

# COVID-19 DEATH REGISTRATION INFORMATION

## CAUSE OF DEATH CODING

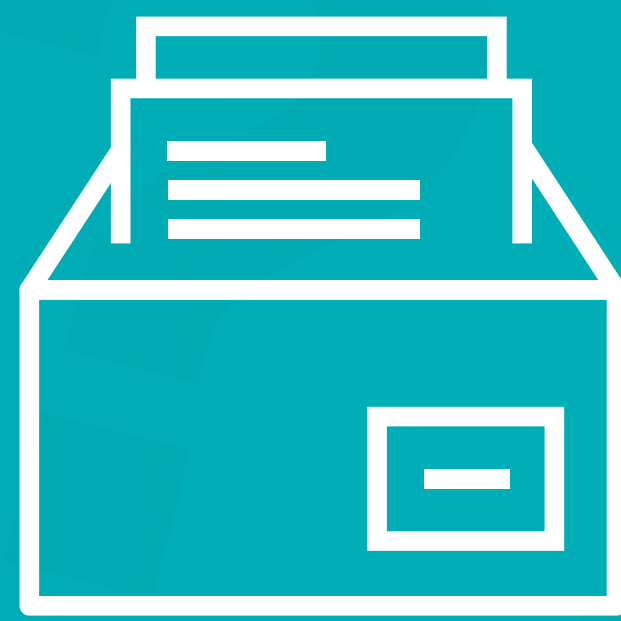
- **Underlying cause:** “The disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury”
- **Multiple causes:** Causes of death including not only the underlying cause but also immediate cause of death and all other intermediate and contributory conditions entered by the certifying physician

### Pneumonia Death Certificate Example

<b>CAUSE OF DEATH (See instructions and examples)</b> 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.		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <u>Pneumonia</u> Due to (or as a consequence of):	<u>25 hours</u>
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. <u>Metastatic carcinoma to the liver</u> Due to (or as a consequence of):	<u>3 months</u>
	c. <u>Adenocarcinoma of the head of the pancreas</u> Due to (or as a consequence of):	<u>7 months</u>
	d. _____ Due to (or as a consequence of):	_____
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined

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<b>CAUSE OF DEATH (See instructions and examples)</b> 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.		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <u>Acute respiratory acidosis</u> Due to (or as a consequence of):	<u>3 days</u>
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. <u>COVID-19</u> Due to (or as a consequence of):	<u>1 week</u>
	c. _____ Due to (or as a consequence of):	_____
	d. _____ Due to (or as a consequence of):	_____
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Chronic obstructive pulmonary disease, hypertension</u>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined



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## HOW IT WORKS

- 1** The medical certifier electronically submits the death record to the Kansas Department of Health and Environment's (KDHE) Office of Vital Statistics (OVS).
- 2** OVS submits the death record information as written by the medical certifier (also known as literal text) to NCHS.
- 3** NCHS provides the appropriate Internal Classification of Diseases (ICD) code. This code determines if a death is counted as a COVID-19 death.
- 4** Should a medical certifier need to update a registered death record, they contact OVS. OVS will reopen the record so the medical certifier can update and recertify the record, then OVS sends the updated literal text to NCHS.
- 5** NCHS provides an updated ICD code if one is needed. OVS updates the state records upon receipt of the updated ICD code.
- 6** There are diseases in Kansas that are required to be reported to KDHE, of which COVID-19 is one. Cases, along with deaths associated, are compiled into our disease surveillance system. OVS receives reports informing them when the death record doesn't match the surveillance system record. The OVS staff member contacts the medical certifier and informs them of the conflict. The medical certifier is the decision-maker as to whether the death record needs updated.