

Notable Publications/Data Briefs

Update of National Survey of Family Growth (NSFG) Key Statistics with 2015-2017

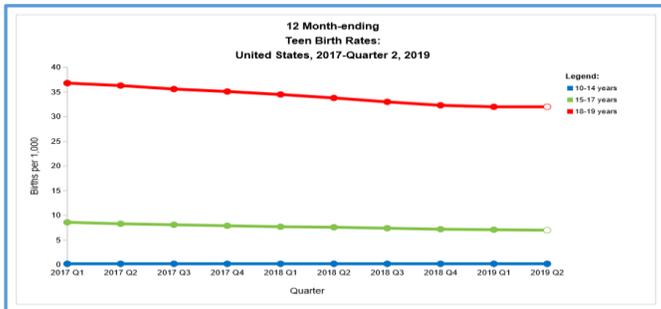
For those of you who may not be familiar with the Key Statistics webpage for the National Survey of Family Growth, this is a place where you can find many of the most relied-upon findings from the NSFG. The Key Statistics page is organized alphabetically by topic, and all results are from special tabulations by NSFG staff and some NCHS published reports. On November 7, 2019, The NSFG Key Statistics page was updated to show estimates for 2015-2017 data for women and men ages 15-49. You can find this page at this [link](#). For questions regarding this recent update, you may contact the NSFG team at nsgf@cdc.gov.

Birth Rates for Teens Aged 15–19 Years, by State, National Vital Statistics System, United States, 2018

On November 8, 2019, the National Vital Statistics System report on Birth Rates for Teens Aged 15–19 Years, by State, was released and can be found at this [link](#). In general, this report (as shown in the figure below) shows that the 12 month-ending birth rates decreased when comparing 2018 Q2 with 2019 Q2 for the following age group(s):

- 15-17 years (7.6 to 7.0)
- 18-19 years (33.8 to 32.0)

For questions regarding this recent update, you may contact Brady Hamilton at boh5@cdc.gov.

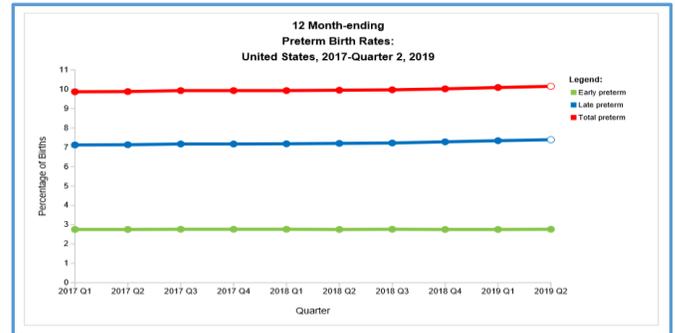


Quarterly Provisional Estimates for Selected Birth Indicators: Q2 2018 – Q2 2019

On November 21, 2019, the National Vital Statistics System report on Quarterly Provisional Estimates for Selected Birth Indicators: Quarter 2, 2018 - Quarter 2, 2019 was released and can be found at this [link](#). This report (as shown in the figure including 12-month pre-term birth rates, United States 2017 – Quarter 2, 2019) shows the 12 month-ending preterm birth rates increased when comparing 2018 Q2 with 2019 Q2 for the following gestational group(s):

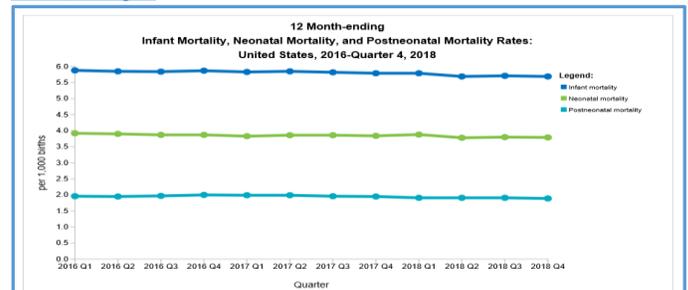
- Late preterm (34-36 weeks) (7.20 to 7.39)
- Total preterm (<37weeks)(9.95 to 10.15)

For questions regarding this recent update, you may contact Joyce Martin at jcm9@cdc.gov or Brady Hamilton at boh5@cdc.gov.



Quarterly Provisional Estimates for Infant Mortality: 2016 – Q4 2018

On November 21, 2019, the National Vital Statistics System report on Quarterly Provisional Estimates for Infant Mortality: 2016 – Quarter4, 2018 was released and can be found at this [link](#). This report (as shown in the figure including infant mortality, neonatal mortality, and postneonatal mortality rate) shows infant mortality rates based on final data for 2016-2017, and provisional data for 2018. The estimates are based on all death records received and processed by NCHS as of September 6, 2019. For questions regarding this recent update, you may contact Joyce Martin at jcm9@cdc.gov or Brady Hamilton at boh5@cdc.gov.



