



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.

April VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. In April, we will hear from Michelle Osterman and Farida Ahmad with NCHS, and Toni Miller and Anita Friday with Arizona Department of Health Services. Michelle's presentation will discuss publications and data releases based on provisional birth data. Farida will discuss recent publications using provisional death data, including COVID-19, drug overdose, maternal mortality, and CDC's WONDER data query platform. Toni and Anita will present on Arizona's quality assurance & outreach efforts. [Register to join](#) us on April 12, 2023, at 2 p. m. Eastern.

Birth Data Quality Workgroup

The Birth Data Quality Workgroup (BDQW) works to 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). Email hq@naphsis.org to join the next BDQW on April 6, 2023, at 2 p.m. Eastern.

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 on April 25th at 2 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 April 27th at 3 p.m. Eastern. Email systems@naphsis.org to join the monthly call.

NAPHSIS Annual Meeting

The NAPHSIS Annual Meeting will be June 26-28 in Milwaukee, WI. Attendees will learn about products and technology to improve vital records and health statistics functions. The meeting offers informative sessions led by industry experts, an exhibits expo, and networking activities with peers. The Annual Meeting will help you develop connections and learn the latest in the world of vital records and health statistics that you can immediately bring back to your jurisdiction. [Registration is now open.](#)

PHAB VRHS Accreditation Training

NAPHSIS and the Public Health Accreditation Board (PHAB) are offering the annual VRHS Accreditation Applicant training session in person on June 25, 2023, from 1- 5 p.m. CT in conjunction with NAPHSIS Annual Meeting. This training is a required step in the accreditation process. Accreditation Coordinators from VRHS Units that plan to apply for VRHS accreditation between July 15, 2023, and July 15, 2024, will need to attend Applicant training before they can pursue accreditation. In addition to registering for the 2023 NAPHSIS conference, interested attendees should use the [following link to register for the PHAB training.](#)

Field Service and Data Quality Workshop

NAPHSIS and the Division of Vital Statistics within the National Center for Health Statistics will host a Field Services and Data Quality Workshop in August. There is no cost to attend this workshop. More information and registration will be released soon.

New ICD code for Post-Acute Sequelae of COVID-19 (Long COVID)

Please read carefully and share with the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?

- The new ICD code for Post-Acute Sequelae of COVID-19 is U09.9. It will appear in formal tabular list format as **U09.9** Post COVID-19 Condition

When will it be implemented?

- NCHS is looking to implement the new code the week of 3/20/2023 and any records reported with literals corresponding to Long Covid will get the new code.
- NCHS will then reprocess 2023 records that were previously coded to get the correct coding.

- **This code will only apply to 2023 data and subsequent years.**

Will this code be an underlying cause?

- This code is not a valid underlying cause. This code is only applicable to multiple cause coding.

The expanded guidance is available at

<https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>. The new

section can be found on pages 2 and 3 and the new case history and example certification can be found on page 8. In addition, links on pages 2 and 3 were updated to the current webpage for CDC's guidance for SARS-CoV-2 testing and the updated Improving Cause-of-Death Reporting online training module, respectively. The link for reference 1 in the document was also updated to the current World Health Organization URL.

Varicella Reporting

NCHS will often receive death records reported with Varicella (not otherwise specified) on death records. This reporting may indicate that the certifier is not certain what type of virus caused the person's death. "Varicella" is also known as chickenpox and is a rare cause of death according to the ICD-10 coding rules. Since it is a rare cause of death the record/condition needs to be confirmed to make sure it was the actual cause of death. In these scenarios certifiers are asked for more specific information about the type of Varicella reported on the records, for example whether the condition was active or inactive at the time of death. Oftentimes these queries are returned from the certifiers with Varicella Zoster (herpes zoster) reported. Varicella Zoster (Herpes Zoster) is not considered a Rare Cause of Death and would not need additional queries from the jurisdiction.

