Introduction & Supplemental Guidance for Section 18
COVID-19 Related Deaths
National Fatality Review-Case Reporting System
Introduction

In April, 2021, the National Center for Fatality Review and Prevention (National Center) released a new section, I8, COVID-19 Related Deaths, in the National Fatality Review-Case Reporting System (NFR-CRS). This section focuses on the ways in which fetal, infant, and child deaths that occurred during the COVID-19 pandemic may have been impacted by the pandemic. This guidance is intended to help fatality review programs understand the ways in which COVID-19 and systems changes may have impacted the deaths they review, as well as the review process itself. This guidance will introduce the new questions; introduce the process of creating a COVID-19 timeline for use in case reviews; and explain how deaths should be categorized as either directly or indirectly related to COVID-19, or unrelated to the pandemic. The following information is meant to be used with deaths that occur during the COVID-19 pandemic. Below is the new Section I8, COVID-19 Related Deaths, as it will appear in NFR-CRS for both fetal and infant mortality review (FIMR) and child death review (CDR) data collection.

<table>
<thead>
<tr>
<th>18. COVID-19-RELATED DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. For the 12 months before the child’s death, did the family experience any disruptions or significant changes to the following? Check all that apply:</td>
</tr>
<tr>
<td>○ None listed below</td>
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<tr>
<td>○ School</td>
</tr>
<tr>
<td>○ Daycare</td>
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<tr>
<td>○ Employment</td>
</tr>
<tr>
<td>○ Social services (like unemployment assistance, TANF, WIC)</td>
</tr>
<tr>
<td>○ Living environment</td>
</tr>
<tr>
<td>○ Medical care</td>
</tr>
<tr>
<td>○ Mental health or substance use/abuse care</td>
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<tr>
<td>○ Home-based services (non-child welfare)</td>
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<tr>
<td>○ Child welfare services</td>
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<tr>
<td>○ Legal proceedings within criminal, civil, or family courts</td>
</tr>
<tr>
<td>○ Other</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
<tr>
<td>Describe:</td>
</tr>
<tr>
<td>b. For the 12 months before the child’s death, did the child’s family live in an area with an official stay at home order?</td>
</tr>
<tr>
<td>○ Yes ○ No ○ U/K</td>
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<tr>
<td>If yes, was the stay at home order in place at the time of the child’s death?</td>
</tr>
<tr>
<td>○ Yes ○ No ○ U/K</td>
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<tr>
<td>c. Was the child exposed to COVID-19 within 14 days of death?</td>
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<tr>
<td>○ Yes ○ No ○ U/K</td>
</tr>
<tr>
<td>If yes, describe:</td>
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<tr>
<td>d. Select the one option that best describes the impact of COVID-19 on this child’s death:</td>
</tr>
<tr>
<td>○ COVID-19 was the immediate or underlying cause of death</td>
</tr>
<tr>
<td>○ COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19</td>
</tr>
<tr>
<td>○ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death</td>
</tr>
<tr>
<td>○ The birthing parent contracted COVID-19 during pregnancy</td>
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<tr>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ COVID-19 had no impact on this child’s death</td>
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<tr>
<td>○ U/K</td>
</tr>
<tr>
<td>e. Did COVID-19 impact the team’s ability to conduct this fatality review?</td>
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<tr>
<td>○ Yes ○ No ○ U/K</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
</tr>
<tr>
<td>○ Unable to obtain records</td>
</tr>
<tr>
<td>○ Team members unable to attend review</td>
</tr>
<tr>
<td>○ Remote reviews negatively impacted review process</td>
</tr>
<tr>
<td>○ Team leaders redirected to COVID-19 response</td>
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<tr>
<td>f. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death?</td>
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<tr>
<td>○ Yes ○ No ○ U/K</td>
</tr>
<tr>
<td>If yes, was the child diagnosed with MIS-C?</td>
</tr>
<tr>
<td>○ Yes ○ No ○ U/K</td>
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</table>

Updated June 2, 2021
Timeline for questions I8a and I8b

The National Center recommends that fatality review teams compile relevant information to create a timeline of COVID-19’s impact. Timelines should include business or service closures, school closures or transitions, and other shifts that might have impacted service delivery, access, or community support. A readily available timeline will assist programs in answering questions in I8, COVID-19 Related Deaths, in the NFR-CRS.

