

## PHIRI Rapid Exchange Forum: Ad-Hoc question

Asked by: MALTA

Asked on: 28 July 2022

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Table 1: Country responses

Country	<p><b>Topic: COVID-19 DEATHS AND MORTALITY STATISTICS</b></p> <p><b>Question(s):</b></p> <ol style="list-style-type: none"> <li><b>1. In your country, are deaths where COVID-19 is reported as a contributory cause of death and not as underlying cause of death also reported and included in mortality statistics reported to ECDC?</b></li> <li><b>2. What definition is currently used in your country to report COVID-19 deaths?</b></li> <li><b>3. If a person dies suddenly or of unknown cause or external cause of death and requires an autopsy, is a test for COVID-19 carried out post-mortem?</b></li> <li><b>4. In reporting mortality statistics due to COVID-19, are all COVID-19 deaths (community + nursing homes + hospital) included or just hospital deaths?</b></li> <li><b>5. Does a COVID-19 death require a positive laboratory diagnosis or is clinical diagnosis sufficient?</b></li> </ol>
Albania	<ol style="list-style-type: none"> <li>1. In Albania deaths due to COVID-19 are reported as an underlying cause of death.</li> <li>2. The WHO definition is used.</li> <li>3. No it is not carried.</li> <li>4. Community deaths and the others are reported, when this cause of death is reported by the family.</li> <li>5. Clinical is sufficient – important in first wave when there was limited testing available.</li> </ol>
Germany	<ol style="list-style-type: none"> <li>1. Yes.</li> <li>2. Reporting in Germany of COVID-19 deaths are deaths that have laboratory-confirmed evidence of SARS-CoV-2 (direct pathogen detection) and have died in relation to this infection.</li> <li>3. Deceased individuals who were not tested for COVID-19 while alive but are suspected to have died from COVID-19 can be tested for the virus post-mortem.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. Laboratory-confirmed evidence of SARS-CoV-2 (direct pathogen detection) is required.</li> </ol>
Poland	<ol style="list-style-type: none"> <li>1. In the EWP system, deaths due to COVID-19 are entered by the Sanitary Inspection on the basis of a special (ZLK-5) document issued by a doctor, and not on the basis of the “regular” death certificate (which is later e.g. reported to the statistical office). [EWP is a system that monitors the state of epidemic threat in Poland, collects data related to the incidence of COVID-19, stay in quarantine, in isolation and the analysis of these data for the purposes of pandemic management. EWP contains a central database of all people in quarantine and home isolation.</li> <li>2. COVID-19 written on the death certificate as an underlying cause of death.</li> <li>3. No, the Polish Sanitary Inspection does not conduct post-mortem tests for C-19.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. No, the test is not necessary, there are people in the EWP system who have reported deaths as being caused by covid-19 and do not have a positive test.</li> </ol>

<b>Czechia</b>	<ol style="list-style-type: none"> <li>1. Yes, to ECDC, data based on COVID-19 surveillance system are provided, irrespective of causes of deaths reported on the death certificate.</li> <li>2. There are 2 data sources, the final data on number of deaths due to COVID-19 are based on causes of deaths statistic, thus only cases where COVID-19 was selected as underlying cause of death are included. However, at the same time, number of deaths with COVID-19 is reported on daily basis from the surveillance system and this statistics (also reported to ECDC) is not corrected additionally.</li> <li>3. No.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. We also included those with diagnose U07.2, but there are not many.</li> </ol>
<b>Estonia</b>	<ol style="list-style-type: none"> <li>1. Yes. Preliminary data (quick statistics) sent to ECDC consist both main cause and contributory cause of death of COVID-19. Later, official statistics provided by Causes of Death Registry controls every incoming death certificate and makes adjustments according to the WHO recommendations and International rules and guidelines for coding deaths.</li> <li>2. COVID-19 is reported on a death certificate as any other cause of death, and rules for selection of the single underlying cause are the same as for influenza (COVID-19 not due to anything else). Both categories, U07.1 (COVID19, virus identified) and U07.2 (COVID19, virus not identified) are suitable for cause of death coding.</li> <li>3. No.</li> <li>4. In Estonia all death certificates are written by medical doctors (incl hospital and ambulatory doctors, who cover also community and nursing homes) and all cases are included in COVID-19 statistics if underlying cause of death is COVID-19, regardless of the site (place) of death.</li> </ol>
<b>Slovenia</b>	<ol style="list-style-type: none"> <li>1. Slovenia reports covid-19 deaths to ECDC from the system of epidemiological monitoring and NOT from CoD registry (* CoD = Causes of Death Registry, based on coroners' certificates and coded according to WHO guidelines). On the other hand, we report covid-19 deaths to Eurostat and WHO according to WHO methodology. Below, both methodologies and the differences are explained. The underlying cause of death is defined as that disease or condition that initiated and follows the chain of events (complications of this disease or condition) ultimately led to death. The primary cause of death is based on information on the Medical Certificate of Death and the Report on the Causes of Death, for persons who died in 2020 or later coded in accordance with the recommendations and guidelines of the International Classification of Diseases (ICD) for basic coding of the cause of death and with the International guidelines for the confirmation and classification (coding) of covid-19 as cause of death. Death due to covid-19 is defined as death resulting from covid-19 disease, except if there is a clear alternative cause of death that cannot be linked to the covid-19 disease (trauma, acute myocardial infarction). It should be emphasized here that a positive test for SARS-CoV-2 is not a necessary condition for the determination covid-19 as the primary cause of death, because reporting of covid-19 at death certificate could be sufficient condition. In case of positive test (within reasonable time frame) and NOT mentioned covid-19 at death certificate was additionally checked in the hospital discharge database. Daily/weekly monitoring of number of deaths due to covid-19 is based on different methodology. Case definition of a deceased person with confirmed SARS-CoV-2 infection for the purpose of epidemiological monitoring of the number <ul style="list-style-type: none"> <li>- Continuous monitoring only takes into account deaths that occurred within 28 days of infection, while at when determining the underlying cause of death, we take into account all deaths where the coroner identified covid-19 as the cause of death, regardless of the time distance from the day of laboratory confirmation of the disease.</li> <li>- Continuous monitoring of the dead also takes into account all deaths due to external causes of death (fatal accidents, suicides, etc.) that occurred within 28 days of infection, while these cases in determining the underlying cause of death determined as "non-covid" cases.</li> <li>- Continuous monitoring takes into account all persons with a positive test for SARS-CoV-2 who died on the territory of Slovenia, and when determining the underlying cause of death, we take into account the inhabitants of Slovenia according to the statistical definition of the population.</li> </ul> </li> <li>3. Yes but rarely (150 cases all together).</li> <li>4. We include all cases (in both methodologies).</li> <li>5. As mentioned above (description of methodology), clinical diagnosis is sufficient, but not many cases were defined as covid-19 deaths without positive lab test.</li> </ol>

