SOUTH DAKOTA DEPARTMENT OF HEALTH

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2024 Vital Statistics Report: A Comparison of Leading Health Indicators

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Preface

2024 South Dakota Vital Statistics Report: A Comparison of Leading Health Indicators was prepared by the South Dakota Department of Health.

This report contains leading health indicators for vital statistics. The report is divided into eight main sections: Overview, Natality, Infant Mortality, Fetal Mortality, Mortality, Marriage and Divorce, and Infectious Disease. 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.

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
Phone: (605) 773-3361
Internet: http://doh.sd.gov/a-z-reports/

For specific information or questions on Infectious Disease contact:

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

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OVERVIEW

RESIDENT LIVE BIRTHS

Number of live births	11,434
Rate per 1,000 population	12.4

INFANT DEATHS

Number of infant deaths	84
Rate per 1,000 live births	7.3

FETAL DEATHS

Number of fetal deaths	60
Rate per 1,000 live births + fetal deaths	5.2

RESIDENT DEATHS

Number of resident deaths	8,724
Rate per 100,000 population	943.5

MARRIAGES

Number of marriages	5,702
Rate per 1,000 population	6.2

DIVORCES

Number of divorces	2,113
Rate per 1,000 population	2.3j

This report contains selected health statistics that the Department of Health, other government agencies, and the public widely use. This information has proven useful in determining trends in health status, planning health care services and 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, Fetal Mortality, Mortality, and Marriage and Divorce. 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.

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, 2024

NATALITY

Oldest Father:	63	Oldest Mother:	58
Youngest Father:	14	Youngest Mother:	13
Smallest Live Birth:	0 lb. 13 oz.		
Largest Live Birth:	11 lbs. 9 oz.		

Most Popular Names for Infants

Boy's Names	Number	Girl's Names	Number
1. Oliver	49	1. Amelia	44
2. Henry	48	2. Lainey	42
3. Liam	46	3. Charlotte	39
4. Theodore	39	4. Emma	34
5. Asher	37	5. Harper	33
6. Brooks	36	6. Evelyn	32
7. Noah	34	Olivia	32
William	34	8. Eleanor	31
9. Hudson	33	Nora	31
10. Elijah	30	10. Aurora	29
Jack	30	Ella	29

MORTALITY

Oldest Male Decedent:	109	Oldest Female Decedent:	108

DIVORCE

Longest Duration of a Marriage Ending in a Divorce: 64 Years

HISTORICAL COMPARISON OF THE MOST POPULAR NAMES FOR SOUTH DAKOTA INFANTS

Table 2
Top Ten Boy's Names, 2024

	1994	2004	2014	2024
Oliver	0	4	48	49
Henry	0	1	48	48
Liam	1	8	54	46
Theodore	6	1	9	39
Asher	0	1	28	37
Brooks	0	1	9	36
Noah	6	46	48	34
William	27	36	44	34
Hudson	0	4	45	33
Elijah	5	26	40	30
Jack	5	33	34	30

Table 3
Top Ten Girl's Names, 2024

	1994	2004	2014	2024
Amelia	1	4	30	44
Lainey	0	1	8	42
Charlotte	4	2	20	39
Emma	9	75	47	34
Harper	0	1	56	33
Evelyn	0	7	34	32
Olivia	9	56	57	32
Eleanor	0	2	13	31
Nora	1	2	34	31
Aurora	3	6	5	29
Ella	1	42	37	29

Table 4
Top Ten Boy's Names, 1994

	1994	2004	2014	2024
Austin	131	33	21	5
Tyler	125	53	18	5
Matthew	108	49	20	15
Zachary	107	42	11	6
Michael	97	46	33	22
Jacob	96	74	45	12
Cody	92	22	7	6
Joshua	84	37	19	11
Andrew	76	50	23	9
Brandon	76	20	11	3

Table 5
Top Ten Girl's Names, 1994

	1994	2004	2014	2024
Ashley	85	12	6	3
Megan	84	29	4	2
Samantha	79	37	9	6
Jessica	79	14	7	2
Taylor	71	34	14	4
Elizabeth	56	41	30	9
Emily	56	67	22	7
Kelsey	54	1	2	2
Shelby	51	9	6	0
Morgan	49	36	18	2

Figure 1

Birth, Death, Marriage, and Divorce Rates for South Dakota, 1906-2024

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

NATALITY

OVERVIEW 2024

Total Resident Live Births	11,434
Crude Birth Rate per 1,000 Population	12.4
Median Live Birth Weight (Grams)	3,340
Low Weight Births (Less than 2,500 grams)	835
Percent Low Birth Weight	7.3%
Median Age of Mother	29
No Prenatal Care	2.4%

There were 11,434 births to South Dakota residents in 2024, for a crude birth rate of 12.4 per 1,000 South Dakota resident population. This is an increase over the lowest birth rate ever in 2023 which was 12.2.

Resident births increased 2.4 percent from 2023 when there were 11,170 births. In 2024, 49.9 percent of the babies born were male and 50.1 percent were female.

The low birth weight percentage increased from 7.2 percent in 2023 to 7.3 percent in 2024. **This is the highest rate since 1968.**

Table 6, below, displays the live births and crude birth rates for the United States and South Dakota for the past 16 years. South Dakota's birth rate remains above the national average even though the last five years have been the lowest ever.

Table 6
Resident Live Births and Crude Birth Rates, South Dakota and United States, 2009-2024

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2024	NA*	NA*	11,434	12.4
2023	3,596,017	10.7	11,170	12.2
2022	3,667,758	11.0	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

Note: * 2024 U.S. data are not available at the time of publication.
Crude birth rates are per 1,000 population.
Sources: National Center for Health Statistics and 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, 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
- American Indian
- Black
- Hispanic
- American Indian & White

The remaining categories (Asian, Pacific Islander, Middle Easterner, North African, Multi-Racial) 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 2015. In 2024, the percent of births for White and American Indian/White decreased, while the percent increased for American Indian, Hispanic, and Black.

Table 7
South Dakota Resident Live Births by Mother's Race/Ethnicity, 2015-2024

Births		White		American Indian		Hispanic		Black		American Indian & White	
Year	Num	Num	%	Num	%	Num	%	Num	%	Num	%
2024	11,434	8,070	70.7	1,404	12.3	974	8.5	367	3.2	217	1.9
2023	11,170	7,961	71.5	1,359	12.2	842	7.6	344	3.1	245	2.2
2022	11,193	7,988	71.6	1,463	13.1	726	6.5	359	3.2	247	2.2
2021	11,304	8,049	71.4	1,514	13.4	691	6.1	383	3.4	283	2.5
2020	10,951	7,712	70.7	1,499	13.7	662	6.1	383	3.5	276	2.5
2019	11,448	8,141	71.3	1,607	14.1	641	5.6	414	3.6	268	2.3
2018	11,890	8,474	71.5	1,644	13.9	659	5.6	410	3.5	303	2.6
2017	12,128	8,610	71.1	1,806	14.9	624	5.2	398	3.3	292	2.4
2016	12,270	8,827	72.1	1,782	14.6	634	5.2	360	2.9	251	2.0
2015	12,323	8,821	71.9	1,921	15.7	559	4.6	266	2.2	267	2.2

Note: 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

MARITAL STATUS

In 2024, 35.3 percent of infants were born to single mothers, as shown in Table 8 on the next page. When looking at the data by race, American Indian women have consistently had the highest percentage of births out of wedlock with 86.9 percent in 2024.

Table 8
South Dakota Resident Births Out of Wedlock by Year of Birth and Race/Ethnicity, 2015-2024

	All Races		White		American Indian		Hispanic		Black		American Indian & White	
Year	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2024	4,035	35.3	1,800	22.3	1,218	86.9	559	57.4	161	43.9	139	64.1
2023	3,924	35.1	1,827	22.9	1,170	86.2	479	56.9	131	38.1	157	64.1
2022	4,010	35.8	1,859	23.3	1,278	87.1	397	54.7	136	37.9	159	64.4
2021	4,065	36.0	1,867	23.2	1,327	87.6	395	57.2	154	40.2	187	66.1
2020	3,947	36.1	1,772	23.0	1,318	87.5	375	56.6	146	38.0	186	67.4
2019	4,145	36.2	1,954	24.0	1,371	85.2	355	55.4	148	35.7	176	65.7
2018	4,287	36.1	2,008	23.7	1,400	85.0	357	54.3	158	38.5	220	72.6
2017	4,506	37.2	2,155	25.0	1,523	84.2	327	52.5	172	43.2	195	66.8
2016	4,519	36.8	2,505	25.0	1,513	84.9	349	55.1	156	43.3	156	62.2
2015	4,571	37.1	2,213	25.1	1,606	83.5	322	57.6	105	39.5	173	64.8

Note: 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

BIRTH WEIGHT

Table 9 compares low birth weight babies by race of mother. In 2024, 543 (6.7%) low birth weight babies were born to white women. For American Indian women, there were 125 (8.9%) low birth weight babies. For Hispanic women, there were 65 (6.7%) low birth weight babies, and for Black women, there were 50 (13.6%) low birth weight babies. From 2023 to 2024, there was an increase in low birth weight babies for all races except Hispanic. **The 7.3 percent overall is the highest since 1968.**

Table 9
South Dakota Resident Low Birth Weight Births by Race of Mother, 2015-2024

Year	Mother's Race/Ethnicity					
	Total	White	American Indian	Hispanic	Black	American Indian & White
2024	7.3%	6.7%	8.9%	6.7%	13.6%	6.9%
2023	7.2%	6.6%	8.0%	7.2%	11.6%	6.5%
2022	7.1%	6.3%	9.7%	8.4%	7.8%	7.3%
2021	7.1%	6.6%	8.5%	5.9%	10.7%	12.4%
2020	6.9%	6.5%	8.0%	6.2%	7.6%	9.1%
2019	7.0%	6.6%	7.7%	6.6%	11.4%	6.7%
2018	6.7%	6.1%	7.5%	7.6%	8.3%	8.3%
2017	6.9%	6.7%	7.9%	5.6%	10.5%	6.8%
2016	6.8%	6.2%	8.0%	6.0%	10.3%	6.8%
2015	6.2%	5.7%	7.3%	5.5%	6.0%	8.6%

Note: 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 10 displays resident births by year of birth and weeks of gestation. In 2024 the percentage of births at 40 or more weeks of gestation increased for the first time in several years. The percent that were less than 37 weeks decreased from 12.4 percent in 2023 to 11.2 percent in 2024.

Table 10
South Dakota Resident Births by Year of Birth and Weeks of Gestation, 2015-2024

Year	Total		<35		35-36		37-39		40+		Unknown	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2024	11,434	100	475	4.2	805	7.1	7,891	69.1	2,244	19.7	18	-
2023	11,170	100	474	4.2	920	8.2	7,799	69.9	1,965	17.6	12	-
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	-

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

TOBACCO USE

Table 11 displays the percentage of mothers who smoked cigarettes for each of the past 10 years. In 2024, 7.6 percent stated they smoked cigarettes three months prior to pregnancy, and 5.3 percent smoked cigarettes anytime during their pregnancy, **which is the lowest this has ever been.**

Table 11
South Dakota Resident Live Births by Cigarette Smoking Status, 2015-2024

Year	Mother's Cigarette Smoking Status				
	Three Months Prior to Pregnancy	First Trimester	Second Trimester	Third Trimester	Anytime During Pregnancy
2024	7.6%	5.0%	3.8%	3.5%	5.3%
2023	9.1%	6.1%	4.7%	4.2%	6.4%
2022	10.7%	7.2%	5.5%	5.0%	8.3%
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%

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

Table 12, on the next page, displays the percentage of mothers who smoked cigarettes before pregnancy by their cigarette smoking status during pregnancy since 2015. In 2024, the percentage who quit before becoming pregnant was the highest in the last ten years at 34.6 percent.

Table 12
South Dakota Resident Births to Mothers Who Smoked Cigarettes Prior to Pregnancy by Cigarette Smoking Status During Pregnancy, 2015-2024

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
2024	34.6%	14.7%	6.3%	41.4%	3.0%
2023	32.8%	15.3%	6.9%	43.0%	2.1%
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%

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

MOTHER'S AGE AND RACE

Table 13 shows that women aged 25 to 29 accounted for the largest percentage of South Dakota resident births in 2024 at 32.2 percent. The median age at birth for White was 29, American Indian was 26, Hispanic was 27, Black was 30, and American Indian/White was 28.

Table 13
South Dakota Resident Live Births by Mother's Age and Race, 2024

Age of Mother	Total		Race of Mother									
			White		American Indian		Hispanic		Black		American Indian & White	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Less than 18	140	1.2	45	0.6	58	4.1	24	2.5	4	1.1	6	2.8
18-19 Years	337	2.9	146	1.8	119	8.5	45	4.6	8	2.2	6	2.8
20-24 Years	2,030	17.8	1,172	14.5	423	30.1	249	25.6	72	19.6	44	20.3
25-29 Years	3,684	32.2	2,754	34.1	346	24.6	308	31.6	85	23.2	76	35.0
30-34 Years	3,429	30.0	2,632	32.6	299	21.3	219	22.5	100	27.2	55	25.3
35-39 Years	1,505	13.2	1,108	13.7	135	9.6	104	10.7	69	18.8	24	11.1
40 & over	309	2.7	213	2.6	24	1.7	25	2.6	29	7.9	6	2.8
Total	**11,434**	**100**	**8,070**	**100**	**1,404**	**100**	**974**	**100**	**367**	**100**	**217**	**100**

Note: Failure of the 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 14, on the next page, displays the mother's age for births in the past 10 years. Overall, the percentage of births is highest in women 25-29 years old. **In 2024, the number of births to women 17 years or younger (140) was the lowest since before 1963.** Prior to that year, the number of births to women 17 years or younger was not published in the annual report for comparison. As recently as 2009 there were 313 births in this age category for comparison.