Understanding if the family was impacted by changes to courts, schools, or daycares, or other services in the team's jurisdiction will help them understand how changes to these services may have increased risk. Further, the timeline will equip teams to answer whether their jurisdiction was under a stay-at-home order at the time of the death. These orders varied significantly by state and local jurisdiction.

To create an effective timeline, teams should consider a variety of information sources. While some teams may readily know when schools closed and reopened, for instance, it will likely require some research to compile a comprehensive community-level timeline. Once a timeline is constructed, it can be used for multiple cases.

Sources

It will be helpful to start with the three following sources:

- State public database of executive orders
- Executive orders in the local jurisdiction
- News media archives

More topic-specific source recommendations are outlined on the following page.
Business closures:
These closures could have impacted employment, access to medical care, or childcare.
Consider these sources:
- State and/or local chamber of commerce
- Unions
- Restaurant association

Medical care:
Many jurisdictions experienced impacts to medical care, including suspension of elective procedures or transitions to telehealth visits instead of in-person.
Consider these sources:
- Clinics and Federally Qualified Health Centers (FQHCs)
- Local hospital system
- State hospital association
- State licensing body

Child welfare services:
Social service agencies may have changed how they interacted with families and delivered services.
Consider these sources:
- State and/or county-level child welfare agency
- Fatality review team member or partner from these agencies

Schools
Children and families receive various services through school systems, including needed therapies. Children’s mental health may have been impacted by increased isolation or increased exposure to child abuse or neglect.
Consider these sources:
- State department of education
- Local school district
- Fatality review team member or partner from local schools
Social services (e.g., unemployment, TANF, WIC)
Families may have experienced disruptions in services that help provide them sustenance or housing.
Consider these sources:
- State and/or local health department
- Fatality review team member from the health department

Mental health care
Families may have had limited access to vital mental health services, service delivery methods could have changed to a virtual environment, or services deemed non-essential may have been delayed in a time of increased trauma and isolation.
Consider these sources:
- Community Mental Health
- Hospital systems
- Fatality review team member or partner working in mental health services

Courts
Hearings related to custody and other important matters of child welfare and safety may have been delayed during the pandemic.
Consider these sources:
- State department of justice
- District Attorney’s office
- Fatality review team member or partner working in the justice system

Daycare
Childcare options may have been limited during the pandemic. Some daycares may have had to close or limit capacity.
Consider these sources:
- State licensing agency
- Child welfare agency
Fatality review team member or partner working in childcare or child welfare

Home-based services
Services that were typically delivered at home, including home visiting programs, Early Head Start programs, or in-home therapies, may have been suspended or moved to a virtual delivery system during the pandemic. Consider these sources:

- State and/or local health department, specifically home visiting programs
- Children with Special Healthcare Needs programs
- Child welfare agencies
Example Community COVID-19 Timelines

There are multiple ways to create and present a community timeline. The most important consideration is having access to the information. Two examples are provided here—a visual and a list-based timeline. If a fatality review team uses a presentation software like PowerPoint, it may be helpful to keep a slide available to use during reviews of deaths that took place during the pandemic.

