

**Population Health Division
Division Director Staff Report
Board Meeting Date: March 26, 2026**

DATE: March 12, 2026
TO: District Board of Health
FROM: Nancy Diao, ScD, PHD Director
 775-328-2443; 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

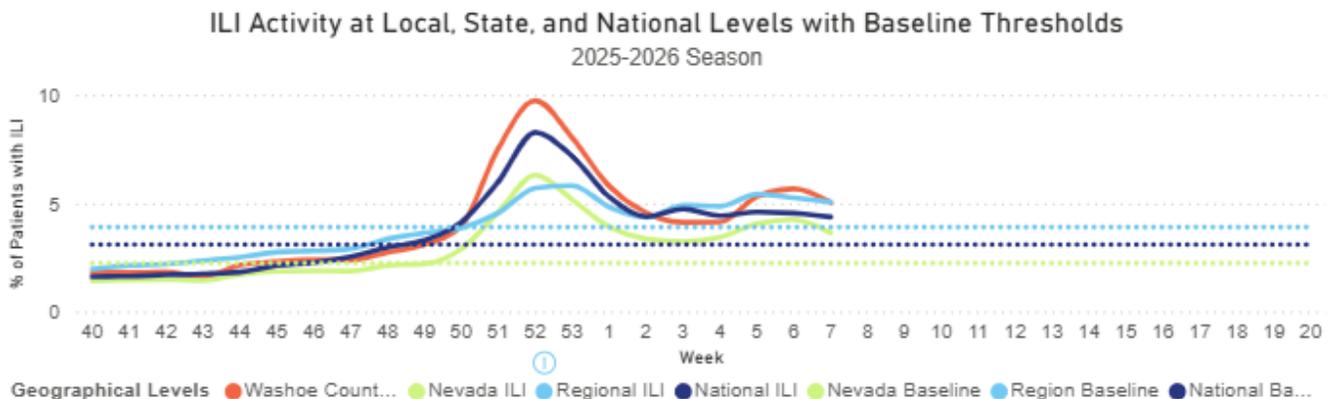
Epidemiology Program

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°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 and remain above the threshold for Nevada and U.S. Region 9 as of MMWR week 7.

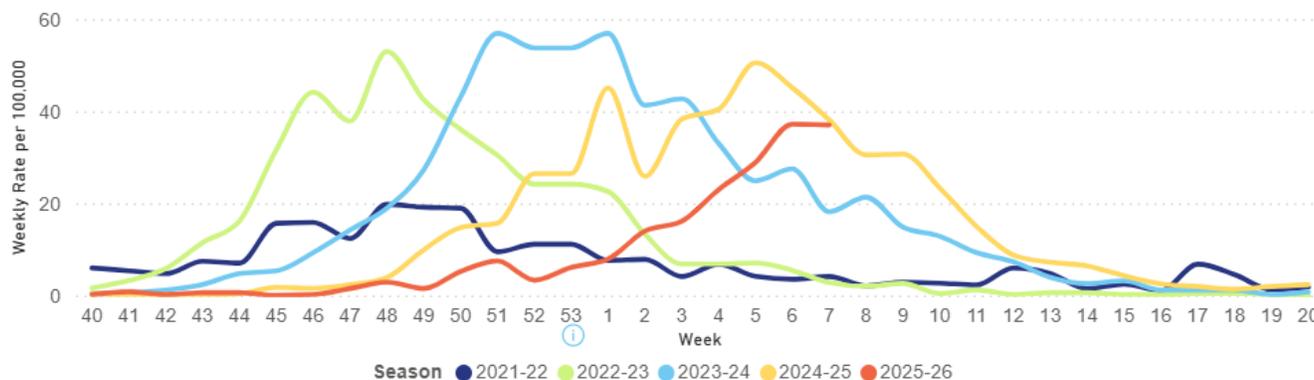
Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2025 Seasons†



† 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 and we are currently noticing an increase in RSV activities.

