

**Population Health Division  
Division Director Staff Report  
Board Meeting Date: December 18, 2025**

**DATE:** December 8, 2025

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, PHD Director  
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**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**

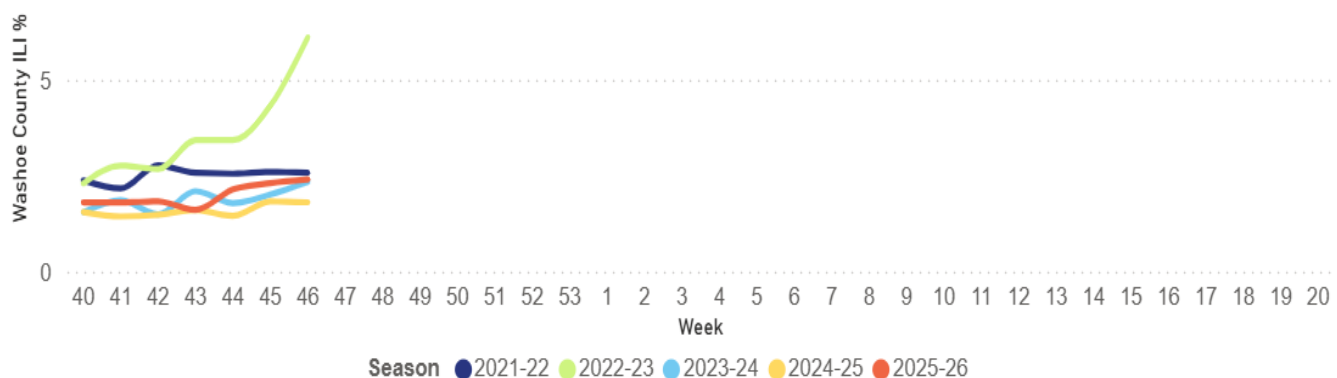
**Respiratory Virus Surveillance**

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](#)

The Annual Influenza Hospitalization and Mortality Dashboard (for the 2024-2025 Respiratory Season) can be found here: [Access the Annual Influenza Hospitalization & Mortality Dashboard](#)

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.

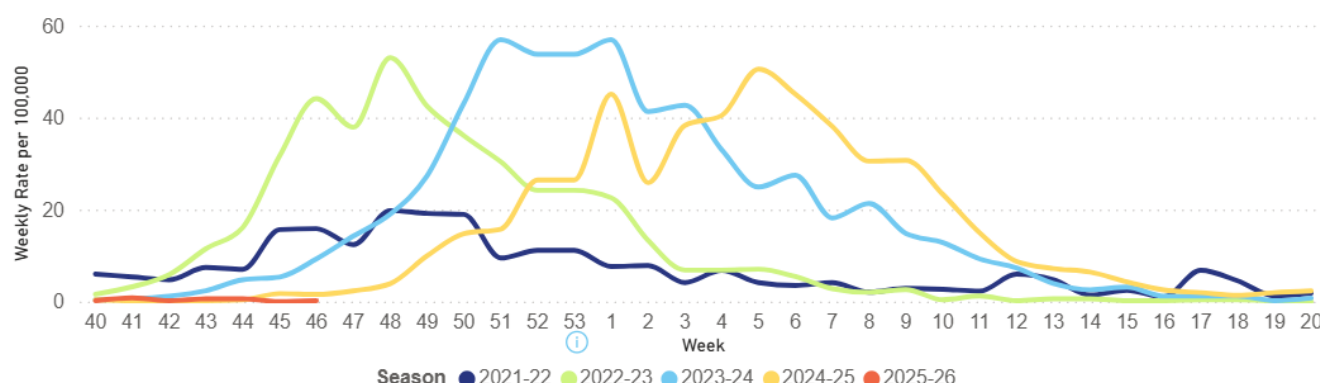
**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2025 Seasons†**



† 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.

