

Alaska Health Analytics and Vital Records

COVID-19 Death Certificate Guidance

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Key points

- Click here for the [CDC guidance for filling out the cause of death section of a death certificate](#).
- Lab confirmed COVID-19 deaths should be entered as “COVID-19” to avoid confusion with other known Coronavirus disease.
- COVID-19 will most likely be entered as an underlying cause.
- If a medical professional’s best judgement leads them to believe a patient died of COVID-19 due to compelling symptoms and circumstances, the certifier may use qualified entries like “probable COVID-19” or “presumed COVID-19”.
- Do not enter “COVID-19 Rule Out,” or “COVID-19 Negative” onto the death record if a COVID-19 test was negative. This is unnecessary and renders CDC’s auto-coding inoperable leading to delays in death data analyses.

General Provisions

Death Certificates provide essential information on decedent demographics and cause of death. Death Certificates allow closure for a family, assist in settling estates, and inform public health response to disease and injury.

Different entities have different roles in completing a death certificate. Funeral directors provide decedent demographics on a death certificate. Medical professionals provide cause of death for natural causes. Medical Examiners provide cause of death for homicides, suicides, accidents, injuries and poisonings. Cause of death certifiers are encouraged to use any information available to determine a cause of death. Good resources included a patient’s medical history, medical records, lab tests, and autopsy results.

Causes and circumstances of any death can be debated. CDC considers “Cause of Death” to be a best medical opinion. The key consideration is the opinion comes from a medical professional. They want a medical professional’s best judgement for any given death.

The Cause of Death section on a death certificate has two parts:

- Part I is the chain of events – the diseases, injuries, or complications – that directly cause the death. There are four lines available, ‘a’ through ‘d’.
 - Line ‘a’ is reserved for the immediate cause of death. The immediate cause of death is the final disease or condition that resulted in death.
 - Line ‘b’ (and ‘c’ if necessary) are reserved for intermediate causes of death. The medical professional outlines the logical sequence of causes, or etiology, that leads from the underlying cause of death to the immediate cause of death. Sometimes, there is no intermediate cause of death.
 - The last line available is reserved for the underlying cause of death. This is the disease or injury that initiates the chain of events leading to the immediate cause of death.
- Next to each is a field for entering the interval between onset of the cause and the death. Intervals can be in minutes, days, weeks, or months. In some cases, duration of the underlying cause can be in years.

- Part II is where the medical professional enters any medical conditions that contributed or exacerbated, but did not cause, the death.

How to enter a COVID-19 death

Death by COVID-19 is considered a death by natural cause. The majority of COVID-19 “Cause of Death” reporting will come from medical professionals.

COVID-19 is most likely an underlying cause. COVID-19 should be entered as “COVID-19” to avoid confusion with other known Coronavirus disease. Enter COVID-19 when death occurs due to the disease and there is a laboratory confirmation of COVID-19. If symptoms and circumstances are compelling, and the medical professional’s best judgement leads them to believe the patient died of COVID-19, then the medical professional may enter a prefix of “probable” or “presumed” on the cause of death line. CDC encourages follow up testing however.

If you tested for COVID-19 and the test was negative, please do not enter “COVID-19 Rule Out,” or “COVID-19 Negative.” This is unnecessary and will render CDC’s auto-coding inoperable. Manual coding is much slower and will delay the availability of death data for analysis by days or weeks.

Please refer a suspected COVID-19 death to the medical examiner’s office if the decedent was in a health care facility or hospital for less than 24 hours, or for any death that was unattended or unexpected. The Medical Examiner’s Office will evaluate each referral on a case by case basis.

Common problems with cause of death reporting

- Reporting intermediate causes as the underlying cause of death
- A lack of specificity, and
- Illogical sequencing

Pneumonia is sometimes entered as an underlying cause of death, but is almost always an intermediate cause of death. Pneumonia is caused by a variety of infectious agents or injury. The cause of pneumonia, such as COVID-19, must be entered on the underlying cause of death line. Pneumonia in turn can lead to an immediate cause of death, for example, acute respiratory distress syndrome.

The underlying cause of death must be specific. “Viral Infection” is not a specific underlying cause of death. In the case of the current pandemic, the specific entry would be “COVID-19”.

Causal sequences entered into Part I must make sense. For example, contributing conditions like Chronic Obstructive Pulmonary Disease (COPD) are sometimes entered into the causal sequence. However, COPD neither causes, nor results, from COVID-19. If present, COPD should be entered into Part II as a contributing condition.

Be sure to review CDC’s COVID-19 recording death certificate guidance (link at the top of this document). The data collected by vital records offices nationally will be the data of record for this COVID-19 pandemic. Accurate data collection of death attributed to COVID-19 is crucial for our long term understanding of this disease.