Accurate, specified reporting for these conditions would greatly decrease incorrect coding and unnecessary work for jurisdictions and certifiers. Accurate and specific reporting would also ensure more accurate and timely surveillance of rare causes of disease. For example, here is how the reporting can change the multiple cause coding on a record:

VARICELLA (NOS) IS A RARE CAUSE	VARICELLA ZOSTER – NOT A RARE CAUSE.
Transax Final UC: B011 Final Entity Axis: G049/ B019	Transax Final UC: B020 Final Entity Axis: G049/ B020 /D489 G049*1509
SuperMicar Multiple Cause of Death la Encephalitis b Varicella c d II	SuperMicar Multiple Cause of Death la MENINGOENCEPHALITIS b VARICELLA ZOSTER VIRUS ENCEPHALITIS c PARANEOPLASTIC AUTOIMMUNE ENCEPHALITIS d II HEART FAILURE

Notable Publications/Data Briefs

Maternal and Infant Characteristics and Outcomes Among Women with Confirmed or Presumed COVID-19 During Pregnancy: 14 states and DC

This report was released March 3rd and can be found at this [link](#). It describes characteristics and pregnancy outcomes among mothers with and without confirmed or presumed COVID-19 during pregnancy by maternal age, educational attainment, race and Hispanic origin, and source of payment for the delivery for a 14-state (Alabama, Alaska, Arkansas, California, Idaho, Maine, Maryland, New Hampshire, North Dakota, Ohio, Oklahoma, Oregon, Tennessee, and West Virginia) and DC reporting area between April 2020 and September 2022.

New Medicolegal Death Investigation FHIR Implementation Collaborative (MDI FIC)

NCHS is pleased to announce that seven medical examiner/coroner offices have been selected to participate in the Medicolegal Death Investigation FHIR Implementation Collaborative (MDI FIC). MDI FIC is a learning collaborative, where the participants will design, build, and test FHIR-based data exchange with their data partners. These funded projects are being managed by the CDC Foundation in coordination with NCHS's Collaborating Office for Medical Examiners and Coroners (<https://www.cdc.gov/nchs/comec/index.htm>) and is part of the MDI Data Modernization Initiative (<https://www.cdc.gov/nchs/comec/modernizing-mec-data-systems.htm>). The MDI FIC is focused on the needs of the medical examiner and coroner community. This initiative extends and complements the efforts being made in jurisdictional vital records offices to use FHIR standards for exchange of death records. More detailed information including the specific offices that were selected can be found at this [link](#)

Vital Statistics Modernization Community of Practice

 [The Vital Statistics Modernization Community of Practice \(NVSS COP\)](#) is a shared space for learning and innovation and provides a forum for jurisdictions and their partners to collaborate in the modernization space. In this edition of the newsletter, we want to share additional training resources that are available to the NVSS CoP through a CDC wide FHIR community of practice called the PHFIC or the Public Health FHIR Implementation Collaborative.

PHFIC is a community focused on improving public health data exchange using FHIR by identifying key implementation challenges, providing training and learning opportunities, demonstrating small scale impact (before wide adoption), and promoting best practices. **PHFIC's core objectives are to help build a FHIR community, to demonstrate FHIR for public health use cases, and to advise on FHIR.**

In keeping with those goals, PHFIC is in the process of organizing a FHIR® 101 Workshop for SLTL agencies on Friday, April 14 (10A – 1P ET). This workshop will provide a high-level overview of what FHIR® is and how it works, targeting audiences who regularly need and use health data. Interested in attending or having other staff in your agency attend? Here is the registration link. [FHIR 101 Meeting Registration](#). If you have any specific questions about the workshop, please email [PHFIC](#) for details and to request an invitation.

PHFIC also conducts weekly Wednesday Office Hours and has recently introduced once-a-month guest speakers. Here are the April topics:

- April 5th - FHIR Basics: Bulk FHIR
- April 12th - Presentation of Code, with guest speakers Sun Chen and Liz Canzone

- April 19th - FHIR Implementation Guides
- April 26th - PHFIC FHIR Playbook

Please email [PHFIC](#) for the Office Hours Zoom information.

NVSS FHIR Precertification vs. Certification

The overarching goal of the NCHS FHIR precertification process is to ensure a jurisdiction’s readiness for certification. It is hoped that a successful precertification effort will promote a problem-free path through the final certification process.

