Project Determination

National Violent Death Reporting System

Project ID:	0900f3eb8259877d
Accession #:	NCIPC-SB-6/26/25-9877d
Project Contact:	Janet Blair
Organization:	NCIPC/OD/OS
Status:	Pending Clearance
Intended Use:	Project Determination
Estimated Start Date:	11/07/19
Estimated Completion Date:	12/03/28
CDC/ATSDR HRPO/IRB Protocol#:	
OMB Control#:	0920-0607
End of Human Research Date:	

Description

Priority
Standard
Date Needed
07/28/25
CDC Priority Area for this Project
Not selected
Determination Start Date
06/26/25

Description
The National Violent Death Reporting System (NVDRS) is a state-based surveillance system that links data from three requires sources: death certificates, coroner/medical examiner (C/ME) reports (including toxicology reports) and law enforcement (LE) reports. The system is in all 50 states, the District of Columbia, and Puerto Rico. NVDRS collects information about homicides, suicides, deaths by legal intervention (excluding executions), deaths of undetermined intent, and unintentional firearm-related injury deaths. The currently approved National Violent Death Reporting System (NVDRS) - OMB# 0920-0607 has an expiration date 9/30/2025. CDC is currently requesting OMB approval for an additional 3 years to continue data collection efforts. Extensions and revisions have been requested in the past; CDC received initial OMB approval in November 2004 and renewals in January 2007, November 2009, September 2012, June 2013, October 2014, November 2017, July 2020, and September 2022.
IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission
No
IMS Activation Name
Not selected
Submitted through IMS clearance matrix
Not selected
Primary Scientific Priority
Not selected
Secondary Scientific Priority (s)
Not selected
Task Force Responsible
Not selected
CIO Emergency Response Name
Not selected
Epi-Aid Name
Not selected
Lab-Aid Name
Not selected
Assessment of Chemical Exposure Name
Not selected
Goals/Purpose
The purpose of NVDRS is to collect and disseminate accurate, timely, and high quality surveillance data on all violent deaths using CDC guidelines and the CDC web-based data

entry system to inform violence prevention efforts and to ultimately reduce morbidity and mortality related to violence through data to action. Surveillance data regarding violent deaths are collected to enable CDC, VDRS funding recipients and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death) including common circumstances associated with violent deaths of a certain type (e.g., intimate partner violence). State and local violence prevention practitioners use the data to help inform, develop, and guide prevention programs, policies, and assist groups in selecting and targeting violence and suicide prevention efforts and supporting evaluations of violence prevention activities. CDC provides guidance to funded VDRS recipients to ensure the data are collected in a standardized manner. Trained abstractors enter data into an encrypted web-based system. Some of the information from the C/ME and LE reports are put into the system in narrative format. These narratives provide a detailed description of the events that preceded or were known to contribute to the violent death or suicide. Information abstracted into the system is de-identified at the local VDRS program level. CDC combines all VDRS data into a multi-state database that informs national stakeholders. NVDRS summary data from 2003 to 2022 are available through CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System), an interactive, online database available to the public. NVDRS WISQARS™ can be accessed at: http://www.cdc.gov/injury/wisqars/nvdrs.html. NVDRS data are also available through the NVDRS Restricted Access Dataset (RAD) process. The NVDRS RAD is a de-identified, multi-state data set that includes select variables. The data set is available to researchers who meet specific criteria. In the past, NVDRS data have been linked to Department of Defense Suicide Event Reports (DoDSERs). The linkage with DoDSER is planned to occur annually. CDC plans to propose to expand this line of work by linking NVDRS data to Veterans Health Administration (VHA) data. CDC and the VHA will also link NVDRS data with VHA data to share Veteran status and VHA utilization for deceased individuals.

Objective

The objectives of NVDRS are to: 1) collect VDRS data by working with data providers, 2) analyze, interpret and disseminate NVDRS data to characterize violent deaths and suicides and inform prevention efforts, and 3) conduct monitoring and evaluation to support continuous surveillance improvement, resulting in completeness, quality, and timeliness of violent death surveillance data.

Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

Yes

Does your project investigate underlying contributors to health inequities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

Yes

Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?