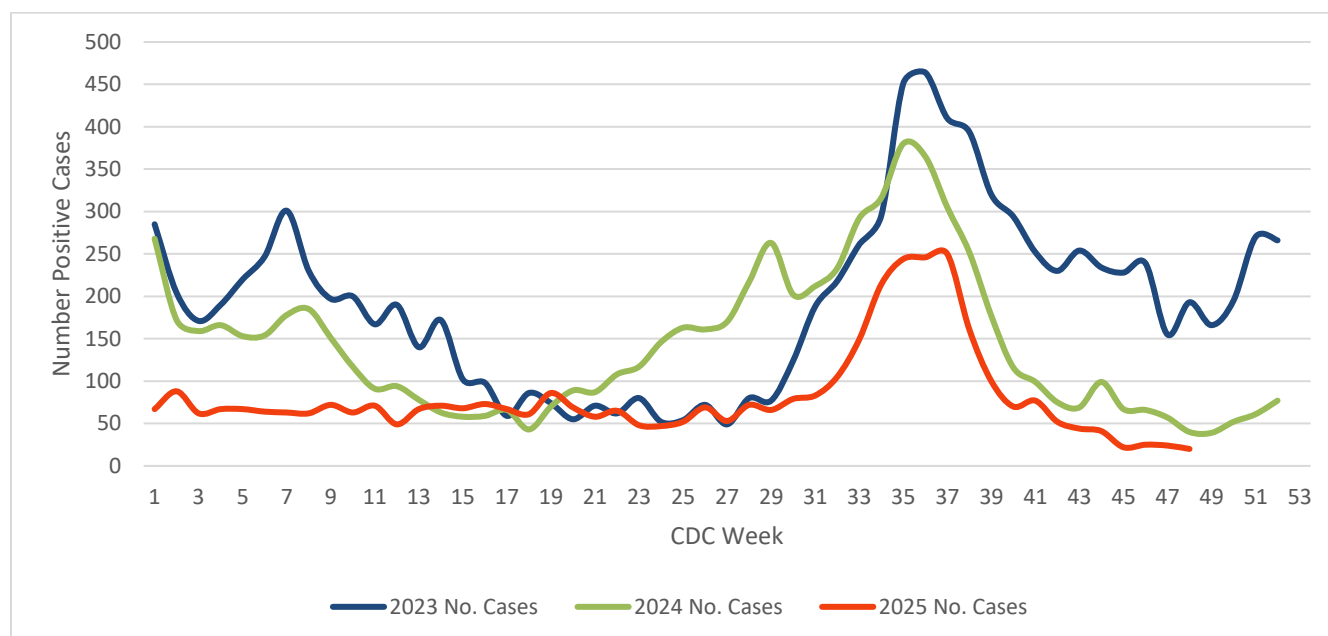
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†**



† 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 October, 246 COVID-19 cases were reported (data as of 12/01/25). In November, 100 COVID-19 cases were reported (data as of 12/01/25). 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 2023. Since mid-September, rates have trended downwards. As of MMWR week 48, the average case rate was less than 20 cases per 100,000 residents. This pattern reflects the decline usually seen after a late-summer surge experienced in the same timeframe for previous years.

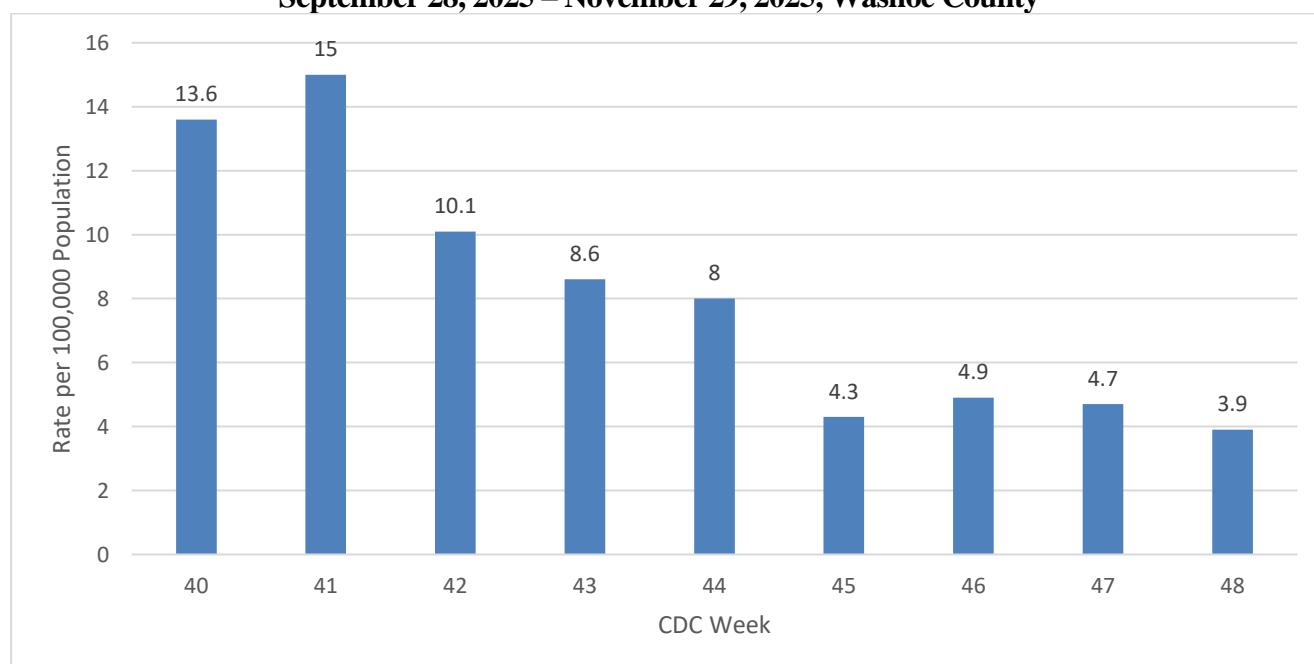
**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†**



† There is no MMWR week 53 in 2023 or 2024. Note: Data are displayed by calendar year.