As a reminder, the six steps of the NVSS Certification Pathway include:

1. Enhance Systems - Work on conducting a business process analysis of existing workflows, identifying and correcting bottle necks and upgrading EDRSs to be FHIR enabled by using the VRDR FHIR IG and the nightingale open-source suite of tools available
2. Informal Testing - VROs carry out testing activities on their own time using the NVSS FHIR API and STEVE API (test environment) and existing test plan and test records used during formal testing events.
3. Formal Testing - NCHS organizes quarterly testing events where VROs and their technical partners can get hands on experience testing with FHIR. These events are well attended and typically include over 15 VROs and their technical partners as well as NCHS SMEs, the NVSS CoP team, NAPHSIS and technical partners MITRE, CTE and Ruvos.
4. Precertification - see below
5. Certification - see below
6. Production - Once a VRO is in production with FHIR, they will no longer submit data using IJE.

following the pilot currently underway. In its present form, precertification will include the first three phases of pilot testing and will progress at a pace set by the jurisdiction. Precertification is a mandatory step in the NVSS Certification Pathway. NVSS recommends all jurisdictions progress through tiers 1-4 in the formal testing plan prior to attempting precertification. No additional technical requirements or infrastructure will be needed for precertification other than the requirements already necessary to complete formal testing. These requirements include a valid SAMS account and access to both the NVSS API and STEVE API. Precertification will be opened to all jurisdictions simultaneously. There is no need to sign up for precertification, but we will ask VROs to notify the CoP (at nvssmodernization@cdc.gov) when they begin. The requirement for precertification will be waived for those VROs participating in the pilot. No production data will be used in precertification; further instructions will be forthcoming regarding data submissions.

NVSS staff will continue to assist VROs through the precertification and certification process. Separate Zulip Death on FHIR streams will be used to field questions and support will be provided by NCHS technical partners, CTE. The links to those streams can be found here (Zulip login required):

[NCHS FHIR Pre-Certification topic](#)

[NCHS FHIR Certification topic](#)

Pre-Certification Pathway Highlights:

- Each jurisdiction will complete three evaluation phases:
 - Phase 1 will involve the successful submission of 10 clean records.
 - Phase 2 will involve the submission of 10 additional records with deficiencies such as validation/verification errors and absolute/conditional errors.
 - Phase 3 will involve 15 separate actions building on the records from Phases 1 and 2. These actions will include submitting corrections and updates as well as submitting void and alias records.

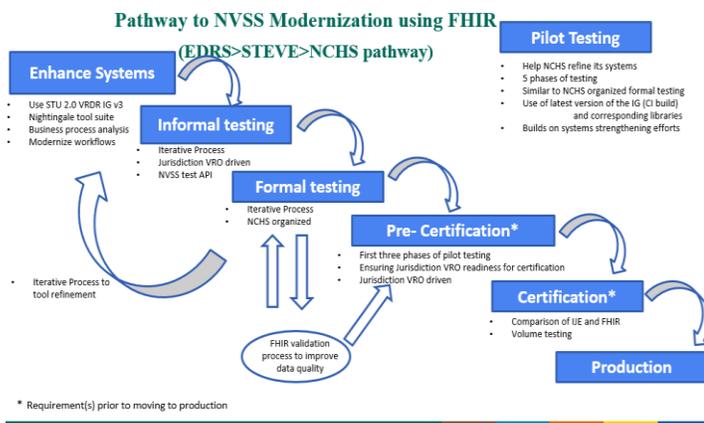
Certification Pathway Highlights:

As a reminder, certification will require jurisdictions to demonstrate that FHIR data submissions match IJE data submissions and that the jurisdiction is able to submit large amounts of FHIR data.

A detailed frequently asked questions (FAQ) will be forthcoming in the next few weeks providing additional clarification regarding the transition from IJE to FHIR.

Vital Staff Spotlights

Seth Austin was appointed State Registrar and VSCP Project Director in Virginia.



Guidance for precertification, including detailed instructions and test records, will be finalized and shared with all jurisdictions

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