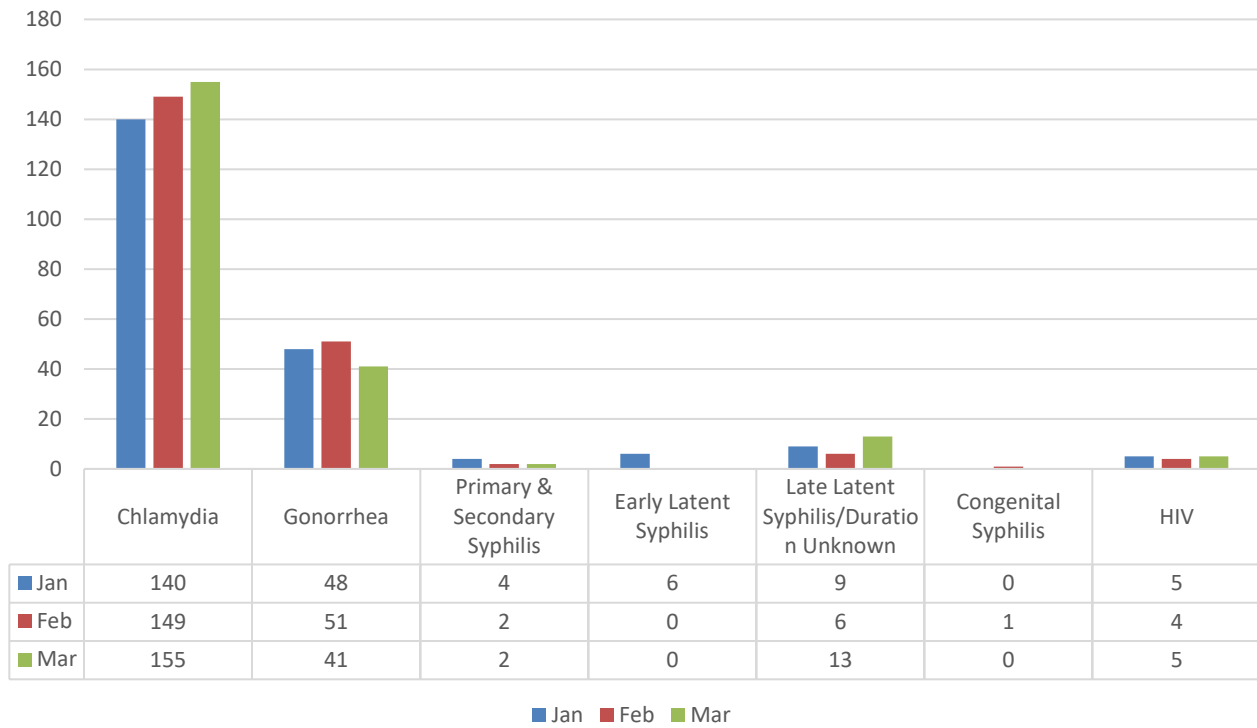


**Fig 1. Reported STI Cases 2019-2025, Washoe County**



Monthly reported STI and HIV case counts for January – March 2026 are provided below. This data is preliminary.

**Fig 2. Reported Sexually Transmitted Infections & HIV in Washoe County, 2026 (Preliminary Data through March 29, 2026)**



**Public Health Preparedness (PHP) Program**

The Reno-Tahoe Airport Authority (RTAA) hosted its annual spring tabletop exercise (TTX) at the Regional Emergency Operations Center on March 11, 2026. The exercise included emergency response and community partners from Sparks, Reno, Washoe County, the National Guard, and the State of Nevada. Combining elements of airport operations and public safety, the TTX was designed to exercise both the Airport Emergency Plan and the Airport Security Program. The HPP PHERC and a PHP PHERC participated and are currently supporting planning for the RTAA full-scale exercise (FSE), which will include volunteer coordination and hospital participation, with hospitals exercising their surge plans.

