

**IN THE SUPREME COURT OF OHIO**

STATE OF OHIO EX REL.  
KATHRYN HUWIG  
14250 Sweetbriar Lane  
Novelty, Ohio 44072

Relator,

vs.

OHIO DEPARTMENT OF HEALTH  
246 N. High St.  
Columbus, OH 43215,

BRUCE VANDERHOFF, M.D.  
In His Official Capacity as Director,  
OHIO DEPARTMENT OF HEALTH  
246 N. High St.  
Columbus, Ohio 43215,

and

JUDITH NAGY  
In Her Official Capacity as State Registrar,  
Office of Vital Statistics,  
OHIO DEPARTMENT OF HEALTH  
246 N. High St.  
Columbus, Ohio 43215,

Respondents.

CASE NO.:

ORIGINAL ACTION FOR WRIT OF  
MANDAMUS

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**COMPLAINT FOR WRIT OF MANDAMUS**

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Thomas W. Connors (0007226) \*  
\*Counsel of Record  
Mendenhall Law Group  
190 North Union Street, Suite 201  
Akron, Ohio 44304  
Tel: 330-888-1240  
Email: [tconnors@warnermendenhall.com](mailto:tconnors@warnermendenhall.com)  
Attorneys for Relator Kathryn Huwig

For her Complaint for Writ of Mandamus against Respondents Ohio Department of Health, Bruce Vanderhoff, M.D., the Director of the Ohio Department of Health (the “Director”), and Judith Nagy, the State Registrar, Office of Vital Statistics, Ohio Department of Health (the “State Registrar”) (collectively the “Department”), Relator Kathryn Huwig (“Relator”) states as follows.

### **PARTIES**

1. Relator is a citizen of the State of Ohio and has lived in Novelty, Ohio from 2016 to present.

2. From October 2020 to June 2021 Relator led a Facebook group known as “Understanding Ohio Covid-19 Data” with over 10,000 members, including dozens of Ohio lawmakers and officials. From July 2021 to present she has led Facebook groups known as “Science History Book Club,” “Understanding Ohio Covid-19 Data 2.0,” and “Understanding Ohio Covid-19 Data 3.0.”

3. Relator has also had a podcast on Facebook known as “Beyond the Data,” which has over 4,000 followers, from July 2021 to present.

4. The Department maintains a death event database entitled the Security Mortality Module (the “Death Database”) and a Covid-19 vaccination database (the “Vaccination Database”) (collectively the “Databases”) as described below.

5. R.C. 3705.03 provides that the State Registrar, is the custodian of vital records. R.C. 3705.01 defines vital records as including reports of “death...and other data related thereto...” The Office of Vital Statistics has the responsibility of administering the system of vital statistics and preserving its official records. R.C. 3705.03(A).

6. The Director has the special duty of investigating contagious or infectious disease and taking prompt action to control and suppress it. R.C. 3701.14. In furtherance of this duty “he shall collect and preserve information...as may be useful in the discharge of the director’s duties and for dissemination among the people.” R.C. 3701.14(A). (Emphasis added.)

## FACTS

### **A. The Death Database.**

7. On February 23, 2021, Relator testified before the Ohio House of Representative’s State and Local Government Reform Committee on H.B. 90, a parallel bill to S.B. 22, which as subsequently enacted curtailed the Ohio governor’s emergency powers. She was critical of the Department’s data, which the Ohio governor relied on in issuing emergency Covid-19 orders.

8. The same House committee also held a hearing on S.B. 22 on March 9, 2021, at which Relator testified. However, on March 2, 2021, the Department changed the data on its website, which had been utilized in Relator’s February 23 testimony. The change precluded her from making further analyses like those in her February 23 testimony.

9. On February 7, 2023, Relator requested data dictionaries for the Death and Vaccination Databases. On March 15, 2023, the Department provided the requested data dictionaries. Copies of the data dictionaries are attached as Exhibits A and B.

10. On May 12, 2023, Relator requested reports from the Department based on selected fields from the data dictionaries. Exhibit C, pp. 15-19 (A copy of Relator’s entire email correspondence with the Department regarding the requests which are the subject of the complaint are attached as Exhibit C). The request for the reports initially covered several years but was later limited to the year 2021. *Id.*, p. 3.

11. On May 16, 2023, the Department declined the request asserting that it would be required to create a new record and would require the release of personal health information (“PHI”). *Id.*, pp. 11-15.

12. On May 17, 2023, Relator added a request for the entire Databases described by the data dictionaries, to resolve the Department’s objection that the requested reports would involve creating new records. *Id.*, p. 11. Relator also requested that the Department explain how it accessed the requested records so that she could cure any issues with her request for the reports from the Databases. *Id.*, p. 10. She also asked the Department to redact what it thought was PHI, subject to her right to contest such redactions. *Id.*, p. 11.

13. On May 17, 2023, the Department declined to provide the Databases asserting that the request was overbroad. *Id.*, p. 8. The Department also objected to providing information regarding accessing the Databases because it involved critical infrastructure. *Id.*, p. 4.

14. On May 19, 2023, Relator limited her requests for the reports and databases to the year 2021 and renewed her request for information regarding how the requested records were maintained and accessed so she could consider revising her request as appropriate. *Id.*, p. 3. On May 19, 2023, the Department declined the request for the year 2021 as also overbroad. *Id.*, p. 1.

15. On June 6, 2023, Relator’s attorney explained that she needed information regarding how the Department’s existing software accessed the requested output, to assess what database reports would be considered existing records under Ohio law. Exhibit D, p. 2. On June 6, 2023, the Department acknowledged that it may have previously used its software to provide reports but had no obligation to continue to do so. *Id.*, p. 1. The Department failed to provide any specific information regarding how its software accessed the requested records. *Id.*, p. 1.

16. A report based on specific fields extracted from the Death Database was previously requested from the Department in *Miller v. Ohio Department of Health, Vital Statistics*, Ct. of Cl. Case No 2020-00618PQ, 2021 WL 2629512 (Report and Recommendation) and Decision and Entry dated May 4, 2020, *rev. on other grounds by Miller v. Ohio Department of Health*, 2022-Ohio-357 (10th Dist.), attached as Exhibit E.

17. The *Miller* court requested information from the Department regarding how its software accessed the requested records (Exhibit F) and the Department provided the requested information. Exhibits G and G-1.

18. The Department admitted that its death data is contained in the Death Database, which it also refers to as the Secure Mortality Module. Exhibit G-1, ¶2. It further admitted that the data dictionary for the Death Database, which was also provided to Relator in this case, was a report prepared by the Department using its software. *Id.*, ¶4. The Department acknowledged that other death data reports provided to Miller were created by using software known as Statistical Analysis Software (“SAS”). *Id.*, ¶8.

19. A report based on specific fields extracted from the Death Database was also previously requested from the Department in *Ludlow v. Ohio Dept. of Health*, Ct. of Claims Case No. 2021-00040PQ, 2021 WL 8824878 and 2021 WL 8824879, *rev. on other grounds in Ludlow v. Dept. of Health*, 2022-Ohio-3399 (10th Dist.), *cert. granted Ludlow v. Ohio Department of Health*, S. Ct. Case No. 2022-1391.

20. The Department provided Exhibits G and G-1 as evidence in *Ludlow*. Exhibit H, Excerpt from the Department’s Response to Requester’s Complaint and Motion to Dismiss, which included Exhibit G, the Affidavit of Karen Sorrell and Exhibit G-1. The Department acknowledged that its death data was “stored in a database entitled the Secure Mortality Module

[the Death Database]” and that it had provided the data dictionary for the Death Database, which was also provided in this case as Exhibit A. Exhibit H, p. 2.

21. The Department admitted in its *Ludlow* briefing that its existing computer programming has the capacity to provide reports based on fields selected from the data dictionary for the Death Database. Exhibit H, p .3 (“The Secure Mortality Module [the Death Database] was created to allow specific governmental agencies broad access to death data so that the agencies can perform their functions...[S]pecific fields of information can be extracted from the Security Mortality Module and downloaded into another format.”) The Department specifically explained that “[t]hose with access to the Secure Portal [to the Death Database] can download in...CSV file and print...using 3rd party software.” Exhibit G-1, ¶2.

22. The Department provided the Death Database reports requested by Ludlow, a Columbus Dispatch reporter, but redacted names and addresses. (These redactions are the subject of *Ludlow v. Ohio Department of Health*, S. Ct. Case No 2022-1391, which is presently pending before this Court.)

#### **B. The Vaccination Database.**

23. The Director has the general duty of administering the Ohio Department of Health as its chief executive officer. R.C. 3701.03. The Director may make special or standing orders or rules for preventing the spread of contagious or infectious disease. R.C. 3701.13(C).

24. On February 2, 2021, the Director issued an order in response to the Ohio governor’s March 2020 declaration of a state of emergency, requiring documentation of Covid-19 vaccinations in Ohio’s immunization system, Impact SIIS. Exhibit I, Director’s Journal Entry, *In re Covid-19 Volunteer Vaccine Providers*, p. 11.

25. The affidavit of Kathryn Huwig in support of this complaint for writ of mandamus has been filed contemporaneously with this Complaint and is incorporated by reference in this Complaint as if fully restated herein.

**CLAIMS FOR RELIEF**

26. Paragraphs 1 through 27 set forth above, are incorporated by reference herein.

27. R.C. 149.43(C)(1) provides that a person aggrieved by the failure of a public office to comply with an obligation in accordance with R.C. 149.43(B) may file a mandamus action as an original action in this Court.

28. Relator is aggrieved by the Department's failure to comply with R.C. 149.43(B) by providing requested records and information regarding maintaining and accessing records as described above.

29. The Department has a clear legal duty to comply with R.C. 149.43(B) by making the requested records available for public inspection and by providing the requested information regarding maintaining and accessing such records.

WHEREFORE, Relator respectfully requests:

A. that this Court issue a peremptory writ of mandamus directing the Department to allow public access to the requested records;

B. that in the alternative, this Court issue an alternative writ of mandamus;

C. that this Court award Relator the costs of this action, reasonable attorneys' fees, and statutory damages, pursuant to R.C. 149.43(C); and

D. all other relief that is just and equitable.

Respectfully submitted,

/s/ Thomas W. Connors

Thomas W. Connors (0007226) \*  
\*Counsel of Record  
Mendenhall Law Group  
190 North Union Street, Ste. 201  
Akron, Ohio 44304  
Tel: 330-888-1240  
Fax: 330-762-9743  
Email: [tconnors@warnermendenhall.com](mailto:tconnors@warnermendenhall.com)

Attorneys for Relator Kathryn Huwig

**PRAECIPE FOR SERVICE**

TO THE CLERK:

Please issue a Summons along with a copy of this Complaint for Writ of Mandamus to the Respondents identified in the caption on page one via certified mail service, return receipt requested.

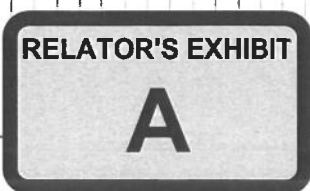
*/s/ Thomas W. Connors*  
Thomas W. Connors (0007226)



Layout for Ohio Mortality Download File

Updated: 01/09/2023

Variable	Column	Position	Field Name	Format	Code structure description
Unique certificate number	A	1	CERTKEY	\$12	Redacted for non-Ohio deaths
Date of Death—Year	B	13	DOD_YR	4	4 digit year, current data year
State of Death	C	17	DSTATE	\$2	OH for Ohio, XX all other states
Certificate Number	D	19	FILENO	\$6	1-999999, deaths occurring outside Ohio: 999999
Void flag	E	25	VOID	\$1	0 = default or valid record, 1 = VOID
Source of record	F	26	MPFILED	\$1	0 = electronic, 1 = paper, 2 = mixed
Decedent's Legal Name—Given	G	27	GNAME	\$50	REDACT for non-Ohio deaths
Decedent's Legal Name—Middle	H	77	MNAME	\$50	
Decedent's Legal Name—Last	I	78	LNAME	\$10	
Decedent's Legal Name—Suffix	J	128	SUFF	\$50	
Father's Surname	K	138	FLNAME	\$50	REDACT for non-Ohio deaths
Sex	L	188	SEX	\$1	M, F, U
Social Security Number—last 4 digits	M	189	SSN	\$4	
Decedent's Age—Type	N	193	AGTYPE	\$1	
Decedent's Age—Units	O	194	AGE	3	1 Years
Date of Birth—Year	P	197	DOB_YR	4	2 Months
Date of Birth—Month	Q	201	DOB_MO	2	4 Days
Date of Birth—Day	R	203	DOB_DY	2	5 Hours
Birthplace—Country code	S	205	BPLACE CNT	\$2	6 Minutes
Birthplace—State	T	207	BPLACE ST	\$2	Unknown (Not Classifiable)
Decedent's Residence—City FIPS code	U	209	CITYC	5	1 - 135, 999 = unknown
Decedent's Residence—County FIPS code	V	214	COUNTYC	3	4 digit year or 9999 = unknown
Decedent's Residence—State FIPS code	W	217	STATC	\$2	1-12, 99 = unknown
Decedent's Residence—Country FIPS code	X	219	COUNTRC	\$2	US (if foreign see FIPS codes file) or literal value in field BIRTH_COUNTRY
Decedent's Residence—Inside City Limits	Y	221	LIMITS	\$1	Standard state abbreviation or XX = foreign
Marital Status	Z	222	MARITAL	\$1	Assigned value from Geocoder. See literal value in CITYTEXT_R
Place of Death	AA	223	DPLACE	1	Assigned value from Geocoder. COUNTYC require STATEC for interpretation. See literal value in COUNTYTEXT_R
County code where death occurred	AB	224	COD	3	
Method of Disposition	AC	227	DISP	\$1	Assigned value from Geocoder. 999—outside Ohio. See field COUNTYTEXT_D for literal
Date of Death—Month	AD	228	DOD_MO	2	
Date of Death—Day	AE	230	DOD_DY	2	
Time of Death	AF	232	TOD	\$4	
Decedent's Education	AG	236	DEEDUC	1	



