



Clinical Examples of Certification of Deaths due to COVID-19

Presenter:

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Overview of COVID-19- Jamaica

Confirmed	Cases per 1M people	Recovered	Deaths
621	226	430	10

<https://news.google.com/covid19/map?hl=en-US&ceid=US%3Aen>

2020-06-15



GUIDELINES FOR CERTIFYING COVID-19 AS A CAUSE OF DEATH

- COVID 19 be recorded on the MCCD for all decedents, where the disease caused, or is assumed to have caused, or contributed to death



Mortality Coding of COVID-19 with ICD-10

1. Both categories are suitable for cause of death coding :
 - **COVID19** Virus identified – (**U07.1**)
 - **COVID19** Virus not identified – (**U07.2**).
2. COVID-19 is reported on Medical cause of death certificates as any other cause of death. Hence; the rules for selection of the single underlying cause are the same.
3. For recording on a death certificate:-
 - Potentially contributing comorbidity (immune system problem, chronic diseases...) should be reported in part 2, and other aspects (perinatal, maternal...) in line with the rules for recording.
 - Manual plausibility check is recommended for certificates where COVID-19 is reported, but not selected as the single underlying cause of death.

[https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

Clinical Examples of Certification of Deaths due to COVID-19



MCCD COVID-19 Related Deaths

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 order (if applicable) State the underlying cause on the immediately preceding line			Cause of death	Time interval from onset to death
	a		Acute respiratory distress syndrome J80	2 days
	b		Due to: Pneumonia J18.9	10 days
	c		Due to: COVID-19 U07.1	10 days
	d		Due to:	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)		Cerebral palsy [10 Years] G80.9		

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

MCCD COVID-19 Related Deaths

REGISTRATION (BIRTHS AND DEATHS) ACT MEDICAL CERTIFICATE OF THE CAUSE OF DEATH



To be given by the Medical Attendant to the person whose duty it is to give it with information of the Death, to the Registrar of the District in which the Death took place and TO NO OTHER PERSON

I HEREBY CERTIFY that I attended [Redacted] whose age was stated to be 20.2 that he/she died* at the University Hospital of the UCT on the 20th day of April 2020 at 1:38 am and that to the best of my knowledge and belief the cause of his / her death was hereunder written.

IF FEMALE (tick the statement that best describes the decedent):																									
Not pregnant within past year <input type="checkbox"/>	Pregnant at time of death <input type="checkbox"/>	Not pregnant, but pregnant within 42 days of death <input type="checkbox"/>	Not pregnant, but pregnant within 42 days to 1 year before death <input type="checkbox"/>	Unknown if pregnant within the past year <input type="checkbox"/>																					
Date pregnancy ended (DD/MM/YYYY):		Gestation pregnancy ended? < 22 weeks <input type="checkbox"/> 22+ weeks <input type="checkbox"/>																							
<p>*Should the Medical attendant not be justified in taking upon himself the responsibility of certifying the cause of death, he may here insert the words "as I am informed"</p> <p>Antecedent Cause: Morbid condition, if any, giving rise to the above circumstances for underlying condition last:</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it:</p>	<p>CAUSE OF DEATH</p> <p>(a) <u>COVID-19 Pneumonia</u> (due to (or as a consequence of))</p> <p>(b) _____ (due to (or as a consequence of))</p> <p>(c) _____ (due to (or as a consequence of))</p> <p>(d) <u>Hypertension, Diabetes, Dyst. pneumonia, Ischemic Heart disease</u> (due to (or as a consequence of))</p>			<p>Approximate interval between onset and death</p> <table border="1"> <thead> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>4</td> <td></td> </tr> <tr> <td>unknown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>unknown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Years	Months	Days	Hours			4		unknown				unknown				18			
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18																									
<p>† This does not mean mode of dying e.g., heart failure, asthma, etc. It means the disease, injury or complication which causes death.</p>																									

Please tick the relevant statement: I attended the deceased during illness ☒ I did not attend the deceased during last illness; the doctor who did is unable to certify the death ☐
 Witness has been interviewed and information is included above ☐ Post-mortem information will be available later ☐ No post-mortem is necessary ☒
 Signature: [Redacted] Registrar General: MB, GS

CONDITION (Married—Widow— Bachelor—Spinster— Infant)	PARISH OF BIRTH	RESIDENCE & Toll No. of person causing body to be buried	OCCUPATION For married woman or widows—name and occupation of husband For children—name and occupation of father or mother	For Children under 1 year enter here:— Age of mother at time of death and how long under of deceased child

THIS CERTIFICATE IS INTENDED SOLELY FOR THE USE OF THE REGISTRAR to whom it should be delivered by the person giving information to him of the particulars required by law to be registered concerning the death. Penalty of Five Dollars for signature of informant to deliver this certificate to the Registrar. The Registrar-General cautions all persons against accepting or using this certificate for any purpose whatever, except that of delivering it to the Registrar.



MCCD COVID-19 Related Deaths

REGISTRATION (BIRTHS AND DEATHS) ACT
MEDICAL CERTIFICATE OF THE CAUSE OF DEATH

To be given by the Medical Attendant to the person whose duty it is to give it with information of the Death, to the Registrar of the District in which the Death took place, and TO NO OTHER PERSON.

I HEREBY CERTIFY that I attended _____ whose age was stated to be 58 years that I lost him on the 31st day of MARCH 2020; that he/she died* 2:20pm at UHWI on the 31st day of MARCH 2020; at _____ and that to the best of my knowledge and belief the cause of his her death was hereunder written.

