



Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Clinician Outreach and Communication Activity (COCA) Webinar

Thursday, April 16, 2020

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Objectives

- List the uses of mortality data.
- Define underlying cause of death.
- Explain how to report causes of death appropriately, including when due to COVID-19.
- Describe when to refer a case to the medical examiner or coroner.

To Ask a Question

- Using the Webinar System
 - Click the Q&A button.
 - Type your question in the Q&A box.
 - Submit your question.
- If we are unable to get to your question during the call, you may also email your question to coca@cdc.gov.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.

For More Clinical Care Information on COVID-19

- **Call** COVID-19 Clinical Call Center at 770-488-7100 (24 hours/day).
- **Refer** patients to state and local health departments for COVID-19 testing and test results.
 - Clinicians should NOT refer patients to CDC to find out where or how to get tested for COVID-19, OR to get COVID-19 test results.
- **Visit** CDC's Coronavirus (COVID-19) website:
<https://www.cdc.gov/coronavirus>
- **Visit** emergency.cdc.gov/coca over the next several days to learn about future COCA Calls.

Today's Presenters

- **Robert N. Anderson, PhD**
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Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Lee Anne Flagg, PhD

Mortality Statistics Branch

Division of Vital Statistics

National Center for Health Statistics

April 16, 2020

Death Certification

Key Roles and Responsibilities

Who Certifies Which Deaths?

- **Physicians** certify:
 - Deaths due to natural causes.
- **Medical examiners/coroners (ME/Cs)** certify:
 - Deaths due to injuries or poisonings,
 - Deaths occurring under suspicious circumstances, and
 - Sudden, unattended deaths.

When to Refer to the Medical Examiner/Coroner

- Deaths due to:
 - **injuries,**
 - **poisonings, and**
 - **related complications**

Conditions Possibly Indicating Referral to ME/C

- Asphyxia
- Bolus
- Choking
- Drug/alcohol overdose or drug/alcohol abuse
- Epidural hematoma
- Exsanguination
- Fall
- Fracture
- Hip fracture
- Hyperthermia
- Hypothermia
- Open reduction of fracture
- Paralysis
- Pulmonary emboli
- Seizure disorder
- Sepsis
- Subarachnoid hemorrhage
- Subdural hematoma
- Surgery, in some cases
- Thermal burns/chemical burns

Certifying Deaths Due to Natural Causes

General Guidelines

- Use any information available to you, such as:
 - Medical history,
 - Medical records,
 - Laboratory tests,
 - Autopsy report, and
 - Other relevant sources of information.
- Use your **best medical opinion** regarding the causes and circumstances of death.

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final
disease or condition ----->
resulting in death)

a. _____
Due to (or as a consequence of):

Sequentially list conditions,
if any, leading to the cause
listed on line a. Enter the
UNDERLYING CAUSE

b. _____
Due to (or as a consequence of):

(disease or injury that
initiated the events resulting
in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO
DEATH?

- Yes Probably
 No Unknown

36. IF FEMALE:

- Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

- Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final
disease or condition ----->
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Due to (or as a consequence of):

Sequentially list conditions,
if any, leading to the cause
listed on line a. Enter the
UNDERLYING CAUSE

b. _____
Due to (or as a consequence of):

(disease or injury that
initiated the events resulting
in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

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THE CAUSE OF DEATH? Yes No

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37. MANNER OF DEATH

Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

Part I

- Sequence of conditions or events leading directly to death:
 - **Immediate cause**
 - **Intermediate cause(s)** (conditions leading to the immediate cause of death)
 - **Underlying cause of death**

Part I, Line (a): Immediate Cause of Death

- This is the disease or condition that **directly preceded death**.

Part I: Intermediate Causes

- Report the conditions in a **logical sequence** in terms of time and etiology.
- If not all the lines are needed, leave them blank.
- If more lines are needed, writing “due to” between conditions on the same line is acceptable and equivalent to adding lines.

