Deaths in Special Circumstances

Child Abuse and Neglect

Background

Child abuse and neglect are examples of child maltreatment, which is any act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, exploitation; or which presents an imminent risk of serious harm. Physical abuse includes punching, beating, shaking, kicking, biting, burning or otherwise harming a child and often is the result of excessive discipline or physical punishment that is inappropriate for the child's age. Head injuries and internal abdominal injuries are the most frequent causes of abuse fatalities. Neglect is the failure of parents or caregivers to provide for the basic needs of their children including food, clothing, shelter, supervision and medical care. Deaths from neglect are attributed to malnutrition, failure to thrive, infections and accidents resulting from unsafe environments and lack of supervision.

Some deaths from child abuse and neglect are the result of long-term patterns of maltreatment, while many other deaths result from a single incident. Prevent Child Abuse America cites risk factors related to child abuse include emotional immaturity of parents, lack of parenting skills, unrealistic expectations about children's behavior and capabilities, social isolation, frequent family crises, financial stressors and alcohol or drug abuse.[19]

The Child Welfare Information Gateway acknowledges the difficulty in defining the scope of child abuse and neglect fatalities. Studies have shown only about half of the children who died as a result of child abuse and neglect had death certificates that were coded as such.[20] Many child abuse and neglect deaths are coded as other causes of death, particularly unintentional injuries or natural deaths. Best estimates are that any single source of child abuse fatality data such as death certificates exposes just the tip of the iceberg. The interagency, multidisciplinary approach of the child fatality review (CFR) process may be the best way to recognize and assess the number and the circumstances of child maltreatment fatalities.

The CFR case report tool and data system captures information about child abuse and neglect deaths as acts of omission or commission, regardless of the cause of death. The tool collects details about the circumstances and persons responsible for the death.

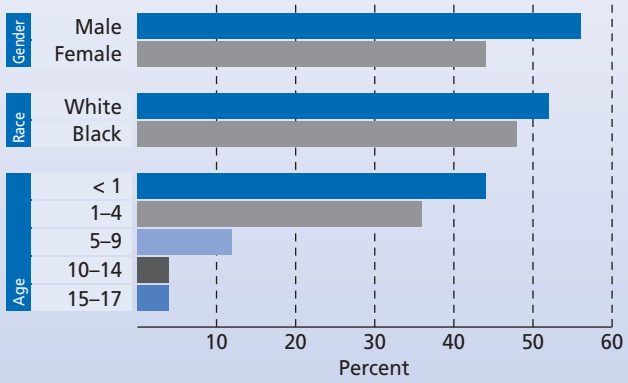
Vital Statistics

Ohio Vital Statistics data report 10 child abuse and neglect deaths to children in 2005. For this report, ICD-10 codes used for classification of Vital Statistics data were selected to most closely correspond with the causes of death indicated on the CFR Case Report Tool. Therefore, the ICD-10 codes used for this report may not match the codes used for other reports or data systems. The codes used for this report can be found in the appendices.

CFR Findings

- Local CFR boards reviewed 25 deaths to children from child abuse and neglect in 2005. These represent less than 2 percent of all 1,725 deaths reviewed.
- Eighty percent (20) of child abuse and neglect deaths occurred among children younger than 5 years of age.
- A greater percentage of child abuse and neglect deaths occurred among black children (48 percent) relative to their representation in the general population (16 percent).

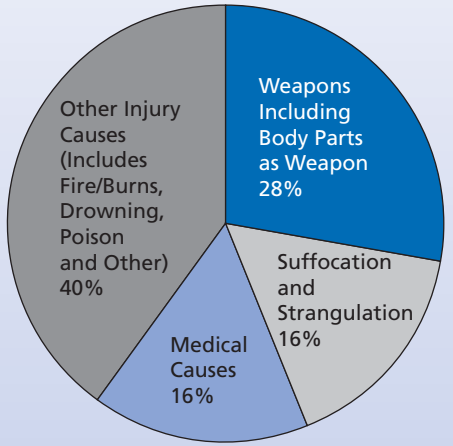
Reviews of Child Abuse and Neglect Deaths by Age, Race and Gender



- The 25 deaths identified as child abuse and neglect were the result of several kinds of injuries to the child. Twenty-eight percent (seven) were the result of weapons including use of a body part as a weapon.
- Other causes of death included suffocation, strangulation, fire/burns, drowning, poison and medical causes.

- The majority of the 25 child abuse and neglect deaths reviewed were violent deaths, with 19 resulting from physical abuse including 12 from abusive head trauma and shaken baby syndrome and seven from other beating, battering and violent injury.
- Of the 25 deaths from child abuse and neglect, nine (36 percent) of the children had a prior history of maltreatment.
- For all 1,725 deaths reviewed from all causes, at least 75 had a prior history of child abuse and neglect, and 55 had an open case with child protective services at the time of the death.

