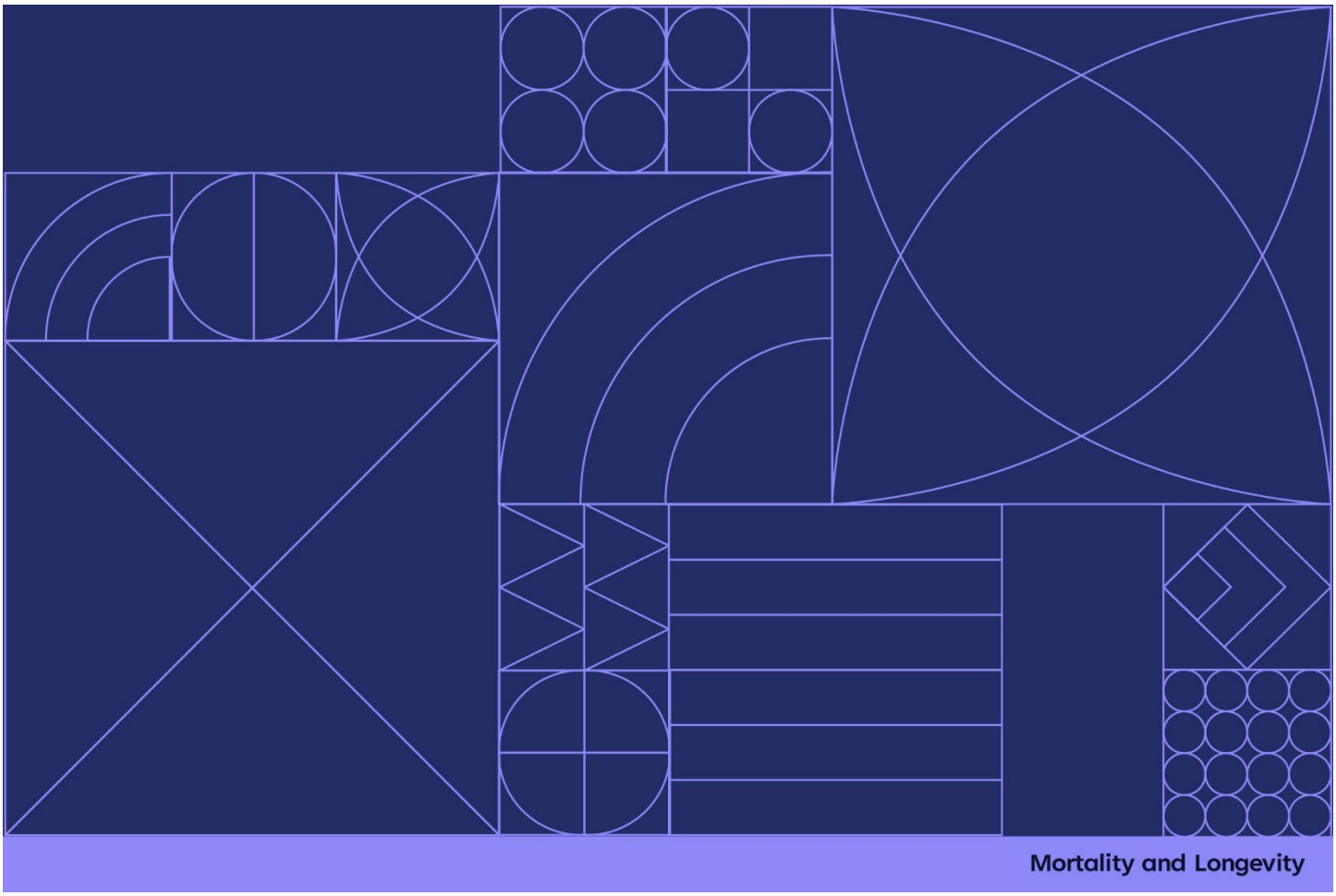
August | 2026

Quarterly Mortality Monitoring Report for the U.S. Population

Data through March 2026



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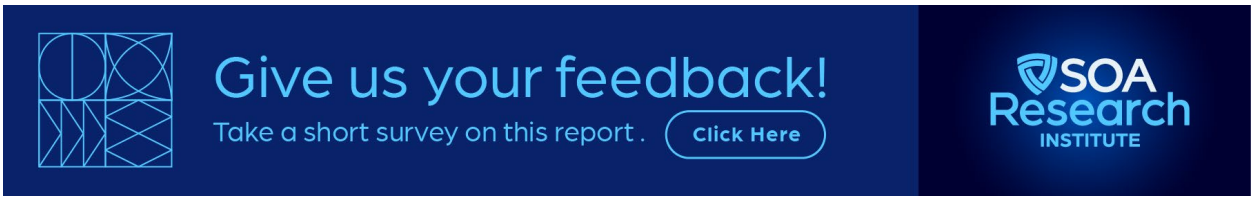
Data through March 2026