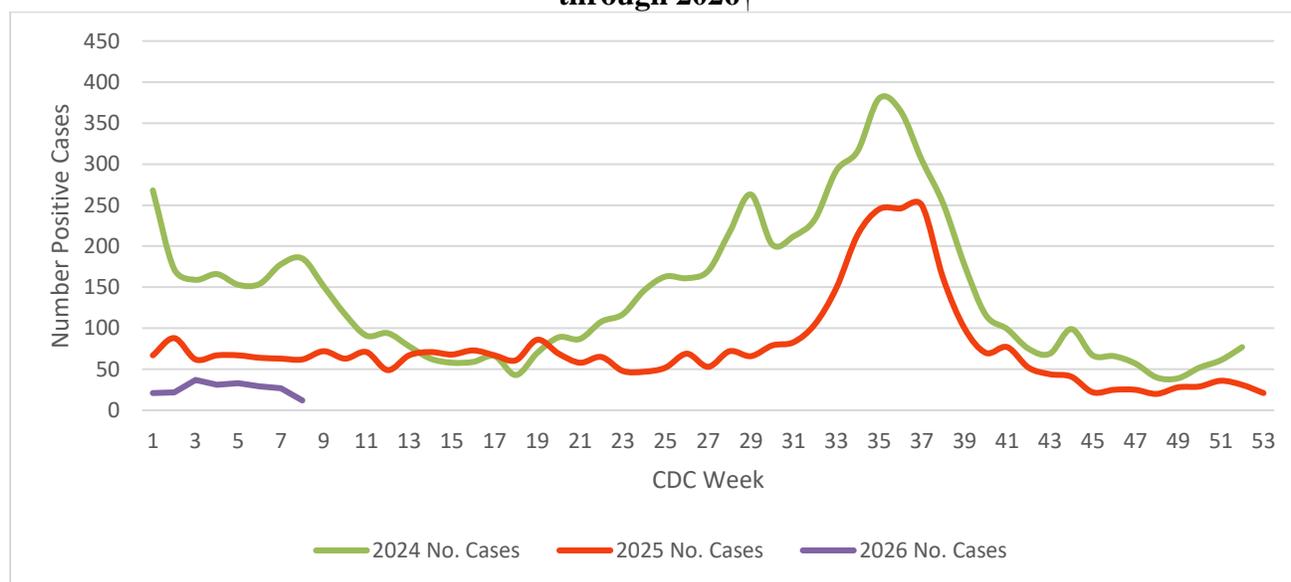
Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†



† 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 January, 116 COVID-19 cases were reported (data as of 03/03/2026). In February, 101 COVID-19 cases were reported (data as of 03/03/2026). 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.

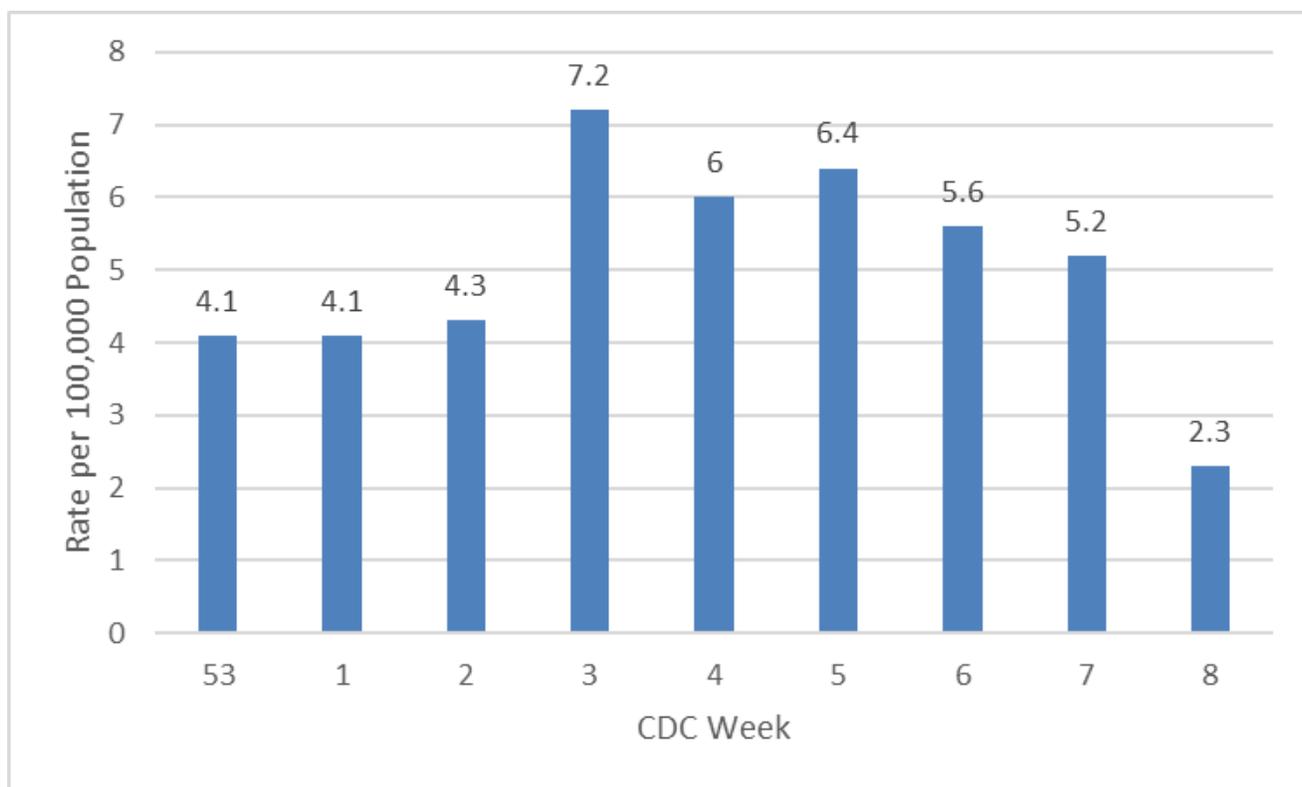
Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2024 through 2026†