I FEMALE (tick the statement that best describes the decedent): Last pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not Pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not Pregnant, but pregnant within 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/>																												
Date pregnancy ended (DD/MM/YYYY) _____ Gestation pregnancy ended? < 22 weeks <input type="checkbox"/> 22+ weeks <input type="checkbox"/>																												
*Should the Medical Attendant not feel justified in taking upon himself the responsibility of certifying the fact of death, he may here insert the words "as I am informed". Disease or condition directly leading to death† Antecedent Cause: Medical condition, if any, giving rise to the above cause stating the underlying condition last. Other significant condition contributing to the death, but not related to the disease or condition causing it.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">CAUSE OF DEATH</th> <th colspan="4" style="text-align: center;">Approximate interval between onset and death</th> <th rowspan="2" style="text-align: center;">For use by SCO ICD-10 Code</th> </tr> <tr> <th style="width: 30%;">(a) CARDIAC ARRHYTHMIA</th> <th style="width: 30%;">(b) COVID-19 PNEUMONIA</th> <th style="width: 30%;">(c) Asthma</th> <th style="width: 30%;">(d) _____</th> <th style="width: 10%;">Years</th> <th style="width: 10%;">Months</th> <th style="width: 10%;">Days</th> <th style="width: 10%;">Hours</th> </tr> <tr> <td colspan="4"> due to (or as a consequence of) _____ due to (or as a consequence of) _____ due to (or as a consequence of) _____ </td> <td style="text-align: center;">20</td> <td></td> <td style="text-align: center;">16</td> <td style="text-align: center;">0.5</td> <td></td> </tr> </table>	CAUSE OF DEATH					Approximate interval between onset and death				For use by SCO ICD-10 Code	(a) CARDIAC ARRHYTHMIA	(b) COVID-19 PNEUMONIA	(c) Asthma	(d) _____	Years	Months	Days	Hours	due to (or as a consequence of) _____ due to (or as a consequence of) _____ due to (or as a consequence of) _____				20		16	0.5	
CAUSE OF DEATH					Approximate interval between onset and death				For use by SCO ICD-10 Code																			
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† This does not mean mode of dying e.g., heart failure, pneumonia, etc. It means the disease, injury or complication which cause death.

Please tick the relevant statement:
 I attended the deceased during illness ☒ I did not attend the deceased during last illness, the doctor who did is unable to certify the death ☐
 Post mortem has been done and information is included above ☐ Post mortem information will be available later ☐ No post mortem is necessary ☒

Signature: _____ Registered Qualification: MBBS, OM, CARDIOLOGY




CONDITION (Married - Widow - Bachelor - Spinster - Infant)	PARISH OF BIRTH	RESIDENCE at Tel. No. of person causing body to be buried	OCCUPATION For married women or widows - name and occupation of husband For children - name and occupation of father or mother	For Children under 1 year enter here: - Age of mother at time of death and live birth order of deceased child.

THIS CERTIFICATE IS INTENDED SOLELY FOR THE USE OF THE REGISTRAR to whom it should be delivered by the person giving information to him of the particulars required by law to be registered concerning the death. Penalty of Four Dollars the neglect of informant to deliver this certificate to the Registrar. The Registrar-General cautions all persons against accepting or using this certificate for any purpose whatsoever, except that of delivering it to the Registrar.



MCCD COVID-19 Related Deaths- Pregnancy

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	Respiratory failure <i>Code both, O99.5 and J96.9</i>	2 days
		b	Due to: Pneumonia <i>Code both, O99.5 and J18.9</i>	8 days
		c	Due to: Pregnancy complicated by COVID-19 <i>Code both, O98.5 and U07.1</i>	12 days
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Underlying cause of death</div>				
2 Other significant condition(s) (Time intervals can be included in brackets after the condition)				

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


For women, was the deceased pregnant?

☐ Yes ☐ No ☐ Unknown

<input type="checkbox"/> At time of death	<input type="checkbox"/> Within 42 days before the death
<input type="checkbox"/> Between 43 days up to 1 year before death	<input type="checkbox"/> Unknown
Did the pregnancy contribute to the death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

MCCD NON-COVID-19 Related Deaths

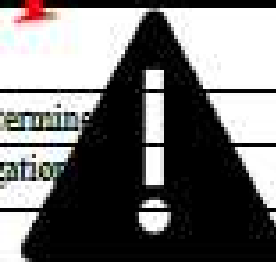
Frame A: Medical data: Part 1 and 2

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	Hypovolaemic shock	1 day
		b	Due to: Aortic dissection	1 day
		c	Due to: Motor vehicle accident	2 days
		d	Due to:	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)		COVID-19	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

NOT COVID-19 DEATH



Examples of terms used by certifiers to describe COVID-19 and that can be coded as synonyms of COVID-19:

- COVID Positive
- Coronavirus Pneumonia
- COVID negative
- COVID-19 Infection
- Sars-Cov-2 Infection (Coronavirus Two Infection)
- COVID-19 Coronavirus
- Infection – COVID-19 (Coroner Informed)
- Hospital Acquired Pneumonia - COVID-Positive
- COVID-19 possible - tested negative
- Corona Virus two infection (SARS-Cov-2)
- Corona Virus Pneumonia (COVID-19)
- Coronavirus-Two Infection
- Novel coronavirus

Thank.....You

Contact Information:

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