



Interim Guidance note for Member States on Detecting and Reporting Deaths at the Community- level

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Introduction:

This interim guidance is based on what is currently known about coronavirus disease 2019 (COVID-19). It also provides recommendations for detecting and reporting deaths due to COVID-19 in the community. This could be done through autopsy or a thorough epidemiological investigation using a verbal autopsy technique at the community level.

As part of the Integrated Disease Surveillance and Response (IDSR); and the International Health Regulations 2005 (IHR 2005), member states are required to report to WHO all outbreaks in a timely manner including the number of cases and deaths occurring as a result of the disease in the health facilities and within the affected community.

Under the leadership of the national / sub-national task force, the Rapid Response teams are required to investigate and report any death occurring in the community, where COVID-19 outbreak has been confirmed or suspected.

1. Scope

This document aims to support public health preparedness planning and response activities to identify and report deaths occurring at the community level.

2. Target audience

Public health responders and members of the community in member states.

3. Rationale

This guidance will assist member states to detect and report COVID-19 deaths occurring in the community. The mortality data will guide member states on decisions to be taken in adjusting or fine-tuning the response to the COVID-19 pandemic.

4. Levels and participants involved in detecting and reporting of COVID-19 community deaths

- **The community:** the traditional and religious leaders, the youth groups, the teachers, women groups, the local authorities, the community volunteers, the counselors, the primary health facility workers.

- **The district level:** the district Emergency Operation Center (EOC) members, district health teams, surveillance and data teams, rapid response teams, local NGOs such as the national Red Cross, civil societies, partners, local councilors and births and deaths registration units.
- **At national level:** Public Health Emergency Operation Center (PHEOC) members, surveillance and data management teams, rapid response teams, partners, births and deaths registration team, forensic pathologist, in case further investigation is needed.

5. Roles and responsibilities

The role of the community

- Identify and report all death alerts and rumours to the district
- Daily reporting including zero reporting of death alerts to the districts
- Provide feedback to the households in the community on the result
- Provide information to the households in the community about COVID-19
- Conduct safe burial
- Provide support to affected families
- Follow up on all listed contacts on self-quarantine for 14 days
- Serve as the primary contact for the deceased family
- Any other actions as determined by the community leaders

The role of the district

- Train community stakeholders how to detect, investigate and report all deaths alerts
- Receive information and respond to all death alerts
- Verify, investigate, collate, analyze and report all community deaths to the national level
- Support specimen collection, transportation, and testing
- Supervise burial according to IPC standard precautions
- Provide feedback to the community and local partners about the result
- Strengthen cross border collaboration through information sharing
- Provide psychosocial support to the family

- Follow all listed contacts to the positive COVID-19 deceased person for 14 days. (NB: All contacts to positive COVID-19 deceased persons should be listed as contacts and should be self-quarantined and followed for 14 days)
- Any other actions as determined by the district leaders

The role of the national

- Provide required logistics and supplies for investigation of death alerts
- Receive daily report from the districts and provide feedback
- Generate national perspective of the death alerts
- Collate and analyze data
- Recommend additional action based on findings of analysis the data received
- Disseminate the information to government structures and partners
- Any other actions as determined by the national leaders

6. Step by step Surveillance guide: Death Detection, Verification and Reporting

Identification and detection

- All deaths in the community **MUST** be reported, verified, and investigated
- Sensitize and disseminate the community case definition for a patient with COVID-19
- A COVID-19 death can be probable or confirmed
 - **A probable COVID-19 cause of death** is defined as any person that died for which sample was not collected but verbal autopsy indicated that he/she had COVID-19 symptoms or linked to a COVID-19 confirmed case
 - **A confirmed COVID-19 cause of death** is defined as any person that died whose laboratory test or swab confirmed COVID-19

Notification

The following steps should be followed:

- District EOC must be notified immediately about all community deaths

- Notification should include information about the death
- All information should be documented using either paper or electronic questionnaire.