Reviews of Child Abuse and Neglect Deaths by Cause of Deaths



CFR Child Abuse and Neglect Study

The Child Fatality Review Advisory Committee (CFRAC) reviews data to identify trends, provides expertise in understanding the factors related to child deaths and makes recommendations for the prevention of future deaths. As mentioned above, an accurate number of child abuse and neglect deaths is difficult to obtain from different data sources. Accurate determination of the number of deaths should be a priority so prevention strategies can be appropriately targeted and intervention outcomes measured. In 2005, the CFRAC recommended the Ohio Department of Health (ODH) research the discrepancies between CFR data and Ohio Vital Statistics (VS) and if possible, between CFR data and other national data sources. In order to protect the integrity and confidentiality of the review process, the study is being done on the local level by two CFR board members with consultation from ODH.

For 2003 and 2004, death certificates were examined for all deaths identified by CFR boards as child abuse and neglect and for all deaths identified by Ohio VS as child abuse and neglect. Specific factors of demographics, manner of death and cause of death were compared. Additional information collected from CFR boards included other sources of information used in the review process.

A total of 68 cases were identified by CFR boards as child abuse and neglect. VS identified 17 of those and did not identify additional cases. The researchers compared the 17 cases identified by both systems with the 51 cases identified by CFR only and found no significant differences in age, race or gender. VS was more likely to identify child abuse and neglect when the death occurred in a suburban county and when the manner of death was homicide. While CFR boards made use of a wide variety of additional information sources in the review process, there was not a significant difference in the use of additional sources when cases identified by VS were compared with those identified by CFR only.

As expected the cause of death for the cases identified by VS included only ICD-10 codes Y06-Y07, "Neglect and Abandonment, and Other Maltreatment Syndromes." Cases identified by CFR had 31 different causes of death, both medical and external. The injury-related causes included unintentional and intentional injuries, including self-inflicted injuries.

Additional studies are being proposed to examine changes in sensitivity and specificity by including additional ICD-10 codes in the VS search; and to investigate differences in the numbers reported by CFR and national data sources.

Suicide

Background

Suicide is a manner of death and is the result of intentional, self-inflicted injuries from suffocation, firearms, poison or other causes. The reviews of suicide deaths are included in the discussion of these causes of death, but because suicide has unique risk factors and potential for prevention, it merits further analysis.

According to the National Center for Health Statistics, in 2004 only vehicular crashes claimed more lives of young people ages 10-17 than suicide. The overall rate of suicide among youth has declined nationally since 1992, but the rate among African American youth has increased.[21]

The Child Fatality Review (CFR) case report tool and data system implemented in 2005 capture information about suicide as a manner of death and as an act of omission or commission, regardless of the cause of death. Information related to the circumstances, triggers and history is collected.

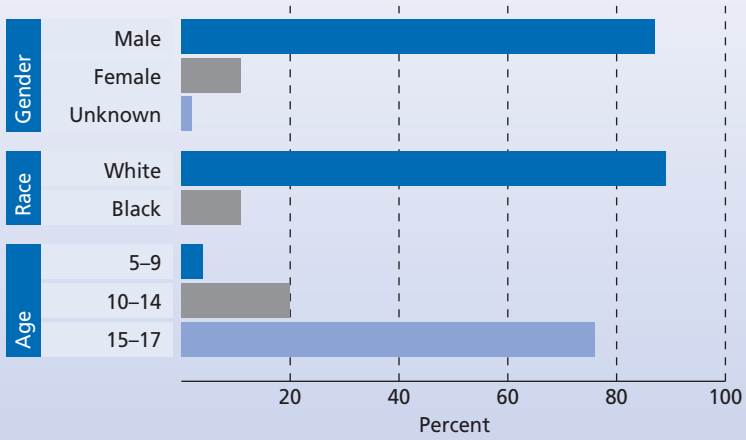
Vital Statistics

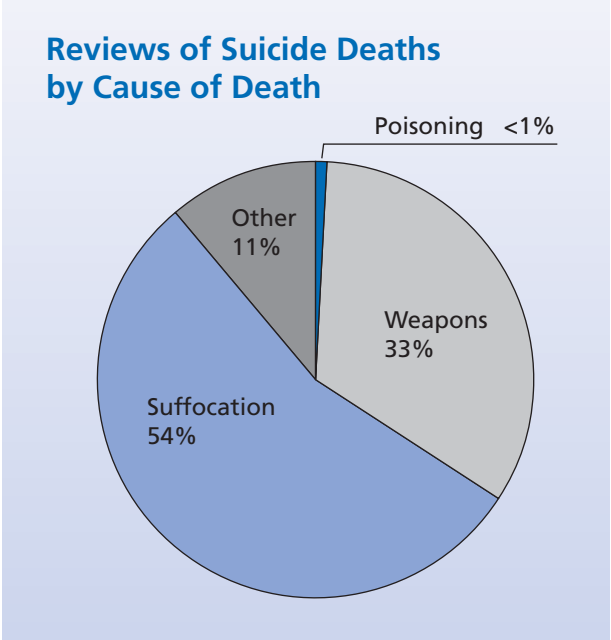
Ohio Vital Statistics data reported 46 deaths to children from suicide in 2005. For this report, ICD-10 codes used for classification of Vital Statistics data were selected to most closely correspond with the causes of death indicated on the CFR Case Report Tool. Therefore, the ICD-10 codes used for this report may not match the codes used for other reports or data systems. The codes used for this report can be found in the appendices.

