NORTHERN NEVADA Public Health | Population Health

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

DATE: July 10, 2026

TO: District Board of Health

FROM: Nancy Diao, ScD, PHD Director
775-328-2443; ndiao@nnph.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

---

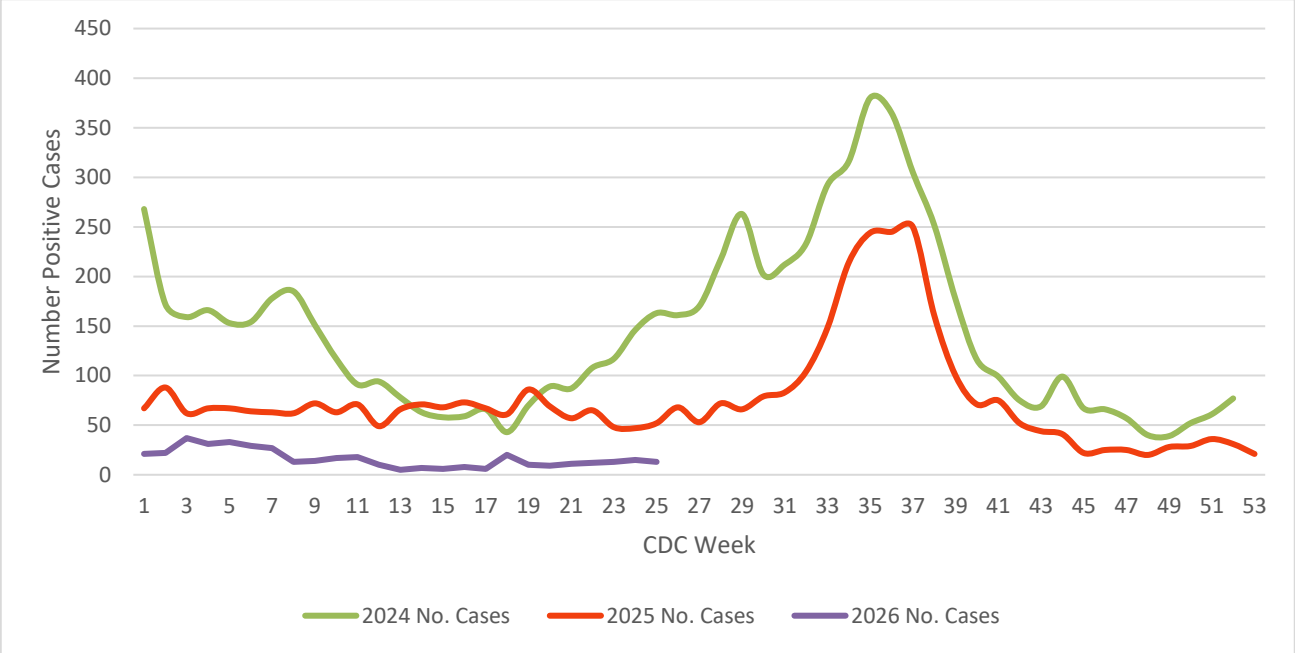
Epidemiology Program

Respiratory Virus Surveillance

The 2025-2026 Respiratory Season concluded MWR Week 20, May 23, 2026. NNPH released a comprehensive summary of the recent respiratory season in June 2026 through out Epi News distribution. Influenza, RSV, and COVID-19 peaked in staggered patterns, likely alleviating the burden on healthcare systems. Influenza-like Illness (ILI) reached the highest peak in over two decades, with influenza having 509 hospitalizations and 26 deaths in Washoe County. Most deaths were among unvaccinated persons. RSV saw an unusual pattern, with a second increase occurring later in the season, resulting in national guideline changes extending vaccination recommendations to later dates. COVID-19 experienced its lowest hospitalization and death rates since the start of surveillance. The most impacted age groups continue to be older populations for these respiratory conditions, although RSV also dominates among children aged 0-4 years old.

SARS-CoV-2 (COVID-19) – In June, 52 COVID-19 cases were reported (data as of 06/30/2026). 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 25, the average case rate was less than 5 cases per 100,000 residents.

Fig 1. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2024 through 2026†

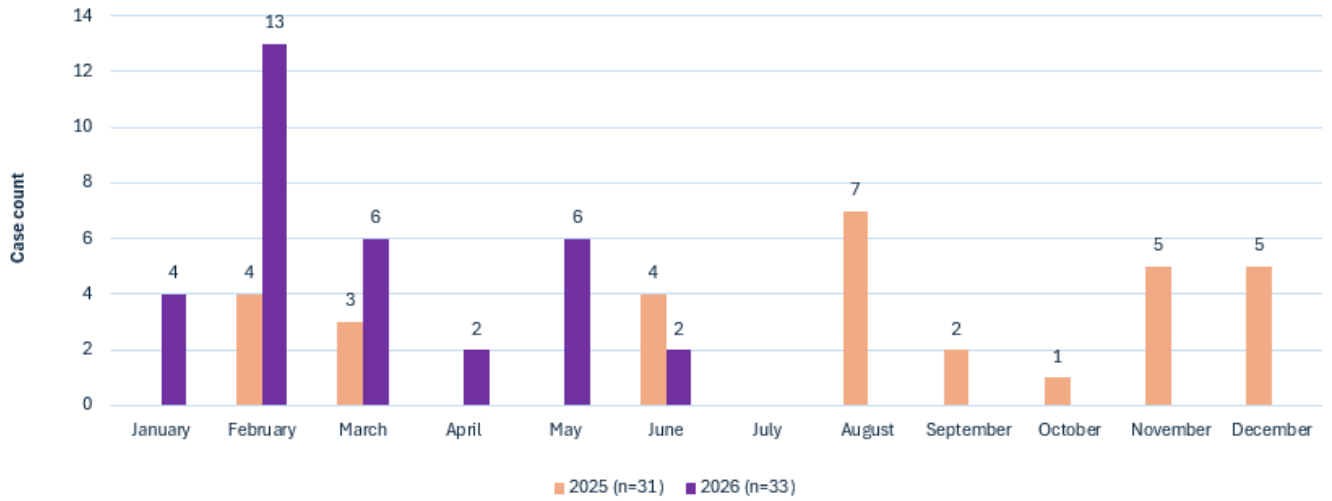


† There is no MMWR Week 53 in 2024. Note: Data are displayed by calendar year.

