

2022 SOUTH DAKOTA VITAL STATISTICS REPORT: A STATE AND COUNTY COMPARISON OF LEADING HEALTH INDICATORS



2022 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators

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Preface

2022 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators was prepared by the South Dakota Department of Health.

This report contains state and county leading health indicators for vital statistics. The report is divided into eight main sections: Overview, Natality, Infant Mortality, Mortality, Marriage and Divorce, Infectious Disease, and Health Status Profiles. Each section contains written analysis plus tables and figures. There is also a technical notes section that provides additional information regarding the sources of data, data limitations, geographic allocation, populations, rates, and definitions. Reading this section before reading the county profiles may provide the answers to questions in advance.

Race Allocation

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. Race data in this report are categorized in the following manner:

- White, non-Hispanic
- American Indian, non-Hispanic
- Black, non-Hispanic
- Asian, non-Hispanic
- Pacific Islander, non-Hispanic
- Hispanic
- Multi-racial, non-Hispanic

In other words, if more than one of the first five races is reported, the race is categorized as "Multi-racial, non-Hispanic." Due to space constraints and small numbers, some of these race

categories are grouped into an "Other" category in this report.

Any questions concerning the data, or request for additional statistics, may be directed to the following agency within the South Dakota Department of Health.

Office of Health Statistics
615 East 4th St.
Pierre, SD 57501-2536
Phone: (605) 773-3361
Internet: <http://doh.sd.gov/statistics/>

For specific information or questions on Infectious Disease contact:

Office of Disease Prevention
615 East 4th St.
Pierre, SD 57501-1700
Phone: (605) 773-3737

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Overview

Overview

<u>Resident Live Births</u>	
Number of Live Births	11,193
Rate per 1,000 Population	12.3
<u>Infant Deaths</u>	
Number of Infant Deaths	87
Rate per 1,000 Live Births	7.8
<u>Resident Deaths</u>	
Number of Resident Deaths	8,955
Rate per 100,000 Population	984.3
<u>Fetal Deaths</u>	
Number of Fetal Deaths	54
Rate per 1,000 Live Births + Fetal Deaths	4.8
<u>Marriages</u>	
Number of Marriages	5,826
Rate per 1,000 Population	6.4
<u>Divorces</u>	
Number of Divorces	2,113
Rate per 1,000 Population	2.3

This report contains selected health statistics that are widely used by the Department of Health, other government agencies, and the public. This information has proven to be useful in determining trends in health status, for planning health care services and for making decisions about public health programs. It also fulfills diverse requirements in the business community and academic research.

Vital statistics data are compiled and maintained under the direction of the Administrator of the Office of Health Statistics (OHS). The data are analyzed by staff from the OHS and can be found in the following sections: Natality, Infant Mortality, Mortality, Marriage and Divorce, and Health Status Profiles. When referring to divorce throughout this report, please note that annulments are included in the Divorce category. Induced Abortion data are now a separate report available online July 1 of each year.

Infectious disease data are collected, compiled, and analyzed within the Office of Disease Prevention. Data on communicable diseases can be found in the Infectious Disease section of the report.

Quick References

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The contacts listed in the Preface welcome suggestions for additional changes that would make the next compilation even more useful to those involved in improving the health of South Dakotans.

**Table 1
Selected Records in Vital Statistics,
South Dakota, 2022**

NATALITY

Oldest Father:	69	Oldest Mother:	51
Youngest Father:	15	Youngest Mother:	14
Smallest Live Birth:	1 lb. 4 oz.		
Largest Live Birth:	12 lbs. 2 oz.		

Most Popular Names for Infants

<u>Boy's Names</u>	<u>Number</u>	<u>Girl's Names</u>	<u>Number</u>
1. Oliver	67	1. Amelia	43
2. Hudson	45	2. Harper	39
3. William	44	3. Evelyn	38
4. Theodore	43	4. Olivia	33
5. Liam	42	5. Charlotte	32
6. Henry	40	Emma	32
7. Noah	39	7. Ava	28
8. Asher	36	8. Hazel	25
9. James	35	9. Nora	24
10. Maverick	34	10. Aurora	23
		Avery	23
		Elizabeth	23
		Lillian	23
		Paisley	23

MORTALITY

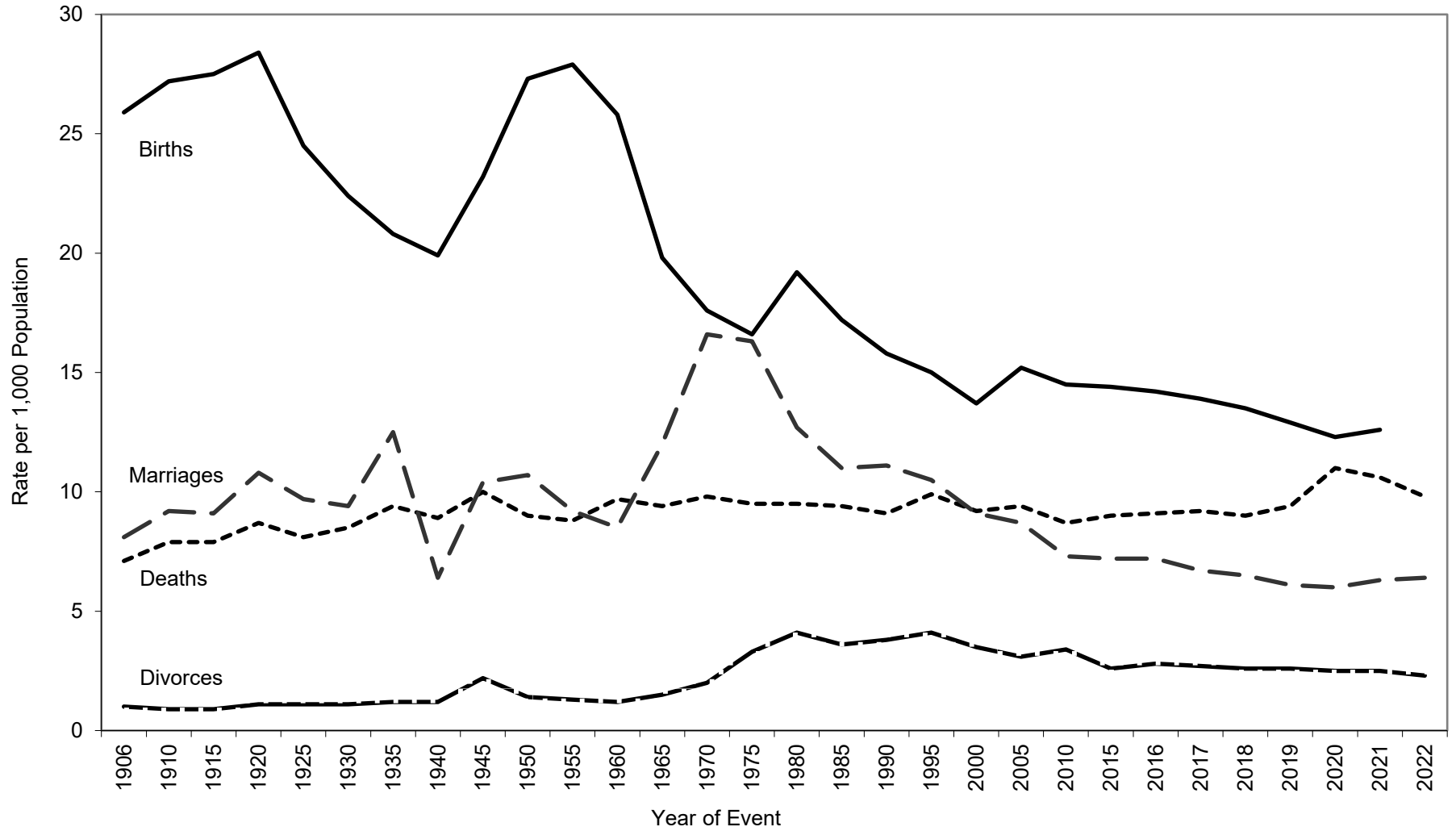
Oldest Male Decedent:	103	Oldest Female Decedent:	107
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DIVORCE

Longest Duration of a Marriage Ending in a Divorce:	56 Years
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Source: South Dakota Department of Health, Office of Health Statistics

Figure 1
Birth, Death, Marriage, and Divorce Rates for
South Dakota, 1906-2022



Source: South Dakota Department of Health, Office of Health Statistics

Table 2
South Dakota Resident Births by Resident County and Year of Birth, 2013-2022

	Year of Birth									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Total	11,193	11,304	10,951	11,448	11,890	12,128	12,270	12,323	12,281	12,243
County										
Aurora	38	39	38	39	41	36	49	33	42	40
Beadle	298	256	280	284	284	273	347	297	366	337
Bennett	54	39	51	47	55	61	65	71	72	69
Bon Homme	71	78	68	59	77	64	68	76	56	57
Brookings	375	385	346	410	435	451	414	471	406	430
Brown	388	418	393	464	508	510	557	492	482	512
Brule	64	59	71	73	62	78	71	69	77	70
Buffalo	32	46	31	40	22	47	52	42	53	58
Butte	125	139	124	120	146	131	135	100	142	133
Campbell	21	11	13	12	14	14	8	13	15	12
Charles Mix	149	141	140	138	156	168	164	156	174	151
Clark	68	52	62	66	66	66	65	61	67	51
Clay	124	137	110	141	114	155	147	145	143	166
Codington	336	315	291	297	326	336	370	381	372	410
Corson	66	73	89	99	91	101	101	89	86	93
Custer	72	82	64	72	63	78	69	86	65	71
Davison	228	227	261	249	263	227	257	242	271	263
Day	50	43	43	48	72	62	50	73	56	52
Deuel	54	57	51	53	53	53	64	44	47	46
Dewey	105	105	118	119	138	154	163	148	153	148
Douglas	43	46	39	49	41	44	46	43	40	33
Edmunds	57	58	59	48	34	43	46	48	53	46
Fall River	52	48	40	45	44	51	60	76	55	63
Faulk	33	30	38	33	32	38	31	32	38	23
Grant	96	78	86	76	80	87	84	74	97	80
Gregory	48	46	42	48	50	52	58	50	62	45
Haakon	29	19	15	21	14	26	19	26	17	20
Hamlin	139	142	133	127	125	110	111	121	118	124
Hand	32	44	41	31	35	44	39	24	42	38
Hanson	37	42	35	45	38	42	39	36	49	56
Harding	17	17	15	11	19	15	16	21	20	17
Hughes	213	225	207	218	246	221	233	249	229	255
Hutchinson	95	96	79	110	115	117	120	120	102	107

Table 2 (continued)
South Dakota Resident Births by Resident County and Year of Birth, 2013-2022

County	Year of Birth									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Hyde	14	13	16	18	14	18	20	15	14	19
Jackson	51	79	78	63	73	92	81	67	71	78
Jerauld	18	19	13	20	24	18	20	16	32	24
Jones	5	10	10	7	17	9	13	11	9	10
Kingsbury	61	68	69	52	71	67	67	64	66	61
Lake	113	104	137	119	128	131	133	134	122	140
Lawrence	222	182	215	213	202	241	241	220	245	230
Lincoln	877	782	757	813	829	846	810	751	766	753
Lyman	68	66	60	54	74	63	82	74	71	69
McCook	71	91	75	83	85	90	68	80	81	75
McPherson	17	25	22	24	24	18	27	22	30	24
Marshall	61	63	62	68	66	73	74	70	72	62
Meade	294	252	244	245	261	258	269	304	318	320
Mellette	29	28	28	30	33	45	44	40	35	37
Miner	27	26	28	22	29	27	21	32	22	28
Minnehaha	2,709	2,868	2,732	2,789	2,890	2,908	2,936	3,046	2,947	2,863
Moody	104	83	78	93	81	87	91	93	93	93
Oglala Lakota	235	248	248	256	261	321	284	337	312	352
Pennington	1,397	1,491	1,374	1,451	1,541	1,466	1,470	1,536	1,540	1,596
Perkins	28	28	31	42	33	37	40	33	35	40
Potter	20	23	21	22	24	15	28	24	24	20
Roberts	140	133	146	166	167	164	168	181	177	201
Sanborn	33	36	29	32	32	33	39	39	37	35
Spink	63	89	67	85	84	82	85	67	69	80
Stanley	32	31	23	29	44	29	42	45	39	35
Sully	12	12	18	17	16	24	16	11	15	17
Todd	186	200	206	235	230	256	260	274	279	250
Tripp	66	66	75	84	88	84	79	71	71	65
Turner	79	106	75	92	101	103	75	104	81	86
Union	186	136	183	180	166	191	163	169	140	150
Walworth	76	76	57	71	66	88	61	86	85	70
Yankton	240	246	268	247	253	269	318	266	281	253
Ziebach	50	31	33	34	24	19	27	32	35	31

Note: Failure of births to add to the total is due to unknown resident county births not being shown.
 *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 3
South Dakota Resident Deaths by Resident County and Year of Death, 2013-2022

	Year of Death									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Total	8,955	9,183	9,857	8,273	7,971	7,991	7,838	7,724	7,500	7,079
County										
Aurora	37	46	45	32	37	31	20	24	28	32
Beadle	185	184	218	205	188	177	195	205	196	175
Bennett	44	50	38	32	39	42	45	34	32	29
Bon Homme	95	107	118	92	74	88	75	71	77	78
Brookings	245	203	253	202	202	177	202	182	202	183
Brown	402	372	462	337	369	364	376	362	393	399
Brule	56	48	55	64	43	45	60	57	53	50
Buffalo	28	53	35	20	27	20	33	21	17	16
Butte	101	141	116	131	99	121	98	112	102	93
Campbell	23	25	19	16	12	19	13	19	11	10
Charles Mix	99	118	150	107	113	111	113	129	95	83
Clark	48	31	45	41	37	40	47	41	45	50
Clay	118	115	114	97	101	110	105	101	100	101
Codington	285	280	357	270	240	248	241	235	264	224
Corson	67	59	67	50	51	52	51	47	37	52
Custer	101	96	107	111	100	96	110	92	85	77
Davison	232	235	255	237	235	217	224	210	241	179
Day	95	71	102	68	87	86	76	69	66	73
Deuel	58	41	48	44	50	53	47	48	37	39
Dewey	98	94	89	59	57	59	52	72	68	68
Douglas	32	47	51	44	45	36	42	45	47	38
Edmunds	41	59	53	34	48	45	43	40	39	44
Fall River	151	149	137	123	116	122	113	120	130	118
Faulk	39	30	42	29	35	27	31	40	28	34
Grant	102	96	113	98	83	87	91	89	86	106
Gregory	41	75	86	57	63	56	59	64	64	63
Haakon	22	28	26	25	26	30	22	29	23	35
Hamlin	52	53	103	74	61	55	73	59	61	68
Hand	53	58	52	38	52	41	48	49	41	55
Hanson	25	32	24	24	17	33	22	20	34	21
Harding	6	11	12	6	4	12	8	*	11	4
Hughes	192	210	205	202	159	163	148	154	137	135
Hutchinson	108	109	118	112	111	110	115	119	118	106

South Dakota Resident Deaths by Resident County and Year of Death, 2013-2022

	Year of Death									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
County										
Hyde	20	36	22	26	15	29	28	21	15	14
Jackson	35	71	48	21	29	44	37	37	34	34
Jerauld	19	12	36	38	31	30	26	25	28	18
Jones	11	12	9	8	12	16	8	10	9	9
Kingsbury	81	72	64	56	59	68	68	75	69	77
Lake	112	118	102	86	122	129	126	118	110	105
Lawrence	257	305	294	228	255	249	235	240	225	226
Lincoln	383	309	374	303	271	279	259	230	207	181
Lyman	52	50	54	33	45	31	39	41	32	24
McCook	74	74	86	83	68	63	73	85	83	73
McPherson	41	37	37	41	28	33	40	35	43	41
Marshall	64	54	46	37	39	39	63	39	49	47
Meade	271	250	230	242	220	222	193	185	200	190
Mellette	34	30	29	24	32	38	28	26	19	19
Miner	29	40	32	33	35	30	38	34	28	34
Minnehaha	1,620	1,687	1,889	1,588	1,508	1,437	1,382	1,408	1,277	1,256
Moody	78	71	85	57	68	62	48	54	58	53
Oglala Lakota	204	197	219	136	150	164	163	149	112	124
Pennington	1,114	1,254	1,184	1,081	948	972	902	883	832	743
Perkins	46	36	53	42	34	44	41	39	51	39
Potter	34	32	45	25	30	34	39	40	34	29
Roberts	141	122	134	116	121	113	112	106	126	104
Sanborn	36	31	24	27	31	22	29	25	33	35
Spink	96	68	105	66	76	76	83	76	67	84
Stanley	33	34	21	23	12	22	23	19	27	14
Sully	14	15	13	8	16	12	6	11	5	13
Todd	111	139	132	87	109	89	94	85	87	101
Tripp	70	68	95	87	63	78	82	73	73	67
Turner	104	107	142	93	106	119	108	109	124	92
Union	143	130	166	145	122	138	121	116	137	92
Walworth	69	86	82	59	81	68	89	94	92	79
Yankton	249	268	265	273	240	249	240	254	221	207
Ziebach	27	42	25	19	14	19	17	20	12	12

Note: Failure of deaths to add to the total is due to unknown resident county deaths not being shown.
 *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 4
Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2013-2022

	Year of Marriage									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Total	5,826	5,636	5,359	5,403	5,757	5,862	6,271	6,195	6,040	5,919
County										
Aurora	15	10	10	14	20	12	15	19	10	9
Beadle	105	108	94	94	98	90	120	117	143	135
Bennett	22	16	12	13	11	14	22	21	16	18
Bon Homme	35	34	32	35	37	32	36	34	36	35
Brookings	192	171	164	190	197	227	228	217	240	227
Brown	221	202	186	190	240	252	271	273	238	221
Brule	35	28	42	34	36	40	34	56	45	54
Buffalo	*	*	*	*	*	4	3	7	4	3
Butte	58	65	69	64	60	68	66	78	90	81
Campbell	4	5	8	3	*	5	4	6	8	6
Charles Mix	45	39	34	52	49	41	52	47	36	42
Clark	15	18	6	21	14	23	23	20	27	22
Clay	86	54	66	79	68	110	79	61	71	67
Codington	209	216	173	194	172	180	203	200	207	219
Corson	7	9	4	10	13	11	17	25	25	20
Custer	120	194	145	178	161	174	156	194	181	162
Davison	84	104	118	114	114	115	133	136	120	127
Day	29	28	24	22	29	29	26	34	34	31
Deuel	21	37	32	24	35	34	45	31	38	36
Dewey	*	5	7	12	10	15	24	19	15	15
Douglas	23	11	16	15	20	17	23	20	21	18
Edmunds	20	24	19	17	20	21	24	18	12	19
Fall River	37	44	52	44	42	55	53	66	68	63
Faulk	16	8	12	9	12	9	8	6	15	13
Grant	32	37	39	32	39	40	46	49	52	60
Gregory	21	18	12	15	28	31	41	19	26	19
Haakon	*	4	*	5	8	11	8	9	9	10
Hamlin	31	38	37	34	28	25	33	32	33	31
Hand	14	14	19	23	11	13	19	22	28	12
Hanson	47	40	15	26	18	20	21	15	17	15
Harding	*	5	6	6	5	8	10	7	7	3
Hughes	90	95	67	77	87	122	116	123	122	116
Hutchinson	39	35	31	35	31	30	36	23	39	29

Table 4 (continued)
Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2013-2022

County	Year of Marriage									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Hyde	3	5	3	8	4	7	4	3	3	3
Jackson	11	5	9	14	9	13	11	11	15	14
Jerauld	12	6	3	7	8	*	6	5	10	15
Jones	5	4	*	6	4	3	6	5	*	6
Kingsbury	22	20	18	19	23	10	28	19	14	22
Lake	49	43	44	58	61	71	83	74	76	83
Lawrence	506	484	414	378	491	459	450	474	448	482
Lincoln	286	297	285	299	325	287	218	167	178	196
Lyman	14	17	16	20	25	14	22	22	17	19
McCook	28	26	32	18	27	31	24	30	31	21
McPherson	9	8	17	13	15	14	8	11	10	7
Marshall	24	21	21	21	37	25	37	28	23	31
Meade	282	234	294	265	252	253	261	321	238	264
Mellette	17	7	11	12	21	23	29	30	19	17
Miner	3	13	5	8	10	13	9	6	9	11
Minnehaha	1,454	1,422	1,298	1,227	1,323	1,373	1,522	1,529	1,494	1,367
Moody	29	20	27	40	38	29	22	36	26	40
Oglala Lakota	8	7	9	5	6	5	6	10	13	8
Pennington	754	716	772	751	780	737	832	786	774	768
Perkins	23	11	19	15	12	11	19	20	19	20
Potter	12	10	8	9	13	8	17	7	18	18
Roberts	67	71	61	67	76	86	91	91	77	85
Sanborn	13	6	12	5	9	10	13	10	10	8
Spink	40	21	29	27	37	32	29	32	29	20
Stanley	23	24	26	19	25	27	24	14	13	18
Sully	7	4	5	6	4	5	6	5	6	4
Todd	24	34	18	16	20	22	14	12	11	13
Tripp	33	23	26	30	24	30	34	28	33	28
Turner	77	63	53	73	73	43	47	45	55	51
Union	122	117	95	110	114	130	175	157	148	146
Walworth	26	29	24	21	15	31	39	26	37	30
Yankton	159	151	150	149	156	181	183	171	149	162
Ziebach	5	*	*	4	3	*	7	6	*	4

Note: *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 5
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2013-2022

	Year of Divorce									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Total	2,113	2,211	2,226	2,308	2,265	2,340	2,400	2,252	2,374	2,450
County										
Aurora	10	7	5	4	*	7	3	4	5	5
Beadle	37	53	36	60	56	51	48	55	67	52
Bennett	*	*	*	4	3	4	4	3	3	*
Bon Homme	9	18	14	7	13	15	15	15	16	9
Brookings	90	74	81	78	69	66	66	83	57	79
Brown	99	98	90	111	99	125	108	86	86	119
Brule	11	14	7	12	12	14	14	16	19	21
Buffalo	*	*	*	*	*	*	*	*	*	*
Butte	36	37	36	23	25	35	38	35	42	35
Campbell	*	3	*	*	*	*	*	*	*	4
Charles Mix	9	12	10	13	16	10	7	12	11	5
Clark	5	9	10	6	*	5	10	8	9	9
Clay	25	24	23	35	23	27	32	38	40	39
Codington	69	64	69	78	71	87	91	73	92	103
Corson	*	4	*	*	*	4	4	5	*	3
Custer	25	22	32	30	29	31	29	30	21	20
Davison	43	45	51	56	60	51	60	47	58	49
Day	8	14	11	14	11	13	12	11	11	8
Deuel	12	11	8	8	5	10	10	4	13	15
Dewey	3	*	3	*	4	*	*	4	*	4
Douglas	8	11	4	6	5	*	5	7	5	*
Edmunds	9	6	13	8	5	6	15	6	10	8
Fall River	12	20	31	31	24	25	29	23	23	35
Faulk	*	*	*	*	*	5	4	*	5	*
Grant	9	13	14	12	18	10	14	16	17	20
Gregory	11	11	4	11	12	13	10	11	8	10
Haakon	6	3	14	5	*	*	10	*	*	5
Hamlin	14	5	8	16	7	13	13	4	3	12
Hand	5	10	7	5	10	*	11	6	5	10
Hanson	8	5	8	8	*	3	*	5	*	4
Harding	5	*	*	*	3	6	*	3	*	4
Hughes	39	33	38	49	52	62	54	49	43	62
Hutchinson	14	19	11	10	7	11	17	9	18	10

Table 5 (continued)
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2013-2022

County	Year of Divorce									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Hyde	3	4	3	*	3	*	*	4	4	4
Jackson	4	3	*	3	5	7	3	3	3	*
Jerauld	3	3	*	*	4	7	3	6	3	8
Jones	*	*	*	*	4	*	*	*	5	5
Kingsbury	13	9	13	7	16	12	13	14	7	12
Lake	26	31	31	28	22	39	29	31	21	32
Lawrence	48	78	66	80	79	77	85	74	90	80
Lincoln	180	179	180	152	134	129	139	111	147	143
Lyman	6	6	*	3	3	4	*	3	3	4
McCook	13	15	20	9	5	12	16	15	21	11
McPherson	3	4	4	3	*	5	4	3	5	*
Marshall	10	12	10	5	11	7	13	8	10	11
Meade	95	57	80	90	109	84	77	99	65	83
Mellette	*	3	*	*	*	*	4	4	*	*
Miner	5	*	9	4	6	*	4	4	8	6
Minnehaha	539	559	592	599	591	611	634	586	610	593
Moody	14	17	11	10	13	12	9	15	13	10
Oglala Lakota	*	*	*	*	4	*	*	*	*	*
Pennington	343	378	390	416	423	432	432	406	452	442
Perkins	*	3	*	*	*	*	*	*	*	3
Potter	3	5	*	5	7	5	4	3	5	3
Roberts	17	13	17	20	17	20	9	11	11	18
Sanborn	*	8	3	8	5	*	3	4	5	6
Spink	9	21	13	9	17	14	18	17	23	17
Stanley	7	6	3	8	6	12	14	7	*	5
Sully	6	3	*	*	3	*	8	4	3	*
Todd	*	*	3	*	*	3	5	3	*	*
Tripp	4	10	9	8	12	6	10	11	11	7
Turner	18	20	11	15	21	17	13	20	17	31
Union	30	43	40	38	36	40	35	38	51	61
Walworth	11	11	16	8	5	3	12	8	10	14
Yankton	61	52	49	62	50	52	60	62	65	69
Ziebach	*	*	*	*	*	*	*	*	*	*

Note: *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
Source: South Dakota Department of Health, Office of Health Statistics

Natality

Natality

An Overview: 2022

Total Resident Live Births	11,193
Crude Birth Rate per 1,000 Population	12.3
Median Live Birth Weight (Grams)	3,340
Low Weight Births (Less than 2,500 grams)	795
Percent Low Birth Weight	7.1%
Median Age of Mother	29
No Prenatal Care	1.9%

Resident births decreased 1.0 percent from 2021 when there were 11,304 births. In 2022, 51.7 percent of the babies born were male and 48.3 percent were female. Racially, white, non-Hispanic births were 52.0 percent male and 48.0 percent female; American Indian, non-Hispanic births were 50.6 percent male, 49.4 percent female.

The low birth weight rate per 1,000 live births increased slightly from 70.9 in 2021 to 71.0 in 2022.

There were 11,193 births to South Dakota residents in 2022, for a crude birth rate of 12.3 per 1,000 South Dakota resident population. **The past four years have been the lowest crude birth rates ever.**

Table 6, below, displays the live births and crude birth rates for the United States and South Dakota for the past 15 years. South Dakota's birth rate remains above the national average even though the last four years have been the lowest ever.

Table 6
Resident Live Births and Crude Birth Rates,
South Dakota and United States, 2008-2022

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2022	3,661,220*	10.9*	11,193	12.3
2021	3,664,292	11.0	11,304	12.6
2020	3,613,647	11.0	10,951	12.3
2019	3,747,540	11.4	11,448	12.9
2018	3,791,712	11.6	11,890	13.5
2017	3,855,500	11.8	12,128	13.9
2016	3,945,875	12.2	12,270	14.2
2015	3,978,497	12.4	12,323	14.4
2014	3,988,076	12.5	12,281	14.4
2013	3,932,181	12.4	12,243	14.5
2012	3,952,841	12.6	12,092	14.5
2011	3,953,590	12.7	11,834	14.4
2010	3,999,386	13.0	11,795	14.5
2009	4,130,665	13.5	11,930	14.7
2008	4,247,694	14.0	12,074	15.0

Note: * 2022 U.S. data are provisional at time of publication.

Crude birth rates are per 1,000 population.

Sources: National Center for Health Statistics

South Dakota Department of Health, Office of Health Statistics

Births by Race

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau, in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

white, non-Hispanic
 American Indian, non-Hispanic
 black, non-Hispanic
 multi-racial, non-Hispanic
 Hispanic

The remaining categories (Asian, non-Hispanic, and Pacific Islander, non-Hispanic) are included in the totals but are not necessarily shown specifically in any tables.

Table 7, below, shows the number and percent of resident births by mother's race since 2013. In 2022, the number of births to white, non-Hispanics and Hispanics increased by 0.3 percent and 6.6 percent respectively. The number of births to American Indian, non-Hispanics, multi-race, non-Hispanics, and black, non-Hispanics, decreased by 2.2 percent, 2.6 percent, and 5.9 percent respectively.

Table 7
South Dakota Resident Live Births by Mother's Race/Ethnicity, 2013-2022

Births		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Multi-racial, non-Hispanic		Black, non-Hispanic		Other		Unknown	
Year	Num	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	11,193	7,988	71.6	1,463	13.1	726	6.5	414	3.7	359	3.2	211	1.9	32	-
2021	11,304	8,049	71.4	1,514	13.4	691	6.1	425	3.8	383	3.4	214	1.9	28	-
2020	10,951	7,712	70.7	1,499	13.7	662	6.1	419	3.8	383	3.5	234	2.1	42	-
2019	11,448	8,141	71.3	1,607	14.1	641	5.6	391	3.4	414	3.6	216	1.9	38	-
2018	11,890	8,474	71.5	1,644	13.9	659	5.6	428	3.6	410	3.5	233	2.0	42	-
2017	12,128	8,610	71.1	1,806	14.9	624	5.2	416	3.4	398	3.3	258	2.1	16	-
2016	12,270	8,827	72.1	1,782	14.6	634	5.2	368	3.0	360	2.9	273	2.2	26	-
2015	12,323	8,821	71.9	1,921	15.7	559	4.6	422	3.4	266	2.2	277	2.3	57	-
2014	12,281	8,898	72.8	1,812	14.8	602	4.9	383	3.1	295	2.4	225	1.8	66	-
2013	12,243	8,905	73.0	1,902	15.6	530	4.3	336	2.8	277	2.3	248	2.0	45	-

Source: South Dakota Department of Health, Office of Health Statistics

Multiple Births

Table 8, below, displays resident multiple births for the last 10 years. The highest

number of twins and triplets (or more) were born in 2016 with 212 sets of twins and seven sets of triplets.

Table 8
South Dakota Resident Multiple Live Births, 2013-2022

Year of Birth	Twins	Triplets or More
2022	198	4
2021	196	4
2020	168	1
2019	209	1
2018	210	1
2017	208	4
2016	212	7
2015	187	4
2014	192	4
2013	178	5

Source: South Dakota Department of Health, Office of Health Statistics

Marital Status

In 2022, 35.8 percent of infants were born to single mothers. This is the lowest percentage since 2004. When looking at the data by race, American Indian,

non-Hispanic women have consistently had the highest percent of births out of wedlock with 87.1 percent in 2022.

Table 9
South Dakota Resident Births Out of Wedlock by Year of Birth and Race/Ethnicity, 2013-2022

Year	All Races		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	4,010	35.8	1,859	23.3	1,278	87.1	397	54.7	136	37.9	270	65.1	63	29.9
2021	4,065	36.0	1,867	23.2	1,327	87.6	395	57.2	154	40.2	270	63.4	44	20.6
2020	3,947	36.1	1,772	23.0	1,318	87.5	375	56.6	146	38.0	273	65.2	55	23.6
2019	4,145	36.2	1,954	24.0	1,371	85.2	355	55.4	148	35.7	260	66.2	48	22.3
2018	4,287	36.1	2,008	23.7	1,400	85.0	357	54.3	158	38.5	304	71.0	50	21.5
2017	4,506	37.2	2,155	25.0	1,523	84.2	327	52.5	172	43.2	273	65.5	50	19.4
2016	4,519	36.8	2,505	25.0	1,513	84.9	349	55.1	156	43.3	230	62.3	54	19.8
2015	4,571	37.1	2,213	25.1	1,606	83.5	322	57.6	105	39.5	270	63.8	40	14.4
2014	4,623	37.7	2,303	25.9	1,533	84.2	331	55.0	135	45.8	258	67.4	47	20.8
2013	4,669	38.1	2,370	26.6	1,611	84.7	297	56.3	119	43.0	223	66.4	38	15.3

Note: Failure of races to add to the total is due to races not stated included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Birth Weight

Table 10, below, indicates that in 2022 the majority of births fell into the 3,000 to 3,499 gram range. This is consistent with data from past years. Of all South Dakota resident live births in 2022, 7.1 percent (795) were low weight births. This is the highest percentage since 2002. When looking at race, 6.3 percent of white, non-

Hispanic babies, 9.7 percent of American Indian, non-Hispanic babies, 8.4 percent of Hispanic babies, 7.8 percent of black, non-Hispanic babies, and 8.0 multi-racial, non-Hispanic babies were low birth weight in 2022. Table 11, on the next page, compares the birth weights of infants for the past 10 years.

Table 10
South Dakota Resident Live Births by Birth Weight and Mother's Race/Ethnicity, 2022

Birth Weight (in Grams)	Total		Race/Ethnicity of Mother											
			White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
<2,000	262	2.3	162	2.0	61	4.2	14	1.9	6	1.7	9	2.2	9	4.3
2,000-2,499	533	4.8	344	4.3	80	5.5	47	6.5	22	6.1	24	5.8	16	7.6
2,500-2,999	1,972	17.6	1,331	16.7	260	17.7	149	20.5	100	27.9	82	19.8	45	21.4
3,000-3,499	4,371	39.1	3,184	39.9	506	34.5	289	39.8	140	39.0	158	38.1	84	40.0
3,500-3,999	3,154	28.2	2,329	29.2	409	27.9	184	25.3	74	20.6	105	25.3	46	21.9
4,000-4,499	780	7.0	569	7.1	125	8.5	36	5.0	12	3.3	28	6.7	9	4.3
4,500+	117	1.0	68	0.9	26	1.8	7	1.0	5	1.4	9	2.2	1	0.5
Not Stated	4	-	2	-	0	-	0	-	0	-	0	-	1	-
Total	11,193	100	9,989	100	1,467	100	726	100	359	100	415	100	211	100
Median birth weight in grams	3,340		3,350		3,335		3,248		3,180		3,315		3,183	
Mean birth weight in grams	3,297		3,315		3,284		3,236		3,182		3,274		3,142	
Modal birth weight in grams	3,430		3,260		3,260		3,100		3,180		2,950		3,290	

Note: Failure of the races to add to the total is due to unknown races included the total birth column.
Source: South Dakota Department of Health, Office of Health Statistics

Table 11
South Dakota Resident Births by Birth Weight and Year of Birth, 2013-2022

Year	Total Births		< 2,500 Grams		2,500+ Grams		Not Stated	
	Num	%	Num	%	Num	%	Num	%
2022	11,193	100	795	7.1	10,394	92.9	4	-
2021	11,304	100	802	7.1	10,492	92.9	10	-
2020	10,951	100	755	6.9	10,193	93.1	3	-
2019	11,448	100	806	7.0	10,641	93.0	1	-
2018	11,890	100	792	6.7	11,095	93.3	3	-
2017	12,128	100	841	6.9	11,286	93.1	1	-
2016	12,270	100	830	6.8	11,440	93.2	0	-
2015	12,323	100	759	6.2	11,563	93.8	1	-
2014	12,281	100	805	6.6	11,474	93.4	2	-
2013	12,243	100	770	6.3	11,468	93.7	5	-

Source: South Dakota Department of Health, Office of Health Statistics

Table 12, below, compares the low birth weight babies by race of mother. In 2022, there were 506 (6.3%) low birth weight babies born to white, non-Hispanic women. For American Indian, non-Hispanic women there were 141 (9.7%) low birth weight

babies and for black, non-Hispanic women there were 28 (7.8%) low birth weight babies. From 2021 to 2022, there was an increase in low birth weight babies for American Indians and Hispanics.

Table 12
South Dakota Resident Low Birth Weight Births by Race of Mother, 2013-2022

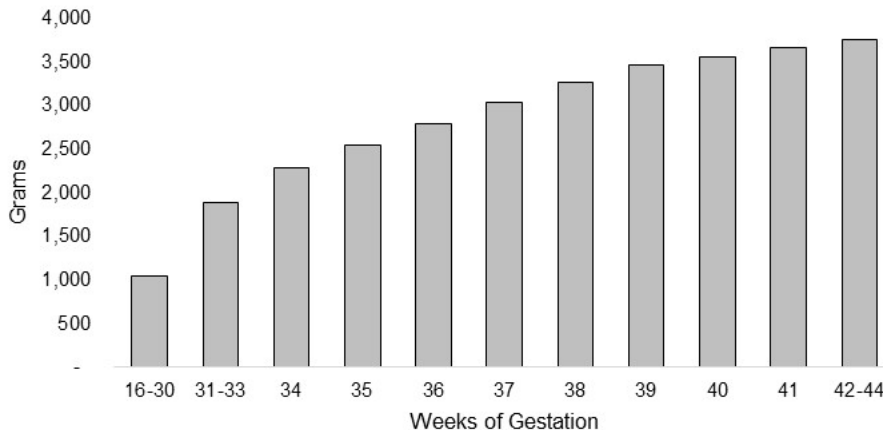
Year	Mother's Race						
	Total	White, non-Hispanic	American Indian, non-Hispanic	Hispanic	Black, non-Hispanic	Multi-racial, non-Hispanic	Other
2022	7.1%	6.3%	9.7%	8.4%	7.8%	8.0%	11.9%
2021	7.1%	6.6%	8.5%	5.9%	10.7%	10.6%	8.4%
2020	6.9%	6.5%	8.0%	6.2%	7.6%	10.3%	8.1%
2019	7.0%	6.6%	7.7%	6.6%	11.4%	6.6%	10.2%
2018	6.7%	6.1%	7.5%	7.6%	8.3%	8.4%	12.9%
2017	6.9%	6.7%	7.9%	5.6%	10.5%	6.0%	10.9%
2016	6.8%	6.2%	8.0%	6.0%	10.3%	7.6%	7.7%
2015	6.2%	5.7%	7.3%	5.5%	6.0%	8.7%	9.0%
2014	6.6%	6.3%	7.1%	7.3%	10.2%	6.0%	6.2%
2013	6.3%	5.9%	6.7%	8.5%	8.3%	6.0%	8.9%

Source: South Dakota Department of Health, Office of Health Statistics

Figure 2, below, shows live births by weeks of gestation and median birth weight in grams for the past five years.

Overall, this shows that infants are generally low birth weight until 35 weeks gestation.

Figure 2
South Dakota Live Births by Gestation and Median Birth Weight, 2018-2022



Source: South Dakota Department of Health, Office of Health Statistics

Table 13, below, displays resident births by year of birth and weeks of gestation. In 2022 we saw the lowest percentage of births ever at 40 or more weeks of gestation

at only 19.9 percent. The 10.3 percent that were less than 37 weeks was among the highest in at least the last 30 years.

**Table 13
South Dakota Resident Births by Year of Birth and Weeks of Gestation, 2013-2022**

Year	Total		<35		35-36		37-39		40+		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	11,193	100	417	3.7	740	6.6	7,797	69.7	2,225	19.9	14	-
2021	11,304	100	421	3.7	762	6.7	7,636	67.6	2,478	21.9	7	-
2020	10,951	100	389	3.6	641	5.9	7,259	66.4	2,646	24.2	16	-
2019	11,448	100	409	3.6	686	6.0	7,403	64.7	2,946	25.7	4	-
2018	11,890	100	410	3.5	709	6.0	7,442	62.7	3,313	27.9	16	-
2017	12,128	100	432	3.6	693	5.7	7,333	60.5	3,657	30.2	13	-
2016	12,270	100	399	3.3	699	5.7	7,366	60.1	3,796	31.0	10	-
2015	12,323	100	385	3.1	665	5.4	7,268	59.1	3,990	32.4	15	-
2014	12,281	100	416	3.4	622	5.1	7,310	59.7	3,894	31.8	39	-
2013	12,243	100	373	3.1	618	5.1	7,069	57.9	4,157	34.0	26	-

Source: South Dakota Department of Health, Office of Health Statistics

Tobacco Use

Table 14, below, displays the percent of mothers who smoked cigarettes for each of the past 10 years. In 2022, 10.7 percent stated they smoked cigarettes three months

prior to pregnancy, and 7.5 percent smoked cigarettes anytime during their pregnancy, which is the lowest this has ever been.

**Table 14
South Dakota Resident Live Births by Cigarette Smoking Status, 2013-2022**

Year	Mother's Cigarette Smoking Status				
	Three Months Prior to Pregnancy	First Trimester	Second Trimester	Third Trimester	Anytime During Pregnancy
2022	10.7%	7.2%	5.5%	5.0%	7.5%
2021	13.4%	8.9%	7.0%	6.3%	9.2%
2020	14.9%	9.8%	7.8%	7.3%	10.1%
2019	15.9%	10.5%	8.2%	7.5%	10.7%
2018	17.2%	11.4%	8.9%	8.1%	11.8%
2017	18.1%	12.2%	9.7%	8.8%	12.6%
2016	19.5%	13.2%	10.1%	9.2%	13.6%
2015	20.9%	13.6%	10.4%	9.5%	14.0%
2014	21.7%	14.4%	11.1%	10.2%	14.8%
2013	22.5%	14.6%	11.4%	10.5%	15.1%

Source: South Dakota Department of Health, Office of Health Statistics

Table 15, on the next page, displays the percent of mothers who smoked cigarettes prior to pregnancy by their cigarette smoking status during pregnancy since 2013.

The largest percentage of women stated they never quit smoking cigarettes during their pregnancy with 43.2 percent in 2022.

Table 15
South Dakota Resident Births to Mothers Who Smoked Cigarettes Prior to Pregnancy by Cigarette Smoking Status During Pregnancy, 2013-2022

Year	Quit before becoming pregnant	Quit before second trimester	Quit before third trimester	Never quit	Stopped at some point during pregnancy, but started again before giving birth
2022	31.6%	16.0%	6.5%	43.2%	2.7%
2021	32.3%	13.9%	7.1%	43.8%	2.9%
2020	32.9%	13.6%	4.9%	45.9%	2.7%
2019	33.4%	13.8%	6.1%	44.8%	1.9%
2018	32.3%	15.0%	6.0%	44.8%	2.1%
2017	32.0%	13.5%	6.4%	45.8%	2.2%
2016	31.5%	15.8%	6.4%	44.3%	2.1%
2015	33.9%	15.0%	6.1%	42.9%	2.2%
2014	32.3%	15.5%	5.5%	44.4%	2.3%
2013	33.8%	14.0%	5.9%	43.5%	2.8%

Source: South Dakota Department of Health, Office of Health Statistics

Mother's Age and Race

Table 16, below, displays that women aged 25 to 29 accounted for the largest percentage of South Dakota resident births in 2022 at 32.7 percent.

The median age at birth for white, non-Hispanic was 29, Hispanic was 27, American Indian, non-Hispanic was 26 and black, non-Hispanic was 31.

Table 16
South Dakota Resident Live Births by Mother's Age and Race, 2022

Age of Mother	Total		Race of Mother											
			White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Less than 18	146	1.3	52	0.7	60	4.1	22	3.0	1	0.3	8	1.9	2	0.9
18-19 Years	372	3.3	156	2.0	140	9.6	45	6.2	12	3.3	16	3.9	3	1.4
20-24 Years	2,062	18.4	1,223	15.3	447	30.6	187	25.8	56	15.6	116	28.0	27	12.8
25-29 Years	3,657	32.7	2,786	34.9	348	23.8	230	31.7	83	23.1	139	33.6	66	31.3
30-34 Years	3,259	29.1	2,509	31.4	311	21.3	152	20.9	111	30.9	93	22.5	70	33.2
35-39 Years	1,436	12.8	1,068	13.4	139	9.5	79	10.9	72	20.1	39	9.4	32	15.2
40 & over	261	2.3	194	2.4	18	1.2	11	1.5	24	6.7	3	0.7	11	5.2
Total	11,193	100	7,988	100	1,463	100	726	100	359	100	414	100	211	100

Note: Failure of the races to add to the total is due to unknown races included in the total.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 17, below, displays the mother's age for births in the past 10 years. Overall, the

percentage of births continue to shift to women 30 or more years old.

Table 17
South Dakota Resident Live Births by Mother's Age and Year of Birth, 2013-2022

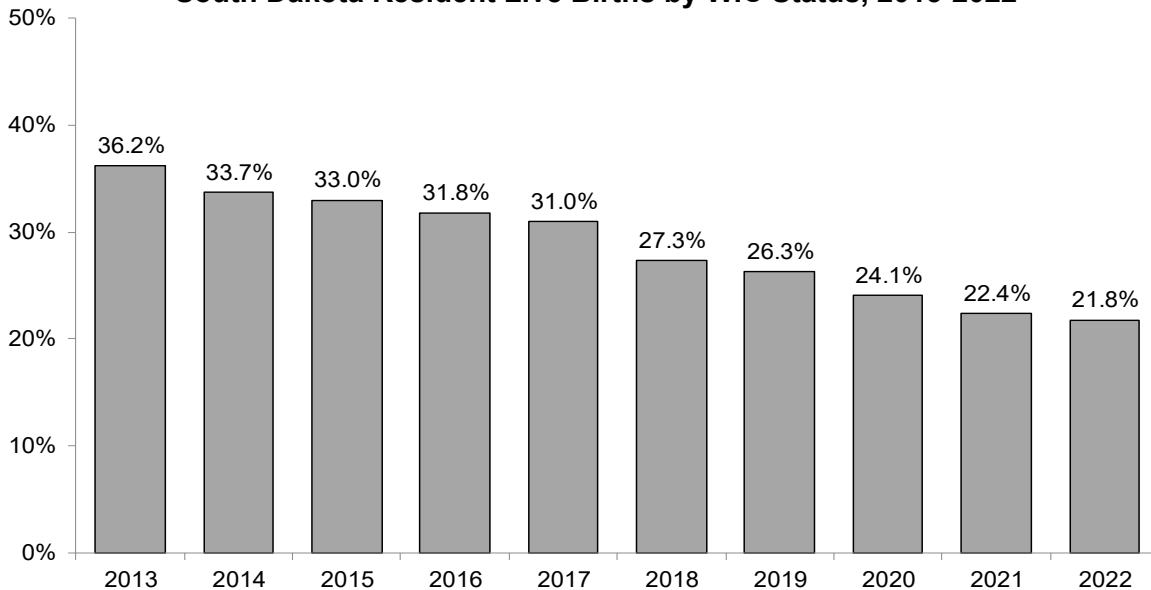
Year	Total Births		Age of Mother													
			< 18		18-19		20-24		25-29		30-34		35-39		40+	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	11,193	100	146	1.3	372	3.3	2,062	18.4	3,657	32.7	3,259	29.1	1,436	12.8	261	2.3
2021	11,304	100	159	1.4	347	3.1	2,100	18.6	3,704	32.8	3,336	29.5	1,413	12.5	245	2.2
2020	10,951	100	154	1.4	386	3.5	2,063	18.8	3,677	33.6	3,153	28.8	1,282	11.7	235	2.1
2019	11,448	100	147	1.3	393	3.4	2,197	19.2	3,801	33.2	3,356	29.3	1,349	11.8	205	1.8
2018	11,890	100	166	1.4	403	3.4	2,329	19.6	4,016	33.8	3,435	28.9	1,336	11.2	205	1.7
2017	12,128	100	155	1.3	467	3.9	2,493	20.6	4,023	33.2	3,401	28.0	1,342	11.1	247	2.0
2016	12,270	100	208	1.7	481	3.9	2,615	21.3	4,166	34.0	3,312	27.0	1,255	10.2	233	1.9
2015	12,323	100	161	1.3	565	4.6	2,746	22.3	4,172	33.9	3,331	27.0	1,130	9.2	218	1.8
2014	12,281	100	223	1.8	519	4.2	2,778	22.6	4,161	33.9	3,251	26.5	1,148	9.3	201	1.6
2013	12,243	100	224	1.8	598	4.9	2,885	23.6	4,184	34.2	3,027	24.7	1,123	9.2	202	1.6

Note: Failure of ages to add to total births is due to unknown mother's ages included in the total.
 Source: South Dakota Department of Health, Office of Health Statistics

Figure 3, below, displays the percent of South Dakota resident live births on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for the

past 10 years. In 2022, 21.8 percent of mothers were on WIC during their pregnancy.

Figure 3
South Dakota Resident Live Births by WIC Status, 2013-2022

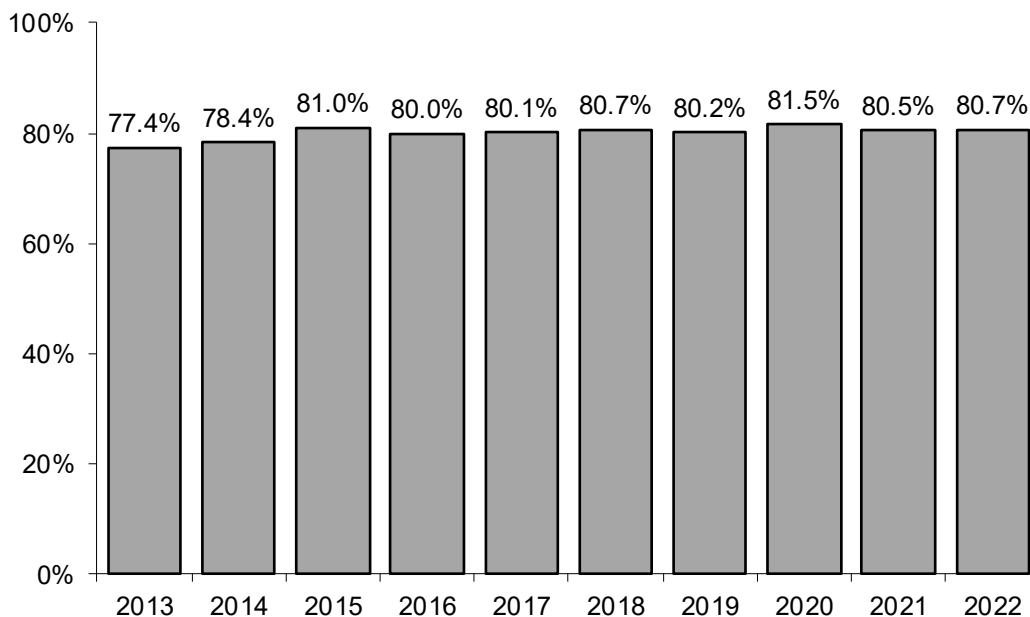


Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, displays the percent of mothers breastfeeding at time of hospital discharge. The percent of women who

were breastfeeding at time of discharge increased slightly from 80.5 percent in 2021 to 80.7 percent in 2022.

Figure 4
South Dakota Resident Live Births by Breastfeeding Status at Time of Discharge, 2013-2022



Source: South Dakota Department of Health, Office of Health Statistics

Table 18, below, displays South Dakota resident teen births (15 to 17 years old) by race from 2013 to 2022. In 2022, the teen birth rate was 7.7-the lowest it's been in the past 10 years.

When looking at race, the white, non-Hispanic teen birth rate was 3.8 compared to a teen birth rate of 25.6 for American Indian, non-Hispanics and 18.3 for Hispanics in 2022.

Table 18
South Dakota Resident Teen Births and Rates by Year and Mother's Race/Ethnicity, 2013-2022

Year	Total		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2022	140	7.7	50	3.8	57	25.6	21	18.3	1	2.0	8	10.3	2	6.9
2021	154	8.6	41	3.2	66	27.2	23	21.8	7	14.2	12	16.0	4	13.4
2020	147	8.6	37	3.0	61	26.6	27	26.7	3	7.0	13	18.8	3	11.0
2019	143	8.6	39	3.2	67	30.5	23	24.7	4	10.3	9	13.5	1	3.4
2018	162	9.9	37	3.1	86	40.2	18	21.3	7	19.3	11	18.0	3	7.9
2017	147	9.1	41	3.4	80	37.3	13	16.6	1	3.1	10	16.8	1	3.4
2016	200	12.5	60	5.0	93	44.6	23	29.7	4	13.5	15	24.8	5	16.6
2015	153	9.5	44	3.7	76	36.0	18	23.4	2	7.3	10	16.4	3	10.2
2014	216	13.2	87	7.1	86	41.4	19	23.3	8	19.8	14	23.9	1	3.9
2013	214	13.2	76	6.2	91	43.0	23	31.6	5	14.4	16	28.6	2	9.6

Note: Rates are per 1,000 female population ages 15-17. Failure of races to add to the total is due to unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Prenatal Care

Table 19, below, shows the number of South Dakota resident live births by when the mothers started prenatal care in 2022.

non-Hispanic mothers, and 66.4 percent of Hispanic mothers. Overall, 1.9 percent of mothers failed to obtain prenatal care at all.

Just over three-fourths (75.8%) of mothers started care in the first trimester – 83.4 percent of white, non-Hispanic mothers, 45.3 percent of American Indian, non-Hispanic mothers, 61.5 percent of black,

When looking at race, the white, non-Hispanic mothers who had no prenatal care was 0.7 percent while American Indian, non-Hispanic mothers who had no prenatal care was 8.1 percent.

Table 19
South Dakota Resident Live Births by Trimester Prenatal Care Began and Mother's Race/Ethnicity, 2022

Trimester Prenatal Care Began	Total		Race/Ethnicity of Mother											
			White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
First	8,414	75.8	6,631	83.4	641	45.3	478	66.4	220	61.5	288	70.1	139	66.5
Second	1,914	17.3	1,051	13.2	450	31.8	158	21.9	108	30.2	83	20.2	57	27.3
Third	553	5.0	216	2.7	209	14.8	65	9.0	21	5.9	30	7.3	9	4.3
None	213	1.9	54	0.7	115	8.1	19	2.6	9	2.5	10	2.4	4	1.9
Not Stated	99	-	36	-	48	-	6	-	1	-	3	-	2	-
Total	11,193	100	7,988	100	1,463	100	726	100	359	100	414	100	211	100

Note: Failure of the races to add to the total is due to unknown races contained in the total birth column.
Source: South Dakota Department of Health, Office of Health Statistics

Table 20, below, shows the number of mothers who began prenatal care by trimester for the past 10 years.

Prenatal care in the first trimester has slowly increased over the past 10 years.

Table 20
South Dakota Resident Live Births by Trimester Prenatal Care Began, 2013-2022

Year	Total		First		Second		Third		No Prenatal Care		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	11,193	100	8,414	75.8	1,914	17.3	553	5.0	213	1.9	99	-
2021	11,304	100	8,530	76.2	1,913	17.1	587	5.2	168	1.5	109	-
2020	10,951	100	8,256	76.0	1,956	18.0	533	4.9	118	1.1	88	-
2019	11,448	100	8,605	75.9	2,094	18.5	533	4.7	105	0.9	111	-
2018	11,890	100	8,864	75.4	2,212	18.8	561	4.8	119	1.0	134	-
2017	12,128	100	8,853	74.0	2,360	19.7	622	5.2	129	1.1	164	-
2016	12,270	100	9,160	75.5	2,248	18.5	629	5.2	98	0.8	135	-
2015	12,323	100	9,128	75.3	2,292	18.9	588	4.9	107	0.9	208	-
2014	12,281	100	9,089	75.4	2,236	18.5	637	5.3	98	0.8	221	-
2013	12,243	100	8,974	74.9	2,353	19.6	588	4.9	73	0.6	255	-

Source: South Dakota Department of Health, Office of Health Statistics

Payment Type

Table 21, below, displays the number of births by payment type for the past five years. In 2022, the majority of births, 61.8

percent, were paid by private insurance. The second highest payment type was Medicaid with 27.6 percent.

Table 21
South Dakota Resident Live Births by Payment Type, 2018-2022

Payment Type	Year									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Private Insurance	7,183	60.6	7,067	61.8	6,729	62.2	7,052	62.8	6,897	61.8
Medicaid	3,513	29.6	3,273	28.6	3,183	29.4	3,175	28.3	3,076	27.6
Self-Pay	395	3.3	360	3.1	284	2.6	387	3.4	543	4.9
Champus/Tricare	384	3.2	337	2.9	365	3.4	344	3.1	337	3.0
Indian Health Service	311	2.6	309	2.7	169	1.6	171	1.5	172	1.5
Other Government	39	0.3	65	0.6	55	0.5	71	0.6	124	1.1
Other	30	0.3	24	0.2	26	0.2	28	0.2	4	0.0
Not Stated	35	-	13	-	140	-	76	-	40	-

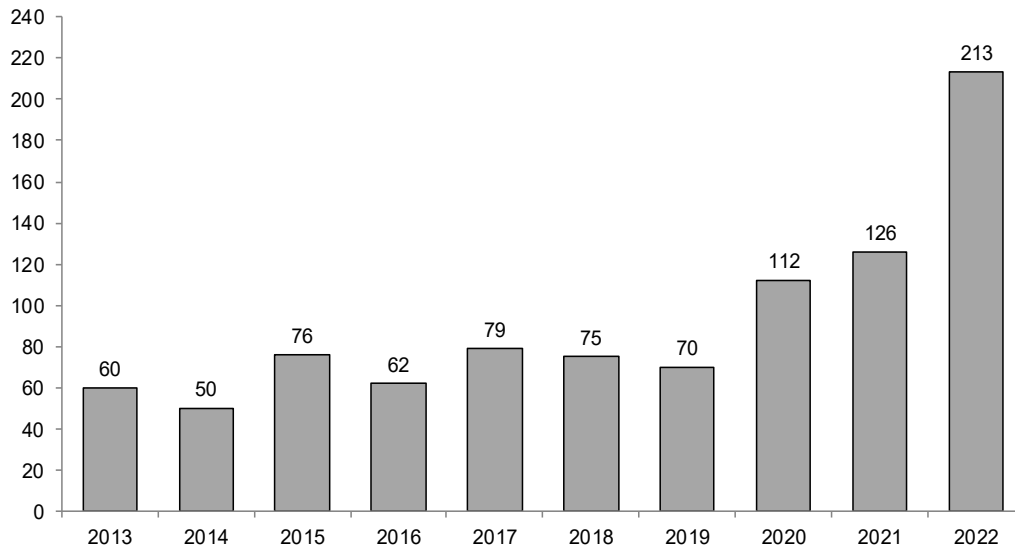
Source: South Dakota Department of Health, Office of Health Statistics

Home Births

Figure 5, on the following page, displays the number of intended home births for South Dakota residents in the past 10 years.

It was the largest number of intended home births in 2022 since this started being tracked in 2006.

Figure 5
South Dakota Resident Intended Home Births, 2013-2022



Source: South Dakota Department of Health, Office of Health Statistics

Attendant at Birth

Table 22, below, displays South Dakota resident live births by the attendant at birth for the past 10 years. Births attended by

midwives have been steadily increasing.

Table 22
South Dakota Resident Live Births by Attendant at Birth, 2013-2022

Year	Total		Physician (MD, Resident, Intern)		Doctor of Osteopathy (DO)		Certified Nurse Midwife (CNM)		Licensed Certified Nurse Midwife		Nurse (RN, LPN, NC)		Other		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	11,193	100	9,040	80.8	855	7.6	1,033	9.2	114	1.0	45	0.4	105	0.4	1	-
2021	11,304	100	9,003	79.7	1,081	9.6	1,037	9.2	59	0.5	36	0.3	86	0.8	2	-
2020	10,951	100	8,860	80.9	1,112	10.2	777	7.1	61	0.6	41	0.4	99	0.9	1	-
2019	11,448	100	9,246	80.8	1,187	10.4	841	7.3	38	0.3	65	0.6	70	0.6	1	-
2018	11,890	100	9,699	81.6	1,140	9.6	889	7.5	39	0.3	38	0.3	82	0.7	3	-
2017	12,128	100	9,928	81.9	1,145	9.4	857	7.1	46	0.4	71	0.6	77	0.6	4	-
2016	12,270	100	10,400	84.8	904	7.4	811	6.6	35	0.3	55	0.4	47	0.4	3	-
2015	12,323	100	10,630	86.3	669	5.4	844	6.8	53	0.4	66	0.5	52	0.4	0	-
2014	12,281	100	10,604	86.4	687	5.6	792	6.5	55	0.4	59	0.5	43	0.4	2	-
2013	12,243	100	10,560	87.3	569	4.7	770	6.4	63	0.5	60	0.5	81	0.7	140	-

Note: Licensed Certified Nurse Midwives are licensed by the Board of Nursing to deliver out of an institution. Certified Nurse Midwives are those that deliver in a hospital under a physician's license.

Source: South Dakota Department of Health, Office of Health Statistics

Infections Present and/or Treated

Table 23, on the next page, displays resident births by infections present and/or treated during mother's pregnancy for the past five years. In 2022, 6.2 percent of births had at least one infection present or treated.

For all five years, chlamydia was the main infection present and/or treated during pregnancy. However, syphilis has increased from nine births in 2018 to 118 births in 2022.

Table 23
South Dakota Resident Live Births by Infections Present and/or Treated
During This Pregnancy and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Chlamydia	267	2.2	280	2.4	276	2.5	332	2.9	326	2.9
Genital herpes*	151	1.3	186	1.6	171	1.6	185	1.6	178	1.6
Syphilis	9	0.1	11	0.1	19	0.2	48	0.4	118	1.1
Gonorrhea	66	0.6	77	0.7	83	0.8	118	1.0	103	0.9
Hepatitis C	68	0.6	53	0.5	63	0.6	92	0.8	89	0.8
Hepatitis B	23	0.2	17	0.1	17	0.2	19	0.2	22	0.2
Cytomegalovirus (CMV)	2	0.0	1	0.0	2	0.0	2	0.0	5	0.0
Toxoplasmosis	1	0.0	2	0.0	4	0.0	3	0.0	2	0.0
Rubella	0	0.0	1	0.0	0	0.0	0	0.0	1	0.0
No infections	11,344	95.6	10,893	95.2	10,376	94.8	10,636	94.1	10,485	93.8

Note: Percentages may sum to more than 100 percent because multiple infections may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Medical History Factors

Table 24, below, lists the medical history factors for South Dakota resident mothers during the past five years.