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

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning January 3, 2026, through February 28, 2026. As of MMWR week 8, Washoe County received reports of 2.3 new cases per 100,000 population.

**Fig 4. Newly Reported COVID-19 Cases Per 100,000 Population by MMWR Week
 January 3, 2026 – February 28, 2026, Washoe County**

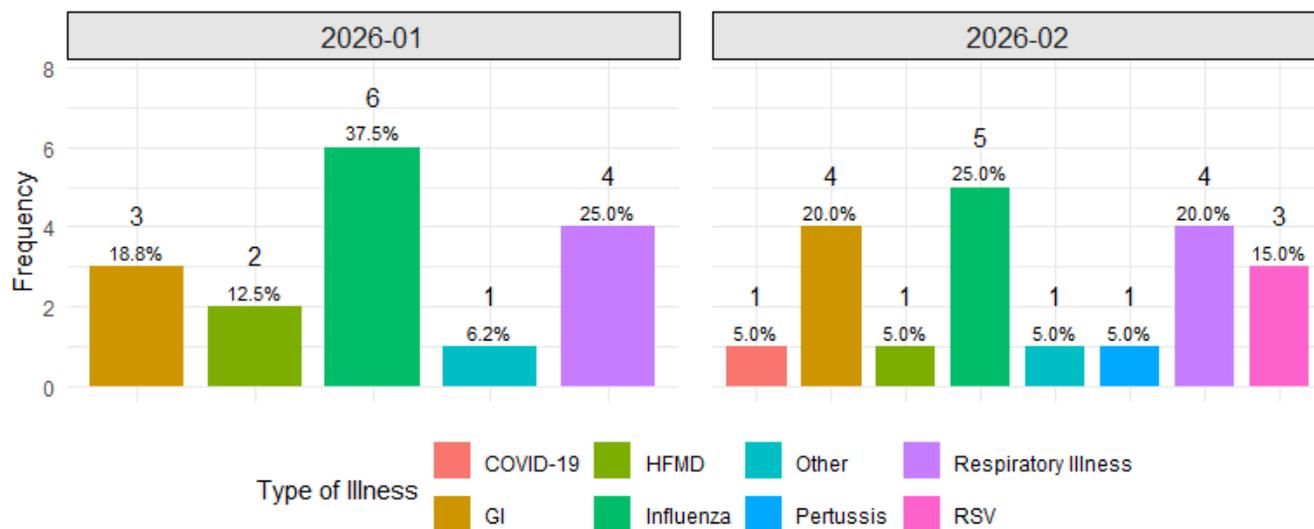


Outbreaks – There have been 16 newly declared outbreaks in January 2026; six (6) influenza confirmed, four (4) respiratory illness, zero (0) COVID-19, zero (0) RSV, three (3) gastrointestinal, two (2) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, and one (1) other. There have been 20 newly declared outbreaks in February 2026; five (5) influenza confirmed, four (4) respiratory illness, one (1) COVID-19, three (3) RSV, four (4) gastrointestinal, one (1) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, one (1) other, and one (1) pertussis.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	4										
Respiratory Illness	4	8										
Influenza Confirmed	6	5										
COVID-19 Confirmed	0	1										
Rash Illness	2	1										
Other	1	1										
Total	16	20										

Note1: Data obtained as of March 4, 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 5. Monthly Outbreaks by Condition from January 1, 2026, to February 28, 2026, in Washoe County



Note 1: Data extracted as of 03/04/26.

