2026 Heart Disease & Stroke Statistics Update Fact Sheet
Children & Cardiovascular Diseases In the United States

Out-of-Hospital Cardiac Arrest (OHCA)

- In 2024, 17.1% of children 1 to 18 years of age with an OHCA treated by emergency medical services survived to hospital discharge.
- Sports-related sudden cardiac arrest accounted for 39% of sudden cardiac arrests among those ≤18 years of age in Portland, OR between 2002 and 2015.
- In 2024, the location of emergency medical services-treated OHCA was home for 92.1% of infants less than 1 year of age and 81.1% of children 1 to 18 years of age.

Congenital Cardiovascular Defects (ICD-10 codes Q20-Q28)

- In 2017, CCDs were among the top 8 causes of infant mortality in all global regions. In 2019, it was estimated that 13.3 million people globally were living with congenital cardiovascular defects (CCD).
- In high-income North American countries, including the United States, the birth prevalence of CCD is estimated to be 12.3 per 1000 according to 1990 to 2017 data.
- Trends in overall age-adjusted death rates attributable to CCDs in the United States showed a decline from 1999 to 2017 with a relative plateau between 2017 and 2023; this varied by race, ethnicity, and sex.

Stroke in Children (ICD-10 codes I60-I69)

- The causes of childhood stroke can be categorized into 3 broad groups: (1) structural genetic predisposition (congenital heart disease, genetic arteriopathies, collagen defect), (2) hematologic genetic predisposition (hereditary thrombophilia, sickle cell disease), and (3) acquired exposures (infection, trauma, radiation, drugs).
- Among 355 children with stroke followed up prospectively as part of a multicenter study with a median follow-up of 2 years, the cumulative stroke recurrence rate was 6.8% at 1 month and 12% at 1 year.

High Blood Pressure (ICD-10 codes I10 to I15*)*

- In a systematic review of 60 studies of pediatric patients (defined as individuals ≤18 years of age) with type 2 diabetes, the prevalence of hypertension among 3463 participants was 25.3%.
- In an analysis from SHIP AHOY, a cross-sectional cohort study of 397 adolescents 11 to 19 years of age, the prevalence of hypertension with awake ambulatory BP using the 95th percentile was 17% and 11% for systolic blood pressure and diastolic blood pressure, respectively. With the use of the 2017 American College of Cardiology/American Heart Association adult thresholds of ≥130/80 mm Hg, the prevalence was higher at 27% and 13% for SBP and DBP, respectively.

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Tobacco and Nicotine Use and Exposure

In 2024:

- 10.1% of high school students and 5.4% of middle school students used any tobacco products in the past 30 days; 1.7% of high school students and 1.1% of middle school students smoked cigarettes in the past 30 days.
- 1.5% of high school students and 0.8% of middle school students used smokeless tobacco in the past 30 days.
- 1.5% of high school students and 0.8% of middle school students used cigars in the past 30 days.
- 7.8% of high school students and 3.5% of middle school students used e-cigarettes in the past 30 days.
- In 2024, NH White adolescents (1.4%) and Hispanic youth (1.6%) were less likely than NH multiracial youth (2.1%) to report cigarette use in the past 30 days. For cigar use, in 2024, the highest prevalence was in NH Black youth (2.2%) compared with NH White (0.9%) and Hispanic (1.4%) youth.

High Blood Cholesterol & Other Lipids

- According to 2021 to 2023 data, among children 6 to 11 years of age, the mean total blood cholesterol level was 158.3 mg/dL; 159.2 mg/dL for males and 157.4 mg/dL for females.
- According to 2021 to 2023 data, among adolescents 12 to 19 years of age, the mean total blood cholesterol level was 154.8 mg/dL; 151.9 mg/dL for males and 157.9 mg/dL for females.
- Among youth 12 to 19 years of age between 2017 and 2020, the prevalence of suboptimal total cholesterol was 6.1%, and the prevalence of optimal levels was 71.8%.
- Among youth 12 to 19 years of age between 2017 and 2020, the prevalence of suboptimal high-density lipoprotein cholesterol was 14.1%, and the prevalence of optimal levels was 69.4%.
- Among youth 12 to 19 years of age between 2017 and 2020, the prevalence of suboptimal low-density lipoprotein cholesterol was 4.8%, and the prevalence of optimal levels was 83.7%.
- Among youth 12 to 19 years of age between 2017 and 2020, the prevalence of suboptimal triglyceride levels was 6.7%, and the prevalence of optimal levels was 77.9%.