The most common medical history factor for all five years was the mother had a previous cesarean delivery.

Table 24
South Dakota Resident Live Births by Mother's Medical History Factors
and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Mother had a previous cesarean delivery	1,677	14.1	1,577	13.8	1,482	13.5	1,488	13.1	1,380	12.4
Diabetes, gestational	991	8.3	1,006	8.8	1,023	9.4	1,223	10.8	1,147	10.3
Hypertension, gestational	803	6.7	820	7.2	800	7.3	927	8.2	893	7.9
Other previous poor pregnancy outcomes	537	4.6	478	4.2	486	4.5	420	3.7	388	3.5
Previous preterm births	460	3.9	430	3.8	428	4.0	421	3.7	379	3.4
Hypertension, pre-pregnancy	167	1.4	163	1.4	208	1.9	217	1.9	265	2.3
Fertility-enhancing drugs, artificial insemination or intrauterine insemination	152	1.3	179	1.6	153	1.4	164	1.5	189	1.7
Hypertension, eclampsia	74	0.6	96	0.8	76	0.7	115	1.0	152	1.4
Diabetes, pre-existing	118	1.0	106	0.9	130	1.2	103	0.9	132	1.2
Assisted reproductive technology	67	0.6	77	0.7	62	0.5	67	0.6	114	1.0
No medical risk factors for this pregnancy	7,755	65.8	7,533	65.9	7,083	65.4	7,161	63.9	7,164	64.8

Note: Percentages may sum to more than 100 percent because multiple factors may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Apgar Score

The Apgar score was developed by the late Virginia Apgar, M.D., as a standardized mechanism to assess the physical condition of newborns. The score considers five easily identifiable characteristics – heart rate, respiratory effort, muscle tone, reflex, and color.

Each characteristic is assessed and assigned a value from zero to two, with two being optimum. If the total score of these five components is seven or greater, a newborn is considered to be in good to excellent physical condition.

In 2022, 2.6 percent of South Dakota resident infants received five-minute Apgar scores less than seven.

Considering race, 2.5 percent of white, non-Hispanic infants, 2.8 percent of American Indian, non-Hispanic infants, 2.2 percent of

Hispanic infants, 2.5 percent of black, non-Hispanic infants, and 3.9 percent multi-racial, non-Hispanic infants received a five-minute Apgar score less than seven in 2021.

Characteristics of Labor and Delivery

Table 25, below, lists the characteristics of labor and delivery for the past five years reported on South Dakota resident birth certificates. The four most prevalent characteristics in 2022 were epidural or spinal anesthesia with 55.5 percent,

induction of labor with 39.4 percent, antibiotics during labor with 28.1 percent, augmentation of labor with 27.1 percent. Induction of labor has been steadily increasing.

Table 25
South Dakota Resident Live Births by Characteristics of Labor and Delivery and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Epidural or spinal anesthesia	6,589	55.4	6,358	55.5	6,241	57.0	6,500	57.5	6,230	55.5
Induction of labor	3,851	32.3	3,918	34.2	4,025	36.6	4,307	38.2	4,428	39.4
Antibiotics during labor	3,298	27.8	3,258	28.5	3,114	28.5	2,995	26.5	3,135	28.1
Augmentation of labor	3,904	33.0	3,574	31.2	3,365	31.0	3,591	31.9	3,024	27.1
Meconium staining of the amniotic fluid	829	7.0	726	6.4	657	6.1	751	6.7	770	6.9
Fetal intolerance	667	5.7	764	6.7	814	7.5	765	6.8	757	6.8
Non-vertex presentation	551	4.7	531	4.6	469	4.3	576	5.1	576	5.2
Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	873	7.4	975	8.5	750	6.8	701	6.2	562	5.0
Chorioamnionitis diagnosed during labor	136	1.1	149	1.3	148	1.4	95	0.8	110	1.0
None of the above	2,134	18.1	2,022	17.7	1,874	17.3	1,897	16.9	1,968	17.8

Note: Percentages may sum to more than 100 percent because multiple characteristics of labor and delivery may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Obstetric Procedures

Table 26, on the next page, shows obstetric procedures by year of birth for the past five

years. Tocolysis was the top obstetric procedure used for all years.

Table 26
South Dakota Resident Live Births by Obstetric Procedures and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Tocolysis	99	0.8	108	0.9	105	1.0	87	0.8	61	0.6
Cervical cerclage	40	0.3	30	0.3	37	0.3	32	0.3	45	0.4
External cephalic version-successful	24	0.2	28	0.2	34	0.3	43	0.4	39	0.4
External cephalic version-failed	36	0.3	50	0.4	42	0.4	52	0.5	36	0.3
No obstetric procedures	11,697	98.4	11,236	98.2	10,732	98.1	11,091	98.1	11,006	98.4

Note: Percentages may sum to more than 100 percent because multiple obstetric procedures may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Onset of Labor

Table 27, below, displays the complications associated with the onset of labor for the past five years. The primary complication in 2022 associated with onset of labor for

mothers was precipitous labor (< 3 hours). In 2022, 15.0 percent of births had a complication associated with the onset of labor.

Table 27
South Dakota Resident Live Births by Complications Associated with Onset of Labor and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Precipitous labor (< 3 hours)	1,336	11.2	763	6.7	743	6.8	819	7.2	1,013	9.2
Premature rupture of membranes	400	3.4	372	3.3	317	2.9	330	2.9	348	3.1
Prolonged labor (20+ hours)	410	3.4	350	3.1	334	3.1	300	2.7	347	3.1
None of the above	9,801	82.5	9,993	87.3	9,590	87.6	9,885	87.5	9,523	85.0

Note: Percentages may sum to more than 100 percent because multiple complications with the onset of labor may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Maternal Complications

Table 28, below, illustrates the maternal complications for the past five years. The highest maternal complication in 2022 was third or fourth degree perineal

laceration with 1.1 percent of births. Overall, maternal complications were present in 2.1 percent of resident births in 2022.

Table 28
South Dakota Resident Live Births by Maternal Complications and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Third or fourth degree perineal laceration	102	0.9	111	1.0	84	0.8	99	0.9	125	1.1
Maternal transfusion	60	0.5	51	0.4	45	0.4	61	0.5	64	0.6
Unplanned operating procedure following delivery	49	0.4	41	0.4	30	0.3	42	0.4	47	0.4
Admitted to intensive care	11	0.1	6	0.1	9	0.1	23	0.2	17	0.2
Ruptured uterus	6	0.1	1	0.0	7	0.1	2	0.0	8	0.1
Unplanned hysterectomy	12	0.1	9	0.1	3	0.0	8	0.1	3	0.0
None of the above	11,678	98.2	11,246	98.2	10,789	98.6	11,098	98.2	10,950	97.9

Note: Percentages may sum to more than 100 percent because multiple complications may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Methods of Delivery

Table 29, below, displays the method of delivery for the past five years. Vaginal birth was the primary method of delivery for South Dakota residents for the

past five years. C-section rates have decreased slightly from past years.

Table 29
South Dakota Resident Births by Method of Delivery and Year of Birth, 2018-2022

	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Vaginal (Total)	8,964	75.4	8,647	75.5	8,252	75.4	8,527	75.4	8,513	76.1
Vaginal with no previous C-section	8,593	72.3	8,321	72.7	7,939	72.5	8,189	72.4	8,173	73.0
Vaginal after previous C-section	360	3.0	324	2.8	308	2.8	334	3.0	329	2.9
Vaginal (unknown previous types)	11	0.1	2	0.0	5	0.1	4	0.0	11	0.1
C-Section (Total)	2,926	24.6	2,801	24.5	2,698	24.6	2,777	24.6	2,679	23.9
Primary C-section	1,608	13.5	1,548	13.5	1,524	13.9	1,622	14.3	1,627	14.5
Repeat C-section	1,317	11.1	1,253	10.9	1,174	10.7	1,154	10.2	1,051	9.4
C-section (unknown previous types)	1	0.0	0	0.0	0	0.0	1	0.0	1	0.0

Source: South Dakota Department of Health, Office of Health Statistics

Table 30, below, displays the method of delivery by fetal presentation. The majority of births, 94.9 percent, were cephalic while 4.5 percent were breech.

When looking at primary C-section births, 25.0 percent were breech while 73.3 percent were cephalic.

Table 30
South Dakota Resident Births by Method of Delivery and Fetal Presentation, 2022

	Total		Cephalic		Breech		Other	
	Num	%	Num	%	Num	%	Num	%
Total	11,193	100	10,623	94.9	505	4.5	62	0.6
Vaginal (Total)	8,513	100	8,473	99.5	23	0.3	16	0.2
Vaginal with no previous C-section	8,173	100	8,135	99.5	23	0.3	14	0.2
Vaginal after previous C-section	329	100	327	99.4	0	0.0	2	0.6
Vaginal (unknown previous types)	11	100	11	100.0	0	0.0	0	0.0
C-Section (Total)	2,679	100	2,150	80.3	482	18.0	46	1.7
Primary C-section	1,627	100	1,192	73.3	407	25.0	28	1.7
Repeat C-section	1,051	100	958	91.2	75	7.1	17	1.6
C-section (unknown previous types)	1	100	0	0.0	0	0.0	1	100.0

Note: Failure of methods of delivery and/or fetal presentations to add to the total are due to unknown methods and presentations.
Source: South Dakota Department of Health, Office of Health Statistics

Abnormal Conditions of the Newborn

Table 31, on the next page, shows abnormal conditions in newborns for the past five years. In 2022, 12.8 percent of South Dakota resident live birth certificates reported at least one abnormal condition of

the newborn. Overall, NICU admission was the most frequently reported condition in 2022 followed by assisted ventilation required immediately following delivery.

Table 31

South Dakota Resident Live Births by Abnormal Conditions of Newborn and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
NICU admission	1,169	9.8	1,154	10.1	1,047	9.6	1,190	10.5	1,096	9.8
Assisted ventilation required immediately following delivery	684	5.8	682	6.0	624	5.7	779	6.9	811	7.3
Assisted ventilation required for more than 6 hrs	280	2.4	320	2.8	278	2.5	366	3.2	358	3.2
Antibiotics received by the newborn for suspected neonatal sepsis	495	4.2	475	4.1	363	3.3	421	3.7	348	3.1
Newborn given surfactant replacement therapy	62	0.5	98	0.9	66	0.6	75	0.7	86	0.8
Significant birth injury	18	0.2	11	0.1	8	0.1	15	0.1	14	0.1
Seizure or serious neurologic dysfunction	3	0.0	19	0.2	9	0.1	9	0.1	7	0.1
None of the above	10,472	88.1	10,024	87.6	9,654	88.2	9,839	87.1	9,748	87.2

Note: Percentages may sum to more than 100 percent because multiple abnormal conditions may be reported for a single birth.

Source: South Dakota Department of Health, Office of Health Statistics

Congenital Anomalies

Table 32, below, displays congenital anomalies for the past five years. In 2022 the most prevalent congenital anomaly was

chromosomal disorder followed by Down syndrome. In 2022, 99.2 percent of births had no congenital anomaly.

Table 32

South Dakota Resident Births with Reported Congenital Anomalies and Year of Birth, 2018-2022

	Year of Birth									
	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Chromosomal disorder	21	0.2	17	0.1	18	0.2	32	0.3	25	0.2
Down syndrome (Trisomy 21)	13	0.1	16	0.1	14	0.1	17	0.2	21	0.2
Cyanotic congenital heart disease	9	0.1	15	0.1	12	0.1	10	0.1	16	0.1
Cleft palate alone	14	0.1	17	0.1	11	0.1	12	0.1	11	0.1
Other craniofacial abnormality	8	0.1	12	0.1	13	0.1	15	0.1	10	0.1
Hypospadias	11	0.1	11	0.1	12	0.1	11	0.1	10	0.1
Cleft lip with or without a cleft palate	14	0.1	16	0.1	13	0.1	14	0.1	6	0.1
Meningomyelocele/Spina bifida	6	0.1	4	0.0	3	0.0	3	0.0	4	0.0
Gastroschisis	5	0.0	10	0.1	1	0.0	4	0.0	3	0.0
Congenital diaphragmatic hernia	1	0.0	7	0.1	0	0.0	3	0.0	3	0.0
Omphalacele	2	0.0	4	0.0	1	0.0	5	0.0	2	0.0
Anencephaly	2	0.0	4	0.0	2	0.0	0	0.0	2	0.0
Limb reduction defect	3	0.0	3	0.0	2	0.0	2	0.0	1	0.0
At least one anomaly	94	0.8	100	0.9	79	0.7	101	0.9	93	0.8
None of the above	11,793	99.2	11,346	99.1	10,863	99.3	11,195	99.1	11,090	99.2

Note: Percentages may sum to more than 100 percent because multiple congenital anomalies may be reported for a single birth.

Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality

Infant Mortality

An Overview: 2022	
Infant Deaths	
Number	87
Rate per 1,000 Live Births	7.8
Neonatal Deaths	
Number	50
Rate per 1,000 Live Births	4.5
Postneonatal Death	
Number	37
Rate per 1,000 Live Births	3.3

During 2022, there were 87 South Dakota resident infant deaths reported for an infant mortality rate of 7.8 per 1,000 live births. In comparison, there were 71 infant deaths in 2021, with the infant mortality rate of 6.3 per 1,000 live births.

Caution should be used when comparing these annual rates, because the number of South Dakota resident births creates a relatively small denominator to determine infant mortality rates; a small change in the number of infant deaths can result in a relatively large rate change. Infant mortality rates should be monitored over a period of time.

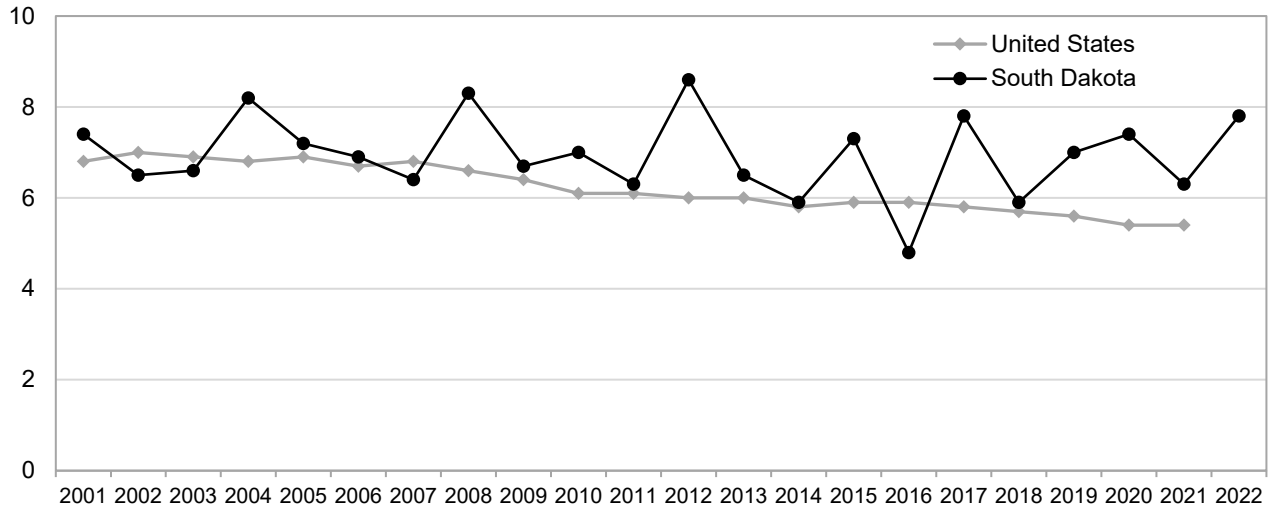
Table 33
Resident Infant Deaths and Infant Mortality Rates,
South Dakota and United States, 2001-2022

Year	United States		South Dakota	
	Number	Mortality Rate	Number	Mortality Rate
2022	*NA	*NA	87	7.8
2021	19,928	5.4	71	6.3
2020	19,578	5.4	81	7.4
2019	20,921	5.6	80	7.0
2018	21,498	5.7	70	5.9
2017	22,341	5.8	94	7.8
2016	23,161	5.9	59	4.8
2015	23,455	5.9	90	7.3
2014	23,215	5.8	73	5.9
2013	23,446	6.0	80	6.5
2012	23,629	6.0	104	8.6
2011	23,985	6.1	75	6.3
2010	24,586	6.1	83	7.0
2009	26,412	6.4	80	6.7
2008	28,059	6.6	100	8.3
2007	29,138	6.8	79	6.4
2006	28,527	6.7	82	6.9
2005	28,440	6.9	82	7.2
2004	27,936	6.8	93	8.2
2003	28,025	6.9	73	6.6
2002	28,034	7.0	70	6.5
2001	27,568	6.8	78	7.4

Note: *U.S. 2022 data were not available at time of publication.
 Infant mortality rates are per 1,000 live births.

Source: National Center for Health Statistics
 South Dakota Department of Health, Office of Health Statistics

Figure 6
Resident Infant Mortality Rates, South Dakota and United States, 2001-2022

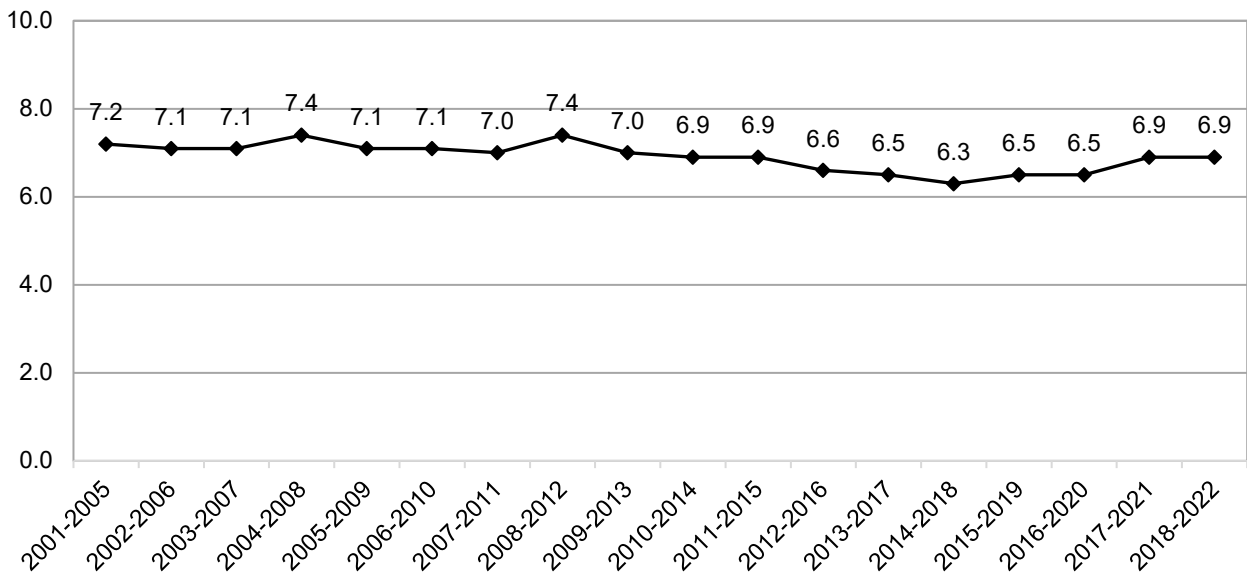


Note: Rate Per 1,000 Live Births. U.S. 2022 data are not available.
 Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Figure 7, below, displays South Dakota's infant mortality rate grouped in five year increments. This graph shows that over the

past 22 years South Dakota's infant mortality rate has been slowly decreasing.

Figure 7
Resident Infant Mortality Rates for South Dakota, 2001-2022



Note: Rate Per 1,000 Live Births.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 34, below, lists the overall leading causes of infant death in 2018-2022. The leading causes of infant death in 2022 can be broken down as follows: congenital

malformations, 24.1 percent, short gestation and low birth weight with 9.2 percent, and accidental suffocation and strangulation in bed with 6.9 percent.

Table 34
South Dakota Resident Leading Causes of Infant Death, 2018-2022

	Total	2018	2019	2020	2021	2022
Total Deaths	389	70	80	81	71	87
1. Congenital malformations, deformations, & chromosomal abnormalities (Q00-Q99)	100	19	27	13	20	21
Congenital malformations of the heart (Q20-Q24)	23	5	6	3	3	6
Chromosomal abnormalities (Q90-Q99)	23	5	6	2	7	3
Edward's syndrome (Trisomy 18) (Q91.0-Q91.3)	16	3	5	1	5	2
Congenital malformations of the nervous system (Q00-Q07)	18	4	4	4	4	2
Anencephaly and similar malformations (Q00)	9	2	4	2	0	1
Congenital malformations and deformations of the musculoskeletal system, limbs and integument (Q65-Q85)	11	2	3	0	3	3
Congenital malformations of the genitourinary system (Q50-Q64)	8	2	1	0	1	4
2. Disorders related to short gestation and low birth weight (P07)	40	3	10	11	8	8
3. Accidental suffocation and strangulation in bed (W75)	33	6	7	8	6	6
4. Undetermined cause of death (R96-R99)	28	5	8	11	3	1
5. Sudden infant death syndrome (SIDS) (R95)	27	7	1	6	6	7
T6. Newborn affected by premature rupture of membranes (P01.1)	11	1	2	1	2	5
T6. Newborn affected by complications of placenta, cord, and membranes (P02)	11	4	2	3	1	1
8. Diseases of the circulatory system (I00-I99)	10	2	3	3	0	2
9. Homicide (X85-Y09)	8	2	1	1	1	3
T10. Hydrops fetalis not due to hemolytic disease (P83.2)	7	1	1	3	0	2
T10. Respiratory distress of newborn (P22)	7	2	1	2	0	2
All other causes	107	18	17	19	24	29

Source: South Dakota Department of Health, Office of Health Statistics

There were 50 neonatal deaths (deaths occurring to infants from birth through 27 days old) for a rate of 4.5 deaths per 1,000 live births. There were 37 postneonatal deaths (deaths occurring to infants 28 days

to 1 year of age) for a rate of 3.3 deaths per 1,000 live births. In comparison, in 2021 neonatal and postneonatal rates were 3.3 and 3.0 per 1,000 live births, respectively.

Infant Mortality by Race

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

white, non-Hispanic
 American Indian, non-Hispanic
 black, non-Hispanic
 multi-racial, non-Hispanic
 Hispanic

The remaining categories (Asian, non-Hispanic, and Pacific Islander, non-Hispanic) are included in the totals but are not necessarily shown specifically in any tables.

Table 35a, below, indicates that from 2021 to 2022, the rate of South Dakota resident infant deaths increased for all race/ethnicities except for black, non-Hispanic. Table 35b, below, displays infant mortality grouped by five-year increments.

Table 35a
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, 2013-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2022	47	5.9	30	20.5	2	5.6	5	6.9	3	7.2	87	7.8
2021	31	3.9	26	17.2	7	18.3	3	4.3	3	7.1	71	6.3
2020	43	5.6	22	14.7	4	10.4	5	7.6	7	16.7	81	7.4
2019	50	6.1	18	11.2	5	12.1	4	6.2	2	5.1	80	7.0
2018	44	5.2	14	8.5	2	4.9	4	6.1	5	11.7	70	5.9
2017	61	7.1	15	8.3	7	17.6	3	4.8	6	14.4	94	7.8
2016	33	3.7	21	11.8	3	8.3	1	1.6	1	2.7	59	4.8
2015	52	5.9	24	12.5	3	11.3	3	5.4	7	16.6	90	7.3
2014	36	4.0	23	12.7	3	10.2	4	6.6	7	18.3	73	5.9
2013	46	5.2	22	11.6	4	14.4	2	3.8	4	11.9	80	6.5

Note: Infant mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 35b
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2009-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018-2022	215	5.3	110	14.2	20	10.3	21	6.2	20	9.6	389	6.9
2017-2021	229	5.6	95	11.8	25	12.6	19	5.8	23	11.1	396	6.9
2016-2020	231	5.5	90	10.8	21	10.7	17	5.3	21	10.4	384	6.5
2015-2019	240	5.6	92	10.5	20	10.8	15	4.8	21	10.3	393	6.5
2014-2018	226	5.2	97	10.8	18	10.4	15	4.9	26	12.9	386	6.3
2013-2017	228	5.2	105	11.4	20	12.5	13	4.4	25	13.0	396	6.5
2012-2016	220	5.0	114	12.3	16	10.9	19	6.6	29	15.3	406	6.6
2011-2015	229	5.2	117	12.5	16	11.9	18	6.5	32	17.4	422	6.9
2010-2014	229	5.2	112	12.1	14	10.7	18	6.7	32	18.6	415	6.9
2009-2013	247	5.6	108	11.7	14	11.4	16	6.2	27	16.4	422	7.0

Note: Infant mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
 Source: South Dakota Department of Health, Office of Health Statistics

When analyzed by race, Table 36a, below, indicates that the South Dakota resident neonatal mortality rate per 1,000 live births increased for white, non-Hispanic, American Indian, non-Hispanic, and Hispanic from

2021 to 2022. Black, non-Hispanic decreased from 2021 to 2022. In Table 36b, below, neonatal mortality is grouped in five-year increments.

Table 36a
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, 2013-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2022	28	3.5	18	12.3	2	5.6	2	2.8	0	0.0	50	4.5
2021	18	2.2	12	7.9	5	13.1	1	1.4	1	2.4	37	3.3
2020	23	3.0	10	6.6	4	10.4	3	4.5	3	7.2	43	3.9
2019	30	3.7	6	3.7	5	12.1	3	4.7	1	2.5	46	4.0
2018	24	2.8	7	4.3	1	2.4	3	4.6	1	2.3	36	3.0
2017	46	5.3	10	5.5	6	15.1	2	3.2	2	4.8	67	5.5
2016	22	2.5	8	4.5	0	0.0	0	0.0	1	2.7	31	2.5
2015	36	4.1	15	7.8	3	11.3	2	3.6	2	4.7	59	4.8
2014	25	2.8	8	4.4	1	3.4	4	6.6	4	10.4	42	3.4
2013	31	3.5	9	4.7	4	14.4	1	1.9	2	6.0	48	3.9

Note: Neonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Table 36b
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2009-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018-2022	123	3.0	53	6.9	17	8.7	12	3.6	6	2.9	212	3.7
2017-2021	141	3.4	45	5.6	21	10.6	12	3.7	8	3.8	229	4.0
2016-2020	145	3.5	41	4.9	16	8.1	11	3.4	8	3.9	223	3.8
2015-2019	158	3.7	46	5.3	15	8.1	10	3.2	7	3.5	239	4.0
2014-2018	153	3.5	48	5.4	11	6.4	11	3.6	10	5.0	235	3.9
2013-2017	160	3.6	50	5.4	14	8.8	9	3.1	11	5.7	247	4.0
2012-2016	153	3.5	54	5.8	9	6.1	13	4.5	15	7.9	249	4.1
2011-2015	160	3.6	56	6.0	11	8.2	13	4.7	17	9.2	264	4.3
2010-2014	159	3.6	55	6.0	8	6.1	14	5.2	18	10.5	261	4.3
2009-2013	166	3.8	54	5.8	9	7.4	12	4.7	16	9.8	264	4.4

Note: Neonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Table 37a, below, indicates that the postneonatal mortality rate per 1,000 live births increased for white, Hispanic, and multi-race infants from 2021 to 2022. The American Indian, non-Hispanic postneonatal mortality rate has been consistently higher

than the white, non-Hispanic rate for each year since 2013. When looking at the data in five-year increments as shown in Table 37b, below, the total postneonatal mortality rate from 2018-2022 is the highest in at least the last ten years.

Table 37a
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, 2013-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2022	19	2.4	12	8.2	0	0.0	3	4.1	3	7.2	37	3.3
2021	13	1.6	14	9.2	2	5.2	2	2.9	2	4.7	34	3.0
2020	20	2.6	12	8.0	0	0.0	2	3.0	4	9.5	38	3.5
2019	20	2.5	12	7.5	0	0.0	1	1.6	1	2.5	34	3.0
2018	20	2.4	7	4.3	1	2.4	1	1.5	4	9.3	34	2.9
2017	15	1.7	5	2.8	1	2.5	1	1.6	4	9.6	27	2.2
2016	11	1.2	13	7.3	3	8.3	1	1.6	0	0.0	28	2.3
2015	16	1.8	9	4.7	0	0.0	1	1.8	5	11.8	31	2.5
2014	11	1.2	15	8.3	2	6.8	0	0.0	3	7.8	31	2.5
2013	15	1.7	13	6.8	0	0.0	1	1.9	2	6.0	32	2.6

Note: Postneonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Table 37b
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2009-2022

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018-2022	92	2.3	57	7.4	3	1.5	9	2.7	14	6.7	177	3.1
2017-2021	88	2.1	50	6.2	4	2.0	7	2.1	15	7.2	167	2.9
2016-2020	86	2.1	49	5.9	5	2.5	6	1.9	13	6.4	161	2.7
2015-2019	82	1.9	46	5.3	5	2.7	5	1.6	14	6.9	154	2.6
2014-2018	73	1.7	49	5.5	7	4.0	4	1.3	16	7.9	151	2.5
2013-2017	68	1.5	55	6.0	6	3.8	4	1.4	14	7.3	149	2.4
2012-2016	67	1.5	60	6.5	7	4.8	6	2.1	14	7.4	157	2.6
2011-2015	69	1.6	61	6.5	5	3.7	5	1.8	15	8.1	158	2.6
2010-2014	70	1.6	57	6.2	6	4.6	4	1.5	14	8.2	154	2.6
2009-2013	81	1.8	54	5.8	5	4.1	4	1.6	11	6.7	158	2.6

Note: Postneonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Table 38, below, shows the leading causes of infant death from 2018 to 2022. The overall leading cause of infant death for South Dakota residents was congenital malformations, deformations, and chromosomal abnormalities, which accounted for 25.7 percent of all infant deaths in South Dakota from 2018 to 2022. The second leading cause of death was disorders related to short gestation and low birth weight with 10.3 percent.

When analyzed by race, the leading cause of death for white, non-Hispanic infants was congenital malformations, deformations, and chromosomal abnormalities with 29.3 percent of all white, non-Hispanic infant deaths. This was also the leading cause of death for American Indian, non-Hispanic infants at 16.4 percent.

Table 38
South Dakota Resident Infant Deaths by Cause of Death and Race, 2018-2022

	Total		Race									
			White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Total Deaths	389	6.9	215	5.3	110	14.2	20	10.3	21	6.2	20	9.6
1. Congenital malformations, deformations, & chromosomal abnormalities (Q00-Q99)	100	1.8	63	1.6	18	2.3	7	3.6	4	1.2	7	3.4
Congenital malformations of the heart (Q20-Q24)	23	0.4	16	0.4	4	0.5	1	0.5	1	0.3	1	0.5
Chromosomal abnormalities (Q90-Q99)	23	0.4	12	0.3	3	0.4	3	1.5	3	0.9	2	1.0
Edward's syndrome (Trisomy 18) (Q91.0-Q91.3)	16	0.3	9	0.2	2	0.3	1	0.5	2	0.6	2	1.0
Congenital malformations of the nervous system (Q00-Q07)	18	0.3	14	0.3	3	0.4	0	0.0	0	0.0	1	0.5
Anencephaly and similar malformations (Q00)	9	0.2	7	0.2	1	0.1	0	0.0	0	0.0	1	0.5
Congenital malformations and deformations of the musculoskeletal system, limbs and integument (Q65-Q85)	11	0.2	9	0.2	2	0.3	0	0.0	0	0.0	0	0.0
Congenital malformations of the genitourinary system (Q50-Q64)	8	0.1	4	0.1	2	0.3	2	1.0	0	0.0	0	0.0
2. Disorders related to short gestation and low birth weight (P07)	40	0.7	21	0.5	14	1.8	4	2.1	1	0.3	0	0.0
3. Accidental suffocation and strangulation in bed (W75)	33	0.6	16	0.4	10	1.3	1	0.5	2	0.6	4	1.9
4. Undetermined cause of death (R96-R99)	28	0.5	19	0.5	7	0.9	0	0.0	1	0.3	1	0.5
5. Sudden infant death syndrome (SIDS) (R95)	27	0.5	15	0.4	9	1.2	0	0.0	2	0.6	1	0.5
T6. Newborn affected by premature rupture of membranes (P01.1)	11	0.2	5	0.1	4	0.5	0	0.0	2	0.6	0	0.0
T6. Newborn affected by complications of placenta, cord and membranes (P02)	11	0.2	4	0.1	6	0.8	0	0.0	0	0.0	1	0.5
8. Diseases of the circulatory system (I00-I99)	10	0.2	5	0.1	4	0.5	0	0.0	1	0.3	0	0.0
9. Homicide (X85-Y09)	8	0.1	5	0.1	2	0.3	0	0.0	0	0.0	1	0.5
T10. Hydrops fetalis not due to hemolytic disease (P83.2)	7	0.1	7	0.2	0	0.0	0	0.0	0	0.0	0	0.0
T10. Respiratory distress of newborn (P22)	7	0.1	5	0.1	1	0.1	0	0.0	1	0.3	0	0.0
All Other Causes	107	1.9	50	1.2	35	4.5	8	4.1	7	2.1	5	2.4

Source: South Dakota Department of Health, Office of Health Statistics

Note: Failure of races to add to the total is due to other and unknown races included in the total.

Infant Mortality and Birth Weight

Table 39, below, displays infant mortality rates by birth weight. The highest mortality rate was for babies born who weighed less than 1,000 grams with an infant mortality rate of 473.7, a neonatal mortality rate of 424.8, and a postneonatal mortality rate of 48.9.

The highest rates occurred below 2,500 grams, which is considered low birth weight babies. The lowest infant mortality rate occurred in the 4,000-4,499 gram group with 2.0.

Table 39
South Dakota Resident Infant Mortality Rates by Birth Weight, 2018-2022

Birth Weight (in Grams)	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	56,786	389	6.9	3.7	3.1
<1,000	266	126	473.7	424.8	48.9
1,000-1,499	305	20	65.6	42.6	23.0
1,500-1,999	789	23	29.2	19.0	10.1
2,000-2,499	2,590	35	13.5	7.3	6.2
2,500-2,999	9,670	62	6.4	2.1	4.3
3,000-3,499	21,552	71	3.3	0.8	2.5
3,500-3,999	16,579	37	2.2	0.5	1.7
4,000-4,499	4,393	9	2.0	0.5	1.6
4,500+	621	2	3.2	1.6	1.6

Note: Infant, neonatal, and postneonatal mortality rates are per 1,000 live births.
Failure of births to add to total is due to unknown birth weights included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Prenatal Care

Table 40, below, displays infant mortality rates by prenatal care. The highest infant mortality rate was 36.1 and occurred when mothers did not have any prenatal care. This

is also true for neonatal and postneonatal mortality rates. In comparison, when mothers received prenatal care in the first trimester the infant mortality rate was only 5.1.

Table 40
South Dakota Resident Infant Mortality Rates by Prenatal Care, 2018-2022

Trimester Prenatal Care Began	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	56,786	389	6.9	3.7	3.1
First Trimester	42,669	219	5.1	3.0	2.1
Second Trimester	10,089	99	9.8	4.9	5.0
Third Trimester	2,767	24	8.7	1.8	6.9
No Prenatal Care	720	26	36.1	23.6	12.5

Note: Infant mortality rates are per 1,000 live births.
Failure of births and infant deaths to add to the total is due to unknown prenatal care included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Gestation Period

Table 41, below, displays infant mortality rates by gestation period. The highest infant mortality rate occurred to those with less than 25 weeks gestation with a rate of 727.3.

The highest neonatal mortality occurred at less than 25 weeks with a rate of 697.0 and the highest postneonatal mortality rate occurred at 25-29 weeks with a rate of 44.4.

Table 41
South Dakota Resident Infant Mortality Rates by Gestation Period, 2018-2022

Weeks of Gestation	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	56,786	389	6.9	3.7	3.1
<25 Weeks	132	96	727.3	697.0	30.3
25-29 Weeks	293	38	129.7	85.3	44.4
30-31 Weeks	285	18	63.2	52.6	10.5
32 Weeks	244	7	28.7	16.4	12.3
33 Weeks	314	9	28.7	22.3	6.4
34 Weeks	778	16	20.6	11.6	9.0
35 Weeks	1,005	8	8.0	3.0	5.0
36 Weeks	2,533	26	10.3	4.3	5.9
37 Weeks	6,244	45	7.2	2.1	5.1
38 Weeks	9,813	41	4.2	0.9	3.3
39 Weeks	21,480	56	2.6	0.8	1.8
40 Weeks	10,602	25	2.4	0.4	2.0
41 Weeks	2,796	1	0.4	0.0	0.4
42+ Weeks	210	0	0.0	0.0	0.0

Note: Infant mortality rates are per 1,000 live births.

Failure of births and infant deaths to add to the total is due to unknown gestations included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Cigarette Use

Table 42, below, displays infant mortality rates by cigarette use of the mother. Mothers who reported they smoked cigarettes while pregnant had an infant mortality rate of 14.8,

while mothers who reported they did not smoke cigarettes while pregnant had an infant mortality rate of 5.8.

Table 42
South Dakota Resident Infant Mortality Rates
by Cigarette Use of Mother During Pregnancy, 2018-2022

Cigarette Use of Mother	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	56,786	389	6.9	3.7	3.1
Yes	5,685	297	14.8	5.3	9.5
No	50,883	84	5.8	3.5	2.4

Note: Infant mortality rates are per 1,000 live births.

Failure of births to add to the total is due to unknown cigarette use of the mother included in the total.

Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Mother Demographics

The following tables, 43a-43d, compare infant mortality rates among different demographics of the mother, different previous pregnancy histories, different labor and delivery situations, and different post-delivery conditions. The comparison is done using the Chi-Square test. An explanation of this test is given in the Technical Notes section at the end of the report.

The rates denoted with an asterisk are the ones found to illustrate an association with the variables listed in the left column. For example, the test indicates that when there is a change in the education of the mother, there is an associated change with the infant

mortality rate as well as the neonatal and post-neonatal mortality rate.

However, it should be noted that this test does not consider relationships among multiple variables at the same time. Therefore, dependencies detected by Chi-square analyses may be unrealistic or non-causal. There may be other unseen factors that make the variables appear to be associated. However, if properly used, this test is a very useful tool for the evaluation of associations and can be used as a preliminary analysis of more complex statistical evaluations.

Table 43a
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2018-2022

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Education					
11 years or less	6,976	87	12.5*	6.0*	6.5*
12+ years	48,092	269	5.6*	3.2*	2.4*
Marital Status					
Single	20,454	209	10.2*	5.0*	5.2*
Married	36,309	165	4.5*	2.9*	1.6*
Mother's WIC Status					
No WIC	42,541	242	5.7*	3.5	2.2*
WIC	13,742	126	9.2*	4.1	5.1*
Age					
<20	2,673	34	12.7*	6.4*	6.4*
20-24	10,751	87	8.1*	3.9*	4.2*
25-29	18,855	97	5.1*	2.5*	2.6*
30-34	16,539	96	5.8*	3.9*	1.9*
35+	7,967	62	7.8*	4.9*	2.9*
BMI					
Underweight (<18.5)	1,538	21	13.7*	7.6*	6.5*
Recommended (18.5-24.9)	24,029	123	5.1*	2.9*	2.2*
Overweight (25.0-29.9)	15,162	94	6.2*	3.5*	2.7*
Obese (30.0-34.9)	8,291	63	7.6*	4.7*	2.9*
Very Obese (35.0-39.9)	4,373	44	10.1*	4.6*	5.5*
Morbidly Obese (40.0+)	2,923	24	8.2*	3.4*	4.8*
Gestational Diabetes					
No Gestational Diabetes	51,355	349	6.8*	3.8	3.0
Gestational Diabetes	5,390	23	4.2*	2.4	1.9
Hepatitis C					
No Hepatitis C	56,374	360	6.4*	3.6	2.8*
Hepatitis C	365	11	30.1*	8.2	21.9*
Chlamydia					
No Chlamydia	55,258	350	6.3*	3.5	2.8*
Chlamydia	1,481	21	14.2*	6.1	8.1*
Gonorrhea					
No Gonorrhea	56,292	362	6.4*	3.6*	2.9*
Gonorrhea	447	9	20.1*	11.2*	8.9*
Family History of Hearing Loss					
No	54,822	340	6.2*	3.4	2.8
Yes	835	11	13.2*	7.2	6.0

Table 43a (continued)
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2018-2022

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Payment Source					
Medicaid	16,220	161	9.9*	4.3*	5.6*
Private Insurance	34,928	165	4.7*	3.1*	1.6*
Self-Pay	1,969	16	8.1*	5.6*	2.5*
Indian Health Service	1,132	20	17.7*	9.7*	8.0*
Champus/Tricare	1,767	6	3.4*	2.3*	1.1*
Other Government	354	4	11.3*	5.6*	5.6*
Other	112	1	8.9*	8.9*	0.0*

Note: *The Chi-square statistic is significant at the 0.05 level.

Source: South Dakota Department of Health, Office of Health Statistics

Table 43b
South Dakota Resident Infant Mortality Rates by Previous Pregnancy History, 2018-2022

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Number of Living Children					
0	18,908	114	6.0*	3.8	2.3*
1	17,067	101	5.9*	3.7	2.2*
2	10,892	61	5.6*	2.6	3.0*
3	5,290	41	7.8*	4.2	3.6*
4+	4,580	56	12.2*	4.8	7.4*
Number of Dead Children					
0	55,796	348	6.2*	3.4*	2.9
1+	864	24	27.8*	22.0*	5.8
Number of Previous Terminations					
0	40,384	234	5.8*	3.2*	2.6*
1	10,837	90	8.3*	4.5*	3.8*
2+	5,458	49	9.0*	4.9*	4.0*
Number of Previous Pregnancies					
0	15,661	83	5.3*	3.1*	2.2*
1	14,501	92	6.3*	4.1*	2.2*
2	10,866	51	4.7*	2.6*	2.1*
3	6,777	48	7.1*	3.5*	3.5*
4	3,900	37	9.5*	3.8*	5.6*
5+	4,925	59	12.0*	5.9*	6.1*
Previous Pre-Term Infant					
No	54,627	337	6.2*	3.4*	2.8*
Yes	2,118	35	16.5*	9.9*	6.6*
Other Poor Previous Pregnancy Outcomes					
No	53,994	336	6.2*	3.4*	2.8*
Yes	2,309	33	14.3*	8.2*	6.1*
Infertility Treatment					
No	55,575	358	6.4*	3.5*	3.0
Yes	1,170	14	12.0*	10.3*	1.7

Note: *The Chi-square statistic is significant at the 0.05 level.

Source: South Dakota Department of Health, Office of Health Statistics

Table 43c
South Dakota Resident Infant Mortality Rates by Labor and Delivery, 2018-2022

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Infertility Treatment-Drugs, Insemination					
No	55,905	363	6.5	3.5*	3.0
Yes	837	9	10.8	9.6*	1.2
Infertility Treatment-Assisted Reproductive Technology					
No	56,355	366	6.5*	3.6*	2.9
Yes	387	6	15.5*	12.9*	2.6
Tocolysis					
No	56,179	359	6.4*	3.5*	2.9
Yes	460	15	32.6*	26.1*	6.5
Cervical Cerclage					
No	56,455	367	6.5*	3.6*	2.9*
Yes	184	7	38.0*	21.7*	16.3*
Premature Rupture of Membranes					
No	54,869	326	5.9*	3.2*	2.8*
Yes	1,767	48	27.2*	19.8*	7.4*
Precipitous Labor					
No	51,962	329	6.3*	3.4*	2.9
Yes	4,674	45	9.6*	6.2*	3.4
Antibiotics Received by the Mother During Labor					
No	40,965	228	5.6*	3.1*	2.5*
Yes	15,800	147	9.3*	5.3*	4.1*
Non-Vertex Presentation					
No	53,624	303	5.7*	2.8*	2.8*
Yes	2,703	69	25.5*	20.3*	5.2*
Steroids for Fetal Lung Maturation Received by the Mother Prior to Delivery					
No	52,905	294	5.6*	3.1*	2.5*
Yes	3,861	81	21.0*	11.9*	9.1*
Clinical Chorioamnionitis Diagnosed During Labor – Maternal Temp $\geq 38^{\circ}\text{C}$					
No	56,128	358	6.4*	3.4*	3.0
Yes	638	17	26.6*	26.6*	0.0
Epidural or Spinal Anesthesia During Labor					
No	15,035	145	9.6*	6.6*	3.1
Yes	31,918	121	3.8*	1.4*	2.3
Fetal Presentation					
Cephalic	53,940	297	5.5*	2.7*	2.8*
Breech	2,366	67	28.3*	22.8*	5.5*
Method of Delivery					
Vaginal	41,215	229	5.6*	3.0*	2.6
Vaginal after previous C-section	1,655	18	10.9*	9.1*	1.8
Primary C-section	7,929	83	10.5*	6.1*	4.4
Repeat C-section	5,949	42	7.1*	3.5*	3.5
Maternal Transfusion					
No	56,470	371	6.6*	3.7	2.9
Yes	281	5	17.8*	10.7	7.1
Unplanned Operating Procedure Following Delivery					
No	56,421	365	6.5*	3.6*	2.9
Yes	209	11	52.6*	43.1*	9.6

Note: *The Chi-square statistic is significant at the 0.05 level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 43d
South Dakota Resident Infant Mortality Rates by Post Delivery Conditions, 2018-2022

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Five Minute APGAR Score					
0-7	2,593	201	77.5*	68.3*	9.3*
8	5,706	36	6.3*	1.2*	5.1*
9	45,962	119	2.6*	0.3*	2.3*
10	2,227	6	2.7*	0.4*	2.2*
Ten Minute APGAR Score					
0-2	120	99	825.0*	825.0*	0.0
3-7	386	46	119.2*	103.6*	15.5
8-10	216	6	27.8*	18.5*	9.3
Plurality					
1	54,753	340	6.2*	3.3*	2.9
2+	2,032	36	17.7*	14.3*	3.4
Breastfeeding at the Time of Discharge					
No	10,740	125	11.6*	3.9*	7.7*
Yes	45,627	95	2.1*	0.3*	1.8*
Assisted Ventilation Required Immediately Following Delivery					
No	53,191	266	5.0*	2.6*	2.4*
Yes	3,580	109	30.4*	20.4*	10.1*
Assisted Ventilation for More than Six Hours					
No	55,168	303	5.5*	3.0*	2.5*
Yes	1,602	72	44.9*	28.7*	16.2*
Neonatal Intensive Care Unit Admission					
No	51,115	232	4.5*	2.6*	2.0*
Yes	5,656	143	25.3*	14.0*	11.3*
Newborn Given Surfactant Replacement Therapy					
No	56,384	336	6.0*	3.2*	2.8*
Yes	387	39	100.8*	80.1*	20.7*
Suspected Chromosomal Disorder					
No	56,641	338	6.0*	3.2*	2.8*
Yes	113	36	318.6*	238.9*	79.6*
Antibiotics Received by the Newborn for Suspected Neonatal Sepsis					
No	54,669	322	5.9*	3.2*	2.7*
Yes	2,102	53	25.2*	16.7*	8.6*

Note: *The Chi-square statistic is significant at the 0.05 level.

Source: South Dakota Department of Health, Office of Health Statistics

Mortality

Mortality

An Overview: 2022

Total South Dakota Resident Deaths 8,955

Crude Death Rates per 100,000 Population

South Dakota	984.3
United States (2020)	1,027.0

Age-Adjusted Death Rates per 100,000 Population

South Dakota	796.0
United States (2020)	835.4

white, non-Hispanic
American Indian, non-Hispanic

The remaining categories (Black, non-Hispanic; Asian, non-Hispanic; Pacific Islander, non-Hispanic; Multi-Racial, non-Hispanic; and Hispanic) are included in the totals but are not shown specifically in any tables.

Table 44, below, displays the deaths, crude death rates, and age-adjusted death rates for the United States and South Dakota residents for the past 17 years.

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

Table 44
Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates, South Dakota and United States, 2006-2022

Year	United States			South Dakota		
	Number	Crude Rate	Age-Adjusted Rate	Number	Crude Rate	Age-Adjusted Rate
2022	NA*	NA*	NA*	8,955	984.3	796.0
2021	NA*	NA*	NA*	9,183	1,025.6	858.2
2020	3,383,729	1,027.0	835.4	9,857	1,104.2	867.4
2019	2,854,838	869.7	715.2	8,273	935.2	739.6
2018	2,839,205	867.8	723.6	7,971	903.5	715.7
2017	2,813,503	863.8	731.9	7,991	918.9	736.1
2016	2,744,248	849.3	728.8	7,838	905.7	718.6
2015	2,712,630	844.0	733.1	7,724	899.7	714.9
2014	2,626,418	823.7	724.6	7,500	879.1	709.9
2013	2,596,993	821.5	731.9	7,079	837.9	677.4
2012	2,543,279	810.2	732.8	7,283	873.9	706.8
2011	2,515,458	807.3	741.3	7,271	882.3	716.1
2010	2,468,435	799.5	747.0	7,087	870.4	713.4
2009	2,437,163	794.5	749.6	6,913	851.1	688.6
2008	2,471,984	813.0	758.3	7,056	877.0	712.1
2007	2,423,712	803.6	760.2	6,800	853.2	695.1
2006	2,426,264	810.4	776.5	7,038	892.6	732.6

Note: *U.S. 2021 and 2022 data were not available at publication time.
Crude death rates are per 100,000 population.
Age-adjusted rates are computed with the 2000 standard.

Source: National Center of Health Statistics
South Dakota Department of Health, Office of Health Statistics

Leading Causes of Death

The five leading causes of death in 2022 for South Dakota residents were heart disease, cancer, COVID-19, Alzheimer's disease, and chronic lower respiratory diseases.

Heart disease was again the leading cause of death in South Dakota in 2022 after dropping to second in 2021. It accounted for 20.5 percent of all resident deaths.

Cancer was the second leading cause of death in 2022 and accounted for 18.8 percent of South Dakota resident deaths. Lung cancer accounted for the most cancer deaths.

COVID-19 was the third leading cause of death in 2022 and accounted for 5.0 percent of South Dakota resident deaths.

Alzheimer's disease was the fourth leading cause of death accounting for 4.9 percent of all South Dakota resident deaths in 2022.

Chronic lower respiratory diseases were the fifth leading cause of death and accounted for 4.6 percent of 2022 South Dakota resident deaths. Chronic obstructive pulmonary disease (COPD) accounted for the most chronic lower respiratory disease deaths.

Table 45
South Dakota Resident Leading Causes of Death Due to Unintentional Injuries, 2018-2022

	Total	Year of Death				
		2018	2019	2020	2021	2022
Total Deaths	2,724	452	512	569	596	595
Motor Vehicle Accidents	776	156	130	153	172	165
Car (V40-V49)	328	74	51	56	78	69
Pick-Up or Van (V50-V59)	122	19	28	26	21	28
Pedestrian (V01-V09)	91	21	11	17	21	21
Motorcycle (V20-V29)	68	14	13	18	13	10
All-Terrain Vehicle (V86)	47	8	6	13	9	11
Heavy Transport Vehicle (V60-V69)	11	3	1	2	3	2
Pedal Cyclist (V10-V19)	8	1	0	1	3	3
All Other Motor Vehicle Accidents	7	2	1	0	1	3
Motor Vehicle Accident with Unspecified Details	94	14	19	20	23	18
Other Causes of Death Due to Unintentional Injury	1,948	296	382	416	424	430
Falls (W00-W19)	1,017	149	203	217	229	219
Accidental Drug Overdose (X40-X44)	354	43	71	70	86	84
Accidental Alcohol Poisoning (X45)	72	11	12	23	15	11
Exposure to Smoke, Fire, and Flames (X00-X09)	62	8	11	11	19	13
Accidental Drowning (W65-W74)	62	11	13	13	13	12
Exposure to Excessive Natural Cold (X31)	55	13	10	8	9	15
Accidental Suffocation and Strangulation in Bed (W75)	36	6	8	9	7	6
Choking on Food (W79)	28	4	8	3	5	8
Positional asphyxia (W84)	22	6	2	7	2	5
All Other Causes of Unintentional Injury	240	45	44	55	39	57

Source: South Dakota Department of Health, Office of Health Statistics

Unintentional Injuries

Table 45, on the previous page, displays the breakdown of deaths due to unintentional injury.

The highest type of motor vehicle death in 2022 was a car with 69 deaths. The highest death in the other causes of death due to unintentional injury in 2022 was falls with 219 deaths.

Table 46, on the next page, lists South Dakota resident leading causes of death for the last five years. Heart disease has been the overall leading cause of death for four of the past five years. Cancer was the leading cause in 2021 with heart disease second.

Alzheimer's disease was the 4th leading cause in 2022, but the 5th leading cause over the five years.

COVID-19 was again the third leading cause in 2022 even though the total number of deaths due to COVID-19 has dropped from 1,497 in 2020, to 776 in 2021, and then to 448 in 2022.

Chronic lower respiratory diseases were the 5th leading cause in 2022 and the 4th leading cause in the last five years.

Table 46
South Dakota Resident Leading Causes of Death, 2018-2022

Cause of Death	2018-2022			2018			2019			2020			2021			2022		
	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%
South Dakota (All Deaths)		44,239	100		7,971	100		8,273	100		9,857	100		9,183	100		8,955	100
Heart Disease (I00-I09, I11, I13, I20-I51)	1	8,982	20.3	1	1,797	22.5	1	1,840	22.2	1	1,819	18.5	2	1,691	18.4	1	1,835	20.5
Cancer (C00-C97)	2	8,523	19.3	2	1,632	20.5	2	1,736	21.0	2	1,728	17.5	1	1,740	18.9	2	1,687	18.8
COVID-19 (U07)	3	2,721	6.2	*	*	*	*	*	*	3	1,497	15.2	3	776	8.5	3	448	5.0
Chronic Lower Respiratory Diseases (J40-J47)	4	2,327	5.3	3	498	6.2	3	521	6.3	5	429	4.4	4	464	5.1	5	415	4.6
Alzheimer's Disease (G30)	5	2,253	5.1	4	437	5.5	4	496	6.0	4	488	5.0	5	396	4.3	4	436	4.9
Stroke (I60-I69)	6	1,970	4.5	5	387	4.9	5	373	4.5	6	426	4.3	6	391	4.3	6	393	4.4
Diabetes (E10-E14)	7	1,510	3.4	6	252	3.2	6	287	3.5	7	329	3.3	8	306	3.3	7	336	3.8
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	8	1,184	2.7	9	185	2.3	10	154	1.9	8	235	2.4	7	329	3.6	8	281	3.1
Accidental Falls (W00-W19)	9	1,017	2.3	*	*	*	7	203	2.5	9	217	2.2	9	229	2.5	9	219	2.4
Dementia (F00-F03)	10	947	2.1	8	212	2.7	*	*	*	10	194	2.0	*	*	*	10	199	2.2
Suicide (U03, X60-X84, Y87.0)	*	*	*	10	168	2.1	9	185	2.2	*	*	*	10	202	2.2	*	*	*
Influenza and Pneumonia (J09-J18)	*	*	*	7	246	3.1	8	189	2.3	*	*	*	*	*	*	*	*	*
All Other Causes	-	12,805	28.9	-	2,157	27.1	-	2,289	27.7	-	2,495	25.3	-	2,659	29.0	-	2,706	30.2

Note: Letter/number combinations following cause of death are ICD-10 codes.
 *This cause was not one of the 10 leading causes of death for the given year.
 Due to rounding disease-specific percentages may not sum to 100.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 47
South Dakota Resident Leading Causes of Death by Race, 2022

Cause of Death	All Races					White, Non-Hispanic					American Indian, Non-Hispanic				
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		8,955	100	984.3	796.0		7,702	100	1,049.0	724.6		1,013	100	1,444.7	1,993.2
Heart Disease (I00-I09, I11, I13, I20-I51)	1	1,835	20.5	201.7	157.0	1	1,670	21.7	227.4	152.3	2	133	13.1	189.7	288.7
Cancer (C00-C97)	2	1,687	18.8	185.4	143.4	2	1,555	20.2	211.8	142.8	3	103	10.2	146.9	227.6
COVID-19 (U07)	3	448	5.0	49.2	39.1	5	369	4.8	50.3	34.1	T5	62	6.1	88.4	137.0
Alzheimer's Disease (G30)	4	436	4.9	47.9	36.6	3	421	5.5	57.3	37.0	*	*	*	*	*
Chronic Lower Respiratory Diseases (J40-J47)	5	415	4.6	45.6	35.1	4	388	5.0	52.8	35.1	10	22	2.2	31.4	60.6
Stroke (I60-I69)	6	393	4.4	43.2	33.3	6	368	4.8	50.1	32.9	*	*	*	*	*
Diabetes (E10-E14)	7	336	3.8	36.9	29.1	7	253	3.3	34.5	22.8	4	74	7.3	105.5	149.2
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	8	281	3.1	30.9	31.0	*	*	*	*	*	1	144	14.2	205.4	262.4
Accidental Falls (W00-W19)	9	219	2.4	24.1	18.6	8	205	2.7	27.9	18.1	*	*	*	*	*
Dementia (F00-F03)	10	199	2.2	21.9	16.5	9	192	2.5	26.1	16.7	*	*	*	*	*
Suicide (U03, X60-X84, Y87.0)	*	*	*	*	*	10	133	1.7	18.1	17.8	7	43	4.2	61.3	56.1
Motor Vehicle Accidents	*	*	*	*	*	*	*	*	*	*	T5	62	6.1	88.4	97.3
Accidental Drug Overdose (X40-X44)	*	*	*	*	*	*	*	*	*	*	9	23	2.3	32.8	36.3
Homicide (X85-Y09, Y87.1)	*	*	*	*	*	*	*	*	*	*	8	35	3.5	49.9	51.3
All Other Causes	-	2,706	30.2	-	-	-	2,148	27.9	-	-	-	312	30.8	-	-

Note: Letter / number combinations following cause of death are ICD-10 codes.
 Due to rounding, disease-specific percentages may not sum to 100.
 * This cause was not one of the 10 leading causes of death for the given race.
 Source: South Dakota Department of Health, Office of Health Statistics

Race

Table 47, on the previous page, presents South Dakota resident leading causes of death by race as well as crude death rates and age-adjusted death rates.

In 2022, patterns for the 10 leading causes of death varied by race. Only six of the 10 leading causes were the same for whites and American Indians. For example, Alzheimer's disease, stroke, accidental falls, and dementia were in the top 10 for whites, but not American Indians.

At the same time, chronic liver disease and cirrhosis, motor vehicle accidents, homicides, and accidental drug overdose were in the top 10 for American Indians, but not whites.

Heart disease was the leading cause of death for whites, while chronic liver disease and cirrhosis was the leading cause for American Indians.

Gender

Table 48, on the following page, presents South Dakota resident leading causes of death by gender as well as crude death rates and age-adjusted death rates.

In 2022, patterns for the 10 leading causes of death in South Dakota also varied by gender. Eight of the 10 leading causes were the same for South Dakota's men and women, but they differed in rank. For example, Alzheimer's disease was the third leading cause for women, but only the ninth leading cause for men. Also, stroke was the fourth leading cause for women, but only the seventh leading cause for men.

Heart disease was the leading cause of death for men, but cancer was the leading cause for women.

Suicide and motor vehicle accidents were among the 10 leading causes of death for South Dakota's men, but not for women. At the same time, dementia and accidental falls were both in the top ten for women, but not for men.

Table 48
South Dakota Resident Leading Causes of Death by Gender, 2022

Cause of Death	Total					Male					Female				
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		8,955	100	984.3	796.0		4,683	100	1,012.1	952.2		4,272	100	955.5	672.4
Heart Disease (I00-I09, I11, I13, I20-I51)	1	1,835	20.5	201.7	157.0	1	1,030	22.0	222.6	208.4	2	805	18.8	180.0	116.0
Cancer (C00-C97)	2	1,687	18.8	185.4	143.4	2	859	18.3	185.6	161.3	1	828	19.4	185.2	132.6
COVID-19 (U07)	3	448	5.0	49.2	39.1	3	238	5.1	51.4	48.1	5	210	4.9	47.0	33.1
Alzheimer's Disease (G30)	4	436	4.9	47.9	36.6	9	134	2.9	29.0	31.0	3	302	7.1	67.5	40.0
Chronic Lower Respiratory Diseases (J40-J47)	5	415	4.6	45.6	35.1	4	224	4.8	48.4	43.8	6	191	4.5	42.7	29.1
Stroke (I60-I69)	6	393	4.4	43.2	33.3	7	164	3.5	35.4	33.3	4	229	5.4	51.2	33.3
Diabetes (E10-E14)	7	336	3.8	36.9	29.1	5	199	4.2	43.0	38.3	7	137	3.2	30.6	21.8
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	8	281	3.1	30.9	31.0	6	168	3.6	36.3	36.0	8	113	2.6	25.3	26.0
Accidental Falls (W00-W19)	9	219	2.4	24.1	18.6	*	*	*	*	*	9	112	2.6	25.1	16.0
Dementia (F00-F03)	10	199	2.2	21.9	16.5	*	*	*	*	*	10	109	2.6	24.4	14.2
Suicide (U03, X60-X84, Y87.0)	*	*	*	*	*	8	149	3.2	32.2	32.2	*	*	*	*	*
Motor Vehicle Accidents	*	*	*	*	*	10	111	2.4	24.0	23.2	*	*	*	*	*
All Other Causes	-	2,706	30.2	-	-	-	1,407	30.0	-	-	-	1,227	28.9	-	-

Note: Letter/number combinations following cause of death are ICD-10 codes. Due to rounding, disease-specific percentages may not sum to 100.