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

Quarterly Communicable Disease Reporting and Statistics: 2025 Q4: This Epi News is a quarterly report published after data collection was completed for the 4th quarter of 2025 (October - December). It includes summary statistics of reportable conditions by case count and the percentage change compared to previous years in the same quarter. These data provide information relevant to the public about the type of disease investigations and landscape of cases in Washoe County, and it releases details regarding any trends in the rise or fall of incidence among residents.

General Communicable Diseases – During January 2026, there were 368 positive labs reported, with 89% resulting in a confirmed, probable, or suspect case. During February 2026, there were 743 positive labs reported, with 82% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects –

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 report form underwent several rounds of internal 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 Epidemiology Program moved the project to a local, REDCap server in January 2026 and is in final, cross-departmental testing stage. Once completed on March 16th, the epidemiologists will develop the public landing page with directions on reporting, as well as finalize initial data loops and automatic alerts. The anticipated go-live date is set for early April 2026.

Sexual Health Investigations and Outreach

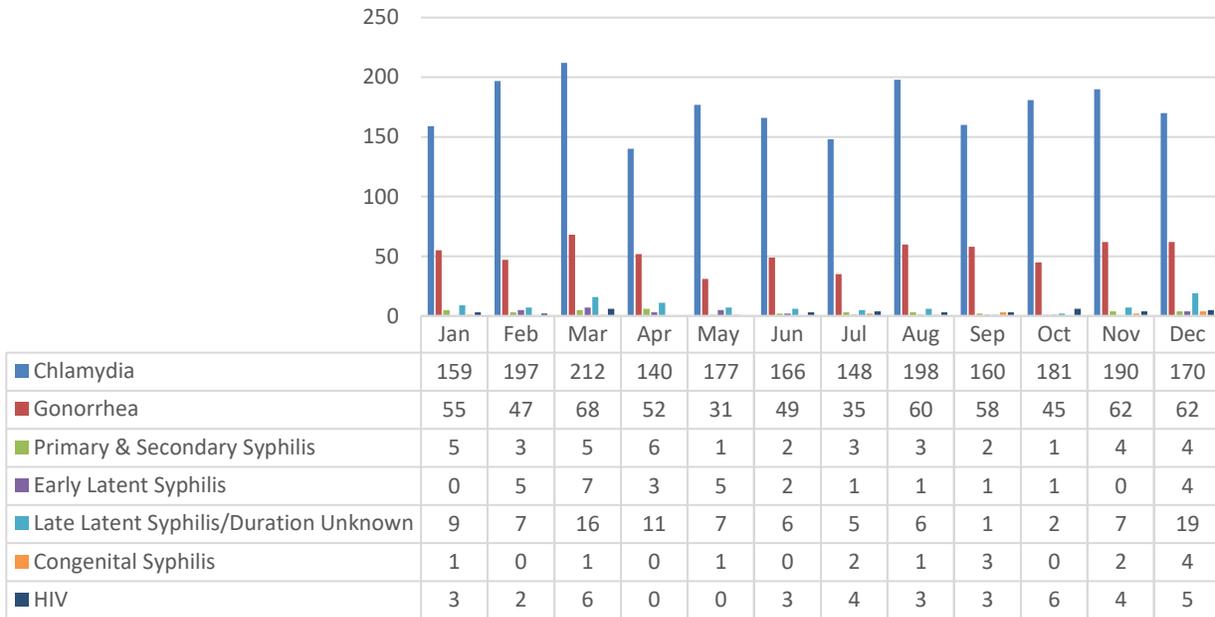
Updates made by CDC to data collection and case definition requirements are being implemented by the Sexual Health program. Syphilis case definition changes have been made to align with current diagnostic practices, simplify classifications for neurosyphilis, update congenital and syphilitic stillbirth classifications, and clarify late clinical manifestations. These changes impact how disease investigators classify a case with the appropriate stage of syphilis infection. Syphilis stages include primary and secondary, which are the most infectious, followed by early latent, and late latent disease. Symptoms, history of testing, and timeframes are all factors to consider when staging a case. Appropriate treatment is determined by the stage of syphilis infection.