Table 14
South Dakota Resident Live Births by Mother's Age and Year of Birth, 2015-2024

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	%
2024	11,434	100	140	1.2	337	2.9	2,030	17.8	3,684	32.2	3,429	30.0	1,505	13.2	309	2.7
2023	11,170	100	145	1.3	369	3.3	2,022	18.1	3,610	32.3	3,350	30.0	1,389	12.4	285	2.6
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

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 2 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 2024, 21.2 percent of mothers were on WIC during their pregnancy.

Figure 2
South Dakota Resident Live Births by WIC Status, 2015-2024

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

Figure 3, on the following page, displays the percentage of mothers breastfeeding at the time of hospital discharge. The percentage of women who were breastfeeding at the time of discharge increased from 77.7 percent in 2023 to 78.3 percent in 2024.

Figure 3
South Dakota Resident Live Births by Breastfeeding Status at Time of Discharge, 2015-2024

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

Table 15 displays South Dakota resident teen births (15 to 17 years old) by race from 2015 to 2024. In 2024, the teen birth rate was 7.0-**the lowest it's been since before 1963**. Prior to that year, the number of teen births was not published in the annual report for comparison. When looking at race, the white teen birth rate was 3.1 compared to a teen birth rate of 24.6 for American Indians and 16.7 for Hispanics in 2024.

Table 15
South Dakota Resident Teen Births and Rates by Year and Mother's Race/Ethnicity, 2015-2024

Year	Total		White		American Indian		Hispanic		Black	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2024	132	7.0	42	3.1	55	24.6	22	16.7	4	7.6
2023	137	7.2	37	2.7	63	27.4	26	20.8	5	9.3
2022	140	7.7	50	3.8	57	25.6	21	18.3	1	2.0
2021	154	8.6	41	3.2	66	27.2	23	21.8	7	14.2
2020	147	8.6	37	3.0	61	26.6	27	26.7	3	7.0
2019	143	8.6	39	3.2	67	30.5	23	24.7	4	10.3
2018	162	9.9	37	3.1	86	40.2	18	21.3	7	19.3
2017	147	9.1	41	3.4	80	37.3	13	16.6	1	3.1
2016	200	12.5	60	5.0	93	44.6	23	29.7	4	13.5
2015	153	9.5	44	3.7	76	36.0	18	23.4	2	7.3

Note: Rates are per 1,000 female population ages 15-17.
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

PRENATAL CARE

Table 16 shows the number of South Dakota resident live births by when the mother started prenatal care in 2024. Just under three-fourths (74.5%) of mothers started care in the first trimester – 83.4 percent of white mothers, 41.3 percent of American Indian mothers, 55.3 percent of Black mothers, and 59.9 percent of Hispanic mothers. Overall, 2.4 percent of mothers failed to obtain prenatal care at all. This is down slightly from 2.5 percent in 2023, which was the highest recorded since collecting data in the current manner (2006).

When looking at race, the percentage of White mothers who had no prenatal care was 0.8 percent while American Indian mothers who had no prenatal care was 9.8 percent.

Table 16
South Dakota Resident Live Births by Trimester Prenatal Care Began and Mother's Race/Ethnicity, 2024

Trimester Prenatal Care Began	Total		Race/Ethnicity of Mother									
			White		American Indian		Hispanic		Black		American Indian & White	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
First	8,456	74.5	6,700	83.4	568	41.3	581	59.9	202	55.3	138	64.8
Second	2,002	17.6	1,073	13.4	449	32.7	256	26.4	89	24.4	41	19.2
Third	624	5.5	197	2.5	223	16.2	106	10.9	46	12.6	26	12.2
None	274	2.4	66	0.8	134	9.8	27	2.8	28	7.7	8	3.8
Unknown	78	-	34	-	30	-	4	-	2	-	4	-
Total	**11,434**	**100**	**8,070**	**100**	**1,404**	**100**	**974**	**100**	**367**	**100**	**217**	**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 17 shows the number of mothers who began prenatal care by trimester for the past 10 years. Prenatal care in the first trimester has remained steady over the past 10 years.

Table 17
South Dakota Resident Live Births by Trimester Prenatal Care Began, 2015-2024

Year	Total		First		Second		Third		No Prenatal Care		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2024	11,434	100	8,456	74.5	2,002	17.6	624	5.5	274	2.4	78	-
2023	11,170	100	8,396	75.7	1,848	16.7	570	5.1	280	2.5	76	-
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	-

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

HOME BIRTHS

Figure 4 displays the number of intended home births for South Dakota residents in the past 10 years. In 2024 South Dakota saw the largest number of intended home births since this started being tracked in 2006.

Figure 4
South Dakota Resident Intended Home Births, 2015-2024

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

METHODS OF DELIVERY

Table 18 displays the method of delivery for the past five years. C-section rates have remained steady over the past five years, but 2024 did show the highest at 24.8 percent.

Table 18
South Dakota Resident Births by Method of Delivery and Year of Birth, 2020-2024

	2020		2021		2022		2023		2024	
	Num	%	Num	%	Num	%	Num	%	Num	%
Vaginal (Total)	**8,252**	**75.4**	**8,527**	**75.4**	**8,513**	**76.1**	**8,449**	**75.6**	**8,603**	**75.2**
Vaginal with no previous C-section	7,939	72.5	8,189	72.4	8,173	73.0	8,086	72.4	8,217	71.9
Vaginal after previous C-section	308	2.8	334	3.0	329	2.9	345	3.1	364	3.2
Vaginal (unknown previous types)	5	0.1	4	0.0	11	0.1	18	0.2	22	0.2
C-Section (Total)	**2,698**	**24.6**	**2,777**	**24.6**	**2,679**	**23.9**	**2,721**	**24.4**	**2,830**	**24.8**
Primary C-section	1,524	13.9	1,622	14.3	1,627	14.5	1,571	14.1	1,685	14.7
Repeat C-section	1,174	10.7	1,154	10.2	1,051	9.4	1,147	10.3	1,140	10.0
C-section (unknown previous types)	0	0.0	1	0.0	1	0.0	3	0.0	5	0.0

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

INFANT MORTALITY

OVERVIEW 2024

Infant Deaths	
Number	84
Rate per 1,000 live births	7.3
Neonatal Deaths	
Number	51
Rate per 1,000 Live Births	4.5
Postneonatal Death	
Number	33
Rate per 1,000 Live Births	2.9

During 2024, there were 84 South Dakota resident infant deaths reported for an infant mortality rate of 7.3 per 1,000 live births. In comparison, there were 71 infant deaths in 2023, with an infant mortality rate of 6.4 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 for determining 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 time.

Table 19
Resident Infant Deaths and Infant Mortality Rates, South Dakota and United States, 2003-2024

Year	United States		South Dakota	
	Number	Mortality Rate	Number	Mortality Rate
2024	*NA	*NA	84	7.3
2023	20,162	5.6	71	6.4
2022	20,577	5.6	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

Note: * 2024 U.S. data are not available at time of publication. Infant Mortality rates are per 1,000 live births.
Sources: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Figure 5
Resident Infant Mortality Rates, South Dakota and United States, 2003-2024

Note: Rate Per 1,000 Live Births. U.S. 2024 data are not available at time of publication.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Figure 6 displays South Dakota's infant mortality rate grouped in five-year increments. The current five-year rate (7.03) is the highest in the past 11 years.

Figure 6
Resident Infant Mortality Rates for South Dakota, 2003-2024

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

Table 20 lists the overall leading causes of infant death in 2020-2024. The leading causes of infant death can be broken down as follows: congenital malformations, 22.8 percent, short gestation and low birth weight with 10.7 percent, and sudden infant death syndrome with 9.9 percent.

Table 20

South Dakota Resident Leading Causes of Infant Death, 2020-2024

	Total	2020	2021	2022	2023	2024
Total Deaths	**394**	**81**	**71**	**87**	**71**	**84**
1. Congenital malformations, deformations, & chromosomal abnormalities (Q00-Q99)	**90**	13	20	21	16	20
Congenital malformations of the heart (Q20-Q24)	19	3	3	6	1	6
Chromosomal abnormalities (Q90-Q99)	19	2	7	3	4	3
Edward's syndrome (Trisomy 18) (Q91.0-Q91.3)	12	1	5	2	4	0
Congenital malformations of the nervous system (Q00-Q07)	16	4	4	2	2	4
Anencephaly and similar malformations (Q00)	6	2	0	1	1	2
Congenital malformations of the genitourinary system (Q50-Q64)	10	0	1	4	2	3
Congenital malformations and deformations of the musculoskeletal system, limbs and integument (Q65-Q85)	10	0	3	3	2	2
Congenital diaphragmatic hernia (Q79.0)	7	0	2	2	2	1
2. Short gestation and low birth weight (P07)	**42**	**11**	**8**	**8**	**6**	**9**
3. Sudden infant death syndrome (SIDS) (R95)	**39**	**6**	**6**	**7**	**11**	**9**
4. Accidental suffocation and strangulation in bed (W75)	**32**	**8**	**6**	**6**	**3**	**9**
5. Undetermined cause of death (R96-R99)	**17**	**11**	**3**	**1**	**1**	**1**
6. Newborn affected by premature rupture of membranes (P01.1)	**11**	**1**	**2**	**5**	**0**	**3**
7. Hydrops fetalis not due to hemolytic disease (P83.2)	**7**	**3**	**0**	**2**	**1**	**1**
T8. Homicide (X85-Y09)	**6**	**1**	**1**	**3**	**1**	**0**
T8. Neonatal hemorrhage (P50-P52,P54)	**6**	0	0	1	2	**3**
T8. Bacterial sepsis of newborn (P36)	**6**	**1**	**1**	**1**	**2**	**1**
T8. Lung collapse (Full or partial) (P28.0-P28.1)	**6**	**0**	**2**	**1**	**1**	**2**
T8. Respiratory distress of newborn (P22)	**6**	**2**	**0**	**2**	**1**	**1**
All other causes	**126**	24	22	29	26	25

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

INFANT DEATHS AND UNSAFE SLEEP ENVIRONMENT

Table 21 shows the causes of death related to an unsafe sleep environment over the past five years. Out of the total 394 infant deaths, 17 percent had an unsafe sleep environment noted on the death certificate. Of the 32 infant deaths caused by accidental suffocation and strangulation in bed, 100 percent involved an unsafe sleep environment.

Table 21

South Dakota Resident Leading Causes of Infant Death by Sleep Environment, 2020-2024

Cause of Death	Total	Unsafe sleep environment noted on the death certificate
Total	394	71 (18%)
Accidental suffocation and strangulation in bed (W75)	32	32 (100%)
Sudden infant death syndrome (R95)	39	27 (69%)
Undetermined cause of death (R96-R99)	17	7 (41%)

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

INFANT MORTALITY BY RACE

All race/ethnicity data in this section are shown for White, American Indian, Hispanic, and Black. The remaining categories (Asian, Pacific Islander, and Multi-Racial) are included in the totals but are not shown specifically in any tables.

Table 22 indicates that from 2023 to 2024, the rate of South Dakota resident infant deaths increased for White and Hispanic infants while it decreased for American Indian and Black infants. Table 23 displays infant mortality grouped by five-year increments.

Table 22
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, 2015-2024

Year	Race of Infant								Total	
	White		American Indian		Hispanic		Black			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2024	47	5.8	18	12.8	9	9.2	2	5.4	84	7.3
2023	34	4.3	21	15.5	6	7.1	6	17.4	71	6.4
2022	47	5.9	30	20.5	5	6.9	2	5.6	87	7.8
2021	31	3.9	26	17.2	3	4.3	7	18.3	71	6.3
2020	43	5.6	22	14.7	5	7.6	4	10.4	81	7.4
2019	50	6.1	18	11.2	4	6.2	5	12.1	80	7.0
2018	44	5.2	14	8.5	4	6.1	2	4.9	70	5.9
2017	61	7.1	15	8.3	3	4.8	7	17.6	94	7.8
2016	33	3.7	21	11.8	1	1.6	3	8.3	59	4.8
2015	52	5.9	24	12.5	3	5.4	3	11.3	90	7.3

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 23
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2011-2024

Year	Race of Infant												Total	
	White		American Indian		Hispanic		Black		American Indian & White		Black & White			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2020-2024	202	5.1	117	16.2	28	7.2	21	11.4	5	3.9	8	21.9	394	7.0
2019-2023	205	5.1	117	15.7	23	6.5	24	12.7	4	3.0	7	20.1	390	7.0
2018-2022	215	5.3	110	14.2	21	6.2	20	10.3	5	3.6	7	23.0	389	6.9
2017-2021	229	5.6	95	11.8	19	5.8	25	12.6	8	5.6	7	24.4	396	6.9
2016-2020	231	5.5	90	10.8	17	5.3	21	10.7	8	5.8	7	26.0	384	6.5
2015-2019	240	5.6	92	10.5	15	4.8	20	10.8	9	6.5	5	19.2	393	6.5
2014-2018	226	5.2	97	10.8	15	4.9	18	10.4	12	8.8	5	19.8	386	6.3
2013-2017	228	5.2	105	11.4	13	4.4	20	12.5	12	9.3	5	20.7	396	6.5
2012-2016	220	5.0	114	12.3	19	6.6	16	10.9	10	8.0	8	36.2	406	6.6
2011-2015	229	5.2	117	12.5	18	6.5	16	11.9	13	10.7	8	40.2	422	6.9

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 24 indicates that the South Dakota resident neonatal mortality rate per 1,000 live births increased for Whites and Hispanics from 2023 to 2024. American Indians and Blacks decreased from 2023 to 2024. In Table 25 neonatal mortality is grouped in five-year increments.