Innovations



Chris Harrison, Registrar, Georgia State Office of Vital Records

Georgia Office of Vital Records Efforts to Improve Data Quality: Use of a Jurisdictional Newsletter

Communication and feedback to vital records data providers is an important aspect of improving data quality. A common communication mechanism among the jurisdictions to help improve data quality is a regular electronic newsletter. This month's edition of "The Vital Connection" newsletter from the Georgia State Office of Vital Records includes detailed information for the death data providers that includes reminders about the timing of cause-of-death reporting, pending investigations (shown below) and race reporting.

Seventy-Two Hours to Determine Cause-of-Death

The cause-of-death section of the death certificate is there to represent a medical opinion. A correctly completed cause-of-death section provides an etiological explanation of the sequence and association of events resulting in the death. Seventy-two hours is given to the coroner or medical examiner to complete their part, as it takes time for everyone involved in the certification process to each complete their respective parts. Ten days is given to register the record. If the death is pending an investigation or a report, please put "pending investigation" as the cause-of-death until the cause is known. It should be noted that this should only be the case in which there is a reasonable expectation that an autopsy, other diagnostic procedure, or investigation may significantly change the underlying cause. Once the cause of death is known, please fill out a supplemental report and send it to DPH-VRDEATH.CORRECTION@DPH.GA.GOV

Like other jurisdictions, Georgia provides their birth data providers with routine acknowledgment of the top-scoring birthing facilities in terms of timeliness, and the most improved facilities (shown below). The score is a composite score that takes into account timeliness and completeness of the birth records.

Most Improved Georgia Facilities

The following facilities had the largest improvements in their score from August to September by 5 points or more. This month there were 8 different facilities that made real improvements. Thanks to all of them for their hard work and attention to birth data quality.

Georgia Facility	August Score	September Score	Improvement
ST. MARY'S SACRED HEART	79	86	7
GWINNET MEDICAL CENTER LAWRENCEVILLE	87	92	5
LIBERTY REGIONAL MEDICAL CENTER	95	100	5
PIEDMONT COLUMBUS REGIONAL MIDTOWN	80	85	5
UNION GENERAL HOSPITAL	88	93	5

For questions regarding Georgia's newsletter you may contact Akilah McGhee at akilah.mcghee@dph.ga.

We want to hear from you and feature your segments! Please send us your initiatives from the broader community, questions, or lessons learned. **Have a topic to share with the monthly newsletter audience?** Send it to George Tolson at gct1@cdc.gov today!

2019 Data Year Close-Out

The following table includes the 2019 contract closeout and draft 2019 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.

2019 Birth File

(States) Target for States to correct errors for provisional file	January 29, 2020
(DACEB) Release provisional 2019 birth data to Hyattsville	February 13, 2020
(States) Contract closeout for 2019 birth data	March 1, 2020
(States) Last date 2019 birth file updates accepted	April 10, 2020
(DACEB) Release of final 2019 birth data to Hyattsville	May 7, 2020

2019 Death File

(States) Contract closeout for 2019 deaths	May 1, 2020
(States) Last date 2019 death file updates accepted	June 15, 2020
(DACEB) Release final 2019 death file to Hyattsville	October 1, 2020

2019 Fetal Death File

(States) Contract closeout for 2019 fetal deaths	May 1, 2020
(States) Last date 2019 fetal death file updates accepted	June 26, 2020
(DACEB) Release final 2019 fetal death file to Hyattsville	August 27, 2020

As the 2019 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.

Staff changes in jurisdictions

A listing of state and territory personnel as well as contacts for the linked infant death/birth file for each jurisdiction can be found on the VSCP website: <https://www.cdc.gov/nchs/vscp/registration.htm>. When you have staff changes in your jurisdiction, please remember to let your Vital Statistics Specialist know so that updates can be made to these contact lists on the VSCP website.

Vitals Staff Spotlights

New Health Scientist in the Division of Vital Statistics



NCHS welcomes Prachi Mehta as the new Health Scientist in the Division of Vital Statistics, NCHS. Dr. Mehta most recently worked at CDC-Atlanta since 1999 and has supported a broad range of health systems, strengthening efforts with the Office of Bioterrorism Preparedness and Emergency Response, Bio surveillance

Coordination and Nationally notifiable disease surveillance systems. During her most recent experience with the CDC office in Kenya, she provided technical assistance and program management oversight to support the integration and use of interoperable electronic medical records and mHealth solutions for improving HIV/AIDS and TB prevention. Welcome aboard Prachi!

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 today.

State updates

It is with profound sadness that we announce the passing of **Eleanor Howell**, Director for the North Carolina State Center for Health Statistics and VSCP Project Director.

Robert Lee accepted the position of VSCP Project Director in North Carolina.