**Visual timeline**

3/13: First COVID-19 case
- 3/16-6/11: Schools closed; virtual
- 3/22-5/1: Court proceedings suspended
- 3/23-7/12: Virtual-only MCH home visiting and non-emergent child welfare service visits
- 3/22-5/25: Statewide stay at home order
- 5/25-7/12: Phase 1 reopening—25% capacity
- 7/12-8/20: Phase 2 reopening—50% capacity
- 8/20-1/30: Phase 3 reopening—75% capacity
- 11/16-1/20: No elective medical procedures
- 5/25-11/16: Elective procedures resume; primary care and OB/GYN heavily rely on telehealth visits

5/1/2020-3/1/2021: Courts resumed virtually; no jury trials
- 8/29-3/15: School resumes virtually
- 12/28: Vaccine rollout begins

3/15: Hybrid learning


2020

2021
List-based Timeline

3/13/2020: First case of COVID-19 in the state

3/16/2020-6/11/2020: Schools closed; virtual learning only

3/22/2020-5/25/2020: Statewide stay at home order

3/23/2020-7/12/2020: Virtual-only MCH home visiting and non-emergent child welfare service visits


5/25/2020-7/23/2020: Phase 1 reopening statewide-25% capacity

5/25/2020-11/16/2020: Elective medical procedures resume; primary care and OB/GYN heavily rely on telehealth visits

7/12/2020-8/20/2020: Phase 2 reopening-50% capacity

8/20/2020-1/30/2021: Phase 3 reopening-75% capacity

8/29/2020-3/15/2021: School resumes virtually

11/16/2020-1/20/2021: No elective medical procedures

12/28/2020: Vaccine rollout begins

3/15/2021: Hybrid learning for public schools
Algorithm for Question I8d

The following algorithm can be used by teams to decide how to respond to question I8d. **Select the one option that best describes the impact of COVID-19 on this child’s death.**

In order to use the algorithm, fatality review teams will need to consider the following information in case review:

- **Cause of death on the death certificate**
- **Indication of postmortem identification of COVID-19**
- **Indication of suspected COVID-19 in the decedent**
- **Whether the child or family experienced disruptions or challenges related to COVID-19 in the 12 months prior to the death**
- **Whether the birthing parent contracted COVID-19 during pregnancy**

**Instructions**

This section summarizes the different response options provided for question I8b, what types of cases should be selected each response option, and how to use the algorithm to determine the most appropriate answer. There will be cases in which more than one response options to this question may be true. The intention of this question is for the team to identify the most significant and direct relationship between COVID-19 and the death.

**Option 1: COVID-19 was the immediate or underlying cause of death**

In cases where COVID-19 was the primary cause of death on the death certificate, this question will be straightforward. The team should also consider if COVID-19 was listed in the chain of events leading to the death, as an underlying or contributing cause. It may also appear as a significant condition contributing to the death. This will be indicated by **ICD-10-CM Code: U07.1, COVID-19** in any of the causes of death on the death certificate. The child may have died of COVID-19-associated multisystem inflammatory syndrome in children (MIS-C), which should be indicated on the death certificate. For more information on MIS-C, see page 16. In these cases, whether the primary cause is listed as COVID-19 or MIS-C, the relevant data collection process will look like this:
1. For question E7, **Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?**, the team should select Yes. For type of event, they should select Pandemic, and for name of event, write in COVID-19.

2. In section G6, for **Primary cause of death**, the team should choose Medical for the cause of death and select COVID-19.

3. For question H8f, **Was the medical condition associated with outbreak?**, the team should select Yes, and specify COVID-19.

4. For question I8d, the team should select option 1, **COVID-19 was the immediate or underlying cause of death**.

**Option 2: COVID-19 was diagnosed at autopsy or the child was suspected to have COVID-19**

In some cases, a child will be diagnosed as having had COVID-19 after their death. In others, records may indicate that it was suspected based on symptoms, known exposures, or other factors. The autopsy report will be a good source for this information, but other records may also prove helpful, including records from emergency response professionals, healthcare, public health, or child welfare. If there is any clear indication that the child was diagnosed with COVID-19 postmortem, or if there is a suspicion of COVID-19 in any relevant record, the relevant data collection will look like this:

1. For question E7, **Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?**, the team should select Yes. For type of event, they should select Pandemic, and for name of event, write in COVID-19.

2. In section G6, for **Primary cause of death**, teams should use the primary cause of death listed on the death certificate.

3. For question H8f, **Was the medical condition associated with outbreak?**, the team should select Yes if the child died of a medical cause, and specify COVID-19. The skip pattern in the NFR-CRS will only allow this question to appear if the cause of death was answered as medical.