Author Patrick Wiese, ASA

Sponsor Society of Actuaries Research Institute
Quarterly Mortality Monitoring Oversight Group



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Data through March 2026

Executive Summary

The Quarterly Mortality Monitoring Report (QMMR) examines mortality trends in the United States (U.S.) general population. An updated QMMR report is issued every three months, reflecting the latest data. The results presented in each QMMR report are developed using death count data downloaded from the Centers for Disease Control and Prevention (CDC) WONDER database[1] and population counts downloaded from the Human Mortality Database (HMD).[2] Because population counts and death counts for the recent past are subject to some uncertainty and may change when the data is updated, the QMMR results are intended to be viewed as estimates rather than fully complete data.

Due to seasonality, monthly death rates are volatile. Therefore, this report focuses primarily on death rates computed across 12-month periods. As explained in the Appendix, age-standardization is used to remove noise imparted by shifts in the population's age structure across time.

Key findings extracted from an analysis of data through March 2026 are as follows:

- For the U.S. population considered as a whole, the age-standardized death rate for the 12-month period from April 2025 to March 2026 was 788.9 (per 100,000 persons), compared to 804.0 for the 12-month period from January to December 2025.[3] This is a decrease of 1.9%.
- The 1.9% decrease of the rolling 12-month death rate occurred because the death rate for the first quarter (Q1, from January to March) of 2026 was 7% less than the rate for Q1-2025 (which dropped out of the 12-month rolling period).
- For each of the broad age groups examined in this report (ages 0–19, 20–49, 50–59 and 60+), the 2026-Q1 mortality rate was less than the corresponding rate for 2025-Q1. In percentage terms, the 50–59 age group experienced the largest improvement—an 8.4% drop in the Q1 mortality rate (relative to Q1 of 2025).

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[1] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database: https://wonder.cdc.gov/.

[2] Human Mortality Database, Max Planck Institute for Demographic Research (Germany), University of California, Berkeley (USA), and French Institute for Demographic Studies (France), accessed July 22, 2026, https://www.mortality.org/.

[3] In the previous QMMR (covering mortality experience through December 2025), the age-standardized death rate for the 12-month period from January to December 2025 was estimated at 828.9 (per 100,000 persons), which is 3% greater than the estimate of 804.0 (for the same 12-month period) provided in this report. The shift was caused by significant adjustments to population estimates, as explained in the Appendix.

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Along with this report, an updated version of the QMMR Excel/VBA workbook has been released. The updated workbook contains data from 2000 through March 2026, disaggregated by sex, single age, and 14 broad categories of mortality causes. The workbook provides several tools to facilitate the analysis of mortality trends, including interactive, parameterized graphs that make it easy to visualize trends in the data.

Data Sources

The death count data used in this analysis was downloaded from the CDC WONDER database on July 13, 2026. Given this download date, the death counts for November 2025 and earlier are effectively complete. The author estimates that death counts for December 2025 are 99.9% complete, and 99.8%, 99.7% and 99.0% complete for January, February, and March 2026, respectively. For recent months, this analysis divides the death counts by the estimated completion rates, thereby producing estimates for final death counts. These estimates are subject to some uncertainty given that historical completion rates are not perfect predictors of future completion rates.

To compute death rates for this analysis, CDC death counts (by sex, single-age, and year) were divided by U.S. population estimates (by sex, single-age, and year) downloaded from the HMD in June 2026. The HMD data ends in January of 2025, but this report requires data through March 2026. Therefore, for this analysis, the HMD dataset was extended through 2026 using the Social Security Administration's population projection extracted from the 2026 OASDI Trustees Report as a guide.[4] The cell formulas used to extrapolate the HMD counts appear in the "Exposure Counts" worksheet of the QMMR workbook.