# Layout for Ohio Mortality Download File

Updated: 01/09/2023

Variable	CSV	Position	Field Name	Format	Code structure description
Decedent of Hispanic Origin?--Mexican	AH	237	DETHNIC1	\$1	2 9th through 12th grade; no diploma
Decedent of Hispanic Origin?--Puerto Rican	AI	238	DETHNIC2	\$1	3 High School Graduate or GED Completed
Decedent of Hispanic Origin?--Cuban	AJ	239	DETHNIC3	\$1	4 Some college credit, but no degree
Decedent of Hispanic Origin?--Other	AK	240	DETHNIC4	\$1	5 Associate Degree
Decedent of Hispanic Origin?--Other, Literal	AL	241	DETHNIC5	\$20	6 Bachelor's Degree
Decedent's Race--White	AM	261	RACE1	\$1	7 Master's Degree
Decedent's Race--Black or African American	AN	262	RACE2	\$1	8 Doctorate Degree or Professional Degree
Decedent's Race--American Indian or Alaska Native	AO	263	RACE3	\$1	9 Unknown
Decedent's Race--Asian Indian	AP	264	RACE4	\$1	N, U, or H = Yes
Decedent's Race--Chinese	AQ	265	RACE5	\$1	N, U, or H = Yes
Decedent's Race--Filipino	AR	266	RACE6	\$1	N, U, or H = Yes
Decedent's Race--Japanese	AS	267	RACE7	\$1	Literal or blank
Decedent's Race--Korean	AT	268	RACE8	\$1	Y, N
Decedent's Race--Vietnamese	AU	269	RACE9	\$1	Y, N
Decedent's Race--Other Asian	AV	270	RACE10	\$1	Y, N
Decedent's Race--Native Hawaiian	AW	271	RACE11	\$1	Y, N
Decedent's Race--Guamanian or Chamorro	AX	272	RACE12	\$1	Y, N
Decedent's Race--Samoan	AY	273	RACE13	\$1	Y, N
Decedent's Race--Other Pacific Islander	AZ	274	RACE14	\$1	Y, N
Decedent's Race--Other	BA	275	RACE15	\$1	Y, N
Decedent's Race--First American Indian or Alaska Native	BB	276	RACE16	\$30	
Decedent's Race--Second American Indian or Alaska Native	BC	305	RACE17	\$30	
Decedent's Race--First Other Asian	BD	336	RACE18	\$30	
Decedent's Race--Second Other Asian	BE	366	RACE19	\$30	
Decedent's Race--First Other Pacific Islander	BF	396	RACE20	\$30	
Decedent's Race--Second Other Pacific Islander	BG	426	RACE21	\$30	
Decedent's Race--First Other Literal	BH	456	RACE22	\$30	
Decedent's Race--Second Other Literal	BI	486	RACE23	\$30	
Decedent's Race--First Other Literal	BJ	516-539	RACE24 - RACE26	\$3	See Race codes list.pdf
Decedent's Race--Second Other Literal	BR - BY	540-563	RACE26C - RACE23C	\$3	See Race codes list.pdf
Multiple race record format	BZ	564	RACE MVR	\$1	R=Refused S=Sought but unknown C=Not obtainable
Occupation -- Literal	CA	565	OCCUP	\$40	Literal occupation of decedent
Occupation -- Code	CB	605	OCCUPC	\$3	Occupation codes from NIOSH, 2003 version
Industry -- Literal	CC	608	INDUST	\$40	Literal industry of decedent
Industry -- Code	CD	648	INDUSTC	\$3	Industry codes from NIOSH, 2003 version
Birth / Death Linking - birth certificate number	CE	651	BCNO	\$6	Blank or 6 digit cert number if matched
Infant Death/Birth Linking - year of birth	CF	657	IDOB_YR	\$4	4 digit year or 9999 = Unknown
Birth / Death Linking - state of birth listed on death certificate	CG	661	BSTATE	\$2	See FIPS codes file or XX = foreign
Manner of death (from certifier)	CH	663	MANNER	\$1	N Natural A Accident S Suicide H Homicide P Pending Investigation C Could not be determined 0 Home
Place of Injury--Computer Generated	CI	664	INJPL	\$1	1 Residential Institution 2 School, Other Institutions, Administrative Area 3 Sports and Recreation Area 4 Street/Highway

Layout for Ohio Mortality Download File

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Variable	CSV	Position	Field Name	Format	Code structure description
Manual underlying cause code	CI	665	MAN_UC	\$5	5 Trade and Service Area
ACME primary underlying cause code	CK	670	ACME_UC	\$5	6 Industrial and Construction Area
Entity-Axis Codes	CL	675	EAC	\$160	7 Farm
					8 Other specified Place
					9 Unspecified Place
TRANSAX conversion flag: Computer Generated	CM	835	TRX_FLG	\$1	Exception records with codes manually assigned at NCHS ACME primary underlying cause of death ICD-10 code All ICD-10 codes as reported on a death record, including positions of immediate and underlying causes. Max 20 codes.
					3 Conversion using non-ambivalent table entries
					4 Conversion using ambivalent table entries
					5 Duplicate entity-axis codes deleted; no other action involved
					6 Artificial code conversion; no other action
					No Action: blank
Record-Axis Codes	CN	836	RAC	\$100	All ICD-10 codes assigned to causes of death in certificate
Was an Autopsy Performed?	CO	936	AUTOP	\$1	Y, N, blank
Were Autopsy Findings Available to Complete the Cause of Death?	CP	937	AUTOPF	\$1	Y, N, U, blank or X = not applicable
Did Tobacco Use Contribute to Death?	CQ	938	TOBAC	\$1	Y, N, U, or P = Probably
Pregnancy	CR	939	PREG	\$1	1 Not pregnant within past year
					2 Pregnant at time of death
					3 Not pregnant, but pregnant within 42 days of death
					4 Not pregnant, but pregnant 43 days to 1 year before death
					7 Not on certificate
					8 Not Applicable: Computer generated
					9 Unknown if pregnant within last year
Date of Injury—Month	CS	940	DOI_MO	2	Out of state records may report X, U, or other variables
Date of Injury—Day	CT	942	DOI_DY	2	1-12, 99 = unknown, or blank. Also see field INJURY_DATE
Date of Injury—Year	CU	944	DOI_YR	4	1-31, 99 = unknown, or blank. Also see field INJURY_DATE
Injury time	CV	948	TOI_HR	\$4	4-digit, 9999 = unknown, or blank. Also see field INJURY_DATE
Injury at work	CW	952	WORKINI	\$1	Blank, Y, N, U
Title of Certifier	CX	953	CERTL	\$30	D Certifying Physician P Pronouncing and Certifying Physician M Medical Examiner/Coroner
					Literal text for other individual legally allowed to certify Y, N, U
Was decedent in the armed forces?	CY	983	ARMEDF	\$1	
Place of death – facility name or other description	CZ	984	DINSTI	\$30	Hospital, Home, or other description
Place of death – address	DA	1014	ADDRESS_D	\$50	REDACT for non-Ohio deaths
Place of death – city	DB	1064	CITYTEXT_D	\$28	REDACT for non-Ohio deaths
Place of death – zip code	DC	1082	ZIP9_D	\$9	5 digit code, blank or REDACT if non-Ohio record
Place of death – county	DD	1101	COUNTYTEXT_D	\$28	REDACT for non-Ohio deaths
Spouse first name	DE	1129	SPOUSEF	\$50	
Spouse last name	DF	1179	SPOUSEL	\$50	
Address of decedent (as reported, not geocoded)	DG	1229	STNUM_R	\$50	Number and name of street (same as Address_RI)
Address of decedent – unit number	DH	1279	UNITNUM_R	\$7	Unit of apartment in STNUM_R
Address of decedent – city	DI	1286	CITYTEXT_R	\$28	City name or 'REDACT' if non-Ohio record
Address of decedent – zip code	DJ	1314	ZIP9_R	\$9	5 digit code or 'REDACT' if non-Ohio record
Address of decedent – county	DK	1333	COUNTYTEXT_R	\$28	County name or 'REDACT' if non-Ohio record
Address of decedent – state	DL	1351	STATETEXT_R	\$28	State or 'REDACT' if non-Ohio record
Address of decedent – country	DM	1379	COUNTRYTEXT_R	\$28	Country name or 'REDACT' if non-Ohio record
Address of decedent – street address string	DN	1407	ADDRESS_R	\$50	Street address string (same as STNUM_RI)
Hispanic edited value from .mre files	DO	1457	DETHNICE	\$3	<a href="https://www.cdc.gov/nchs/data/dvs/HispanicCodesHires.pdf">https://www.cdc.gov/nchs/data/dvs/HispanicCodesHires.pdf</a>

# Layout for Ohio Mortality Download File

Updated: 01/09/2023

Variable	Column	Position	Field Name	Format	Code structure description
<b>Note:</b> Due to a change in the way NCHS codes race values are collected by ODH, many race values in data years 2022 and beyond may display as unknown. ODH is aware of this issue and is working to resolve it. Data prior to 2022 is unaffected.					
Decedent's middle name	DP	1460	NCHSBRIDGE	\$2	
Father's first name	DQ	1462	DMIDDLE	\$50	
Father's middle name	DR	1512	DDADF	\$50	
Mother's first name	DS	1562	DDADMID	\$50	
Mother's middle name	DT	1612	DMOMF	\$50	
Mother's maiden surname	DU	1662	DMOMMID	\$50	
Was case referred to medical examiner/coroner?	DV	1712	DMOMMDN	\$50	
Place of injury	DW	1762	REFERRED	\$1	Y, N, U
Description of how injury occurred	DX	1763	POLLITRL	\$50	Literal description; Blank for natural death
	DY	1813	HOWMNU	\$250	Literal description; Blank for natural death
	DZ	2063	TRANSPRT	\$30	PA=Passenger
City of injury - literal	EA	2093	CITYEXT	\$28	PE=Pedestrian
Replacement record code	EB	2121	REPLACE	\$1	Reported city name for injury deaths
Cause of death Part I Line a	EC	2122	CODDA	\$120	0=original record; 1=updated record; 2=updated; do not send to NCHS
Cause of death Part I Line b	ED	2242	INTERVALA	\$20	Literal information reported on Line a
Cause of death Part I Line c	EE	2262	CODIB	\$120	Duration information reported on Line b
Cause of death Part I Line d	EF	2382	INTERVALB	\$20	Duration information reported on Line b
Cause of death Part I Line e	EG	2402	CODIC	\$120	Literal information reported on Line c
Cause of death Part I Line f	EH	2522	INTERVALC	\$20	Duration information reported on Line c
Cause of death Part I Line g	EI	2662	INTERVALD	\$20	Duration information reported on Line d
Cause of death Part II Line d	EJ	2682	OTHERCONDITION	\$240	Literal information reported on Line d
Cause of death Part II Line e	EK	2922	DBPLACECITY	\$28	Literal information reported in Part II
Decedent's Birth Place City - Literal	EL	2950	SPOUSEMIDNAME	\$50	Literal value as reported
Spouse's Middle Name	EM	3000	SPOUSESUFFIX	\$10	
Spouse's Suffix	EN	3010	FATHERSUFFIX	\$10	
Father's Suffix	EO	3020	MOTHERSUFFIX	\$10	
Mother's Suffix	EP	3030	INFORMRELATE	\$50	
Informant's Relationship	EQ	3080	DISPSTATE	\$28	State abbreviation
Disposition state - literal	ER	3108	DISPCITY	\$28	City literal
Disposition city - literal	ES	3136	FUNFACNAME	\$100	
Funerary facility name	ET	3236	FUNFACADDRESS	\$50	
Funerary facility address	EU	3286	FUNCIYTEXT	\$28	
Funerary facility city	EV	3314	FUNSTATE	\$28	Blank
Funerary facility state - literal	EW	3342	FUNZIP	\$9	
Funerary facility zip	EX	3351	PPDATERESIGNED	\$8	
Person Pronouncing Date Signed	EY	3359	PPTIME	\$4	Military time
Person Pronouncing Time Pronounced	EZ	3363	CERTFIRST	\$50	
Certifier's First Name	FA	3413	CERTMIDDLE	\$50	
Certifier's Middle Name	FB	3463	CERTLAST	\$50	
Certifier's Last Name	FC	3513	CERTSUFFIX	\$10	
Certifier's Suffix Name	FD	3523	CERT_LFM_NAME	\$50	
Certifier's last, first middle name	FE	3573	CERTADDRESS	\$50	
Certifier - Address	FF	3623	CERTCITYEXT	\$28	
Certifier - City or Town name	FG	3651	CERTSTATE	\$28	State abbreviation
Certifier - State literal	FH	3679	CERTZIP	\$9	
Certifier - Zip	FI	3688	CERTDATE	\$8	
Certifier date signed	FJ	3696	FILEDATE	\$8	
Filed date	FK	3704	STINUNRY	\$28	State of injury or blank if natural (literal)
State, U.S. Territory or Canadian Province of Injury - literal	FL	3732	STATEBTH	\$28	Literal value as reported
State, U.S. Territory or Canadian Province of Birth - literal	FM				

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Variable	Column	Position	Field Name	Format	Code structure description
Hispanic Code for Literal	HP	4304	HISpanic	\$1	
ICD code 398 Selected cause list	FN	3760	DETNIC5C	\$3	<a href="https://www.cdc.gov/nchs/data/dvs/HispanicCodeTitles.pdf">https://www.cdc.gov/nchs/data/dvs/HispanicCodeTitles.pdf</a>
ICD code 113 Selected cause list	FO	3763	ICDCODE3E8	\$5	See cause groupings file. To comply with WHO tabulation regulations
ICD code 130 Selected cause list	FP	3768	ICDCODE113	\$5	See cause groupings file. For analysis of general mortality and leading COD.
ICD code 39 Selected cause list	FQ	3773	ICDCODE130	\$5	See cause groupings file. For analysis of infant mortality and leading COD.
Geocoded residence of decedent - MATCH CODE	FR	3778	ICDCODE39	\$5	See cause groupings file. For tabulations in smaller geo areas.
Geocoded residence of decedent - QUALITY CODE	FS	3783	GEOCODED_MATCHCODE	\$5	GEOCODED variables are geocoded results of resident address of decedent
Geocoded residence of decedent - COUNTY CODE	FT	3788	GEOCODED_QUALITYCODE	\$5	Quality Indicator
Geocoded residence of decedent - COUNTY NAME	FU	3793	GEOCODED_CENSUSSTATE	\$2	
Geocoded residence of decedent - COUNTY CODE	FV	3795	GEOCODED_OHCOUNTYCODE	\$3	County Fips code
Geocoded residence of decedent - COUNTY NAME	FW	3798	GEOCODED_OHCOUNTYNAME	\$3	County Fips code
Geocoded residence of decedent - SCHOOL DISTRICT CODE	FX	3808	GEOCODED_SCHOOLDISTRICTCODE	\$10	See School District code document
Geocoded residence of decedent - MUNICIPALITY CODE	FY	3814	GEOCODED_MUNICIPALCODE	\$5	City Fips code
Geocoded residence of decedent - MUNICIPALITY NAME	FZ	3819	GEOCODED_MUNICIPALNAME	\$30	City Fips code
Geocoded residence of decedent - TOWNSHIP CODE	GA	3849	GEOCODED_OHTOWNSHIPCODE	\$5	Township code
Geocoded residence of decedent - TOWNSHIP NAME	GB	3854	GEOCODED_OHTOWNSHIPNAME	\$20	Township code
Geocoded residence of decedent	GC	3874	GEOCODED_OHHOUSE02	\$3	
Geocoded residence of decedent	GD	3877	GEOCODED_OHHOUSE12	\$3	
Geocoded residence of decedent	GE	3880	GEOCODED_OHSENAATE02	\$3	
Geocoded residence of decedent	GF	3883	GEOCODED_OHSENAATE12	\$3	
Geocoded residence of decedent	GG	3886	GEOCODED_OHCONGRESS02	\$2	
Geocoded residence of decedent	GH	3888	GEOCODED_OHCONGRESS12	\$2	
Geocoded residence of decedent	GI	3890	GEOCODED_CENSUSTRACT2000	\$6	
Geocoded residence of decedent	GJ	3896	GEOCODED_CENSUSTRACT7010	\$6	
Geocoded residence of decedent	GK	3902	GEOCODED_CENSUSBLOCK2000	\$4	
Geocoded residence of decedent	GL	3906	GEOCODED_CENSUSBLOCK2010	\$4	
Geocoded residence of decedent	GM	3910	GEOCODED_LONGITUDE	\$11	
Geocoded residence of decedent	GN	3921	GEOCODED_LATITUDE	\$11	
Geocoded residence of decedent	GO	3932	GEOCODED_ADDRESSOUT	\$40	Standardized street address
Geocoded residence of decedent	GP	3972	GEOCODED_CITYOUT	\$30	Standardized city
Geocoded residence of decedent	GQ	4002	GEOCODED_STATEOUT	\$2	Standardized state
Geocoded residence of decedent	GR	4004	GEOCODED_ZIPOUT	\$10	Standardized zip
Geocoded residence of decedent	GS	4014	GEOCODED_LOCALHEALTHDIST	\$5	Local Health District code
Geocoded residence of decedent	GT	4019	REGISTRAR_PRDN	\$4	
Geocoded residence of decedent	GU	4023	BIRTH_CITY	\$50	Literal entry for decedent's birth city
Geocoded residence of decedent	GV	4073	CERT_ID	\$8	
Geocoded residence of decedent	GW	4081	CERT_LICENSE	\$15	
Geocoded residence of decedent	GX	4096	FH_ID	\$10	
Geocoded residence of decedent	GY	4106	FH_EST_NUM	\$20	
Geocoded residence of decedent	GZ	4126	INJURY_DATE	\$10	
Geocoded residence of decedent	HA	4136	PANDEMIC_REASON	\$30	MM/DD/YYYY Could include flu, ebola, etc
Geocoded residence of decedent	HB	4186	IMMED_CAUSE_PANDEMIC	\$1	
Geocoded residence of decedent	HC	4187	CONSO1_PANDEMIC	\$1	
Geocoded residence of decedent	HD	4188	CONSO2_PANDEMIC	\$1	
Geocoded residence of decedent	HE	4189	CONSO3_PANDEMIC	\$1	
Geocoded residence of decedent	HF	4190	OTH_SIGNF_CONDS_PANDEMIC	\$1	
Geocoded residence of decedent	HG	4191	ARMED_BRANCH_SERVICE	\$35	
Geocoded residence of decedent	HH	4226	ARMED_BEG_STRING	\$30	MM/DD/YYYY
Geocoded residence of decedent	HI	4236	ARMED_END_STRING	\$10	MM/DD/YYYY
Geocoded residence of decedent	HJ	4246	ARMED_DISCHARGE_TYPE	\$50	Honorable, Dishonorable, General, Other
Geocoded residence of decedent	HK	4296	OHI_OH_RESIDENT_INDICATOR	\$1	Honorable, Dishonorable, General, Other
Geocoded residence of decedent	HL	4297	OHI_OH_COUNTY	\$2	A restatement of STATEC, 9 when Ohio resident (Use STATEC)
Geocoded residence of decedent	HM	4299	AGE_IN_YEARS	\$2	Old Ohio county code 1-88 for Adams to Wyandot (Use COUNTYC)
Geocoded residence of decedent	HN	4302	POSTNEONATAL_INDICATOR	\$1	Calculated from AGE and AGETYPE
Geocoded residence of decedent	HO	4303	OPHIW_INDICATOR	\$1	N = neonatal 1-27 days, P = postneonatal 28-364, U = not infant death
Geocoded residence of decedent	HP	4304	HISpanic	\$1	1-White, 2-Black, 3-American Indian, 4-Chinese, 5-Japanese 6-Hawaiian/Pacific Islander, 7-Filipino, 8-Other Asian, 9-Unknown Y, N, U derived from Detninc and Checkboxes Detninc-Dethnic5

