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சுவசிரிபாய  
SUWASIRIPAYA

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எனது இல ) EPID/400/2019/nCoV/Guidelines  
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Your No. )

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திகதி ) 22 /10/2021  
Date )

## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

Deputy Director General (NHSL/NHK)  
All Provincial Directors / Regional Directors of Health Services  
All Directors/ Medical Superintendents of TH/PGH/DGH/BH  
All Heads of Other Institutions  
All JMOs of Hospitals and Universities

### Update on Reporting and Disposal of COVID-19 Related Deaths

It is important to notify and register all COVID-19 related deaths which occur at hospital wards/specialized care units, on-admission and at home in an effective and uniform manner. Reporting (or Notifying) of COVID-19 deaths, indicating the Cause of death and the disposal of corpses are considered separately, independent of each other in an effective and uniform manner.

### **Notifying of COVID-19 Related Deaths**

Further to the Circular EPID/400/2019/n-CoV/Guidelines dated 24/5/2021 on Certification and Reporting of COVID-19 Deaths, it has been decided to classify all COVID-19 infection related deaths (which are identified by PCR or Ag/RAT results) into 3 groups as follows;

- Deaths directly due to COVID-19 infection
- Deaths contributed by COVID-19 infection
- Deaths where PCR or Ag/RAT is reported as positive as an incidental finding

Judicial Medical Officers who declare the cause of death (COD) in the COD form or the Clinicians who treated such cases immediately prior to death and report in the Death Declaration Form (B33) are hereby required to follow the format shown below.

COVID-19 deaths should be declared as follows,

**I – 1a – Immediate cause**

**1b – Antecedent cause**

**1c – Underlying cause**

**II – Contributory causes**

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- Therefore, where COVID-19 infection is declared **in either Ia, Ib or Ic categories**, such a death will be registered under the “**Deaths Directly due to COVID-19 Infection**” group.
- Deaths where COVID-19 infection is mentioned **in category II**, such a death will be registered as “**Deaths contributed by COVID-19 infection**” group.
- Other COVID-19 deaths where the PCR or Ag-RAT is positive but not due to or contributed to the death, will be registered in “**Deaths where PCR/ Ag-RAT is reported positive for COVID-19 as an incidental finding**” group.
- For **deaths in persons who are recognized or suspected to be ‘Long COVID’ patients**, the cause of death could be given according to post-mortem findings and categorized accordingly (e.g. If post mortem findings are of lung fibrosis, it will be categorized as Ia and COVID-19 infection as Ib). *‘Long COVID’, also known as ‘post-COVID-19 syndrome’ is a condition characterized by long-term sequelae appearing or persisting after the typical convalescence period of COVID-19 infection.*

It is important that the Judicial Medical Officer or the treating clinician to oversee the reporting of Cause of Death. The dedicated ‘COVID-19 Death Notification Form’ (*see Annexure*) is to be sent to the Epidemiology Unit for each COVID-19 death, at the earliest.

In addition to reporting COVID-19 related deaths under above 3 groups, all health care institutions are required to maintain 3 separate groups of statistics / Death Registers to record the category in which each death is reported. This will be the responsibility of the Head of the Institute, who should appoint a suitable officer for this purpose.


## **Disposal of COVID-19 Related Deaths**

Disposal of COVID-19 deaths will be done according to the risk of infection to individuals handling the corpse.

- For **all hospitalized deaths**;
  - If the death occurred **on or before 21 days of being diagnosed of COVID pneumonia in hospitalized patients** (i.e. from date of PCR/RAT being positive), **the corpse should be considered as infective** and disposed according to the existing COVID-19 guidelines of disposal of the dead bodies by taking necessary precautions.
  - If the death had occurred **after 21 days, the corpse should be considered as non-infective** and can be handed over to the family members for disposal (to be cremated or buried within 24 hours).
- For **patients who are discharged from hospital and for home deaths** which are reported as PCR positive;
  - **If previously diagnosed as a COVID-19 infected patient and the death occurred on or before 14 days** (from date of PCR/RAT being positive) of being diagnosed, the corpse **should be considered as having a risk of infection** and disposed according to the existing COVID-19 guidelines.