*This cause was not one of the 10 leading causes of death for this gender.

Source: South Dakota Department of Health, Office of Health Statistics

Table 49
South Dakota Resident Five Leading Causes of Death by Age Group, 2018-2022
Deaths per Year

Rank	All Ages	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90 & over
1	Heart Disease 1,796	Motor Vehicle Accidents 4	Suicide 25	Suicide 41	Chronic Liver Disease and Cirrhosis 36	Chronic Liver Disease and Cirrhosis 49	Cancer 158	Cancer 408	Cancer 485	Heart Disease 492	Heart Disease 452
2	Cancer 1,705	Drowning 3	Motor Vehicle Accidents 15	Motor Vehicle Accidents 29	Suicide 32	Heart Disease 49	Heart Disease 127	Heart Disease 282	Heart Disease 369	Cancer 423	Alzheimer's Disease 205
3	COVID-19 (2020-2022) 907	Homicide 2	Homicide 4	Accidental Drug Overdose 14	Motor Vehicle Accidents 25	Cancer 45	COVID-19 (2020-2022) 67	COVID-19 (2020-2022) 145	COVID-19 (2020-2022) 214	COVID-19 (2020-2022) 256	COVID-19 (2020-2022) 181
4	Chronic Lower Respiratory Diseases 465	Congenital Malformations, Deformations, and Chromosomal Abnormalities 2	Accidental Drug Overdose 2	Homicide 10	Accidental Drug Overdose 21	COVID-19 (2020-2022) 25	Chronic Liver Disease and Cirrhosis 62	Chronic Lower Respiratory Disease 70	Chronic Lower Respiratory Disease 147	Alzheimer's Disease 191	Cancer 162
5	Alzheimer's Disease 451	Cancer 2	Heart Disease 2 Cancer 2	Chronic Liver Disease and Cirrhosis 9	Heart Disease 17	Suicide 22	Diabetes 34	Diabetes 57	Diabetes 78	Chronic Lower Respiratory Disease 151	Stroke 115

Source: South Dakota Department of Health, Office of Health Statistics

Age

Table 49, on the previous page, lists the five leading causes of death by age group for the last five years combined. Motor vehicle accidents were the leading cause of death for 1-9 year olds. Suicides were the leading cause for 10-29 year olds.

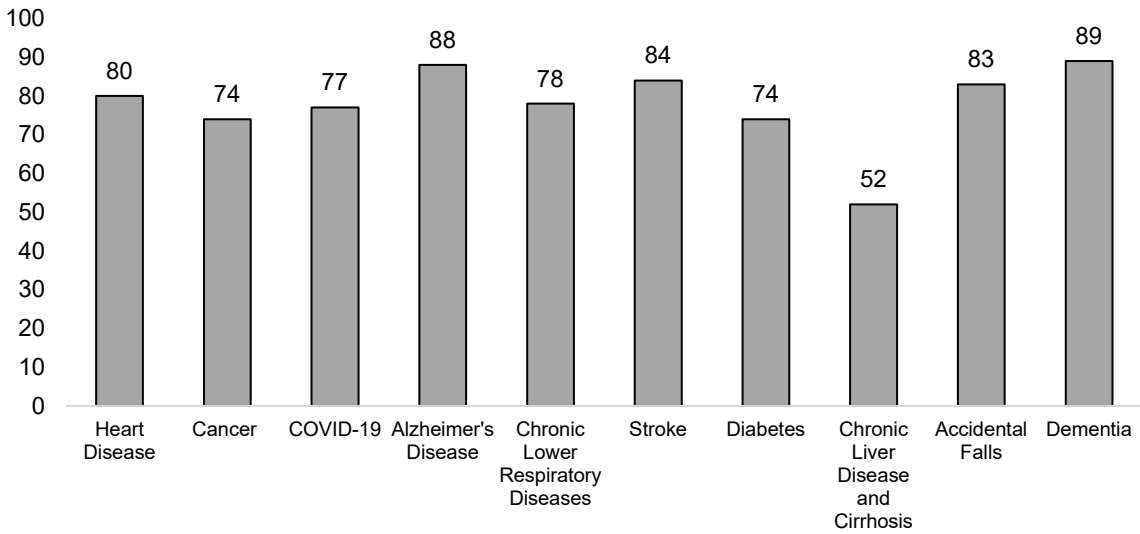
Chronic liver disease and cirrhosis was the leading cause for 30-49 year olds. The leading cause of death for persons 50-79 was cancer. Heart disease was the leading cause of death for persons aged 80 and older.

Median Age

Figure 8, below, presents data on the median age at death for the 10 leading causes of death for South Dakota residents in 2022. The median age for the 10

leading causes of death in 2022 ranged from 52 for chronic liver disease and cirrhosis to 89 for dementia.

Figure 8
Median Age at Death for South Dakota Residents for the Leading Causes of Death, 2022



Source: South Dakota Department of Health, Office of Health Statistics

Table 50, below, shows the median age at death for the given years by race and gender. When looking at race, American Indians have a much lower median age at death at

55, while whites' median age at death was 79. The median age at death for males was 74, while females was 80.

Table 50
Median Age at Death for South Dakota Residents by Race, Gender and Year of Death, 2005-2022

Year of Death	Total Median Age	White, non-Hispanic	American Indian, non-Hispanic	Male	Female
2022	77	79	55	74	80
2021	76	78	55	73	80
2020	79	81	60	75	82
2015	80	81	56	76	83
2010	80	81	58	77	84
2005	80	81	58	76	83

Source: South Dakota Department of Health, Office of Health Statistics

Table 51, below, shows the median age at death for South Dakota residents for the leading causes of death by race and gender. In 2022, the median age at death for whites ranged from 49 for suicide to 89 for Alzheimer's disease. The range for American Indians was 24 for suicides to 78 for chronic lower respiratory diseases. For males the range in 2022 was 37 for

suicide to 86 for Alzheimer's disease. The range for females was 51 for chronic liver disease and cirrhosis to 90 for Alzheimer's disease and dementia.

**Table 51
Median Age at Death for South Dakota Residents for the Leading Causes of Death
by Race and Gender, 2022**

Cause of Death	Median Age at Death in Years				
	All	Race		Gender	
	Total Deaths	White, non-Hispanic	American Indian, non-Hispanic	Male	Female
South Dakota (All Deaths)	77	79	55	74	80
Heart Disease (I00-I09, I11, I13, I20-I51)	80	82	66	76	85
Cancer (C00-C97)	74	74	67	73	75
COVID-19 (U07)	77	80	66	77	77
Alzheimer's Disease (G30)	88	89	*	86	90
Chronic Lower Respiratory Diseases (J40-J47)	78	78	78	78	78
Stroke (I60-I69)	84	85	*	80	86
Diabetes (E10-E14)	74	77	64	73	76
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	52	*	46	54	51
Accidental Falls (W00-W19)	83	84	*	*	86
Dementia (F00-F03)	89	89	*	*	90
Suicide (U03, X60-X84, Y87.0)	*	49	24	37	*
Motor Vehicle Accidents	*	*	34	46	*
Accidental Drug Overdose (X40-X44)	*	*	40	*	*
Homicide (X85-Y09, Y87.1)	*	*	51	*	*

Note: Letter / number combinations following cause of death are ICD-10 codes.

*This cause was not one of the 10 leading causes of death for this race or gender.

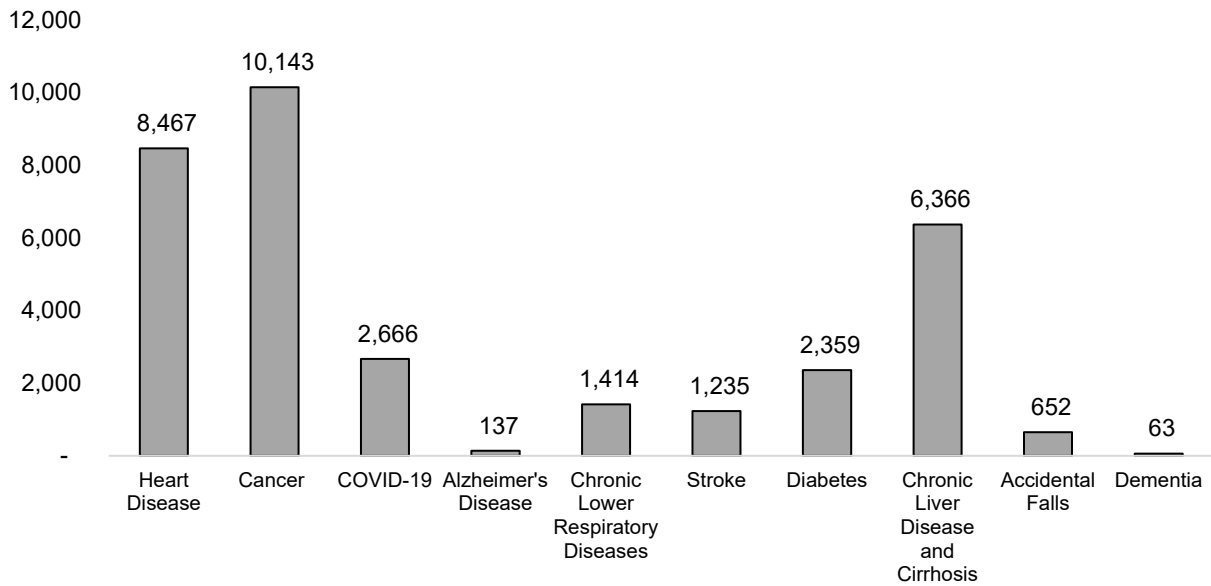
Source: South Dakota Department of Health, Office of Health Statistics

Years of Potential Life Lost

Figure 9, on the next page, depicts the years of potential life lost (YPLL) before age 75 for each of these causes.

In 2021, cancer led in YPLL with 10,617 followed by heart disease with 8,890 years of potential life lost.

Figure 9
South Dakota Resident Years of Potential Life Lost (YPLL) Before Age 75 for the Leading Causes of Death, 2022

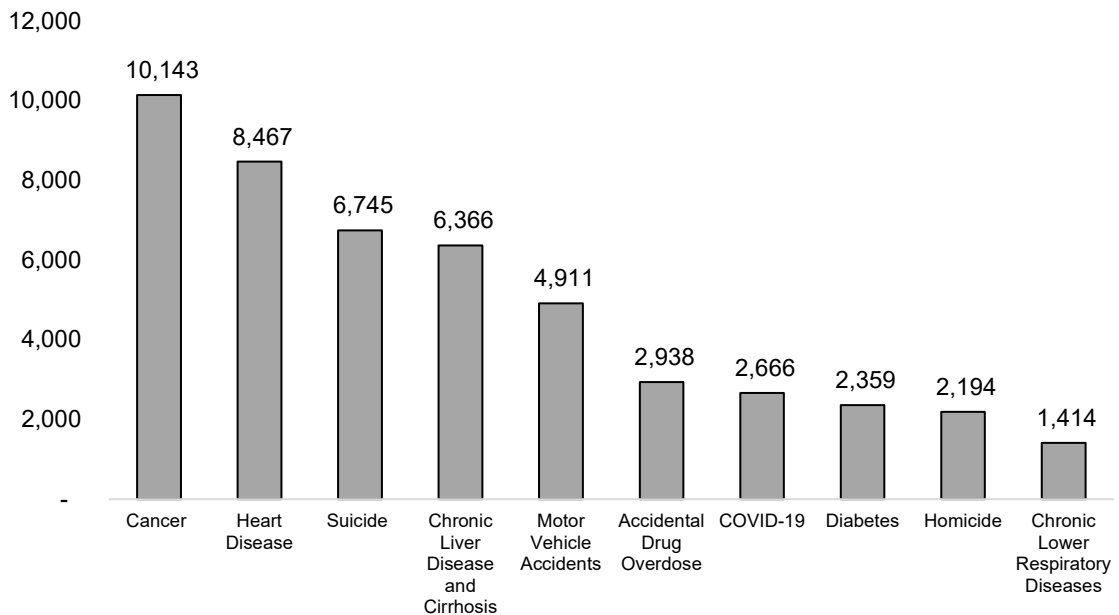


Note: Chart excludes infant deaths.
 Source: South Dakota Department of Health, Office of Health Statistics

Figure 10, below, shows the causes of death with the highest number of years of potential life lost (YPLL) before age 75.

Motor vehicle accidents, accidental drug overdose, and homicide are in the top ten with regard to YPLL even though they are not in the top ten with regard to the number of deaths only.

Figure 10
South Dakota Resident Years of Potential Life Lost (YPLL) Before Age 75 for the Leading Causes of Death (in Descending Order), 2022



Note: Chart excludes infant deaths
 Source: South Dakota Department of Health, Office of Health Statistics

Place of Death

Table 52, below, displays the 10 leading causes of death by the place where death occurred in 2022.

Overall, nursing home, long term care, and hospice facility had the highest occurrence of deaths with 39.6 percent. Hospital followed closely with 33.2 percent.

Table 52
South Dakota Resident Leading Causes of Death by Place of Death, 2022

Cause of Death	Nursing Home/Long Term Care/Hospice Facility		Hospital		Residence		All Other Reported Entries		Unknown	
	Num	%	Num	%	Num	%	Num	%	Num	%
South Dakota (All Deaths)	3,154	35.2	3,141	35.1	2,222	24.8	435	4.9	3	-
Heart Disease (I00-I09, I11, I13, I20-I51)	556	30.3	567	30.9	636	34.7	75	4.1	1	-
Cancer (C00-C97)	632	37.5	454	26.9	565	33.5	34	2.0	2	-
COVID-19 (U07)	112	25.0	298	66.5	37	8.3	1	0.2	0	-
Alzheimer's Disease (G30)	365	83.7	17	3.9	50	11.5	4	0.9	0	-
Chronic Lower Respiratory Diseases (J40-J47)	138	33.3	134	32.3	139	33.5	4	1.0	0	-
Stroke (I60-I69)	184	46.8	169	43.0	34	8.7	6	0.3	0	-
Diabetes (E10-E14)	127	37.8	100	29.8	92	27.4	17	5.1	0	-
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	56	19.9	156	55.5	54	19.2	15	5.3	0	-
Accidental Falls (W00-W19)	82	37.4	111	50.7	24	11.0	2	0.9	0	-
Dementia (F00-F03)	158	79.4	19	9.5	20	10.1	2	1.0	0	-

Source: South Dakota Department of Health, Office of Health Statistics

Tobacco Use

On the death certificate, the certifier was instructed to check “yes” or “probably” if in their opinion, the use of tobacco contributed to death or check “no” if in their clinical judgment tobacco use did not contribute to the death. There was also the option of “unknown” if the certifier was unsure if tobacco use contributed to death.

On 1,518 deaths, or 18.9 percent, the certifier indicated “yes” or “probably” that tobacco use contributed to the death. Conversely, on 4,460 deaths, or 55.6 percent, the certifier indicated that tobacco use did not contribute to the death.

In the remaining 2,038 deaths, or 25.4 percent, the certifier was unsure if tobacco use contributed to the death.

Table 53, below, displays the 10 leading causes of natural death where the certifier said “yes” or “probably” that tobacco use contributed to the death.

Tobacco use contributed to death in 79.2 percent, or 19 out of the 24 emphysema deaths in 2022. In 65.5 percent, or 254 lung, trachea, and bronchus cancer deaths the certifier said “yes” or “probably” that tobacco use contributed to the death.

Table 53
South Dakota Resident Leading Causes of Natural Death as They Relate to Tobacco Use,
2022

(Did Tobacco Use Contribute to Death)

Cause of Death	Yes/Probably		Total Natural Deaths	
	Number	Percent	Number	Percent
Total	1,518	18.9	8,016	100
Cancer (C00-C97)	428	25.4	1,686	100
Lung, trachea, and bronchus cancer (C33-C34)	254	65.5	388	100
Esophagus cancer (C15)	21	36.8	57	100
Heart disease (I00-I09, I11, I13, I20-I51)	307	16.7	1,835	100
Acute myocardial infarction (I21-I22)	135	20.8	648	100
Atherosclerotic heart disease (I25.1)	62	15.9	390	100
Hypertensive heart disease (I11)	29	16.8	173	100
Chronic lower respiratory diseases (J40-J47)	251	60.5	415	100
Chronic obstructive pulmonary disease, unspecified (J44.9)	182	61.5	296	100
Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)	34	66.7	51	100
Emphysema (J43)	19	79.2	24	100
COVID-19 (U07)	84	18.8	448	100
Chronic liver disease and cirrhosis (K70 & K73-K74)	53	18.9	281	100
Alcoholic liver disease (K70)	45	20.1	224	100
Diabetes (E10-E14)	52	15.5	336	100
Stroke (I60-I69)	32	8.2	391	100
Influenza and Pneumonia (J09-J18)	22	17.3	127	100
Septicemia (A40-A41)	18	18.2	99	100
High cholesterol/triglycerides	17	35.4	48	100

Note: Table does not include infant deaths.

Source: South Dakota Department of Health, Office of Health Statistics

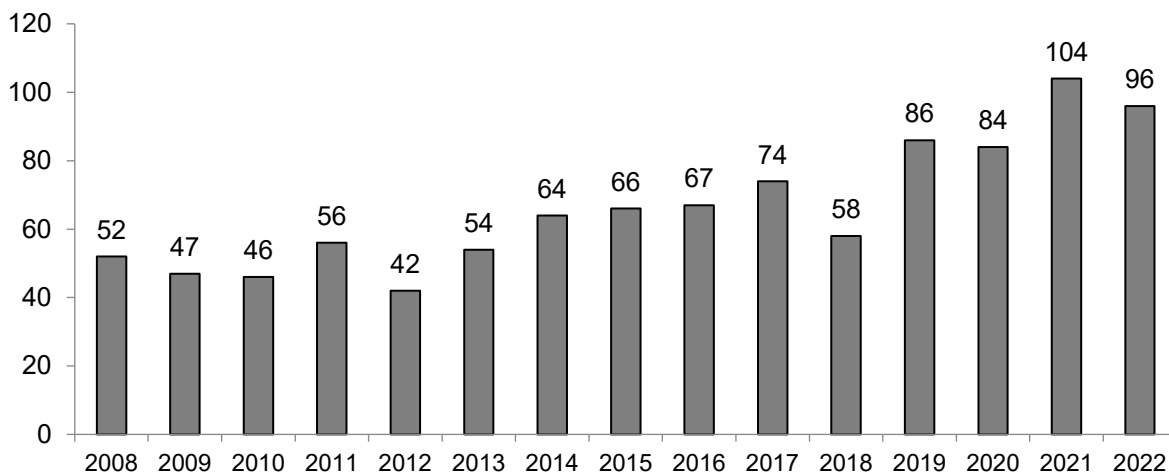
Drug Overdose Deaths

Figures 11-16 and Tables 54-59 on the following pages break down the drug overdose deaths for South Dakota residents for the past 15 years by the manner of death, year of death, and type of drug.

As shown in Figure 11, there were 96 drug overdose deaths in 2022, down from 104 drug overdose deaths in 2021. Table 54,

below that, shows that of the 96 drug overdose deaths in 2022, 84 deaths were unintentional, 9 deaths were suicides, and three deaths where the intent was undetermined. The definition of drug overdose deaths is located in the back of this report within the Technical Notes section.

Figure 11
South Dakota Resident Deaths Due to Drug Overdoses, 2008-2022



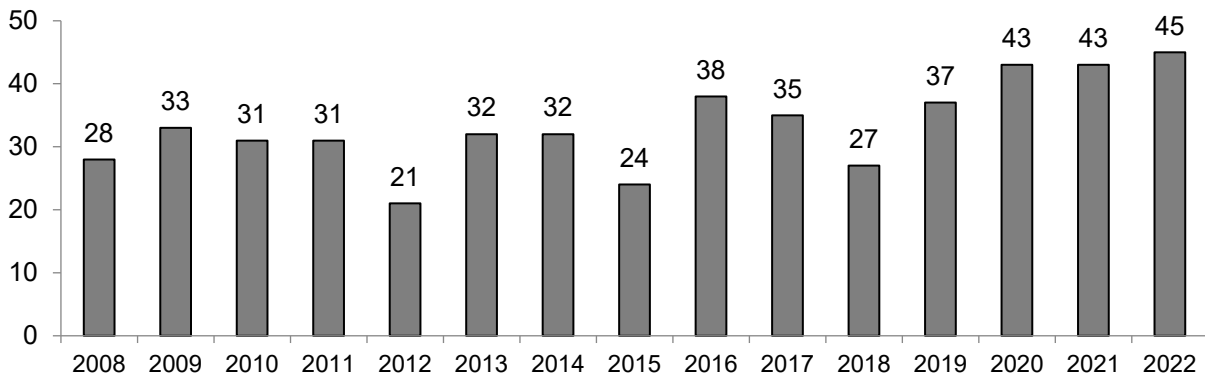
Source: South Dakota Department of Health, Office of Health Statistics

Table 54
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Drugs, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	52	47	46	56	42	54	64	66	67	74	58	86	84	104	96
Unintentional	30	26	19	41	24	34	46	44	52	54	43	71	70	86	84
Suicide	13	12	16	11	11	15	12	19	12	18	11	10	10	17	9
Homicide	0	1	0	0	0	1	0	0	1	0	0	0	1	0	0
Undetermined Intent	9	8	11	4	7	4	6	3	2	2	4	5	3	1	3

Source: South Dakota Department of Health, Office of Health Statistics

Figure 12
South Dakota Resident Deaths Due to All Opioid Poisoning, 2008-2022



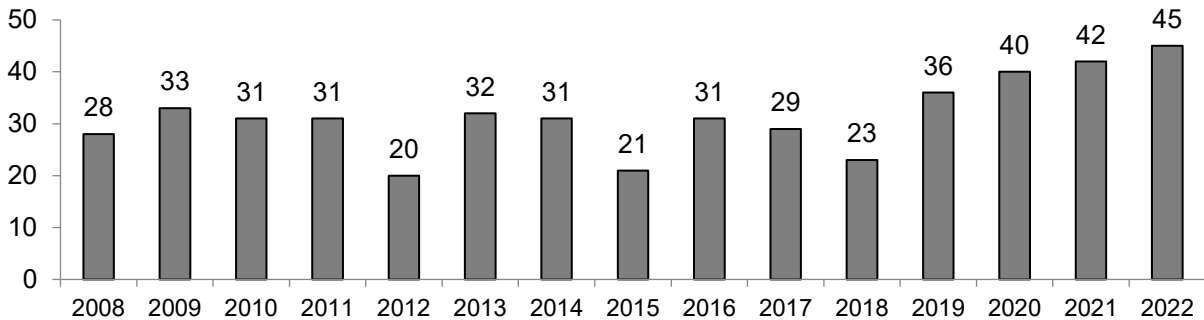
Source: South Dakota Department of Health, Office of Health Statistics

Table 55
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Opioid Poisoning, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	28	33	31	31	21	32	32	24	38	35	27	37	43	43	45
Unintentional	18	22	15	26	15	21	27	19	31	28	22	32	41	35	40
Suicide	4	6	8	3	2	9	2	4	6	7	3	3	1	8	3
Homicide	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Undetermined Intent	6	4	8	2	4	2	3	1	1	0	2	2	1	0	2

Source: South Dakota Department of Health, Office of Health Statistics

Figure 13
South Dakota Resident Deaths Due to Prescription Opioid Poisoning, 2008-2022



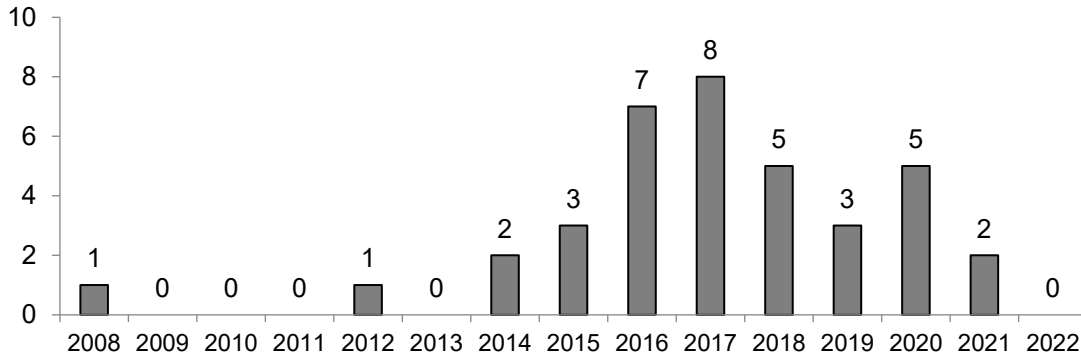
Source: South Dakota Department of Health, Office of Health Statistics

Table 56
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for Prescription Opioid Poisoning, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	28	33	31	31	20	32	31	21	31	29	23	36	40	42	45
Unintentional	18	22	15	26	14	21	26	16	24	22	19	31	38	34	40
Suicide	4	6	8	3	2	9	2	4	6	7	3	3	1	8	3
Homicide	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Undetermined Intent	6	4	8	2	4	2	3	1	1	0	1	2	1	0	2

Source: South Dakota Department of Health, Office of Health Statistics

Figure 14
South Dakota Resident Deaths Due to Illicit Opioid Poisoning, 2008-2022



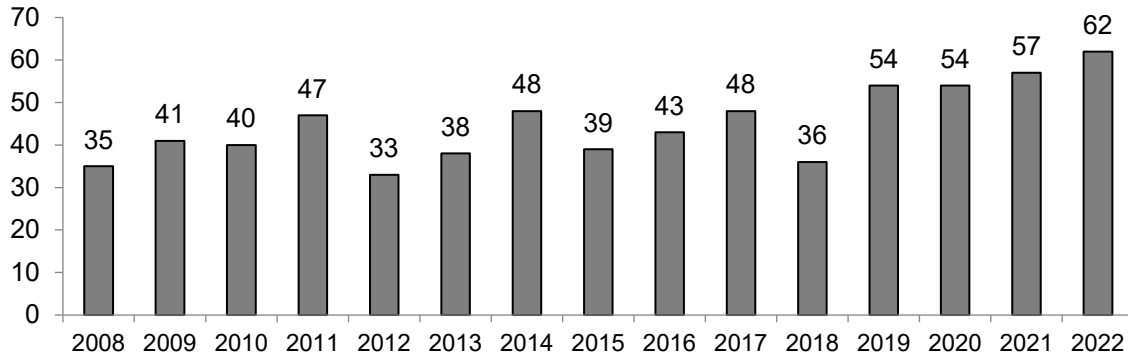
Source: South Dakota Department of Health, Office of Health Statistics

Table 57
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for Illicit Opioid Poisoning, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	1	0	0	0	1	0	2	3	7	8	5	3	5	2	0
Unintentional	1	0	0	0	1	0	2	3	7	8	4	3	5	2	0
Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Undetermined Intent	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Source: South Dakota Department of Health, Office of Health Statistics

Figure 15
South Dakota Resident Deaths Due to All Pharmaceutical Poisoning, 2008-2022



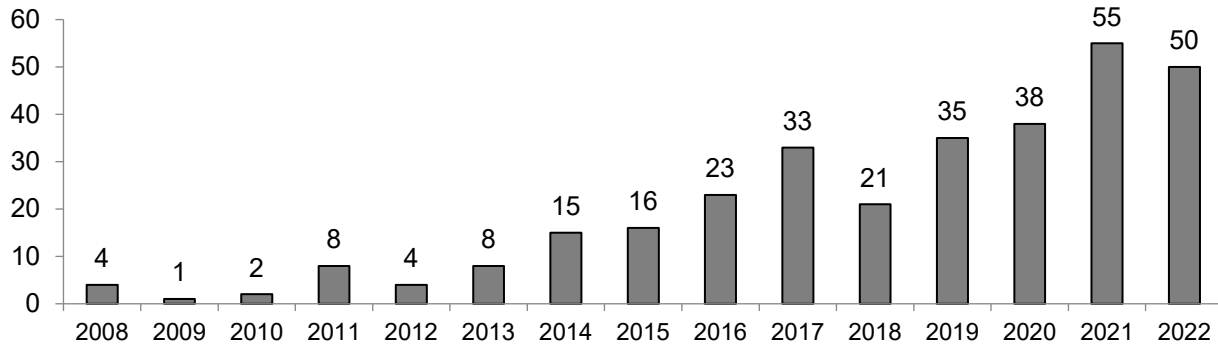
Source: South Dakota Department of Health, Office of Health Statistics

Table 58
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Pharmaceutical Drug Poisoning, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	35	41	40	47	33	38	48	39	43	48	36	54	54	57	62
Unintentional	19	22	16	34	18	24	33	24	31	30	23	40	42	41	51
Suicide	8	11	14	10	10	12	9	12	10	17	11	10	9	15	8
Homicide	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0
Undetermined Intent	8	7	10	3	5	2	6	3	1	1	2	4	3	1	3

Source: South Dakota Department of Health, Office of Health Statistics

Figure 16
South Dakota Resident Deaths Due to Illicit Drug Poisoning, 2008-2022



Source: South Dakota Department of Health, Office of Health Statistics

Table 59
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for Illicit Drug Poisoning, 2008-2022

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	4	1	2	8	4	8	15	16	23	33	21	35	38	55	50
Unintentional	3	1	2	7	3	6	14	16	23	31	19	34	35	53	48
Suicide	0	0	0	1	1	1	1	0	0	1	0	0	0	2	1
Homicide	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Undetermined Intent	1	0	0	0	0	0	0	0	0	1	2	1	2	0	1

Source: South Dakota Department of Health, Office of Health Statistics

The following tables (60 and 61) show the specific drugs involved in drug overdose deaths for 2022 and for the past 10 years. Out of the 96 total drug deaths in 2022, 45 of those involved methamphetamine and 35 involved fentanyl. Of those 45 involving methamphetamine, 26 listed methamphetamine as the only drug, while the other 19 deaths involved at least one other drug. For fentanyl, 20 of the 35 deaths only involved fentanyl, while the other 15 involved at least one other drug.

The following is an explanation of what is represented with regard to “Drugs Involved” in deaths due to a drug overdose:

- Please note that just because a drug is involved in a drug overdose death doesn’t necessarily mean the overdose was due to that specific drug. It

just means that drug was mentioned on the death certificate of a drug overdose death. Sometimes we have no way of knowing which drug actually caused the overdose in cases where multiple drugs are listed.

- Please be aware that when more than one drug is “involved” in a drug overdose, each drug is counted separately. For example, if methamphetamine and heroin are both listed on the death certificate, each drug will be counted once even though it’s just one death.
- Also, if something like Vicodin, which is a combination of drugs, is listed on the death certificate, each drug will be counted and “involved” in the overdose.
- Analogs of fentanyl are included in the total for fentanyl.

Table 60
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved, 2022

Drugs Involved	Number of Deaths	Number of Specific Drugs Listed on Death Certificate	
		Only Drug Involved	Other Drugs Involved
Methamphetamine	45	26	19
Fentanyl (Includes analogs)	35	20	15
Amphetamine (Adderall)	6	2	4
Cocaine (Benzoyllecgonine)	5	2	3
Acetaminophen (Darvocet, Excedrin, Percocet, Tylenol, Vicodin)	3	2	1
Bupropion (Wellbutrin)	3	2	1
Diphenhydramine	3	1	2
Oxycodone (Oxycontin, Percocet, Percodan)	3	1	2
Sertraline (Zoloft)	3	0	3

Note: ICD -10 Codes: X40-X44, X60-X64, X85, Y10-Y14
Source: South Dakota Department of Health, Office of Health Statistics

Table 61
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2013-2022

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Methamphetamine	247	9	14	13	18	22	13	31	30	52	45
Only Drug Involved	165	6	10	8	10	12	10	25	19	39	26
Other Drugs Involved	82	3	4	5	8	10	3	6	11	13	19
Fentanyl (Includes Analogs)	164	2	7	7	7	12	12	23	30	29	35
Only Drug Involved	91	1	4	6	2	6	8	18	11	15	20
Other Drugs Involved	73	1	3	1	5	6	4	5	19	14	15
Oxycodone (Oxycontin, Percocet, Percodan)	61	10	8	2	9	5	7	4	6	7	3
Only Drug Involved	27	6	5	2	2	2	4	1	2	2	1
Other Drugs Involved	34	4	3	0	7	3	3	3	4	5	2
Hydrocodone (Vicodin)	47	9	5	7	10	4	2	2	3	4	1
Only Drug Involved	17	4	2	2	5	2	1	0	1	0	0
Other Drugs Involved	30	5	3	5	5	2	1	2	2	4	1
Morphine	47	10	11	1	7	3	1	8	4	1	1
Only Drug Involved	17	5	6	0	2	1	0	1	0	1	1
Other Drugs Involved	30	5	5	1	5	2	1	7	4	0	0
Cocaine (Benzoyllecgonine)	38	0	0	3	3	3	8	5	5	6	5
Only Drug Involved	13	0	0	0	0	1	4	2	2	2	2
Other Drugs Involved	25	0	0	3	3	2	4	3	3	4	3
Heroin	37	0	2	3	8	8	5	3	6	2	0
Only Drug Involved	14	0	0	1	4	3	2	1	2	1	0
Other Drugs Involved	23	0	2	2	4	5	3	2	4	1	0
Methadone (Methadose)	24	2	6	4	4	4	3	1	0	0	0
Only Drug Involved	11	1	3	3	1	1	2	0	0	0	0
Other Drugs Involved	13	1	3	1	3	3	1	1	0	0	0

Table 61 (continued)
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2013-2022

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Bupropion (Wellbutrin)	22	0	2	0	1	3	3	5	2	3	3
Only Drug Involved	14	0	2	0	0	1	2	4	1	2	2
Other Drugs Involved	8	0	0	0	1	2	1	1	1	1	1
Diphenhydramine	22	1	2	4	2	1	2	3	1	3	3
Only Drug Involved	11	1	2	2	1	1	1	1	0	1	1
Other Drugs Involved	11	0	0	2	1	0	1	2	1	2	2
Amphetamine (Adderall)	21	0	2	2	1	3	0	1	3	3	6
Only Drug Involved	5	0	0	0	0	1	0	1	1	0	2
Other Drugs Involved	16	0	2	2	1	2	0	0	2	3	4
Amitriptyline	21	3	1	1	4	3	2	2	2	3	0
Only Drug Involved	3	1	0	0	0	1	0	0	0	1	0
Other Drugs Involved	18	2	1	1	4	2	2	2	2	2	0
Citalopram (Celexa)	18	2	3	0	0	2	1	2	3	4	1
Only Drug Involved	1	0	0	0	0	0	0	0	1	0	0
Other Drugs Involved	17	2	3	0	0	2	1	2	2	4	1
Acetaminophen (Darvocet, Excedrin, Percocet, Tylenol, Vicodin)	17	1	2	3	2	1	0	0	2	3	3
Only Drug Involved	7	0	2	2	0	0	0	0	0	1	2
Other Drugs Involved	10	1	0	1	2	1	0	0	2	2	1
Tramadol	16	2	0	2	3	1	0	2	1	4	1
Only Drug Involved	5	1	0	1	0	0	0	1	0	1	1
Other Drugs Involved	11	1	0	1	3	1	0	1	1	3	0
Quetiapine (Seroquel)	14	0	0	0	3	4	1	3	1	1	1
Only Drug Involved	5	0	0	0	1	1	1	0	1	0	1
Other Drugs Involved	9	0	0	0	2	3	0	3	0	1	0
Gabapentin	12	0	0	0	1	1	1	2	1	4	2
Only Drug Involved	1	0	0	0	0	0	1	0	0	0	0
Other Drugs Involved	11	0	0	0	1	1	0	2	1	4	2
Alprazolam (Xanax)	12	2	1	0	1	0	3	1	1	3	0
Only Drug Involved	2	1	1	0	0	0	0	0	0	0	0
Other Drugs Involved	10	1	0	0	1	0	3	1	1	3	0
Codeine	11	2	0	1	3	2	0	1	1	1	0
Only Drug Involved	0	0	0	0	0	0	0	0	0	0	0
Other Drugs Involved	11	2	0	1	3	2	0	1	1	1	0
Fluoxetine (Prozac)	10	1	1	0	2	1	0	0	2	1	2
Only Drug Involved	1	0	0	0	0	1	0	0	0	0	0
Other Drugs Involved	9	1	1	0	2	0	0	0	2	1	2
Duloxetine (Cymbalta)	10	2	0	1	1	2	2	1	1	0	0
Only Drug Involved	0	0	0	0	0	0	0	0	0	0	0
Other Drugs Involved	10	2	0	1	1	2	2	1	1	0	0

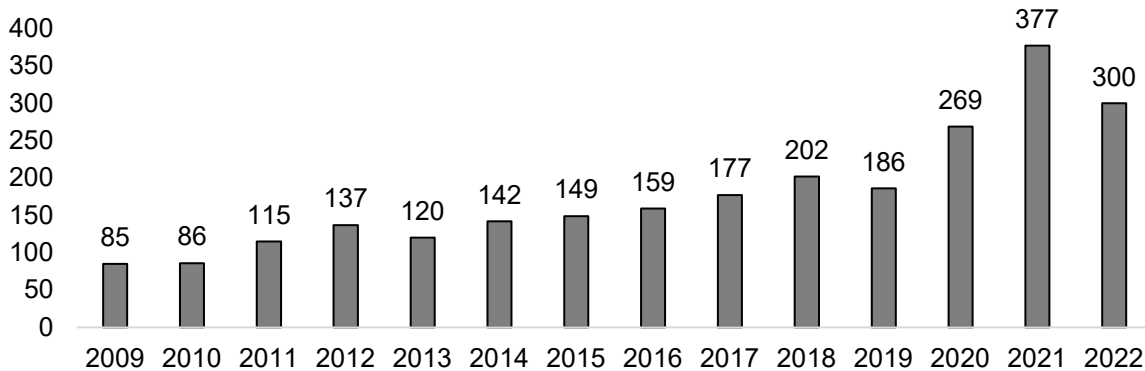
Note: ICD-10 CODES X40-X44, X60-X64, X85, Y10-Y14
Source: South Dakota Department of Health, Office of Health Statistics

Alcohol-Induced Deaths

Figure 17, below, shows the alcohol-induced deaths for South Dakota residents for the past 14 years. The definition of alcohol-

induced deaths is located in the back of this report within the Technical Notes section.

Figure 17
South Dakota Resident Alcohol-Induced Deaths, 2009-2022



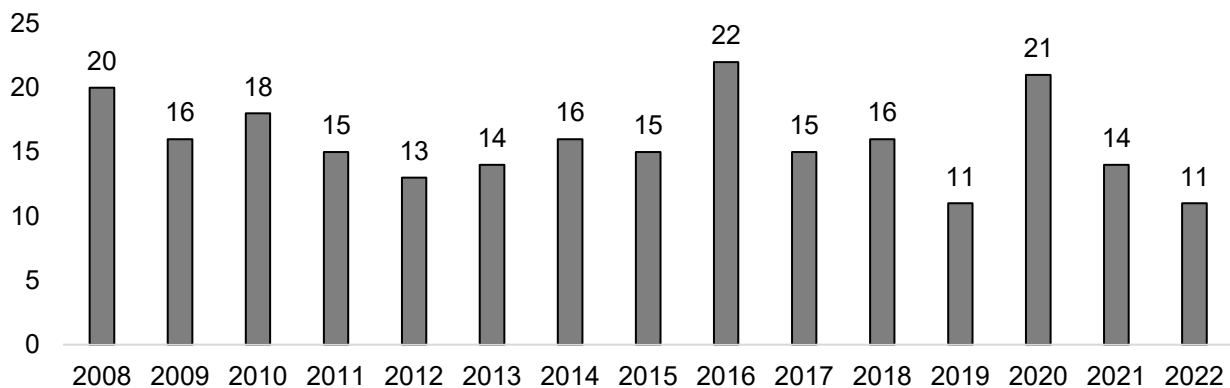
Source: South Dakota Department of Health, Office of Health Statistics

Farm Accident Deaths

Figure 18, below, shows the number of South Dakota resident deaths due to farm accidents for the past 15 years. The

definition of farm accident deaths is located in the back of this report within the Technical Notes section.

Figure 18
South Dakota Resident Deaths Due to Farm Accidents, 2008-2022



Source: South Dakota Department of Health, Office of Health Statistics

Maternal Mortality

Table 62, on the following page, shows maternal mortality deaths for the past 10

years. Specific definitions are located in the notes below the table.

Table 62
South Dakota Resident Deaths Occurring in South Dakota to Women Who Were Pregnant at the Time of Death or Within One Year After Delivery, 2013-2022

Year	Any Death While Pregnant, or Within One Year After Delivery	Pregnancy-Related	Pregnancy Associated, But Not Pregnancy-Related
2022	15	*	*
2021	13**	*	*
2020	8	*	*
2019	6	0	6
2018	8	1	7
2017	5	1	4
2016	6	2	4
2015	5	2	3
2014	5	1	4
2013	6	1	5

Source: South Dakota Department of Health, Office of Health Statistics

Note: Pregnancy-related: Death resulting from: 1) complications of the pregnancy itself, or 2) the chain of events initiated by the pregnancy that led to death, or 3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that subsequently caused death during pregnancy or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy. This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2019.

** - Two previous pregnancies in 2021 were discovered since the last publication reported 11 deaths in that year.

Pregnancy-associated, but not pregnancy-related: Death of a woman from any cause, while she is pregnant or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy, but not pregnancy related (see above). This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2019.

Firearm Deaths

Table 63, below, shows firearm deaths for South Dakota residents for the past 10 years. The definition of firearm deaths is located in

the back of this report within the Technical Notes section.

Table 63
South Dakota Resident Deaths Due to Firearms, 2013-2022

Year	Total Firearm Deaths	Manner of Death				
		Accident	Suicide	Homicide	Legal Intervention	Undetermined Intent
2022	138	7	96	27	7	1
2021	128	0	98	25	4	1
2020	120	5	87	27	1	0
2019	113	0	101	10	2	0
2018	117	7	91	16	3	0
2017	102	2	83	12	4	1
2016	107	5	83	14	5	0
2015	95	5	73	14	2	1
2014	90	2	76	9	3	0
2013	79	1	71	5	2	0

Source: South Dakota Department of Health, Office of Health Statistics

Method of Disposition

Table 64, below, displays the different methods of disposition for the last 14 years. For the second year in a row, the percent of dispositions in 2022 that were cremations were above 50

percent. The second highest method of disposition in 2022 was burial with 42.8 percent. Since 2009, cremation has increased from 26.8 percent of all dispositions to 50.7 percent in 2022.

Table 64
South Dakota Resident Deaths by Disposition, 2009-2022

Year	Total Deaths	Type of Disposition									
		Burial		Cremation		Removal from State		Donation		Entombment	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2022	8,955	3,836	42.8	4,542	50.7	517	5.8	51	0.6	9	0.1
2021	9,183	4,012	43.7	4,641	50.5	478	5.2	43	0.5	8	0.1
2020	9,857	4,552	46.2	4,733	48.0	512	5.2	43	0.4	17	0.2
2019	8,273	3,920	47.4	3,853	46.6	450	5.4	39	0.5	11	0.1
2018	7,971	3,949	49.5	3,554	44.6	425	5.3	34	0.4	7	0.1
2017	7,991	4,106	51.4	3,315	41.5	512	6.4	46	0.6	9	0.1
2016	7,838	4,145	52.9	3,190	40.7	447	5.7	38	0.5	17	0.2
2015	7,724	4,335	56.1	2,939	38.1	413	5.3	23	0.3	14	0.2
2014	7,500	4,302	57.4	2,738	36.5	398	5.3	40	0.5	15	0.2
2013	7,079	4,146	58.6	2,468	34.9	417	5.9	32	0.5	15	0.2
2012	7,283	4,465	61.3	2,345	32.2	428	5.9	33	0.5	10	0.1
2011	7,271	4,539	62.4	2,211	30.4	472	6.5	33	0.5	10	0.1
2010	7,087	4,548	64.2	2,044	28.8	433	6.1	47	0.7	10	0.1
2009	6,913	4,545	65.7	1,855	26.8	464	6.7	34	0.5	8	0.1

Note: Failure of deaths to add to the total is due to unknown dispositions.
Source: South Dakota Department of Health, Office of Health Statistics

Leading Causes and Selected Components

Tables 65a-65c, on pages 73 through 75, display South Dakota resident deaths, the crude death rate, and the age-adjusted death rate for 15 leading causes and selected components from 2013 to 2022.

The crude and age-adjusted rates for all causes in 2022 were 984.3 and 796.0 respectively, which are down from the crude and age-adjusted rates in 2021 of 1,025.6 and 858.2, respectively.

Table 65a
South Dakota Resident Deaths for 15 Leading Causes and Selected Components, 2013-2022

Cause of Death	Number of Deaths									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All Causes	7,079	7,500	7,724	7,838	7,991	7,971	8,273	9,857	9,183	8,955
Heart Disease	1,617	1,695	1,712	1,732	1,708	1,797	1,840	1,819	1,691	1,835
Cancer	1,574	1,679	1,632	1,691	1,717	1,632	1,736	1,728	1,740	1,687
Trachea, Bronchus, and Lung	416	439	424	420	421	396	430	372	387	388
Colon, Rectum, and Anus	169	186	168	163	158	169	153	157	160	145
Pancreas	109	118	109	128	124	116	142	128	136	140
COVID-19	0	0	0	0	0	0	0	1,497	776	448
Alzheimer's Disease	420	433	421	449	444	437	496	488	396	436
Chronic Lower Respiratory Diseases	413	440	500	427	505	498	521	429	464	415
Stroke	414	439	381	420	410	387	373	426	391	393
Diabetes	239	223	282	253	262	252	287	329	306	336
Chronic Liver Disease and Cirrhosis	121	128	137	158	152	185	154	235	329	281
Accidental Falls	146	170	181	185	196	149	203	217	229	219
Dementia	145	188	198	192	183	212	146	194	196	199
Suicide	147	141	173	161	192	168	185	185	202	192
Motor Vehicle Accidents	149	151	143	135	166	156	130	153	172	165
Influenza and Pneumonia	186	180	213	195	217	246	189	142	124	128
Hypertension	72	95	103	92	102	113	126	127	124	122
Malnutrition	9	16	13	27	17	49	62	86	71	106

Source: South Dakota Department of Health, Office of Health Statistics

Table 65b
South Dakota Resident Crude Death Rates for 15 Leading Causes and Selected
Components, 2013-2022

Cause of Death	Crude Death Rates									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All Causes	837.9	879.1	899.7	905.7	918.9	903.5	935.2	1,104.2	1,025.6	984.3
Heart Disease	191.4	198.7	199.4	200.1	196.4	203.7	208.0	203.8	188.9	201.7
Cancer	186.3	196.8	190.1	195.4	197.4	185.0	196.2	193.6	194.3	185.4
Trachea, Bronchus, and Lung	49.2	51.5	49.4	48.5	48.4	44.9	48.2	41.7	43.2	42.6
Colon, Rectum, and Anus	20.0	21.8	19.6	18.8	18.2	19.2	17.3	17.6	17.9	15.9
Pancreas	12.9	13.8	12.7	14.8	14.3	13.1	16.1	14.3	15.2	15.4
COVID-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	167.7	86.7	49.2
Alzheimer's Disease	49.7	50.8	49.0	51.9	51.1	49.5	56.1	54.7	44.2	47.9
Chronic Lower Respiratory Diseases	48.9	51.6	58.2	49.3	58.1	56.4	58.9	48.1	51.8	45.6
Stroke	49.0	51.5	44.4	48.5	47.1	43.9	42.2	47.7	43.7	43.2
Diabetes	28.3	26.1	32.8	29.2	30.1	28.6	32.4	36.9	34.2	36.9
Chronic Liver Disease and Cirrhosis	14.3	15.0	16.0	18.3	17.5	21.0	17.4	26.3	36.7	30.9
Accidental Falls	17.3	19.9	21.1	21.4	22.5	16.9	22.9	24.3	25.6	24.1
Dementia	17.2	22.0	23.1	22.2	21.0	24.0	16.5	21.7	21.9	21.9
Suicide	17.4	16.5	20.2	18.6	22.1	19.0	20.9	20.7	22.6	21.1
Motor Vehicle Accidents	17.6	17.7	16.7	15.6	19.1	17.7	14.7	17.1	19.2	18.1
Influenza and Pneumonia	22.0	21.1	24.8	22.5	25.0	27.9	21.4	15.9	13.8	14.1
Hypertension	8.5	11.1	12.0	10.6	11.7	12.8	14.2	14.2	13.8	13.4
Malnutrition	1.1	1.9	1.5	3.1	2.0	5.6	7.0	9.6	7.9	11.7

Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for the given year.
Source: South Dakota Department of Health, Office of Health Statistics

Table 65c
South Dakota Resident Age-Adjusted Death Rates for 15 Leading Causes and Selected Components, 2013-2022

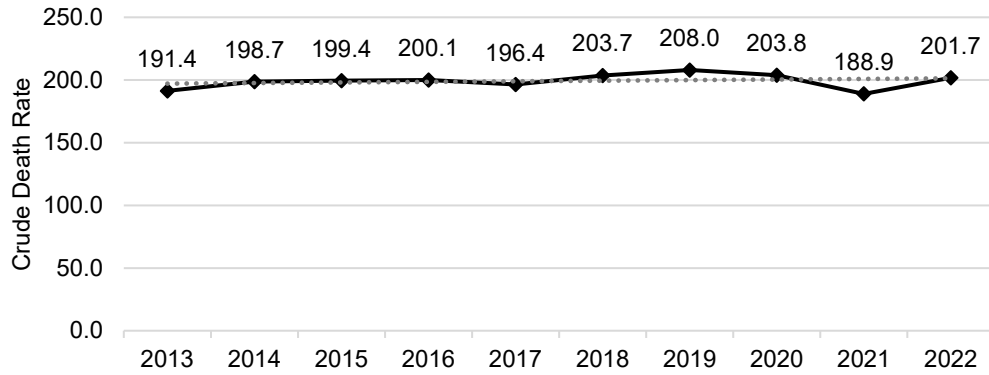
Cause of Death	Age-Adjusted Death Rates									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All Causes	677.4	709.9	714.9	718.6	736.1	715.7	739.6	867.4	858.2	796.0
Cancer	154.3	161.4	153.3	156.6	157.0	145.2	153.3	147.9	154.9	143.4
Trachea, Bronchus, and Lung	41.0	41.8	39.7	38.2	38.2	35.3	37.2	31.1	33.8	31.8
Colon, Rectum, and Anus	16.7	17.6	15.7	15.2	14.2	15.2	13.7	13.3	14.2	12.8
Pancreas	10.7	11.1	10.3	11.6	11.5	10.0	12.3	10.8	12.1	11.8
Heart Disease	148.8	153.6	151.0	153.7	150.0	156.2	158.1	155.1	152.6	157.0
COVID-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	127.1	71.2	39.1
Chronic Lower Respiratory Diseases	39.1	40.7	45.1	38.5	45.4	43.7	45.1	36.6	41.3	35.1
Alzheimer's Disease	35.1	36.1	34.8	37.1	36.9	36.3	40.6	39.7	35.6	36.6
Stroke	37.5	38.8	33.0	35.8	36.3	33.3	32.3	35.4	35.4	33.3
Chronic Liver Disease and Cirrhosis	13.3	16.0	15.9	16.4	17.0	19.7	17.1	25.4	37.2	31.0
Diabetes	22.9	21.2	26.3	23.6	24.8	23.3	26.8	29.2	28.9	29.1
Accidental Falls	13.7	15.3	16.2	16.5	17.4	12.8	17.5	18.4	21.0	18.6
Suicide	18.0	17.1	20.4	19.9	22.7	19.4	21.2	20.9	23.1	21.6
Dementia	12.3	15.8	16.1	15.0	15.0	16.9	11.8	15.8	17.6	16.5
Motor Vehicle Accidents	17.4	17.5	16.3	15.8	19.0	17.3	14.6	16.8	19.3	18.1
Influenza and Pneumonia	16.4	16.1	18.3	16.7	19.0	20.8	16.0	12.2	11.4	11.1
Hypertension	6.3	8.1	8.7	7.9	8.7	9.4	10.6	10.5	11.6	10.3
Malnutrition	0.7	1.5	1.0	2.2	1.6	4.2	5.2	6.9	6.1	9.0

Note: The age-adjusted death rate is calculated using yearly U.S. Census Bureau population estimates for the given year.
Source: South Dakota Department of Health, Office of Health Statistics

The following figures on the next several pages display 10-year trends for crude death rates for the 15 leading causes of death in 2022. Note: The crude death rate is

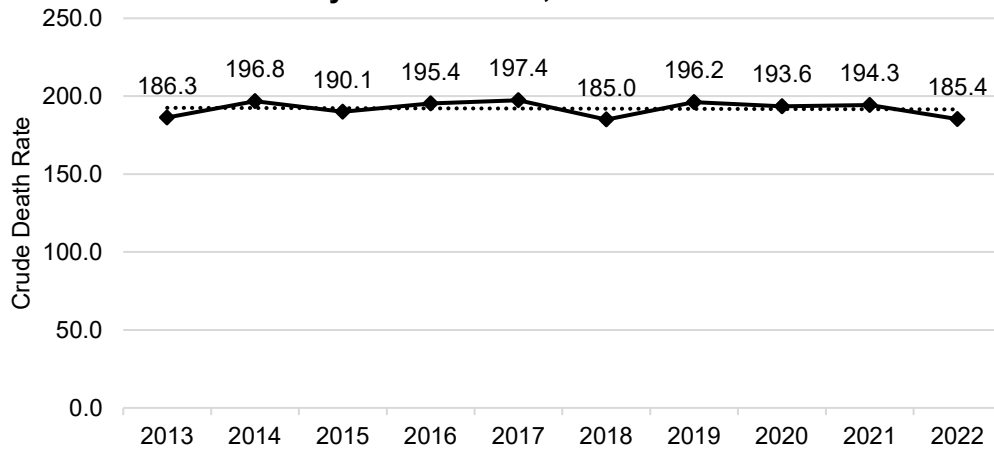
calculated using yearly U.S. Census Bureau population estimates for the given year.