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning, September 28, 2025, through November 29, 2025. As of MMWR week 48, Washoe County received reports of 3.9 new cases per 100,000 population.

**Fig 4. Newly Reported COVID-19 Cases Per 100,000 Population by MMWR Week  
 September 28, 2025 – November 29, 2025, Washoe County**

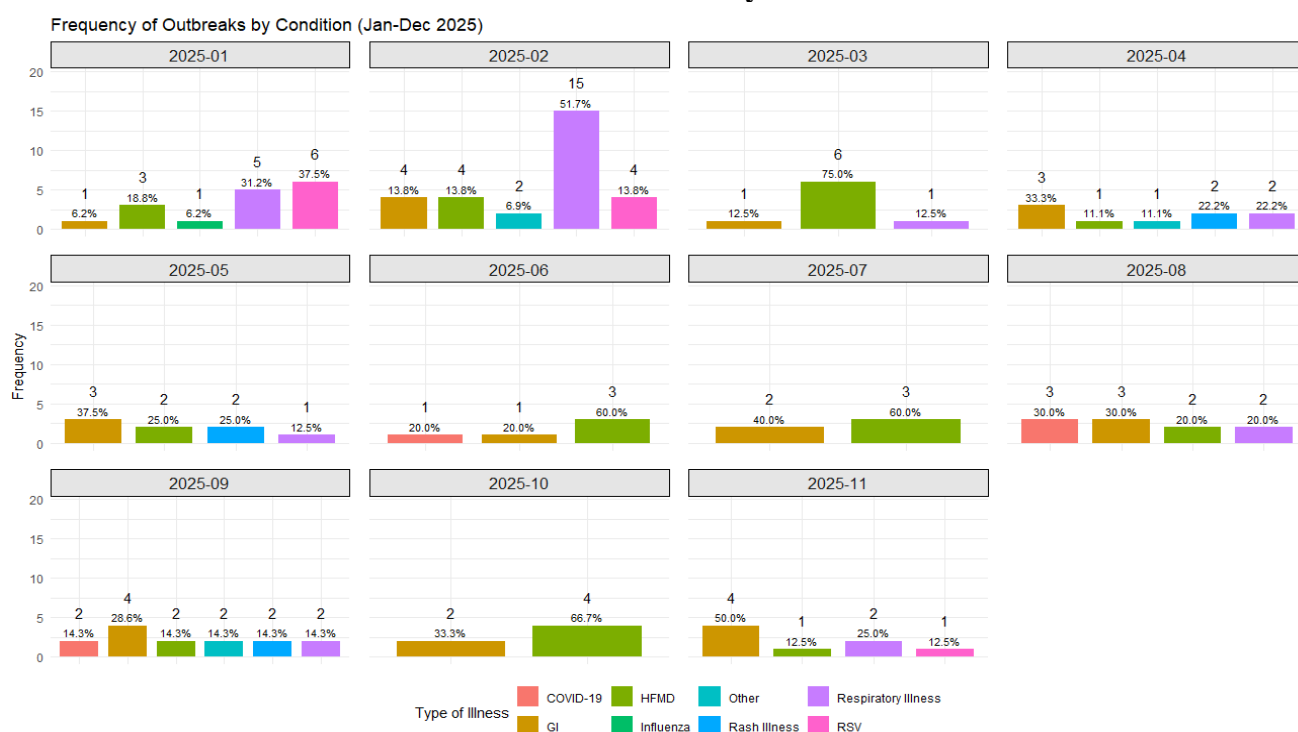


**Outbreaks** – There have been 8 newly declared outbreaks in November 2025; zero (0) influenza confirmed, zero (2) respiratory illness of unconfirmed etiology, zero (0) COVID-19, one (1) RSV, four (4) gastrointestinal, one (1) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, and zero (0) other.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	1	4	1	3	3	1	2	3	4	2	4	
Respiratory Illness	11	19	1	2	1	0	0	2	2	0	3	
Influenza Confirmed	1	0	0	0	0	0	0	0	0	0	0	
COVID-19 Confirmed	0	0	0	0	0	1	0	3	2	0	0	
Rash Illness	3	4	6	3	4	3	3	2	4	4	1	
Other	0	2	0	1	0	0	0	0	2	0	0	
<b>Total</b>	<b>16</b>	<b>29</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>14</b>	<b>6</b>	<b>8</b>	

Note1: Data obtained as of December 1, 2025, at the time of this report, and will be revised in the next report if there are updates. Note2: Respiratory illnesses include RSV outbreaks. Note3: 'Other' in February 2025, April 2025, and Sept 2025 includes outbreaks with multiple etiologies.

