

Protecting and Improving the Health of Iowans

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COVID-19 Death Reporting

December 7, 2020

Today, IDPH is announcing a change in the way we report deaths attributed to COVID-19 to better align with national and state reporting. As we learn more about the virus and testing expands significantly, lowa like many states has changed its methodology.

Throughout the COVID-19 pandemic response states have adapted as we've learned new information and gained new tools. It was immediately apparent this pandemic required public reporting on a variety of critical information in near real time. The Iowa Department of Public Health (IDPH) created a process to meet this emerging need. We will continue to evaluate the information we share and will continue to solicit feedback from stakeholders to inform any changes.

Death Reporting Background

- For other diseases, IDPH relies on ICD-10 national coding on the death record.
- When the pandemic began there was not an ICD-10 code for COVID-19 as a cause of death.
- To address this, IDPH relied on a combination of a confirmed positive test result in IDPH's
 information system, along with case information that indicates the individual is deceased.
 - There are challenges with this approach, though it was the best available solution when the pandemic began.

Changing Dynamics

- New types of testing has become available.
 - lowa was one of the first states to include antigen test results in our public reporting.
- With the large increase in antigen testing, specifically in long-term care, and through
 conversations with counties and local public health, we've recognized a need to adjust our
 approach on death reporting.
- Other states continue to shift the way they report this information.
 - We anticipate more states shifting to similar reporting now that there are ICD-10 codes.
 - This will be useful for national comparison purposes.
 - This will also be useful for comparing different causes of death within the State of Iowa.

Effective December 7, 2020

IDPH will modify the methodology for counting and reporting deaths due to COVID-19. This will adjust the number of deaths attributed to COVID-19.

COMPARISON

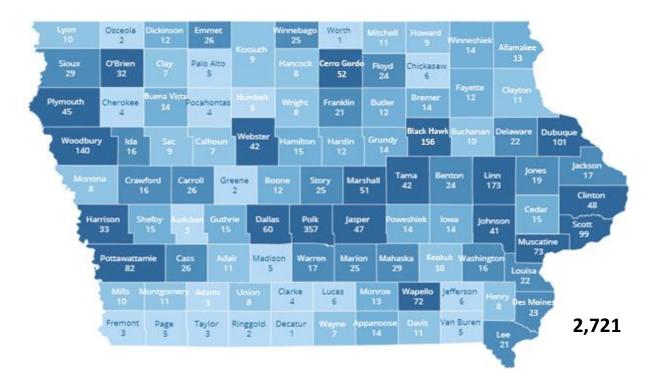
Previous Methodology

2,721

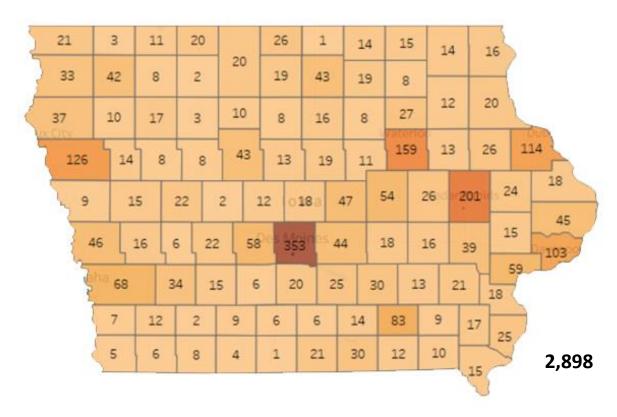
New Methodology

2,898

Previous Methodology



New Methodology



Note: All data as of December 7, 2020.

TECHNICAL DETAILS

The Department elected to make this change in consultation with our federal partners at the Centers for Disease Control and Prevention (CDC), as well as a review of the variety of methodologies in other states. The new methodology will be consistent with the way the CDC reports deaths nationally, enhancing accuracy of reporting as counts will be tied directly to official death records.

Previous Methodology

Under the methodology used since March, a case must meet two requirements.

- 1. The case must have a positive polymerase chain reaction (PCR) COVID-19 test recorded in IDPH's lowa Disease Surveillance System (IDSS).
- 2. The case must be reported to IDPH as deceased, through either case investigation or the death record.

This methodology does not include cases where a death is reported and can be matched with a positive antigen test result, nor does it include in the death count cases where COVID-19 is listed as a cause of death in the death record but there is not a positive PCR test result on file with the department.

New Methodology

The new methodology is based on the CDC's National Center for Health Statistics (NCHS) cause-of-death coding. Under this new methodology, a case must be coded by NCHS with the International Classification of Diseases, 10th Revision (ICD-10) code U07.1 as the underlying cause of death or a contributing factor to death. Coding is based on the registered death record completed by the health care provider.

This methodology does not require a positive PCR or antigen test result. Deaths will be counted as a COVID-19 death if NCHS codes the death record with code U07.1 as the underlying cause of or contributing factor to death. This methodology does ensure the number of COVID-19 deaths reported will match the official state vital statistics report, when eventually published, and will provide greater consistency between the number of deaths reported by federal, state and county government agencies.

Differences

The new methodology will be applied retroactively to deaths reported to the state since March and will result in an increase in the number of lowans whose deaths are attributed to COVID-19. The changes in data are demonstrated above. Additionally, NCHS ICD-10 coding can take approximately seven days to complete and return to the state, which will increase the time between when a death is reported to the state and the date it will be published on the website.

Other Changes to Public Reporting

Employment data will no longer be featured on the coronavirus.iowa.gov website, as this is based on case investigation, which can take some time to complete, and is not finalized data. We will work with vital statistics to more accurately gather this data for future reporting, though it will no longer be reported in real time on the website.