

Certified vaccine deaths (ICD-10: Y59.0) following COVID-19 vaccine administration in the USA

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Abstract

In the USA, viral vaccine deaths identified by attendant physicians are certified on legally required death certificates and codified using ICD-10 code Y59.0 in the national mortality-by-cause database maintained by the CDC (CDC Wonder). These certified vaccine deaths by year are essentially zero in the period 1999 through 2020 (despite large influenza vaccination programs) and show a significant increase in 2021 when COVID-19 vaccines were administered. Similarly, certified vaccine deaths by year from all vaccine types (including bacterial) under previous and current coding systems (ICD-8, ICD-9, ICD-10) are near-zero (≤ 10 per year) in the period 1968 through 2020. The significant increase in certified vaccine deaths starting in 2021 is unprecedented since at least 1968 and constitutes a robust safety signal for COVID-19 vaccines, establishing a lower-bound and definitive risk of death.

Brief Report

Data source and definitions

In the USA, mortality statistics are recorded by cause of death and are publicly provided via the CDC Wonder databases: <https://wonder.cdc.gov/>, which are the source data used in the instant Brief Report (Downloads: October 22 and October 27, 2026).

The causes of death are codified from the individual death certificates following the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10, 2019), into two types, as underlying cause of death (UCD) and as multiple cause of death (MCD).

Codification to ICD-10 codes from the death certificates is performed following strict rules, which are essentially the same for the World Health Organization (WHO) and for the USA Centers for Disease Control and Prevention (CDC) (NCHS-CDC, 2024).

Since 1948 to present, UCD has in continuity been defined as: “the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury” (WHO, 2026).

MCD is defined as: “Generally, more medical information is reported on death certificates than is directly reflected in the underlying cause of death. Conditions that are not selected as the underlying cause of death constitute the nonunderlying causes of death, also known as multiple cause of death.” (NCHS-CDC, 2026)

However, operationally, CDC Wonder reports “MCD” as the sum UCD + MCD: “The death counts reported for the Multiple Cause of Death field are the number of times each specific cause of death is mentioned in the record, or “any mention” of the specified cause of death. Up to 20 causes can be indicated in the Multiple Cause of Death field on any single death certificate.” (CDC Wonder, 2026)

COVID-19 vaccine death assignation in ICD-10

There is not a specific ICD-10 code for the COVID-19 vaccines as an UCD or MCD. Nonetheless, COVID-19 vaccine causes registered in the death certificates must, on codification for the CDC Wonder database, fall within the ICD-10 code “Y59.0 Viral vaccines”.

This is shown in Figure 1, which is a page from the WHO ICD-10 Version:2019 classification scheme that includes all the possible slots in the full hierarchical system that are used in death assignations (as opposed to conditions or medical interventions) for “vaccine” as a cause of death (ICD-10, 2019). It was also verified in the CDC Wonder database.

Therefore, the specific ICD-10 Version:2019 code for UCD and MCD as “COVID-19 vaccines” recorded in the CDC Wonder database and reported in the instant Brief Report is: Y59.0.

ICD-10 Version:2019

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ICD-10

Versions - Languages

Info

Y50 Central nervous system stimulants, not elsewhere classified

Y51 Drugs primarily affecting the autonomic nervous system

Y52 Agents primarily affecting the cardiovascular system

Y53 Agents primarily affecting the gastrointestinal system

Y54 Agents primarily affecting water-balance and mineral and uric acid metabolism

Y55 Agents primarily acting on smooth and skeletal muscles and the respiratory system

Y56 Topical agents primarily affecting skin and mucous membrane and ophthalmological, otorhinolaryngological and dental drugs

Y57 Other and unspecified drugs and medicaments

Y58 Bacterial vaccines

Y59 Other and unspecified vaccines and biological substances

Y59.0 Viral vaccines

Y59.1 Rickettsial vaccines

Y59.2 Protozoal vaccines

Y59.3 Immunoglobulin

Y59.8 Other specified vaccines and biological substances

Y59.9 Vaccine or biological substance, unspecified

Y60-Y69 Misadventures to patients during surgical and medical care

Y70-Y82 Medical devices associated with adverse incidents in diagnostic and therapeutic use