Table 24
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, 2015-2024

Year	Race of Infant								Total	
	White		American Indian		Black		Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2024	32	4.0	11	7.8	1	2.7	5	5.1	51	4.5
2023	26	3.3	11	8.1	2	5.8	3	3.6	44	3.9
2022	28	3.5	18	12.3	2	5.6	2	2.8	50	4.5
2021	18	2.2	12	7.9	5	13.1	1	1.4	37	3.3
2020	23	3.0	10	6.6	4	10.4	3	4.5	43	3.9
2019	30	3.7	6	3.7	5	12.1	3	4.7	46	4.0
2018	24	2.8	7	4.3	1	2.4	3	4.6	36	3.0
2017	46	5.3	10	5.5	6	15.1	2	3.2	67	5.5
2016	22	2.5	8	4.5	0	0.0	0	0.0	31	2.5
2015	36	4.1	15	7.8	3	11.3	2	3.6	59	4.8

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 25
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2011-2024

Year	Race of Infant												Total	
	White		American Indian		Hispanic		Black		American Indian & White		Black & White			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Rate	Rate
2020-2024	127	3.2	62	8.6	14	3.6	14	7.6	1	0.8	2	5.5	225	4.0
2019-2023	125	3.1	57	7.7	12	3.4	18	9.6	0	0.0	2	5.7	220	3.9
2018-2022	123	3.0	53	6.9	12	3.6	17	8.7	1	0.7	2	6.6	212	3.7
2017-2021	141	3.4	45	5.6	12	3.7	21	10.6	2	1.4	3	10.5	229	4.0
2016-2020	145	3.5	41	4.9	11	3.4	16	8.1	2	1.4	4	14.9	223	3.8
2015-2019	158	3.7	46	5.3	10	3.2	15	8.1	2	1.4	3	11.5	239	4.0
2014-2018	153	3.5	48	5.4	11	3.6	11	6.4	5	3.6	3	11.9	235	3.9
2013-2017	160	3.6	50	5.4	9	3.1	14	8.8	5	3.9	3	12.4	247	4.0
2012-2016	153	3.5	54	5.8	13	4.5	9	6.1	5	4.0	5	22.6	249	4.1
2011-2015	160	3.6	56	6.0	13	4.7	11	8.2	7	5.7	5	25.1	264	4.3

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 26 shows that the American Indian postneonatal mortality rate has been consistently higher than the White rate for each year since 2015. Table 27 postneonatal mortality is grouped in five-year increments.

Table 26
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, 2015-2024

Year	Total							
	White		American Indian		Hispanic		Total	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2024	15	1.9	7	5.0	4	4.1	33	2.9
2023	8	1.0	10	7.4	3	3.6	27	2.4
2022	19	2.4	12	8.2	3	4.1	37	3.3
2021	13	1.6	14	9.2	2	2.9	34	3.0
2020	20	2.6	12	8.0	2	3.0	38	3.5
2019	20	2.5	12	7.5	1	1.6	34	3.0
2018	20	2.4	7	4.3	1	1.5	34	2.9
2017	15	1.7	5	2.8	1	1.6	27	2.2
2016	11	1.2	13	7.3	1	1.6	28	2.3
2015	16	1.8	9	4.7	1	1.8	31	2.5

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 27
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2011-2024

Year	Race of Infant												Total	
	White		American Indian		Hispanic		American Indian & White		Black		Black & White			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2020-2024	75	1.9	55	7.6	14	3.6	4	3.2	7	3.8	6	16.4	169	3.0
2019-2023	80	2.0	60	8.1	11	3.1	4	3.0	6	3.2	5	14.3	170	3.0
2018-2022	92	2.3	57	7.4	9	2.7	4	2.9	3	1.5	5	16.4	177	3.1
2017-2021	88	2.1	50	6.2	7	2.1	6	4.2	4	2.0	4	13.9	167	2.9
2016-2020	86	2.1	49	5.9	6	1.9	6	4.3	5	2.5	3	11.2	161	2.7
2015-2019	82	1.9	46	5.3	5	1.6	7	5.1	5	2.7	2	7.7	154	2.6
2014-2018	73	1.7	49	5.5	4	1.3	7	5.1	7	4.0	2	7.9	151	2.5
2013-2017	68	1.5	55	6.0	4	1.4	7	5.4	6	3.8	2	8.3	149	2.4
2012-2016	67	1.5	60	6.5	6	2.1	5	4.0	7	4.8	3	13.6	157	2.6
2011-2015	69	1.6	61	6.5	5	1.8	6	4.9	5	3.7	3	15.1	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 28 shows the leading causes of infant death from 2020 to 2024. The overall leading cause of infant death for South Dakota residents was congenital malformations, deformations, and chromosomal abnormalities, which accounted for 22.8 percent of all infant deaths in South Dakota from 2020 to 2024.

The second leading cause of death was short gestation and low birth weight with 10.7 percent.

Some of the highest racial rates for each cause are highlighted if there were at least three deaths.

Table 28

South Dakota Resident Infant Deaths by Cause of Death and Race, 2020-2024

	Total		Race							
			White		American Indian		Hispanic		Black	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Total Deaths	**394**	**7.0**	**202**	**5.1**	**117**	**16.2**	**28**	**7.2**	**21**	**11.4**
1. Congenital malformations, deformations, & chromosomal abnormalities (Q00-Q99)	**90**	**1.6**	**58**	**1.5**	**19**	**2.6**	**1**	**0.3**	**6**	**3.3**
Congenital malformations of the heart (Q20-Q24)	19	0.3	12	0.3	4	0.6	1	0.3	1	0.5
Chromosomal abnormalities (Q90-Q99)	19	0.3	11	0.3	3	0.4	0	0.0	3	1.6
Edward's syndrome (Trisomy 18) (Q91.0-Q91.3)	12	0.2	6	0.2	3	0.4	0	0.0	1	0.5
Congenital malformations of the nervous system (Q00-Q07)	16	0.3	13	0.3	3	0.4	0	0.0	0	0.0
Anencephaly and similar malformations (Q00)	6	0.1	5	0.1	1	0.1	0	0.0	0	0.0
Congenital malformations of the genitourinary system (Q50-Q64)	10	0.2	5	0.1	3	0.4	0	0.0	2	1.1
Congenital malformations and deformations of the musculoskeletal system, limbs, and integument (Q65-Q85)	10	0.2	7	0.2	3	0.4	0	0.0	0	0.0
Congenital diaphragmatic hernia (Q79.0)	7	0.1	4	0.1	3	0.4	0	0.0	0	0.0
2. Short gestation and low birth weight (P07)	**42**	**0.7**	**20**	**0.5**	**16**	**2.2**	**1**	**0.3**	**5**	**2.7**
3. Sudden infant death syndrome (SIDS) (R95)	**39**	**0.7**	**17**	**0.4**	**12**	**1.7**	**6**	**1.5**	**2**	**1.1**
4. Accidental suffocation and strangulation in bed (W75)	**32**	**0.6**	**13**	**0.3**	**9**	**1.2**	**3**	**0.8**	**3**	**1.6**
5. Undetermined cause of death (R96-R99)	**17**	**0.3**	**11**	**0.3**	**4**	**0.6**	**1**	**0.3**	**1**	**0.5**
6. Newborn affected by premature rupture of membranes (P01.1)	**11**	**0.2**	**5**	**0.1**	**5**	**0.7**	**1**	**0.3**	**0**	**0.0**
7. Hydrops fetalis not due to hemolytic disease (P83.2)	**7**	**0.1**	**6**	**0.2**	**0**	**0.0**	**1**	**0.3**	**0**	**0.0**
T8. Homicide (X85-Y09)	**6**	**0.1**	**3**	**0.1**	**2**	**0.3**	**0**	**0.0**	**0**	**0.0**
T8. Neonatal hemorrhage (P50-P52,P54)	**6**	**0.1**	**2**	**0.1**	**3**	**0.4**	**0**	**0.0**	**1**	**0.5**
T8. Bacterial sepsis of newborn (P36)	**6**	**0.1**	**3**	**0.1**	**0**	**0.0**	**2**	**0.5**	**0**	**0.0**
T8. Collapsed lung (Full or partial) (P28.0-P28.1)	**6**	**0.1**	**2**	**0.1**	**3**	**0.4**	**0**	**0.0**	**0**	**0.0**
T8. Respiratory distress of newborn (P22)	**6**	**0.1**	**5**	**0.1**	**1**	**0.1**	**0**	**0.0**	**0**	**0.0**
All Other Causes	**126**	**2.2**	**57**	**1.4**	**43**	**5.9**	**12**	**3.1**	**3**	**1.6**

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

FETAL MORTALITY

OVERVIEW 2024

Fetal Deaths

Number	60
Rate per 1,000 live births + fetal deaths	5.2

During 2024, there were 60 South Dakota resident fetal deaths reported for a fetal mortality rate of 5.2 per 1,000 live births. In comparison, there were 75 fetal deaths in 2023, with a fetal mortality rate of 6.7 per 1,000 live births. Please see the Technical Notes section at the end of this report to define fetal death.

Caution should be used when comparing these annual rates because the number of South Dakota resident births creates a relatively small denominator for determining fetal mortality rates; a small change in the number of fetal deaths can result in a relatively large rate change. Fetal mortality rates should be monitored over time.

Table 29
Resident Fetal Deaths and Fetal Mortality Rates,
South Dakota and United States, 2006-2024

Year	United States		South Dakota	
	Number	Mortality Rate	Number	Mortality Rate
2024	*NA	*NA	60	5.2
2023	20,005	5.5	75	6.7
2022	20,202	5.5	52	4.6
2021	21,105	5.7	72	6.3
2020	20,854	5.7	66	6.0
2019	21,478	5.7	66	5.7
2018	22,459	5.9	51	4.3
2017	22,827	5.9	68	5.6
2016	23,880	6.0	84	6.8
2015	23,776	5.9	76	6.1
2014	23,980	6.0	77	6.2
2013	23,595	6.0	60	4.9
2012	24,073	6.1	72	5.9
2011	24,289	6.1	71	6.0
2010	25,258	6.0	73	6.2
2009	24,872	6.0	62	5.2
2008	26,335	6.2	61	5.0
2007	26,893	6.1	53	4.3
2006	25,972	6.1	30	2.5

Note: *2024 U.S. data are not available at time of publication.
Fetal Mortality rates are per 1,000 live births + fetal deaths.
Sources: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Figure 7 displays South Dakota's fetal mortality rate grouped in five-year increments. The five-year rate is 5.8, down slightly from 5.9 in 2019-2023. South Dakota's five-year rate is above the national rate of 5.5 in 2023.