As of MMWR Week 25, Washoe County reported 2.5 COVID-19 cases per 100,000 population, with the previous nine-week period experiencing case counts below 5 per 100,000 persons.

Pertussis - NNPH continues to monitor pertussis cases following a winter and spring surge. Although case investigation is ongoing, there have been 32 confirmed cases in 2026. Over 80 close contacts were identified through contact tracing. Pertussis does not follow a strict seasonal pattern yet often parallels more common respiratory conditions (e.g., influenza, RSV, etc.) with increases starting in the autumn and continuing into the winter season. Most of the cases in 2026 occurred in school-aged children. NNPH has closed the pertussis outbreak and continues to work with community stakeholders to refine cross-sectional partnerships, particularly after identifying several system-level shortfalls, such as access to testing and delayed diagnosis. Healthcare systems, schools, and other organizations are working closely with public health to close these gaps in preparedness for another potential surge or outbreak.

Fig 2. Total Number of Pertussis Cases in Washoe County, 2025-2026



Outbreaks –Through the month of April and into May, NNPH conducted two investigations involving clusters of illness that involved local establishments, specifically a salmonellosis outbreak and a cryptosporidiosis, respectively. These outbreaks are now closed with no additional cases linked to the same point source(s), highlighting the effectiveness of quick identification, response, and intervention in controlling the spread of disease.

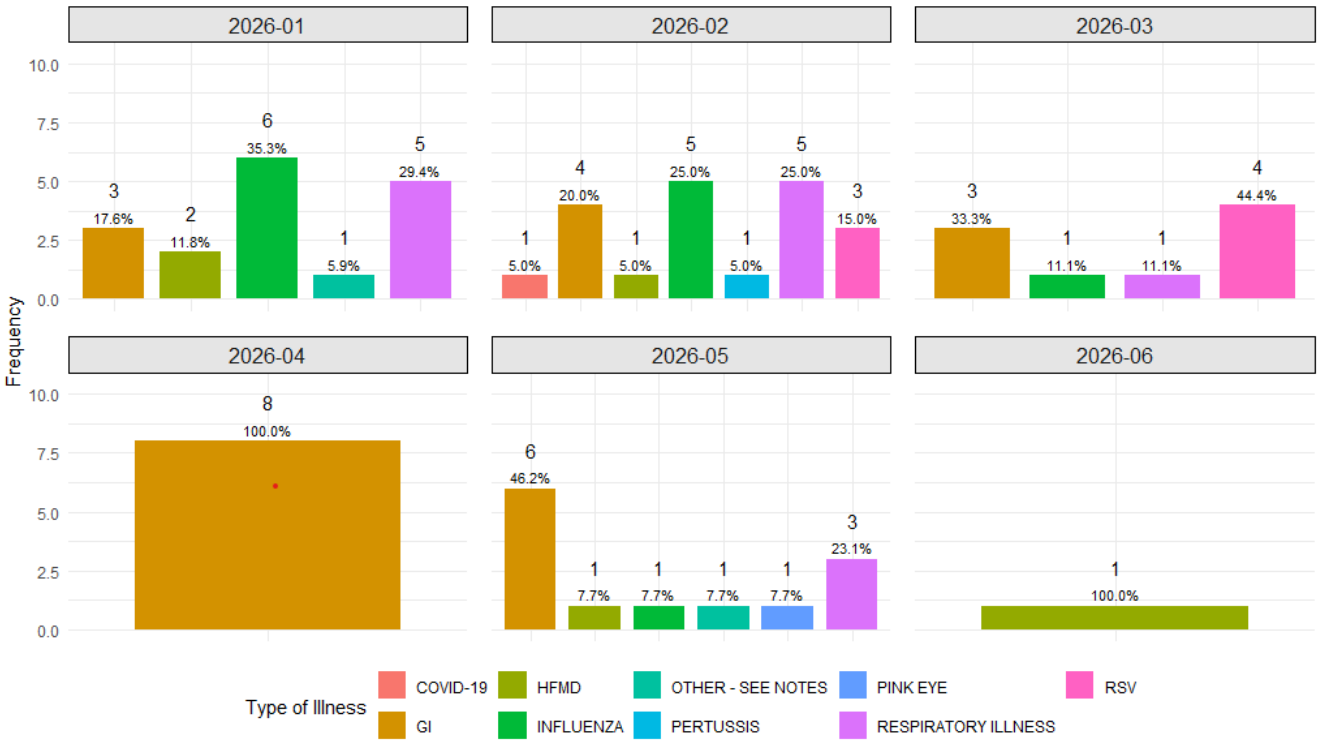
There has been only one newly declared outbreak in June 2026.