CFR Findings

- Local CFR boards reviewed 46 deaths to children from suicide in 2005. These represent less than 3 percent of the total 1,725 reviews and 13 percent of all reviews for children ages 10-17.
- Suicide deaths among boys (87 percent) were disproportionately higher than their representation in the general population (51 percent).
- Fifty-four percent (25) of the suicide deaths were caused by suffocation or strangulation.
- The most frequently indicated factors that might have contributed to the child's despondency including family discord, parents' divorce or separation and arguments with parents or caregivers.
- Ten of the 46 reviews for suicide deaths indicated the child had a history of abuse or neglect. Three had open cases with child protective services at the time of death.

Reviews of Suicide Deaths by Age, Race and Gender





Deaths in Sleep Environments

Background

Since the beginning of the Ohio Child Fatality Review (CFR) program, local boards have been faced with a significant number of deaths of infants while sleeping. Some of these deaths are diagnosed as sudden infant death syndrome (SIDS), while others are diagnosed as accidental suffocation, positional asphyxia, overlay or undetermined. The reviews of these deaths are included in the discussions of these causes of death. The CFR case report tool and data system captures information about deaths while sleeping as special circumstances, regardless of the cause of death. In order to better understand the contributing factors for these deaths and then to develop prevention strategies, these sleep-related deaths are analyzed and discussed as a group.

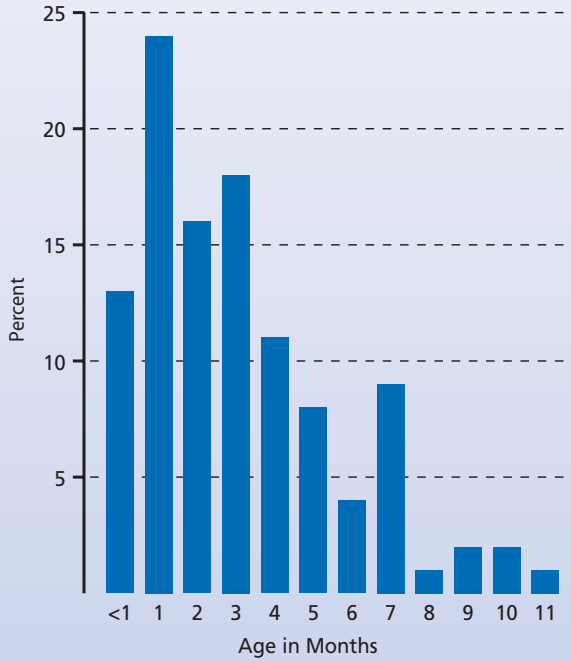
CFR Findings

From the reviews of 2005 deaths, 216 cases of infants who died while in a sleep environment were identified. For the analysis of sleep-related deaths, cases of death from specific medical causes were excluded, as were five deaths from fire and poison, resulting in 174 infant sleep-related deaths. These cases include 54 reviews of SIDS deaths that also included information about the sleep environment.

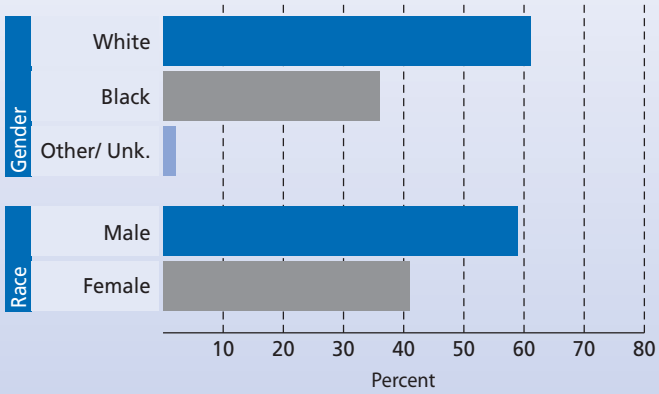
- The 174 infant sleep-related deaths account for 16 percent of the 1,117 total reviews for infant deaths in 2005, more than any single cause of death except prematurity.
- Of the 359 reviews of infant deaths from 29 days to 1 year of age, 42 percent (152) were sleep-related.
- This is equal to the combined number of reviews for the three leading causes of death for this age group: suffocation (56), SIDS (54) and congenital anomalies (52).

- Fifty-nine percent (103) of the 174 infant sleep-related deaths were to boys and 36 percent (63) were to black infants. These are disproportionally higher than their representation in the general population (51 percent for boys and 16 percent for black children).
- Eighty-nine percent (155) of the deaths occurred before 6 months of age.