Figure 7
South Dakota Resident Fetal Mortality Rates, 2006-2024

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

FETAL MORTALITY BY RACE

Table 30
South Dakota Resident Fetal Deaths and Mortality Rates by Race, Five-Year Increments, 2006-2024

Year	All Races		Race of Mother									
			White		American Indian		Hispanic		Black		American Indian & White	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2020-2024	325	5.8	201	5.0	74	10.1	19	4.9	11	6.0	9	7.0
2019-2023	331	5.9	210	5.2	73	9.7	18	5.0	9	4.8	8	6.0
2018-2022	307	5.4	189	4.7	65	8.3	19	5.6	15	7.6	7	5.1
2017-2021	323	5.6	195	4.7	69	8.5	22	6.7	18	9.0	7	4.9
2016-2020	335	5.7	197	4.7	84	10.0	23	7.1	17	8.6	4	2.9
2015-2019	345	5.7	209	4.9	81	9.2	21	6.7	21	11.2	4	2.9
2014-2018	356	5.8	212	4.8	85	9.4	21	6.8	22	12.6	6	4.4
2013-2017	365	5.9	217	4.9	89	9.6	21	7.1	17	10.5	10	7.7
2012-2016	369	6.0	221	5.0	91	9.7	19	6.6	17	11.4	9	7.1
2011-2015	356	5.8	217	4.9	84	8.9	18	6.5	17	12.5	10	8.1
2010-2014	353	5.8	212	4.8	90	9.7	17	6.3	13	9.9	8	7.0
2009-2013	338	5.6	217	4.9	78	8.4	13	5.0	13	10.5	7	6.4
2008-2012	339	5.6	229	5.1	77	8.2	10	4.0	11	9.6	3	2.8
2007-2011	320	5.3	219	4.9	73	7.7	9	3.7	8	7.6	2	2.0
2006-2010	279	4.6	200	4.4	58	6.1	6	2.6	6	6.0	1	1.1

Note: Fetal 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

FETAL MORTALITY BY MOTHER'S AGE

Table 31
South Dakota Resident Fetal Deaths and Mortality Rates by Mother's Age, Five-Year Increments, 2006-2024

Year	Age of Mother															
	All Races		< 18		18-19		20-24		25-29		30-34		35-39		40+	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2020-2024	325	5.8	1	1.3	13	7.1	54	5.2	97	5.3	98	5.9	50	7.1	12	8.9
2019-2023	331	5.9	2	2.7	10	5.3	52	5.0	104	5.6	98	5.9	50	7.2	15	12.0
2018-2022	307	5.4	3	3.9	11	5.8	49	4.5	92	4.9	91	5.5	46	6.7	15	12.9
2017-2021	323	5.6	3	3.8	13	6.5	55	4.9	91	4.7	93	5.5	53	7.8	15	13.0
2016-2020	335	5.7	4	4.8	18	8.4	57	4.8	105	5.3	81	4.8	57	8.6	13	11.4
2015-2019	345	5.7	4	4.8	16	6.9	64	5.1	104	5.1	79	4.7	63	9.7	15	13.4
2014-2018	356	5.8	3	3.3	19	7.7	72	5.5	98	4.7	88	5.2	60	9.6	16	14.3
2013-2017	365	5.9	6	6.1	16	6.0	78	5.7	95	4.6	92	5.6	62	10.2	16	14.3
2012-2016	369	6.0	7	6.4	17	6.0	78	5.6	98	4.7	93	5.8	57	10.0	19	17.8
2011-2015	356	5.8	9	7.9	17	5.5	77	5.4	89	4.3	96	6.3	50	9.2	18	16.9
2010-2014	353	5.8	15	11.9	18	5.6	78	5.4	90	4.4	88	6.0	47	8.9	17	16.4
2009-2013	338	5.6	18	13.3	17	4.9	72	4.8	96	4.7	78	5.6	42	8.3	15	14.3
2008-2012	339	5.6	17	11.4	21	5.7	72	4.7	105	5.2	77	5.7	33	6.7	14	13.4
2007-2011	320	5.3	16	10.3	25	6.5	70	4.5	95	4.7	74	5.7	29	5.9	11	10.8
2006-2010	279	4.6	14	8.6	18	4.6	66	4.1	88	4.4	58	4.6	25	5.1	10	10.1

Note: Fetal mortality rates are per 1,000 live births.
Source: South Dakota Department of Health, Office of Health Statistics

MORTALITY

OVERVIEW 2024

Total South Dakota Resident Deaths 8,724

Crude Death Rates per 100,000 Population

South Dakota	943.5
United States (2022)	984.1

Age-Adjusted Death Rates per 100,000 Population

South Dakota	771.3
United States (2022)	798.8

South Dakota resident deaths increased from 8,500 in 2023 to 8,724 in 2024. Table 32 displays the deaths, crude death rates, and age-adjusted death rates for the United States and South Dakota residents for the past 17 years.

All race data in this section are shown for White and American Indian. The remaining categories (Black, Asian, Pacific Islander, Hispanic, and Multi-Racial) are included in the totals but are not shown specifically in any tables.

Table 32
Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates, South Dakota and United States, 2008-2024

Year	United States			South Dakota		
	Number	Crude Rate	Age-Adjusted Rate	Number	Crude Rate	Age-Adjusted Rate
2024	NA*	NA*	NA*	8,724	943.5	771.3
2023	NA*	NA*	NA*	8,500	924.6	749.2
2022	3,279,857	984.1	798.8	8,955	984.3	796.0
2021	3,464,231	1,043.8	879.7	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

Note: *U.S. 2023 and 2024 data were unavailable 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 2024

The five leading causes of death in 2024 for South Dakota residents were cancer, heart disease, Alzheimer's disease, chronic lower respiratory diseases, and stroke.

Cancer was leading cause of death in South Dakota in 2024 accounting for 20.1 percent of all South Dakota resident deaths. The last time cancer was the leading cause was in 2021. Lung cancer accounted for the most cancer deaths.

Heart disease was the second leading cause of death in 2024 and accounted for 19.6 percent of South Dakota resident deaths. Coronary artery disease accounted for the most heart disease deaths.

Alzheimer's disease was the third leading cause of death accounting for 5.8 percent of all South Dakota resident deaths in 2024.

Chronic lower respiratory diseases were the fourth leading cause of death and accounted for 5.2 percent of 2024 South Dakota resident deaths. Chronic obstructive pulmonary disease (COPD) accounted for the most chronic lower respiratory disease deaths.

Stroke was the fifth leading cause of death accounting for 4.8 percent of all South Dakota resident deaths in 2024.

Table 33, 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 three of the past five years. Cancer was the leading cause in 2021 and 2024.

Alzheimer's disease was the 3rd leading cause in 2024, but the 4th leading cause over the last five years.

Chronic lower respiratory diseases were the 4th leading cause in 2024, but the 5th leading cause over the last five years.

Chronic liver disease moved back up to the 7th leading cause of death in 2024 after dropping to 8th in 2023.

Table 33

South Dakota Resident Leading Causes of Death, 2020-2024

Cause of Death	2020-2024			2020			2021			2022			2023			2024		
	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%
South Dakota (All Deaths)		45,219	100		9,857	100		9,183	100		8,955	100		8,500	100		8,724	100
Heart Disease (I00-I09, I11, I13, I20-I51)	1	8,838	19.5	1	1,819	18.5	2	1,691	18.4	1	1,835	20.5	1	1,783	21.0	2	1,710	19.6
Cancer (C00-C97)	2	8,648	19.1	2	1,728	17.5	1	1,740	18.9	2	1,687	18.8	2	1,739	20.5	1	1,754	20.1
COVID-19 (U07)	3	2,977	6.6	3	1,497	15.2	3	776	8.5	3	448	5.0	*	*	*	*	*	*
Alzheimer's Disease (G30)	4	2,223	4.9	4	488	5.0	5	396	4.3	4	436	4.9	4	398	4.7	3	505	5.8
Chronic Lower Respiratory Diseases (J40-J47)	5	2,182	4.8	5	429	4.4	4	464	5.1	5	415	4.6	3	424	5.0	4	450	5.2
Stroke (I60-I69)	6	2,007	4.4	6	426	4.3	6	391	4.3	6	393	4.4	5	381	4.5	5	416	4.8
Diabetes (E10-E14)	7	1,516	3.4	7	329	3.3	8	306	3.3	7	336	3.8	6	263	3.1	6	282	3.2
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	8	1,342	3.0	8	235	2.4	7	329	3.6	8	281	3.1	8	235	2.8	7	262	3.0
Dementia (F00-F03)	9	1,067	2.4	10	194	2.0	*	*	*	10	199	2.2	7	255	3.0	8	223	2.6
Accidental Falls (W00-W19)	10	1,059	2.3	9	217	2.2	9	229	2.5	9	219	2.4	9	189	2.2	9	205	2.3
Suicide (U03, X60-X84, Y87.0)	*	*	*	*	*	*	10	202	2.2	*	*	*	10	180	2.1	10	198	2.3
All Other Causes	-	13,360	29.5	-	2,495	25.3	-	2,659	29.0	-	2,706	30.2	-	2,653	31.2		2,719	31.2

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 34
South Dakota Resident Leading Causes of Death by Race, 2024

Cause of Death	All Races					White					American Indian				
	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)		**8,724**	**100**	**943.5**	**771.3**		**7,605**	**100**	**1,026.0**	**717.1**		**851**	**100**	**1,212.3**	**1,674.1**
Cancer (C00-C97)	1	1,754	20.1	189.7	147.5	1	1,611	21.2	217.3	146.8	3	100	11.8	142.5	205.4
Heart Disease (I00-I09, I11, I13, I20-I51)	2	1,710	19.6	184.9	145.8	2	1,562	20.5	210.7	142.1	2	105	12.3	149.6	216.5
Alzheimer's Disease (G30)	3	505	5.8	54.6	43.1	3	487	6.4	65.7	43.8	*	*	*	*	*
Chronic Lower Respiratory Diseases (J40-J47)	4	450	5.2	48.7	36.8	4	412	5.4	55.6	35.9	6	32	3.8	45.6	71.5
Stroke (I60-I69)	5	416	4.8	45.0	35.3	5	378	5.0	51.0	34.0	T8	28	3.3	39.9	58.3
Diabetes (E10-E14)	6	282	3.2	30.5	25.1	7	204	2.7	28.3	18.9	4	71	8.3	101.1	145.7
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	7	262	3.0	28.3	27.7	10	145	1.9	19.6	16.4	1	107	12.6	152.4	192.8
Dementia (F00-F03)	8	223	2.6	24.1	19.1	6	210	2.8	28.3	18.9	*	*	*	*	*
Accidental Falls (W00-W19)	9	205	2.3	22.2	17.6	8	183	2.4	24.7	16.6	*	*	*	*	*
Suicide (U03, X60-X84, Y87.0)	10	198	2.3	21.4	22.1	9	148	1.9	20.0	19.7	5	34	4.0	48.4	50.0
Motor Vehicle Accidents	*	*	*	*	*	*	*	*	*	*	7	31	3.6	44.2	43.2
Homicide (X85-Y09, Y87.1)	*	*	*	*	*	*	*	*	*	*	T8	28	3.3	39.9	43.2
Accidental Drug Overdose (X40-X44)	*	*	*	*	*	*	*	*	*	*	10	21	2.5	29.9	37.9
All Other Causes	-	2,719	31.2	-	-	-	2,265	29.8	-	-	-	294	34.5	-	-

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

In 2024, patterns for the 10 leading causes of death varied by race. Only seven of the 10 leading causes were the same for whites and American Indians. For example, Alzheimer's disease, dementia, and accidental falls were in the top 10 for whites, but not American Indians.

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

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

GENDER

Table 35, 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 2024 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 eighth leading cause for men. Diabetes was the fifth leading cause for men, but only the seventh leading cause for women.

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 influenza and pneumonia were both in the top ten for women, but not for men.

Table 35
South Dakota Resident Leading Causes of Death by Gender, 2024

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)		**8,724**	**100**	**943.5**	**771.3**		**4,631**	**100**	**984.0**	**922.3**		**4,093**	**100**	**901.5**	**639.8**
Cancer (C00-C97)	1	1,754	20.1	189.7	147.5	2	950	20.5	201.9	176.2	1	804	19.6	177.1	125.6
Heart Disease (I00-I09, I11, I13, I20-I51)	2	1,710	19.6	184.9	145.8	1	985	21.3	209.3	191.8	2	725	17.7	159.7	107.5
Alzheimer's Disease (G30)	3	505	5.8	54.6	43.1	8	151	3.3	32.1	33.9	3	354	8.6	78.0	49.1
Chronic Lower Respiratory Diseases (J40-J47)	4	450	5.2	48.7	36.8	3	225	4.9	47.8	42.7	4	225	5.5	49.6	33.7
Stroke (I60-I69)	5	416	4.8	45.0	35.3	4	198	4.3	42.1	39.0	5	218	5.3	48.0	32.1
Diabetes (E10-E14)	6	282	3.2	30.5	25.1	5	162	3.5	34.4	31.3	7	120	2.9	26.4	19.2
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	7	262	3.0	28.3	27.7	7	156	3.4	33.1	32.6	9	106	2.6	23.3	22.3
Dementia (F00-F03)	8	223	2.6	24.1	19.1	*	*	*	*	*	6	143	3.5	31.5	19.7
Accidental Falls (W00-W19)	9	205	2.3	22.2	17.6	10	97	2.1	20.6	20.4	8	108	2.6	23.8	15.3
Suicide (U03, X60-X84, Y87.0)	10	198	2.3	21.4	22.1	6	159	3.4	33.8	33.7	*	*	*	*	*
Motor Vehicle Accidents	*	*	*	*	*	9	116	2.5	24.6	25.1	*	*	*	*	*
Influenza & Pneumonia (J09-J18)	*	*	*	*	*	*	*	*	*	*	10	77	1.9	17.0	11.6
All Other Causes	-	2,719	31.2	-	-	-	1,432	30.9	-	-	-	1,213	29.6	-	-

Note: Letter/number combinations following the 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 36
South Dakota Resident Five Leading Causes of Death by Age Group, 2020-2024

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 1,768	Motor Vehicle Accidents 4	Suicide 19	Suicide 41	Chronic Liver Disease and Cirrhosis 44	Chronic Liver Disease and Cirrhosis 56	Cancer 147	Cancer 403	Cancer 524	Heart Disease 480	Heart Disease 430
2	Cancer 1,730	Accidental Drowning 3	Motor Vehicle Accidents 15	Motor Vehicle Accidents 28	Suicide 37	Heart Disease 47	Heart Disease 120	Heart Disease 282	Heart Disease 382	Cancer 421	Alzheimer's Disease 200
3	COVID-19 595	Congenital Malformations, Deformations, and Chromosomal Abnormalities 2	Homicide 5	Accidental Drug Overdose 14	Accidental Drug Overdose 24	Cancer 43	Chronic Liver Disease and Cirrhosis 68	COVID-19 91	Chronic Lower Respiratory Diseases 145	Alzheimer's Disease 186	Cancer 164
4	Alzheimer's Disease 445	Cancer 2	Cancer 2	Chronic Liver Disease and Cirrhosis 12	Motor Vehicle Accidents 24	Suicide 29	COVID-19 41	Chronic Lower Respiratory Diseases 73	COVID-19 139	COVID-19 172	COVID-19 123
5	Chronic Lower Respiratory Diseases 436	Homicide 2	Accidental Drug Overdose 2	Homicide 12	Heart Disease 19	Motor Vehicle Accidents 21	Diabetes 33	Diabetes 58	Stroke 85	Chronic Lower Respiratory Diseases 137	Stroke 113

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

AGE

Table 36, 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 of death 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 presents data on the median age at death for the 10 leading causes of death for South Dakota residents in 2024. The median age for the 10 leading causes of death in 2024 ranged from 43 for suicide to 88 for Alzheimer's disease and dementia.

