

# COCA Call 4/16/2020

Dr. Schuchat:

Death Certificates are important for families and official statistics. Timeliness and accuracy is critical to assist with tracking during mass fatality events like what we are experiencing now with COVID-19.

Margaret Warner – Epidemiologist

Guidance for certifying Deaths due to coronavirus

Data from Death certificates are a powerful tool for public health, as there is coverage across the country and helps allocate resources.

We are working with state's vital statistics departments to standardize how information is collected.

Lee Ann Flag:

Death Certification

Funeral director reports demographics e.g. age, sex

Physicians certify – death for natural causes – most COVID 19 deaths will be in this category. Medical examiners/coroners - death from injury or poisoning, injury and related complications. The specific regulations are specific to states.

See slide – Conditions possibly indicting referral to ME/C. These are conditions that seem natural but occurred due to poisoning or injury in distant past.

## **General guidelines for certifying death**

- You are filling in your medical opinion on what was the cause of death. There is no objective way to ascertain cause of death.

Part 1: (slide 17)

1a. do not fill in MI or something like that – as it is related to the mechanism of death.

P1: intermediate causes – do not use all the lines if not needed. If there are more lines needed - write in “due to” and the following conditions are treated as another line.

Avoid putting in complications, or ICD codes or “blank” or “N/A” as it causes issues when processing the certificate.

Slide 24 – do not use dashes in the approximate interval to onset of death.

#### Part II

Do not continue conditions from part 1. Only include conditions that contributed to death. Do not list every condition that the decedent has.

#### Slide 29

- If COVID-19 is the cause of death then it should be on the bottom line of part 1 and ARDS should be on the top line. If COVID-19 was not confirmed but you suspect it was COVID – you should say it is probable or presumed.

Do not include exposure to COVID – unless it was a direct cause.

Generally, we ask that you do not use acronyms, but COVID-19 is unambiguous.

#### Slide 31

- Simply completing pneumonia is not helpful, as many conditions can cause pneumonia, but you need to include in the line below the etiology. If etiology unknowns – just fill in “etiology unknown” and that is acceptable.

#### Slide 32

- Need to ensure specificity when reporting. Example – viral specific not specific enough.

#### Slide 33

- Ensure that all sequences are logical in time and etiology.

#### Slide 36

- Example of correctly completed certificate for prior case study in slide 35

#### Slide 38

- Example of correctly completed certificate for prior case study in slide 37

#### Slide 40

- Example of correctly completed certificate when the cause is unclear.

#### Slide 41

- screenshot of vital statistics document

#### Slide 43

- This is where data release on COVID 19 will be updated.

#### Slide 45

- This is the data that we have released to date. With the specific states as identified for DC, NYC and PR. We just added in breakdown of COVID019 deaths by race. Please check website to see.

#### Slide 47

- Break down data by age. Consistent with our knowledge to date – older patients have highest mortality rate with COVID-19

#### Slide 49

- Our data may differ from other media sources for example – due to delays in receiving data from state vital statistics and coding it.

#### Bob Anderson

- Accurate cause of death is critically important as part of our data collection efforts. Please try your best to gather as much information as possible to accurately determine and record the cause of death.
- Use the term COVID-19 or “corona virus 2019” or SARS -COV-2 to specify which strain of corona virus is the cause of death. There are multiple strains of corona virus, so simply filing in “coronavirus” is not specific enough.
- Please review the CDC resources on slide 51. We also developed a mobile app to help you work through the causes of death (second to last link in list). We will be pushing out information on the app on specifics of certifying deaths from corona virus.

#### Q&A

Q: What options do we have to test for Q&A post-mortem

A: covid-19 can be performed on Nasopharyngeal swabs and lung swabs can also be tested if an autopsy is performed. Practitioners considering the tests should work with their local department of health. All guidance is available in the guidance document available on the CDC website.

Q: If death outside healthcare system – are there signs and symptom that indicate we should consider COVID-19 when investigating a death.

A: did the decedent have a recent unexplained respiratory illness, fever, cough or Shortness of breath, fatigue, myalgia and anorexia? If yes – you can consider COVID-19. In patients with comorbidities, they may have delayed presentation of symptoms.

Q: if we can use probable COVID-19 as cause of death – what % of certificates use probable?

A: we encourage use of “probable or possible COVID-19” if testing is not available, as testing is limited. We also accept probably or likely for other causes of death – so this is not an exception or overcounting compared to other conditions by allowing the use of these words. Approx. 10%(?) – *call broke up a bit unsure what % was quoted* – are probably COVID.

Q: If HIV patient has COVID-19. What is the cause of death?

A: the certifier has to decide what was the ultimate cause of death? Was HIV severe enough that they would have died from it, or if it just increased the risk of COVID-19, and COVID-19 was

very severe, and they passed. Then it's up to you to decide what was more severe in this case – COVID-19 is the most likely cause.

Q: if COVID-19 test not available at time of completing death certificate and test comes back as positive later. Do we need to amend?

A: if you suspect COVID-19 fill in “probable” COVID-19, and we will count as COVID\_19 and no need to amend. If you filled in – “COVID-19– pending test” – then you should go back to change the cause of death and clarify it is confirmed COVID-19.

Q: what finding in autopsy indicate that COVID-19 should be suspected?

A: pathologists will see diffuse alveolar damage. There is little information on other changes that are seen in the brain and kidneys for example.

Q: in some patients with significant co-morbidities that predispose to COVID-19 and decrease chance of survival – how should they be documented on the death certificate.

A: the comorbidities should be put into Part 2 on the death certificate.

Q: COVID-19 is transmissible – how to justify a medical examiner's office to certify the death?

A: some decedents will die outside of health care facility and this will fall into the jurisdiction of the medical examiner/coroner.

Q: if pt dies of acute respiratory distress or pneumonia and I know it was NOT COVID-19 related – should I report that it's NOT COVID

A: generally, we prefer that you report that something is NOT due to a cause. If you do not report COVID-19 we will not attribute it to COVID-19. So we will only count it as COVID-19 – we will not count it. Reporting that it is not COVID-19 can complicate processing.

Q: if patients has multiple comorbidities and unsure which of the comorbidities is the cause? How do I decide?

A: there is no objective cause of death. You have to use your best medical judgement - do not report all the conditions that the decedent had. Just pick the condition that had the greatest contributor to cause of death and put other conditions that could contribute to the cause on the other lines in part 1.

Q: concern re: increase in suicide during pandemic – are you monitoring suicide:

A: yes – are able to monitor suicide deaths, and are monitoring and will release the

Q: Heard CDC is not tracking race?

A: we are keeping track of race on death certificates and we incorporated it into the surveillance information that is reported out. There are some issues with accuracy of the race and Hispanic origin, as this is often something that is self-reported – cannot do in this case – we encourage funeral directors to speak to the decedent's family to clarify. We often have issues with reporting for native Americans and that is ongoing.

Q: do you have ICD10 code for COVID-19

A yes, the WHO issued an emergency code that we are using. The way that causes of deaths are transformed into ICD-10 codes, is standardized using rules developed with the WHO. The process is partly manual and some automated coding. We are working on developing an automatic process for COVID-19 deaths, currently all the reports are processed manually.