<b>Belgium</b>	<ol style="list-style-type: none"> <li>1. In Belgium, COVID-19 deaths reported come from epidemiological surveillance and not from death certificates. It is therefore not possible for us, at this time, to make the difference between the contributory cause of death and the underlying cause of death. Fields are asked to report people whose deaths were caused by COVID-19 and to exclude deaths of people with covid-19.</li> <li>2. Daily COVID-19 numbers of deaths were included by Sciensano using reports from hospitals, LTCFs (e.g. mainly NH, service-flats for elderly persons, institutions for persons with a disability,...), and general practitioners (GPs). For each place of death, the case classification was reported. For all COVID-19 cases, unless there was a clear alternative cause of death that could not be linked to COVID-19 (e.g. trauma), the death was included in the surveillance. There must have been no period of complete recovery between the illness and death. Deaths for which the COVID-19 infection has been confirmed by a laboratory test or on the basis of a CT scan of the thorax with suggestive clinical presentation of COVID-19 are reported as « deaths of confirmed case ». Deaths from patients who were not tested for COVID-19 but who met the clinical criteria for COVID-19 as determined by a clinician, are reported as « deaths of possible cases ». The used criteria were based on the ECDC and WHO guidelines. The main difference was that the WHO's definition of probable case was not used because this definition, at first, concerned people with an inconclusive test, which was infrequently observed in Belgium.</li> <li>3. There is no mandatory recommendation on this subject. The Physician performs a test for COVID-19 if he deems it necessary.</li> <li>4. All COVID-19 deaths (community + nursing homes + other long term care facilities + hospital) are included when reporting mortality statistics due to COVID-19. The goal is to have mortality statistics that are as complete as possible and, therefore, to include COVID-19 deaths occurring in hospital and elsewhere (e.g. in nursing homes, other residential communities, or at home), as well as death from confirmed and possible COVID-19 cases.</li> <li>5. COVID-19 death data includes laboratory confirmed cases as well as chest CT confirmed and possible cases. Possible cases refer to patients who did not undergo a COVID-19 diagnostic test, but who met the clinical criteria for COVID-19 as judged by the physician.</li> </ol>
<b>Lithuania</b>	<ol style="list-style-type: none"> <li>1. Cause of Death Register <a href="https://www.hi.lt/lt/virsutinis-meniu/struktura-ir-kontaktai/padaliniai/sveikatos-informacijos-centras/mirties-priezasciu-registras-2.html">https://www.hi.lt/lt/virsutinis-meniu/struktura-ir-kontaktai/padaliniai/sveikatos-informacijos-centras/mirties-priezasciu-registras-2.html</a> provides mortality statistics for EUROSTAT and WHO and directly does not provide mortality statistics for ECDC.</li> <li>2. Cause of Death Register reports death due to COVID-19 as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case. There should be no period of complete recovery from COVID-19 between illness and death.</li> <li>3. Yes the test for COVID-19 is carried out post-mortem.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. According to the COVID-19 case definition and the recommendations for testing, persons are diagnosed on the basis of a laboratory test carried out by the laboratory of the National Reference Centre (KU Leuven) or by a peripheral clinical laboratory, by the national testing platform, or by the network of university laboratories. The diagnostics include PCR tests, antigen tests as well as rapid antigen tests.</li> </ol>
<b>Slovakia</b>	<ol style="list-style-type: none"> <li>1. We used to report both contributory and underlying causes, simply interpreted as dying on COVID vs. Dying with COVID.</li> <li>2. WHO ICD-10 definition.</li> <li>3. Yes but not mandatory, it is decided by the autopsy.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. Almost all those who died from COVID-19 had clinical and positive laboratory diagnoses. There were only a few cases when only clinical diagnosis was used to determine the cause of death.</li> </ol>
<b>UK</b>	<ol style="list-style-type: none"> <li>1. Underlying `only`.</li> <li>2. We use the term "due to COVID-19" when referring only to deaths with an underlying cause of death of COVID-19. When taking into account all of the deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause or not, we use the term "involving COVID-19".</li> <li>3. Unknown may vary by local coroner.</li> <li>4. All COVID-19 deaths are included.</li> <li>5. In case of suspicion of CoViD-19 related death (not verified antemortem), autopsy is indicated where laboratory testing is performed.</li> </ol>