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Variable	Column	Position	Field Name	Format	Code structure description
Ohio Public Health Information Warehouse category	HQ	4305	OPHIW_CATEGORY	1	General race derived from OPHIW_INDICATOR
Leading cause 113 list	HR	4306	LEADINGCAUSE113	2	1-White, 2-Black, 3-American Indian, 4-Asian/Pacific Islander, 9-Unknown
Leading cause 130 list	HS	4308	LEADINGCAUSE130	2	See ICD Cause Groupings 113 document
Geocoded location of death	HT	4310	GEOCODED_LOD_MATCHCODE	\$5	See ICD Cause Groupings 130 document
Geocoded location of death	HU	4315	GEOCODED_LOD_QUALITYCODE	\$5	Geocoded_LOD are the returned Geocode values for the place of death
Geocoded location of death	HV	4320	GEOCODED_LOD_CENSUSSTATE	\$2	
Geocoded location of death	HW	4322	GEOCODED_LOD_OHCOUNTYCODE	\$3	
Geocoded location of death	HX	4325	GEOCODED_LOD_OHCOUNTYNAME	\$10	
Geocoded location of death	HY	4335	GEOCODED_LOD_SCHOOLDISTRICTCODE	\$5	
Geocoded location of death	HZ	4341	GEOCODED_LOD_MUNICIPALCODE	\$5	
Geocoded location of death	HA	4346	GEOCODED_LOD_MUNICIPALNAME	\$30	
Geocoded location of death	HB	4376	GEOCODED_LOD_OHTOWNSHIPCODE	\$5	
Geocoded location of death	HC	4381	GEOCODED_LOD_OHTOWNSHIPNAME	\$20	
Geocoded location of death	ID	4401	GEOCODED_LOD_OHHOUSE02	\$3	Blank
Geocoded location of death	IE	4404	GEOCODED_LOD_OHHOUSE12	\$3	
Geocoded location of death	IF	4407	GEOCODED_LOD_OHSENAITE02	\$3	Blank
Geocoded location of death	IG	4410	GEOCODED_LOD_OHSENAITE12	\$3	
Geocoded location of death	IH	4415	GEOCODED_LOD_OHCONGRESS02	\$2	Blank
Geocoded location of death	II	4417	GEOCODED_LOD_OHCONGRESS12	\$2	
Geocoded location of death	IJ	4417	GEOCODED_LOD_CENSUSTRACT2000	\$6	
Geocoded location of death	IK	4423	GEOCODED_LOD_CENSUSTRACT2010	\$6	
Geocoded location of death	IL	4429	GEOCODED_LOD_CENSUSBLOCK2000	\$4	
Geocoded location of death	IM	4433	GEOCODED_LOD_CENSUSBLOCK2010	\$4	
Geocoded location of death	IN	4437	GEOCODED_LOD_LONGITUDE	\$11	
Geocoded location of death	IO	4448	GEOCODED_LOD_LATITUDE	\$11	
Geocoded location of death	IP	4459	GEOCODED_LOD_ADDRESSOUT	\$60	
Geocoded location of death	IQ	4519	GEOCODED_LOD_CITYOUT	\$30	
Geocoded location of death	IR	4549	GEOCODED_LOD_STATEOUT	\$2	
Geocoded location of death	IS	4551	GEOCODED_LOD_ZIPOUT	\$10	
Geocoded location of death	IT	4561	GEOCODED_LOD_LOCALHEALTHDIST	\$5	
Geocoded location of death	IU	4566	GEOCODED_LOD_MATCHCODE	\$5	
Geocoded location of death	IW	4571	GEOCODED_LOD_QUALITYCODE	\$5	Geocoded_LOI are returned Geocode values for place of injury (when applicable and known)
Geocoded location of death	IY	4578	GEOCODED_LOD_CENSUSSTATE	\$2	
Geocoded location of injury	IW	4578	GEOCODED_LOD_OHCOUNTYCODE	\$3	
Geocoded location of injury	IX	4578	GEOCODED_LOD_OHCOUNTYNAME	\$10	
Geocoded location of injury	IY	4581	GEOCODED_LOD_OHCOUNTYNAME	\$6	
Geocoded location of injury	IZ	4591	GEOCODED_LOD_SCHOOLDISTRICTCODE	\$5	
Geocoded location of injury	JA	4597	GEOCODED_LOD_MUNICIPALCODE	\$5	
Geocoded location of injury	JB	4602	GEOCODED_LOD_MUNICIPALNAME	\$30	
Geocoded location of injury	JC	4632	GEOCODED_LOD_OHTOWNSHIPCODE	\$5	
Geocoded location of injury	JD	4637	GEOCODED_LOD_OHTOWNSHIPNAME	\$20	
Geocoded location of injury	JE	4657	GEOCODED_LOD_OHHOUSE02	\$3	
Geocoded location of injury	JE	4660	GEOCODED_LOD_OHHOUSE02	\$3	
Geocoded location of injury	JG	4663	GEOCODED_LOD_OHSENAITE02	\$3	
Geocoded location of injury	JH	4666	GEOCODED_LOD_OHSENAITE12	\$3	
Geocoded location of injury	JI	4669	GEOCODED_LOD_OHCONGRESS02	\$2	
Geocoded location of injury	JI	4671	GEOCODED_LOD_OHCONGRESS12	\$2	
Geocoded location of injury	JK	4673	GEOCODED_LOD_CENSUSTRACT2000	\$6	
Geocoded location of injury	JL	4679	GEOCODED_LOD_CENSUSTRACT2010	\$6	
Geocoded location of injury	JM	4685	GEOCODED_LOD_CENSUSBLOCK2000	\$4	
Geocoded location of injury	JN	4689	GEOCODED_LOD_CENSUSBLOCK2010	\$4	
Geocoded location of injury	JO	4693	GEOCODED_LOD_LONGITUDE	\$11	
Geocoded location of injury	JP	4704	GEOCODED_LOD_LATITUDE	\$11	
Geocoded location of injury	JQ	4715	GEOCODED_LOD_ADDRESSOUT	\$60	
Geocoded location of injury	JR	4775	GEOCODED_LOD_CITYOUT	\$30	
Geocoded location of injury	JS	4805	GEOCODED_LOD_STATEOUT	\$2	
Geocoded location of injury	JT	4807	GEOCODED_LOD_ZIPOUT	\$10	

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Variable	Column	Position	Field Name	Format	Code structure description
Geocoded location of injury	JU	4817	GEOCODED_LOI_LOCALHEALTHDIST	\$5	
Affidavit added to original death record?	JV	4822	AFFIDAVIT_PRESENT	\$1	Y or blank
Age type	JW	4823	AGE_TYPE	\$15	Literal or 1=Years, 2=Months, 3=Weeks, 4=Days, 5=Hours, 6=Minutes
Alias 1 name	JX	4838	ALIAS_1_NAME	\$100	
Is an alias present?	JY	4938	ALIAS_1_PRESENT	\$1	Y, N, or blank
Alias 2 name	JZ	4939	ALIAS_2_NAME	\$100	
Is an alias 2 present?	KA	5039	ALIAS_2_PRESENT	\$1	Y, N, or blank
Alias 3 name	KB	5040	ALIAS_3_NAME	\$100	
Is an alias 3 present?	KC	5140	ALIAS_3_PRESENT	\$1	Y, N, or blank
Signed by attending physician	KD	5141	ATT_PHY_SIG	\$1	Y or blank
Birth country	KE	5142	BIRTH_COUNTRY	\$50	Literal value, see field BPLACE_CNT for country FIPS code
Did birth occur inside USA?	KF	5192	BIRTH_IN_US	\$1	Y, N, U
Was birth record matched to death record?	KG	5193	BIRTH_MATCHED	\$1	Y, N, or blank
Birth state file number if outside of Ohio	KH	5194	BIRTH_OOS_SFN_OOS	\$13	Out of state birth record Infant death links to YYYYYSFFFFF
Birth district number if in Ohio	KI	5207	BIRTH_PBDN	\$10	Incomplete data, primarily for Infant deaths
Burial permit approval location	KJ	5211	BRL_PMT_APPV_LOC	\$10	
Burial permit approval number	KK	5221	BURIAL_PERMIT_DIST_NUM	\$4	
Burial permit district number	KL	5225	BURIAL_PERMIT_OK_DATE	\$10	
Burial permit provisional requested	KM	5235	BURIAL_PERMIT_PROV_REQ	\$1	
Burial permit reason	KN	5236	BURIAL_PERMIT_REASON_NOT	\$70	
Burial permit registration	KO	5306	BURIAL_PERMIT_REGIST	\$70	
Unique case file number in EDRS	KP	5376	CASE_FILE_NUMBER	\$11	Internal EDRS number
Case started by	KQ	5387	CASE_STARTED_BY	\$50	
Disposition place address	KR	5437	CEM_ADDRESS	\$50	
Disposition place country	KS	5487	CEM_COUNTRY	\$20	
Disposition place country	KT	5507	CEM_COUNTRY	\$40	
Disposition place facility name	KU	5547	CEM_NAME	\$50	
Cemetery grave number	KV	5597	CEM_VET_GRAVE	\$30	
Cemetery lot number	KW	5627	CEM_VET_LOT_NUM	\$30	
Cemetery section number	KX	5657	CEM_VET_SECTION	\$30	
Cemetery zip	KY	5687	CEM_ZIP	\$9	
Certifier first middle last name	KZ	5696	CERT_NAME_FML	\$150	
Certifier title	LA	5846	CERT_TITLE	\$50	
Certifier type in EDRS	LB	5896	CERT_TYPE_CODE	\$1	1 = Paper, 2 = Electronic
Date completed at coroner's office	LC	5897	COR_COMPL_DATE	\$10	MM/DD/YYYY
User who completed record at coroner's office	LD	5907	COR_COMPL_USER	\$30	
Is coroner information complete?	LE	5937	COR_COMPLETE	\$1	Y or blank
Is certifier electronic or paper?	LF	5938	COR_PHY_PAPER	\$1	E or P
Did coroner sign/certify record?	LG	5939	COR_PHY_SIG	\$1	Y or blank
Unique coroner case number	LH	5940	CORONER_CASE_NUM	\$15	Enter in Coroner's format
User name who created the record	LI	5955	CREATE_USERNAME	\$25	
Cremation permit approval indicator	LJ	5980	CREMATION_PERMIT_APPR	\$1	
Cremation permit approved date	LK	5981	CREMATION_PERMIT_DATE	\$10	
Date of death	LL	5991	DATE_OF_DEATH	\$10	MM/DD/YYYY
Date signed by pronouncing certifier	LM	6001	DATE_PRO_SIG	\$10	MM/DD/YYYY
Date pronounced dead	LN	6011	DATE_PRONOUNCED	\$10	MM/DD/YYYY
City of death code	LO	6021	DEATH_CITY_FIPS	\$5	5 digit FIPS code for city of death, literal in field CITYTEXT_D
State of death code	LP	6026	DEATH_STATE_CODE	\$2	OH for deaths in Ohio, blank otherwise (death occurred outside Ohio)
State of death FIPS code	LQ	6028	DEATH_STATE_FIPS	\$2	OH for deaths in Ohio, blank otherwise (death occurred outside Ohio)
Disposition type	LR	6030	DISPOSITION	\$30	Burial, Cremation, Removal from state, Donation, Entombment
Disposition date	LS	6060	DISPOSITION_DATE	\$10	MM/DD/YYYY
Decedent's date of birth string	LT	6070	DOB_STRING	\$10	MM/DD/YYYY
ODH image document ID	LU	6080	DOCUMENTID	\$50	Internal processing variable
Is date of death actual, approximate, court determined or presumed?	LW	6130	DDO_KNOWN	\$20	
Physician signature date (non-coroner)	LX	6150	DDO_SIGNED_DATE	\$10	MM/DD/YYYY
Injury time approximate?	LY	6160	DDOINJURY_KNOW	\$25	Y, N or blank
Date of infection cause was entered in EDRS (non-coroner)	LV	6185	DIR_COMPL_DATE	\$10	MM/DD/YYYY