Y83-Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y85-Y89 Sequelae of external causes of morbidity and

Excl.: nicotinic acid (Y52.7)

vitamin B₁₂ (Y44.1)

vitamin D (Y54.7)

vitamin K (Y44.3)

Y57.8 Other drugs and medicaments

Y57.9 Drug or medicament, unspecified

Y58 Bacterial vaccines

Y58.0 BCG vaccine

Y58.1 Typhoid and paratyphoid vaccine

Y58.2 Cholera vaccine

Y58.3 Plague vaccine

Y58.4 Tetanus vaccine

Y58.5 Diphtheria vaccine

Y58.6 Pertussis vaccine, including combinations with a pertussis component

Y58.8 Mixed bacterial vaccines, except combinations with a pertussis component

Y58.9 Other and unspecified bacterial vaccines

Y59 Other and unspecified vaccines and biological substances

Y59.0 Viral vaccines

Y59.1 Rickettsial vaccines

Y59.2 Protozoal vaccines

Y59.3 Immunoglobulin

Y59.8 Other specified vaccines and biological substances

Y59.9 Vaccine or biological substance, unspecified

Figure 1: Page from the ICD-10 Version:2019 codes showing all codes for codifying deaths from vaccines. (ICD-10, 2019)

Results

Figure 2 shows both UCD and MCD (as UCD + MCD, see above) for ICD-10 code Y59.0 deaths by year in the USA (all ages, both sexes), 1999-2025. A vertical dashed line indicates 2020, the year a pandemic was declared (on March 11, 2020). Horizontal dashed lines are at 0 and 10 deaths per year. Deaths per year in the range 1 through 9 are not known specifically (CDC-applied protection-of-privacy threshold) and are here arbitrarily set at 5 deaths per year.

We note that deaths per year by UCD or MCD are zero and less than 10 in all years, 1999 through 2020. Maxima occur in 2021, the year in which COVID-19

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vaccines were rolled out essentially starting in January 2021. The maxima in 2021 are: 66 (UCD) and 198 (MCD) deaths, nation-wide.