Analysis of Recent Mortality Data by Sex and Age Group

Figures 1, 2 and 3 present age-standardized (or "age-adjusted") national-level death rates for 12-month trailing periods, expressed as a percent of the corresponding death rates calculated using 2019 data. By definition, a value of 100% indicates that a death rate is equal to the level observed in 2019.

Figure 1 captures the last six years of data, while Figure 2 focuses solely on the period from March 2025 to March 2026. Note that each data point in these figures reflects the trailing 12 months of data, so the result for March 2026 reflects data from April 2025 through March 2026.

Figure 3 breaks these results down by sex for the most recent 12-month period (April 2025 to March 2026) considered in this analysis.

[4] Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, *The 2026 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds* (Washington, DC: Social Security Administration, June 9, 2026), https://www.ssa.gov/OACT/TR/2026/.

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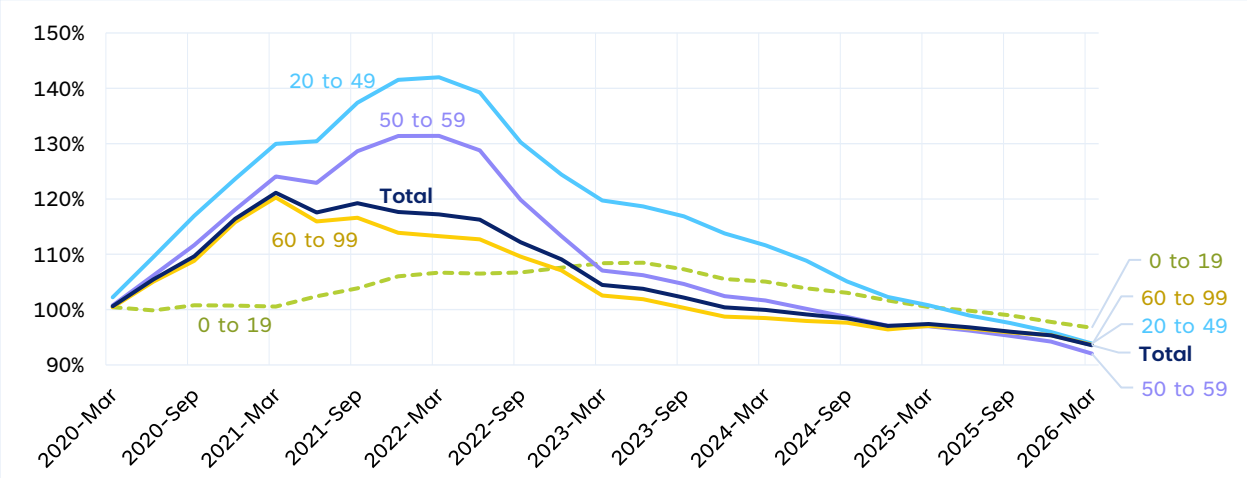
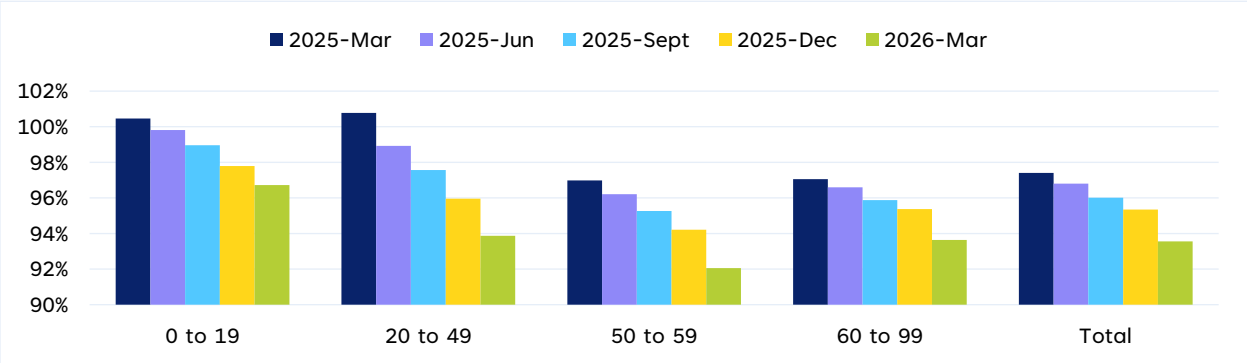
Figure 1
Death Rates by Age Group for Trailing 12-Month Periods, as % of Corresponding 2019 Death Rate



Each result reflects data across the trailing 12 months; for example, the results for March 2026 reflect data from April 2025 to March 2026.