Physical Activity (PA)

- Using parental report, in 2022 and 2023, the nationwide prevalence of youth who were active for ≥60 minutes every day of the week was higher for youth 6 to 11 years of age (25.6%) compared with youth 12 to 17 years of age (13.7%). Among youth 6 to 17 years of age, the percentage who were active for ≥60 minutes every day of the week was 22.3% in NH White youths, 18.1% for NH Black youths, 16.3% for Hispanic youths, and 13.1% for NH Asian youths.
- In 2021 to 2023, the percentage of teens 12 to 17 years of age who engaged in strength training most or every day of the week was 35.8% (males, 44.4%; females, 26.7%)
- Nationwide in 2022 and 2023, 17.8% of children 6 to 11 years of age and 36.5% of youth 12 to 17 years of age spent ≥4 h/d on an average school day in front of a television, computer, smartphone, or other electronic device watching programs, playing games, accessing the internet, or using social media, not counting time spent doing schoolwork.

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Overweight & Obesity

- According to NHANES data from 2021 to 2023, among US children and adolescents 2 to 19 years of age, the prevalence of obesity was 21.1% overall, 23.0% for males, and 19.1% for females. Obesity prevalence increased with age; 14.9% for those 2 to 5 years of age, 22.1% for those 6 to 11 years of age, and 22.9% for those 12 to 19 years of age.
- According to NHANES data from 2021 to 2023, among US children and adolescents 2 to 19 years of age, the prevalence of severe obesity was 7.0% overall, 7.8% for males, and 6.3% for females. Severe obesity prevalence increased with age; 3.4% for those 2 to 5 years of age, 6.5% for those 6 to 11 years of age, and 8.9% for those 12 to 19 years of age.

Diabetes (ICD-10 E10 to E14)

- In 2023, ≈8.4 million adolescents 12 to 17 years of age, representing 32.7% of the US adolescent population, were estimated to have prediabetes.
- In 2021, 352 000 children and adolescents <20 years of age, or 35 per 10 000 US youths, had diagnosed diabetes. This includes 304 000 with type 1 diabetes.

Healthy Diet

- Using 2013 to 2020 data, the average diet score using Life's Essential 8 scoring methodology (0-100 points, higher score indicates more optimal diet) was 43.9 for youth 2 to 19 years of age. The scores were 50.3 for NH Asian, 48.9 for Mexican American, 44.1 for NH White, and 32.5 for NH Black youth 2 to 19 years of age.
- Based on 2015 to 2016 data, the average dietary consumption by US children and teenagers of selected foods and nutrients related to cardiometabolic health is detailed below.
  - Whole Grains— consumption was low; 0.95 serving per day in youth.
  - Fruit— consumption was low (0.68 serving per day) and decreased with age. NH Asian youth and other races, including multiracial youth, had the highest intake of whole fruit, followed by NH White youth, other Hispanic youth, Mexican American youth, and NH Black youth.
  - Non-starchy vegetable—consumption was low with an estimated average intake of 0.57 serving per day. The consumption pattern increased with age.
  - Fish and shellfish— consumption was low with an estimated average intake of 0.06 serving per day. The consumption pattern increased with age.
  - Sugar-sweetened beverages— consumption was 1.0 serving per day and consumption patterns increased with age.
  - Consumption of sweets and bakery desserts contributed to an average of 6.07% of calories among US youth.
  - Sodium— consumption was 3.33 g/d and the consumption pattern increased with age.
  - Saturated fat — consumption was 12.1% of calories in US youth.
  - Nuts and seeds— consumption was low with an estimated average intake of 0.40 serving per day
  - Processed meats — consumption was 0.27 serving per day with higher intake among males than females.
  - Consumption of dietary fiber was 15.6 g/d.

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Fact sheets, infographics, and current/past Statistics Update publications can be downloaded from: Heart and Stroke Association Statistics | American Heart Association.

Many statistics in this fact sheet come from unpublished tabulations compiled for the Statistics Update document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, some statistics come from published studies. If you are citing any of the statistics in this fact sheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

The American Heart Association requests that the full document be cited as follows:

Palaniappan LP, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Currie ME, Earlie RS, Fan W, Fetterman JL, Barone Gibbs B, Heard DG, Hiremath S, Hong H, Hyacinth HI, Ibeh C, Jiang T, Johansen MC, Kazi DS, Ko D, Kwan TW, Leppert MH, Li Y, Magnani JW, Martin KA, Martin SS, Michos ED, Mussolino ME, Ogungbe O, Parikh NI, Perez MV, Perman SM, Sarraju A, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Tierney S, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong SS, Zhao J, Khan SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2026 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 21, 2026.

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