Figure 8
Median Age at Death for South Dakota Residents for the Leading Causes of Death, 2024

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

Table 37 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 58, while whites' median age at death was 79. The median age at death for males was 74, while females was 81.

Table 37
Median Age at Death for South Dakota Residents by Race, Gender, and Year of Death, 2010-2024

Year of Death	Total Median Age	White	American Indian	Male	Female
2024	77	79	58	74	81
2023	77	79	56	75	81
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

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

Table 38 shows the median age at death for South Dakota residents for the leading causes of death by race and gender. In 2024, the median age at death for whites ranged from 47 for suicide to 88 for dementia, Alzheimer's disease and accidental falls. The range for American Indians was 29 for motor vehicle accidents to 70 for chronic lower respiratory diseases and stroke. For males the range in 2024 was 44 for suicide to 87 for Alzheimer's disease. The range for females was 57 for chronic liver disease and cirrhosis to 91 for Alzheimer's disease, dementia, and accidental falls.

Table 38
Median Age at Death for South Dakota Residents for the Leading Causes of Death by Race and Gender, 2024

	Median Age at Death in Years				
	All	Race		Gender	
Cause of Death	Total Deaths	White	American Indian	Male	Female
South Dakota (All Deaths)	**77**	**79**	**58**	**74**	**81**
Cancer (C00-C97)	75	75	67	74	75
Heart Disease (I00-I09, I11, I13, I20-I51)	80	81	63	76	86
Alzheimer's Disease (G30)	88	88	*	87	90
Chronic Lower Respiratory Diseases (J40-J47)	77	78	70	77	77
Stroke (I60-I69)	82	83	70	78	85
Diabetes (E10-E14)	74	77	63	73	78
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	54	59	48	54	57
Dementia (F00-F03)	88	88	*	*	90
Accidental Falls (W00-W19)	87	88	*	82	90
Suicide (U03, X60-X84, Y87.0)	43	47	30	44	*
Motor Vehicle Accidents	*	*	29	49	*
Homicide (X85-Y09, Y87.1)	*	*	33	*	*
Accidental Drug Overdose (X40-X44)	*	*	38	*	*
Influenza & Pneumonia (J09-J18)	*	*	*	*	88

Note: Letter/number combinations following the 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

UNINTENTIONAL INJURIES

Table 39, on the following page, displays the breakdown of deaths due to unintentional injuries for each of the past five years.

The highest number of deaths in 2024 for this category was accidental falls at 205 deaths. Motor vehicle accidents accounted for 160 deaths with car accidents involved in the most deaths in this category at 58 deaths.

The third highest number of deaths due to unintentional injury in 2024 was accidental drug overdose with 77 deaths.

Table 39
South Dakota Resident Leading Causes of Death Due to Unintentional Injuries, 2020-2024

	Total	Year of Death				
		2020	2021	2022	2023	2024
Total Deaths	**2,823**	**559**	**590**	**586**	**523**	**565**
1. Accidental Falls (W00-W19)	**1,059**	**217**	**229**	**219**	**189**	**205**
2. Motor Vehicle Accidents	**795**	**153**	**172**	**165**	**145**	**160**
Occupant of Car (V40-V49)	320	56	78	69	59	58
Occupant of Pick-Up or Van (V50-V59)	123	26	21	28	19	29
Pedestrian (V01-V09)	101	17	21	21	24	18
Motorcycle rider (V20-V29)	78	18	13	10	13	24
Occupant of special all-terrain Vehicle (V86)	58	13	9	11	13	12
Occupant of Heavy Transport Vehicle (V60-V69)	14	2	3	2	5	2
Pedal Cyclist (V10-V19)	10	1	3	3	0	3
All Other Motor Vehicle Accidents	5	0	1	3	0	1
Motor Vehicle Accident with Unspecified Details	86	20	23	18	12	13
3. Accidental Drug Overdose (X40-X44)	**389**	**70**	**86**	**83**	**73**	**77**
4. Accidental Poisoning by and Exposure to Alcohol (X45)	**78**	**23**	**15**	**11**	**10**	**19**
T5. Accidental Drowning (W65-W74)	**57**	**13**	**13**	**12**	**6**	**13**
T5. Accidental Exposure to Smoke, Fire, and Flames (X00-X09)	**57**	**11**	**19**	**12**	**10**	**5**
7. Exposure to Excessive Natural Cold (X31)	**49**	**8**	**9**	**15**	**9**	**8**
8. Choking on Food (W79)	**37**	**3**	**5**	**8**	**13**	**8**
9. Accidental discharge of firearms (W32-W34)	**25**	**5**	**0**	**7**	**5**	**8**
10. Choking on any object except food (W80)	**24**	**5**	**3**	**2**	**7**	**7**
All Other Causes of Unintentional Injury	253	51	39	52	56	55

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 1,528 deaths, or 19.6 percent, the certifier indicated “yes” or “probably” that tobacco use contributed to the natural death. Conversely, on 4,270 deaths, or 54.7 percent, the certifier indicated that tobacco use did not contribute to the natural death.
In the remaining 2,010 deaths, or 25.7 percent, the certifier was unsure if tobacco use contributed to the natural death.

Table 40, on the following page, 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 75.0 percent, or 21 out of the 28 emphysema deaths in 2024. In 64.9 percent, or 250 lung, trachea, and bronchus cancer deaths the certifier said “yes” or “probably” that tobacco use contributed to the death.

Table 40
South Dakota Resident Leading Causes of Natural Death as They Relate to Tobacco Use, 2024
(Did Tobacco Use Contribute to Death)

Cause of Death	Yes/Probably		Total Natural Deaths	
	Number	Percent	Number	Percent
Total	**1,528**	**19.6**	**7,808**	**100**
Cancer (C00-C97)	**471**	**26.9**	**1,754**	**100**
Lung, trachea, and bronchus cancer (C33-C34)	250	64.9	385	100
Colorectal cancer (C18-C21)	25	13.1	191	100
Esophagus cancer (C15)	23	42.6	54	100
Pancreas cancer (C25)	21	14.6	144	100
Heart disease (I00-I09, I11, I13, I20-I51)	**306**	**17.9**	**1,710**	**100**
Coronary artery disease (I20-I25)	206	20.4	1,010	100
Acute myocardial infarction (I21-I22)	130	21.9	593	100
Atherosclerotic heart disease (I25.1)	57	17.9	318	100
Hypertensive heart disease (I11)	38	19.7	193	100
Chronic lower respiratory diseases (J40-J47)	**266**	**59.1**	**450**	100
Chronic obstructive pulmonary disease, unspecified (J44.9)	186	60.6	307	100
Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)	43	53.8	80	100
Emphysema (J43)	21	75.0	28	100
Stroke (I60-I69)	**62**	**14.9**	**415**	**100**
Diabetes (E10-E14)	**43**	**15.2**	**282**	**100**
Chronic liver disease and cirrhosis (K70 & K73-K74)	**36**	**13.7**	**262**	**100**
Alcoholic liver disease (K70)	31	13.9	223	100
Chronic alcohol abuse (F10)	**27**	**34.6**	**78**	**100**
Alzheimer's disease (G30)	**23**	**4.6**	**505**	**100**
Hypertension (I10, I12, I15)	**19**	**17.8**	**107**	**100**
Influenza & pneumonia (J09-J18)	**19**	**11.9**	**159**	**100**

Note: Table does not include infant deaths.
Source: South Dakota Department of Health, Office of Health Statistics

DRUG OVERDOSE DEATHS

Figures 9-10 and Tables 41-42 on the following pages break down the drug overdose deaths for South Dakota residents for the past 17 years by the manner of death, year of death, and type of drug.

As shown in Figure 9, there were 94 drug overdose deaths in 2024, down slightly from 95 drug overdose deaths in 2023. Table 41 shows that of the 94 drug overdose deaths in 2024, 77 deaths were unintentional, 15 deaths were suicides, one was a homicide, and one death where the intent was undetermined. The definition of drug overdose deaths is located at the back of this report within the Technical Notes section.

Figure 9
South Dakota Resident Deaths Due to Drug Overdoses, 2008-2024

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

Table 41
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Drugs, 2008-2024

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	52	47	46	56	42	54	64	66	67	74	58	86	84	104	96	95	94
Unintentional	30	26	19	41	24	34	46	44	52	54	43	71	70	86	84	73	77
Suicide	13	12	16	11	11	15	12	19	12	18	11	10	10	17	9	20	15
Homicide	0	1	0	0	0	1	0	0	1	0	0	0	1	0	0	0	1
Undetermined Intent	9	8	11	4	7	4	6	3	2	2	4	5	3	1	3	2	1

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

Figure 10, on the next page, shows there were 39 opioid poisoning deaths in 2024, down from 47 deaths in 2023. Table 42 shows that of the 39 opioid poisoning deaths in 2024, 37 deaths were unintentional and two deaths were suicides. The definition of opioid poisoning deaths is located at the back of this report within the Technical Notes section.

Figure 10
South Dakota Resident Deaths Due to All Opioid Poisoning, 2008-2024

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

Table 42
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Opioid Poisoning, 2008-2024

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	28	33	31	31	21	32	32	24	38	35	27	37	43	43	45	47	39
Unintentional	18	22	15	26	15	21	27	19	31	28	22	32	41	35	40	40	37
Suicide	4	6	8	3	2	9	2	4	6	7	3	3	1	8	3	5	2
Homicide	0	1	0	0	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	2	0

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

The following tables (43 and 44) show the specific drugs involved in drug overdose deaths for 2024 and for the past 10 years. Out of the 94 total drug deaths in 2024, 42 of those involved methamphetamine and 28 involved fentanyl. Of those 42 involving methamphetamine, 29 listed methamphetamine as the only drug, while the other 13 deaths involved at least one other drug. For fentanyl, 9 of the 28 deaths only involved fentanyl, while the other 19 involved at least one other drug.

The following is an explanation of what is represented regarding "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 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 43
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved, 2024

Drugs Involved	Number of Deaths	Number of Specific Drugs Listed on Death Certificate	
		Only Drug Involved	Other Drugs Involved
1. Methamphetamine	42	29	13
2. Fentanyl (Includes analogs)	28	9	19
T3. Cocaine (Benzoylecgonine)	6	2	4
T3. Kratom (Mitragynine)	6	2	4
5. Diphenhydramine (Benadryl)	5	1	4
T6. Bupropion (Wellbutrin)	4	4	0
T6. Morphine	4	3	1
T8. Hydrocodone (Vicodin)	3	1	2
T8. Cannabis (Marijuana, THC)	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 44
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2015-2024

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Methamphetamine	**296**	**13**	**18**	**22**	**13**	**31**	**30**	**52**	**45**	**30**	**42**
Only Drug Involved	198	8	10	12	10	25	19	39	26	20	29
Other Drugs Involved	98	5	8	10	3	6	11	13	19	10	13
2. Fentanyl (Includes Analogs)	**222**	**7**	**7**	**12**	**12**	**23**	**30**	**29**	**35**	**39**	**28**
Only Drug Involved	105	6	2	6	8	18	11	15	20	21	9
Other Drugs Involved	117	1	5	6	4	5	19	14	15	18	19
3. Cocaine (Benzoylecgonine)	**55**	**3**	**3**	**3**	**8**	**5**	**5**	**6**	**5**	**11**	**6**
Only Drug Involved	19	0	0	1	4	2	2	2	2	4	2
Other Drugs Involved	36	3	3	2	4	3	3	4	3	7	4
4. Oxycodone (Oxycontin, Percocet, Percodan)	**46**	**2**	**9**	**5**	**7**	**4**	**6**	**7**	**3**	**1**	**2**
Only Drug Involved	18	2	2	2	4	1	2	2	1	1	1
Other Drugs Involved	28	0	7	3	3	3	4	5	2	0	1
5. Hydrocodone (Vicodin)	**39**	**7**	**10**	**4**	**2**	**2**	**3**	**4**	**1**	**3**	**3**
Only Drug Involved	15	2	5	2	1	0	1	0	0	3	1
Other Drugs Involved	24	5	5	2	1	2	2	4	1	0	2
6. Heroin	**36**	**3**	**8**	**8**	**5**	**3**	**6**	**2**	**0**	**0**	**1**
Only Drug Involved	14	1	4	3	2	1	2	1	0	0	0
Other Drugs Involved	22	2	4	5	3	2	4	1	0	0	1
7. Morphine	**31**	**1**	**7**	**3**	**1**	**8**	**4**	**1**	**1**	**1**	**4**
Only Drug Involved	9	0	2	1	0	1	0	1	1	0	3
Other Drugs Involved	22	1	5	2	1	7	4	0	0	1	1
8. Diphenhydramine (Benadryl)	**27**	**4**	**2**	**1**	**2**	**3**	**1**	**3**	**3**	**3**	**5**
Only Drug Involved	12	2	1	1	1	1	0	1	1	3	1
Other Drugs Involved	15	2	1	0	1	2	1	2	2	0	4