Part I, Lowest Line Used: Underlying Cause of Death

- The disease or injury that initiated the train of morbid events leading directly to death

or

- The circumstances of the accident or violence that produced the fatal injury

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final
disease or condition ----->
resulting in death)

a. Immediate Cause
Due to (or as a consequence of): _____

Sequentially list conditions,
if any, leading to the cause
listed on line a. Enter the
UNDERLYING CAUSE
(disease or injury that
initiated the events resulting
in death) **LAST**

b. Intermediate Cause
Due to (or as a consequence of): _____

c. Underlying Cause
Due to (or as a consequence of): _____

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO
DEATH?

Yes Probably
 No Unknown

36. IF FEMALE:

Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)

a. _____
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE**

b. _____
Due to (or as a consequence of):

(disease or injury that initiated the events resulting in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

- Yes Probably
 No Unknown

36. IF FEMALE:

- Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

- Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

Approximate Interval: Onset to Death

- For each condition reported in Part I, report the **time interval between the presumed onset of the condition** (not the date of diagnosis) **and the time of death**.
- General terms such as minutes, hours, days, or years are OK.
- Terms such as “approximately” or “unknown” are OK.

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

30 min

10 days

Approx.
5 years

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)

a. _____
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE**

b. _____
Due to (or as a consequence of):

(disease or injury that initiated the events resulting in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

- Yes Probably
 No Unknown

36. IF FEMALE:

- Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

- Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final
disease or condition ----->
resulting in death)

a. _____
Due to (or as a consequence of):

Sequentially list conditions,
if any, leading to the cause
listed on line a. Enter the
UNDERLYING CAUSE

b. _____
Due to (or as a consequence of):

(disease or injury that
initiated the events resulting
in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO
DEATH?

Yes Probably
 No Unknown

36. IF FEMALE:

Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

Part II: Other Significant Conditions

- Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I

CAUSE OF DEATH (See instructions and examples)

Approximate
interval:
Onset to death

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final
disease or condition ----->
resulting in death)

a. _____
Due to (or as a consequence of):

Sequentially list conditions,
if any, leading to the cause
listed on line a. Enter the
UNDERLYING CAUSE

b. _____
Due to (or as a consequence of):

(disease or injury that
initiated the events resulting
in death) **LAST**

c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Contributing Condition 1, Contributing Condition 2

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO
DEATH?

Yes Probably
 No Unknown

36. IF FEMALE:

Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

Coronavirus Disease 2019 (COVID-19)

Certifying Deaths Due to COVID-19

- If COVID-19 is determined to be a cause of death, it should be reported on the death certificate, likely as the underlying cause of death.
 - Testing should be conducted, if possible.
 - If a definitive diagnosis cannot be made, but it is suspected or likely, it can be reported as “probable” or “presumed.”
- Generally, it is best to avoid abbreviations and acronyms, but COVID-19 is unambiguous, so it is OK to report it.
- Pre-existing conditions that may increase susceptibility to infection or exacerbate the disease, such as COPD or asthma, should be reported in Part II.

Common Problems

Intermediate Causes vs. Underlying Causes

- Intermediate cause:

- Pneumonia

- Underlying cause:

- Pneumonia
- COVID-19

Specificity

- Not specific:
 - Viral infection
- Specific:
 - Sepsis
 - COVID-19

Sequencing

- Illogical sequence:

- COVID-19
- Chronic obstructive pulmonary disease

- Logical sequence:

- Acute respiratory distress syndrome
- Pneumonia
- COVID-19

Examples

77-Year-Old Male with Hypertension and COPD

- Presented to ED:
 - 4 days of fever, cough, and increasing shortness of breath
 - Recent exposure to neighbor with flu-like symptoms
 - Wheezing, not improving with usual bronchodilator therapy
- Upon examination:
 - Febrile, hypoxic, and moderate respiratory distress
 - Chest x-ray indicated hyperinflation
 - ABG consistent with severe respiratory acidosis
 - Testing of respiratory specimens indicated **COVID-19**
- Admitted to ICU:
 - Despite aggressive treatment, worsening **respiratory acidosis**
 - Cardiac arrest on day 3 of admission

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->

a. Acute respiratory acidosis
Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b. COVID-19
Due to (or as a consequence of): _____

c. _____
Due to (or as a consequence of): _____

d. _____

Approximate interval:
Onset to death

3 days

1 week

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Chronic obstructive pulmonary disease, hypertension