Reviews of Sleep-related Deaths by Age at Time of Death

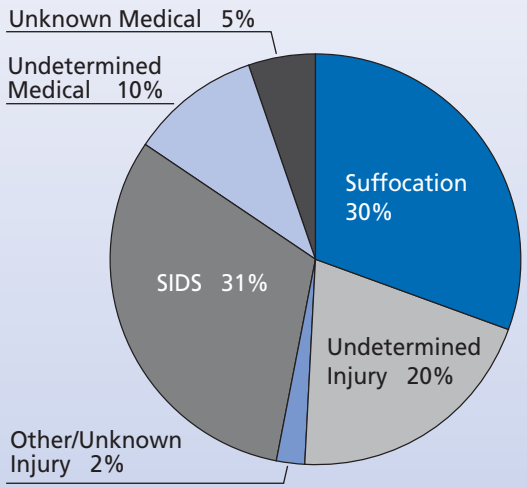


Reviews of Sleep-related Deaths by Race and Gender

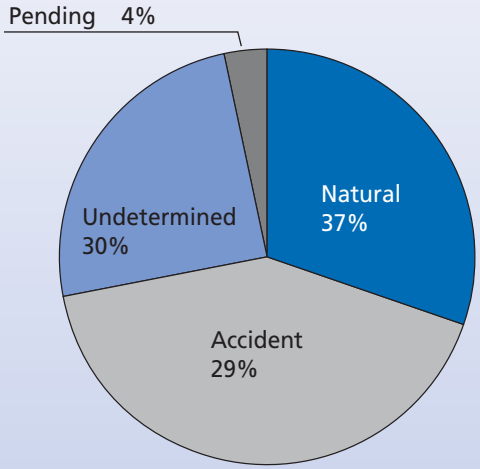


- As discussed in the section on SIDS deaths, determining the cause of death for infants in sleep situations is difficult, even when a complete investigation has occurred. Thirty-seven percent (64) of the sleep-related deaths were diagnosed as unknown or undetermined cause, even though autopsies had been completed for 97 percent (168) of the reviews for sleep-related deaths.

Reviews of Sleep-related Deaths by Cause of Death

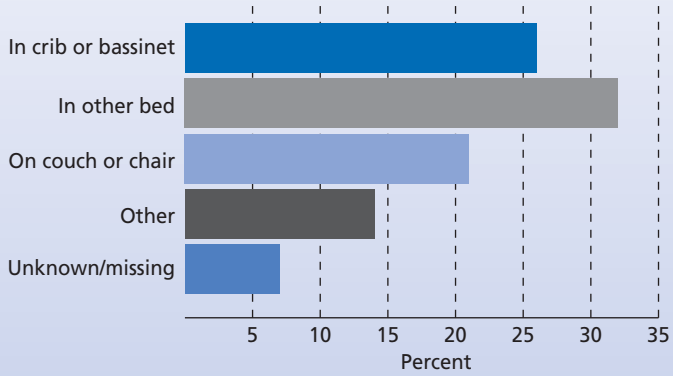


Reviews of Sleep-related Deaths by Manner of Death



- Only 26 percent (45) of sleep-related deaths occurred in cribs or bassinets.
- Fifty-three percent (92) of sleep-related deaths occurred in locations considered unsafe: in other types of beds and on couches.

Reviews of Sleep-related Deaths by Location of Infant at Time of Death



- Bedsharing was the most frequently reported factor for sleep-related deaths.
- At least 48 percent (84) of sleep-related deaths occurred to infants who were sharing a sleep surface with an adult at the time of death.
- An additional 10 percent (17) were sharing with another child.
- When the 54 SIDS cases are excluded, 71 percent (87) of the remaining 120 sleep-related cases involved infants sharing a sleep surface.

In October 2005, the American Academy of Pediatrics issued a policy statement outlining recommendations for reducing the risk of SIDS and other sleep-related infant deaths.

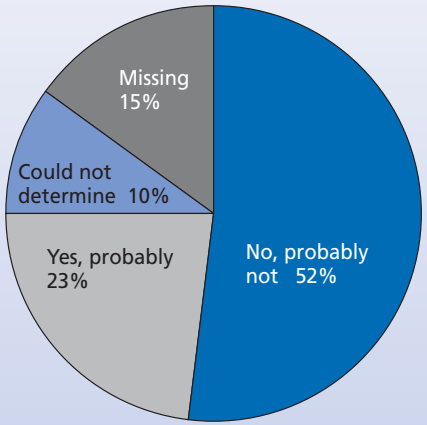
- Infants should be placed for sleep wholly on the back for every sleep.
- Use a firm sleep surface. A firm crib mattress is the recommended surface.
- Keep soft objects and loose bedding out of the crib.
- Do not smoke during pregnancy. Avoid exposure to secondhand smoke.
- A separate by proximate sleeping environment is recommended. The infant's crib should be in the parents' bedroom.
- Offer a pacifier at sleep time.
- Avoid overheating.
- Avoid commercial devices marketed to reduce the risk of SIDS. None have been proven safe or effective.
- Encourage "tummy time" when awake to avoid flat spots on the back of the head.
- Continue the Back to Sleep campaign.