4. For question I8d, the team should select option 2, **COVID-19 was diagnosed at autopsy or the child was suspected to have COVID-19**.

**Option 3: COVID-19 indirectly or directly contributed to the death but was not the immediate or underlying cause of death**

This response option is intended to identify if risk was increased due to COVID-19 or the community response. Identifying if a COVID-19 death was directly or indirectly related to COVID-19 will require teams to consider the full scope of the available records and case review, including team deliberation.
Examples of the types of cases that would fall into this category include:

- A birthing parent had prenatal appointments postponed or canceled due to the clinic’s response to COVID-19, an intrauterine infection developed, and the baby died shortly after birth.
- A family was unable to fill a child’s inhaler prescription after their parent lost medical insurance due to pandemic-related unemployment.
- Risk was increased for a child when they spent significantly more time at home with an abusive caregiver due to virtual school.
- A teenager experienced a mental health crisis exacerbated by increased isolation during a COVID-19 quarantine and pandemic-related interruptions in ongoing therapy, and they died by suicide.

A helpful place to start in answering I8d is to determine if any items were selected for question I8a, For the 12 months before the child’s death, did the family experience any disruptions or significant changes to the following. The response options include things like school, daycare, employment, and access to social services. COVID-19 indirectly or directly contributed to the death if any of these items are checked, and the interruption or change was caused by COVID-19 or the state or community response to it. Both of these things must be true. There will be cases in which there was an interruption in one of the items listed in I8a in the 12 months before the death, but COVID-19 did not cause it. Unless the team identifies a different type of issue precipitated by the pandemic or pandemic response, this would not indicate that COVID-19 directly or indirectly contributed to the death.

There may be some instances in which the team identifies a pandemic-related issue that increased risk for the child, but it is not captured in the response options for I8a. The algorithm highlights several other examples where risk may have been increased due to COVID-19, including psychological issues for the child, economic issues for the family, and service delivery issues. These examples are not exhaustive. The team may also observe relationships between the items in Section I7, Life Stressors, and the pandemic, where COVID-19 caused or precipitated a relevant life stressor. Ultimately, it is up to the team to decide if they believe that there were pandemic-related issues in the 12 months before the death that increased risk for the child, contributing to the death.
If the team determines that COVID-19 was not a cause of death, but it contributed to it either directly or indirectly, relevant data entry will look like this:

1. For question E7, **Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?**, the team should select Yes. For type of event, they should select Pandemic, and for name of event, write in COVID-19.
2. In section G6, for **Primary cause of death**, the team should use the primary cause of death listed on the death certificate.
3. For question I8d, the team should select option 3, **COVID-19 indirectly or directly contributed to the death but was not the immediate or underlying cause of death.**

Again, there may be instances where a team identifies that a child died of viral COVID-19 and their death was directly or indirectly related to a service delivery issue caused by the pandemic response. **In instances like these, always select the answer with the most profound impact on the outcome, in this case—that the cause of death was COVID-19 (option 1).**

**Option 4: The birthing parent contracted COVID-19 during pregnancy**

This response seeks to identify fetal and infant deaths where the birthing parent contracted COVID-19. **In order for this answer to be appropriate, there must be documentation that the parent received a positive lab-confirmed test result.** The team may need to access prenatal records to determine if there was a positive test. There may also be documentation of a positive test in other relevant records, such as child welfare or social service records. If the team identifies that the birthing parent contracted COVID-19 during pregnancy and there is not a more profound pandemic-related impact on the child, relevant data entry will look like this:

1. For question E7, **Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?**, the team should select Yes. For type of event, they should select Pandemic, and for name of event, write in COVID-19.
2. In section G6, for **Primary cause of death**, the team should use the primary cause of death listed on the death certificate.
3. For question I8d, the team should select option 4, **The birthing parent contracted COVID-19 during pregnancy.**
**Option 5: Other**

After considering viral exposure and the many ways in which the death may have been directly or indirectly related to COVID-19, the team may identify that there was a different type of impact on the death than the types described in the previous response options. Given the intended scope of response option 4, this answer may be rare. Still, in these instances, relevant data entry will look like this:

1. For question E7, *Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?*, the team should select Yes. For type of event, they should select Pandemic, and for name of event, write in COVID-19.
2. In section G6, for Primary cause of death, the team should use the primary cause of death listed on the death certificate.
3. For question I8d, the team should select option 5, Other, describe. Then the team should briefly explain the impact COVID-19 had on the outcome.