Table 44 (continued)
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2015-2024

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
9. Bupropion (Wellbutrin)	**26**	**0**	**1**	**3**	**3**	**5**	**2**	**3**	**3**	**2**	**4**
Only Drug Involved	18	0	0	1	2	4	1	2	2	2	4
Other Drugs Involved	8	0	1	2	1	1	1	1	1	0	0
10. Amphetamine (Adderall)	**20**	**2**	**1**	**3**	**0**	**1**	**3**	**3**	**6**	**1**	**0**
Only Drug Involved	5	0	0	1	0	1	1	0	2	0	0
Other Drugs Involved	15	2	1	2	0	0	2	3	4	1	0
Amitriptyline	**19**	**1**	**4**	**3**	**2**	**2**	**2**	**3**	**0**	**0**	**2**
Only Drug Involved	3	0	0	1	0	0	0	1	0	0	1
Other Drugs Involved	16	1	4	2	2	2	2	2	0	0	1
Tramadol	**18**	**2**	**3**	**1**	**0**	**2**	**1**	**4**	**1**	**3**	**1**
Only Drug Involved	7	1	0	0	0	1	0	1	1	3	0
Other Drugs Involved	11	1	3	1	0	1	1	3	0	0	1
Acetaminophen (Darvocet, Excedrin, Percocet, Tylenol, Vicodin)	**18**	**3**	**2**	**1**	**0**	**0**	**2**	**3**	**3**	**2**	**1**
Only Drug Involved	9	2	0	0	0	0	0	1	2	2	0
Other Drugs Involved	9	1	2	1	0	0	2	2	1	0	1
Methadone (Methadose)	**17**	**4**	**4**	**4**	**3**	**1**	**0**	**0**	**0**	**0**	**1**
Only Drug Involved	7	3	1	1	2	0	0	0	0	0	0
Other Drugs Involved	10	1	3	3	1	1	0	0	0	0	1
Citalopram (Celexa)	**16**	**0**	**0**	**2**	**1**	**2**	**3**	**4**	**1**	**1**	**2**
Only Drug Involved	1	0	0	0	0	0	1	0	0	0	0
Other Drugs Involved	15	0	0	2	1	2	2	4	1	1	2
Quetiapine (Seroquel)	**16**	**0**	**3**	**4**	**1**	**3**	**1**	**1**	**1**	**1**	**1**
Only Drug Involved	5	0	1	1	1	0	1	0	1	0	0
Other Drugs Involved	11	0	2	3	0	3	0	1	0	1	1
Kratom (Mitragynine)	**15**	**0**	**0**	**0**	**0**	**1**	**5**	**2**	**0**	**1**	**6**
Only Drug Involved	3	0	0	0	0	0	1	0	0	0	2
Other Drugs Involved	12	0	0	1	0	1	4	2	0	1	4
Gabapentin	**13**	**0**	**1**	**1**	**1**	**2**	**1**	**4**	**2**	**1**	**0**
Only Drug Involved	1	0	0	0	1	0	0	0	0	0	0
Other Drugs Involved	12	0	1	1	0	2	1	4	2	1	0
Alprazolam (Xanax)	**11**	**0**	**1**	**0**	**3**	**1**	**1**	**3**	**0**	**0**	**2**
Only Drug Involved	0	0	0	0	0	0	0	0	0	0	0
Other Drugs Involved	11	0	1	0	3	1	1	3	0	0	2
Hydroxyzine	**10**	**0**	**0**	**1**	**0**	**2**	**0**	**1**	**0**	**5**	**1**
Only Drug Involved	1	0	0	0	0	0	0	0	0	1	0
Other Drugs Involved	9	0	0	1	0	2	0	1	0	4	1
Dextromethorphan	**10**	**1**	**1**	**2**	**0**	**0**	**1**	**0**	**1**	**3**	**1**
Only Drug Involved	2	0	0	1	0	0	1	0	0	0	0
Other Drugs Involved	8	1	1	1	0	0	0	0	1	3	1
Fluoxetine (Prozac)	**10**	**0**	**2**	**1**	**0**	**0**	**2**	**1**	**2**	**1**	**1**
Only Drug Involved	2	0	0	1	0	0	0	0	0	1	0
Other Drugs Involved	8	0	2	0	0	0	2	1	2	0	1
Nortriptyline (Pamelor)	**10**	**0**	**1**	**3**	**0**	**1**	**0**	**2**	**2**	**0**	**1**
Only Drug Involved	0	0	0	0	0	0	0	0	0	0	0
Other Drugs Involved	10	0	1	3	0	1	0	2	2	0	1

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 11 shows the alcohol induced deaths for South Dakota residents for the past 16 years. The definition of alcohol-induced deaths is located in the back of this report within the Technical Notes section.

Figure 11
South Dakota Resident Alcohol-Induced Deaths, 2009-2024

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

FARM ACCIDENT DEATHS

Figure 12 shows the number of South Dakota resident deaths due to farm accidents for the past 16 years. The definition of farm accident deaths is located in the back of this report within the Technical Notes section.

Figure 12
South Dakota Resident Deaths Due to Farm Accidents, 2009-2024

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

MATERNAL MORTALITY

Table 45 shows maternal mortality deaths for the past 10 years. Specific definitions are located in the notes below the table.

Table 45
South Dakota Resident Deaths Occurring in South Dakota to Women Who Were Pregnant at the Time of Death or Within One Year After Delivery, 2015-2024

Year	Any Death While Pregnant, or Within One Year After Delivery	Pregnancy-Related	Pregnancy Associated, But Not Pregnancy-Related
2024	1	*	*
2023	8	0	8
2022	15	3	12
2021	13	5	8
2020	8	1	7
2019	6	0	6
2018	8	1	7
2017	5	1	4
2016	6	2	4
2015	5	2	3

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 2023.

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 2023.

Table 46 shows the external causes contributing to death while pregnant within one year after delivery. The top three causes for the past ten years combined were motor vehicle accidents, suicides, and accidental drug overdose.

Table 46
South Dakota Resident Leading Causes of External Death While Pregnant or Within One Year After Delivery by Cause of Death, 2015-2024

External Cause of Death	Total
1. Motor vehicle accidents	13
2. Suicide (X60-X84, Y87.0)	12
3. Accidental drug overdose (X40-X44)	11
4. Homicide (X85-Y09, Y87.1)	4

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

Table 47 shows the causes contributing to a pregnancy death. The top two causes for the past ten years were kidney disease and respiratory failure.

Table 47
Contributing Causes of Natural Death While Pregnant or Within One Year of Giving Birth, 2015-2024

Cause of Death	Total
T1. Kidney disease (N00-N07, N17-N19, N25-N27)	5
T1. Respiratory failure (J96)	5
T3. Influenza and pneumonia (J09-J18)	4
T3. COVID-19 (U07)	4
T5. Cancer (C00-C97)	3
T5. Heart disease (I00-I09, I11, I13, I20-I51)	3
T5. Cerebrovascular disease (I60-I69)	3

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

FIREARM DEATHS

Table 48 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 48
South Dakota Resident Deaths Due to Firearms, 2015-2024

Year	Total Firearm Deaths	Manner of Death				
		Suicide	Homicide	Accident	Legal Intervention	Undetermined Intent
2024	158	116	29	8	4	1
2023	112	89	11	5	4	3
2022	138	96	27	7	7	1
2021	128	98	25	0	4	1
2020	120	87	27	5	1	0
2019	113	101	10	0	2	0
2018	117	91	16	7	3	0
2017	102	83	12	2	4	1
2016	107	83	14	5	5	0
2015	95	73	14	5	2	1

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

MARRIAGE & DIVORCE

OVERVIEW 2024

Marriages:	
Number Occurring in S.D.	5,702
S.D. Rate per 1,000 Population	6.2
U.S. Rate per 1,000 Population (2023)	6.1
***Divorces:**	
Number Occurring in S.D.	2,113
S.D. Rate Per 1,000 Population	2.3
U.S. Rate per 1,000 Population (2023)	2.4
Years Married Before Termination in S.D.	
Mean	12
Median	9
Mode	3
Range	
Lower	Less Than 1
Upper	64

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics
Note: The U.S. divorce rate only includes 45 reporting states and the District of Columbia.
* Divorces include annulments.

MARRIAGES

In 2024, the South Dakota marriage rate increased to 6.2, up from 6.0 in 2023. Table 49 provides the United States and South Dakota marriage rates from 2010 through 2024.

Table 49
Marriages and Marriage Rates by Occurrence, South Dakota and United States, 2010-2024

Year	United States*		South Dakota	
	Number	**Crude Rate**	**Number**	**Crude Rate**
2024	NA**	NA**	5,702	6.2
2023	2,041,926	6.1	5,471	6.0
2022	2,065,905	6.2	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

Note: *The marriage data for the United States are provisional for all years. **2023 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 50 displays marriages by month over the past five years. June was the most common month to get married in 2024.

Table 50
Month of Marriages Occurring in South Dakota, 2020-2024

	2020		2021		2022		2023		2024	
Year	Num	%	Num	%	Num	%	Num	%	Num	%
Total	5,359	100	5,636	100	5,826	100	5,471	100	5,702	100
January	209	3.9	212	3.8	212	3.6	183	3.3	174	3.1
February	276	5.2	199	3.5	303	5.2	176	3.2	234	4.1
March	220	4.1	238	4.2	236	4.1	249	4.6	209	3.7
April	217	4.0	282	5.0	300	5.1	270	4.9	335	5.9
May	333	6.2	524	9.3	495	8.5	469	8.6	472	8.3
June	587	11.0	774	13.7	740	12.7	757	13.8	844	14.8
July	545	10.2	710	12.6	653	11.2	610	11.1	554	9.7
August	803	15.0	655	11.6	702	12.0	601	11.0	705	12.4
September	789	14.7	775	13.8	831	14.3	899	16.4	831	14.6
October	761	14.2	658	11.7	727	12.5	614	11.2	672	11.8
November	295	5.5	286	5.1	320	5.5	324	5.9	354	6.2
December	324	6.0	323	5.7	307	5.3	319	5.8	318	5.6

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

DIVORCES IN SOUTH DAKOTA

Table 51 lists the divorce rates for South Dakota and the United States. The 2024 South Dakota divorce rate was 2.29 divorces per 1,000 population, which is the lowest divorce rate since 1972.

Table 51
Number and Rate of Divorces by Occurrence,
South Dakota and United States, 2010-2024

Year	United States*		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2024	NA**	NA**	2,113	2.3
2023	672,502	2.4	2,113	2.3
2022	673,989	2.4	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

Note: *The U.S. data are provisional for all years. Crude divorce rates are per 1,000 population. **2024 data are not available at time of publication. The years 2017, 2018, 2019, 2020, 2021, 2022, and 2023 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 2010-2012 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 2024 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 64 years for South Dakota divorces in 2024.

Table 52 displays the duration of marriages ending in divorce for the past 10 years. Marriages ending from 0-4 years are at their lowest percentage in the last ten years.

Table 52
Duration of Marriage Ending in Divorce Occurring in South Dakota, 2015-2024

	0-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-29 Years		30+ Years	
Year	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2024	563	26.6	551	26.1	364	17.2	228	10.8	176	8.3	104	4.9	127	6.0
2023	600	28.4	527	24.9	345	16.3	229	10.8	187	8.8	104	4.9	121	5.7
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

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

Table 53 displays the number of children involved in divorces for the past 10 years. The percentage of divorces where no children are involved was the highest it's been in the past ten years.

Table 53
Number of Children Involved in Divorce Occurring in South Dakota, 2015-2024

	Total		No Children Involved		1 Child Involved		2 Children Involved		3 Children Involved		4 or More Children Involved		Not Stated	
Year	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2024	2,113	100	1,150	54.4	400	18.9	364	17.2	145	6.9	54	2.6	0	-
2023	2,113	100	1,133	53.6	406	19.2	361	17.1	164	7.8	49	2.3	0	-
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	-

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

Figure 13, on the next page, displays the causes for the divorce. Most divorces in 2024 stated irreconcilable differences with 97.7 percent.

Figure 13
Causes for Divorce Occurring in South Dakota, 2024

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

Infectious Diseases in South Dakota, 2024

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 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 2024. It highlights important statistics and shows key trends on selected reportable diseases in the state. To view the most current infectious disease data, please visit the monthly interactive dashboard on our website: https://doh.sd.gov/health-data-reports/data-dashboards/infectious-disease-dashboard/.