- If such a **death had occurred after 14 days of being discharged as a COVID-19 patient**, the corpse should be **considered as non-infective** and can be handed over to the family members for routine disposal (to be cremated or buried within 24 hours).
  - If there is no clear history of any COVID-19 infection, a thorough verbal autopsy and external examination / partial post mortem examination or a full post mortem should be carried out to ascertain any features suggestive of a COVID-19 infection and dispose the corpse accordingly.
- All 'Long COVID' deaths should be considered as non-infective and disposed accordingly and can be handed over to the family members for disposal (to be cremated or buried within 24 hours).
- In any death in which the **PCR findings are reported (repeatedly, at least twice) as 'inconclusive'**, it should be **classified as due to a 'past infection of COVID-19'** and the corpse can be handed over to the family members for routine disposal (to be cremated or buried within 24 hours).

Please adhere to this guideline in reporting and disposing of COVID-19 deaths until further updates.

  
**Dr. Asela Gunawardena**  
 Director General of Health Services.

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CC: Secretary of Health  
 Secretary, Ministry of Justice  
 All DDGs  
 Chief Epidemiologist  
 All Consultant JMOs

	<h2 style="margin: 0;">Epidemiology Unit</h2> <p style="margin: 0;">Ministry of Health</p> <h3 style="margin: 0;">NOTIFICATION OF COVID-19 DEATHS</h3>
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To be completed by Consultant or Medical Officer who declares Cause of Death or conducts the autopsy of the deceased (including the verbal autopsy)

<b>Name of Hospital :</b>			
<b>Name of Deceased :</b>			
<b>Age :</b>	<b>Ethnicity :</b> <input type="checkbox"/> Sinhalese <input type="checkbox"/> Tamil <input type="checkbox"/> Moor <input type="checkbox"/> Burgher <input type="checkbox"/> Other	<b>Sex :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Address :</b>			
<b>District :</b>		<b>MOH Area :</b>	
<b>Telephone number(s) of a contactable relation :</b>			
<b>Place of Death :</b> <input type="checkbox"/> Hospital <input type="checkbox"/> On admission <input type="checkbox"/> Home <input type="checkbox"/> Other.....			<b>Death Date :</b>
<b>Date of Admission (for Hospital Deaths) :</b>		<b>Date of Confirmation as a COVID Death :</b>	<b>Date of Discharge if Previously Hospitalized (for Home Deaths):</b>
<b>COVID-19 Test +ve</b> <input type="checkbox"/> PCR <input type="checkbox"/> Rapid Antigen <input type="checkbox"/> Post Mortem PCR		<b>Date of Test +ve :</b>	
<b>Cause of Death :</b>	<b>Ia</b>		
	<b>Ib</b>		
	<b>Ic</b>		
	<b>II</b>		
<b>If Cause of Death is Pneumonia, diagnosis is justified by:</b> <input type="checkbox"/> Clinical Examination <input type="checkbox"/> CXR <input type="checkbox"/> Chest CT <input type="checkbox"/> Gross Lung Examination at Autopsy <input type="checkbox"/> By History <input type="checkbox"/> Other: .....			
<b>Post-Mortem data :</b> <input type="checkbox"/> None <input type="checkbox"/> Verbal Autopsy/Ext. Observations <input type="checkbox"/> Partial Autopsy <input type="checkbox"/> Complete Autopsy			
<b>Co-morbidities :</b> <input type="checkbox"/> CKD <input type="checkbox"/> DM <input type="checkbox"/> HT <input type="checkbox"/> IHD <input type="checkbox"/> CVA <input type="checkbox"/> COPD <input type="checkbox"/> CLCD <input type="checkbox"/> Malignancy <input type="checkbox"/> Obesity <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other.....			
<b>COVID-19 Vaccinated?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Vaccinations were given on :</b> <b>1<sup>st</sup> Dose :</b> <b>2<sup>nd</sup> Dose :</b>	
<b>Type of vaccine Given:</b>	<input type="checkbox"/> AZ/Covishield <input type="checkbox"/> Sinopharm <input type="checkbox"/> Sputnik-V <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Other.....		
<b>Name of the Notifying Officer:</b>			
<b>Designation &amp; Institute:</b>		..... Signature	

Please send the completed form to the Epidemiology Unit  
by Email: [chepid@slt.net.lk](mailto:chepid@slt.net.lk) or Fax: 011 2696583

**EPIDEMIOLOGY UNIT, 231, DE SARAM PLACE, COLOMBO 10**