Table 1: Number of Outbreaks Declared by Type and Month, 2026

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	4	2	8	6	0						
Respiratory Illness	4	8	4	0	3	0						
Influenza Confirmed	6	5	1	0	1	0						
COVID-19 Confirmed	0	1	0	0	0	0						
Rash Illness	2	1	0	0	1	1						
Other	1	1	0	0	2	0						
Total	**17**	**20**	**8**	**8**	**13**	**1**						

Note1: Data obtained as of June 30, 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 and pink eye. Note4: GI outbreaks in April include one confirmed salmonellosis and one confirmed cryptosporidiosis.

Fig. 3 Monthly Outbreaks by Condition from January 2026 to June 2026 in Washoe County



Note1: Data extracted as of 06/30/26.

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 June, there was one Epi News published:

- **2026-26 Respiratory Virus Season Summary:** NNPH concluded the 2025-2026 respiratory season on May 23, 2026. Respiratory season includes surveillance of laboratory, hospitalization, and/or death data for RSV, COVID-19, and influenza. More information can be located on the key messages of the respiratory dashboard, available at https://nnph.org/respiratory. Each section of this Epi News provides more details regarding the epidemiology of each of these viruses in Washoe County as well as their impact on the healthcare system as well as information regarding high-risk populations and implications for seasonal burden.

General Communicable Diseases – During May 2026, there were 196 positive labs reported, with 49% resulting in a confirmed, probable, or suspect case. During June 2026, there were 198 positive labs reported, with 45% resulting in a confirmed, probable, or suspect case.

Rabies Exposure Portal – Reports of potential exposures to rabies-susceptible animals among persons can

now be submitted through a new, online portal launched on April 3, 2026. Additional collaboration with Washoe County Regional Animal Services led to data harmonization. The rabies exposure portal now automatically syncs select variables from the WCRAS system, significantly reducing manual data entry and duplicate data entry, resulting in greater efficiency. It also provides real-time data to public health investigators for more accurate assessment of risk, positively impacting recommendations related to post-exposure prophylaxis (PEP). This collaboration also revealed a more comprehensive reporting pathway. NNPH-Epidemiology and NNPH-Statistics and Informatics Program are exploring the possibility of using this pathway to capture previously unknown exposures for disease surveillance triage. The standardization and digitization of incoming reports, coupled with cross-database integration, also allows for automatic, calculated risk-scores based on the PEP Compendium for incoming reports, opening investigations based on these levels. NNPH-EPI and NNPH-SIP are working on developing these indices.

Sexual Health Investigations and Outreach

Each year, after the case counts for the previous year have been confirmed through a quality assurance process, thresholds are established to monitor chlamydia, gonorrhea, infectious syphilis, and HIV disease incidence activity in Washoe County. Thresholds are determined by using three years of historical data to determine the expected level of cases reported. If an increase occurs that is over the green level or the expected norm, the level of response may increase following the Sexual Health program's outbreak response plan. Each level above the norm is one standard deviation from the normal expected levels. Case characteristics, demographics and other information are reviewed to determine if there is a potential cluster or outbreak of the condition. Weekly, staff calculate the preceding 12 week rolling count and corresponding level of disease activity. This data is provided weekly to the team and other internal stakeholders to monitor and appropriately respond. Below are the thresholds for 2025 and 2026 for comparison.

Baseline 2022-2024 for 2025

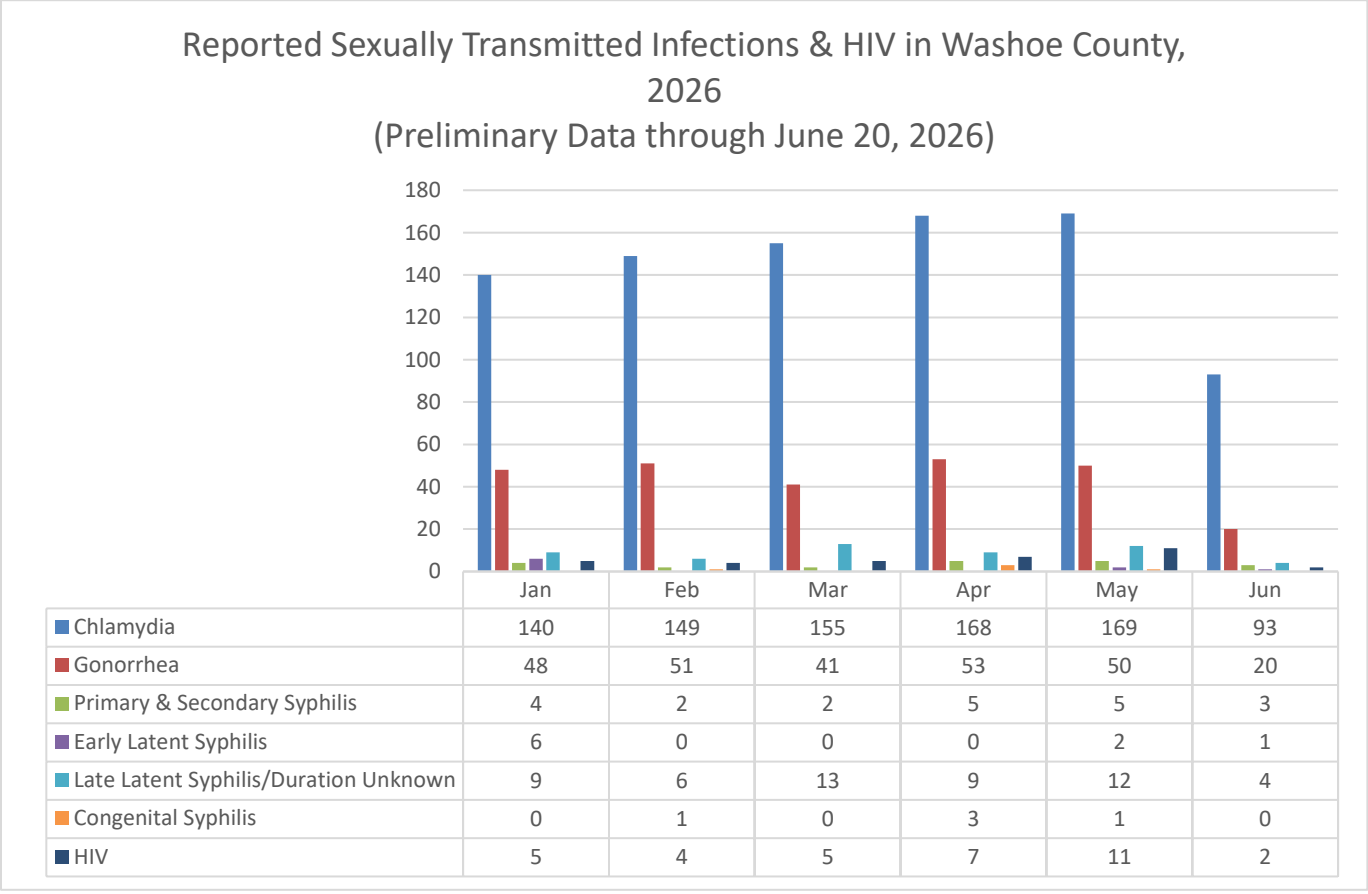
Level	Chlamydia	Gonorrhea	P & S Syphilis	HIV
1 - GREEN	<=582	<=198	<=37	<=15
2 - YELLOW	>582 and <=626	>198 and <=236	>37 and <=44	>15 and <=18
3 - ORANGE	>626 and <=670	>236 and <=275	>44 and <=51	>18 and <=20
4 - RED	>670	>275	>51	>20