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Variable	Column	Text	Field Name	Format	Code structure description
User at physician office who entered in EDRS	LZ	6395	DR_COMPL_USER	\$30	Literal value for DEBUC
Education level of decedent	MA	6225	EDUCATION	\$30	Y, N, U, or blank
Ethnicity	MB	6275	ETHNIC_YESNO	\$1	Y, N, U, or blank
Location of death – apartment number	MC	6276	FAC_APT_NO	\$10	State code
Location of death – county code	MD	6286	FAC_CNTRY_NCHS	\$4	State abbreviation
Location of death – state abbreviation	ME	6290	FAC_STATE	\$50	EDRS processing variable
Location of death – ID in EDRS	MF	6340	FACID	\$10	EDRS processing variable
Location of death – facility name	MG	6350	FAC_NAME	\$200	
Location of death – city	MH	6550	FAC_CITY	\$50	
Location of death – county	MI	6500	FAC_COUNTY	\$50	
Location of death – address	MI	6550	FAC_ADDRESS	\$50	
Location of death – zip	ML	6700	FAC_ZIP	\$9	
Location of death – national provider index	ML	6709	FAC_NPI	\$15	Sparingly completed
Location of death – facility code	MM	6724	FAC_INST_CODE	\$10	Unique facility code in EDRS app
Funeral home completed date	MN	6734	FH_COMPL_DATE	\$10	
Funeral home completed by user	MO	6744	FH_COMPL_USER	\$30	
Funeral home complete status	MP	6774	FH_COMPLETE	\$1	
Funeral home director name	MP	6774	FH_COMPLETE	\$1	
Autopsy findings available to complete cause of death?	MQ	6775	FH_DIRECT_NAME	\$50	
Funeral Contact Name	MR	6825	FINDINGS_USED	\$1	Y, N, X or blank
Funeral license number	MS	6826	FUN_CONTACT_NAME	\$50	
Funeral sign details	MT	6876	FUNER_LICENSE	\$20	
Funeral signed date	MU	6896	FUNER_SIGN	\$1	
Funeral home completed date	MV	6897	FUNER_SIGN_DATE	\$10	
Funeral home flag	MW	6907	FUNERAL_HOME_DATE	\$10	
Informant address	MX	6917	FUNERAL_HOME_FLAG	\$1	
Informant apt no	MV	6918	INFORMANT_ADDRESS	\$50	
Informant city	MZ	6968	INFORMANT_APT_NO	\$10	
Informant country	NA	6978	INFORMANT_CITY	\$50	
Informant name	NB	7028	INFORMANT_COUNTRY	\$40	
Informant name	NC	7068	INFORMANT_NAME_F	\$50	
Informant name	ND	7118	INFORMANT_NAME_L	\$50	
Informant name	NE	7168	INFORMANT_NAME_M	\$50	
Informant name	NF	7218	INFORMANT_NAME_SUF	\$10	
Informant state	NG	7228	INFORMANT_STATE	\$50	
Informant zip	NH	7278	INFORMANT_ZIP	\$9	
Informant city FIPS	NI	7287	INURRY_CITY_FIPS	\$5	
Informant country literal	NJ	7292	INURRY_COUNTRY	\$50	
Informant country FIPS	NK	7342	INURRY_COUNTRY_FIPS	\$2	Literal range as entered by certifier
Informant date range	NL	7344	INURRY_DATE_KNOWN	\$25	MM/DD/YYYY
Informant date	NM	7369	INURRY_DATE_STRING	\$10	
Informant location	NN	7379	INURRY_LOCAT	\$100	
Informant location apartment	NO	7479	INURRY_LOCAT_APT_NO	\$10	
Informant location state FIPS	NP	7489	INURRY_STATE_FIPS	\$2	2 letter postal fips cod
Informant location state ID	NQ	7491	INURRY_STATEID	\$10	No data of use here
Informant time approximate?	NR	7501	INURRY_TIME	\$20	
Informant time AM/PM	NS	7521	INURRY_TIME_INDIC	\$10	
Transportation injury?	NT	7531	INURRY_TIME_MIL	\$5	Y, N, U or blank
Informant location zip	NU	7536	INURRY_TRANSP	\$1	
Informant location zip	NV	7537	INURRY_ZIP	\$9	
Informant flag	NW	7546	INT_SENT	\$1	EDRS processing variable
Local file number	NX	7547	LOCAL_FILE_NUMBER	\$15	Unique EDRS record number
Local registrar number	NY	7562	LOCAL_REG_NUMBER	\$15	Unique death record number used by local health depts
Manner of death ID (this does not line up with Manner, users should use Manner, this is a processing variable)	NZ	7577	MANNER_DEATHID	\$10	

- 1
- 2
- 3
- 4
- 5
- 6



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Variable	.CSV Column	Position	Field Name	Format	Code structure description
Name of user who last modified the record	OA	7587	MODIFY_USER_NAME	\$50	
ID of user who last modified the record	OB	7637	MODIFY_USERID	\$10	8 Natural
Date sent to NCHS	OC	7647	NCHS_DATE	\$10	
NCHS flag	OD	7657	NCHS_FLAG	\$1	
Pending investigation?	OE	7658	PEND_INVESTGAT	\$1	Y, N
Disposition permit number	OF	7659	PERMIT_NUMBER	\$15	
Disposition permit printed date	OG	7674	PERMIT_PRINT_DATE	\$10	
EDRS unique code for physician location	OH	7684	PHY_LOC_CODE	\$8	EDRS processing variable
EDRS description of physician location	OI	7692	PHY_LOCATION	\$50	
Place of death description	OJ	7742	PLACE_DEATH	\$40	Literal entry similar to the code DPLACE Y, N
Place of death inside city?	OK	7782	PLACE_DEATH_IN_CITY	\$1	Y, N
Race not obtainable?	OL	7783	RACE_NOT_OBTAINABLE	\$1	N
Race refused?	OM	7784	RACE_REFUSE	\$1	N
Race unknown?	ON	7785	RACE_UNKNOWN	\$1	N
Record status	OO	7786	RECORD_STATUS	\$30	Filed or Registered
Status of medical info	OP	7816	RECORD_STATUS_MED	\$30	Complete or Paper
Status of personal info	OQ	7846	RECORD_STATUS_PERS	\$30	Complete or Pending
Local registrar reason rejected	OR	7876	REG_REASON	\$75	Local registrar processing variable
Local registrar filed?	OS	7951	REG_SIG	\$1	Y
Local registrar district number	OT	7952	REGISTRAR_DIST_NO	\$4	
Local registrar name	OU	7956	REGISTRAR_NAME	\$50	
Local registrar umbrella PRDN code	OV	8006	REGISTRAR_UMB_PRDN	\$4	
Supplementary medical info present?	OW	8010	SUPPLEMENT_PRESENT	\$1	EDRS processing variable, Y or blank
Time of death	OX	8011	TIME_OF_DEATH_AP	\$4	Not in military time format
Time of death indicator	OY	8015	TIME_OF_DEATH_AP_IND	\$2	Blank, AM or PM
Time of death range	OZ	8017	TIME_OF_DEATH_RANGE	\$25	Can be a range in time (e.g., Early AM) when exact time not known
Trade call funeral home address	PA	8042	TRADE_ADDRESS	\$50	
Trade call funeral home used	PB	8092	TRADE_CALL	\$200	
Trade call funeral home city	PC	8292	TRADE_CITY	\$50	
Trade call funeral home state	PD	8342	TRADE_STATE	\$50	
Trade call funeral home used	PE	8392	TRADE_YN	\$1	
Trade call funeral home zip	PF	8393	TRADE_ZIP	\$10	
User location	PG	8403	USERLOCATION	\$10	
Signed by VS clerk	PH	8413	VS_CLERK_SIGNED	\$1	Y if the handwritten cause was data entered by a state VS clerk
Data signed by VS clerk	PI	8414	VS_CLERK_SIGNED_DATE	\$10	Date the handwritten cause was entered by a state VS clerk
ICD code	PK	8424	RAC_ICDCODE1	\$4	ICD 10 codes for the decedent are listed here
ICD code	PL	8428	RAC_ICDCODE2	\$4	
ICD code	PM	8432	RAC_ICDCODE3	\$4	
ICD code	PN	8436	RAC_ICDCODE4	\$4	
ICD code	PO	8440	RAC_ICDCODE5	\$4	
ICD code	PP	8444	RAC_ICDCODE6	\$4	
ICD code	PQ	8448	RAC_ICDCODE7	\$4	
ICD code	PR	8452	RAC_ICDCODE8	\$4	
ICD code	PS	8456	RAC_ICDCODE9	\$4	
ICD code	PT	8460	RAC_ICDCODE10	\$4	
ICD code	PU	8464	RAC_ICDCODE11	\$4	
ICD code	PV	8468	RAC_ICDCODE12	\$4	
ICD code	PW	8472	RAC_ICDCODE13	\$4	
ICD code	PX	8476	RAC_ICDCODE14	\$4	
ICD code	PY	8480	RAC_ICDCODE15	\$4	
ICD code	PZ	8484	RAC_ICDCODE16	\$4	
ICD code	QA	8488	RAC_ICDCODE17	\$4	
ICD code	QB	8492	RAC_ICDCODE18	\$4	
ICD code	QC	8496	RAC_ICDCODE19	\$4	
ICD code	QD	8500	RAC_ICDCODE20	\$4	
VER_SM	QD	8504	VER_SM	\$4	NCHS version number of Superimical

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Variable	Column	Position	Field Name	Format	Code structure description
Violent death case finding?	QM	8576	ViolentDeathCasefinding	\$30	Derived from ICD code, for use by Ohio Violent Death Reporting System, values like "Suicide"
External Injury Indicated?	QN	8606	ExternalInjuryInd	\$3	Derived from ACME_UC ICD code by CDC Injury matrix program, yes or no
External Injury Mechanism	QO	8609	ExternalInjuryMechanism	\$50	Derived from ACME_UC ICD code by CDC Injury matrix program, Natural or other value
External Injury Mechanism Group	QP	8659	ExternalInjuryMechanismGroup	\$50	Derived from ACME_UC ICD code by CDC Injury matrix program, Natural or other value
External Injury Intent (similar to manner, but based on ACME_UC)	QQ	8709	ExternalInjuryIntent	\$30	Derived from ACME_UC ICD and is similar to Manner, provided by certifier
Diabetes Indicator	QR	8759	DiabetesInd	\$3	No or Yes if indicated by specific ICD code
Chronic disease Indicator	QS	8762	ChronicDiseaseInd	\$3	No or Yes if indicated by specific ICD code
Age/Injury	QT	8765	AgeBirth	5	Age group values 1-0-14, 2-15-17, 3-18-19, 4-20-24, 5-25-29, ... 8-40-44, 9-45+
Alcohol induced Indicator	QU	8770	AlcoholInducedInd	\$3	No or Yes if ICD code T51.0 - 51.9
Drug induced Indicator	QV	8773	DrugInducedInd	\$3	No or Yes if ICD code T40.1 - T41.1, T42.3, T42.4, T51.0, T51.1, T51.9
Enterococcal C Find	QW	8776	EnterococcalCFind	\$3	No or Yes if indicated by specific ICD code
Heroin Indicator	QX	8779	HeroinInd	\$3	No or Yes if ICD code T40.1
Benzodiazepines Indicated	QY	8782	BenzosInd	\$3	No or Yes if ICD code T42.4
Other opioids Indicated	QZ	8785	OtherOpioidsInd	\$3	No or Yes if ICD code T50.9
Methodone Indicated	RA	8788	OtherOpioidsInd	\$3	No or Yes if ICD code T40.2
Other Synthetic Narcotic Indicated	RB	8791	OtherSyntheticInd	\$3	No or Yes if ICD code T40.3
Cocaine Indicated	RC	8794	OtherSyntheticInd	\$3	No or Yes if ICD code T40.4
Other narcotic Indicated	RD	8797	CocaineInd	\$3	No or Yes if ICD code T40.5
Hallucinogen Indicated	RE	8800	OtherNarcInd	\$3	No or Yes if ICD code T40.6
Barbiturates Indicated	RF	8803	HallucinInd	\$3	No or Yes if ICD code T40.7, T40.8, T40.9
Ethanol Indicated	RG	8806	BarbituratesInd	\$3	No or Yes if ICD code T42.3
Methanol Indicated	RH	8809	EthanolInd	\$3	No or Yes if ICD code T51.0
Alcohol unspecified	RI	8812	MethanolInd	\$3	No or Yes if ICD code T51.1
Opiates Indicated	RJ	8815	AlcUnspInd	\$3	No or Yes if ICD code T51.9
Prescription opiates Indicated	RK	8818	OpiatesInd	\$3	No or Yes if ICD code T40.0 - T40.4, T40.6
Fentanyl and Analogs Indicated	RL	8821	PresOpiatesInd	\$3	No or Yes if ICD code T40.2 - T40.4, T40.6
Carfentanyl Indicated	RM	8824	FentanylInd	\$3	No or Yes if Fentanyl was found in literal COD. Excludes 'carfentanyl'
Psychostimulants with abuse potential Indicator	RN	8827	FentanylAnalogsInd	\$3	No or Yes if 'Fentanyl' or analogues including 'carfentanyl' in literal COD.
Commonly Prescribed Opioids Indicated	RO	8830	CarfentanylInd	\$3	No or Yes if 'carfentanyl' was found in literal COD.
Age ODRS	RP	8833	MethamphetamineInd	\$3	No or Yes if ICD code T43.6
Age EHAHS	RQ	8836	DesignerOpioidInd	\$3	No or Yes if U-47700, U-504888, W-18, AH-7921, or MT-45 in literal COD.
Age Youth	RR	8839	CommonlyPrescribedOpioidInd	\$3	No or Yes if ICD code T40.2 or T40.3
MMWR Epidemiologic Year	RS	8842	AgeODRS	5	Age group values 1-9-0-4, 5-9-10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+
MMWR Epidemiologic Week	RT	8847	AgeEHAHS	5	Age group values 1-12-0-12, 13-14, 15-19, 20-24, ... 50-54, 55-64, 65+
Occupation - Code	RU	8852	AgeYouth	5	Age group values 0-6-D=neonates, 1=postneonates, 2=1-4, 3=5-9, 4=10-14, 5=15-17, 6=18+
Industry - Code	RV	8857	MMWRYear	4	CDC constructed year for epidemiologic use, close but not the calendar year
	RW	8861	MMWRWeek	2	CDC constructed week for epidemiologic use, values range from 1-53, usually 52 per year
	RX	8863	OCCUPC4	\$4	Occupation codes from NIOSH, 2010 version
	RY	8867	INDUSTC4	\$4	Industry codes from NIOSH, 2012 version

Important: the data view is a smaller file, with fewer fields as compared to the large download file

## DataOhio Data Description: ImpactSIIS COVID-19 Vaccination Data

Patient- and Vaccination event-level level data included in DataOhio portal datasets

Core Data Elements	Description
<b>Patient / Vaccine Recipient Information</b>	
RECIP_ID	Unique ImpactSIIS patient ID for vaccine recipient
RECIP_FIRST_NAME	Patient first name
RECIP_MIDDLE_NAME	Patient middle name
RECIP_LAST_NAME	Patient last name
RECIP_DOB	Patient date of birth (Format: YYYY-MM-DD)
RECIP_DOD	Patient deceased date (Format: YYYY-MM-DD)
RECIP_SEX	Patient sex (Format: M=male, F=female, O=other, U=unknown)
RECIP_RACE_1	Patient race 1 (most recently submitted race first)
RECIP_RACE_2	Patient race 2
RECIP_RACE_3	Patient race 3
RECIP_ETHNICITY	Patient ethnicity
RECIP_LANGUAGE	Patient primary language
RECIP_TPO_DESCR	Target population/occupation of recipient, for pandemic response
RECIP_ADDRESS_STREET	Patient primary address street (e.g., 123 Main St.)
RECIP_ADDRESS_STREET_2	Second line of patient primary address street (e.g., Apt B)
RECIP_ADDRESS_CITY	Patient primary address city
RECIP_ADDRESS_STATE	Patient primary address state
RECIP_ADDRESS_ZIP	Patient primary address postal/zip code
RECIP_ADDRESS_COUNTY	Patient primary address county Name
RECIP_ADDRESS_COUNTY_FIPS	Patient primary address county FIPS (e.g., 39xxx for Ohio counties)
RECIP_PHONE	Patient primary (most recent) phone number
RECIP_EMAIL	Patient primary email
<b>Vaccination Information</b>	
VACC_EVENT_ID	Unique ID for vaccination event
VACC_DATE	Date vaccination was given to patient (Format: YYYY-MM-DD)
VACC_CVX	CVX code for vaccine

RELATOR'S EXHIBIT

**B**

VACC_MVX	Manufacturer code for vaccine
VACC_NAME	Name of vaccine
VACC_HISTORICAL	Dose reported as historical (Y=Historical, N=Administered)
VACC_DOSE_NUMBER	Covid-19 vaccine Dose number
VACC_FUNDING_SOURCE	Vaccine funding source (e.g., Pandemic, VFC)
<b>Provider Information</b>	
PROVIDER_ORG_SITE_TYPE	Administering/Reporting Organization Type (e.g., LHD, Pharmacy)
PROVIDER_ORG_ID	Administering/Reporting Organization ID
PROVIDER_ORG_NAME	Administering/Reporting Organization Name
PROVIDER_FACILITY_NAME	Administering/Reporting Facility Name
PROVIDER_FACILITY_ZIP	Zip code of administering/reporting Facility
IIS_VINTAGE	ImpactSIS data "as of date"

*Each record (row) represents 1 vaccination event. If the person received >1 covid-19 dose, their demographic info is repeated on each row.*

**Thomas Connors**

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**From:** Kathryn Huwig <khuwig@gmail.com> on behalf of Kathryn Huwig  
**Sent:** Friday, May 19, 2023 4:40 PM  
**To:** Tom Connors  
**Subject:** Fwd: Public Records Request

Begin forwarded message:

**From:** "Socrates.Tuch@odh.ohio.gov" <Socrates.Tuch@odh.ohio.gov>  
**Subject:** RE: Public Records Request  
**Date:** May 19, 2023 at 4:19:47 PM EDT  
**To:** Kathryn Huwig <khuwig@gmail.com>

Ms. Huwig,

Broad, categorical requests, even when time limited, such as the one you made, are overbroad. The systems are person-based and information is recalled by person. If are requesting information for a specific person or persons, feel free to pursue the procedures outlined previously.