**Fig 3. Monthly Outbreaks by Condition from January 1, 2025, to November 30, 2025, in Washoe County**



Note 1: Data as of November 30, 2025.

**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-](https://www.nnph.org/programs-and-services/ephp/communicable)

[diseases-and-epidemiology/epi-news/index.php](https://diseases-and-epidemiology/epi-news/index.php). There were no new Epi News publications in November 2025.

Other Reports – The Epidemiology Program actively maintains a Communicable Disease Manual, comprised of 67 chapters spanning over 90 reportable infectious conditions. These chapters cover a wide breadth of instructions, including reporting requirements per statute, proper classification of cases, appropriate intervention and education activities, and contact tracing of exposed individuals. They are also critical for defining risk groups, implementing early prevention alerts, and understanding susceptibility among populations. Epidemiologists and public health investigators adhere to these regulations to effectively collect and analyze data to understand trends in our community and/or evaluate interventions. Each chapter undergoes several rounds of research and review, including consultation with an infectious disease physician, to ensure robust and comprehensive program action. Per request by the Nevada Department of Health and Human Services, 65 of the 67 chapters have been shared, in full, with the Office of State Epidemiology to create statewide protocols for disease surveillance, as well as to support other local health departments in Nevada through adaptation of our extensive guidelines.

General Communicable Diseases – During October 2025, there were 175 positive labs reported, with 44% resulting in a confirmed, probable, or suspect case. During November 2025, there were 149 positive labs reported, with 41% 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*. To enable these alerts, the Epidemiology Program and TS are working with hospital staff to securely connect admission data feeds to the XDRO system. Currently, two area hospitals are fully onboard and receiving alerts, with one in active testing and one preparing to test. At the request of Southern Nevada Health District, NNPH's Epidemiology Program met with their Epidemiology, Informatics, and Disease Surveillance teams to demonstrate the database's capabilities and provide the history of deployment. Discussions are ongoing about future collaboration to further support an application in Clark County.

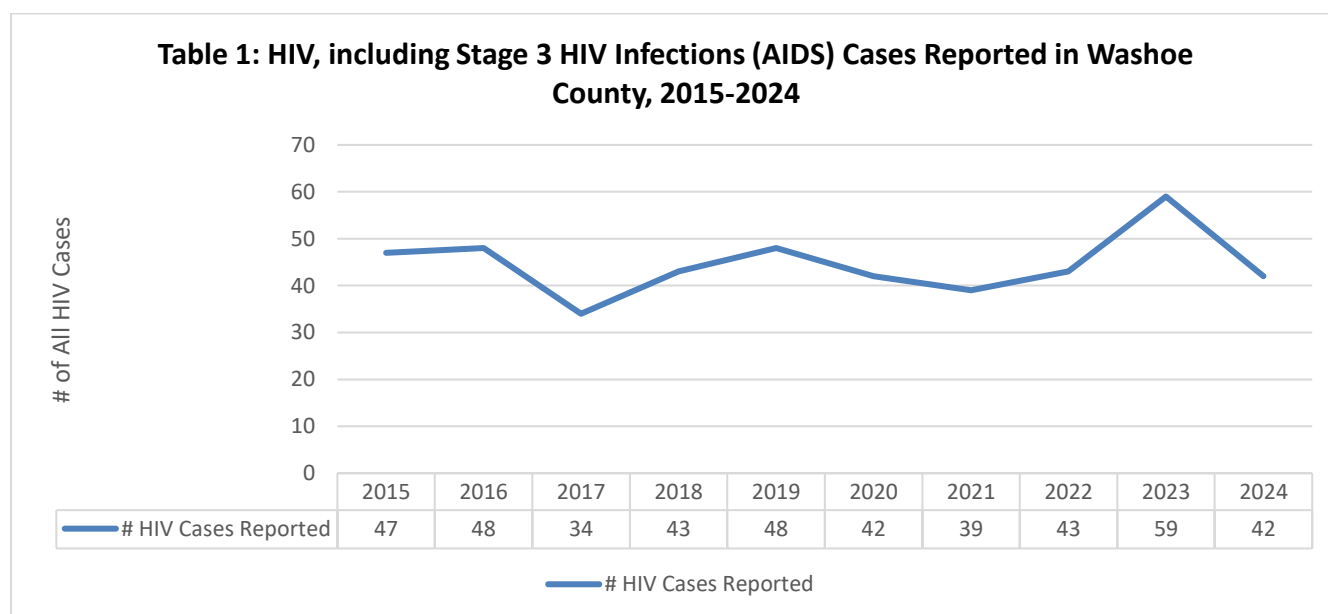
Foodborne Disease Detection Database (FD3) – FD3 is designed to fuel more rapid identification of potential outbreaks and improve trend data for foodborne illnesses. REDCap, a secure, web-based application, is the new electronic record system housing FD3. Migration of case report forms is underway, with the purpose of enhancing disease surveillance and epidemiological investigations. There are currently several conditions (e.g., salmonella) programmed into the system, with modification and testing underway to verify operability. A total of 10 conditions are being programmed in Phase 1. The system development is currently on hold due to the REDCap system being inoperable due to the cyberattack in the State of Nevada. The Epidemiology Program is exploring the option of a local server to house NNPH-specific projects for expanded development.