Baseline 2023-2025 for 2026

Level	Chlamydia	Gonorrhea	P & S Syphilis	HIV
1 - GREEN	<=552	<=165	<=31	<=13
2 - YELLOW	>552 and <=589	>165 and <=189	>31 and <=39	>13 and <=16
3 - ORANGE	>589 and <=625	>189 and <=213	>39 and <=48	>16 and <=20
4 - RED	>625	>213	>48	>20

Due to the volume of cases and decreased workforce capacity, the team will be suspending chlamydia treatment verifications to focus on the higher priority infections of gonorrhea, syphilis, HIV, and acute/chronic Hepatitis B, and acute Hepatitis C. A portion of Hepatitis case investigations were transitioned to the Sexual Health team in June. Chlamydia treatment verifications may resume when workforce capacity is restored.

Case counts through June 20, 2026, are provided below for chlamydia, gonorrhea, syphilis, and HIV. This is preliminary data.



	Jan	Feb	Mar	Apr	May	Jun
Chlamydia	140	149	155	168	169	93
Gonorrhea	48	51	41	53	50	20
Primary & Secondary Syphilis	4	2	2	5	5	3
Early Latent Syphilis	6	0	0	0	2	1
Late Latent Syphilis/Duration Unknown	9	6	13	9	12	4
Congenital Syphilis	0	1	0	3	1	0
HIV	5	4	5	7	11	2

Public Health Preparedness (PHP) Program

Public Health Preparedness (PHP) conducted a tabletop exercise (TTX) for Northern Nevada Public Health (NNPH) leadership and designated staff on June 4, 2026. The TTX, Cyber Transmitted Infection, was designed to test NNPH's ability to maintain mission-essential functions in the event of a disaster. The specific scenario for this exercise was a ransomware cyberattack that encrypted all critical systems causing widespread shutdowns of NNPH websites, phone lines, and online systems, requiring activation of the Continuity of Operations Plan (COOP).

During the 4-hour tabletop, each division/program was challenged to verify their ability to communicate internally with staff and externally with stakeholders and partners. The participating divisions included:

- Administrative Health Services
- Air Quality Management
- Community and Clinical Health Services
- Environmental Health Services
- Office of the District Health Officer
- Population Health

Participants were asked to identify and prioritize core functions, as well as evaluate their ability to defer or manage non-essential functions during a COOP activation while relying entirely on manual, "paper and pencil" processes. Moving forward, PHP will develop an After-Action Report (AAR) and Improvement Plan (IP) to share with participants who will be responsible for addressing the identified improvement items.

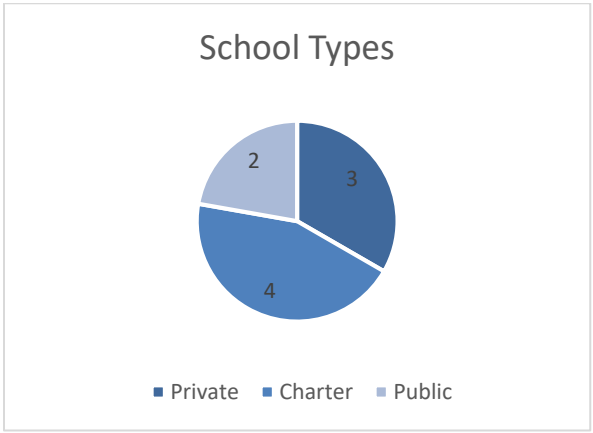
NACCHO hosted a virtual practical webinar for local health departments on radiation incident recovery and response on June 17, 2026, and was attended by a Public Health Emergency Response Coordinator (PHERC). Radiation Read: Recovery, Bioassay, and Resources for Local Public Health, explored the role of public health in recovery, how bioassay supports exposure assessment, and how laboratory systems and national partners provide critical support during a response. In the event of a radiological incident, NNPH may be called upon to support the set-up of a Community Reception Center (CRC). A CRC is a temporary facility set up following a radiological or nuclear emergency to screen displaced populations for radioactive contamination. Operating outside the hazard zone, these centers provide vital services like decontamination, exposure tracking, and medical prioritization.

