NCHS
NATIONAL CENTER FOR HEALTH STATISTICS

National Vital Statistics System

Provisional Death Counts for Coronavirus Disease (COVID-19)

Note: Provisional death counts are based on death certificates data received and coded by the National Center for Health Statistics as of April 15, 2020. Death counts are based on and may differ from other published sources (see Technical Notes). Counts will be updated periodically. Additional information will be added to this site as it becomes available.

- **This page has daily updates of national provisional counts for deaths involving COVID-19 in the United States by week, by age, by sex, by place of death and by jurisdiction of occurrence, when available.**
- **For weekly state-specific updates by demographic and geographic characteristics including race and Hispanic origin, visit our Weekly Updates page.**

The provisional counts in this measure differ from NCHS's COVID-19 Dashboard as a current flow of mortality data in the National Vital Statistics System. National provisional counts include deaths occurring within the 50 states and the District of Columbia that are received and coded to date. Data are based on the date specified. It is important to note that not all deaths occurring in a week are included in the files submitted to National Center for Health Statistics (NCHS) processed, coded, and tabulated. Similarly, the data reported to NCHS do not include all deaths that will eventually be reported for the week during a given time period, especially for more recent weeks. Death counts are based on the date the death occurred, regardless of when the death or cause of death was reported. Deaths are tabulated by week of death, regardless of when they were received and coded. Death counts may differ from other published sources, as data currently are lagged by an average of 1-2 weeks.

The provisional death counts in this page include deaths by week and place of death in the United States due to COVID-19, deaths from all causes and percent of expected deaths (i.e., number of deaths from all causes compared to the average number of deaths from all causes in previous years), deaths (including pneumonia deaths) involving influenza, pneumonia deaths involving COVID-19 and influenza deaths, by sex and ending date, by age at death, by sex, by place of death, and by jurisdiction of occurrence. Deaths from all causes are tabulated by week of death, regardless of when they were reported. Geographic characteristics, additional cause of death (e.g., acute respiratory distress syndrome or other comorbidities), or estimates based on models that account for reporting delays to generate more accurate predicted provisional counts.

Pneumonia and influenza deaths are included to provide context for understanding the impact of COVID-19 on pneumonia and influenza deaths. Deaths from COVID-19 may be misreported as pneumonia or influenza or deaths in the absence of positive test results, and these conditions may appear on death certificates as a contributed condition. Thus, increases in pneumonia and influenza deaths may be indicative of deaths from COVID-19 in the absence of other causes of death or complications to influenza or pneumonia deaths may provide context for understanding the impact of reporting for COVID-19 deaths, as it is anticipated that these causes would have similar delays in reporting processing, and, unlikely, however, it is possible that reporting of COVID-19 mortality may be slower or faster than the other causes of death, and that the delay may change over time. Analysis to determine the relationship between COVID-19 and other causes of death may provide more information. The list of causes provides further data may expand in future releases as these causes are reviewed, and other potentially contributed conditions are identified.

Download Datasets

- CSV Format
- Open CDC.gov API (Insert to CDC.gov/API): /nchs/covid19

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by age group, United States. Week ending 2/1/2020 to 4/11/2020 *

Data as of April 14, 2020

Age group	COVID-19 Deaths	Deaths from All Causes	Percent of Expected Deaths	Pneumonia Deaths	Pneumonia and COVID-19 Deaths	Influenza Deaths	Pneumonia, Influenza, and COVID-19 Deaths	Population 2
Total Deaths	11,256	569,493	90	42,839	52,171	5,055	57,140	NA
0-17 years	4	2,494	77	61	65	15	80	73,190,000
18-29 years	49	9,019	84	94	133	8	141	55,307,000
30-39 years	2	19,146	87	211	213	26	239	41,828,000
40-49 years	5	30,948	85	374	379	37	416	40,507,000
50-59 years	11	50,786	84	1,010	1,021	74	1,095	41,010,000
60-69 years	247	75,947	88	4,966	5,213	302	5,515	37,188,000
70-79 years	1,615	76,767	93	7,717	9,332	455	9,787	27,806,000
80-89 years	3,349	72,128	97	9,744	13,093	685	13,778	15,762,000
90-99 years	4,014	41,165	102	8,127	12,141	1,098	13,239	4,372,000
100+ years	3,000	14,037	112	1,848	2,891	1,133	3,996	621,000
Unknown	3,251	178,010	91,991	10,287	11,294	3,258	14,552	NA

NOTES: Number of deaths reported in this table are the total number of deaths received and coded as of the date of analysis and do not represent all deaths that occurred in a given week.
Filtering during the period and incomplete because of the lag in time between when death occurred and when the death certificate is completed, submitted for NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction, age, and cause of death.
Percent of expected deaths is the number of deaths for all causes for the week in 2020 compared to the average number across the previous 5 years (2014-2018) for the same week.
Pneumonia deaths exclude deaths with pneumonia or COVID-19 also listed as a cause of death.
Population is based on 2018 postcensal estimates from the U.S. Census Bureau.