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 input the baseline metadata into

REDCap. The team modified the Case Report Form (CRF) for people with suspected exposures to rabies, standardized programmatic metrics, and expanded data capture. The new reporting form underwent several rounds of testing to verify usability and validate workflows, and epidemiologists are collaborating with the Statistics and Informatics Program to link dummy data to an internal dashboard as a prototype. The system development was on hold in September and October due to the REDCap system delays. The Epidemiology Program is working on a local server to house NNPH-specific projects for expanded development.

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

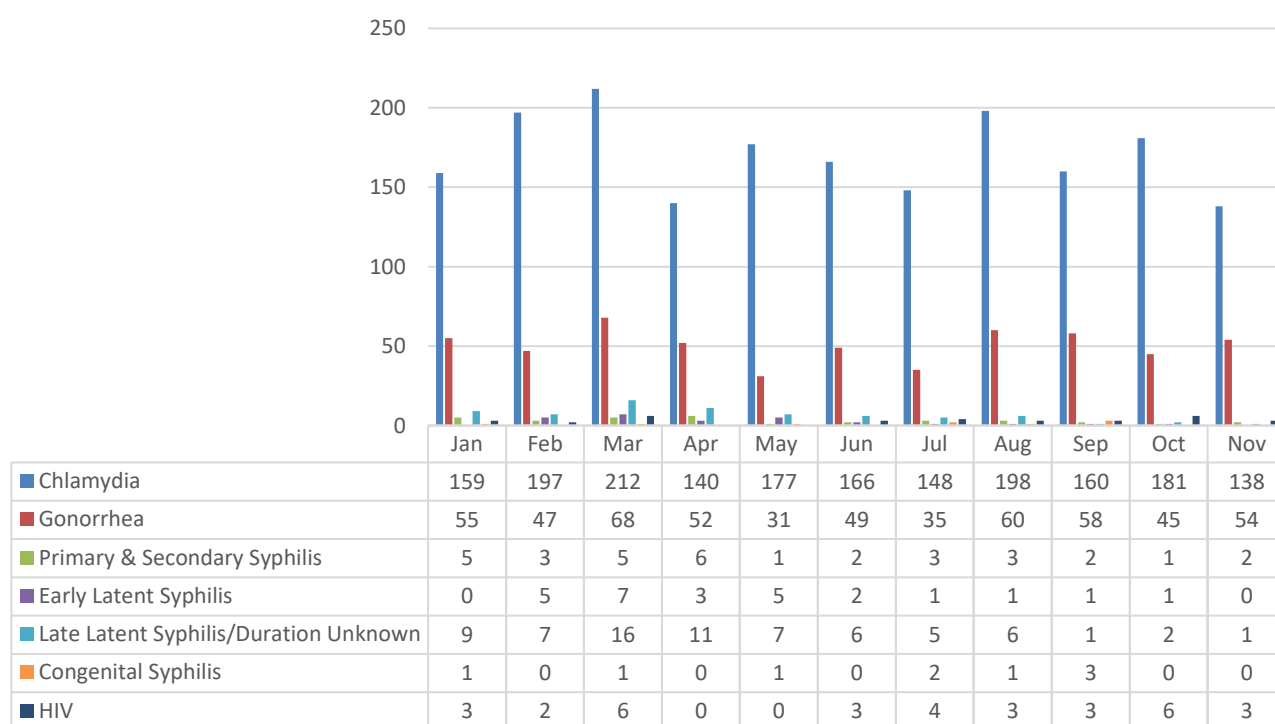
December 1<sup>st</sup> marked the commemoration of World AIDS Day. Since 1988 World AIDS Day has served as a day to commemorate the lives lost to the pandemic and to celebrate the contributions and lives of those living with HIV and those affected, while re-committing to ending the pandemic. In 2024, an estimated 40 million people are living with HIV globally. Over 44.1 million people have died from HIV related causes since the start of the epidemic. Nevada ranks 5<sup>th</sup> in the U.S. for newly diagnosed HIV cases. Washoe County reports between 40-50 new infections per year.