Figure 2
Death Rates by Age Group for Trailing 12-Month Periods, as % of Corresponding 2019 Death Rate



Each value reflects data across the trailing 12 months; for example, the results for March 2026 reflect data from April 2025 to March 2026.

Figure 3
Sex-Specific Death Rates by Age Group
for the 12-Month Period from April 2025 to March 2026, as % of Corresponding 2019 Death Rate

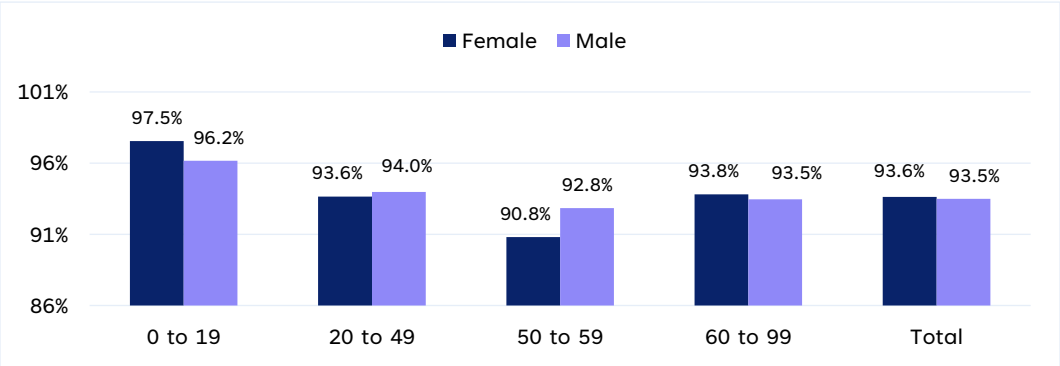


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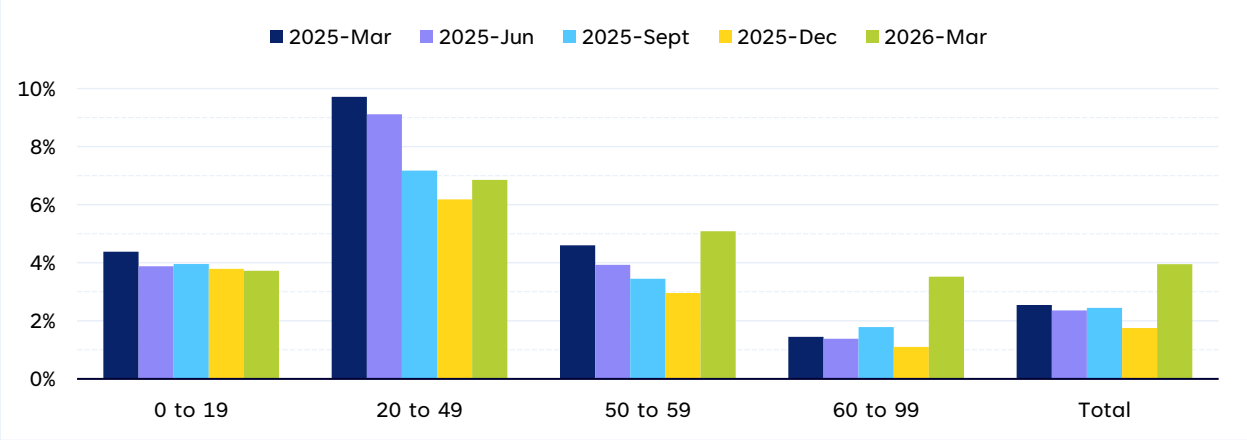
Figure 4 has a parallel structure to Figure 2, but it presents rates of mortality improvement as opposed to mortality rates. Each improvement rate was determined by comparing the death rate for the trailing 12 months against the corresponding death rate for the trailing 13 to 24 months. For example, the death rate for the total population for January through December 2025 was 804.0 per 100K, while the death rate for January through December 2024 was 818.3 per 100K. Comparing these two values produces an improvement rate of 1.00 minus 804.0/818.3, or 1.8%.

