As of May 9, 2020, more than 73,000 people in the U.S.1, including 1,331 Ohioans2, have died with COVID-19, the disease caused by the novel coronavirus SARS-CoV-2. These numbers continue to increase daily.

Cases have been detected in all 88 Ohio counties. Nearly half of reported COVID-19 cases in Ohio are among adults ages 30-59 (49.2%). The majority of hospital admissions (62.2%) and deaths (92%) are among adults ages 60 and older.3

To put this data in context, this brief compares deaths of Ohioans with COVID-19 to leading causes of death in 2018 (the most recent year for which final mortality data is available).

Measuring the full impact of COVID-19
The COVID-19 pandemic is a public health crisis with a global impact that is unprecedented in recent history.

The full scope of impact will likely not be known for some time. In addition to the escalating number of Ohioans who have died with the virus, COVID-19 has severely impacted the state’s economy. As of April 25, 2020, 1.07 million Ohioans have filed initial claims for unemployment.4 At the same time, policies put in place to mitigate the impact of COVID-19 have raised concerns of increases in child abuse, intimate partner violence and disruptions to K-12 education.

The stark economic and social costs of COVID-19 will likely lead to other health consequences, such as higher rates of suicide, violence and drug overdose deaths. The long-term impact of the virus on premature death and its disparate impact on older adults, people who live in congregate settings and communities of color, will take time to fully evaluate. As policymakers make difficult decisions to address the fallout of COVID-19, it is important to acknowledge that this is a rapidly evolving crisis with new knowledge emerging daily. Addressing the pandemic’s many economic, social and health consequences requires accurate data, action based on the best available research evidence and strong collaboration between state and local-level partners and across sectors.
How does COVID-19 compare to other causes of death in the 8-week period since the first reported COVID-19 death?

The first reported and confirmed COVID-19 death in Ohio occurred on March 17, 2020. As of Saturday, May 9, 2020, there have been 22,560 confirmed COVID-19 cases, 1,137 probable cases and 1,331 deaths in Ohio (confirmed and probable).5

Figure 1 displays Ohio COVID-19 deaths from the first reported death through early May 2020, compared to Ohio's leading causes of death for the same eight-week period in 2018. There have been more COVID-19 deaths in 2020 than all other leading causes of death, except for heart disease and cancer, during this period. Notably, unintentional injuries, including drug overdose deaths and motor vehicle crashes, accounted for 1,114 deaths during this timeframe, compared to 1,331 confirmed or probable COVID-19 deaths.

1,331 Ohioans have died with COVID-19 in the eight weeks since the first death was reported on March 17

<table>
<thead>
<tr>
<th>Cause</th>
<th>2020 Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>4,602</td>
</tr>
<tr>
<td>Cancer</td>
<td>3,851</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>1,184</td>
</tr>
<tr>
<td>(asthma, COPD, etc.)</td>
<td></td>
</tr>
<tr>
<td>Unintentional injuries*</td>
<td>1,114</td>
</tr>
<tr>
<td>Stroke and other cerebrovascular</td>
<td>1,040</td>
</tr>
<tr>
<td>diseases</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>860</td>
</tr>
<tr>
<td>Diabetes</td>
<td>618</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>345</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>335</td>
</tr>
<tr>
<td>Septicemia</td>
<td>311</td>
</tr>
<tr>
<td>Suicide</td>
<td>263</td>
</tr>
</tbody>
</table>

During the same eight-week period in 2018, here are the totals for the leading causes of death in Ohio:

- Heart disease: 4,602
- Cancer: 3,851
- Chronic lower respiratory diseases: 1,184
- Unintentional injuries*: 1,114
- Stroke and other cerebrovascular diseases: 1,040
- Alzheimer’s disease: 860
- Diabetes: 618
- Influenza and pneumonia: 345
- Kidney disease: 335
- Septicemia: 311
- Suicide: 263

*Includes drug overdose deaths, motor vehicle crashes and other accidents

Source: HPIO analysis of data from the Ohio Department of Health (ODH), Ohio Public Health Data Warehouse (accessed May 8, 2020) and data posted on the ODH COVID-19 Dashboard (accessed May 10, 2020 at 7 a.m.).
How do weekly trends in COVID-19 deaths compare to other causes?

Figure 2 shows that, while the numbers of deaths from most leading causes are relatively stable from week to week, COVID-19 deaths have increased rapidly since the first case was confirmed.

After taking several initial preventive actions in early March, Gov. DeWine issued a comprehensive stay-at-home order starting Monday, March 23 (week 13 of the year). This order extended school closures, required certain businesses to close or reduce operations and implemented other non-pharmaceutical interventions (NPIs) to reduce the spread of COVID-19, avoid overwhelming hospital system capacity and prevent deaths. Although there has been a rapid increase in deaths from COVID-19 since the first reported case, research evidence suggests that NPIs have likely contributed to reduced numbers of infections among the general population.

According to ODH data, more than one-third of Ohio’s reported COVID-19 deaths are associated with long-term care facilities or prisons. Practicing social distancing and implementing other NPIs in these and other congregate settings is difficult. As of May 10, 2020, the Ohio Department of Rehabilitation and Corrections has reported that there have been 47 people (45 confirmed and two probable) in prison and two prison staff who have died. As of May 6, 2020, 499 residents or staff members of long-term-care facilities have died (37.5% of all confirmed and probable COVID-19 deaths).

As businesses reopen and mobility and interactions increase, more Ohioans will have an increased risk of contracting COVID-19.

Figure 2. Weekly number of COVID-19 deaths reported in 2020 compared to leading causes of death in 2018 for the first 19 weeks of the year* in Ohio


**Other leading causes of death are unintentional injuries (including drug overdose deaths, motor vehicle crashes and other accidents), chronic lower respiratory diseases (asthma, COPD, etc.), stroke and other cerebrovascular diseases, Alzheimer’s disease, diabetes, influenza and pneumonia, kidney disease, septicemia and suicide.

Note: COVID-19 deaths include both confirmed and probable COVID-19 deaths.

Source: HPIO analysis of data from the Ohio Department of Health (ODH), Ohio Public Health Data Warehouse (accessed May 8, 2020) and data posted on the ODH COVID-19 Dashboard (accessed May 10, 2020 at 7 a.m.).
Could COVID-19 become one of Ohio’s leading causes of death in 2020?

Figure 3 compares the total number of COVID-19 deaths so far in 2020 to the number of deaths due to other causes during all of 2018. The number of COVID-19 deaths is exceptionally high, given that deaths were not reported until mid-March and are captured only through May 9.

Deaths of people with COVID-19 have already surpassed deaths from motor vehicle crashes in all of 2018 and could soon overtake suicide. Currently, no vaccine or cure for COVID-19 is available, and the research evidence is clear that SARS-CoV-2 will remain a threat until an effective vaccine is widely available. Given this, it is likely that COVID-19 will cause more deaths than many other leading causes in 2020.

Keep up-to-date with the latest COVID-19 research

HPIO is collecting the latest research so that Ohio policymakers and other stakeholders can make informed decisions on the rapidly evolving COVID-19 pandemic. Research summaries are posted to HPIO’s COVID-19 resource page three days a week. A weekly roundup of select findings will be emailed on Mondays.

www.hpio.net/coronavirus-covid-19-in-ohio

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