Table 54 Reportable Diseases in South Dakota, 2015-2024 (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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Babesiosis	0	0	0	0	0	1	0	0	1	**2**	**4**
Botulism	0	0	0	0	0	0	0	0	0	**0**	**0**
Brucellosis	0	0	1	0	0	0	0	0	0	**0**	**1**
Campylobacteriosis	346	450	395	532	524	324	310	307	455	**368**	**4011**
Carbapenem-resistant Enterobacterales (CRE)	37	58	64	48	40	27	39	50	40	NR	**403**
Carbapenemase-producing organisms (CPO)	NR	NR	NR	NR	NR	NR	NR	NR	NR	12	**12**
Chlamydia	3967	4336	4439	4441	4545	4007	4858	5166	4891	**4163**	**44813**
Coccidioidomycosis	NR	5	6	3	8	7	6	8	7	**17**	**67**
Coronavirus Disease 2019 (COVID-19)	-	-	-	-	-	99984	81626	90750	25818	**19257**	**317435**
Cryptosporidiosis	248	158	163	177	167	76	127	97	161	**143**	**1517**
Cyclosporiasis	0	3	4	30	10	22	16	2	5	**3**	**95**
Dengue	2	2	0	1	1	2	0	0	4	**3**	**15**
Ehrlichiosis and Anaplasmosis	0	1	1	4	0	2	3	1	5	**5**	**22**
Giardiasis	129	116	104	114	92	66	71	65	80	**76**	**913**
Gonorrhea	1055	1271	1291	1694	2170	2399	3261	3076	2330	**1898**	**20445**
Hantavirus	0	0	1	0	2	1	0	1	0	**0**	**5**
Hepatitis A	2	1	1	1	8	1	1	2	4	**1**	**22**
Hepatitis B, chronic	52	60	52	46	37	53	36	30	38	**49**	**453**
Hepatitis B, acute	2	2	2	1	5	4	4	3	3	**2**	**28**
Hepatitis C, chronic	570	714	563	545	583	723	847	694	582	**578**	**6399**
Hepatitis C, acute	0	22	20	19	31	10	5	21	10	**21**	**159**
Haemophilus influenzae, invasive	NR	20	21	30	30	14	17	25	28	**28**	**213**
Hemolytic uremic syndrome	1	1	0	0	5	2	6	6	7	**2**	**30**
HIV and AIDS	20	35	28	21	31	32	27	44	52	**36**	**326**

Reportable diseases	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Legionellosis	10	9	15	33	23	10	21	24	17	**15**	**177**
Leprosy (Hansen's disease)	0	0	0	0	0	0	1	0	0	**0**	**1**
Listeriosis	0	0	2	1	0	2	1	2	2	**1**	**11**
Lyme disease	5	11	12	7	10	8	16	12	7	**11**	**99**
Malaria	4	4	8	9	6	2	8	2	4	**7**	**54**
Measles	2	0	0	0	0	0	0	0	0	**1**	**3**
Meningococcal disease	1	1	0	0	0	0	1	1	0	**1**	**5**
Mpox	NR	NR	NR	NR	NR	NR	NR	3	0	**1**	**4**
Multisystem inflammatory syndrome	NR	NR	NR	NR	NR	6	9	6	0	**0**	**21**
Mumps	0	2	0	0	12	0	0	0	0	**0**	**14**
Pertussis	16	15	9	163	147	34	1	1	51	**386**	**823**
Q fever	5	4	5	12	11	8	5	6	7	**5**	**68**
Rabies, animal	29	27	22	15	16	10	15	9	20	**12**	**175**
Salmonellosis	230	305	226	227	166	179	220	250	249	**236**	**2288**
Shiga toxin-producing *E. coli*	62	84	91	204	136	97	96	88	113	**90**	**1061**
Shigellosis	285	28	29	26	9	12	17	17	53	**49**	**525**
Spotted fever rickettsiosis	2	6	13	14	10	7	7	1	2	**10**	**72**
Streptococcus pneumoniae, invasive	110	129	135	106	101	71	95	109	125	**122**	**1103**
Syphilis, early	48	41	52	50	56	101	787	1504	1390	**797**	**4826**
Syphilis, congenital	0	2	3	1	3	4	16	40	54	**40**	**163**
Toxic shock syndrome	3	1	0	1	0	0	0	1	0	**0**	**6**
Tularemia	25	14	13	9	17	10	14	0	8	**14**	**124**
Tuberculosis	17	12	14	12	16	16	12	10	14	**12**	**135**
Typhoid and paratyphoid fever	1	2	0	0	0	0	1	2	1	**0**	**7**
Varicella (chicken pox)	27	32	24	31	26	18	9	14	16	**26**	**223**
West Nile fever	29	117	46	122	11	9	29	35	48	**16**	**462**
West Nile neuroinvasive	11	35	27	47	0	11	19	36	46	**5**	**237**
Vibriosis	NR	5	12	9	3	3	9	4	5	**5**	**55**

Table 55 Reportable Diseases by County of Residence, South Dakota, 2024 (Calendar years)

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	Pertussis	Salmonellosis	Shigellosis	*Strep. pneumo*, invasive	Shiga Toxin-Producing *E. coli*	Syphilis, early	Tularemia	Varicella (chicken pox)	West Nile disease
TOTAL	**368**	**4163**	**143**	**76**	**1898**	**49**	**578**	**15**	**386**	**236**	**49**	**122**	**90**	**797**	**14**	**26**	**21**
Incidence*	39.8	450.2	15.5	8.2	205.3	5.3	62.5	1.6	41.7	25.5	5.3	13.2	9.7	86.2	1.5	2.8	2.3
Aurora	<5	<5	0	0	0	0	<5	0	11	<5	0	0	<5	0	0	0	0
Beadle	11	68	<5	<5	23	<5	7	0	<5	<5	0	8	0	6	0	0	<5
Bennett	<5	25	0	0	9	0	<5	0	0	<5	0	0	0	16	0	0	0
Bon Homme	0	10	5	0	<5	0	7	0	<5	<5	0	0	0	<5	0	0	0
Brookings	<5	87	8	<5	12	0	6	0	52	5	0	<5	<5	<5	0	0	<5
Brown	26	99	<5	<5	18	<5	17	<5	<5	<5	0	8	<5	5	0	0	0
Brule	7	24	0	<5	7	<5	<5	0	<5	0	0	<5	0	<5	0	<5	0
Buffalo	<5	28	<5	0	32	0	16	0	0	<5	0	<5	0	9	0	0	0
Butte	5	24	<5	0	<5	0	<5	0	9	16	0	<5	<5	<5	<5	0	0
Campbell	<5	<5	<5	<5	0	0	0	0	0	0	0	0	0	<5	0	0	0
Charles Mix	6	42	<5	0	21	0	21	0	<5	10	<5	<5	0	16	0	0	<5
Clark	<5	6	<5	<5	<5	0	0	0	<5	0	0	<5	<5	0	0	0	0

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	Pertussis	Salmonellosis	Shigellosis	*Strep. pneumo*, invasive	Shiga Toxin-Producing *E. coli*	Syphilis, early	Tularemia	Varicella (chicken pox)	West Nile disease
Clay	7	51	<5	<5	6	0	<5	0	<5	<5	0	<5	<5	<5	0	0	0
Codington	13	79	8	<5	10	<5	6	0	6	<5	0	<5	5	<5	<5	0	<5
Corson	<5	26	0	0	22	0	23	0	0	<5	0	<5	<5	28	0	0	0
Custer	5	22	<5	0	5	0	0	<5	0	<5	0	<5	<5	<5	<5	0	0
Davison	7	45	7	<5	22	0	7	<5	7	6	0	<5	<5	13	0	0	<5
Day	<5	7	<5	0	<5	0	<5	0	0	<5	<5	0	<5	0	0	0	0
Deuel	<5	<5	<5	0	<5	0	0	0	<5	0	0	0	0	0	0	0	0
Dewey	<5	152	<5	0	117	<5	22	0	0	<5	0	<5	0	42	0	0	<5
Douglas	<5	7	0	<5	0	0	0	0	31	0	0	0	<5	0	0	0	0
Edmunds	<5	8	<5	0	0	0	0	0	<5	0	0	0	<5	0	0	0	0
Fall River	5	18	<5	<5	<5	0	8	0	0	<5	0	0	<5	<5	<5	0	0
Faulk	<5	<5	0	<5	0	0	0	0	5	<5	0	<5	0	0	0	0	0
Grant	0	8	0	<5	0	0	0	0	<5	<5	0	0	<5	0	0	<5	0
Gregory	6	8	<5	0	<5	0	<5	0	0	<5	<5	<5	0	<5	0	0	<5
Haakon	<5	<5	0	0	0	0	0	0	0	<5	0	0	0	0	0	0	0
Hamlin	<5	<5	<5	0	<5	0	<5	0	<5	<5	0	0	<5	0	0	0	0
Hand	<5	<5	0	0	0	0	<5	0	0	<5	0	0	0	0	0	0	<5
Hanson	<5	0	0	0	0	0	0	0	7	0	0	0	0	0	<5	0	0
Harding	0	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0
Hughes	<5	81	<5	<5	55	<5	17	0	0	0	0	<5	0	22	0	0	0
Hutchinson	<5	9	6	<5	<5	0	<5	0	8	0	0	0	<5	<5	0	0	<5
Hyde	<5	5	0	0	0	0	<5	0	0	<5	0	<5	0	0	0	0	0
Jackson	<5	47	0	0	16	0	<5	0	0	<5	<5	0	0	16	<5	0	0
Jerauld	<5	<5	<5	<5	0	0	<5	0	0	0	0	0	0	0	0	0	0
Jones	<5	<5	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	5	5	<5	0	0	0	<5	0	0	<5	0	<5	<5	0	0	0	<5
Lake	<5	27	<5	<5	5	0	0	0	5	<5	0	0	0	<5	0	0	0
Lawrence	7	57	0	0	<5	0	11	0	0	7	0	<5	0	<5	0	0	<5
Lincoln	20	168	5	5	42	<5	<5	<5	48	22	0	6	7	6	0	0	0
Lyman	<5	45	0	0	30	0	7	0	0	<5	0	<5	0	16	0	0	0
Marshall	5	9	<5	0	<5	0	<5	0	<5	0	0	<5	0	<5	0	<5	0
McCook	<5	6	0	0	<5	0	0	0	11	<5	0	<5	0	0	0	<5	0
McPherson	<5	<5	0	<5	0	0	0	0	0	<5	0	0	<5	0	0	0	0
Meade	9	82	5	0	25	<5	<5	0	8	<5	0	<5	<5	9	0	<5	0
Mellette	0	20	0	<5	14	0	<5	0	0	0	<5	0	0	8	0	0	0
Miner	<5	<5	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0	0
Minnehaha	47	1266	31	26	575	29	124	5	84	44	7	22	19	131	<5	13	0
Moody	<5	25	0	0	<5	0	<5	0	7	0	0	0	<5	<5	0	0	0
Oglala Lakota	<5	258	<5	<5	154	<5	61	0	<5	6	<5	5	0	162	<5	0	0
Pennington	52	698	12	7	424	7	92	<5	13	25	0	14	12	190	<5	<5	<5
Perkins	<5	<5	0	0	0	0	<5	0	<5	<5	0	0	0	0	0	0	0
Potter	<5	11	0	0	0	0	<5	0	0	0	0	0	0	<5	0	0	<5
Roberts	6	41	<5	<5	15	0	<5	0	0	5	<5	<5	<5	0	0	0	<5
Sanborn	<5	<5	0	0	0	0	0	0	0	<5	0	0	<5	0	0	0	0
Spink	<5	7	<5	<5	0	0	<5	0	8	<5	0	<5	<5	0	0	0	0
Stanley	<5	<5	0	0	<5	0	<5	0	0	<5	0	0	0	<5	0	0	0
Sully	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Todd	<5	249	<5	<5	142	0	58	0	0	<5	31	<5	<5	39	<5	0	0
Tripp	6	28	0	0	10	0	<5	0	<5	<5	0	0	0	9	0	0	0
Turner	7	12	<5	<5	<5	0	<5	0	<5	<5	0	<5	<5	<5	0	<5	0
Union	7	38	<5	<5	5	<5	<5	0	<5	5	<5	0	<5	0	0	0	0
Walworth	<5	7	<5	0	5	0	<5	0	0	0	0	0	0	6	0	0	<5

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	Pertussis	Salmonellosis	Shigellosis	*Strep. pneumo*, invasive	Shiga Toxin-Producing *E. coli*	Syphilis, early	Tularemia	Varicella (chicken pox)	West Nile disease
Yankton	6	58	14	0	27	0	8	<5	25	6	<5	<5	<5	6	0	0	0
Ziebach	<5	25	0	0	17	0	8	0	0	0	0	0	0	11	0	0	<5

*Incidence: cases per 100,000 population
Individual county events of 1, 2, 3 or 4 are published as <5

Table 56 Reportable Diseases by Gender, Race and Age, South Dakota, 2024 (Calendar years)

	Campylobacteriosis	Chlamydia	CRE	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	HIV and AIDS	Pertussis	Salmonellosis	Shiga Toxin-Producing *E. coli*	Shigellosis	*Strep. pneumo*, invasive	Syphilis, early	Tuberculosis	Tularemia	Varicella (chicken pox)	West Nile disease
Total	**368**	**4163**	**12**	**143**	**76**	**1898**	**49**	**578**	**36**	**386**	**236**	**90**	**49**	**122**	**797**	**12**	**14**	**26**	**21**
Incidence*	39.8	450.2	1.3	15.5	8.2	205.3	5.3	62.5	3.9	41.7	25.5	9.7	5.3	13.2	86.2	1.3	1.5	2.8	2.3
Gender																			
Female	150	2792	7	71	33	1077	21	232	8	219	120	46	32	52	440	5	2	10	11
Male	218	1371	5	72	43	821	28	346	28	167	116	44	17	70	357	7	12	16	10
Race																			
White	319	1493	10	125	61	392	7	169	17	344	186	79	12	84	104	0	3	20	17
Am.Indian	27	1893	2	10	9	1241	6	359	9	16	26	5	35	32	647	4	11	3	2
Black	3	380	0	4	3	174	19	12	7	7	14	2	1	2	30	3	0	0	0
Asian	1	45	0	1	1	14	10	0	2	1	1	0	0	0	1	3	0	0	0
Other	5	149	0	1	1	38	5	21	0	5	2	2	1	3	12	2	0	1	0
Unknown	13	203	0	2	1	39	2	17	1	13	7	2	0	1	3	0	0	2	2
Age group																			
<1 yr	7	1	0	2	0	0	0	0	0	25	8	3	1	1	0	0	0	2	0
1-4 yrs	22	2	0	15	5	0	0	1	0	66	17	16	9	5	0	1	0	7	0
5-14 yrs	21	12	0	13	11	4	0	0	0	127	18	6	8	1	1	1	3	11	0
15-24 yrs	51	2161	1	18	7	586	6	46	2	117	16	12	3	1	152	2	1	0	0
25-39 yrs	87	1625	0	36	14	919	24	200	22	23	34	20	6	13	433	2	2	4	3
40-64 yrs	94	354	7	35	25	374	15	271	12	15	82	15	16	41	205	3	3	2	10
≥65 yrs	86	8	4	24	14	15	4	60	0	13	61	18	6	60	6	3	5	0	8

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 2024, there were 368 cases of *Campylobacter* infection reported, a 14 percent increase from the five-year median (median: 324). South Dakota's rate of campylobacteriosis ranks high nationally, usually double the national rate. Sixty-one cases (17%) were hospitalized. Of the *Campylobacter* cases that were culture confirmed, the species identified were *C. jejuni* (94 cases), *C. coli* (11), *C. ureolyticus* (1), and *C. concisus* (1). Thirty-one percent of campylobacteriosis cases reported contact with cattle.