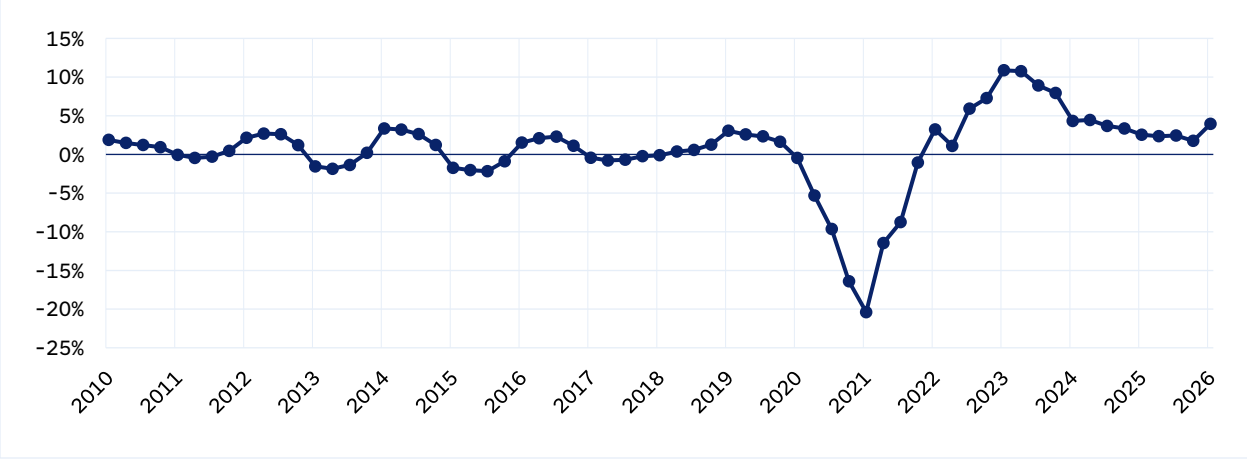
Figure 4
Annualized Rates of Mortality Improvement Computed Across Trailing 24-Month Periods



Because this graph compares overlapping 24-month periods, quarter-to-quarter changes reflect both new experience entering the rolling window and older experience leaving it.

As shown in Figure 4, the mortality improvement rate for the total population jumped from 1.8% for the 24-month period ending in December 2025, to 4.0% for the 24-month period ending in March 2026. To assess whether an abrupt jump of this magnitude is unusual, Figure 5 shows improvement rates for the total population from 2010 through March 2026, computed across trailing 24-month periods.

Figure 5
Annualized Rates of Mortality Improvement for the Total Population, Across Trailing 24-Month Periods



Each improvement rate was determined by comparing the death rate for the trailing 12 months against the death rate for the trailing 13 to 24 months. Because the time series is quarterly, successive 24-month periods overlap across 21 months.

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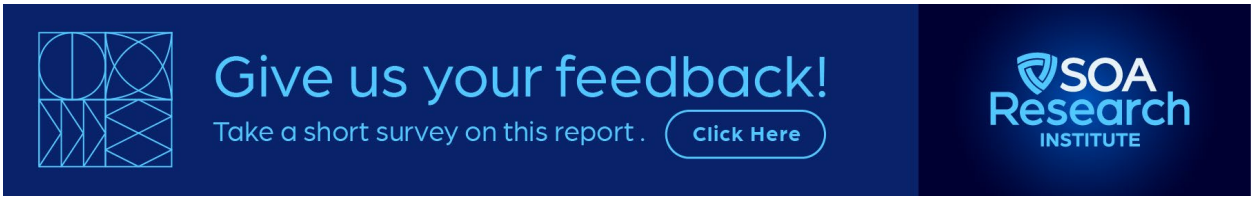
Even prior to the pandemic, the trailing 24-month improvement rate experienced several substantial shifts from one quarter to the next. For example, for 24-month period ending in December 2013, the improvement rate was 0.2%. Three months later, the 24-month trailing improvement rate jumped to 3.4%. Over the subsequent 18 months, the rate gradually declined, slipping below 0% early in 2015. Indeed, several cycles of significant upward and downward movements of the 24-month trailing mortality rate occurred between 2010 and 2019. This history suggests that an abrupt jump in the trailing 24-month improvement rate is not unusual and could be part of a multi-year cyclical pattern.