The tools to end new HIV infections are available. With biomedical treatment for people living with HIV that can extend their lifespan to that of someone who is not living with HIV and eliminate the ability to transmit HIV sexually, along with preventive medication for people who test negative (PrEP), eliminating new HIV cases is within our grasp. However, this effort takes the availability of resources, including testing, preventive measures, linkage to medical services, intensive case management, and support services that assist people in their journey. Federal HIV funding is unstable, with the future of federal funding for HIV prevention, surveillance, and medical/supportive care for people living with HIV in question. The HIV community has been advocating maintaining resources and expanding resources to curb the epidemic.

Table 2 summarizes cases reported on the calendar year through November 15, 2025. Case counts are dynamic depending on stage of investigations. Most chlamydia and gonorrhea investigations are closed within 30 days of report and syphilis investigations within 60 days of report, with the goal of 80% case closures during those timeframes. In addition, over a two-week period in November, there were three (3) cases of Disseminated Gonorrhea Infection (DGI) reported in Washoe County. These are not counted separately from the gonorrhea case counts. Gonorrhea infection can spread throughout the body and settle in joints causing arthritis like symptoms. The infection may also circulate in the bloodstream causing sepsis and can be fatal. Gonorrhea is curable, yet DGI requires multi-day IV antibiotic treatment.

**Table 2: Reported Sexually Transmitted Infections & HIV in Washoe County, 2025**  
**(Preliminary Data through November 15, 2025)**



### **Public Health Preparedness (PHP) Program**

PHP and Community and Clinical Health Services (CCHS) conducted the Hit Me with Your Best Shot Influenza Point of Dispensing (POD) on Saturday, November 15, 2025. The event provided an excellent opportunity to exercise NNPH's mass dispensing and POD operations capabilities. To support public health education, PHP partnered with Unitek Nursing College, which provided approximately twelve (12) nursing student vaccinators. The students were supervised by a Unitek faculty member and CCHS nurses. They received Just-in-Time Training (JITT) and gained hands-on experience administering a total of 116 vaccines. Reno Fire Department (RFD) staffed the event with a fire/EMS team, and Truckee Meadows Fire Protection District (TMFPD) provided an engine company to support the recovery area. The TMFPD



captain also served as an exercise evaluator. There were eight community organizations that set up informational tables and engaged with attendees, which included Join Together Northern Nevada (JTNN), Children's Cabinet, Nevada Health Link, Anthem, Access to Healthcare, Molina Healthcare, and Liberty Dental. Paws for Love offered emotional support throughout the POD with therapy dogs. CERT and the Medical Reserve Corps (MRC) supported operations with a combined total of 16 volunteers on site. At the conclusion of the event, a hot wash was conducted to gather feedback on what went well and what could be improved. The POD Planning Group's After Action Report (AAR) and Improvement Plan (IP) review meeting is scheduled for December.



On November 5, 2025, PHP offered Naloxone training to the Medical Reserve Corps (MRC), Community Emergency Response Team (CERT), and NNPH staff. The session was conducted by JTNN, with twelve (12) NNPH staff, MRC, and CERT volunteers in attendance.

PHP and HPP staff participated in the State of Nevada DPBH's quarterly planning, organizing, equipping, training, and exercising (POETE) meeting for public health on November 5, 2025. This is an opportunity for the health jurisdictions to highlight their activities as related to POETE.

PHP staff participated in two school Emergency Operations Plan (EOP) meetings in November. Staff met with Doral Academy, a charter school, on November 12, 2025, and with Mater Academy on November 13, 2025. To date for the fiscal year, PHP staff have attended five meetings with another one scheduled for December, in accordance with NRS 388.241.

In partnership with Washoe County Tech Services (TS), PHP hosted two sessions of CyberReady, a board game that also serves as a tabletop exercise (TTX). The Washoe County departments that participated were the Recorder's Office and Public Administration, with sessions held on November 7, 2025. CyberReady was developed by the Cybersecurity & Infrastructure Security Agency (CISA) and the Federal Emergency Management Agency (FEMA) to simulate response actions to a cyber event. Cybersecurity continues to be a consistently identified hazard and threat at both federal and local levels.