On behalf of the Department, I'm sorry the Department could not assist you further.

Sincerely,

*Socrates Tuch*

Socrates H. Tuch  
Senior Counsel/Privacy Officer  
Ohio Department of Health



Department of Health

**For information about COVID-19:**

[coronavirus.ohio.gov](https://coronavirus.ohio.gov)  
1-833-4-ASK-ODH

---

**From:** Kathryn Huwig <khuwig@gmail.com>  
**Sent:** Friday, May 19, 2023 3:22 PM  
**To:** Tuch, Socrates <Socrates.Tuch@odh.ohio.gov>  
**Subject:** Re: Public Records Request

Mr. Tuch,

Thanks for the point you are making. I believe it brings to the fore a misunderstanding which is leading to an unnecessary dispute.



The first request I am making is for a report from a database, which you contend is the creation of a record. I realize we differ on that, and that you are not willing to provide it.

However, my second request is for the 2021 ODMF and the 2021 CVD, which already exist as compilations of information from public records, and which are therefore themselves public records subject to disclosure under R.C. 149.43. Since they are existing records, there is no viable argument that your office would have to create a new record.

Given this clarification, I would ask you to reassess my second request since limiting the request to a one-year period should resolve your concern that the request is overbroad. Further I am willing to consider further revisions if you provide information regarding how these records are maintained. As discussed, surely there is a way that you can provide file or folder descriptions or similar information, without disclosing critical computer system configurations.

Again, I remain committed to work with you to resolve any issues in a manner consistent with the Public Records Act.

Thank you,  
Kathryn Huwig

On May 19, 2023, at 12:34 PM, [Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov) wrote:

Ms. Huwig,

The Department understands your statement:

I would clarify again that I am requesting “a compilation of information gathered from public records [which] is a separate public record subject to disclosure under R.C. 149.43.” *Kish v. Akron*, 109 Ohio St. 3d 162, 168-69 (2006).

However, a careful reading of the *Kish* case makes clear that a public office is not obligated to create such a compilation in the first instance. If the public office creates a compilation, then that compilation is a public record. As repeatedly stated, no such compilation exists and ODH declines to create it.

After reviewing the below email exchange, and for the reasons stated therein, it appears that the Ohio Department of Health cannot accommodate your data request.

If you have future matters or concerns, feel free to contact me.

Sincerely,

*Socrates H. Tuch*

Socrates H. Tuch, MA, JD, CPM  
Senior Counsel/Privacy Officer  
Ohio Department of Health

246 North High Street  
Columbus, OH 43215  
(614) 466-4882

<image001.jpg> For information about COVID-19:

[coronavirus.ohio.gov](https://coronavirus.ohio.gov)  
1-833-4-ASK-ODH

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**From:** Kathryn Huwig <[khuwig@gmail.com](mailto:khuwig@gmail.com)>  
**Sent:** Friday, May 19, 2023 12:13 PM  
**To:** Tuch, Socrates <[Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov)>  
**Subject:** Re: Public Records Request

Mr Tuch,

I appreciate your patience in working through these issues and clarifying matters to avoid unnecessary disputes. It is very helpful that you acknowledged that you can redact what you consider to be exempt and provide the non-exempt information. I realize that that doesn't resolve our difference on whether a report from a database is creating a new record. However, it does mean that you can provide the Ohio Mortality Download File ("OMDF") and the ImpactSIIS COVID-19 Vaccination Dataset ("CVD") with redactions.

Unfortunately, we still have the issue as to whether a request for the OMDF and the CVD for certain years is improperly overbroad. To accommodate your concern on this point, I will revise my request for these records and request the OMDF and the CVD only for the year 2021.

I would consider accommodating further, but you have not provided a sufficient explanation of how these records are maintained for me to do so. Your position that file or folder descriptions for these computer records would disclose critical computer system configurations is not reasonable. Such information is equivalent to the indexing and file folders used for paper records. Given that computer records are replacing paper records, your position would effectively override the statutory duty of public offices to inform citizens how public records are maintained so they can revise their record requests.

I would clarify again that I am requesting "a compilation of information gathered from public records [which] is a separate public record subject to disclosure under R.C. 149.43." *Kish v. Akron*, 109 Ohio St. 3d 162, 168-69 (2006). The OMDF and the CVA are public records, subject to disclosure, and my request for these records for the year 2021 can't be fairly characterized as a request for a data dump. I would even consider further revising the request if you would explain how the records are maintained in folders and data files. I am not requesting paper records, which are rapidly becoming obsolete. I remain open and willing to work with you to resolve any issues in a manner consistent with the Public Records Act.

Thank you,  
Kathryn Huwig

On May 18, 2023, at 2:28 PM, [Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov) wrote:

Ms. Huwig,

As explained, these are person-based systems and are indexed (categorized) accordingly.

What you are now requesting with your question about the file structure is an infrastructure record. "Infrastructure record" means any record that discloses the configuration of critical systems including, but not limited to, communication, computer, electrical, mechanical, ventilation, water, and plumbing systems, security codes, or the infrastructure or structural configuration of a building. R.C. 149.433(A). This is not public record and not subject to mandatory release or disclosure pursuant to R.C. 149.43. R.C. 149.433(B)(1). The file structure is part of the system configuration, and the Department declines to discuss the matter.

With respect, the Department is not required to create the custom report (data abstract) you originally requested and since the custom report does not exist, the Department does not have a responsive record for your original request. Your original request included data fields that could be used to identify the individual who is the subject of the information. These data fields include, but are not limited to, zip code, race, and date of birth. Even if these fields were removed, your request is still for a custom report that does not exist. And, as the requested report would not document the activities of ODH, there is no legal obligation for ODH to create such a custom data report.

Your subsequent request for what is colloquially referred to as a "data dump" is improperly overbroad. If you wish to review individual death certificates, you can visit a local health department vital statistics office and provide office with the name of the individual whose death is of interest. If you wish to obtain a certified copy, you will need to pay the fee prior to receipt of the copy. If you wish to obtain an immunization record, you will need the authorization of the individual who is subject of the information. If you obtain a HIPAA-compliant authorization, you can direct it to my attention, and I communicate with the appropriate personnel in providing you with the record.

Sincerely,

*Socrates Tuch*



Socrates H. Tuch  
Senior Counsel/Privacy Officer  
Ohio Department of Health

<image001.jpg> **For information about COVID-19:**  
[coronavirus.ohio.gov](https://coronavirus.ohio.gov)  
1-833-4-ASK-ODH

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**From:** Kathryn Huwig <khuwig@gmail.com>  
**Sent:** Thursday, May 18, 2023 11:21 AM  
**To:** Tuch, Socrates <Socrates.Tuch@odh.ohio.gov>  
**Subject:** Re: Public Records Request

Mr. Tuch,

So, you are saying that the Ohio Mortality Download File ("OMDF") (as well as the Vaccination Dataset) involves multiple records. Then, I need to know how these records are maintained to revise my request for these records to avoid your concern that it is overbroad. The general convention for maintaining computer records is storing information in a data file, which is contained in a folder or subfolder. The files could be maintained in different categories, such as by year, or location, or categories of persons. I need to know the folder and file structures and descriptions. I also need to know your office's convention regarding which categories are considered distinct records and which are considered information within a record (i.e. fields) so I can revise my request appropriately.

I am aware that your office considers providing a report from a database as being creation of a new record. While I do not share that view, I am attempting to accommodate to avoid an unnecessary dispute, by obtaining the OMDF and Vaccination Dataset for certain years. Unfortunately, this has led to your concern that such a request is overbroad. Fortunately, the Ohio Legislature has provided a way for us to resolve that issue by requiring public offices to inform requesters of the manner in which records are maintained. As I'm sure you will agree, it is steps like this that avoid unnecessary disputes and the resulting wasted time and resources spent in court proceedings. Thank you for your efforts in this regard.

Kathryn Huwig

On May 17, 2023, at 4:51

PM, [Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov) wrote:

Ms. Huwig,

As previously explained, these are multiple records. And, as previously explained, the Department is not obligated to create custom reports or records and declines to do so. I was offering an alternative method of possibly obtaining the data you seek. I believe you are aware of the Ohio Department of Health's public warehouse. It has deidentified death data but no immunization data.

Sincerely,

*Socrates Tuch*

Socrates H. Tuch  
Senior Counsel/Privacy Officer  
Ohio Department of Health

<image001.jpg> **For information about COVID-19:**  
[coronavirus.ohio.gov](https://coronavirus.ohio.gov)  
1-833-4-ASK-ODH

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**From:** Kathryn Huwig <[khuwig@gmail.com](mailto:khuwig@gmail.com)>  
**Sent:** Wednesday, May 17, 2023 4:30 PM  
**To:** Tuch, Socrates <[Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov)>  
**Subject:** Re: Public Records Request

Mr. Tuch,

I understand that you don't consider the individual date fields to be records. That's why I asked you in accordance with your duty under R.C. 149.43(B)(2) to describe the manner in which the relevant records are maintained by your office, so that I can revise my request. I need to know how your office categorizes the Ohio Mortality Download File ("OMDF") and the ImpactSIIS Covid-19 Vaccination Dataset ("ICVD") with regard to whether it is a single record, multiple records or part of a larger record.

As I'm sure you're aware "a compilation of information gathered from public records is a separate public record subject to disclosure under R.C. 149.43." *Kish v. Akron*, 109 Ohio St. 3d 162, 168-69 (2006). You say that my request for the OMDF and the ICVD for certain years is overbroad. Alright, then please describe how the

records are categorized, so I can revise my request to avoid that. If there are multiple records in the OMDF and ICVD, let me know what they are, so I can form my request accordingly. If they are individual records and do not contain multiple records, then I won't be overbroad since I will be asking for the only record that exists.

You say that I am asking for records that include personally identifiable information. I have specifically asked you to provide all information that is not exempt, and that you redact what you consider to be exempt as R.C. 149.43(B)(1) specifically allows (subject of course to my right to challenge incorrect redactions). Given the scope of my request, I have not asked for personally identifiable information, since your office will be redacting it.

You suggest that I am seeking a research dataset for which a public records request is ill-suited. However, R.C. 149.43(B)(4) precludes you from limiting the availability of public records based on what you believe is the intended use of the requested public records.

I would emphasize that I need you to describe the manner in which the requested records are maintained i.e. whether they are categorized as a single record, multiple records or part of a larger record in order to revise my request.

I look forward to hearing from you.  
Kathryn Huwig

On May 17, 2023, at 1:56  
PM, [Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov) wrote:

Ms. Huwig,

Individual data fields or data points are not records. They do not, in and of themselves, serve "to document the organization, functions, policies, decisions, procedures, operations, or other activities of the office." A death

certificate is a record. It may be viewed, and or a certified copy may be requested, at any local vital statistics registrar's office. R.C. 3705.23(A)(1). That an individual death certificate may be view and or obtained in this matter does not render the entire death database public record. Please see the *Walsh* case cited in the original response. An immunization record is protected health information and can only be obtained with the written authorization of the person who is the subject of the information. R.C. 3701.17(B). These are person-based systems, and the records are indexed accordingly. As indicated previously, your request has been for specific data rather than records. You then want the data organized into a specific record that meets your interests. Accordingly, your request is for a document which does not exist and does not serve to document the activities of ODH. Therefore, ODH is not obligated to create a document solely to satisfy the interest of a requester. R.C. 149.40

The modification you propose is predicated on a complete reproduction of an entire data set. Such "any and all records" requests are vague and overbroad. See Ohio R.C. 149.43(B)(2); see also, *State ex rel. Zidonis v. Columbus State Cmty. College*, 133 Ohio St.3d 122, 2012- Ohio-4228, 976 N.E.2d 861, ¶ 21; and *State ex rel. Zauderer v. Joseph*, 62 Ohio App.3d 752 (10th Dist. 1989). The courts have also found a request overly broad when it seeks what amounts to a complete duplication of a major category of a public office's records. See, e.g., *State ex rel. Dillery v. Icsman*, 92 Ohio St.3d

312, 2001-Ohio-193, 750 N.E.2d 156 (request for all records “containing any reference whatsoever” to requester was overly broad); *Kanter v. City of Cleveland Hts.*, Ct. of Cl. No. 2018-01092PQ, 2018-Ohio-4592, ¶ 8-12 (holding that a request for all “communications, messages, schedules, logs, and documents shared” regarding requester between City of Cleveland Heights and a newspaper for a specific date range was overbroad); *Gupta v. City of Cleveland*, Ct. of Cl. No. 2017-00840PQ, 2018-Ohio-3475, ¶ 25 (holding requests for “entire categories of records, such as ‘complaints,’ ‘reports of safety violations,’ ‘communications,’ and ‘emails’” with no time specification or for multiple years overly broad). Accordingly, the Department cannot comply with your request.

It appears you may be seeking some manner of research dataset. If this is so, the Ohio Public Records Law is ill-suited for obtaining such a dataset. The Ohio Department of Health has a process for receiving and review such requests. The process involves, in part, a review of the request by the impacted program(s), the ODH Data Governance Committee and the ODH Institutional Review Board.

If you wish to amend or modify your request, or if you wish to explore the research dataset process, feel free to let me know and I refer you to the appropriate personnel.

Sincerely,

*Socrates Tuch*

Socrates H. Tuch  
Senior Counsel/Privacy Officer  
Ohio Department of Health

<image001.jpg> **For information  
about COVID-19:**

[coronavir](#)

[us.ohio.gov](#)

1-833-4-

ASK-ODH

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**From:** Kathryn Huwig  
<[khuwig@gmail.com](mailto:khuwig@gmail.com)>  
**Sent:** Wednesday, May 17, 2023 12:01  
PM  
**To:** Tuch, Socrates  
<[Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov)>  
**Subject:** Re: Public Records Request

Mr. Tuch,

R.C. 149.43(B)(2) requires that you shall provide me with an opportunity to revise my request by informing me of the manner in which records are maintained by your office and accessed in the ordinary course of your office's duty. You're telling me that you don't consider the fields that I have requested to be separate records. So please tell me how you maintain your office's records related to the Ohio Mortality Download File ("OMDF") and the ImpactSIS Covid-19 Vaccination Dataset. Is your office maintaining the OMDF and ICVD as single records or as multiple records (or possibly as part of a larger record). If they are maintained as multiple records, please describe how these records are categorized so that I may revise my request. As your namesake, Socrates, has told us "The beginning of wisdom is the definition of terms."