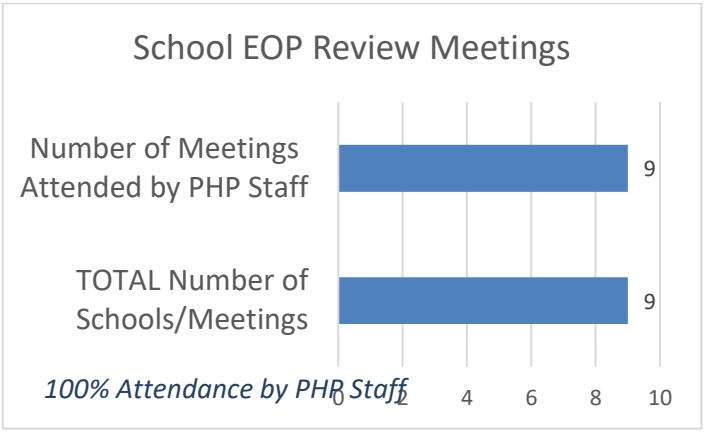
The State of Nevada Public Health hosted its quarterly partners online meeting for Q4 on June 29, 2026.

Some PHEP staff will participate in RAVE training. RAVE is an alternate emergency communications platform used by Washoe County Emergency Management. It will be utilized by NNPH replacing AlertMedia as the primary software for communicating with Washoe County and NNPH staff when an incident occurs.

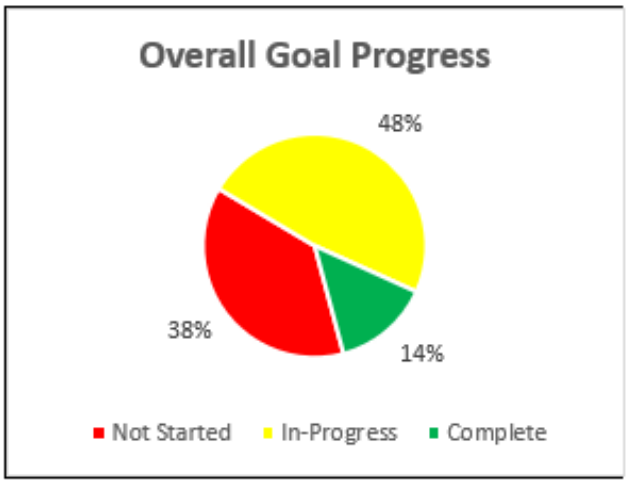
Review of school Emergency Operations Plans (EOPs) has concluded for the 2025-2026 academic year. During that time, PHP was invited to 9 individual school EOP review meetings and attended 100% of them amongst

Public, Private, and Charter schools. Additionally, a PHERC was a member of the State of Nevada Department of Education workgroup reviewing the current user guide to develop an EOP that meets all requirements.



