

March 30, 2020

RE: Nebraska Death Investigation Protocol and Autopsy Guidelines for COVID-19

Nebraska Public Health authorities and the Centers for Disease Control are responding to public health emergency involving a novel coronavirus referred to as coronavirus disease 2019 (COVID-19). The situation is rapidly evolving and Nebraska has started to report deaths associated with the virus. Identifying infected individuals and reducing the spread of infection are essential to battling this emerging threat.

To provide guidance for county attorneys, designated coroners, death investigators, pathologists, and postmortem workers, Physicians Laboratory has assisted public health authorities in creating an action plan for identifying potential deaths related to COVID-19 and keeping public health responders and postmortem workers safe. Attached is an outline for postmortem handling of potential COVID-19 associated deaths based on a risk-stratification system.

Because we are all working in real-time to provide for the public health needs of Nebraska, we anticipate updates in the guidelines as more information becomes available and we adjust to the needs of those we serve.

REVISED: March 30, 2020

Coroner Guidance for COVID-19

This is intended to be general guidance for handling unattended deaths during the COVID-19 pandemic.

Known cases of COVID-19 and persons under investigation for COVID-19 should NOT be referred for autopsy.

In cases of an unattended death (lack of presence of a healthcare provider at the time of death) in an individual, a tiered system may be used.

Accurate information is critical for the protection of public health workers including first responders, medical personnel, and deathcare workers. In order to assign a tier/risk category, the following information regarding a decedent MUST be asked/obtained:

1. Travel history? Location and dates? Domestic/Foreign, plane travel, high risk countries or locations within the United States
 2. Contact with persons with a known COVID-19 infection
 3. Flu-like symptoms prior to death (headache, cough, sore throat, fever, shortness of breath/difficulty breathing, nausea, vomiting, diarrhea, chills). Please document which symptoms and how long they have had the symptoms.
 4. Contact with other people with flu-like symptoms (not known to be COVID-19 infections)
 5. Occupation or living situation?
- TIER 1: Unattended death with potential COVID-19 infection (rule out COVID-19)
 - Symptoms consistent with an acute infectious illness (such as cold or flu) and died while experiencing these symptoms
 - The symptoms may include: fever, chills, shortness of breath/difficulty breathing, cough, sore throat, runny/stuffy nose, muscle/body aches, fatigue, vomiting, and diarrhea
 - No sufficient explanation for this illness exists
 - Note individual in Tier 2-4 may be elevated to Tier 1 status if they meet the CDC criteria for high risk or medium risk exposure to COVID-19 based on geography/travel and/or contact with persons with symptomatic laboratory confirmed COVID-19
 - Recent travel from outside the United States
 - Recent travel to certain domestic regions within the United States with high levels of COVID-19 activity (including New York, New Jersey, Connecticut, California, Washington State, Michigan, Florida, Louisiana, Texas, Colorado)
 - Close contact with a person with symptomatic laboratory confirmed COVID-19
 - Living in the same household, being an intimate partner of, or providing care in a non-healthcare setting for a person with symptomatic laboratory confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
 - Residents and staff of nursing homes, group homes, homeless shelters, and other residential facilities in close contact with a symptomatic patient
 - Health care workers in contact with symptomatic patients

- TIER 2: Unattended death with general “flu-like symptoms”/low-risk for COVID-19
 - Symptoms described as “flu-like,” but has other significant medical conditions that most likely account for their death. Examples of significant co-morbid medical conditions may include heart failure due to cardiovascular (heart) disease, chronic alcoholism, and cerebral stroke
 - Example: an individual who smokes a pack of cigarettes a day, has significant heart disease including high blood pressure and coronary artery disease (atherosclerotic cardiovascular disease) who had two days of “flu-like symptoms” **without any recent travel or contacts with sick people.**

- TIER 3: Unattended death without information on cause of death
 - No or very little information regarding the circumstances of their death
 - Example: reclusive individual with limited social contact who was discovered deceased in their home; no further information about their health is known.

- TIER 4: Unattended death with very limited or no risk for COVID-19 infection.
 - Does have pre-death history available, did not experience flu-like symptoms prior to death, did not travel anywhere recently, and does not meet any of the criteria listed above
 - Example: an otherwise healthy person without recent travel history or sick contacts who hanged himself

If you have a case that meets the criteria for Tier 1 or Tier 2, please ask to have the on-call pathologist contact you to discuss the decedent’s history and circumstances of death for further instruction