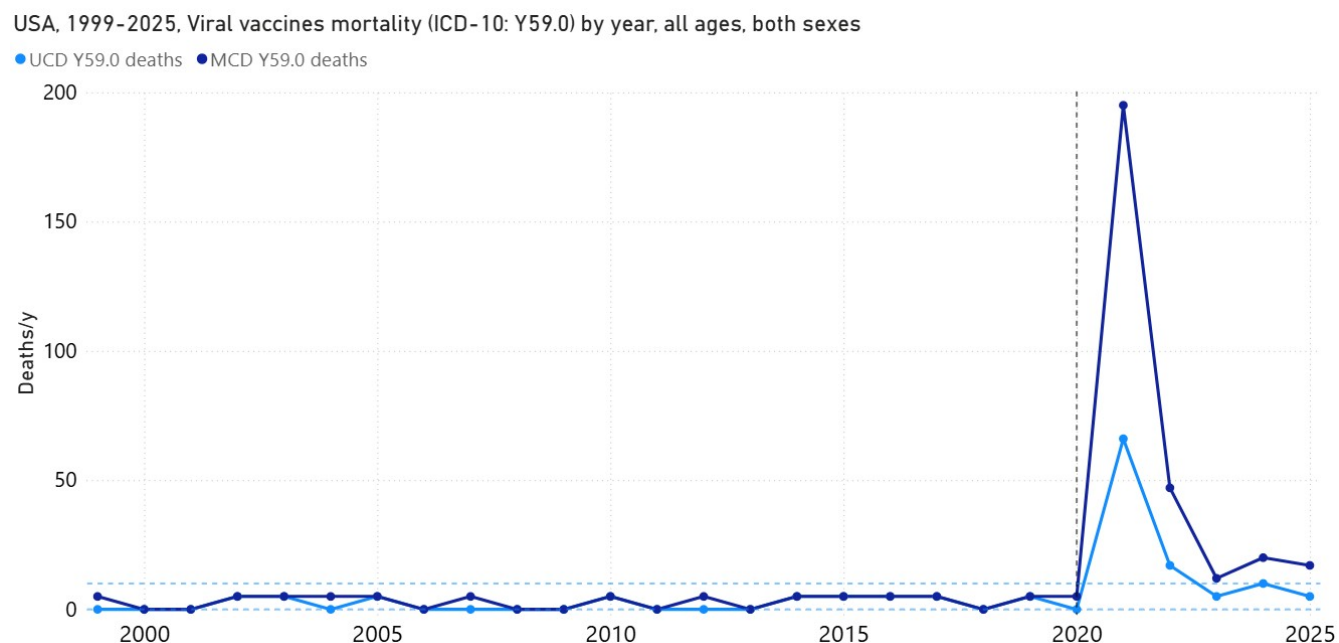


Figure 2: UCD deaths (light blue) and MCD deaths (as UCD + MCD, see text) (dark blue) for ICD-10 code Y59.0 by year in the USA (all ages, both sexes), 1999-2025. Vertical dashed line: 2020. Horizontal dashed lines are at 0 and 10 deaths per year. Unknown numbers of deaths in the range 1-9 are arbitrarily set at 5.

Figure 3 shows both UCD and MCD (as UCD + MCD, see above) for ICD-10 code Y59 (which includes Y59.0, see Figure 1) deaths by year in the USA (all ages, both sexes), 1999-2025. A vertical dashed line indicates 2020, the year a pandemic was declared. Horizontal dashed lines are at 0 and 10 deaths per year. Deaths per year in the range 1 through 9 are not known specifically (CDC-applied protection-of-privacy threshold) and are here arbitrarily set at 5 deaths per year.

USA, 1999-2025, Other and unspecified vaccines and biological substances mortality (ICD-10: Y59) by year, all ages, both sexes

