



Newsletter

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Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. You can forward this invitation to others in your office who might be interested, however, you cannot forward your approved registration, as each attendee must register separately. The next VSCP Project Directors Webinar will be January 8, 2025 at 2 p.m. Eastern. You can [Register Here](#) to join the webinar.

Field Services Special Interest Group

What questions do you have regarding field services and data quality? Want to hear about best practices in training your providers? Do you need guidance on quality assurance programs? If so, the Field Services Interest Group monthly meetings can be a great resource. Hear from jurisdictions sharing their experiences and lessons learned in dealing with their internal and external partners on various field services, data quality improvement, and training topics. The Field Services Interest Group meets on the 4th Tuesday of every month at 3 p.m. Eastern. Email hq@naphsis.org to join the monthly call.

Systems Special Interest Group

Come ask your technical peers about how they grapple with adjusting their vital records systems to meet the needs of vital records, data partners, and interoperability with other systems. The Systems Special Interest Group meets on the last Thursday of every month at 3 p.m. Eastern. Email systems@naphsis.org to join the monthly call.

Statistics Interest Group

The Statistics Interest Group meets on the last Wednesday of every month at 2 p.m. Eastern. This is an opportunity to gather virtually each month to discuss topics of interest related to public health statistics. Please email us at

hq@naphsis.org if you are interested in participating.

Birth Data Quality Workgroup (BDQW)

The BDQW meets on the first Thursday of every other month at 2:00 p.m. Eastern. If you are interested in assessing and improving the quality of vital statistics birth and fetal death data, contact NAPHSIS at hq@naphsis.org.

2024 Data Year Close-Out

The following table includes the 2024 contract closeout and draft 2024 file release dates. Note that to include a jurisdiction's most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in red, as are the contract closeout dates and the dates for final updates. The dates for final updates are subject to change and may be earlier, depending on the quality of the national file.

2024 Birth File	
(States) Target for States to correct errors for provisional file	January 16, 2025
(DACEB) Release provisional 2024 birth data to Hyattsville	January 28, 2025
(States) Contract closeout for 2024 birth data	March 1, 2025
(States) Last date 2024 birth file updates accepted	April 10, 2025
(DACEB) Release of final 2024 birth data to Hyattsville	May 8, 2025
2024 Death File	
(States) Contract closeout for 2024 deaths	May 1, 2025
(States) Last date 2024 death file updates accepted	June 26, 2025
(DACEB) Pause medical processing for data quality review	July 24, 2025
(DACEB) Release final 2024 file to Hyattsville and resume medical processing	September 25, 2025
2024 Fetal Death File	
(States) Contract closeout for 2024 fetal deaths	May 1, 2025
(States) Last date 2024 fetal death file updates accepted	July 24, 2025
(DACEB) Release final 2024 fetal death file to Hyattsville	August 21, 2025

Vital Statistics Modernization Community of Practice

The NVSS [Modernization Community of Practice \(NVSS](#)



[CoP](#)) is a shared space for learning and innovation. It provides a forum for jurisdictions and their partners to collaborate in the modernization space.

The NVSS Modernization Community of Practice proudly hosted the final formal NCHS-organized testing event of 2024 on December 2nd-3rd. The focus was on advancing jurisdictional capabilities to exchange mortality & natality

data using FHIR. We are excited to report that 24 of 57 (or 42%) jurisdictions participated in the testing event, with fourteen (14) jurisdictional Vital Records Offices and their respective technical partners as testers. These included Alaska, American Samoa, Delaware, Florida, Illinois, Iowa, New Mexico, Nevada, North Carolina, New Hampshire, Mississippi, Missouri, Pennsylvania, and Washington.

Additionally, ten (10) jurisdictions participated as observers: Arizona, Georgia, Montana, New York, Oregon, Puerto Rico, Texas, Utah, Virginia, and Wisconsin.