You have also said that my request includes protected health information. R.C. 149.43(B)(1) provides that if requested records include exempted information that your office provide all requested information that

is not exempt and notify me of any redaction or make redactions plainly visible. I would therefore request that you provide all non-exempted information or make any redactions plainly visible.

To resolve the issues you describe, I am revising my request to include the entire OMDF and ICVF database record(s) for the years and in the file format originally requested. I understand that you may redact what you consider to be exempted and I will address that matter as appropriate. I would maintain my request for information regarding the manner in which such records are maintained as described above, to inform me regarding any other issue that may arise.

Thank you for your prompt attention,  
Kathryn Huwig

On May 16, 2023, at  
3:00  
PM, [Socrates.Tuch@odh.ohio.gov](mailto:Socrates.Tuch@odh.ohio.gov) wrote:

Ms. Huwig,

After a careful review of your below records request, the Ohio Department of Health has determined that no responsive record exists and, for the reasons articulated below, declines to create a record matching your description.

Please note that your request identifies information you are seeking, rather than specific, existing records of the Ohio Department of Health. The Ohio Public Records Act provides for access to records, but it does not obligate a public office to search for records containing selected information. *State ex rel. Fant v. Tober*, 8th Dist. No. 63737 (Apr. 28, 1993), 1993 Ohio App. LEXIS 2591, aff'd 68 Ohio St.3d 117 (1993). Further, a public office is under no duty to create new records by searching for and compiling information that may be of interest to the requester. *State ex rel. White v. Goldsberry*, 85 Ohio St.3d 153, 707 N.E.2d 496 (1999). The information systems you identified are not single records. Instead, they are compilations of existing records. R.C. 1347.01(F). Accordingly, information in a database or information system must be "compiled



and organized in a document created by a public official” to constitute a public record. *State, ex.re. Cincinnati Post, v. Schweikert*, (1988) 38 Ohio St. 3d 170, , 527 N.E.2d 1230, syllabus ¶ 1. This compilation of information must already exist for that compilation to be a public record. *State ex rel. Scanlon v. Deters*, 45 Ohio St. 3d. 376, 379, 544 N.E.2d 680 (1989).

Be advised that individually identifiable health information that may be in the possession of the Department will not be provided without specific authorization from the individual who is the subject of the information. R.C. 3701.17. Protected health information is any “information, in any form, . . . that describes an individual’s past, . . . physical or mental health status or condition . . . if either of the following applies.”  
1) the information reveals the identity of the individual who is the subject of the information; or 2) the information could be used to reveal

the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information. R.C. 3701.17(A)(2). Information that is in a summary, statistical or aggregate form and that does not identify an individual is a public record and, upon request, shall be released by the Director of Health. R.C. 3701.17(C). A general authorization for the release of medical or other information is not sufficient for the release of information pursuant to R.C. 3701.17. Generally, the Department does not confirm or otherwise comment upon or discuss information in a manner that would identify an individual. To this end, after evaluating your data request, the Department has determined that the requested information could be used to reveal the identify of the individual who is the subject of the

information and therefore, you are requesting protected health information, the release of which is prohibited by law. *Walsh v. Ohio Dep't of Health*, 2022 Ohio 272, 183 N.E.3d 1281 (Ohio Ct. App. 2022).

With this email, the Ohio Department of Health considers your request responded to and will close its file. If you have any question, feel free to contact me.

Sincerely,

*Socrates H. Tuch*

Socrates H. Tuch,  
MA, JD, CPM  
Senior  
Counsel/Privacy  
Officer  
Ohio Department of  
Health  
246 North High  
Street  
Columbus, OH  
43215  
(614) 466-4882

<image001.jpg> For  
information about  
COVID-19:

[coronavirus.ohio.gov](https://coronavirus.ohio.gov)

1-833-4-ASK-ODH

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**From:** Kathryn Huwig  
<[khuwig@gmail.com](mailto:khuwig@gmail.com)>  
**Sent:** Friday, May 12,

2023 11:33 AM  
**To:** Tuch, Socrates  
<Socrates.Tuch@odh.ohio.gov>  
**Subject:** Public Records Request

Hello Mr. Tuch,

I am making a public records request for mortality records (data) contained in the Ohio Mortality Download File accessible in the ODH Electronic Death Reporting System (EDRS) database and the EnterpriseDatawarehouseSecure database and vaccination records (data) from Ohio's ImpactSIIS COVID-19 Vaccination dataset. I request that these records be provided in a csv file format with column headings (electronic records).

**From the ImpactSIIS COVID-19 Vaccination Database I am requesting all records contained in the following fields for the years 2020, 2021, 2022 and 2023:**

RECIP\_ID  
RECIP\_DOB  
RECIP\_DOD  
RECIP\_SEX  
RECIP\_RACE\_1  
RECIP\_RACE\_2  
RECIP\_RACE\_3  
RECIP\_TPO\_DESCR  
RECIP\_ADDRESS\_ZIP  
RECIP\_ADDRESS\_COUNTY

RECIP\_ADDRESS\_COUNTY\_FIPS  
VACC\_EVENT\_ID  
VACC\_DATE  
VACC\_CVX  
VACC\_MVX  
VACC\_NAME  
VACC\_HISTORICAL  
VACC\_DOSE\_NUMBER  
VACC\_FUNDING  
SOURCE  
PROVIDER\_ORG\_SITE\_TYPE  
PROVIDER\_ORG\_ID  
PROVIDER\_ORG\_NAME  
PROVIDER\_FACILITY\_NAME  
PROVIDER\_FACILITY\_ZIP  
IIS\_VINTAGE

**From ODH's EDRS and EnterpriseDatawarehouseSecure, I am requesting all records contained in the following fields from years 2017, 2018, 2019, 2020, 2021, 2022 and 2023:**

DoD\_Yr  
Sex  
Age  
DoB\_Yr  
DoB\_Mo  
DoB\_Dy  
CityC  
CountyC  
StateC  
CountryC  
Limits  
Marital  
DPLACE  
CoD  
DoD\_Mo  
DoD\_Dy  
ToD  
Manner  
Man\_UC  
ACME\_UC  
EAC  
AUTOP  
AUTOPF  
DINSTI  
CityText\_R  
ZIP9\_R  
CountyText\_R  
DEthnicE

NCHSBridge  
CoD1A  
Interval1a  
CoD1B  
Interval1B  
CoD1C  
Interval1C  
CoD1D  
Interval1D  
OtherCondition  
FileDate  
Pandemic\_Reason  
Immed\_Cause\_Pandemic  
Consq1\_Pandemic  
Consq2\_Pandemic  
Consq3\_Pandemic  
Oth\_Signf\_Conds\_Pande  
mic  
Age\_In\_Years  
Hispanic  
OPHIW\_CATEGORY  
LeadingCause113  
LeadingCause130  
DATE\_OF\_DEATH  
RAC\_ICDCode1  
RAC\_ICDCode2  
RAC\_ICDCode3  
RAC\_ICDCode4  
RAC\_ICDCode5  
RAC\_ICDCode6  
RAC\_ICDCode7  
RAC\_ICDCode8  
RAC\_ICDCode9  
RAC\_ICDCode10  
RAC\_ICDCode11  
RAC\_ICDCode12  
RAC\_ICDCode13  
RAC\_ICDCode14  
RAC\_ICDCode15  
RAC\_ICDCode16  
RAC\_ICDCode17  
RAC\_ICDCode18  
RAC\_ICDCode19  
RAC\_ICDCode20  
CancerDeath  
TBIInd  
DiabetesInd  
ChronicDiseaseInd  
DrugIndusedInd  
HeroinInd  
OthOpioidInd  
PresOpiateInd  
FentanylInd  
FentanylAnaloguesInd  
CarfentanilInd  
MethamphetamineInd  
CommonlyPrescribedOpioidsInd

Thank you for your prompt  
attention,  
Kathryn Huwig

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## Thomas Connors

---

**From:** Socrates.Tuch@odh.ohio.gov  
**Sent:** Tuesday, June 6, 2023 1:09 PM  
**To:** Thomas Connors  
**Cc:** Kathryn Huwig  
**Subject:** RE: Kathryn Huwig's May 2023 Records Requests

Mr. Connors,

Thank you for reaching out. Ms. Huwig insisted on requesting custom reports that included PHI. ODH will not repeat the previous email exchange with Ms. Huwig since it appears you have read them. However, as a summation, Ms. Huwig is not entitled to obtain PHI as a public record and ODH is under no obligation to perform custom searches of its data systems in order to create previously non-existent custom reports. That ODH may have, as a courtesy, used system-external, third-party software to create a custom report in the past does not obligate ODH to so on an ongoing or future basis. Accordingly, ODH declines to create a custom report of data which only serves the interest of the requester and is not otherwise necessary to fulfill the mission of the Department.

As previously offered, if Ms. Huwig would like to request a copy of the Deceased Ohioans file, please let me know and I will refer the request. Ms. Huwig may also explore de-identified data afforded in the ODH Public Data Warehouse Mortality Module.

On behalf of ODH, I hope this has been helpful.

Sincerely,

*Socrates H. Tuch*

Socrates H. Tuch, MA, JD, CPM  
Senior Counsel/Privacy Officer  
Ohio Department of Health  
246 North High Street  
Columbus, OH 43215  
(614) 466-4882



Department of Health

**For information about COVID-19:**

[coronavirus.ohio.gov](https://coronavirus.ohio.gov)

1-833-4-ASK-ODH

**From:** Thomas Connors <tconnors@warnermendenhall.com>  
**Sent:** Tuesday, June 6, 2023 11:46 AM  
**To:** Tuch, Socrates <Socrates.Tuch@odh.ohio.gov>  
**Cc:** Kathryn Huwig <khuwig@gmail.com>  
**Subject:** Kathryn Huwig's May 2023 Records Requests

Mr. Tuch,





I am writing as counsel for Kathryn Huwig regarding the Department of Health's ("DOH") denial of her May 2023 public records requests for 2021 mortality and Covid-19 vaccination reports and/or datasets. I wanted to ensure that all efforts to resolve this dispute are exhausted before seeking mandamus relief from the Supreme Court.

You have denied Huwig's request for reports from the subject datasets asserting that they require the creation of records. Ohio law provides that if DOH's computers are already programmed to produce the requested reports, then such reports are considered existing records. Since DOH has provided similar reports in the past, it does not appear that this basis for denial is viable. Nor would the argument that the requests seek personally identifiable health information since the law requires the production of non-exempt information with redactions of exempt information.

Moreover, your denial would at least in part be based on overbreadth, which requires an explanation of how your records are maintained and accessed to permit revision of the requests. Explaining accessing database records would include an explanation of DOH's relevant existing programming and how it has been used. This would include not only the capacity of DOH's inhouse databases, but also its use of licensed SAS software. If this proceeds to litigation, this requirement would justify discovery of how DOD has used these programs to assess whether new programming would be required to respond to Huwig's requests. DOH's duty to provide this information is designed to avoid doing this in the expensive and laborious context of litigation. I remain open to work with you to revise Huwig's requests based on such information as appropriate.

You have denied Huwig's requests for information on DOH's maintaining and accessing of records on the grounds that it would disclose critical computer systems. The meaning of this exception to the DOH's duties under the Public Records Act would present a case of first impression that would center on the plain meaning of the term "critical systems". Broadly, "critical systems" include those that could lead to serious safety, mission, business, or security failures. DOH will have the burden of proving this exception. It does not appear that such an argument would be viable in the context of maintaining and accessing a database. But again, I am willing to work with you to address any legitimate concern.

Huwig has also requested the 2021 mortality and Covid-19 vaccination datasets so she can obtain the requested reports herself, since DOH won't provide them. You have denied this request based on overbreadth and excessive volume. Overbreadth concerns arise when a public office is not reasonably able to identify the requested records. The 2021 mortality and Covid-19 datasets are clearly identifiable as you have already provided the data dictionaries for these datasets. The excessive volume concern involves unreasonable interference with the record-keeper. Such interference can arise in the context of copying a large set of a public office's paper records. There is no such interference in the context of providing a database file, which is an easily transferable compilation record, not a huge set of individual paper records.

I remain open to work with you to resolve the above issues but will need information from your office regarding maintain and accessing the subject records to do so. Please let me know your response. Feel free to call me at 330-888-1240 to discuss this matter.

Thomas W. Connors  
Mendenhall Law Group  
190 North Union Street, Suite 201  
Akron, Ohio 44304  
330-888-1240

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IN THE COURT OF CLAIMS OF OHIO

ROSANNA L. MILLER

Case No. 2020-00618PQ

Requester

Judge Patrick E. Sheeran

v.

DECISION AND ENTRY

OHIO DEPARTMENT OF HEALTH,  
VITAL STATISTICS

Respondent

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Respondent Ohio Department of Health, Vital Statistics (ODH) objects to a Special Master's Report and Recommendation. The Court overrules ODH's objections for reasons set forth below.

**I. Background**

On October 23, 2020, Requester Rosanna L. Miller brought a complaint against ODH, alleging that she had been denied access to public records in violation of R.C. 149.43(B). Miller included attachments with the complaint. The attachments show that, on April 20, 2020, Miller asked ODH to "run a report for all Cause of Deaths in Ohio coded as Covid-19 (U07.1)" and Miller included certain search criteria with her request.

The Clerk of this Court appointed a special master who declined to refer the case to mediation. On March 23, 2021, the Special Master issued a Report and Recommendation (R&R). The Special Master stated in the R&R's conclusion:

The evidence before the court demonstrates that respondent keeps multiple databases containing the records responsive to the request and that respondent can produce the requested data output using existing software. Respondent has not shown that the records, compiled from death certificates required to be disclosed in their entirety to any person,



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Case No. 2020-00618PQ

DECISION & ENTRY

become exempt from release as personal health information when aggregated in its databases.

Accordingly, the special master recommends the court order respondent to provide requester with the requested records. It is further recommended the court order that requester is entitled to recover from respondent the amount of the filing fee of twenty-five dollars and any other costs associated with the action that she has incurred. It is recommended costs be assessed to respondent.

(R&R, 17.)

On April 2, 2021, ODH filed written objections to the Special Master's R&R. In a certificate of service accompanying the objections, ODH's counsel certified that the objections were served on Miller by means of email and this Court electronic filing system. Miller has filed a response in opposition to ODH's objections. In a certificate of service accompanying the response, Miller certified that her response was served on ODH's counsel by means of email and this Court electronic filing system.

## II. Law and Analysis

R.C. 2743.75(F)(2) governs objections to a special master's report and recommendation. Pursuant to R.C. 2743.75(F)(2), either party "may object to the report and recommendation within seven business days after receiving the report and recommendation by filing a written objection with the clerk and sending a copy to the other party by certified mail, return receipt requested. \* \* \* If either party timely objects, the other party may file with the clerk a response within seven business days after receiving the objection and send a copy of the response to the objecting party by certified mail, return receipt requested. The court, within seven business days after the response to the objection is filed, shall issue a final order that adopts, modifies, or rejects the report and recommendation."

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ODH has failed to send a copy of its objections to Miller by certified mail, return receipt requested, as required by R.C. 2743.75(F)(2). And Miller has failed send a copy of her response to ODH's counsel by certified mail, return receipt requested, as required by R.C. 2743.75(F)(2). Thus, both ODH's objections and Miller's response are procedurally deficient. The Court nonetheless will consider the objections and response in the interest of justice.