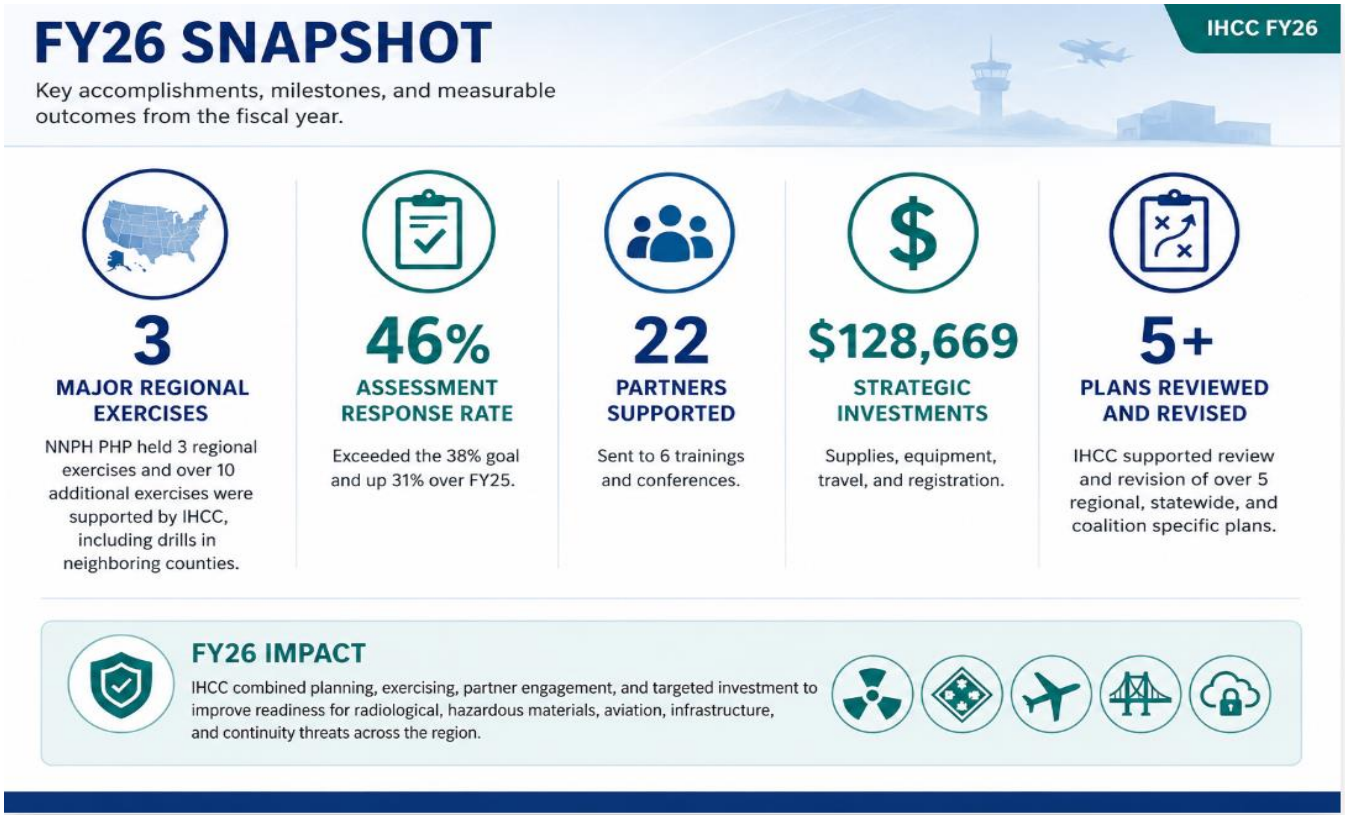


The PHEP program is continuing its efforts to achieve recognition under Project Public Health Ready (PPHR). As part of this effort the PHP team evaluated NNPH's current emergency preparedness plans against PPHR, PHAB, CDC PHEP, and FEMA requirements and determined that modifying existing plans individually would create inconsistencies and duplication as well as taking significantly more time to accomplish. It was decided that developing a new, integrated planning framework will better align requirements, establish consistent processes, improve coordination across plans, and support long-term maintenance, accreditation, and response readiness. The PHP team has created a plan architecture and has begun drafting new plans to better align NNPH's plans and operations. This will slow the goal progress (see below) for the next several months but should allow for rapid progress as the plans are adopted.



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

Throughout FY26, the Inter-Hospital Coordinating Council (IHCC) strengthened cross-jurisdictional partnerships, advanced regional burn and pediatric preparedness capabilities, increased outreach to improve participation, and enhanced regional plans through the incorporation of lessons learned and best practices.



On June 3, a residential care facility conducted an evacuation drill to prepare residents for a potential evacuation and validate implementation of the Mutual-Aid Evacuation Agreement (MAEA). HPP staff observed the exercise and identified several lessons learned for future MAEA revisions, including considerations related to pet evacuation and sheltering. The exercise also provided an opportunity to strengthen relationships and information sharing among participating facilities.

On June 17, IHCC conducted a data collection exercise with home health, hospice, and dialysis agencies. Participation was limited to organizations that had executed a Data Sharing Agreement (DSA) to ensure secure and efficient information exchange. Of the six organizations that submitted a DSA, three participated in the exercise, representing an improvement from a similar exercise conducted in March when only two organizations submitted data. This effort supports compliance with the CMS Emergency Preparedness Rule and enhances the coalition's ability to plan for and support at-risk populations during emergencies.

HPP and EMS staff also continued to support real-world incidents. Beginning June 15, IHCC convened weekly coordination meetings to monitor healthcare supply chain disruptions resulting from the Medline warehouse fire in Tracy, California. As a major distribution hub serving the western United States, the facility's closure raised concerns regarding the availability of critical medical supplies. Meetings focused on situational awareness, inventory status, operational impacts, alternate sourcing strategies, and conservation measures. Healthcare organizations, community partners, and out-of-jurisdiction stakeholders collaborated to share information and resources to mitigate potential disruptions.

Program staff also supported response activities related to the Navato Fire, which ignited in Sparks on June 16. The fire and associated power outages impacted several healthcare facilities, some of which experienced loss of air conditioning and monitored rising indoor temperatures. While no healthcare facilities required evacuation, the incident highlighted the importance of regional coordination, information sharing, resource management, and organizational resilience core principles of the IHCC.

HPP, EMS, and Epidemiology Program staff continue to collaborate bi-weekly with acute care hospitals, the school district, state partners, and other community stakeholders to enhance communication protocols both prior to and during infectious disease outbreaks. These meetings focus on strengthening coordinated information sharing; refining tailored public and partner messaging; and developing triggers and associated response actions for pertussis, measles, and other communicable diseases. In the coming months, the group will also initiate a comprehensive review and update of the High-Consequence Infectious Disease Plan. In addition, partners will assess community interest in revisiting and potentially updating the Ebola Outbreak Response Plan to ensure alignment with current best practices and operational readiness.

HPP and PHEP staff also continued 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 communications capabilities, which are critical for effective coordination during emergencies.

