



Closing the gap on jurisdictions without Electronic Death Registration Systems (EDRS) using Opioid Response Coordinating Unit (ORCU) funding

- 7 jurisdictions submitted proposals to build new EDR systems; 6 will be funded
- 10 jurisdictions submitted proposals to complete building-out their systems; 8 will be funded
- 11 jurisdictions submitted proposals to expand interoperability with medical examiner/coroner systems; 5 will be funded

We were fortunate to have more proposals than we could fund, which is a first. Three committees vetted the proposals, they were rank-ordered, and awardees will be notified shortly about their funding.

Field Services and Data Quality Training Follow-up

The Field Services and Data Quality Workshop, developed via a collaboration between NCHS and NAPHSIS, was held August 13-15, 2019, in Denver, Colorado. The workshop was designed for field services staff, statistical staff involved in identifying data quality issues, and any others interested in data quality of vital statistics birth, death and fetal death data. The nearly 80 participants represented more than 35 jurisdictions and trainers from NCHS, NAPHSIS and the states. The full agenda included presentations and discussion on common issues with birth, death and fetal death data; demonstrations of the birth and death eLearning trainings; state efforts to improve data quality; cause of death coding; VIEWS; working with data providers; and, training methods. The workshop generated much lively and informative discussion on many topics, and we look forward to another workshop in 2020!



Pictured above from left to right are Kristen Simpson (NAPHSIS), Joyce

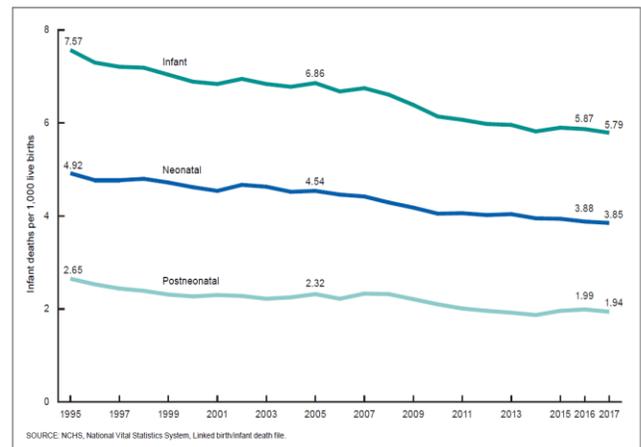
Martin (NCHS), Ana Goold (FL), Louise Wishart (DE), Danielle Ely (NCHS) Lee Anne Flagg (NCHS), Adrienne Rouse (NCHS), Laci Banks-Walker (NCHS) and Shae Sutton (NAPHSIS). All assisted in conducting the training.

Notable Publications/Reports

On August 1, 2019, the National Center for Health Statistics report on **Infant Mortality in the United States, 2017: Data from the Period Linked Birth/Infant Death File** was released and can be found at this [link](#). This report used data from infant death records linked to corresponding birth records to present infant mortality rates by age of infant, maternal and infant characteristics, and cause of death.

The U.S. infant mortality rate in 2017 was 5.79 per 1,000 live births, not significantly different from the rate of 5.87 in 2016 (Figure 1). Infant mortality rates in 2017 were found to be highest among non-Hispanic black women, women under 20 years of age, and infants born preterm. The three leading causes of infant death were congenital malformations, disorders related to short gestation and low birthweight, and maternal complications.

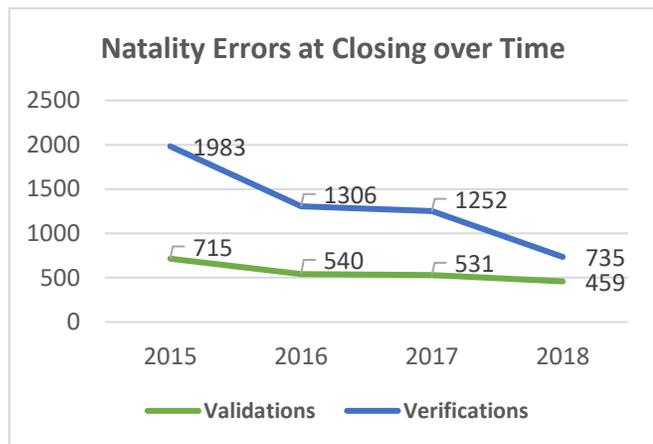
Figure 1. Infant, neonatal, and postneonatal mortality rates: United States, 1995–2017