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

Yes Probably
 No Unknown

36. IF FEMALE:

Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

34-Year-Old Female with No Significant Medical History

- Presented to primary care physician:
 - 6 days of fever, cough, and myalgias
- Upon examination:
 - Febrile, hypotensive, and hypoxic
- Admitted to hospital:
 - CT scan of chest, diffuse ground-glass opacification indicative of viral **pneumonia**
 - Respiratory specimens tested, rRT-PCR confirmed **COVID-19**
 - Condition deteriorated over next 2 days, developed **ARDS**
 - Transferred to ICU, started on positive pressure ventilation
 - Despite aggressive resuscitation, expired on hospital day 4

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)

a. Acute respiratory distress syndrome

Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b. Pneumonia

Due to (or as a consequence of): _____

c. COVID-19

Due to (or as a consequence of): _____

d. _____

Approximate interval:
Onset to death

2 days

10 days

10 days

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

Yes Probably

No Unknown

36. IF FEMALE:

Not pregnant within past year

Pregnant at time of death

Not pregnant, but pregnant within 42 days of death

Not pregnant, but pregnant 43 days to 1 year before death

Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide

Accident Pending Investigation

Suicide Could not be determined

86-Year-Old Female with Unconfirmed COVID-19

- Passed away at home
- Husband reported:
 - Nonambulatory after **ischemic stroke** 3 years ago
 - 5 days prior, developed **high fever** and **severe cough** after exposure to ill family member later diagnosed with **COVID-19**
 - Refused to go to hospital, even when breathing became more labored and temperature escalated
 - Unresponsive that morning
- When EMS arrived:
 - Pulseless and apneic
 - Advanced directives not to be resuscitated
 - Consulted medical command, pronounced dead, and notified coroner

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)

a. Acute respiratory illness
Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b. Probable COVID-19
Due to (or as a consequence of): _____

c. _____
Due to (or as a consequence of): _____

d. _____

Approximate interval:
Onset to death

1 day

5 days

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Ischemic stroke

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

Yes Probably

No Unknown

36. IF FEMALE:

Not pregnant within past year

Pregnant at time of death

Not pregnant, but pregnant within 42 days of death

Not pregnant, but pregnant 43 days to 1 year before death

Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide

Accident Pending Investigation

Suicide Could not be determined



Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Introduction

In December 2019, an outbreak of a respiratory disease associated with a novel coronavirus was reported in the city of Wuhan in the Hubei province of the People's Republic of China (1). The virus has spread worldwide and on March 11, 2020, the World Health Organization declared Coronavirus Disease 2019 (COVID-19) a pandemic (2). The first case of COVID-19 in the United States was reported in January 2020 (3) and the first death in February 2020 (4), both in Washington State. Since then, the number of reported cases in the United States has increased and is expected to continue to rise (5).

In public health emergencies, mortality surveillance provides crucial information about population-level disease progression, as well as guides the development of public health interventions and assessment of their impact. Monitoring and analysis of mortality data allow dissemination of critical information to the public and key stakeholders. One of the most important methods of mortality surveillance is through monitoring causes of death as reported on death certificates. Death certificates are registered for every death occurring in the United States, offering a complete picture of mortality nationwide. The death certificate provides essential information about the deceased and the cause(s) and circumstances of death. Appropriate completion of death certificates yields accurate and reliable data for use in epidemiologic analyses and public health reporting. A notable example of the utility of death certificates for public health surveillance is the ongoing monitoring of pneumonia and influenza deaths. Accurate and timely death certificate data are integral to detecting elevated levels of influenza activity in real time (<https://www.cdc.gov/flu/weekly/index.htm>).

Monitoring the emergence of COVID-19 in the United States and guiding public health response will also require accurate and timely death reporting. The purpose of this report is to provide guidance to death certifiers on proper cause-of-death certification for cases where confirmed or suspected COVID-19 infection resulted in death. As clinical guidance on COVID-19 evolves, this guidance may be updated, if necessary. When COVID-19 is determined to be a cause of death, it is important that it be reported on the death certificate to assess accurately the effects of this pandemic and appropriately direct public health response.

Cause-of-Death Reporting

When reporting cause of death on a death certificate, use any information available, such as medical history, medical records, laboratory tests, an autopsy report, or other sources of relevant information. Similar to many other diagnoses, a cause-of-death statement is an informed medical opinion that should be based on sound medical judgment drawn from clinical training and experience, as well as knowledge of current disease states and local trends (6).

