

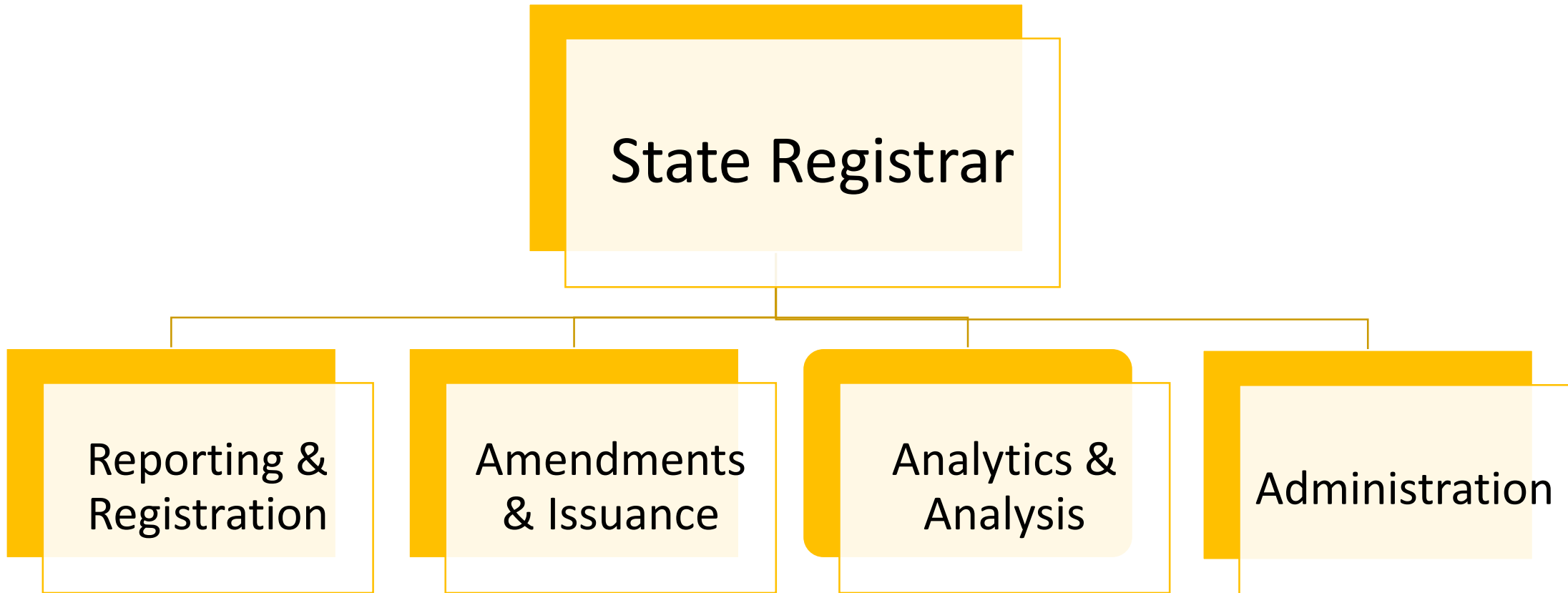
Vital Statistics

During the COVID-19 Pandemic

COVID-19 & Death Registration



DSHS Vital Statistics Section



The Death Certificate

The Death Certificate Process

- A death occurs. A death certificate must be filed within 10 days.
- Authorized data providers (usually Funeral Director and MD) complete death certificate in 2 parts.
 - Demographics/Disposition
 - Medical
- State reviews and registers death certificate as legal document, and routes to local registrar for local review and registration.
- The death certificate is now a vital record, ready for issuance as certified copies and data files to fulfill legal, administrative, and public health purposes.

Why the Death Certificate Matters - I

- Families to obtain closure and settle estates
 - Claim life insurance
 - Close utilities and bank accounts
- Government agencies to prevent fraud
 - Stop pension and public assistance payments
 - Reduce fraudulent use of birth certificates, voter registration, and driver's licenses

Mortality and cause of death statistics come directly from death certificates.

Why the Death Certificate Matters - II

- Death Certificates are used to calculate mortality statistics.
- Mortality data is used to guide public health research, public policy, funding allocations, and emergency response.
- Death Certificates are used to track deaths due to specific causes and in specific geographic locations for surveillance, outbreaks, and emergencies.
- Accurate and complete reporting ensures effective public health programs and policies aimed to prevent deaths.