Preventable Deaths

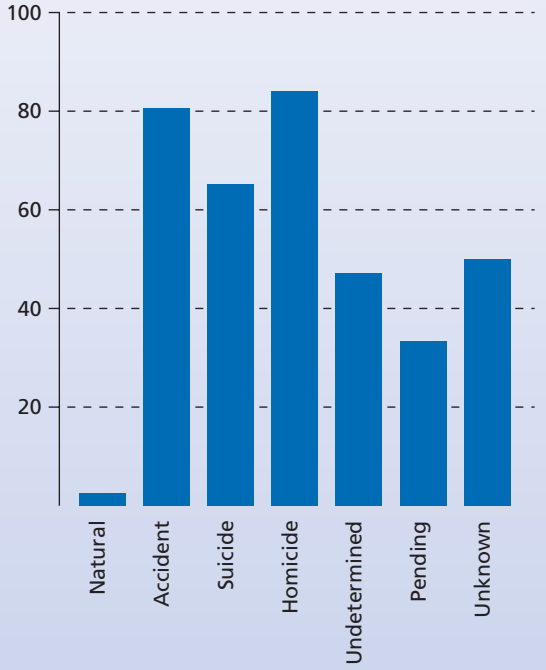
A child's death is considered preventable if the community or an individual could reasonably have changed the circumstances that led to the death.[22]

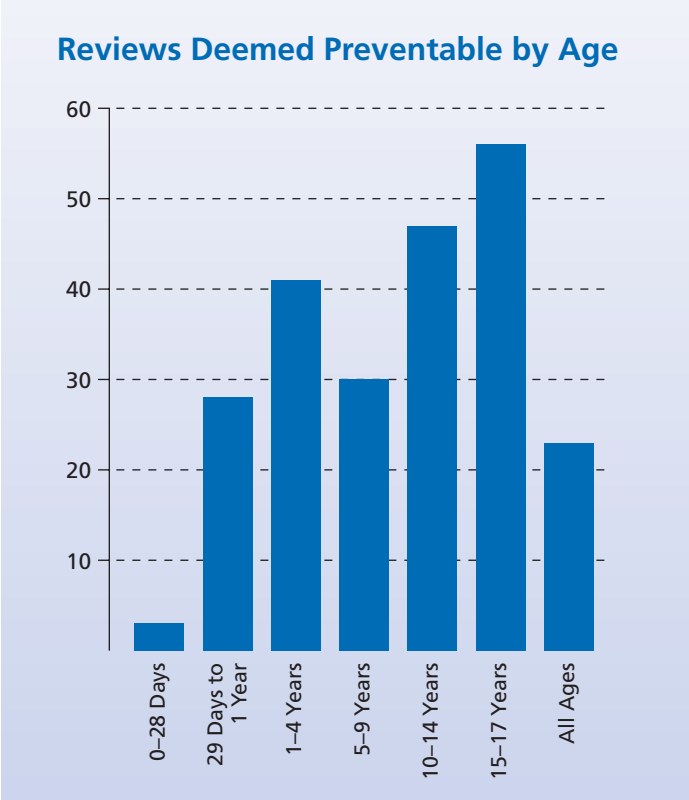
- Local boards indicated 23 percent (401) of the 1,725 deaths reviewed probably could have been prevented.
- Preventability differed by manner of death and by age group. Eighty-one percent (240) of the 298 deaths of accidental manner were considered probably preventable.
- Fifty-six percent (120) of the deaths to 15–17-year-olds were considered probably preventable.
- Only 3 percent (23) of the deaths to infants less than 29 days old were considered probably preventable.

Reviews by Preventability



Reviews Deemed Preventable by Manner of Death





Among the most frustrating cases to review are the child deaths that likely could have been prevented with increased adult supervision, increased parental responsibility and the exercise of common sense. A National Safe Kids Campaign study demonstrated that telling children what to do is not enough. Parents must also practice good safety behaviors to effectively teach kids how to be safe.[23] Through the sharing of perspectives during the CFR discussions, members have learned that often-repeated health and safety messages need to be presented in new ways to reach new generations of parents and children.

Conclusion

The mission of Child Fatality Review (CFR) is the prevention of child deaths in Ohio. This report has summarized the process of local review by multi-disciplinary boards of community leaders which results in data regarding the circumstances related to each death. This report is a vehicle to share their findings with the wider community to engage others in developing recommendations and implementing policies, programs and practices that can have a positive impact on the lives of Ohio's children. We encourage you to use the information in this report and to share it with others who can influence changes to benefit children. We invite you to collaborate with local CFR boards to prevent child deaths in Ohio.

Appendices

2007 Child Fatality Review Committee

Crystal Ward Allen
Public Children Services Association of Ohio

Chuck Betley
Office of Ohio Health Plans
Ohio Department of Job and Family Services

Jim Beutler
Putnam County Sheriff's Office

Jamie Blair
Bureau of Community Health Services and Systems Development
Ohio Department of Health

Claire Boettler
Cuyahoga County CFR Board

Cheryl Boyce
Commission on Minority Health

Donna C. Bush
Office of Ohio Health Plans
Ohio Department of Job and Family Services

David Corey
Ohio Coroners Association

Kelly Friar
Health Statistics
Ohio Department of Health

Virginia Haller
Division of Family and Community Health Services
Ohio Department of Health

Karen Hughes
Division of Family and Community Health Services
Ohio Department of Health

Jill Jackson
Ohio Department of Education

Elnora Jenkins
Ohio Department of Mental Health

Betsy Johnson
Ohio Association of County Behavioral Health Authorities

Cindy Lafollett
Ohio Family and Children First Council

Barbara Lattur
Parent Representative

Scott Longo
Ohio Attorney General Office

James A. Luken
Miami County CFR Board

Tamara Malkoff
Office of General Counsel
Ohio Department of Health

Pat Marquis
SID Network of Ohio

Michael Mier
Copley Police Department

Nan Migliozzi
Bureau of Health Promotion and Risk Reduction
Ohio Department of Health

