STATE REGISTRAR NOTICE

Subject:	Type:	Number:
Additional Guidance for Medical Professional: Reporting of Deaths Attributed to COVID-19	☒ Regular ☐ Transitory	**2020-13**
Date Issued: April 8, 2020 **Date Amended:** October 8, 2020	**Audience:** Medical Professionals	**By Direction of**: *Audrey C. Marrocco* Audrey Marrocco State Registrar

This notice is supplemental information for medical professionals[1] on the reporting of deaths confirmed or suspected to be attributed to COVID-19.

Text shown in a red font indicates updated information since the previous date amended, which was June 2, 2020.

Importance of Rapid Reporting Through EDRS

Over the last two weeks, the Bureau of Health Statistics and Registries (BHSR) has onboarded over 2,000 EDRS users.   As a result, the Department of Health is utilizing near-time registered death data available through EDRS to support its response to the COVID-19 pandemic. Death data is critical for public health purposes. We appreciate your compliance in meeting the mandatory reporting of these deaths through EDRS. The submittal of data through EDRS is important to the rapid reporting of Pennsylvania's death data to the Centers for Disease Control and Prevention (CDC).

On April 3, 2020, the CDC began issuing provisional counts of deaths related to COVID-19 that occur within the 50 states and the District of Columbia. All provisional counts are based on the cause of death information certified on a report of death once accepted by BHSR, the state's vital records office.

The Bureau of Health Statistics and Registries (BHSR) transmits daily cases of registered[2] death records to the CDC. The CDC then codes the cause of death data using ICD-10 coding. The CDC processes, codes and tabulates data at the national level. Due to the level of effort required by the CDC, the provisional data may lag by 1 to 2 weeks following registration of the death record.

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[1] A medical professional is defined as a physician, certified registered nurse practitioner, physician assistant, or dentist.

[2] A registered death record is a report of death that has been signed by both a funeral director and a medical certifier, and accepted by the Bureau of Health Statistics and Registries.

As such, your continued compliance with the Pennsylvania Vital Statistics Law of 1953 (VSL) and protocol established under state registrar notices is critical for the accurate representation of COVID-19 deaths that occur in Pennsylvania.

Reporting of Natural Deaths Attributed to COVID-19

SRN 2020-10 provides detailed guidance on deaths that are to be reported by medical professionals and when cases should be referred to a coroner or medical examiner's office. Since the manner of death for most cases attributed to COVID-19 is natural, the medical professional should report these deaths directly into EDRS. Medical professionals are required to report all deaths where the manner is natural, ***including those cases where a condition reported as the cause of death may be probable or pending test results.***

All cases where the medical certifier is uncertain if the manner of death was natural or where the circumstances surrounding the case indicate a non-natural death (such as accident, homicide, suicide, or undetermined), the case must be referred to a coroner or medical examiner for investigation as outlined in SRN 2020-10.

Reporting of the Cause-of-Death Information for Deaths Attributed to COVID-19

Your diligence in reporting the complete etiology surround the decedent's death is critical to the accuracy of morbidity data reported at the state and national level as researchers strive to understand more about this novel virus. The duration of onset from one condition to the next condition leading to death is used for public health research purposes and should not be overlooked when reporting the cause of death information.

Line A in Part I should list the final condition immediately prior to death. The underlying (or triggering) condition, should be listed on the lowest line. Enter all other conditions between the underlying and the immediate causes of death.

COVID-19 should be reported for all decedents where the disease caused or is assumed to have caused or contributed to death. Medical professionals should include as much detail as possible based on 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.

COVID-19 should not be included on the report of death if it did not cause or contribute to the death.

Confirmed COVID-19 Cases

For cases confirmed through laboratory testing: COVID-19 is typically the underlying cause of death rather than being the immediate cause. Deaths attributed to COVID-19 that have been confirmed through laboratory testing should be reported as "COVID-19" in the lowest line reported under Cause of Death - Part I.

Once this death record is transmitted to the CDC, the newly introduced ICD-10 code of "U07.1 COVID-19, Virus Identified"[3] will be applied to the case. This ICD-10 code is used for clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is conclusive.

The CDC is requesting that you use the term "COVID-19" for diagnosis of Coronavirus 2019 to assist in the rapid coding of these death. Other references such as SARS-CoV-2, Novel Coronavirus 19, and COVID are also acceptable.

The example below demonstrates the proper completion of the cause of death section if reporting a death with laboratory confirmation.