Improvements in Natality and Mortality File Closure Status

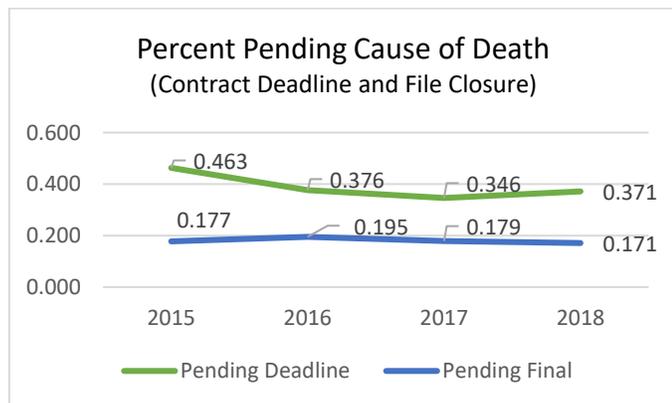
Now that the 2018 natality file is closed and the 2018 mortality file is under review, it is worth noting some of the improvements over the last few years in the quality of the files when DVS takes a final cut of the data. The 2018 natality file was closed May 9, a week earlier than planned, thanks to jurisdictions' timely follow up on outstanding

issues. Validations and verifications on the final file continued to decline this year, as shown in the graph below. The 2018 national file was closed with 459 validation errors and 735 verification errors, reflecting a 36% reduction in validations and 63% reduction in verifications since 2015. This is an outstanding improvement and reflects the commitment of jurisdictions to resolve errors.



The 2018 mortality demographic file was closed and medical processing paused for further review on July 16, over a week ahead of schedule. Improvements have been made in this file as well; there were no demographic or medical validation errors on the file. Resolving as many pending causes of death as possible is necessary before closure of the file, and progress has been made.

The graph below shows the gap in pending rates between the VSCP contractual deadline and the file closing date. It also illustrates the overall decline in the final rate, with the final 2018 pending rate at 0.171%, slightly lower than last year. This gap can be further reduced by monitoring pending reports and ensuring updates are being transmitted regularly.



While there are a number of areas that need further attention by some jurisdictions--such as infant death linkage, under and over reporting on the natality file, resolution of errors within 30 days, and improved cause of death reporting--the reduction in errors and reduced pending rates are a reflection of jurisdictions' commitment to continual improvements.

Reminder: 2018 Mortality Review Process

Thanks to the efforts of DACEB staff and jurisdiction staff for sending in updates and corrections to your 2018 mortality files, DACEB closed the national file July 16th. We wanted to remind you that we have **paused processing for all 2018 cause of death files. This pause could last another six weeks.**

During this period, we will be undergoing a significant quality review and correction process to ensure any needed corrections are consistent between our database and the final, published file. During this period, jurisdictions will receive any coding corrections to their 2018 records, per usual. As soon as processing is resumed, queued files will be coded in the order in which they were received and returned back to the jurisdiction. We understand that these files are time sensitive to each jurisdiction; however, we want to ensure the national file is of the highest quality. This process will not impact processing of 2019 files.

Vitals Staff Spotlights

The Global Civil Registration and Vital Statistics (CRVS) Team in the Division of Vital Statistics, NCHS welcomes **Dr. Kristen Pettrone**. Dr. Pettrone, an Epidemic Intelligence Service (EIS) officer, will support the team and its country partners in conducting applied epidemiologic data collection and analysis, starting with an evaluation of Zambia's new mortality surveillance system. She joins the team with a background in Emergency Medicine, practicing both domestically and internationally. Dr. Pettrone will fulfill her EIS assignment with the team through mid-2021.

State updates

Heidi Lengdorfer has departed her position as State Registrar and VSCP Project Director in Alaska.

Rosa Avila accepted the position of Acting State Registrar and VSCP Project Director in Alaska.