Part I

This section on the death certificate is for reporting the sequence of conditions that led directly to death. The immediate cause of death, which is the disease or condition that directly preceded death and is not necessarily the underlying cause of death (UCOD), should be reported on line a. The conditions that led to the immediate cause of death should be reported in a logical sequence in terms of time and etiology below it.

The UCOD, which is "(a) the disease or injury which initiated the train of morbid events leading directly to death or (b) the circumstances of the accident or violence which produced the fatal injury" (7), should be reported on the lowest line used in Part I.

Approximate interval: Onset to death

For each condition reported in Part I, the time interval between the presumed onset of the condition, not the diagnosis, and death should be reported. It is acceptable to approximate the intervals or use general terms, such as hours, days, weeks, or years.

Part II

Other significant conditions that contributed to the death, but are not a part of the sequence in Part I, should be reported in Part II. Not all conditions present at the time of death have to be reported—only those conditions that actually contributed to death.



Provisional Death Counts of Coronavirus Disease 2019 (COVID-19)

Vital Statistics Rapid Release Program

Farida Ahmad

Mortality Surveillance Lead

Division of Vital Statistics

National Center for Health Statistics

April 16, 2020

National Center for Health Statistics

CDC > NCHS > National Vital Statistics System



National Vital Statistics System

Coronavirus Disease (COVID-19)
 Death Data and Reporting
 Guidance

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Revisions of the U.S. Standard
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 Materials +

Birth Data +

Mortality Data +

Fetal Death Data

Linked Birth and Infant Death
 Data

Vital Statistics Rapid Release +

Restricted-use Vital Statistics Data +

e-Vital Standards Initiative +

Bridged Race Categories +

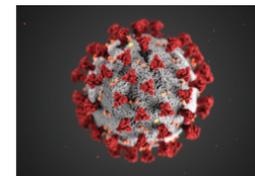


National Vital Statistics System

Coronavirus Disease (COVID-19) Death Data and Reporting Guidance

NCHS is responding to Coronavirus Disease 2019 (COVID-19) with new resources to help monitor and report deaths. Below please find our latest provisional death counts, guidance for filling out death certificates related to COVID-19, and other important alerts and information.

We will continue to update this page with additional resources as they become available.



NVSS COVID-19 Death Data

Release Date	Title	Summary
Updated daily, Monday-Friday	Provisional Death Counts for Coronavirus Disease (COVID-19)	Tabulated data on provisional death counts for COVID-19, by week, jurisdiction, and age in the U.S.

NVSS COVID-19 Formal Reporting Guidance

Date of Report	Title	Summary
4/2/2020	Guidance for Certifying Deaths Due	How to report cause of death on death

URL: <https://www.cdc.gov/nchs/nvss/covid-19.htm>

Provisional Death Counts for Coronavirus Disease (COVID-19)

- Provisional numbers of deaths coded to ICD-10 code U07.1
 - Includes deaths with COVID-19 as the underlying cause or contributing cause
 - Includes deaths with confirmed or presumed COVID-19
- Data from death certificates received and coded as of the date specified
 - Data are incomplete
 - Do not include all deaths occurring in the reporting period
 - Updated daily from Monday to Friday

What information is available?

- National death counts:
 - Week of death
 - Age at death
 - Sex
 - Place of death
- State-based death counts:
 - 50 states
 - District of Columbia, New York City, Puerto Rico

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by week ending date, United States. Week ending 2/1/2020 to 4/11/2020.*