Figure 14
Campylobacteriosis Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Figure 15
Campylobacteriosis Incidence, South Dakota & United States, 2015-2024

Carbapenemase-producing organisms (CPO)

In 2024, SDDOH updated its surveillance case definition from carbapenem-resistant Enterobacteriaceae (CRE) to carbapenemase-producing organisms (CPO) to align with national surveillance efforts. CPO are bacteria

that produce an enzyme capable of inactivating carbapenem antibiotics. Infections caused by CPO are difficult to treat, as carbapenems are often considered last-line antibiotics for severe life-threatening infections. CPO can spread quickly within healthcare settings, making early detection and implementation of infection prevention and control measures important to prevent further transmission. In South Dakota, 12 cases of CPO were reported in 2024. The statewide incidence was 1.3 cases per 100,000 population.

Figure 16
CPO Incidence by County of Residence: South Dakota, 2024
(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 2024, there were 4,163 cases of chlamydia reported in South Dakota, a 14 percent decrease from the five-year median (median: 4,858). Counties with the highest incidence (cases per 100,000 population) included Dewey (2,856.1), Todd (2,714.8), Oglala Lakota (1,931.1), and Jackson (1,717.2). 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 18
Chlamydia Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Coronavirus Disease 2019 (COVID-19)
COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus first identified in December 2019. From January 2020 until May 2023, COVID-19 was a federal public health emergency in the United States. COVID-19 is transmitted when a person breathes or coughs out infectious respiratory particles. Symptoms of COVID-19 may include cough, runny nose, sore throat, fever, and new loss of taste or smell. COVID-19 vaccines remain available and staying up to date with recommended vaccination is the most effective strategy to prevent severe illness.

In 2024, a total of 19,257 cases of COVID-19 were reported in South Dakota, resulting in 924 hospitalizations and 129 deaths.

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 2024, 143 cases of cryptosporidiosis were reported in South Dakota.

Figure 21
Cryptosporidiosis Incidence by County of Residence: South Dakota, 2024
(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 2024, 90 cases of STEC were reported in South Dakota (9.7 cases per 100,000 population). South Dakota's STEC rate has been more than double the national rate over the past decade. There were 25 cases (28%) that occurred in children less than 15 years of age. Twenty-six cases (29%) were hospitalized, and two cases of hemolytic uremic syndrome (HUS) associated with STEC infection were reported. Culture-confirmed cases included the following serogroups: O103 (6 cases), O157 (5), O111 (5), O26 (5), O121 (3), and other serogroups (9).

Figure 22
STEC Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Giardiasis

Giardiasis is a gastrointestinal disease involving diarrhea and abdominal cramps that is caused by a protozoan parasite called *Giardia lamblia* (*G. intestinalis*, *G. doudenalis*). Giardiasis is transmitted person-to-person or by contaminated water, or in some cases animal-to-human. In 2024, 76 cases of *Giardia* infection were reported in South Dakota residents (8.2 cases per 100,000 population), which was slightly above the five-year median (median: 71). South Dakota's giardiasis rate has been more than double the national rate over the past decade.

Figure 24
Giardiasis Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Figure 25
Giardiasis Incidence, South Dakota & United States, 2015-2024

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.

In 2024, there were 1,898 gonorrhea cases reported, which is a rate of 205.3 cases per 100,000 population. The median age of cases was 30 years old (range: 14 to 79). Females accounted for 57 percent of cases.

Figure 26
Gonorrhea Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Figure 27
Gonorrhea Incidence, South Dakota & United States, 2015-2024

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 2024, one case of hepatitis A was reported in South Dakota.

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 vaccination is not mandatory for school entry in South Dakota.

In 2024, there were two cases of acute hepatitis B and 49 cases of chronic hepatitis B reported in South Dakota. The median age of cases was 38 years (range: 18 to 78) and 57 percent were male.

Figure 30
Chronic Hepatitis B Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Hepatitis C, acute and chronic
Hepatitis C causes liver disease. For most people hepatitis C is a long-term, chronic infection and may cause long-term health problems resulting in death. The majority (70-80%) of persons might not be aware of their infection because they do not become clinically ill. There is no vaccine available for hepatitis C. Hepatitis C is a blood-borne virus and the greatest risk for infection is among persons who inject drugs.

In 2024, there were 21 cases of acute hepatitis C and 578 cases of chronic hepatitis C reported in South Dakota. The counties with the highest incidence of chronic hepatitis C (cases per 100,00 population) were Buffalo (876.7), Todd (632.4), Corson (613.8), and Oglala Lakota (456.6).

Figure 31
Hepatitis C, Acute and Chronic, by Year: South Dakota, 2015-2024

Figure 32
Chronic Hepatitis C Incidence by County of Residence: South Dakota, 2024
(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 2024, there were 36 new HIV/AIDS cases reported in South Dakota.

Figure 33
Rate of HIV Diagnosis, South Dakota & United States, 2015-2024

Influenza

The 2024–2025 influenza season was a moderately severe season in South Dakota. A total of 21,859 confirmed influenza cases were reported to SDDOH, including 21,595 (99%) influenza A and 264 (1%) influenza B. Additionally, 19,812 rapid antigen influenza tests were performed with 3,597 positive results (18%); 3,223 (90%) positive for influenza A and 374 (10%) positive for influenza B. There were also 1,546 hospitalizations and 65 deaths reported during the 2024–2025 influenza season. Routine annual influenza vaccination is recommended for all persons aged ≥6 months.

Table 57
Influenza Cases by Age Group, South Dakota, 2024-2025

Lab Confirmed Influenza Cases (by Culture, PCR, or DFA)			**Influenza Associated Hospitalizations**		**Influenza Associated Deaths**	
Age Group	# Cases (%)		# Hosp (%)		Deaths (%)	
0-4	3308	(15%)	86	(6%)	1	(2%)
5-18	6259	(28%)	100	(6%)	1	(2%)
19-49	6270	(29%)	229	(15%)	6	(9%)
50-64	2785	(13%)	306	(20%)	8	(12%)
> 64	3237	(15%)	825	(53%)	49	(75%)
Total	**21,859**		**1546**		**65**	

Figure 34
2024-2025 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. In 2024, there were 15 cases of legionellosis reported in South Dakota, a 29 percent decrease 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 2024, there were 11 cases of Lyme disease reported in South Dakota residents, a 10 percent increase from the five-year median (median: 10).

Measles
Measles is an acute viral respiratory illness that spreads through the air when an infected person breathes, coughs, or sneezes. Although there is no specific antiviral treatment for measles, a safe and highly effective vaccine is available for prevention. Measles was declared eliminated from the United States in 2000; however, cases may occur due to international travel or import-linked cases. Declining vaccination coverage, both locally and globally, increases the risk of measles transmission. In 2024, one measles case was reported in South Dakota in an unvaccinated adult with recent international travel. This was the first measles case reported in the state since 2015.

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-CoV-2, the virus which causes COVID-19. In 2024, there were no cases of MIS reported in South Dakota.

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 infectious respiratory particles when a person coughs. 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. Vaccination with a pertussis-containing vaccine, such as DTaP and Tdap, is the most effective way to prevent pertussis.

In 2024, a substantial resurgence of pertussis activity occurred with 386 cases reported in South Dakota, a 1,035 percent increase from the five-year median (median: 34). The median age of cases was 13 years (range: 0 to 97). Most cases (56%) occurred in children less than 15 years old.

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, 31 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 12 animals tested positive for rabies in 2024, a 20 percent decrease from the five-year median (median: 15). The rabid animals included ten bats, one cat, and one cow. No human rabies was reported.

Figure 36
Animal Rabies by County: South Dakota, 2024

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 2024, 236 cases of salmonellosis were reported in South Dakota. The *Salmonella* serotypes most commonly identified were *S.* Enteritidis (62 cases), *S.* Typhimurium (33), *S.* Newport (15), *S.* Brandenburg (12), and *S.* Infantis (9). The majority of cases were in older and middle-aged adults; 61 percent of cases were over 40 years of age. Fifty-four cases (23%) were hospitalized.

Figure 37
Salmonellosis Incidence, South Dakota & United States, 2015-2024

Figure 38
Salmonellosis Incidence by County of Residence: South Dakota, 2024
(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 sites. Food may be contaminated by people not washing their hands properly.

In 2024, there were 49 cases of shigellosis reported in South Dakota, a 188 percent increase above the five-year median (median: 17). Eighteen cases (37%) were in children less than 15 years of age. Twenty-two cases (48%) were hospitalized. Of the cases with known species information, 80 percent were *Shigella flexneri.*

***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 2024, there were 122 cases of invasive pneumococcal disease reported in South Dakota. The majority (83%) of cases occurred in adults 40 years of age and older.

Syphilis, early (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 non-primary non-secondary, and unknown duration or late. 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 797 cases of early syphilis (primary, secondary, and early non-primary non-secondary) reported in 2024, similar to the five-year median (median: 787). Forty cases of congenital syphilis

were also reported. Five counties (Pennington, Oglala Lakota, Minnehaha, Dewey, and Todd) accounted for 71 percent of the state's early syphilis 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 12 cases of TB reported in South Dakota in 2024. The median age of cases was 39 years (range: 2 to 89). Fifty-eight percent of TB cases 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 infectious respiratory particles. 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 2024, there were 14 cases of tularemia reported in South Dakota (6 ulceroglandular, 4 pneumonic, 2 glandular, 1 oculoglandular, and 1 typhoidal). The median age of cases was 59 years old (range: 8 to 84).

Varicella (chicken pox)

Varicella (chicken pox) is a highly contagious disease consisting of a blistery 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 2024, there were 26 cases of chicken pox reported in South Dakota. Among cases with known vaccination status, sixty-two percent were unvaccinated or too young to have been vaccinated. The median age of cases was seven years old (range: 0 to 51).

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 ten percent.

In South Dakota, there were 21 human cases of WNV disease (5 neuroinvasive and 16 non-neuroinvasive) reported in 2024. The overall incidence of WNV was 2.3 cases per 100,000 population. Eight cases (38%) were hospitalized, including one death. Additionally, three persons were identified to have WNV infection through blood donation screenings.

Figure 41
Human WNV Disease Incidence by County of Residence: South Dakota, 2024
(cases per 100,000)

Other Infectious Diseases

Other infectious diseases reported in South Dakota during 2024 include: 28 cases of invasive *Haemophilus influenzae*, 17 cases of coccidioidomycosis, ten cases of spotted fever rickettsiosis, five cases of Q fever, three cases each of anaplasmosis, cyclosporiasis and dengue, two cases each of babesiosis and ehrlichiosis, and one case each of listeriosis, meningococcal disease and mpox.

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 2024 calendar year. Divorce data were compiled from transcripts that were received from each county.

The cut-off date for 2024 data in this report was August 31, 2025. Any data pertaining to a 2024 event for which a certificate was filed after August 31, 2025 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 by 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 2024 were calculated using the 2024 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, 2010, and 2020 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, 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 the 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 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.

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/ethnicity data in this report are categorized in the following manner:

- White
- American Indian
- Black
- Hispanic

Due to space constraints and small numbers, some race categories (Asian, Pacific Islander, and Multi-Racial) are included in the total, but are not shown individually.

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 that 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-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.

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.

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 before 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.

Fetal Death Rate – The number of fetal deaths divided by the total number of live births and fetal deaths 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 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 is 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 are a small number of events and the probability of such an event is small, a mathematical formula is used to calculate whether the difference in rates is statistically significant or due more to chance.

E. 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 poisoning[2]	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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