Changes in HIV testing and investigation data required by the CDC have been made as well. To implement these changes, our clinic's electronic medical record (EMR) system needs to be updated, as well as coding by the Statistics and Informatics team to develop a file that is uploaded to the CDC monthly. Following the updates, clinic staff will be retrained on the information that needs to be collected for each HIV test provided. The process will be lengthy due to the timeframes required by the EMR system for revision.

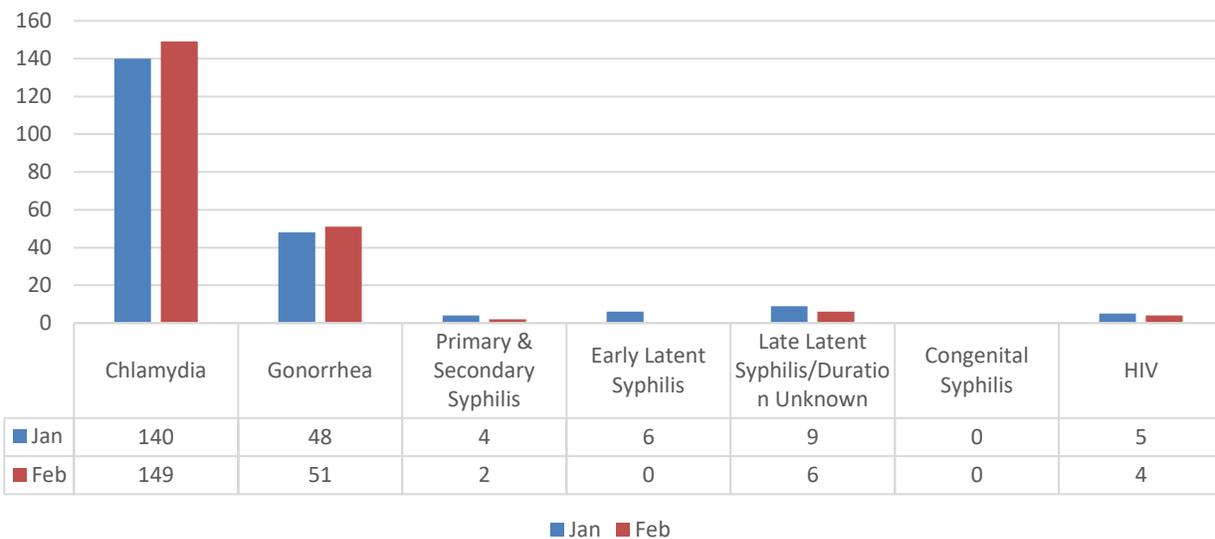
The program Epidemiologist presented a case of twins diagnosed with congenital syphilis to the quarterly, statewide Congenital Syphilis Review Board (CSRB). Information on the maternal case, paternal case, and congenital cases are extracted and de-identified to provide a sketch of what occurred during the pregnancy that may have contributed to the maternal case not being identified or appropriately treated during the pregnancy. Missed opportunities, issues that may indicate need for policy change, health disparity experiences, and social determinants of health are evaluated by a transdisciplinary group of providers, community organization, insurance, public health, hospital, and insurance systems to identify gaps in our community's services and suggest changes that would identify cases sooner to intervene with disease transmission and lead to healthier outcomes.

Data through the end of 2025 is being presented here, as partial data was shared in the January report. In addition, 2026 data through the end of February is provided below. All data is preliminary until data quality assurance is finalized in collaboration with the state STI and HIV programs.

Reported Sexually Transmitted Infections & HIV in Washoe County, 2025 (Preliminary Data)



Reported Sexually Transmitted Infections & HIV in Washoe County, 2026 (Preliminary Data through February 28, 2026)



Public Health Preparedness (PHP) Program

PHP staff attended the annual Nevada Emergency Preparedness Association (NEPA) Conference in Las Vegas, Nevada, from February 9–11, 2026. On February 9, staff participated in a full-day pre-conference training course, AWR330-56 Whole Community Emergency Planning, presented by TEEX. The conference provided opportunities to attend keynote presentations and professional development workshops, including sessions on NASA's Disaster Response Coordination System and Enhancing Situational Awareness & Operational Coordination Using Virtual Mapping Solutions: A Case Study from the Night in the Country Music Festival. During the conference, two NNPH staff members were recognized for earning Nevada Emergency Preparedness Association certification. Andrea Esp, Preparedness and EMS Program Manager, received the Nevada Emergency Manager certification, and Jordyn Marchi, Public Health Emergency Response Coordinator, received the Nevada Emergency Manager – Associate certification.



