



Guidance in Determining COVID-19 Associated Deaths and Reporting Using Death Certificates

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Rhode Island, like all other states, has been confronted with the pandemic strain of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2) which causes the disease COVID-19. This disease is associated with substantial morbidity and mortality and a standard definition of a COVID-associated death is required for consistent reporting, yet a national definition is not currently used.

The purpose of this guidance is to help healthcare providers use their own clinical judgement, based on laboratory and clinical information, to most consistently and accurately complete a death certificate for a patient during the COVID-19 pandemic.

RIDOH has previously issued [comprehensive instructions](#) regarding how to complete a death certificate for any patient. In March 2020 due to the pandemic, an online [fillable form](#) was created to allow physicians and other healthcare providers to complete and transmit a death certificate remotely.

The State Medical Examiner does not take jurisdiction on all deaths that occur via natural causes, and COVID-19 is no exception. Additionally, deaths from COVID-19 present additional infection prevention risks post-mortem that require consideration.

Healthcare providers need a standard framework to evaluate deaths associated with COVID-19 and guidance regarding how to document this diagnosis as an immediate cause of death (primary) or as an antecedent (secondary) cause. Physicians are reminded not to list mechanism of dying without etiology such as “cardiopulmonary arrest, asystole or respiratory failure”, rather to be as specific as possible. If healthcare providers desire a more detailed review of these concepts, refer to the [Rhode Island Death Certificate Handbook for Physicians, 2012](#).

COVID-19 death with [laboratory confirmation](#) does have a specific ICD-10 code, U07.1. COVID-19 death associated with a [clinical diagnosis](#) is assigned the ICD-10 code of U07.2. If COVID-19 is present in the decedent, it is important to list it on the death certificate as a primary or secondary diagnosis.

There may be some ambiguity of timing of the laboratory confirmation or clinical diagnosis and when to attribute this to COVID-19. The World Health Organization (WHO) has issued [International Guidelines for Certification and Classification](#) of COVID-19 as a cause of death. These guidelines do give detailed examples of how to complete a standard death certificate and includes illustrations (see figure below). The case definition utilized by WHO is:

“A death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death. A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions that are suspected of triggering a severe course of COVID-19”

Completing a death certificate is a provider’s final duty to the patient and it should be as accurate as possible. RIDOH recognizes this is a clinical judgement and often, the death certificate is completed by a physician or healthcare provider who did not personally attend the death. Healthcare providers should utilize the above guidance to help assimilate the clinical and laboratory information and complete the death certificate appropriately. Data from Rhode Island death certificates is ultimately reported to the [National Vital Statistics System](#) and RIDOH endeavors to provide as accurate data as possible during this pandemic.

Figure 1: Sample Death Certificate for a COVID-19-Associated Death

Here, on the International Form of Medical Certificate of Cause of Death, is an example of how to certify this chain of events for deaths due to **COVID-19** in Part 1:

Frame A: Medical data: Part 1 and 2			
1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line		Cause of death	Time interval from onset to death
	a	Acute respiratory distress syndrome	2 days
	b	Due to: Pneumonia	10 days
	c	Due to: COVID-19 (test positive)	14 days
	d	Due to:	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)		Underlying cause of death	
Manner of death:			
<input type="checkbox"/> Disease	<input type="checkbox"/> Assault	<input type="checkbox"/> Could not be determined	
<input type="checkbox"/> Accident	<input type="checkbox"/> Legal intervention	<input type="checkbox"/> Pending investigation	
<input type="checkbox"/> Intentional self harm	<input type="checkbox"/> War	<input type="checkbox"/> Unknown	

Note: This is a typical course with a certificate that has been filled in correctly. Please remember to indicate whether the virus causing COVID-19 had been identified in the defunct.