State vital records offices can use this funding opportunity to lobby for funding within your state
In January 2019, CDC introduced language within the Budget Section of all non-research Notice of Funding Opportunity Announcements, clarifying that CDC categorical programs’ authority to leverage program funds and technical assistance may support vital records programs.

The Division of Vital Statistics (DVS) is working to include a number of CDC programs such as the Center for Preparedness and Response (CPR), and the Center for State, Tribal, Local and Territorial Support (CSTLTS). If you have questions regarding vital records language included in the non-research Notice of Funding Opportunities you can contact H. “Mac” McCraw (hdm4@cdc.gov).

Project to Redesign NCHS IT Systems to Improve the Coding and Processing of Death Records
The purpose of various activities related to mortality data is to strengthen the mortality data infrastructure for outcomes research on deaths associated with opioid poisoning. There are a number of distinct processes that will be modified and enhanced in this project.

- NCHS will be redesigning its IT systems to electronically code and process cause of death coding for a larger proportion of death certificate records using natural language processing and machine learning models.
- NCHS will be incorporating additional details about drugs onto supplemental data files for use by approved researchers. This new information will be obtained from the death certificate literal text fields and provide details that cannot be conveyed solely through ICD-10 coding.
- NCHS is working towards increasing specificity of the drug information, through the creation of standards-based interoperability between systems containing mortality information at the state level, with a focus on improving data sharing between medical examiner/coroners’ offices, state vital records offices, and state public health surveillance systems.
- Finally, NCHS is working to ensure alignment and utility of the mortality infrastructure improvements with end-users’ needs, especially researchers, with studying drug overdose deaths involving opioids in the National Vital Statistics System.

If there are questions regarding this project, you can contact Rajesh Virkar (RVirkar@cdc.gov).

Notable Publications/Data Briefs
On June 26, 2019, The National Center for Health Statistics data brief on Receipt of Pelvic Examinations Among Women Aged 15–44 in the United States, 1988–2017 was released and can be found at this link. This data brief notes that pelvic examination has been commonly performed as part of a physical examination for women in the United States. However, the value of routine pelvic examinations has been questioned recently. In 2012, the American College of Obstetricians and Gynecologists (ACOG) recommended annual pelvic examinations for women aged 21 and over as part of the well-woman visit. In 2018, ACOG advised that pelvic examinations be performed when indicated by medical history or symptoms. Using National Survey of Family Growth (NSFG) data through 2017 for women aged 15–44, this report describes trends overall and by age since 1988. The receipt of pelvic examinations in the past year, and differences by Hispanic origin and race, education, poverty status, and health insurance status for 2015–2017 are described.

If you have any questions, please contact Gladys or the NSFG team at nsfg@cdc.gov or 301-458-4222.

The final birth public use file for 2018 and the accompanying NCHS Data Brief, “Births in the United States, 2018,” at this link, were released July 24th for the earliest release of final birth data in history. The Data Brief found continued record-breaking declines in fertility and teen childbearing in the U.S., an increase in the percentage of vaginal births after previous cesarean (VBAC), and increases in preterm and early-term deliveries. Thanks to our jurisdictional colleagues for making this timely data release possible!
2018 Data Year Close-out Dates-Thank you!
The final 2018 natality file was released to the Reproductive Statistics Branch on May 9, 2019, a week earlier than our scheduled release date. The 2018 mortality file was released to the Mortality Statistics Branch for further review on July 16, 2019, more than a week earlier than our scheduled release date. We have been successful in meeting our goals with the assistance of each jurisdiction’s staff. We really appreciate all of the efforts you have made to help us exceed our expectations! We are working now to complete the 2018 fetal death files and are expecting the release of these data ahead of schedule as well. Again, thank you and your staff for helping us produce timely national files!

Errors more than 30 days old
The current VSCP contract states that “All states will respond to data issues and send in corrections within 30 days of receiving the report that identifies the data issues.” In an effort to ensure that all data is being edited and corrected on an ongoing basis, the reports that are returned to each jurisdiction now identify errors that are more than 30 days old. On the current PDF version of the Master Load report, these errors are bolded and have a double asterisk in the left margin. On the current EXCEL version of the master load report, a new column has been added to identify these errors. It is important that the data be updated and corrected on a routine basis so that any preliminary use of the data is based on accurate data. Since this is a contract requirement, DACEB staff may withhold payment of invoices if there are excessive amounts of validation and verification errors that are more than 30 days old. Contact your assigned Vital Statistics Specialist if you have any questions or concerns about outstanding errors on your files.

Vitals Staff Spotlights
In July 2019, Emily Cercone of the Global Civil Registration and Vital Statistics (CRVS) Team collaborated with the CDC/Kenya office to support the Malaria Vaccine Implementation Program Evaluation’s (MVipe) mortality surveillance efforts. The mortality surveillance arm of MVipe aims to monitor mortality across the Western Region of Kenya, while strengthening national health and civil registration systems. Emily Cercone represented NCHS’s Global CRVS Team, which has been working in Homa Bay County for over seven years. Emily advised the MVipe team on approaches for collecting and reporting deaths through the health sector and encouraging their registration with civil registration authorities. She supported two training-of-trainers (TOTs), which will cascade trainings to roughly 20,000 community health workers (CHWs).

New Chief of the Reproductive Statistics Branch
NCHS welcomes Isabelle Horon, Dr.P.H as the new Chief of the Reproductive Statistics Branch in the Division of Vital Statistics, NCHS. Dr. Horon most recently served as Director of the Vital Statistics Administration at the Maryland Department of Health, where she managed the Division of Vital Records and the Division of Health Statistics. She served as President of the National Association for Public Health Statistics and Information Systems (NAPHSIS) and was a founding member of the “Good to Great” Committee, a partnership between NCHS and NAPHSIS to improve the National Vital Statistics System. Welcome aboard, Isabelle!

State updates
Kenneth Patermo accepted the position of State Registrar and VSCP Project Director in Missouri.
Denise Gonyer accepted the position of State Registrar and VSCP Project Director in New Hampshire.
Matthew Wickert accepted the position of Acting State Registrar in West Virginia.
Stephanie Morgan accepted the position of VSCP Project Director in Nevada.
Craig Ward has departed his position as State Registrar and VSCP Project Director in Missouri.
Stephen Wurtz (retired) has departed his position as State Registrar and VSCP Project Director in New Hampshire.

In Memoriam: Donna Glenn, a long-time NCHS employee in the Division of Vital Statistics, passed away on May 24, 2019. She joined NCHS as a Survey Statistician in 1970. Donna’s professional contributions directly shaped the current implementation of NCHS’s Mortality Medical Data System (MMDS) – which automates the entry, classification, and retrieval of cause-of-death information reported on death certificates. Donna worked closely with the World Health Organization (WHO) to develop international standards for medical coding, and retired from the federal government with 42 years of service.