Data as of 4/13/2020

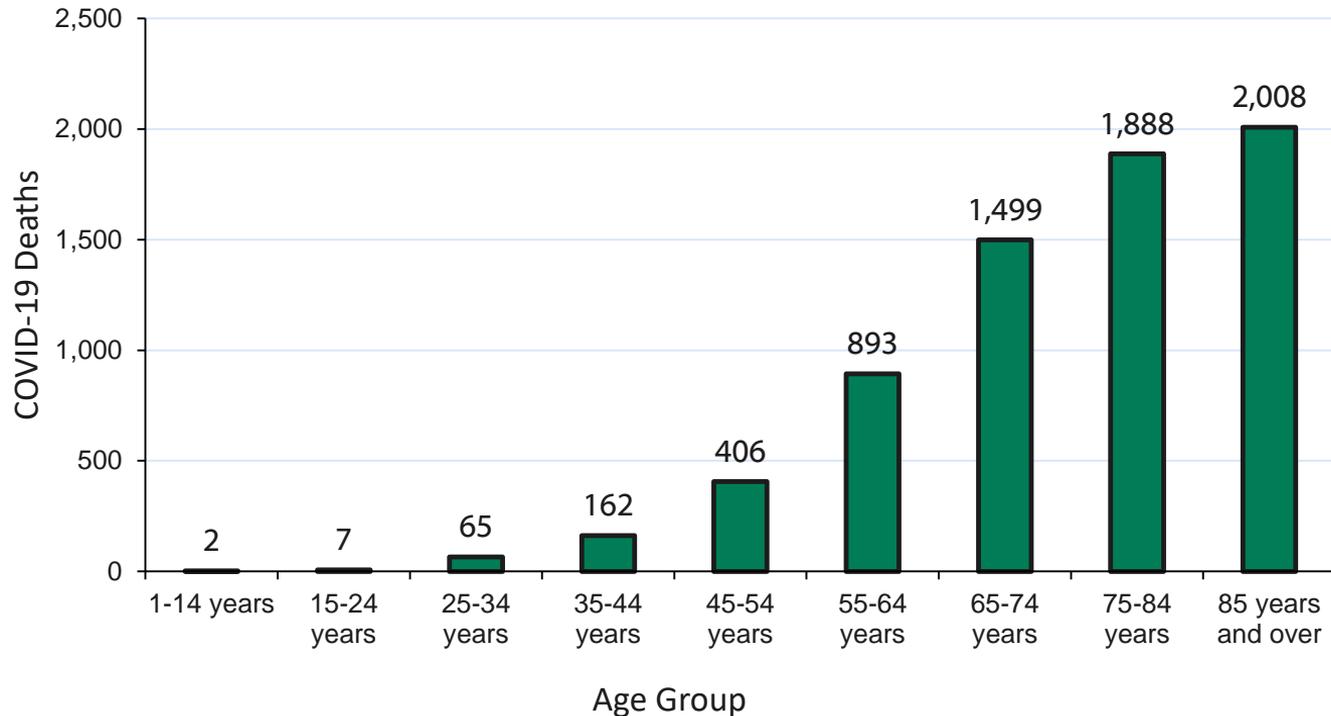
Week ending date	COVID-19 Deaths (U07.1)	Deaths from All Causes	Percent of Expected Deaths	Pneumonia Deaths (J12-J18)	Deaths with Pneumonia and COVID-19 (J12-J18 and U07.1)	Influenza Deaths (J09-J11)
Total Deaths	6,930	531,354	84	38,672	3161	4,718
2/1/2020	0	56,461	95	3,629	0	453
2/8/2020	0	56,840	95	3,611	0	486
2/15/2020	0	55,467	95	3,599	0	493
2/22/2020	0	55,047	95	3,442	0	508
2/29/2020	5	54,647	95	3,479	3	577
3/7/2020	19	53,970	94	3,569	11	556
3/14/2020	44	51,649	91	3,508	22	538
3/21/2020	435	50,152	88	3,829	200	452
3/28/2020	2,034	48,682	87	4,602	928	328
4/4/2020	3,240	38,203	73	4,266	1512	271
4/11/2020	1,153	10,236	26	1,138	485	56

*Data during this period are incomplete.

Source: Provisional Death Counts for Coronavirus Disease (COVID-19). National Center for Health Statistics. 2020.

Figure 1. Provisional COVID-19 deaths by age group, United States.

