



## 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.

### February VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. In February, we will hear the Final Report from the Quality Assurance Focus Group and Gretchen Van Wye will share about the course she teaches “Vital Records and Vital Statistics: The Backbone of Public Health in America.” [Register](#) to join us on February 8, 2023, at 2 p. m. Eastern.

### Birth Data Quality Workgroup

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). Email [hq@naphsis.org](mailto:hq@naphsis.org) to join the next BDQW on February 2, 2023, at 2 p.m. Eastern.

### Field Services Special Interest Group

What questions do you have regarding field services and data quality? Want to hear about best practices in training your providers? Do you need guidance on quality assurance programs? If so, the Field Services Interest Group monthly meetings can be a great resource. Hear from jurisdictions sharing their experiences and lessons learned in dealing with their internal and external partners on various field services, data quality improvement and training topics. The next Field Services Interest Group will meet on February 28 at 2 p.m. Eastern. Email [hq@naphsis.org](mailto:hq@naphsis.org) to join the monthly call.

### Systems Special Interest Group

Come ask your technical peers about how they grapple with adjusting their vital records systems to meet the needs of vital records, data partners, and interoperability with other systems. The next Systems Special Interest Group will meet on February 23 at 3 p.m. Eastern. Email [systems@naphsis.org](mailto:systems@naphsis.org) to join the monthly call.

## Record Axis Code (RAC) Change

The Division of Vital Statistics (DVS) at NCHS recently implemented a change related to HIV and other ICD-10 Chapter 1 infections. Prior to this change there were linkages in Tran sax that combined separately

reported HIV and other infection(s) into a combination category “HIV resulting in infection.” The individual codes were eliminated when combination codes were assigned, and detail on the specific infection was being lost in the record axis string. It was determined that a change needed to occur to retain this detail on the infections in the record axis because of enhanced surveillance activities.

The change will no longer modify/combine the other ICD-10 Chapter 1 infections to HIV but rather list each code (along with the combined code) separately in the RAC field. The Underlying Cause and Entity Axis Codes (EAC) will not be impacted. This change will apply only to records beginning with 2022 going forward. All previously coded 2022 records were reprocessed so this change would be applied. The records will be returned to jurisdictions as they are coded. Reprocessing began January 13, 2023.

For example, before this change was implemented a record reported with AIDS and Monkeypox would be coded as follows:

A. CARDIAC ARREST  
 B. SEPTIC SHOCK  
 C. AIDS  
 D. MONKEYPOX  
 II.  
 UC: B207  
 EAC: I469/A419/B24/B04  
**RAC: B207 I469**

After this change was implemented, a record reported with AIDS and Monkeypox will be coded as follows:

A. CARDIAC ARREST  
 B. SEPTIC SHOCK  
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**RAC: B207 A419 B04 I469**

## Vital Statistics Modernization Community of Practice



The [Vital Statistics Modernization Community of Practice \(NVSS COP\)](#) is a shared space for learning and innovation and provides a forum for jurisdictions and their partners working in the modernization space to come together on topics of mutual interest.

### Calling on Jurisdictions to Join a Workgroup to Inform the EDRS to Surveillance System Use Case

NCHS has received interest from jurisdictions in working towards FHIR-based interoperability in the EDRS to public health (PH) surveillance systems workflow space. Several jurisdictions identified interest in this workflow in their ELC CoAg optional activities. The NVSS COP is

forming a workgroup with jurisdictions to develop the FHIR-based specifications for this activity. For example, the workgroup would spell out the use case within the existing HL7 Vital Records Death Reporting (VRDR) FHIR implementation guide (IG) and identify the PH surveillance systems that vital records offices (VROs) want to interoperate with, as well as the associated content and messaging requirements, such as the data dictionary of the exchange. If your jurisdiction is interested in being part of the EDRS to surveillance system use case workgroup to drive the standards development, please reach out to the NVSS Modernization Mailbox at [NVSSmodernization@cdc.gov](mailto:NVSSmodernization@cdc.gov).

### 2023 COP Meeting Schedules

Please be aware that new Outlook calendar invites and Zoom links for the 2023 Monthly NVSS Modernization CoP Main and Technical Subgroup meeting series have been sent via the NVSS CoP distribution list. Please be sure to accept the new Outlook meeting invites and to register for the meetings using the new meeting links provided; the 2022 links are no longer active. A one-time registration is required in advance of each meeting. Please allow a few minutes of extra time prior to the meeting to complete the registration step.

#### NVSS CoP Main Meeting (each 3rd Weds @ 3pm ET):

When: Feb 15, 2023, 03:00 PM Eastern Time (US and Canada) and monthly for 12 months

#### NVSS CoP Technical Subgroup Meeting (each 4th Weds @ 1pm ET):

When: Feb 22, 2023, 01:00 PM Eastern Time (US and Canada) and monthly for 12 months

We look forward to our continued collaboration in the NVSS modernization space in 2023!