● UCD Y59 deaths ● MCD Y59 deaths

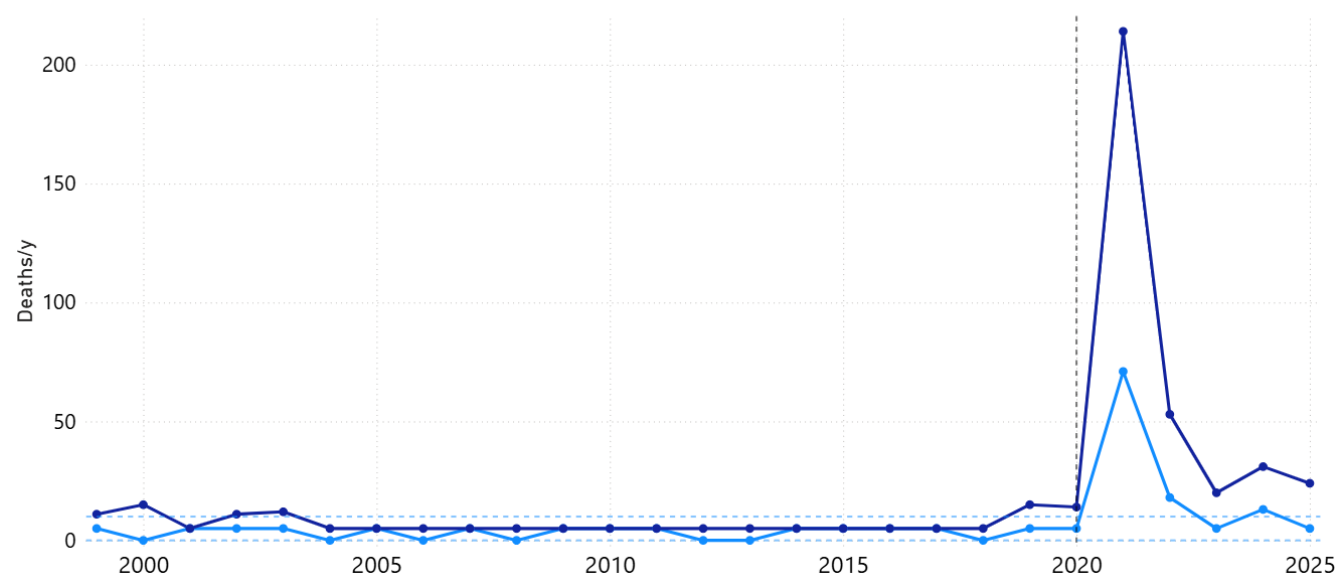


Figure 3: UCD deaths (light blue) and MCD deaths (as UCD + MCD, see text) (dark blue) for ICD-10 code Y59 (which includes Y59.0) by year in the USA (all ages, both sexes), 1999-2025. Vertical dashed line: 2020. Horizontal dashed lines are at 0 and 10 deaths per year. Unknown numbers of deaths in the range 1-9 are arbitrarily set at 5.

The data for Y59 deaths (Figure 3) is virtually the same as the data for Y59.0 deaths (Figure 2) because the death counts for the grouping Y59 (see Figure 1) is dominated by Y59.0.

Data on a per month basis is shown in Figure 4, for ICD-10 code Y59.0 deaths in the USA (both UCD and MCD, all ages, both sexes), 2018-2025. A vertical dashed line indicates March 2020, another indicates January 2021. Horizontal dashed lines are at 0 and 10 deaths per month. Deaths per month in the range 1 through 9 are not known specifically (CDC-applied protection-of-privacy threshold) and are here arbitrarily set at 5 deaths per month.

Note that, except for September 2019, the ICD-10 code Y59.0 UCD deaths per month are strictly zero prior to January 2021, in the period shown (Figure 4).

USA, 2018-2025, Viral vaccines mortality (ICD-10: Y59.0) by month, all ages, both sexes

