



Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. You can forward this invitation to others in your office who might be interested, however, you cannot forward your approved registration, as each attendee must register separately. [Register to join](#) the webinar on February 14, 2024 at 2 p.m. Eastern.

SAVE THE DATE - Vital Records 101

As you know, there is a lot to learn in the field of Vital Records and Health Statistics. Let us help you provide your employees with the training they need! NAPHSIS and NCHS offer the Vital Records 101 Course annually for anyone - new employees and those looking for a refresher. This course covers fundamental information for all VRHS employees and will take place March 25-27, 2024 in New Orleans, Louisiana.

Field Services Special Interest Group

What questions do you have regarding field services and data quality? Want to hear about best practices in training your providers? Do you need guidance on quality assurance programs? If so, the Field Services Interest Group monthly meetings can be a great resource. Hear from jurisdictions sharing their experiences and lessons learned in dealing with their internal and external partners on various field services, data quality improvement and training topics. The next Field Services Interest Group will meet February 27, 2024 at 3 p.m. Eastern. Email hq@naphsis.org to join the monthly call.

Systems Special Interest Group

Come ask your technical peers about how they grapple with adjusting their vital records systems to meet the needs of vital records, data partners, and interoperability with other systems. The next Systems Special Interest Group will meet on February 29, 2024 at 3 p.m. Eastern. Email systems@naphsis.org to join the monthly call.

Birth Data Quality Workgroup (BDQW)

Assess and improve the quality of vital statistics birth and fetal death data, focusing on improving data at the source (i.e., at the hospital). For more information about the BDQW, e-mail hq@naphsis.org.

2023 Data Year Close-Out

The following table includes the 2023 contract closeout and draft 2023 file release dates. Note that to include a jurisdiction’s most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in red, as are the contract closeout dates and the dates for final updates. The dates for final updates are subject to change and may be earlier, depending on the quality of the national file.

2023 Birth File

(States) Target for States to correct errors for provisional file	January 18, 2024
(DACEB) Release provisional 2023 birth data to Hyattsville	January 30, 2024
(States) Contract closeout for 2023 birth data	March 1, 2024
(States) Last date 2023 birth file updates accepted	April 11, 2024
(DACEB) Release of final 2023 birth data to Hyattsville	May 9, 2024

2023 Death File

(States) Contract closeout for 2023 deaths	May 1, 2024
(States) Last date 2023 death file updates accepted	June 27, 2024
(DACEB) Pause medical processing for data quality review	July 25, 2024
(DACEB) Release final 2023 file to Hyattsville and resume medical processing	September 26, 2024

2023 Fetal Death File

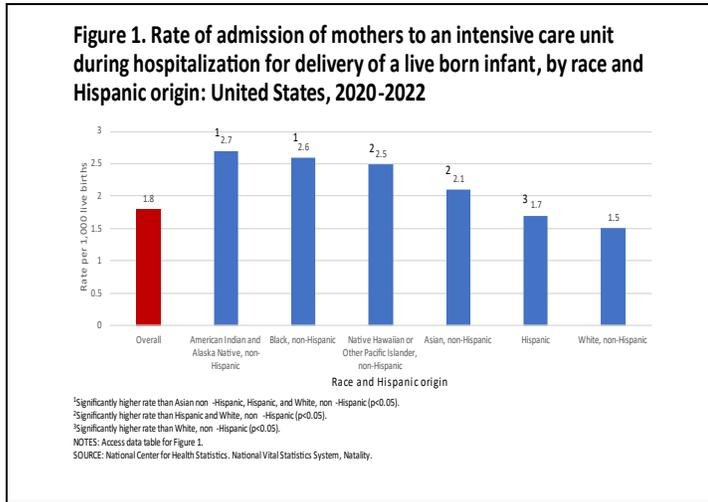
(States) Contract closeout for 2023 fetal deaths	May 1, 2024
(States) Last date 2023 fetal death file updates accepted	July 25, 2024
(DACEB) Release final 2023 fetal death file to Hyattsville	August 22, 2024

As the 2023 files are closed, jurisdictions are encouraged to contact their assigned Data Acquisition, Classification and

Evaluation Branch (DACEB) staff with any questions or feedback on the file closeout process.

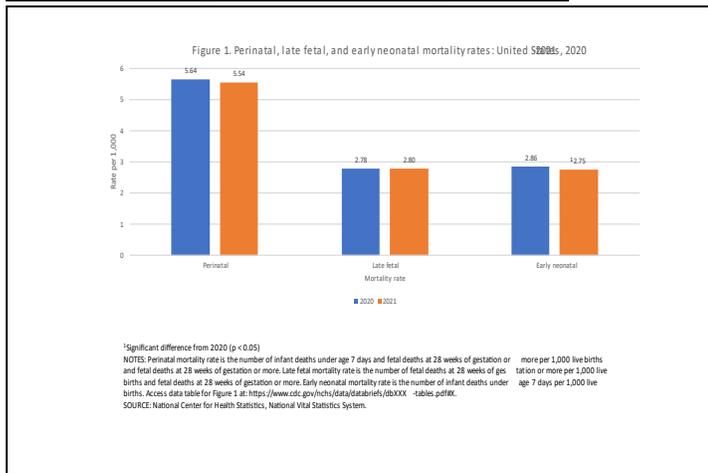
Notable Publications/Data Briefs

Characteristics of Mothers Admitted to Intensive Care Units During Hospitalization for Delivery of a Live Born Infant: United States, 2020-2022



This report was released in December and can be found at this [link](#). It presents information on ICU admissions overall and by race and Hispanic origin, maternal age, live birth order, and plurality for mothers delivering live-born infants in the United States in 2020–2022. The overall admission rate of mothers to an ICU was 1.8 per 1,000 live births in 2020–2022. The ICU admission rate was lower for White non-Hispanic mothers than for mothers of other race and Hispanic origin groups, and for mothers younger than age 25 compared with older mothers. ICU rates were higher for mothers having higher-order births and for mothers having twins and triplets compared with singletons. Other notable results can be found within the report.