On November 12, 2025, PHP staff met with the President and Executive Director of the National Pediatric Disaster Coalition, Inc. The meeting aimed to establish a potential partnership and to receive guidance



from the coalition regarding pediatric-focused resources for emergency response, which may be incorporated into emergency response plans.

PHEP staff are continuing to update private POD plans and Memoranda of Understanding for all existing POD partners. NNPH's private POD partners include organizations in healthcare, utilities, local jurisdictions, schools, and EMS. These partners coordinate with NNPH during medical countermeasure emergencies that require the rapid distribution of life-saving medications to the community. The partner POD plans enable these agencies to receive medical countermeasures from NNPH and distribute them to their staff and families, supporting continuity of operations by ensuring employees are protected and able to work during emergencies. Meetings in November included Incline Village Community Hospital/Tahoe Forest Hospital, the City of Sparks, and the Community Health Alliance, with additional meetings scheduled through December.

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

The FY26 HPP Capability Assessment results informed discussions for identifying FY27 priorities and provided data-driven recommendations for exercises, training, and plan updates. The assessment identified several gaps, including the need for WebEOC training, redundant communications, supply chain integrity, and improved interagency training and communication. These gaps are detailed in the Preparedness Planning Guidelines, which are expected to be reviewed and approved by the IHCC in December.

The FY26 Hazard Vulnerability Analysis (HVA) was completed on October 14, 2025. The IHCC uses HVA results to guide coalition planning and preparedness activities. Specifically, the coalition adjusts its baseline and contingency supply levels based on potential community risks identified through the HVA. This approach ensures that partners are better prepared to respond to likely hazards, allocate resources efficiently, and maintain operational continuity during emergencies. The top hazards identified through the coalition's FY26 HVA are as follows:

- Earthquake – 28%
- Fire, External – 26%
- Power Outage, Unplanned – 23%
- Workplace Violence/Threat – 22%
- Active Assailant – 22%
- Extreme Wind Event -22%
- Weapon – 21%
- Supply Chain Shortage/Failure – 21%
- Extreme Weather – 21%
- Cybersecurity – 21%
- Fire, Internal – 21%

The coalition developed a new weighting mechanism by provider type to account for the varying impact each has on the community. The scoring considered six criteria: population served, critical services provided, backup capacity, vulnerable populations, interdependence, and regulatory significance.

Healthcare Provider Type	Weighted Score
Acute Care Hospitals	1
Long-term Care/Skilled Nursing Facilities	0.75
Home Health/Hospice/Dialysis	0.70
Behavioral Health Facilities	0.65
Federally Qualified Health Centers/Clinics	0.65
Ambulatory Surgical Centers	0.50
Other (If Applicable)	0.30

The second review meeting for the Mutual Aid Evacuation Agreement (MAEA) was held on November 13, 2025, with community partners and the next review is scheduled for January 13, 2026. Partners requested biannual MAEA trainings in FY26 to help reduce barriers to activating and implementing the plan. The first training was held on November 18, 2025, at the Regional Emergency Operations Center with participation from acute care hospitals, the American Red Cross, a medical gas provider, and several skilled nursing facilities. The next MAEA training is scheduled for March 18, 2026.

HPP staff and Washoe County Emergency Management will represent the hard work of our community partners by presenting on the Davis Fire response, highlighting efforts and lessons learned, at the National Healthcare Coalition Preparedness Conference in Grapevine, Texas on December 1, 2025.

HPP staff also 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 that are essential for effective coordination during disasters.

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

Franchise - The EMS Oversight Program continues to coordinate with REMSA Health to review and make revisions to the Amended and Restated Franchise for Ambulance Service. This collaboration ensures that franchise updates align with current operational standards, regulatory requirements, and the needs of the Washoe County community.

Digital Accessibility – The program is working on digital accessibility for the REMSA zone map with Washoe County GIS. This project ensures that online versions of REMSA maps are usable and can be viewed by individuals with disabilities.

EMS Data Request Dashboard – For November 2025, the program did not receive any data requests.

### REMSA Health Exemption Requests -

<b>Table 1: REMSA Health Exemption Requests FY 2026</b>					
<b>Exemption</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Approved</b>
July 2025	1	-	-	-	1
August 2025	28	-	-	-	28
September 2025	9	-	-	-	9
October 2025	7	-	-	-	7
November 2025**	-	-	-	-	-
<b>Fiscal Year-To-Date</b>	<b>45</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>45</b>

\*\*Exemptions for the month are not yet finalized at the time this report is compiled. Monthly and fiscal year-to-date and will be updated in next month's report.