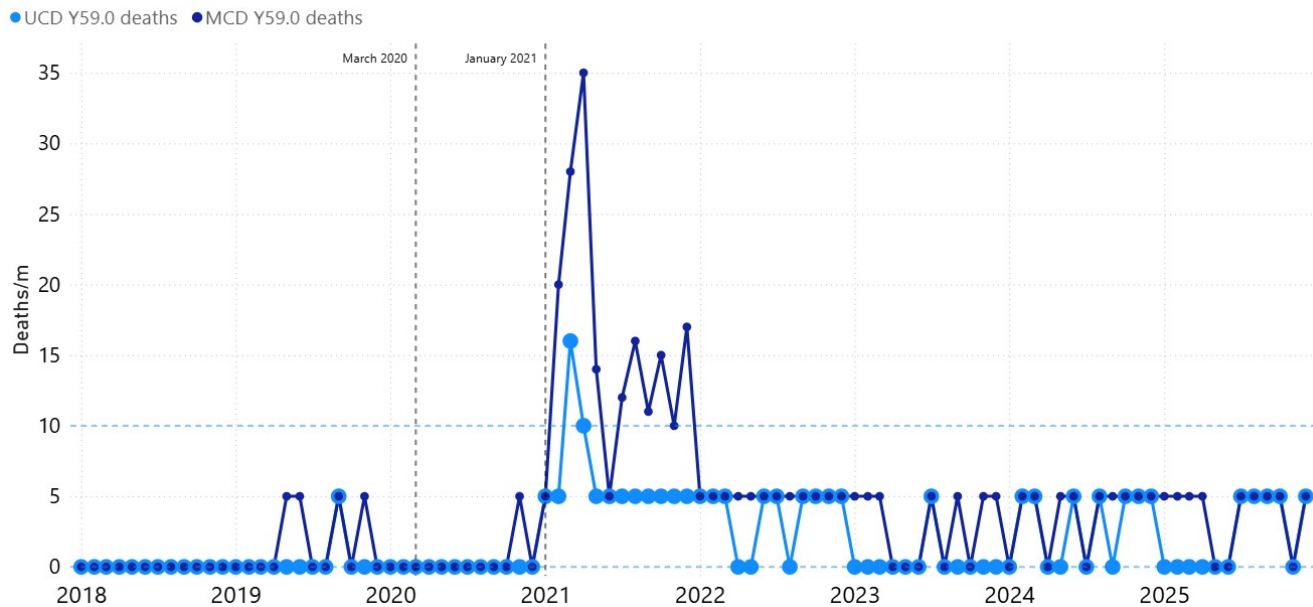


Figure 4: UCD deaths (light blue) and MCD deaths (as UCD + MCD, see text) (dark blue) for ICD-10 code Y59.0 by month in the USA (all ages, both sexes), 2018-2025. Vertical dashed lines: March 2020, January 2021. Horizontal dashed lines are at 0 and 10 deaths per month. Unknown numbers of deaths in the range 1-9 are arbitrarily set at 5.

Figure 5 shows certified vaccine deaths (UCD) by year in the USA from all vaccine types (including viral and bacterial, all ages, both sexes) under previous and current coding systems (ICD-8, ICD-9, ICD-10), 1968-2025. For ICD-10 (> 1998) this corresponds to all UCD codes Y58 and Y59. For prior coding systems (ICD-8, ICD-9), all codes for vaccines were added. Vertical dashed lines indicate the first years of implementation of the different coding systems (as labelled) and 2020. Horizontal dashed lines are at 0 and 10 deaths per year. There are no privacy-threshold restrictions on the data prior to 1999. For 1999-2025, unknown numbers of deaths in the range 1-9 are arbitrarily set at 5.

