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SUWASIRIPAYA

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சுகாதார அமைச்சு
Ministry of Health

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எனது இல) EPID/400/2019/n-CoV/ Guidelines
My No.)

ඔබේ අංකය)
உமது இல)
Your No. :)

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திகதி)
Date)

24 . 05. 2021

Deputy Director General (NHSL)

All Provincial Directors/ Regional Directors of Health Services,

All Directors/ Medical Superintendents of Kandy National Hospital, TH/ PGH/ DGH/ BH

All Heads of other institutions

ALL JMOs of Hospitals and Universities,

Certification of death during current pandemic of COVID-19 for all deaths (institutional deaths where death deceleration form is filled or deaths subjected to inquests and autopsies) and reporting of COVID-19 deaths

Accurate identification of all deaths related to COVID-19 infection is very important in estimating fatality rates of COVID-19 infection. This helps to understand the severity of the disease, to identify at-risk populations and to evaluate the quality of healthcare provided. However, it is observed that reporting of the cause of death is not uniform and sometimes not following the standard guidelines. Therefore, this guideline is prepared to be followed by all Medical Officers certifying deaths related to COVID-19.

Deaths due to COVID – 19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID – 19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and the death. Hence deaths occurring after recovery from Covid 19 infections are not Covid deaths.

A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of pre-existing conditions that are suspected of triggering a severe course of COVID – 19.

It is necessary to adhere to guidelines for certifying COVID-19 as a cause of death. World Health Organization (WHO) has recommended to certify cause of death as mentioned below.

A. Recording COVID-19 on the medical certificate of cause of death

COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death.

B. Terminology

The term "COVID-19" should be used for all certification of the cause of death (It should not be written as Corona, Corona virus, n-COV etc.)

C. Chain of events

Recording of the causal sequence leading to death in Part I of the certificate is important (e.g. when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included, along with COVID-19, in Part I). It is necessary to include as much details as possible based on the knowledge of the case, as from medical records or laboratory testing.

D. Comorbidities

Comorbidities are considered as chronic conditions of non-communicable diseases such as coronary artery disease, chronic obstructive pulmonary disease, (COPD), diabetes or disabilities. They should be reported in Part II of the medical certificate of cause of death.

It should be stated in chain of events and select the underlying cause of death in Part I, with comorbidities reporting in Part II of the certificate. In the Part II, other significant conditions contributing to death can be included with time intervals in brackets after the condition.

In the deaths where post mortem covid diagnostic tests become positive but Covid infection has not contributed to the death the term "COVID-19 (Test Positive -Incidental Finding)" should be clearly mentioned.

In case of a death during pregnancy, puerperium or birth, in conjunction with COVID-19, it is necessary to record the sequence of events in the standard manner currently such deaths are reported.

For a few illustrated samples of reporting cause of death please refer to the Annex I.

Furthermore, it is the responsibility of the Head of the Institution to ensure the prompt reporting of all COVID-19 related deaths to the Epidemiology Unit through email (chepid@sltnet.lk with a copy to munasinghahathshya@gmail.com) or fax (0112696583). For further information please contact Dr. Hathshya Munasinghe, Consultant Epidemiologist (Mobile: 0718070593; Email:).

Please refer to the Annex II for the death reporting form.


Dr Asela Gunawardena

Director General Health Services

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health

"Suwasiripaya"
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Colombo 10.

cc: Secretary
Additional Secretary (PHS)/ (MS)
All DDGs

Examples for when to certify COVID-19 as cause of death

Providing details of causal sequence leading to the death in Part I of the Certificate of Cause of Death is important.

Example 1: When COVID-19 infection causes pneumonia and fatal respiratory distress

Cause of death		Approximate interval between onset and death
Immediate cause	la. Acute respiratory distress syndrome	2 days
Antecedent causes or underlying causes	lb. Due to (or as a consequence of) Pneumonia	10 days
	lc. Due to (or as a consequence of) COVID-19 (test positive)	14 days
	ld. Due to (or as a consequence of)	
Contributory causes	ll	