ODH contends in its objections that (1) it is not required to conduct an unique database query to compile a "customized dataset" in response to Miller's public-records request, (2) ODH's previous production of "customized datasets" is not justification for future disclosure as the principle of estoppel does not apply to the state, and (3) if ODH is required to compile "customized datasets" of death data in response to a public-records request, then R.C. 3701.17 is the mechanism through which ODH does not disclose protected health information.

Notwithstanding ODH's objections, the Court finds that the Special Master identified the pertinent issues and reached the correct legal determination based on the ordinary application of statutory law and case law, as they existed at the time of the filing of the complaint. Generally, estoppel "does not apply against the state, its agencies, arms, and agents." *Mateer v. Dir., Ohio Dept. of Job & Family Servs.*, 10th Dist. Franklin No. 07AP-966, 2008-Ohio-1426, ¶ 6. Here, however, the principal issue concerns whether a request for reconfigured data using existing software constitutes an improper request for research. The Ohio Supreme Court has explained that "to constitute improper research, a record request must require the government agency to either search through voluminous documents for those that contain certain information or to create a new document by searching for and compiling information from existing records." *State ex rel. Carr v. London Corr. Inst.*, 144 Ohio St.3d 211, 2015-Ohio-2363, 41 N.E.3d 1203, ¶ 22. In the Court's view, the evidence shows that ODH was not required to search through voluminous documents or create a new document by

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DECISION &amp; ENTRY

searching for and compiling information from existing records to fulfill Miller's public-records request. Rather, ODH simply was required to use its existing software, input search criteria provided by Miller, and produce a report with information that was readily available.

ODH asserts that, if it is required to compile customized datasets of death data in response to a public-records request, then R.C. 3701.17 is the mechanism through which ODH does not disclose protected health information. See R.C. 3701.17(A)(2) (defining the term "protected health information," as used in R.C. 3701.17). Pursuant to R.C. 3701.17(C), "Information that does not identify an individual is not protected health information and may be released in summary, statistical, or aggregate form. Information that is in a summary, statistical, or aggregate form and that does not identify an individual is a public record under [R.C. 149.43] and, upon request, shall be released by the director." See R.C. 3701.17(D) (generally requiring a disclaimer to accompany release of information). Thus, under R.C. 3701.17(C) so long as the report requested by Miller provides information in summary, statistical, or aggregate form, the report requested by Miller does not run afoul of R.C. 3701.17. Moreover, based on the Court's review of R.C. 3701.17, the statute does not provide that R.C. 3701.17 is sole the mechanism through which ODH does not disclose protected health information. Indeed, construing the Ohio Public Records Act, the Ohio Supreme Court has stated, "R.C. 149.43(A) envisions an opportunity on the part of the public office to examine records prior to inspection in order to make appropriate redactions of exempt materials." *State ex rel. Office of Montgomery Cty. Pub. Defender v. Siroki*, 108 Ohio St.3d 207, 2006-Ohio-662, 842 N.E.2d 508, ¶ 17, quoting *State ex rel. Warren Newspapers, Inc. v. Hutson*, 70 Ohio St.3d 619, 623, 640 N.E.2d 174 (1994).

### III. Conclusion

The Court overrules ODH's objections. The Court adopts the Special Master's Report and Recommendation. The Court ORDERS ODH to forthwith provide Miller with

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DECISION & ENTRY

the requested records in accordance with the Special Master's recommendation. Miller is entitled recover from ODH the amount of the filing fee of twenty-five dollars and any other costs associated with the action that are incurred by Miller, but Miller is not entitled to recover attorney fees. Court costs are assessed to ODH. The clerk shall serve upon all parties notice of this judgment and its date of entry upon the journal.



---

PATRICK E. SHEERAN  
Judge

cc:

ROSANNA L MILLER  
10469 Westfall Road  
Amanda OH 43102

William C Greene  
30 East Broad Street 26th Floor  
Columbus OH 43215

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IN THE COURT OF CLAIMS OF OHIO

ROSANNA L. MILLER

Requester

v.

OHIO DEPARTMENT OF  
HEALTH, VITAL STATISTICS

Respondent

Case No. 2020-00618PQ

Special Master Jeff Clark

ORDER

On December 10, 2020, requester filed a reply asserting that respondent maintains and accesses its records in the ordinary course of operations utilizing programming that is capable of, and has been used in the past, to produce records functionally identical to those requested. Requester has provided copies of two previous reports received from respondent that include; for the first - the county, last name, gender, age, date of death, place type of death, and cause of death code for a selected cause of death over a six year period (Reply Exh. F), and for the second - the first and last name, age, date of death, county of death, autopsy Y/N, place type of death, and cause of death code for a selected cause of death over a six-year period, (Reply Exh. H.) Requester submitted a report downloaded from respondent's web site that shows the code used for COVID-19 as a cause of death. (Complaint Exh. B.)

**Additional Information and Documents Required**

In order to evaluate the claims and defenses presented in this case, the special master requires an additional pleading from respondent. Pursuant to R.C. 2743.75(E)(3)(c), respondent is directed to file a supplemental pleading (Sur-reply) that addresses and provides the following:

1. Identify all ODH electronic data management programs (e.g., Electronic Death Registration System (EDRS) and other commercial or legacy database or spreadsheet systems) in which the data categories requested by Miller were



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- maintained as of April 20, 2020 for any portion of the date range in her public records request.
2. For each ODH program identified in response to 1., identify all file formats in which the program is capable of producing data and reports by Save As, Export, Print, or any other output function of the program.
  3. On April 20, 2020, was the existing programming of the EDRS capable of producing a report or other compiled output responsive to all or any part of the request? If so, describe all portions of the request for which a responsive record could be produced from the EDRS, including, if applicable, codes for cause of death.
  4. Identify the content of the ODH report described as a "Death Data File." State whether the ODH data management program used to produce this report in the past remained capable on April 20, 2020 of producing the report.
  5. Provide a copy of the EDRS user manual(s) and EDRS training materials used by and/or kept by ODH.
  6. Unless included in the manuals and materials provided under item 5, provide screenshots of all menus and submenus available under EDRS interface tabs titled Reports, Archives, Policies & Documentation, and Administration, or functionally equivalent titles.
  7. Describe how the EDRS is utilized in the ordinary course of ODH's duties, including input of, access to, and reporting of causes of death.
  8. Explain how requester's Exhibits F and H were created, including but not limited to the source of each data column and the specific program(s) used to create the reports.
  9. Support answers to the above with affidavit(s) from ODH Information Technology personnel or other officials with direct personal knowledge of the output capabilities of the relevant ODH electronic systems.

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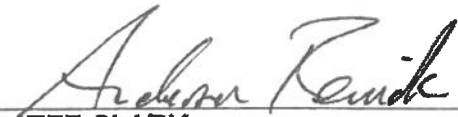
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10. Provide any desired supplemental legal argument in support of responses to this order, and in response to requester's reply.

Respondent shall file its sur-reply on or before **February 9, 2021**. On receipt of the information and documents required by this order, the court will determine whether further information is required.

  
for **JEFF CLARK**  
Special Master

cc:

**ROSANNA L. MILLER**  
10469 Westfall Road  
Amanda, OH 43102

**William C. Greene**  
30 East Broad Street, 26th Floor  
Columbus, OH 43215

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**IN THE OHIO COURT OF CLAIMS**

**ROSANNA MILLER**

**CASE NO. 2020-00618PQ**

**V.**

**SPECIAL MASTER JEFF CLARK**

**OHIO DEPARTMENT OF HEALTH |  
VITAL STATISTICS**

---

**AFFIDAVIT OF KAREN SORRELL**

---

1. I, Karen Sorrell, being duly sworn and cautioned according to law, state as follows:

2. I currently serve as the Chief of the Ohio Department of Health's Bureau of Vital Statistics.

3. In this role, I oversee all aspects of the Office, including the management of the Vital Statistics data system known as the Electronic Death Registration System ("EDRS").

4. EDRS is a state-managed data system for tracking the information received by the ODH.

5. EDRS is the system of record for death data for the ODH.

6. Based on personal knowledge and the best information available to me, I assisted in preparing the document titled "Responses to Additional Information and Documents Required" as well as the materials requested by the Special Master on January 29, 2021.

7. Copies of the documents are attached hereto as:

- Exhibit A – Responses to Additional Information and Documents Required





**April 20, 2020 Public Record Request**

Name of deceased  
Age  
Date of Death  
County of Death  
Autopsy Y/N  
Place of Death (hospital, residence, etc.)  
Death Code of U07.1 (COVID)



1. As of April 20, 2020, ODH maintained the following programs/databases:
  - **QSTVRSOH** (this is the database designation and not an acronym. The database is commonly referred to as **EDRS – Electronic Death Registration System**)
  - **QSDB\_Reporting** (this is the database designation and not an acronym).
  - **EnterpriseDatawarehouseSecure**
  
2. **EDRS:** EDRS contains death event data reported by funeral home directors, coroners, and local health departments. The sole function of EDRS is to create and print death certificates. Funeral homes are able to copy limited demographic text from EDRS of death events managed by the specific funeral home for internal use such as billing. Local health department Vital Statistics (VS) registrars can use the same limited demographic information to track disposition permits for remains (often referred to as burial permits).

**QSDB\_Reporting:** No print or export function.

**EnterpriseDatawarehouseSecure:** EnterpriseDatawarehouseSecure database pulls nearly all the data contained in EDRS. The EnterpriseDatawarehouseSecure database serves as the backend database for the Ohio Public Health Information Warehouse. The warehouse has a public version (**Public Portal**) and a secure version (**Secure Portal**) which requires a login. The Public Portal aggregates data and provides rates and counts with no identifying information; whereas, the Secure Portal allows access to identifying information, but access is limited to specific users such as state and other governmental agencies. The results from the Public Portal can be downloaded in Excel, PDF, Word, CSV file and printed. Those with access to the Secure Portal can download in Excel, PDF, Word, CSV file and print; or download a predefined file as designed by the National Center for Health Statistics.

The EnterpriseDarawarehouseSecure database is then divided into two modules through the Secure Portal: The **Secure Mortality Module** and the **Secure Death Roster Module**.

The Secure Mortality Module contains virtually all variables that are collected via EDRS and used by individuals and specific governmental agencies with statutorily mandated broad access (e.g., Medicaid).

The Death Roster Module contains data for deaths that occurred in Ohio for the purpose of assisting agencies with maintaining current records and identifying deceased and former members of the armed forces. There is identifying demographic information; however, no cause of death information is included. The downloadable files provide two choices: The Deceased Ohioans Report (created monthly) and the Deceased Veterans Report (created quarterly). Access to the module is limited to State of Ohio agencies, other government agencies, hospitals, veteran commission offices, and government agencies such as boards of election, pension funds, local JFS offices, courts, and prosecutors. The public and non-governmental entities can request the Deceased Ohioans report free of charge but are not provided access to the module.

3. No. EDRS is used by a limited number of funeral home and local registrar staff as described in #2 above. For any additional use, the data must be removed from EDRS to a different platform before 3<sup>rd</sup> party software can be applied. See #2 above and #4 below.
4. The Death Data file contains the variables in the attachment named Death Data File Layout. Although, the Bureau of Vital Statistics could produce this report on April 20, 2020 using 3<sup>rd</sup> party software, it is not created in the normal course of business and serves no operational function.
5. The Bureau of Vital Statistics maintains four user manuals related to EDRS. They are attached to this document.
6. Attached are EDRS menu screenshots for EDRS menus/sub-menus that are not included in the manuals.
7. EDRS is used by funeral home staff to create individual death records for those who died in Ohio. Funeral home staff enter demographic information about the decedent gathered from the family such as their full name, place of residence, education, marital status, and the place of death. Funeral homes then select (in EDRS) the attending physician or coroner as appropriate to certify the medical/cause of death information. All coroners and physicians who have registered electronically complete the cause of death and certify their portion of the record directly in EDRS; unregistered physicians complete the cause of death on a printed paper version of the death record (printed from EDRS). Once both the funeral director responsible for the disposition and the physician or coroner have signed the record it is filed with the local health department (LHD). Electronically certified death records are filed/registered electronically with no action needed by the LHD; paper death records are forwarded by the LHD to the Bureau of Vital Statistics so staff can enter the cause of death into EDRS and register the death event record. Once the record is registered it is available for issuance from EDRS as a printed death certificate.
8. Based on review of the exhibits it appears that both exhibits were created using a customized Statistical Analysis Software (SAS) query. SAS is a 3<sup>rd</sup>-party software product. However, ODH cannot definitively confirm the source.

IN THE COURT OF CLAIMS OF OHIO

RANDY LUDLOW,  
Requestor,

CASE NO.: 2021-00040PQ  
SPECIAL MASTER JEFF CLARK

VS.  
THE OHIO DEPARTMENT OF HEALTH,  
Respondent.

**RESPONSE TO REQUESTOR'S COMPLAINT AND MOTION TO DISMISS**

Pursuant to Civ. R. 12(B)(6), R.C. 149.43, and R.C. 2743.75, Respondent Ohio Department of Health, Bureau of Vital Statistics, hereby responds to Requestor's Complaint and moves to dismiss it because Respondent is not legally entitled to the information he seeks. A Memorandum in Support is attached.

Respectfully submitted,

**DAVE YOST (0056290)**  
**Ohio Attorney General**

/s/ William C. Greene  
WILLIAM C. GREENE (0059230)  
Assistant Attorney General  
Ohio Attorney General's Office  
Health & Human Services Section  
30 East Broad Street, 26<sup>th</sup> Floor  
Columbus, OH 43215  
Telephone: (614) 466-8600  
Facsimile: (866) 459-6662  
William.Greene@ohioattorneygeneral.gov  
*Counsel for Defendant Ohio Department of Health*



## MEMORANDUM IN SUPPORT

### I. INTRODUCTION

The Ohio Department of Health (the "Department") provided a complete response to Mr. Ludlow's public records request. Mr. Ludlow made a public records request for the entire data file of death information kept by the Department in a database that is called the Electronic Death Reporting System ("EDRS"). The information in the EDRS is stored in a database entitled the Secure Mortality Module. Mr. Ludlow was given the data dictionary<sup>1</sup> of the Secure Mortality Module, from which he chose the death information he was seeking. The Department created a customized report for Mr. Ludlow. However, this customized report contained Protected Health Information ("PHI"),<sup>2</sup> i.e. the names and addresses of the decedents along with cause of death information. PHI is not a public record because its release is prohibited by state law. For this reason, the Department redacted the names and addresses from Mr. Ludlow's customized report and provided the balance of the information he requested. Mr. Ludlow received all the records to which he was entitled. Mr. Ludlow's complaint should be dismissed.

### II. STATEMENT OF FACTS

The Department uses a program called the Electronic Death Registration System ("EDRS") to file and maintain death records in Ohio. (Complaint at pg. 5). EDRS contains death event data reported by funeral home directors, coroners, and local health departments. (Complaint

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<sup>1</sup> A data dictionary is a listing of the data fields with a description of the information in each data field.

<sup>2</sup> PHI is any "information, in any form, . . . that describes an individual's past, . . . physical or mental health status or condition . . . if either of the following applies:" 1) the information reveals the identity of the individual who is the subject of the information; or 2) the information could be used to reveal the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information. R.C. 3701.17(A)(2).



at pg. 5). The sole function of EDRS is to create and print death certificates. (Exhibit A). In addition to the EDRS, the Department maintains another database, the EnterpriseDataWarehouseSecure, which is the backend database for the Ohio Public Health Information Warehouse. (Exhibit A). Data from EDRS is pulled into EnterpriseDataWarehouseSecure. (Exhibit A). EnterpriseDataWarehouseSecure securely stores death data in two modules, the Secure Mortality Module and the Secure Death Roster Module. (Exhibit A).