Because monthly and quarterly mortality rates are volatile, this report focuses on mortality rates computed across 12-month periods and improvement rates calculated by comparing two successive 12-month periods. Readers interested in examining monthly or quarterly data may do so using the Excel/VBA workbook that accompanies this report.



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Acknowledgments

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At the SOA:

Kara Clark, FSA, Senior Research Actuary

Barbara Scott, Senior Research Administrator

Patrick Wiese, ASA, Modeling Researcher

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Appendix

Data Associated with Figure 1

Table 1 presents key data points extracted from Figure 1, and Table 2 presents the same results but in deaths-per-100K persons (rather than as a percent of the 2019 death rate). For readers seeking data with greater granularity, the Appendix provides tables by 10-year age groups.

Table 1
Death Rates by Age Group, as a % of the Corresponding 2019 Death Rate

Start of 12-Month Period	End of 12-Month Period	Ages 0 to 19	Ages 20 to 49	Ages 50 to 59	Ages 60+	Total Population
2019-Jan	2019-Dec	100.0%	100.0%	100.0%	100.0%	100.0%
2020-Jan	2020-Dec	100.7%	123.6%	118.0%	115.8%	116.4%
2021-Jan	2021-Dec	106.0%	141.5%	131.4%	113.9%	117.6%
2022-Jan	2022-Dec	107.6%	124.4%	113.3%	107.1%	109.1%
2023-Jan	2023-Dec	105.5%	113.8%	102.4%	98.7%	100.4%
2024-Jan	2024-Dec	101.6%	102.3%	97.1%	96.4%	97.0%
2025-Jan	2025-Dec	97.8%	96.0%	94.2%	95.4%	95.3%
2025-Apr	2026-Mar	96.7%	93.9%	92.1%	93.6%	93.6%

Table 2
Deaths per 100,000 Persons

Start of 12-Month Period	End of 12-Month Period	Ages 0 to 19	Ages 20 to 49	Ages 50 to 59	Ages 60+	Total Population
2019-Jan	2019-Dec	50.4	174.8	592.5	3,064.1	843.2
2020-Jan	2020-Dec	50.7	216.1	699.4	3,547.9	981.6
2021-Jan	2021-Dec	53.4	247.4	778.4	3,489.7	992.0
2022-Jan	2022-Dec	54.2	217.5	671.1	3,281.2	919.8
2023-Jan	2023-Dec	53.2	198.9	607.0	3,025.5	846.7
2024-Jan	2024-Dec	51.2	178.8	575.2	2,954.7	818.3
2025-Jan	2025-Dec	49.3	167.8	558.2	2,922.2	804.0
2025-Apr	2026-Mar	48.7	164.1	545.4	2,869.1	788.9

The death rates in these exhibits are age-standardized using the age/sex structure of the 2019 population. Without standardization, a death rate computed across the total population (or across an age group) will increase if a population's average age increases, even if age/sex specific death rates remain unchanged. Standardization neutralizes this issue by "freezing" the age-sex structure of the population in a specific "standard" year. This report uses 2019 as the standard year, but this choice is arbitrary. If a different year were used (say, 2010), the absolute level of the death rates in Table 2 would change, but their relative change across time would not be significantly affected.

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Exposure Data Revisions

Relative to the prior quarterly report, this report uses revised exposure estimates. These revisions contribute to modest shifts in previously reported results. This section of the report explains the revisions and their impact on the report's results.

The U.S. population is large and dynamic, making it challenging to estimate population counts with complete precision. As a result, published population estimates are subject to revision as additional data and improved estimation methods become available.

On an annual basis, the U.S. Census Bureau's Population Estimates Program (PEP) updates its estimates of the resident population by year, age, and sex. Each annual release provides estimates as of July 1 for the current year and includes revised estimates for prior years back to the most recent decennial census, incorporating newly available data and any methodological improvements. As a result, each new "vintage" of population estimates supersedes prior vintages, ensuring that users have the most up-to-date and internally consistent estimates by single year of age and sex.

Additionally, following each decennial census, the Census Bureau produces a final set of intercensal estimates for the completed decade by reconciling the annual postcensal estimates with the census counts at both the beginning and end of the decade; these intercensal estimates become the Bureau's official and preferred population estimates for that period.