Example 2: When comorbidities exist

Cause of death		Approximate interval between onset and death
Immediate cause	la. Acute respiratory distress syndrome	2 days
Antecedent causes or underlying causes	lb. Due to (or as a consequence of) Pneumonia	10 days
	lc. Due to (or as a consequence of) COVID-19 (test positive)	12 days
	ld. Due to (or as a consequence of)	
Contributory causes	ll Coronary artery disease Type 2 diabetes Chronic obstructive pulmonary disease	5 years 14 years 8 years

Example 3: If pregnancy complicating COVID-19

Cause of death		Approximate interval between onset and death
Immediate cause	Ia. Respiratory failure	2 days
Antecedent causes or underlying causes	Ib. Due to (or as a consequence of) Pneumonia	8 days
	Ic. Due to (or as a consequence of) Pregnancy complicated by COVID-19 (test positive)	12 days
	Id. Due to (or as a consequence of)	
Contributory causes	II	

Example 4: Where death may have been influenced by COVID-19 but death was caused by another disease or an accident. Identification of COVID-19 status may be incidental by post-mortem PCR. [THIS IS NOT A COVID DEATH]

Cause of death		Approximate interval between onset and death
Immediate cause	Ia. Hypovolaemic shock	1 day
Antecedent causes or underlying causes	Ib. Due to (or as a consequence of) Aortic dissection	1 day
	Ic. Due to (or as a consequence of) Motor vehicle accident	2 days
	Id. Due to (or as a consequence of)	
Contributory causes	II COVID-19 (incidental finding)	

Note: Persons with COVID-19 may die of other diseases or accidents, such cases are not deaths due to COVID-19 and should not be certified as such. In case you think that COVID-19 aggravated the consequences of the accident, you may report COVID-19 in Part II. Please remember to indicate the manner of death and record in Part I the exact kind of an incident or other external causes.

Example 5: Where death may have been influenced by COVID-19 but death was caused by another disease [THIS IS NOT A COVID DEATH]

Cause of death		Approximate interval between onset and death
Immediate cause	Ia. Heart failure	1 day
Antecedent causes or underlying causes	Ib. Due to (or as a consequence of) Myocardial infarction	5 days
	Ic. Due to (or as a consequence of)	2 days
	Id. Due to (or as a consequence of)	
Contributory causes	II COVID-19	

Note: Persons with COVID-19 may die due to other conditions such as myocardial infarction. Such cases are not deaths due to COVID-19 and should not be certified as such.

For further details, refer to WHO guideline: "International Guidelines for Certification and Classification (Coding) of COVID-19 as Cause of Death". This can be downloaded from:
https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19.pdf?ua=1.



Epidemiology Unit
Ministry of Health
NOTIFICATION OF COVID-19 DEATHS

ANNEX II

To be completed by the Consultant or Medical Officer who declares the cause of death or conducts the autopsy of the deceased (including the verbal autopsy)

Name of the hospital	:		
Name of the deceased	:		
Age	:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	: <input type="checkbox"/> Sinhalese <input type="checkbox"/> Tamil <input type="checkbox"/> Moor <input type="checkbox"/> Burgher <input type="checkbox"/> Other		
Address of the deceased	:		
District	:	MOH Area	:
Telephone numbers of a contactable relation	:		
Place of death	: <input type="checkbox"/> Hospital <input type="checkbox"/> On admission <input type="checkbox"/> Home <input type="checkbox"/> Other		
Date of admission	:	Date of death	:
Presenting Complaints	:		
Cause of death	Ia		
	Ib		
	Ic:		
	Id:		
	II:		
COVID-19 testing	:	<input type="checkbox"/> PCR <input type="checkbox"/> Rapid Antigen	Date of testing : _____
History of co-morbidities	: <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"/> Other		
COVID-19 vaccine given	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: 1 st Dose _____ 2 nd Dose _____
Type of vaccine	: <input type="checkbox"/> Covishield <input type="checkbox"/> Sinopharm <input type="checkbox"/> Sputnik-V <input type="checkbox"/> Other		

Name of the reporting officer	:	
Designation	: Signature
Date	:	

Please send the completed form to the Epidemiology Unit by email or fax	Email: chepid@slt.net.lk (with a copy to: munasinghahathshya@gmail.com) Fax: 011 2696583
For details, please contact:	Dr Hathshya Munasinghe, Consultant Epidemiologist Mobile: 0718070593