PHP staff are currently developing a 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 during each five-year planning cycle, with the most recent JRA completed in 2022.

PHEP staff continue to update private Point of Dispensing (POD) plans and Memoranda of Understanding (MOUs) with all existing POD partners. NNPH's private POD partners include organizations in healthcare, utilities, local jurisdictions, schools, and EMS. These partners collaborate with NNPH during medical countermeasure emergencies to rapidly distribute life-saving medications to the community. Private POD plans allow partner 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.

The PHEP program has begun the process of pursuing Public Health Preparedness and Response (PPHR) recognition, marking a significant step towards enhancing NNPH's emergency preparedness and response capabilities. As part of this effort, the team has started work on the PPHR application and created a comprehensive tracking spreadsheet to monitor all 269 required criteria elements, document progress, and ensure each component stays on schedule. The anticipated submission window for the PPHR application is October 2026. In coordination with senior management, the PHEP program will decide whether NNPH will move forward with submission this calendar year.

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

On February 24, 2026, the NNPH Medical Reserve Corps (MRC) program hosted an emergency preparedness training session, Extreme Weather Hazards. The session was presented by the Warning Coordination Meteorologist from the local National Weather Service office and attended by MRC volunteers and NNPH staff.



The NNPH Medical Reserve Corps (MRC) program will officially disband on June 30, 2026. A notification letter from the District Health Officer was sent to State Public Health Preparedness, community partners, and MRC volunteers. Scheduled training sessions will continue through the end of the calendar year. NNPH will maintain its partnerships with CERT, Battleborn, Red Cross, and VOAD volunteer organizations.

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

Progress continues on 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. Key takeaways from the March and April courses will be incorporated into regional planning and future training initiatives.

To further support partners, including those outside NNPH's jurisdiction, the IHCC Coordinator and REMSA Health Emergency Manager conducted training on the Mutual Aid Evacuation Agreement (MAEA) on February 4, 2026, at Carson Tahoe Health. This training promotes alignment with neighboring jurisdictions and enhances shared understanding of regional gaps and capabilities. Additionally, the IHCC Coordinator, REMSA Health, and Truckee Meadows Fire Protection District participated in a tabletop exercise on February 23, 2026, at Cascades of the Sierra, walking through an evacuation scenario.



Personnel gathered around a table to work through an evacuation scenario.

IHCC also plans to align with the Reno-Tahoe Airport Authority Triennial Exercise to evaluate hospitals' ability to carry out their roles under the Washoe County Multi-Casualty Incident Plan in response to a fallen aircraft scenario. Exercise planning will continue through May.

Another key focus has been increasing participation among home health, hospice, and dialysis providers. To support this, the coalition created a secure Microsoft Teams channel for data submission, helping providers meet CMS Emergency Preparedness Rule requirements. NNPH also developed a Data Sharing Agreement (DSA) to further support this effort. To date, five partner agencies have executed the DSA and joined the Teams channel. The next step is to test the process through a data collection exercise.

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 continues to collaborate with REMSA Health to review and confer on the Amended and Restated Franchise for Ambulance Service. The Franchise Map Review was presented to the EMS Joint Advisory Committee in February 2026. Based on the review findings, the program recommended no changes to the current REMSA Health response zone map.

Digital Accessibility – The program completed two accessibility projects. Both the REMSA Health response zone map and the REMSA Health Franchise Map Review FY 2026 presentation are now accessibility compliant and available online for public access.

EMS Data Request Dashboard – No data requests were received by the program for January or February 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	-	100	98*
Fiscal Year-To-Date	97	-	78	-	171	169

*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 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%

Fiscal Year-To-Date*	91%	94%
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*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 January and February, the program received and reviewed four (4) applications.