Barbara Mullan
Delaware County CFR Board

Angela Norton
Bureau of Community Health Services and Systems Development
Ohio Department of Health

Bill Ramsini
Bureau of Health Services Information and Operational Support
Ohio Department of Health

Philip Scribano
Center for Child and Family Advocacy
Columbus Children's Hospital

Ruth Shrock
Division of Family and Community Health Services
Ohio Department of Health

Carolyn Slack
Columbus Public Health Department

Joe Stack
Ohio Department of Public Safety

Kelly Taulbee
Hocking County CFR Board

Candace Valach
Ohio Children's Trust Fund

Child Fatality Review Program Staff

Jo Bouchard, Chief
Bureau of Child and Family Health Services

Amy Davis
Health Planning Administrator
Bureau of Child and Family Health Services

Jillian Garratt
Researcher
Bureau of Child and Family Health Services

Merrily Wholf
CFR Coordinator
Bureau of Child and Family Health Services

2007 Local Child Fatality Review Board Chairs

Adams
Bruce Ashley
Adams County Health Department
(937) 544-5547
adamcohd@odh.ohio.gov

Allen
David Rosebrock
Allen County Health Department
(419) 228-4457
drosebrock@allencountyhealthdepartment.org

Ashland
Dan Daugherty
Ashland County Health Department
(419) 289-0000
ddaughe2@mailcity.com

Ashtabula
Raymond J. Saporito
Ashtabula County Health Department
(440) 576-6010
rsaporit@odh.ohio.gov

Athens
James R. Gaskell
Athens City-County Health Department
(740) 592-4431
jamesgaskell2000@yahoo.com

Auglaize
Charlotte Parsons
Auglaize County Health Department
(419) 738-3410
cparsons@auglaizehealth.org

Belmont
H. L. Vermillion
Belmont County Health Department
(740) 695-1202
han@1stnet.com

Brown
Christopher T. Haas
Brown County General Health District
(937) 378-6892
chaas@odh.ohio.gov

Butler
Robert J. Lerer
Butler County Health Department
(513) 863-1770
boh@butlercountyohio.org

Carroll
Melanie Campbell
Carroll County General Health District
(330) 627-4866
mcampbell@carroll-lhd.org

Champaign
Shelia Hiddleson
Champaign Health District
(937) 484-1605
shiddle@odh.ohio.gov

Clark
Charles Patterson
Clark County Combined Health District
(937) 390-5600
cpatterson@ccchd.com

Clermont
Marty Lambert
Clermont County General Health District
(513) 732-7499
mlambert@co.clermont.oh.us

Clinton
Robert E. Derge
Clinton County Health Department
(937) 382-3829
bderge@clincohd.com

Columbiana
Robert D. Morehead
Columbiana County Health Department
(330) 424-0272
rmorehead@columbiana-health.org

Coshocton
Rebecca J. Beiter
Coshocton County General Health District
(740) 295-7307
bbeiter@odh.ohio.gov

Crawford
Sam Thomas
Crawford County General Health District
(419) 562-5871
cchc@crawford-co.org

Cuyahoga
Lolita McDavid
Rainbow Babies and Children's Hospital
(216) 201-2001
cboettler@ccbh.net

Darke
Terrence L. Holman
Darke County Health Department
(937) 548-4196
tholman@odh.ohio.gov

Defiance
Kimberly J. Moss
Defiance County General Health District
(419) 784-3818
healthcommish@defiance-county.com

Delaware
Barbara Mullan
Delaware General Health District
(740) 203-2094
barbara@delawarehealth.org

Erie
Peter T. Schade
Erie County General Health District
(419) 626-5623
pschade@eriecohealthohio.org

Fairfield
Frank Hirsch
Fairfield Department of Health
(740) 653-4489
fhirsch@co.fairfield.oh.us

Fayette
Robert G. Vanzant
Fayette County Health Department
(740) 335-5910
bobgv@sbcglobal.net

Franklin
Kathryn Reese
Columbus Public Health
(614) 645-1667
ktreese@columbus.gov

Fulton
Michael Oricko
Fulton County Health Department
(419) 337-0915
moricko@odh.ohio.gov

Gallia
Judy Linder
Gallia County General Health District
(740) 441-2952
jlinder@odh.ohio.gov

Geauga
Robert Weisdack
Geauga County Health District
(440) 279-1900
bweisdack@geaugacountyhealth.org

Greene
Mark McDonnell
Greene County Combined Health District
(937) 374-5600
mmcdonnell@gcchd.org

Guernsey
Carmencita Slabinski
Cambridge-Guernsey County
Health Department
(740) 439-3577
cslabins@odh.ohio.gov

Hamilton
Patricia Eber
Hamilton County Family
and Children First Council
(513) 946-4990
patty.eber@hamilton-co.org

Hancock0
Greg A. Arnette
Hancock County Health Department
(419) 424-7869
gaarnette@co.hancock.oh.us