Figure 19
South Dakota Resident Crude Death Rate Due to Heart Disease by Year of Death, 2013-2022



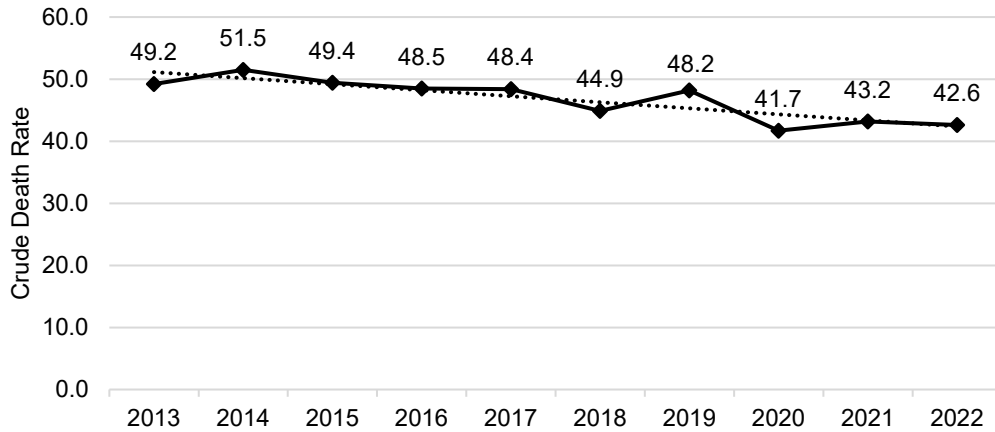
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20
South Dakota Resident Crude Death Rate Due to Cancer by Year of Death, 2013-2022



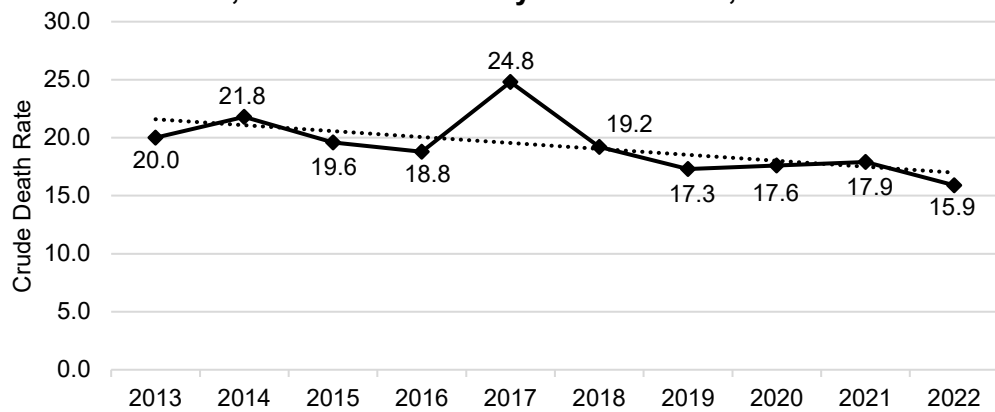
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20a
South Dakota Resident Crude Death Rate Due to Trachea, Bronchus, and Lung Cancer by Year of Death, 2013-2022



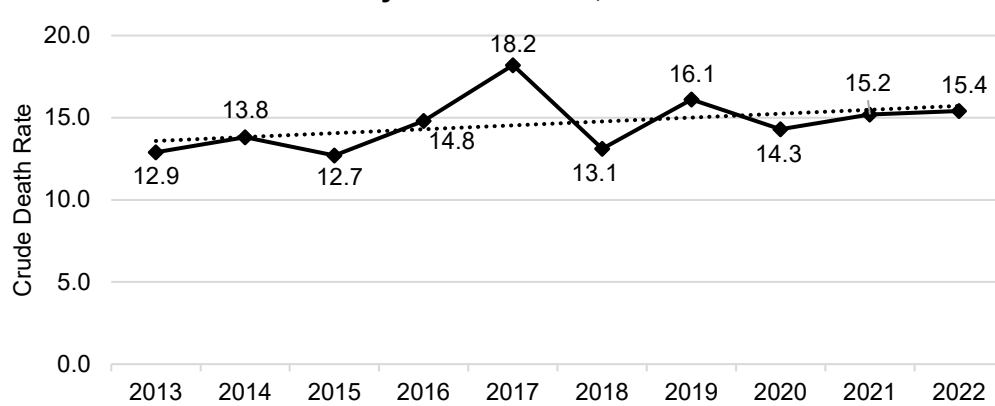
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20b
South Dakota Resident Crude Death Rate Due to Colon, Rectum, and Anus Cancer by Year of Death, 2013-2022



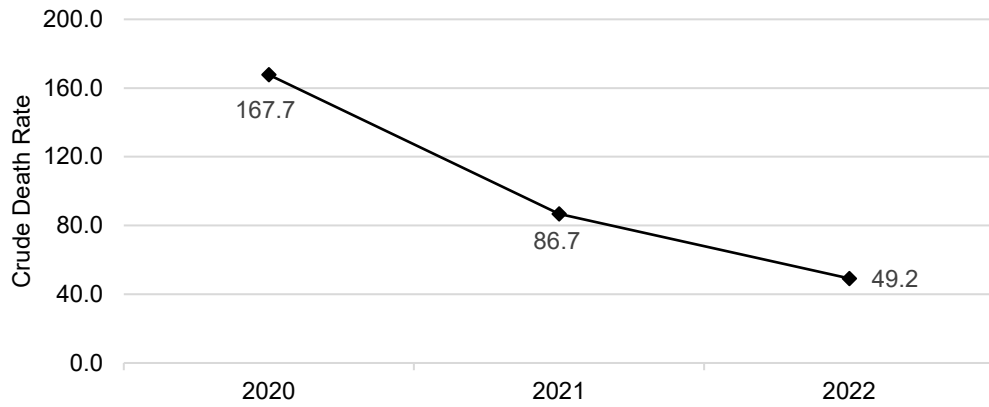
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20c
South Dakota Resident Crude Death Rate Due to Pancreas Cancer by Year of Death, 2013-2022



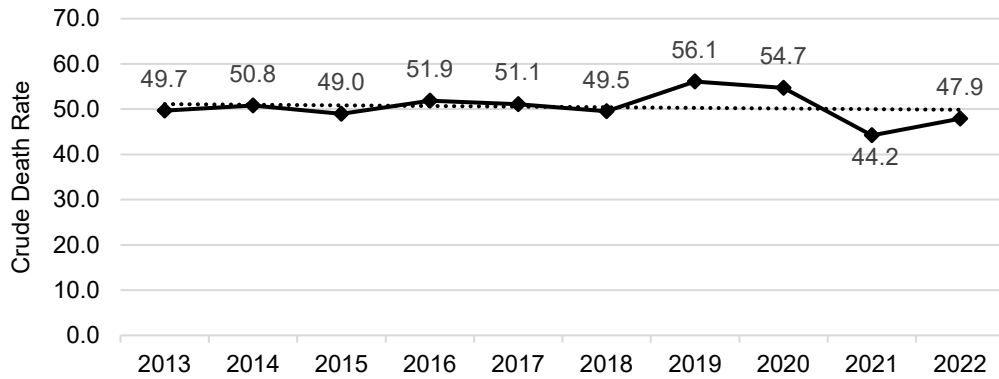
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21
South Dakota Resident Crude Death Rate Due to COVID-19
by Year of Death, 2020-2022



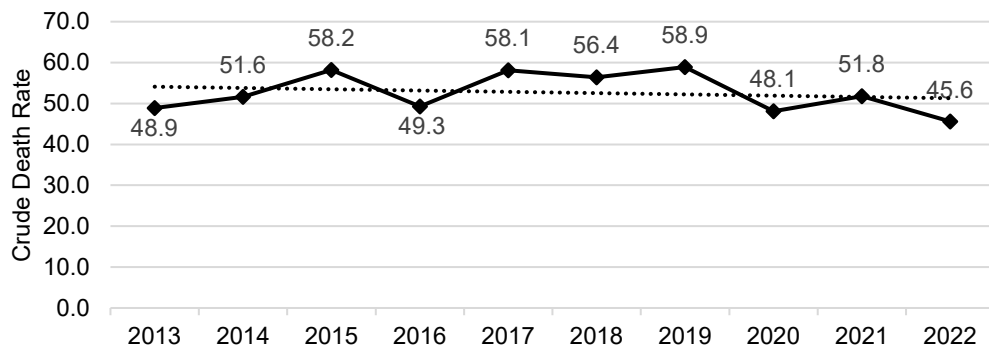
Source: South Dakota Department of Health, Office of Health Statistics

Figure 22
South Dakota Resident Crude Death Rate Due to
Alzheimer's Disease by Year of Death, 2013-2022



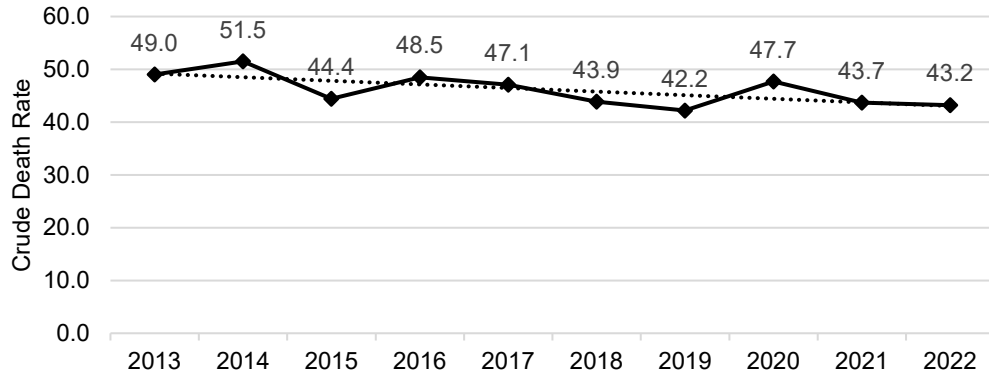
Source: South Dakota Department of Health, Office of Health Statistics

Figure 23
South Dakota Resident Crude Death Rate Due to Chronic
Lower Respiratory Disease by Year of Death, 2013-2022



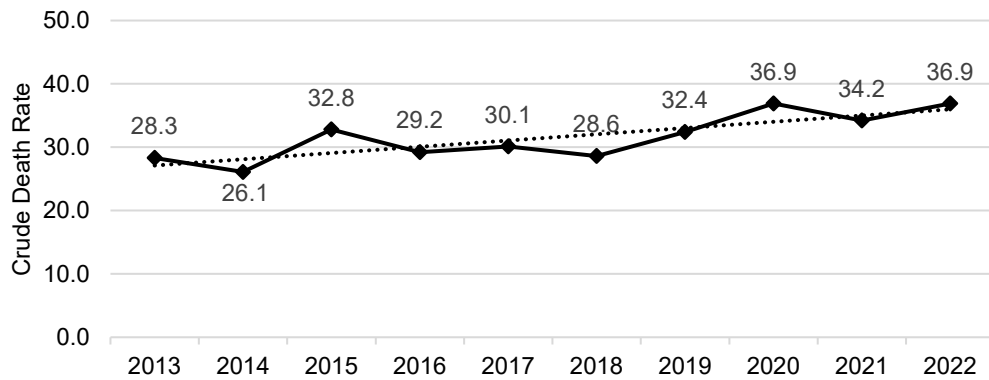
Source: South Dakota Department of Health, Office of Health Statistics

Figure 24
South Dakota Resident Crude Death Rate Due to Stroke by
Year of Death, 2013-2022



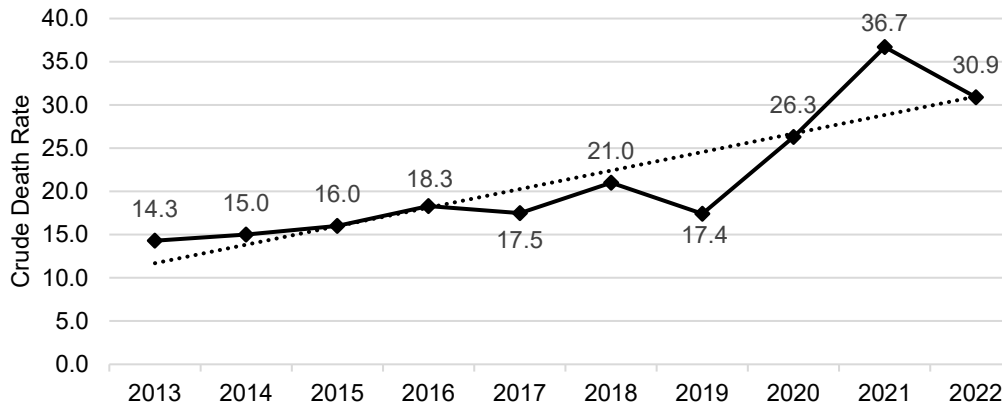
Source: South Dakota Department of Health, Office of Health Statistics

Figure 25
South Dakota Resident Crude Death Rate Due to
Diabetes by Year of Death, 2013-2022



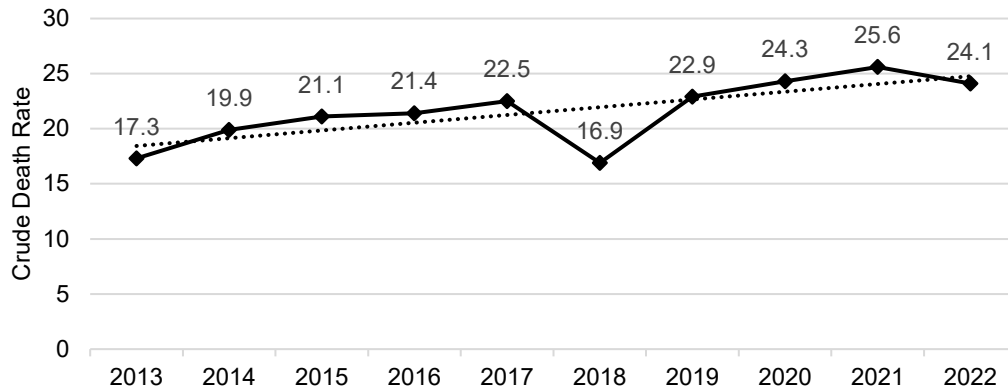
Source: South Dakota Department of Health, Office of Health Statistics

Figure 26
South Dakota Resident Crude Death Rate Due to Chronic
Liver Disease and Cirrhosis by Year of Death, 2013-2022



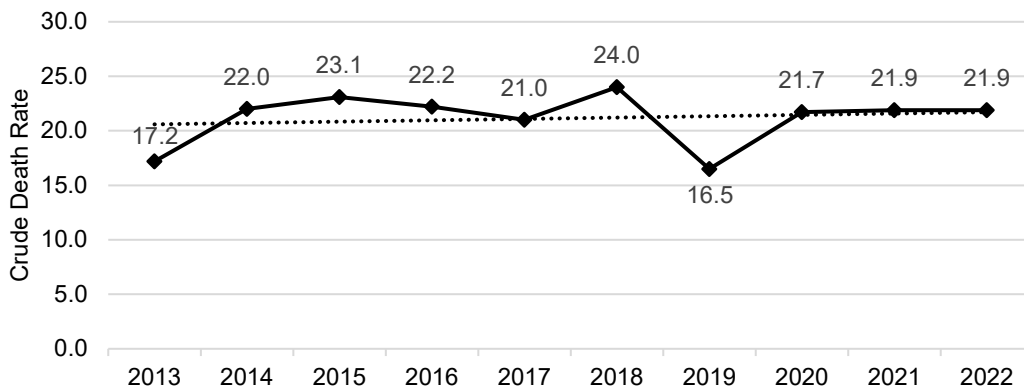
Source: South Dakota Department of Health, Office of Health Statistics

Figure 27
South Dakota Resident Crude Death Rate Due Accidental Falls by Year of Death, 2013-2022



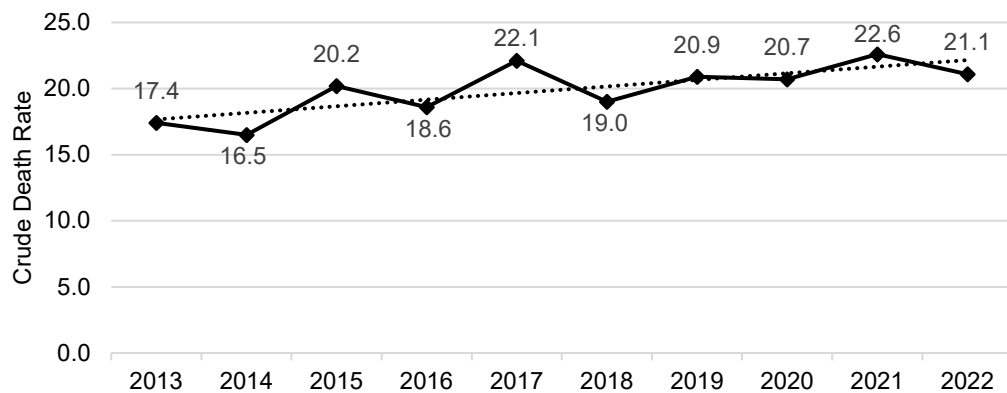
Source: South Dakota Department of Health, Office of Health Statistics

Figure 28
South Dakota Resident Crude Death Rate Due to Dementia by Year of Death, 2013-2022



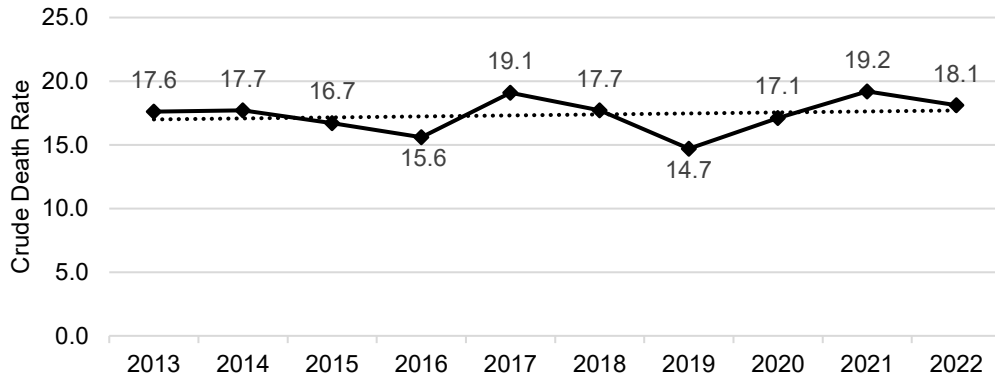
Source: South Dakota Department of Health, Office of Health Statistics

Figure 29
South Dakota Resident Crude Death Rate Due to Suicide by Year of Death, 2013-2022



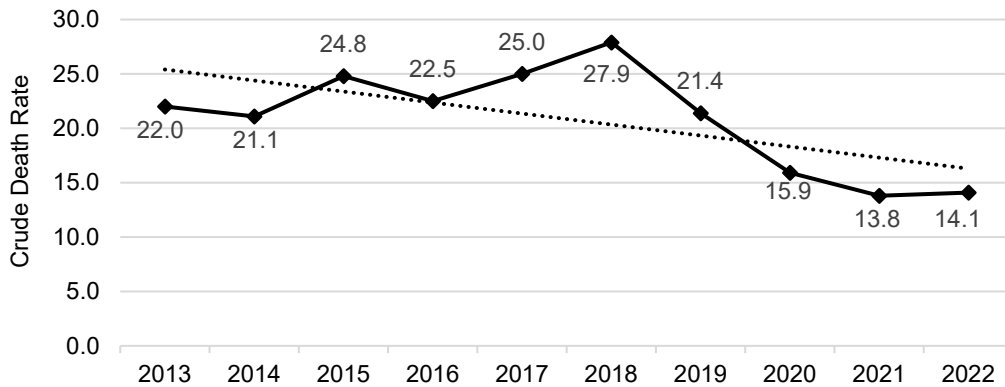
Source: South Dakota Department of Health, Office of Health Statistics

Figure 30
South Dakota Resident Crude Death Rate Due to Motor Vehicle Accidents by Year of Death, 2013-2022



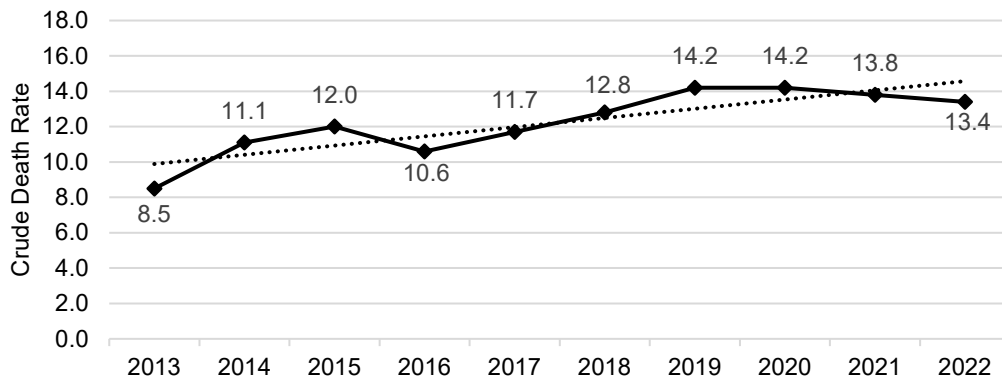
Source: South Dakota Department of Health, Office of Health Statistics

Figure 31
South Dakota Resident Crude Death Rate Due to Influenza and Pneumonia by Year of Death, 2013-2022



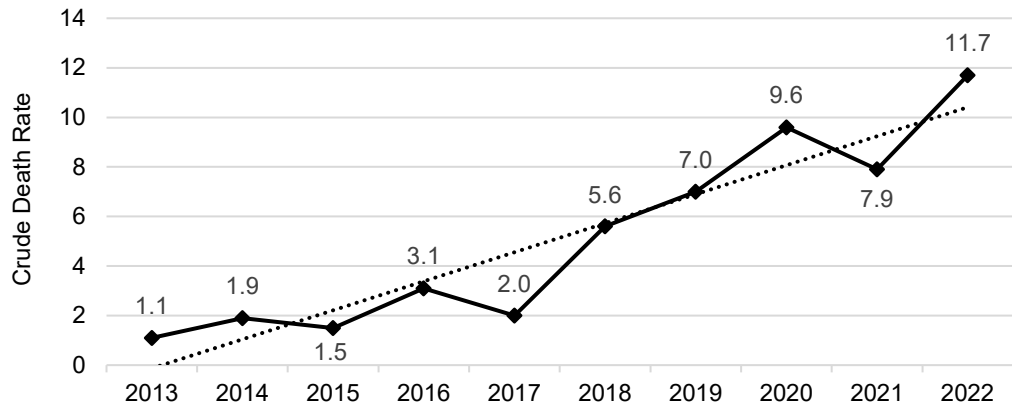
Source: South Dakota Department of Health, Office of Health Statistics

Figure 32
South Dakota Resident Crude Death Rate Due to Hypertension by Year of Death, 2013-2022



Source: South Dakota Department of Health, Office of Health Statistics

Figure 33
South Dakota Resident Crude Death Rate Due to
Malnutrition by Year of Death, 2013-2022



Source: South Dakota Department of Health, Office of Health Statistics

Marriage and Divorce

Marriage & Divorce

An Overview: 2022	
Marriages:	
Number Occurring in S.D.	5,826
S.D. Rate per 1,000 Population	6.4
U.S. Rate per 1,000 Population	6.0*
**Divorces:	
Number Occurring in S.D.	2,113
S.D. Rate Per 1,000 Population	2.3
U.S. Rate per 1,000 Population	2.5*
Years Married Before Termination in S.D.	
Mean	12
Median	9
Mode	3
Range	
Lower	Less Than 1
Upper	56

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Note: *The U.S. marriage and divorce rates are provisional for 2021.

The U.S. divorce rate only includes 45 reporting states and the District of Columbia.

** Divorces include annulments.

Marriages in South Dakota

In 2022, the South Dakota marriage rate increased to 6.4, up from 6.3 in 2021. The marriage rate in 2020 was the lowest ever in South Dakota.

Table 66, below, provides the United States and South Dakota marriage rates from 2008 through 2022.

Table 66
Marriages and Marriage Rates by Occurrence,
South Dakota and United States, 2008-2022

Year	United States*		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2022	NA**	NA**	5,826	6.4
2021	1,985,072	6.0	5,636	6.3
2020	1,676,911	5.1	5,359	6.0
2019	2,015,603	6.1	5,403	6.1
2018	2,132,853	6.5	5,757	6.5
2017	2,236,496	6.9	5,862	6.7
2016	2,251,411	7.0	6,271	7.2
2015	2,221,579	6.9	6,195	7.2
2014	2,140,272	6.9	6,040	7.1
2013	2,081,301	6.8	5,919	7.0
2012	2,131,000	6.8	6,236	7.5
2011	2,118,000	6.8	6,145	7.5
2010	2,096,000	6.8	5,939	7.3
2009	2,080,000	6.8	5,887	7.2
2008	2,157,000	7.1	6,148	7.6

Note: *The marriage data for the United States are provisional for all years. **2022 data are not available at the time of publication. Crude marriage rates are per 1,000 population. The 2013 and 2014 U.S. number and rate excludes data from Georgia.

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Table 67, below, displays marriages by month over the past five years. The most

common time to have a wedding for most years is from June to October.

Table 67
Month of Marriages Occurring in South Dakota, 2018-2022

Year	2018		2019		2020		2021		2022	
	Num	%	Num	%	Num	%	Num	%	Num	%
Total	5,757	100	5,403	100	5,359	100	5,636	100	5,826	100
January	217	3.8	204	3.8	209	3.9	212	3.8	212	3.6
February	244	4.2	207	3.8	276	5.2	199	3.5	303	5.2
March	277	4.8	229	4.2	220	4.1	238	4.2	236	4.1
April	329	5.7	245	4.5	217	4.0	282	5.0	300	5.1
May	447	7.8	459	8.5	333	6.2	524	9.3	495	8.5
June	841	14.6	816	15.1	587	11.0	774	13.7	740	12.7
July	609	10.6	584	10.8	545	10.2	710	12.6	653	11.2
August	815	14.2	771	14.3	803	15.0	655	11.6	702	12.0
September	833	14.5	771	14.3	789	14.7	775	13.8	831	14.3
October	587	10.2	538	10.0	761	14.2	658	11.7	727	12.5
November	274	4.8	290	5.4	295	5.5	286	5.1	320	5.5
December	282	4.9	289	5.3	324	6.0	323	5.7	307	5.3

Source: South Dakota Department of Health, Office of Health Statistics

Divorces in South Dakota

Table 68, below, lists the divorce rates for South Dakota and the United States. The 2022 South Dakota divorce rate was 2.3

divorces per 1,000 population, which is the lowest divorce rate since 1972.

Table 68
Number and Rate of Divorces by Occurrence, South Dakota and United States, 2008-2022

Year	United States*		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2022	NA**	NA**	2,113	2.3
2021	689,308	2.5	2,211	2.5
2020	630,505	2.3	2,226	2.5
2019	746,971	2.7	2,308	2.6
2018	782,038	2.9	2,265	2.6
2017	787,251	2.9	2,340	2.7
2016	776,288	3.0	2,400	2.8
2015	800,909	3.1	2,252	2.6
2014	813,862	3.2	2,374	2.8
2013	832,157	3.3	2,450	2.9
2012	851,000	3.4	2,550	3.1
2011	877,000	3.6	2,694	3.3
2010	872,000	3.6	2,774	3.4
2009	840,000	3.5	2,686	3.3
2008	844,000	3.5	2,459	3.1

Note: *The U.S. data are provisional for all years. Crude divorce rates are per 1,000 population. **2022 data are not available at time of publication. The years 2017, 2018, 2019, 2020, and 2021 excludes data from California, Hawaii, Indiana, Minnesota, and New Mexico. The year 2016 excludes data for California, Georgia, Hawaii, Indiana, Minnesota, and New Mexico. The years 2013-2015 exclude California, Georgia, Hawaii, Indiana, and Minnesota. The years 2008-2012 exclude data for California, Georgia, Hawaii, Indiana, Louisiana, and Minnesota.

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

For South Dakota, the mean or average duration of the marriages ending in divorce during 2022 was 12 years, the median duration was nine years, and the modal duration was three years. The length of time before terminating the marriage ranged from less than one year to 56 years for South Dakota divorces in 2022.

Table 69, below, displays the duration of marriages ending in divorce for the past 10 years. In 2022, zero to four years and five to nine years is the length most marriages lasted with 27.1 and 26.2 percent, respectively.

Table 69
Duration of Marriage Ending in Divorce Occurring in South Dakota, 2013-2022

Year	0-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-29 Years		30+ Years	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	573	27.1	553	26.2	352	16.7	222	10.5	169	8.0	101	4.8	143	6.8
2021	653	29.5	524	23.7	371	16.8	243	11.0	165	7.5	114	5.2	141	6.4
2020	646	29.0	583	26.2	354	15.9	240	10.8	185	8.3	92	4.1	126	5.7
2019	658	28.5	560	24.3	410	17.8	259	11.2	169	7.3	100	4.3	152	6.6
2018	692	30.6	563	24.9	368	16.2	276	12.2	165	7.3	98	4.3	103	4.5
2017	719	30.8	543	23.2	374	16.0	278	11.9	178	7.6	115	4.9	131	5.6
2016	791	33.0	553	23.0	386	16.1	253	10.5	175	7.3	105	4.4	137	5.7
2015	735	32.6	528	23.4	355	15.8	231	10.3	182	8.1	94	4.2	127	5.6
2014	755	31.8	591	24.9	359	15.1	235	9.9	193	8.1	114	4.8	127	5.3
2013	783	32.0	626	25.6	389	15.9	266	10.9	167	6.8	109	4.4	110	4.5

Source: South Dakota Department of Health, Office of Health Statistics

Table 70, below, displays the number of children involved in divorces for the past 10

years. Over half (53.3%) of all divorces in 2022 did not involve children.

Table 70
Number of Children Involved in Divorce Occurring in South Dakota, 2013-2022

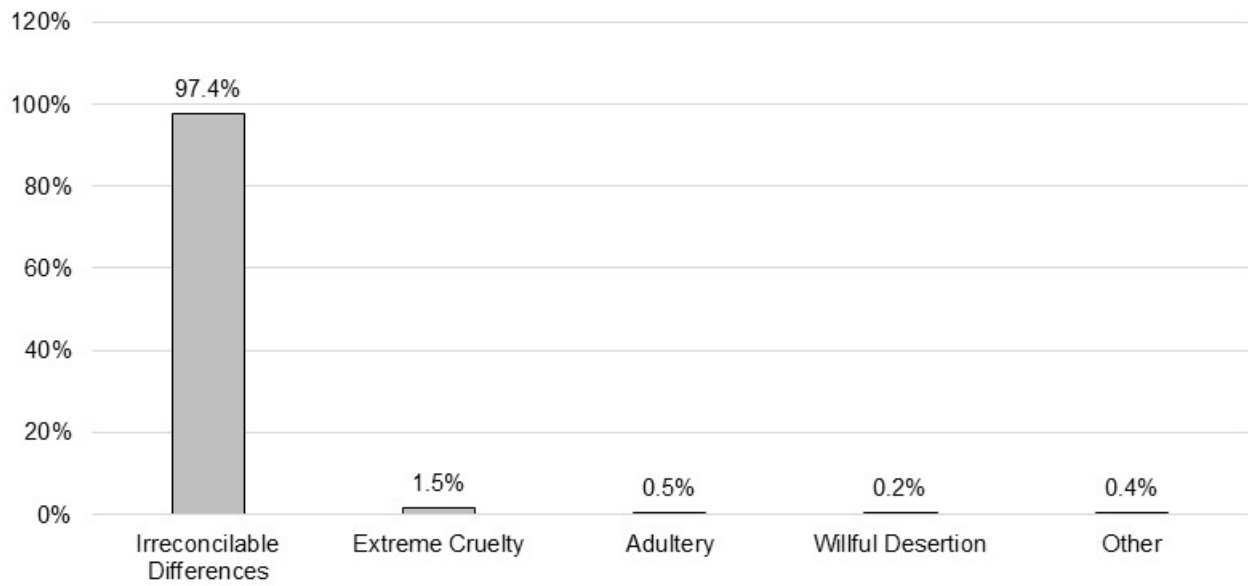
Year	Total		No Children Involved		1 Child Involved		2 Children Involved		3 Children Involved		4 or More Children Involved		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2022	2,113	100	1,126	53.3	373	17.7	413	19.5	144	6.8	57	2.7	0	-
2021	2,211	100	1,198	54.2	402	18.2	382	17.3	161	7.3	68	3.1	0	-
2020	2,226	100	1,174	52.7	420	18.9	404	18.1	179	8.0	49	2.2	0	-
2019	2,308	100	1,204	52.2	443	19.2	423	18.3	186	8.1	52	2.3	0	-
2018	2,265	100	1,164	51.4	412	18.2	446	19.7	179	7.9	64	2.8	0	-
2017	2,340	100	1,227	52.4	410	17.5	485	20.7	159	6.8	59	2.5	0	-
2016	2,400	100	1,298	54.1	459	19.1	432	18.0	166	6.9	43	1.8	2	-
2015	2,252	100	1,190	52.8	444	19.7	404	17.9	166	7.4	48	2.1	0	-
2014	2,374	100	1,256	52.9	502	21.2	414	17.4	156	6.6	45	1.9	1	-
2013	2,450	100	1,220	49.8	484	19.8	494	20.2	199	8.1	53	2.2	0	-

Source: South Dakota Department of Health, Office of Health Statistics

Figure 33, on the next page, displays causes for the divorce. The majority of

divorces in 2022 stated irreconcilable differences with 97.4 percent.

Figure 34
Causes for Divorce Occurring in South Dakota, 2022



Source: South Dakota Department of Health, Office of Health Statistics

Infectious Disease

Infectious Diseases in South Dakota, 2022

The South Dakota Department of Health (SDDOH) strives to promote healthy living and to protect the health of all South Dakotans. A core public health function is the surveillance of infectious diseases in the state.

Infectious disease surveillance monitors patterns of disease occurrence and assesses the health status of South Dakota's population. Surveillance can detect sudden changes in disease occurrence, such as an outbreak, or identify long-term disease trends or new and emerging diseases. Surveillance activities are linked to public health actions, such as investigation, control and prevention, evaluation, or planning and allocating resources to address the diseases affecting the population.

SDDOH is authorized by South Dakota Codified Law 34-22-12 and Administrative Rules Article 44:20 to receive and process mandatory reports of communicable diseases by physicians, hospitals, laboratories, and institutions, and to establish public health measures to control and prevent disease transmission.

This report provides an overview of disease surveillance conducted by SDDOH in 2022. It highlights important statistics and shows key trends on selected reportable diseases in the state.

Table 71 Reportable Diseases in South Dakota, 2013-2022 (Calendar years)

*NR = not reportable

Source: South Dakota Department of Health. Minor variances from past reports reflect differences between MMWR year and calendar year, cross-year deduplication and recategorization.

Reportable diseases	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Babesiosis	1	1	0	0	0	0	0	1	0	0	3
Botulism	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	1	0	0	0	1	0	0	0	0	0	0
Campylobacteriosis	296	307	346	450	395	532	524	324	310	307	3495
Carbapenem-resistant Enterobacterales (CRE)	12	3	37	58	64	48	40	27	39	50	378
Chicken Pox (Varicella)	43	23	27	32	24	31	26	18	9	14	247
Chlamydia	3947	4129	3967	4336	4439	4441	4545	4007	4858	5166	43835
Coccidioidomycosis	NR	NR	NR	5	6	3	8	7	6	8	43
Coronavirus Disease 2019 (COVID-19)	-	-	-	-	-	-	-	99984	81626	90750	272360
Cryptosporidiosis	175	151	248	158	163	177	167	76	127	97	1539
Cyclosporiasis	1	0	0	3	4	30	10	22	16	2	88
Dengue	3	0	2	2	0	1	1	2	0	0	11
Ehrlichiosis and Anaplasmosis	1	0	0	1	1	4	0	2	3	1	13
Giardiasis	111	131	129	116	104	114	92	66	71	65	999
Gonorrhea	789	880	1055	1271	1291	1694	2170	2399	3261	3076	17886
Hantavirus pulmonary syndrome	0	0	0	0	1	0	2	1	0	1	5
Hepatitis A	4	3	2	1	1	1	8	1	1	2	24
Hepatitis B, chronic	80	58	52	60	52	46	37	53	36	30	504
Hepatitis B, acute	5	3	2	2	2	1	5	4	4	4	32
Hepatitis C, chronic	406	516	570	714	563	545	583	723	847	694	6161
Hepatitis C, acute	1	0	0	22	20	19	31	10	5	21	129
<i>Haemophilus influenzae</i> , invasive	NR	NR	NR	20	21	30	30	14	17	25	157
Hemolytic uremic syndrome	0	1	1	1	0	0	5	2	6	6	22
HIV and AIDS	26	24	20	35	28	21	31	32	27	44	288

Reportable diseases	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Legionellosis	8	9	10	9	15	33	23	10	21	24	162
Leprosy (Hansen's disease)	0	0	0	0	0	0	0	0	1	0	1
Listeriosis	0	0	0	0	2	1	0	2	1	2	8
Lyme disease	4	2	5	11	12	7	10	8	16	12	87
Malaria	7	5	4	4	8	9	6	2	8	2	55
Measles	0	8	2	0	0	0	0	0	0	0	10
Meningococcal disease	4	2	1	1	0	0	0	0	1	1	10
Mpox	NR	NR	NR	NR	NR	NR	NR	NR	NR	3	3
Multisystem inflammatory syndrome	NR	NR	NR	NR	NR	NR	NR	6	9	6	21
Mumps	0	0	0	2	0	0	12	0	0	0	14
Pertussis	67	109	16	15	9	163	147	34	1	1	562
Q fever	4	5	5	4	5	12	11	8	5	6	65
Rabies, animal	28	21	29	27	22	15	16	10	15	9	192
Salmonellosis	183	164	230	305	226	227	166	179	220	250	2150
Shiga toxin-producing <i>E. coli</i>	42	41	62	84	91	204	136	97	96	88	941
Shigellosis	190	616	285	28	29	26	9	12	17	17	1229
Spotted fever rickettsiosis	7	3	2	6	13	14	10	7	7	1	70
Methicillin-resistant <i>Staph aureus</i> (MRSA), invasive	94	124	159	144	115	173	156	169	178	148	1460
<i>Strep. pneumoniae</i> , invasive	99	88	110	129	135	106	101	71	95	109	376
Syphilis (primary, secondary, and early non-primary non-secondary)	49	76	48	41	52	50	56	101	787	1504	2764
Syphilis, congenital	0	3	0	2	3	1	3	4	16	40	72
Toxic shock syndrome	0	0	3	1	0	1	0	0	0	1	6
Tularemia	7	5	25	14	13	9	17	10	14	0	114
Tuberculosis	9	8	17	12	14	12	16	16	12	10	126
Typhoid fever	3	0	1	2	0	0	0	0	1	2	9
West Nile fever	92	45	29	117	46	122	11	9	29	35	535
West Nile neuroinvasive	57	12	11	35	27	47	0	11	19	36	255
Vibriosis	NR	NR	NR	5	12	9	3	3	9	4	45

Table 72 Reportable Diseases by County of Residence, South Dakota, 2022 (Calendar years)

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	<i>Strep. pneumo.</i> , invasive	Shiga Toxin-Prod <i>E. coli</i>	Tularemia	Varicella (Chicken pox)	West Nile disease
TOTAL	307	5166	97	65	3076	30	694	24	148	1	250	17	109	88	0	14	71
Incidence*	33.7	567.8	10.7	7.1	338.1	3.3	76.3	2.6	16.3	0.1	27.5	1.9	11.9	9.7	0	1.5	7.8
Aurora	<5	8	0	<5	<5	0	<5	0	<5	0	<5	0	0	0	0	0	0
Beadle	6	68	<5	<5	14	<5	8	0	0	0	7	<5	0	0	0	0	<5
Bennett	<5	42	0	0	23	0	<5	0	<5	0	0	0	0	0	0	0	0
Bon Homme	<5	13	0	<5	6	0	10	0	<5	0	<5	<5	<5	0	0	0	<5
Brookings	<5	152	7	<5	26	0	5	0	<5	0	<5	<5	<5	<5	0	0	<5
Brown	14	137	6	<5	39	<5	7	0	<5	0	11	<5	6	<5	0	0	11
Brule	<5	30	0	0	18	0	<5	0	<5	0	<5	0	<5	<5	0	0	<5
Buffalo	<5	24	0	0	31	0	12	<5	<5	0	0	0	<5	0	0	0	0
Butte	8	27	<5	<5	8	0	<5	0	0	0	5	0	<5	<5	0	0	0
Campbell	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles Mix	6	67	0	<5	35	0	21	0	<5	0	7	0	0	0	0	<5	0
Clark	<5	<5	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	<5

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	Strep. pneumo, invasive	Shiga Toxin-Prod E. coli	Tularemia	Varicella (Chicken pox)	West Nile disease
Clay	<5	69	0	0	18	0	8	<5	<5	0	<5	0	0	<5	0	0	0
Codington	13	93	<5	<5	18	0	8	0	<5	0	8	0	<5	9	0	0	<5
Corson	<5	67	0	0	40	0	27	0	<5	0	0	0	0	<5	0	0	0
Custer	<5	21	0	<5	6	0	7	<5	0	0	<5	<5	0	<5	0	0	0
Davison	6	87	<5	6	19	0	11	0	<5	<5	<5	0	<5	0	0	0	0
Day	<5	9	<5	0	<5	0	<5	0	<5	0	5	0	<5	<5	0	0	<5
Deuel	<5	8	0	0	<5	0	0	0	0	0	<5	<5	<5	<5	0	0	<5
Dewey	5	174	0	0	152	0	66	0	<5	0	<5	0	<5	0	0	0	<5
Douglas	5	<5	0	0	0	0	0	0	0	0	<5	0	<5	<5	0	0	<5
Edmunds	5	<5	0	<5	0	0	0	0	<5	0	<5	0	0	0	0	0	<5
Fall River	<5	16	<5	0	7	0	5	<5	<5	0	<5	0	0	<5	0	0	0
Faulk	0	<5	0	0	<5	0	0	0	0	0	<5	0	0	0	0	0	<5
Grant	<5	15	0	0	<5	0	<5	0	0	0	<5	0	<5	0	0	0	<5
Gregory	10	9	<5	<5	<5	0	<5	0	<5	0	<5	0	<5	<5	0	0	0
Haakon	<5	5	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0
Hamlin	8	<5	<5	<5	<5	0	0	0	0	0	7	0	<5	<5	0	0	<5
Hand	0	<5	0	0	<5	<5	<5	0	0	0	<5	0	<5	0	0	0	<5
Hanson	<5	5	<5	0	0	0	<5	0	0	0	0	0	<5	0	0	0	<5
Harding	<5	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hughes	0	89	<5	<5	38	<5	12	<5	5	0	6	0	<5	<5	0	0	<5
Hutchinson	<5	13	<5	0	<5	0	0	<5	<5	0	<5	0	<5	<5	0	0	0
Hyde	0	<5	0	0	0	0	<5	<5	<5	0	0	0	0	0	0	0	0
Jackson	<5	42	0	0	52	0	6	<5	<5	0	<5	0	0	0	0	0	0
Jerauld	<5	<5	0	0	0	0	<5	0	0	0	<5	0	0	0	0	0	<5
Jones	<5	<5	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	<5	13	0	0	0	0	<5	0	0	0	0	0	<5	0	0	0	<5
Lake	<5	18	<5	0	<5	<5	<5	0	<5	0	<5	0	<5	<5	0	0	<5
Lawrence	6	71	<5	<5	13	0	16	0	<5	0	<5	0	<5	<5	0	<5	0
Lincoln	13	214	9	<5	58	<5	7	<5	<5	0	18	0	<5	<5	0	<5	<5
Lyman	<5	48	<5	0	50	0	12	0	<5	0	<5	0	0	0	0	0	0
Marshall	<5	6	0	0	<5	0	<5	0	<5	0	0	0	<5	0	0	0	<5
McCook	<5	11	0	0	<5	<5	0	0	<5	0	<5	0	0	<5	0	0	<5
McPherson	<5	<5	0	0	0	0	<5	0	<5	0	<5	0	<5	<5	0	0	0
Meade	6	95	<5	0	37	0	9	0	<5	0	5	0	<5	<5	0	<5	0
Mellette	<5	41	0	0	33	0	0	0	<5	0	<5	0	0	0	0	<5	<5
Miner	<5	<5	<5	0	<5	0	0	0	<5	0	0	0	0	0	0	0	<5
Minnehaha	33	1502	20	19	834	18	147	5	31	0	62	7	24	21	0	<5	9
Moody	<5	21	0	0	10	0	<5	0	<5	0	<5	0	<5	0	0	<5	0
Oglala Lakota	5	360	<5	0	343	0	32	0	5	0	<5	0	5	0	0	0	0
Pennington	36	797	<5	<5	643	<5	120	<5	26	0	21	0	21	16	0	<5	<5
Perkins	<5	<5	0	0	<5	0	<5	0	0	0	<5	0	<5	0	0	0	0
Potter	<5	5	0	<5	<5	0	0	0	<5	0	0	0	0	0	0	0	<5
Roberts	7	62	<5	<5	22	0	10	0	<5	0	<5	<5	0	0	0	<5	0
Sanborn	0	<5	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	<5
Spink	<5	10	0	0	0	0	<5	0	<5	0	<5	0	0	<5	0	0	<5
Stanley	<5	8	0	0	<5	0	<5	0	0	0	0	0	0	0	0	0	0
Sully	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Todd	<5	341	<5	<5	347	<5	61	<5	<5	0	<5	0	6	0	0	0	0
Tripp	8	29	0	0	17	0	<5	0	8	0	<5	0	0	<5	0	<5	0

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	Strep. pneumo, invasive	Shiga Toxin-Prod E. coli	Tularemia	Varicella (Chicken pox)	West Nile disease
Turner	<5	15	<5	<5	0	<5	<5	0	<5	0	0	<5	<5	<5	0	<5	<5
Union	<5	35	0	<5	<5	0	<5	0	<5	0	6	<5	0	<5	0	0	<5
Walworth	6	19	0	0	20	0	<5	0	0	0	0	0	0	0	0	0	<5
Yankton	11	82	0	0	23	0	14	<5	<5	0	10	0	<5	<5	0	0	<5
Ziebach	0	35	0	0	24	0	12	0	0	0	0	0	0	0	0	0	0

*Incidence: cases per 100,000 population

Individual county events of 1, 2, 3 or 4 are published as <5

Table 73 Reportable Diseases by Gender, Race and Age, South Dakota, 2022 (Calendar years)

	Campylobacteriosis	Chlamydia	CRE	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	HIV and AIDS	MRSA, invasive	Salmonellosis	Shiga Toxin-Producing E. coli	Shigellosis	Strep. pneumo, invasive	Syphilis (P, S, E non-P non-S)	Tuberculosis	Tularemia	Varicella (Chicken pox)	West Nile disease	
Total	307	5166	50	97	65	3076	30	694	44	148	250	88	17	109	1504	10	0	14	71	
Incidence*	33.7	567.8	5.5	10.7	7.1	338.1	3.3	76.3	4.8	16.3	27.5	9.7	1.9	12.0	165.3	1.1	0.0	1.5	7.8	
Gender																				
Female	127	3521	30	62	28	1771	12	296	12	61	122	45	8	46	769	5	0	7	28	
Male	180	1645	20	35	37	1305	18	398	32	87	128	43	9	63	735	5	0	7	43	
Race																				
White	250	2086	42	8	56	610	5	195	14	85	211	76	12	71	206	2	0	11	66	
Am.Indian	38	2401	8	12	5	2093	3	411	26	52	21	6	1	30	1225	2	0	2	4	
Black	3	364	0	0	1	277	16	18	4	2	3	2	1	2	54	5	0	0	0	
Asian	0	44	0	0	0	8	5	4	0	2	2	1	0	1	1	1	0	0	0	
Other	10	99	0	5	2	42	1	35	0	6	9	1	3	3	13	0	0	0	0	
Unknown	5	172	0	0	0	46	0	31	0	1	4	2	0	2	5	0	0	1	1	
Age group																				
<1 yr	6	3	0	1	0	1	0	0	1	2	7	2	0	2	0	0	0	1	0	
1-4 yrs	33	0	0	16	9	0	0	0	0	2	19	12	3	2	0	0	0	6	2	
5-14 yrs	23	46	1	6	7	16	0	0	0	1	22	9	0	5	2	0	0	1	3	
15-24 yrs	39	2939	1	17	6	1039	2	66	7	7	30	11	2	0	322	0	0	2	3	
25-39 yrs	66	1874	3	19	18	1559	12	284	18	14	47	25	5	7	850	3	0	4	11	
40-64 yrs	79	302	17	28	14	453	14	289	18	56	76	14	2	51	315	4	0	0	34	
≥65 yrs	60	2	28	10	11	8	2	55	0	66	49	15	5	42	15	3	0	0	18	

Total cases reported on this table may differ slightly from column totals due to incomplete case information.

*Incidence: cases per 100,000 population

Campylobacteriosis

Campylobacter is a bacterium that can cause diarrhea, often bloody, abdominal pain, vomiting, fever, nausea, and malaise. Most cases of campylobacteriosis are relatively mild, lasting one to two days. Some cases, however, are more severe and relapses occur in about 20 percent of patients.

Complications may include convulsions, septicemia, extra-intestinal infection, arthritis, and one in 1,000 campylobacteriosis cases leads to Guillain-Barré syndrome. *Campylobacter*-associated deaths are rare.

Campylobacteriosis has been the most commonly reported enteric bacterial pathogen in South Dakota since 2001. In 2022, there were 307 cases of *Campylobacter* infection reported, a 22 percent decrease from the five-year median (median: 395). South Dakota's rate of campylobacteriosis ranks high nationally, usually double the rate of states receiving enhanced funding for conducting active surveillance for foodborne disease (FoodNet). Sixty-one cases (20%) were hospitalized. Of the *Campylobacter* cases that were culture confirmed, the species identified were *C. jejuni* (76 cases), *C. coli* (7), *C. ureolyticus* (2), *C. hominis* (1), *C. gracilis* (1), and *C. fetus* (1). Thirty-two percent of campylobacteriosis cases reported contact with cattle.

Figure 35
Campylobacteriosis Incidence by County of Residence: South Dakota, 2022
 (cases per 100,000)

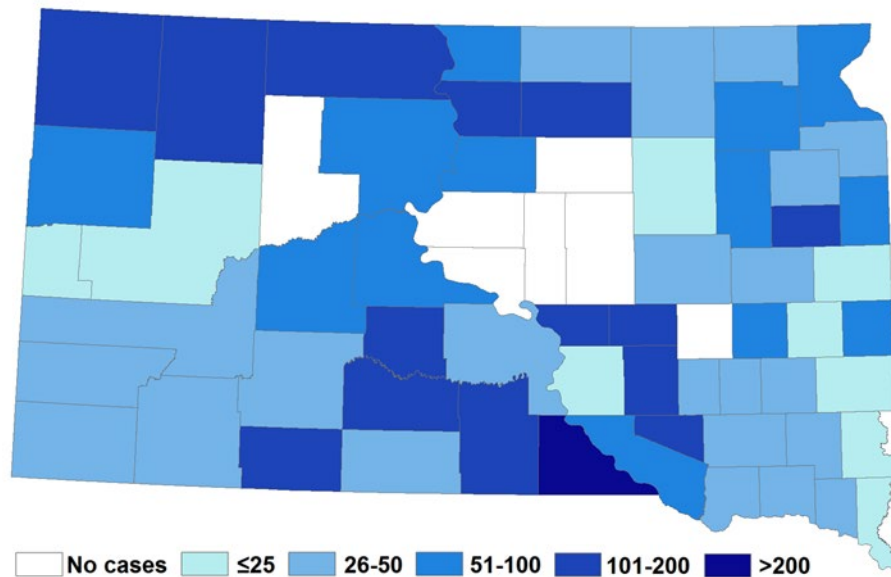
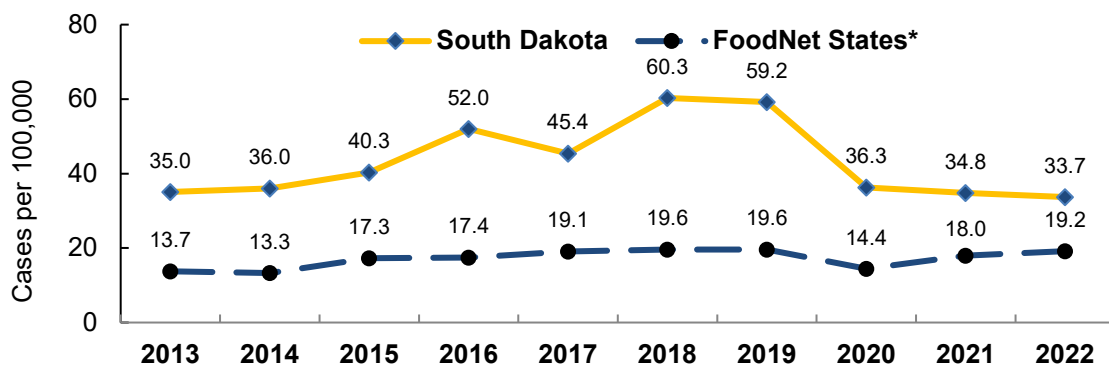


Figure 36
Campylobacteriosis Incidence, South Dakota & U.S. (FoodNet States*), 2013-2022

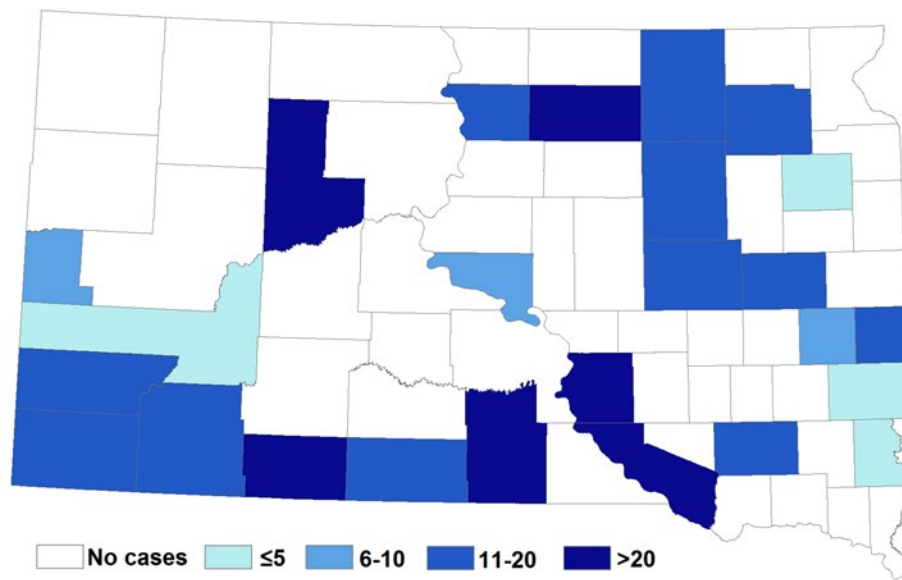


*FoodNet states include CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN.

Carbapenem-resistant Enterobacteriales (CRE)

Carbapenem-resistant Enterobacteriales (CRE) are a family of bacteria that are difficult to treat because they are highly resistant to group of antibiotics called carbapenems. CRE are an important emerging threat to public health. Common bacteria in the Enterobacteriales order include *Klebsiella* species, *Enterobacter* species, and *Escherichia coli*. These bacteria are typically found in the human gastrointestinal tract. However, they can spread outside the gut and cause serious infections, such as urinary tract infections, bloodstream infections, wound infections and pneumonia. Enterobacteriales can cause infections in people in both healthcare and community settings. In South Dakota, 50 cases of CRE were reported in 2022. The statewide incidence was 5.5 cases per 100,000 population.

Figure 37
CRE Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)



Chlamydia

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium *Chlamydia trachomatis* that can infect both men and women. Chlamydia transmission occurs during contact with mucus membrane secretions of infected individuals – almost always during sexual activity. Neonatal transmission occurs when an infant is born to an infected mother and may then cause pneumonia or conjunctivitis in the newborn. Most female infections are asymptomatic or mild, but can cause mucus-pus discharges, pelvic inflammatory disease, infertility and ectopic pregnancy. Men experience urethral discharge, epididymal pain and sexually reactive arthritis.

In 2022, there were 5,166 cases of chlamydia reported in South Dakota, a 16 percent increase from the five-year median (median: 4,441). Counties with the highest incidence (cases per 100,000 population) included Todd (3,698.5), Dewey (3,385.2), Oglala Lakota (2,662.9), and Mellette (2,167.0). Youth in the 15–24 year age group had the highest rate of disease. The number of chlamydia cases has been increasing over the past decade in South Dakota.

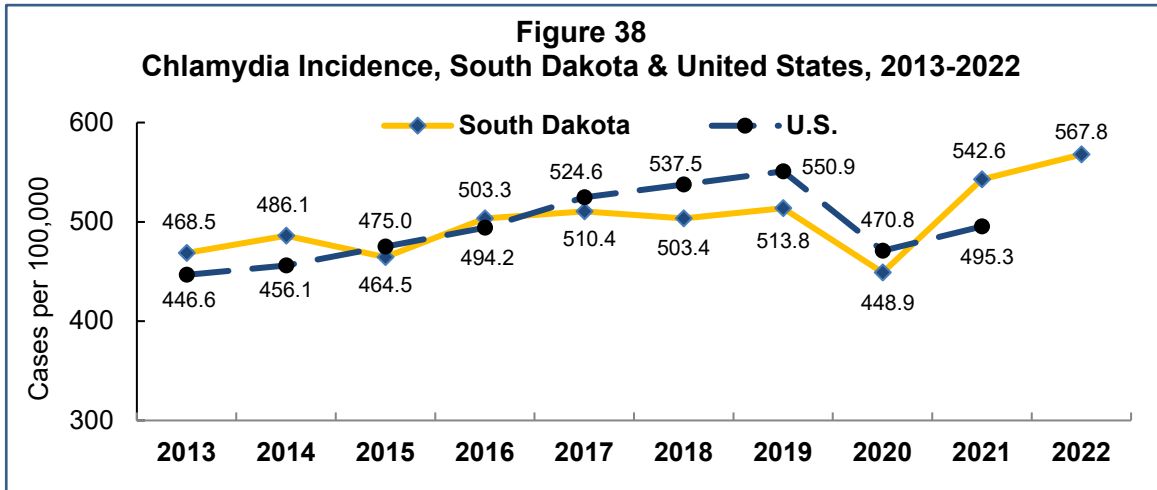
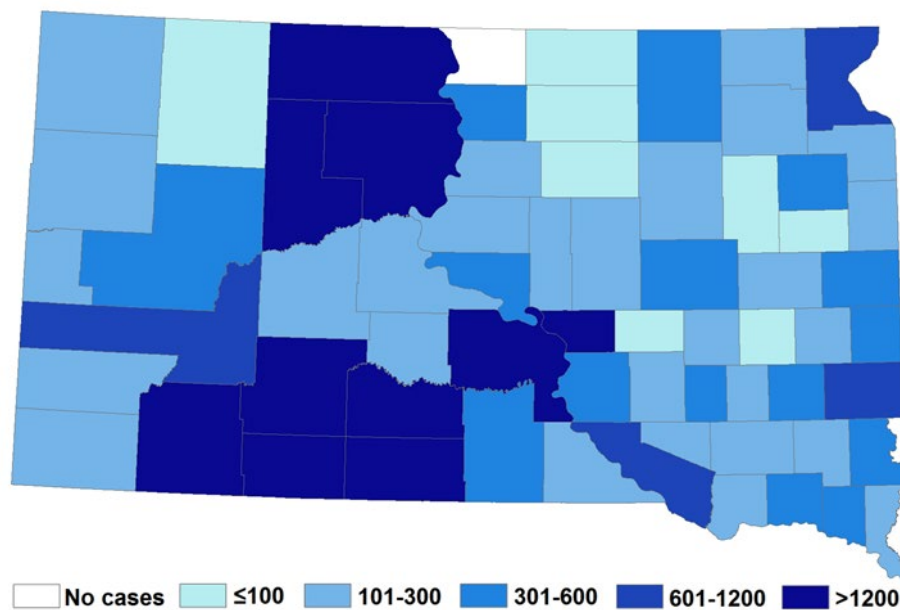


Figure 39
Chlamydia Incidence by County of Residence: South Dakota, 2022
 (cases per 100,000)

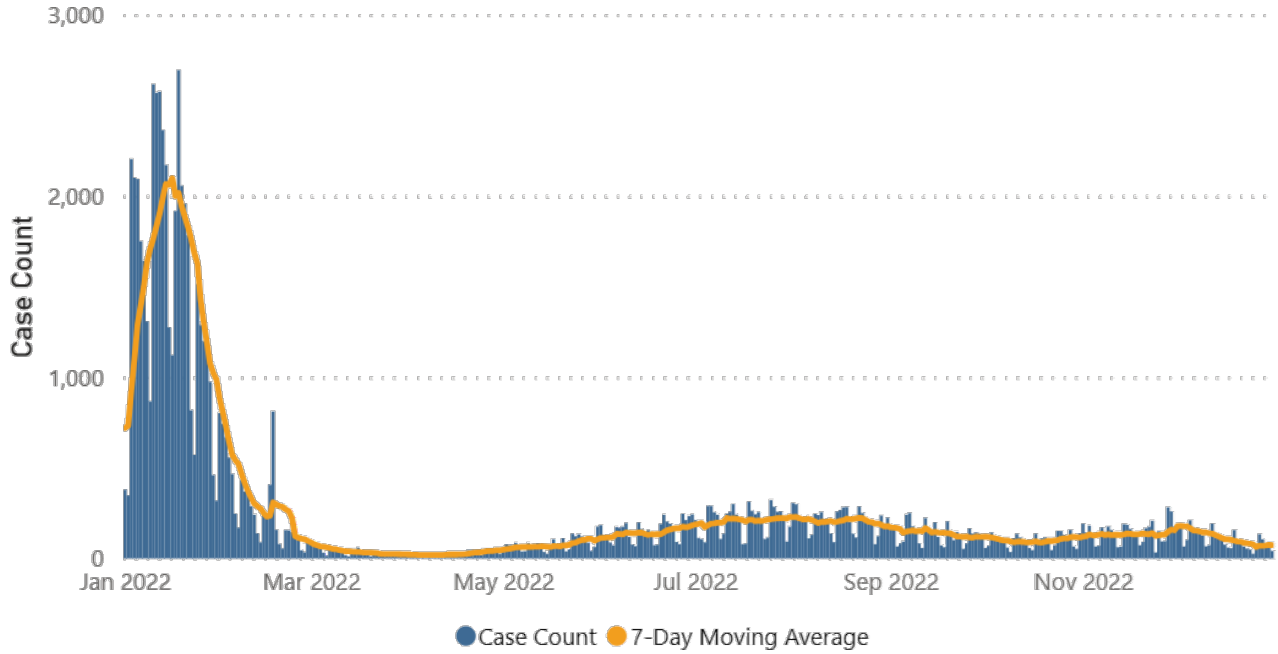


Coronavirus Disease 2019 (COVID-19)

The SARS-CoV-2 novel coronavirus that causes COVID-19 was first identified in December 2019 in China among patients with severe respiratory illness and pneumonia. The virus spread worldwide through person-to-person transmission and on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic.

In year three of COVID-19, the Omicron variant of SARS-CoV-2 caused a large peak of COVID-19 illness in January and February. No other major wave in cases occurred, although cases continued to be steadily reported from June through December. In total, there were 90,750 cases of COVID-19 reported in South Dakota in 2022, resulting in 3,063 hospitalizations and 489 deaths.

Figure 40
COVID-19 Cases by Date Reported to SDDOH: South Dakota, 2022



Cryptosporidiosis

Cryptosporidiosis is a diarrheal disease caused by a chlorine-tolerant protozoan parasite that is transmitted by cattle or human feces through contaminated food or water or by direct person-to-person or animal-to-person contact. South Dakota’s cryptosporidiosis rate has been consistently higher than the national rate over the past decade. In 2022, 97 cases of cryptosporidiosis were reported in South Dakota.

Figure 41
Cryptosporidiosis Incidence, South Dakota & United States, 2013-2022

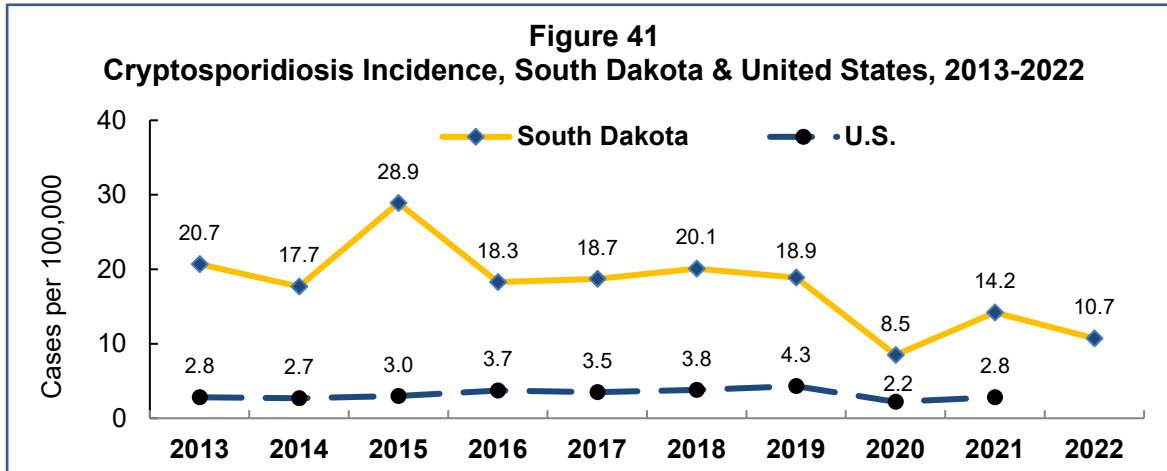
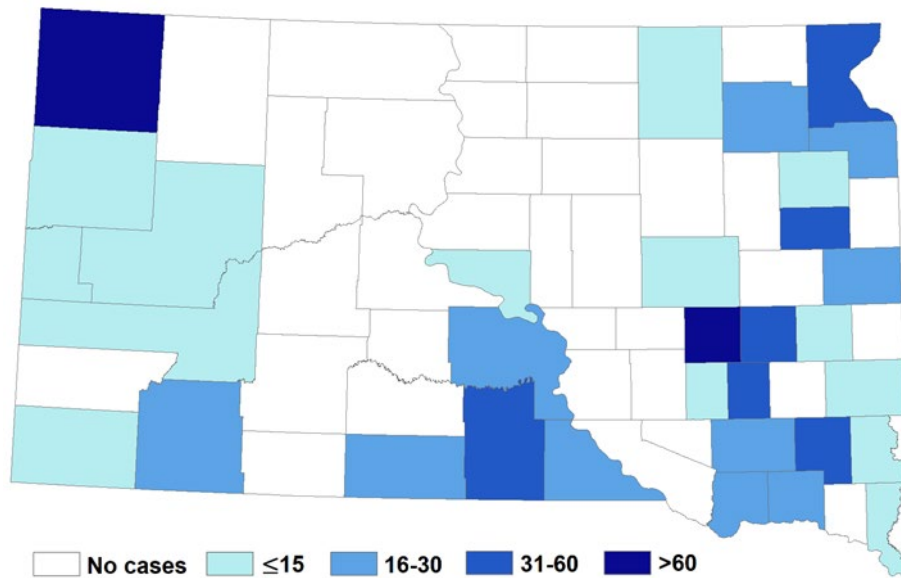


Figure 42
Cryptosporidiosis Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)



***Escherichia coli*, shiga toxin-producing (STEC)**

Shiga-toxin producing *E. coli* (STEC) often causes severe bloody diarrhea and abdominal pain. The illness usually resolves in five to 10 days. In some individuals, however, complications may involve severe hemorrhagic colitis, hemolytic uremic syndrome, thrombotic thrombocytopenic purpura, and even death. STEC is transmitted by meat, water, fresh vegetables, or other foods contaminated by feces of cattle, sheep, deer, and other animals. Person-to-person transmission can also occur. Human infection can be prevented by proper slaughtering and processing methods, adequate cooking of meats, proper kitchen hygiene, pasteurization of dairy products and fruit juices, and handwashing after contact with cattle or their feces. Individuals with STEC infections are restricted from commercial food handling, child day care, or patient health care until two successive negative fecal samples are produced.

Culture-independent diagnostic testing (CIDTs) are now commonly used by clinical laboratories in the state for detecting STEC infections. The STEC surveillance case definition used by SDDOH to classify and report cases was updated in 2018. Individuals testing positive by CIDT (but not subsequently confirmed by culture) have been included in the reported case count totals since 2018.