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

Chronic Disease and Injury Prevention (CDIP) Program

Brain Health -

Staff applied to and was competitively selected to attend the Alzheimer’s Association-sponsored Risk Reduction Learning Collaborative in Atlanta on April 28–29, 2026, at the Alzheimer’s Association Center for Excellence. Selection for this national opportunity reflects recognition of NNPH’s leadership and commitment to advancing brain health within public health practice. The purpose of the Risk Reduction Learning Collaborative is to share effective strategies for incorporating brain health messaging into existing public health programming. NNPH was one of only nine health districts nationwide selected to participate in the two-day meeting. Participation includes a commitment to convene a brain health collaborative within our jurisdiction and to engage both new and existing community partners in embedding brain health messaging into ongoing public health initiatives. All travel and training expenses will be covered by the Alzheimer’s Association. Training topics will include social determinants of health, modifiable risk factors, strategies for integrating brain health into existing health department programs, and application of the community convening framework to broaden and strengthen community public health collaboration.

Healthy Eating and Active Living -

SNAP-Ed programming continued at three new Community Services Agency Head Start sites (Wooster, Smithridge, and Echo Loder) using the Pick a Better Snack curriculum. Staff also completed the final lessons of Choose Health: Food, Fun, and Fitness at Donner Springs, reaching 210 students in 3rd–5th grade. Pick a Better Snack lessons have now begun for Kindergarten–2nd grade students at Donner Springs.

Staff tabled at Donner Springs Elementary School on February 10, and Sparks Middle School on February 26, sharing resources on healthy eating and active living. Across both events, 85 families were reached.

In-depth assessments of all six participating stores in the Healthy Corner Store program were completed to gather insights supporting program refinement and strategic planning. A thematic analysis of feedback is underway. Findings will guide a strategic reset of the program, strengthen store engagement, refine technical assistance, and ensure alignment with retailer capacity and community needs.

Injury Prevention -

Staff coordinated the Washoe Suicide Prevention Alliance meeting to review ongoing and upcoming activities. Reno Guns & Range became the first licensed firearm retailer in Nevada to participate in The Armory Project (TAP) pilot. TAP is a nationally recognized, evidence-based suicide prevention initiative that engages firearm owners and retailers in efforts to reduce suicide. Reno Guns & Range will receive suicide prevention training,

resources, and a \$1,500 stipend to increase storage capacity. Additional retailers are considering participation. This effort strengthens suicide prevention by increasing awareness and access to temporary secure firearm storage options in Washoe County and Nevada.

Staff conducted direct suicide prevention outreach at the “Crossroads of the West” gun show at the Reno/Sparks Convention Center on February 28 and March 1st. Participants engaged at the event received branded WSPA materials, including cable gun locks, gun cleaning mats, and suicide prevention information. Staff recorded 80 direct contacts with the target audience of firearm owners, as well as four contacts with licensed firearm retailers for future outreach opportunities.

Staff provided direct education and outreach to students participating in the Carry Concealed Weapon (CCW) course at Scheels on February 28, 2026. A total of 38 participants received the suicide prevention education presentation and information on temporary secure firearm storage.

Staff initiated development of a local Senior Falls multi-media campaign with Graphicka. Development is occurring in February and March, with promotion scheduled for March through May. The campaign aims to increase awareness of fall risks and promote practical prevention strategies such as home modifications, strength and balance exercises, and medication review through consistent, culturally relevant messaging. This coordinated approach supports reduced fall-related injuries, hospitalizations, and loss of independence among older adults.

Enhance Fitness, a 16-week evidence-based group exercise and falls-prevention program concluded on February 26, 2026, at Fountains Senior Care. The program was successful, with participants and staff reporting improved strength and mobility. Ten seniors were served, with five participating consistently. Enhance Fitness will continue to be offered at Fountains Senior Care through their Activity Coordinator.

Safe Mobility presentations on pedestrian and bicycle safety were delivered to 75 students at Sparks Middle School on February 9 and February 26. The content was well received, and pre/post testing showed a 90% increase in knowledge.

Staff established a Safe Mobility Collaborative to bring together organizations focused on improving pedestrian and bicycle safety for children and families in Washoe County. The first meeting on February 5th included participation from Kiwanis Bikes, Reno Bike Project, Safe Kids Washoe County, Safe Routes to School, Truckee Meadows Bicycle Alliance, RTC, NDOT, and Washoe County Juvenile Services. Partners provided positive feedback on the value of the collaborative. Staff plans to coordinate monthly meetings moving forward.