Hardin
Jay E. Pfeiffer
Kenton-Hardin Health Department
(419) 673-6230
healthdept@dbscorp.net

Harrison
Carol A. Infante
Harrison County Health Department
(740) 942-2616
cinfante@odh.ohio.gov

Henry
Rebecca Kille
Henry County Health Department
(419) 599-5545
bkille@henrycohd.org

Highland
James Vanzant
Highland County Health Department
(937) 393-1941
jimvanzant@yahoo.com

Hocking
Kelly Taulbee
Hocking County Health District
(740) 385-3030
ktaulbee@hockingchd.com

Holmes
D. J. McFadden
Holmes County Health District
(330) 674-5035
dmcfadden@holmeshealth.org

Huron
Tim Hollinger
Huron County General Health District
(419) 668-1652
thollinger@huroncohealth.com

Jackson
Gregory A. Ervin
Jackson County Health Department
(740) 286-5094
gervin@jchd.us

Jefferson
Frank J. Petrola
Jefferson County General Health District
(740) 283-8530
frank@jchealth.com

Knox
Dennis G. Murray
Knox County Health Department
(740) 399-8000
dmurray@knoxhealth.com

Lake
Kay M. Duffy
Lake County General Health District
(440) 350-2554
kduffy@lcghd.org

Lawrence
Kurt Hofmann
Lawrence County Health Department
(740) 532-3962
khofman@odh.ohio.gov

Licking
Robert P. Raker
Licking County Coroner's Office
(740) 349-3633
lccoroner@alink.com

Logan
Boyd C. Hoddinott
Logan County Health District
(937) 592-9040
bhoddino@odh.ohio.gov

Lorain
Terrence J. Tomaszewski
Lorain City Health Department
(440) 204-2315
ttomaszewski@lorainhealth.com

Lucas
David Grossman
Toledo-Lucas County Health Department
(419) 213-4018
grossmad@co.lucas.oh.us

Madison
James Herman
Madison County-London City Health District
(740) 852-3065
jherman@co.madison.oh.us

Mahoning
Matthew Stefanak
District Board of Health, Mahoning County
(330) 270-2855
mstefanak@mahoning-health.org

Marion
Kathy Dixon
Marion County Health Department
(740) 387-6520
administration@marionhealthdept.com

Medina
Daniel Raub
Medina County Health Department
(330) 723-9511
draub@medinahealth.org

Meigs
Larry Marshall
Meigs County Health Department
(740) 992-6626
lmarshal@odh.ohio.gov

Mercer
Philip Masser
Mercer County-Celina City Health Department
(419) 586-3251
mchealth@odh.ohio.gov

Miami
James A. Luken
Miami County Health District
(937) 440-5418
jluken@miamicountyhealth.net

Monroe
Susan Nesbitt
Monroe County Health Department
(740) 472-1677
snesbitt@odh.ohio.gov

Montgomery
Allene K. Mares
Public Health-Dayton and Montgomery County
(937) 225-4395
amares@chdmc.org

Morgan
Richard D. Clark
Morgan County Health Department
(740) 962-4572
morgcohd@odh.ohio.gov

Morrow
Krista Wasowski
Morrow County Health Department
(419) 947-1545
kwasowsk@odh.ohio.gov

Muskingum
Corrie Marple
Zanesville Muskingum County Health Department
(740) 454-9741
corriem@zmchd.org

Noble
Shawn E. Ray
Noble County Health Department
(740) 732-4958
noblecohd@dunriteisp.com

Ottawa
Nancy C. Osborn
Ottawa County Health Department
(419) 734-6800
nosborn@cros.net

Paulding
Larry Fishbaugh
Paulding County Health Department
(419) 399-3921
paulcohd@odh.ohio.gov

Perry
Steve Holekamp
Perry County Health Department
(740) 342-5179
sholkamp@odh.ohio.gov

Pickaway
Elaine B. Miller
Pickaway County General Health District
(740) 477-9667
emiller@pchd.org

Pike
Wally Burden
Pike County General Health District
(740) 947-7721
pcghd@bright.net

Portage
John Ferlito
Kent City Health Department
(330) 678-8109
ferlitoj@kent-ohio.org

Preble
Mark S. Vosler
Preble County General Health District
(937) 472-0087
pcdh@preblecountyhealth.org

Putnam
David Lee Woodruff
Putnam County General Health District
(419) 523-5608
dwoodruf@odh.ohio.gov

Richland
Stan Saalman
Mansfield/Ontario/Richland County Health Department
(419) 774-4500
ssaalman@richlandhealth.org

Ross
Timothy Angel
Ross County Health District
(740) 779-9652
tangel@horizonview.net

Sandusky
David G. Pollick
Sandusky County Health Department
(419) 334-6377
dpollick@sanduskycohd.org

Scioto
Aaron Adams
Scioto County Health Department
(740) 354-3241
aadams@odh.ohio.gov

Seneca
Marjorie S. Broadhead
Seneca County General Health District
(419) 447-3691
mbroadhe@odh.ohio.gov

Shelby
Robert M. Mai
Sidney-Shelby County Health Department
(937) 498-7249
rmai@odh.ohio.gov