In 2022, 88 cases of STEC were reported in South Dakota (9.7 cases per 100,000 population). South Dakota's STEC rate has been greater than two times the national rate over the past decade. There were 23 cases (26.1%) that occurred in children less than 15 years of age. Thirty cases (32.6%) were hospitalized, and six cases of hemolytic uremic syndrome (HUS) associated with STEC infection were reported. Of the 88 total STEC cases, 38 were culture-confirmed *E. coli* and 50 were only positive by a CIDT. Culture-confirmed cases included the following serogroups: O157 (5 cases), O26 (11), O111 (3), O145 (2), and O103 (2).

Figure 43
STEC Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)

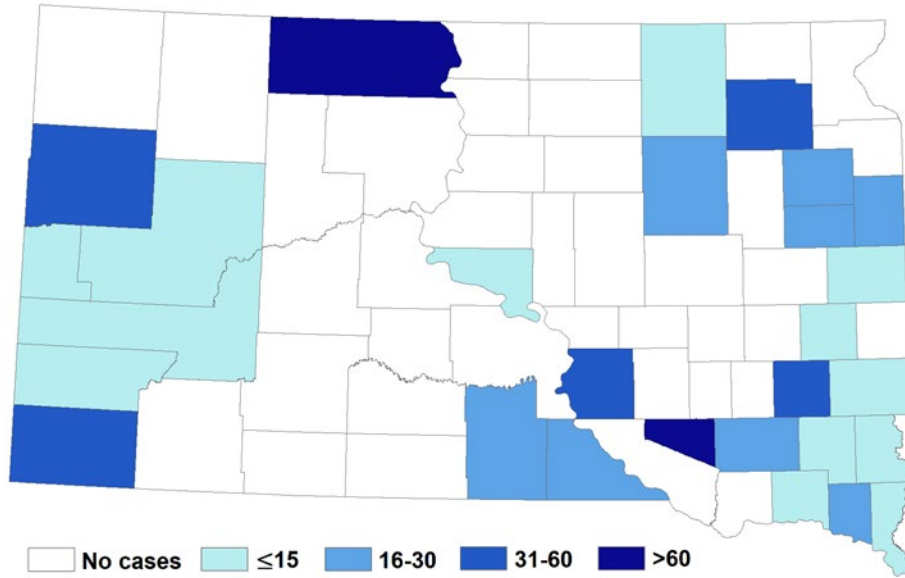
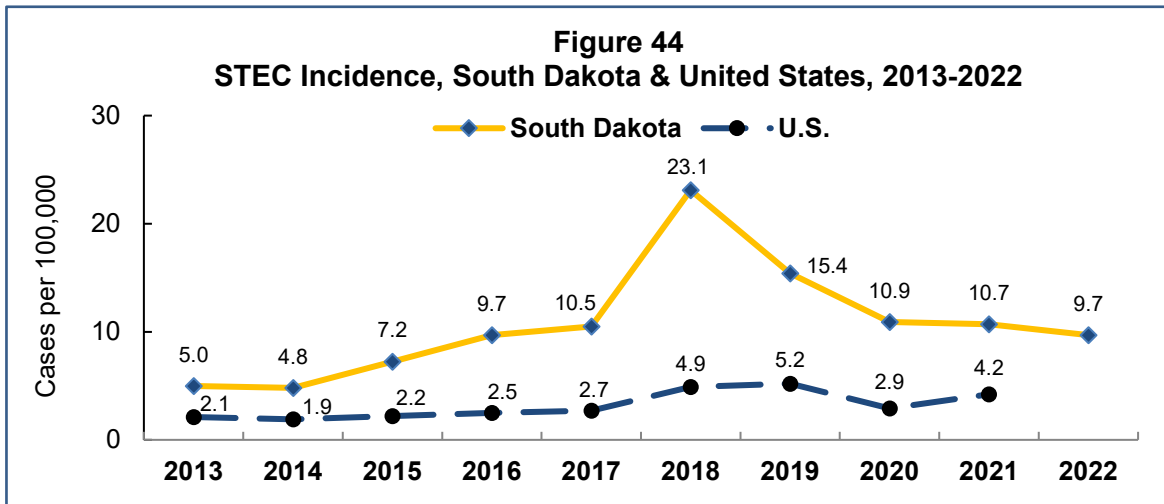


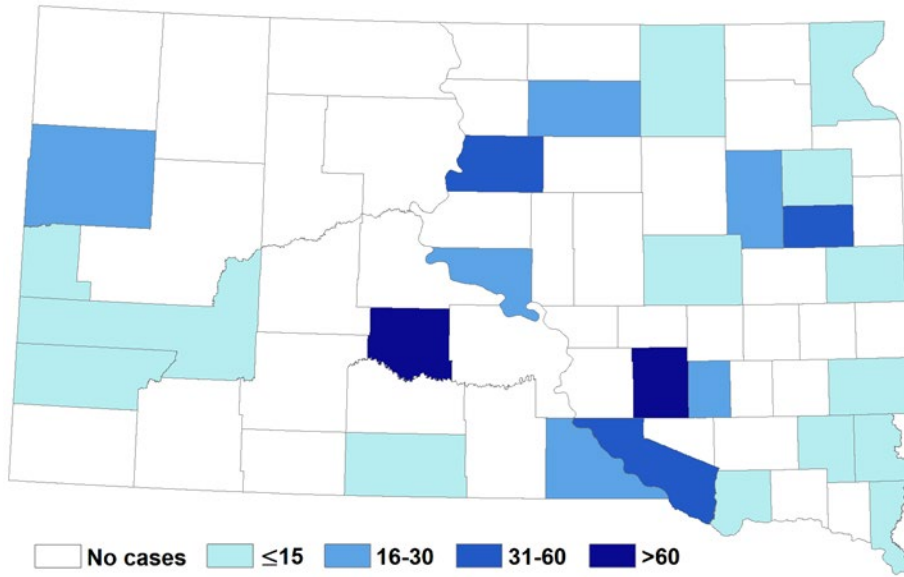
Figure 44
STEC Incidence, South Dakota & United States, 2013-2022



Giardiasis

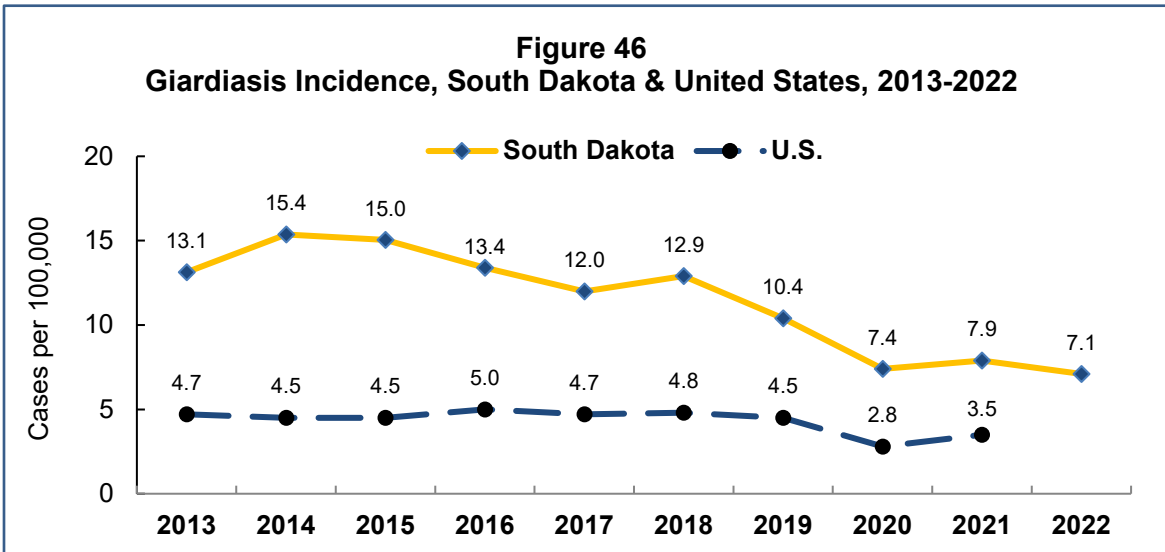
Giardiasis is a gastrointestinal disease involving diarrhea and abdominal cramps that is caused by a protozoan parasite called *Giardia lamblia* (*G. intestinalis*, *G. duodenalis*). Giardiasis is transmitted person-to-person or by contaminated water, or in some cases animal-to-human. In 2022, 65 cases of *Giardia* infection were reported in South Dakota residents (7.1 cases per 100,000 population), which was below the five-year median (median: 92). South Dakota’s giardiasis rate has been more than double the national rate over the past decade.

Figure 45
Giardiasis Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)



No cases
 ≤15
 16-30
 31-60
 >60

Figure 46
Giardiasis Incidence, South Dakota & United States, 2013-2022

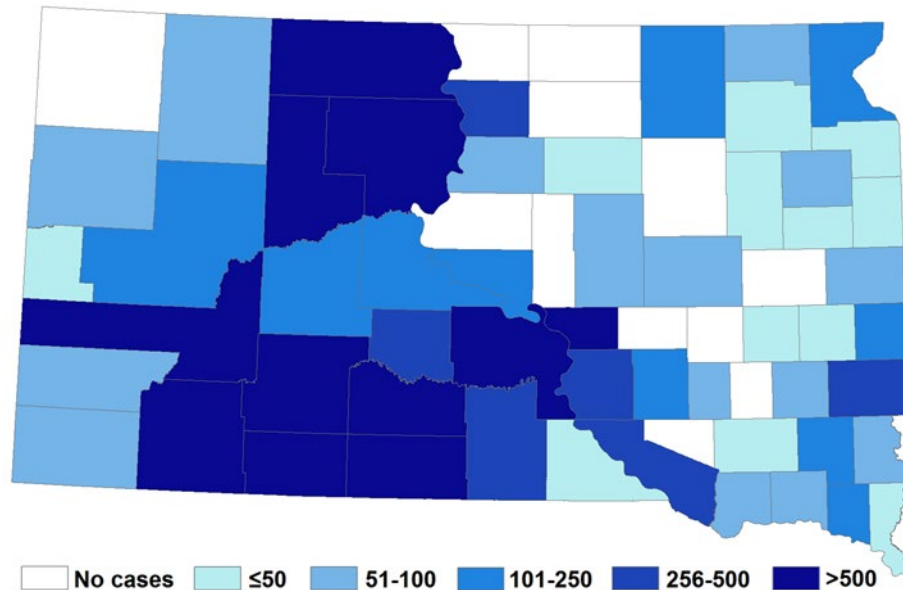


Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) that can cause infections in the genitals, rectum, and throat, and less commonly as an invasive, disseminated disease. Gonorrhea is most common among young people ages 15-24 years. Although gonorrhea may be asymptomatic, untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, untreated gonorrhea can cause pelvic inflammatory disease with complications such as scar tissue in fallopian tubes, ectopic pregnancy, infertility and long-term pelvic/abdominal pain. In men gonorrhea may infect the tubes attached to the testicles which may cause sterility.

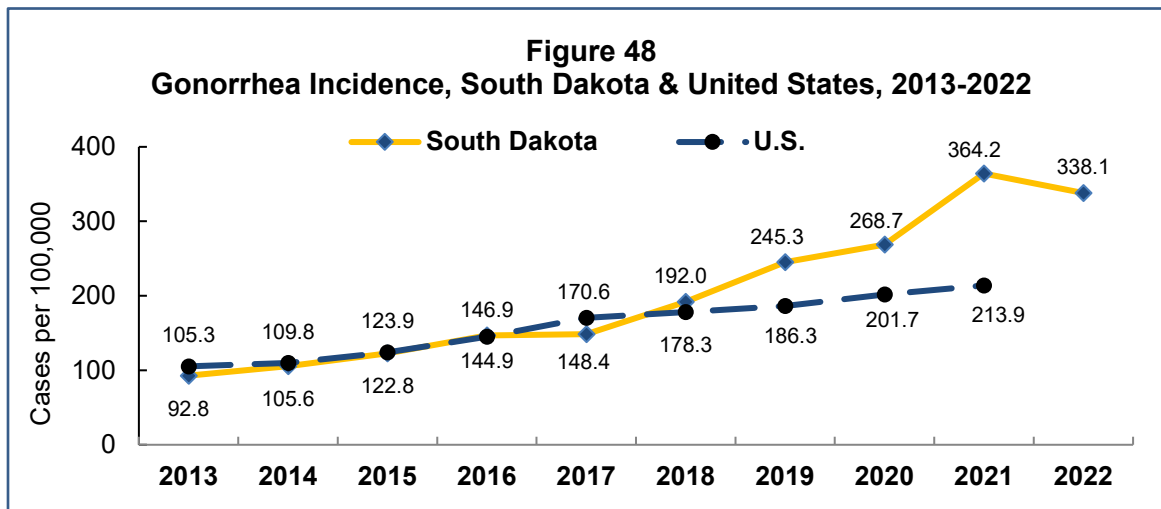
Gonorrhea has been increasing over the past decade in South Dakota. In 2022, there were 3,076 cases reported, which is a rate of 338.1 cases per 100,000 population. The median age of cases was 29 years old (range: 0 to 71). Females accounted for 58 percent of cases.

Figure 47
Gonorrhea Incidence by County of Residence: South Dakota, 2022
 (cases per 100,000)



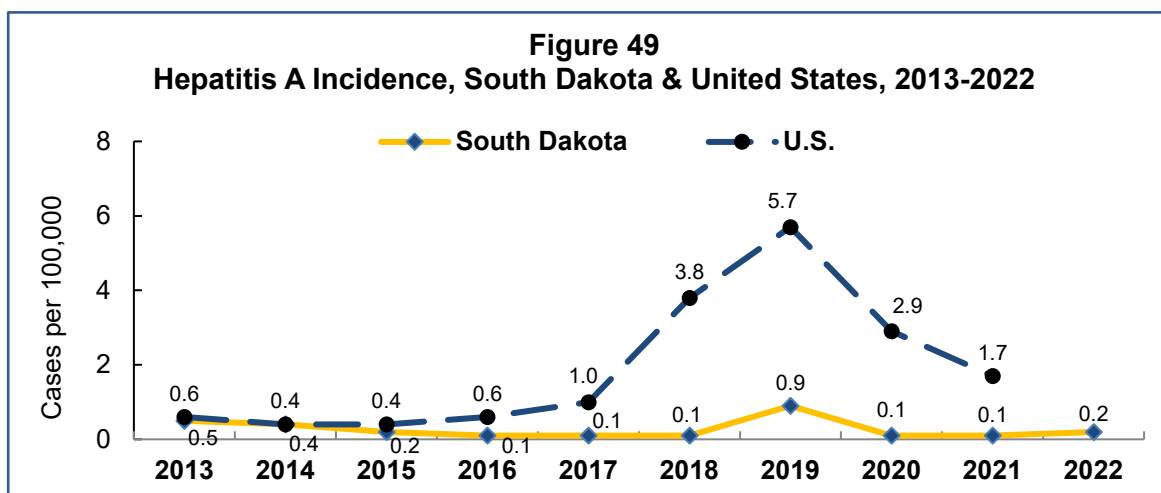
Legend: No cases, ≤50, 51-100, 101-250, 256-500, >500

Figure 48
Gonorrhea Incidence, South Dakota & United States, 2013-2022



Hepatitis A, acute

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV), which infects humans through fecal-oral transmission. Since the licensure of the hepatitis A vaccine in 1995-1996, rates of infection have declined significantly. In South Dakota, there were two cases of hepatitis A reported in 2022.



Hepatitis B, acute and chronic

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). This virus is transmitted when blood and other body fluid from an infected person enters the body of someone who is not infected during sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some individuals, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for HBV chronic infection is related to age at infection: approximately 90 percent of infected infants become chronically infected, compared with 2-6 percent of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent hepatitis B is by getting vaccinated. HBV vaccine is now recommended at birth and for children and adolescents who did not complete vaccination as infants. HBV vaccination is not mandatory for school entry in South Dakota.

In 2022, there were three cases of acute hepatitis B and 30 cases of chronic hepatitis B reported in South Dakota. The median age of cases was 43 years (range: 18 to 74) and 61 percent were male.

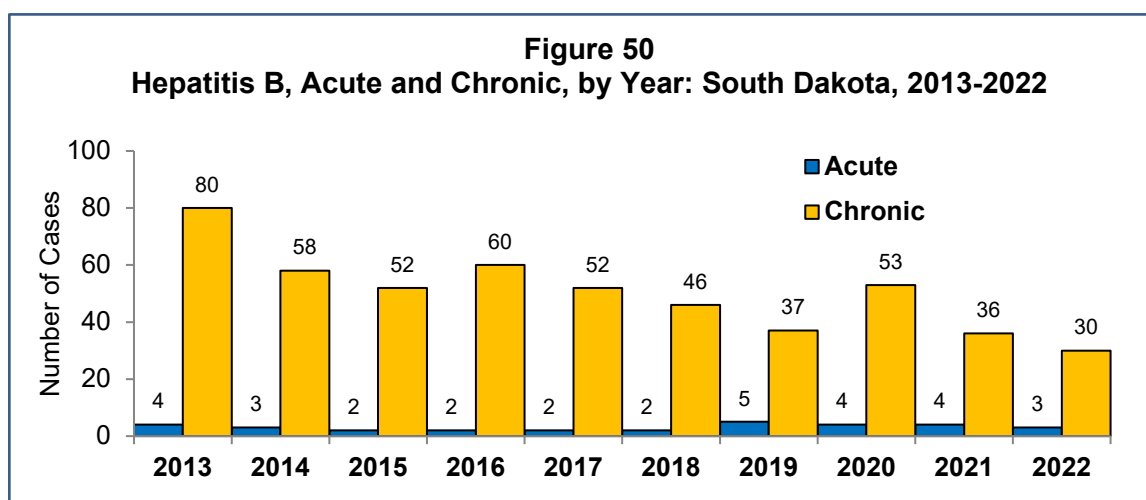
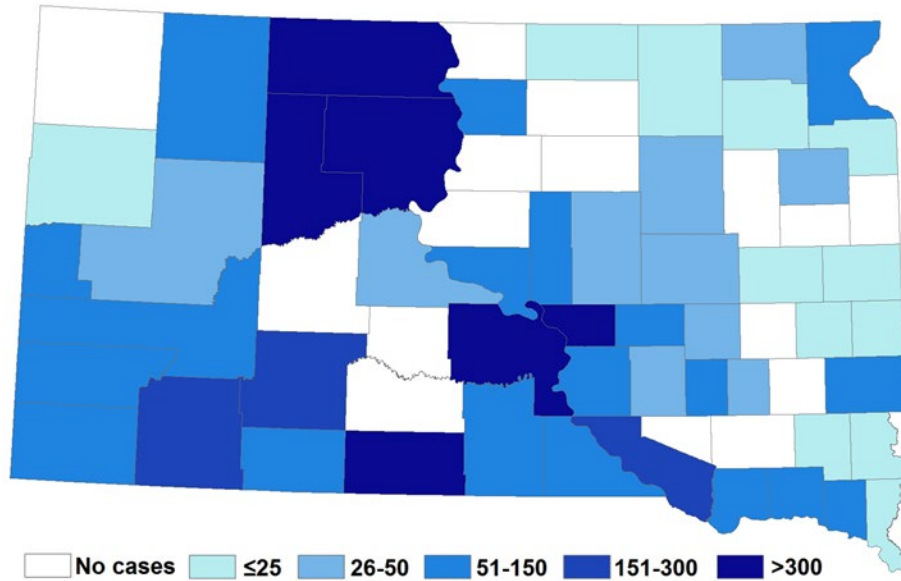


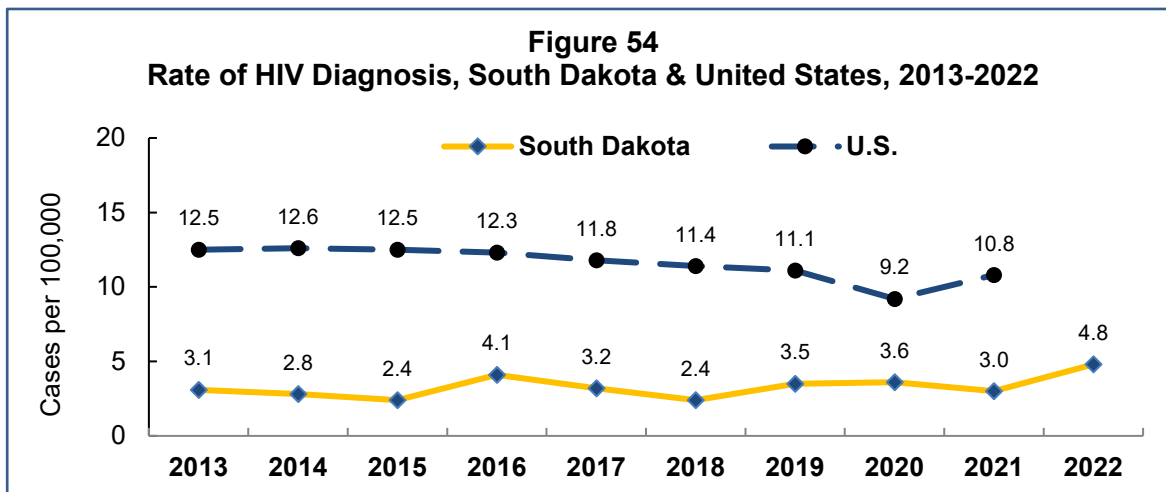
Figure 53
Chronic Hepatitis C Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)



HIV and AIDS

Human immunodeficiency virus (HIV) infection may lead to acquired immunodeficiency syndrome, or AIDS. HIV is spread mainly by having sex with or sharing drug injection needles and syringes with someone who is already infected with HIV. The only way to know for sure if you have HIV infection is to get tested. In 2022, there were 44 new HIV/AIDS cases reported in South Dakota.

Figure 54
Rate of HIV Diagnosis, South Dakota & United States, 2013-2022



Influenza

The 2022–2023 influenza season was a moderate season in South Dakota. A total of 16,024 confirmed influenza cases were reported to SDDOH, including 15,804 (99%) influenza A and 220 (1%) influenza B. Additionally, 9,473 rapid antigen influenza tests were performed with 291 positive results (3%); 101 (35%) positive for influenza A and 190 (65%) positive for influenza B.

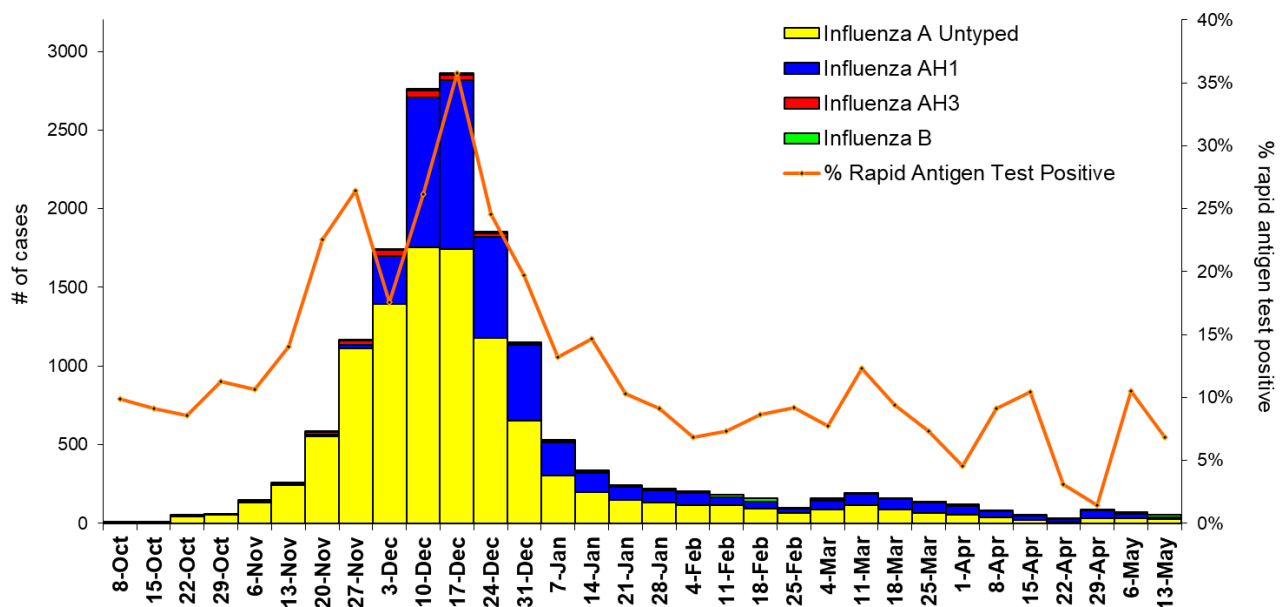
There were also 721 hospitalizations and 35 deaths reported during the 2022–2023 influenza season.

Table 74
Influenza Cases by Age Group, South Dakota, 2022-2023

Lab Confirmed Influenza Cases (by Culture, PCR, or DFA)		Influenza Associated Hospitalizations	Influenza Associated Deaths
Age Group	# Cases (%)	# Hosp (%)	Deaths (%)
0-4	2359 (15%)	60 (8%)	1 (3%)
5-18	5606 (35%)	47 (7%)	1 (3%)
19-49	4538 (28%)	131 (18%)	4 (11%)
50-64	1914 (12%)	144 (20%)	3 (9%)
> 64	1607 (10%)	339 (47%)	26 (74%)
Total	16,024	721	35

Figure 55
2022-2023 Influenza Season Lab Confirmed Cases* and % Rapid Antigen Test Positive by Week – South Dakota

* Confirmed by Culture, PCR, or DFA test



Legionellosis

Legionellosis includes two diseases, Legionnaires' disease and Pontiac fever, caused by exposure to *Legionella* bacteria. Legionnaires' disease causes pneumonia, while Pontiac fever causes a milder illness with fever and muscle aches. *Legionella* is naturally found in the environment, usually in water. People can get legionellosis after breathing in water droplets that contain the bacteria. There were 24 cases of legionellosis reported in South Dakota in 2022, a 14 percent increase from the five-year median (median: 21).

Lyme disease

Lyme disease is caused by the spirochete *Borrelia burgdorferi* and is transmitted to humans by bites from *Ixodes scapularis*, commonly known as the blacklegged tick or deer tick. Currently, *I. scapularis* has only been found and documented in a few locations in eastern South Dakota, so the risk of exposure to Lyme disease in South Dakota is low. In 2022, there were 12 cases of Lyme disease reported in South Dakota residents, a 20 percent increase from the five-year median (median: 10).

Methicillin-resistant *Staphylococcus aureus* (MRSA), invasive

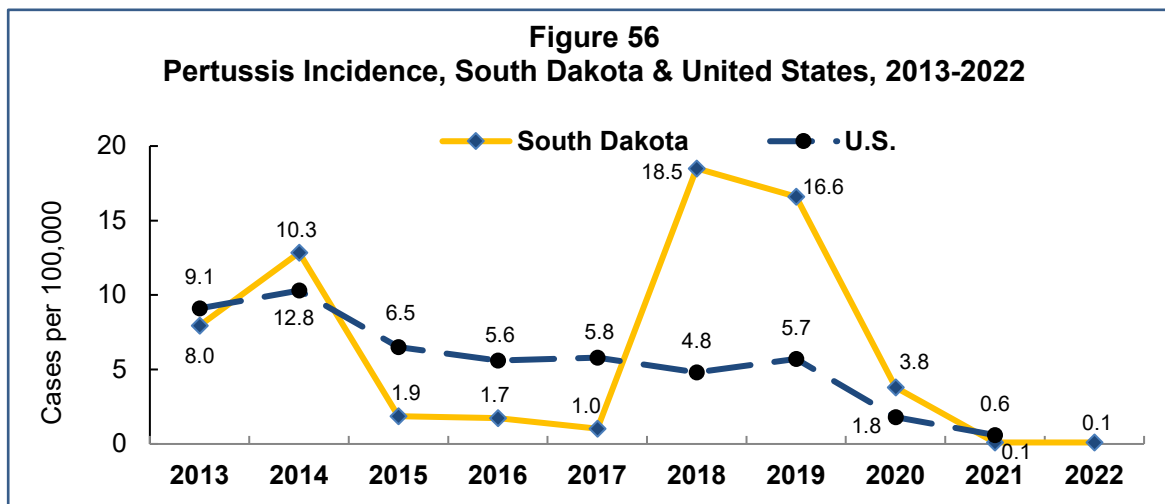
Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium resistant to most commonly used antibiotics. Most MRSA infections are skin infections, but may cause life-threatening bloodstream infections, pneumonia and surgical site infections. In 2022, there were 148 cases of invasive MRSA reported in South Dakota, a 12 percent decrease from the five-year median (median: 169). The highest rate of disease was among the elderly, ages 65 years and older.

Multisystem Inflammatory Syndrome (MIS)

Multisystem inflammatory syndrome (MIS) is a rare but serious inflammatory condition in children (MIS-C) and young adults (MIS-A) that affects multiple organ systems, almost always requiring hospitalization. It appears to be linked to infection with SARS-CoV02, the virus which causes COVID-19. In 2022, there were six cases of MIS-C reported in South Dakota. Eighty-three percent of cases were male and the median age was 3 years (range: 0-12 years). There were no deaths.

Pertussis (whooping cough)

Pertussis, commonly called whooping cough, is an acute infectious bacterial disease caused by *Bordetella pertussis*. The bacteria produce toxins that inflame and paralyze respiratory cilia causing severe coughing. Pertussis is transmitted by aerosolized droplets of respiratory secretions from infected individuals. Infants and young children are at higher risk of pertussis-associated complications, hospitalization, and death. The most common complication is secondary bacterial pneumonia. Youth and adults infected with pertussis may expose unprotected infants who are at risk of severe disease and complications. In 2022, only one case of pertussis was reported in South Dakota.

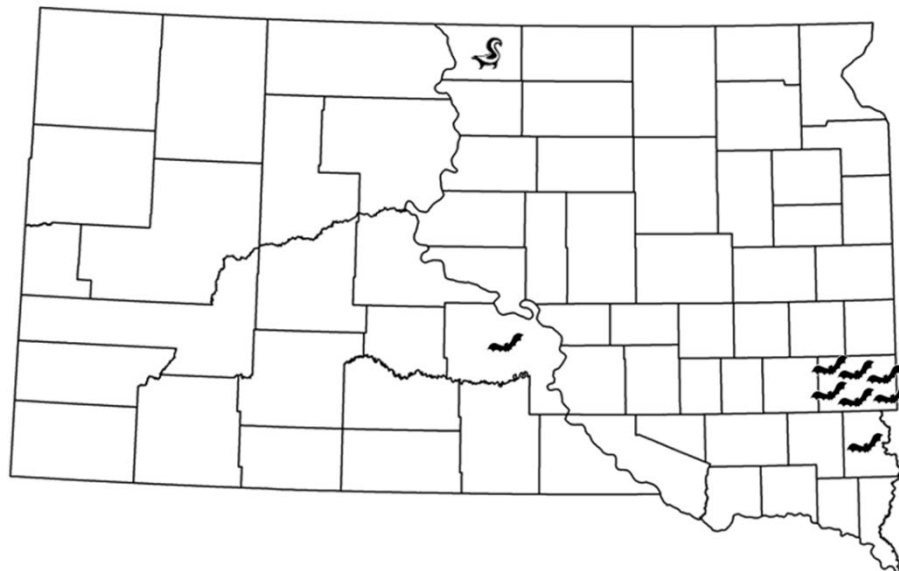


Rabies, animal

Rabies is a viral disease affecting the central nervous system. All mammals, including humans, are susceptible to the rabies virus. Bites from infected animals constitute the primary route of transmission. Rabies is a fatal disease and cannot be treated once symptoms appear. Fortunately, rabies is successfully prevented by using post-exposure prophylaxis in people exposed to the rabies virus. While the last human rabies case in South Dakota occurred in 1970, substantial resources are spent managing potential exposures to rabies because of its constant presence in the state. Skunks (*Memphitis mephitis*) are the primary rabies reservoir in South Dakota. Over the past decade 44 percent of skunks tested have been rabid. Bat rabies is also enzootic in South Dakota with four percent of bats tested being positive.

A total of nine animals tested positive for rabies in 2022, a 40 percent decrease from the five-year median (median: 15). The nine rabid animals included eight bats and one skunk. No human rabies was reported.

Figure 57
Animal Rabies by County: South Dakota, 2022



Salmonellosis

Salmonella is a bacterium that can cause diarrhea, fever, and abdominal cramps between 12 and 72 hours after infection. The illness usually lasts four to seven days, and most individuals recover without treatment, but in some with diarrhea infection may spread from the intestines to the blood stream, and then to other body sites. In severe cases, infection may cause death. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness.

In 2022, 250 cases of salmonellosis were reported in South Dakota. The *Salmonella* serotypes most commonly identified were *S. Typhimurium* (64 cases), *S. Enteritidis* (61 cases), *S. I 4:i:-* (20 cases), and *S. Newport* (13 cases). Older adults had the highest rate of infection; 34 percent of reported cases were over 50 years of age. Fifty cases (20.4%) were hospitalized. Twenty-six cases reported international travel.

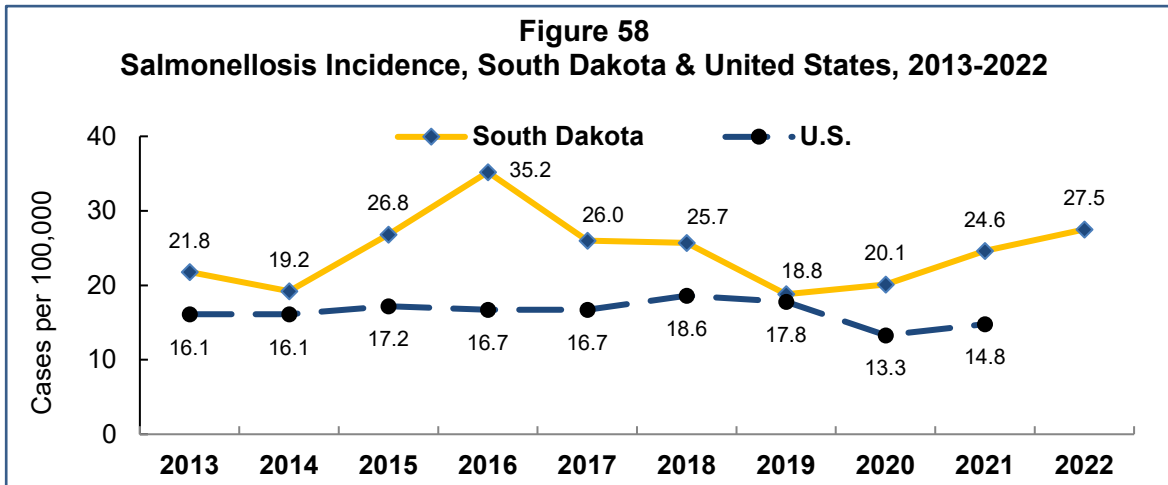
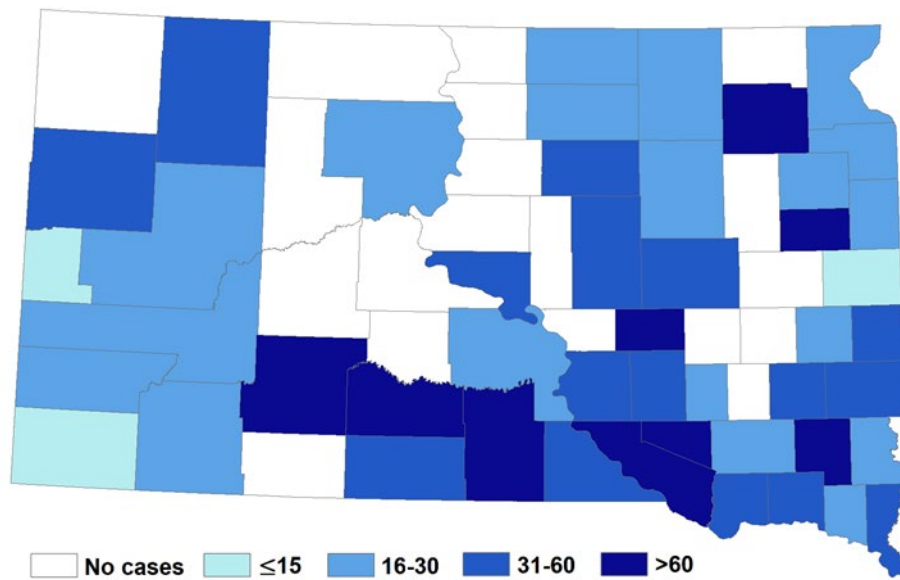


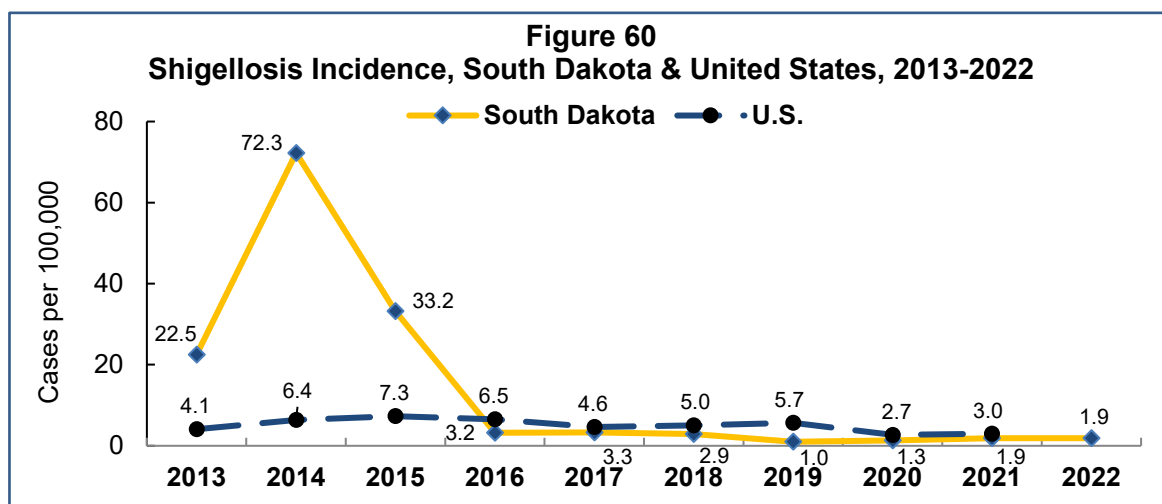
Figure 59
Salmonellosis Incidence by County of Residence: South Dakota, 2022
 (cases per 100,000)



Shigellosis

Shigellosis is an intestinal infection causing diarrhea, fever, nausea, vomiting, and abdominal cramps. Complications, such as severe dehydration or seizures, may occur, especially among young children. *Shigella* bacteria are transmitted by the fecal-oral route (human feces). Following exposure, illness usually occurs within one to four days. Transmission is typically person-to-person within families, child day care centers, and adult residential living situations. Food may be contaminated by people not washing their hands properly.

In 2022, there were 17 cases of shigellosis reported in South Dakota, the same as the five-year median (median: 17). South Dakota experienced a protracted multi-county outbreak from October 2013 to November 2015, largely in childcare settings.



***Streptococcus pneumoniae*, invasive**

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*, also referred to as pneumococcus. Invasive *Streptococcus pneumoniae* can cause many types of illnesses, including bacteremia, pneumonia, ear infections and meningitis. There are vaccines to prevent pneumococcal disease for both children and adults. In 2022, there were 109 cases of invasive pneumococcal disease reported in South Dakota. The majority (85%) of cases occurred in adults 40 years of age and older.

Syphilis (primary, secondary, early non-primary non-secondary, and congenital)

Syphilis is a sexually transmitted disease that can cause long-term complications if not treated promptly and correctly. Symptoms in adults are divided into stages: primary, secondary, early latent and late latent syphilis. The primary, secondary and early latent stages are infectious to others. Syphilis is spread by direct contact with a syphilis sore during vaginal, anal or oral sex. Syphilis can also be spread from an infected mother to her unborn baby, i.e., congenital syphilis.

In South Dakota, there were 1,504 cases of early syphilis (primary, secondary, and early non-primary non-secondary) reported in 2022, a 2,586 percent increase from the five-year median (median: 56). Forty cases of congenital syphilis were also reported. Five counties (Pennington, Minnehaha, Oglala Lakota, Todd, and Dewey) accounted for 80 percent of the state's cases.

Tuberculosis

Tuberculosis (TB) is caused by the *Mycobacterium tuberculosis* bacteria. *M. tuberculosis* usually infects the lungs but can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. Tuberculosis is spread through the air from one person to another when an infectious person coughs, sneezes, speaks, talks, or sings.

There were 10 cases of TB reported in South Dakota in 2022. The median age of cases was 42 years (range: 36 to 78). American Indians have historically reported the highest percentage of TB

cases by race, but this trend has decreased in recent years. In 2022, American Indians represented 20 percent of the total TB cases. Seventy percent of TB cases reported were foreign-born.

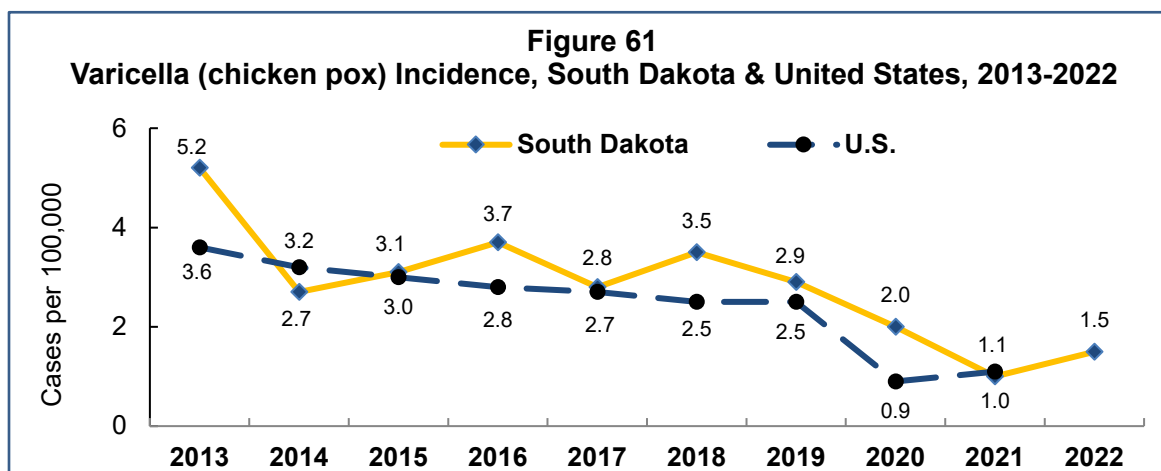
Tularemia

Tularemia is a bacterial disease caused by *Francisella tularensis* and is typically found in rodents but can infect insects as well. Infection can occur from a tick or deerfly bite, handling sick or dead animals, eating contaminated food, or inhaling airborne organisms. Depending on how a person is infected, symptoms can range from skin ulcers, inflamed eyes, sore throat and diarrhea to fever, chills, headache, and muscle aches. There are six main clinical forms of disease: ulceroglandular, glandular, pneumonic, oropharyngeal, oculoglandular, and typhoidal. If left untreated, tularemia may be fatal. In 2022, there were no cases of tularemia reported in South Dakota.

Varicella (chicken pox)

Varicella (chicken pox) is a highly contagious disease consisting of a blistering rash, itching and fever caused by varicella-zoster virus. Chicken pox can be a serious disease, especially in babies and people with weakened immune systems. Varicella is spread through the air by the cough or sneeze of an infected person. It can also be spread by touching or breathing in the virus particles that come from chicken pox blisters. The best way to prevent chicken pox is to get the varicella vaccine. Varicella vaccination is mandated for school entry in South Dakota.

In 2022, 14 cases of chicken pox were reported in South Dakota, with 42 percent of cases with known vaccination status being unvaccinated. About 17 percent of those who were unvaccinated were too young to be vaccinated. The median age was 8 years old (range: 0-36 years).



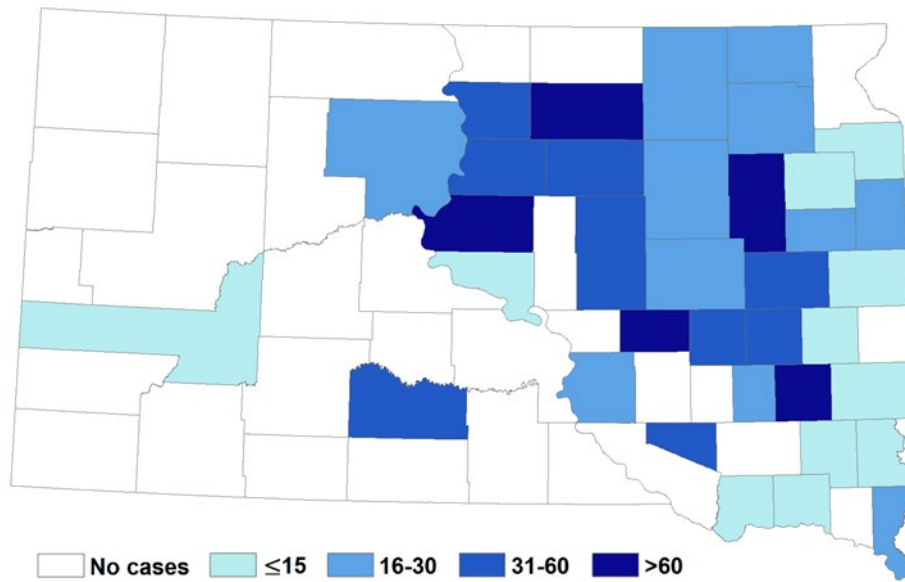
West Nile virus (WNV)

West Nile disease is a viral mosquito-borne illness that emerged in South Dakota in 2002. About 20 percent of WNV infected individuals develop fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea, or rash. Most people with this type of West Nile virus disease recover completely, but fatigue and weakness can last for weeks or months. Less than one percent of infected individuals develop a serious neurologic illness such as encephalitis (infection of the brain) or meningitis (infection of the spinal cord). The symptoms of neurologic illness can include headache, high fever, neck stiffness, disorientation, coma, tremors, seizures, or paralysis.

Neuroinvasive WNV infection may take several weeks or months to recover. Some of the neurologic effects may be permanent. The death rate for WNV neurologic disease is about 10 percent.

In South Dakota, there were 71 human cases of WNV disease (35 neuroinvasive and 36 non-neuroinvasive) reported in 2022. The overall incidence of WNV was 7.8 cases per 100,000 population. Twenty-eight (41%) WNV cases were hospitalized, including two deaths. Additionally, 13 persons were identified to have WNV infection through blood donation screenings.

Figure 62
Human WNV Disease Incidence by County of Residence: South Dakota, 2022
(cases per 100,000)

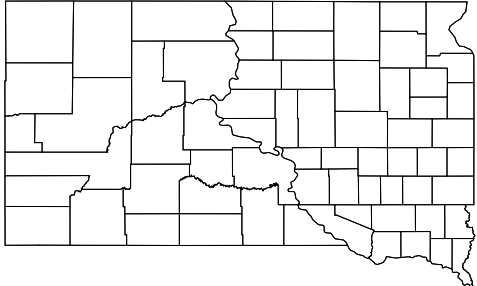


Other Infectious Diseases

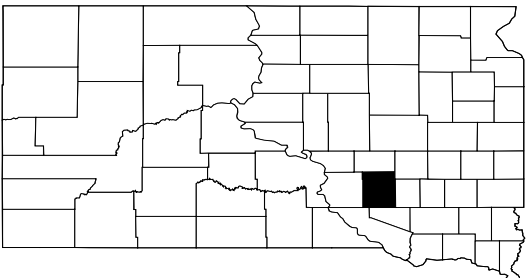
Other infectious diseases reported in South Dakota during 2022 include: 25 cases of invasive *Haemophilus influenzae*, eight cases of coccidioidomycosis, six cases of Q fever, four cases of vibriosis, three cases of mpox, two cases each of cyclosporiasis, listeriosis, malaria, and typhoid fever, and one case each of anaplasmosis, hantavirus pulmonary syndrome, meningococcal disease, spotted fever rickettsiosis, and toxic shock syndrome.

Health Status Profiles

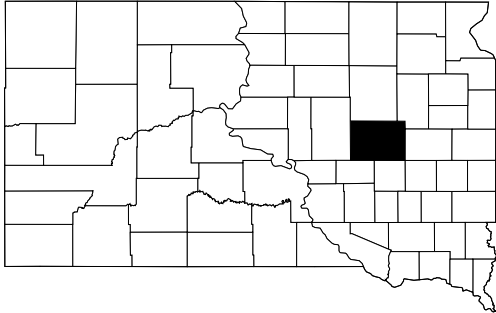
South Dakota

Demographic Information	Health Status Indicators 2018-2022																																																																																																									
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Aurora County

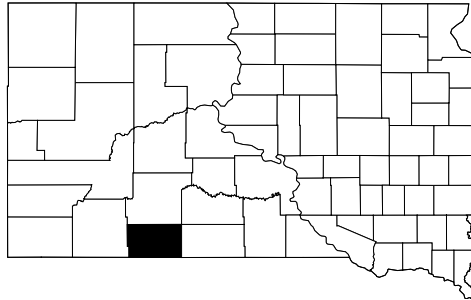
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Beadle County

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Bennett County

Demographic Information



Bennett County is located on the southern border in western South Dakota and averages 2.8 persons per square mile. Martin is the largest city in Bennett County.

2022 Population Estimates

Subject	Number	Percent
Total population	3,336	100.0
American Indian or Alaska Native	1,811	54.3
White	1,071	32.1
Hispanic	230	6.9
Asian	28	0.8
Black or African American	18	0.5
Pacific Islander	2	0.1
Multi-Racial	176	5.3
Under 5 years	246	7.4
Under 18 years	1,067	32.0
65 years and over	478	14.3

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Natality

Percent of Low Birth Weight Infants	4.9
Percent of Mothers Receiving Care in 1st Trimester	65.4
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	13.0
Percent of Births Less Than 37 Wks. of Gestation	9.4
● Average Age of Mother	26.4
Teenage Birth Rate ²	18.4
Percent White, Non-Hispanic Births	24.4
Percent American Indian, Non-Hispanic Births	63.8
Percent Hispanic Births	2.8
○ Percent Unmarried	71.1
○ Percent WIC births	46.7
● Percent Breastfeeding at discharge	61.5
● Percent Payment-Private Insurance	23.0
○ Percent Payment-Medicaid	50.4
Percent C-Section	24.0

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
○ All Causes	1,208.1
○ Heart Disease	272.4
Cancer	158.8
Trachea, Bronchus, & Lung	22.0
Colon, Rectum, & Anus	16.9
Pancreas	21.7
COVID-19 (2020-2022)	133.8
Chronic Lower Respiratory Diseases	65.1
Alzheimer's Disease	LNE
Stroke	51.5
○ Diabetes	101.5
○ Chronic Liver Disease and Cirrhosis	120.6
Accidental Falls	LNE
Dementia	LNE
Suicide	52.3
Influenza and Pneumonia	23.3
Motor Vehicle Accidents	38.3
Hypertension	LNE
Septicemia	LNE
Infant Mortality (2013-2022)	15.4

Leading Causes of Death

	Deaths per Year
1. Heart Disease	9
2. Cancer	6
3. COVID-19 (2020-2022)	5
4. Chronic Liver Disease and Cirrhosis	3
Diabetes	3
6. Chronic Lower Respiratory Diseases	2
Stroke	2
Suicide	2
9. Influenza and Pneumonia	1
Motor Vehicle Accidents	1
Percent of Deaths due to tobacco use	23.3
Median age at death	69

● Denotes a health status indicator which is significantly lower than the state average.

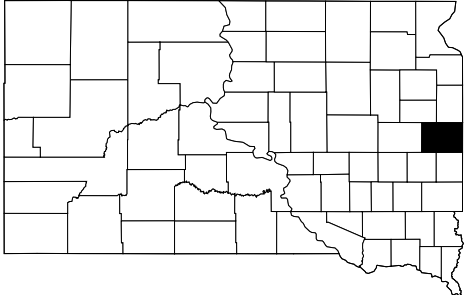
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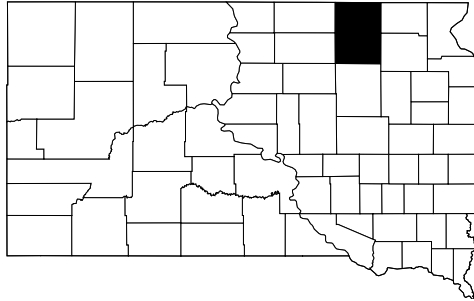
Source: South Dakota Department of Health, Office of Health Statistics

Brookings County

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Brown County

Demographic Information



Brown County is located on the North Dakota border in the eastern part of the state and averages 22.2 persons per square mile. Aberdeen is the largest city in Brown County.

2022 Population Estimates

Subject	Number	Percent
Total population	37,972	100.0
White	32,300	85.1
Hispanic	1,566	4.1
Asian	1,274	3.4
American Indian or Alaska Native	1,271	3.3
Black or African American	630	1.7
Pacific Islander	118	0.3
Multi-Racial	813	2.1
Under 5 years	2,169	5.7
Under 18 years	8,866	23.3
65 years and over	6,972	18.4

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	6.3
● Percent of Mothers Receiving Care in 1st Trimester	68.0
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	11.5
● Percent of Births Less Than 37 Wks. of Gestation	7.8
Average Age of Mother	28.6
● Teenage Birth Rate ²	2.7
Percent White, Non-Hispanic Births	78.7
Percent American Indian, Non-Hispanic Births	4.7
Percent Hispanic Births	7.1
Percent Unmarried	35.2
Percent WIC births	23.9
Percent Breastfeeding at discharge	79.8
○ Percent Payment-Private Insurance	68.1
Percent Payment-Medicaid	26.5
○ Percent C-Section	29.9

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
● All Causes	722.0
● Heart Disease	135.1
Cancer	135.7
Trachea, Bronchus, & Lung	30.8
Colon, Rectum, & Anus	15.0
● Pancreas	7.0
COVID-19 (2020-2022)	66.4
Chronic Lower Respiratory Diseases	41.2
Alzheimer's Disease	38.0
Stroke	31.9
Diabetes	34.7
● Chronic Liver Disease and Cirrhosis	8.8
Accidental Falls	17.2
Dementia	20.4
Suicide	15.5
Influenza and Pneumonia	16.7
● Motor Vehicle Accidents	9.8
Hypertension	10.5
Septicemia	10.5
Infant Mortality (2013-2022)	4.7

Leading Causes of Death

	Deaths per Year
1. Heart Disease	76
2. Cancer	71
3. COVID-19 (2020-2022)	38
4. Chronic Lower Respiratory Diseases	23
Alzheimer's Disease	23
6. Diabetes	18
Stroke	18
8. Dementia	14
9. Accidental Falls	10
Influenza and Pneumonia	10

Percent of Deaths due to tobacco use	14.2
Median age at death	81

● Denotes a health status indicator which is significantly lower than the state average.

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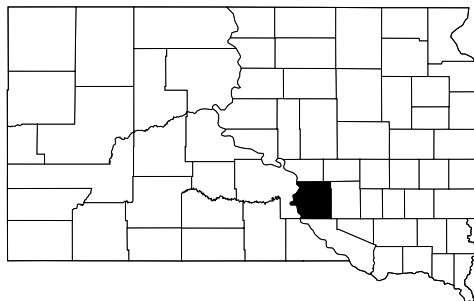
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See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Brule County

Demographic Information



Brule County is located in the south central part of the state and averages 6.5 persons per square mile. Chamberlain is the largest city in Brule County.

2022 Population Estimates

Subject	Number	Percent
Total population	5,321	100.0
White	4,296	80.7
American Indian or Alaska Native	573	10.8
Hispanic	188	3.5
Black or African American	31	0.6
Asian	29	0.5
Pacific Islander	2	0.0
Multi-Racial	202	3.8
Under 5 years	342	6.4
Under 18 years	1,298	24.4
65 years and over	1,071	20.1

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	7.3
Percent of Mothers Receiving Care in 1st Trimester	67.8
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	9.5
Percent of Births Less Than 37 Wks. of Gestation	7.6
• Average Age of Mother	27.9
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	67.2
Percent American Indian, Non-Hispanic Births	19.5
Percent Hispanic Births	4.9
Percent Unmarried	40.7
Percent WIC births	29.5
Percent Breastfeeding at discharge	79.9
Percent Payment-Private Insurance	61.7
Percent Payment-Medicaid	30.1
Percent C-Section	30.1

• Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
• All Causes	698.5
Heart Disease	155.1
Cancer	115.4
Trachea, Bronchus, & Lung	32.1
Colon, Rectum, & Anus	15.5
Pancreas	5.7
COVID-19 (2020-2022)	81.6
Chronic Lower Respiratory Diseases	30.8
Alzheimer's Disease	31.9
Stroke	22.4
Diabetes	25.9
Chronic Liver Disease and Cirrhosis	19.9
Accidental Falls	11.3
Dementia	LNE
Suicide	33.2
Influenza and Pneumonia	6.7
Motor Vehicle Accidents	LNE
Hypertension	13.6
Septicemia	10.8
Infant Mortality (2013-2022)	5.8

Leading Causes of Death

	Deaths per Year
1. Heart Disease	11
2. Cancer	10
3. COVID-19 (2020-2022)	6
4. Alzheimer's Disease	3
Chronic Lower Respiratory Diseases	3
6. Diabetes	2
Pneumonitis Due to Solids and Liquids	2
Stroke	2
Suicide	2
10. Kidney Disease	1
Percent of Deaths due to tobacco use	19.6
Median age at death	79

• Denotes a health status indicator which is significantly lower than the state average.

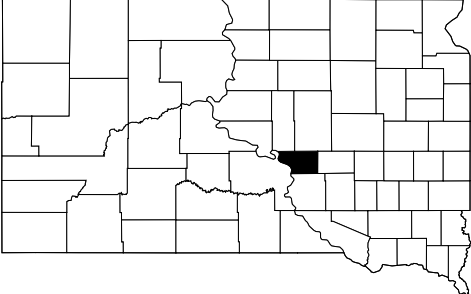
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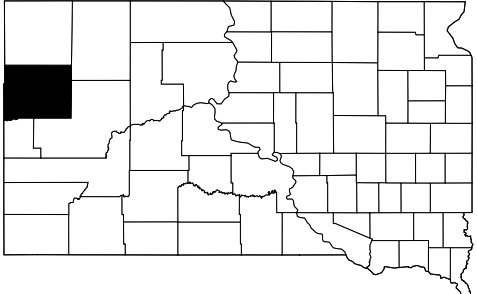
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Buffalo County

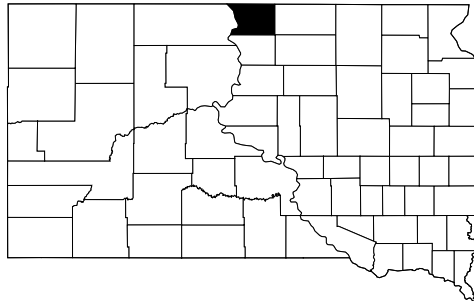
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Butte County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																												
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Campbell County

Demographic Information



Campbell County is located in the north central portion of the state and averages 1.8 persons per square mile. Herreid is the largest city in Campbell County.