The Human Mortality Database — the source of exposure data used in this report — uses the Census Bureau's population estimates as the primary source for ages below 80, while re-estimating population counts at ages 80 and older using standardized demographic methods intended to improve accuracy at the oldest ages. Consequently, HMD's population counts above age 80 are not expected to match the Census Bureau's published estimates exactly.

HMD periodically updates its population datasets to incorporate newly released Census Bureau population estimates. Whenever HMD updates its population dataset, this report adopts the latest HMD release for calculating mortality rates.

This release of the Quarterly Mortality Monitoring Report (QMMR) uses an HMD population dataset released in June 2026, whereas the previous report used an HMD dataset released in May 2025. The population data sources underlying the two reports are summarized in Table 3.

Table 3
Exposure Dataset Used for the Quarterly Mortality Monitoring Report

QMMR Release Date	Final Year/Month of Results Presented in QMMR	2010 to 2020 Population Basis	2020+ Population Basis
April 7, 2026	Dec 2025	Postcensal	Vintage 2023
August 7, 2026	Mar 2026	Final Intercensal	Vintage 2024

Table 4 shows exposure counts of the updated dataset as a percent of the corresponding counts from the prior dataset, while Figure 5 compares cumulative population growth from 2019 through 2024 for the prior and updated datasets. Because the HMD data ends in 2024 (as explained in the Data Sources section of this report), Table 4 and Figure 5 do not include data for 2025+.

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While the body of the report does not disaggregate results for ages 60+, Table 4 and Figure 5 decompose ages 60+ into two groups: 60-79 and 80+. This disaggregation is needed because the most important revisions to population estimates occurred for ages 80+. As shown in Figure 5, in the updated dataset the 80+ population grew by 15% from 2019 through 2024, compared to only 11% in the prior dataset. This 4% population growth differential translates directly into 4% greater estimated mortality improvement (for ages 80+) using the new exposure dataset, as shown in Figure 6.

Table 4
Exposure Data Used in Current QMMR Report as % of Exposure Used in Prior Report

Age Group	2019	2020	2021	2022	2023	2024
0 to 19	100.7%	100.0%	99.5%	99.6%	100.0%	100.3%
20 to 49	99.5%	99.3%	99.3%	99.8%	100.5%	101.0%
50 to 59	101.1%	100.0%	99.4%	99.3%	99.4%	99.3%
60 to 79	101.9%	101.9%	101.8%	101.7%	101.6%	101.5%
80 to 99	102.0%	103.5%	104.6%	105.0%	105.3%	105.6%
0 to 99	100.6%	100.2%	100.1%	100.2%	100.7%	100.9%