USA, 1968-2025, All-vaccines (UCD) mortality by year, all ages, both sexes

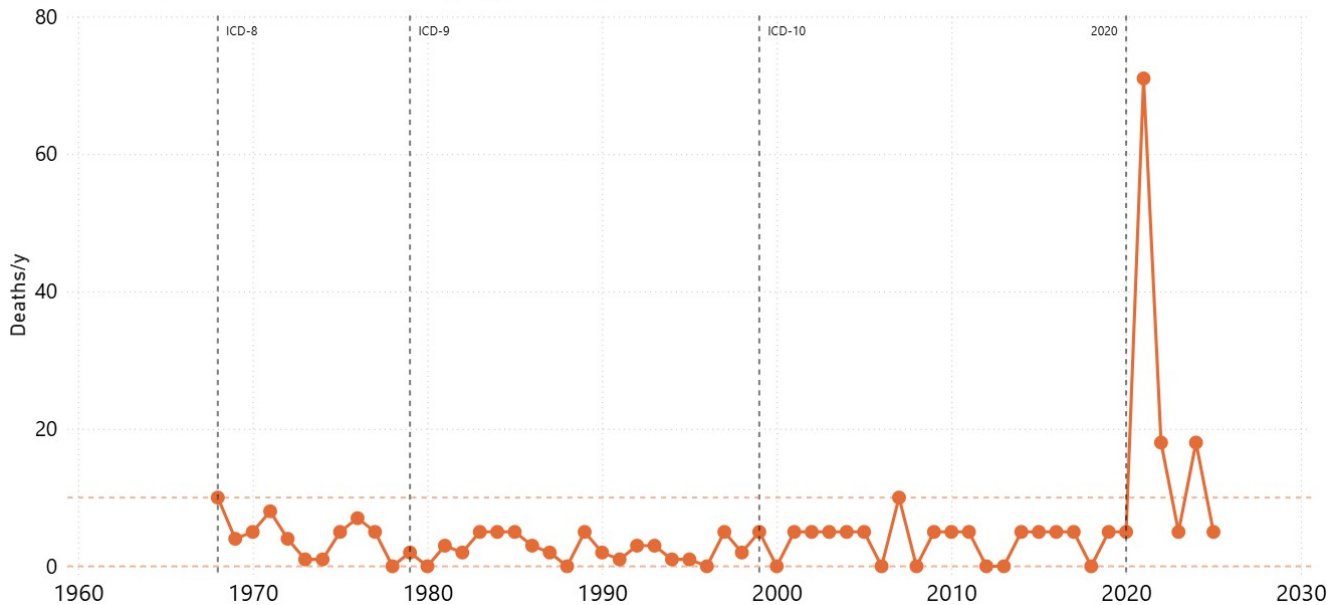


Figure 5: Certified vaccine deaths (UCD) by year in the USA from all vaccine types (including viral and bacterial, all ages, both sexes) under previous and current coding systems (ICD-8, ICD-9, ICD-10), 1968-2025. Vertical dashed lines indicate the first years of implementation of the different coding systems (as labelled) and 2020, the year a pandemic was declared. Horizontal dashed lines are at 0 and 10 deaths per year. There are no privacy-threshold restrictions on the data prior to 1999. For 1999-2025, unknown numbers of deaths in the range 1-9 are arbitrarily set at 5.

Discussion

Given the methodology described above, and the known massive rollouts of COVID-19 vaccines starting essentially in January 2021 (e.g.: OWID, 2026), it is justified to interpret virtually all the ICD-10 code Y59.0 deaths since 2021 as certified COVID-19 vaccine deaths.

Approximately half of the deaths reported above are in persons age 75+. Essentially all the herein certified COVID-19 vaccine deaths recorded in the CDC mortality statistics after 2020 are in elderly persons (age 65+). (CDC Wonder, data not shown)

Elderly persons are also the most vaccinated group for seasonal influenza vaccines. These vaccines would also fall under ICD-10 code Y59.0. Yet there are

essentially no such recorded deaths in the period 1999 through 2020, with a background level less than 10 deaths per year (Figure 2, Figure 4).

There can be little doubt that the data illustrated in Figure 2, Figure 3, Figure 4, Figure 5 constitute reliable safety signals directly extracted from death certificates.

Despite the palpable institutional, professional and industry bias against assigning any COVID-19 vaccine as a cause of death, many physicians legally required to submit death certificates assigned a viral vaccine as the UCD, on 66 death certificates in 2021, and ongoing into the following years. In all, almost 200 deaths were formally caused (as UCD or MCD) by a viral vaccine in 2021. Such numbers are unprecedented since 1999 (Figure 2, Figure 3) and since 1968 (Figure 5) in existing tabulations.

The said safety signal does not occur solely from more viral vaccines being administered in 2021, because the elderly who were impacted already receive influenza vaccines every year (Kramarow and Elgaddal, 2026). Admittedly there were more COVID-19 vaccine doses (including boosters) (Fast et al., 2021) but the increased mortality rate is greater than proportionate to the number of injections.

At least two non-mutually exclusive possibilities must be considered to explain the unambiguous safety signal (Figure 2, Figure 4, Figure 5):

- (1) The COVID-19 vaccines have a significantly higher risk than the classical influenza vaccines for causing death in the elderly, and/or
- (2) The elderly were more strongly coerced to receive the COVID-19 vaccines, even for relatively frail individuals that would normally be exempted.

Regarding a higher degree of in-effect coercion for the elderly to be vaccinated during the Covid period, there is no lack of academic, institutional and government evidence in this regard (e.g.: Farrell et al., 2026).

Regarding higher risk of death (higher toxicity), the study of Vaccine Adverse Event Reporting System (VAERS) data of Hickey and Rancourt (2022) showed that the ratios of risk of death for Pfizer : Moderna : Janssen are: 1.0 : 1.3 : 4.0

for ages 65+ (their Table 1). The rollout of the Janssen COVID-19 vaccine was different from the other brands (FDA, 2023; MacNeil et al., 2021):

- Authorization Date: February 27, 2021
- Pause Period (safety reasons): April 13, 2021 – April 23, 2021
- Janssen Biotech requested voluntary withdrawal of authorization: May 22, 2023
- FDA revoked authorization for the Janssen COVID-19 vaccine: June 1, 2023

The ICD-10 code Y59.0 deaths by month shown in Figure 4 may in part be due to the Janssen COVID-19 vaccine. However, more doses of the other vaccine brands were administered in 2021 (Janssen accounts for approximately 4% of total doses administered), a significant MCD signal occurs in February 2021 before the Janssen vaccine was administered, and the largest MCD deaths value occurs in April 2021, the month in which Janssen was paused. Furthermore, there is not a drop to zero of the apparent safety signal after the Janssen authorization was revoked (Figure 4). Also, the recognized problems with the safety of the Janssen vaccine, leading to its pause in April 2021, could have reduced the likely bias against reporting vaccine deaths, at least for this brand.