Cases Pending COVID-19 Testing

For cases with pending laboratory testing: If COVID-19 laboratory samples are pending at time of reporting the death, enter the underlying cause as "pending COVID-19 test results". Once you have received the laboratory results, an amendment must be submitted into EDRS.

Once transmitted to the CDC, the ICD-10 code of "U07.2 COVID-19, Virus Not Identified" will be applied to the case. This ICD-10 code is used for clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.

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

If the death record is amended to confirm the presence of COVID-19, CDC will recode this case to U07.1. BHSR requires that all deaths reported as "pending COVID-19 test results" be amended to reflect the underlying condition once laboratory testing is received.

The example below demonstrates the proper completion of the cause of death section if reporting a death with laboratory confirmation pending.

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

Cause of Death	Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death)	
PART I Line a — Acute Respiratory Distress Syndrome	2 days
Due to or as a consequence of	
Line b — Pneumonia	2 days
Due to or as a consequence of	
Line c — Pending COVID-19 Test Results	8 days
Due to or as a consequence of	
Line d —	
PART II Other significant conditions — COPD	

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Probable COVID-19 Cases

For cases attributed to COVID-19 without laboratory confirmation: COVID-19 should be reported for all decedents where COVID-19 is assumed to have caused or contributed to death. Medical professionals should include as much detail as possible based on their knowledge of the case. Terminology such as "probable COVID-19" or "likely COVID-19" may be used as the underlying cause of death. The ICD-10 code of U07.2 will be applied to these cases.

The example below demonstrates the proper completion of the cause of death section if reporting a death without laboratory confirmation.

Terminology to Avoid in Cause of Death

The following is a list of terminology that should not be used when notating the cause of death information:

- Non-specified strains of coronavirus. Medical professionals are required to include the strain of coronavirus.
- Possible COVID-19 exposure.
- COVID-19 Rule Out or COVID-19 R/O
- COVID-19 Negative
- Mechanism of death, such as cardiac arrest and respiratory failure.
- Patient care directives, such as do not resuscitate or comfort care.

Multisystem Inflammatory Syndrome in Children (MIS-C) Update

Medical certifiers should consider MIS-C for any pediatric death with evidence of COVID-19 infection. MIS-C is a rare but serious condition associated with COVID-19 that is found in individuals younger than 21 years of age. Confirmed MIS-C cases should be included on the report of death if MIS-C is determined to be in the etiology or significantly attributed to the death. See 2020-PAHAN-529-10-02-UPD for further information.

Timely Reporting of Deaths

The VSL requires that all deaths be reported within 4 days to the Pennsylvania Department of Health. To achieve this 4-day reporting requirement, we recommend that you begin the data entry on your case as soon as possible and preferably within 24 hours of the death occurring. Funeral directors rely on this data to assist them in preparing their operation for transporting the body. Cause of death information is important to them especially when handling cases attributed to a contagious disease.

It is not as critical that the medical professional sign the report within that first 24 hours. However, if the decedent is to be cremated, the funeral director must have a medically certified report of death to present to the county medical examiner or coroner before a cremation clearance will be issued. Therefore, medical staff are encouraged to respond in a timely manner to support the additional activities that take place after a death has occurred.

The certifying of deaths should not be delayed due to pending test results. Instead, the case should be reported as outlined above and then amended after the results are available.

Preparing Your Facility for EDRS Reporting

If your facility has not requested EDRS accounts yet, please take time to do so now. See SRN 2020-05 for detailed guidance. It is not necessary for you to create an account for each medical certifier at this time. To prepare your facility for EDRS reporting, we recommend that your facility designate a few individuals to serve as facility account managers. BHSR will train your facility account managers to create and manage EDRS accounts at your facility based on your operational needs.

If your facility is new to EDRS, we recommend that you identify a core group of support staff that are trained in the entry of death data into EDRS. This core group of support staff may then create the case in EDRS and enter the death data on behalf of the medical professional.

The case must be legally certified by the attending medical professional or another medical professional that is familiar with the case and able to medically certify the report of death. This function may not be delegated to other facility personnel. See QRS-2006-MC, Certifying a Death Case.

EDRS resides on a secured website. This web-based application is accessible on most devices that have internet capability. EDRS is not recommended for use on smart phones since the application design is not device responsive. However, EDRS does work well on mobile devices such as tablets and iPads in addition to desktop and laptop computers. EDRS is available 24 hour per day, 7 days a week.