Figure 5
Cumulative Growth of Population from 2019 through 2024, by Age Group

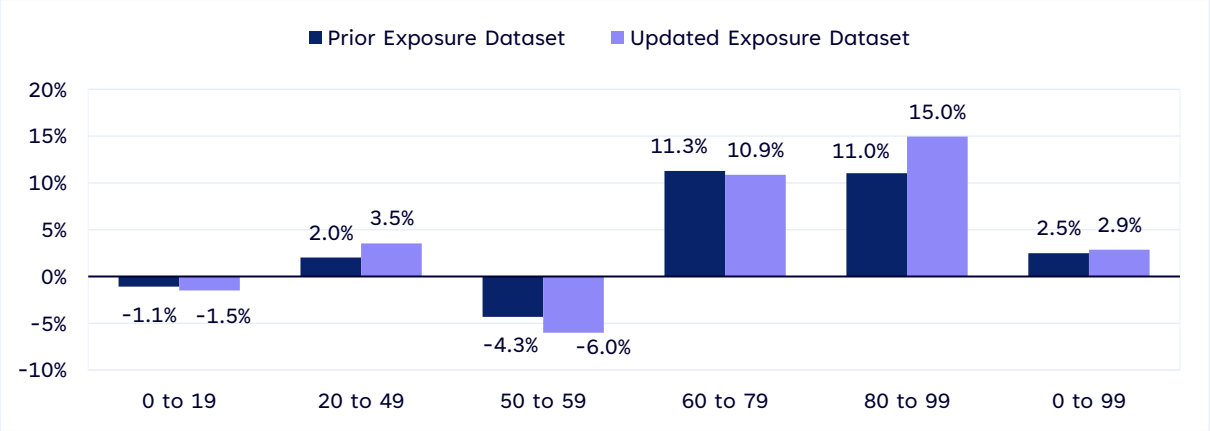

Figure 6
Death Rate in 2024 as % of Death Rate in 2019

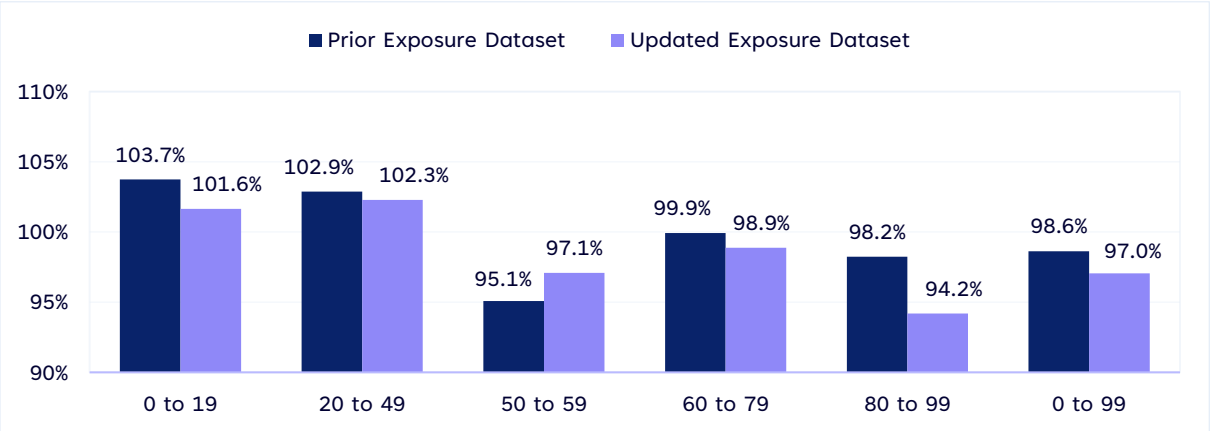

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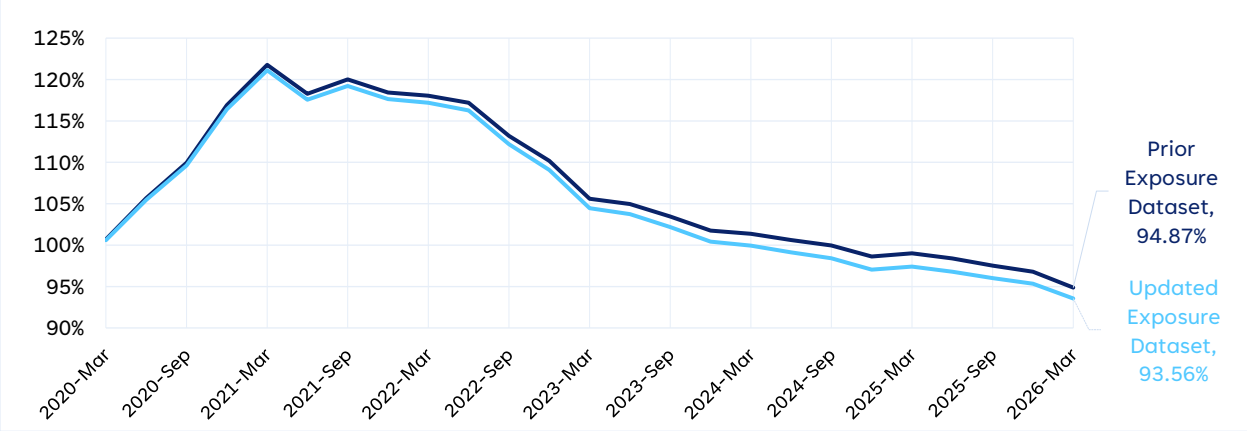
Figure 7 is similar to Figure 1 but focuses solely on the total population, and compares results generated with the prior exposure dataset against the corresponding results generated with the updated exposure dataset. The updated exposure dataset leads to slightly larger estimates of recent mortality improvement.

Figure 7
Age-Sex Death Rate for Trailing 12-Month Periods for Total Population, As % of Corresponding 2019 Death Rate



Each result reflects data across the trailing 12 months; for example, the results for March 2026 reflect data from April 2025 to March 2026.

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