Perinatal Mortality in the United States, 2020-2021



This report was released December and can be found at [link](#). This report describes changes in perinatal mortality, as well as its components, late fetal and early neonatal mortality, from 2020 to

2021, during the COVID-19 pandemic. Also shown are perinatal mortality rates by maternal age, race and Hispanic origin and state. The U.S. perinatal mortality rate was 5.54 deaths per 1,000 live births and late fetal deaths in 2021, a non-significant decline from 2020. The late fetal mortality rate, one of the components of perinatal mortality, was essentially unchanged, while the early neonatal mortality rate, the other component, declined by 4%. Other notable results can be found within the report.

Vital Statistics Modernization Community of Practice



The NVSS **Modernization Community of Practice (NVSS CoP)**

is a shared space for learning and innovation and provides a forum for jurisdictions and their partners working in the modernization space.

As we embark on the new year, Phase IV of the NVSS CoP Jurisdictional Outreach

has officially begun. During this phase, NVSS CoP will focus on determining the assistance and resources required of the 92% of jurisdictions who have tested in the NCHS Organized Testing Events in order for them to begin pre-certification.

The next formal NCHS-organized testing event is scheduled for February 26th -27th, 2024. Any jurisdiction interested in participating as an observer or tester is encouraged to email the NVSS CoP mailbox (nvssmodernization@cdc.gov). This quarter, jurisdictions that are prepared to begin pre-certification should consider doing so during the testing event. NCHS-organized testing events offer access to technical partners and NCHS SMEs, shortened response times for coded cause of death in the test environment, and feedback of other testing jurisdictions during the 2-day testing windows.

The NVSS Modernization CoP continues to work toward as many jurisdictions as possible completing FHIR Certification by the end of 2024. Jurisdictions must remember that **pre-certification and certification** are mandatory steps in the NVSS FHIR Certification Pathway. On September 18, 2023, NCHS published the Mortality FHIR Pre-Certification Guidance documents for jurisdictions to use while completing the pre-certification process. When initiating the pre-certification process, jurisdictions must remember to email the NVSS Modernization Community of Practice mailbox. Tracking jurisdictions’ starting pre-certification helps NCHS position necessary resources to support the subsequent certification throughput.

All NVSS Main CoP meetings and technical support meeting recordings can be found in the Meeting Proceeds area on the [NVSS](#)

[Modernization Community Practice SharePoint site](#). Users can also click the 'Quick Links' option to access the certification and pre-certification documents.

Special thanks to technical partners MITRE, Ruvos, NAPHSIS, and CTE for their ongoing collaboration in the modernization efforts. Their valuable contributions have been instrumental in the success of our recurring meetings and organized testing events.

[Collaborating Office of Medical Examiners and Coroners \(COMEC\)](#)



The [Collaborating Office of Medical Examiners and Coroners \(COMEC\)](#) provides broad support for public health activities to professionals who conduct medicolegal death investigations (MDIs). COMEC was established this year at CDC in recognition of the important role of medicolegal death investigation for public health and CDC. If you would like to receive monthly announcements from the Collaborating Office for Medical Examiners and Coroners, please send a note to MDI@CDC.GOV.

One of COMEC's key activities is [Medicolegal Death Investigation Data Modernization](#) and there were two updates this month related to data modernization.

On December 5-6, MDI Connect Implementer's Collaborative hosted a two-day working meeting in Atlanta. MDI Connect is a forum for MDI offices to design, build and test standard-based interoperability projects to improve data sharing or data quality, working in a supported environment. MDI Connect currently has two cohorts totaling [16 funded Medical Examiner and Coroner Offices](#). This activity is modelled on the [NVSS COP](#) and its predecessor, the [NVSS Implementer's community](#). COMEC and the CDC Foundation are jointly supporting MDI Connect. The lessons learned from the MDI Connect are informing a broader set

of data modernization efforts led by CDC. In December, HL7 published an update to the [Medicolegal Death Investigation \(MDI\) FHIR implementation guide STU 1.1](#) (MDI FHIR IG). We want to thank all of you for your contributions to this implementation guide (IG). Your comments and feedback help develop an IG that is applicable to the broader community using Fast Healthcare Interoperability Resources (FHIR). The MDI FHIR IG defines a standardized approach of the core information exchanged within the medical examiner and coroner community. At its current implementation level and as a standard for trial use, we anticipate substantial updates to this version that would lead to a future STU publication.

Summary of changes for STU 1.1:

- Adds Security Recommendations & Change Log narrative pages
- Changes in resource names to indicate support for bi-directional data flows:
 - From "MDI to EDRS" to "MDI and EDRS"
- Updates to align with Vital Record Death Reporting FHIR resources for interoperability in death reporting
- Added Document Reference - MDI Report for exchanging death investigation documents
- Other minor changes & technical corrections

The detailed list can be found within the IG's [Change Log](#).

Vital Staff Spotlights

Jurisdictions may add as many names as they would like to our NCHS Newsletter mailing list! Just send a note to George Tolson at gct1@cdc.gov.

Leslie Tea was appointed State Registrar in America Samoa.

Shona Steaua was appointed VSCP Project Director in America Samoa.

Jeremy Courtney was appointed State Registrar and Acting VSCP Project Director in Arkansas.

Steven Schwartz retired from his position as the Director of the Division of Vital Statistics.

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