Week ending 2/1/2020 to 4/11/2020.*

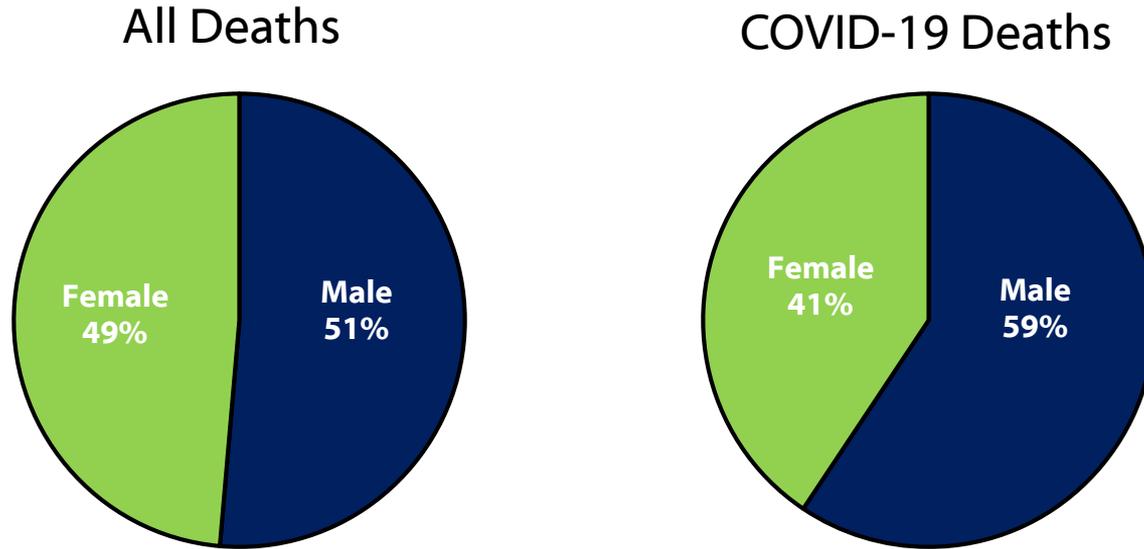


*Data during this period are incomplete.

Source: Provisional Death Counts for Coronavirus Disease (COVID-19). National Center for Health Statistics. 2020.

Figure 2. Provisional COVID-19 deaths by sex, United States 2020

Week ending 2/1/2020 to 4/11/2020.*



*Data during this period are incomplete.

Source: Provisional Death Counts for Coronavirus Disease (COVID-19). National Center for Health Statistics. 2020.

Provisional Data Considerations

- Comparing death counts with other sources
 - Incomplete, and currently 1-2 weeks behind other sources
- Completeness of data
 - Varies by jurisdiction, week, decedent's age, and cause of death
- Delays in reporting
 - Death certification, data submission, coding of ICD-10 cause of death
- Comparing numbers of deaths between states
 - Timeliness and reporting vary by state

Future Data Releases

- Weekly updates
 - Death counts by race and Hispanic origin
 - National
 - Specific states
 - State-specific tables
 - Deaths by week, age, sex
- Ongoing analysis and future reports
 - Comorbidities
 - Excess deaths

Other CDC Resources

- **COVID-19**
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- **COVID-19 Testing Guidance**
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>
- **NVSS COVID-19 Alerts and Information**
<https://www.cdc.gov/nchs/nvss/covid-19.htm>
- **Provisional Death Counts for COVID-19**
<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/>
- **FluView**
<https://www.cdc.gov/flu/weekly/index.htm>
- **Cause of Death Mobile App**
<https://itunes.apple.com/us/app/cause-of-death-reference-guide/id1363232296?mt=8>
<https://play.google.com/store/apps/details?id=gov.cdc.iuu.anubis>
- **Improving Cause of Death Reporting Online Training Module (Free CMEs and CNEs)**
https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm

To Ask a Question

- **Using the Webinar System**
 - Click on the **Q&A** button in the Zoom webinar system.
 - Type your question in the **Q&A** box.
 - Submit your question.
 - You may also email your question to coca@cdc.gov.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.
- **For more Clinical Care information on COVID-19**
 - **Call** COVID-19 Clinical Call Center at 770-488-7100 (24 hours/day).
 - **Refer** patients to state and local health departments for COVID-19 COVID19 testing and test results.
 - Clinicians should NOT refer patients to CDC to find out where or how to get tested for COVID-19 OR to get COVID-19 test results.
 - **Visit** CDC's Coronavirus (COVID-19) website: <https://www.cdc.gov/coronavirus>.