Stark
William J. Franks
Stark County Health Department
(330) 493-9904
franksb@starkhealth.org

Summit
Pat McGrath
Catholic Social Services of Summit County
(330) 762-7481
pmcgrath@csssc.org

Trumbull
James Enyeart
Trumbull County Health Department
(330) 675-2489
jenyeart@tcbh.org

Tuscarawas
Debbie Crank
Tuscarawas County Health Department
(330) 343-5555
tchdcpp@tusco.net

Union
Diana D. Houdashelt
Union County Health Department
(937) 645-2054
dhoudash@odh.ohio.gov

Van Wert
Tom Lautzenheiser
Van Wert County Health Department
(419) 238-0808
tlautzenheiser@vanwertcountyhealth.org

Vinton
Susan Crapes
Vinton County Health District
(740) 596-5233
gthompson@vintonohhealth.org

Warren
Duane Stansbury
Warren County Combined Health District
(513) 695-1566
stande@co.warren.oh.us

Washington
Kathleen L. Meckstroth
Washington County Health Department
(740) 374-2782
healthadmin@washingtongov.org

Wayne
Gregory L. Halley
Wayne County Combined General Health Department
(330) 264-9590
ghalley@wayne-health.org

Williams
James D. Watkins
Williams County Health Department
(419) 485-3141
willcohd@odh.ohio.gov

Wood
Pamela Butler
Wood County Health Department
(419) 352-8402
pbutler@co.wood.oh.us

Wyandot
Barbara Mewhorter
Wyandot County General Health District
(419) 294-3852
wchealthdept@co.wyandot.oh.us

ICD-10 Codes Used for Vital Statistics Data Used for CFR Report

Cause of Death	ICD-10 Codes
Animal Bite or Attack	W53-W59, X20-27, X29
Child Abuse and Neglect	Y06-Y07
Drowning	W65-W74, X71, X92, Y21
Environmental Exposure	W92, W93, W99, X30, X31, X32
Fall and Crush	W00-W19, W23, X80, Y01, Y02, Y30, Y31
Fire, Burn, Electrocution	X00-X09, X33, X76, X77, X97, X98, Y26, Y27, W85, W86, W87
Medical Causes (Excluding SIDS)	A000-B999, C000-D489, D500-D899, E000-E909, F000-F999, G000-G999, H000-H599, H600-H959, I000-I999, J000-J999, K000-K939, L000-L999, M000-M999, N000-N999, O000-O999, P000-P969, Q000-Q999, R000-R949
Other Causes (Residual)	All other codes not otherwise listed
Poisoning	X40-X49, X60-X65, X68, X69, X85, X87, X89, X90, Y10-Y16, Y18, Y19
Sudden Infant Death Syndrome	R95
Suffocation and Strangulation	W75-W84, X47, X66, X67, X70, X88, X91, Y17, Y20
Suicide	X60-X84
Vehicular	V01-V99, X81, X82, Y03, Y32
Weapon, Including Body Part	W26, W32-W34, X72-75, X78, X79, X93-96, X99, Y00, Y04, Y05, Y08, Y09, Y22-25, Y28-Y29, Y35.0 Y35.3

References

1. Willinger M, James LS, Catz C. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel, convened by the National Institute of Child Health and human Development. *Pediatric Pathology.* 1991; 11:677-684.
2. http://www.nichd.nih.gov/health/topics/Sudden_Infant_Death_Syndrome.cfm
3. Task Force on SIDS. Changing concept of SIDS: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing the risk. *American Journal of Pediatrics.* November 2005:1245-1255.
4. Task Force on SIDS. Changing concept of SIPS: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing the risk. *American Journal of Pediatrics.* November 2005:1245-1255.
5. http://www.cdc.gov/SIDS/SUID.htm
6. http://www.cdc.gov/SIDS/riskfactors.htm
7. http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html
8. http://www.nhtsa.dot.gov/people/injury/childps/ChildRestraints/2004report.pdf
9. http://www.nhtsa.dot.gov/people/iniury/NewDriver/BeginDrivers/images/BTDLo.pdf
10. http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html
11. http://webappa.cdc. gov/sasweb/ncipc/mortrate10_sy.html
12. http://ojjdp.ncirs.org/pubs/gun violence/sect07.html
13. http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html
14. http://www.usa.safekids.org/content documents/Safe_Kids_U.S_Summer_Safety_Ranking_Report.pdf
15. http://webappacdcgov/sasweb/ncipc/mortrate10_sy.html
16. http://www.cdc.gov/ncipo/factsheets/fire.htm
17. http ://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html
18. http://www.usa.safekids.org/content_documents/nskw03_report.pdf
19. http://member.preventchildabuse.org/site/PageServer?pagename=research_index
20. http://www.childwelfare.gov/
21. http://www.cdc.gov/nchs/fastats/suicide.htm
22. Program manual for child death review. Ed. Covington T, Foster V, Rich S. The National Center for Child Death Review, 2005.
23. http://www.usa.safekids.org/tier3_cd.cfm?content_item_id=18010&folder_id=300

Ohio Child Fatality Review

Seventh-annual Report

Ohio Department of Health

This report includes reviews of child deaths that occurred in 2005