The Death Certificate

1. Fact of Death

- Demographic information
- Time and place of death
- Next of kin information
- Location of final disposition

2. Cause of Death

- Cause and manner of death
- Autopsy information
- Tobacco use

LOCAL FILE NO. STATE FILE NO.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) 2. SEX 3. SOCIAL SECURITY NUMBER

4. UNDER 1 YEAR 4a. UNDER 1 DAY 4b. AGE (at time of death) (Mo/Day/Yr) 5. BIRTHPLACE (City and State or Foreign Country)

7a. RESIDENCE STATE 7b. COUNTY 7c. CITY OR TOWN

7d. STREET AND NUMBER 7e. APT. NO. 7f. ZIP CODE 7g. INSIDE CITY LIMITS? Yes No

8. EVER IN US ARMED FORCES? 9. MARITAL STATUS AT TIME OF DEATH Married Married, but separated Widowed Divorced Never Married Unknown 10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

11. FATHER'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

13a. INFORMANT'S NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival 15. PLACE OF DEATH (Name of facility, other than a hospital)

16. FACILITY NAME (If not institution, give street & number) 17. CITY OR TOWN, STATE, AND ZIP CODE 18. COUNTY OF DEATH

19. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from State 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

20. LOCATION/CITY, TOWN, AND STATE 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER (If licensee)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD

26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 28. DATE SIGNED (Mo/Day/Yr)

29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No

Cause of Death (See instructions and examples)

32. PART I: Enter the (chain of) event(s), disease(s), injury(s), or complication(s) 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 (disease or injury that initiated the events resulting in death) LAST

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

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

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

38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY AS PLACE OF INJURY (Decedent's home, construction site, restaurant, wooded area) 40. INJURY AT WORK? Yes No

41. LOCATION OF INJURY: State: _____ City or Town: _____

Street & Number: _____ Apartment No.: _____ Zip Code: _____

42. DESCRIBE HOW INJURY OCCURRED

43. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)

44. CERTIFIER (check only one): Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: _____

45. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)

46. TITLE OF CERTIFIER 47. LICENSE NUMBER 48. DATE CERTIFIED (Mo/Day/Yr) 49. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)

50. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) 8th grade or less 9th - 12th grade, no diploma High school graduate or GED completed Some college credit, but no degree

51. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano

52. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) White Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribe) Asian Indian Chinese Filipino Japanese Korean

The Death Certificate – Cause of Death

| | | | |
|---|--|---|---|
| CAUSE OF DEATH | <p>33. PART 1. ENTER THE <u>CHAIN OF EVENTS</u> – DISEASES, INJURIES, OR COMPLICATIONS – THAT DIRECTLY CAUSED THE DEATH. <u>DO NOT ENTER</u> TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.</p> | | Approximate interval: Onset to death |
| | <p>IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)</p> | <p>a. _____ Due to (or as a consequence of):</p> | _____ |
| | <p>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.</p> | <p>b. _____ Due to (or as a consequence of):</p> | _____ |
| | | <p>c. _____ Due to (or as a consequence of):</p> | _____ |
| | <p>d. _____ Due to (or as a consequence of):</p> | | _____ |
| <p>PART 2. ENTER OTHER <u>SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</u> BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.</p> | | <p>34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| | | <p>35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

Guidelines on Completing COD Section

1. The COD section is divided into two parts – Part 1 and Part 2 – and follows the national standard set by the CDC.
2. The cause of death in Part 1 should read like a story in reverse order – the first line is **due to** the second, which is **due to** the third.
3. Part 1(a) must be completed with the immediate cause of death, which is the specific condition that happened right before the patient's death.
4. The underlying cause of death would be recorded on the lowest used line.
5. The underlying cause is the condition that started the chain of events leading to death, and is what drives mortality statistics on leading causes of death.

Death Certificates during COVID-19

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CDC Guidance on Reporting COVID-19

- CDC issued informal guidance in March and the “Guidance for Certifying Deaths due to Coronavirus Disease 2019 (COVID-19)” in April.
- The guidance follows general CDC guidance on death reporting.
- “If COVID-19 played a role in the death, this condition should be specified on the death certificate.”
- “All causal sequences reported in Part I should be logical in terms of time and pathology.”
- “Ideally, testing for COVID-19 should be conducted, but it is acceptable to report COVID-19 on a death certificate without this confirmation if the circumstances are compelling within a reasonable degree of certainty.”

Texas communications with medical certifiers

- TxEVER application - updated.
- TxEVER resources page - updated.
- Field Services death certificate training program - updated.
- VSS worked with Texas Medical Association to distribute CDC guidance and materials to its members.
- VSS notified Medical Examiner and JP offices directly.
- In the case of death due to COVID-19, the manner of death is almost always natural.

CDC FAQs on “Understanding the Numbers”

- The death certificate as a data source is not commonly understood.
- The death certificate as official source of mortality statistics predates COVID-19.
- The death certificate process has not changed.
- Death certificates take time to be completed.
- Causes of death are conditions that caused or contributed to death – not all conditions the decedent had.
- States have regularly reported all deaths to CDC for many years.
- States report deaths at different rates.
- CDC assigns ICD-10 codes to causes of death for reporting purposes.

Understanding the Numbers in Texas

- Vital Statistics is continuity of operations, not emergency response.
- Laboratory and Infectious Disease Services leads the COVID-19 response under the DSHS Commissioner, including data reporting.
- Before July 27, DSHS counted COVID-19 fatalities as they were reported publicly by local and regional health departments after they received a notification and verified the death.
- On July 27, DSHS changed its method to use death certificates.
- A fatality is counted as due to COVID-19 when the medical certifier determines COVID-19 directly caused death. This method does not include deaths of people who had COVID-19 but died of an unrelated cause.