No

Activities or Tasks

Secondary Data or Specimen Analysis

Target Population to be Included/Represented

General US Population

Tags/Keywords

Homicide; Suicide

CDC's Role

CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens; CDC employees will provide substantial technical assistance or oversight; CDC is providing funding

Method Categories

Surveillance Support; Technical Assistance

Methods

NVDRS collects information about who dies violently, where victims are killed, when they are killed, and what factors were perceived to contribute to or precipitate the death, in order to describe the epidemiology of violent deaths. A violent death is defined as a death resulting from the intentional use of physical force or power (e.g., threats or intimidation) against oneself, another person, or against a group or community. The case definition for NVDRS includes homicides, suicides, and legal intervention deaths (i.e., those occurring when law enforcement exerts deadly force while acting in the line of duty) excluding legal executions. The term “legal intervention” is a classification from ICD-10 [Y-35.0] and does not denote the lawfulness or legality of the circumstances surrounding the death. In addition, VDRS recipients are required to collect information about unintentional firearm-related injury deaths (i.e., incidents in which the person causing the injury did not intend to discharge the firearm) and deaths where the intent cannot be determined ("deaths of undetermined intent ") but where there is evidence that force was used. The NVDRS web-based system consists of tabs: Demographics, Injury and Death, Circumstances, Weapon(s), Suspect(s), Toxicology, Overdose, Intimate Partner Violence module (optional), Child Fatality Review module (optional). Two new modules have been to the system. These are a School Associated Violent Death (SAVD) module, due to planned dissolution of the SAVD Surveillance System (SAVD-SS) (OMB# 0920-0604). This module collects in-depth contextual information for SAVD’s and help inform efforts to prevent fatal school violence. The second module is a Public Safety Officer Suicide module to collect in-depth contextual information to help inform and develop programs to prevent suicide among this population. CDC provides guidance to funded VDRS recipients to ensure the data are collected in a standardized manner. Trained abstractors enter data into an encrypted web-based system. Some of the information from the C/ME and LE reports is put into the system in narrative format, and provides a detailed description of the events that preceded or were known to contribute to the violent death. Information abstracted into the system is de-identified at the local VDRS program level. CDC combines all VDRS data into a multi-state database that informs national stakeholders. NVDRS summary data from 2003 to 2022 are available through CDC’s WISQARS™ (Web-based Injury Statistics Query and Reporting System), an interactive, online database available to the public. NVDRS WISQARS™ can be accessed at: http://www.cdc.gov/injury/wisqars/nvdrs.html. NVDRS data are also available through the NVDRS Restricted Access Dataset (RAD) process. The NVDRS RAD is a de-identified, multi-state data set that includes select variables. The data set is available to researchers who meet specific criteria. In the past, NVDRS data have been linked to Department of Defense Suicide Event Reports (DoDSERs). The linkage with DoDSER is planned to occur annually in the future. CDC plans to propose to expand this line of work by linking NVDRS data to Veterans Health Administration (VHA) data to ascertain Veteran status and VHA utilization for deceased individuals. This linkage project will be ongoing.

Collection of Info, Data, or Bio specimens

VDRS programs access the required source documents from vital statistics programs as well as local, regional, and state coroner/medical examiner agencies and law enforcement agencies. At the time of the notice of funding opportunity, VDRS programs were requited to obtain letters of support from select agencies verifying that the VDRS program has access to data, including circumstance information, and can acquire this information in a timely manner.

Expected Use of Findings/Results and their impact

Surveillance data regarding violent deaths and suicides are collected to enable CDC, VDRS funding recipients and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death) including common circumstances associated with violent deaths of a certain type (e.g., intimate partner violence). State and local violence prevention practitioners also use the data to inform, develop, and guide prevention programs, policies, and assist groups in selecting and targeting violence prevention efforts and supporting evaluations of violence prevention activities. NVDRS is covered under an Assurance of Confidentiality.

Could Individuals potentially be identified based on Information Collected?

Yes

Will PII be captured (including coded data)?

No

Is this project covered by an Assurance of Confidentiality?

Yes

Does this activity meet the criteria for a Certificate of Confidentiality (CoC)?

No

Is there a formal written agreement prohibiting the release of identifiers?

No

Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award	Budget Amount
CDC Cooperative Agreement	Advancing Surveillance of Violent Deaths Using the National Violent Death Reporting System (NVDRS)	CDC-RFA-CE22-2201	2022	5	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS)	CDC-RFA-CE19-1905	2019	3	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2018	CDC-RFA-CD18-1804	2018	5	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2016	CDC-RFA-CE16-1607	2016	5	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2014	CDC-RFA-CE14-1402	2014	5	

HSC Review

Regulation and Policy

Do you anticipate this project will require review by a CDC IRB or HRPO?