Bitter Almond Breakdown, a hazardous materials workshop and exercise focused on a cyanide hazardous material spill, is currently being planned in coordination with emergency responders and community partners including Truckee Meadows Water Authority, the National Weather Service, Nevada State Police, the National Guard, Reno Fire, Sparks Fire, and Truckee Meadows Fire. The workshop is scheduled for April 28, 2026, with the exercise to follow on May 27, 2026.

Planning is ongoing for the Continuity of Operations Plan (COOP) Tabletop Exercise (TTX), scheduled for June 4, 2026. This half-day exercise will focus on a cyberattack scenario and the implementation of the COOP by NNPH leadership staff.

On March 4, 2026, the NNPH Medical Reserve Corps (MRC) program hosted an emergency preparedness training session titled Individual/Household Emergency Preparedness. The session was presented by the Washoe County Emergency Management and Homeland Security Program Coordinator and attended by MRC and CERT volunteers as well as NNPH staff. Another training, Personal Security/Safety, was hosted by the MRC program and presented by the Washoe County Security Administrator for MRC and CERT volunteers and NNPH staff.



PHP staff are finalizing the Jurisdictional Risk Assessment (JRA) for Northern Nevada Public Health (NNPH). The JRA identifies public health preparedness gaps in Washoe County and fulfills a requirement of both the Public Health Emergency Preparedness (PHEP) and Healthcare Preparedness Program (HPP) grants. This assessment is required once every five-year planning cycle; the most recent JRA was completed in 2022.

The PHEP program has begun the process of pursuing Public Health Preparedness and Response (PPHR) recognition, marking an important step toward strengthening NNPH's emergency preparedness and response capabilities. As part of this effort, PHP staff are now supported by an additional team member temporarily assigned from the Office of the District Health Officer (ODHO) to assist with PPHR administrative activities. A spreadsheet outlining each PPHR capability, associated tasks, assigned PHP staff, and progress tracking has been developed. PPHR activities will also be incorporated into the PHEP scope of work for FY 2027.

**Healthcare Preparedness Program (HPP)/Inter-Hospital Coordinating Council (IHCC) –**

Progress continues on the FY26 coalition priorities. Burn care has been identified as a regional gap, and to address this, IHCC is supporting approximately 15 members in attending the Advanced Burn Life Support (ABLS) Provider Course hosted by UC Davis and Shriners Children's. Participants include hospital, EMS, and fire partners. Two members from Saint Mary's Regional Medical Center attended the burn training in March. Key takeaways from the March and April courses will be incorporated into regional planning and future training initiatives.

To further support coalition priorities, the IHCC Coordinator and the REMSA Health Emergency Manager conducted training on the Mutual Aid Evacuation Agreement (MAEA) on March 18, 2026, at the Regional

Emergency Operations Center. The training included 21 participants representing freestanding emergency departments, hospitals, skilled nursing facilities, and behavioral health facilities, supporting whole-community planning and strengthening regional resilience.



IHCC continues to support the Reno-Tahoe Airport Authority Triennial Exercise scheduled for May 13 by coordinating with hospitals, EMS, volunteers, and public transportation partners. This exercise will meet the Medical Response and Surge Exercise (MRSE) requirement, which requires healthcare coalitions to annually demonstrate the ability to surge by at least 10% of licensed general medical/surgical bed capacity.

Increasing participation among home health, hospice, and dialysis providers remains a key focus. To support this effort, the coalition conducted a functional exercise on March 24 to test a new data-sharing process through a Teams channel. Access was limited to organizations that submitted a signed Data Sharing Agreement to ensure secure and efficient information exchange. Of the six eligible agencies, two submitted the requested data. This process supports compliance with the CMS Emergency Preparedness Rule and strengthens the coalition's ability to plan for at-risk populations.