Key takeaways from the testing event include:

- All jurisdictions arrived well-prepared for testing and had full access to the necessary resources.
- Jurisdictions demonstrated great collaboration skills and were able to help one another more effectively to achieve shared goals.
- Everyone involved seemed to have their connection issues resolved.
- SAMS and STEVE resources were readily available during the testing event, which helped resolve connectivity issues swiftly.
- Four jurisdictions (WA, AS, MS, VA) successfully worked on pre-certification, and two jurisdictions (WS, VA) tested natality.
- No bugs requiring code fixes were identified, nor were there blocking issues with the libraries, canary, or the IGs that would prevent a VRO from completing the tests.

Jurisdictions should remember that pre-certification and certification are essential steps in the NVSS FHIR Certification Pathway. The primary aim of the pre-certification process is to ensure that a jurisdiction is fully prepared for certification. A well-executed pre-certification effort should facilitate a smooth final certification process. As a reminder, the six steps of the NVSS Certification Pathway include enhancing systems, informal testing, formal testing, pre-certification, certification, and production. Additionally, the Mortality FHIR Pre-Certification Guidance documents published by NCHS on the NVSS SharePoint site have been updated as of May 2024.

Jurisdictions are encouraged to sign up for FHIR validation by emailing the NVSS mailbox, contacting CTE through the #deathonfhir stream on Zulip (chat.fhir.org), or selecting the self-service option available on GitHub. Please note that while FHIR validation is optional, it is highly recommended as a prerequisite for pre-certification. The

primary goal of FHIR validation is to assess the jurisdiction's ability to generate FHIR records in accordance with the VRDR IG.

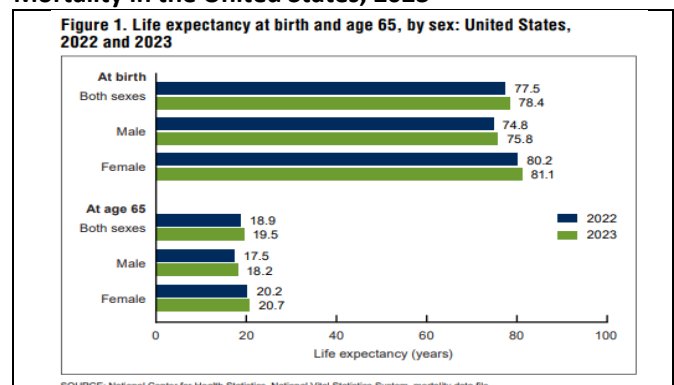
NVSS encourages jurisdictions to utilize our peer-to-peer connection to share announcements with the community of practice, such as job vacancies and upcoming conferences. Please send these announcements to the NVSS mailbox (nvssmodernization@cdc.gov). Recordings of the main community of practice meetings and technical subgroup meetings can be found in the meeting proceedings section of the NVSS Modernization Community of Practice [SharePoint](#) site. Users can access the certification and pre-certification documents through "quick links."

CTE encourages all jurisdictions to post any technical questions related to the Mortality or Natality workflow in the #DeathonFhir stream on [Zulip](#) chat. When you post an issue, please include any relevant information, including any attachments. For programmatic problems, such as needing assistance with your SAMs account, please email nvssmodernization@cdc.gov. Additionally, the minutes from the NVSS Modernization Community of Practice Weekly Office Hours meetings are posted weekly in the NVSS CoP Office Hours stream on Zulip.

We extend our special thanks to our technical partners ITRE, Ruvos, NAPHSIS, and CTE for their continued collaboration in our modernization efforts. Their invaluable contributions have been crucial to the success of our regular meetings and organized testing events.

