

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.

Field Services Special Interest Group

Past topics have included electronic signatures, strategies when working with reluctant certifiers, hard and soft edits within jurisdictions' systems, sharing of field program/staff responsibilities, and more. The next Field Services Interest Group Call will be held on February 22, 2022, at 3 p.m. Eastern. Email hq@naphsis.org to join.

Systems Special Interest Group

Past topics have included electronic signatures for vital records documents, out-of-state records, e-certification, and more. The next Systems Special Interest Group Call will be held on February 24, 2022, at 3 p.m. Eastern. Email hq@naphsis.org to join.

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). The next BDQW will meet on February 3, 2022, at 2 p.m. Eastern. Email hq@naphsis.org to join.

Mortality Data Quality Workgroup (MDQW)

Identify high-priority death data quality issues, metrics, and strategies to improve data quality. The next MDQW will meet on February 14, 2022, at 1 p.m. Eastern. Email hq@naphsis.org to join.

February VSCP Directors Webinar

NAPHSIS invites you to the monthly VSCP Project Directors Webinar on the second Wednesday of each month at 2 p.m. Eastern. February topics include: How Virginia Improved Their Data Quality and Cyberattacks and Lessons Learned. Please [register](#) to join us on February 9, 2022, at 2 p.m. Eastern.

Start Getting your 2021 Cause of Death Data Ready for Closing

While NCHS is currently processing 2021 and 2022 data, now is a great time for jurisdictions to ensure their systems are exporting all **amended information** their office intends to send to NCHS. A few jurisdictions have discovered their systems were not sending updated/amended records to NCHS as expected. Since the data NCHS had was not current, the ICD-10 codes were not current in both the jurisdiction files and the NCHS files. Please ensure your systems are extracting everything you think they are. Trust but verify!

As of January 18, 2022, there are **45,648** records (1.33%) on file at NCHS that are reported as Pending Investigation.

While part of the lag may be due to delays from the Medical Examiner, Coroner, or Toxicology labs, it is worth double checking to ensure amended information is being submitted to NCHS.

As a reminder, the Pending counts and rates are available through multiple means:

- Pending Reports sent to each jurisdiction;
- Mortality Data Quality Reports sent quarterly to the VSCP Directors;
- VSCP Performance reports sent monthly to VSCP Directors;
- VSCP Website.

Reminder: File Layouts Effective Starting with 2022 Data, including Revised Coded Race File Layouts

The updated NCHS birth, death and fetal death file layouts and coded race file layouts for 2022 data are available on the password protected VSCP website. The 2022 – 2026 Vital Statistics Cooperative Program (VSCP) contract includes collection of residence address and placeholder fields on the birth, death and fetal death files and Industry and Occupation on the death file. As announced on the November 2021 VSCP call and in an NVSS e-mail January 11, 2022, bridged race codes have been dropped from the coded race files (NRE, MRE and FRE) sent to the jurisdictions. For questions about the NCHS file layouts, please contact your jurisdiction's assigned Vital Statistics Specialist.

2021 Data Year Close-out Dates

By the time of this publication, all jurisdictions should have completed corrections of any errors for the provisional 2021 birth file. As a reminder, the table below includes the 2021 contract closeout and 2021 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.

2021 Birth File

(States) Target for States to correct errors for provisional file	January 27, 2022
(DACEB) Release provisional 2021 birth data to Hyattsville	February 10, 2022
(States) Contract closeout for 2021 birth data	March 1, 2022
(States) Last date 2021 birth file updates accepted	April 7, 2022
(DACEB) Release of final 2021 birth data to Hyattsville	May 5, 2022

2021 Death File

(States) Contract closeout for 2021 deaths	May 1, 2022
(States) Last date 2021 death file updates accepted	June 30, 2022
(DACEB) Pause medical processing for data quality review	July 28, 2022
(DACEB) Release final 2021 file to Hyattsville and resume medical processing	September 30, 2022