The Secure Death Roster Module contains identifying demographic information, but not cause of death information. The Secure Death Roster Module has been programmed to compile certain death information into a monthly report entitled the Deceased Ohioan's Report. (Exhibit A). This report contains identifying demographic information, but does not contain the cause of death information. (Exhibit A). This report is a public record. (Exhibit A). Mr. Ludlow was offered the Deceased Ohioan's Report, which he did not accept. (Complaint at pg. 7).

The Secure Mortality Module has virtually all the information that is contained in EDRS, which includes identifying demographic information and cause of death information. The Secure Mortality Module was created to allow specific governmental agencies broad access to death data so that the agencies can perform their functions. (Exhibit A). The Secure Mortality Module is not programmed to produce any specific reports. However, specific fields of information can be extracted from the Secure Mortality Module and downloaded into another format.

In order to resolve the public records request dispute, the Department offered to create a unique custom report from the Secure Mortality Module. Mr. Ludlow was given the data dictionary of the Secure Mortality Module from which he chose the death information he was seeking. (Complaint at pg. 13), (attached as Ex. H). Mr. Ludlow chose twenty-nine (29) specific

fields which correspond to the following information:

- date of death year,
- decedent's name,
- sex,
- age,
- date of birth,
- residence,
- marital status,
- place of death,
- county where death occurred,
- month of death,
- day of death,
- time of death,
- manner of death,
- International Classification of Disease (ICD) cause of death codes,
- place of death (description and address),
- race,
- place of injury,
- description of injury,
- literal description of cause of death,
- filed date,
- pandemic checkbox variables,
- leading cause of death category codes,
- location of death,
- ICD 10 death codes,
- chronic disease indicator,
- drug induced indicator,
- heroin indicator,
- other opioids indicator,
- and indicators for specific drug types (prescription opiates, fentanyl, fentanyl analogues, carfentanil, methamphetamine, designer opioids, commonly prescribed opiates).

(Complaint at pgs. 15-16)

The Department created a report based on Mr. Ludlow data field selections. The Department redacted the name and address fields from Mr. Ludlow's custom report. Mr. Ludlow received all the information he requested, except for the information that identified or could be used to identify the decedents.

### III. LAW AND ARGUMENT

#### A. Mr. Ludlow's request for a copy of the Electronic Death Reporting System in spreadsheet form is not a proper public records request.

1. **The Department is not required to produce an entire database or conduct a customized search of a database in response to a public records request.**

Mr. Ludlow's request for the entire computer file of death data is an overbroad public records request. R.C. 149.43(B)(2). Further, the Department is not required to search the database to locate records that meet specific criteria. *State ex rel. Shaughnessy v. City of Cleveland* 149 Ohio St. 3d 612, 614-615, 76 N.E 3d 1171, 1175 (2016). However, the Department can conduct a specific search and provide the records, which it did in this case. *Id.*

2. **Mr. Ludlow's request should be denied because it asks the Department to disclose protected health information, which the Department is prohibited from disclosing.**

Mr. Ludlow's complaint must be denied because it seeks PHI. *See* R.C. 3701.17(A)(2). PHI is not a public record because its release is "prohibited by state or federal law," subject to exceptions that are not relevant here. *Patrick Walsh v. Ohio Department of Health et al.*, 20 CV 006561, (February 26, 2021) (Attached as Exhibit A); *See* R.C. 149.43(A)(1)(v).

In *Walsh*, the Franklin County Court of Common Pleas granted the Department's Motion to Dismiss a mandamus action regarding a public records request for death information. In that case, the Relator asked the Department to give him a list of individuals who have died since January 1, 2020, complete with each individuals' first, middle, and last names, date of birth, date of death, gender, last known address, last four digits of the decedent's social security number, primary underlying ICD-10 cause of death, other contributing ICD-10 cause of death, occupation of decedent, and industry of decedent. The Court went through a step by step analysis to determine if the information sought met the definition of a public record.

The Court determined that any information that met the definition of PHI would be excluded from the definition of a public record, as it would be a “record, the release of which is prohibited by state or federal law.” *Id.* at pg. 4, (citing R.C. 149.43(A)(1)(v)). PHI is any “information, in any form, . . . that describes an individual’s past, . . . physical or mental health status or condition . . . if either of the following applies:” 1) the information reveals the identity of the individual who is the subject of the information; or 2) the information could be used to reveal the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information. R.C. 3701.17(A)(2). PHI that is reported to or obtained by the Department of Health is confidential and cannot be released without the written consent of the person who is the subject of the information, unless an exception in R.C. 3701.17 applies. R.C. 3701.17(B).

The Ohio Supreme Court provided guidance on the type of information that is PHI, holding that records “specifically related to a person’s physical status or condition” are protected health information under R.C. §3701.17(A)(2). *Cuyahoga Cnty. Bd. of Health v. Lipson O’Shea Legal Group*, 145 Ohio St.3d 446, 2016-Ohio-556, 50 N.E.3d 499. R.C. 3701.17(B); *Board of Health of Cuyahoga Cnty. v. Lipson O’Shea Legal Group*, 2013-Ohio-5736, ¶30. *See also* 3701.23 (reporting of infectious disease information is PHI under 3701.17). Following this guidance, the *Walsh* Court then determined that the information sought met the definition of PHI in R.C. 3701.17. *Walsh v. Ohio Department of Health* at pg. 6 (“[T]he cause of death, which Relator seeks, when coupled with the other information he seeks, would ‘reveal the identity of the individual who is subject of the information’ by itself.”). The Court further determined that no statutory exceptions permit the release of this information. *Id.* at pgs. 6-7.

The Court rejected Walsh’s claim that because the information he sought was contained in

an individual death certificate, the compiled information from multiple death certificates could be obtained through a public records request. *Id.* at pg. 8 (“the ability to obtain a decedent’s cause of death via a death certificate does not make the information obtainable under the public records act”). The Court stated that there is a different statutory process for obtaining a death certificate. *Id.*

Most recently, in *McGlone v. Centrus Energy Corp.*, S.D. Ohio No. 2:19-cv-2196, 2020 U.S. Dist. LEXIS 138449, at \*4-5 (Aug. 4, 2020), the plaintiff issued a subpoena to the Department seeking information from the Ohio Cancer Incidence Surveillance System database. The information maintained in the database includes an individual's street address, city, county, zip code, race, age, date of diagnosis, cancer type and prescribed treatment. (*Id.* at ¶¶6 and 7.) The data is collected and housed in software made available from the CDC. (*Id.* at ¶9.) The database contains protected health information (“PHI”) as defined in Ohio Revised Code §3701.17(A)(2), the confidentiality of which the Department is required to protect. (ECF No. 13-1, at ¶¶10 and 11.) In *McGlone*, the Court recognized that the Department has a duty to protect the confidentiality of PHI and the data should not be disclosed if the data reveals the identity of a specific person.

**B. The Department fulfilled its obligation under R.C. 149.43 by providing Mr. Ludlow with the Secure Mortality Module dictionary to allow Mr. Ludlow to revise his request.**

The Department offered the Deceased Ohioans Report which contains identifying demographic information, but does not contain the cause of death information. This report is not PHI, because it does not provide “information, in any form, . . . that describes an individual’s past, . . . physical or mental health status or condition.” R.C. 3701.17(A). Mr. Ludlow declined to accept this report.

After discussions between Mr. Ludlow and the Department, Mr. Ludlow was provided with

the data dictionary of the Secure Mortality Module which listed the fields of all the death information. Mr. Ludlow chose twenty-nine (29) fields of death information. The Department created a custom report based on this request. However, this report was PHI because it contained both the identity of the decedent and information of the decedent's past, physical or mental health status or condition, i.e. cause of death. Because Mr. Ludlow was interested in the cause of death, the Department redacted the names and addresses of the decedents so that the report no longer met the definition of PHI. Mr. Ludlow received all the death information he requested, except for the name and address of the decedents, which the Department properly redacted.

**C. Previous disclosure by the Department of the cause of death is not justification for future disclosure as the principle of estoppel does not apply against the state.**

"It is well-settled that, as a general rule, the principle of estoppel does not apply against a state or its agencies in the exercise of a governmental function." *Ohio State Bd. of Pharmacy v. Frantz*, 51 Ohio St.3d 143, 145-146, 555 N.E.2d 630 (1990). *See, also Sekerak v. Fairhill Mental Health Ctr.*, 25 Ohio St.3d 38, 495 N.E.2d 14 (1986), and *Besl Corp. v. Pub. Util. Comm.*, 45 Ohio St.2d 146, 150, 341 N.E.2d 835 (1976). The Department is a state agency that is responding to a public records request. In doing so, the Department is performing a public function. As such, the principle of estoppel is inapplicable.

**IV. CONCLUSION**

The Department has fully complied with its obligations in responding to Mr. Ludlow's public records request. For the foregoing reasons, the Ohio Department of Health respectfully requests that Randy Ludlow's complaint be dismissed.

Respectfully submitted,

**DAVE YOST (0056290)**  
**Ohio Attorney General**

*/s/ William C. Greene*  
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**WILLIAM C. GREENE (0059230)**  
Assistant Attorney General  
Ohio Attorney General's Office  
Health & Human Services Section  
30 East Broad Street, 26<sup>th</sup> Floor  
Columbus, OH 43215  
Telephone: (614) 466-8600  
Facsimile: (866) 459-6662  
William.Greene@ohioattorneygeneral.gov

*Counsel for Defendant Ohio Department of Health*

**CERTIFICATE OF SERVICE**

This certifies that the foregoing Defendant's *Response to Requestor's Complaint and Motion to Dismiss* was electronically served this 23<sup>rd</sup> day of April, 2021 on John Greiner, attorney for Randy Ludlow, by email at [jgreiner@graydonlaw.com](mailto:jgreiner@graydonlaw.com) and through the Court's electronic filing system.

*/s/ William C. Greene*  
Assistant Attorney General



## DIRECTOR JOURNAL ENTRY

### In re COVID 19 Volunteer Vaccine Providers.

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**WHEREAS**, the Governor declared a State of Emergency on March 9<sup>th</sup>, 2020, due to novel Coronavirus (2019-nCoV, known as COVID-19), a disease of major public concern; and

**WHEREAS**, the United States Food and Drug Administration (FDA) has granted Emergency Use Authorizations (EUAs) to the COVID vaccines developed by Pfizer and Moderna; and

**WHEREAS**, a large-scale campaign will be needed to vaccinate all Ohioans who wish to be vaccinated once the vaccines become sufficiently available; and

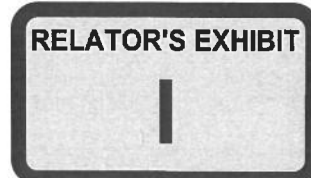
**WHEREAS**, general and city health departments have plans to use points of dispensing and clinic locations to support a large-scale vaccination campaign; and

**WHEREAS**, Medical Reserve Units have been established throughout Ohio to support a large-scale vaccination campaign; and

**WHEREAS**, there may be an insufficient number of health professionals available to conduct a large-scale vaccination campaign; and

**WHEREAS**, Section 3701.048 of the Revised Code, allows the Director of Health to, in consultation with the appropriate professional regulatory boards of Ohio, develop protocols that authorize individuals to administer, deliver, or distribute drugs, other than schedule II and III controlled substances, during a period of time the Governor declares to be an emergency that affects the public's health;

**NOW THEREFORE**, I, Stephanie McCloud, Director, Ohio Department of Health (ODH), in accordance with my authority set forth in Section 3701.048, **HEREBY ORDER AND AUTHORIZE**, the following professionals, within the scope of their respective licensure and according to the competencies set forth by their respective licensing board, unless otherwise stated herein, to administer, deliver, or distribute the





drugs, other than schedule II and III controlled substances, set forth in this order during this COVID State of Emergency, notwithstanding any statute or rule that otherwise prohibits or restricts the administration, delivery, or distribution of drugs by these professionals:

- (1) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- (2) A physician assistant licensed under Chapter 4730. of the Revised Code;
- (3) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;
- (4) A registered nurse licensed under Chapter 4723. of the Revised Code, including an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;
- (5) A licensed practical nurse licensed under Chapter 4723. of the Revised Code;
- (6) An optometrist licensed under Chapter 4725. of the Revised Code;
- (7) A pharmacist or pharmacy intern licensed under Chapter 4729. of the Revised Code;
- (8) A respiratory care professional licensed under Chapter 4761. of the Revised Code;
- (9) An emergency medical technician-intermediate (now known as an "Advanced EMT") or emergency medical technician-paramedic (now known as a "Paramedic") who holds a certificate to practice issued under Chapter 4765. of the Revised Code;
- (10) A veterinarian licensed under Chapter 4741. of the Revised Code.

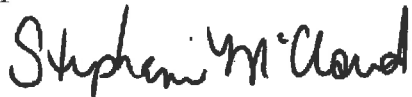
For this Order to apply, these individuals will need to be Registered Volunteers pursuant to Section 5502.281 of the Revised Code and actively deployed by a recognized Medical Reserve Corps (MRC) unit in support of points of dispensing.

Pharmacy interns, medical, and nursing students who are sufficiently advanced in their education at their respective professional schools with the necessary

- c. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer and Moderna may be scheduled for administration 4 days before the 21 or 28 day intervals depending on product being administered and up to 6 weeks (42 days) after the first dose.
  - d. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window.
  - e. If the second dose is administered beyond these intervals, there is no need to restart the series.
8. Document the Vaccination.
- a. **Medical Record:** Record the date and the vaccine that was administered, the manufacturer and lot number, the vaccination site and route, the vaccine dosage, and the name and title of the person administering the vaccine. Document the VIS given, and VIS publication date.
  - b. **Immunization Record Card:** Record the date of vaccination, product name/manufacturer, lot number and the name/location of the administering clinic or healthcare professional.
  - c. **Documentation of the vaccination in Ohio's immunization information system - ImpactSIIS** within 24 hours following vaccination.
9. Observe the Vaccine Recipient.
- a. **30 minutes:** Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause.
  - b. **15 minutes:** All other persons.
10. Emergency Protocols
- a. If a patient experiences itching and swelling confined to the injection site where the vaccination was given, apply a cold compress to the injection site. Observe patient closely for the development of generalized symptoms until symptoms subside.

- b. If symptoms are generalized (generalized itching, redness, urticaria (hives); or include angioedema (swelling of the lips, face, or throat); shortness of breath; shock; or abdominal cramping; call 911 and notify the supervising healthcare professional. Notifications should be done by a second person while the primary healthcare professional assesses the airway, breathing, circulation and level of consciousness of the patient. Vital signs (heart rate, respirations and blood pressure, pulse ox) should be taken every 5 minutes.
  - i. First-line treatment of an anaphylactic reaction is to administer Epinephrine (1 mg/ml aqueous solution [1:1000 dilution]) intramuscularly.
  - ii. The adult dose is 0.3mg to 0.5mg with maximum dose of 0.5mg; or as auto-injector (0.3 mg)
  - iii. For hives or itching, you may also administer diphenhydramine (orally or intramuscular with a standard dose of 25-50mg.) or hydroxyzine (standard oral dose is 25mg -100mg or 0.5-1.0 mg/kg.
  - iv. Monitor the person closely until EMS arrives. Monitor blood pressure and pulse every 5 minutes.
  - v. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5-15 minutes for up to 3 doses depending on the person's response.
  - vi. Record the person's reaction to the vaccine (e.g., hives, anaphylaxis), all vital signs, and medications administered to the person, including time dosage, response, and the name of the medical personnel who administered the medication and other relevant clinical information.
  - vii. Adverse events must be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html> or call 1-800-822-7967.
  - viii. Report the adverse event to the person's primary care provider.

Pursuant to R.C. 3701.352, this order is to prevent a threat to the public's health; no person shall fail to follow this order.



Stephanie McCloud  
Director of Health

2.12.2021

Date