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To: North Carolina Medical LicenseesFrom: Craig Nelson, MD, Associate Chief Medical ExaminerDate: March 30, 2020Subject: Guidance for certification of death involving COVID-19

As the COVID-19 pandemic continues to unfold, deaths from COVID-19 will occur, requiring appropriate completion of a North Carolina death certificate. This statement is provided to offer guidance for completion of death certificates in both known and suspected or possible cases.

COVID-19 deaths **DO NOT** need to be reported to the Medical Examiner system, because they are deaths due to natural causes.

Please do not delay signing a death certificate. Doing so may delay pickup and transportation of a body during a time of critical morgue space shortage.

Please do not await coronavirus testing results to sign a death certificate. It is appropriate to use best clinical judgment. Moreover death certificates may later be replaced or amended. Delaying a death certificate means that a body cannot be moved during a time of critical morgue space shortage.

Please sign death certificates prior to ending your shift. In this environment, you might end up quarantined and unable to return to finalize that document.

Please refer to the examples below for assistance in completing death certificates for COVID-19 cases.

## For known cases:

In cases for which the death is immediately due to COVID-19, that should be reflected in Part I of the cause of death, such as in the example below:

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest,				Approximate interval:	
respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.				Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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	a b	Acute pneumonia Due to (or as a co COVID-19 Due to (or as a co			
	C	Due to (come	0		
	d	Due to (or as a consequence of)			
PART II. <u>Other significant</u> conditions contributing to death but not resulting in the underlying cause given in PART I.			24a. WAS AN AUTOPSY PERFORMED?		TE THE CAUSE OF DEATH?
A MANUER OF REATH AND AND AND RECERRED TO AS THE OF REATHING DID TORMOOD UPP. AN IF FEMALE.					

In deaths from COVID-19 with relevant comorbidities, those should be included in Part II. For example, in a patient with coronary artery disease and pulmonary emphysema in addition to COVID-19 pneumonia:

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23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest,					Approximate interval:		
respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.					Onset to death		
1	IMMEDIATE CAUSE						
	(Final disease or condition	a.	Acute pneumonia				
	resulting in death)			Due to (or as a co	onsequence of)		
Sequentially list conditions,	Sequentially list conditions, if any, leading to the cause	b.	COVID-19				
	listed on line a. Enter the			Due to (or as a co	onsequence of)		
	UNDERLYING CAUSE	0					
	(disease or injury that	U		Due to (or as a co	onsequence of)		
	initiated the events resulting						
	in death) LAST	d					
1		litions con	tributing to death but not resulting in	the underlying			PSY FINDINGS AVAILABLE
				TE THE CAUSE OF DEATH?			
Atherosclerotic cardiovascular disease; emphysema						0	
- 1	AS MANUED OF DEATH	00. 14/4/	A ALAF DESEDDED TO AT THE	DE DEATURA DID		<u> </u>	

In some cases, the death may be primarily from one cause, but COVID-19 exacerbates that primary condition and hastens the death. In that case, COVID-19 may be considered as contributory, and thus listed in Part II:

23. Part I. Enter the chain of events	Approximate interval:			
respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.				Onset to death
IMMEDIATE CAUSE				
(Final disease or condition	a. Metastatic adenocarcinoma o	oflung		
resulting in death)	Due to (or as a c	consequence of)		
Sequentially list conditions,				
if any, leading to the cause	b Due to (or as a c	consequence of)		
listed on line a. Enter the UNDERLYING CAUSE				
(disease or injury that	c Due to (or as a c			
initiated the events resulting	Due to (or as a c	consequence or)		
in death) LAST	d			
PART II. Other significant cond	ditions contributing to death but not resulting in the underlying	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTO	PSY FINDINGS AVAILABLE
cause given in PART I.		Yes No		TE THE CAUSE OF DEATH?
COVID-19; emphysema			0	
,,,				

## For suspected cases:

As this situation unfolds, testing availability will be limited. As such, in some situations, a provider may need to sign a death certificate for a patient whose viral infection status is unconfirmed. Best clinical judgment must be used regarding whether a patient is infected, and that best opinion applied to the death certificate, as in this example:

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23. Part I. Enter the chain of events		Approximate interval:		
respiratory arrest, or ventricular	Onset to death			
IMMEDIATE CAUSE	a. Complications of suspected CC	N/ID 10 infaction		
(Final disease or condition $\rightarrow$	a. Complications of suspected CC	JVID-19 IIIIection		
	Due to (or as a consequence of)			
Sequentially list conditions, if any, leading to the cause	b.			
listed on line a. Enter the	Due to (or as a consequence of)			
UNDERLYING CAUSE				
(disease or injury that	C	0		
initiated the events resulting	Due to (or as a co			
in death) LAST				
	d			
PART II. Other significant con	litions contributing to death but not resulting in the underlying	24a. WAS AN AUTOPSY PERFORMED?		PSY FINDINGS AVAILABLE
cause given in PART I.	TE THE CAUSE OF DEATH?			
Hypertensive and a	0			
hypertensive and attendedenote cardiovascalar disease				
			L	

While some may be uncomfortable with the notion of uncertainty, remember that in this setting, we as providers do not have the usual luxuries of getting confirmation. Also remember the certifying statement on the death certificate: "To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated."

During this time, we ask that you remember that the death certificate is a vital document, necessary not just for next-ofkin to close affairs, but also with far-reaching value including epidemiology of disease and considerations for local, state, and federal fund disbursements. Your best efforts in accurate and timely completion of death certificates are greatly appreciated.

Please direct inquiries regarding these guidelines to North Carolina Vital Records.

## **Resources:**

- https://www.health.ny.gov/vital records/edrs/docs/guidance for certifying covid-19 deaths.pdf
- <u>https://www.cdc.gov/nchs/nvss/mobile-app.htm</u>
- <a href="https://www.cdc.gov/nchs/nvss/improving\_cause\_of\_death\_reporting.htm">https://www.cdc.gov/nchs/nvss/improving\_cause\_of\_death\_reporting.htm</a>