Further context is provided by deaths reported in VAERS by vaccine manufacturer for the USA. Figure 6 shows deaths occurring within 60 days of the latest injection, by date of the injection (top panel, a) and by date of the death (bottom panel, b), for each of the three main manufacturers (Pfizer, Moderna, Janssen, as indicated). Figure 6b is consistent with the largest UCD and MCD peaks in certified vaccine deaths occurring in January-May 2021 (Figure 4); however, in this 5-month period, the VAERS count combining all three manufacturers is approximately 4,400 deaths (Figure 6b) whereas the certified deaths are approximately 100 MCD deaths and 40 UCD deaths (Figure 4).

Rancourt (2026) recently reviewed categories of evidence that show that the COVID-19 vaccines caused deaths. These categories of evidence include:

- i. More than 50 peer-reviewed published autopsy studies
- ii. Adverse effect monitoring (VAERS)
- iii. Secondary analysis of serious adverse events reported in placebo-controlled, industry phase III randomized clinical trials

- iv. More than 4,551 peer-reviewed publications about COVID-19 vaccine adverse effects (React 19, 2026)
- v. The known vaccine injury compensation programs of states worldwide, which include death resulting from the COVID-19 vaccines



Figure 6: USA deaths reported to VAERS occurring within 60 days of the latest injection, by date of the injection (top panel, a) and by date of the death (bottom panel, b), per week, for each of the three main manufacturers: Pfizer (blue), Moderna (orange) and Janssen (green). Data was downloaded on January 17, 2022 from the VAERS site: <https://vaers.hhs.gov/data.html>

In addition, Rancourt (2026) listed studies of vaccine-induced pathologies and histopathology and immunohistochemical staining of skin biopsy specimens.

We should now add the signal of certified mortality reported herein as a new category of evidence. The safety signal reported herein (Figure 2, Figure 4, Figure 5) is new and is independent of the categories of evidence reviewed by Rancourt (2026) (listed above). It uniquely is based on the legally mandated death certificates of the nation and relies on the independent professional evaluations of the attending physicians. These are in-effect certified COVID-19 vaccine deaths.

All the above-discussed evidence of deaths from the COVID-19 vaccines is in a context in which any large life-saving benefit from COVID-19 vaccines is questionable (Rancourt and Hickey, 2025).

Conclusion

The ICD-10 coded mortality statistics of the USA, through ICD-10 code Y59.0, provide a robust lower-bound account of nationwide deaths caused by the COVID-19 vaccines in 2021 and beyond, which is independent of post-authorization adverse effect monitoring systems, clinical trial results, legal liability and compensation determinations, and published autopsy studies.

Our results show that the COVID-19 vaccines used in the USA cannot be qualified as “safe” since they caused deaths in the injected population. Informed consent would necessitate informing patients of a risk of death.

Our results also show that a rapid-probe surveillance system focused on death certificates would have immediately detected a robust safety signal of deaths in elderly persons injected with the COVID-19 vaccines. We would recommend developing and implementing such a surveillance system for institutionally imposed new medical interventions not rigorously approved for safety.

Finally, the herein described certified deaths caused by the COVID-19 vaccines apparently represent a large underestimate, in comparison to other monitoring systems. This implies that there is a large institutional, professional and industry bias against assigning any COVID-19 vaccine as a cause of death (UCD or MCD) on death certificates, assuming that the CDC database codification methods themselves are not corrupted (which is not impossible: Johnson et al., 2026).

In the USA, irrespective of the above-described reporting bias, the COVID-19 vaccines caused a significant increase in certified deaths from viral vaccines starting in 2021, which is unprecedented counting all vaccine types since at least 1968.

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