Tobacco/Nicotine Control and Youth Prevention -

Staff have been working closely with the Estipona Group and the NNPH Communications Team to: (1) launch a targeted Snapchat social media campaign, and (2) update the GHW youth vaping prevention webpage to align with the campaign and serve as the primary landing page. The campaign strategy is intentionally youth-centered, utilizing platforms, visuals, and messaging designed to resonate with teens and increase awareness and engagement around vaping prevention. The webpage has been enhanced with expanded resources, updated visuals, and consistent messaging to ensure alignment with campaign content and improve user experience. The campaign will leverage high-performing creative assets from last year's effort, which generated more than 1.1 million impressions and over 12,000 clicks to the vaping prevention landing page. Building on this success, the 2026 campaign will employ a similar strategy, prioritizing top-performing advertisements from the 2025 campaign that focused on environmental impacts and the

#VapeFreeFlex theme, which highlights alternative ways for teens to spend their money. The campaign is scheduled to launch on February 25, 2026, and will run for approximately eight weeks.

On February 19th, staff attended the third annual Because We Matter (BWM) Summit in Las Vegas alongside statewide and community partners, including Dignity Health, Prominence Health, American Academy of Pediatrics, Nevada Chapter, American Cancer Society Cancer Action Network, and American Heart Association, among others. Hosted by the Southern Nevada Health District, the summit supports the African American/Black community in addressing disproportionate health burdens driven by higher concentrations of tobacco retailers in certain neighborhoods, targeted marketing of menthol products, and reduced access to health care and cessation services - factors influenced by social determinants of health such as education access, economic stability, social and community context, neighborhood and built environment, and health care access and quality. Sessions provided education on the impact of menthol flavoring, which can make tobacco products easier to initiate and more difficult to quit; accessing nicotine cessation services; emerging nicotine products; and strategies for partnering with tobacco retailers to prevent youth access and reduce tobacco advertising in neighborhood stores. In Clark County, the African American/Black population represents approximately 14% of residents, making it the third-largest racial/ethnic group after White and Hispanic populations, while in Washoe County, the African American/Black population represents approximately 2–3% of residents, a smaller proportion than White, Hispanic, and Asian populations.

Staff met with the Davidson Academy GECKO Club advisor and student members to discuss hazardous waste disposal of e-cigarettes and nicotine pouches. The GECKO Club serves as the environmental club for The Davidson Academy of Nevada, a public middle and high school for profoundly gifted students located on the campus of the University of Nevada, Reno. Staff presented findings from the Keep Truckee Meadows Beautiful/NNPH collaborative [report](#) on toxic tobacco waste and reviewed hazardous tobacco e-waste disposal programs implemented in Colorado and Minnesota. GECKO Club members will be undertaking an environmental scan of discarded e-cigarettes and other tobacco products on the UNR campus next month. Finally, CDIP staff are also exploring opportunities to provide these students with an overview of public health functions across NNPH divisions, with the goal of fostering youth champions who can elevate awareness about vaping and the environmental impacts of tobacco product waste.

Staff collaborated with the Reno Housing Authority to adopt a smoke-free and vape-free policy for outdoor playground areas. The policy will be fully implemented across its properties in Washoe County over the next several months. Outdoor playground policies that prohibit smoking and vaping are critical to protecting children from exposure to toxic secondhand smoke, a Class A carcinogen, reducing hazardous litter, and promoting healthy, tobacco-free social norms. By including electronic nicotine delivery systems, these policies also help reduce youth initiation and ensure safe, clean environments for recreation.

Staff partnered with the Washoe County School District Student Activities and Athletics Coordinator to provide 28 high school athletic directors with education and resources to support prevention of youth vaping and nicotine use among student-athletes and to increase awareness of available cessation resources. Promoting vaping prevention and cessation among student-athletes supports improved physical performance, including lung function and stamina, as well as overall mental health, while addressing the misconception that vaping is harmless. Coaches and athletic leaders play a critical role in influencing youth attitudes and behaviors and can be strong advocates for rejecting or quitting vaping and other

tobacco products. Collaborative efforts will help ensure that youth are supported in leading healthy, tobacco-free lives.

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- February 2026

February	In Person	Mail	Online	Total
Birth	759	27	495	1281
Death	1506	16	418	1940
Total	2265	43	913	3221

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	
Birth														
	Registrations	526	463	536	518	353	521	540	452					3909
	Corrections	78	40	63	72	61	60	73	51					498
Death														
	Registrations	468	461	503	508	417	553	538	497					3945
	Corrections	11	15	18	9	16	18	7	11					105