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சுகாதார அமைச்சு
Ministry of Health

All Deputy Director Generals of Health Services,
All Provincial Directors/ Regional Directors of Health Services,
All Directors and Medical Superintendents, TH/ PGH/ DGH/ BH
All Heads of other Institutions
All JMOs of Hospitals and Universities

Update on Post-mortem Diagnosis, Disposal and Reporting of COVID – 19 related deaths

Considering the evolving knowledge of COVID – 19 infection, change of clinical practice guidelines and satisfactory coverage of vaccination for COVID – 19 infection, management protocols of COVID – 19 related deaths (EPID/400/2019/n-CoV) are revised as below. All the previous circulars of EPID/400/2019/n-CoV are hereby cancelled.

Post-mortem diagnosis of COVID-19

- Performing post-mortem PCR is not mandatory for any death occurring in community or hospitals. Dead bodies can be disposed adhering to normal procedure adopted before the COVID-19 pandemic. However, if a death will be subjected to an **inquest and autopsy**, a post-mortem PCR can be performed at the discretion of the relevant Judicial Medical Officer (JMO).
- In any death in which the PCR findings are reported noninfectious, 'inconclusive' (repeatedly twice) it should be classified as due to a 'past infection of COVID-19'.
- If a death has occurred after seven days of first PCR/Rapid Antigen Test (RAT), the dead body should not be considered as a COVID related death. The body should be handed over to relatives as a normal death.
- In a COVID related death, if a cause of death or a probable cause of death can be given by clinicians, a post-mortem examination is not mandatory even if it is subjected to inquest.

Disposal of COVID-19 related deaths

01. The body will be handed over to relatives.
02. The body should be placed in a leak proof body bag by health care workers before placing inside a coffin. It is the duty of relatives to provide a coffin.
03. The body shall be disposed within 24 hours by relatives after being released to them by the relevant authority.
04. The body cannot be transported to any other place (such as funeral parlors or residences) other than the disposal site (cemetery/ burial ground).
05. The body should not be embalmed.
06. Method of disposal (burial or cremation) at any cemetery/ burial ground is at the discretion of relatives except for dead bodies which undergo inquest procedure where the disposal is decided by the magistrate/ inquirer into sudden death (ISD) according to criminal procedure code of Sri Lanka.
07. Disposal of dead bodies has to be done by relatives at their expense. It will not be facilitated by the Ministry of Health or any other Ministries or Departments hereafter.

Notifying of COVID-19 Related Deaths (Notification form is annexed herewith)

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, independently of each other.

Certification and Reporting of COVID-19 deaths 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:

- 1. Deaths directly due to COVID-19 infection**
- 2. Deaths contributed by COVID-19 infection**
- 3. Deaths where PCR or Ag/RAT is reported 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

- 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 Institution, who should appoint a suitable officer for this purpose.

08. **This circular will be effective from 00.00 midnight 05th of March 2022.**


Dr. Asela Gunawardena
Director General of Health Services

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CC:

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2. Hon. Minister of Health
2. Hon. Attorney General
3. Secretary – Ministry of Public Administration
4. Secretary – Ministry of Health
5. Secretary – Ministry of Justice
6. Secretary – Ministry of Internal Affairs
7. Inspector General of Police
8. Registrar General