



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.

VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. ET. You can forward this invitation to others in your office who might be interested, however, you cannot forward your approved registration, as each attendee must register separately. [Register here](#) to join the webinar on October 14, 2026, at 2:00 pm ET.

NAPHSIS Special Interest Groups

NAPHSIS Special Interest Groups offer regular opportunities for members to connect with peers, share best practices, and collaborate on topics related to field services, systems, data quality, and public health statistics. Getting involved is easy. Email hq@naphsis.org to join these groups.

Groups and Meeting Schedules

- **Field Services Special Interest Group** - meets on the Fourth Tuesday of each month at 3:00 pm ET.
- **Statistics Special Interest Group** - meets on the last Wednesday of each month at 2:00 pm ET.
- **Systems Special Interest Group** - meets on the last Thursday of each month at 3:00 pm ET. The August meeting included an overview of challenges and lessons learned from CA's experience on their EHR interoperability component within their birth data entry pilot. In addition, there were discussions regarding expectations on IJE to FHIR transitions, ICD-10 code issues, CPSC, and the new community/platform switch for SSIG.

How Manner of Death Affects the Underlying Cause in ICD-10 Coding

When coding causes of death using ICD-10, the **manner of death** can have an important effect on the selection of the **underlying cause of death (UC)**—particularly when an injury, poisoning, or other external cause is involved. The manner of death generally describes the circumstances in which the death occurred. Categories include **Natural (N)**, **Accident(A)**, **Suicide(S)**, **Homicide(H)**, **Could not be Determined (C)**, and **Pending Investigation(P)**. While manner of death is not itself the underlying cause, it can provide essential information for determining how an external cause should be classified.

For example, consider a death caused by a gunshot wound. The injury alone does not tell us whether the external cause should be classified as accidental, suicide, assault, or an event of undetermined intent. The manner of death can help establish the appropriate intent category. That distinction can lead to very different ICD-10 codes and therefore a different underlying cause.

To further illustrate, the same record (death caused by gunshot wound) can be coded differently depending on the manner of death. For instance, if the manner is classified as accident, suicide, or homicide, each selection results in a distinct ICD-10 code (as highlighted below). This demonstrates how the manner of death directly affects the coding process and the final determination of the underlying cause. *Please note the specificity of the firearm also matters—in this case it was not specified.*

Conditions Causing Death		Duration
1a:	GUNSHOT WOUND TO THE HEAD	
1b:		
1c:		
1d:		
II:		

Manner: Accident, UC = W34

Manner: Homicide, UC = X95

Manner: Suicide, UC = X74

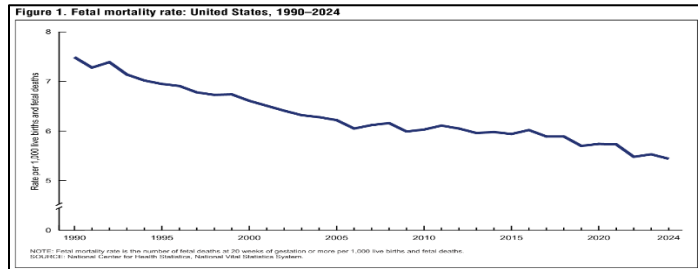
Manner: Could not be determined, UC = Y24

Why It Matters

The correct reporting of the manner of death is important because mortality statistics are used to measure causes such as accidental injuries, suicide, and homicide. A change in manner can move a death from one major statistical category to another.

Notable Publications/Data Briefs/Presentations

Fetal Mortality: United States, 2024



This report was released on September 10 and can be found at

<https://www.cdc.gov/nchs/data/nvsr/nvsr75/nvsr75-06.pdf>.

It shows that a total of 19,837 fetal deaths at 20 weeks of gestation or more were reported in the United States in 2024. The 2024 U.S. fetal mortality rate was 5.44 fetal deaths at 20 weeks of gestation or more per 1,000 live births and fetal deaths, not significantly different from the rate of 5.53 in 2023. The fetal mortality rate in 2024 for deaths occurring at 20–27 weeks of gestation was 2.89, unchanged from the rate in 2023. The rate for deaths occurring at 28 weeks of gestation or more was 2.57, a 3% decline from 2023 (2.66). In 2024, the fetal mortality rate was highest for Native Hawaiian or Other Pacific Islander non-Hispanic (10.21) and Black non-Hispanic (10.00) women and lowest for Asian non-Hispanic women (3.89). Fetal mortality rates were generally highest for women 45 and older, women who smoked during pregnancy, and women with multiple gestation pregnancies. Five selected causes accounted for 89.6% of fetal deaths in the 43-state and the District of Columbia reporting area.