2022 Population Estimates

Subject	Number	Percent
Total population	1,349	100.0
White	1,249	92.6
Hispanic	52	3.9
American Indian or Alaska Native	21	1.6
Black or African American	5	0.4
Asian	4	0.3
Pacific Islander	0	0.0
Multi-Racial	18	1.3
Under 5 years	70	5.2
Under 18 years	243	18.0
65 years and over	425	31.5

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	4.2
Percent of Mothers Receiving Care in 1st Trimester	81.4
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	LNE
Percent of Births Less Than 37 Wks. of Gestation	8.5
Average Age of Mother	28.9
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	91.4
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	4.3
• Percent Unmarried	15.7
Percent WIC births	26.1
Percent Breastfeeding at discharge	87.9
Percent Payment-Private Insurance	73.2
• Percent Payment-Medicaid	15.5
Percent C-Section	19.7

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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
• All Causes	616.9
Heart Disease	153.0
• Cancer	87.8
Trachea, Bronchus, & Lung	19.6
Colon, Rectum, & Anus	15.0
Pancreas	18.7
COVID-19 (2020-2022)	56.9
• Chronic Lower Respiratory Diseases	17.2
Alzheimer's Disease	36.1
Stroke	70.7
Diabetes	17.1
Chronic Liver Disease and Cirrhosis	LNE
Accidental Falls	17.2
Dementia	LNE
Suicide	LNE
Influenza and Pneumonia	30.2
Motor Vehicle Accidents	LNE
Hypertension	LNE
Septicemia	LNE
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Heart Disease	4
2. Cancer	3
3. Stroke	2
COVID-19 (2020-2022)	2
5. Alzheimer's Disease	1
Influenza and Pneumonia	1
Percent of Deaths due to tobacco use	20.7
Median age at death	81

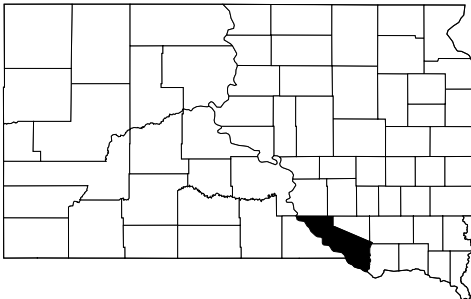
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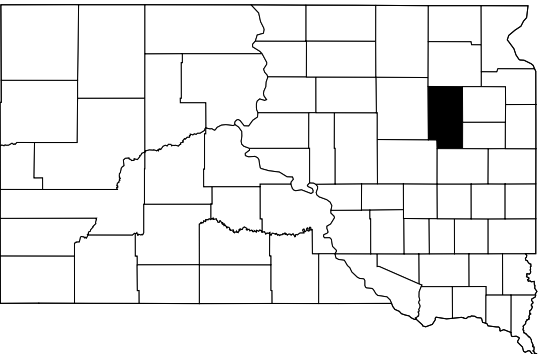
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

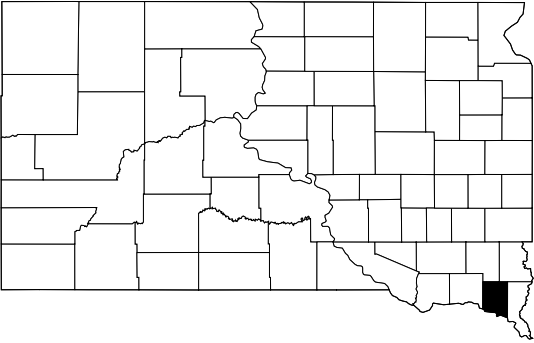
Charles Mix County

Demographic Information			Health Status Indicators 2018-2022																																					
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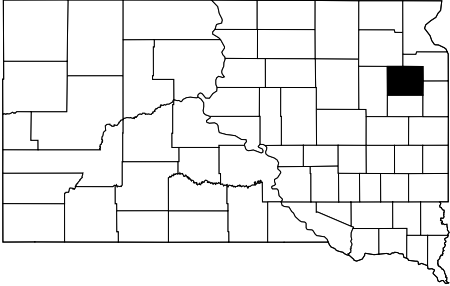
Clark County

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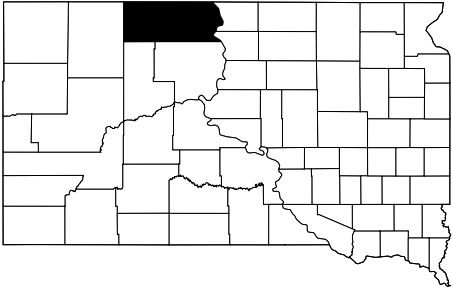
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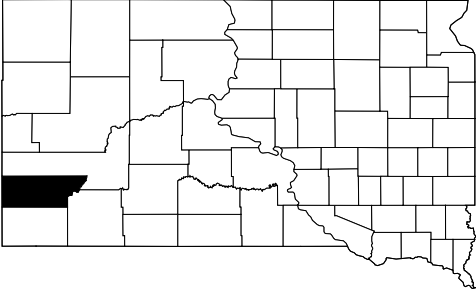
Codington County

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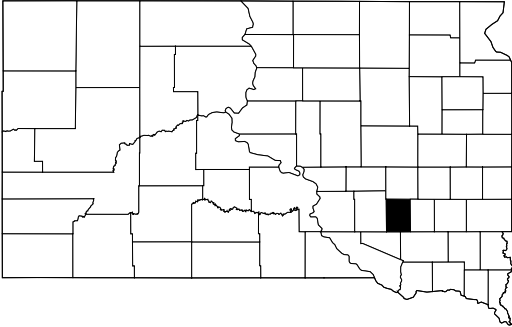
Corson County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																			
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Custer County

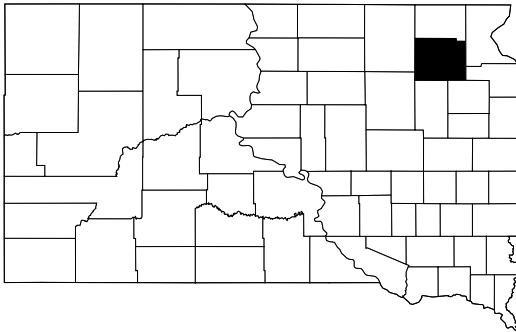
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Subject	Number	Percent																																																																																																																																						
Total population	19,973	100.0																																																																																																																																						
White	17,800	89.1																																																																																																																																						
Hispanic	858	4.3																																																																																																																																						
American Indian or Alaska Native	593	3.0																																																																																																																																						
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Pacific Islander	8	0.0																																																																																																																																						
Multi-Racial	373	1.9																																																																																																																																						
Under 5 years	1,228	6.1																																																																																																																																						
Under 18 years	4,678	23.4																																																																																																																																						
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Day County

Demographic Information



Day County is located in the northeastern part of the state and averages 5.3 persons per square mile. Webster is the largest city in Day County.

2022 Population Estimates

Subject	Number	Percent
Total population	5,479	100.0
White	4,644	84.8
American Indian or Alaska Native	495	9.0
Hispanic	144	2.6
Asian	40	0.7
Black or African American	25	0.5
Pacific Islander	0	0.0
Multi-Racial	131	2.4
Under 5 years	304	5.5
Under 18 years	1,209	22.1
65 years and over	1,470	26.8

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Natality

Percent of Low Birth Weight Infants	5.9
Percent of Mothers Receiving Care in 1st Trimester	71.5
○ Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	17.6
Percent of Births Less Than 37 Wks. of Gestation	9.0
○ Average Age of Mother	29.1
Teenage Birth Rate ²	7.7
Percent White, Non-Hispanic Births	69.9
Percent American Indian, Non-Hispanic Births	15.2
Percent Hispanic Births	4.3
Percent Unmarried	36.7
○ Percent WIC births	32.9
Percent Breastfeeding at discharge	75.2
Percent Payment-Private Insurance	61.5
Percent Payment-Medicaid	32.1
○ Percent C-Section	32.0

● Denotes a health status indicator which is significantly lower than the state average.
○ Denotes a health status indicator which is significantly higher than the state average.

¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
All Causes	812.0
Heart Disease	176.8
Cancer	137.5
Trachea, Bronchus, & Lung	35.3
Colon, Rectum, & Anus	15.1
Pancreas	13.0
COVID-19 (2020-2022)	90.0
Chronic Lower Respiratory Diseases	32.1
Alzheimer's Disease	32.4
Stroke	33.5
Diabetes	16.5
Chronic Liver Disease and Cirrhosis	16.9
Accidental Falls	13.5
Dementia	15.5
Suicide	19.9
Influenza and Pneumonia	22.4
Motor Vehicle Accidents	22.3
Hypertension	9.8
Septicemia	4.7
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Heart Disease	19
2. Cancer	16
3. COVID-19 (2020-2022)	11
4. Alzheimer's Disease	5
5. Stroke	4
6. Chronic Lower Respiratory Diseases	3
7. Diabetes	2
Accidental Falls	2
Dementia	2
Influenza and Pneumonia	2
Percent of Deaths due to tobacco use	15.2
Median age at death	82

● Denotes a health status indicator which is significantly lower than the state average.

○ Denotes a health status indicator which is significantly higher than the state average.

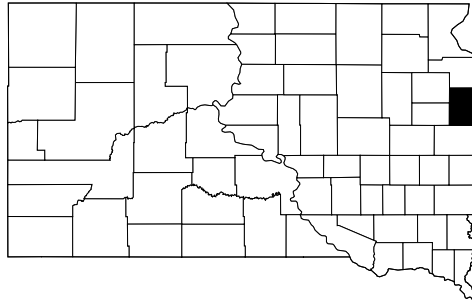
³All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Deuel County

Demographic Information



Deuel County borders Minnesota and averages 7.0 persons per square mile. Clear Lake is the largest city in Deuel County.

2022 Population Estimates

Subject	Number	Percent
Total population	4,352	100.0
White	4,072	93.6
Hispanic	159	3.7
Black or African American	36	0.8
American Indian or Alaska Native	26	0.6
Asian	8	0.2
Pacific Islander	0	0.0
Multi-Racial	51	1.2
Under 5 years	280	6.4
Under 18 years	1,062	24.4
65 years and over	972	22.3

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	5.6
Percent of Mothers Receiving Care in 1st Trimester	87.1
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	9.4
Percent of Births Less Than 37 Wks. of Gestation	7.9
○ Average Age of Mother	29.1
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	93.2
Percent American Indian, Non-Hispanic Births	1.5
Percent Hispanic Births	3.8
● Percent Unmarried	17.9
● Percent WIC births	12.8
Percent Breastfeeding at discharge	88.0
○ Percent Payment-Private Insurance	78.6
● Percent Payment-Medicaid	12.0
● Percent C-Section	17.7

● Denotes a health status indicator which is significantly lower than the state average.
○ Denotes a health status indicator which is significantly higher than the state average.

¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
● All Causes	697.4
Heart Disease	144.0
Cancer	124.1
● Trachea, Bronchus, & Lung	13.5
Colon, Rectum, & Anus	22.6
Pancreas	8.4
COVID-19 (2020-2022)	50.5
Chronic Lower Respiratory Diseases	57.3
● Alzheimer's Disease	17.3
Stroke	43.9
Diabetes	30.5
● Chronic Liver Disease and Cirrhosis	7.9
Accidental Falls	LNE
Dementia	LNE
Suicide	14.1
Influenza and Pneumonia	14.4
Motor Vehicle Accidents	23.9
Hypertension	15.7
Septicemia	22.7
Infant Mortality (2013-2022)	5.7

Leading Causes of Death

	Deaths per Year
1. Heart Disease	10
2. Cancer	9
3. Chronic Lower Respiratory Diseases	4
COVID-19 (2020-2022)	4
Stroke	4
6. Diabetes	2
Septicemia	2
8. Alzheimer's Disease	1
Motor Vehicle Accidents	1
Hypertension	1
Parkinson's Disease	1
Percent of Deaths due to tobacco use	13.9
Median age at death	80

● Denotes a health status indicator which is significantly lower than the state average.

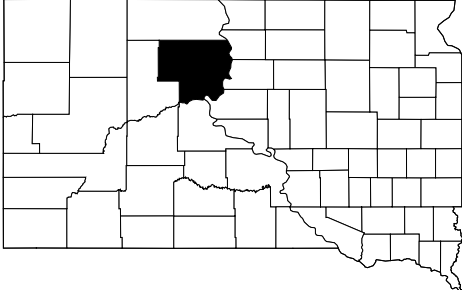
○ Denotes a health status indicator which is significantly higher than the state average.

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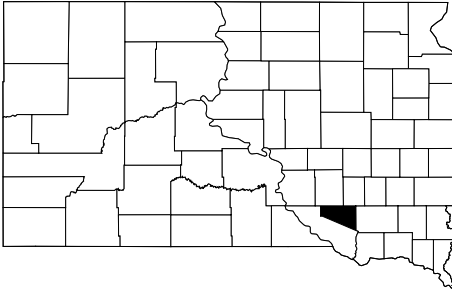
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

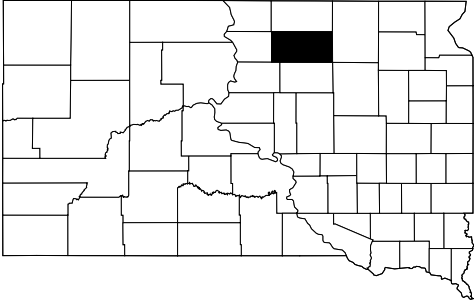
Dewey County

Demographic Information			Health Status Indicators 2018-2022	
 <p>Dewey County is located in the north central region of the state and averages 2.2 persons per square mile. Eagle Butte is the largest city in Dewey County.</p>			Nativity	
			<ul style="list-style-type: none"> ● Percent of Low Birth Weight Infants 8.2 ● Percent of Mothers Receiving Care in 1st Trimester 36.8 ○ Percent of Mothers Who Smoked Cigarettes While Pregnant¹ 15.5 ○ Percent of Births Less Than 37 Wks. of Gestation 14.2 ● Average Age of Mother 26.3 ○ Teenage Birth Rate² 37.3 Percent White, Non-Hispanic Births 12.5 Percent American Indian, Non-Hispanic Births 76.4 Percent Hispanic Births 2.1 ○ Percent Unmarried 73.2 ○ Percent WIC births 65.7 ● Percent Breastfeeding at discharge 58.7 ● Percent Payment-Private Insurance 19.0 ○ Percent Payment-Medicaid 65.4 Percent C-Section 23.1 	Mortality
2022 Population Estimates				
Subject	Number	Percent		
Total population	5,140	100.0		
American Indian or Alaska Native	3,596	70.0		
White	939	18.3		
Hispanic	266	5.2		
Black or African American	38	0.7		
Asian	22	0.4		
Pacific Islander	2	0.0		
Multi-Racial	277	5.4		
Under 5 years	552	10.7		
Under 18 years	1,963	38.2		
65 years and over	484	9.4		
			Rate³	
			○ All Causes 1,812.3	
			○ Heart Disease 247.4	
			○ Cancer 220.1	
			Trachea, Bronchus, & Lung 56.1	
			Colon, Rectum, & Anus 23.8	
			Pancreas 17.8	
			○ COVID-19 (2020-2022) 281.7	
			Chronic Lower Respiratory Diseases 50.9	
			Alzheimer's Disease 18.6	
			Stroke 45.3	
			○ Diabetes 118.2	
			○ Chronic Liver Disease and Cirrhosis 266.8	
			Accidental Falls LNE	
			Dementia 19.8	
			Suicide 41.0	
			Influenza and Pneumonia 29.4	
			○ Motor Vehicle Accidents 99.5	
			Hypertension 21.5	
			Septicemia 29.5	
			Infant Mortality (2013-2022) 6.7	
			Deaths per Year	
			1. COVID-19 (2020-2022) 12	
			Chronic Liver Disease and Cirrhosis 12	
			3. Heart Disease 10	
			Cancer 10	
			5. Diabetes 6	
			6. Motor Vehicle Accidents 5	
			7. Suicide 2	
			Chronic Lower Respiratory Diseases 2	
			Stroke 2	
			Chronic Alcohol Abuse 2	
			Percent of Deaths due to tobacco use 17.9	
			Median age at death 59	
			<p>●Denotes a health status indicator which is significantly lower than the state average. ○Denotes a health status indicator which is significantly higher than the state average. ³All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.</p>	
			See technical notes for more information.	
<p>Source: United States Census Bureau, 2022 Population Estimates</p>			<p>Source: South Dakota Department of Health, Office of Health Statistics</p>	

Douglas County

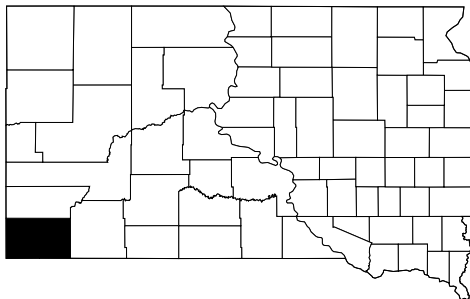
Demographic Information			Health Status Indicators 2018-2022			
 <p>Douglas County is located in south central South Dakota and averages 6.4 persons per square mile. Armour is the largest city in Douglas County.</p>			Nativity		Mortality	
			<p>Percent of Low Birth Weight Infants 5.5</p> <p>Percent of Mothers Receiving Care in 1st Trimester 80.3</p> <p>Percent of Mothers Who Smoked Cigarettes While Pregnant¹ 6.5</p> <p>Percent of Births Less Than 37 Wks. of Gestation 6.4</p> <p>Average Age of Mother 28.8</p> <p>Teenage Birth Rate² LNE</p> <p>Percent White, Non-Hispanic Births 92.1</p> <p>Percent American Indian, Non-Hispanic Births LNE</p> <p>Percent Hispanic Births 3.2</p> <ul style="list-style-type: none"> ● Percent Unmarried 12.4 ● Percent WIC births 12.6 <p>Percent Breastfeeding at discharge 88.0</p> <p>Percent Payment-Private Insurance 72.4</p> <ul style="list-style-type: none"> ● Percent Payment-Medicaid 10.5 <p>Percent C-Section 19.3</p>	<p>Rate³</p> <p>All Causes 710.2</p> <p>Heart Disease 116.7</p> <p>Cancer 113.0</p> <ul style="list-style-type: none"> Trachea, Bronchus, & Lung 29.2 Colon, Rectum, & Anus LNE Pancreas LNE <p>COVID-19 (2020-2022) 86.9</p> <p>Chronic Lower Respiratory Diseases 50.6</p> <p>Alzheimer's Disease 46.3</p> <p>Stroke 36.2</p> <p>Diabetes 31.7</p> <p>Chronic Liver Disease and Cirrhosis LNE</p> <p>Accidental Falls 36.0</p> <p>Dementia 11.7</p> <p>Suicide 32.3</p> <p>Influenza and Pneumonia 16.0</p> <p>Motor Vehicle Accidents LNE</p> <p>Hypertension 20.4</p> <p>Septicemia LNE</p> <p>Infant Mortality (2013-2022) 7.1</p>		
2022 Population Estimates			Leading Causes of Death			
Subject	Number	Percent				
Total population	2,776	100.0				
White	2,591	93.3				
American Indian or Alaska Native	62	2.2				
Hispanic	61	2.2				
Black or African American	13	0.5				
Asian	4	0.1				
Pacific Islander	0	0.0				
Multi-Racial	45	1.6				
Under 5 years	221	8.0				
Under 18 years	735	26.5				
65 years and over	673	24.2				
			Deaths per Year			
			1. Heart Disease 7			
			2. Cancer 6			
			COVID-19 (2020-2022) 6			
			4. Alzheimer's Disease 4			
			5. Chronic Lower Respiratory Diseases 3			
			Stroke 3			
			7. Accidental Falls 2			
			Diabetes 2			
			9. Hypertension 1			
			Influenza and Pneumonia 1			
			Percent of Deaths due to tobacco use 20.2			
			Median age at death 87			
			<p>● Denotes a health status indicator which is significantly lower than the state average.</p> <p>○ Denotes a health status indicator which is significantly higher than the state average.</p> <p>³All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.</p>			
			See technical notes for more information.			
<p>Source: United States Census Bureau, 2022 Population Estimates</p>			<p>Source: South Dakota Department of Health, Office of Health Statistics</p>			

Edmunds County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																										
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Fall River County

Demographic Information



Fall River County is located in the southwestern corner of the state and averages 4.2 persons per square mile. Hot Springs is the largest city in Fall River County.

2022 Population Estimates

Subject	Number	Percent
Total population	7,370	100.0
White	6,202	84.2
American Indian or Alaska Native	403	5.5
Hispanic	312	4.2
Asian	134	1.8
Black or African American	87	1.2
Pacific Islander	4	0.1
Multi-Racial	228	3.1
Under 5 years	238	3.2
Under 18 years	1,217	16.5
65 years and over	2,252	30.6

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	9.6
Percent of Mothers Receiving Care in 1st Trimester	65.6
○ Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	22.0
Percent of Births Less Than 37 Wks. of Gestation	13.5
Average Age of Mother	28.1
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	78.0
Percent American Indian, Non-Hispanic Births	7.5
Percent Hispanic Births	4.8
○ Percent Unmarried	47.8
○ Percent WIC births	38.1
Percent Breastfeeding at discharge	81.9
● Percent Payment-Private Insurance	46.9
○ Percent Payment-Medicaid	38.2
Percent C-Section	21.4

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
○ All Causes	1,054.1
○ Heart Disease	210.1
Cancer	179.8
Trachea, Bronchus, & Lung	44.6
Colon, Rectum, & Anus	14.7
● Pancreas	4.9
COVID-19 (2020-2022)	86.8
○ Chronic Lower Respiratory Diseases	59.6
○ Alzheimer's Disease	75.0
Stroke	36.2
Diabetes	31.0
Chronic Liver Disease and Cirrhosis	44.6
Accidental Falls	20.6
Dementia	21.7
Suicide	35.3
Influenza and Pneumonia	15.1
Motor Vehicle Accidents	16.2
Hypertension	7.9
Septicemia	10.3
Infant Mortality (2013-2022)	9.4

Leading Causes of Death

	Deaths per Year
1. Heart Disease	30
2. Cancer	24
3. COVID-19 (2020-2022)	11
4. Alzheimer's Disease	10
5. Chronic Lower Respiratory Diseases	9
6. Stroke	5
7. Diabetes	4
Chronic Liver Disease and Cirrhosis	4
9. Dementia	3
Accidental Falls	3
Percent of Deaths due to tobacco use	29.7
Median age at death	78

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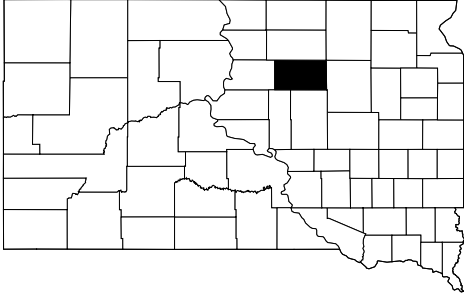
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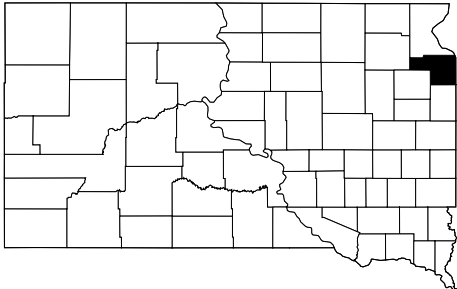
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

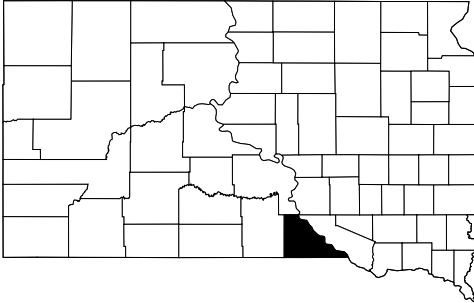
Faulk County

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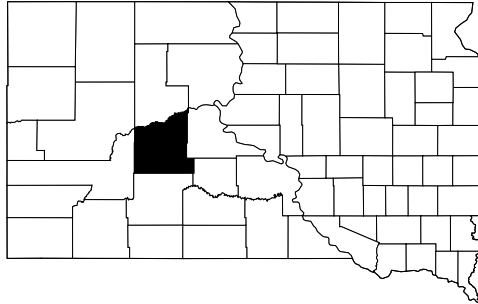
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Haakon County

Demographic Information



Haakon County is located in the west central region of the state and averages 1.0 person per square mile. Philip is the largest city in Haakon County.

2022 Population Estimates

Subject	Number	Percent
Total population	1,826	100.0
White	1,651	90.4
American Indian or Alaska Native	51	2.8
Hispanic	48	2.6
Asian	8	0.4
Black or African American	5	0.3
Pacific Islander	1	0.1
Multi-Racial	62	3.4
Under 5 years	94	5.1
Under 18 years	413	22.6
65 years and over	497	27.2

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	LNE
Percent of Mothers Receiving Care in 1st Trimester	80.6
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	11.2
● Percent of Births Less Than 37 Wks. of Gestation	4.1
Average Age of Mother	28.2
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	91.8
Percent American Indian, Non-Hispanic Births	3.1
Percent Hispanic Births	LNE
Percent Unmarried	25.5
Percent WIC births	29.6
Percent Breastfeeding at discharge	90.7
Percent Payment-Private Insurance	71.1
Percent Payment-Medicaid	20.6
● Percent C-Section	14.3

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
All Causes	703.2
Heart Disease	115.7
Cancer	137.4
Trachea, Bronchus, & Lung	15.3
Colon, Rectum, & Anus	15.3
Pancreas	21.5
COVID-19 (2020-2022)	107.1
Chronic Lower Respiratory Diseases	24.5
Alzheimer's Disease	LNE
Stroke	33.3
Diabetes	16.1
Chronic Liver Disease and Cirrhosis	LNE
Accidental Falls	28.5
Dementia	37.7
Suicide	67.8
Influenza and Pneumonia	28.9
Motor Vehicle Accidents	33.2
Hypertension	29.8
Septicemia	LNE
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Cancer	5
2. COVID-19 (2020-2022)	4
Heart Disease	4
4. Dementia	2
5. Stroke	1
Accidental Falls	1
Influenza and Pneumonia	1
Hypertension	1
Chronic Lower Respiratory Diseases	1
Suicide	1
Percent of Deaths due to tobacco use	2.7
Median age at death	84

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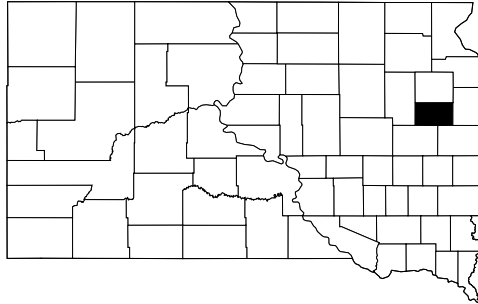
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See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Hamlin County

Demographic Information



Hamlin County is located in the northeastern region of the state and averages 12.5 persons per square mile. Estelline is the largest city in Hamlin County.

2022 Population Estimates

Subject	Number	Percent
Total population	6,352	100.0
White	5,807	91.4
Hispanic	384	6.0
American Indian or Alaska Native	36	0.6
Black or African American	28	0.4
Asian	18	0.3
Pacific Islander	0	0.0
Multi-Racial	79	1.2
Under 5 years	669	10.5
Under 18 years	2,100	33.1
65 years and over	905	14.2

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

● Percent of Low Birth Weight Infants	4.1
Percent of Mothers Receiving Care in 1st Trimester	71.1
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	11.7
Percent of Births Less Than 37 Wks. of Gestation	9.5
● Average Age of Mother	27.5
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	93.8
Percent American Indian, Non-Hispanic Births	0.6
Percent Hispanic Births	5.1
● Percent Unmarried	11.0
● Percent WIC births	20.2
○ Percent Breastfeeding at discharge	90.7
○ Percent Payment-Private Insurance	77.9
● Percent Payment-Medicaid	13.0
● Percent C-Section	14.9

● Denotes a health status indicator which is significantly lower than the state average.
○ Denotes a health status indicator which is significantly higher than the state average.

¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
○ All Causes	903.2
Heart Disease	151.6
Cancer	166.7
Trachea, Bronchus, & Lung	40.4
Colon, Rectum, & Anus	9.0
Pancreas	19.9
○ COVID-19 (2020-2022)	148.7
Chronic Lower Respiratory Diseases	34.6
○ Alzheimer's Disease	117.8
Stroke	26.4
Diabetes	39.9
● Chronic Liver Disease and Cirrhosis	11.5
Accidental Falls	LNE
Dementia	28.4
Suicide	22.4
Influenza and Pneumonia	16.5
Motor Vehicle Accidents	16.4
Hypertension	17.0
Septicemia	9.2
Infant Mortality (2013-2022)	4.8

Leading Causes of Death

	Deaths per Year
1. Cancer	13
2. Heart Disease	12
3. COVID-19 (2020-2022)	11
4. Alzheimer's Disease	9
5. Diabetes	3
Chronic Lower Respiratory Diseases	3
7. Dementia	2
Stroke	2
9. Hypertension	1
Suicide	1
Influenza and Pneumonia	1
Percent of Deaths due to tobacco use	15.2
Median age at death	82

● Denotes a health status indicator which is significantly lower than the state average.

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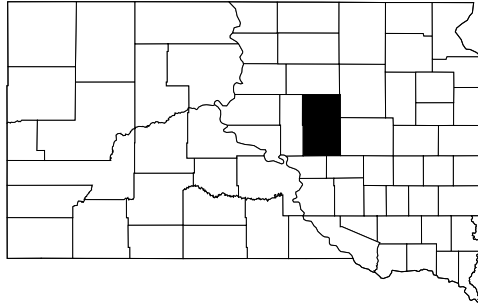
³All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Hand County

Demographic Information



Hand County is located in central South Dakota and averages 2.2 persons per square mile. Miller is the largest city in Hand County.

2022 Population Estimates

Subject	Number	Percent
Total population	3,140	100.0
White	2,980	94.9
Hispanic	63	2.0
Asian	23	0.7
American Indian or Alaska Native	21	0.7
Black or African American	15	0.5
Pacific Islander	2	0.1
Multi-Racial	36	1.1
Under 5 years	189	6.0
Under 18 years	711	22.6
65 years and over	810	25.8

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	3.8
Percent of Mothers Receiving Care in 1st Trimester	68.5
● Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	5.5
Percent of Births Less Than 37 Wks. of Gestation	7.1
○ Average Age of Mother	29.1
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	97.3
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	1.6
● Percent Unmarried	12.6
● Percent WIC births	7.7
Percent Breastfeeding at discharge	88.5
○ Percent Payment-Private Insurance	89.0
● Percent Payment-Medicaid	8.2
Percent C-Section	26.8

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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
● All Causes	701.4
Heart Disease	161.7
Cancer	137.5
Trachea, Bronchus, & Lung	34.8
Colon, Rectum, & Anus	16.8
Pancreas	21.0
COVID-19 (2020-2022)	61.8
Chronic Lower Respiratory Diseases	24.2
Alzheimer's Disease	35.0
Stroke	35.7
Diabetes	15.8
Chronic Liver Disease and Cirrhosis	LNE
● Accidental Falls	8.7
○ Dementia	35.6
Suicide	LNE
Influenza and Pneumonia	14.1
Motor Vehicle Accidents	LNE
○ Hypertension	38.9
Septicemia	LNE
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Heart Disease	13
2. Cancer	8
3. COVID-19 (2020-2022)	4
Alzheimer's Disease	4
5. Dementia	3
Stroke	3
Hypertension	3
8. Chronic Lower Respiratory Diseases	2
9. Diabetes	1
Accidental Falls	1
Influenza and Pneumonia	1
Parkinson's Disease	1
Percent of Deaths due to tobacco use	25.0
Median age at death	85

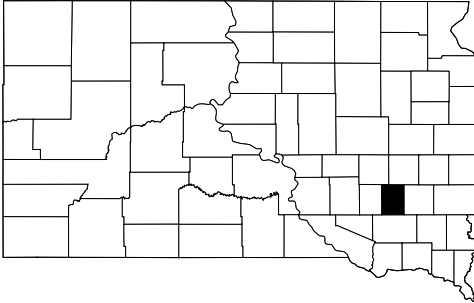
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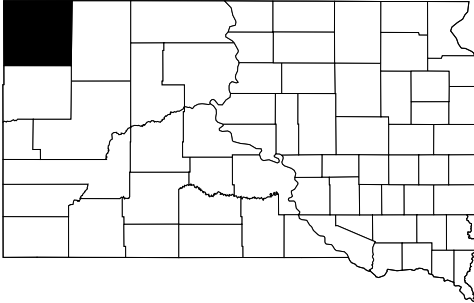
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

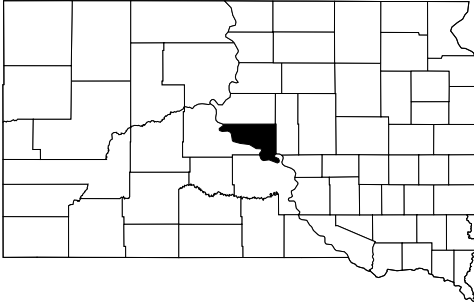
Hanson County

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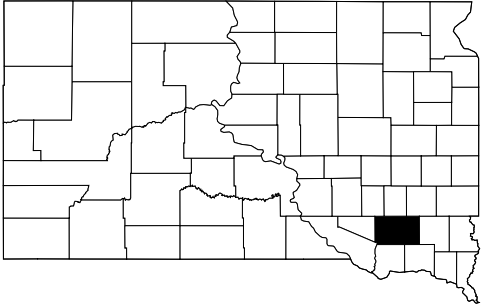
Harding County

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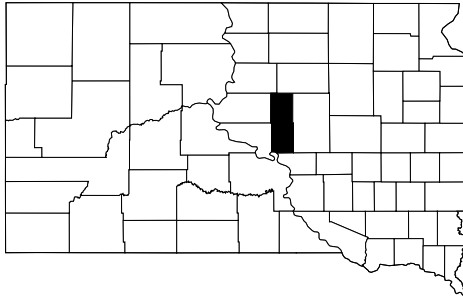
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Hutchinson County

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Hyde County

Demographic Information



Hyde County is located in the central region of the state and averages 1.4 people per square mile. Highmore is the largest city in Hyde County.

2022 Population Estimates

Subject	Number	Percent
Total population	1,184	100.0
White	991	83.7
American Indian or Alaska Native	122	10.3
Hispanic	24	2.0
Black or African American	7	0.6
Asian	4	0.3
Pacific Islander	1	0.1
Multi-Racial	35	3.0
Under 5 years	80	6.8
Under 18 years	266	22.5
65 years and over	295	24.9

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	LNE
● Percent of Mothers Receiving Care in 1st Trimester	57.3
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	LNE
Percent of Births Less Than 37 Wks. of Gestation	9.3
Average Age of Mother	28.8
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	84.0
Percent American Indian, Non-Hispanic Births	10.7
Percent Hispanic Births	LNE
Percent Unmarried	29.3
Percent WIC births	17.6
Percent Breastfeeding at discharge	81.3
Percent Payment-Private Insurance	74.7
Percent Payment-Medicaid	24.0
Percent C-Section	24.0

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
All Causes	903.9
Heart Disease	140.0
Cancer	185.7
Trachea, Bronchus, & Lung	38.9
Colon, Rectum, & Anus	23.3
Pancreas	LNE
COVID-19 (2020-2022)	129.7
Chronic Lower Respiratory Diseases	65.8
Alzheimer's Disease	80.2
Stroke	36.9
Diabetes	LNE
Chronic Liver Disease and Cirrhosis	LNE
Accidental Falls	20.0
Dementia	40.1
Suicide	LNE
Influenza and Pneumonia	25.0
Motor Vehicle Accidents	LNE
Hypertension	25.7
Septicemia	LNE
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Cancer	5
2. Heart Disease	4
3. Alzheimer's Disease	2
COVID-19 (2020-2022)	2
Chronic Lower Respiratory Diseases	2
6. Stroke	1
Dementia	1
Percent of Deaths due to tobacco use	21.1
Median age at death	85

● Denotes a health status indicator which is significantly lower than the state average.

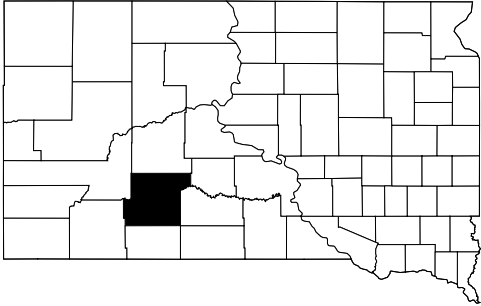
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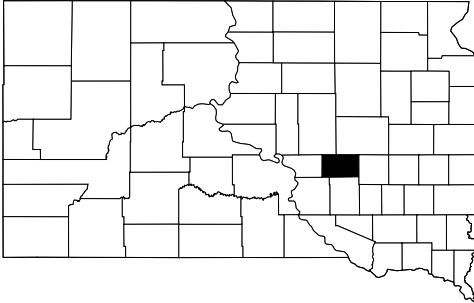
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Source: South Dakota Department of Health, Office of Health Statistics

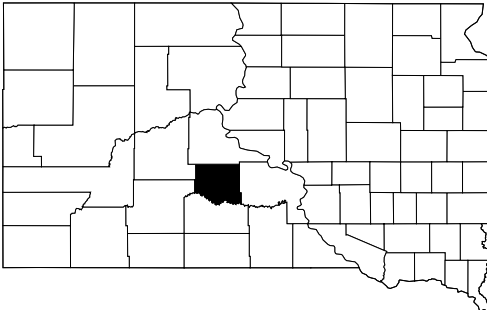
Jackson County

Demographic Information			Health Status Indicators 2018-2022																																					
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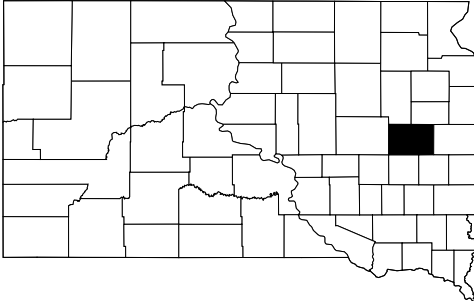
Jerauld County

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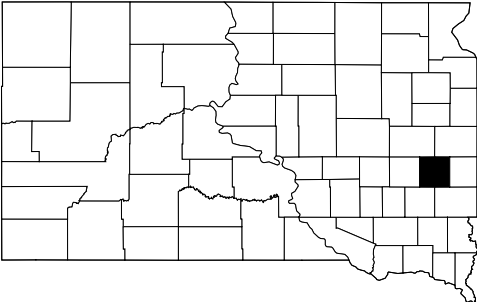
Jones County

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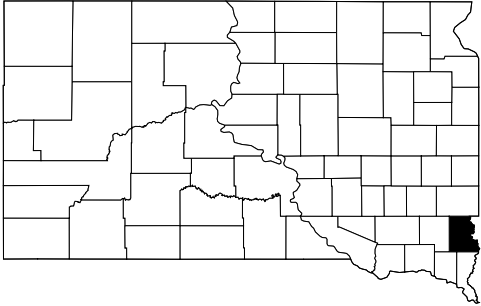
Lake County

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Lincoln County

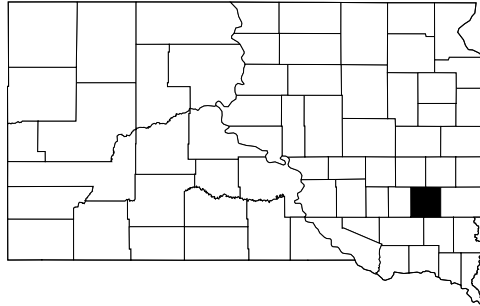
Demographic Information	Health Status Indicators 2018-2022																																																																																																																																									
 <p>Lincoln County is located in southeastern South Dakota and averages 123.0 persons per square mile. Harrisburg is the largest city in Lincoln County.</p> <p style="text-align: center;">2022 Population Estimates</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Subject</th> <th style="text-align: right;">Number</th> <th style="text-align: right;">Percent</th> </tr> </thead> <tbody> <tr> <td>Total population</td> <td style="text-align: right;">70,987</td> <td style="text-align: right;">100.0</td> </tr> <tr> <td> White</td> <td style="text-align: right;">64,299</td> <td style="text-align: right;">90.6</td> </tr> <tr> <td> Hispanic</td> <td style="text-align: right;">2,171</td> <td style="text-align: right;">3.1</td> </tr> <tr> <td> Black or African American</td> <td style="text-align: right;">1,572</td> <td style="text-align: right;">2.2</td> </tr> <tr> <td> Asian</td> <td style="text-align: right;">1,230</td> <td style="text-align: right;">1.7</td> </tr> <tr> <td> American Indian or Alaska Native</td> <td style="text-align: right;">427</td> <td style="text-align: right;">0.6</td> </tr> <tr> <td> Pacific Islander</td> <td style="text-align: right;">37</td> <td style="text-align: right;">0.1</td> </tr> <tr> <td> Multi-Racial</td> <td style="text-align: right;">1,251</td> <td style="text-align: right;">1.8</td> </tr> <tr> <td>Under 5 years</td> <td style="text-align: right;">4,655</td> <td style="text-align: right;">6.6</td> </tr> <tr> <td>Under 18 years</td> <td style="text-align: right;">18,679</td> <td style="text-align: right;">26.3</td> </tr> <tr> <td>65 years and over</td> <td style="text-align: right;">10,517</td> <td style="text-align: right;">14.8</td> </tr> </tbody> </table> <p>Source: United States Census Bureau, 2022 Population Estimates</p>	Subject	Number	Percent	Total population	70,987	100.0	White	64,299	90.6	Hispanic	2,171	3.1	Black or African American	1,572	2.2	Asian	1,230	1.7	American Indian or Alaska Native	427	0.6	Pacific Islander	37	0.1	Multi-Racial	1,251	1.8	Under 5 years	4,655	6.6	Under 18 years	18,679	26.3	65 years and over	10,517	14.8	<p style="text-align: center;">Nativity</p> <table border="1" style="width: 100%; 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Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.</p> <p>See technical notes for more information.</p> <p>Source: South Dakota Department of Health, Office of Health Statistics</p>		Rate ³	● All Causes	504.8	● Heart Disease	104.7	● Cancer	115.0	Trachea, Bronchus, & Lung	27.6	Colon, Rectum, & Anus	9.8	Pancreas	9.3	● COVID-19 (2020-2022)	49.1	● Chronic Lower Respiratory Diseases	23.8	Alzheimer's Disease	34.8	● Stroke	17.6	● Diabetes	10.2	● Chronic Liver Disease and Cirrhosis	10.3	● Accidental Falls	11.2	Dementia	11.0	● Suicide	13.0	● Influenza and Pneumonia	4.8	● Motor Vehicle Accidents	7.7	● Hypertension	6.4	● Septicemia	5.8	● Infant Mortality (2013-2022)	4.5		Deaths per Year	1. Cancer	78	2. Heart Disease	67	3. COVID-19 (2020-2022)	32	4. Alzheimer's Disease	22	5. Chronic Lower Respiratory Diseases	15	6. Stroke	11	7. Suicide	8	8. 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Lyman County

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McCook County

Demographic Information



McCook County is located in eastern South Dakota and averages 10.1 persons per square mile. Salem is the largest city in McCook County.

2022 Population Estimates

Subject	Number	Percent
Total population	5,778	100.0
White	5,320	92.1
Hispanic	276	4.8
American Indian or Alaska Native	64	1.1
Black or African American	38	0.7
Asian	12	0.2
Pacific Islander	3	0.1
Multi-Racial	65	1.1
Under 5 years	469	8.1
Under 18 years	1,628	28.2
65 years and over	1,053	18.2

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	5.9
Percent of Mothers Receiving Care in 1st Trimester	74.6
● Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	6.7
Percent of Births Less Than 37 Wks. of Gestation	7.7
○ Average Age of Mother	29.3
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	93.6
Percent American Indian, Non-Hispanic Births	1.0
Percent Hispanic Births	4.0
● Percent Unmarried	18.0
● Percent WIC births	13.4
Percent Breastfeeding at discharge	85.4
○ Percent Payment-Private Insurance	80.5
● Percent Payment-Medicaid	13.5
Percent C-Section	23.7

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.

¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
○ All Causes	982.2
○ Heart Disease	258.7
○ Cancer	196.2
Trachea, Bronchus, & Lung	55.4
Colon, Rectum, & Anus	12.2
Pancreas	7.6
○ COVID-19 (2020-2022)	129.7
Chronic Lower Respiratory Diseases	24.1
○ Alzheimer's Disease	76.7
Stroke	28.8
Diabetes	21.9
Chronic Liver Disease and Cirrhosis	LNE
Accidental Falls	23.2
Dementia	28.3
Suicide	11.5
Influenza and Pneumonia	12.2
Motor Vehicle Accidents	32.0
Hypertension	11.7
Septicemia	11.8
Infant Mortality (2013-2022)	LNE

Leading Causes of Death

	Deaths per Year
1. Heart Disease	20
2. Cancer	16
3. COVID-19 (2020-2022)	10
4. Alzheimer's Disease	6
5. Dementia	2
Stroke	2
Chronic Lower Respiratory Diseases	2
Diabetes	2
Accidental Falls	2
Motor Vehicle Accidents	2

Percent of Deaths due to tobacco use	14.7
Median age at death	80

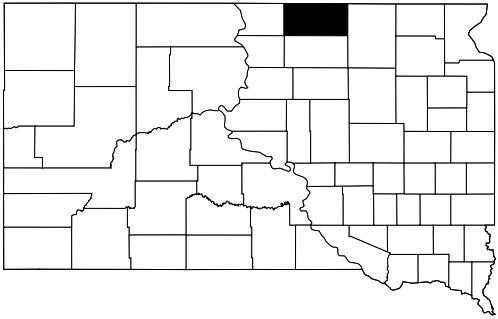
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See technical notes for more information.

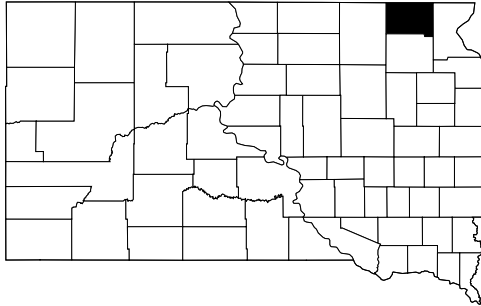
Source: South Dakota Department of Health, Office of Health Statistics

McPherson County

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Marshall County

Demographic Information



Marshall County is located in the northeastern part of the state and averages 5.2 persons per square mile. Britton is the largest city in Marshall County.

2022 Population Estimates

Subject	Number	Percent
Total population	4,374	100.0
White	3,599	82.3
Hispanic	383	8.8
American Indian or Alaska Native	271	6.2
Black or African American	31	0.7
Asian	11	0.3
Pacific Islander	0	0.0
Multi-Racial	79	1.8
Under 5 years	322	7.4
Under 18 years	1,060	24.2
65 years and over	1,002	22.9

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Natality

● Percent of Low Birth Weight Infants	3.8
● Percent of Mothers Receiving Care in 1st Trimester	63.3
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	9.5
● Percent of Births Less Than 37 Wks. of Gestation	4.7
○ Average Age of Mother	29.3
Teenage Birth Rate ²	LNE
Percent White, Non-Hispanic Births	81.5
Percent American Indian, Non-Hispanic Births	8.2
Percent Hispanic Births	9.4
● Percent Unmarried	18.4
Percent WIC births	20.2
Percent Breastfeeding at discharge	89.0
○ Percent Payment-Private Insurance	74.6
● Percent Payment-Medicaid	18.2
Percent C-Section	25.3

● Denotes a health status indicator which is significantly lower than the state average.
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¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
● All Causes	631.1
Heart Disease	135.8
● Cancer	101.1
● Trachea, Bronchus, & Lung	14.0
Colon, Rectum, & Anus	13.3
Pancreas	11.9
COVID-19 (2020-2022)	64.8
Chronic Lower Respiratory Diseases	52.1
Alzheimer's Disease	51.4
Stroke	40.1
● Diabetes	9.7
Chronic Liver Disease and Cirrhosis	LNE
Accidental Falls	8.6
Dementia	LNE
Suicide	LNE
Influenza and Pneumonia	23.7
Motor Vehicle Accidents	LNE
Hypertension	LNE
Septicemia	LNE
Infant Mortality (2013-2022)	6.0

Leading Causes of Death

	Deaths per Year
1. Heart Disease	11
2. Cancer	8
3. COVID-19 (2020-2022)	5
Alzheimer's Disease	5
5. Chronic Lower Respiratory Diseases	4
6. Stroke	3
7. Influenza and Pneumonia	2
Percent of Deaths due to tobacco use	17.2
Median age at death	82

● Denotes a health status indicator which is significantly lower than the state average.
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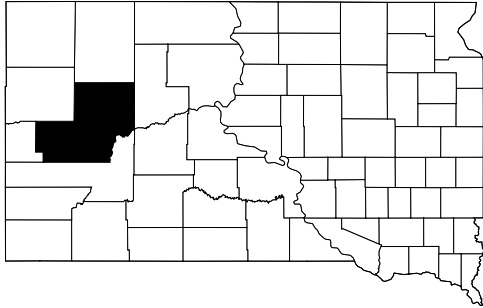
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See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Meade County

Demographic Information



Meade County is located in west central South Dakota and averages 8.8 persons per square mile. Sturgis is the largest city in Meade County.

2022 Population Estimates

Subject	Number	Percent
Total population	30,698	100.0
White	26,464	86.2
Hispanic	1,481	4.8
American Indian or Alaska Native	838	2.7
Black or African American	572	1.9
Asian	441	1.4
Pacific Islander	30	0.1
Multi-Racial	872	2.8
Under 5 years	1,391	4.5
Under 18 years	6,378	20.8
65 years and over	5,268	17.2

Source: United States Census Bureau, 2022 Population Estimates

Health Status Indicators 2018-2022

Nativity

Percent of Low Birth Weight Infants	7.0
○ Percent of Mothers Receiving Care in 1st Trimester	81.9
Percent of Mothers Who Smoked Cigarettes While Pregnant ¹	11.6
Percent of Births Less Than 37 Wks. of Gestation	9.8
Average Age of Mother	28.6
● Teenage Birth Rate ²	4.0
Percent White, Non-Hispanic Births	86.7
Percent American Indian, Non-Hispanic Births	3.6
Percent Hispanic Births	3.7
● Percent Unmarried	27.9
● Percent WIC births	18.6
Percent Breastfeeding at discharge	86.5
Percent Payment-Private Insurance	61.5
● Percent Payment-Medicaid	23.1
● Percent C-Section	21.1

● Denotes a health status indicator which is significantly lower than the state average.
○ Denotes a health status indicator which is significantly higher than the state average.

¹Data for mothers who smoked cigarettes are self-reported.

²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality

	Rate ³
● All Causes	744.0
Heart Disease	141.2
Cancer	158.0
Trachea, Bronchus, & Lung	37.4
Colon, Rectum, & Anus	17.5
Pancreas	17.7
COVID-19 (2020-2022)	61.4
○ Chronic Lower Respiratory Diseases	53.5
Alzheimer's Disease	35.2
Stroke	27.5
● Diabetes	16.4
Chronic Liver Disease and Cirrhosis	20.1
Accidental Falls	15.9
Dementia	17.2
Suicide	23.2
Influenza and Pneumonia	15.3
Motor Vehicle Accidents	12.8
● Hypertension	5.4
Septicemia	9.8
Infant Mortality (2013-2022)	6.9

Leading Causes of Death

	Deaths per Year
1. Cancer	55
2. Heart Disease	47
3. COVID-19 (2020-2022)	20
4. Chronic Lower Respiratory Diseases	18
5. Alzheimer's Disease	11
6. Stroke	9
7. Suicide	7
8. Chronic Liver Disease and Cirrhosis	6
9. Diabetes	5
Accidental Falls	5
Percent of Deaths due to tobacco use	17.7
Median age at death	76

● Denotes a health status indicator which is significantly lower than the state average.

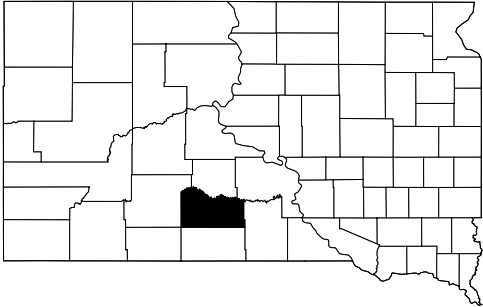
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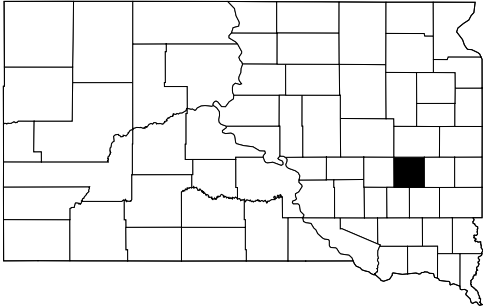
See technical notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

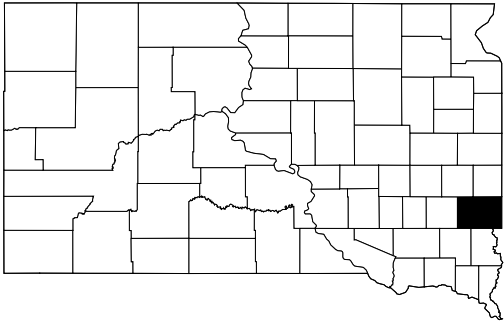
Mellette County

Demographic Information			Health Status Indicators 2018-2022																																																																																																					
 <p>Mellette County is located in the south central region of the state and averages 1.4 persons per square mile. White River is the largest city in Mellette County.</p> <p>2022 Population Estimates</p> <table border="1"> <thead> <tr> <th>Subject</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Total population</td> <td>1,892</td> <td>100.0</td> </tr> <tr> <td>American Indian or Alaska Native</td> <td>995</td> <td>52.6</td> </tr> <tr> <td>White</td> <td>683</td> <td>36.1</td> </tr> <tr> <td>Hispanic</td> <td>75</td> <td>4.0</td> </tr> <tr> <td>Black or African American</td> <td>13</td> <td>0.7</td> </tr> <tr> <td>Asian</td> <td>5</td> <td>0.3</td> </tr> <tr> <td>Pacific Islander</td> <td>0</td> <td>0.0</td> </tr> <tr> <td>Multi-Racial</td> <td>121</td> <td>6.4</td> </tr> <tr> <td>Under 5 years</td> <td>165</td> <td>8.7</td> </tr> <tr> <td>Under 18 years</td> <td>595</td> <td>31.4</td> </tr> <tr> <td>65 years and over</td> <td>296</td> <td>15.6</td> </tr> </tbody> </table>			Subject	Number	Percent	Total population	1,892	100.0	American Indian or Alaska Native	995	52.6	White	683	36.1	Hispanic	75	4.0	Black or African American	13	0.7	Asian	5	0.3	Pacific Islander	0	0.0	Multi-Racial	121	6.4	Under 5 years	165	8.7	Under 18 years	595	31.4	65 years and over	296	15.6	<p>Natality</p> <ul style="list-style-type: none"> Percent of Low Birth Weight Infants 8.8 ● Percent of Mothers Receiving Care in 1st Trimester 39.9 Percent of Mothers Who Smoked Cigarettes While Pregnant¹ 16.7 Percent of Births Less Than 37 Wks. of Gestation 12.8 ● Average Age of Mother 26.8 Teenage Birth Rate² 28.6 Percent White, Non-Hispanic Births 27.2 Percent American Indian, Non-Hispanic Births 62.6 Percent Hispanic Births LNE ○ Percent Unmarried 71.6 ○ Percent WIC births 45.2 ● Percent Breastfeeding at discharge 61.2 ● Percent Payment-Private Insurance 27.2 ○ Percent Payment-Medicaid 63.9 Percent C-Section 29.7 		<p>Mortality</p> <table border="1"> <thead> <tr> <th></th> <th>Rate³</th> </tr> </thead> <tbody> <tr> <td>○ All Causes</td> <td>1,464.7</td> </tr> <tr> <td>Heart Disease</td> <td>130.3</td> </tr> <tr> <td>○ Cancer</td> <td>255.4</td> </tr> <tr> <td>Trachea, Bronchus, & Lung</td> <td>40.6</td> </tr> <tr> <td>Colon, Rectum, & Anus</td> <td>23.5</td> </tr> <tr> <td>Pancreas</td> <td>LNE</td> </tr> <tr> <td>COVID-19 (2020-2022)</td> <td>90.5</td> </tr> <tr> <td>○ Chronic Lower Respiratory Diseases</td> <td>99.6</td> </tr> <tr> <td>Alzheimer's Disease</td> <td>54.6</td> </tr> <tr> <td>Stroke</td> <td>56.8</td> </tr> <tr> <td>○ Diabetes</td> <td>96.7</td> </tr> <tr> <td>○ Chronic Liver Disease and Cirrhosis</td> <td>188.7</td> </tr> <tr> <td>Accidental Falls</td> <td>26.8</td> </tr> <tr> <td>Dementia</td> <td>44.8</td> </tr> <tr> <td>Suicide</td> <td>LNE</td> </tr> <tr> <td>Influenza and Pneumonia</td> <td>40.0</td> </tr> <tr> <td>Motor Vehicle Accidents</td> <td>70.1</td> </tr> <tr> <td>Hypertension</td> <td>23.3</td> </tr> <tr> <td>Septicemia</td> <td>LNE</td> </tr> <tr> <td>Infant Mortality (2013-2022)</td> <td>17.2</td> </tr> </tbody> </table> <p>Leading Causes of Death</p> <table border="1"> <thead> <tr> <th></th> <th>Deaths per Year</th> </tr> </thead> <tbody> <tr> <td>1. Cancer</td> <td>6</td> </tr> <tr> <td>2. Chronic Liver Disease and Cirrhosis</td> <td>3</td> </tr> <tr> <td>Heart Disease</td> <td>3</td> </tr> <tr> <td>Chronic Lower Respiratory Diseases</td> <td>3</td> </tr> <tr> <td>5. COVID-19 (2020-2022)</td> <td>2</td> </tr> <tr> <td>Diabetes</td> <td>2</td> </tr> <tr> <td>7. Motor Vehicle Accidents</td> <td>1</td> </tr> <tr> <td>Stroke</td> <td>1</td> </tr> <tr> <td>Alzheimer's Disease</td> <td>1</td> </tr> </tbody> </table> <p>Percent of Deaths due to tobacco use 24.2 Median age at death 68</p>			Rate ³	○ All Causes	1,464.7	Heart Disease	130.3	○ Cancer	255.4	Trachea, Bronchus, & Lung	40.6	Colon, Rectum, & Anus	23.5	Pancreas	LNE	COVID-19 (2020-2022)	90.5	○ Chronic Lower Respiratory Diseases	99.6	Alzheimer's Disease	54.6	Stroke	56.8	○ Diabetes	96.7	○ Chronic Liver Disease and Cirrhosis	188.7	Accidental Falls	26.8	Dementia	44.8	Suicide	LNE	Influenza and Pneumonia	40.0	Motor Vehicle Accidents	70.1	Hypertension	23.3	Septicemia	LNE	Infant Mortality (2013-2022)	17.2		Deaths per Year	1. Cancer	6	2. Chronic Liver Disease and Cirrhosis	3	Heart Disease	3	Chronic Lower Respiratory Diseases	3	5. COVID-19 (2020-2022)	2	Diabetes	2	7. Motor Vehicle Accidents	1	Stroke	1	Alzheimer's Disease	1
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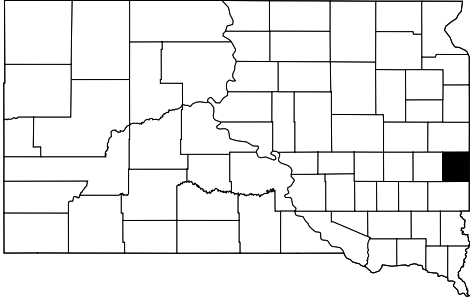
Miner County

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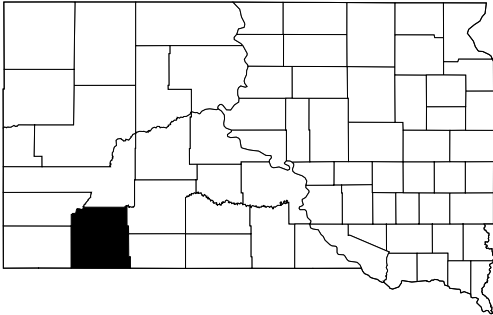
Minnehaha County

Demographic Information			Health Status Indicators 2018-2022		
 <p>Minnehaha County is located in southeastern South Dakota and averages 252.8 persons per square mile. Sioux Falls is the largest city in Minnehaha County.</p>			Natality		
			<ul style="list-style-type: none"> Percent of Low Birth Weight Infants 7.3 ○ Percent of Mothers Receiving Care in 1st Trimester 81.6 ● Percent of Mothers Who Smoked Cigarettes While Pregnant¹ 7.0 Percent of Births Less Than 37 Wks. of Gestation 9.5 ○ Average Age of Mother 29.1 Teenage Birth Rate² 8.0 Percent White, Non-Hispanic Births 72.1 Percent American Indian, Non-Hispanic Births 3.8 Percent Hispanic Births 7.4 ● Percent Unmarried 32.9 ● Percent WIC births 20.1 Percent Breastfeeding at discharge 81.2 ○ Percent Payment-Private Insurance 68.9 ● Percent Payment-Medicaid 25.8 Percent C-Section 24.7 		
2022 Population Estimates			Mortality		
Subject	Number	Percent			
Total population	203,971	100.0			
White	162,965	79.9			
Black or African American	13,791	6.8			
Hispanic	12,363	6.1			
American Indian or Alaska Native	4,938	2.4			
Asian	4,492	2.2			
Pacific Islander	93	0.0			
Multi-Racial	5,329	2.6			
Under 5 years	14,321	7.0			
Under 18 years	51,281	25.1			
65 years and over	28,366	13.9			
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			Rate³		
			<ul style="list-style-type: none"> ○ All Causes 846.2 ○ Heart Disease 168.2 ○ Cancer 174.8 <ul style="list-style-type: none"> ○ Trachea, Bronchus, & Lung 42.7 ○ Colon, Rectum, & Anus 15.1 ○ Pancreas 12.9 COVID-19 (2020-2022) 80.1 Chronic Lower Respiratory Diseases 39.7 <ul style="list-style-type: none"> ○ Alzheimer's Disease 45.3 ○ Stroke 39.6 ● Diabetes 19.8 ● Chronic Liver Disease and Cirrhosis 18.9 ○ Accidental Falls 22.5 Dementia 19.2 ● Suicide 16.5 Influenza and Pneumonia 12.9 ● Motor Vehicle Accidents 12.4 Hypertension 9.0 Septicemia 8.3 Infant Mortality (2013-2022) 6.4 		
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<p>Source: United States Census Bureau, 2022 Population Estimates</p>			<p>See technical notes for more information. Source: South Dakota Department of Health, Office of Health Statistics</p>		

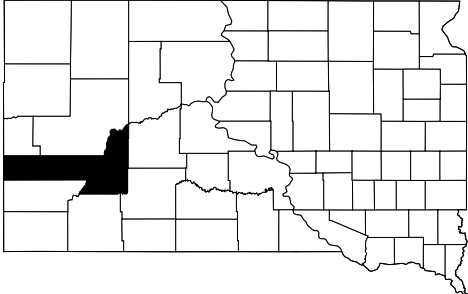
Moody County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																							
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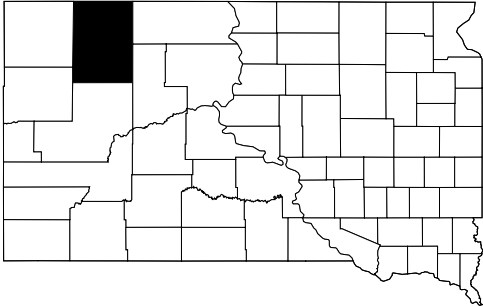
Oglala Lakota County