Table 2. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by sex, United States. Week ending 2/1/2020 to 4/11/2020 *

Data as of April 14, 2020

Sex	COVID-19 Deaths	Deaths from All Causes	Percent of Expected Deaths	Pneumonia Deaths	Pneumonia and COVID-19 Deaths	Influenza Deaths	Pneumonia, Influenza, and COVID-19 Deaths
Male	6,154	293,165	91	23,811	28,965	2,639	31,604
Female	5,027	276,304	89	20,413	23,177	2,416	25,536
Unknown	0	24	NA	15	29	0	29

NOTES: Number of deaths reported in this table are the total number of deaths received and coded as of the date of analysis and do not represent all deaths that occurred in a given week.
Filtering during the period and incomplete because of the lag in time between when death occurred and when the death certificate is completed, submitted for NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction, age, and cause of death.
Percent of expected deaths is the number of deaths for all causes for the week in 2020 compared to the average number across the previous 5 years (2014-2018) for the same week.
Pneumonia deaths exclude deaths with pneumonia or COVID-19 also listed as a cause of death.
Population is based on 2018 postcensal estimates from the U.S. Census Bureau.

Table 3. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by place of death, United States. Week ending 2/1/2020 to 4/11/2020 *

Data as of April 14, 2020

Place of death	COVID-19 Deaths	Deaths from All Causes	Percent of Expected Deaths	Pneumonia Deaths	Pneumonia and COVID-19 Deaths	Influenza Deaths	Pneumonia, Influenza, and COVID-19 Deaths
Total	11,256	569,493	90	42,839	52,171	5,055	57,140
Healthcare setting, inpatient	8,337	162,013	79,816	29,454	37,791	3,571	41,362
Healthcare setting, outpatient or emergency room	437	34,058	1,026	1,359	1,796	234	2,030
Healthcare setting, dead on arrival	1,247	14,175	1,151	1,275	2,522	151	2,673
Decedent's home	891	160,572	3,495	10,681	11,572	1,097	12,669
Hospice facility	137	42,919	2,485	1,059	1,196	70	1,266
Nursing home/long-term care facility	1,247	146,176	72,013	8,437	9,684	1,132	10,816
Other	91	36,075	101	54	131	32	161
Place of death unknown	107	13,505	1,651	520	579	78	657

NOTES: Number of deaths reported in this table are the total number of deaths received and coded as of the date of analysis and do not represent all deaths that occurred in a given week.
Filtering during the period and incomplete because of the lag in time between when death occurred and when the death certificate is completed, submitted for NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction, age, and cause of death.
Percent of expected deaths is the number of deaths for all causes for the week in 2020 compared to the average number across the previous 5 years (2014-2018) for the same week.
Pneumonia deaths exclude deaths with pneumonia or COVID-19 also listed as a cause of death.

Table 4. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by jurisdiction of occurrence, United States. Week ending 2/1/2020 to 4/11/2020 *