Continuing Education

All continuing education for COCA Calls are issued online through the CDC Training & Continuing Education Online system at <https://tceols.cdc.gov/>

Those who participated in today's COCA Call and who wish to receive continuing education should complete the online evaluation by **May 18, 2020**, with the course code **WC2922**. The access code is **COCA041620**. Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between **May 19, 2020**, and **May 19, 2022**, and use course code **WD2922**. The access code is **COCA041620**.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Today's COCA Call Will Be Available On-Demand

When: A few hours after the live call

What: Video recording

Where: On the COCA Call webpage at

https://emergency.cdc.gov/coca/calls/2020/callinfo_041620.asp

On COCA's Facebook Page **immediately** after the live call at

<https://www.facebook.com/CDCClinicianOutreachAndCommunicationActivity/>

The video recording that will be posted within a few hours after the live call will have closed captioning (unedited). Also, a call transcript and a video with edited closed captioning will be available within a few days.

Upcoming COCA Call

Topic: COVID-19 in the United States: Insights from Healthcare Systems

Date: Friday, April 17, 2020

Time: 2:00-3:00 PM ET

COCA Products & Services

The logo for COCA Call features a blue horizontal bar with the text "COCA Call" in white. To the left of the bar are four icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

COCA Call
CDC Clinician Outreach
and Communication Activity

COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.

The logo for COCA Learn features a green horizontal bar with the text "COCA Learn" in white. To the left of the bar are four icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

COCA Learn
CDC Clinician Outreach
and Communication Activity

Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.

The logo for Clinical Action features a red horizontal bar with the text "Clinical Action" in white. To the left of the bar are four icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

Clinical Action
CDC Clinician Outreach
and Communication Activity

As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

COCA Products & Services



Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.



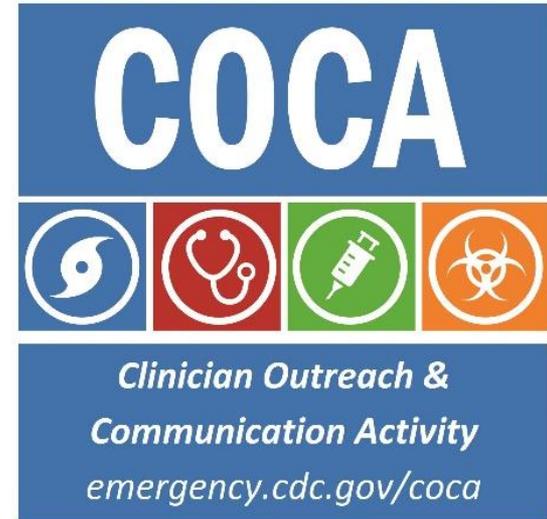
Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

Join COCA's Mailing List

- **Receive information about:**
 - Upcoming COCA Calls
 - Health Alert Network (HAN) messages
 - CDC emergency response activations
 - Emerging public health threats
 - Emergency preparedness and response conferences and training opportunities



emergency.cdc.gov/coca

Join Us on Facebook



The screenshot shows the Facebook profile for COCA (CDC Clinician Outreach and Communication Activity). The profile picture features a diverse group of healthcare professionals. The cover photo shows a group of six people, including nurses and doctors, smiling. The page name is "CDC Clinician Outreach and Communication Activity - COCA" with the handle "@CDCClinicianOutreachAndCommunicationActivity". The page is categorized as a "Government Organization in Atlanta, Georgia". It has 21,420 likes and 21,217 followers. A recent post from October 31, 2017, at 1:18pm, announces a COCA Call on November 7, 2017, at 2:00PM, where clinicians can earn free CE. The location is listed as 1600 Clifton Rd NE, Atlanta, Georgia 30333.

COCA

CDC Clinician Outreach and Communication Activity - COCA
@CDCClinicianOutreachAndCommunicationActivity

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Posts
CDC Clinician Outreach and Communication Activity - COCA shared their event.
October 31 at 1:18pm
Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.

About
Government Organization in Atlanta, Georgia
Community
21,420 people like this
21,217 people follow this
1600 Clifton Rd NE
Atlanta, Georgia 30333

Thank you for joining us today!



emergency.cdc.gov/coca