2021 Fetal Death File

(States) Contract closeout for 2021 fetal deaths	May 1, 2022
(States) Last date 2021 fetal death file updates accepted	July 28, 2022
(DACEB) Release final 2021 fetal death file to Hyattsville	August 25, 2022

As the 2021 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

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

This report was released December 2021 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 April 2021. Mothers reported to have had COVID-19 during pregnancy tended to be younger and have lower educational levels than mothers who did not have COVID-19. Mothers with COVID-19 were also more likely to be Hispanic or non-Hispanic Black and to have Medicaid as the principal source of payment for the delivery. Overall, and generally among each of the age, education, source of payment and race and Hispanic origin groups studied, mothers who had COVID-19 during pregnancy were more likely to be admitted to an ICU, and to have an infant born preterm, LBW, and admitted to a NICU than mothers who did not have COVID-19.



On January 24 and 25th, 2022, the NVSS Community of Practice organized its first quarterly testing event of the year aimed at providing jurisdictions and their technical partners with an opportunity to test their health systems strengthening efforts with FHIR based interoperability. While the focus of this event was on the Electronic Death

Registration Systems (EDRS) to NCHS flow, future events will also include opportunities to test FHIR based interoperability between ME/C Case Management Systems (CMS) and Electronic Death Registration Systems (EDRS). The event was free of cost, less formal than traditional connectathon, and was intended to support a spirit of iterative systems development for both NCHS and jurisdictions while fostering collective and shared learning and engagement.

Six jurisdictions including Connecticut, Hawaii, New Hampshire, Minnesota, New York City, Utah participated as testers. Additionally, eleven jurisdictions to include Alaska, California, Delaware,

Montana, Maine, New York State, Ohio, Oregon, South Carolina, Virginia, Washington State participated as observers.

This event focused on testing the new NCHS NVSS FHIR API, which supports the exchange of mortality data between NCHS and vital records jurisdictions. The jurisdictions successfully used the API to submit, update, and void a set a predetermined synthetic death records to NCHS and receive coded cause of death and demographic data in response.

The testing was successful on two counts: first, the participating jurisdictions all successfully exchanged data with NCHS, providing initial validation that the API successfully supports data exchange; second, the testing identified numerous opportunities for improving the tools and processes of API-based data exchange, ensuring that the overall process becomes more robust and easier to accomplish over time.

Several important lessons were learned to include

- Leaving at least 3 to 4 weeks of advance preparation time is important to ensure that participants have enough time to apply for and get access to the NVSS API activity and review technical tools.
- There are several activities that jurisdictions can accomplish well in advance of the testing event and NCHS will work on developing a checklist to provide further guidance
- Using Office Hours to prepare for the event worked well and there may be opportunities to use this time on a more regular basis to assist with testing preparation activities.
- In a virtual environment, gauging testing progress is more challenging, so informal check ins are therefore important.
- Involvement from both the program side and the technical side at a VRO is useful to reinforce the goals of the testing event as it relates to modernization efforts.
- Successfully participating in a NCHS organized testing event is an **important milestone** towards achieving NVSS modernization goals (ELC CoAg).

Three more testing events organized by the NVSS modernization COP are scheduled for 2022. The tentative dates for these events are May 16-17, October 14-15, and December 5-6, 2022. More information will be forthcoming. If you are interested in participating in the May event, please send an email to NVSSmodernization@cdc.gov

Thank you to all the participants from Utah, New York City, Hawaii, New Hampshire, Connecticut, and Minnesota for participating and making the event a success. Special thanks to the MITRE team for their technical leadership in developing the NVSS API, the client API and providing technical assistance to all participating states. Appreciation to NAPHSIS, GTRI, and Ruvo for their ongoing collaborations in the NVSS modernization space.

We look forward to our continued collaboration in working towards our collective NVSS modernization goals.

[Click here for previous newsletter issues!](#)