Data as of April 14, 2020

Jurisdiction of Occurrence	COVID-19 Deaths	Deaths from All Causes	Percent of Expected Deaths	Pneumonia and COVID-19 Deaths	Influenza Deaths	Pneumonia, Influenza, and COVID-19 Deaths
United States†	11,256	569,493	90	42,839	52,171	5,055
Alabama	80	10,138	87	395	471	75
Alaska	2	356	85	21	23	1
Arizona	62	13,451	98	870	917	99
Arkansas	24	6,619	97	476	486	33
California	354	53,417	95	4,615	5,195	503
Colorado	108	10,826	97	1,000	1,096	115
Connecticut	8	8	5	3	4	2
Delaware	6	1,577	97	115	121	6
District of Columbia	13	1,148	88	110	113	3
Florida	1,121	45,464	97	3,135	3,877	742
Georgia	1,121	32,966	93	2,796	3,766	146
Hawaii	2	2,432	90	167	2	1
Idaho	35	3,007	107	167	195	31
Illinois	386	29,105	95	1,784	1,96	161
Indiana	27	14,850	92	1,149	1,174	27
Iowa	32	6,242	93	444	4	37
Kansas	49	5,512	97	393	427	36
Kentucky	35	8,492	85	767	17	80
Louisiana	2,074	24,932	93	1,966	3,979	1,987
Maine	14	3,218	99	275	7	29
Maryland	174	15,041	98	1,280	1,427	174
Massachusetts	330	13,278	99	1,215	149	140
Michigan	1,084	32,977	97	3,589	4,673	1,088
Minnesota	38	5,985	97	455	16	111
Mississippi	1,000	7,223	96	1,000	2,000	1,000
Missouri	38	13,022	95	764	23	102
Montana	1	2,045	96	21	2	1
Nebraska	7	3,345	96	29	2	31
Nevada	19	5,576	99	75	7	81
New Hampshire	30	2,733	109	186	11	25
New Jersey	583	19,904	99	3,194	393	3,587
New Mexico	4	3,501	97	29	1	30
New York†	1,919	26,093	109	3,099	1,071	176
New York City	1,458	16,654	109	3,178	1,047	1,458
North Carolina	6	8,837	93	422	5	427
North Dakota	1	1,092	97	29	1	30
Ohio	37	21,178	95	1,117	17	148
Oklahoma	1	5,296	97	1,000	1,000	1,000
Oregon	2	2,956	94	39	17	52
Pennsylvania	358	25,148	97	2,966	2,966	2,966
Rhode Island	5	1,821	99	90	3	93
South Carolina	1,000	10,000	98	819	1,000	1,000
South Dakota	5	1,021	89	125	2	18
Tennessee	47	15,246	97	1,175	1,222	74
Texas	84	40,052	99	2,835	21	249
Utah	12	5,167	95	238	250	12
Vermont	22	1,097	102	97	8	99
Virginia	78	14,576	99	1,165	1,243	78
Washington	356	12,195	95	1,001	191	94
West Virginia	2	3,802	97	50	52	2
Wisconsin	42	11,426	99	937	71	138
Wyoming	1	1,021	99	29	1	30
Puerto Rico	38	6,002	64	584	19	19

NOTES: Number of deaths reported in this table are the total number of deaths received and coded as of the date of analysis and do not represent all deaths that occurred in a given week.
Filtering during the period and incomplete because of the lag in time between when death occurred and when the death certificate is completed, submitted for NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction, age, and cause of death.
Percent of expected deaths is the number of deaths for all causes for the week in 2020 compared to the average number across the previous 5 years (2014-2018) for the same week.
Pneumonia deaths exclude deaths with pneumonia or COVID-19 also listed as a cause of death.
Puerto Rico data are not included in the United States (Total).
†Includes New York City.

Technical Notes

Comparing data this report to other sources

Provisional death counts in this report will not match counts in other sources, such as media reports or numbers from county health departments. Death data, once received and processed by National Center for Health Statistics (NCHS), are coded to the cause of death, including COVID-19 as a cause of death. Counts are based on the date specified by the decedent's date of death. COVID-19 deaths may also be classified or defined differently in various reporting and surveillance systems. Death counts in this report are based on death certificates data received and coded by National Center for Health Statistics. This includes deaths where COVID-19 is listed as a contributed or "probable/presumed" cause of death. Vital statistics death registrations only report laboratory-confirmed COVID deaths. This may partly account for differences between NCHS reported death counts and other reported counts. Death counts in this report are based on death certificates data received by National Center for Health Statistics as of the date of analysis and are subject to change.

Coronavirus disease deaths are identified using the ICD-10 code U07.1. Deaths are coded to U07.1 when coronavirus disease 2019 or COVID-19 are reported as a cause that contributed to death on the death certificate. This includes deaths where coronavirus disease 2019 or COVID-19 is listed as a contributing condition. If the underlying cause of death is then assigned to be a chronic condition that commonly exists were competing within a reasonable degree of certainty, they can report COVID-19 as "probable" or "presumed" on the death certificate (1, 2).

Pneumonia deaths are identified using underlying cause-of-death codes from the 10th Revision of ICD (ICD-10) codes J12-J18. Influenza deaths are identified using ICD-10 codes J09-J11. Deaths from COVID-19 are coded to J12.82 and include deaths with pneumonia or COVID-19 listed as a contributing cause of death.