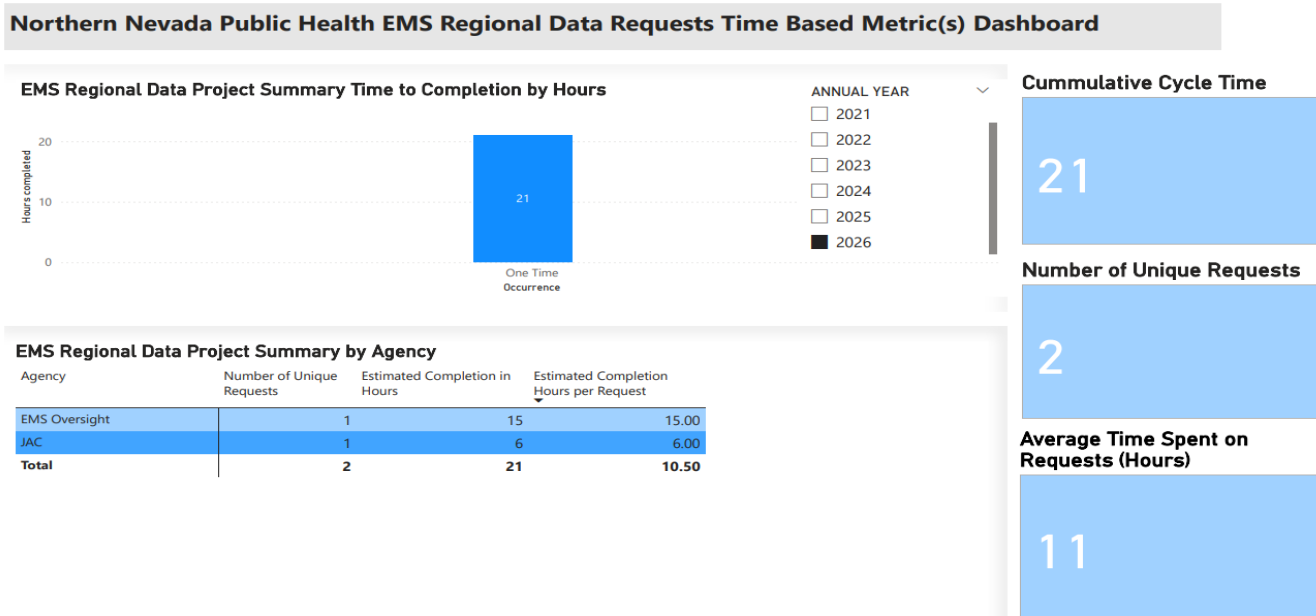
HPP staff continue to participate in the weekly Hospital Net ham radio communications drill, which includes hospitals across Northern Nevada and Eastern California. This ongoing activity supports redundant communication capabilities, which are critical for effective coordination during disasters.

**Emergency Medical Services (EMS) Oversight Program**

Franchise - The EMS Oversight Program held a workshop with jurisdictional fire agencies on March 18 to hear their concerns regarding the franchise, and a second workshop is scheduled for April 1. The program continues to collaborate with REMSA Health to review and confer on the Amended and Restated Franchise for Ambulance Service. The Franchise Map was presented to the District Board of Health for review and approval on March 26, following the EMS Joint Advisory Committee's February 2026 recommendation indicating no concerns and no revisions to the map.

EMS Quality Improvement Project – As part of ongoing Quality Improvement efforts, work is underway to establish a publicly accessible Cardiac Arrest Registry to Enhance Survival (CARES) dashboard to provide transparent reporting of patient outcomes in Washoe County.

EMS Data Request Dashboard – For calendar year 2026, the program received 2 data requests.



REMSA Health Exemption Requests -

**Table 1: REMSA Health Exemption Requests FY 2026**

Exemptions Requested	System Overload	Status 99	Weather	Other	Total	Approved
July 2025	1	-	-	-	1	1
August 2025	28	-	-	-	28	28
September 2025	9	-	-	-	9	9
October 2025	7	-	-	-	7	7
November 2025	-	-	-	-	-	-
December 2025	7	-	-	-	7	7
January 2026	8	-	11	-	19	19
February 2026	37	-	67	-	104	98*
March 2026	22	-	-	-	22	21*
<b>Fiscal Year-To-Date</b>	<b>119</b>	<b>-</b>	<b>78</b>	<b>-</b>	<b>197</b>	<b>190</b>

\*Two exemptions were denied as they did not meet the criteria for system overload.

