

## Arkansas Department of Health

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## **Guidance for Certifying COVID-19 Deaths**

The National Vital Statistics System (NCHS) has released a guidance for certifying deaths due to Coronavirus Disease 2019 (COVID-19) at <a href="https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf">https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf</a>. Coronavirus Disease 2019 or COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Specification of the casual pathway leading to death in Part I of the certificate is also important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included along with COVID-19 in Part I. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have contributed, these conditions can be reported in Part II. Below are several examples.

**Scenario I:** A 77-year-old male a 10-year history of hypertension and chronic obstructive pulmonary disease (COPD) presented to a local emergency department complaining of 4 days of fever, cough, and increasing shortness of breath. He reported recent exposure to a neighbor with flu-like symptoms. He stated that his wheezing was not improving with his usual bronchodilator therapy. Upon examination, he was febrile, hypoxic, and in moderate respiratory distress. His chest x-ray demonstrated hyperinflation and his arterial blood gas was consistent with severe respiratory acidosis. Testing of respiratory specimens indicated COVID–19. He was admitted to the ICU and despite aggressive treatment, he developed worsening respiratory acidosis and sustained a cardiac arrest on day 3 of admission.

CAUSE OF DEATH (See instructions and examples)  32. PART I. Enter the				

**Comment:** In this case, the acute respiratory acidosis was the immediate cause of death, so it was reported on line a. Acute respiratory acidosis was precipitated by the COVID–19 infection, which was reported below it on line b. in Part I. The COPD and hypertension were contributing causes but were not a part of the causal sequence in Part I, so those conditions were reported in Part II.

**Scenario II:** A 34-year-old female with no significant past medical history presented to her primary physician complaining of 6 days of fever, cough, and myalgias. She found to be febrile, hypotensive, and hypoxic. She was admitted to the hospital and underwent a CT scan of the chest, which revealed diffuse ground-glass opacification indicative of viral pneumonia. Respiratory specimens were sent for testing and rRT-PCR confirmed COVID-19. Her condition deteriorated over the next 2 days and she developed acute respiratory distress syndrome. She was transferred to the ICU and started on positive pressure ventilation. Despite aggressive resuscitation, the patient expired on hospital day 4.

CAUSE OF DEATH (See instructions and examples)  Approximate						
CAUSE OF DEATH (See instructions and examples)  32. PART I. Enter the <u>chain of events</u> —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>	a. A	Acute respiratory distress syndrome				
resulting in death)		Due to (or as a consequence of):				
Sequentially list conditions,	bP	neumonia		10 days		
if any, leading to the cause		Due to (or as a consequence of):		40.4		
listed on line a. Enter the UNDERLYING CAUSE	<sub>c.</sub> C	OVID-19		10 days		
(disease or injury that		Due to (or as a consequence of):				
initiated the events resulting						
in death) LAST	d					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I 133. WAS AN AUTOPSY PERFO						
□Yes ■ No						
34. WERE AUTOPSY FINDING						
COMPLETE THE CAUSE OF D						
<ol> <li>DID TOBACCO USE CONTI</li> </ol>	RIBUTE	38. IF FEMALE:	37. MANNER OF DEATH			
TO DEATH?		■ Not pregnant within past year				
1			■ Natural □ Homicide			
☐ Yes ☐ Probably		☐ Pregnant at time of death	= Assident = Dending Investigation			
		= Not assessed but assessed within 40 days of doub	☐ Accident ☐ Pending Investigation			
■ No □ Unknown		☐ Not pregnant, but pregnant within 42 days of death	□ Suicide □ Could not be determined			
		☐ Not pregnant, but pregnant 43 days to 1 year before death	a Suicide a Could not be determined			
I						
		<ul> <li>Unknown if pregnant within the past year</li> </ul>				

**Comment:** In this case, the immediate cause of death was acute respiratory distress syndrome, so it was reported on line a. as a consequence of pneumonia which was reported on line b. The underlying cause was COVDI-19 so it was reported on line c., the lowest line in Part 1.

For more general guidance and training on cause-of-death reporting, certifiers can be referred to the Cause of Death mobile app available through <a href="https://www.cdc.gov/nchs/nvss/mobile-app.htm">https://www.cdc.gov/nchs/nvss/mobile-app.htm</a> and the Improving Cause of Death Reporting online training module, which can be found at <a href="https://www.cdc.gov/nchs/nvss/improving">https://www.cdc.gov/nchs/nvss/improving</a> cause of death reporting.htm.