Collaborating Office of Medical Examiners and Coroners (COMEC)



COMEC works to strengthen ties between medical examiners and coroners (MEC) and public health, serve as a resource for medicolegal death investigation (MDI) offices, and assist public health researchers and practitioners in engaging with MECs.

If you would like to receive COMEC's monthly email updates and an invitation to the seminar series, please email MDI@CDC.gov.

Investigating Drowning Deaths

Considering the recent fatal flash flooding incidents in the [Grand Canyon National Park](#) and Nepal, we are re-sharing the [CDC Disaster Death Scene Investigation Toolkit](#), with a special emphasis on the [Thunderstorm Drowning Form](#) for jurisdictions at risk of heavy rainfall and flash floods. This data collection form helps death scene investigators gather critical pieces of evidence to assist medical examiners in determining cause and manner of death, as well as if the death was related to the thunderstorm/flood incident.

Upcoming COMEC Virtual Seminars

The Seminar Series is designed for MEC, MDIs, medical certifiers, and related partners. In 2026 COMEC will have 6 seminars on the second Tuesday every other month and have ABMDI education credits available.

Title: Medicolegal Support for Human Spaceflight Contingency Planning and Mishap Recovery Operations

Presenter: Katherine A Grosso, MA, D-ABDMI, Armed Forces Medical Examiner System

When: 10/13/2026 at 3:00-4:00 pm ET.

Title: Census of Medical Examiner and Coroner Offices

Presenter: Charlotte Lopez-Jauffret, PhD and Alexia Cooper, PhD, U.S. Department of Justice

When: 12/8/2026 at 3:00-4:00 pm ET .

The Vital Statistics Modernization Community of Practice



North Carolina Transitions to FHIR in Production

Congratulations to North Carolina, which successfully transitioned to using FHIR for mortality data exchange in production on September 1.

With North Carolina's transition, 20 jurisdictions are now using FHIR in production for mortality reporting to NCHS.

September FHIR Testing Event

NCHS hosted its third FHIR testing event of 2026 on September 14–15. Participating jurisdictions successfully tested across all available tiers for mortality, natality, and fetal death, exercising a range of FHIR workflows and continuing preparations for future implementation milestones.

The September event also marked the first time NCHS tested medical coding for fetal death messages with jurisdictions using FHIR. This allowed participating jurisdictions to test the full fetal death exchange workflow, including receipt and processing of medical and demographic data returned by NCHS.

Jurisdictions testing mortality through STEVE also had the opportunity to beta test a new STEVE Portal feature for tracking the status of FHIR messages in real time. Jurisdictions should stay tuned for future updates about the availability of this feature in the STEVE production environment.

Testing jurisdictions and technical partners shared their experiences and lessons learned during the September 23 NVSS Modernization Community of Practice meeting. The meeting recording is available on the [NVSS Modernization CoP SharePoint](#) site for those who were unable to attend.

One More Testing Opportunity in 2026

There is one remaining NCHS-hosted FHIR testing event this year, scheduled for **December 7–8, 2026**.

Jurisdictions interested in continuing mortality, natality, or fetal death testing are encouraged to plan ahead for the December event. Additional information about participation and registration will be shared with the community as the event approaches.

Stay Connected: CoP Recurring Meetings and Support

The NVSS Modernization CoP offers several recurring opportunities to hear updates, ask questions, share experiences, and collaborate with other jurisdictions and partners:

- **CoP Main Meeting** – Third Wednesday of each month, 3:00–4:30 PM ET.
- **Technical Subgroup Meeting** – Fourth Wednesday of each month, 1:00–2:30 PM ET.
- **Optional Weekly Office Hours** – Tuesdays, 4:00–5:00 PM ET.

For technical questions and implementation discussions, jurisdictions and partners are encouraged to use the NVSS Modernization Zulip channels:

- **Death on FHIR:**
<https://chat.fhir.org/#narrow/channel/17930-1-Death-on-FHIR>
- **Birth and Fetal Death on FHIR:**
<https://chat.fhir.org/#narrow/channel/43461-9-Birth-and-Fetal-Death-on-FHIR>

These channels provide a forum for asking questions, reporting technical issues, reviewing past discussions, and collaborating with NCHS staff and other members of the vital records community.

For general questions, SharePoint access, or other assistance, contact NVSSModernization@cdc.gov.

Vital Staff Spotlights

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.

Kelly Baker departed her position as State Registrar in Oklahoma.

Christen Johnston was appointed State Registrar in Oklahoma.

[Click here for previous newsletter issues](#)