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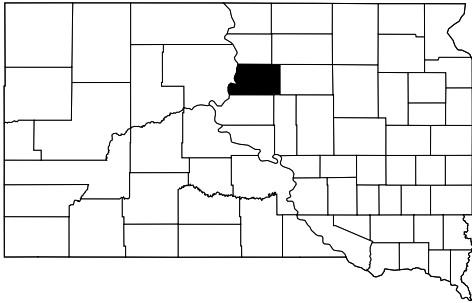
Pennington County

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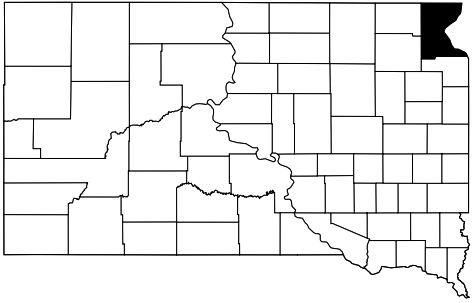
Perkins County

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Source: South Dakota Department of Health, Office of Health Statistics</p>		Rate ³	All Causes	737.7	Heart Disease	137.8	Cancer	138.7	Trachea, Bronchus, & Lung	21.8	Colon, Rectum, & Anus	15.3	Pancreas	LNE	COVID-19 (2020-2022)	86.6	Chronic Lower Respiratory Diseases	31.5	Alzheimer's Disease	35.5	Stroke	30.0	Diabetes	30.4	Chronic Liver Disease and Cirrhosis	24.3	Accidental Falls	LNE	Dementia	10.9	Suicide	48.9	Influenza and Pneumonia	7.8	Motor Vehicle Accidents	LNE	Hypertension	15.3	Septicemia	23.4	Infant Mortality (2013-2022)	11.5		Deaths per Year	1. Heart Disease	8	Cancer	8	3. COVID-19 (2020-2022)	6	4. Alzheimer's Disease	3	5. Chronic Lower Respiratory Diseases	2	Stroke	2	Diabetes	2	8. Suicide	1	Septicemia	1	Hypertension	1	Percent of Deaths due to tobacco use	24.2	Median age at death	82
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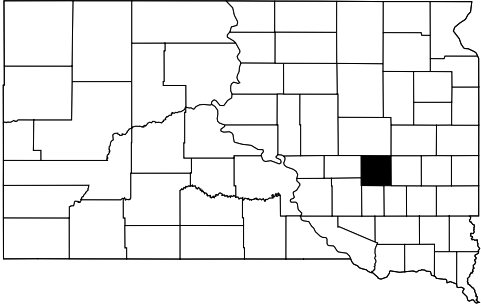
Potter County

Demographic Information			Health Status Indicators 2018-2022			
 <p>Potter County is located in north central South Dakota and averages 2.8 persons per square mile. Gettysburg is the largest city in Potter County.</p>			Natality		Mortality	
			<p>Percent of Low Birth Weight Infants 6.4</p> <p>● Percent of Mothers Receiving Care in 1st Trimester 52.7</p> <p>Percent of Mothers Who Smoked Cigarettes While Pregnant¹ 7.3</p> <p>Percent of Births Less Than 37 Wks. of Gestation 9.2</p> <p>Average Age of Mother 29.0</p> <p>Teenage Birth Rate² LNE</p> <p>Percent White, Non-Hispanic Births 86.4</p> <p>Percent American Indian, Non-Hispanic Births 7.3</p> <p>Percent Hispanic Births LNE</p> <p>● Percent Unmarried 21.8</p> <p>Percent WIC births 18.2</p> <p>Percent Breastfeeding at discharge 82.6</p> <p>Percent Payment-Private Insurance 74.5</p> <p>● Percent Payment-Medicaid 18.2</p> <p>Percent C-Section 27.3</p>		<p>Rate³</p> <p>● All Causes 632.3</p> <p>● Heart Disease 72.3</p> <p>Cancer 108.8</p> <p>Trachea, Bronchus, & Lung 21.5</p> <p>Colon, Rectum, & Anus 14.2</p> <p>Pancreas LNE</p> <p>● COVID-19 (2020-2022) 40.0</p> <p>Chronic Lower Respiratory Diseases 44.5</p> <p>Alzheimer's Disease 44.4</p> <p>● Stroke 13.0</p> <p>Diabetes 21.0</p> <p>Chronic Liver Disease and Cirrhosis LNE</p> <p>Accidental Falls 23.3</p> <p>Dementia 28.2</p> <p>Suicide LNE</p> <p>Influenza and Pneumonia 31.7</p> <p>Motor Vehicle Accidents LNE</p> <p>Hypertension 25.1</p> <p>Septicemia LNE</p> <p>Infant Mortality (2013-2022) LNE</p>	
2022 Population Estimates			Leading Causes of Death			
Subject	Number	Percent			Deaths per Year	
Total population	2,438	100.0			6	
White	2,227	91.3			4	
American Indian or Alaska Native	72	3.0			3	
Hispanic	63	2.6			2	
Asian	28	1.1			2	
Black or African American	12	0.5			2	
Pacific Islander	1	0.0			2	
Multi-Racial	35	1.4			2	
Under 5 years	118	4.8			2	
Under 18 years	540	22.1			2	
65 years and over	668	27.4			2	
					9. Accidental Falls 1	
					Diabetes 1	
					Percent of Deaths due to tobacco use 14.9	
					Median age at death 86	
					●Denotes a health status indicator which is significantly lower than the state average.	
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					³ All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.	
					See technical notes for more information.	
					Source: South Dakota Department of Health, Office of Health Statistics	
<p>Source: United States Census Bureau, 2022 Population Estimates</p>			<p>●Denotes a health status indicator which is significantly lower than the state average.</p> <p>○Denotes a health status indicator which is significantly higher than the state average.</p> <p>¹Data for mothers who smoked cigarettes are self-reported.</p> <p>²Teenage Birth rate is live births per 1,000 females age 15-17.</p>			

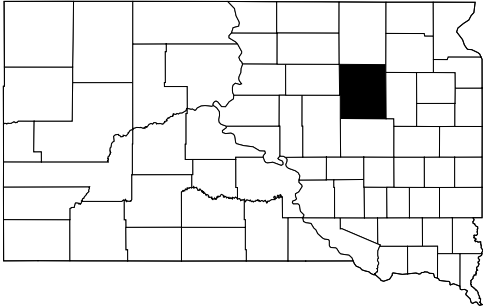
Roberts County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																									
 <p>Roberts County is located in the extreme northeastern corner of the state and averages 9.2 persons per square mile. Sisseton is the largest city in Roberts County.</p> <p style="text-align: center;">2022 Population Estimates</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Subject</th> <th style="text-align: right;">Number</th> <th style="text-align: right;">Percent</th> </tr> </thead> <tbody> <tr> <td>Total population</td> <td style="text-align: right;">10,163</td> <td style="text-align: right;">100.0</td> </tr> <tr> <td> White</td> <td style="text-align: right;">5,577</td> <td style="text-align: right;">54.9</td> </tr> <tr> <td> American Indian or Alaska Native</td> <td style="text-align: right;">3,666</td> <td style="text-align: right;">36.1</td> </tr> <tr> <td> Hispanic</td> <td style="text-align: right;">439</td> <td style="text-align: right;">4.3</td> </tr> <tr> <td> Black or African American</td> <td style="text-align: right;">64</td> <td style="text-align: right;">0.6</td> </tr> <tr> <td> Asian</td> <td style="text-align: right;">44</td> <td style="text-align: right;">0.4</td> </tr> <tr> <td> Pacific Islander</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0.0</td> </tr> <tr> <td> Multi-Racial</td> <td style="text-align: right;">372</td> <td style="text-align: right;">3.7</td> </tr> <tr> <td>Under 5 years</td> <td style="text-align: right;">769</td> <td style="text-align: right;">7.6</td> </tr> <tr> <td>Under 18 years</td> <td style="text-align: right;">2,955</td> <td style="text-align: right;">29.1</td> </tr> <tr> <td>65 years and over</td> <td style="text-align: right;">2,092</td> <td style="text-align: right;">20.6</td> </tr> </tbody> </table> <p>Source: United States Census Bureau, 2022 Population Estimates</p>	Subject	Number	Percent	Total population	10,163	100.0	White	5,577	54.9	American Indian or Alaska Native	3,666	36.1	Hispanic	439	4.3	Black or African American	64	0.6	Asian	44	0.4	Pacific Islander	1	0.0	Multi-Racial	372	3.7	Under 5 years	769	7.6	Under 18 years	2,955	29.1	65 years and over	2,092	20.6	<p style="text-align: center;">Natality</p> <table border="1" style="width: 100%; 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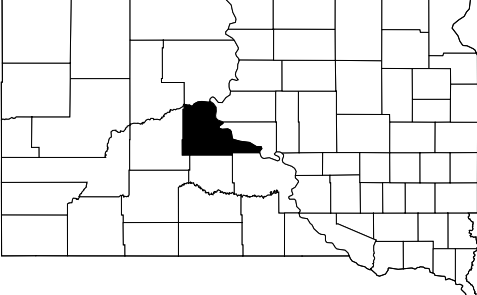
Sanborn County

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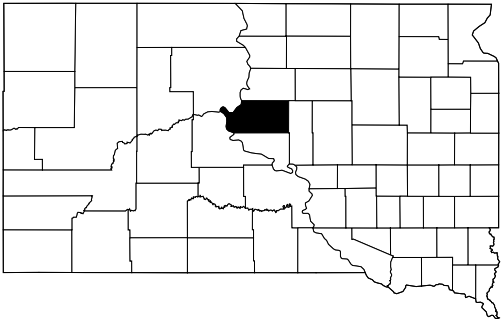
Spink County

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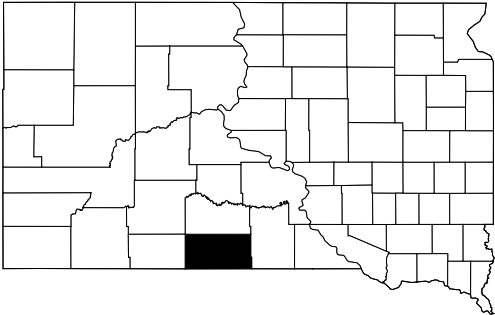
Sully County

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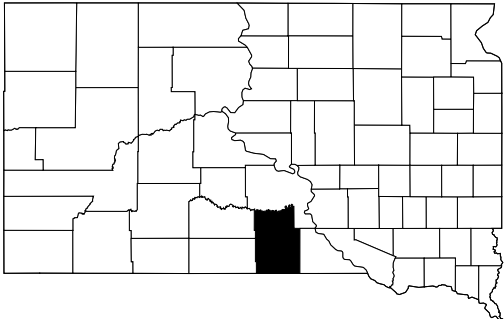
Source: United States Census Bureau, 2022 Population Estimates

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¹Data for mothers who smoked cigarettes are self-reported.
²Teenage Birth rate is live births per 1,000 females age 15-17.

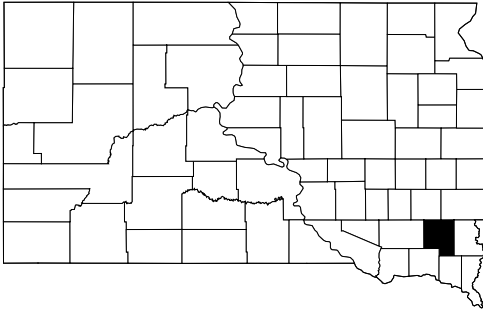
Todd County

Demographic Information	Health Status Indicators 2018-2022																																																																																																																																							
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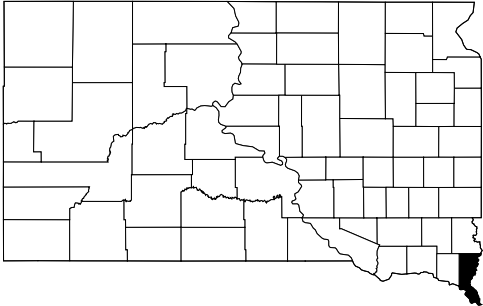
Tripp County

Demographic Information			Health Status Indicators 2018-2022																																					
 <p>Tripp County is located along the Nebraska border in south central South Dakota and averages 3.5 persons per square mile. Winner is the largest city in Tripp County.</p>			<h3>Natality</h3>		<h3>Mortality</h3>																																			
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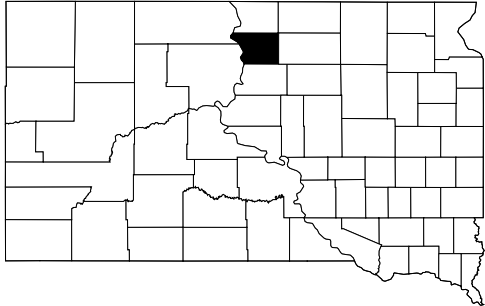
Turner County

Demographic Information	Health Status Indicators 2018-2022																																																																																																												
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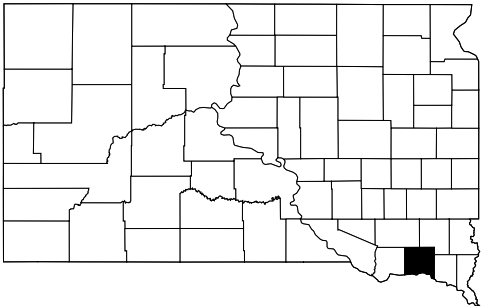
Union County

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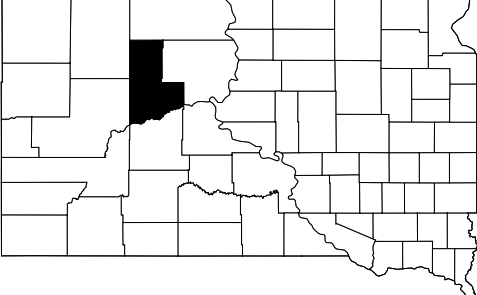
Walworth County

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Yankton County

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Ziebach County

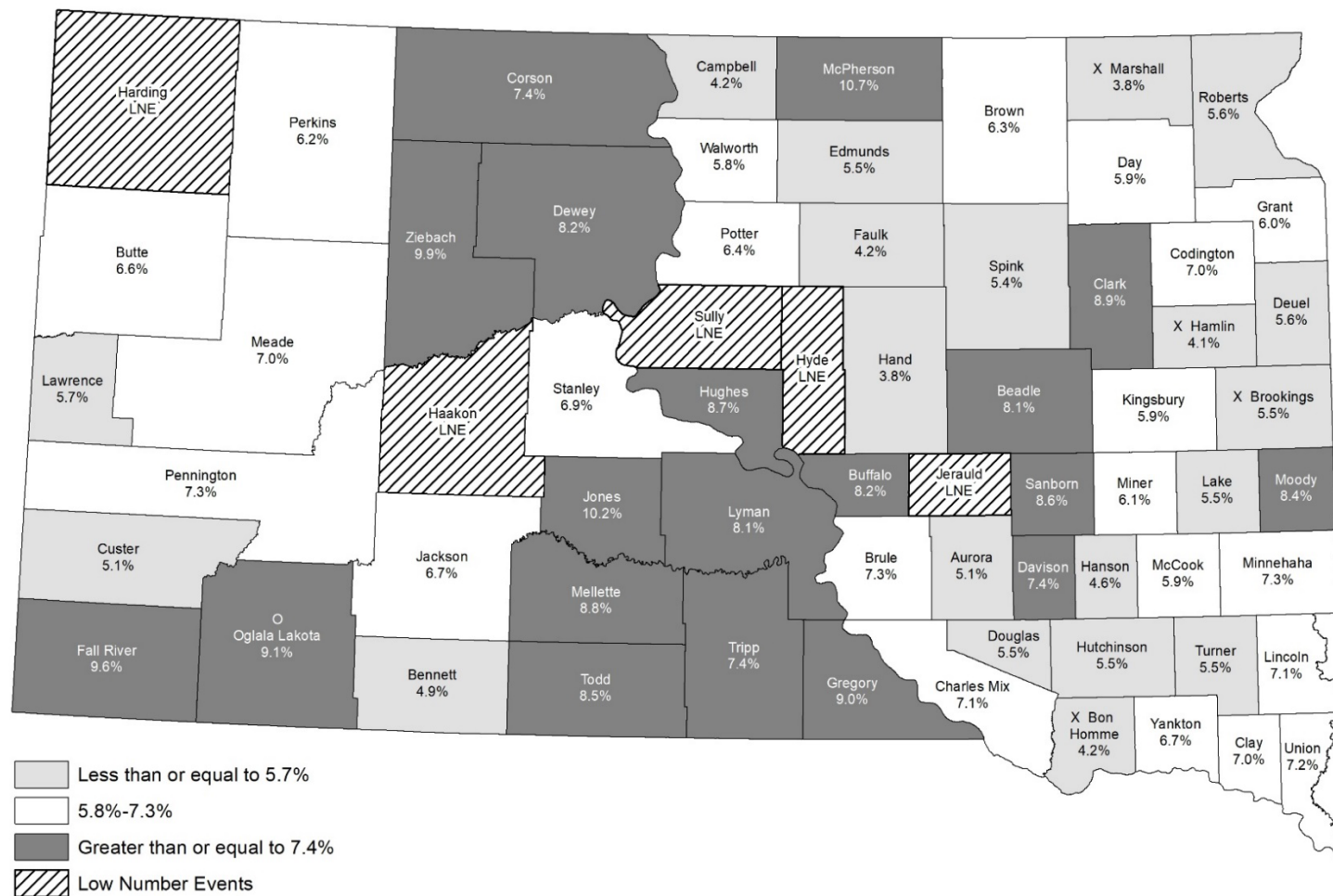
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Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.</p> <p>See technical notes for more information.</p> <p>Source: South Dakota Department of Health, Office of Health Statistics</p>		Rate ³	○ All Causes	1,072.2	Heart Disease	171.6	Cancer	136.1	Trachea, Bronchus, & Lung	31.1	Colon, Rectum, & Anus	26.4	Pancreas	LNE	COVID-19 (2020-2022)	150.4	Chronic Lower Respiratory Diseases	41.2	Alzheimer's Disease	LNE	Stroke	LNE	○ Diabetes	88.0	○ Chronic Liver Disease and Cirrhosis	137.2	Accidental Falls	LNE	Dementia	LNE	Suicide	37.9	Influenza and Pneumonia	51.4	Motor Vehicle Accidents	LNE	Hypertension	LNE	Septicemia	25.9	Infant Mortality (2013-2022)	15.8		Deaths per Year	1. Heart Disease	4	COVID-19 (2020-2022)	4	3. Chronic Liver Disease and Cirrhosis	3	Cancer	3	5. Diabetes	2	6. Suicide	1	Influenza and Pneumonia	1	Percent of Deaths due to tobacco use	11.1	Median age at death	61
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Health Status Maps

Map 1

Percent of Low Birth Weight Infants by County, 2018-2022

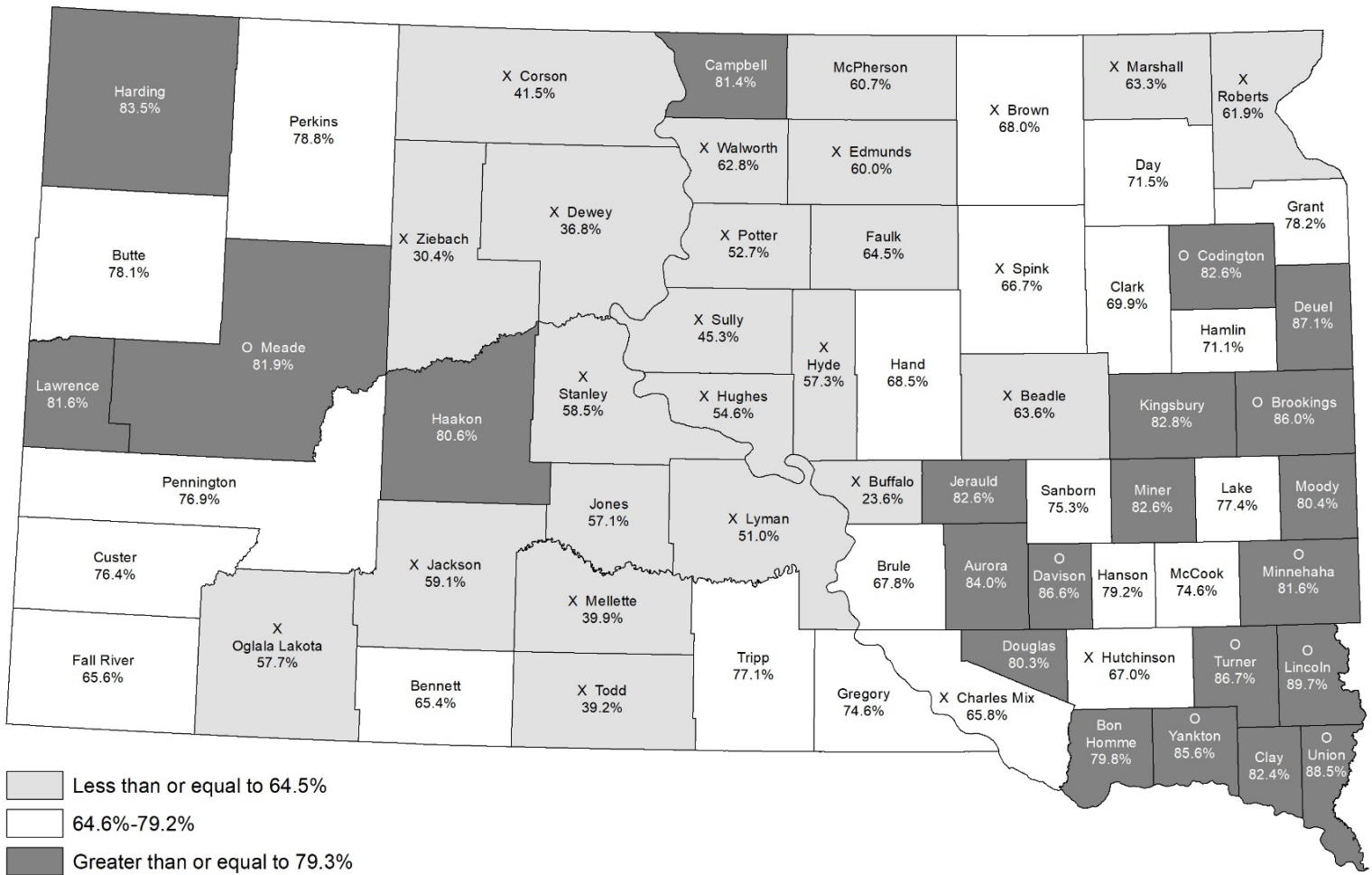
U.S. = 8.5%* **South Dakota = 7.0%**



X Denotes that the county's percent is significantly lower than the state percent
 O Denotes that the county's percent is significantly higher than the state percent

Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. The percent of low birth weight infants is calculated based on the first weight of the newborn obtained after birth. Low birth weight infants are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces). *The U.S. percent of low birth weight infants is from 2021. See technical notes for more complete explanations.

Map 2
Percent of Mothers Receiving Prenatal Care in the 1st Trimester by County, 2018-2022
U.S. = 78.3%* **South Dakota = 75.9%**



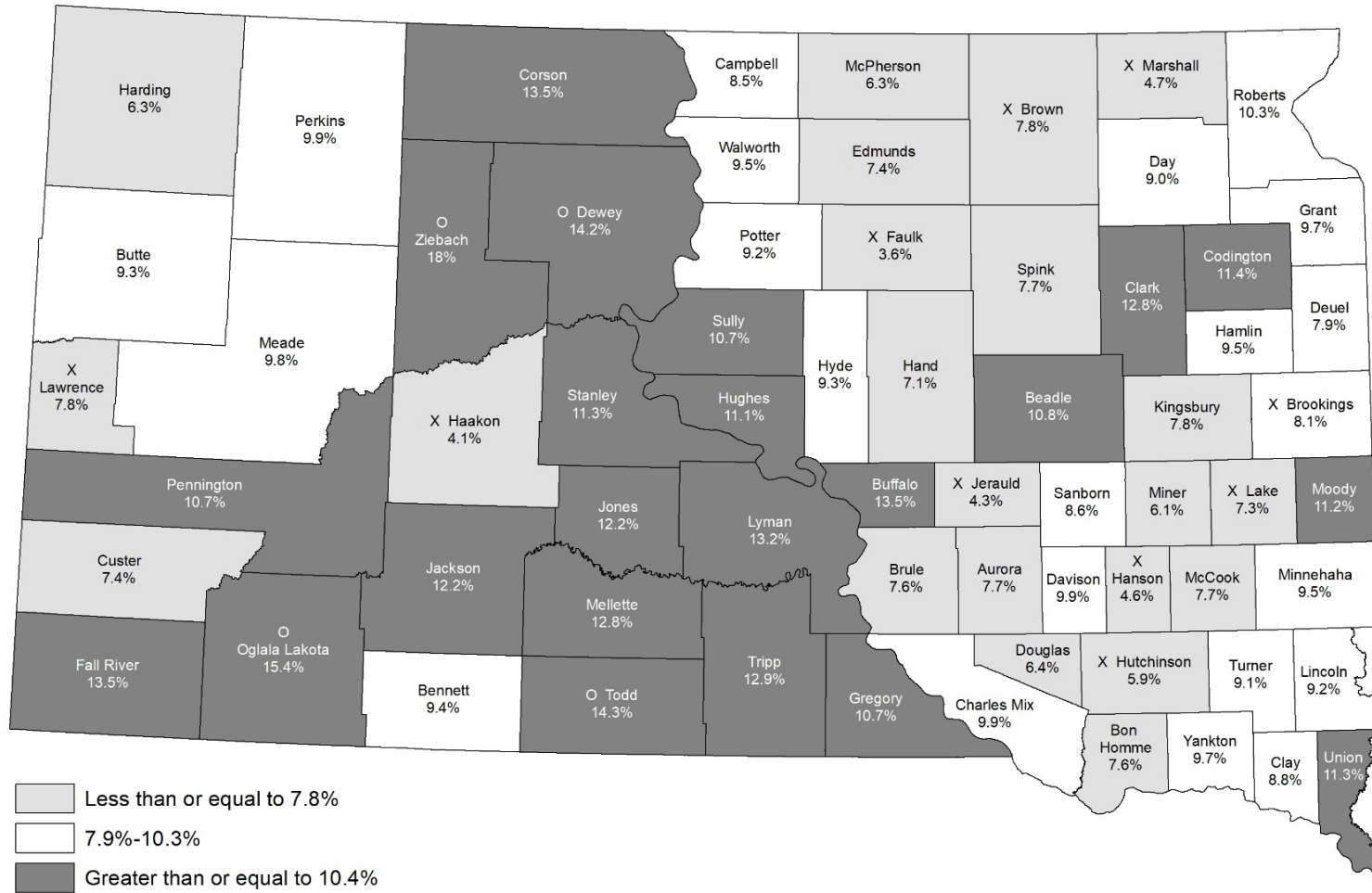
X Denotes that the county's percent is significantly lower than the state percent.
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Source: South Dakota Department of Health, Office of Health Statistics.

Map 4

Percent of Births Less Than 37 Weeks Gestation by County, 2018-2022

U.S. = 10.5%* **South Dakota = 9.8%**

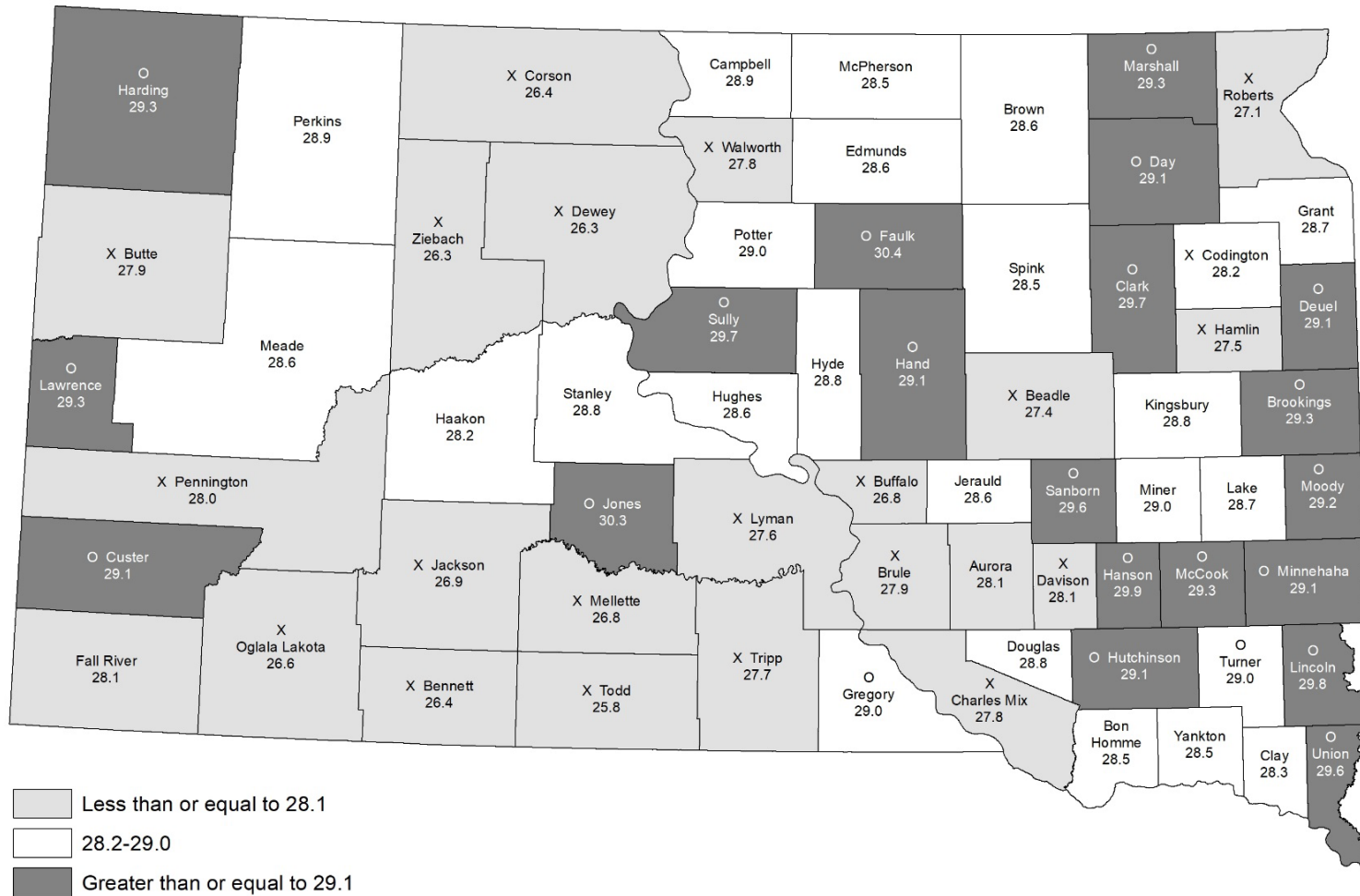


X Denotes that the county's rate is significantly lower than the state rate.
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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 5

Average Age of Mother by Resident County, 2018-2022

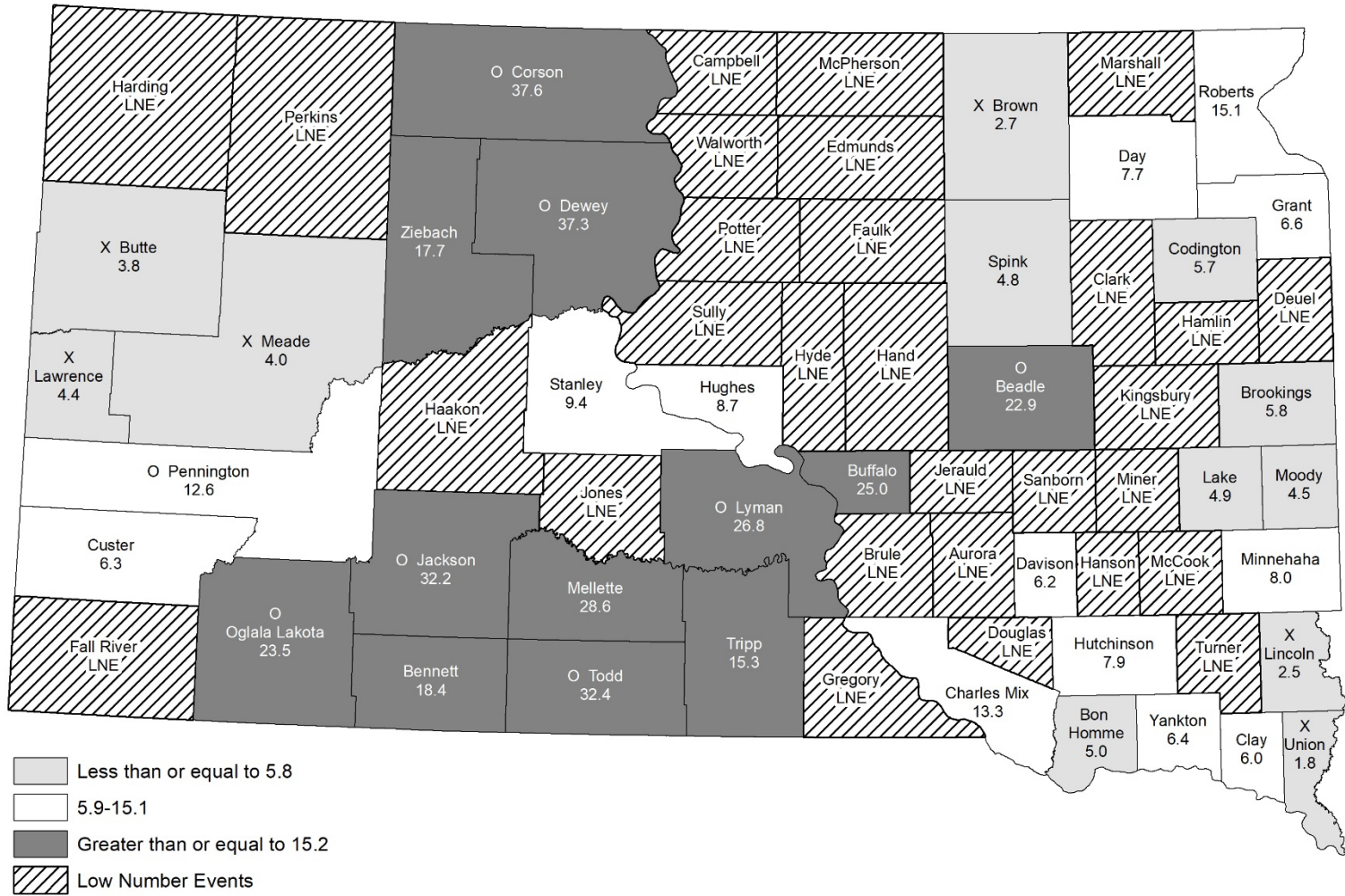
U.S. = 29.4* **South Dakota = 28.6**



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 Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual age may be higher or lower than the state age, the difference may not be statistically significant due to the small number of people in the county. *The U.S. average age of mother is from 2021. See technical notes for more complete explanations.
 Source: South Dakota Department of Health, Office of Health Statistics.

Map 6 Teenage Birth Rate by Resident County, 2018-2022

U.S. = 5.6* South Dakota = 8.7

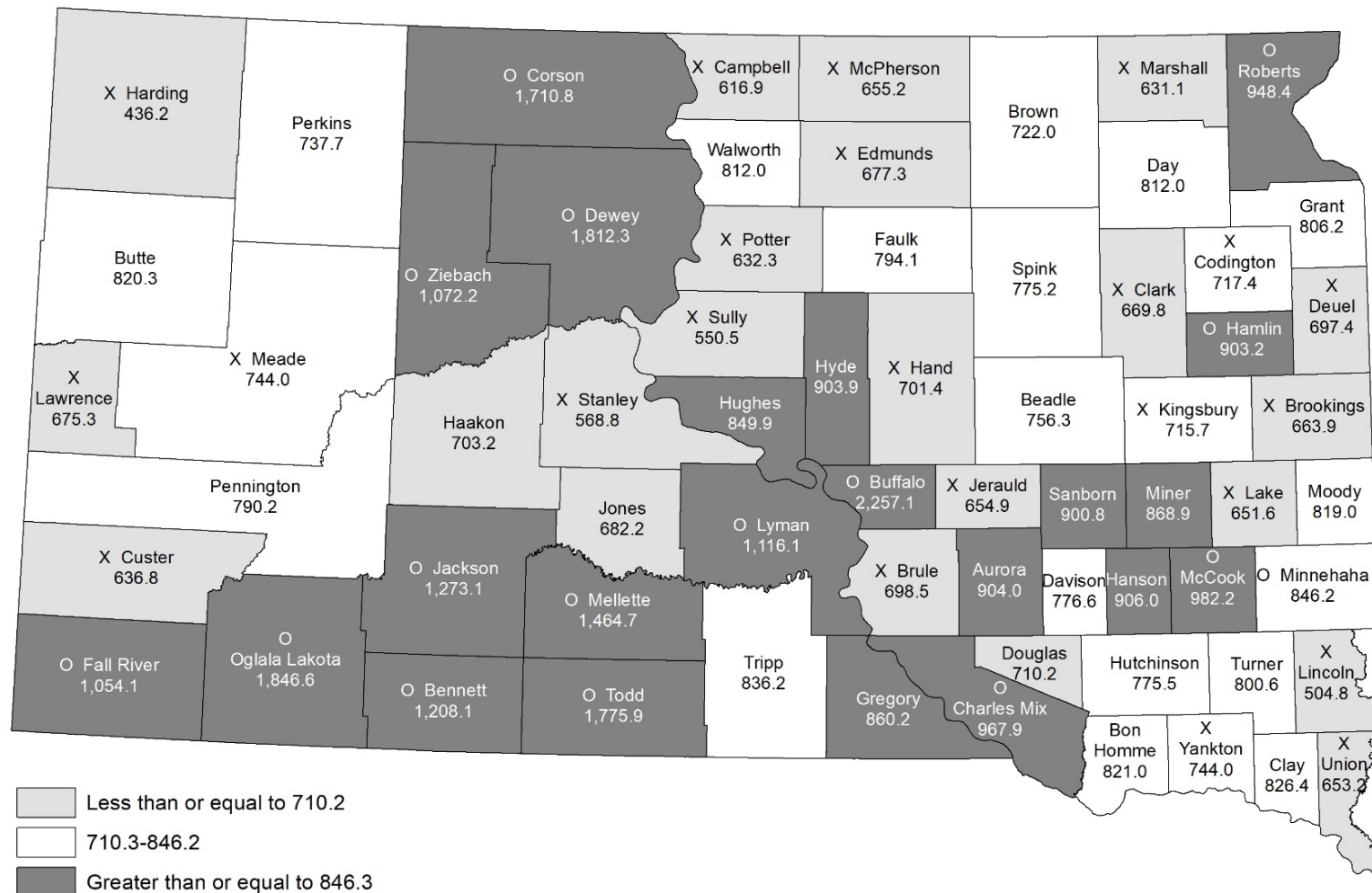


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 Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The teenage birth rate is live births per 1,000 females age 15-17. *The U.S. teenage birth rate is from 2021. See technical notes for more complete explanations.
 Source: South Dakota Department of Health, Office of Health Statistics.

Map 7

Death Rate Due to All Causes by County, 2018-2022

U.S. = 835.4* **South Dakota = 795.7**

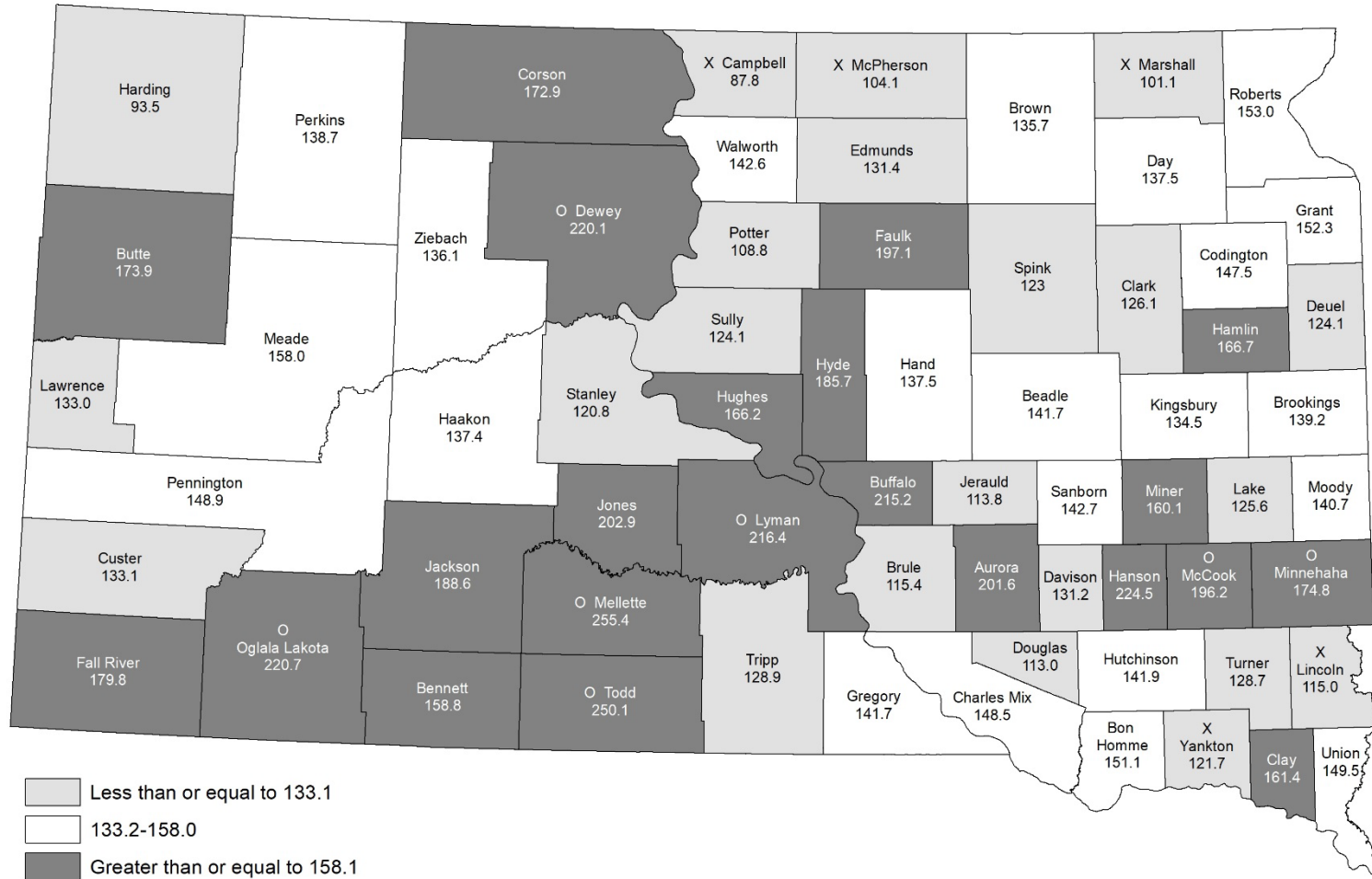


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 8

Death Rate Due to Cancer by County, 2018-2022

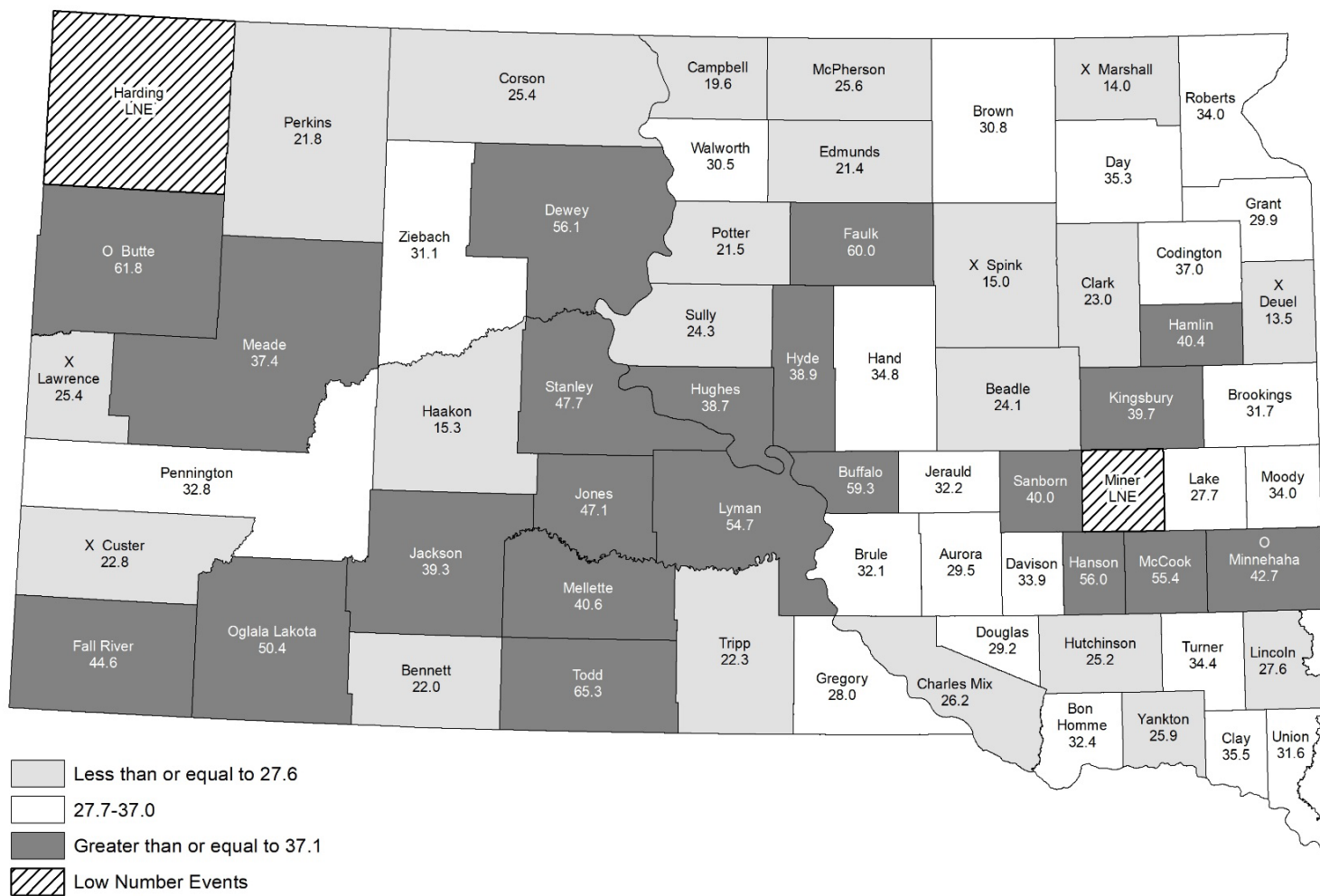
U.S. = 144.1* **South Dakota = 148.8**



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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 9 Death Rate Due to Trachea, Bronchus, and Lung Cancer by County, 2018-2022

U.S. = 31.9* **South Dakota = 33.8**



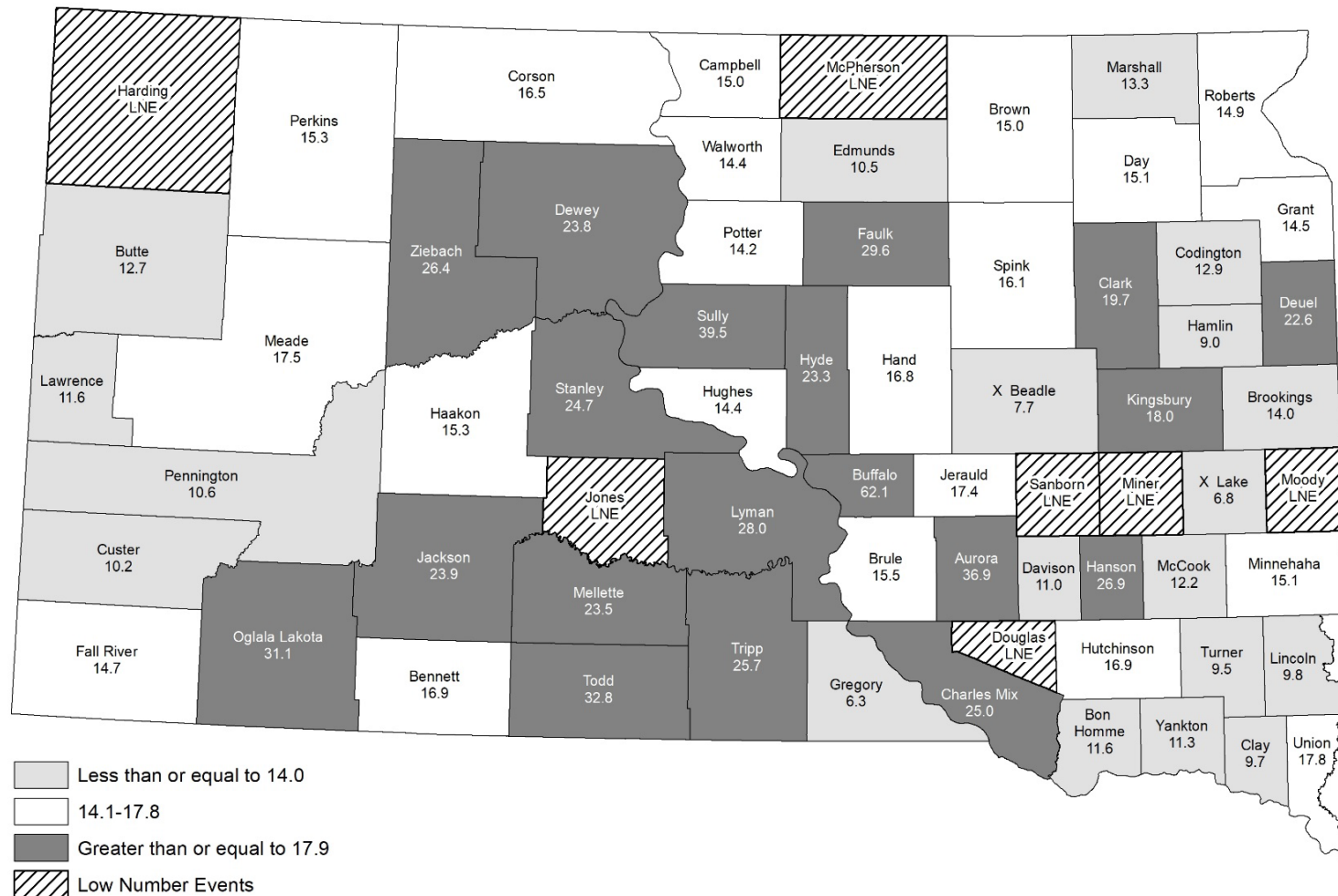
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Map 10

Death Rate Due to Colorectal Cancer by County, 2018-2022

U.S. = 12.9* South Dakota = 13.8

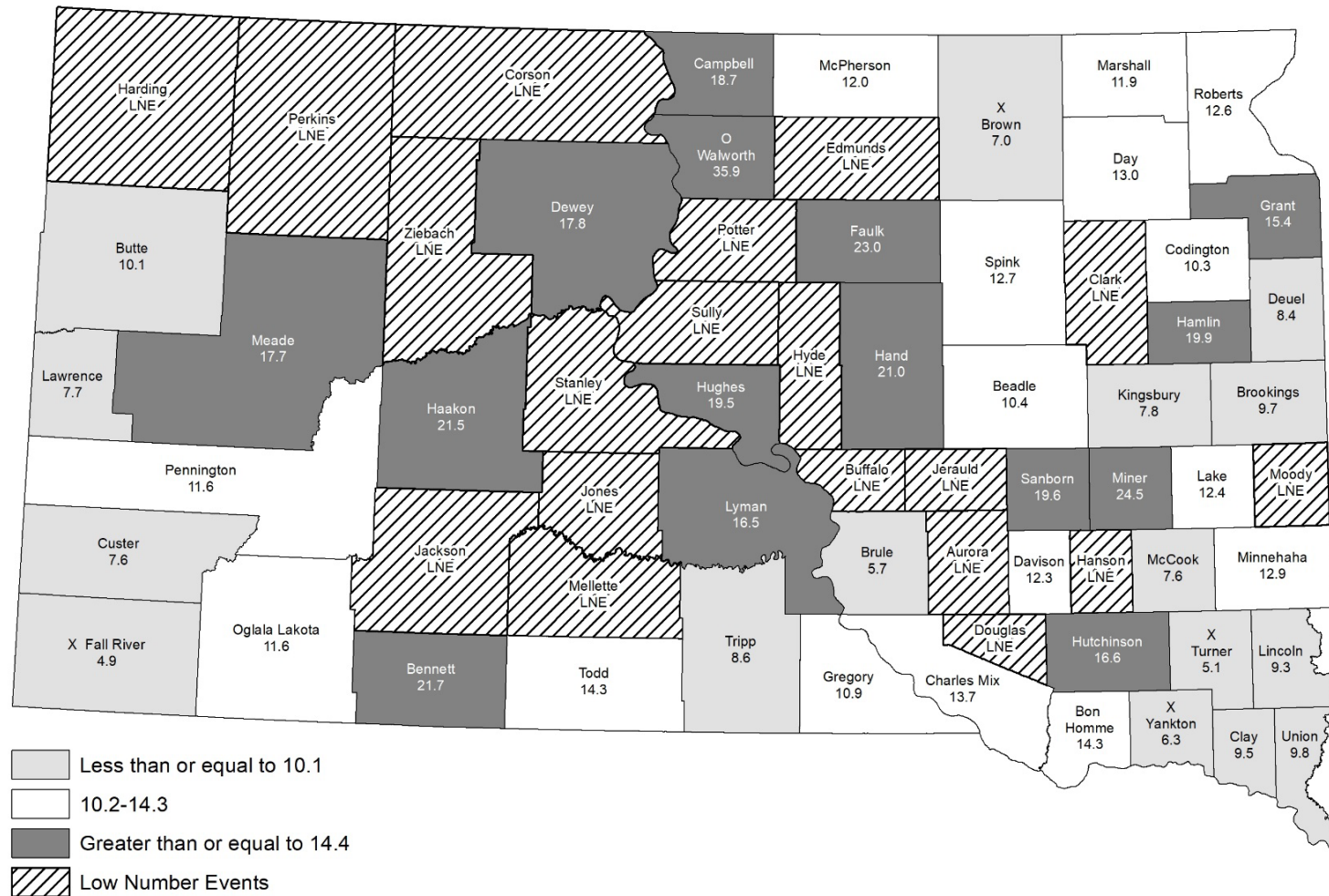


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 11

Death Rate Due to Pancreatic Cancer by County, 2018-2022

U.S. = 11.1* South Dakota = 11.4

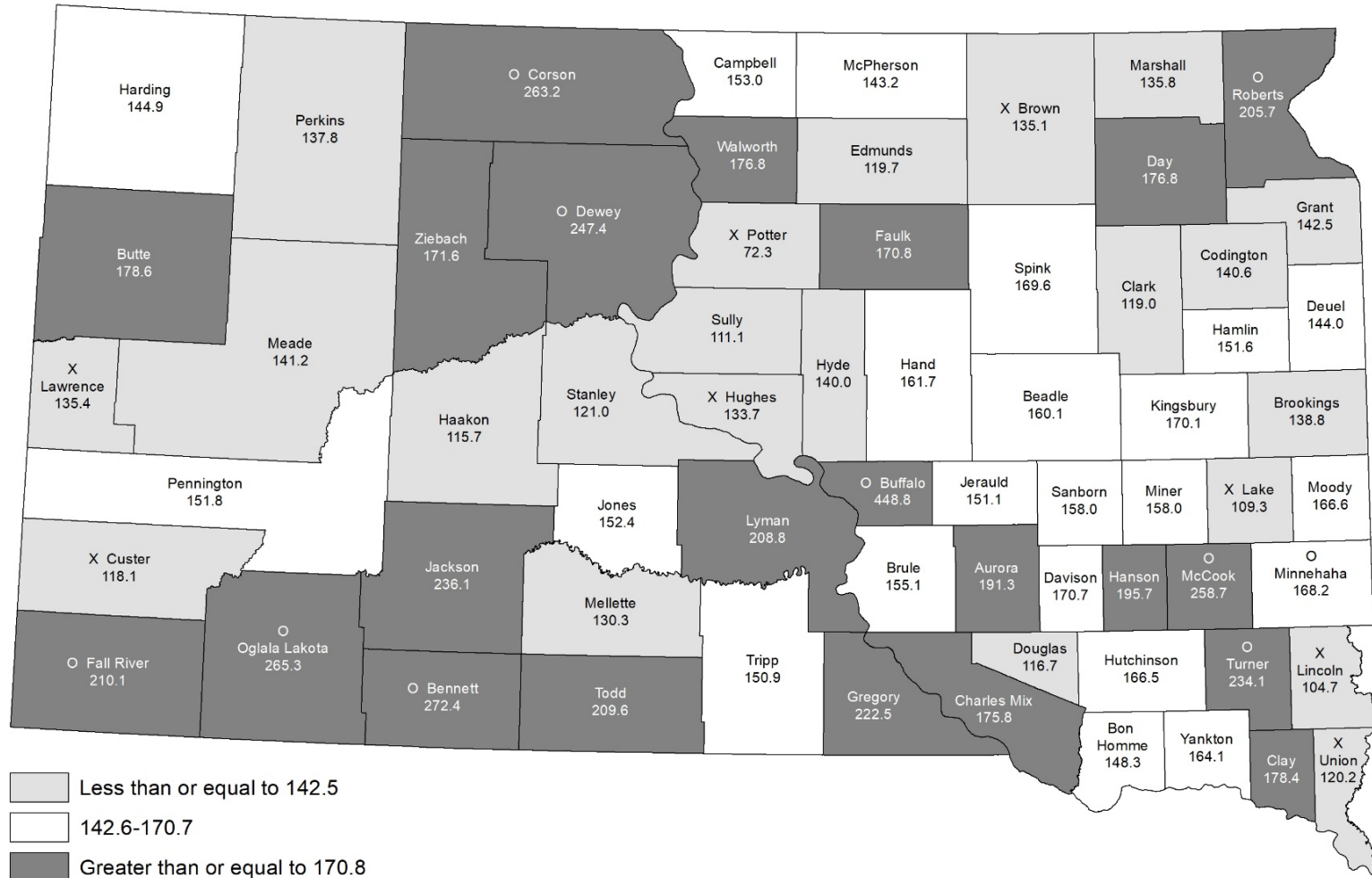


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 12

Death Rate Due to Heart Disease by County, 2018-2022

U.S. = 168.2* **South Dakota = 155.8**

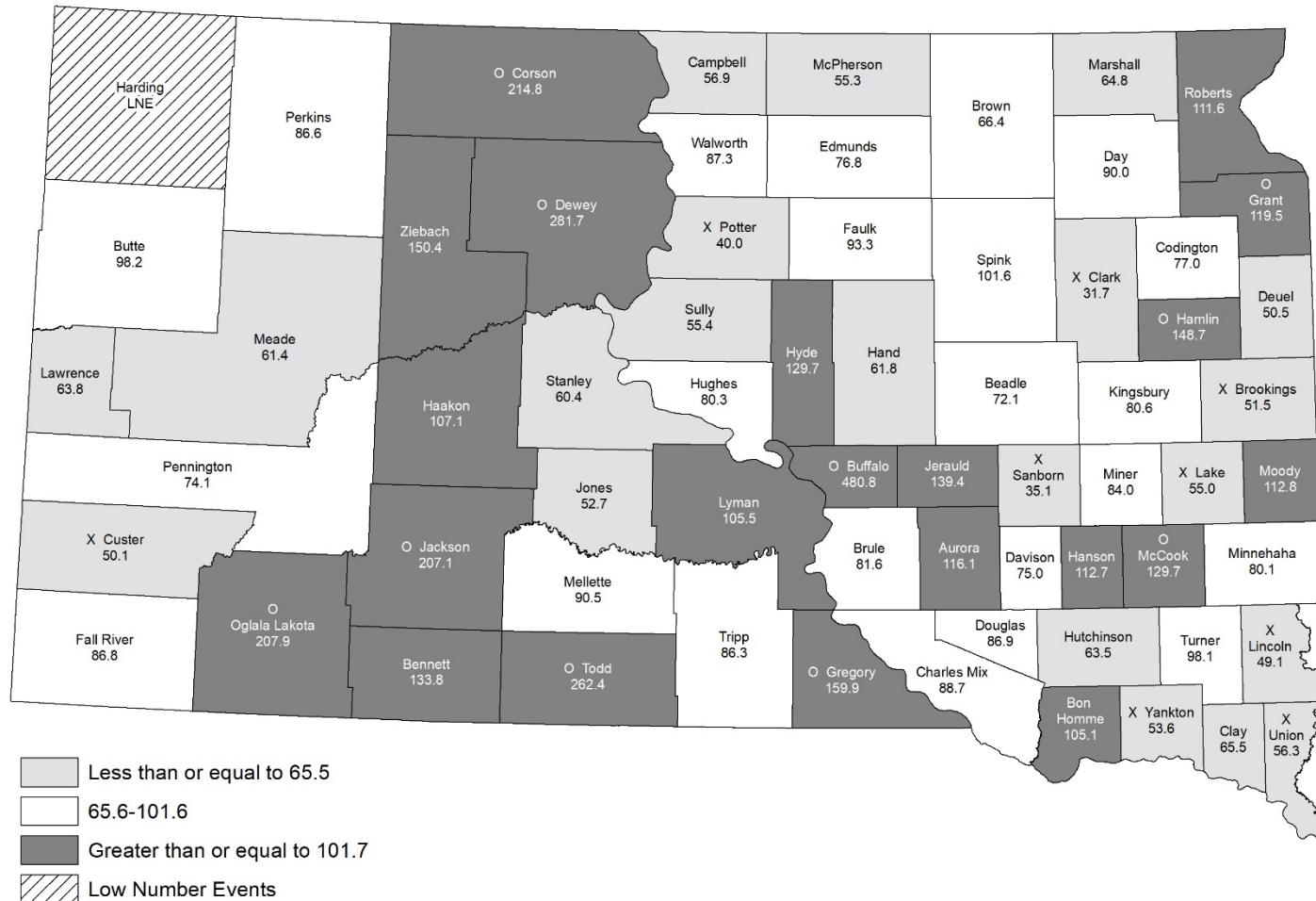


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 13

Death Rate Due to COVID-19 by County, 2020-2022

U.S. * South Dakota = 79.7



X Denotes that the county's rate is significantly lower than the state rate.
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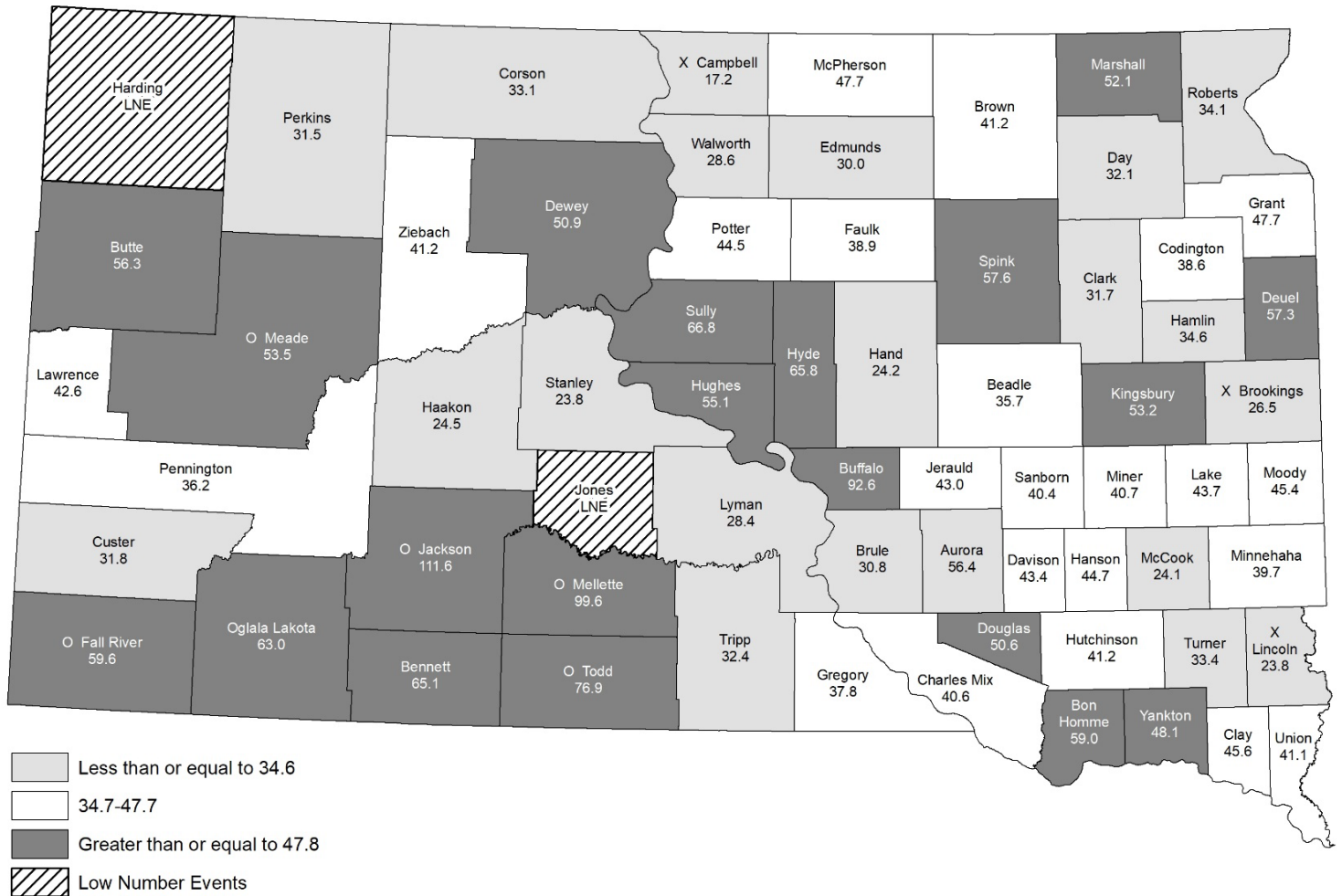
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Source: South Dakota Department of Health, Office of Health Statistics.