**Option 6: COVID-19 had no impact on this child’s death**

Despite the far-reaching impact of the pandemic on communities, there will still be deaths where the team will identify no connections between the pandemic or the pandemic response and the outcome. In these cases, relevant data entry will look like this:

1. For question E7, *Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?*, the team should select No.
2. In section G6, for Primary cause of death, the team should use the primary cause of death listed on the death certificate.
3. For question I8d, the team should select option 6, COVID-19 had no impact on this child’s death.

**Option 7: Unknown**

In instances where the team has limited information on the child and the death, the team may not know if there is a relationship between COVID-19 and the death. In these cases, relevant data entry will look like this:

1. For question E7, *Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?*, the team should select No or Unknown.
2. In section G6, for Primary cause of death, the team should use the primary cause of death listed on the death certificate.
3. For question I8d, the team should select option 7, Unknown.
The visual algorithm for use in fatality review meetings is provided on the following page. It focuses on the first four response options for question I8d, where COVID-19 had an impact of some kind on the outcome:

- **COVID-19 was the immediate or underlying cause of death**
- **COVID-19 was diagnosed at autopsy or the child was suspected to have COVID-19**
- **COVID-19 indirectly or directly contributed to the death but was not the immediate or underlying cause**
- **The birthing parent contracted COVID-19 during pregnancy**
The Algorithm

Child died of the viral illness COVID-19 or MIS-C
ICD-10-CM code: U07.1, COVID-19

Child was diagnosed with the viral illness COVID-19 at autopsy or suspected to have COVID-19

Child or family experienced COVID-related disruptions or challenges* in the 12 months prior to death but there was no known or suspected COVID diagnosis
Consider any relevant item(s) on 18a

Birthing parent contracted COVID-19 during pregnancy

National Fatality Review Case Reporting System (NFR-CRS), G6. Primary cause of death: Choose medical for cause and indicate COVID-19; H8f. Was the medical condition associated with an outbreak? Choose Yes, and specify COVID-19

National Fatality Review Case Reporting System (NFR-CRS), G. Use Cause of Death as listed on Death Certificate

National Fatality Review Case Reporting System (NFR-CRS), J8d. COVID-19 Question: Select the one option that best describes the impact of COVID-19 on this child’s death:

Select Option 1: COVID-19 (or MIS-C) was the immediate or underlying cause of death

Option 2: COVID-19 was diagnosed at autopsy or the child was suspected to have COVID-19

Select Option 3: COVID-19 indirectly or directly contributed to the death but was not the immediate or underlying cause of death

Select Option 4: The birthing parent contracted COVID-19 during pregnancy

Psychosocial Issues: Was death related to the physical and psychological stress created by the pandemic? Examples: Increase is domestic violence due to fear, economic and social pressures, partners trapped at home with an abuser. Increase in substance use and abuse.

Economic Issues: Was death related to financial strain during the pandemic, including job loss, lost wages, limited income, food or housing insecurity? Due to lost wages, family could not afford maintenance medication.

Service Delivery Issues: Was death related to the loss of disruption of usual services or health care? Parents were afraid to take a child to the primary care provider or Emergency Department during the pandemic, child’s pre-existing health condition worsened or went untreated.
I8e. Impact of COVID-19 on fatality review

Fatality review teams have experienced significant shifts in how they conduct case reviews since the COVID-19 pandemic. Many have moved to virtual meetings, and others have had to suspend fatality review efforts for a time. Question I8e, Did COVID-19 impact the team’s ability to conduct this fatality review?, asks teams to share case-specific challenges they may have faced conducting prevention-focused fatality review during the pandemic. This information will help the National Center and state and local jurisdictions summarize the impacts of COVID-19 on fatality review programs.