### Call to participate in Feb testing event

The dates for the next NCHS-hosted testing event will be February 27<sup>th</sup> and 28<sup>th</sup>, 2023, and will focus on the bidirectional flow between EDRS to STEVE to NCHS flow. Jurisdictions are encouraged to continue informal testing using the NCHS and STEVE API (test) in between events, to complete all 4 tiers if they would like, to continue to post questions on Zulip chat, and to attend weekly optional office hours meetings. The community looks forward to hearing from the testing jurisdictions and to continued collaboration in working towards our collective NVSS modernization goals.

### NCHS hosted testing events in 2023

Please be sure to note the remaining 2023 NCHS-Hosted Testing Event Dates: June 19-20<sup>th</sup>, Sept 25-26<sup>th</sup>, and Dec 4-5<sup>th</sup>.

### NVSS CoP Services/Offerings Webpage

The NVSS Modernization CoP has updated its Services webpage to include a calendar of [Upcoming Events](#). Here you can find details such as dates, times, and links for meetings, Interoperability Showcases, Connectathon and NCHS-hosted testing events occurring in the upcoming weeks.

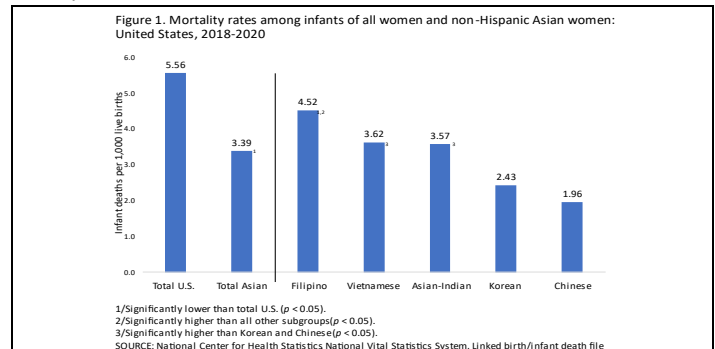
### ELC quarterly calls are underway!

ELC HIS Year 1 Quarter 2 meetings are currently being held via Teams with members of the CDC ELC HIS Monitoring Team. These meetings allow jurisdictions to provide updates for BP4 Q2, ask any questions, or

request technical assistance. The ELC HIS monitoring team has asked jurisdictions to have Q2 updates completed 24 hours prior to the calls. NVSS CoP Team members are attending the calls to get Tier III related updates from jurisdictional Vitals Records Offices (re. the current status of their EDRS to NCHS FHIR-based interoperability projects as well as optional activities).

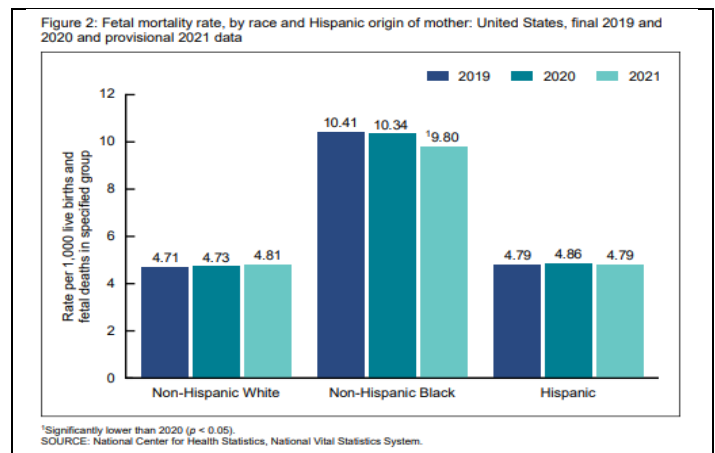
## Notable Publications/Data Briefs

### Infant mortality among non-Hispanic Asian subgroups in the United States, 2018-2020



This NCHS Health Stat was released January 13<sup>th</sup> and can be found at this [link](#). As shown in Figure 1, the infant mortality rate (IMR) for infants of non-Hispanic Asian women (3.39) was lower than the U.S. rate (5.56). IMRs for infants of Filipino (4.52), Asian Indian (3.57) and Vietnamese women (3.62) were higher than those for Chinese (1.96) and Korean (2.43) women. The IMR for infants of Filipino women was higher than the rates for other subgroups but lower than the overall U.S. rate. Other notable results can be found within the report.

### Changes in Fetal Mortality in the United States: 2019-2020 and 2020-Provisional 2021



This Vital Statistics Rapid Release report was released January 12<sup>th</sup> and can be found at this [link](#). As shown in Figure 2, The fetal mortality rate for non-Hispanic White women was not significantly different for 2021 (4.81) compared with 2020 (4.73). The rate was also stable from 2019 (4.71) to 2020. For non-Hispanic Black women, a 5% decline was seen in the fetal mortality rate from 2020 (10.34) to 2021 (9.80). In comparison, the rate was not significantly different from 2019 (10.41) to 2020. Other notable results can be found within the report.

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