Estimated completeness of data

National Center for Health Statistics (NCHS) receipt of completeness varies by jurisdiction, week, decedent age, and place of death. Data for a calendar year are finalized about 11 months after December of the following year, completeness of provisional data cannot be determined. However, completeness can be estimated in a variety of ways. Jurisdiction systems that rely on weekly monitoring of provisional mortality data, such as CDC's Influenza Immediate mortality surveillance (1), demonstrate that most deaths are reported within 2 weeks. Based on these systems, NCHS expects that most deaths occurring in a given week of the previous 2 years. These estimates are used to generate expectations for specific causes of death, jurisdictions, and age groups, and updated on a weekly or daily basis. For example, NCHS uses the 52 week period ending December 31 of the previous year to estimate the number of deaths received to the number of deaths received from prior years. Deaths received in expected deaths provided in this data release are based on the total count of deaths in the most recent week of data, adjusted for the percentage of deaths received in the same week in the previous years (e.g., if 50% received in 2019, then 2020 would be expected to be 50% of the current number). These estimates are updated on a weekly basis and are subject to change as more deaths are received, and other potentially contributed causes are identified.

Delays in reporting

Provisional counts of deaths are underestimated relative to final counts. This is due to the many steps involved in the process of death certification, including the time it takes for a death to occur, for a medical examiner or coroner to complete the death certificate with the underlying cause of death and any contributing causes of death. In some cases, laboratory tests or autopsy results may be required to determine the underlying cause of death, which can add time. The time it takes for a death to occur and then is NCHS to receive a count of deaths varies by state and by cause of death. Historically, provisional and coded series records, but 20% of deaths need to manually coded, or coded by a nosologist, because they cannot be coded by the automated system. Completeness of data for a particular week increases with more passage of time. Surveillance for COVID-19 deaths has been manually coded. Death certificates are typically required within 7 days of receipt, although the legal deadline can vary or there is a large increase in the number of deaths. It is unclear the underestimation of the number of deaths may be greater for certain causes of death than others.

Previous analyses of provisional data completeness from 2015 provide historical context. Death data is approximately 25% complete within 2 weeks, 50% complete within 4 weeks, and at least 75% complete within 8 weeks. Data for more recent weeks are less complete than data for previous weeks. Data completeness varies by jurisdiction and cause of death. Deaths due to COVID-19 are being coded to U07.1 and are expected to be coded more quickly than other causes of death, and COVID-19 deaths are expected to be more complete than other causes of death.

Place of Death

Place of death is based on the death certificate to determine where the death was pronounced and on the physical location where the death occurred. Healthcare setting includes inpatient, outpatient, clinics, medical facilities, or other licensed institutions providing diagnostic and therapeutic services. Decedent's home includes decedents pronounced at their residence, including those who arrived at healthcare facilities but were pronounced dead on arrival. Nursing home/long-term care facility includes hospice care (e.g., palliative and supportive care for the dying), but not hospice care that might be provided in other facilities, such as a patient's home. Hospice facility includes only those facilities or facility that is dedicated to hospice care. Unknown place of death includes cases where the place of death is unknown or not stated. Other includes other places such as a school, a place of worship, a recreational facility, other residential or nonresidential institutions, farm, prison, nursing home/long-term care facility, assisted living facility, hospice facility, residential care facility, other residential institutions, farm, prison, assisted living, boarding house, rooming house, dormitory, group home, supervised care facility, foster home).

Comparing deaths from different states

Death counts should not be compared across states. Death counts, data limitations varies by state. Some states require laboratory testing for COVID-19 to be performed on all decedents with a clinical diagnosis, some health departments will state vital record offices that are affected by COVID-19 related response activities, which could further delay death certificate reporting. Currently, 63% of U.S. deaths are reported to NCHS within 10 days of the date of death, but this is not a certain within states. Twenty states report over 75% of deaths within the first 10 days, while three states report fewer than 1% of deaths within 10 days.

Why are pneumonia and influenza deaths included in this report?

Pneumonia and influenza deaths are included in provide context for understanding the completeness of COVID-19 mortality data and related trends. Deaths due to COVID-19 may be misreported as pneumonia or influenza or deaths in the absence of positive test results, and pneumonia or influenza may appear on death certificates as a contributed condition. Additionally, COVID-19 symptoms can be similar to influenza like illness, thus deaths may be misclassified as pneumonia or influenza. Increases in pneumonia and influenza deaths may be indicative of deaths from COVID-19 related mortality. Additionally, comparing pneumonia and influenza deaths to previous years may provide context for understanding the lag in reporting for COVID-19 deaths, as it is anticipated that these causes would have similar delays in reporting, processing, and coding.

Sources

NCHS, National Vital Statistics System. Estimates are based on provisional data.

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