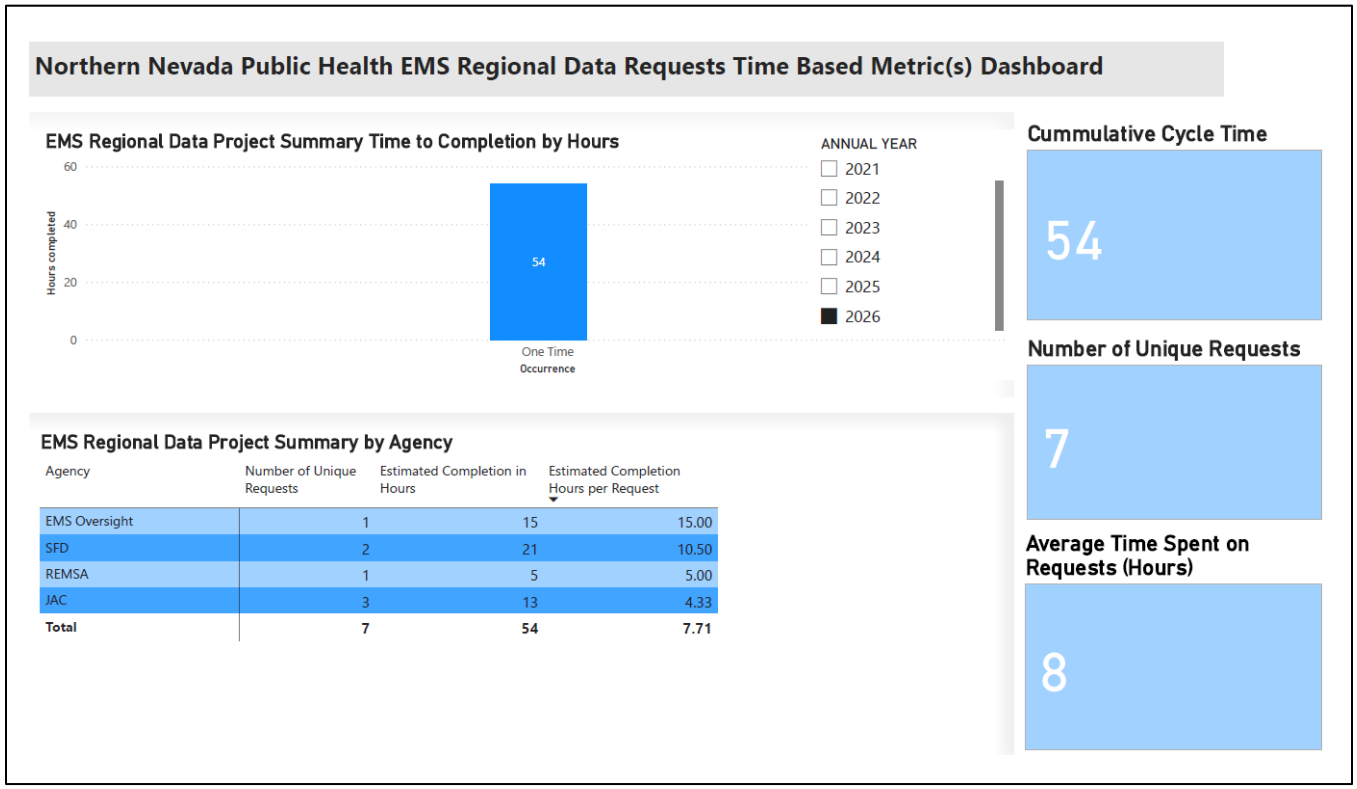
Emergency Medical Services (EMS) Oversight Program

Franchise – The EMS Oversight Program continues to advance work on the Amended and Restated Franchise Agreement for Ambulance Service. NNPH met with REMSA Health on June 14 as part of ongoing collaboration to review and refine the franchise document. The outcomes of these meetings, along with any revisions to the agreement, are expected to be presented at the July DBOH meeting.

Joint Advisory Committee - The JAC continues to develop a regional policy for responding to behavioral health calls. To increase collaboration and understanding, dispatch representatives and 988 Suicide & Crisis Lifeline representatives attended the June JAC meeting.

EMS Quality Improvement – As part of ongoing efforts to assess 911 high utilizers in Washoe County, the EMS Program and Joint Advisory Committee members conducted a secondary analysis of casino-related 911 call volume. The EMS Program has also developed a Cardiac Arrest Registry Dashboard for Enhanced Survival to improve transparency in monitoring out-of-hospital cardiac arrest across the region; the dashboard is currently in the validation phase. In parallel, the EMS Program is coordinating a data-sharing agreement with the Division of Public and Behavioral Health (DPBH) Cardiovascular Program to integrate pre-hospital cardiac arrest data. This information will directly support Continuous Quality Improvement (CQI) efforts for stroke care in Washoe County, strengthening the connection between EMS response and subsequent hospital and cardiovascular care.

EMS Data Request Dashboard – For calendar year 2026, the program received 7 data requests* as of June 25, 2026



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*
April 2026	6			2**	8	8
May 2026	5	-	-	-	5	5
June 2026	57	-	-	-	57	57
Fiscal Year-To-Date	**187**	-	**78**	**2**	**267**	**260**

* Exemptions were denied as they did not meet the criteria for system overload.

** Responses to the calls were delayed due to police activity and construction that blocked the unit's ability to reach the scene.

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.

Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2026

Month*	Zone A	Zone B, C, and D
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%
April 2026	90%	92%
May 2026	90%	90%
June 2026	90%	90%
Fiscal Year-To-Date*	**90%**	**93%**

*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 June, the program received and reviewed three (3) applications.

Mass Gatherings/Special Events - The EMS Oversight Program received and reviewed one (1) application for Mass Gatherings/Special Events in June.

Chronic Disease and Injury Prevention (CDIP) Program

Brain Health – CDIP staff met with the Senior Program Director at the Alzheimer's Association to begin planning for a January 2027 NNPH convening of local organizations, community members, healthcare professionals, and interested adults. The convening will support collaborative community efforts to educate individuals of all ages about emerging evidence on reducing dementia risk through Healthy Brain lifestyle modifications that can be adopted throughout the lifespan. The 10 Healthy Brain Habits will be the primary messages the CDIP will be promoting.

Healthy Eating and Active Living – The Grab Healthy mailer campaign launched in early June 2026 to increase awareness of participating healthy corner stores in the program and encourage residents to choose healthier food and beverage options. To date, 13 flyers have been redeemed: 9 at the participating 7-Eleven location and 4 at Paul's Market. Staff will continue to monitor flyer redemption and inventory distribution throughout the campaign to evaluate community engagement.

The CDIP team participated in two community outreach events in June, providing healthy eating and active living resources, along with general NNPH program information.