If the team felt that yes, COVID-19 impacted their ability to conduct the review, the team is asked to indicate all the ways in which their efforts were impacted.

Option 1. Unable to obtain records
Teams may find that, due to issues related to COVID, including agency-level staff reassignments, volume of cases, or volume of record requests, they are unable to obtain the records needed to conduct a thorough case review. Additionally, they may find that information that was typically included in records is absent for some cases during the pandemic, making the records a less rich source of information than they were previously. Select this option if records cannot be obtained or if the information contained in the records is “thinner” than usual.

Option 2. Team members unable to attend review
Team members may have been prevented from attending case review meetings due to illness, quarantines, reassignments, or agency-level travel restrictions. Select this option if team members were unable to participate in ongoing reviews.

Option 3. Remote reviews negatively impacted review process
Many fatality review teams have opted to continue to conduct case reviews in a virtual environment through a videoconferencing platform. In some instances, technology made case reviews difficult for all or some participants. In others, teams have observed decreased engagement among team members in virtual meetings compared to in-person meetings. Select this option if the virtual case review environment negatively impacted the case review process in any way, including challenges related to agency-level confidentiality considerations.

Option 4. Team leaders redirected to COVID-19 response
Both local and state fatality review programs have seen staff time redirected to the COVID-19 response, including supporting contact tracing, surveillance, and vaccination efforts. Select this option if team leaders were required to support response efforts in any way that impacted or challenged the case review process.
8f: Inflammatory syndrome

Inflammatory markers in children can include rash, fever, joint pain, swelling mouth sores, and abdominal pain. Some children who contract COVID-19 develop MIS-C, a significant inflammatory syndrome. When a child has MIS-C, different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Children with MIS-C may have fevers or other symptoms, including abdominal pain, vomiting, diarrhea, neck pain, bloodshot eyes, or lethargy.

The new question 8f asks: *Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs requiring hospitalization) in the week before death?* The follow-up question asks: 
*If yes, was the child diagnosed with MIS-C?*

MIS-C is defined as:

- An individual <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (2 or more) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, or neurological); and
- No alternative plausible diagnoses; and
- Positive for current or recent SARS-CoV-2 infection or COVID-19 exposure within the four weeks prior to the onset of symptoms.

Regardless of whether the child had a severe inflammatory syndrome or was diagnosed with MIS-C specifically, this information will be available as a diagnosis in the medical record or on the death certificate if MIS-C is listed as a cause of death.

1. If there is any evidence of an inflammatory syndrome that affected two or more systems, requiring hospitalization, in the week prior to the child's death, select Yes. Then indicate whether the child was ever diagnosed with MIS-C.
2. If there is no evidence of the child being diagnosed with an inflammatory condition, select No for 8f.
3. Select Unknown if there is no way to determine the presence or absence of an inflammatory condition based on the available records.
Conclusion

Communities, families and children experienced significant shifts and new access barriers because of the pandemic. In addition to the risk associated with the virus itself, including MIS-C, these shifts and barriers increased risk in many ways, including:

- Changing the rhythm of everyday life
- Changing the ways agencies and providers delivered services
- Changing the ways in which families accessed services
- Limiting what services were available
- Increasing stress and economic instability
- Increasing isolation

The new section I8 is being added to the NFR-CRS a little over a year into the pandemic in hopes that teams can use it to examine, understand, and respond to the ways in which communities, systems, families, and children were impacted by COVID-19. Further, the National Center, fatality review programs, and their partners will benefit from understanding the ways in which the pandemic impacted the work of prevention-focused case review teams.

The National Center gratefully acknowledges the commitment of fatality review systems and welcomes inquiries about the relationship between child fatalities and COVID-19 at info@ncfrp.org.

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