Map 14

Death Rate Due to Chronic Lower Respiratory Diseases by County, 2018-2022

U.S. = 36.4* **South Dakota = 40.3**

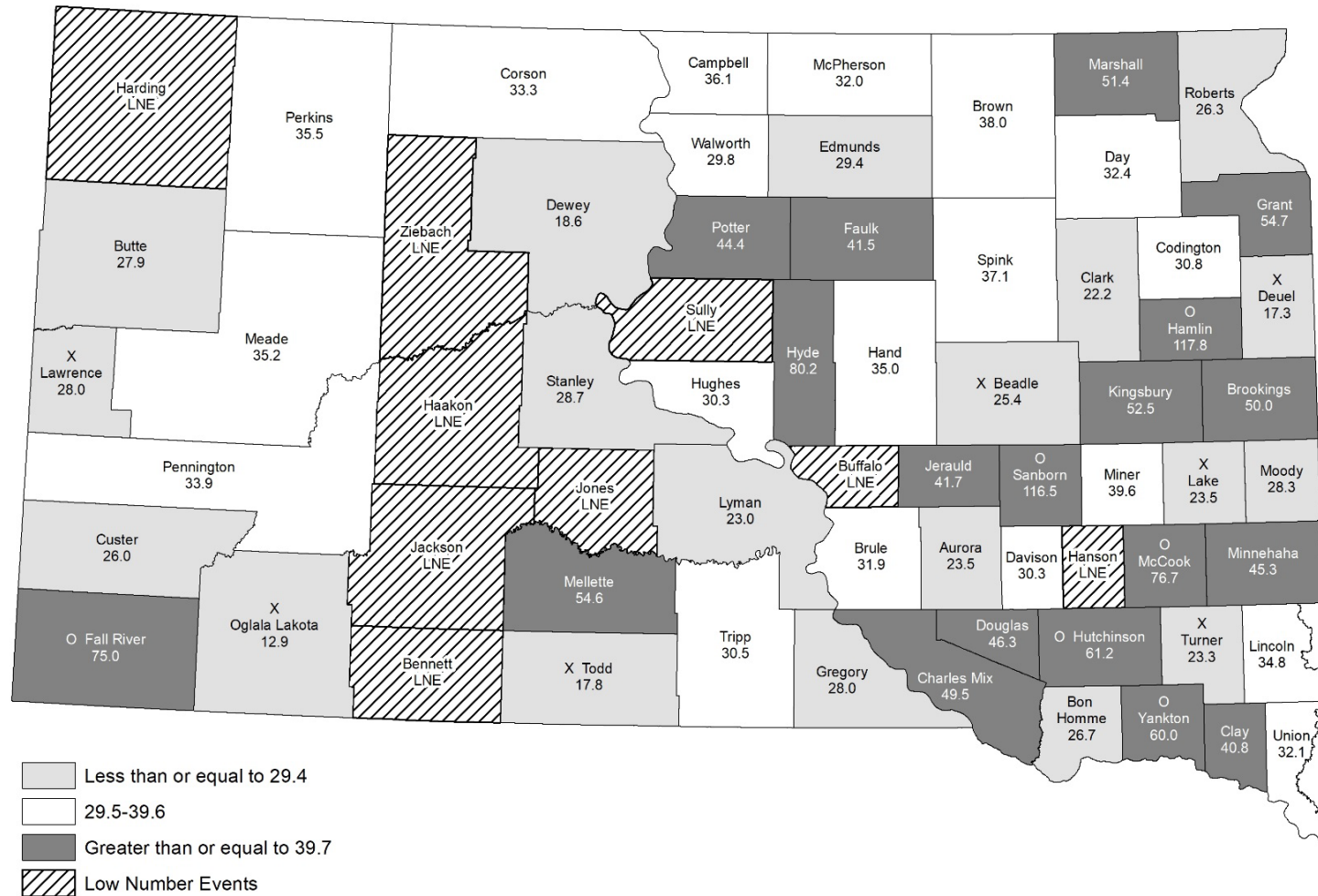


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 15

Death Rate Due to Alzheimer's Disease by County, 2018-2022

U.S. = 32.4* **South Dakota = 37.8**

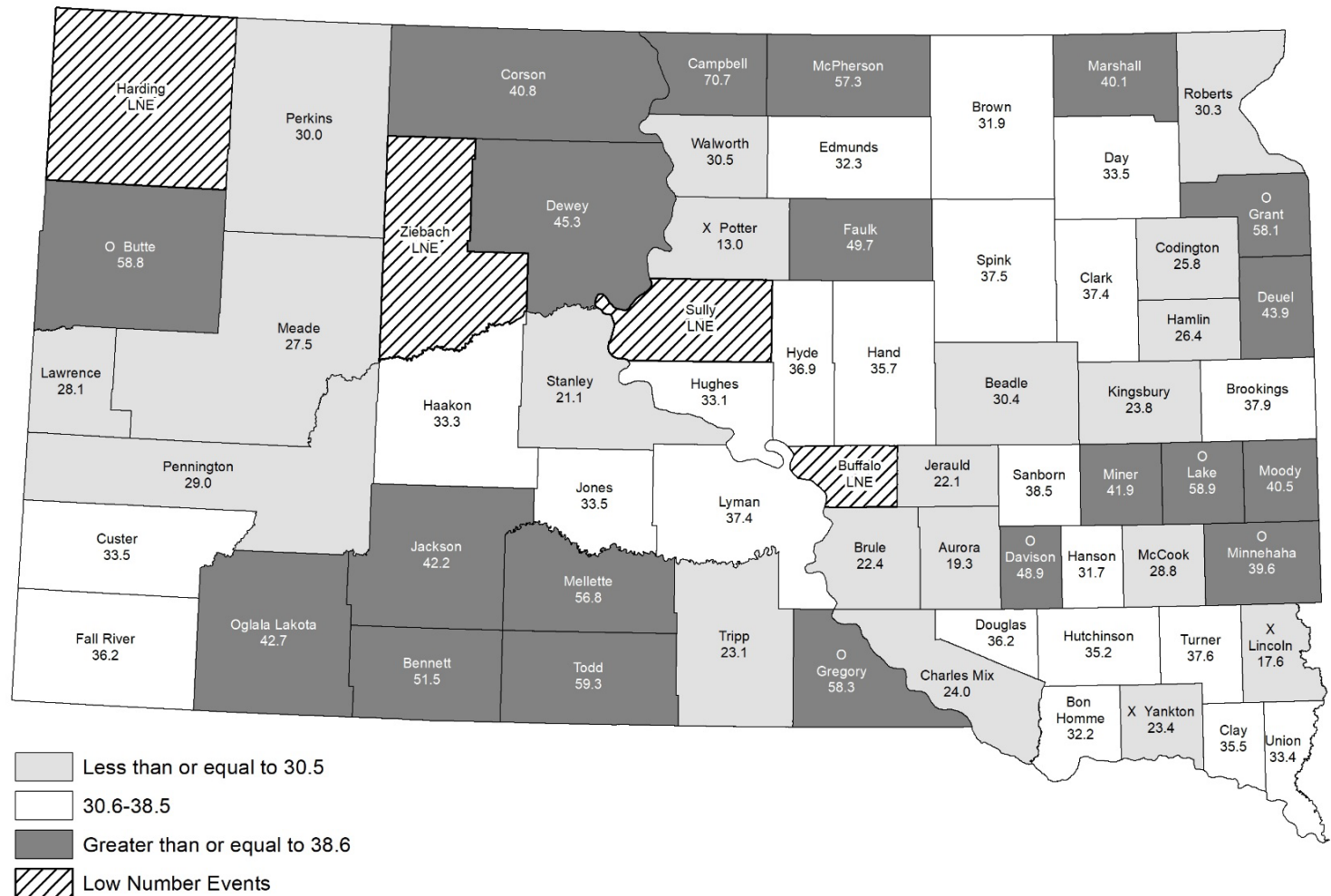


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 16

Death Rate Due to Stroke by County, 2018-2022

U.S. = 38.8***South Dakota = 33.9**



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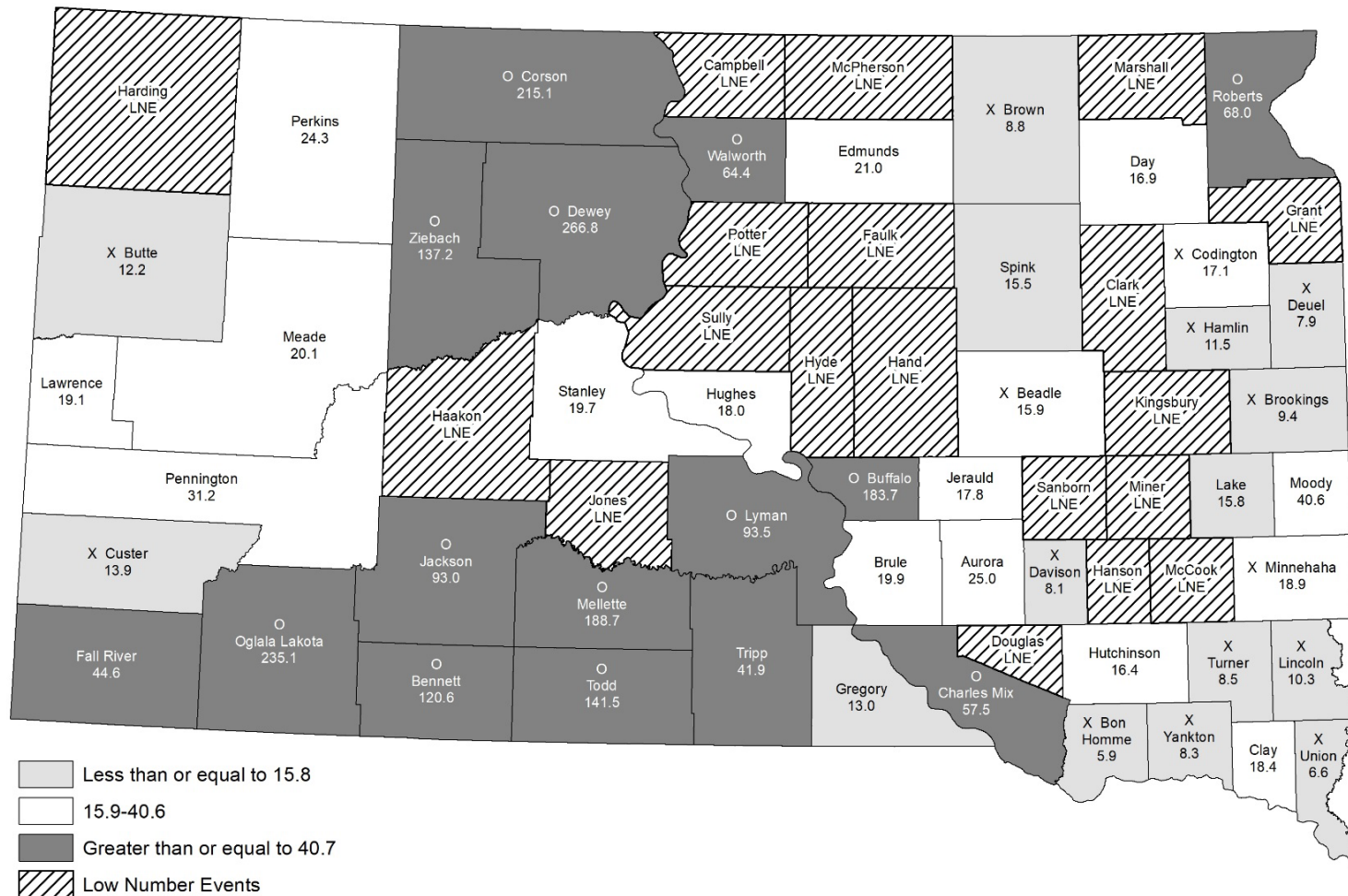
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Source: South Dakota Department of Health, Office of Health Statistics.

Map 17

Death Rate Due to Chronic Liver Disease and Cirrhosis by County, 2018-2022

U.S. = 13.3* **South Dakota = 26.2**

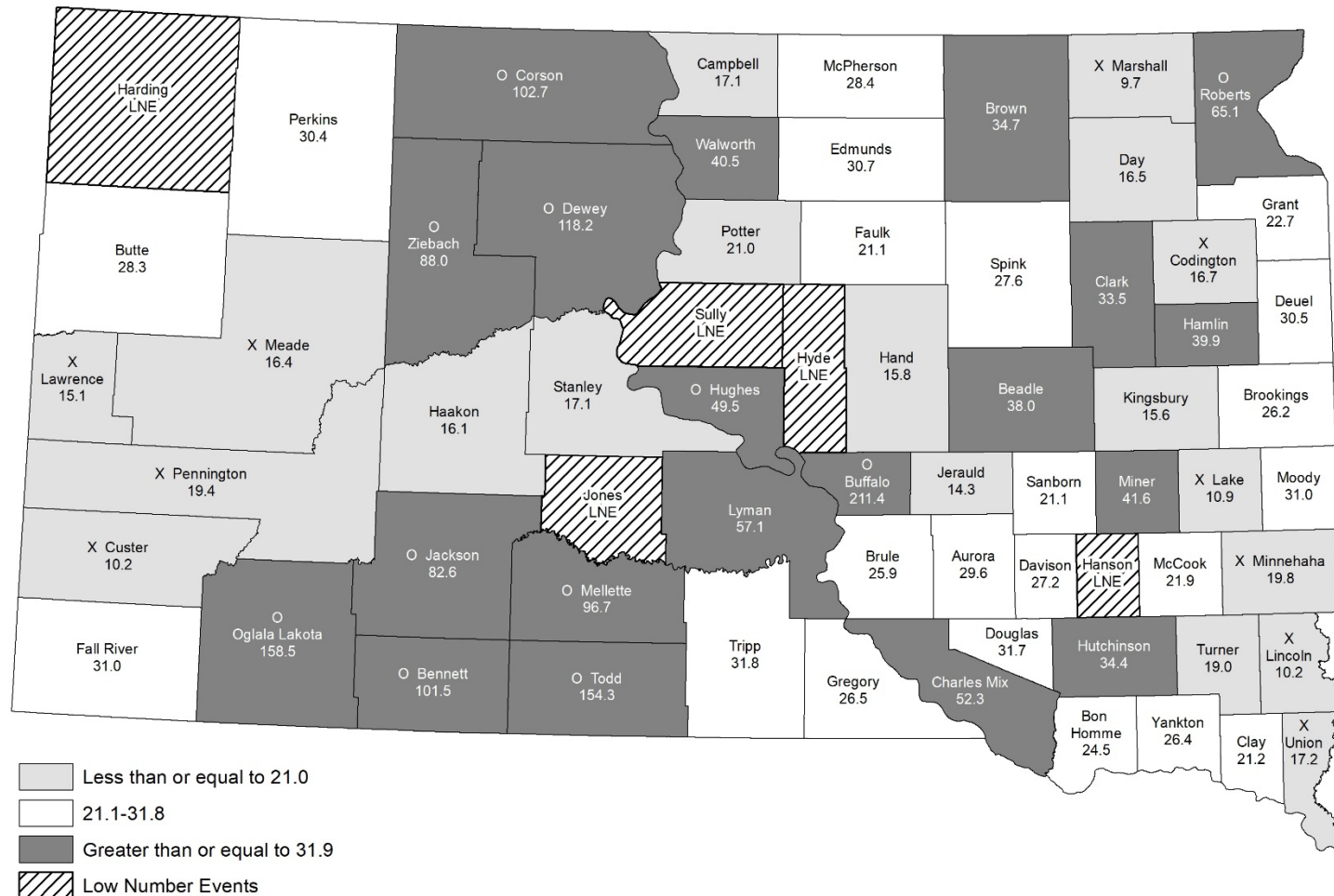


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 18

Death Rate Due to Diabetes by County, 2018-2022

U.S. = 24.8* **South Dakota = 27.5**

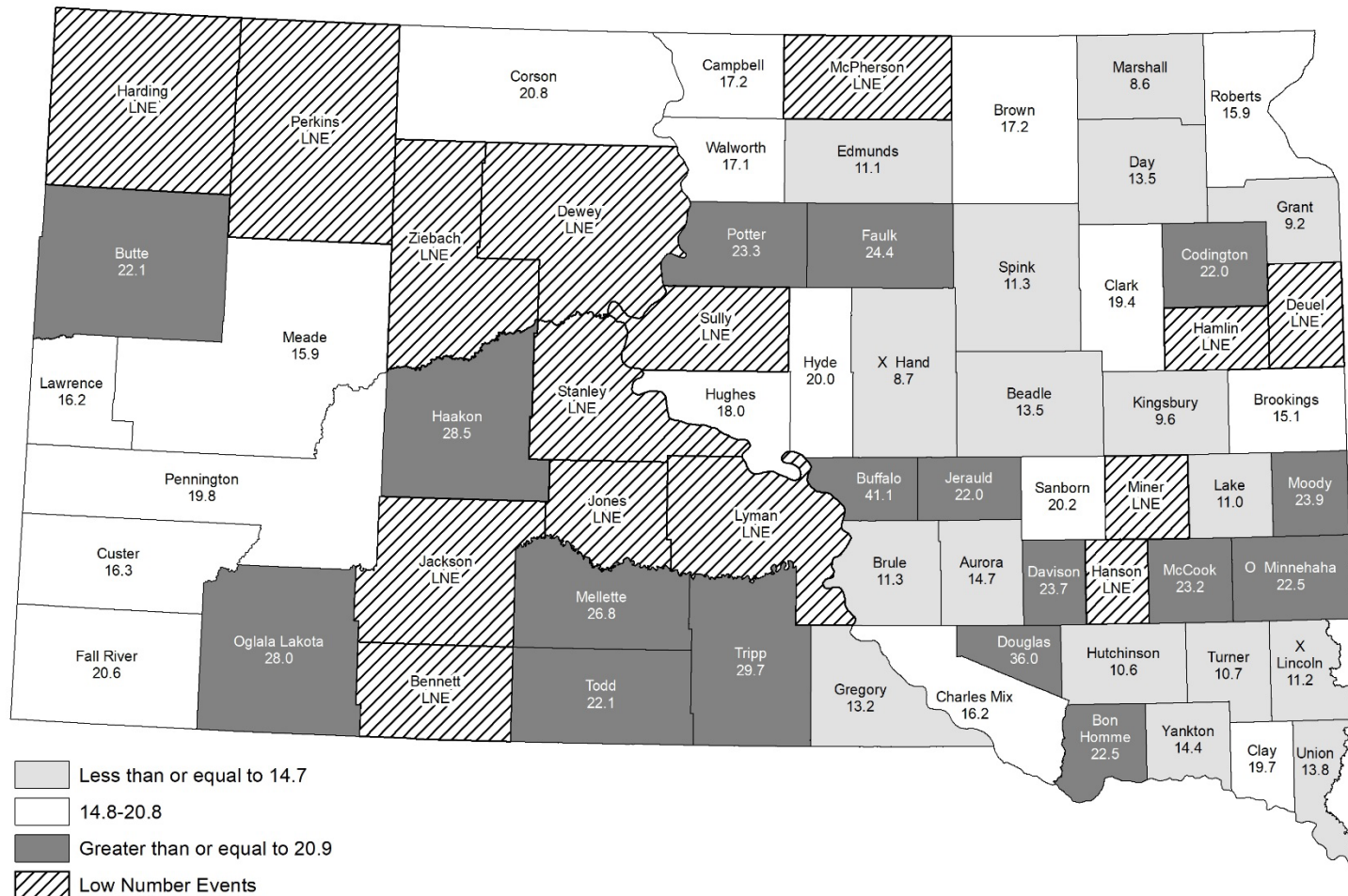


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 Source: South Dakota Department of Health, Office of Health Statistics.

Map 19

Death Rate Due to Accidental Falls by County, 2018-2022

U.S. = 10.3* **South Dakota = 17.6**



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 O Denotes that the county's rate is significantly higher than the state rate.

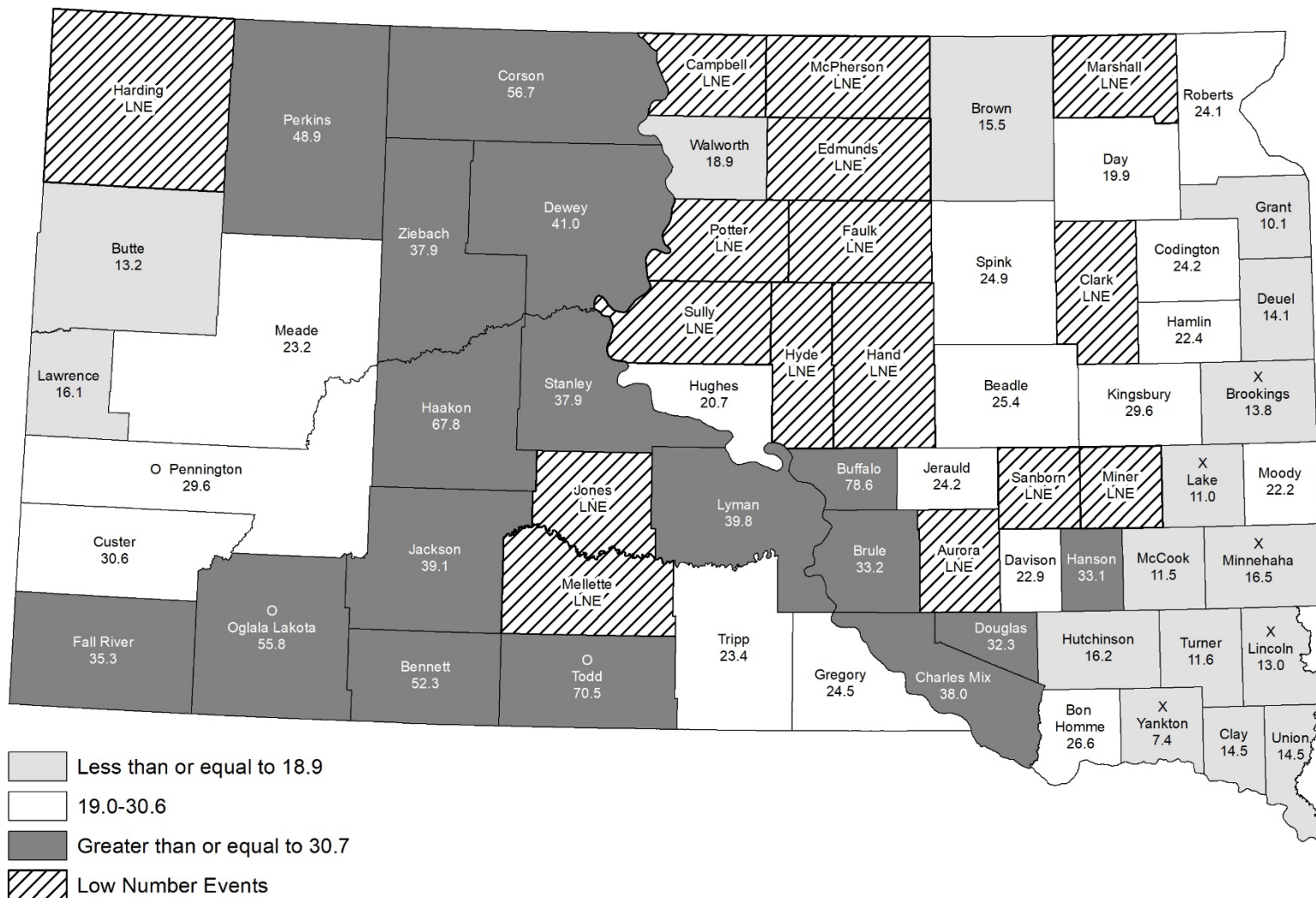
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Accidental Falls are defined as ICD-10 codes W00-W19. *The U.S. age-adjusted accidental fall death rate is from 2020. See technical notes for more complete explanations.

Source: South Dakota Department of Health, Office of Health Statistics.

Map 20

Death Rate Due to Suicide by County, 2018-2022

U.S. = 13.5* **South Dakota = 21.3**



X Denotes that the county's rate is significantly lower than the state rate.
 O Denotes that the county's rate is significantly higher than the state rate.

Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare.

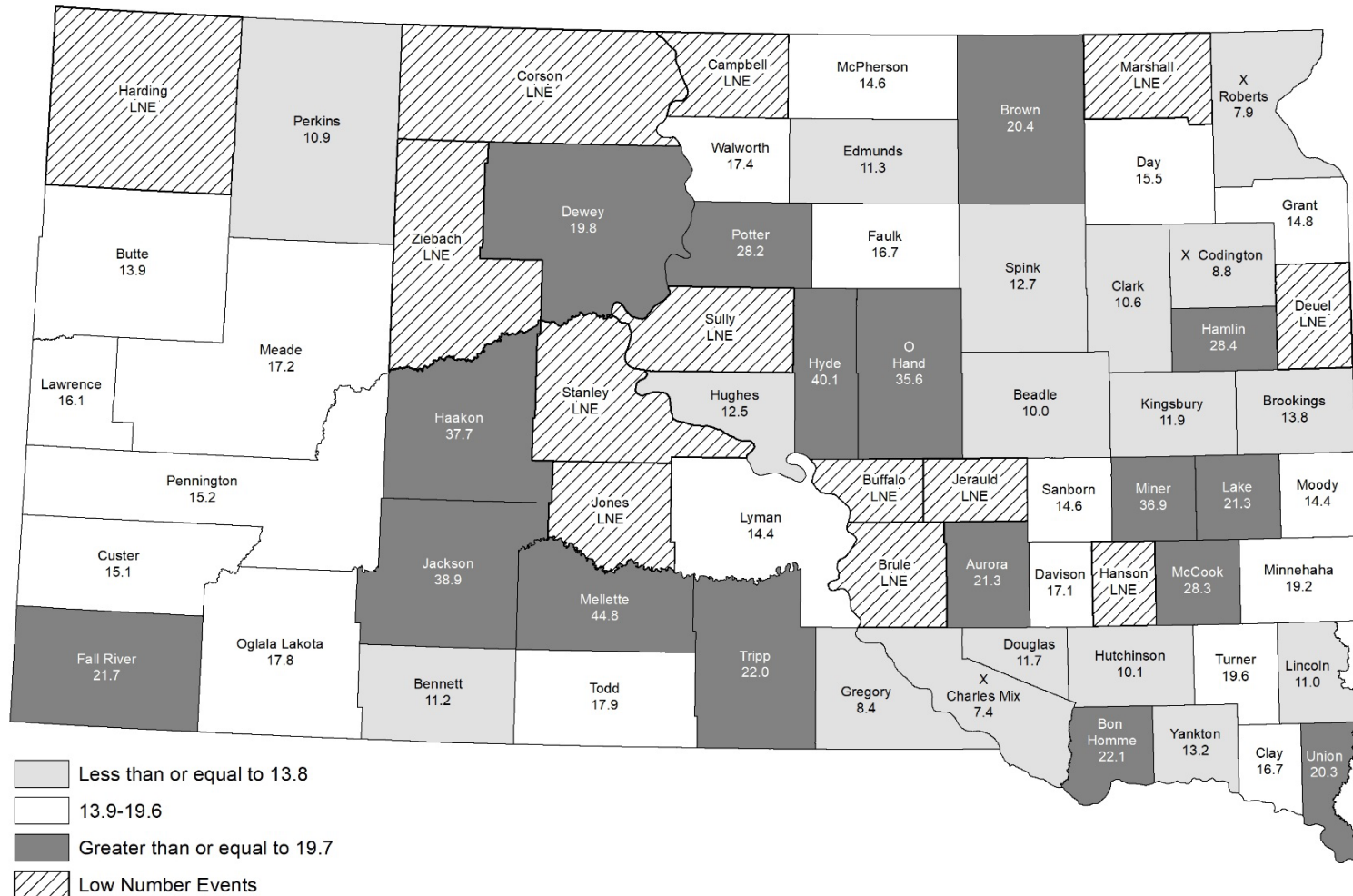
Suicide is defined as ICD-10 codes *U03,X60-X84,Y87.0. *The U.S. age-adjusted suicide death rate is from 2020. See technical notes for more complete explanations.

Source: South Dakota Department of Health, Office of Health Statistics.

Map 21

Death Rate Due to Dementia by County, 2018-2022

U.S. = 30.1* **South Dakota = 15.7**



X Denotes that the county's rate is significantly lower than the state rate.
 O Denotes that the county's rate is significantly higher than the state rate.

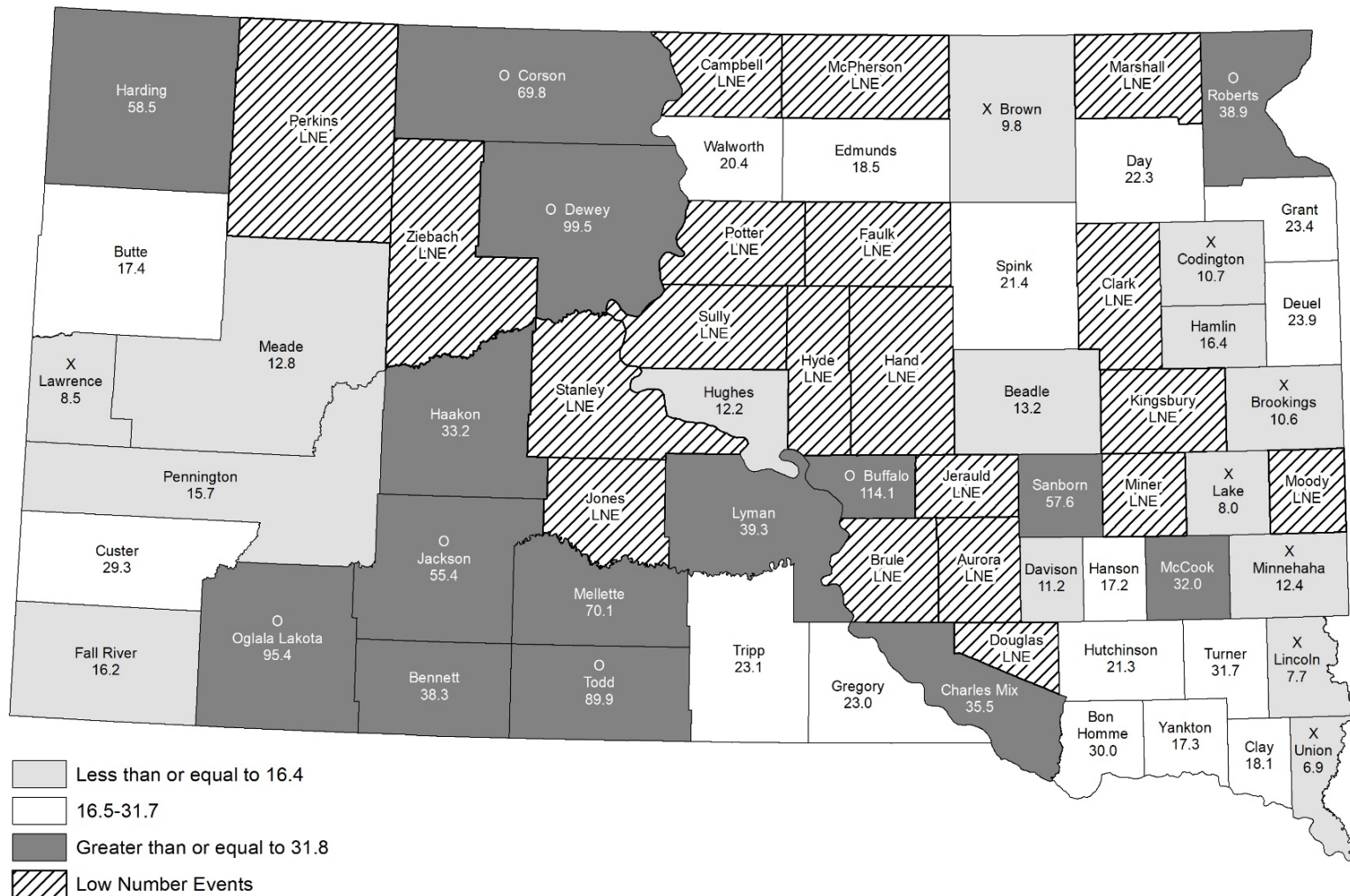
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Dementia is defined as ICD-10 codes F00-F03. *The U.S. age-adjusted dementia death rate is from 2020. See technical notes for more complete explanations.

Source: South Dakota Department of Health, Office of Health Statistics.

Map 22

Death Rate Due to Motor Vehicle Accidents by County, 2018-2022

U.S. = 12.5* **South Dakota = 17.3**

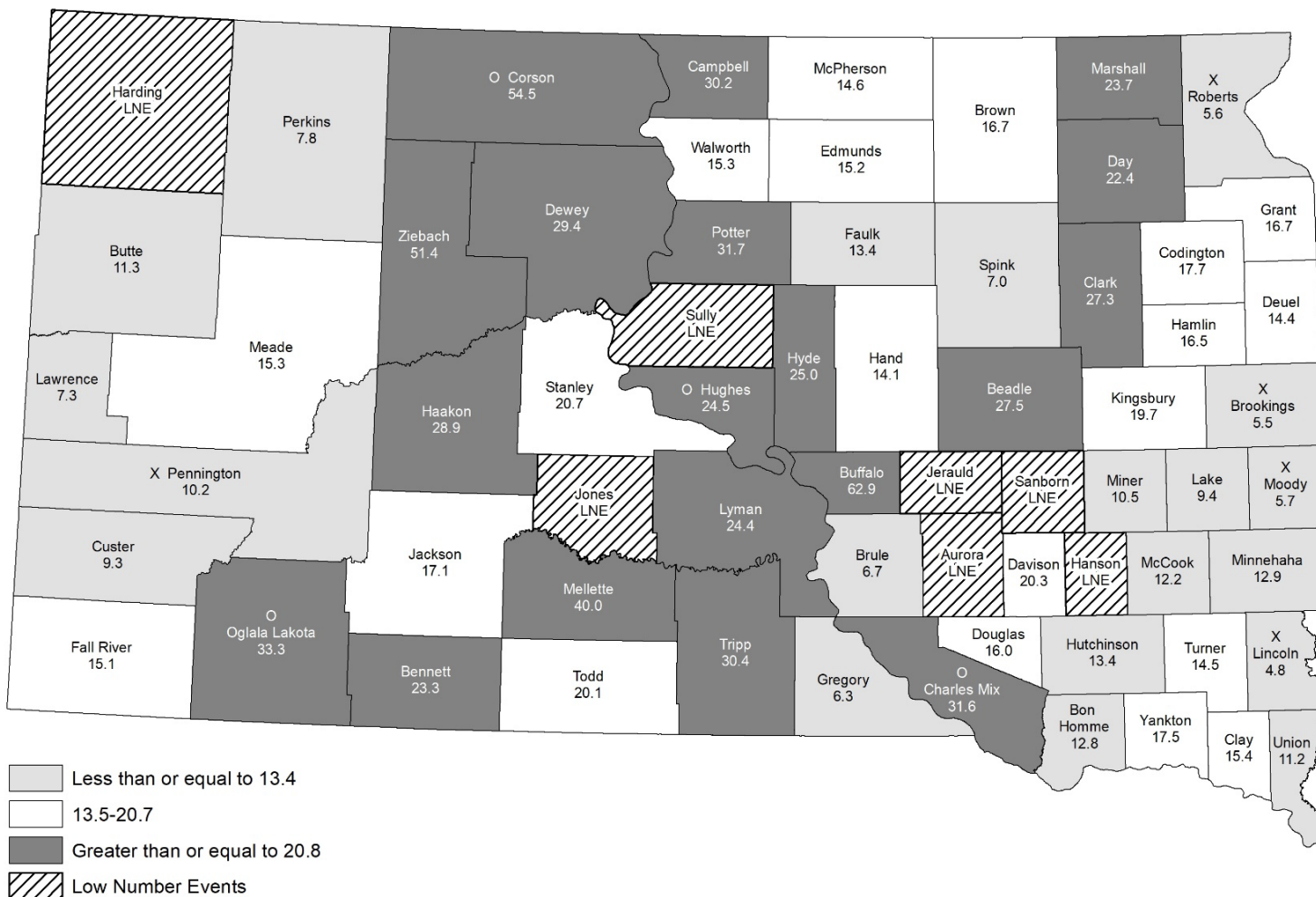


X Denotes that the county's rate is significantly lower than the state rate.
 O Denotes that the county's rate is significantly higher than the state rate.
 Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Motor Vehicle Accidents are defined as ICD-10 codes (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, and V89.2) *The U.S. age-adjusted Motor Vehicle Accident death rate is from 2020. See technical notes for more complete explanations.
 Source: South Dakota Department of Health, Office of Health Statistics.

Map 23

Death Rate Due to Influenza and Pneumonia by County, 2018-2022

U.S. = 13.0* **South Dakota = 14.4**



X Denotes that the county's rate is significantly lower than the state rate.

O Denotes that the county's rate is significantly higher than the state rate.

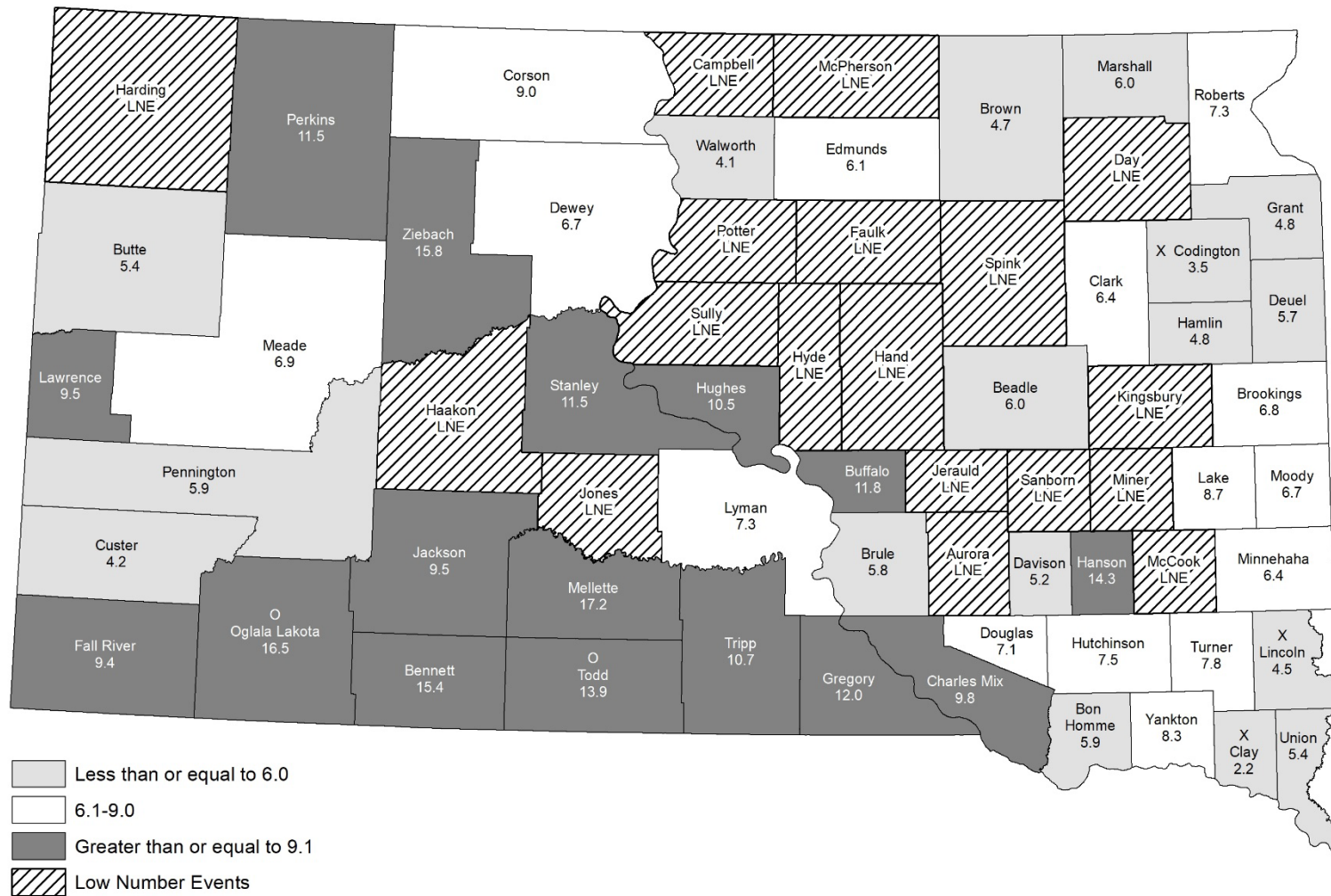
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Influenza and Pneumonia are defined as ICD-10 codes J09-J18. *The U.S. age-adjusted Influenza and Pneumonia death rate is from 2020. See technical notes for more complete explanations.

Source: South Dakota Department of Health, Office of Health Statistics.

Map 24

Infant Mortality Rate by County, 2018-2022

U.S. = 5.4* South Dakota = 6.7



X Denotes that the county's rate is significantly lower than the state rate.
 O Denotes that the county's rate is significantly higher than the state rate.
 Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. Infant mortality is calculated as the number of deaths to babies (less than 1 year old) per 1,000 live births. *The U.S. infant mortality rate is from 2021. See technical notes for more complete explanations. Source: South Dakota Department of Health, Office of Health Statistics.

Technical Notes

Technical Notes for Vital Statistics

A. SOURCES OF DATA

Vital Events

Birth, death, and marriage certificates, and reports of fetal deaths were the source documents for data on vital events of South Dakota during the 2022 calendar year. Divorce data were compiled from transcripts that were received from each county.

The cut-off date for 2022 data in this report was August 31, 2023. Any data pertaining to a 2022 event for which a certificate was filed after August 31, 2022 were not included in this report. Because the number of records received after that date is so small, in most instances, it is of little significance for the purpose of analysis.

Births, deaths, and fetal deaths relating to South Dakota residents that occurred in another state were included in this report. The inclusion of these data is made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Birth and fetal death records are the responsibility of the person in attendance; however, the records are usually completed by medical records personnel who are not necessarily present at the delivery. Death records are the responsibility of the funeral director. The medical certification of the cause of death is completed by a physician or coroner.

Marriage records are created by the Register of Deeds using information provided from each spouse and completed with information provided by the individual solemnizing the record. Divorce records are submitted via a transcript from the Clerk of Courts.

United States data were obtained from publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

Populations

The populations used to develop the South Dakota rates were based on the given year's estimate. For example, rates for 2022 were calculated using the 2022 vintage population estimate from the US Census Bureau. Each intercensal year's rates are based on the given year's vintage population estimate. The only years that did not use these estimates were 2000 and 2010 which used the actual census totals for each of the given years.

Rates

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age, and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

Reliability of Rates

All rates are subject to variation, and this variation is inversely related to the number of events used to calculate the rate. The smaller the number of events, the higher the variability. Rates based on a small number of events over a specified time period or for small populations vary considerably and should be viewed with caution. South Dakota contains many counties with sparse or small populations. Therefore, when calculating health status indicators for these sparsely populated counties, there will always be the possibility that the rate is just a chance variation. For instance, in a five-year period a county with a small population could have annual infant mortality rates of 0, 0, 0, 0, and 25. While rates for 4 of the years are 0, the

fifth year rate of 25, taken alone, is probably not a true indicator of the county's health status.

To attempt to minimize chance variation the report uses five-year averages. Thus, in the example above the infant mortality rate would have been approximately five for the five-year period, which is probably a more accurate depiction of the county's health status. Despite these precautions, using five-year averages for the most sparsely populated counties will still not reduce chance variation significantly for some of the indicators due to the small number of events.

The standard error (SE) of a rate is used in health statistics when studying or comparing rates. The SE defines a rate's variability and can be used to calculate a confidence interval (CI) to determine the actual variance of a rate 95 percent of the time. Rates for two different populations are considered to be significantly different when their confidence intervals do not overlap.

The standard error and confidence intervals are calculated in the following manner. For example, County A's low birth weight rate is 5.3 percent. This was based on 122 low birth weight births from 2018 through 2022. The square root of 122 is roughly 11.0. By dividing the rate of 5.3 by 11.0, the estimated SE of approximately 0.48 is the result. The estimated SE can then be used to compute a 95 percent CI for the rate. The standard formula for determining the 95 percent CI of a rate is:

$$\text{RATE} \pm (1.96 * \text{SE})$$

Following this formula produces an equation of $5.3 \pm (1.96 * 0.48)$ and the result is 5.3 ± 0.9 . From this the estimated 95 percent CI is from 4.4 to 6.2 percent. It could then be stated, with 95 percent certainty, that the actual low birth weight rate for County A is between 4.4 and 6.2 percent.

Therefore, County A's low birth weight rate would not be considered significantly different from the state rate. This is because the confidence intervals for County A (4.4-6.2) and the state (5.2-5.6) overlap.

Conversely, County B's low birth weight rate is considered significantly different from the state rate because their respective confidence intervals (5.8-6.9) and (5.2-5.6) do not overlap.

All national rates for the United States were taken from the publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

B. DATA LIMITATIONS

Quality

The quality of data presented in this report is directly related to the completeness and accuracy of the information contained on the certificates.

Medical Certification

Causes of death on death certificates are coded according to the tenth revision of the *International Classification of Disease (ICD-10)*. This classification as adopted by the World Health Organization in 1999 is used throughout the world for selecting the underlying cause of death and classifying the cause.

Starting in 2001, the National Center for Health Statistics introduced categories *U01-*U03 for classifying and coding deaths caused by acts of terrorism. Please note *U01 was added to intentional self-harm (suicide) and *U02-*U03 was added to assault (homicide).

Starting in 2020, U07 was introduced for classifying and coding deaths caused by COVID-19.

Race/Ethnicity

The race or ethnicity reported on the vital records reflects the opinion of the informant and does not follow any prescribed rules for the reporting of race or ethnicity.

Birth data were tabulated using the race or ethnicity of the mother. No attempt is made

to determine the race or ethnicity of the child from the race or ethnicity shown for the father and the mother.

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. Race data in this report are categorized in the following manner:

White, non-Hispanic
American Indian, non-Hispanic
Black, non-Hispanic
Asian, non-Hispanic
Pacific Islander, non-Hispanic
Hispanic
Multi-racial, non-Hispanic

If more than one of the first five races is reported, the race is categorized as "multi-racial, non-Hispanic". Due to space constraints and small numbers, some of these race categories are grouped into an "Other" category.

C. GEOGRAPHIC ALLOCATION

In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual state and county in which the birth or death took place. The second and more customary way is by place of residence, i.e., the state or county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn.

Fetal deaths and infant deaths, in cases where the child was never discharged from the hospital, are classified to the residence of the mother.

Occurrence statistics have administrative value and statistical significance, especially when calculating accident statistics. Residence statistics are useful in determining health indices for planning and evaluation purposes. The statistics provided in this report are residence data unless otherwise stated.

Allocation of vital events by place of residence is sometimes difficult, because classification depends entirely on the statement of the usual place of residence furnished by the informant at the time the original certificate is completed. For various reasons, this statement may be incorrect or incomplete. For example, mailing addresses very often differ from the actual geographic residence.

D. DEFINITIONS

Age-Adjusted Death Rate (Direct Method)

– Age-specific death rates for a selected population are applied to a standard population in order to calculate what rate would be expected if the selected population had the same age distribution as the standard. The total of expected deaths divided by the total of the standard population and multiplied by 100,000 yields the age-adjusted death rate per 100,000. (It is important to use the same standard population in the computation of each age-adjusted rate to achieve comparability. Age-adjusted death rates should never be compared with any other types of death rate or be used as absolute measurements of mortality.)

Age-Adjusted Death Rate – Absolute counts of deaths or crude death rates do not readily lend themselves to analysis and comparison between years and various geographic areas. For example, the older a population, the more people die. Statistically, South Dakota has a high percentage of elderly; therefore, if crude rates of death, based on population, in South Dakota were compared with those of the United States, it would appear that South Dakota had a high rate of mortality. The comparison would be misleading.

Consequently, a mortality rate which has been adjusted for age has been devised to allow more refined measurement with which to compare deaths over geographic areas or time periods. This is referred to as an age-adjusted death rate.

Age-Adjusted Years of Potential Life Lost (YPLL)

– Age-adjusted rates for years of

potential life lost (YPLL) before age 75 years use the year 2000 standard population and are based on eight age groups (< 1 year, 1-4, 5-14, and 10-year age groups through 65-74 years).

Age-Specific Birth Rate – Number of live births to women in a specific age group per 1,000 female population in that age group.

Age-Specific Death Rate – Number of deaths in a specific age group per 100,000 population in that age group.

Annulment – A judicial pronouncement declaring a marriage invalid.

Apgar Score – A standardized mechanism to assess the physical condition of newborns.

Birth Weight – The first weight of the fetus or newborn obtained after birth. This weight should be measured, preferably, within the first hour of delivery before significant postnatal weight loss has occurred. Low birth weight babies are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces).

Birth Weight in Grams – In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. – 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. – 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. – 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. – 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. – 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. – 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. – 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. – 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. – 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

Cause Specific Death Rate – The number of resident deaths due to a specific cause divided by the total resident population X 100,000.

Chi-Square Test

The Chi-Square test is the most commonly used method for comparing frequencies or proportions. It is a statistical test used to determine if observed data deviate from those expected under a particular hypothesis. The Chi-Square test is also referred to as a test of a measure of fit or “goodness of fit” between data. Typically, the hypothesis tested is whether or not two samples are different enough in a particular characteristic to be considered members of different populations. Chi-Square analysis belongs to the family of univariate analysis, i.e., those tests that evaluate the **possible** effect of one variable (often called the independent variable) upon an outcome (often called the dependent variable). As with all non-parametric tests (that do not require normal distribution curves), Chi-Square tests only evaluate a single variable, thus they do not take into account the interaction among more than one variable upon the outcome.

Crude Birth Rate – The number of resident live births divided by the total resident population X 1,000.

Crude Death Rate – The number of resident deaths divided by the total resident population X 100,000.

Divorce – The legal dissolution of a marriage.

Fetal Death – Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. South Dakota requires the reporting of any fetus of at least 20 weeks gestation. However, all fetal deaths reported to the South Dakota Department of Health are shown in this report regardless of gestational age.

Fetal Death Rate – The number of fetal deaths divided by the total number of live births and fetal deaths X 1,000.

Fertility Rate – The number of resident births divided by female population ages 15-44 X 1,000.

Gestation – Weeks of pregnancy as reported on the certificate of live birth. In this report, the obstetric estimate of gestation is used to determine the length of gestation rather than the date of the last normal menstrual cycle. The obstetric estimate of gestation is determined by the physician certifying the birth.

Infant Death – Death of a live born infant less than one year (365 days) of age. Infant deaths equal the sum of neonatal plus postneonatal deaths.

Infant Mortality Rate – The number of infant deaths divided by the total number of live births X 1,000.

Live Birth – The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Low Birth Weight – A birth weight under 2,500 grams or 5 pounds, 9 ounces.

Marriage – The legal union of two people.

Mean – The arithmetic average of a set of values or the sum of all the values divided by the number of values in the group.

Median – The value or number that divides a population into two equal halves. The value that falls exactly in the middle of the entire range of values ranked in order from low to high such that 50 percent of the values fall above it and 50 percent fall below it. If the number of values is even, a value halfway between the two values nearest the middle is used.

Mode – The most frequently occurring value in a distribution.

Neonatal Mortality Rate – (Neonatal Death = Death occurring to infants from birth through 27 days old). The number of neonatal deaths divided by the total number of live births X 1,000.

Neonatal Period – The period of infancy from the first through the 27th day of life.

Place of Occurrence and Residence – In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual county in which the event took place. The second, and more customary way, is by place of residence, i.e., the county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn. Births and deaths relating to South Dakota residents which occurred in another state are included in this report. The inclusions of these data are made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Postneonatal Mortality Rate – (Postneonatal Death = Death occurring to infants 28 days to 1 year of age). The number of postneonatal deaths divided by the total number of live births X 1,000.

Postneonatal Period – The period of infancy from 28 days to less than one year old.

Significance – Most of the health status indicators in South Dakota's counties are not significantly different from the state's averages. This means that although a county's calculated rate may be higher or lower than the state average, the small number of events in the county makes the rate vary considerably from year to year. For example, if in 2021, County A had 100 babies born and none died, the infant mortality rate would be 0.0. But if in 2022, County A had another 100 babies born and one died, the infant mortality rate would be 10.0.

When there is a small number of events and the probability of such an event is small, a mathematical formula is used to calculate

whether or not the difference in rates is statistically significant or due more to chance.

Years of Potential Life Lost before Age 75 (YPLL) – Based only on deaths before the age of 75. For example, if someone dies at 35 years of age, that is calculated as 40 years of potential life lost. Conversely, if someone dies at 75 years or older, that is calculated as zero years of potential life lost.

E. DEFINITIONS OF MEDICAL TERMS – The following definitions are for maternal and infant items reported on the South Dakota Certificate of Live Birth. The definitions below are based on those developed for the 2003 revision of the U.S. Standard Certificate of Live Birth. These definitions are similar to, but not the same as those developed for the 1989 revision of the U.S. Standard Certificate of Live Birth.

RISK FACTORS IN THIS PREGNANCY:

Diabetes – Glucose intolerance requiring treatment.

Hypertension, Pregnancy-Associated – Diagnosis in this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

Hypertension, Chronic – Diagnosis prior to the onset of this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

OBSTETRIC PROCEDURES AND CHARACTERISTICS OF LABOR AND DELIVERY:

Induction of Labor – Initiation of uterine contractions by medical or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

Tocolysis – Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy.

Meconium, moderate/heavy – Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid.

Breech/Malpresentation – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Precipitous Labor – Labor lasting less than 3 hours.

CONGENITAL ANOMALIES:

Anencephaly – Partial or complete absence of the brain and skull.

Meningocele/Spina Bifida – Meningocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.

Omphalocele/Gastroschisis – Omphalocele is a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. Gastroschisis is an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.

Cleft Lip/Palate – Cleft lip is incomplete closure of the lip. It may be unilateral, bilateral, or median. Cleft palate is incomplete fusion of the palatal shelves. It may be limited to the soft palate, or it may extend into the hard palate.

Down Syndrome – The most common chromosomal defect (trisomy 21).

F. MORTALITY CODING

Codes for alcohol-induced deaths -

Causes of death attributable to alcohol-induced mortality include ICD–10 codes: E24.4, Alcohol-induced pseudo-Cushing’s syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K85.2, Alcohol-induced acute pancreatitis; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use.

Codes for farm accident deaths -

Causes of death attributable to farm accident mortality include ICD–10 code: W30, Contact with agricultural machinery; or if the decedent was doing agricultural work at the time of the injury; or if the location of the injury was on a farm. Farm accidents exclude suicides and homicides.

Codes for firearm deaths -

Causes of death attributable to firearm mortality include ICD–10 codes *U01.4, Terrorism involving firearms (homicide); W32–W34, Accidental discharge of firearms; X72–X74, Intentional self-harm (suicide) by discharge of firearms; X93–X95, Assault (homicide) by discharge of firearms; Y22–Y24, Discharge of firearms, undetermined intent; and Y35.0, Legal intervention involving firearm discharge. Deaths from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

Codes for drug overdose deaths -

Category	ICD-10 Codes ¹	
	Underlying Cause	Contributing Cause
All Drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40 T41 T42 T43 T44 T45 T46 T47 T48 T49 T50
Illicit drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.1 T40.5 T40.7 T40.8 T40.9 T43.6
Pharmaceutical poisoning²	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40.2 T40.3 T40.4 T41 T42 T43.0 T43.1 T43.2. T43.3 T43.4 T43.5 T43.8 T43.9 T44 T45 T46 T47 T48 T49 T50.0 T50.1 T50.2 T50.3 T50.4 T50.5 T50.6 T50.7 T50.8
Prescription opioid poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.2 T40.3 T40.4
Illicit opioid poisoning (opium and heroin)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1
All opioid poisoning (illicit and prescription)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1 T40.2 T40.3 T40.4

¹ For ICD-10, the death must have an underlying cause code from among those shown. Contributing cause codes can then indicate the specific type of drug involved, but they do not specify intent.

² “Pharmaceutical” is used as opposed to “prescription” drugs because a small number of codes include both prescription and over-the-counter drugs.

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Xu JQ, Murphy SL, Kochanek KD, and Arias E. Deaths: Final data for 2019. National Vital Statistics Reports; vol 70 no 08. Hyattsville, MD: National Center for Health Statistics. 2021.