- 6/5 – Dive into Summer event in Sun Valley: Reached approximately 90 attendees with health promotion materials and information.
- 6/17 – JCPenney Resource Fair: An employee only event with approximately 200 attendees visiting the CDIP table. Staff shared healthy eating and active living information and distributed incentive items including jump ropes, exercise bands, water bottles, tote bags, and grocery shopping notepads. This event offered an opportunity to connect employees with resources that support healthy lifestyle behaviors and increase awareness of community-based health programs.

Injury Prevention – CDIP staff launched and co-facilitated the Stepping On senior falls prevention workshop on June 1, 2026. Hosted by Renown Health at Renown Regional Medical Center, the workshop reached full capacity with 15 participants. The seven-week program supports older adults in reducing their risk of falls through balance and strength exercises, home safety education, medication management, vision health guidance, and other practical strategies that promote independence, confidence, and healthy aging. Stepping On has been shown to reduce falls by approximately 35%.

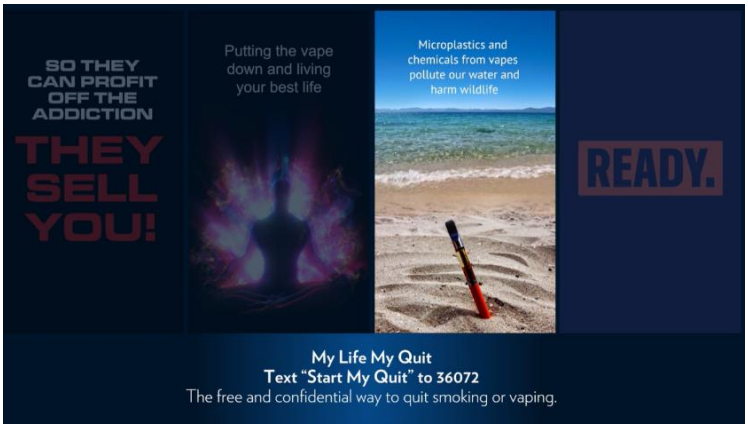
CDIP staff coordinated and delivered three community presentations on suicide prevention, including two Concealed Carry Weapon (CCW) classes (6/13 and 6/19) reaching approximately 65 participants, and a presentation to the Great Basin Chaplains Corps on June 6 with about 25 participants. Presentation topics included the importance of temporary secure firearm storage as a suicide prevention strategy, recognizing suicide warning signs, and responding effectively when someone may be experiencing a suicidal crisis.

CDIP was awarded a $2,500 AARP microgrant to expand educational offerings and support the implementation of home safety modifications for older adults. Grant funds will be used to purchase simple fall prevention items such as night lights, non-slip mats, safety tape, stair handrails, and bathroom grab bars.

Staff delivered Safe Mobility presentations to 65 sixth grade students participating in the Dean's Future Scholars summer program, providing education and reminders on the importance of safely walking and cycling.

Tobacco/Nicotine Control and Youth Prevention – Staff partnered with Renown Health and Black Wall Street Reno to host two community screenings of *Screenagers* films in June 2026, promoting youth health and well-being through education on the impacts of technology, social media, vaping, alcohol, and other substances on adolescent development. The screenings engaged parents, caregivers, youth, educators, healthcare professionals, and community partners in discussions about mental health, healthy brain development, positive family communication, and strategies to support resilience and healthy behaviors among youth. The June 12 screening of *Screenagers Under the Influence: Addressing Vaping, Drugs, and Alcohol in the Digital Age* at the Renown Mack Auditorium drew 24 attendees, including representatives from education, healthcare, juvenile justice, and suicide prevention sectors. Dr. Jose Cucalon Calderon, Renown pediatrician and the American Academy of Pediatrics Nevada Chapter's e-cigarette prevention champion, served as the featured subject matter expert and facilitated a discussion on the effects of screen use, gaming, smartphones, and substance use on adolescent brain development, while highlighting practical strategies for fostering healthier reward pathways and behaviors in youth.

The four (4) youth vaping prevention and cessation 15-second reels ran through the month of June at Galaxy Theatres at the Outlets at Legends in Sparks. The reels were shown consecutively before all movie screenings across all 13 theater screens, creating a combined one-minute prevention message. The campaign highlights how vaping can increase anxiety, reduce financial resources, harm the environment, and limit personal freedom, while promoting My Life, My Quit, Nevada's free and confidential text-based cessation program for youth. The messages encourage young people to access support by texting "Start My Quit" to 36072 for immediate assistance.



The Youth Vaping Prevention Snapchat media campaign concluded on June 15, 2026. The campaign aimed to increase awareness of the harms associated with vaping among youth and young adults by utilizing video and carousel advertisements to deliver prevention messaging and direct audiences to educational resources. The campaign generated more than 2.3 million paid impressions, approximately

18,000 clicks, and reached an estimated 12,200 users. In addition, staff collaborated with a media vendor to develop more than 20 youth-focused social media posts for future campaign implementation. The content was designed to increase awareness of vaping-related harms, promote healthy decision-making, support nicotine cessation efforts, and connect youth and families with available prevention and cessation resources.

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- June 2026

June	In Person	Mail	Online	**Total**
Birth	909	32	406	**1347**
Death	1590	11	433	**2034**
Total	**2499**	**43**	**839**	**3381**

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

		2025						2026						
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	**Total**
Birth														
	Registrations	526	463	536	518	353	521	540	452	474	530	500	477	**5890**
	Corrections	78	40	63	72	61	60	73	51	52	94	70	52	**766**
Death														
	Registrations	468	461	503	508	417	553	538	497	479	507	438	458	**5827**
	Corrections	11	15	18	9	16	18	7	11	22	19	5	15	**166**