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 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; 15 minutes 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**	-	-
<b>Fiscal Year-To-Date*</b>	<b>91%</b>	<b>94%</b>

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

\*\*Compliance for the month is not yet finalized at the time this report was compiled. Monthly and fiscal year-to-date and will be updated in next month's report.

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 November, the program received four (4) and reviewed three (3) applications and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received and reviewed zero (0) applications for Mass Gatherings/Special Events in November. Although no applications for Mass Gatherings/Special Events were received in November, the EMS Oversight Program continues to participate in facilitating EMS coverage at events across Washoe County.

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

Cannabis Education Activities: One vape and smoke shop near Reno High School accepted 50 *Need to Know* cannabis education cards for distribution to its patrons. These cards originated from the Colorado Department of Public Health and Environment, who shared their *Good to Know* pocket card resource with NNPH. Staff then collaborated with the Washoe County Sheriff's Office to tailor the cards for local use. The resulting materials inform adults about the risks associated with legal cannabis use, including prohibitions on transporting cannabis across state lines, using cannabis on federal lands or in or around vehicles, and risks related to fire, poisoning, and second-hand smoke. Although vape products may only be purchased by individuals aged 21 and older, vape shops typically check identification at the register rather than at the entrance. As a result, underage visitors can browse products that they are not legally permitted to purchase.

Healthy Eating and Active Living – The Healthy Corner Store program successfully concluded its fresh produce season, with Reno Food Systems completing the final deliveries to participating stores. In collaboration with local store owners, the initiative continues to support expanded access to healthier options by increasing the availability of canned and frozen fruits and vegetables, with a long-term aim of introducing and sustaining fresh produce in corner stores.

Staff have received the final deliverables from the Larson Institute evaluation project. These findings will guide the next phase of work for the Healthy Corner Store program, including planning program enhancements and identifying opportunities for growth and improvement.

Injury Prevention - Staff helped plan, coordinate, and host a collection site at the Raley's Wedge Parkway location on October 25, 2025, as part of the biennial local Take Back Day event. Staff also led key marketing efforts, including a press release, event signage, and social media promotion. Across both the April and October Rx Take Back events, more than 5,000 pounds of unused or unwanted prescription medications were collected in Washoe County. This joint initiative provides a safe and anonymous disposal option, helping prevent medication misuse and supporting efforts to reduce opioid-related harm. By removing unused medications from homes, the program also reduces the risk of accidental poisonings, diversion, and environmental contamination.

Enhance Fitness, a 16-week evidence-based group exercise and falls-prevention program, is currently being delivered at Fountains Senior Care, an independent senior living facility. Classes are held twice a week with 10

participating seniors. The program supports improved physical function, reduces fall risk, and encourages long-term physical activity. Sessions will continue through February.

Tobacco/Nicotine Control and Youth Prevention: The CDIP team participated in the planning, preparation, and facilitation of the Nevada Tobacco Control and Smokefree Coalition (NTCSC) annual strategic planning meeting on November 19, 2025 in Reno. Regional representatives from national organizations—including the American Heart Association, American Lung Association, and the Campaign for Tobacco-Free Kids—joined NNPH staff and attendees from rural Nevada coalitions, Renown, Carson City Health and Human Services, the American Academy of Pediatrics, the Southern Nevada Health District, and others to share updates on emerging nicotine products and industry tactics. Meeting discussions were centered on leveraging partner strengths to support statewide and local youth vaping prevention efforts, expanding cessation services, and securing sustainable funding for tobacco prevention and cessation.

The team continued to support Galena High School through lunchtime educational tabling, providing information on the health and environmental hazards of vaping, guidance on developing a quit plan, and distributing 27 quit kits. Each kit included gum, cinnamon atomic fireballs, cinnamon toothpicks, soothing sensory stickers, and information on four free nicotine cessation services tailored for youth. Lunchtime tabling by NNPH staff will continue in December.

The CDIP Program collaborated with one multifamily housing property, Silverada Manor, to implement a new smoke-free and vape-free policy. This property includes 180 units, and the policy is estimated to protect between 180 and 720 Washoe County residents from exposure to secondhand smoke in their homes. In recognition of this work and the positive impact of smoke-free policies on multifamily housing, staff were also invited to join the Nevada Housing Coalition.

### **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- November 2025**

<b>November</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	578	28	325	<b>931</b>
Death	1631	18	403	<b>2052</b>
<b>Total</b>	<b>2209</b>	<b>46</b>	<b>728</b>	<b>2983</b>

		2025						2026						Total
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Birth														
	Registrations	526	463	536	518	353								2396
	Corrections	78	40	63	72	61								314
Death														
	Registrations	468	461	503	508	417								2357
	Corrections	11	15	18	9	16								69