REMSA Health Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls, as indicated below. Due to low call volumes in

the separately defined response zones B, C, and D, REMSA Health compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated February 23, 2023, as combined Zones B, C, and D for all Priority 1 calls. Table 2 shows REMSA Health’s compliance rate for FY 2026.

- Zone A – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

<b>Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2026</b>		
<b>Month*</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2025	91%	96%
August 2025	91%	90%
September 2025	91%	96%
October 2025	91%	94%
November 2025	90%	95%
December 2025	90%	90%
January 2026	91%	94%
February 2026	90%	92%
March 2026	90%	89%
<b>Fiscal Year-To-Date*</b>	<b>91%</b>	<b>93%</b>

\*Fiscal Year-to-date is the percentage calculated using the sum of all to-date “Chargeable Late Responses” divided by “Compliance Calculate Responses”.

Community Services Department (CSD) – Memo Review: The EMS Oversight Program staff reviews and analyzes project applications received from the City of Reno Housing and Neighborhood Development and the Planning and Building Division of the Washoe County Community Services Department, providing feedback as needed. During March, the program received and reviewed two (2) applications.

Mass Gatherings/Special Events - The EMS Oversight Program received and reviewed two (2) applications for Mass Gatherings/Special Events in March.

**Chronic Disease and Injury Prevention (CDIP) Program**

Brain Health – CDIP staff met with the team at the Alzheimer’s Association Reno office to exchange information about each organization’s programs and identify roles best suited for collaboration in advancing brain health messaging. This meeting marked an important step in building a strong, ongoing partnership with the Alzheimer’s Association, grounded in a shared commitment to leverage resources and expertise to enhance brain health prevention messaging and activities within public health efforts in Washoe County. As part of this partnership, CDIP staff will travel with the Alzheimer’s Association Regional Director to attend the Risk Reduction Learning Collaborative, taking place April 29–30, 2026

in Atlanta, Georgia, at the Alzheimer’s Association Center for Excellence. NNPH is one of only nine health districts nationwide selected to participate in this training. The Collaborative equips organizations with strategies to convene partners, engage community members, and align local interests to address cognitive health—particularly among underserved populations—using a public health approach to respond to the growing Alzheimer’s and dementia crisis.

Healthy Eating and Active Living – To celebrate National Nutrition Month, the CDIP program coordinated two healthy food tasting events at Elmcrest Elementary (March 17) and Lincoln Park Elementary (March 20), engaging a total of 612 students. These events aimed to increase exposure to healthy foods through interactive taste-testing activities. Students sampled flavored water (strawberry and mint) as a healthy alternative to sugary beverages and tried celery sticks with cream cheese and bell peppers arranged as a “stoplight” snack to make nutritious choices visually appealing. Students also participated in a sticker-voting activity to share their feedback on tasting items. Each student received either a water bottle or a children’s recipe book. This effort is part of the Power Up Kids initiative, supported by the SNAP-Ed grant, which promotes increased fruit and vegetable intake and greater physical activity among preschool and school-aged children.



Staff hosted the first Parent University workshop at Lincoln Park Elementary School on March 18, with five parents in attendance. The Healthy Eating & Active Living (HEAL) workshop was listed in the Parent University Catalog, and Lincoln Park selected it for their families. The presentation focused on practical, easy-to-implement strategies for supporting healthy habits at home and empowering families with useful tools and resources. Participants received supplemental materials including a budget-friendly recipe book, a planting kit, and measuring spoons and bowls. Glenn Duncan Elementary School has also selected the HEAL workshop, with a presentation scheduled in April.