Investigation Team

- The rapid response team verify and investigate the death and collect swab sample
- The team should follow the country's legal requirements and the national laboratory Standard operating procedures, infection prevention and control guidelines and the National guidelines on dead body management for COVID-19.
- A written report using a case-based form must be completed and swab samples should be collected

7. Data collection and analysis

- Use standard surveillance tools for COVID-19 deaths. The tools should be specific for community, districts, and national levels)
- Incorporate information generated on the national dashboard/situation report for COVID-19
- Establish method, flow and frequency of reporting from the different levels

8. Protocol for conducting an autopsy and laboratory investigation

- The main indication for posthumous confirmation is to ascertain whether a reported community death was due to COVID-19 or not.
- Other indications for posthumous autopsy may include:
 - Requirement by Coroner or medico-legal authority,
 - Need for public health or environmental intervention and
 - Cultural or family preference.

A. In Death Detection, Verification and Reporting

1. Investigation and reporting of death in community can be through any/ or all the following:

- **Direct Reporting** of a known confirmed case of COVID-19 who dies.

- **Autopsy result** of a death reported resulting from respiratory tract infection in the community where there is a suspected COVID-19 or where the investigation team could not establish the epidemiological link with current COVID-19 outbreak in the community
- **Screening** based on history taking as reported by an informer:
 - **Symptomatic:** this considers clinical information on symptoms – including acute onset of upper respiratory symptoms (fever, rigor, cough, sore throat, loss of sense of smell) or acute onset of lower respiratory symptoms (fast breathing, shortness of breath, difficulty in breathing)
 - **Contact history:** History of travel to or from an affected country or affected region/district or contact with a probable, confirmed COVID-19 case or being part of a cluster of respiratory illness in a closed setting.
 - If a combination of one or more from any of the above 2 are present, the decedent may be classified as **PROBABLE** COVID-19.

2. Investigation Team

- The rapid response team and designated laboratory personnel for COVID-19 sample collection, transportation and testing are tasked with the responsibility of Conducting the post mortem testing.
- The team should follow:
 - the country's legal requirements bearing in mind customs and traditions of the area
 - the national laboratory Standard operating procedures
 - the infection prevention and control guidelines and
 - the National guidelines on dead body management.

B. Laboratory protocol

1. Counselling of the Relatives and dead body handling

- Before beginning the posthumous sample collection, the relatives of the deceased must be consulted, informed, and counselled on the rationale and planned procedures for sample collection.

- The dead body must be handled with respect and dignity.
- There should be adequate security for personnel and equipment conducting the sample collection.

2. Recommended Postmortem specimen for collection

- Should there be a need for postmortem specimen collection, the following sample should be used;
 - Nasopharyngeal Swab (NP swab) or
 - Lung swab from each lung (when autopsy is performed)
- Samples collected **MUST** be properly packaged using the WHO recommended COVID-19 Laboratory specimen collection specifications and transported safely to the reference laboratory center for testing COVID-19.
- Infection prevention and Control practices for sample collection **MUST** be adhered to ensuring availability of personal protective equipment (PPE) for the team.

3. Recommended timeframe for testing

Posthumous testing for suspected COVID-19 cases must be conducted within 3 days of the death of the patient.

4. Recommended COVID-19 test to perform

PCR is the recommended tests to be performed from samples collected from Nasopharyngeal Swab (NP swab) or Lung swab from each lung posthumously.

5. Reporting of lab test Result

Upon completion of laboratory testing of the sample, the test result must be relayed to both the relatives (with Counselling) and to the Surveillance team.

In case of positive PCR test, all contacts must be identified followed or tested depending on the national testing strategy. Negative test should rule out death due to COVID-19 and reported accordingly.

Reference documents

1. Technical guidelines of the integrated disease surveillance and response 3rd edition
2. WHO COVID-19 website