[Notable Publications/Data Briefs](#)

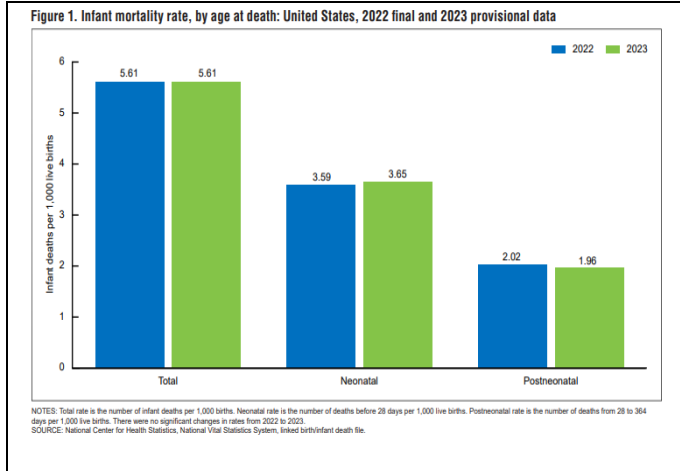
Mortality in the United States, 2023



This report was published in December and can be found at this [link](#). In 2023, life expectancy at birth was 78.4 years for the total U.S. population— an increase of 0.9 year from 77.5 in 2022. For males, life expectancy increased 1.0 year from 74.8 in 2022 to 75.8 in 2023. For females, life expectancy

increased 0.9 year from 80.2 in 2022 to 81.1 in 2023. In 2023, the difference in life expectancy between females and males was 5.3 years, a decrease of 0.1 year from 2022.

Infant mortality in the United States: Provisional data from the 2023 period linked birth/infant death file



This report was published in November and can be found at this [link](#). In 2023, the U.S. provisional infant mortality rate was 5.61 infant deaths per 1,000 live births, unchanged from the rate in 2022. From 2022 to 2023, changes in the neonatal mortality rate (from 3.59 to 3.65) and the postneonatal mortality rate (from 2.02 to 1.96) were not statistically significant. Changes in infant mortality rates were not significant by most of the characteristics examined: maternal race and Hispanic origin, maternal age, gestational age, sex, or the 10 leading causes of infant death. By state, infant mortality rates increased in Nevada and Washington and declined in New Mexico and West Virginia.

Collaborating Office of Medical Examiners and Coroners (COMEC)



COMEC works to strengthen ties between medical examiners and coroners (MEC) and public health, serve as a resource for MEC offices, and assist public health researchers and practitioners engaging with MECs. CDC established COMEC in 2022 in recognition of the important role of medicolegal death investigation (MDI) for public health. If you want to receive monthly announcements from COMEC, please email MDI@CDC.GOV.

2025 Data Modernization Efforts

In 2025 COMEC’s data modernization activities will focus on the way toxicology findings are collected, stored, and reported in MEC offices. The goal is to reduce burden on the MEC offices and to make data more timely. To accomplish this [MDI Connect](#) will work with MEC partners to further develop FHIR capabilities that enhance their ability to transfer toxicology findings in laboratory information management systems directly into their case management system (CMS). In addition, some offices will work on data exchange between the CMS and public health. MDI Connect uses a standards-based approaches to interoperability which can be reused in other offices.

Upcoming COMEC Virtual Seminars

Title: Informing Drowning Prevention for Children and Youth through Death Scene Investigation and Child Death Review of Water-Related Incidents

Presenter: Shericka Harris, Health Scientist, National Center for Injury Prevention and Control

When: 1/14/25 at 3:00-3:50 pm ET

[Register Here](#)

Title: Strengthening Medicolegal Death Investigation Systems through a Global Community

Presenter: Dr. Olga Joos, Medicolegal Death Investigation-International Community of Practice

When: March 11, 2025, at 3:00-3:50 pm ET

[Register here](#)

Vital Staff Spotlights

Jurisdictions may add as many names as they would like to our NCHS Newsletter mailing list! Just send a note to George Tolson at gct1@cdc.gov

Dr. Paul Sutton was appointed permanent Director of the Division of Vital Statistics, National Center for Health Statistics.

Cynthia Buskey-Martin departed her position as State Registrar and VSCP Project Director in Georgia.

Crystal Holmes was appointed State Registrar and VSCP Project Director in Georgia.

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