Injury Prevention – CDIP team coordinated and facilitated an Applied Suicide Intervention Skills Training (ASIST) on March 19–20, certifying 16 community members. ASIST is a two-day, evidence-based workshop that enhances community capacity for suicide prevention by equipping individuals with skills to recognize warning signs, engage in direct conversations about suicide, and develop immediate safety plans. Increasing the number of trained “suicide first aiders” strengthens early intervention, reduces stigma around help-seeking, and improves connections to local support services, ultimately contributing to a stronger safety net that helps prevent suicide attempts and deaths.

Staff also delivered a suicide prevention presentation during a Concealed Weapons Carry (CCW) class at Scheels in Sparks on March 28. Thirty-seven participants received education on suicide prevention, as well as information on temporary secure firearm storage and the Washoe Suicide Prevention Alliance Secure Firearm Storage Network.

Tobacco/Nicotine Control and Youth Prevention – CDIP staff have been working closely with the Estipona Group and the NNPH Communications Team to launch a youth vaping prevention campaign on Snapchat a platform widely used by teens and to update the Get Healthy Washoe (GHW) webpage, which serves as the main landing page for the campaign. The goal of this effort is to prevent youth from starting to use e-cigarettes (vapes) by delivering clear, engaging, and age-appropriate messages about the risks of vaping. The webpage has been enhanced with easy-to-understand information, updated visuals, and resources for youth, parents, and educators, ensuring that it aligns closely with the campaign messaging and provides a seamless user experience. This year’s campaign builds on the success of last year’s effort, which generated over 1.1 million impressions and more than 12,000 clicks, by continuing to use content that resonated most with youth audiences—particularly ads focused on the environmental harms of vaping and the #VapeFreeFlex theme, which encourages teens to spend their money on healthier alternatives. Since launching on February 25, 2026, the campaign has already generated 307,717 impressions (number of times the ads were shown), 1,813 clicks (number of times users engaged with the ads), and 317 visits to the landing page. Additionally, the video ads have been watched to completion 3,053 times, with users spending an average of nine seconds on the webpage. Early performance shows that the environment-themed ad is the most effective so far, and the campaign will continue running through the end of May to maintain visibility and engagement among youth.

At the invitation of the Dean of Students, the team conducted outreach through tabling during 30-minute lunch periods at Galena High School on March 2, 9, and 16. During these sessions, staff provided students with educational materials on vaping and cessation resources. In total, 87 students were engaged in conversations about e-cigarettes, including their impact on the human body and the environment, and were offered a selection of free, confidential quitting resources. Additionally, on March 17, staff delivered a one-hour presentation at Galena High School attended by three classes, totaling 57 students, along with five staff members. The presentation covered the history of tobacco use, the effects of nicotine on the brain, the “4 Cs” of addiction (Compulsion, Craving, Control, and Consequences), the environmental impact of toxic tobacco waste, and available cessation resources. These interventions were initiated at the request of the Dean of Students, who began collaborating with NNPH in September 2025 to support students in identifying cessation resources and increasing awareness of the factors influencing e-cigarette use as a nicotine delivery system. The Dean has a history of partnership with NNPH, having previously collaborated on vaping prevention efforts while serving as Dean of Students at Clayton Middle School in 2022. Following Spring Break, intervention efforts at Galena High School will continue with additional outreach tabling and another one-hour presentation scheduled for Tuesday, April 7.

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online, and in person. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

**Table 1: Number of Transactions for Birth and Death Records- March 2026**

<b>March</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	980	20	575	<b>1575</b>
Death	1786	10	429	<b>2225</b>
<b>Total</b>	<b>2766</b>	<b>30</b>	<b>1004</b>	<b>3800</b>

**Table 2: Number of Records Processed by Vital Statistics Office- FY 2026**

		2025						2026						Total
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
<b>Birth</b>														
	Registrations	526	463	536	518	353	521	540	452	474				<b>4383</b>
	Corrections	78	40	63	72	61	60	73	51	52				<b>550</b>
<b>Death</b>														
	Registrations	468	461	503	508	417	553	538	497	479				<b>4424</b>
	Corrections	11	15	18	9	16	18	7	11	22				<b>127</b>