No

Will you be working with an outside Organization or Institution? No

Institutions

Institution	FWA #	FWA Exp. Date	Funding	Funding Restriction Amount

Institution	Funding Restriction Percentage	Funding Restriction Reason	Funding Restriction has been lifted

Institution	Institution Role(s)	Institution Project Title	Institution Project Tracking #	Prime Institution

Institution	Regulatory Coverage	IRB Review Status

Institution	Registered IRB	IRB Registration Exp. Date	IRB Approval Status

Institution	IRB Approval Date	IRB Approval Exp. Date	Relying Institution IRB

Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Citi Good Laboratory Practice Exp. Date	Staff Role	Email	Phone #	Organization / Institution
CraigBryant	09/04/2026					Technical Monitor	gtd8@cdc.gov	770-488-7	MORTALITY SURVEILLANCE TEAM
JanetBlair	09/15/2026		12/18/2021			Principal Investigator	zud5@cdc.gov	770-488-0049	SURVEILLANCE BRANCH

DMP

Proposed Data Collection Start Date	01/01/03
Proposed Data Collection End Date	12/03/29
Proposed Public Access Level	Restricted

Data Use Type	Data Sharing Agreement
Data Use Type Data Use Type URL	\\cdc.gov\project\CCEHIP_NCIPC_DVP\DVP-Share\1a_NVDRS_scientists\RAD\RAD_Proposal_Documents\Proposal_Package\Proposal package DY2022\NVDRS_RAD_DataSharingAgreement_update_July 2022.pdf
Data Use Contact	nvdrs-rad@cdc.gov
Public Access justification	Given the local and often national attention that some violent deaths and suicides attract, as well as the sensitive nature of the subject matter, NVDRS requires special measures to protect the individuals, institutions and VDRS recipients and further safeguard the information collected. Although information abstracted into the system is de-identified at the local VDRS program level and VDRS recipients do not enter direct personal identifiers into the NVDRS web-based system, it is potentially possible for someone to use the entered data to link with external information to identify an individual decedent, family members, or perpetrators. This is particularly problematic given the high-profile nature and media coverage of some of these cases (e.g., homicides with multiple victims or homicide followed by suicide). Given the sensitive nature of the data in NVDRS (e.g., specific circumstances, law enforcement reports, substance use, mental health diagnoses, crime and criminal activity, and suspect information) and the potential for identification if the data are used inappropriately, access is limited to 1) pre-defined queries using the WISQARS platform and 2) researchers who have completed the RAD review application process.
How Access Will Be Provided for Data	The NVDRS RAD review committee consists of a panel of scientific and data analysis experts within CDC's National Center for Injury Prevention and Control. Upon receipt of the proposal package, a committee will review the submission to ensure it meets the requirements established to protect the confidentiality of the data. In each proposal, the review committee will look for the following criteria: •Scientific and technical feasibility of the study •Qualifications of all people who will have access to the data •Consistency between requested data and study goals •Description of any additional data that will be linked to NVDRS RAD data •Anticipated publications or other dissemination of results •Risk of disclosure of restricted information •Protections in place to maintain confidentiality of the data •A legitimate public health purpose will be served by use of the data The committee reviews proposals as they are received, and typically responds within 3-4 weeks. An incomplete proposal package will be returned upon receipt. The review of complex projects that require extensive communication between NVDRS staff and the applicants may take longer to complete. When a proposal is approved, the principal investigator will be notified by email and will receive the data via FTP (file transfer protocol). Investigators are permitted to conduct only those analyses that have received approval. RAD requestors can request a copy of and submit a completed amendment form to nvdrs-rad@cdc.gov to add data years, to request permissions for new investigators/staff that will be added

	to an approved project, and to request permission to modify the scope of the study. Requests to add data years to an existing project that has been approved will be expedited; in this case, a committee review is not required. CDC reserves the right to deny or terminate any project at any time when it deems an investigator's/researcher's actions may compromise confidentiality or ethical standards of behavior in a research environment. Failure to comply will result in the cancella
Plans for archival and long-term preservation of the data	Records will be kept according to the CDC Records Retention Schedules. All CDC Records Control Schedules are media neutral and therefore are applicable to all records regardless of format. Records having met their records retention schedule will be disposed of appropriately. Records may be kept longer for programmatic purposes.

Spatiality (Geographic Location)

Country	State/Province	County/Region

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: **Does NOT Require HRPO Review**	Not Research - Public Health Surveillance *45 CFR 46.102(l)(2)*	07/03/25	Halstead_Mary (ygg9) CIO HSC
PRA: **PRA Applies**		07/03/25	Halstead_Mary (ygg9) OMB / PRA