Tips on Using EDRS

Avoiding Duplicate Cases:

Since your facility is the first to know when the death occurred, your facility is in the best position to "create" the case in EDRS. However, the longer your facility takes to create the case, the more likely it is that the funeral home will create the case before you do. See QRS-2004-MC, Creating a New Death Case: Medical. Your facility can create the case as soon as the following data is known: Date of death, and decedent's name and gender.

If your facility is unable to create the case in a timely manner, refer to QRS-2000, Finding a Death Case Someone Else Started. This QRS provides guidance on search techniques you may use to avoid creating a duplicate case.

We recommend that you talk to staff at the funeral home to coordinate the entry of data into EDRS. If you have begun the case, provide them with the following information to ensure that they can locate the case you have started:

- Exact spelling of the decedent's name *used to create the case*
- Actual date of death
- Gender
- Case ID

If the funeral home started the case, we suggest you contact them for this same information. While you are unable to use the case ID until you own the case, the case ID provides you with additional information to verify that you have found the correct case if one already exists.

If you create a duplicate case, you will need to abandon the case. Please note that there is no way to merge two different case IDs in EDRS. If a duplicate case is entered, you will need to abandon the duplicate case and re-enter the information on the correct case. See QRS 2017, Abandoning a Death Case.

Modifying Cases:

As soon as you create a case, you have saved information into EDRS. This is a great way to stay organized and to track the information that you still need to collect on the case. You may continue to go into EDRS to update or enter information until the case is registered.

All medical staff with EDRS accounts at your facility can modify information on the case until the case is certified. Once the case is certified, the case may not be modified unless the medical professional uncertifies the case. See QRS-2046, Uncertifying a Death Case. Once the correction has been made, the medical professional will need to certify the case again. A case cannot be uncertified once it has been registered.

Once the case is registered, the medical professional may submit an amendment to the case if it is necessary to update or modify the medical information on the death record. Requests for amendments may only be done by the medical professional that certified the original case. See QRS-2021-MC, Amending a Death Case: Replacement Medical and QRS-2022-MC, Amending a Death Case: Medical. BHSR may require additional documentation to support the amendment.

Drop to Paper

If the funeral home that is responsible for disposition of the body is not using EDRS, you must drop the case to paper. See QRS-2016, Dropping a Death Case to Paper for instructions. After dropping the case to paper, you are able to print a "Certificate of Death" (H105.143) paper reporting form that includes the medical information that you entered into EDRS. H105.143 should be given to the funeral home to complete the personal portion of the report.

Most funeral homes are now using EDRS. Only drop to paper those cases for funeral homes that are unable to use EDRS. If you inadvertently drop a case to paper for a case where the funeral director is using EDRS, please call the EDRS Support team and request a cancellation of the drop to paper. Please note that all funeral directors are mandated to use EDRS for COVID-19 cases.

Disclosure of Decedent Protected Health Information

Please note that BHSR does not manage the sharing of information between medical certifiers and funeral homes other than what has been provided under a report of death. Please refer to 45 CFR 164.512(g) for guidance on the disclosure of decedent's protected health information from a covered entity, such as a hospital, to coroners, medical examiners, and funeral directors.

General Guidance and Training

For general guidance and training on cause-of-death reporting, medical professionals can download the CDC's Cause of Death mobile app available through https://www.cdc.gov/nchs/nvss/mobile-app.htm. In addition, the CDC is offering an online training module titled "Improving Cause of Death Reporting" which can be found at https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm. Continuing Medical Education (CME) and Continuing Nursing Education (CNE) credits are available to medical professionals that successfully complete this course.

For more information on the CDC's guidance for the reporting of deaths attributed to COVID-19, visit Coronavirus Disease (COVID-19) Alerts and Information at https://www.cdc.gov/nchs/nvss/covid-19.htm.

View CDC's new video guidance for "Certifying Deaths Due to Coronavirus Disease (COVID-19).   This 3-minute video is published on NCHS's YouTube Channel at https://www.youtube.com/watch?v=oL3VMwieAms.

For more information on EDRS including training materials and upcoming training webinars, visit the EDRS website at www.doh.pa.gov/edrs.

Contact Information for EDRS User Support and the Death Registry Unit:

By Phone: Vital Events Stakeholder Hotline at 800-323-9613
By Email: EDRS User Account Creation: RA-DHEDRSUSERACCT@pa.gov
           EDRS Support: RA-DHEDRS@pa.gov